

Veterinary – retained swab after surgery.

Case Example

A client demanded compensation for additional treatment costs, alleging surgery had been performed negligently. The client's dog had undergone a laparotomy for removal of a foreign body from its gut, but was slow to recover. The dog remained listless and had a poor appetite for a number of weeks. Although the client brought the dog back for an initial follow up visit, they failed to attend subsequent appointments. The dog was then treated for a systemic infection by a second veterinarian, who located the swab. The dog ultimately recovered, but the client was left with considerable costs.

Tips for practice improvement

- > Don't believe this scenario couldn't happen in your practice. Guild Insurance continues to receive a number of similar claims every year. While the financial impact can be costly, the impact on your reputation shouldn't be underestimated. Increasingly, people are choosing not to return to a practice once an error has occurred, instead venting their dissatisfaction via social media and the like.

- > Explore options for reducing the likelihood of retained swabs during surgery. Engage your staff in identifying ways in which this risk could be avoided.

Is there a way you could count surgical materials 'going in' during a procedure and reconcile the number 'coming out'?

While it can be tempting to declare that surgical swab counts are simply too onerous for a busy practice, some veterinarians do manage to achieve it. Arguably, success lies in educating practice staff in the importance of completing what may be perceived as a boring, time consuming task. Work with your staff to explore ways in which the process could be streamlined to work in your practice.

- > Set rules in place, such as surgical swabs (7.5 x 7.5 or 10 x 10 cm) should never be placed into an abdomen unless held in forceps or securely grasped. Don't ever leave them in place.
- > Use abdominal sponges if it is necessary to mop up larger amounts of blood, or pack off part of an

abdomen, such as opening up the intestine or stomach. They should be moistened with saline, and are reusable, so economic to use.

- > Abdominal sponges should still be counted in and counted out if used deep in an abdomen. Even though they are so much larger than surgical swabs, once soaked in blood they can be surprisingly difficult to see.
- > Where possible use swabs with radiopaque markings to aid in the prompt identification and removal of any retained material.
- > Ensure your practice has processes in place for following up clients who fail to attend post-operative appointments.

Finally, the following article published in the *Veterinary Record* also emphasises the potential harm caused by retained surgical swabs and importance of making swab counts standard procedure in surgical practice. *WHITEHEAD, M (2012) Importance of surgical swab counts. Veterinary Record 2012; 170:24 629-630*

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