Letters to the Editor

Marking the Nonoperative Site

I’m writing to ask for the Pennsylvania Patient Safety Authority’s assistance and guidance on an issue related to our ongoing efforts to eliminate wrong-site or wrong-side surgery. We’re having an internal discussion within our organization as to the value or danger of marking the nonoperative site or side in addition to marking the operative site. As you know, all the literature rightly indicates that we should clearly and unambiguously mark the operative site. There are some in our organization who feel it increases safety to also mark the nonoperative side with something like “Not this side.” There are others who feel that this decreases safety in that marking a nonoperative site or side will eventually lead to a procedure being done on the wrong side by virtue of misinterpretation of the mark at that site. We’d be very interested in any guidance or information you or any of your readers can supply.

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Editor’s Note

The Pennsylvania Patient Safety Authority’s database contains no records of either someone doing wrongsite surgery because of a “No” mark or of someone avoiding wrongsite surgery because of a “No” mark, so the Authority’s opinion is based on theory. The purpose of the mark is to maintain proper orientation in the operating room. At a theoretical level, a “Not this side” mark could lead to two errors, one of which has been reported to the Authority. The first problem, which the Authority’s analysts have seen instigated by a variety of cues, is confirmation bias. The team could see the mark, without reading it properly or entirely, and be misled into thinking that it was the operative mark. This could be especially true if it was not standard practice throughout the hospital. The second problem is that the mark is referenced in the prepped and draped field, so that a partially visible mark, “this side,” might be interpreted as the correct-side surgical site mark. If the surgeon is adamant about marking the nonoperative side, the Authority’s analysts strongly suggest doing it in such a way that it could not possibly be confused with the site mark even by someone who could not read English. For example, the surgeon could use a large red-dot sticker or a large Band-Aid® on which he or she wrote “NO.”

Silver-Coated Catheters in an MR Environment

With the new catheter-associated urinary tract infection prevention strategies, some institutions, including ours, are starting to utilize silver-coated urinary catheters on certain high-risk patients. I was asked by other hospital staff if there are risks associated with the use of silver-coated urinary catheters in patients undergoing magnetic resonance imaging scans due to the metallic composition of the silver coating. I contacted a catheter manufacturer, and they assured me that their silver-coated catheter product was safe in a magnetic resonance environment. I would like to know if the Pennsylvania Patient Safety Authority is aware of any events that have occurred with silver-coated urinary catheters.

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Editor’s Note

Thank you for your inquiry regarding compatibility between silver-coated urinary catheters and magnetic resonance imaging (MRI) scans. Currently, Pennsylvania Patient Safety Authority analysts are not aware of any published literature addressing the use of silver-coated catheters in a magnetic resonance (MR) environment. To date, there have been no reports involving silver-coated catheters used in the MR environment submitted to the Authority through its reporting system. Additionally, a review of the U.S. Food and Drug Administration’s (FDA) Manufacturer and User Facility Device Experience database did not reveal any reports.

Because silver is a nonferromagnetic metal, the silver coating on the catheter would not be affected by the magnetic effects of the MR field. However, MRI scans do use radio-frequency energy, which can induce electric currents within electrical conductors, possibly heating the conductors and potentially causing patient burns. This phenomenon is unlikely with silver-coated catheters, but in the absence of empirical data, cannot be ruled out entirely. Image artifact or distortion may be an issue given the location of the silver-coated catheter in relation to the body part being scanned. The specific catheter manufacturer may be the best source for information regarding the compatibility between silver-coated catheters and MRI scans. With this, and any other MR procedure, the patient should be monitored and instructed to immediately report any unusual pain or heating and the scan suspended until the cause of the pain has been determined. Any occurrences of patient pain or burns related to silver-coated catheter use during MRI scans should be reported to the catheter manufacturer, to facility internal and external reporting systems (e.g., the Authority), and to regulatory agencies (e.g., FDA) to aggregate and analyze data to identify potential compatibility issues between silver-coated catheters and MRI.
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THE PENNSYLVANIA PATIENT SAFETY AUTHORITY AND ITS CONTRACTORS

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