

Identify, Prepare, and Pass Instruments

19

INTRODUCTION

During surgery, the surgical technologist (ST) in the scrub role will assess, identify, prepare, and pass selected instruments to right- and left-handed surgeons. After surgery, the ST is responsible for tagging any dull or malfunctioning instruments so that repairs can be made before returning these into the trays. Instruments are manufactured based on industry standards for quality, chemical analysis, and hardness. Finishes are applied such as bright mirror finish, satin nonglare finish, ebonized, and gold plated. Each classification of instrument is designed to perform a specific function. Knife handles hold a blade for incisions. Scissors cut tissue or suture. Needle drivers or holders grasp suture needles. Forceps and clamps grasp and hold tissue or vessels. Hemostats

or clamps are used for clamping and occluding blood vessels. Retractors provide exposure to tissue, nerves, or organs. Specialized instruments hold towels, tubing, or sponges, while other instruments suction solutions, blood, or secretions. Instruments are designed to be handheld and some feature hinges for self-retaining capability. The ST in the scrub role is responsible for anticipating the needs of the surgical team based on the progression of the surgery. Safely handling sharps, preparation, and organization are key focuses in this chapter. Simulation training, scenarios, and practice will enable you to identify the instruments, recognize their function, and anticipate their use during the progression of the surgical procedure.

TEAM MEMBER ROLE CHART

Team Member	Type of Role		Timing		
	Nonsterile	Sterile	Preop	Intraop	Postop
Surgical Technologist	X	X		X	
Assistant Circulator	X			X	
Second Assisting or Second Scrub ST Role		X		X	
Operating Room Team		X		X	

LEARNING OBJECTIVES

The learner will demonstrate the following skills with 100 percent accuracy each time performing in the operative environment:

1. Maintain sterile technique.
2. Pass instruments to the surgeon (lab partner) in the position of use for right- and left-handed surgeons.
3. Promote safety when handling and passing sharps.
4. Use hands-free transfer methods when passing sharp instruments.
5. Load a stapler cartridge.
6. Recognize frequently used hand signals.
7. Perform point-of-use instrument care during the surgical procedure.
8. State policy for reporting and impounding malfunctioning instruments.
9. Perform second scrub skills.

SUPPLIES

- Knife handles and corresponding blades
- Nonpenetrating practice blades
- First AID kit and protocol for injury
- Sharps container and magnetic box
- Instruments for general and specialty procedures
- Identification tags
- Staplers
- Sterile attire, sterile drapes/back table

DIRECTIONS

- Prepare by viewing the instructional video (available on the **Pearson Student Resource Website**) and reading the skill sequence and instructions in this chapter.
- Refer to the team member role chart.
- Bring to lab the supplies needed for the skill sequence.
- Your instructor will discuss the objectives and the importance of following the skill sequence and instructions and will offer strategies for success.
- Review the sharps safety protocol used in your lab. Locate the first aid kit.
- Practice performing the skills with your lab partner. Encourage and critique each other. Your lab partner will call out names of instruments or the function of an instrument and you will identify and pass the instrument correctly.
- Quiz yourself by using the Internet, or paper tags, labels, or flashcards.
- Prepare and handle scalpels and blades carefully. Remain attentive and focused.
- Use a timer as a guide to gauge improvement in efficiency when identifying instruments.
- At a designated time, demonstration of this skill will be evaluated and graded by your instructor using the competency assessment tool.



Principles for Practice

The foundation and rationale for our practice, in the perioperative environment, stem from evidence provided by professionals, organizations, and governmental agencies. Refer to the weblinks and to the following documents or developmental agencies:

- State practice acts
- Manufacturers' product instructions
- Operating room (OR) policies
- Surgeon's preference card
- Occupational Safety and Health Administration (OSHA)
- Centers for Disease Control and Prevention (CDC)
- The American Society of Anesthesiologists (ASA)
- Association of Surgical Technologists (AST)
- Association of periOperative Registered Nurses (AORN)

SKILL SEQUENCE AND INSTRUCTIONS

Scalpels and Handling

1. Prepare a variety of scalpels for use by the surgeon. Pass using a hands-free transfer method.
 - There are choices in blade and handle sizes depending on the requirements of the surgical procedure, surgeon's preferences, and OR policy. Preloaded, retractable safety scalpels are also available. Refer to Chapter 10.
 - Load a #3 handle with any of the corresponding sized blades: #10, #11, #12, and #15.
 - Load a #4 handle with: #20 or #21 blade.
 - Load a #7 handle with: #11 or #15 blade.
 - Pass the scalpel using a hands-free method: emesis basin, no-touch basin, designated area, or pad. Refer to Figures 19.1 through 19.5.

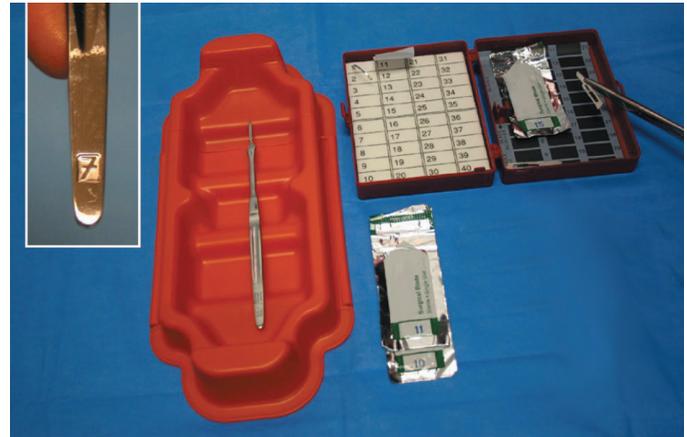


FIGURE 19.3 Handle #7 and blades #11 and #15.

