POLICY

To ensure patient safety and accountability for all items used during a surgical procedure a surgical count is required. The following surgical count guidelines are based on the standards from the Operating Room Nurses Association of Canada (ORNAC).

Invasive Surgery
- A sponge, sharp, suture, designated miscellaneous item count is performed for all procedures.
- A sponge, sharp, suture, designated miscellaneous item and instrument count is performed for all procedure when the following body cavities are entered:
  - Peritoneal
  - Pelvic
  - Retroperitoneal

Minimally invasive Surgery (MIS)
- A sponge, sharp, suture, designated miscellaneous item, small endoscopic part and non-endoscopic interment count is done prior to the commencement of surgery
- If the procedure does not convert to an open procedure only a closure count of sponges, sharps, sutures, designated miscellaneous items and small endoscopic parts is required.

Applicability: Surgical counts are conducted in the birthing and operating areas of the Maternal/Gyne Program.

PROCEDURE

Definitions

Designated Miscellaneous Items- A variety of items to be counted not covered by the 3 main groups of needles, sponges or blades.

Items - Includes all sponges, sharps, needles, designated miscellaneous items and instruments used on the sterile fields

Minimally Invasive Surgery (MIS) -The entire surgical procedure is carried out strictly through trocars (i.e. trocar incisions are not extended nor a separate incision created for removal of a specimen.

Small Endoscopic Parts- Small removable parts of the instruments used in endoscopic (MIS) surgery. See (Appendix A)

1.0 General Count Information

- The “surgical count” is the responsibility of the scrub and circulating nurses. If there is no scrub nurse, the circulating nurse and the surgeon or another perioperative nurse/technician conducts the “count”.
- All sponges, sharps, sutures, designated miscellaneous items and instruments used on the sterile field during a counted surgical procedure are x-ray detectable. Exceptions are made when necessary items are not offered as radio-opaque by the manufacturer.
- All items are counted and recorded upon dispensation during the operation.
- Items counted and recorded as they are counted before proceeding to the next item.
Interruptions in the count process are avoided
Once the count is initiated items are not removed from the theatre including garbage and laundry until the final count is complete
Counts are visibly observed and audibly counted concurrently by the scrub and circulating nurse

The scrub nurse directs the count
Sequence of count is sponges, sharps, sutures, designated miscellaneous items and instruments
Items of instruments with multiple parts are counted as 1 item with the number of parts in brackets e.g. 1(3)
Items removed from the sterile field are contained and visibility displayed
A mark (/ or X) through an item indicates that the item has been handed off the sterile field and is no longer an active part of the count

Relief of Personnel Counts
  - A sponge, sharp, suture, designated miscellaneous item and instrument count is done upon permanent relief of the scrub nurse. All efforts are made to count instruments when appropriate or possible to do so.
  - A sponge, sharp, suture, designated miscellaneous item is done upon permanent relief of the circulating nurse
  - The aforementioned counts are verified by incoming staff prior to the original staff exiting the room.

1.1 Sponges
  - Counted in units of issue
  - Pull tabs to ensure security
  - Separate
  - Count twice initially, at time of dispensing, removal from sterile field and closure.
  - Count additional packages away from already counted sponges on the back table; once counted, all like sponges are kept together.
  - During surgery, discarded sponges are counted out and placed a separate bucket in the units of issue
  - At closure, direction of count is sponge bucket, back table, mayo stand, operative field
  - Sponges left in an incision as packing when leaving the OR are identified by type, counted and documented in the appropriate section in the Operative Record (Articles Inserted)
  - Sponges removed from an incision upon entry into the OR are counted and noted in the appropriate section in the Operative Record. (Articles Removed)
  - Packages containing incorrect numbers of sponges are bagged with the outer wrapper and removed from the OR immediately.

1.2 Needles
  - Suture needles, free (eyed) needles, and injection needles are identified separately
  - Counted in units of issue – all needle packages are opened and number verified at time of count
  - Count once (twice upon discretion of the nurses involved)
  - Injection needles with multiple parts are counted as 1 item with the number of parts in brackets e.g. 1(2)
  - When removed from the sterile field are contained and visibly displayed.
1.3 Designated Miscellaneous Items
- Cautery Tip
- Suture Reel
- Scratch Pad
- Marking Pen
- Small Endoscopic Parts (rubber caps including caps reducer, rubber seals)

1.4 Instruments
- Clearly separate instruments
- Like instruments may be counted in multiples of 2 or 3
- Instruments broken during surgery are accounted for in their entirely
- Do not spread instruments over the mayo tray or table until they are counted
- In thoracic spinal and abdominal spinal procedures involving a large quantity of complex instrumentation where an instrument count cannot be done with accuracy and confidence, an appropriate x-ray is taken prior to closure of the cavity. The x-ray is read by the surgeon or designate prior to the completion of the surgery.

Note: A sponge, sharp, suture and designated miscellaneous item count is always done

1.5 Closure Counts
- A sponge, sharp, suture and designated miscellaneous item count is done at the closure of a cavity within a cavity
- A sponge, sharp, suture, designated miscellaneous item and instrument count is done upon closure of the first layer depending on the cavity entered
- A sponge, sharp, suture and designated miscellaneous item count is done at the closure of skin
- Direction of closure count is: items off the sterile field→back table→mayo stand→operative field
- The scrub nurse systematically moves across the back table in one consistent direction (may be either R→L or L→R.
- Results of all counts are announced audibly to the surgeon. The circulating nurse receives verbal acknowledgement from the surgeon.

1.6 Count Discrepancy
- When count discrepancy occurs
  - Recount
  - Notify surgeon
  - Surgeon checks incision
  - Search laundry, garbage, drapes, floor etc.
- If discrepancy continues
  - Patient x-ray is taken in the operating room prior to the patient leaving the room
  - Incorrect count is noted on Operative Record
  - Results of the x-ray is documented on the Operative Record
  - Incident report is completed

1.7 Exceptions
- When counts, particularly instrument counts, cannot be done with complete accuracy and confidence due to large amount of complex instrumentation, speed of closure or the emergency nature of the surgery:
  - An x-ray is taken
The x-ray is read by the surgeon prior to closure of the patient
An incident report is completed
- A sponge, sharp, designated miscellaneous item (SSM) count is not performed when the incision is deemed to be of a size that does not present a risk of SSM loss.
- An instrument count is not performed when a cavity is not entered or the incision/cavity is deemed to be of a size that does not present a risk of instrument loss.

**DOCUMENTATION**

- Counted items are numerically recorded on the Operative Count Record in black pen
  - Operative Record
  - A separate Count Record is used for each surgical procedure
  - Items are recorded in units of issue
  - All additions are initialled and identified by signature on the signature sheet

**REFERENCES**

Policy Adapted from: Vancouver Coastal Health (2013). Surgical Count Policy.

Operating Room Nurses Association of Canada (ORNAC) (2013). The ORNAC Standards for Perioperative Registered Nursing Practice