A Day in the Life of a Surgical Technologist

My surgical technology career started with the night shift at a private suburban hospital during which I had very little to do except making sure the cases that were scheduled for the next day had everything they needed. But three years later may days were quite different. By then I had moved on to a major medical center and what was expected from me was nothing like what I had to do during the night shift.

My day starts by arriving at the Operating Room (OR) about fifteen minutes before my shift starts in order to change from my street clothes into my OR attire and then attend the morning report. At this time the OR charge nurse updates the staff of what has happened during the previous shift and what is on the schedule for the upcoming shift and assigns the staff to various operating rooms. Now that I know to which OR am assigned and with whom I will be working I need to find out a few more pieces of information; procedure; surgeon; and type of anesthesia.

A successful surgical procedure is the result of a well-coordinated group effort. There are at least five team members assigned to any given surgical case and as the procedures become more complex there will be additional professionals involved. Once I know who the circulator—usually an OR nurse—is, we walk to the OR knowing where the division of our responsibilities lies. I start with checking to see what has been made ready for us by the staff on the previous shift. I check what has been picked for the first case of the day against the surgeon’s preference card and start making a mental list of what I do not have. Once I have a completed list of what we need, I start collecting the items I can get in the short time I have before the patient is brought into the room. At this point I share with the circulator what I know we will need and based on how much time we have before the case starts and when in the procedure we need the particular items we make a joint decision how to proceed.

Once we feel ready to start the case I will open all sterile supplies and instruments that we need for the case and go out and scrub (a methodical hand and arm wash that is required for every surgical procedure). While I am scrubbing I mentally review the procedure we are about to do and develop a plan of action based on the amount of time I have. I come back to the OR and dry my hands and arms and don sterile gown and gloves and start setting up the sterile tables and arrange the sterile instruments in order of use. When ready I will ask the circulator to count all sterile items on the field with me. As I am setting up the sterile field which may take up to an hour the anesthesiologist and the circulator bring the patient into the OR. The patient is anesthetized, positioned and the surgical site is prepped (washed with antiseptic soap). The surgeon and the assistant(s) scrub and enter the OR and I help them in gowning and gloving. I help the surgeon(s) drape the patient by handing them different components of the sterile drapes in correct order and once the surgical site is isolated using sterile drapes, I move my sterile tables toward the patient and create a single sterile field. This sterile field is maintained for the rest of the procedure by keeping the sterile members of the team within this field and unsterile members of the team at least 12 inches away.

At this point a time-out is called for everyone to stop what they are doing and concentrate on the circulator who will review the patient’s name, the procedure and the starting time. If everyone is agreed that the reviewed information is correct we proceed to the actual procedure which starts by my handing the attending surgeon the first scalpel and continue with other instruments, supplies, and medications they need to perform the procedure. When the procedure is completed and the surgeon
start to close the incision the circulator and I will count all that we counted initially and we repeat this process a, at least, once more when the incision is completely closed. These counts will help us to make certain that we do not, inadvertently, leave anything in the patient’s body.

After the first case is completed (depending on the particular procedure this may take anywhere from 30 minutes to many hours) the circulator and I with the help of housekeeping staff gather and secure all contaminated instruments and discard all disposable supplies. The OR is cleaned and disinfected for the next procedure and we start all over again to prepare and ready the room for the next patient’s procedure which may be similar to the first procedure or a completely different case with a different surgeon and different instruments, equipments, medications and supplies and the day continues as such.

However, it is not every day when the schedule is followed with no changes. On any given day in the life of a surgical technologist the unexpected must be expected. There are times when there is no such luxury as time to prepare for the procedure or time to take a break to go to the bathroom or eat lunch. During these times we rely on our knowledge of what needs to be done in order to save the patient and/or achieve the best outcome. However, regardless of the case being an elective hernia repair or a multiple trauma motor vehicle accident, the success of the procedure depends not only on the surgeons’ knowledge of how to perform the procedure but also mine and the circulators knowledge of how the procedure is to be performed and our meticulous attention to the details. Having said that, for a surgical technologist to have a successful career in the operating room s/he must remember that, within the rigid confines of the OR protocol for aseptic technique, there must always be room for flexibility in response to the realities of circumstances as they present themselves.