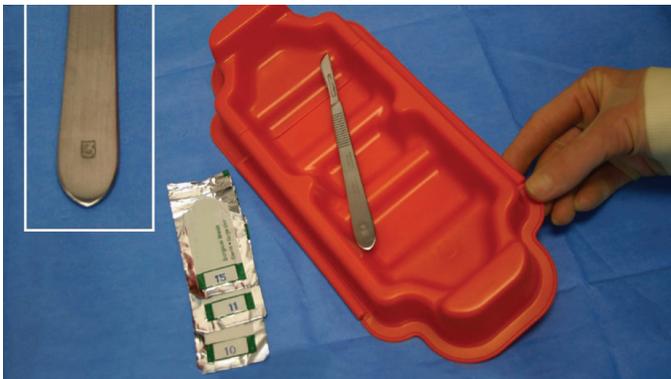


FIGURE 19.1 Handle #3 and blades #10, 11, and 15.



FIGURE 19.4 Retractable blade on a reusable handle.



FIGURE 19.2 Handle #4 and blade #20.



FIGURE 19.5 Preloaded, disposable scalpel.

2. For the hand-to-hand pass, verbal and visual communication with acknowledgment is essential before passing.
 - Grasp the handle from above, with the blade tip facing the ST. Point the tip downward as it is passed to the surgeon.
 - This method of passing a scalpel is not recommended by AST or AORN. Refer to Figure 19.6.

Scissors and Handling

3. Identify and pass a variety of scissors. Scissors are available in various sizes and function to cut tissue, suture, dressing materials, or wire. The Metzenbaum scissors, with blunt ends, will cut and dissect delicate tissue. They are available in straight or curved.
 - Identify instruments by the working ends and the overall shape.



FIGURE 19.6 Hand-to-hand passing is not recommended by AST or AORN.

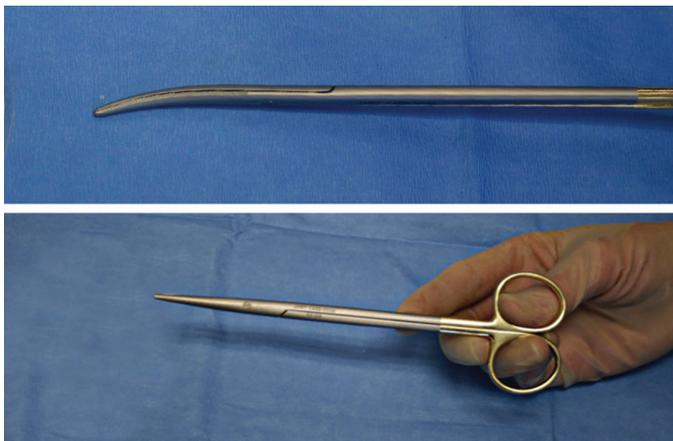


FIGURE 19.7 Metzenbaum scissors.
Name: _____

- Assess all instruments for proper functioning. Do not pass misaligned or dull instruments.
 - Pass the scissors by placing the ring handles in the surgeon's palm. Pass a curved instrument with the point facing toward the surgeon's midline.
 - Pass scissors with the tips closed.
 - Pass instruments to right- and left-handed surgeons.
 - Indicate the instrument names that you will be required to know on the lines below each instrument picture. Refer to Figure 19.7.
4. Identify Mayo scissors. They are thicker in design, have blunt ends, and are commonly used for cutting suture and heavy tissue. The nickname for straight Mayo scissors may be "suture scissors." The nickname for curved Mayo scissors may be "Mayos" (see Figure 19.8).
 5. Pass scissors in the position of use to the surgeon.
 - Grasp the scissors near the working end.
 - Pass by rotating your wrist and place the instrument's ring handles firmly into the surgeon's palm. You will hear a "snap" sound as the instrument meets the surgeon's glove. Use a firm pass so that the surgeon is aware that the pass has occurred.
 - Recognize hand signals indicating the type of instrument that you will pass to the surgeon.
 - Pass Metzenbaum scissors for cutting or dissecting delicate tissue.
 - Pass straight Mayo scissors for cutting suture.
 - Recognize patterns and anticipate. If you pass suture material, such as a suture tie or suture on a needle,



