

Safer surgery – what you need to know

A guide for patients

This leaflet provides information on our surgical safety checks and explains what is involved.

Surgical safety checks

When you are a patient in our hospital, we want to make sure that your surgery and stay with us is as safe as possible. We use a safety checklist for all our operations, and some other procedures.

The Surgical Safety Checklist was developed by the World Health Organization, and has been adapted for our use. There is strong evidence to state that using the checklist prevents a significant number of potential mistakes during surgeries, keeping the risk of harm to a minimum.

Why do I need to know about the Surgical Safety Checklist?

The checklist is used to make your surgery safer. We hope that knowing about the checklist will make you feel comfortable when the surgical team discuss it in the operating theatre, before you are given your anaesthetic.

You may be asked the same questions more than once, and we know that this can be frustrating. Please understand that this is to make sure we follow the highest levels of safety when your care transfers from one team to another. We want to ensure safe teamwork, with all the equipment and information that may be needed available from the beginning to the end of your operation.

WHO SURGICAL SAFETY CHECKLIST <small>General (Version 7) February 2018</small>		NHS Guy's and St Thomas' <small>Westminster Trust</small>	
Procedure: _____		Date: _____	
SIGN IN <small>Anaesthetist to lead and sign</small> BEFORE INDUCTION Has a team briefing taken place for this patient? <input type="checkbox"/> Has the patient confirmed their: Identity <input type="checkbox"/> Site <input type="checkbox"/> Operation <input type="checkbox"/> Consent <input type="checkbox"/> Is the surgical site marked? YES <input type="checkbox"/> NIA <input type="checkbox"/> Is the anaesthetic machine & medication check completed? YES <input type="checkbox"/> Drug chart/MedChart present & checked? YES <input type="checkbox"/> NO <input type="checkbox"/> Have any known allergies been reviewed and documented? YES <input type="checkbox"/> NIA <input type="checkbox"/> if yes, what? _____ Does the patient have a safe airway plan in case of difficult airway? YES <input type="checkbox"/> NIA <input type="checkbox"/> if yes, is any equipment needed? _____ Risk of >500ml blood loss? YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, will tranexamic acid be given? YES <input type="checkbox"/> NIA <input type="checkbox"/> if yes, is cell saver needed? YES <input type="checkbox"/> NIA <input type="checkbox"/> Blood in fridge or 2 x group and save? YES <input type="checkbox"/> NIA <input type="checkbox"/> Has pregnancy check been carried out? YES <input type="checkbox"/> NIA <input type="checkbox"/>	TIME OUT <small>Surgeon to lead and sign</small> BEFORE SKIN INCISION Has the team introduced themselves by name & role? <input type="checkbox"/> Is the operating surgeon present? <input type="checkbox"/> Surgeon, anaesthetist and nursing staff confirm: Patient <input type="checkbox"/> Site <input type="checkbox"/> Procedure <input type="checkbox"/> Any known allergies <input type="checkbox"/> Any potential complications anticipated (eg potential haemorrhage)? YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, what? _____ Specific equipment, procedure or x-ray available if required? YES <input type="checkbox"/> if yes, what? _____ Sterility of instruments confirmed? YES <input type="checkbox"/> Equipment fully functioning without problems? YES <input type="checkbox"/> Have antibiotics been given if required? YES <input type="checkbox"/> NIA <input type="checkbox"/> Throat pack in situ? YES <input type="checkbox"/> NIA <input type="checkbox"/> Is essential imaging displayed? YES <input type="checkbox"/> NIA <input type="checkbox"/> Has VTE prophylaxis been undertaken? YES <input type="checkbox"/> NIA <input type="checkbox"/> Has glycaemic control been considered? YES <input type="checkbox"/> NIA <input type="checkbox"/> Patient appropriately warmed if required? YES <input type="checkbox"/> NIA <input type="checkbox"/> Is the patient safely and securely positioned? YES <input type="checkbox"/> NIA <input type="checkbox"/>	SIGN OUT <small>Nursing staff to lead and sign</small> PRIOR TO CLOSURE: Confirm surgeon checked operating fields for retained instruments / swabs YES <input type="checkbox"/> NIA <input type="checkbox"/> Has any extra equipment used been removed? YES <input type="checkbox"/> NIA <input type="checkbox"/> Is the second count correct? YES <input type="checkbox"/> NIA <input type="checkbox"/> AT END OF PROCEDURE: Planned procedures recorded & completed? YES <input type="checkbox"/> NIA <input type="checkbox"/> Is the final count correct? YES <input type="checkbox"/> NIA <input type="checkbox"/> Throat pack removed? YES <input type="checkbox"/> NIA <input type="checkbox"/> Tourniquet removed? YES <input type="checkbox"/> NIA <input type="checkbox"/> Have appropriate: • post-operative antibiotics YES <input type="checkbox"/> NIA <input type="checkbox"/> • VTE prophylaxis been agreed and prescribed? YES <input type="checkbox"/> NIA <input type="checkbox"/> Have the specimens been labelled? YES <input type="checkbox"/> NIA <input type="checkbox"/> Any equipment problems? YES <input type="checkbox"/> NO <input type="checkbox"/> if yes, what? _____ Have the line extensions been flushed & infusions checked and correctly labelled? YES <input type="checkbox"/> NIA <input type="checkbox"/> Any recovery concerns? _____ DON'T FORGET TEAM DEBRIEF IF LAST PATIENT! Name: _____ Signature: _____ Designation: _____ Time completed: _____	
A SURGICAL DEBRIEF ('pause') should be carried out if there is an unexpected change from the planned procedure or a new Surgical, Anaesthetic, or Scrub team are involved PTO YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name: _____ Signature: _____ Designation: _____ Time completed: _____	Name: _____ Signature: _____ Designation: _____ Time completed: _____	AFFIX STICKER OR: Patient name: _____ DOB: _____ Hospital number: _____ NHS number: _____	

What is involved in the checklist?

The Surgical Safety Checklist is a series of questions for the surgical team (doctors, nurses and anaesthetists) to ask at three different stages:

- 1 Sign in – with you, before you have your anaesthetic.
- 2 Time out – within the team, before the surgeon begins your procedure.
- 3 Sign out – within the team, before you leave the operating theatre.

The questions encourage better communication and teamwork in the theatre, and are a final check of essential information such as your name, allergies, the operation/procedure you are scheduled to have, and the site of the operation/procedure.

How can I help the surgical team?

Good communication between patients, families and the surgical team is important for safe care, and we value your involvement.

For your safety, staff working in the operating theatre will ask you to say your name, date of birth, and confirm if you have any allergies. They may also ask you some additional questions. If you are concerned about anything or do not understand what is being said, you can speak to any member of the team.

Further sources of information

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748, Monday to Friday, 9am-5pm

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints) **e:** complaints2@gstt.nhs.uk

NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing. **w:** www.nhs.uk

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