# SURGICAL / RADIOLOGICAL SITE MARKING

## OVERVIEW

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| **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 / interventional 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 procedural site marked (See: Exceptions below).
- The operating Surgeon / Clinician or designee (Registrar or Fellow) 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 procedural site.
- The site marked should, ideally be marked on the ward or day care area prior to transfer of the patient to the pre-operative area.
- Procedural site marking must occur prior to administration of premedication or anaesthesia.
- The site **must** be marked with a permanent marker that must be visible after positioning, skin preparation and application of drapes.
- 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, the site marking **must** take place with a parent / legal guardian / next of kin present.

In special circumstances patients may require a consensus agreement to be established as an alternative to surgical site marking. For example: patients pre-medicated prior to marking; patients refusing surgical site marking; or patients whose skin is unsuitable for marking (heavily tattooed, very dark, compromised skin integrity,

or patient privacy and dignity would dictate that procedural site marking is inappropriate). Consensus agreement must involve the Surgeon, Anaesthetist, Charge Nurse/Floor Coordinator/Team Leader, family, and patient (where appropriate).

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- All consensus members and patient (when appropriate)
- Clear and accurate documentation in the clinical notes on who was involved in the agreement must be completed

**DISCREPANCIES** from the patient

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

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

**EXCEPTIONS**

<u>Procedures exempt from site marking include</u>:

- 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 imaging)
- Paediatric procedures involving ureteroscopy (surgeon to confirm on imaging)
- Gynaecological procedures involving the fallopian tubes or ovaries, either open surgery or laparoscopically.
- Potential cultural considerations
- 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.

**MULTIPLE SIDES** same

If the procedure involves multiple sides/sites during the

**or SITES** 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

**EMERGENCY**

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

# SURGICAL / RADIOLOGICAL SITE MARKING

## VERIFICATION AND MARKING PROCESS

The attending surgeon/Clinician or designee verifies the following

- The patients identity (including ID band) with the patient stating their name
- Consent(s)
- Medical record data
- Imaging (as applicable)

## REFUSAL TO MARK

- If the patient refuses to have the site marked , the surgeon/ physician must review with the patient the rationale for site marking. If the patient still refuses site marking, an alternative method must be used before the case can proceed, and this should be documented.

## TREATMENT

- For example anaesthesia block or medication administration
- The team member needing to perform treatment must have the site / side marked prior to any anaesthetic or surgical intervention

## ASSOCIATED DOCUMENTS

| TYPE | DOCUMENT TITLES |
|---|---|
| Legislation | • Code of Health & Disability Consumers' Rights 1996<br>• Health & Disability Commissioner Act 1994 |
| Perioperative Nurses College NZNO | • Surgical and Radiology Safety Checklist |
| World Health Organisation | • WHO guidelines for safe surgery 2009 http://apps.who.int/iris/bitstream/10665/44185/1/9789241598552_eng.pdf |
| Royal Australasian College of Surgeons | • Position statement for Ensuring Correct Patient, Correct Side and Correct Site Surgery, http://www.surgeons.org/media/14497/POS_2009-10-29_Ensuring_Correct_Patient_Correct_Procedure_Correct_Side_and_Correct_Site_Surgery_Position_Paper.pdf |
| Royal Australian & New Zealand College of Ophthalmologists (RANZCO) | • Correct Eye Surgery Guidelines, 2014<br>• https://ranzco.edu/ArticleDocuments/176/RANZCO%20Ocular%20surgery%20guidelines%20correct%20patien%20eye%20site.pdf.aspx?Embed=Y |
| Association of Perioperative Registered Nurses (AORN) | • Guidelines for Perioperative Practice (2020) |
| • National Patient Safety Agency UK | • www.npsa.nhs.uk/advice |
| • The Royal College of Radiologists | • Guidance on implementing safety checklists for radiological procedures, second edition |
| The Joint Commission | The Joint Commission: Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery Available at:(www.jointcommission.orentSafety/UniversalProtocol/) September10,2008 |

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|---|---|
| ARIN | ARIN Clinical Practice Guideline Site Marking and Verification For Invasive and/or High Risk Procedures in Radiology |