FIGURE 19.8 Mayo scissors.
Name: _____

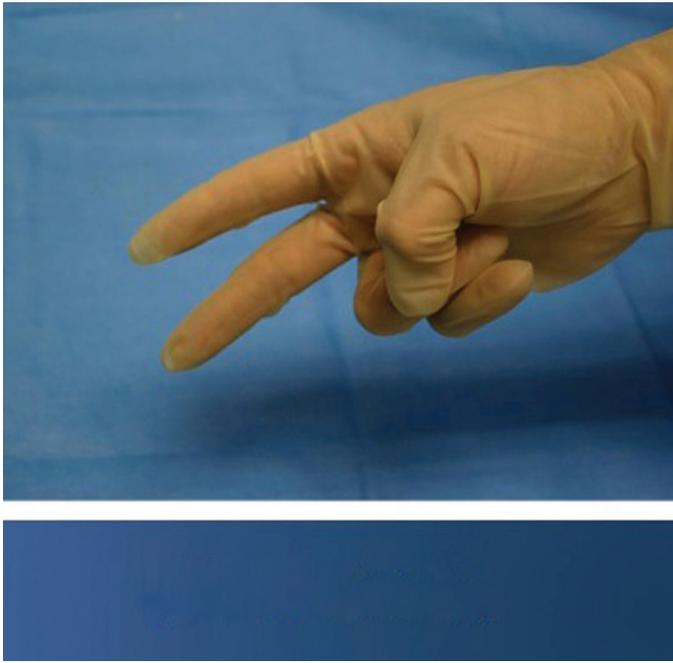


FIGURE 19.9 Hand signal by surgeon indicating scissors.
Surgeon's Signal to pass



FIGURE 19.10 Pass scissors.

then the next instrument you should have in your hand and ready to pass is a pair of suture scissors. Refer to Figures 19.9 through 19.11.

Forceps and Handling

6. Identify and pass a variety of forceps.

- Designed so that they can perform specific functions on tissue, this category includes hemostats, clamps, and pickups.
- Hemostats have many uses. Officially they are in the “forceps” category and they are used as “clamps.”

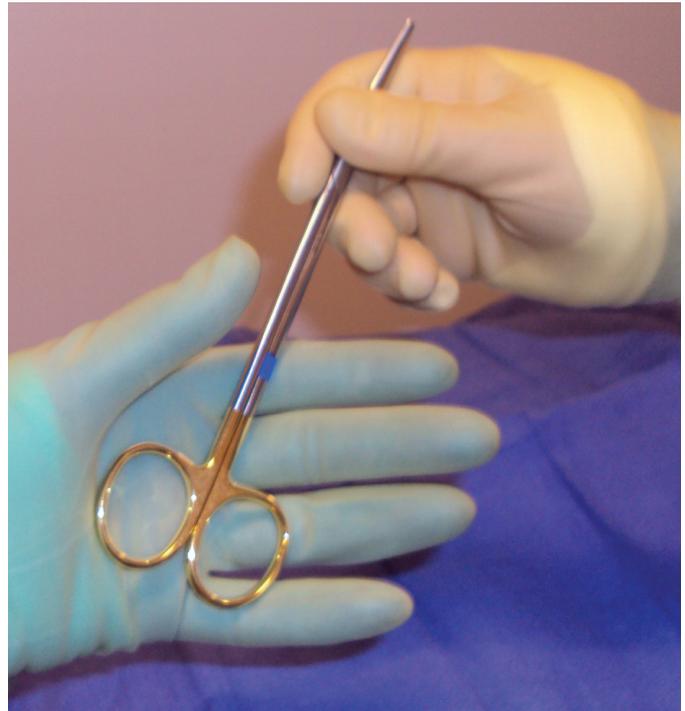


FIGURE 19.11 Pass scissors in position of use with the tips closed.



FIGURE 19.12 Adson dressing or tissue forceps.

Name: _____

- They can be used to clamp off or hold a blood vessel. Refer to Figure 19.13.
- Hemostats “tag” the end of a surgical suture to aid the surgeon maneuver the suture stand when tying off blood vessels, for example. These can also “tag” or hold the end of a surgical sponge to identify its location in the surgical wound intraoperatively.
- Other forceps are called “pickups.” They function to grasp or hold tissue. Refer to Figure 19.12.

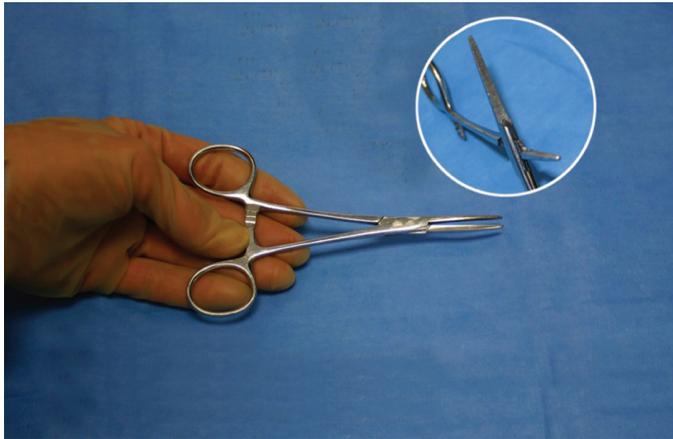


FIGURE 19.13A Crile hemostat forceps.

Name: _____

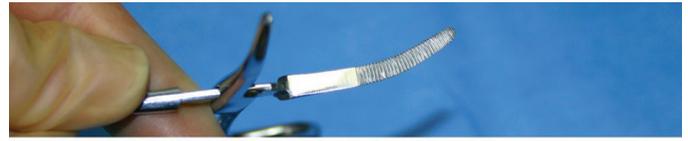


FIGURE 19.14 Curved Kelly forceps.

