



First Impression... Last Impression

WELCOME TO THE FIRST Instrument Whisperer column, a space dedicated to teaching Central Service (CS) professionals to better understand and troubleshoot surgical instrument problems. The most important lesson is that surgical instruments must be maintained in order to last many years.

Most procedures begin with a scissor and end with a needle holder. To the surgeons, the first impression of surgical set quality is the scissor's sharpness and their final perception is the needle holder's ability to hold the needle to close the incision.

An important part of every CS professional's job is to be proactive and have a quality system in place to check scissors and needle holders prior to their arrival on the sterile field.

FACT #1 EVERY SCISSOR GOES DULL.

SCISSOR INSPECTION: A great starting point is for the department to implement two scissor test days a week. For example, every Monday and Wednesday, each scissor that passes through the tray assembly process is tested on established scissor sharpness test material. Scissors larger than 4 ½" should be tested on red test material (Photo A). For scissors

shorter than 4 ½", the yellow test material should be used (Photo B). For all scissor testing, the team must verify that the scissor cuts through to the tip because the first portion of a scissor to go dull is the distal tip. After scissor sharpness has been tested, visual inspection of the tips, blades and screw hinge should be performed (Photos C and D). The final quality check in this three-step process is taking the scissor "for a walk." This involves opening and closing the scissor three to five times and determining whether the cutting action is smooth. When opening and closing a scissor, it should have a smooth sliding feel, with no grinding.

PHOTO A: Scissors cut cleanly through to the tip. No snagging or catching indicates that the scissor is surgically sharp.



PHOTO B: Scissors cut cleanly through to the tip. No snagging or catching indicates that the scissor is surgically sharp.






FACT #2 EVERY NEEDLE HOLDER JAW WEARS OUT.

NEEDLE HOLDER INSPECTION: Every needle holder wears out (Photo E); therefore, CS professionals should inspect all needleholder jaws prior to placing them in the surgical tray. A fast inspection technique is simply to separate the rings and inspect both jaws. Needle holder jaws wear out at the tips and this indicates the instrument must be repaired. If the needle holder's jaw is chipped (Photo F) upon inspection, immediately remove and replace it.

Q: WE HAVE ONE PARTICULAR SET OF KERRISON RONGEURS THAT CONSTANTLY STICKS IN THE CLOSED POSITION. WHY DOES THIS HAPPEN?

A: Kerrison rongeurs that stick indicates first-generation design, which means the Kerrisons do not come apart. To fix this problem, a discussion with your repair vendor must take place. If this set of Kerrison rongeurs is sent out for service

often, your repair vendor is not taking the instrument apart. Instruct your repair vendor to disassemble, ultrasonically clean, sharpen and then reassemble. This repair technique will remove the bioburden in the track that is causing the Kerrison to stick. 

Have an instrument-related question for Rick Schultz, the Instrument Whisperer? Email him at rick@instrumentwhisperer.com. Your question could be featured in an upcoming issue.



Rick Schultz is an author, inventor and lecturer, and the retired Chief Executive Officer of Spectrum Surgical Instruments Corp. He served as contributing editor of IAHCSSM's Central Service Technical Manual (Fifth, Sixth and Seventh Editions) and authored the textbook, *Inspecting Surgical Instruments: An Illustrated Guide*. Schultz was named IAHCSSM's Educator of the Year in 2002, and in 2006, was named American Hospital Association Educator of the Year. In 2007, he was named by Healthcare Purchasing News as one of the 30 Most Influential People in Healthcare Sterile Processing. Schultz currently serves as chairman of the IAHCSSM Corporate Advisory Committee and provides educational lectures to Central Service professionals at IAHCSSM Annual Conferences and other seminars across the country.

PHOTO E



PHOTO C

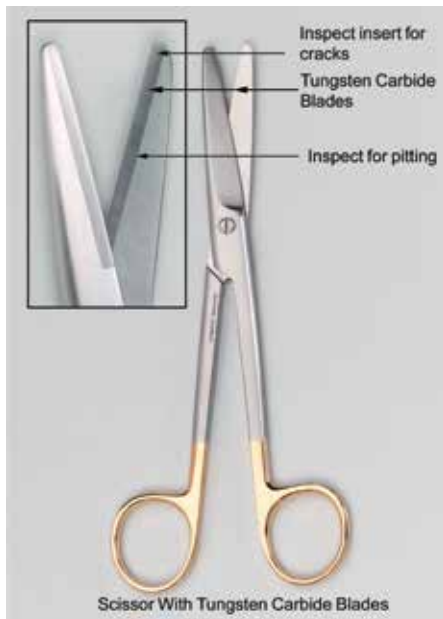


PHOTO D

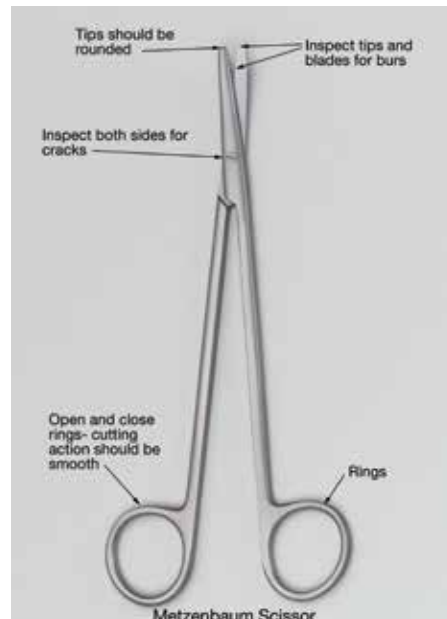


PHOTO F

