

Section 9	Clinical Policies	12/21/07 -Originated
Subject 9.3	Patient Risk, Treatment and Safety	01/07/11 -Reviewed w/ changes -Reviewed w/o changes
<b>Policy 9.3.33</b>	<b>Surgical Counts</b>	Perioperative Governance Committee (PGC) -Author

## Surgical Counts

### Definitions

---

***Exchange Count Method*** is a method of counting needles used in cardiothoracic surgery to reduce the time a patient is on cardiopulmonary bypass.

***Inventory instrument count*** is a count of instruments that is performed on all cases. This count is performed as **an individual activity** by the scrub person prior to incision to **verify the completeness** of the instrument tray.

***Instruments*** are surgical tools or devices designed to perform a specific function, such as cutting, dissecting, grasping, holding, retracting, or suturing.

***Legal instrument count*** is a count of instruments that is done on any surgical procedure in which the abdominal or thoracic body cavity has been entered. This count shall be performed by two people, one of whom shall be an RN. All instruments are counted prior to incision and when closing the cavity. There is no final legal instrument count unless necessitated.

***Miscellaneous Items*** are small items that have the potential for being retained in the surgical wound. These include vessel loops, umbilical tapes, cautery scratch pads, bulldogs and micro clips.

***Nursing personnel*** includes the RNs and the Surgical Technologist

***Surgical count*** is an audible and concurrently visual count conducted between two people: the RN (circulator) and the scrub person.

***Sharps*** are items with edges or points capable of cutting, or puncturing through other items. This includes suture needles, scalpel blades, hypodermic needles, and electro-surgical needles, and blades.

***Surgical Sponges*** (4 x 4's or 4x 8's) are soft goods used to absorb fluids, protect tissues, or apply pressure or traction. This includes radiopaque gauze sponges, radiopaque laparotomy sponges, tonsil sponges, radiopaque cottonoids, and peanuts or dissectors.

---

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9	Clinical Policies	12/21/07 -Originated
Subject 9.3	Patient Risk, Treatment and Safety	01/07/11 -Reviewed w/ changes -Reviewed w/o changes
<b>Policy 9.3.33</b>	<b>Surgical Counts</b>	Perioperative Governance Committee (PGC) -Author

**Policy**

---

To enhance patient safety and reduce the likelihood of infection and post operative complications, all items that can possibly be retained in a surgical wound are accounted for and no foreign body is left in a surgical patient.

Surgical instruments, sponges, sharps, and miscellaneous items shall be counted and documented on the O.R record on all procedures in which the possibility exists of retaining these objects in a body cavity.

In emergency surgery, counts may be omitted by necessity. The O.R. documentation should state the reason(s) for omission (eg preservation of patient’s life or limb). The procedure for “discrepancy in count” is delineated below.

**Procedures**

---

Initial counts for surgical sponges, sharps, and instruments shall be completed before the incision. The initial (first) count should establish a base line for subsequent counts for *all* procedures and should be conducted before the incision

Surgical sponges, sharps, miscellaneous items, and instruments (legal count) shall be counted audibly and viewed concurrently by the circulating nurse and the scrub person. The cardio-thoracic service should follow the “exchange count method” for needles, as specified in the [Surgical Counts’ Clinical Resource](#) Information (CRI).

All linen hampers and waste receptacles (and their contents) remain in the operating room until the final count is completed.

Surgical sponges should not be cut and non-radiopaque towels should never be used inside a body cavity.

A legal instruments count shall be conducted and documented following the procedures specified in the [Counts CRI](#) Inventory counts of instruments are performed prior to incision on all surgeries

The second (closing), final (skin), permanent staff relief count, and any additional counts shall be performed as needed ([refer to Surgical Counts Clinical Resource](#)).

Nonradiopaque gauze sponges (for dressing) should be withheld from the field until the wound is closed. Counted surgical sponges should not be used for dressings.

---

## UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9	Clinical Policies	12/21/07 -Originated
Subject 9.3	Patient Risk, Treatment and Safety	01/07/11 -Reviewed w/ changes -Reviewed w/o changes
<b>Policy 9.3.33</b>	<b>Surgical Counts</b>	Perioperative Governance Committee (PGC) -Author

---

### **Procedures, continued**

Counted items removed from the sterile field shall remain in the room, bagged or in the O.R. kick bucket, and are retained in the count.

---

### **Discrepancies**

In the event of a count discrepancy (eg. incorrect count), a surgeon can NOT decline the intraoperative x-ray to be taken before the final closure of the wound, unless the patient's condition contraindicates this decision.

The following should be performed:

- Surgical team notification and investigation,
- X-ray with report from radiologist to surgeon, documentation, and
- All other procedural steps needed as outlined in the [Surgical Counts Clinical Resource](#).

---

### **Clinical Alerts**

All sponges and laparotomy sponges must contain a radiopaque element. Non-radiopaque towels can not be used inside a body cavity.

If a package of surgical sponges, blades, needles, or miscellaneous item is found to have an incorrect number of the items, they will be handed off the field, marked as incorrect, and isolated. Do not use them during the case. They should not be included in the count.

Counted items (eg. sponges) removed from the sterile field will be counted and retained in the O.R. kick bucket or bagged. They are to be included in the count.

---

### **References**

Ahmad, G., Attiq-ur-Rehman, S., & Anjum, Z. (2003). Retained sponge after abdominal surgery. *Journal of College of Physicians and Surgeons Pakistan* 13:11, 640-643.

Espin, S., Lingard, L., Baker, G.R., & Regehr, G. (2006). Persistence of unsafe practice in everyday work: An exploration of organizational and psychological factors constraining safety in the operating room. *Quality and Safety in Healthcare* 15, 165-170.

Farrell, V., Higbie, V., & Cleveland, S. (2003). Auditing and improving the sponge count process. *OR Manager* 19:3, 13-14.

Fogg, Dorothy (2006). AORN Standards, Recommended Practices, and Guidelines. 459-456.

Gawande, AA, et al. (2003). Risk factors for retained instruments and sponges after surgery. *The New England Journal of Medicine* 348(3) 229-235.

---

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9	Clinical Policies	12/21/07 -Originated
Subject 9.3	Patient Risk, Treatment and Safety	01/07/11 -Reviewed w/ changes -Reviewed w/o changes
<b>Policy 9.3.33</b>	<b>Surgical Counts</b>	Perioperative Governance Committee (PGC) -Author

**References,  
continued**

---

McLeod, RS & Bohnen, JM. (2004). CAGS Evidence-Based Reviews: Risk factors for retained foreign bodies after surgery. *Canadian Journal of Surgery* 47(1), 57-59

---