



## Editorial

# Safe surgery for all<sup>☆</sup>

## Cirurgia segura para todos

The surgical act involves risks and responsibilities for the patient, the surgeon and the hospital at different degrees of intensity.

An interesting practice known as “time out”, forming part of the Safe Surgery project, has been disseminated among hospitals.

The idea is to check all the possibilities for failure that might occur during the surgical procedure and failures due to mistakes at different levels of shared responsibility between the hospital, physician and members of the patient’s family, in the case of dependent individuals.

Checking all the steps of a procedure is a habit that was born through aviation. One of the best airplanes of the Second World War, the B-17 cargo plane, crashed soon after its first take-off, even though a very experienced pilot was flying it. On analyzing what had happened, Boeing found that the pilot had not configured the plane before taking off. From then on, a checklist procedure became mandatory within aviation (source: The Checklist Manifesto, by Atul Gawande).

Within surgery, the checking procedure is performed by an employee of the surgical center, who asks the surgeon (the person who is considered to hold the sole responsibility of the surgical act) to confirm the patient’s identity, the side to be operated, the implant material to be used, the anesthesia that will be administered, the sterilization of the instruments and, finally, whether there will be bleeding and what the likely duration of the operation will be.

The majority of the preparatory steps take place independently of the surgeon’s action.

Thus:

- 1 The patient is brought into the operating theater with the limb to be operated already prepared in the ward. Therefore, the surgeon needs to double-check the work done by the nursing team and check the side to be operated from the notes, because the patient will generally already be under

sedation. The surgeon should also check the quality of the preparation.

- 2 The sterilization of the implant material does not depend on the surgeon but, rather, on the supplier, in the case of con-signed material, or on the hospital, in the case of supplied material.
- 3 The type of implant material that is made available is, in some cases, dependent on authorization from the health insurance company.
- 4 The anesthetic technique is chosen by the anesthetist.
- 5 Although chemical indicators exist, the sterilization of the instruments is done by the hospital and there is no way of checking this.
- 6 The duration of the operation and bleeding can perhaps be minimized. These are not objectives of the surgical act, but consequences of a set of factors. The material available for carrying out the surgical act is directly proportional to the duration of the operation.

Although this is an interesting practice and one that without doubt increases the safety of the operation, after this checklist (or time out, as it is known in medical circles) has been conducted, the surgeon takes on the responsibility for all the conditions required for the operation.

This last point is sometimes forgotten but, just like the pilot, once the assessment has been approved, the only person responsible for what might occur during the operation is the surgeon.

During the journey, the aviator describes everything that he considers to be of relevance and, at the end of the journey, writes an extensive report noting what happened during the flight, thus producing a document that will be useful for correcting problems that may have occurred and which might be repeated.

In a certain form, we ought to do the same in describing the surgery, through reporting all the failings, starting

<sup>☆</sup> Please cite this article as: Camanho GL. Cirurgia segura para todos. Rev Bras Ortop. 2014;49:553-554.

with patient preparation and going to the quality of the material and the nursing care provided in the operating theater.

In this manner, we would be ending the distribution of all the levels of responsibility that are created by the checklist and returning the responsibility for events that occurred during the operation and which were independent of the surgeon's actions, to the hospital.

This information cycle, which begins with identifying and analyzing the initial scenario of the surgical environment and ends with the surgeon's report, is an important component that will aid in improving the team involved in the surgery and in defending the surgeon in cases of possible accusations.

The description of the surgery is our black box: we need to take good care of its quality and in maintaining it.

In this way, we improve the possibility of having safe surgery for all those involved in the operation.

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*Revista Brasileira de Ortopedia*

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Available online 25 October 2014

2255-4971/\$ – see front matter

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<http://dx.doi.org/10.1016/j.rboe.2014.09.008>