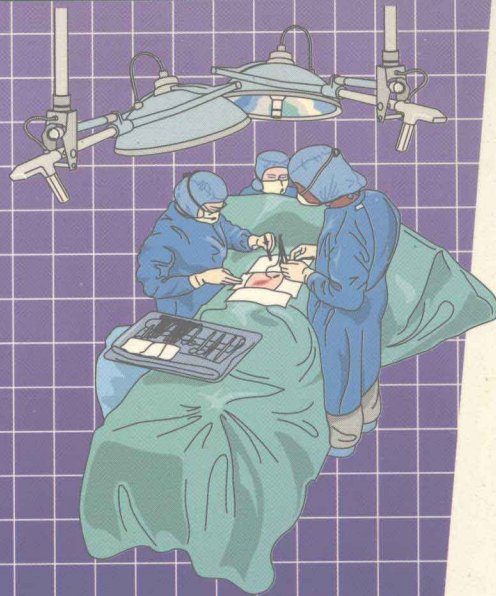
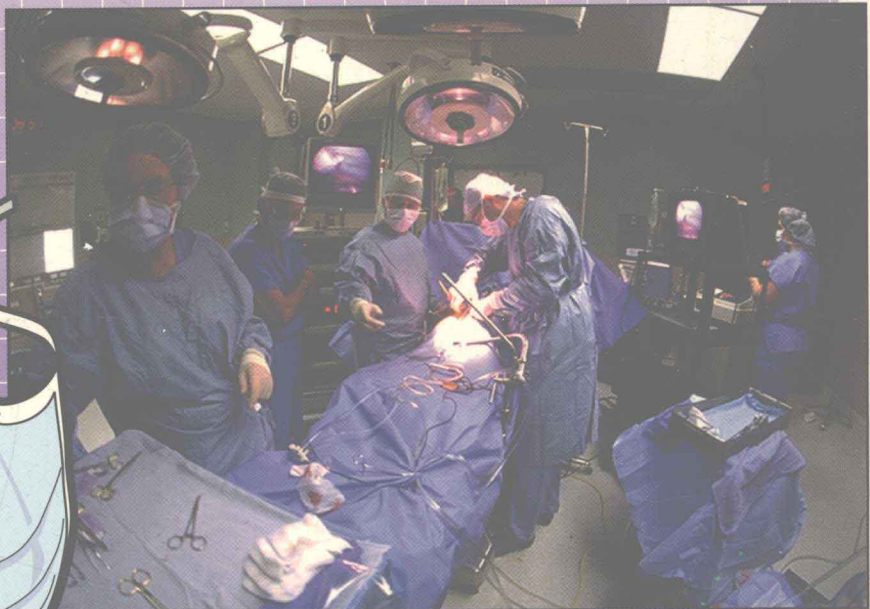
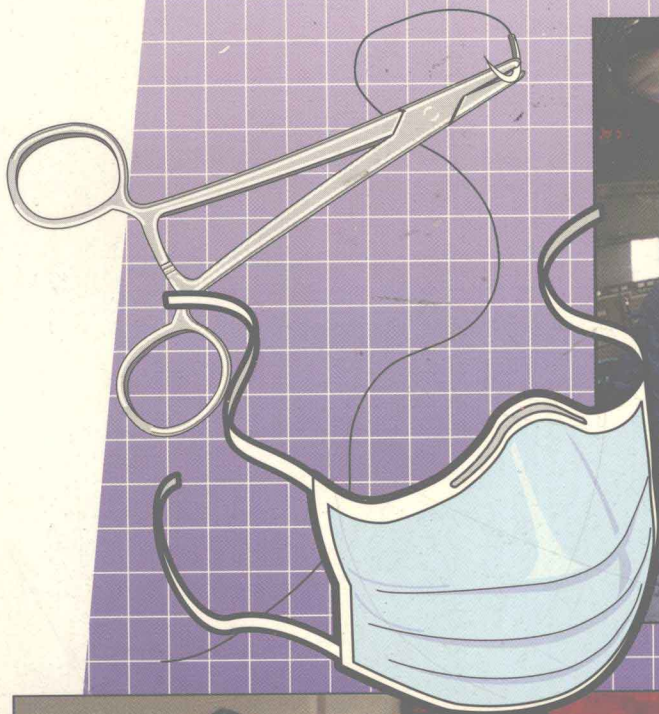


The Operating Room Aide

Clinical Allied Healthcare Series



Kay Cox, RN, MA
Series Editor

By Mary Virgilio
RN, CNOR

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Dedication

This book is dedicated to my entire family, but especially to my father, George Henry Keirns, who lost his fight to lung cancer and was unable to see the culmination of this exciting progress. I miss you, Pop!

