



2017 EDITION

# GUIDELINES

FOR PERIOPERATIVE PRACTICE

**January 1, 2017**

**Correction Notice: 2017 Guideline for Surgical Smoke Safety**

After print publication of the 2017 AORN *Guidelines for Perioperative Practice*, AORN and its *Guidelines* authors discovered that the 2017 Guideline for Surgical Smoke Safety, as released to electronic subscribers on December 15, 2016, and printed in the 2017 book, contained information that could be misunderstood to mean that certain smoke evacuation technologies should be excluded from consideration, which is not the intent of the Guideline. AORN is issuing the following correction, which deletes the reference to minimum air flow rate as a selection criteria for smoke evacuation equipment because not all smoke evacuation equipment's effectiveness is measured by air flow rate. The Guideline text will appear as corrected in the electronic versions in the first quarter of 2017 and will be printed as corrected in the 2018 print book.

The patient and health care worker safety issue remains the same, as do the principal Guideline recommendations. Facilities should provide surgical smoke-free work environments for their health care workers and patients, and perioperative teams should evacuate all surgical smoke with their chosen smoke evacuation equipment.

**Guideline for Surgical Smoke Safety I.e.1**

II.e.1. The multidisciplinary team should evaluate smoke evacuators before purchase.<sup>130</sup> [3: Moderate Evidence]

Manufacturers use various technological approaches to achieve smoke evacuation. Items to evaluate may include the type of filters used (eg, ULPA, carbon),<sup>128,188</sup> , whether the system has a variable flow rate to accommodate different levels of smoke,<sup>128</sup> noise level, whether the system has automatic remote activation, the type of filter monitoring system,<sup>128</sup> compatibility of products, and equipment effectiveness and efficiency.<sup>188,200</sup> The ULPA filter captures particles in surgical smoke, whereas the carbon filter absorbs the gases in surgical smoke. A noise level of 60 A-weighted decibels (dBA) or less facilitates communication during the procedure.<sup>188</sup>