

## **SAFE SURGERY**

### **WHO GUIDELINES FOR SAFE SURGERY**

By

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In response to the worldwide interest in surgical safety the Egyptian Journal of Surgery is dedicating a specific section for surgical safety. In the forthcoming issues of the journal the WHO guidelines for safe practices in surgical theatres will be presented with audit criteria (standards) through which any member of the surgical team can assess the degree of compliance of the surgical team with the recommended safe practices inside their surgical theatre.

#### **Standard 1: The team will operate on the correct patient at the correct site.**

##### **Degree of Recommendation: Highly recommended**

1. Before induction of anaesthesia, a member of the team should confirm that the patient is correctly identified, usually verbally with the patient or family member and with an identity bracelet or other appropriate means of physical identification. Identity should be confirmed from not just the name but also a second identifier (e.g. date of birth, address, hospital number).
2. A team member should confirm that the patient has given informed consent for the procedure and should confirm the correct site and procedure with the patient.
3. The surgeon performing the operation should mark the site of surgery in cases involving laterality or multiple structures or levels (e.g. a finger, toe, skin lesion, vertebra). Both the anaesthesia professional and the nurse should check the site to confirm that it has been marked by the surgeon performing the operation and reconcile the mark with the information in the patient's records. The mark should be unambiguous, clearly visible and usually made with a permanent marker so that it does not come off during site preparation. The type of mark can be determined locally (signing, initialing or placing an arrow at the site). A cross or 'X' should be avoided, however, as this has been misinterpreted to mean that the site is the one not to be operated on.
4. As a final safety check, the operating team should collectively verify the correct patient, site and procedure during a 'time out' or pause immediately before skin incision. The surgeon should state out loud the patient's name, the operation to be performed, and the side and site of surgery. The nurse and anaesthesia professional should confirm that the information is correct.

**Audit criteria:**

1. Availability of patient identification bracelets with a minimum of two personal identifies e.g.: name and age.
2. Availability of informed consent form.
3. Availability of permanent markers in the operating room.
4. Verbal communication between surgical team and patient before induction of anaesthesia for patient identification and procedure verification and patient consent.
5. Marking of the site of surgery by the operating surgeon.
6. Checking of marking of site of surgery by other members of the surgical team.
7. Time out and with final communication between surgical team members before skin incision.

Complete WHO Guideline for Safe Surgery document can be downloaded from the Alexandria Patient Safety Alliance website: [www.mri.edu.eg](http://www.mri.edu.eg).