

Surgical Anticipation and Instrument Passing

(0:00 - 0:22)

Hey guys and welcome back to another Surgical Tech Tips. Today we're going to be talking about anticipation and proper instrument passing because instrument passing doesn't really need its own video, it's a pretty quick one. But anticipation is something that a lot of you guys out there have been asking about and let's talk about it.

(0:28 - 1:16)

So, when talking about anticipation in the OR, it really breaks down into two things and that is a general knowledge of anticipation and that type of anticipation can be used across the board on all specialities, on all cases. It's knowing when you need to use a knife and then a bobby and then a scissor and then you know ties and stuff like that. These are all general things that you could use across the board on all specialities but there's also a separate type of anticipation and that comes when you really start working in a speciality a lot and maybe working with a certain surgeon a lot and that type of anticipation comes just with experience and with repetition in the cases.

(1:16 - 1:33)

You start to be able to memorise the steps of the procedure so you'll already know what the surgeon is going to need as the surgery goes on. That takes time. Can't really teach you that, you just have to learn that on your own by doing the cases itself.

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You have to do the cases to learn that type of anticipation. That's like a step above general anticipation. When you start working in a speciality and you're working with that same doctor all the time, it's a great thing.

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It really is because you really start to form a relationship and you really start to form that kind of OR family when you come into work. The surgeon knows when they see you in their room, they're stress free because they know you have everything and that it's going to be a smooth case because you know what you're doing and you know the surgery step by step. It takes time.

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I can't teach you that, it just takes time. However, I can teach you the general type of anticipation and that type of anticipation is very easy and it'll come to you very easily even while you're in school doing your clinicals and stuff like that. You'll really start to get a grasp for certain things that you can anticipate very easily.

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I'm going to show you four steps of anticipation for basically any surgery. This will be like the opening anticipation to any surgery, really any surgery. It's going to start with your knife blade.

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After the timeout, you're going to need a knife blade because you have to open up the skin. After they use that knife blade, it's the bovie. You should already have the bovie ready in your hand, ready to pass to the surgeon as soon as they put that sharp down.

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As soon as they're using that bovie, they will use a retractor. The retractor comes next. Sometimes it can go back and forth with a forcep but 99% of the time, it's going to be a retractor next.

(3:29 - 3:49)

It could be a self-retainer retractor like the Wheatlander or it could be something like a Small Army Navy or Rich or something like that, depending on the case and depending on the surgeon, what type of retractor they like to use. The fourth thing is the forcep. They're going to have a bovie in one hand, a forcep in the other.

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The forcep is basically, its use is basically like their fingers. This is just like, these are like long fingers to them, grabbing tissue and counter traction of tissue so they can bovie and dissect out their structures that they're trying to dissect out. Those four steps are used across the board for pretty much any case that you do in the OR.

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You should be able to anticipate those four things easily, easily through any case that you do inside the OR. When it comes to speciality things like laparoscopic surgery, any type of scope surgeries and stuff like that, those might be different. Those four steps kind of relate to open surgeries, could be small open hernias or laparotomy or something like that.

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Those steps are used for those open type procedures. Steps for a laparoscopic procedure are a little different. It's more of like, more just like a knife blade and then trocar right in there.

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But those four steps are used for the majority of cases across the board and you will be able to use that. Now going deeper past the four steps there, if you're going to be dissecting out a

vascular structure, a lot of the times you'll see a surgeon go from a bovie to a scissor. And the reason for that is the closer and closer they get to those vascular structures or maybe there's a nerve around that structure that's close by, they'll start to use a scissor.

(5:29 - 6:00)

A scissor is more blunt, they can bluntly dissect instead of using that cautery and possibly harming something that they do not want to harm. Goes in even deeper than that, if you know there's veins in the way that they might want to possibly clip, you might need to use a right angle to dissect around that vein and maybe they'll clip both sides of the vein. Maybe they'll just use two ties to go around the vein and tie off the vein.

(6:01 - 6:27)

Vessel loops around arteries, that type of stuff, I mean there's a tonne of things that you can learn and do. The more and more in depth I get with this, the more and more I'm realising that a lot of it does come with experience and actually doing the surgeries themselves. I mean I could write out, I could write out step by step so many surgeries that I do in the OR.

(6:28 - 6:46)

I could write every little piece step by step and it just, it's come from experience. But just start with those four steps in anticipation. And if you really want to go further than that, I want to say pay attention in surgery.

(6:48 - 7:12)

That is by far the biggest teacher for you. I can teach, I can only teach you so much, but actually watching the surgery and actually watching the surgeon will better, will better you and it'll better your understanding of the surgery better than anything I say on here. It really comes down to watching the surgery and paying attention to what the surgeon is doing.

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Now when it comes to closing, closing is something that you can easily anticipate, just kind of like opening is and obviously it's needle holders and a scissor. If you know a surgeon is going to be using a suture, you know eventually they're going to be needing a scissor. So always have that scissor in hand after you pass a suture to a surgeon.

