



Inspecting Forceps and Retractors

These Essential Surgical Tools Often Lack Proper Attention



BY RICK SCHULTZ

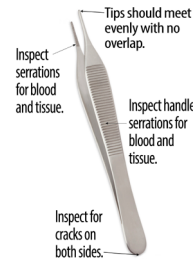
Tissue and dressing forceps and retractors, both self-retaining and handheld, play a vital role in surgical treatment and outcomes and must be carefully inspected after every use. Unfortunately, they don't always get the same care and focus from the Sterile Processing (SP) team as scissors and needle holders.

Forceps are typically used for grasping and manipulating tissue during surgery. They can also be used for removing tissue or holding gauze or sponges. The two main types are tissue forceps and dressing forceps.

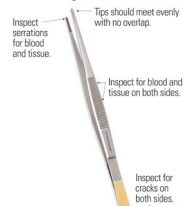
Dressing forceps have serrations instead of teeth and are designed to grasp and hold gauze and dressings during a surgical procedure. Forceps with gold handles indicate the instrument has tungsten carbide jaws at the distal tip. In addition to grasping tissue, forceps with tungsten carbide jaws are used to grasp suture needles. Dressing forceps must be inspected in the serrations, where blood and tissue are likely to remain after use.



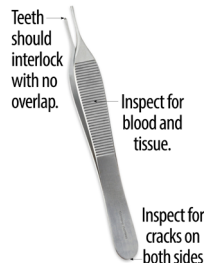
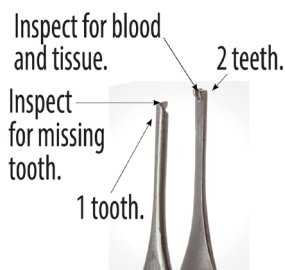
Inspect serrations for blood and tissue.



Potts-Smith Dressing Forcep, Tungsten Carbide



Forceps with teeth are tissue forceps (remember the letter T for “teeth” and “tissue”) with each number indicating the number of teeth per side. For example, a 1x2 forceps will have a single tooth on one side and two teeth on the other side. To confirm the teeth are present, inspect the distal tips to ensure they meet evenly and don't overlap and that no tissue remains between the teeth. If the tips are misaligned, remove the forceps from the tray and send the device out for repair.



When inspecting forceps for cracks, always inspect the proximal end (base) first before moving to the distal end (tip). Inspect the base of the forceps where the two halves are joined. Inspect the handle and tips for blood and tissue. If a crack is found at the proximal end, this damage is not repairable. Cracks are most likely to occur at the base of the instrument, where the two arms meet. A cracked instrument should be immediately removed from service and replaced.

A nylon surgical instrument brush can be used to clean tissue and dressing forceps. Brushing must be done under the water's surface to prevent aerosolization and should be performed in the same direction(s) as the serrations. For example, DeBakey forceps require brushing in both directions since they have both horizontal and vertical serrations. If brushing is not done in both directions, blood and tissue will remain on the forceps, presenting a patient safety risk.

Retractors are important devices because they allow the surgeon to move tissue and organs aside and properly expose the surgical site. Self-retaining and handheld retractors are the

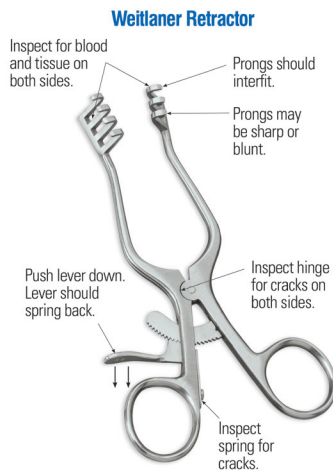


most popular types. Self-retaining retractors must hold their retracted position. They come in various sizes (lengths) and configurations (number of prongs, sharp or blunt prongs).

Common self-retaining retractors include:

- Weitlaner
- Gelpi
- Inge Lamina Spreader
- Balfour
- Beckman
- Meyerding
- Frazier
- Adson
- Gosset
- Alm
- Heiss
- Jansen

The term self-retaining comes from the instrument’s design. Some self-retaining retractors are set in place by closing the ring handles; a ratchet secures the retractor in the open position. Another retractor design “locks” open when the retractor feels the pressure of the incision.

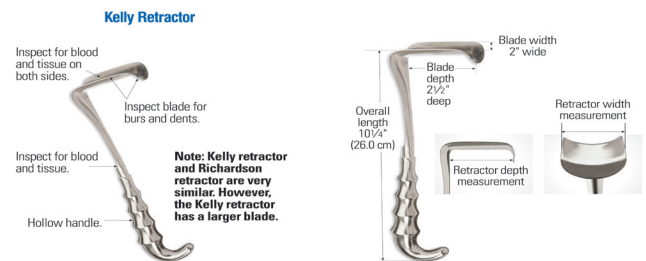


When inspecting the self-retaining retractor mechanism (lever), the spring must be tested to ensure it springs the lever back into place. The lever function test must be performed

every time a self-retaining retractor is received on the clean side of the Sterile Processing department (SPD). A failed test is indicated when the lever is pressed and remains in the down position. This occurrence renders the retractor unusable, and it must be sent for repair. It is also important to inspect the spring for cracks. If a crack is discovered, the instrument should be sent for repair.

Common handheld retractors include:


- Richardson
- Kelly
- Volkmann
- Crile
- Army-Navy
- Senn
- Desmarres
- Love
- Fomon
- Cottle
- Single prong
- Meyerding
- Cushing
- Jackson
- DeLee
- Deaver
- Richardson-Eastman



When inspecting handheld retractors, the most critical area is the blade. Inspect the blade’s edges for nicks, dents and burrs. Next, inspect the area where the handle meets the shaft. Ensure that the connection is secure, and the welding union is intact.



Q: We are receiving complaints about dull scissors. What should we do?

A: The answer is quite simple: your repair vendor must sharpen more scissors to get ahead of this issue. All scissors dull. Scissors in the most frequently used sets dull even faster, so it is important to increase the sharpening frequency for those devices. 



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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