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RELEVANT COMPLICATIONS OF SURGICAL SMOKING IN DOCTORS AND NURSES IN OPERATING ROOM CLINICS

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 Surgical smoke is a plume which is produced by tools that cut or cauterise tissue during surgical operations.



Fan JKM, Chan FSY & Chu KM (2009) Surgical smoke. Asian Journal of Surgery 32, 253-257.

 These surgical instruments include those used in electrocautery, lasers, ultrasonic scalpels, high speed drills, burrs and saws.



Fan JKM, Chan FSY & Chu KM (2009) Surgical smoke. Asian Journal of Surgery 32, 253-257.



 All patients and health care workers are constantly exposed to the hazards of surgical smoke during the perioperative period.

Fan JKM, Chan FSY & Chu KM (2009) Surgical smoke. Asian Journal of Surgery 32, 253-257.



• As reported by the Occupational Health and Safety Administration (OSHA) each year, approximately 500,000 workers, including surgeons, nurses, anaesthesiologists and surgical technologists are exposed to laser or electrosurgical smoke.

OSHA (2015a) Laser/Electrosurgery Plume. Available at: https://www.osha.gov/SLTC/laserelectrosurgeryplume/index. html (accessed 14 September 2015) OSHA (2015b) Surgical Smoke. Available at: https://www.osha.gov/SLTC/etools/ hospital/surgical/surgical.html#Lase





 The purpose of the study is to examine the complications of surgical smoke in doctors and nurses working in the operating room.

QUESTIONS OF STUDY

Q1: What are the complications which will see on surgical smoking in the operating doctors?

Q2: What are the complications which will see on surgical smoking in the operating nurses?

METHODS

Descriptive Study

Working universe nurses and doctors to work in operating room

G-Power Analyses Effect Size: Middle Level of error (α)=0.05 Power (1-β)=0.80

N=165 n=65

Suitable Criterias

Those who agree to participate in the search

Doctors and nurses working in Aydın Adnan

Menderes University.

Study Design



The study was carried out between **20.06.2018 - 20.07.2018** at the Adnan Menderes University Operating Room Clinic

Data Collection

Between 08:00 and 16:00 on weekdays

Face to face interview method

10-15 minutes

SOCIODEMOGRAFIC CHARACTERS

The average age of the doctors and nurses participating in the study

31.79 ± 1.24 (min: 22, max: 53)

62.8% at the graduate level

62.8% male

9 years of professional working hours

mean age was 7 years

TYPE OF UNITS

25.6% of these employees worked in urology

18.6% of them were in gynecology and obstetrics

11.6% in otolaryngology surgery and neurosurgery

9.3% in brain surgery and anesthesia

7% was the result of working in the vascular surgery unit

It was stated that **30.2%** of the doctors and nurses had cigarette use

79.1% had no chronic disease

23.3% of surgical smokers had undergraduate and in-service education

83.7% were not educated about surgical smoke

46.51% of them had headache



7% of them were burning in the throat 30.23% were irritable



14% were cramp





7% were rhinitis





25.58% in eyesight

9.3% in myalgia

11.62% in cough, respiratory problems and hair loss symptoms



 The precautions related to surgical smoke, doctors and nurses working in the operating room stated that 67.44% of the patients were smoked with aspiration catheter.





16.27% of glasses were used.

41.86% of aprons and 16.27% of glasses were used.





That 83.7% of doctors and nurses thought that these measures for surgical drainage in the operating room were not enough.



Journal of Clinical Nursing

Clinical Nursing

ORIGINAL ARTICLE

The examination of problems experienced by nurses and doctors associated with exposure to surgical smoke and the necessary precautions

Arzu Ilce, Ganime Esra Yuzden and Meryem Yavuz van Giersbergen

It was found that they did not report taking any effective protective measures, and only a few of the nurses reported using special filtration masks.

It was observed that the participants widely used surgical masks, which are ineffective in protecting from the effects of surgical smoke.

AMERICAN JOURNAL OF INDUSTRIAL MEDICINE 59:1020-1031 (2016)

Secondhand Smoke in the Operating Room? Precautionary Practices Lacking for Surgical Smoke

Andrea L. Steege, PhD, MPH,* James M. Boiano, MS, CH, and Marie H. Sweeney, PhD, MPH

Study findings can be used to raise awareness of themarginal use of exposure controls and impediments for their use. Surg Today (2015) 45:957-965 DOI 10.1007/s00595-014-1085-z



REVIEW ARTICLE

Health risks associated with exposure to surgical smoke for surgeons and operation room personnel

Kae Okoshi · Katsutoshi Kobayashi · Koichi Kinoshita · Yasuko Tomizawa · Suguru Hasegawa · Yoshiharu Sakai

 Surgeons should assess the potential dangers of surgical smoke and encourage the use of evacuation devices to minimize potential health hazards to both themselves and other OR personnel.



According to the results of the research, it is concluded that the measures related to surgical smoke in the operating room are inadequate and that measures regarding surgical smoke complications should be taken.

"IF ONE DAY, MY WORDS ARE AGAINST SCIENCE, CHOOSE SCIENCE."

- MUSTAFA KEMAL ATATÜRK