

Policy Applies to:

All the Mercy “operating team” which comprises surgeons, anaesthetists, nurses, technicians and other operating room personnel involved in surgery.

Related Standards:

- National Patient Safety Agency Correct Site Surgery NHS UK: March 2005
- Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 - Consumers are protected from exposure to avoidable & preventable risk during each stage of service provision.
- EQulP standards; The organisation provides safe care and services: Criterion 1.5.6 - The organisation ensures that the correct patient receives the correct procedure on the correct site.

Cultural Considerations:

Awareness and permission to be sought for site marking on all parts of body with all patients, particularly with Māori and Pacific patients. Always indicate/explain to Māori patients, if not all patients when there will be a marking to the head, as the head is tapu.

Rationale:

The surgeon must clearly mark where practicable, or otherwise clearly identify the site in a way that is appropriate for the particular procedure to be performed. (Royal Australasian College of Surgeons guidelines for ensuring correct patient, correct side and correct site surgery-Position Paper 2009.)

Objectives:

- To identify definitively, the intended site of incision
- To reinforce accepted safety practices
- To reduce unnecessary surgical complications.

Implementation:

- Pre-operative surgical site marking is required for procedures involving right/left distinction, multiple structures (fingers and toes)
- Marking should be undertaken by the surgeon who will be performing the procedure.
- The surgical site shall be marked at pre-admissions or DSU/Manaaki prior to patient transfer to Theatre.
- Marking must take place before sedative pre-medication is given.

Where the surgical site has NOT been marked and a sedative pre-med is prescribed the nurse will:

- Contact the surgeon.
- Obtain order to a) administer the premed and / or b) mark the surgical site.
- Ensure a consensus agreement between the Surgeon, Anaesthetist, Clinical Coordinator, and patient (or family where appropriate) is obtained.

- All consensus members must agree on the side to be operated on.
 - Document clearly and accurately in the clinical notes, who was involved in the agreement and the site that was marked.
 - Surgeon to mark or confirm correct site by initialling the mark prior to the patient leaving DSU.
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- The process of marking the intended site will wherever possible involve the patient.
 - An indelible, latex free, marker pen should be used.
 - The mark should be an arrow that extends to, or near to, the incision site and should remain visible after the application of skin preparation and theatre drapes.
 - For digits on the hand and foot the mark should extend to the correct specific digit.
 - For Ophthalmic surgery the correct eye is marked with a dot.
 - Spinal Surgery, where side is specified, the surgical site must be marked.
 - Intra-operative confirmation of vertebral level with x-ray marker may be required.
 - The pre-operative check must ensure that the mark is present and corresponds with the consent form, patient, booking information, and imaging data when applicable.

NB The patient is not admitted to the operating room unless the surgical site marking is present and correct.

Exceptions = Circumstances where marking may not be appropriate:

- Emergency surgery should not be delayed due to lack of pre-operative marking.
- Teeth and mucous membranes
- Cases of bilateral simultaneous organ surgery: such as bilateral tonsillectomy etc.
- Situations where the laterality of surgery needs to be confirmed following examination under anesthesia or exploration in theatre such as revision of squint corrections
- Single organ cases (where laterality or multiple levels / nodes are not involved)
- Endoscopic procedures.

Evaluation:

Incident reports will be completed for any discrepancies in Site Marking

Associated External Documents

Health & Disability Sector Standards 2001- Standard 2.2

Associated Internal Documents

- Surgical Safety Checklist
- Consent Policy
- Incident Policy
- Perioperative Record
- Pre-operative checklist
- Surgical Safety Checklist Audit

References:

- Royal Australasian College of Surgeons implementation guidelines for ensuring correct patient, correct side and correct site surgery, Ref. No. FES_PST_2031_P.
- New Zealand Orthopaedic Association, NZOA guidelines for ensuring correct patient, correct side and correct site surgery.
- AORN Standards, Recommended Practices & Guidelines 2007 Edition
- New Zealand Nurses Organisation Surgical Site Marking, Guidance Statement. www.nzno.org.nz/groups/colleges/perioperative_nurses_college/standards

Acknowledgements:

- HQSC Surgical Safety Checklist
[Health Quality & Safety Commission | Surgical Safety Checklist \(hqsc.govt.nz\)](https://www.hqsc.govt.nz/health-quality-and-safety-commission/surgical-safety-checklist)