

## The New Millennium: From Fellowship to Tragedy

By Mary Knight, RN, BScN, MN, CPN(C)

As I write this message, I have just returned from attending the 12th World Conference on Surgical Patient Care in Christchurch, New Zealand. 1,439 participants represented 41 countries at the conference. The theme of the conference was "Vision for the New Millennium: A New Beginning".

As an elected member of their Executive Board, I was fortunate to be funded to attend that meeting by the International Federation of Perioperative Nurses. Many exciting events occurred at their meetings, including the adoption of three new international standards: handwashing, the surgical scrub, and surgical site skin preparation. The development of standards that can be used around the world is a challenging process! Standards will now be developed on sterilization and disinfection, on the reuse of single use items, and visitors in the OR.

A Resolution was unanimously passed by IFPN's Council of National Representatives condemning the use of child labour in the manufacture of surgical instruments or any other surgical supply. This resolution is in keeping with the position of the International Council of Nurses, and is intended to raise global awareness of this issue.

### IFPN Resolution against the use of Child Labour

Whereas the International Federation of Perioperative Nurses (IFPN) has learned from the International Council of Nurses that child labour is being used to manufacture surgical instruments;

Whereas child labour is reprehensible and robs children of their childhoods and their futures; and

Whereas it is impossible to deliver ethical healthcare using supplies manufactured using child

labour.

Therefore, be it resolved that the IFPN condemns the use of child labour in the manufacture of surgical instruments or any other surgical supply.

And, be it further resolved that the IFPN join the ICN in efforts to urge governments, funding agencies, and industries to work toward eradication of child labour and to support economies as they move to an adult labour base.

And, be it still further resolved that the IFPN urges perioperative nurses to request full disclosure during the purchasing process regarding the use of child labour by manufacturers and subcontractors.

And, be it finally resolved that the IFPN urges all perioperative nurses to inform purchasing agents, surgeons, and others in their facilities about this practice.

Adopted: September 2001

IFPN also conducted an International Forum with discussion on perioperative nursing roles, visitors to the OR, risk management, recruitment and retention, and research priorities. Two networking sessions were held on sterilization and disinfection and the reuse of single use items. These late-day sessions were attended by hundreds of perioperative nurses!

After a week of global fellowship and incredible hospitality from our New Zealand perioperative nursing counterparts, the unimaginable tragedy struck.



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I would like to share with you the contents of a letter sent to Sheila Allen, AORN President, for the members of AORN in the aftermath of the events of September 11th.

*"The entire world watched the events of that day unfold with horror and disbelief. Our hearts go out to those who lost loved ones and friends, and to all affected by that senseless act of terrorism. This was truly a global tragedy and we mourn with you for the lost lives, from the United States as well as all the other nations.*

*In the first days, many of our thoughts were with our perioperative nursing colleagues as*

*they awaited an influx of casualties, which never materialised in the numbers we all would have liked to have seen. We know that our colleagues provided their patients with the best care possible, and commend them for their efforts under incredibly difficult conditions.*

*Please pass on our thoughts to our AORN colleagues and staff, especially to those in New York, New Jersey and Washington, DC."*

ORNAC extends its thoughts and condolences to all those affected by the events of September 11th, wherever they reside. □

## N&LORNA Conference Report

The Newfoundland and Labrador Operating Room Nurses Association (N&LORNA) held its twenty-second Annual Provincial Conference in St. John's from September 27th to 29th, 2001. We were honoured to have Mary Knight, President of ORNAC, give our keynote address.

The theme was Communication: The Key To Unmasking Perioperative Nursing with emphasis on Recruitment and Retention.

An invitation was extended to nursing students of Memorial University's School of Nursing and we were pleased to see several students in attendance

Our theme paralleled our provincial tourism's year-long theme, "Receiving the World - Celebrating Communication", in honour of Guglielmo Marconi who received the first wireless trans-Atlantic message on Signal Hill, St. John's, NF on December 12, 1901. Little did our provincial government know when they decided on a theme that on September 11th we would literally "receive the world" when some 70 aircraft carrying over 13,000 international passengers descended on Newfoundland and Labrador. People slept in crowded hotels, on cots in school gymnasiums, on church pews and in private homes. Most of them had never heard of Newfoundland and Labrador before they experienced our hospitality for the first time, but I am certain that it has been unmasked and communicated around the world.