Acknowledgements

The Operating Room has been a source of awe and inspiration to me since my early days as a “candy-striper,” or “volunteer,” as we were called at our hospital. Donning surgical scrubs, the uniform of the Operating Room Worker, made me feel important, despite the rather mundane chores I was assigned, even at this very early stage. Now, years later, as I work side by side with surgeons, observing and assisting with procedures, I realize I made the right choice in becoming an Operating Room Nurse and sharing my knowledge and experience in this text.

I would also like to thank everyone who graciously contributed to the formation of this text. The contributions of the following are particularly appreciated.

Kay Cox, RN, MA, Series Editor, for her “vision” for this series, and in particular, for her support, encouragement, and meticulous review and technical editing of the manuscript.

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And most of all, thank you to my loving family: Steve Virgilio, for his love, encouragement and professional knowledge; my children, Christopher, Angelina, and Johnathan, for their love, support and patience; and Mom and Dad, for their years of support throughout my personal and professional life.

Introduction

To work in the medical field is to make a real contribution to your fellow man. This is a career that will ask much of your mind and heart and give much in return. The satisfaction gained from calming a frightened child or brightening the day of a lonely patient will enrich you. The pride felt will be lasting when your observations and skills someday help to save a patient's life. This is a career where you can really make a difference!

Some of you have already made a decision to seek a career in some area of healthcare. Some of you are just exploring your options. Everything you learn will build a foundation of skills and knowledge, so learn well. Become competent in everything you are taught along the way and be your own task master. We all must be responsible for our own education. If at some point you discover you didn't learn a skill well enough, go back and practice until you do. Remember, some day a patient's life may depend on you and your mastery of what you are taught.

Today's healthcare industry places many demands on care givers. We must keep costs down, document everything we do, and have more knowledge and skills than ever before because of new technology. This textbook series was designed to help you build a sound foundation of knowledge and provide many opportunities for cross-training. This textbook contains the skills and information we feel is necessary for all students wishing to be a part of the operating room team. The more you can learn, the better. Always remember, however, to practice the art, the science, and the SPIRIT of your new career. Good luck!

Kay Cox, RN, MA
Series Editor

Contributors

About the Author

Mary Virgilio, RN, CNOR, has been employed in Operating Rooms throughout the Bay Area, most recently, at Community Hospital of Los Gatos in California. She earned her Associate of Arts Degree in Nursing from De Anza Junior College in Cupertino, California in 1982. Initially, Mary worked as an Emergency Room nurse, expanding her experience as an EMT-1/ambulance driver in the Emergency Room at San Jose Hospital. However, it was her interest in Trauma Nursing that led her into the Operating Room where she went on to earn the designation of Certified Nurse in the Operating Room, or CNOR.

She has been involved in Quality Assurance and new staff precepting throughout her career. Since earning her CNOR, Mary has put her OR experience to work caring for post-operative patients at home as a case manager for a home care company, and in the ER assisting with minor procedures while continuing to work in the OR.

About the Series Editor

Kay Cox, RN, MA conceived this textbook series, and recruited and coordinated the authors in the development of each of their texts. She is the author of *Being a Health Unit Coordinator*, and the editor of a medical-clerical textbook series for Brady. Before entering education, she worked in medical/surgical and critical care nursing and in the inservice department as a clinical instructor.

Formerly a professional development contract consultant for special projects and curriculum development for the California Department of Education, Kay has also served as chairperson of the California Health Careers State-wide Advisory Committee, and been a Master Trainer for Health Careers Teacher Training through California Polytechnic University of Pomona. She also is a founding member of the National Association of Health Unit Coordinators. Kay is currently Program Coordinator of the Medical Assistant Program at Saddleback College in Mission Viejo, California, and operates her consulting business, Achiever's Development Enterprises.

Editor's Note

I would like to take this opportunity to thank the authors of this series. Their dedication and sense of mission made it a joy to work on this challenging project.

