

Tests, treatments and procedures at risk of inappropriateness in Italy
that Health Professionals and Patients should talk about.

Five Recommendations from the National Federation of Nursing Professions Orders (FNOPI)

1	<p>Don't perform preoperative hair removal with a razor blade in anticipation of surgery (AICO).</p> <p>Hairs and hair can be a source of infection and hinder the full display of the surgery area and interfere subsequently with the disinfection of the wound. The latest scientific evidence supports in favour of shaving in cases when hairs in the incision area may interfere with the surgical procedure. Prospective randomized trials suggest that the use of an electric razor (clipper) causes fewer infections than a razor blade because the latter is associated with minor skin injury. Despite limited evidence on the timing of execution of the procedure, if you were to perform trichotomy, this should be done on the same day of the operation.</p>
2	<p>Don't incorrectly use collection devices for ostomy with convex plate. (AIOSS).</p> <p>A convex plate is suitable for complex or retracted ostomy equipment. Its application is not indicated in the presence of incisional hernia, of a stoma that brims over the skin, of ostomies bent outwards or flat. In Italy there is an excessive use of convex plates often without a valid justification, causing discomfort and sometimes peristomal skin damage, with repercussions on the patient's quality of life. Moreover, since this device is much more expensive than those with a flat-plate, misuse, besides not being of benefit for the patient, it entails increased healthcare costs for ostomy management.</p>
3	<p>Don't incorrectly use chemicals for clearing the stomatal complex. (AIOSS)</p> <p>Despite the growth of knowledge and evidence about the detrimental effects on the skin produced by antiseptic solutions, degreasers, and disinfectants when used for cleansing of the stoma complex, these substances are still often used by health professionals. The use of antiseptics and/or disinfectants for the daily cleansing practices of the stoma complex is an inappropriate action that may result in the alteration of the characteristics of skin integrity (irritation, redness, dermatitis, and lesions). It is essential to consider the physical and chemical properties of the solutions used for cleansing of the stoma complex.</p>
4	<p>Don't use abrasive disinfectants on intact skin in the elderly, who are bedridden and with fragile and/or damaged skin. (AIUC)</p> <p>The use of disinfectants and colouring agents (sodium hypochlorite, mercurial disinfectants, povidone-iodine, benzene derivatives ...) on intact skin is a very common practice. Besides not having any clinical rationale, the use of these products is particularly harmful, because they cause dry skin, allergies, contact dermatitis, and itching. They can also increase the risk of developing stage 1 and 2 bedsores. Current guidelines and studies recommend using detergents specifically formulated with acidic pH and with a non-rinsing formulation, to reduce rubbing during cleaning.</p>
5	<p>Don't use bladder training (repeated closure of the catheter) before urinary catheter removal. (AIURO - ANIMO)</p> <p>The literature and the main guidelines describe this practice as unnecessary. It is based on a rationale proved wrong by the physiology of urination as the Detrusor muscle of the bladder does not perform any kind of "gymnastics" when the catheter remains inserted, because urine emptying occurs through drainage and not by contraction of the same muscle. On the contrary, bladder exercises can be detrimental to the patient because if the catheter is closed several times during the day, especially in the absence of a closed circuit, this determines urinary stasis, which can increase the incidence of urinary infection.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

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How this list was created

FNOPI- the National Federation of Nursing Professions Orders (IPASVI until 2017) involved the scientific societies and professional associations of its own professional area in identifying high-risk practices of inappropriateness within their scope of practice, in accordance with the indications provided by Slow Medicine within the scope of project "Doing more, does not mean doing better ". In each of the Societies and Associations who accepted the invitation by FNOPI a working group was set up to conduct a review of the literature (searches for guidelines on the sites of the main national and international institutions, searches for systematic reviews on the Cochrane Library, searches on the site of the Joanna Briggs Institute – JBI ...) and selected a number of practices, related to the specificity of the association, in terms of limited effectiveness, the risk of causing harm to patients, and to widespread dissemination in Italy. The choice of the final list was prompted by several meetings among the various scientific societies and professional associations: the list shows practices identified by AICO, AIOSS, AIUC, AIURO, and ANIMO. The methodological approach was organized by the Academy of Nursing Sciences (ASI).

Sources

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4	<ol style="list-style-type: none"> 1. Acta Vulnologica, aprile 2013, Documento di posizionamento "La Cute: identificazione dei criteri per una gestione corretta". 2. E.P.U.A.P: Linee guida Trattamento e Prevenzione delle ulcera da pressione, Guida rapida di riferimento. 2009. 3. Scardillo J, Aronovitch S A: Successfully managing incontinence-related irritant dermatitis across the lifespace. Ostomy/Wound Management 1999; 45: 36–40, 42–44.
5	<ol style="list-style-type: none"> 1. Carolyn V. Gould, MD, MSCR; Craig A. Umscheid, MD, MSCE; Rajender K. Agarwal, MD, MPH; Gretchen Kuntz, MSW, MSLIS; David A. Pegues, MD and the Healthcare Infection Control Practices Advisory Committee (HICPAC) GUIDELINE FOR PREVENTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS 2009. 2. Centro studi EBN. Catetere vescicale e ginnastica vescicale: il crollo dei miti . Disponibile su: http://www.evidencebasednursing.it/revisioni/SI11cv1.pdf ultimo accesso 1.10.13.

<p>Slow Medicine, an Italian movement of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign “Doing more does not mean doing better-Choosing Wisely Italy” in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors’ and Dentists’ Orders (FNOMCeO), that of Registered Nurses’ Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it</p>	<p>The National Federation of Nursing Orders (FNOPI) is a non-economic body governed by public law that gathers all the orders of nurses and paediatric nurses of the Italian provinces. To date it counts 102 orders and about 450000 members in the two registers managed: Nurses and Paediatric Nurses.</p> <p>http://www.fnopi.it</p> <p>Until 2018, nurses, paediatric nurses and health visitors were grouped together in the National Federation of IPASVI Colleges, instituted in 1954 by the law 1049 dated October 29. The five recommendations were produced by professional societies and nursing professional associations:</p> <p>AICO (Italian Association of Theatre Nurses)</p> <p>AIOSS (Italian Association of Stoma Treatment Health Workers)</p> <p>AIUC (Italian Association of Skin Ulcers)</p> <p>AIURO (Association of Hospital Urology Nurses)</p> <p>ANIMO (National Association of Medicine Nurses)</p>
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