

## ***Preoperative Patient and Surgeon Mutual Protection Agreement***

Name of Surgeon (s) \_\_\_\_\_

Name of Patient \_\_\_\_\_

Proposed Surgical Procedure

(s) \_\_\_\_\_

\_\_\_\_\_

As the surgeon or surgeons responsible for the care of the above named patient, I (we) agree to the following:

1. I (we) am/are board certified and credentialed to perform this procedure.
2. I (we) will personally perform the surgery in its entirety, with the exception of \_\_\_\_\_ . If unable to perform the surgery, because of illness or unforeseen emergency, written permission will be obtained from the patient in order for another surgeon to take over patient care. If such circumstance happens during surgery, the patient's family or healthcare decision maker will be immediately notified of the circumstances and the name of the new surgeon taking over care.
3. I (we) will be physically present during the surgical "time out" and personally mark the operative site (s).
4. I (we) have explained and discussed with the patient all alternatives to surgery, including the "wait and see" approach.
5. If a medical device is to be implanted, the surgeon agrees to supply the patient with the name, brand, serial number and manufacturer of the device.
6. If a non-hospital employee, such as a device or pharmaceutical manufacturer representative, is to be present during the procedure, the patient will be made aware, written permission will be obtained, and the names of the non-hospital employee and his/her employer will be provided.
7. If during the procedure there is an injury to the surgeon or anyone assisting the surgeon (collectively called "**Care Providers**") involving a sharp instrument (a "sharps injury") and the injured **Care Provider's** hand re-contacts the patients tissues, both the patient and the injured **Care Provider** will be tested for the following blood borne pathogens: HIV, hepatitis C and hepatitis B and other pathogens where appropriate. The results of those tests will be given to the patient and the injured **Care Provider**. Test results shall remain privileged and confidential. No one shall share test results with anyone by any means of communication without the express written consent of the patient or **Care Providers** who were tested.

**NOTE:** According to the CDC, sharps injuries and exposure to blood and blood-borne pathogens during surgery are known to be frequent events. These events are a serious health risk for both **patients** and surgical **care providers**. These events can be reduced or eliminated by the use of safety engineered surgical devices and safe surgical techniques.

Therefore, for the **mutual protection** of the **surgeon (s)**, other **Care Providers** and the **patient**, I (we), the surgeon(s) further agree to use the following safety engineered surgical devices and safe surgical techniques while operating on (Patient's name): \_\_\_\_\_, except in specific instances where doing so might compromise surgeon performance and proper patient care:

8. Use **Blunt tipped suture needles** for closing fascia and muscle (incision closure), as recommended by the American College of Surgeons.

9. Wear two pair of gloves (**double glove**) to prevent blood exposures.

10. Use a "**Neutral Zone**", also known as "Safe Zone", also known as "Hands-free Passing" for transfer of sharps between OR team members, instead of hand-to-hand passing.

11. Wear appropriate **personal protective equipment** (eye protection, etc.) and assure that other **Care Providers** in the room do as well.

12. Use "**safety scalpels**" (scalpels with shielded or retracting blades) wherever possible, except where they may interfere with visibility of the operative site.

Signature of surgeon (s) \_\_\_\_\_  
\_\_\_\_\_

Signature of patient \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**Both the Patient and The Surgeon Should Receive A Copy of The Signed Form**



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