Name: _____

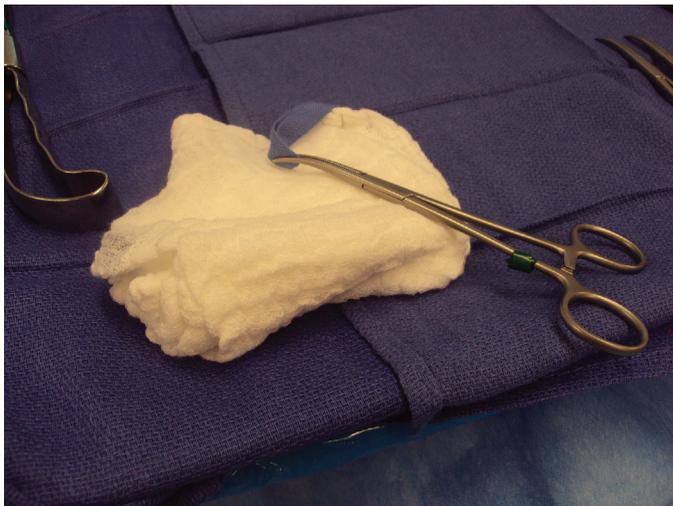


FIGURE 19.13B Tag the end of a laparotomy sponge with this "clamp."

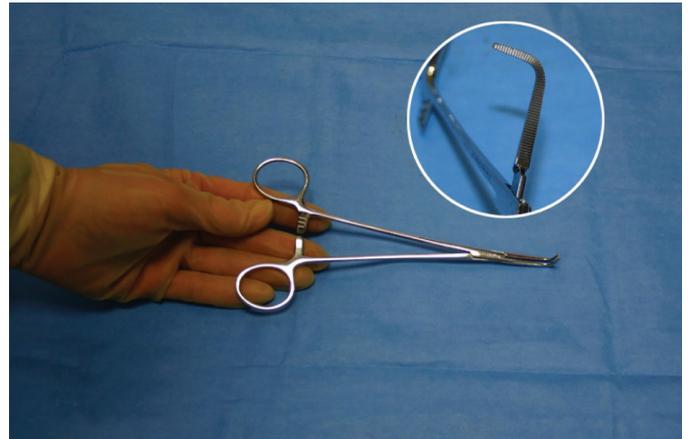


FIGURE 19.15 Meeker dissecting forceps.

Name: _____

- Examine the working ends of the instruments—rat-tooth, atraumatic, or multitoothed. Jaws are designed with horizontal or longitudinal serrations. Handle styles include fluted, serrated, or pyramidal.

Forceps will:

- Grasp tissue. Refer to Figure 19.12.
 - Approximate tissue for stapling.
 - Tag the end of a sponge or suture stand to assist with visualization and prevent accidental retention. Refer to Figure 19.13B
 - Clamp vessels. Refer to Figure 19.13A.
 - Assist with dissection. Refer to Figures 19.13A through 19.15.
7. Pass ringed forceps with the ratchet closed to the first tooth or step. The surgeon will open the ratchet before use. Pass pickup designed forceps with the two sides squeezed closed.
 - Pass with the working end positioned for immediate use by the surgeon.
 - Pass curved instruments with the point facing the surgeon's midline.
 - Recognize your error in passing because the surgeon will make an orientation adjustment before using it.
 - Observe and correct any errors. Refer to Figures 19.16 through 19.18.

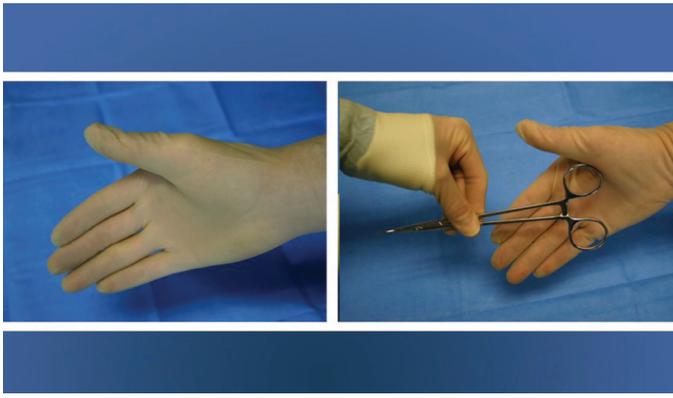


FIGURE 19.16 Hand signal by surgeon to pass a hemostat or clamp.
Surgeon's Signal to pass Hemostat Pass

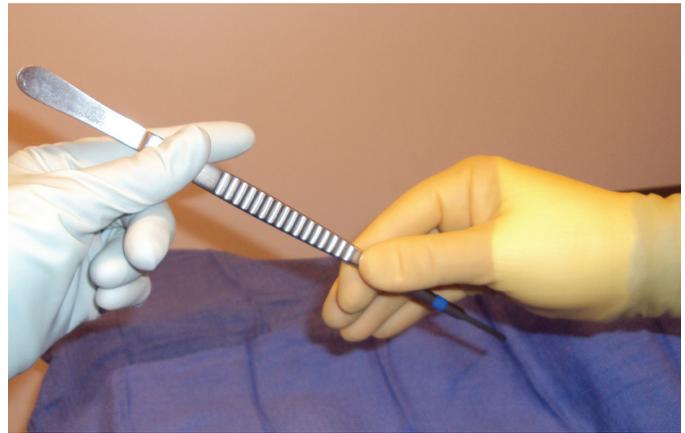


FIGURE 19.18 Pass forceps or "pickups."



