Trust Standard Operating Procedure

Management of Planned Retained Dressings, Swabs and Surgical Items in Theatre

Issue Date	Review Date	Version
March 2021	**August 2025**	**1.3**

Purpose

To provide a detailed guide to the management of retained swabs, surgical items or dressings (wound management) to enable a consistent approach across the theatres and ensure this approach will be applied to patients who may require repeated theatre attendances.

Who should read this document?

This policy applies to all personnel employed by University Hospitals Plymouth Trust (UHPT) and to personnel working in satellite facilities under the remit of UHPT

Key Messages

This policy will ensure that there is a system in place for the safe handling and management of planned retained surgical items during clinically invasive procedures and that they are accounted for at all times to prevent foreign body retention and subsequent injury to the patient.

Core accountabilities	
Owner	Theatre Practitioner - RN Marie Coote Matron – Jenny Pitt
Review	Theatre Policy Group
Ratification	Surgical Care Group
Dissemination	Senior Matron Theatres and Anaesthetics.
Compliance	Theatre Matrons and senior team leaders

Links to other policies and procedures

Policy for Swab Counts in the Operating Theatre CLI.THE.POL.371.4
SOP "Counting on you" – Standardising theatre counts
NHS England (2015) *National Safety standards for invasive procedures (NatSSIPS)*, London
Wound Assessment and Care Plan (NPWT)

Instrument Counts During Invasive Procedures v6 June 2017

Policy for Management of Sharps in the Operating Theatre and Procedural Rooms V5 April 2018

Version History

1	April 2017	Draft
1.1	October 2018	Revised in to new template
1.2	August 2020	Revised as part of Serious Incident Review Action Plan
1.3	March 2021	Amended spelling mistakes

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and

better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Standard Operating Procedure (SOP) Management of Planned Retained Dressing, Swabs and packs in Theatre

1 Introduction

- The Theatre Policy Group is committed to ensuring the safety of patients undergoing surgical procedures and recognises the need for a standardised procedure for retained swabs, dressings or surgical items in the operating theatre environment and areas where surgical or invasive procedures are undertaken
- Clear policies, enable the implementation of standard practice and reinforces the principle of consistency and improves patient safety
- All theatre staff has a responsibility to themselves, their colleagues and patients to safely handle, monitor and record the use of products used for invasive procedures. As Health Care Practitioners the law is clear that they have a duty of care and are accountable for the care that is delivered. Health Care Practitioners must ensure that no harm is caused by leaving unaccounted foreign objects in cavities during invasive procedures or disregard this policy

2 Purpose, to include Regulatory Background

- To provide a safe system for the specific use and recording of any retained items
- To eliminate the likelihood of a "Never Event" and promote engagement in the retained pack/item process
- To identify responsibilities of staff for counting, recording and handover
- To provide a standardised recording system
- To ensure good quality handover by all staff responsible for the patients' care
- To ensure that on-going treatment can be forwarded to the relevant care providers, particularly in the transfer of patients across specialities and Trusts
- To incorporate recommendations from the National Safety Standards for Invasive Procedures (NatSSIPS), 2015
- To ensure handover and correct record keeping in any multispecialty cases with more than one surgical team

- *Unintended retained objects are considered a preventable occurrence, and many factors, including communication, situational awareness and consistent compliance with standardised processes has been shown to reduce the risk of an item being retained unintentionally (AORN 2014,). A count must be undertaken for all procedures where countable objects (e.g. swabs, instruments, sharps) are used (AfPP 2016).*

3 Definitions

- **Wound –** any break in skin integrity and specifically a wound cavity
- **Swabs/Mops –** Absorbent pads or pieces of material used for surgery
- **Wound Management Items** – Examples but not limited to:

  Gauze Strips/rolls

  Plain gauze

  Nylon tapes

  Vaginal packs
- **NPWT** – Negative Pressure Wound Therapy
- **PICP** – Patient Intraoperative Care Plan
- **Theatre Log** – Book kept in some theatres detailing patient episode

