

Surgical Site Verification and Marking Procedure

- **Who:** This applies to all Alberta Health Services (AHS) employees, medical and midwifery staff, Students, Volunteers, and other persons acting on behalf of AHS (including contracted service providers as necessary)
- **Where is it applicable:** All AHS surgical settings where surgical interventions occur
- **Why:** To clearly identify mandatory steps for surgical site verification and marking in surgical interventions involving right/left distinction or multiple structures.
- Surgical site verification and marking are complimentary and together prevent wrong site, wrong side, or wrong patient surgery from occurring.
- **When:** verification and marking occurs:
 - As close to the time of the procedure as possible
 - Before entering the operating theatre or where the intervention will be performed
 - Prior to sedation, premedication, spinal or local anesthetic
- **How:** MRHP performing the surgical intervention is responsible for surgical site **verification** and **marking**.
 - **Verification** verbally confirms with the patient: patient identity, procedure, location on the body where the procedure will take place and consent
 - **Marking**
 - Shall be completed and documented for every patient undergoing a surgical procedures involving right/left distinction or multiple structures/levels
 - Requires use of an indelible single-use marker OR reusable markers containing alcohol that shall be disinfected between each patient use
 - Is indicated on the operative side only
 - Must be visualized after the skin prep & draping, when the incision occurs
 - The mark can be the initials of the MRHP performing the procedure, the word “**YES**”, a small dot or an arrow
 - May be complete by another member of the healthcare team or the patient but must be **verified** by the MRHP performing the surgery
 - Shall not use an “**X**” to mark the surgical site
 - Shall not mark the non-operative side

Exceptions to the procedure: Emergent life preserving situations, surgical interventions not involving right/left laterality distinction (e.g. Cesarean section, gastrectomy), wounds, lesions, burns, where marking would cause permanent tattooing, sites marked by wire localization or multiple site options are available (e.g. ostomy).

