I. Title

Surgical Counts

II. Policy

A. To enhance patient safety and reduce the likelihood of infection and post-operative complications, all surgical instruments, sponges, sharps, and miscellaneous items that could possibly be retained in a surgical opening shall be counted and documented on the Operating Room (OR) record prior to and after all surgical procedures, to ensure no foreign body is left in a surgical patient.

B. The procedure for any discrepancy in count is delineated below.

C. In emergency surgery, counts may be omitted by necessity. The OR documentation shall state the reason(s) for omission (e.g., preservation of patient’s life or limb). Final x-ray prior to closure will be done to verify no foreign bodies were retained.

III. Procedures

A. The initial (first) count of surgical sponges, sharps, and instruments should be conducted before the patient enters the OR, when possible, to minimize distractions. The initial count shall be completed before the incision. The initial count establishes a baseline for subsequent counts for all procedures performed during the surgical encounter.

B. Surgical sponges, sharps, miscellaneous items, and instruments shall be counted audibly and viewed concurrently, by both the circulating nurse and the scrub person, for each count conducted during the surgical encounter.

C. All linen hampers and waste receptacles (and their contents) shall remain in the operating room until the final count is completed and the patient has left the OR.

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

E. An initial instruments count shall be conducted and documented prior to incision on all surgeries in which a body cavity is entered or the wound is large enough to retain an instrument.

F. The second (closing) count, final (skin) count, permanent staff relief count, and any additional counts shall be performed as needed. Non-radiopaque gauze sponges (for dressing) should be withheld from the field until the incision is closed. Counted surgical sponges should not be used for dressings.
G. Counts begin on the sterile field and progress back to items on the mayo stand, back table, and lastly to items that have been passed off the sterile field.

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

I. Once the procedure is completed, all laps and sponges should be passed off the sterile field and loaded into the counter bags. Visualization by the surgical team should confirm that each bag has every pocket full at the end of the procedure before the patient leaves the operating room.

J. Instrument counts will not be required for orthopedic/ neuro spinal procedures with anterior or lateral approach. Post-op anteroposterior (AP) and lateral X-rays will be taken, then reviewed and reported by a faculty radiologist to the faculty surgeon before the patient leaves the OR.

K. In the event that a surgical item is intentionally retained and the patient leaves the OR with the item.
   - The circulating RN documents in the intraoperative record that the count is incorrect and documents the type and amount of retained items in the intraoperative record.
   - AP and Lateral X-rays are performed, and retained items will be confirmed by a faculty radiologist.
   - A JUVO will be completed.

L. Return to surgery with intentionally retained surgical items.
   - Upon returning to the OR, the items are removed and matched to the previous procedural documentation.
   - AP and Lateral X-rays are performed. Make sure the entire cavity is imaged. This may require multiple X-rays in larger patients.
   - If the X-ray(s) are negative for retained items, the number of items removed matches up to the previous documentation, and the current count is correct, the Circulating RN documents in the intraoperative record that the count is correct, and indicates the retained items were removed.
   - An JUVO will be completed.

IV. Discrepancies in Count
In the event of a count discrepancy, or item cut or broken (e.g., incorrect count), a surgeon CANNOT decline an intraoperative X-ray to be taken before the final closure of the incision, unless the patient’s condition demands closure prior to X-ray completion. The following should be performed:
   - Surgical team notification and investigation;
   - AP and Lateral X-rays with report from a faculty radiologist to the faculty surgeon with appropriate documentation;
   - Escalate to charge nurse and the Physician OR Director/Leader to confirm that OR policy has been followed and that additional X-rays are not needed. They will determine if the Administrator on call or Chief of Surgery should be notified, and
   - All other procedural steps required in the Incorrect Count Algorithm Process.
   - For an incorrect sharps count an x-ray is not needed for sutures 5-0 and smaller or needles size \( \leq \) 10 mm.
V. **Clinical Alerts**

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

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

C. Counted items (e.g., sponges) removed from the sterile field, will be counted and retained in the OR kick bucket or bagged. They are to be included in the count.

D. When any count is initiated, the entire surgical team should facilitate the count by providing the scrub person and circulating RN autonomy to complete the count **UNINTERRUPTED**.

VI. **Definitions**

**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.

**Initial instrument count** is a count of instruments that is done on any surgical procedure in which the abdominal or thoracic body cavity or wound large enough to retain an instrument 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 incision. These include, but are not limited to, 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. These include, but are not limited to, suture needles, scalpel blades, hypodermic needles, electrosurgical needles, and blades.

**Surgical Sponges** (4 x 4’s or 4 x 8’s) are soft goods used to absorb fluids, protect tissues, or apply pressure or traction. These include, but are not limited to, radiopaque gauze sponges, radiopaque laparotomy sponges, tonsil sponges, radiopaque cottonoids, and peanuts or dissectors.

**Radiopaque** – X-ray detectable.
VII. References


Hospital Council of Northern and Central California. (2014). *Surgical Safety: Preventing Retained Surgical Items Using the Sponge Accounting System (SAS)*.

### VIII. Dates Approved or Amended

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### IX. Contact Information

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(409) 370-1452