4 Key Duties

- Theatre Policy Group - The body responsible for writing the Policies and Procedures used in Theatres
- Theatre Governance Board - The committee responsible for ensuring that the Theatre Policies and Procedures are followed
- Senior Matron, Theatres and Anaesthetics – Senior Nurse in overall charge of the day to day running of Theatres, responsible for safety, quality and efficiency
- Theatre Team Leaders – responsible for conducting regular audit of practice and ensuring their teams are practicing according to the policy and undertake annual review of practice

5 Procedure to Follow

An *unplanned* retention of foreign material (e.g. swab) in a patient is a Never Event; it is vital that all healthcare professionals remain vigilant in their practice and adhere to policies and guidelines set out to reduce such incidences

5.1 In some surgical procedures, the surgeon may make the decision to insert and retain surgical items as part of on-going patient care which will be removed at a later date

5.2 Any surgeon leaving the theatre prior to the completion of the case (e.g. joint speciality surgery) must brief the remaining clinical team of any postoperative instructions and must complete their own operation note prior to leaving the theatre

5.3 **Planned retention process**:

- The scrub practitioner will identify that there is to be a planned retention and notify the circulation person(s) to gather the relevant documentation
    - Alert Stickers
    - Wound Assessment and Care Plan (if appropriate)
    - Theatre log book – where in use
- The retained product(s) must be recorded on the swab board under a separate heading e.g. Retained Inside - 2 antimicrobial rolls
- The identification of the item(s) remaining in the patient must be recorded by type and number on the Retained Items Sticker (see appendix 1) placed in the PICP – an alert sticker is then placed on the front of the PICP indicating retained items are inside
- The surgeon must document the presence of planned retained dressings in the operation note clearly along with the plan on when to remove them
- Any surgeon leaving the theatre prior to the completion of the case (e.g. joint speciality surgery) must brief the remaining clinical team of any postoperative instructions including retained items and must complete their own operation note prior to leaving the theatre
- At 'Sign Out', there must be verbal confirmation of the type and number of retained products and visual confirmation of completed documentation
- At handover, the scrub practitioner will communicate to the receiving practitioner the number and type of retained products. This should not be a delegated task
- The circulating person must document the retained items in the theatre retention log – where in use. It is the responsibility of the scrub practitioner to check and initial this entry.

5.4 **Removal of previous retained items:**

- At "Time Out", check the PICP retained items sticker from the previous surgical event to confirm location and number of retained wound management products
- The Circulator will document on the theatre whiteboard the exact number and type of retained items as documented in the previous PICP e.g. Retained Inside - 2 antimicrobial rolls
- The retained item(s) will be kept in a designated place (e.g. kidney dish on the scrub trolley/bowl) until all retained items are accounted for
- The Scrub Practitioner and the Circulator can then count them into a clear bag which will be sealed and labelled with the exact contents e.g. Retained Products – 2 antimicrobial rolls
- All retained item(s) counted off the sterile field must be placed in the same bag
- When the Scrub Practitioner confirms that all the retained item(s) are removed, the Circulator places a line through the number and writes 'removed' alongside
- The clear bag containing the "Retained Items" remains in theatre until the end of the surgical procedure and the final count is performed

- The Scrub Practitioner must acknowledge at final count that “Retained Items” have been removed and accounted for and confirmation given to Surgeon
- In the event of any “Planned retained items” being grossly contaminated, the Surgeon may choose to remove them prior to scrubbing up. The items will then need to be placed by the Surgeon into an unsterile receptacle and on confirmation that **all** “retained items” have been removed, the Circulator follows the process as outlined above
- It is routine practice for all ‘Retained Items’ to be identified and removed at the start of the procedure; however, the Surgeon may decide further retained items are required. In this event the Scrub Practitioner will follow the procedure for **Planned Retention Process** as above
- All relevant documentation will be updated – the original retained item sticker will be completed
- The scrub practitioner will update the original theatre log (where in use) to indicate that the item(s) have been removed
- Where items are removed in an alternative area within the hospital ward/outpatient, the team must complete the relevant section on the original retained item sticker

