



# **Does banning Latex from surgery improve patient care and productivity?**

**The insight into the iceberg makes hidden costs and benefits visible.**

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# Starting Situation and Background

- Cost pressure and limitations in financing
- Increasing requirements pertaining quality and safety for patients and staff
- Shortage of professionals in the clinical core business
  
- EU-wide regulations:
  - < > European Climate Law (Green Deal 2050)
  - < > Medical Device Regulation (MDR)
  - < > EU-DR Deforestation Regulation
- The Illinois Experience: Latex Glove Ban Act
- Learning from best-in-class institutions: Magnet Nursing Initiative



# EU DR: Deforestation Regulation

**EU-Regulation No. 1115/2023 for the protection of woods requests supply chains free from deforestation.**

- **Goal: Protection of wooden areas and of areas covering biological diversity**
- **Proof of fulfilment by manufacturer and distributor**
- **Strong relationship to CSRD (Corporate Sustainability Reporting Directive): Sustainability reporting required, also for hospitals**
- **Especially affected is the extraction of natural rubber !**



- **In case latex-based products are banned, it may be anticipated that the demand for latex-free products will increase.**

... went into effect in 2023 (food services) and 2024 (healthcare)

- Studies estimate that **10-17% of healthcare workers** have a latex allergy, compared to just **4.3% of the general population**, making it a risk in the workplace.
- Patients with latex allergies are negatively impacted by the prevalence of **latex gloves** in healthcare settings, but providers also suffer. **Anyone who frequently uses latex gloves is at a higher risk of developing an allergy over time.**
- HB209 specifies that all emergency medical service providers must use other gloves, as well as any healthcare worker providing care to a patient who is unconscious or otherwise unable to communicate an medical history.
- At least seven other states have similar bans:  
**Arizona, California, Connecticut, Hawaii, Ohio, Oregon and Rhode Island.**

Source:

<https://ilga.gov/legislation/BillStatus>

Illinois General Assembly - Bill Status for HB0209 Accessed: 17 April 2025

# Epidemiology of Latex: Patients

## Prevalence of latex-sensitivity and latex-allergy in the general population

- With a quota of 22 % latex is stated to be the second leading cause for peri-operative episodes in adults
- 1% - 6% of the general population show sensitive or allergic reactions when exposed to latex.
- 1% - 1,37% of the general population react to latex by more serious symptoms:

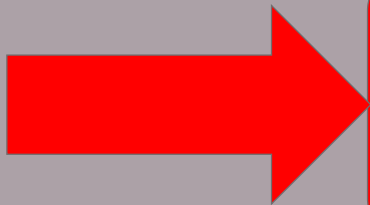
Sneezing. Runny Nose, Itchy,  
Watery Eyes, Scratchy Throat,  
Difficulty Breathing (Asthma), Wheezing. Cough.





## Patients at high risk of having a latex allergy include those

- who have had multiple previous surgeries
- who have spina bifida
- who have a history of environmental or food allergies
- or of hand dermatitis, or
- who are employed in occupations where they are frequently exposed to latex.

