

OR Replaces Surgical Site Marking Pens with Marking Scalpels

SIoux CITY, IA - In an effort to improve [surgical safety](#) for [patients](#), Mercy Hospital now requires all surgical sites to be marked with a #10 stainless steel scalpel blade instead of the traditional skin marking [pen](#). Hospital administrators believe this will finally provide the safety [precautions](#) necessary to ensure the correct body part is always operated on.

“This change was a long time coming,” reports Stacy Adkins, a pre-op nurse in the ambulatory surgery center. “Too many times residents come in and draw a [circle](#) or write their initials in permanent ink on a patients arm or leg. But what if the patient did that to themselves on some random part of their body? What if they decided on a whim to draw random letters on their forehead right before complicated eye surgery? All it takes is one demented patient drawing on his own face before... whoops... accidental face transplant.”



The new regulations require physicians to carve a mark into the patients skin less than 1 hour prior to surgery. If more than 1 hour has passed since the initial carving, a second carving must be done due to concern that some patients may be “super healers,” a term made up by [JACHO](#) to describe patients with the [magical](#) ability to heal deep lacerations within a matter of hours.

Physicians are also no longer allowed to use their initials when making the surgical site carving. The mark must consist of the surgeon’s full legal name (middle name may be abbreviated). If the name is [illegible](#), OR nursing staff have been instructed to ask for a re-carving to be done.

“We really needed something a little more... permanent,” states Lincoln Reynolds, Mercy Hospital administrator and staunch proponent of the new guidelines. “The thought of patients sneaking into a [bathroom](#) and spending 20 minutes vigorously

scrubbing off an ink mark, ultimately leading to the surgeon operating on a the wrong body part, makes me feel sick. That's the kind of hypothetical situation we're trying to prevent.

Thus far, the only major change noticed by the OR staff has been a recent increase in pre-op [blood transfusions](#).