



Pennsylvania Patient Safety Reporting System

# Patient Safety Advisory

Produced by ECRI & ISMP under contract to the Pennsylvania Patient Safety Authority

## The Need for Surgical Preparation

Surgeons understand the need to be properly trained to do a procedure. They also understand the need for a preoperative “time out” to verify that the correct patient is getting the correct procedure on the correct part of the body. However, preparation includes more than training and “time outs.” Consider these recent reports to PA-PSRS:

Case #1: A surgeon scheduled a patient for elective closure of a cranial defect from prior surgery. The surgeon brought prosthetic material to the operating room for the closure, but it was material suitable for temporary closure only, not permanent closure. The error was recognized before the operation began, and the procedure was cancelled and rescheduled.

Case #2: A patient with an acute left femoral artery occlusion was brought to the operating room after confirmatory angiography. The consent for thrombectomy, obtained as an emergency by someone other than the surgeon, erroneously listed the wrong leg. The preoperative “time out” was done with the surgeon, but based on the incorrect consent. While making the initial incision, the surgeon remembered that the occlusion was in the left leg. To reconcile the conflicting information, he had the films brought to the operating room. The films confirmed his recollection, so he closed his skin incision and proceeded to do the thrombectomy on the correct leg.

Case #3: A surgical patient was kept under general anesthesia for two hours before their operation was begun. During this time the surgeon was on the phone with the technical rep-

resentative of a medical device manufacturer. According to the facility’s report, the surgeon was “trying to figure out how to use [the] Neuro Navigator system.”

Preoperative preparation by the surgeon may need to go beyond verifying the consent and the correct patient, the correct procedure, and the correct site. A comprehensive preoperative checklist could also include:

- Re-assessment for recent changes in the patient’s condition.
- Verification of the indications for the operation with adequate information about the extent and exact location of the pathology available in the operating room for possible intra-operative decision making.
- Review of the patient’s other medical conditions, allergies, and medications, including medications at the time of surgery, such as prophylactic antibiotics.
- Confirmation that essential materials, such as blood products, implants, or prostheses, are available.
- Confirmation that essential equipment is working properly.
- Discussion with the team of possible intra-operative complications and how they should be managed.

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An Independent Agency of the Commonwealth of Pennsylvania

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