



SAFETY ALERT

Retained Foreign Objects

“Sharing Lessons Learned”

A couple of recent Sentinel Events were reported regarding retained objects discovered after a procedure in OR. Both patients suffered from complications and had to go through another procedure to remove the retained objects followed by a full recovery.

Situation/Background:



Two (2) young healthy patients with no previous medical conditions were admitted for laparoscopic procedure, when both suffered post operatively from severe abdominal pain. Patient #1 came to the Emergency Department four (4) days after the operation complaining of severe abdominal pain and was discharged home, but came back after two (2) days with the same complaints. A wound exploration procedure was done to retrieve the retained lap sponge.

Patient #2 complained of pain on the third (3rd) day post operation and had an exploration procedure to retrieve a retained swab.

Assessment:

A Root Cause Analysis was done, and multiple factors contributed to the event:

- △ Failure in following the process of Operating Room Standard Operating Procedure: SOP NA-J-OR-SOP-35 Prevention of Retained Surgical Items by performing a complete count process.
- △ Non-adherence to the effective verbal communication between Nurses and Surgeons.
- △ Unique patient’s position during the Surgery did not allow wound visualization.



Recommendations:

- △ To update the Operating Room Standard Operating Procedure to be a multidisciplinary IPP, including MCA and Nursing.
- △ Reversing the anesthesia to wake the patient will only start after the final count is complete/correct.
- △ All Operating Room Teams to remain inside OR theater until the final count is complete/correct.
- △ Surgeons must request items from Nursing only, “items will not be accessed by Surgeons independently”.
- △ Implement the Just Culture approach to identify the involved staff behavior.
- △ Adhere to effective Nursing/Surgeon Communication by verbalizing the use of each item throughout the entire procedure, and the counting process “Four (4) counts” in clear audible voice.
- △ Study the feasibility of redesigning OR layout to enhance the flow and visualization of operation field/wound for Nursing and Surgeons and “compare current practice with best practice”.