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Kay Cox, RN, MA
Series Editor

Contents

Acknowledgements	ix
Introduction	x
Contributors	xi
Editor's Note	xii
Chapter One: Introduction to the Operating Room	1-1
Objectives	1-1
Key Terms	1-2
Introduction	1-2
The Operating Room Today	1-3
The History of the Surgical Support Team	1-4
The Members of the Surgical Team	1-4
Chapter Summary	1-10
Student Enrichment Activities	1-11
Chapter Two: Medical Terminology for the Operating Room	2-1
Objectives	2-1
Key Terms	2-2
Introduction	2-2
The Basic Building Blocks	2-3
Memory Aides	2-6
Medical Sound-Alikes	2-8
Abbreviations	2-11
The Surgical Schedule	2-13
Chapter Summary	2-15
Student Enrichment Activities	2-17
Chapter Three: Principles of Microbiology and Infection Control	3.1
Objectives	3-1
Key Terms	3-2
Infection Control and the Operating Room	3-2
Growth Requirements for Microorganisms	3-3
The Infection Cycle	3-4
Interruption of the Infection Cycle	3-6
Factors Affecting the Risk of Surgical Infection	3-7
Signs of Infection	3-8

Isolation	3-9
Standard Precautions	3-9
Common Pathogens	3-12
Chapter Summary	3-12
Student Enrichment Activities	3-13

Chapter Four: Medical and Surgical Asepsis 4-1

Objectives	4-1
Key Terms	4-2
Medical and Surgical Asepsis	4-2
Medical Asepsis and the Operating Room Aide	4-3
Proper Attire Outside the Operating Room	4-5
Traffic Patterns	4-7
General Cleaning and Disinfection of the Operating Room	4-9
Room Turnover	4-9
Terminal Cleaning	4-11
Surgical Asepsis and the Operating Room Aide	4-14
Controlling and Preventing Contamination by Personnel	4-14
Proper Attire	4-14
Surgical Hand Scrub	4-15
Putting on Sterile Gloves Using the Open Method	4-18
The Sterile Gown	4-21
Putting on Sterile Gloves Using the Closed Method	4-23
Other Personnel Contamination Considerations	4-28
Reducing the Risk of Patient Contamination	4-28
Surgical Skin Preparation	4-28
Controlling Environmental Contamination	4-33
Avoiding Equipment Contamination	4-33
Sterile Technique	4-34
Chapter Summary	4-35
Student Enrichment Activities	4-37

Chapter Five: Operating Room Design and Surgical Equipment 5-1

Objectives	5-1
Key Terms	5-2
Introduction	5-2
Characteristics of the Operating Room	5-2
Furnishings in the Surgical Suite	5-4
The Substeriles	5-11
Special Equipment	5-11
Chapter Summary	5-14
Student Enrichment Activities	5-17

Chapter Six: Safety and Patient Care in the Operating Room	6-1
Objectives	6-1
Key Terms	6-2
Introduction	6-2
Safety Hazards for the Operating Room Aide	6-3
Exposure to Bodily Injury	6-3
Exposure to Sharp Objects	6-5
Exposure to Infectious Materials	6-5
Exposure to Toxic Solutions	6-7
Managing Toxic Spills	6-8
Exposure to Toxic Gases	6-12
Exposure to X-Rays and Lasers	6-13
X-rays	6-13
Lasers	6-14
Care of the Patient in the Operating Room	6-15
The Pre-Operative Phase	6-17
Shave Prep	6-17
Transporting Patients	6-17
Intra-Operative Phase	6-19
Anesthesia	6-19
Positioning the Patient	6-21
Maintaining Patient Dignity	6-27
Post-Operative Phase	6-28
Transferring the Patient	6-28
Chapter Summary	6-30
Student Enrichment Activities	6-31
 Chapter Seven: Procedures in the Operating Room	 7-1
Objectives	7-1
Key Terms	7-2
Introduction	7-2
Abdominal Surgery	7-3
Laparoscopic Surgery	7-5
Colon Surgery	7-6
Cardiovascular and Thoracic Surgery	7-9
Open Heart Surgery	7-9
Vascular Surgery	7-10
Thoracic Surgery	7-11
Obstetrical/Gynecological Surgery	7-11
Obstetric Surgery	7-12
Gynecologic Surgery	7-13
Urologic Surgery	7-15

