


# Guideline Implementation: Minimally Invasive Surgery, Part 1 1.3 [www.aornjournal.org/content/cme](http://www.aornjournal.org/content/cme)

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### Purpose/Goal

To provide the learner with knowledge specific to implementing the AORN “Guideline for minimally invasive surgery.”

### Objectives

1. Discuss OR configuration considerations for minimally invasive surgery (MIS) procedures.
2. Explain safe practices for robotic-assisted procedures.
3. Describe practices for safe use of gas insufflation media during MIS procedures.

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Annette Wasielewski, BSN, RN, CNOR, has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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## ABSTRACT

Since its inception in the early 1990s, technological developments have made minimally invasive surgery the preferred approach for many operative procedures. However, perioperative personnel have had to develop new skills and techniques to manage this technology. The advent of robotic-assisted procedures in the early 2000s added another level of complexity to the perioperative arena. The updated AORN “Guideline for minimally invasive surgery” provides guidance for creating a safe environment for patients undergoing a wide range of procedures in which complex, advanced equipment and techniques are used. This article focuses on key points of the guideline that address OR configuration for minimally invasive surgery, safe practices for robotic-assisted procedures, and reducing risks associated with gas insufflation media. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures. *AORN J 106 (July 2017) 50-59.* © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2017.04.017>

Key words: *minimally invasive surgery, OR configuration, robotics, insufflation media.*

The advent of minimally invasive surgery (MIS) in the early 1990s radically changed the environment of today’s ORs. Although patients are the beneficiaries of shorter lengths of stay, less pain, and faster recovery, MIS presents challenges to perioperative personnel. The MIS environment contains a greater number and larger pieces of equipment that occupy more space in the OR. This may limit the working area as well as access to the patient.<sup>1</sup> The equipment required is increasingly complex and technologically advanced. Patient positioning for many of these procedures can be extreme (eg, steep Trendelenburg position). In the early 2000s, robotic surgery added another layer of complexity to the already technical minimally invasive OR.<sup>2,3</sup> All these factors added to a demanding perioperative environment that requires new knowledge, increased cooperation, and different skill mixes to achieve optimal patient outcomes.<sup>4</sup>

The AORN “Guideline for minimally invasive surgery”<sup>4</sup> was updated in December of 2016. AORN guideline documents provide guidance based on an evaluation of the strength and quality of the available evidence for a specific subject. The guidelines apply to inpatient and ambulatory settings and are adaptable to all areas where operative and other invasive procedures may be performed. The MIS guideline addresses methods to reduce risks to patients and perioperative team members during MIS procedures using advanced technology (eg, video and robotic systems, computer imaging). The scope of the guideline is broad; therefore, this article elaborates on key takeaways from the guideline in reference to minimally invasive and robotic-assisted procedures. Guidance for procedures in hybrid ORs and hybrid ORs with magnetic resonance imaging, also covered in the MIS guideline, will be discussed in a subsequent article.<sup>5</sup> Perioperative RNs should

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