



SURGICAL SITE MARKING



OVERVIEW

THIS DOCUMENT This guidance statement provides guidance on the use of and exemptions to surgical / procedural site marking.

PURPOSE To promote patient safety by identifying unambiguously the intended site of incision or insertion.

SCOPE All operating or procedure room staff.

GENERAL PRINCIPLES

- All patients having an invasive procedure that involves laterality, multiple structures, (e.g., fingers and toes) or multiple levels (e.g., spinal surgery) must have their site marked.
- The operating Surgeon / Clinician or designee will mark the procedure / surgical site(s) with an arrow that extends to, or near to, the incision site and the initials of the person marking the site.
- A patient should not be transferred into the operating / procedure room unless the surgical site mark is present and correct.
- The site **must** be marked with a permanent marker that must be visible after positioning and the skin preparation and drapes are applied.
- Non-operative site(s) will not be marked unless medically indicated (e.g., pedal pulse mark, no B/P cuff).
- The patient should be involved in the site marking to the extent possible by verbalising procedure to be done and/or point to site / side of the procedure.
- If the patient is a minor or the patient is unable to verify the information for his or herself, the site marking **must** take place with a parent / legal guardian.

DISCREPENCIES A discrepancy at any point in time **must** stop the case from proceeding until resolved.

The discrepancy and resolution must be documented by the surgeon / physician and/or registered nurse within the patient clinical record.

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PRE-MEDICATED PATIENT AND SIDE NOT MARKED

A consensus agreement between the Surgeon, Anaesthetist, Charge Nurse Manager/Floor coordinator/Team Leader, family, and patient (where appropriate) shall be obtained.

All consensus members and patient (if appropriate) must agree on the side.

Clear and accurate documentation in the clinical notes on who was involved in the agreement will be completed.

EXCEPTIONS

Procedures exempt from site marking include:

- Single organ cases (where laterality or multiple levels / nodes are not involved)
- Interventional procedures for which the catheter or other instrument insertion site is not predetermined
- Scoliosis surgery
- Endoscopy
- Tonsillectomy
- Haemorrhoidectomy
- Intra oral surgery (surgeon to confirm on radiograph)
- Surgical emergency (a site may be omitted, but a surgical “time out” should be performed unless the risk outweighs the benefit)
- Site marking will not be required for starting intravenous therapy or Foley catheter insertion.

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MULTIPLE SIDE OR SITES

If the procedure involves multiple sides/sites during the same operation, each individual side and site must be marked

SKIN INTEGRITY

Skin that is not intact:

- The skin mark will not be placed on an open wound or lesion
- In the case of multiple lesions and when only some lesions are to be treated, the sites should be identified prior to the procedure itself

EMERGENCY PROCESURES

Site marking may be waved in critical emergencies at the discretion of the operating physician, but the Surgical Safety Checklist should be conducted unless there is more risk than benefit to the patient

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GUIDANCE STATEMENT

ASSOCIATED DOCUMENTS

	TYPE	DOCUMENT TITLES
ASSOCIATED DOCUMENTS	Legislation	<ul style="list-style-type: none"> • Code of Health & Disability Consumers' Rights 1996 • Health & Disability Commissioner Act 1994
		Surgical Safety Checklist
	Royal Australasian College of Surgeons	<ul style="list-style-type: none"> • Implementation Guidelines for Ensuring Correct Patient, Correct Side and Correct Site Surgery, 2006. • http://www.surgeons.org/Content/NavigationMenu/FellowshipandStandards/ProfessionalStandards/CorrectPatientSiteSide/RevisedGuidelines2006.pdf
	Royal Australian & New Zealand College of Ophthalmologists (RANZCO)	<ul style="list-style-type: none"> • Correct Eye Surgery Guidelines, 2006. • http://www.ranzco.edu/aboutus/ranzco-policies-and-procedures/policy/Correct_Eye_Surgery_Guidelines.pdf
	Association of Perioperative Registered Nurses (AORN)	Standards, Recommended Practices, and Guidelines 2007, Section 1, Perioperative Nursing Practice, Statement on Correct Site Surgery, Pg. 371-374.

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