

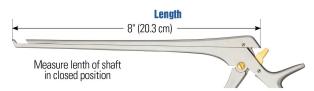
Care and Maintenance of Kerrison Rongeurs

ERRISON RONGEURS ARE USED during orthopedic and neurological/spinal procedures to cut and remove small pieces of bone and lamina. They are typically among the more costly hand-held, stainless instruments in a hospital's inventory, ranging from \$350 for a non-take apart design to \$1,200 for certain bayonet take-apart designs. These instrument sets are heavily used and, therefore, must be properly inspected, tested and repaired. First, it is necessary to know how to measure a Kerrison rongeur to ensure accurate tray assembly.

What follows are some frequently-asked questions regarding Kerrison rongeurs:

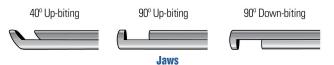
Q: How is a Kerrison measured?

A: Length is measured from the tip to the back of the top track. Commo lengths are 7", 8" and 9".



Q: What do the angles pertain to?

A: The angles refer to the distal tip bite. Angles that are most common are 40° up bite, 90° up bite and 90° down bite.

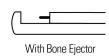


Q: What are the different bite sizes?

A: The common bite sizes are 1 to 6 mm. This distance is measured across the tip of the instrument from the inside.

Q: What is a bone ejector?

A: A bone ejecting Kerrison has a pin in the jaw to push out/eject bone to prevent clogging on the cutting edge.



Bite Size

5 mm

Q: Are there different size handles?

A: There are different size handles for the surgeon. Common sizes are micro, standard and large.

Q: What is a footplate?

A: The footplate refers to the very tip of the instrument. Depending on the procedure, a thin or regular wide foot plate is required.



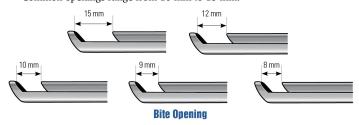
5 mm

Bite width



Q: What is a bite opening?

A: The bite opening is the distance of the opening when the handle is released. Common openings range from 10 mm to 15 mm.







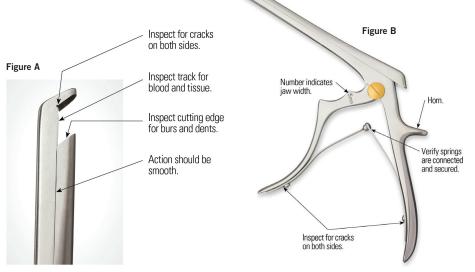


Figure C



The cutting edge is susceptible to dullness, burrs and dents, and must be inspected and tested each time the instrument arrives in Sterile Processing. (see Figure A).

Also, it is necessary to confirm there is no blood and tissue trapped in the distal tip.

The next step is to inspect the shaft and channel for blood. The action should be smooth. If the rongeur sticks, first try lubrication. If the rongeur action is still not smooth after lubrication, it should be sent out for repair for complete

disassembly, cleaning and sharpening by a repair vendor who has experience with taking apart Kerrison rongeurs.

Finally, it is necessary to verify the springs are connected and secure and free from cracks. (see Figure B)

Once final inspection has been completed, it is critical to test the cutting edge each time the instrument comes though the assembly (preparation and packaging) side.

The Kerrison should make a clean, precise cut through an index card or card

stock, without tearing. If the instrument doesn't cut cleanly, the instrument should be removed from service and sent out for repair. (see Figure C)

Implementing a routine process for inspection, testing and sharpening will reduce replacement orders and result in surgeon satisfaction. Most importantly, this proactive approach will increase patient safety. •

Send your questions to Rick@instrumentwhisperer.com.

We have a doctor who keeps asking us to buy instruments he finds on the internet. What are your thoughts on this practice?

A "Buyer beware." The history of the instrument and its condition are the issues. Here are questions that should be asked:

- 1. Why is the instrument in original manufacturing packaging and being sold by a third party?
- 2. Was the instrument purchased from legitimate/legal sources or is a sales representative selling off their own samples?
- 3. Has the instrument been used and properly decontaminated?
- 4. Why is it listed at 75% off regular price?
- 5. Does the instrument need to be repaired?
- 6. Will the instrument have a warranty?
- 7. Can you return the instrument if it does not meet your approval?
- 8. Where is the instrument manufactured?



RICK SCHULTZ, the Instrument Whisperer[™], is an author, inventor and lecturer, and the retired Chief Executive Officer of Spectrum Surgical Instruments Corp. He served as contributing editor of IAHCSMM's Central Service Technical Manual (Fifth, Sixth, Seventh, Eighth Editions) and authored the textbook, *Inspecting Surgical Instruments: An Illustrated Guide*. Schultz was named IAHCSMM's Educator of the Year in 2002, and in 2006, was named American Hospital Association Educator of the Year. 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 Central Service professionals at IAHCSMM's annual conferences and conducts operating room personnel lectures across the country.

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