

SURGEONS

EASY AS 1,2,3

SPONGE ACCOUNTING PROCESS

1

CHECK SPONGES

IN COUNT(S)
Only use xray detectable sponges or towels.
Don't alter them. Avoid use of small sponges in large cavities.

3

SHOW ME

FINAL COUNT
Before you leave the OR, look at the sponge holders to verify they are full. Then dictate in op report "a MWE was performed and sponges were accounted for."

2

PAUZE FOR THE GAUZE

CLOSING COUNT
Perform a methodical wound exam (MWE), to get all the sponges out. **CALL OUT** "I think all the sponges are out" **THEN** ask for closing suture.



CLOSING COUNT

Methodical Wound Examination (MWE)

Don't just "Swish or Sweep"

The goal is to get all the sponges **OUT** so they can be accounted for

- 1** A methodical exploration of the operative wound must be conducted prior to closure in every operation. The space to be closed must be carefully examined. Special focus should be given to closure of a cavity within a cavity (i.e., heart, major vessel, stomach, bladder, uterus, and vagina). Surgeons should strive to SEE and TOUCH during the exploration whenever possible; reliance on only one element of sensory perception is usually insufficient. The surgeon should make every effort to remove all sponges so the nurses can account for them.
- 2** The general process is to look and feel in the recesses of the wound and examine under fatty protuberances and soft-tissue appendages. Unless clinically contraindicated for a specific patient, the following steps should be taken for procedures performed in the abdomen or pelvis. These steps should be performed before removing stationary or table mounted retractors.
 - Examine all four quadrants of the abdomen with attention to:
 - Lifting the transverse colon
 - Checking above/around the liver and above/around the spleen
 - Examining within and between loops of bowel
 - Inspecting anywhere a retractor or retractor blades were placed
 - Examine the pelvis
 - Look behind the bladder, uterus (if present) and around the upper rectum.
 - The vagina should be examined if it was entered or explored as part of the procedure.
- 3** Unless clinically contraindicated for a specific patient, the following general steps should be taken for procedures performed in the mediastinum or thorax.
 - In a mediastinal procedure, if the mediastinal pleura were opened, examine the ipsilateral pleural cavity.
 - In a cardiac procedure, elevate the apex of the heart and examine the retrocardiac space. Examine the transverse sinus to the right and left of the aorta and pulmonary artery.
 - In a thoracic procedure, examine the thoracic cavity with attention to the thoracic apex and base of the lungs, paravertebral sulcus, and inferior recesses of the diaphragm. Place a hand or finger behind the lung and palpate from apex to base.



FINAL COUNT

GET TO



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