5.5 Patients *must* be made aware of any object intentionally retained after a procedure and what the plan is for its removal (*4.11.5, Page 43, National Safety Standards for Invasive Procedures (NatSSIPS 2015*)) This needs to be done where appropriate and included in the consent process

5.6 **Other considerations**:

- It is essential that the generic and not the brand product name is used to avoid confusion between differing products e.g. ‘Kerlix’ which must be identified as antimicrobial roll. If necessary, add the product name and order number to the documentation and consider if serial numbers are required in the rare event of allergic reaction
- Absorbable packing such as Sorbsan (e.g. packing for Bartholin’s abscess), must be documented within the operation note but is otherwise excluded from this standard operating procedure and does not require a retained sticker or process
- Packs which will be naturally expelled e.g.: anal spongestan must be documented within the operation note but are otherwise excluded from this standard operating procedure
- In the event of Accidentally Retained Swabs please follow the Swab Counts in the Operating Theatre Policy

5.7 **Transfer to other hospitals**

- All relevant notes should be copied to go with the patient to include the PICP which has the details of any retained items. This should also be handed over by the clinician dealing with the transfer.

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Theatre Policy Group and ratified by the Theatre Central Clinical Governance Committee.

Non-significant amendments to this document may be made, under delegated authority from the Theatre Clinical Governance Committee / Clinical Governance lead, by the nominated author. These must be ratified by the Theatre Central Clinical Governance Committee / Clinical Governance Lead lead and should be reported, retrospectively, to the Theatre Clinical Governance Committee

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Theatre Clinical Governance Committee/ Clinical Governance Lead and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

Standard operating procedure (SOP) is documented method of working or instruction that is authorised by the appropriate director. A SOP prescribes a procedure or strategy of a regularly occurring activity. The SOP must follow by all personnel and should be written in an uncomplicated and unambiguous way. The content of each SOP can be derived from standards, laws or publications that are publicly accessible.

What are we monitoring?	Compliance with the Planned Surgical Items process
How is it monitored?	Audit of Planned Retained Items via the Theatre Log – where in use
Lead	Theatre Matron
Validation	Data results validated by Theatre Matrons and Lead Nurses Recorded incidents on Datix
Frequency	Monthly
Reporting Arrangements	The Theatre Governance Group will be responsible for investigating any incidents reported via the Trusts Electronic Reporting system
Sharing the Learning	Lessons learned to be shared using appropriate communication pathways and training

9 Reference Material

- NHS England (2015*) National Safety standards for invasive procedures (NatSSIPS)*, London (https://www.england.nhs.uk/2015/09/natssips/)
- Policy for Swab Counts in the Operating Theatre V6 April 2018
- Instrument Counts During Invasive Procedures v6 June 2017
- Policy for Management of Sharps in the Operating Theatreand Procedural Rooms V5 April 2018
- AFPP Accountable Items July 201
- NHS England (2014) *Surgical never events taskforce reports* (https://www.england.nhs.uk/patientsafety/never-events/surgical/
- Wound Assessment and Care Plan (NPWT)

RETAINED ITEMS ALERT STICKER	
Date:	
Operation:	
Surgeon:	
Name of item retained:	
Number:	
Site:	
Planned removal Date:	
Removal location e.g theatre/ward:	
Personnel eg. Nurse /doctor:	
Confirmation of removal	
Date:	
Print name:	sign:
Any remaining items: Yes/No	
If yes please complete another sticker	
Please use peel off sticker below to place on PICP	
ALERT **Retained Items** Please see inside	ALERT **Retained Items** Please see inside