



Retained Surgical Items

Retained Surgical Items: Foreign bodies that are unintentionally left in patients after surgery can cause harm to surgical patients. Proactive risk strategies are required to prevent and reduce the occurrence of unintended retained surgical items (RSI) events for every patient undergoing an operative or other invasive procedure.



Responsibilities:

- All perioperative team members are responsible for the prevention of "Retained Surgical Items" (RSI)
- All surgical items opened and used during a surgical procedure will be accounted for.
- All the unnecessary activity and distractions will be curtailed during the counting process.



Scrub personnel shall assume primary responsibility and accountability for the count /check of all surgical items used during the surgical procedure.

Circulating nurse is responsible for the documentation of all accountable surgical items opened onto the sterile field and management of items handed off the sterile field.

Surgeon/operating physician shall be responsible for a thorough manual and visual search of the operative field as is possible to ensure that all instruments and equipment used within the surgical procedure are retrieved at the conclusion of surgery.

Surgeon shall at all times ensure adequate time is allowed for the counting procedures and he shall co-operate fully with hospital policy should the nursing staff report a discrepancy in the count.

Anesthesia team shall inform the scrub person and circulating nurse if throat pack is opens for use for inclusion of the item in the perioperative documentation and count sheet.



Surgical Count

- Initial Count- conducted Before the procedure starts To establish a baseline
- Additional Count- when New surgical item is added Onto the surgical field
- Cavity Count- performed Before the closure of a Cavity i.e. Organ – Stomach or uterus
- Closing Count- conducted When wound closure begins
- Final Count- at skin closure At the end of the procedure when counted items are no longer in Use

SIGN-OUT	
Before the Patient Leaves the OR Nurse/Surgeon/Anesthetist	
Surgeon identifies the procedure(s) performed.	
Counts, instrument and sharps counts are correct: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If Counts are not to occur, a tray is performed and nothing is found: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Specimens identified and labeled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any equipment problems to be addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Surgeon/Anesthetist identify: What are the key concerns for recovery and management of this patient?	
Adopted from:	

Documentation

- Counts should be recorded on the count sheet and in the peri-operative documentation
- Names, titles and ID# of the personnel performing the count should be documented on the counts sheet.
- Results of surgical counts shall be recorded as correct or incorrect.

Counts Verification ORL2

Items Included	Instruments, Sponges, Sharps, Other/See Comment	Instruments, Sponge Sharps, Other/See Comment
Count Type	Initial Count	Final Count
Count Status	Correct	Correct
Surgeon Notified	n/a	n/a
X-Ray of Surgical Site Obtained For Incomplete or In-Correct Counts?	n/a	n/a
Comment		

Reference

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