

## Proposed Surgical Smoke Evacuation Policy

Department: Perioperative Services

Policy: It is the policy of TRH Surgicenter @ Spring Ridge that smoke plume generated during surgical procedures will be captured and disposed of via smoke evacuators or in-line filters.

Definitions: None

Procedure/guideline:

1. During surgical procedures that generate a minimal amount of smoke, a 0.1 micron in-line filter will be used with suction tubing that is no longer than 12 feet in length with a suction tip, kept within 2 inches of the smoke source.
  - 1.1. In-line filters can be used for multiple cases. They should be changed weekly, or whenever discoloration is noted, whichever comes first.
  - 1.2. Examples of procedures that require an in-line filter: minor lesions, hand cases, podiatry cases, tonsillectomies, vocal cord polyps, temporal artery biopsies, rotator cuff repairs, etc.
2. During surgical procedures that generate larger amounts of smoke, a smoke evacuation system with an evacuation hose and pencil adapter, if applicable, will be used.
  - 2.1. Pre-filters on the smoke evacuator should be changed when discoloration is noted.
  - 2.2. Examples of procedures that require the smoke evacuator include: paniclectomies, breast biopsies, open hernias, laminectomies, large lipomas, pilonidal cysts, etc.
3. During laparoscopies where plume is created in the abdomen, plume away filters should be attached to the evacuation port on the trocar to minimize patient exposure to plume.
4. At any time, if any member of the surgical team expresses concern over plume, and requests the smoke evacuator be used, their wishes should be honored without fear of reprisal.

References: Association of periOperative Registered Nurses, National Institute for Occupational Safety and Health, Occupational Safety and Health Administration, and ECRI.

Source: Source: The Reading Hospital (TRH) Surgicenter @ Spring Ridge, Wyomissing, PA.