



## **NZOA GUIDELINES FOR ENSURING CORRECT PATIENT, CORRECT SIDE AND CORRECT SITE SURGERY**

The Association expects hospitals and surgeons to adopt protocols to prevent wrong patient, wrong procedures and wrong site surgery.

Adoption of a “team approach” in theatre is endorsed. Every member of the operating theatre has a duty to be aware that the correct patient, side and procedure, and site are operated on.

The following steps should be followed to ensure correct patient, procedure and site surgery.

### **1. PRE-OPERATIVE CONSENT AND DOCUMENTATION:**

Verification of the patient must be made with the patient or the patient’s designated representative (if the patient is legally a child or unable to answer for him or herself). Appropriate legal requirements in this matter must be attended to.

#### ***Patient consent must be obtained.***

The consent form must include and the patient or representative must verify:-

- **Patient’s full name**
- **Name of procedure**
- **Site of procedure**
- **Side of procedure**

The site and side of the operation must be recorded in full (i.e. RIGHT OR LEFT) and not abbreviated to R or L, whenever the side is recorded. All documentation must include the side and site. This includes patient notes, hospital forms and operating theatre lists.

- **IMPLANTS** – The surgeon and the operating nurse must check the presence of the appropriate implants in the operating theatre before the anaesthetic commences
- **IMAGING**- The surgeon and his / her team must confer that the appropriate images are available, and confirm the site and side of the proposed surgery.

## **2. MARKING THE SITE OF THE PROCEDURE:**

- The surgeon should be satisfied on which side and site the procedure is to be performed. This should occur in consultation with the patient.
- An indelible pen is used to unambiguously mark the side/site of the procedure. This is done or checked by the surgeon in consultation with the patient (where possible) and medical record. The patient (who should not have been sedated) is informed that the pen mark indicates the site of the operation. The mark should be within the operative field that will be visible when the patient is prepped and draped.
- The pen mark is checked by the nurse as the patient leaves the ward or holding area for the operating theatre.
- The pen mark is checked by the scout nurse prior to the patient entering the operating theatre. This mark must then be verified by the scrub nurse.
- The surgeon visibly checks the pen mark prior to commencing surgery and ensures this is in accord with his or her intended operation before induction of anaesthesia.

## **3. FINAL VERIFICATION - "TIMEOUT":**

The surgeon, anaesthetist and nursing team must confer and concur to ensure the correct patient, procedure, site and side. Marking of the operative site must be confirmed.

A "Timeout Check" should be performed once the patient is anaesthetised, prepared and positioned – immediately prior to incision or commencement of procedure.

The final check should be conducted in a "fail safe" mode, i.e. the procedure is not started until any questions or concerns are resolved.

## **4. GENERAL COMMENT:**

At all stages of this process, there should be consistency of documentation of side /site. If any inconsistency arises, progress toward operations should be suspended, the incorrect documentation should be changed and signed, and an explanation of the inconsistency recorded in the patient's medical history and signed by the surgeon. The surgeon should satisfy himself / herself of the appropriate side / site of surgery and record this in the patient's medical notes before proceeding with surgery. An incident form should be completed.

If the surgeon remains uncertain of the side / site of surgery or the side /site differs from that previously discussed with the patient, the procedure should be postponed or cancelled.