



Don't Let Pressure In The Operating Room Leave a Mark!



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INTRODUCTION

Positioning of patients during surgical procedures comes with the potential for nerve injuries and pressure ulcers. Due to a nerve injury that occurred to a procedure lasting over 3 hours, a comprehensive review of the hospitals existing protocol was initiated. This heightened awareness led to the reassessment of the health care system's positioning policy. Although pressure injuries may not manifest immediately their prevention remains a critical priority in this preventable yet costly complication.

Purpose/Framework

Following the Iowa Model of Evidence-Based Practice we concentrated on interprofessional collaboration and organizational support. Upon reviewing our patient positioning policy, we identified a significant gap: the absence of a standardized assessment tool tailored to the perioperative population. Four tools were then identified relevant to perioperative criteria. These tools were presented to the multidisciplinary team for review.



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OBJECTIVES

After viewing the poster, perioperative staff will be able to identify evidence-based practices for preventing pressure injuries and the importance of reassessment during surgery.

The learner will incorporate using evidence-based hand off to post anesthesia care unit (PACU) staff regarding risk factors, intraoperative patient position and length of procedure.



METHOD

The Surgical Services Council formed a multidisciplinary team to review the current policy on patient positioning during surgical procedures. This included an evaluation of the existing tool used for pressure injury (PI) risk assessment. After careful organizational consideration, the decision was made to continue using the current assessment tool.

- Revise policy where needed
- Define characteristics of a long procedures
- Define higher risk patients
- Modify pacu handoff to address intraoperative position concerns

RESULTS

This project is presently in its initial phase. Our participation at the Association of periOperative Registered Nurses (AORN) National Conference yielded valuable insight. Evidence-based resources will enhance and inform our ongoing initiatives to prevent pressure injuries in surgical patients.

Key Takeaways

1. Application and use of foam dressings, gel pads and other positioning aids.
2. Continuous intraoperative patient reassessment which is essential to ensure the maintenance of appropriate positioning throughout the procedure.

Collaboration with leadership has resulted in a revised policy, which is currently pending approval. Upon ratification, educational initiatives will be implemented alongside randomized audits to monitor and ensure compliance by the conclusion of 2025. It is further recommended that during operating room to PACU handoff precise communication of the operative position is relayed. This will facilitate appropriate postoperative repositioning in the recovery room. At this time, an assessment of areas that may need follow-up care can be identified.

CONCLUSION

Attendance at the AORN National Conference has further guided our strategy, equipping us with up-to-date best practices and reinforcing the importance of system-wide awareness. These strategies will serve as foundational components in our comprehensive efforts to mitigate pressure injuries within the operating room environment. While results are forthcoming, our commitment to preventing intraoperative PI marks an important initiative in the quality of care for our surgical patients.



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REFERENCES

- Spruce, L. (2023). Prevention of Perioperative Pressure Injury. *AORN Journal*, 117(5), 317–323. <https://doi.org/10.1002/aorn.13918>
- Speth, J. (2023). Guidelines in Practice: Prevention of Perioperative Pressure Injury. *AORN Journal*, 118(1), 37–44. <https://doi.org/10.1002/aorn.13948>
- Karahan, E., Ayri, A. U., & Çelik, S. (2022). Evaluation of pressure ulcer risk and development in operating rooms. *Journal of Tissue Viability*, 31(4), 707–713. <https://doi.org/10.1016/j.jtv.2022.09.001>