FIGURE 19.17 Pass ringed forceps or clamps.

Retractors and Handling

8. Identify and pass a variety of retractors.

- Retractors assist the surgeon to access and visualize the incisional area. They may be handheld or self-retaining. The handle grip end of retractors can vary in design to aid in the ergonomics for those performing the tissue retraction.



FIGURE 19.19 Pass a Deaver retractor.

Name: _____

- Variations include ringed, horned, lamb, open-ended, or ankh shaped.
 - Retractors may be double-ended like the Army Retractor, also known as an "Army-Navy."
 - Moisten the working end of retractors with sterile normal saline found on your back table when the surgeon is retracting organs. Harrington and Deaver retractors may be used for this purpose. Refer to Figure 19.19
 - Pass the working end of the retractor so it is available for immediate use by the surgeon. The surgeon will position the retractor and may ask a scrubbed team member to retract according to their instructions. Refer to Figures 19.19 through 19.22.
9. Identify and pass a variety of self-retaining retractors.
- Adjust the ratchet in the self-retaining retractors, and pass the retractor to the surgeon in the closed position.

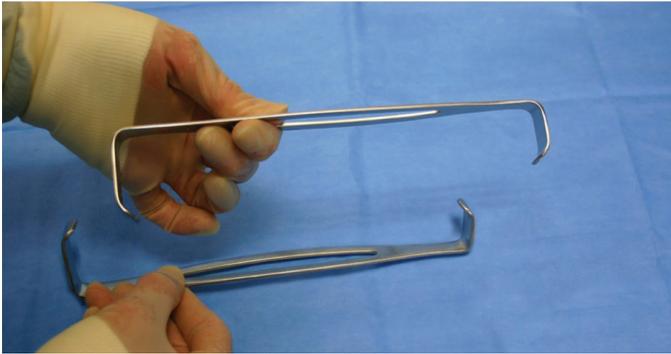


FIGURE 19.20 Pass a set of Army-Navy retractors.
Name: _____



FIGURE 19.21 Pass a Murphy retractor, ankh shaped end.
Name: _____

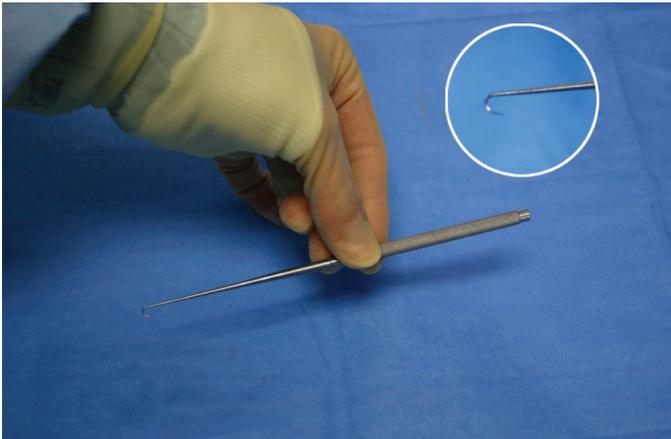


FIGURE 19.22 Pass a Joseph single skin hook retractor.
Name: _____



FIGURE 19.23 Identify a Weitlaner retractor, blade ends open.
Pass with blades closed.
Name: _____



FIGURE 19.24 Pass, blade ends closed.

- The Weitlaner retractor is also known as a “Weitlander,” or Cerebellar.
- Identify the Balfour abdominal retractor and all of the parts: bladder, or accessory, blade, arm blades, wing nut, and screws. Prepare to pass in two segments.
 - Pass the retractor/arm blades in the closed position for placement in the patient’s body.
 - Pass the bladder, or accessory blade, to the surgeon with the ringed end facing the surgeon.
 - The surgeon will adjust the tension, and position and secure the parts. Refer to Figures 19.23 through 19.27.



FIGURE 19.25 Identify a Balfour retractor, open.
Name: _____

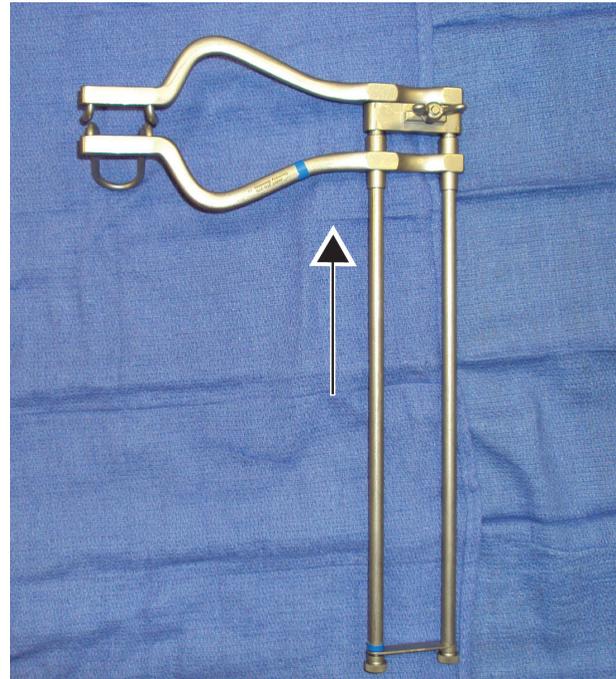


FIGURE 19.26 Close arms and pass.

