



## **Statement by the Council on Surgical and Perioperative Safety Prevention of Retained Foreign Bodies after Surgery**

The American College of Surgeons (ACS) recognizes patient safety as being an item of the highest priority and strongly urges individual hospitals and healthcare organizations to take all reasonable measures to prevent the retention of foreign bodies in the surgical wound. The ACS offers the following guidelines that can be adapted to various practice settings, including traditional operating rooms, ambulatory surgery centers, surgeons' offices, and other areas where operative and invasive procedures are performed:

- Surgical procedures take place within a system of perioperative care composed of surgeons, perioperative registered nurses, surgical technologists and anesthesia professionals. These individuals share a common ethical, legal and moral responsibility to promote an optimal patient outcome.
- Prevention of foreign body retention requires good communication among perioperative personnel and the consistent application of reliable and standardized processes of care.
- Recommendations to prevent the retention of sponges, sharps, instruments and other designated miscellaneous items include:
  - consistent application and adherence to standardized counting procedures;
  - performance of a methodical wound exploration before closure of the surgical site;
  - use of X-ray detectable items in the surgical wound;
  - maintenance of an optimal OR environment to allow focused performance of operative tasks;
  - employment of X-ray or other technology (e.g. radiofrequency detection, bar coding) as indicated, to ensure there is no unintended item remaining in the operative field;
  - suspension of these measures as required in life-threatening situations.
- Documentation should include, but not be limited to: results of surgical item counts, notification of the surgical team members, instruments or items intentionally left as packing, and actions taken if count discrepancies occur.

- Surgical facilities must provide resources to ensure that necessary equipment and personnel are available to support these perioperative surgical safety measures.
- Policies and procedures for the prevention of retained foreign bodies should be developed, reviewed periodically, revisited as necessary, and available in the practice setting.

*Notes:*

Gibbs, VC and Auerbach AD. “The Retained Surgical Sponge” in Making Health Care Safer: A Critical Analysis of Patient Safety Practices.” Shojania KG, Duncan BW, McDonald KM, Wachter RM, editors. Evidence Report/Technology Assessment No. 43, AHRQ Publication No. 01-E058; July 2001. Report available at <http://www.ahrq.gov/clinic/ptsafety/chap22.htm>

Gwande AA, Srudert DM, Orav TA, et al. “Patient Safety: Risk Factors for Retained Instruments and Sponges after Surgery”, New England Journal of Medicine 2003 348; 229-235.

“Recommended Practices for Sponge, Sharp, and Instrument Counts,” in *AORN Standards, Recommended Practices & Guidelines* (Denver, AORN, Inc., 2004) 229-234.