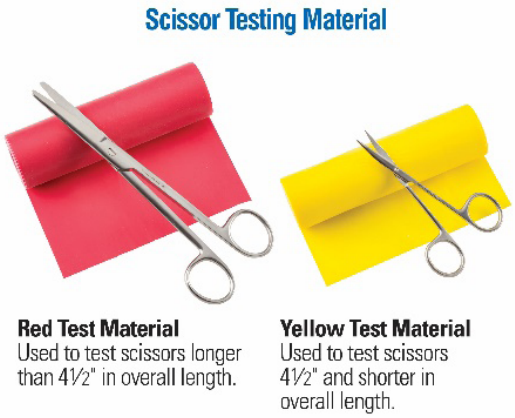
Surgical Instrument Repair Best Practices

BY RICK SCHULTZ

Sterile Processing departments (SPDs) frequently put surgical instrument repair and preventive maintenance on autopilot, with the repair vendor running the program; however, Sterile Processing (SP) professionals should be managing the program. They can do this effectively by:

1. Determining the facility's 30 most frequently used trays.
2. Collecting a list of surgical instrument complaints.
3. Ensuring scissors in the 30 most frequently used trays are sharpened <u>at least</u> two or three times per year. Remember, every scissor goes dull.

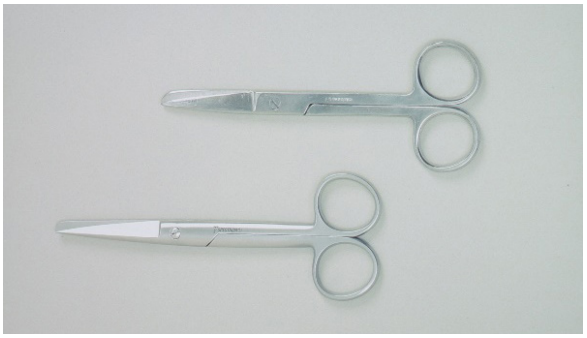


4. Making sure the jaws of all needle holders in the 30 most frequently used trays are inspected weekly. Remember, all needle holder jaws wear out.

5. Making sure osteotomes and rongeurs are sharpened a minimum of two to three times per year.
6. Knowing the contract pricing for instrument repair. Instruments taken offsite for repair should be charged the same as onsite repairs. It is essential to understand why they are going offsite.
7. Working with the repair vendor to establish:
   a. The repair team's arrival and departure times
   b. The number of technicians performing the repairs (the more, the better)
   c. The repair technicians' years of experience
8. Understanding the repair vendor's technique for instrument refurbishing. There are two main refurbishing methods: mechanical and chemical. The mechanical method uses high-speed buffing wheels to remove surface stains, water spots, and tape residue to refurbish the instrument's surface. The chemical method uses a chemical bath in an ultrasonic cleaner to complete the refurbishing process. Both processes are acceptable.
9. Knowing the experience level of the on-location repair technician working on the instruments. Require a minimum one-year experience for all repair technicians because many repair companies train their technicians on the customers' valuable instrument inventory.
10. Knowing the pricing for scissor sharpening. Some repair vendors have multiple pricing tiers for scissors. For example, the sharpening service cost for repairing a bandage scissor, general scissor and tungsten carbide scissor may all be different, even though the sharpening technique is the same. The prices should be the same. The cost of an instrument should not affect the price of sharpening.

11. Ensuring that catalog numbers are not buffed off the instruments. Buffing off catalog numbers invalidates the instrument's warranty, eliminates the ease or reordering, impedes count sheet identification, and exposes the facility to possible litigation.

12. Making sure the repair vendor does not repair—or charge for—Pakistan-made instruments.



13. Ensuring the repair vendor sends multiple technicians for on-location repairs.

One Technician Versus Multiple Technicians		
One Technician		**Multiple Technicians**
No time	Free Inspection	Yes
No time	Complicated Repair	Yes
No time	Remove/Reapply Tape	Yes
No time	Inservice Training	Yes
No time	Complete a Surgical Service	Yes
Limited	Value-Added Services	Many
5 per hour	Needle Holder Re-Jawing*	15 per hour
15 per hour	Scissor Sharpening**	45 per hour

*All tungsten carbide needle holders will need re-jawing.
**All scissors will need sharpening.

14. Verifying that the repair vendor uses magnification to inspect instruments.

15. Knowing the value of preventive maintenance (PM). What follows are two examples: Cost of a new cataract instrument set: $2,495
    - » Cost to restore/perform PM on the entire set: $225 (less than 10% of the replacement cost)
    - » Cost of a new large bone tray/set: $5,500
    - » Cost to restore/perform PM on the entire set: $350 (less than 7% the replacement cost)

16. Never allowing another vendor to fix an instrument deemed nonrepairable. There is liability associated with not being able to track who performed the repair. The repair vendor should return broken or nonrepairable instruments. Doing so not only helps keep the warranty intact and facilitate reordering, but the returned devices can also serve as valuable teaching tools.

17. Ensuring the repair vendor inspects and services the SPD's instrument back-up board. This should involve removing all Pakistan-made instruments, checking instruments for cracks, inspecting needle holders for jaw wear, checking scissors for sharpness, and inspecting the overall condition, functionality and appearance of all devices.

18. Requiring the repair vendor to provide a tour of the repair vehicle to ensure it is clean and smoke-free.

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Quiz

Surgical Instrument Repair Best Practices

Please answer the five-question quiz to test your comprehension of the content and be entered for a chance to win a set of the author's Instrument Coaching Cards™. To submit your answers, see the instructions and QR code at the end of the quiz.

1. Facilities should require a minimum of one year experience for all instrument repair technicians. T/F
2. It is better to have a single instrument repair technician than multiple repair technicians. T/F
3. It is acceptable to repair Pakistan-made instruments. T/F
4. The cost for instrument repair should be the same regardless of whether it is performed onsite or offsite. T/F
5. It is not necessary to have the repair vendor service and inspect the instrument back-up board. T/F

Scan the QR code to submit your answers online. The deadline to submit is April 7, 2025. All participants' names will be entered into a drawing to win a set of Instrument Coaching Cards™. Good luck! P

RICK SCHULTZ, the Instrument Whisperer™, is an author, inventor, lecturer, and the retired Chief Executive Officer of Spectrum Surgical Instruments Corp. He served as contributing editor of HSPA's *Central Service Technical Manual* (fifth, sixth, seventh and eighth editions). Schultz authored the textbooks *Inspecting Surgical Instruments: An Illustrated Guide* and *The World of Surgical Instruments: The Definitive Inspection Textbook*, which was released in June 2018. In October 2021, Schultz published the veterinary medicine textbook *The World of Surgical Instruments for Animal Health*. Schultz was named HSPA's Educator of the Year in 2002 and the American Hospital Association Educator of the Year in 2006. In 2007, he was named by *Healthcare Purchasing News* as one of the 30 Most Influential People in Healthcare Sterile Processing. Schultz currently provides educational lectures to Sterile Processing professionals at HSPA's annual conferences and conducts Operating Room personnel lectures across the country.

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