

RECOMMENDATIONS: CORRECT SIDE FOR EYE BLOCKS

Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM)

It is recognised that there has been much attention recently to improvement in reducing the risk of wrong site surgery through multiple initiatives including those from the Surgical Consultative Council (SCC), the Royal Australasian College of Surgeons (RACS) and the Australian Council for Safety and Quality in Health Care ACSQHC. However, the Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM) has recently received a number of reports related to the eye on the incorrect side being anaesthetised for eye surgery.

Factors contributing to incorrect side eye block:

- Cataracts are frequently bilateral
- Communication can be difficult with elderly and/or non-English speaking patients
- Consent forms may be inappropriately abbreviated
- Eye blocks may have been inserted prior to the surgeon being present
- Lists often have a rapid turnover of cases with much repetition
- Dilating drops may have been inserted in the incorrect side
- There may have been a lack of appropriate assistance

Suggested approach to facilitate correct patient, correct side, correct procedure:

A team approach involving clerical as well as nursing staff, anaesthetist and surgeon is the most effective way to reduce risk.

- **Consent form.** This should include the patient's full name and the procedure side and site, together with the name of the procedure and diagnosis, written in full, without abbreviations.
- **Time Out.** Prior to the eye being anaesthetised, the anaesthetist and another staff member, most likely the nurse assisting, should take a deliberate 'time out' to check:
 - presence of the correct patient
 - surgical procedure to be performed
 - which side eye is to be anaesthetised for surgery, by checking the consent form and asking the patient.

It is strongly recommended that anaesthetists should always confirm appropriate patient consent including the principle of checking correct patient, correct site and correct procedure before commencing any anaesthetic procedures. It is also recognised that for practical reasons "time out" (including the surgeon and all OR staff) for most procedures may be undertaken after induction of anaesthesia. However Council recommends that for eye surgery as outlined above it is important to perform a "time out" **prior** to insertion of the block.

In the event of a disparity between the consent form and the patient's statement with respect to which eye is to be blocked, there needs to be clarification with the surgeon prior to placement of eye block.

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Member of: Victorian Consultative Council on Anaesthetic Mortality and Morbidity (VCCAMM)
In conjunction with and endorsed by VCCAMM

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