



Is an early shower after surgery improve patient satisfaction?

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Current surgical practices are evolving towards enhancing patient comfort and facilitating early recovery. This is undoubtedly true in many elective procedures in orthopedics and general surgery, where same-day discharge is becoming standard.

It was a pleasure reviewing the article, “Effects of an early postoperative shower after cardiac surgery” (1). This study does an excellent job drawing attention to a gap between current evidence and actual clinical practice. The authors outline that there is little evidence to suggest that early postoperative showering increases the risk of surgical site infection (SSI), and they support this literature with a prospective observational study conducted within their centre. They recruited a heterogeneous patient population with various surgical procedures, incision types and closure methods. They found no wound dehiscence or infection among the 100 patients who underwent early postoperative showers. We agree with the authors’ recommendations that delaying postoperative showering likely provides no benefit, significantly negatively impacts patient satisfaction and that this practise should be discontinued.

It is apparent from the existing body of literature across all surgical specialties that an early postoperative shower has either no effect (or a beneficial effect) in preventing SSI (2). Although this is not well studied in cardiac surgery, the existing evidence shows similarly equivocal results in cardiac procedures as described in the present study (1). A survey found that most clinicians were not accepting of this conclusion citing a scarcity of evidence (3). The only randomized controlled trial thus far appears to be the study

conducted by Gök *et al.*, with a total of 51 patients, which showed decreased incidence of sternal wound infection associated with early postoperative shower in patients undergoing coronary artery bypass graft (CABG) (4). However, in conjunction with the present contributions by Yoo *et al.*, we feel there is sufficient evidence to allow cardiac surgery patients to shower earlier, especially given the significant benefits for patient satisfaction. It is worth noting that Gök *et al.* allowed patients to take a shower significantly sooner than in the present study, within 72 hours as opposed to 14 days, and still showed promising results regarding infection rates (4).

The present study and previous studies discussed by the authors indicate improved patient pain, comfort, and overall satisfaction with early postoperative showers (1,4). Gök *et al.* found significantly decreased pain scores in patients who were allowed to shower early (4). In future studies, it would be interesting to see whether the length of postoperative admission can be shortened by optimizing patient comfort through early postoperative showers, as pain is often a significant barrier to discharge.

In conclusion, this publication adds to the literature recommending early showering after cardiac surgery. It is evident from studies conducted thus far that early showering does not increase SSI rates after cardiac surgery. As the authors indicate, the randomized controlled trial conducted by Gök *et al.* is worth drawing attention to, as their study found that showering within 48–72 hours after CABG was protective against sternal wound infection (4). There is ample evidence outside of cardiac surgery to suggest that

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early postoperative shower is beneficial (2,3,5). In addition to patient comfort, this should be a compelling reason to modify our postoperative care to include early postoperative showering.

More data is needed to optimize the use of early postoperative showers, addressing aspects such as exact timing, incision types, closure methods, surgical procedures, and patients' existing skin flora. Future randomized controlled trials may provide more persuasive evidence for wide-scale practice change. However, based on the literature and the present study, we encourage our colleagues to evaluate their current postoperative practices and adopt these evidence-based changes that will improve patient comfort and likely outcomes.

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