

ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OPHTHALMOLOGISTS

Correct Eye Surgery Guidelines

It is the surgeon's responsibility to identify the patient and to ensure that the operation is performed on the correct eye. However, every member of the operating team and anaesthesia team bears a responsibility to ensure that they are aware which eye is to be operated on. If at any time any member of the team has a doubt that the incorrect eye is being prepared for surgery, they should immediately voice their concerns. There should be no criticism of persons raising concerns even if their concerns prove to be unfounded.

1. The surgeon is responsible for ensuring that the correct patient undergoes the procedure.
2. The side of the operation should be written in full (i.e. RIGHT or LEFT) and not abbreviated to R or L, whenever the side is recorded. All documentation must include which eye is to be operated on. This includes patient notes, hospital forms and operating theatre lists.
3. The surgeon should be satisfied on which eye the procedure is to be performed. This should occur in consultation with the patient and the eye/side marked.
4. An indelible pen is used to unambiguously mark the eye/side of the procedure. This is done by the surgeon in consultation with the patient and operative notes. The patient is informed that the pen mark indicates the side of the operation.
5. The mark needs to be visible within the operating field at the time of preparation and draping.
6. The pen mark is checked by the nurse as the patient leaves the ward or holding area for the operating theatre.
7. The pen mark is checked by the scout nurse prior to the patient entering the operating theatre. This mark must then be verified by the scrub nurse.
8. The surgeon visibly checks the pen mark prior to commencing surgery and ensures this is in accord with his/her intended operation before the induction of anaesthesia.
9. At all stages of this process, there should be consistency of documentation of the correct eye. If any inconsistency arises, progress towards operation should be suspended, the incorrect documentation should be changed and signed, and an explanation of the inconsistency recorded in the patient's medical history and signed by the surgeon. The surgeon should satisfy him/herself of the appropriate eye for surgery and record this in the patient's medical notes before proceeding with surgery. An incident form should be completed.
10. If the surgeon remains uncertain of the correct eye for surgery or the side differs from that previously discussed with the patient, the procedure should be cancelled and the patient returned to the ward.