Prevention of Retained Surgical Items: Practice of Surgical Counts In Rwandan Operating Rooms

By

Gilbert Rutayisire Karonkano

Acknowledgements

Contributors:

David Ryamukuru, RN; Joselyne Mukantwali, RN; Thierry Uwera, RN; Emmanuel Munyaneza, RN; Eric Sindyigaya, RN; Anita Collins, PhD, RN, RM
Outline

- Introduction and Background
- Rwandan context
- Surgical count process
- Purpose
- Method
- Recorded observations
- Conclusion
- General recommendations
- Recommended research
Introduction and Background

- Patient safety is recognized as a global healthcare challenge\(^{(1)}\)
- Over 234 million major surgical operations yearly
- Surgical complications rate of 3–16\% \(^{(3)}\)
- Prevention of RSI - an important responsibility of a surgical team\(^{(4)}\)
- Surgical count remains the most accessible and reliable way to avoid RSI\(^{(5)}\)
Rwanda context

- 80,000 surgical procedures recorded as of 2009-2010 \(^{(6)}\)
- Most Rwandan Hospitals have surgical count policy
- Magnitude of surgical complications not available
Surgical count process (5,7)

- Should be done for all surgical procedure that involve the risk of RSI
- Guided with a policy and a team process
- Count all sponges, sharps, surgical instruments and other supplies used during a surgical procedure
- Done by two people one of whom being a RN circulator
- Simultaneously and audibly before, during and at the end of surgical procedure
- Timely documented
Purpose

To study the current practice in operating rooms of Rwandan hospitals for a better understanding of surgical count in Rwandan context in order to improve the vital element of surgical patient safety.
Method

- Observations in relation to the practice of surgical counts was recorded for a period of one month.
- Observed practices were compared with surgical count recommended practice.
Recorded observations

- Available surgical count policies not clear enough or incomplete and not consistently implemented
- The surgical count is not systematic for all procedures
- Depended on types of procedure, readiness and presence of both circulating and scrub nurses
- Surgical instruments were never audibly counted
Conclusion

- In-depth studies are needed for a better understanding of surgical count in Rwandan context.
- As technological means are not available in Rwanda, manual counting is still the key intervention for RSI prevention.
General Recommendations

- Health institutions should develop clear and concise policies and procedures
- Reinforce and monitor surgical count policy implementation
- In service education on surgical count, teamwork and communication
Recommended research

- Longitudinal studies on adherence to recommended count practice procedure
- Multiple site study on nature and incidence of breakdown in surgical count
- An intervention study on effect of standard surgical count protocol on adherence to recommended practice by surgical team
- A study on available resources and their impact on practice of surgical count
References

1. Andrew Howard (no date) *Surgical Safety*. Available at: https://ptolemy.library.utoronto.ca/sites/default/files/reviews/2011/September - Surgical safety.pdf.


