Open Book
Learning from close calls and adverse events

Surgery abandoned due to unavailable instruments

This report alerts providers to the key findings of a recent review and system changes made to prevent the incident happening again. In this case, changes were made to systems relating to loan instruments for specialised procedures.

This report is relevant to:

- theatre staff and managers
- sterile supply department staff
- loan set providers.

Incident

A patient had to be woken from anaesthesia and did not receive planned surgery because theatre instruments were unexpectedly unavailable.

Chronology

- A patient was booked for joint replacement surgery.
- The hospital performing the surgery asked an external provider for a loan set of instruments.
- After the patient was anaesthetised, the surgical team noted a vital part of the instrument set had not been provided.
- The patient had to be woken, and the case rebooked for a later date.

Review findings

The hospital and the loan equipment provider performed a joint review. The review found:

- the loan equipment provider had not supplied the full set of instruments
- the hospital's systems did not identify the vital equipment was missing until after surgery had started. A checklist confirmed only that the instrument set had been provided; there had not been a detailed check to make sure the full set of instruments was supplied.

System changes following review

Both providers agreed on the following system changes so the incident was not repeated:

- The communication process was clarified between hospital theatre staff and sterile supply staff, and the loan equipment provider.
- The hospital now receives loan sets of instruments earlier than 'just in time'. This allows staff time to do the appropriate checks and re-processing well before the patient is in theatre.
- The district health board concerned has a specific coordinating role as the central point of contact between the theatre and the loan equipment provider, ensuring quality is maintained.
- Sterile supply staff check loan sets of equipment against tray lists provided by the loan equipment provider. Any discrepancies are immediately notified. Sets are then decontaminated and autoclaved ready for use.
- The perioperative department is now auditing the system changes to assess their effect.

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Health Quality & Safety Commission comment

- Three similar cases have been reported to the Commission in the last two years. Other unreported incidents have probably taken place.
- Standard AS/NZS 4187:2014 governs practice around the sterile supply and processing of instruments. The standard requires all health service organisations to have policies/procedures on handling specialised re-useable medical devices including instruments on loan and on trial.
- We encourage providers to consider whether this event could happen in other contexts relating to specialised equipment, not just loan instruments.