
Policy and Procedure for Radiologic Technologists and Radiologists
Documentation of Retained Object/Sponge/Equipment Count
O.B. and O.R. Imaging

Purpose

Procedure Overview

Procedure for Radiologists

Purpose:
To ensure appropriate medical imaging and a prompt reading is available for emergent O.B. C-section and Intra-Operative patients, when validating question of foreign/retained object—that is, sponge/equipment counts or other retained object.

Procedure:
The following process will be followed when a foreign object image/reading has been requested.

1) A question of a retained object can be raised by:
   a. incorrect count, or
   b. surgeon suspicion, or
   c. another member of the operating room team voicing concern.

2) Two determinations must be made by the faculty surgeon (“attending”):
   a. judgment of the level of suspicion (HIGH or LOW) that the object is within the patient;
   b. judgment of the level of significance (SIGNIFICANT or INSIGNIFICANT) of the missing item: i.e. weighing potential risk to the patient if retained vs. the potential harm to the patient that would be incurred by searching for a retained object that is unlikely to cause harm.

3) If the faculty surgeon determines that the level of suspicion of retention is HIGH and the potential risk of damage is SIGNIFICANT:
   a. the patient is not to leave the room OR (wound closed or not);
   b. the portable radiology technologist is called;
   c. the faculty radiologist or radiology resident (if request occurs after hours) are called by the radiology technologist;
   d. anesthesia is maintained;
   e. a portable radiograph is taken;
   f. the patient does not leave the OR until:
      1. the object is located physically outside the patient’s body, or
      2. the radiology resident unequivocally confirms the retained object is visible on the radiograph, or
      3. the faculty radiologist determines that no object is visible on the radiograph and that the quality of the radiograph is sufficient to make that determination.

4) If the faculty surgeon determines that the level of suspicion of retention is LOW and/or the potential risk of damage is INSIGNIFICANT:
   a. the portable radiology technologist is called and radiograph is taken
   b. the faculty surgeon can elect to close the wound
c. the faculty surgeon can ask to have the patient awakened from anesthesia
d. the faculty surgeon can chose to have the patient moved out of the OR
e. the faculty surgeon can choose to wait with the patient in the OR and/or choose to read the film him/herself before leaving
f. there is no requirement for faculty radiologist to read the film on an urgent basis.

**Policy and Procedure for Radiologists**

The Radiologist or Radiology Resident on-call interprets and dictates the study. IF there are ANY on call questions, the on-call resident will call the general attending Radiologist on-call.

- **If positive identification of the object is made,** no further action is required, once the result has been communicated to the surgical team.
- **If negative,** and study performed for a high suspicion/high significance indication, then the attending general on-call radiologist must view the study before the patient leaves the operating room or Radiology department depending on the setting of the exam.

*Radiology resident needs to give report directly to surgeon—this is best done via a speakerphone so all hear the same message. If speakerphone not available, provide message to the responsible person. [Must document when and to whom communicated in report.]

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