

**Policy Applies to:**

All of 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
- Health & Disability Sector Standards 2008: Standard 2.2.7 - Consumers are protected from exposure to avoidable & preventable risk during each stage of service provision
- EQuIP 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.

**Rationale:**

- To improve patient safety by ensuring the correct site has been identified
- Note exceptions to this outlined on page 2.

**Definitions:**

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. In either / both case(s).
- 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.

- 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](http://www.nzno.org.nz/groups/colleges/perioperative_nurses_college/standards)

**Acknowledgements:**

- WHO Surgical Safety Checklist  
[http://www.who.int/patientsafety/safesurgery/ss\\_checklist/en/](http://www.who.int/patientsafety/safesurgery/ss_checklist/en/)
- Mercy Ascot - Auckland