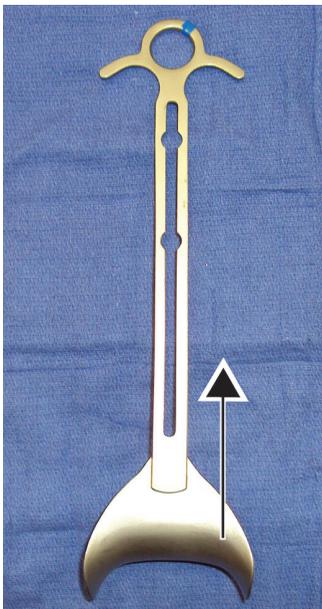


FIGURE 19.27 Hold bladder, or accessory blade, and pass.

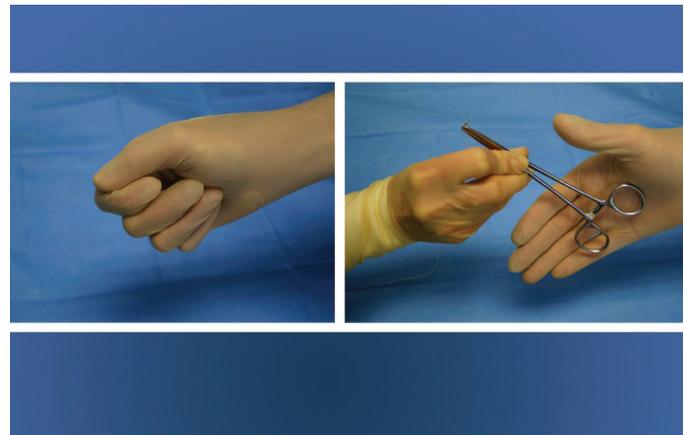


FIGURE 19.28 Pass loaded needle holder.
Surgeon's Singal to pass
Needle Holder with Needle & Sutura Pass

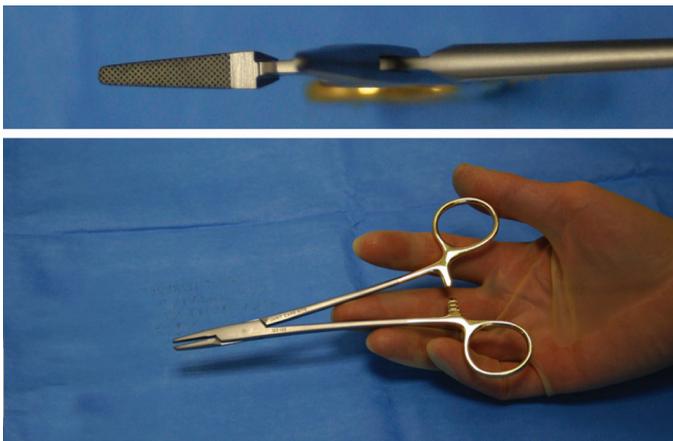


FIGURE 19.29 Identify a Crile wood needle holder.
Name: _____

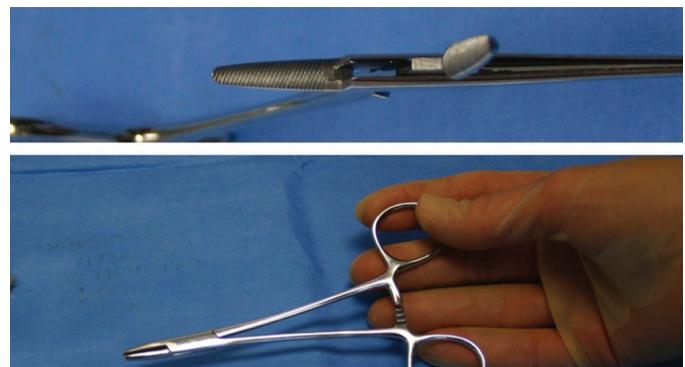


FIGURE 19.30 Identify a Brown plastic needle holder.
Name: _____

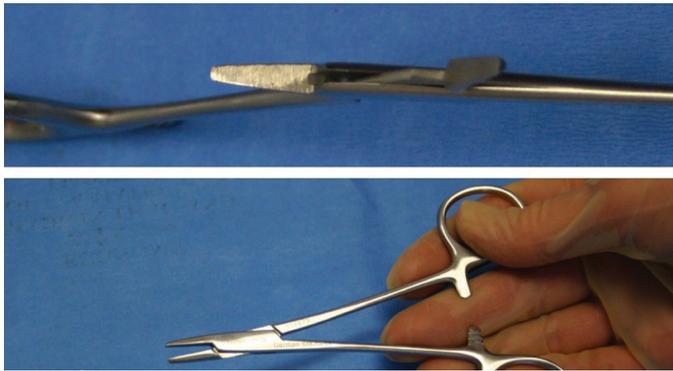


FIGURE 19.31 Identify a Webster needle holder—smooth. Serrated end option also available.

