

# Wrong-site surgery prevention

- [Revisiting sylvian fissure dissection - A preliminary investigation into surgical process modelling for evaluating surgical proficiency](#)
- [Estimating the impact of missed colorectal cancer diagnoses on life expectancy in Minamisoma City following the 2011 triple disaster](#)
- [Genetic diseases misdiagnosed as multiple sclerosis: Observational study and review of literature](#)
- [Audit of Operative Site Marking Practice in a Tertiary Hospital in Nigeria: A Key Step in Patient Safety](#)
- [From error to prevention of wrong-level spine surgery: a review](#)
- [Comparing effectiveness of conservative policy to craniofacial surgery in children with metopic synostosis: protocol for an observational cohort study on clinical outcomes, psychosocial well-being and costs in a Dutch academic hospital](#)
- [Base of Fifth Metatarsal Fractures: A Meta-analysis of Plate Fixation](#)
- [SNUH methylation classifier for CNS tumors](#)

---

Wrong-side, wrong-organ, wrong-procedure, or wrong-person surgical errors are rare but fully preventable by the implementation of a [safety culture](#) <sup>1)</sup>

---

To prevent [wrong-site surgery](#), the following measures can be taken:

**Preoperative verification:** Before the surgery, the surgical team should verify the correct patient, correct site, correct procedure, and correct side. This should involve a team discussion, review of medical records, and marking the site of the surgery.

**Site marking:** The surgical team should mark the site of the surgery with a permanent marker, preferably by the surgeon who will be performing the procedure. This should be done in the presence of the patient or their legal guardian, and the marking should be visible after the patient is prepared for surgery.

**Time-out:** Before starting the surgery, the surgical team should conduct a time-out, during which they should verify the patient's identity, surgical site, and procedure. This should be a formal pause in the process that involves all team members.

**Communication:** Effective communication among team members is crucial for preventing wrong-site surgery. The team should ensure that everyone involved in the surgery has a clear understanding of the patient's medical history, the planned procedure, and any potential risks.

**Training and education:** Healthcare professionals should receive ongoing training and education on preventing wrong-site surgery. This should include learning from past incidents, reviewing best practices, and implementing new procedures and policies to reduce the risk of error.

**Reporting and analysis:** All incidents of wrong-site surgery should be reported and analyzed to identify the root cause of the error and prevent future occurrences. The surgical team should also review near

misses, which are situations where an error almost occurred, to identify areas for improvement.

The risk of wrong-site surgeries is increased with [spine surgery](#), likely due to unique technical challenges. Further research is required to identify effective methods of prevention of these events <sup>2)</sup>

<sup>1)</sup>

Vacheron CH, Acker A, Autran M, Fuz F, Piriou V, Friggeri A, Theissen A. Insurance Claims for Wrong-Side, Wrong-Organ, Wrong-Procedure, or Wrong-Person Surgical Errors: A Retrospective Study for 10 Years. J Patient Saf. 2023 Jan 1;19(1):e13-e17. doi: 10.1097/PTS.0000000000001080. Epub 2022 Nov 22. PMID: 36538340; PMCID: PMC9788930.

<sup>2)</sup>

Tan J, Ross JM, Wright D, Pimentel MPT, Urman RD. A Contemporary Analysis of Closed Claims Related to Wrong-Site Surgery. Jt Comm J Qual Patient Saf. 2023 Feb 11:S1553-7250(23)00053-3. doi: 10.1016/j.jcjq.2023.02.002. Epub ahead of print. PMID: 36925434.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=wrong-site\\_surgery\\_prevention](https://neurosurgerywiki.com/wiki/doku.php?id=wrong-site_surgery_prevention)

Last update: **2024/06/07 02:56**

