Perioperative nurses count… The surgical count—Policy and practice

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How well do you know your organizational surgical count policy and practices? Is the policy used throughout your organization (e.g., in other departments, at other sites)? Does it address challenges that you encounter on a regular basis? What sources are used and who influences the development of your surgical count policy? These are questions perioperative nurses should be asking themselves, as they reflect on their count practices.

A surgical count, in some form, should be performed for **every** surgical procedure and for each caesarean and vaginal delivery. Its main purpose is to prevent unintentionally retained surgical items (URSI), which can have a significant impact on the patient. For example, URSIs have resulted in physical harm including infections, the need for additional surgery, bowel perforations and obstructions, fistulas, and even death. Additionally, the patient may experience psychological effects, including depression, anxiety and post-traumatic stress disorder (HEC, 2025). Such URSI events are considered 'never events,' i.e., preventable by using organizational checks and balances (CPSI, 2015).

ORNAC guidelines recommend several strategies to support organizational policy development and practices to prevent URSIs. Standardization of the surgical count throughout the organization ensures all participants are aware of what medical devices (e.g., instruments, sponges, sharps, miscellaneous items) are to be counted, in what scenario, and how each item is counted and documented.

Clearly identifying the initiation of a surgical count to the surgical team, can support limiting distractions and interruptions and minimize the risk of visually missing items on or off the sterile field and during documentation. The surgical count policy should be reviewed when new medical devices, surgical technologies, and surgical programs are introduced into the perioperative environment. This supports frontline nurses' understanding of how medical devices are being documented on the surgical count. Additionally, URSI events should also trigger a review of the policy and practices to ensure potential gaps are addressed.

ORNAC guidelines provide recommendations on generic medical devices that should be counted and in what scenarios, but it is up to the individual healthcare organization to determine if there are organization-specific medical devices and scenarios that may need to be addressed within their policy. The wide variety of healthcare organizations (e.g., large teaching hospitals, community hospitals, ambulatory centres, etc.), surgical services (e.g., orthopaedics, ophthalmology, general surgery, etc.), and specialties (e.g., robotics, minimally invasive) across Canada, make the task to capture and address every possible scenario in the guidelines prohibitive. This highlights the importance for each organization to assess their surgical population, surgical count practices, and potential risks when developing their policy and practices.

The ORNAC guidelines provide the foundation for the surgical count, including who should be involved, what medical devices should be counted, timing of each count, and how to manage count discrepancies. ORNAC strongly recommends that perioperative nurses are involved in the assessment, development, implementation, and evaluation of surgical count policies and practices. Their daily interactions with medical devices (e.g., instruments and consumables) make perioperative nurses vital to informing organizational policies and practices. Perioperative nurses need to advocate for count policies and practices to be reflective of their lived experience and emphasize patient safety.

The Surgical Count Management section of the ORNAC guidelines is currently being updated for the 18th edition of the *Guidelines for Perioperative Practice in Canada, 2027*.

Author Notes

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REFERENCES

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