Our OR conference's topics included:

- RNFAs in Newfoundland

- CJD
- Anaesthesia/Hypothermia
- Operation Smiles
- The Future of Perioperative Nursing

Some of the main topics of our Annual General Meeting were:

- Membership Fees
- Review of Certification and Re-Certification Funding
- Election of Officers

The social highlight of our conference was the dinner and dance, which continued our "Communication" theme. There were costumes with the dots and dashes of Morse Code, kites and aials, cell phones, a couple dressed as black and white TVs and even Marconi himself made an appearance.

### Send-Off for the United States Military

After the dinner, some members of a Squadron of United States military personnel staying overnight at the hotel (on their way to parts undisclosed) were invited to join our dance and celebrations. They were very appreciative of our invitation and of the warm send-off from North America.

Evaluations received from all our OR nurses rated the conference a huge success.

Submitted by: Lynn Anderson, RN, CPN(C), Past-President (2001 -2003)

# Tonsillectomy

## A Comparative Study of Dissection/Snare vs Suction-Cautery

By Colleen Young, R.N. and Dr. John MacRae, M.D., F.R.C.S.(C.)

### Abstract

In an optimal situation, a surgical procedure would be one that generates minimal post-operative pain, incurs little or no bleeding, and allows the patient to return to their normal daily activities in the shortest time period. A tonsillectomy is one of the most common operations performed in the world. Various surgical procedures for tonsillectomy are performed with a wide array of opinions to support the pros and cons of each technique.

Objectives/Goals:

To determine if there is a significant difference between two methods of tonsillectomy.

Methods and Materials:

A prospective single blinded randomized control study using (i) A dissection/snare technique, and (ii) A suction-cautery method. Measured outcomes such as blood loss, surgical time, post-op pain, post-op hydration, pyrexia, and the length of time to resume normal daily activities will be assessed.

Results: In total, 50 patients were studied, 23 in the dissection/snare technique, and 27 in the suction cautery technique. Inclusion criteria was, the patient must be at least 2 years of age and not older than 16 years of age. Data was collected intra-operatively, at 2 and 4 hour post-op intervals, as well as a 2 week follow-up questionnaire completed by the parents.

Conclusions: The suction cautery group had statistically significant differences in blood loss, surgical time and pain in the immediate post-operative period.

### Introduction

Tonsillectomy represents one of the most common surgical procedures performed in North America, and most certainly one of the most common for children under the age of 16. As with any surgical procedure, associated risks are a reality and may play an integral part of a patient's recovery. The fact that there are many different surgical techniques available, a surgeon must determine which method is best suited to minimize such risks. Currently at Joseph Brant Hospital in Burlington Ontario, tonsillectomy is performed by either a dissection snare or suction cautery method. This prospective single-blind random controlled study was designed to determine if there are significant differences between the two methods, thus allowing the surgeon to make an informed decision as to which method is best suited for his patients. The measured outcomes include blood loss, operative time, pain, post-op hydration, pyrexia oral intake and resumption of normal activities.

### Materials and Methods

All surgeries were performed by the same surgeon. A week prior to their child's scheduled surgery the parents were contacted and the study was outlined. All participation was completely voluntary.

Patients included were children 2 years of age and not older than 16 years of age, undergoing a tonsillectomy.

### Authors

Colleen Young, RN, is a staff nurse, and Dr. John MacRae, MD, FRCS(C), is an Otolaryngologist at Joseph Brant Hospital, Burlington, ON. This study was presented by the authors at the Nursing Symposium at the Canadian Society of Otolaryngologists and Head and Neck Surgery in Vancouver, BC, May, 2001.