## Operation Clean Air: Implementing a Surgical Smoke Evacuation Program 1.4© www.aornjournal.org/content/cme

MARY K. DOBBIE, MPA, MSN, RN, CNOR, CURN; MARIA FEZZA, MPA, MSN, RN, CNOR; MARTHA KENT, EdD, RN, NEA-BC, CPAN; JANE LU, BSN, RN; MARK L. SARACENI, MBA; SUSAN TITONE, MSN, RN, CNOR

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#### **Purpose/Goal**

To provide the learner with knowledge of best practices related to surgical smoke evacuation.

#### Objectives

- 1. Identify the hazardous components of surgical smoke.
- 2. Describe the health hazards of exposure to surgical smoke.
- 3. Discuss recommendations for evacuating surgical smoke.
- 4. Discuss the patients' risks of exposure to surgical smoke.

#### Accreditation

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Mary K. Dobbie, MPA, MSN, RN, CNOR, CURN; Maria Fezza, MPA, MSN, RN, CNOR; Martha Kent, EdD, RN, NEA-BC, CPAN; Jane Lu, BSN, RN; Mark L. Saraceni, MBA; and Susan Titone, MSN, RN, CNOR, have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

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#### ABSTRACT

Surgical smoke is a hazardous byproduct of any surgery involving a laser or an electrosurgical unit. Although research and professional organizations identified surgical smoke as harmful many years ago, this byproduct continues to be a safety hazard in the OR. An interdisciplinary team at a large academic medical center sought to address the exposure of patients and perioperative team members to surgical smoke. The team used the nursing process to resolve the lack of smoke-evacuator equipment and surgical smoke staff member knowledge. To increase awareness of the hazards of surgical smoke, we gave presentations to nursing staff members and surgeons, who then completed educational modules. We conducted audits in all ORs to monitor compliance. The use of smoke evacuation supplies has more than quadrupled since education began. Additional unit-based education continues every day and is a constant reminder that safety is the responsibility of all perioperative team members. *AORN J* 106 (*December 2017*) 502-512. © *AORN, Inc, 2017. https://doi.org/* 10.1016/j.aorn.2017.09.011

Key words: surgical smoke, plume, smoke evacuation, staff education, smoke free.

rofessional organizations have recognized the hazards of surgical smoke for many years. A 1996 publication from the National Institute for Occupational Safety and Health reported that a smoke byproduct is created during surgical procedures that destroy tissue using a laser or an electrosurgical unit, and that the smoke byproduct (ie, plume) created "can contain toxic gases and vapors such as benzene, hydrogen cyanide, and formaldehyde, bioaerosols, dead and live cellular material (including blood fragments), and viruses."<sup>1</sup> These are still recognized as components of surgical smoke today, in addition to several other components, including carbon monoxide, bacteria, nitriles, and polycyclic aromatic hydrocarbons. Surgical smoke contains an estimated 150 different chemicals, many of which are recognized as https://doi.org/10.1016/j.aorn.2017.09.011 © AORN, Inc, 2017

health hazards.<sup>2</sup> Despite knowledge of the hazardous components of surgical smoke and evidence-based practices to control surgical smoke, health care workers continue to be exposed.<sup>3</sup> This article shares one hospital staff's journey to provide smoke-free ORs for their patients and perioperative team members.

#### **DESCRIPTION OF THE PROBLEM**

It is widely accepted that cigarette smoke and smoke generated by manufacturing facilities are hazardous to a person's health.<sup>4</sup> A seminal study on surgical smoke found that using a carbon dioxide laser on 1 g of tissue is similar to inhaling the smoke from three unfiltered cigarettes in 15 minutes; if operating

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