Name: _____

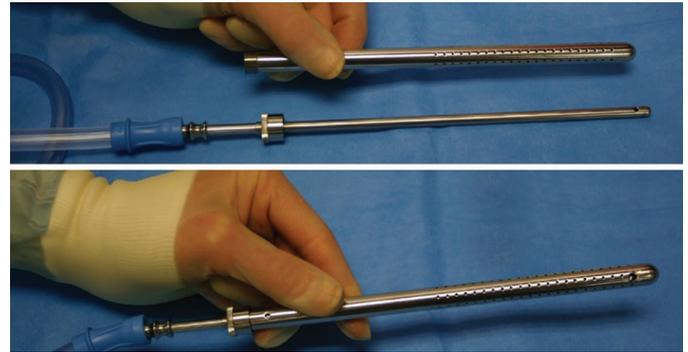


FIGURE 19.32 Identify a Poole abdominal suction: inner and outer cannula in 30 Fr. size.

Name: _____

Needle Holders and Handling

10. Identify, load, and pass needle holders. Needle holders, or drivers, grasp suture needles. The designs vary depending on the thickness of the tissue to be approximated and the size of the suture needle. Refer to Figures 19.28 through 19.31.

- Load the needle holder with the surgeon-selected suture needle. Refer to Chapter 20 for specific instructions on loading and passing.
- Ensure the needle holder is firmly ratcheted closed.
- Advocate for patient safety.
 - Select another needle holder.
 - Do not pass the loaded needle holder to the surgeon if the suture needle does not seat securely into the needle holder.
- Isolate and “tag” any misaligned needle holders to be repaired. These should not be placed into the pool of instruments until they are safe to use.
 - Follow your facility policy for “tagging” any of the instruments that need repair.
 - An instrument that does not perform its function is a safety hazard to the patient, and OR team.

Accessory Instruments

11. Identify, assemble, and pass additional instruments and equipment.

- Assemble the abdominal Poole suction. Secure the inner cannula into the outer, perforated cannula. Attach assembled instrument to the plastic suction tubing.
- Pass the prepared sponge stick in the position of function. Refer to Chapter 10.



FIGURE 19.33 Construct a “Sponge stick.” Refer to Chapter 10 for instructions and variations.

Name: _____

- Identify and pass a Backhaus towel forceps, used to secure surgical towels prior to draping the patient. Close the ratchet to the first step and pass finger rings facing the surgeon.
- Assemble the stapler with a staple cartridge, used to assist with wound closure. Follow the manufacturer’s instructions, and insert the cartridge into the stapler.
- Tag or isolate any instrument found to be misaligned, broken, or in need of sharpening.
 - Use facility-provided tags or clips for this purpose.
 - Refer to Figures 19.32 through 19.39.

Point-of-Use Cleaning and Maintenance

12. Clean instruments at the point-of-use. Remove surgical debris, blood, and tissue to promote proper function and to enhance the ease of cleaning and decontamination after the procedure.

- Wipe off instruments during the procedure.
- Moisten sponges or instruments with sterile water. Normal saline harms the finish or pits the stainless steel instruments.
- Flush instrument lumens to remove debris.



FIGURE 19.34 Identify Foerster sponge forceps.
Name: _____

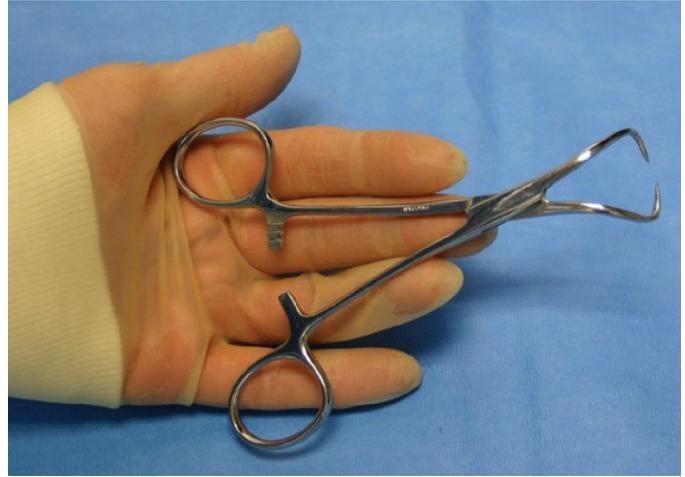


FIGURE 19.35 Identify a Backhaus towel clamp; close ratchet to pass.
Name: _____

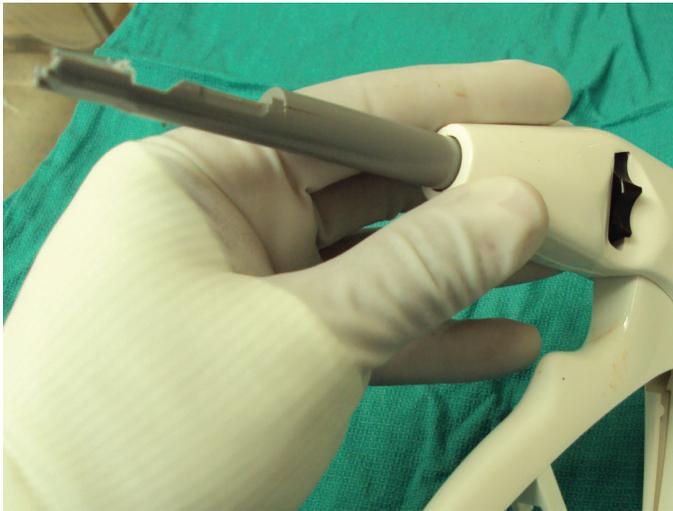


FIGURE 19.36 Identify and pass a stapling device.