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There's no point in not having it. I don't understand sometimes why people, I don't know, people are just kind of airy sometimes. It happens to me sometimes too.

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I'm just thinking about something else maybe. I don't know what it is. But always, when you're passing a suture to a surgeon, have a scissor.

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It's as simple as that. Now on to instrument passing. Instrument passing is something you guys have wanted to talk about a lot.

(8:06 - 8:35)

I don't find it to be a really in-depth topic. Really when it comes to passing, I like to, I kind of talked about it previously I think in one of the sharps video I believe it was. I like to hold my needle holders or pretty much any of these instruments, I like to hold closer to the tip because it gives you more kind of snap in the instrument itself.

(8:35 - 9:03)

And when the surgeon puts their hand out, they need to be able to feel that instrument in their hand so they can grasp it. If you're too light with it, they're going to complain about it. Now you don't need to totally Hulk smash it into their hands, but you need to let them know that it's there and that it's in their hands.

(9:03 - 9:31)

So again, I like to hold it a little bit closer to the top of the instrument and just place it right in there. Same thing kind of goes with maybe like Wheatlanders and Gelpies, again I like to hold it closer to the tip. Gelpies are a little bit freakier because they have such sharp little tips so just keep your hands away, but kind of hold it near the top so you can get that nice little snap.

(9:33 - 9:59)

When it comes to rakes and sends, stuff like that, I like to kind of pass these like I pass a sharp. Again, I talked about the sharp video, all that stuff about how to pass instruments and pass sharps, and I'll do the same exact thing. I hold this send and I hold the four prong rakes just like I hold a sharp because these things are sharp man, these are no joke.

(10:01 - 10:36)

And passing your retractors, this really depends on you and you paying attention to the surgery. So if you're paying attention to the surgery and you're noticing that they're about to need a retractor, you should know first off what type of retractor they need depending on the surgeon. So if you know for a fact they're going to be using a Richardson, you should be able to anticipate just by looking down at that incision whether or not you're going to need the deeper part of the Richardson or the more shallow part of the Richardson.

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And when you place it in their hand, I like to just kind of hold it on one end and just boom, place it in their hand so they can use it right away. It's all about placing stuff in their hands as they're going to use it as well. I can't tell you that enough.

(10:56 - 11:08)

A sharp, placing it in their hand, boom, right away. And this is how they're going to use it and retract. Instruments are not always passed in a flat way.

(11:09 - 11:32)

You're not always placing the finger rings in a hand of a surgeon. If you're noticing that the surgeon is using it, you know, maybe like this, you're going to pass it to them like this. What's he going to do? What's he or she going to do, the surgeon? You're going to place it in their hand like this and then they have to fumble around with it and then move it around? No.

(11:32 - 12:01)

No. You should be able to recognise how the surgeon is going to want that in their hands and you may not always know right away that they need it in their hands like that, but if they're using a sponge stick or something and maybe they ask for a second sponge stick, you can get it right away, still holding on to the tip of the sponge stick. But instead of placing it like this in their hand, you're just going to go ahead and place it in right like they're going to use it.

(12:01 - 12:31)

Another example I can give for that is like the big bone cutters and stuff like that you'll see in ortho. I mean, these things are big and if you go ahead and you're holding on to the top of it and you just give it to the surgeon like this, they're going to have to flip it around, hold both ends of it just to use it. Instead of giving it to them like this, give it to them the way they're going to use it.

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It's all about giving instruments to the surgeon the way they're going to use it. It helps streamline surgery and that's what we want. That's what we want.

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We don't want a stressful surgeon in the OR. That sucks. That really sucks.

(12:50 - 13:01)

Forceps are kind of the same way. I'll pass it. I'll hold on to the tips of the forceps and they'll put their hand out and I'll just kind of place it right in the crease between their thumb and forefinger and I'll just place it right there.

(13:01 - 13:20)

Smack it in that little crease just so they can feel it. Other times when maybe I've got both hands working and moving pretty quickly, I will hold on to the end of it and just go past their fingers and place it right there. You can do that as well.

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Just depends though. Really just depends. All right, guys.

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So, anticipation and instrument passing. Anticipation has got to be one of the most important skills you have in the OR and it really comes down to you. How much you want to put into it.

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If you just want to be kind of like a lazy tech about it and just do the bare minimum, you'll basically just be using those four basic steps and that's like the gist of your anticipation. But if you really want to dive deep and take a step above to be that extraordinary tech and that extraordinary partner in the OR and being a part of that OR team, you've got to pay attention to the surgery. You've got to learn the steps of the surgery, of what the surgeon is doing.

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Pay attention. Absolutely pay attention. And remember to always pass the instrument as the surgeon is going to use it.

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They don't want to fumble around with stuff while they're looking at the field. Pass it to them like they're going to use it. Thanks for watching, guys.

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I appreciate it. I appreciate you. Love all the new subscribers and everything.

(14:47 - 15:05)

And I'll see you guys again on the next video. Bye. Thanks for watching.

(15:14 - 15:15)

Love all the new subscribers and everything.