Clinical guideline for the management of throat packs during surgical procedures

EVIDENCE INFORMED PRACTICE TOOLS

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PURPOSE

To Provide Anesthesiologists, Surgeons and Nurses with an evidence-based clinical practice guideline for the management of a throat pack during certain surgical procedures.

1. Practice Outcomes

➢ To provide visual and documentary checks for the safe insertion and removal of a throat pack.
➢ To identify steps that can minimize the risk of throat pack retention postoperatively.
➢ To reduce the incidence of unintended throat pack retention.

2. Definitions

1. Throat Pack
   a. A surgical sponge constructed of woven gauze / swab that wicks up fluid and prevents surgical debris from entering the patient airway or digestive tract.12

2. Surgical Count Process
   a. A defined method initiated and completed in the operating room theatre accounting for sterile items put onto and taken off the sterile field for use during the surgical procedure.

3. Surgical Count Record
   a. A document on which the surgical count process is recorded

3. Background

Throat packs are used in some surgical procedures to prevent saliva, blood or other surgical debris from tracking down into the pharynx, esophagus, and the respiratory tract during ear, nose, dental and oral surgical procedures.1, 7, 8

Clinical indications for placement of a throat pack may include, but are not limited to, the following:

➢ To provide a physical barrier to prevent leakage of most bodily and external fluids into the respiratory and digestive passages.7,8,9,10,11
➢ To seal the area and prevent leakage of gases around the tracheal tube during the provision of general anesthesia and the surgical procedure.7,8,9,10,11
➢ To stabilize the artificial airway device in order to prevent displacement.7,8,9,10,11

Throat packs placed in the mouth and oropharynx are at risk for being left in situ after the surgical procedure has been completed. Although the degree of harm from a retained throat pack is generally reported as low, the clinical risk to patients is potentially high.7, 8 A throat pack left
in situ postoperatively can obstruct the patient’s airway, which can result in a potential life-threatening event. 1,8

4. Guidelines: For Appendix A

1. The surgeon and anesthesiologist should first discuss if the use of a throat pack is clinically indicated and if so, discuss the procedures that will be used to prevent its retention. 7,8,9,10,11

2. The insertion of the throat pack is verbally communicated to the surgical team by the surgeon or anesthesiologist responsible for its placement. 7,8,9,10,11

3. The throat pack shall be a surgically counted sponge with radiopaque embedded material.

4. At least one visual check shall be implemented during the surgical procedure.

   A. Leaving part of the throat pack protruding externally 7,8,9,10,11

      1. The anesthesiologist or surgeon should identify suitable throat pack material that can be used for the surgical procedure.
      2. The anesthesiologist or surgeon should communicate to the surgical team which visual process will be utilized.
      3. The anesthesiologist or surgeon who has taken the responsibility to insert the throat pack should ensure that the throat pack is positioned appropriately with one end protruding externally.

   B. Attaching the throat pack securely to the artificial airway device 7,8,9,10,11

      1. The anesthesiologist or surgeon should clearly identify if the type of artificial airway device used is suitable for this technique and communicate this to the surgical team.
      2. The anesthesiologist or surgeon who has made this decision should be responsible for the attachment of the throat pack to the artificial airway device.

   C. Putting a label or mark on the patient or artificial airway device 1,7,8,9,10,11

      1. A risk assessment should be made for this technique to prevent contamination to the surgical field and risk to the patient.
      2. A designated person should be identified and responsible for the application of the label or mark to the patient or artificial airway device.
      3. The primary site for the label or mark placed on the patient or artificial airway device should be identified, communicated to the surgical team, and documented on the white board.
      4. The mark or label should clearly identify the word “throat pack” to distinguish between it and the mark used for correct site surgery.
5. The label or mark should not be removed from the patient or artificial airway device until the throat pack has been removed.

5. A **documentary procedure** shall be implemented in the following manner: 7,8,9,10,11

   1. A designated person should record the time of insertion and removal of the throat pack on the white board.
   2. The circulating nurse should document the throat pack insertion and removal times on the surgical count record.
   3. Any alteration of the throat pack or additional pack insertion by the anesthesiologist or surgeon should be clearly communicated to and documented by the circulating nurse on the white board and surgical count record. Any alteration should ensure that the radiopaque material is left embedded within the throat pack left in situ.

6. At the end of the surgical procedure the surgeon or anesthesiologist should verbally communicate the removal of the throat pack to the surgical team. 7,8,9,10,11

7. The anesthetist shall communicate the removal of the throat pack to the recovery room staff. 11

5. References


6. Primary Author(s)

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THROAT PACK INDICATED

**Surgical Requirement**

**Anesthetic Requirement**

**DO NOT INSERT**

**THROAT PACK**
1. Shall be a counted surgical sponge
2. Shall have a radiopaque component

**VISUAL PROCEDURE**
*Choose at least one:*
1. Leave part of pack protruding
2. Attach pack securely to the airway device
3. Label/Mark the patient or airway device

**DOCUMENTARY PROCEDURE**
Record time of insertion and removal on:
1. White Board and
2. Surgical Count Record

**Surgical Requirement**

**Anesthetic Requirement**

**End of Operation**

**VISUAL AND DOCUMENTARY PROCEDURES COMPLETED**

**EXTUBATION**

**REMOVAL COMMUNICATED TO RECOVERY ROOM STAFF**

Adapted from the National Patient Safety Agency (2009)

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