

Division of Surgical Services

Surgical Services X-Ray Policy For Retained Foreign Objects

SS PL 4.17

Applicable Facilities: Mayo Rochester Hospital Surgical Services

Effective Date: January 15, 2005

Revision Date: January 15, 2009

Purpose:

To enhance patient safety during operative procedures where a major body cavity has been entered. This does not change the requirement or alter the process of sponge, needle, or instrument count performance according to the Patient Safety: Count Policy ([SS PL 4.21](#)).

Definitions:

Retained Foreign Object (RFO) - Any item that is unintentionally left within a patient and discovered by the patient care team after the primary operative skin incision has been completely closed and final sterile dressing applied. In the case of procedures that do not have an incision, an item would be defined as an RFO if found after the operative team has completed the procedure.

X-Ray - Radiographic examination of the surgical site, in cases of count discrepancy, or at the request of the primary surgical consultant.

Major Body Cavity - An open abdominal, thoracic, retroperitoneal, and/or pelvic cavity.

Micro-Needles - 13mm needles and smaller, cannot be reliably visible on an intraoperative film. When a micro-needle 13mm and smaller is identified as missing during a surgical procedure, an intraoperative film is not recommended nor required.

Count Definitions - See Surgical Services Patient Safety: Count Policy, ([SS PL 4.21](#)).

Policy Statements:

The x-ray is taken to enhance the safety of our patients by re-verification and confirmation that there are no unanticipated foreign object(s) apparent on radiographic examination.

Prior to wound closure, an x-ray in the operating room is required for all procedures in which a discrepancy in sponge, needle, or instrument counts is identified.

X-rays must be requested by a physician, however, radiology can be called by a nurse.

An x-ray will be taken in the Post Anesthesia Care Unit Survey Room on surgical patients who undergo the opening of a major body cavity as part of their operative treatment per surgeon request.

X-rays may be requested by the primary surgical consultant at any time for other clinical indications such as bone or joint alignment, prosthesis placement, and implant position.

Procedure Statements:

Procedure To Rule Out RFO:

When there is a discrepancy in the surgical count of needles, sponges, or instruments, wound closure will not occur. The count is reconciled to the satisfaction of all team members by following standard counting procedures or an x-ray is taken intraoperatively.

1. Closure of the wound does not begin. Do not begin closure until the discrepancy is resolved.
2. Standard counting procedures (recount and search) are initiated to reconcile the counts.
3. If counts cannot be reconciled by team members, notify the primary surgical consultant for an x-ray order.
4. The surgeon will determine when to order an intra-operative film based on the pre-determined counting procedures and clearly order the exam to "Rule out RFO". These images will be marked "STAT" within the Radiology worklist functions.
5. The order will indicate a phone number for the appropriate operating room for proper follow-up to occur.
6. In response to a film ordered "Rule out RFO", the interpreting radiologist will discuss the findings with the surgeon or his/her designee. The two individuals will view the images simultaneously to

identify all findings and the name of the surgeon and time the call was made will be recorded in the Radiology report.

Communication Of Findings:

1. A radiologist/radiology resident will call the operating room and review with the primary surgical consultant or designee all findings on the image.
2. The primary surgical consultant or designee will simultaneously view the RFO image in the operating room during the discussion with radiology.
3. A discussion of circumstances regarding the image and why it was requested may occur at this time.
4. All findings on the image will be reviewed and documented.

Policy Exception:

**An exception may occur when the primary surgical consultant decides that any delay required for an intraoperative x-ray or removal of the foreign object(s) will cause harm to the patient due to their emergent medical condition.

Approved by:

Cheryl A. Weisbrod, MSN, RN, Nurse Administrator

Surgical Committee
Surgical Services Leadership Team
Surgical Services Guideline Workgroup

Date of Last Review: January 15, 2009

Next Scheduled Review Date: January 15, 2011

Contact Person: Sarah R. Pool, RN Resource Nurse Manager

Content Reviewer(s):

Resources: [Joint Commission Accreditation Programs](#)
[Joint Commission International Center for Patient Safety](#)

Literature References: References may be obtained from the appropriate contact person upon request.