



SAFE SURGERY

WHO GUIDELINES FOR SAFE SURGERY

By

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In response to the worldwide interest in surgical safety the Egyptian Journal of Surgery is dedicating a specific section for surgical safety. In the forthcoming issues of the journal the WHO guidelines for safe practices in surgical theatres will be presented with audit criteria (standards) through which any member of the surgical team can assess the degree of compliance of the surgical team with the recommended safe practices inside their surgical theatre.

Standard 7:

The team will prevent inadvertent retention of instruments or sponges in surgical wounds.

Highly recommended

- A full count of sponges, needles, sharps, instruments and miscellaneous items (any other item used during the procedure and is at risk of being left within a body cavity) should be performed when the peritoneal, retroperitoneal, pelvic or thoracic cavity is entered.
- The surgeon should perform a methodical wound exploration before closure of any anatomical cavity or the surgical site.
- Counts should be done for any procedure in which sponges, sharps, miscellaneous items and instruments could be retained in the patient. These counts must be performed at least at the beginning and end of every eligible case.
- Counts should be recorded, with the names and positions of the personnel performing the counts and a clear statement of whether the final tally was correct. The results of this tally should be clearly communicated to the surgeon.

Suggested

- Validated, automatic sponge counting systems, such as bar-coded or radiolabelled sponges, should be considered for use when available.

Audit criteria

1. Availability and routine practice of documentation related to preoperative and postoperative counts of instruments, needles and sponges including names of the surgical team.
2. Observe preoperative and postoperative counting.
3. Observe communication of counting results to the surgeon.
4. Observe adherence to double check of counts by two personnel followed by their signature.
5. Written policies for cavity exploration before cavity closure.
6. Observe adherence of surgeons to cavity exploration before cavity closure.
7. Check availability of radiolabelled sponges.

Complete WHO Guideline for Safe Surgery document can be downloaded from the Alexandria Patient Safety Alliance website: www.mri.edu.eg.