

WITHERS ORTHOPAEDIC THEATRES

SURGICAL SITE MARKING

LOCAL PROTOCOL NO: 40

AIM

To clearly indicate the site of the intended surgical procedure and prevent wrong site surgery.

1. Pre operative skin marking **with an indelible marker** pen should be undertaken by the **operating surgeon or nominated deputy (who should ideally be present in theatre at the time of surgery)**, for all elective orthopaedic procedures.
2. This mark should be an arrow that extends to, or near to the site of incision.
3. For hand/foot surgery **the specific digits/toes** should be clearly indicated.
4. The mark must be clear, unambiguous, specified and remain visible after application of the skin preparation.
5. Marking of the intended site should involve (where possible) the patient and/or family members/significant others.
6. Surgical site marking should be done on the ward prior to the patient coming to theatre by the Surgeon or their Surgical Trainee.
7. The patient **must not be admitted** to the theatre/anaesthetic room without the operative site having first been marked.
8. The anaesthetic nurse/ODP should take care to check that the site is correctly marked when they are checking the patient into theatre.

9. The nurse/ODP should check that the site marked corresponds to the consent form, operation list and the procedure which the patient states they are having done.
10. If there are any discrepancies, confirmation should be obtained from the surgeon **before** the patient is admitted to the theatre/ anaesthetic room and **before** any procedure is undertaken.
11. On arrival at the anaesthetic room, the nurse/ODP should also check with the patient again which side their procedure is on.
12. The anaesthetist prior to any procedures (especially nerve blocks) should reaffirm this by performing **STOP BEFORE BLOCK**.
13. **As soon as the patient is in theatre ready for surgery** the consent form should be carefully checked as part of the Time Out phase of the W.H.O. checklist (see policy 45)
14. The consent form **MUST be checked in theatre** and the theatre team should always look for the correct surgical site marking.
15. It is vital that checking is done **before** the patient's skin is prepped and draped.
16. The theatre team should carefully check that the patient's details, operative site and consent form all match. **If there are any discrepancies, surgery should not proceed until the situation is clarified.**
17. All members of the scrubbed team should be involved in checking that the site has been correctly marked.
18. Incident forms should be completed for any errors in marking and theatre manager informed.

References

1. National Patient Safety Agency (2005) **Preoperative Marking Recommendations.** Royal College of Surgeons of England.

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