



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Operating Room		
<b>Document:</b>	Internal Policy and Procedure		
<b>Title:</b>	Specimen Care in Operating Room		
<b>Applies To:</b>	All Surgeon and Operating Room Nurse		
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## 1. PURPOSE:

- 1.1 To provide in guidance or the proper labelling and safe, effective handling of surgical specimens.
- 1.2 For careful handling and accurate labelling of tissue biopsies and surgical specimen.
  - 1.2.1 The patient's diagnosis and future treatment may depend entirely upon the results of the laboratory examination of specimens obtained during surgery.
  - 1.2.2 The loss of biopsy or specimen is particularly hazardous for the patient. It could mean the possibility of a second surgical procedure in order to obtain another sample. If diagnosis cannot be made because of a lost specimen, the patient may not receive the correct treatment.
- 1.3 Improperly labelled specimen could result in the wrong diagnosis and the possibility of critical involvement for two patients.

## 2. DEFINITIONS:

- 2.1 **Specimen Care** – it is the collection of specimen by the use of surgical technique.

## 3. POLICY:

- 3.1 The general rules to follow when handling a specimen:
  - 3.1.1 Prepare a suitable bowl to receive the specimen.
  - 3.1.2 Do not place specimen on sponge or gauze.
  - 3.1.3 Ensure all specimens are collected before handed over to the circulating staff.
  - 3.1.4 Careful handling of specimen ensuring the tissue is not damaged or torn.
  - 3.1.5 Do not clamp specimen, especially small specimen as this may crush cell and making identification difficult.
  - 3.1.6 Pass the specimen immediately to the circulating staff to put into the fixative. This is to prevent dryness of specimen.
- 3.2 Check the preference of laboratory examining the specimen for accuracy of collection of specimen.
- 3.3 Clarify with surgeon immediately if there are any doubts about the specimen's identification.
- 3.4 If the integrity of a packaging material is not intact; consider it unsterile.
- 3.5 Careful label of specimens into the correct jar with the correct patients name and medical record number and nature of specimen for the specific examination is done by the circulating staff.
- 3.6 The scrubs personnel must counter check that the above mentioned is being done correctly.
- 3.7 Both scrub and circulating staff are responsible for the specimen to be send for laboratory.
- 3.8 Any specimen removed must not be thrown away unless with permission of surgeon and document in the perioperative care plan.
- 3.9 Specimen is only shown to patient upon request with surgeon's permission.
- 3.10 All specimens must be labelled around the jar and not on the cap of specimen container.
- 3.11 All specimens dispatched to the laboratory must be entered into the dispatch book and signed by the laboratory staffs.
- 3.12 Removed foreign body can be given to patient upon request and document in the perioperative care plan.

- 3.12.1 For medico – legal cases foreign body is given to the police.
- 3.13 For frozen section specimen, arrangement must be made by the surgeon with the pathologist.
  - 3.13.1 OR in – charge must confirm with surgeon that arranged of frozen section has been done to ensure necessary step has been carried.

#### 4. PROCEDURE:

- 4.1 Preparation of request for specimen analysis throughout the procedure is the responsibility of the circulating nurse.
- 4.2 Preserve all specimens in the state received and ensure that sterility of the specimen is maintained, is the responsibility of the circulating nurse.
- 4.3 Remove all the accountable items (instruments, sponge) from the specimen whenever possible, before handling the specimen of the sterile field. It is the responsibility of the scrub nurse.
- 4.4 The circulating nurse should be responsible for the correct labelling of the specimen.
- 4.5 Wrong labelling can lead to misdiagnosis or consequent injury to the patient.
- 4.6 The scrub nurse will ascertain from the surgeon the type of medium required to preserve the specimen.
- 4.7 Formalin 10 % is the standard preservative used for histopathology specimens.
- 4.8 **The Circulating Nurse Should:**
  - 4.8.1 Prepare container by correctly labelling with patient 4 names for the Saudi and complete name for the Non – Saudi, medical record number, date, time and attending surgeon's name. Labels must never be placed on the lid.
  - 4.8.2 Provide a separate container for each specimen. Ensure that it is of adequate size.
  - 4.8.3 Sequentially number the specimens.
  - 4.8.4 Append the name and site of the specimen as described by the scrub nurse.
  - 4.8.5 Cover the specimen fully with the nominated medium e.g. Formalin, as soon as possible.
  - 4.8.6 The scrub nurse is responsible for ensuring that the specimen is correctly labelled by the scrub nurse.
  - 4.8.7 Record all types and number of specimen at the operative record.
  - 4.8.8 Note: It is the responsibility of the theatre staff, to check the utility room specimens prior to their completion of shift.
  - 4.8.9 Refrigeration of specimen is necessary if after hours, on weekends or holidays.
  - 4.8.10 Completed all Occurrence Variance Report must be completed for any mismanaged specimen.
  - 4.8.11 No tissue removed surgically or calculi are given to the patients.
- 4.9 **Foreign Bodies:**
  - 4.9.1 Discard all screws, pins and plates
  - 4.9.2 Handle bullets/projectiles with forceps or sponge only.
  - 4.9.3 Note: MLC specimens (bullets) are kept in operating room and, glass piece etc. will be attached to the operating record.

#### 5. MATERIALS AND EQUIPMENT:

- 5.1 Sterile Bottle or Unsterile Bottle
- 5.2 Specimen
- 5.3 Formalin
- 5.4 Specimen Form

#### 6. RESPONSIBILITIES:

- 6.1 Nurse
- 6.2 Head Nurse
- 6.3 Surgeon

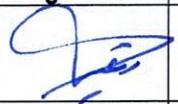
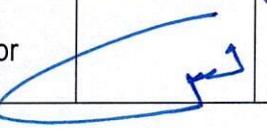
## 7. APPENDICES:

- 7.1 Histopathology Form
- 7.2 Biochemistry Form

## 8. REFERENCES:

- 8.1 Kingdom of Saudi Arabia, Ministry of Health, Baish General Hospital, 2018.

## 9. APPROVALS:

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