Kidney and Ureter Surgery	7-15
Bladder and Prostate Surgery	7-17
Orthopedic Surgery	7-17
Fractures	7-19
Joint and Connective Tissue Surgery	7-21
Ear, Nose, and Throat (ENT) Surgery	7-21
Ear Surgery	7-21
Nose Surgery	7-22
Throat Surgery	7-22
Ophthalmic Surgery	7-23
Cataracts	7-23
Retinal Surgery	7-24
Neurosurgery	7-24
Brain Surgery	7-25
Spinal Cord Surgery	7-25
Peripheral Nerve Surgery	7-26
Endocrine Surgery	7-27
Plastic Surgery	7-28
Burn Therapy	7-28
Cosmetic Procedures	7-28
Minor Procedures	7-28
Chapter Summary	7-30
Student Enrichment Activities	7-31
 Chapter Eight: Emergencies in the Operating Room	8-1
Objectives	8-1
Key Terms	8-2
Introduction	8-2
Cardiopulmonary Resuscitation (CPR)	8-2
Defibrillator	8-5
Malignant Hyperthermia	8-6
Disasters	8-8
Disaster Triage	8-9
Disaster Drills	8-10
External Disasters	8-11
Internal Disasters	8-11
Chapter Summary	8-12
Student Enrichment Activities	8-13
 Chapter Nine: The Operating Room Aide in the Instrument Room	9-1
Objectives	9-1
Key Terms	9-2

Introduction	9-2
Types of Instruments	9-3
Cutting Instruments	9-3
Clamping Instruments	9-4
Grasping Instruments	9-5
Exposing Instruments	9-5
Sewing Instruments	9-5
Instrument Care	9-7
Cleaning Instruments	9-8
Preparation for Sterilization	9-9
Sterilization	9-10
Sterilization Methods	9-10
Verifying Sterility	9-13
Storage	9-14
Chapter Summary	9-15
Student Enrichment Activities	9-17
 Appendix A: Glossary	 A-1
 Appendix B: The Manual Alphabet	 B-1
 Appendix C: Bibliography	 C-1
 Appendix D: Index	 D-1

Chapter One

Introduction to the Operating Room

Objectives

After completing this chapter you should be able to:

1. Define and correctly spell each of the key terms.
2. Describe the historical role of the operating room orderly or porter.
3. Identify the members of the surgical team.
4. List the duties of an operating room aide.

Key Terms

- ambulatory surgery center
- anesthesia technician
- anesthesiologist
- anesthetic
- anesthetist
- aseptic
- assistant surgeon
- cardiovascular surgeon
- circulating nurse
- instrument room aide
- nurses' aide/nursing assistant
- operating room aide
- orderly
- orthopedic surgeon
- porter
- RN first assistant
- scrub nurse
- surgical technologist
- surgeon

Introduction

Welcome to the operating room! Your decision to extend your training into the area of the operating room has opened a very exciting door for you. With specialized instruction, you will become a valuable member of the patient care team that performs surgery to improve the health of patients.

Today's operating room is more efficient than ever before. Medicine men in ancient Indian tribes performed surgery thousands of years ago, but it has only been 150 years since surgeons first began to understand the need for an **aseptic** environment to prevent infection.

Today, surgeons also understand how to provide pain-free surgery through the careful application of **anesthetics**. Without anesthesia, patients suffer severe pain. In the past, damaged limbs were amputated quickly and crudely because surgeons did not have the luxury of long-lasting or complete anesthesia to attempt to restore the limb. Modern techniques have also improved the survival rate for victims of severe blood loss — something that once prevented surgeons from saving lives.

aseptic:
sterile,
preventing
infection

anesthetic:
an agent,
usually an
inhalant or
injection, that
induces the
blocking of
sensation or
consciousness

In this course you will learn some basic rules and skills that will make you a valuable member of the surgical team. You will also develop an understanding of the techniques that keep surgery safe and pain-free and learn how to create and maintain an **aseptic** environment.

The operating room is a special place. You have taken a big step toward that door; now, let's see what's behind it . . .

The Operating Room Today

The operating room of a modern hospital is an important revenue producer for the hospital. In the past, patients spent many days in a hospital for what is now considered *routine* surgery. However, with recent technological advances that have made surgery safer and more reliable, long hospital stays are often no longer necessary. Furthermore, since insurance companies have changed their methods for reimbursing hospitals and doctors for their services, companies will not always pay for long hospital stays.

Like insurance companies, patients are concerned about the costs of healthcare, but they also are concerned with the **QUALITY** of the care they receive. The care the patient receives in the operating room reflects the character of the entire hospital. Therefore, it is especially important for every member of the operating room team to work together to provide a safe, comfortable, and professional atmosphere for their patients.

