

SAFE SURGERY

WHO GUIDELINES FOR SAFE SURGERY

Egyptian Group for Surgical Science and Research

Nabil Dowidar, EGSSR Moderator

Ahmed Hazem, EGSSR Secretary General

Said Rateb

Mohamed Farid

Ahmed Hussein

Correspondence to: Nabil Dowidar, Email: nabil_dowidar@hotmail.com

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 4:

The team will recognize and effectively prepare for risk of high blood loss.

Highly recommended

- Before inducing anaesthesia, the anaesthetist should consider the possibility of large-volume blood loss, and, if it is a significant risk, should prepare appropriately. If the risk is unknown, the anaesthetist should communicate with the surgeon regarding its potential occurrence.
- Before skin incision, the team should discuss the risk for large-volume blood loss and, if it is significant, ensure that appropriate intravenous access is established.

Recommended

- A member of the team should confirm the availability of blood products if needed for the operation.

Audit criteria

1. Availability of blood loss risk assessment form.
2. Documented check for availability of anticipated blood loss.
3. Discussion of blood loss potential during time out by surgical team.
4. Policy and procedures of central and peripheral IV line insertion.

5. Number, size, site, time of insertion of peripheral cannula.
6. Place and time of insertion of central IV catheter.

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