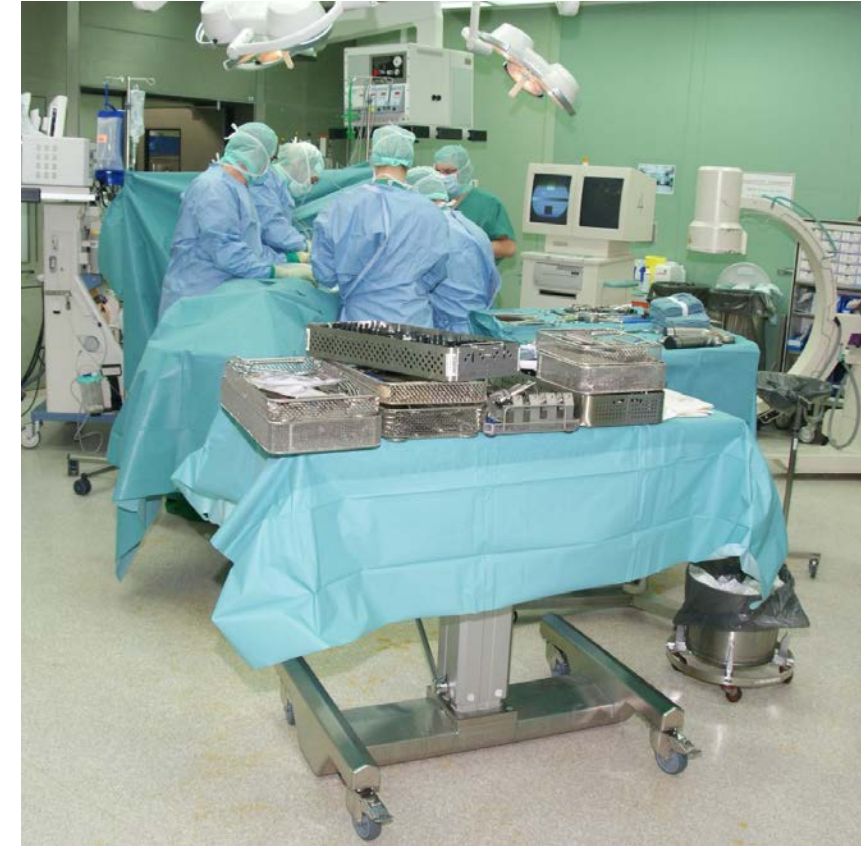


**The only way to manage such patients is to avoid the use of latex gloves for these patients or to ban latex gloves entirely.**

# Epidemiology of Latex: Clinical Staff

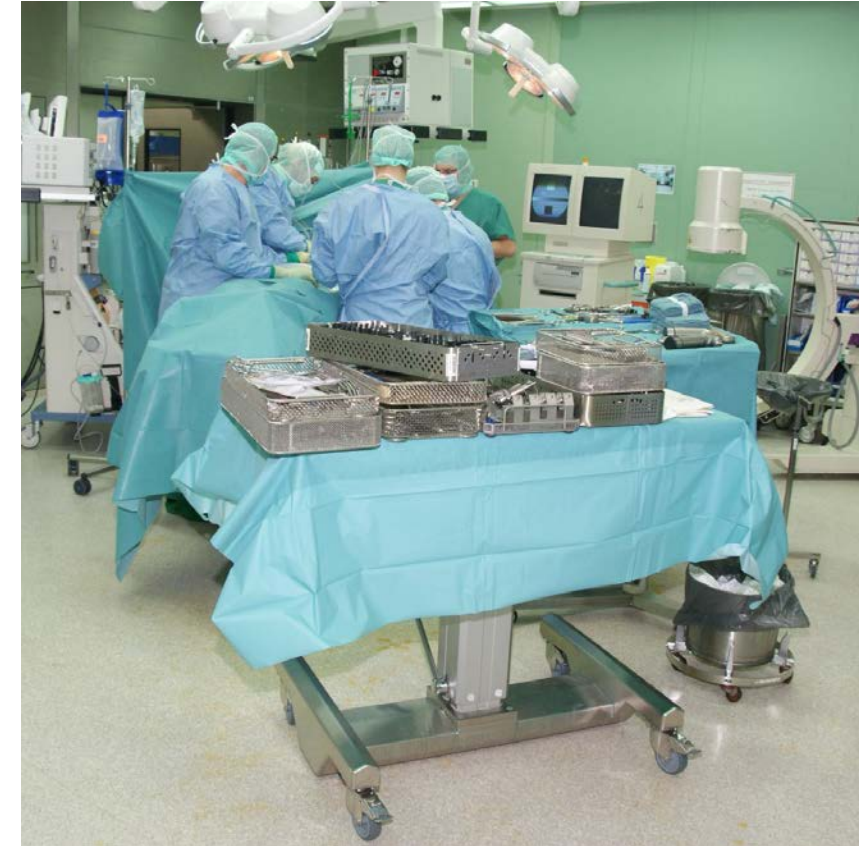
## Prevalence of latex-sensitivity and latex-allergy in healthcare workers

- Healthcare professionals are at increased risk of developing latex allergies because of repeated exposure to latex.
- 12 % to 17 % of healthcare workers are latex sensitised
- 2,9 % - 9,7 % show allergic reactions when exposed to latex
- 15 % is the latex prevalence in OR personnel



## Evidence-based Findings:

- Sensitivity to latex remains a serious burden of disease.
- Latex-associated episodes in patients worsen the patient outcome, come along with additional costs, an extension of ALOS, and opportunity costs.
- Health care workers are at increased risk of developing latex allergies because of repeated exposure to latex.





# Effects of Banning Latex

**Decline down to 5 % if latex-sensitised children are no longer exposed to latex materials.**

- After conversion to latex-free gloves**
- **83% of persons affected from contact dermatitis**
    - **90% allergic rhinitis and conjunctivitis**
      - **86% asthma**
  - felt completely pain-free**

**Decrease of latex-specific antibodies (IgE: Immunglobulin E) by 88% in latex-sensitive persons by consequently using non-latex products.**

**A ban of latex-based products seems to be a promising approach!**

**Why not switch the entire gloves portfolio to latex-free products completely ?**



# Business Case: Latex vs Non-Latex

Data describing the empirical setting of the hospital:

