Correct Site Surgery
managing the risk

First check to be made by surgeon or competent nominated deputy to be present at operation:
- check patient’s identity band or ask patient to identify themselves – name and date of birth.
  Involve patient/family member/significant other
- check reliable documents/image for intended surgical site – patient’s notes and consent form
- mark with an indelible pen using an arrow at or near the intended incision. For digits the arrow should extend to the correct specific digit(s)

Second check to be made by ward/day care staff prior to patient leaving ward/day care area:
- inspect mark against patient’s supporting documentation – patient’s notes, consent form, patient’s I.D. band
- ensure availability of relevant imaging studies in operating theatre/suite

Third check to be made by operating surgeon or competent nominated deputy in anaesthetic room prior to anaesthesia:
- inspect mark and check against supporting documentation – patient’s notes, consent form, patient’s I.D. band
- re-check imaging studies
- check availability of correct implant (where appropriate)

Final check to be made by the entire team. Surgical, anaesthetic and theatre team pause before commencing surgery for everyone present to confirm:
- presence of correct patient
- marking of the correct site
- procedure to be performed

Circumstances where marking may not be appropriate:
- emergency surgery should not be delayed
- surgery on teeth or mucous membranes
- bilateral procedures such as tonsillectomy and squint surgery
- situations where laterality of surgery will be confirmed during the procedure

If a patient refuses preoperative skin marking local policy should be followed but include:
- document patient’s request in the nursing and medical notes
- complete correct site surgery checklist but clearly state patient refuses marking. This will ensure staff are aware at each stage of the process
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Correct Site Surgery – the errors we know about

- March 2006: A healthy kidney was removed from a man in Ayrshire.
- May 2006: General Medical Council (GMC) hearing regarding a surgeon who removed a patient’s transplanted kidney instead of her natural one.

Analysis of the above incidences found that system failures, deficiencies in the process and lack of robust verification checks left the patient and surgeon vulnerable.

Correct Site Surgery – the facts we want to change

Work by the National Patient Safety Agency (NPSA) calculates that the error of wrong site surgery occurs approximately 400 times a year within the UK National Health Service (NHS). Surgery performed on the wrong site or the wrong patient is rare but such mistakes have devastating consequences for the patient. Delivering safe patient care is fundamental to the role of all the surgical medical and non-medical team. The NPSA found that across the NHS there was no single standard method for marking a surgical site, therefore increasing the risk of mistakes by inconsistent verification of that patient by staff.

The importance of safe checking procedures led the NPSA and Royal College of Surgeons (RCS) to publish recommendations for surgical marking and to produce a standardised checklist to promote Correct Site Surgery. The following guidelines have been developed to enable perioperative practitioners and surgical ward staff to use preoperative marking recommendations to ensure that the correct patient has the correct operation at the correct site.

The Association for Perioperative Practice (AfPP) acknowledges the contribution of Diane Gilmour, Surrey and Sussex Healthcare NHS Trust, Peggy Edwards and the NPSA for their help in formulating this guidance.

References and Further Reading

Commission for Health Improvement 2000. Investigation into Carmarthenshire NHS Trust. Wales, CHI

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