



Patient briefing

Patient safety alert 06



Alert

2 March 2005

This information has been written for people who are having surgery. It may also be useful for their families and for patient groups.

Correct site surgery – making your surgery safer

Understanding the NPSA's advice

The National Patient Safety Agency (NPSA) helps the NHS provide safe healthcare for everyone. This information explains advice from the NPSA and The Royal College of Surgeons of England about marking people's skin before they have an operation.

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When a patient is being prepared for an operation a number of checks will be carried out by various members of the surgical team to help make sure that the correct operation is carried out on the correct part of the patient's body.

One way to make sure that this happens is for the surgeon to check with the patient before the operation, and clearly mark the correct area with an indelible marker pen. Most surgeons do this, but they don't all use the same marks. Some write "yes" on the leg to be operated, others write their initials or draw an "X" on the area they are going to operate on.

With all these different ways of marking, it can be confusing for other doctors or nurses involved in the operation who might be used to a different system. To reduce confusion and prevent mistakes, the NPSA has worked with surgeons to agree a standard way of marking the correct area. The NPSA has advised all NHS hospitals to use this way of marking.

Surgeons at your hospital may be doing these things already:

Who will mark my skin?

It will usually be the surgeon who is going to carry out your operation.

When will they do it?

The surgeon should mark your skin before you have any pre-medication or anaesthetic (drugs to make you sleepy). This means you'll be fully awake and can make sure the surgeon puts the mark in the right place.

What will happen?

Before marking your skin, your surgeon should:

- Ask you your name;
- Check your medical notes, make sure they are accurate and say exactly which part of your body should be operated on;
- Check any X-rays, electronic images, scans or other test results that show where you are going to have the operation. The surgeon should make sure that these tests match your other medical notes.



When actually marking your skin, your surgeon should:

- Use an **indelible** pen that will not wash or rub off, but that will wear off with time;
- Draw **an arrow** at or near the exact operation area. If the operation is on a finger or toe, the arrow should point to the correct one;
- Only mark the area to be operated on. There should be no other marks. If you're having an operation on your left eye, your surgeon should draw an arrow next to your left eye, and not put any markings by your other eye;
- Your surgeon should then make sure that he or she can still see the markings when you're in the operating theatre. This is because some of your body may be covered with a sheet.

Double-checking

Other members of the team carrying out the operation should help the surgeon double-check that he or she has marked the correct area.

Other hospital staff should check the surgeon's markings against your medical notes, X-rays, electronic images, scans or other tests before you go to the operating theatre.

In the operating theatre, the surgeon should double-check your name against your X-rays, electronic images, scans or other tests or scans.

All staff in the operating theatre should agree, and say out loud, your name, the operation you're having and the side and part of your body to be operated on.

If there's any doubt, even if only one person is uncertain, the surgeon should play safe and not start the operation. You'll be taken back to the ward for more checks.

The NPSA has sent all hospitals information about how to mark people's skin before surgery. A list of all the checks to be made should be pinned to your medical notes.

Marking isn't always needed

You won't usually have your skin marked if the area is hard to reach or difficult to write on. You won't have your mouth marked before you have a tooth taken out, for example. Your surgeon probably won't mark the area if your skin in that place is delicate or has cuts on it. And surgeons are less likely to mark skin before emergency surgery to avoid delays. However, the other checks described in this leaflet will still be done.

Not everyone having an operation needs to have their skin marked. It's most important for operations that can be done on either side of your body. This might be your left or right arm, leg or kidney. The surgeon also needs to be careful if it's a body part you have more than one of, such as fingers or toes.

How you can help

It's very rare for a surgeon to operate in the wrong place. But there are things you can do to be on the safe side.

Make sure you know what operation you are having and which part of your body needs operating on.

Check that the marks your surgeon makes are in the right place. You may want to ask a family member or friend to check this too.

If you aren't sure, or think the marks may be wrong, tell someone. The surgeon, doctor or nurse should be happy to double-check for you.

You'll probably be asked quite a few times to say which part of your body should be operated on. Try to be patient with the people asking you. Checking several times is done to avoid mistakes that could harm you.

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More information

If you'd like more information about your operation, please ask one of the people treating you.

The version of this information sent to NHS staff is available from the NPSA website at www.npsa.nhs.uk/advice

For more information about this patient information, please contact either of the following:

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For more information on the NPSA, visit www.npsa.nhs.uk

For more information about the Royal College of Surgeons of England and additional advice for surgical patients, visit www.rcseng.ac.uk