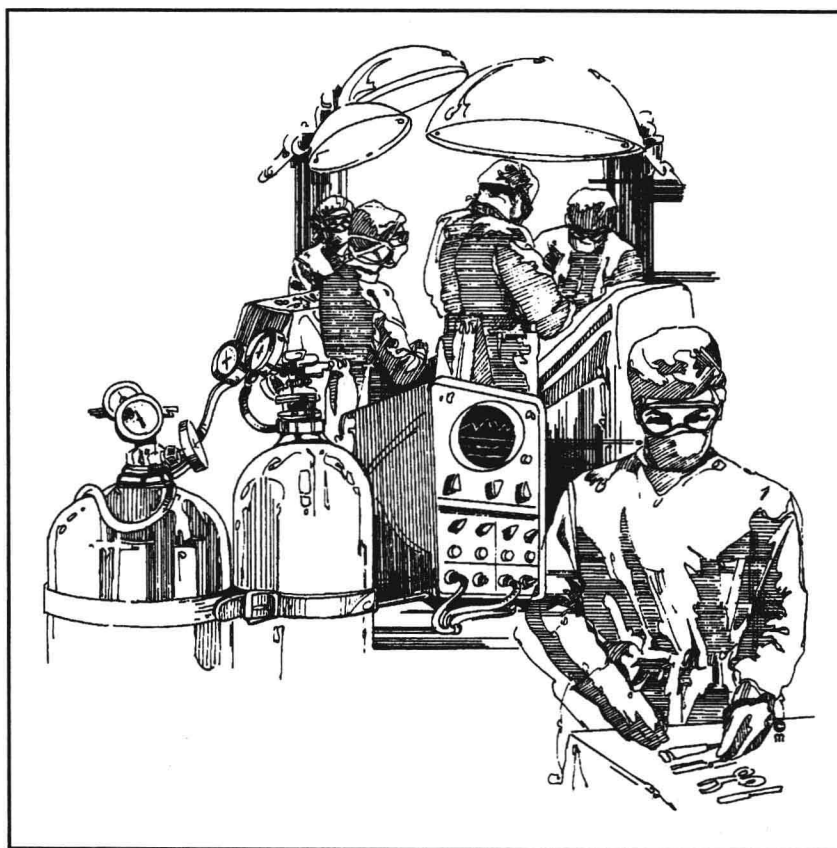


Figure 1-1: The surgical team at work.

ambulatory surgery centers:

free-standing centers that are not attached to the main hospital, where procedures are performed that do not require a stay in the healthcare facility overnight

porter:

an aide who performs routine cleaning duties and certain patient-oriented duties

operating room aide:

provides support for the entire surgical team

orderly:

a person who performs many direct patient contact duties in addition to routine housekeeping duties

nurses' aide/nursing assistant:

a person who performs many direct patient contact duties in addition to routine housekeeping duties

This atmosphere is equally important in **ambulatory surgery centers**, which have emerged from the same technological advances and insurance constraints that have impacted the modern hospital operating room. Many surgery centers are freestanding; they are not attached directly to the main hospital building. These centers offer the benefits of quick and relatively inexpensive surgery. Ambulatory surgery centers and hospital operating rooms follow the same basic rules. In this textbook, the term *operating room* will apply to hospitals or freestanding ambulatory centers.

The History of the Surgical Support Team

In the past, the pace of the operating room was much slower than it is now. Fewer procedures were done, and the ones that were performed took several hours to complete. **Porters** were in charge of cleaning the department. These workers were often supervised by a member of the housekeeping department and were not part of the operating room staff. Porters had no direct patient contact.

As technology has advanced, however, surgical techniques have improved. Now more procedures are done in less time. To assist the operating room staff in maintaining a faster pace, porters have had to learn new, patient-oriented skills in addition to routine cleaning skills. Therefore, the term **operating room aide** may be used to describe this role. *Operating room aide* may also be used to describe **orderlies** and **nurses' aides** or **nursing assistants** because they perform many direct patient contact duties. A nurses' aide is authorized to provide direct patient care in a routine hospital setting. However, some hospitals require their operating room aides to have prior patient care experience. In these hospitals, the term **Nurse Aide II** may be used instead of operating room aide. The "II" shows that these nurses' aides have achieved special skills that have made them part of the surgical team.

The Members of the Surgical Team

Surgical team members work together to care for patients. Each member's special skills are important, including the surgeon's skilled hands, the nurse's alert eyes, and the operating room aide's prompt assistance. All are vital to the success of the team and are necessary to repair the diseased or damaged body as well as protect the patient from infection during surgery.