

1 Surgical Specialities Procedure for Identifying Correct Site and Correct Side

1.1 Policy Statement

Surgical and interventional procedures require Pre-Procedural identification (marking) of the Surgical/Procedural Site

1.2 Purpose

To define the specific Surgical Specialty requirements to ensure that an intended procedure is performed on the correct patient, on the correct side, at the correct site and if applicable with the correct implant.

1.3 Scope

All CDHB staff involved in surgical procedures.

Responsibility for ensuring correct person, correct side/site and correct procedure verification rests with **all** team members. However, the person in charge of the surgical / interventional procedure carries ultimate responsibility.

1.4 Definitions

- **Interventional procedure**
A procedure involving any invasive contact with a patient. Examples include all surgical procedures, endoscopy, dentistry and certain radiological / diagnostic procedures.
- **Person Performing the Procedure**
This is either the surgeon/proceduralist or his/her delegate who is performing or assisting in the surgery or procedure.
- **Procedure Team**
The procedure team includes all health professionals participating in the delivery of care during the surgery/procedure.
- **Time Out**
A period of time when all members of the surgical/procedural team cease activity and participate in the positive identification of the patient, the intended procedure and visualization of the marked site of the procedure.

1.5 Associated Documents

- CDHB Informed Consent Policy, Volume 2, Legal and Quality
- CDHB Patient Identification, Volume 11, Clinical
- CDHB Open Disclosure Policy, Volume 2, Legal and Quality
- CDHB Correct Patient, Correct Side, Correct Site, Correct Procedure Policy, Volume 11, Clinical

1.6 References

- Correct Patient, Correct Procedure and Correct Site Model Policy, The Quality and Safety Branch of NSW Health, 2004, revised 2007.
- Royal Australasian College of Surgeons Implementation Guidelines for Ensuring Correct Patient, Correct Side, Correct Site Surgery, September 2008.
- Performance of Correct Procedure at Correct Body Site, WHO Collaborating Centre for Patient Safety Solutions, Volume 1, Solution 4, May 2007.

1.7 Identified procedures for CDHB Surgical Specialties

Cardiothoracic

Cardiac

There is no external marking on the body however the site of conduit harvesting is identified. If this site is not marked the procedure must not commence and the patient should return to the ward

Cardiothoracic

The site of surgery is always marked, if not the procedure must not commence and the patient should return to the ward.

Dental

Marking is not used

General Surgery

Where there is a side to the procedure this will be marked by the operating surgeon or his delegated deputy, if the side has not been marked the procedure does not proceed

Maxillofacial Surgery

The surgeon / proceduralist or his/her delegated deputy will ensure that where there is a side to the procedure, this will be marked. Otherwise the procedure will not proceed. (This does not apply to teeth or other intraoral operations, where alternative confirmation must be made, according to the overall policy).

Neurosurgery

1. All cranial operations and all spinal operations and some operations on nerve plexuses and peripheral nerves will have accompanying diagnostic imaging (x-rays, CT scan, MRI, angiography) and this imaging is always used pre & intra-operatively to correctly identify the correct site and side of the lesion and also to determine the patient positioning and correct surgical approach to the lesion.
2. Where imaging has not been performed (for peripheral nerve surgery such as carpal tunnel decompressions, ulnar nerve decompressions and exploration and decompressions of other peripheral nerves) the following verification procedure applies:
 - Reference is made to the patient's outpatient notes & diagnosis
 - Reference is made to diagnostic studies such as nerve conduction studies/EMG, as to the nerve studied and the site and side of the nerve lesion with a view to where the operation is to be performed
 - The site and side of such peripheral nerve procedures is also verified with the patient at the time of taking informed consent and preoperatively
 - The vast majority of carpal tunnel decompressions are performed under local anaesthetic and performed without pre medication and verified with the patient prior to entering the theatre.
 - For other peripheral procedures such as muscle biopsies, reference is made to the outpatient letter or referral request document which states the side and site of the muscle to be biopsied and with reference to EMG if this has been performed
 - Marking may also be used if the surgeon so decides.
3. The surgeon and assistant are both responsible for setting up imaging on PACS inclusive of checking correct patient, correct side, correct site and correct procedure.

Ophthalmology

Marking is not used

Orthopaedic Surgery

No operation is to proceed without a mark confirmed

Otolaryngology

The side of the procedure should be marked when undertaking head and neck procedures and otology procedures, unless the condition being treated is apparent by inspection (for example a large neck mass). Investigations (audiology and imaging) should be correlated with the side of the planned procedure, particularly in otology and rhinology cases.

Paediatric

Marking is used except in the following circumstances:

1. Neonates (the skin can be damaged, and marking is contra-indicated)
2. Where the location of the pathology is obvious e.g. undescended testis, external angular dermoid (re-examination of the patient routinely occurs once anaesthesia has occurred)
3. Where the pathology can only occur on one side e.g. appendicitis, varicocele
4. For midline abnormalities unless their location can be variable e.g. epigastric hernias
5. Where a bilateral procedure is being performed e.g. bilateral herniotomies
6. Normally, depending on the age of the child, the marking will occur with a parent present, and should be done prior to commencement of anaesthesia (for practical reasons in children it is sometimes not done until the pre-op room).

Plastics

The operative site must be marked by a member of the surgical team except when the site is clearly identifiable by a single defect or injury or when a minor procedure is being performed under local anaesthesia without sedation.

Site marking should be checked as part of the “time out” procedure and confirmed on the consent form.