- 12.300 surgical procedures/interventions p. a.
- 60.000 pairs of gloves p.a.
- Costs per pair: -latex gloves = 0,54 €; -latex-free gloves = 1,18 €
- CMI = 1,35; Occupancy level = 89.790 days p. a.; ALOS = 7,3 days

**Cost Situation:**

-80% latex gloves (48.000)  
 = 25.920 €  
 -20% latex-free gloves (12.000)  
 = 14.160 €

**40.080 €**

**- 30.720 €**

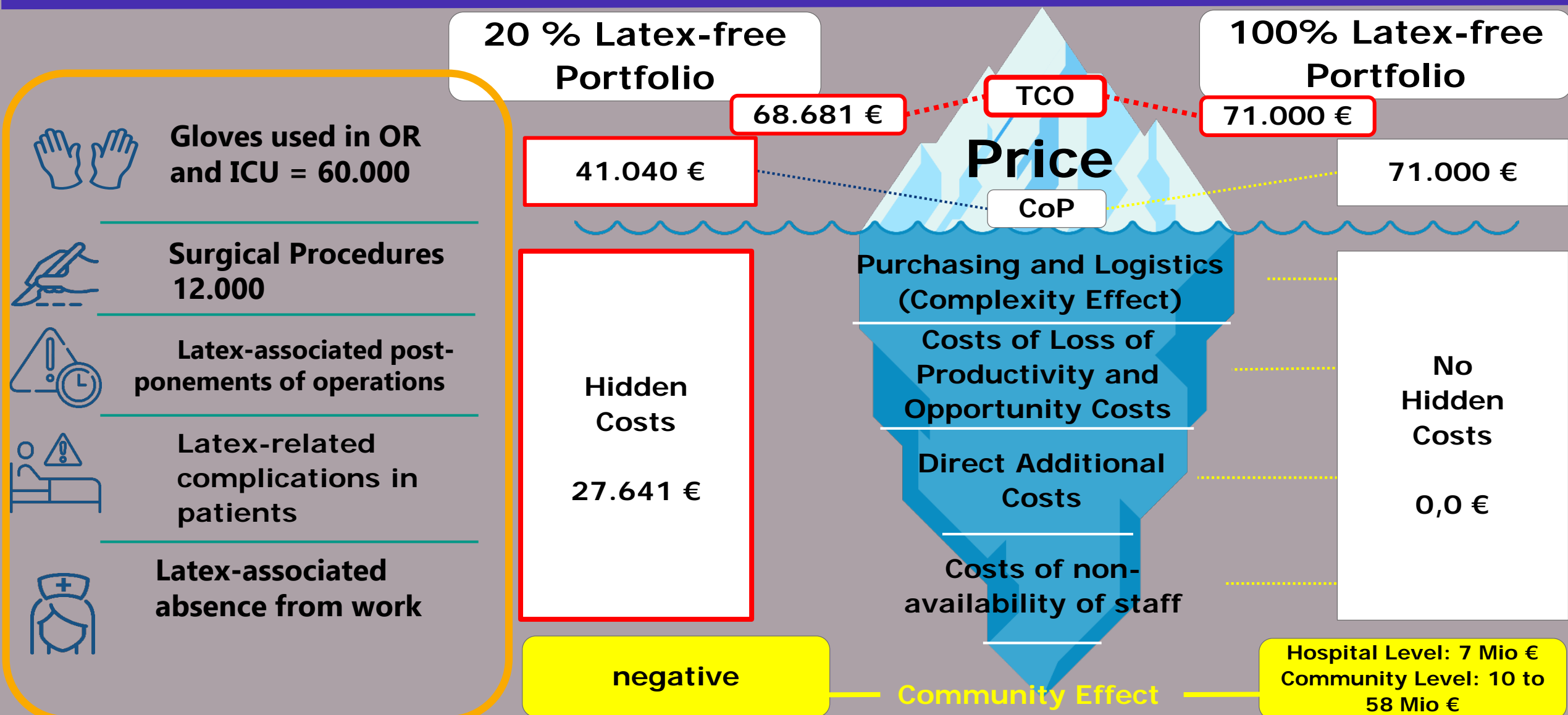
**Cost Situation:**

100% latex-free gloves  
 =  
 70.800 €

**70.800 €**

**Does it pay-off to  
switch ?**

# VBP: The Price of Non-Conformity (Repair-driven Approach)





# Discussion and Limitations

**Whom can we trust:  
Different prevalences  
lead to different results!**



# Whom can we trust: Different prevalences lead to different results!

12.000 Patients

Setting

500 Health Care  
Workers

Illinois = 4,3%

516 latex episodes

Illinois = 14 %

70 latex episodes

Homerton =  
1,01%

121 latex  
episodes

Homerton = 4,3%

22 latex  
episodes



# THANK YOU







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