



## ROYAL AUSTRALASIAN COLLEGE OF SURGEONS IMPLEMENTATION GUIDELINES FOR ENSURING CORRECT PATIENT, CORRECT SIDE AND CORRECT SITE SURGERY

The Royal Australasian College of Surgeons recognises the paramount importance of patient safety and expects hospitals and surgeons to adopt protocols utilising multiple, complementary strategies. To the extent possible, the patient or their designated representative should be involved in the process. Adopting a “team approach” in the theatre will reduce risk but the operating surgeon is ultimately responsible. Every member of the operating theatre team has a duty to be aware that the correct patient, side and site are operated on. If any member of the team believes the incorrect patient, side or site is being prepared for surgery, they should immediately voice their concerns. There should be no criticism of persons raising concerns even if their concerns prove to be unfounded. Surgeons should be aware of the level of risk for wrong site or side surgery for a particular procedure.

### **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.

### **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 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 and should be initialled by the person making the mark. Multiple operation sites must be individually marked.

At all stages of this process, there should be consistency of documentation of side/site. If any inconsistency arises, progress towards operation 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 him/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.

- 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.

### **Final Verification**

The surgeon, anaesthetist and nursing team must concur to ensure the correct patient, procedure, site and side. Marking of the operative site must be confirmed. A “time out” or “final check” may be part of this procedure. This should preferably occur before induction of anaesthesia.

### **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.

### **EMERGENCIES**

In emergency (life or limb threatening situations) some of these steps may be omitted.