Vascular Surgery

1. All patients will be reviewed on the ward/day stay unit/DOSA by the consultant vascular surgeon responsible for their care or his/her delegate in the 24 hours before surgery. This delegate will usually be the Vascular Registrar. Informed consent for intervention will be confirmed. This confirmation will include checking relevant clinic letters, radiological results and discussion with the patient. The correct side/site will be confirmed on the consent form and in the patient’s notes. Marking of the side/site may also be used if the surgeon so decides.
2. For all varicose vein operations the veins will be marked using a permanent black marker pen by the Consultant Vascular Surgeon or the Surgical Trainee performing the operation.
3. All arterial operations will have accompanying diagnostic imaging (x-rays, CT scan, MRI, angiography, duplex) and this imaging is always used pre & intra-operatively to identify the correct site and side of the lesion and also to determine the patient positioning and correct surgical approach to the lesion.
4. The Consultant Vascular Surgeon or his/her delegate are both responsible for setting up imaging on PACS inclusive of checking correct patient, correct side, correct site and correct procedure.
5. The Consultant Vascular Surgeon or his/her delegate will actively take part in the “Time Out” process. The operation will not start until satisfactory “Time Out” has been completed.

6. We permit parents to mark the location in some instances prior to arrival in hospital, particularly where the pathology is not always evident e.g. epigastric hernia, inguinal hernia

Urology

Site / side is not marked pre op as patient symptoms or signs rarely indicate side. The operating surgeon is responsible for checking the X-rays in OT before commencing the procedure

Exceptions

The following exceptions apply where marking is not possible:

- Single organ cases, which do not involve laterality (e.g. caesarean section, cardiac surgery).
- Interventional cases for which the catheter/instrument site is not predetermined (e.g. cardiac catheterisation, epidural/spinal, and analgesia/anaesthesia).
- Where the procedure site cannot be marked (e.g. teeth), relevant radiographs or other scans must be marked to indicate the site, or a diagram clearly indicating the side/site must be included in the patient's clinical record.
- Endoscopic or other procedures done through a midline orifice.
- Situations in which the primary pathology itself is plainly visible (single laceration).
- If the site is traumatic (obvious surgical site).
- When the operative pathology has been identified by real time imaging, (e.g. frameless stereotactic neurosurgical procedures or micro calcifications in a breast biopsy).
- Life threatening emergency when any delay in initiating surgery or the procedure would compromise the safety or outcome of the patient.
- When movement of a patient to create a marking would compromise the safety or outcome of the procedure, (e.g. unstable spine fracture).
- If there is a situation that prevents marking of the procedural site, this must be documented in the clinical record
- If a patient is unable to verify the correct side, site, all responsible personnel shall verify the correct side, site by using all relevant documentation and consult the patient's representative at signing of the consent if available.
- If a discrepancy is discovered between the consent, clinical record and marked procedural site, then all proceedings must cease. Any intervention must not resume until the discrepancy is resolved.

1.8 Pre-Procedure Marking Process

Marking the site/side of the surgery or invasive procedure

- The site of the operation or an invasive procedure must be marked with an indelible pen by the person in charge of the procedure or a delegated team member, who has been fully briefed about the operation or procedure. This should occur in consultation with the patient and clinical record.
- The mark should preferably be within the operative field that will be visible when the patient is prepped and draped.
- Mark ALL sites involving right/left distinction, multiple structures, or multiple levels.
- Multiple procedure/operation sites must be individually marked.
- If imaging is used to mark the site, the proceduralist must confirm with another team member.
- The surgeon/proceduralist visibly checks the pen mark prior to commencing surgery and ensures this is in accord with his or her intended procedure before induction of sedation or anaesthesia.
- In the event of multiple surgeries, procedures by different surgeons or proceduralists on the one patient, all relevant surgical/procedural sites must be marked prior to the first procedure. The surgeon or proceduralist marking the site(s) must be present for and participate in the “Time Out” performed for each procedure he/she marks.

1.9 Final Verification

Prior to Starting the Procedure

“*Team Time Out*” must be performed as identified in the CDHB Correct Patient, Correct Side, Correct Site, and Correct Procedure Policy.

The undertaking of the ***Time Out*** procedure must consciously involve and have the full attention of the following 3 people:

1. The surgeon or his/her representative (e.g. registrar)
2. The anaesthetist or his/her representative (e.g. registrar)
3. The scrub nurse and/or his/her representative (another theatre nurse or anaesthetic technician)

If one or more of these 3 individuals is not participating in the Time Out check process then any other of the 3 has the right to call a halt to the operation proceeding until such time as all 3 are present and paying attention to the Time out process.

The Time out process should also involve a check on the patient’s body supports (especially fixed supports), prosthesis / implants.

Confirming Imaging Data

If patient imaging is used to confirm the side, site or procedure, two or more members of the team (one of whom must be the proceduralist) must confirm the images and reports are correct for the patient identified.

Exceptions:

In emergencies, life or limb threatening situations some of these steps may be omitted.

In the Event of Absent / Incorrect Marking Incident

- An immediate plan to rectify the mistake will be made by the most senior member of the procedural team. In some cases this will require the patient to return to the ward and receive their treatment at a later stage.
- The patient and the patient's family must be fully informed as per the open disclosure policy. A Quality Improvement Event Form will be completed and an appropriate review undertaken.
- Appropriate details will be recorded in the patients' clinical record.
- A claim will be completed for ACC Injury by Treatment, if applicable.
- The adverse event will be discussed at appropriate patient safety or clinical audit / review meetings.