TIME OUT

Prevents wrong site, wrong procedure, wrong patient
Enforced by Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
Independent not-for-profit organization established in 1951
Evaluates and accredits nearly 16,000 healthcare organizations and programs in the United States
Nation’s predominant standards-setting accrediting body in healthcare
Works in collaboration with other institutions to ensure patient safety

TIME OUT

Started immediately before starting the invasive procedure or making incision
Designated member of the team starts the time-out
The time-out is standardized
Involves surgeon, anesthesia team, RN, OR technician, and other active participants (e.g., entire OR staff)
All members must agree, at a minimum, to correct patient, correct site, and correct procedure
The organization determines the amount and type of documentation
TIME OUT

SURGICAL ASSISTING BASICS

- It is normal to feel out of place in the OR
- To alleviate a lot of this awkwardness: KNOW the procedure, KNOW the patient
  - Study your anatomy
  - Study the steps of the procedure and anticipate the next step
  - Know your surgical instruments

SURGICAL ASSISTING – CESAREAN SECTION

- At first you will likely be second assist
  - Keep field clear of blood/fluid (suction/amp sponge)
  - Hold bladder blade
  - Assist in subcutaneous tissue and skin closure (this is where you demonstrate your knot tying skills)
- Your job is to learn the steps of the procedure and to "prove" you are ready to stand first assist
  - Be prepared for anatomy-related questions and answering "What’s the next step?"
- First Assist
  - You will have more responsibility in this role
  - Need to be proficient in knot tying and handling instruments
  - Call out for the next instrument
SURGICAL ASSISTING – GYN SURGERY

- You will likely start on minor cases such as hysteroscopy, dilation & curettage, and laparoscopy
- Understand laparoscopic camera basics
  - Learn how the camera head, light cable, and scope connect
- Again, always know the basic steps of the procedure you are doing
  - At first, you will be directed by the attending surgeon or senior resident
  - As you become more experienced, you will anticipate and be prepared for the next step

SURGICAL ASSISTING – HYSTEROESCOPY SURGERY

- Camera components
  - Scope
  - Camera head
  - Light cable
  - Bridge for water inflow/outflow
- Camera mechanics
  - Keep the buttons of the camera head facing up
  - Keep the “action” of the surgery in the center of the display screen
  - Maintain steady hand as possible

INSTRUMENT MATCHING!

- Cervical Dilators
  - Hank versus Hegar?
- Allis clamp
- Single-tooth tenaculum
INSTRUMENT MATCHING CONTINUED

- Right angle retractor
- Richardson retractor
- Deaver retractor

INSTRUMENT MATCHING CONTINUED

- Mayo scissors
- Metzenbaum scissors
- Hemostat
- Kocher clamp

INSTRUMENT MATCHING CONTINUED

- Ring forceps
- Babcock
- Penetrating towel clamp
INSTRUMENT MATCHING CONTINUED

- Bookwalter retractor
- Balfour retractor
- O’Sullivan O’Connor retractor

SUMMARY & PEARLS OF WISDOM

- Scrub techs can be your best friend, but don’t touch their Mayo stand without permission
- Introduce yourself early and write your name on the board
- Many will be willing to teach you about OR etiquette and instruments
- Ask them to show/explain surgical instruments and equipment to you that you are unfamiliar with
- Never go into surgery unprepared
- Always introduce yourself to the patient before the case
- Know the steps of the procedure
- Your senior resident is there to help you, just ask