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Editorial-Educational

World Health Organization (WHO) Surgical Safety Checklist

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The World Health Organization (WHO) surgical safety checklist is in place to ensure that the correct patient is in theatre for the correct procedure on the correct side[1]. However, wrong site surgery (WSS) continues to occur with worrying frequency.

The surgical safety checklist relies on three stages that should act as effective barriers against WSS. The three stages are:

Stage 1: On arrival in theatre, patient's identity, consent and appropriate investigations are checked.

Stage 2: Immediately before incision, identity, consent, the planned operation, operation site, preoperative investigations and the presence of allergies are confirmed. Imaging is also reviewed. The entire theatre team participates in this "Surgical Time Out" and all are encouraged to express any concern.

Stage 3: This confirms the completion of the operation, correct storage and disposal of specimens and any concerns regarding the recovery phase, see figure 1.

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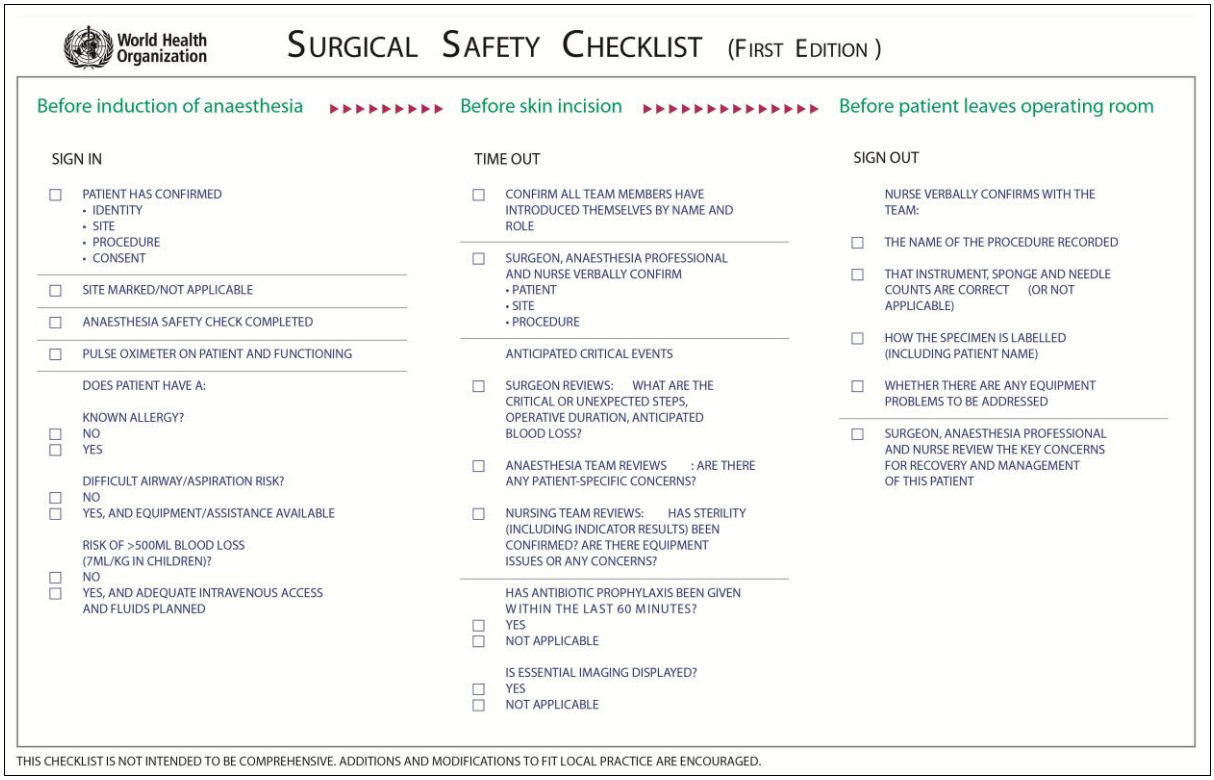

Figure 1: Surgical Safety Checklist

WHO: Ten Essential Objectives for Safe Surgery

Objective 1: The team will operate on the correct patient at the correct site.
Objective 2: The team will use methods known to prevent harm from anaesthetic administration, while protecting the patient from pain.
Objective 3: The team will recognize and effectively prepare for life-threatening loss of airway or respiratory function.
Objective 4: The team will recognize and effectively prepare for risk of high blood loss.
Objective 5: The team will avoid inducing an allergic or adverse drug reaction known to be a significant risk to the patient.
Objective 6: The team will consistently use methods known to minimize risk of surgical site infection.
Objective 7: The team will prevent inadvertent retention of sponges or instruments in surgical wounds.
Objective 8: The team will secure and accurately identify all surgical specimens.
Objective 9: The team will effectively communicate and exchange critical patient information for the safe conduct of the operation.
Objective 10: Hospitals and public health systems will establish routine surveillance.

Despite preoperative assessment, team briefings and the above checklist, errors continue to occur[2]. We propose adding an extra stage, the "Intra-Operative Time Out" to the WHO process especially when extirpative surgery is planned and where laterality is crucial, e.g. renal, limb and brain surgery. This would involve a pause after surgical exposure and before any irreversible action such as vessel ligation has occurred. At this stage, the surgeon would confirm that the operative findings were in keeping with expectations. This confirmation would be voiced and recorded. When it was not possible to confirm the diagnosis and

planned procedure, the operation would be halted pending consultation and further evaluation. This possibility would become a standard part of informed consent.

We believe that this additional and final confirmation in any operative situation is the ultimate safeguard against wrong site surgery especially where organ removal is planned.

REFERENCES

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