REMOVAL OF VAGINAL PACK

OBJECTIVE
To completely remove vaginal pack(s) from the patient’s vagina, whilst preventing unnecessary trauma and minimising discomfort to patient.

INDICATION
To remove vaginal packing as ordered by the patient’s Royal Hospital for Women’s medical officer. Removal commonly occurs twenty four hours after surgery.

STAFF
Medical Officers and Registered Nurses employed by the Royal Hospital for Women are permitted to remove vaginal packs.

EQUIPMENT
1. Non-sterile gloves
2. Non-sterile plastic backed incontinence sheet
3. 0.9% sodium chloride for irrigation
4. 10 ml syringe
5. Small bag for waste disposal

PROCEDURE
1. Explain procedure and rationale for vaginal pack removal to patient
2. Obtain verbal consent from patient to remove vaginal pack
3. Analgesia should be considered before removing vaginal packing.
4. Confirm with ‘Operating Room Nurses Report” (count sheet) on number of vaginal packs that have been left insitu.
5. Confirm with patient’s integrated notes, request for vaginal pack removal
6. Check patient’s medical record number and name corresponds with the operating room nurses report, request for removal in integrated notes and with the patient’s identification band
7. Ensure patient privacy
8. Adjust height of bed to promote safe manual handling for staff member attending to vaginal pack removal
9. Remove patients underwear to expose vulval region and drape patient appropriately
10. Assist patient to lie in supine position with knees bent, feet flat on the bed and legs slightly parted
11. Apply glove, remove old perineal pad and discard with glove – note vaginal loss for documentation in pad chart, integrated notes and nursing care plan/ critical pathway
12. Wash hands & don gloves
13. Place incontinent sheet between the patient’s thighs and under buttocks
14. Separate labia majora and labia minora to visualise packing
15. Moisten the gauze using the syringe filled with 0.9% sodium chloride. Pressure should not be used when moistening the gauze, the 0.9% sodium chloride should on trickle out of the syringe.
16. Encourage patient with deep breathing.
17. Apply gentle and even traction to remove the gauze packing (see Note), continuing to moisten the gauze whilst removing it. Removal should occur whilst patient is breathing out (on expiration).
18. Care must be taken when removing gauze packs knotted together to not untie them
19. Attend a perineal care following removal of vaginal packing
20. Remove incontinence sheet and apply fresh perineal pad
21. Lower bed and reposition patient to a comfortable position and replace bedclothes
22. Ensure patient has buzzer within easy reach and terminate patient encounter appropriately
23. Advise patient to rest in bed for at least 30 minutes after vaginal pack removal before mobilising (this decreases the risk of fainting and haemorrhage)
24. Ask another staff member to verify that packing material is intact and confirm the correct number of packs have been removed
25. Dispose of equipment and rubbish appropriately
26. Document analgesia given, removal of vaginal pack(s), number of vaginal packs removed, vaginal loss prior to vaginal pack removal and after removal in Integrated notes, nursing care plan/ critical pathway
27. Record number of packs removed on the Operation Room Nurses Report (count sheet)
28. Report any discrepancies between packs removed and number documented on count sheet to medical officer and document same appropriately
29. Monitor vaginal blood loss 15 minutes after vaginal pack removal and prior to patient mobilising. Increase frequency of vaginal loss monitoring if an increase in loss is evident, notify Medical Officer accordingly.

**Note:**
Following gynaecological surgery, the packing material if normally packed in a ‘zig-zag’ fashion into the left and right vaginal fornices, thus, when removing the packing, traction should be applied at alternating angles to remove the pack with the greatest of ease, reducing tissue trauma and discomfort to the patient.

If the patient has an indwelling catheter that has also been requested to be removed, the indwelling catheter should remain insitu for at least another 30 minutes after the removal of the vaginal pack (in case of possible complication development ie haemorrhage)