FIGURE 19.37 Insert staple cartridge.



FIGURE 19.38 Secure cartridge.

13. Follow your OR policy for tagging and impounding malfunctioning instruments.
 - Assess all instruments for proper function and parts before the procedure begins.
 - Tag and isolate malfunctioning instruments on the sterile field or pass to the circulator.
 - Transport items in need of repair to the decontamination area and isolate them, at the end of the procedure.

Intraoperative Use of Instruments

14. Integrate instrument skills into the sequence or progression of surgical procedures.



FIGURE 19.39 Tag or isolate instruments in need of repair or sharpening.

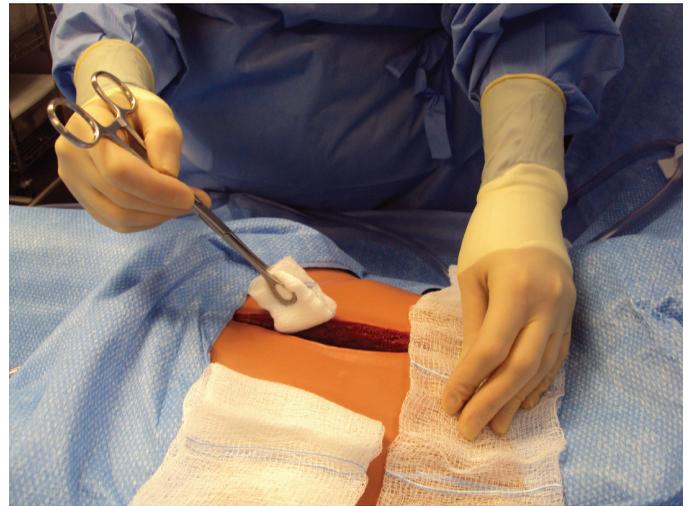


FIGURE 19.40 Sponge the wound to wick blood.

- Obtain a general laparotomy instrument set or another set of choice. Identify and pass these instruments as they are used during a surgical procedure. Refer to Table 19.1.
 - Identify instruments using the Internet, and additional texts and resources; seek guidance for your facility's preferences.
15. Perform in the second assisting or second-scrub surgical technologist's role under the direction of the surgeon and according to state practice acts.
 - Sponge the operative field.
 - Use a sponge stick, RayTec sponge, or laparotomy sponge, according to the surgeon's preferences and one that is appropriate for the size of the wound.
 - Use pressure to wick fluids, without damaging tissues. Use pressure on the skin during closure to promote hemostasis.
 16. Identify instruments in a Major II set.
 - Refer to Table 19.2 and Figures 19.45 and 19.46.
 - Instrument selection and quantities will vary by schools and clinical sites.
 - Work with a lab partner. Identify and pass each instrument.
- Suction the operative field to clear blood or irrigation fluids.
 - Use the Yankauer suction wand to grasp fluids without damaging tissue.
 - Hold instrumentation to retract the surgical wound edges.
 - The surgeon will place the retractor and you will retract the wound edges according to the surgeon's demonstration and instructions. Follow instructions to maintain tissue integrity and prevent damage.
 - Use the design of the instrument handles to assist you.
 - Cut suture material.
 - Use Mayo scissors to cut the suture strands during wound closure or hemostasis. Routinely strands are cut at an angle, approximately ¼ inch above the knot and always as directed according to the surgeon's preferences. Refer to Chapter 20.
 - Manipulate the endoscopic camera used during minimally invasive endoscopic procedures. Capitalize on your eye–hand coordination in this skill. Refer to Chapter 25 and Figures 19.40 through 19.44.

TABLE 19.1 Instrument Identification and Surgical Procedures

Surgical Procedure: _____

Surgical Progression	Selected Instruments
Prepare postdraping and preincision	Prepare skin knife, sponges Suction wand Bovie ESU Light handle covers Other
Incise skin	Skin knife Bovie ESU Forceps Other
Achieve hemostasis	Forceps or clamps Bovie ESU Sponges Other
Extend incision	Skin knife Mayo scissors Other
Retract	Army/navy retractors Richardson or Kelly retractors Other
Incise additional layers	Kocher or Kelly, to hold peritoneum Metzenbaum scissors Other
Achieve hemostasis	Forceps or clamps Bovie ESU Other
Retract	Large Richardson Balfour retractor Other
Explore, repair, or excise pathology	Longer instruments Clamp, cut, tie, Kelly, Kocher, Metzenbaum scissors Suture ties or tie on passer (Chapter 20) Other
Obtain specimen	Labels Other
Irrigate/suction	Saline and bulb syringe Suction wand Other
Count Tabulate	Count instruments (Chapter 8) Tabulate medications (Chapter 9) Other
Close incision by layers	Needle holders Suture material (Chapter 20) Other

(Continued)

TABLE 19.1 Instrument Identification and Surgical Procedures (*continued*)

Surgical Progression	Selected Instruments
Perform skin closure	Suture Stapler Glue Other
Apply dressing	Dressing sponges Mayo scissors Steri-strips and forceps Other

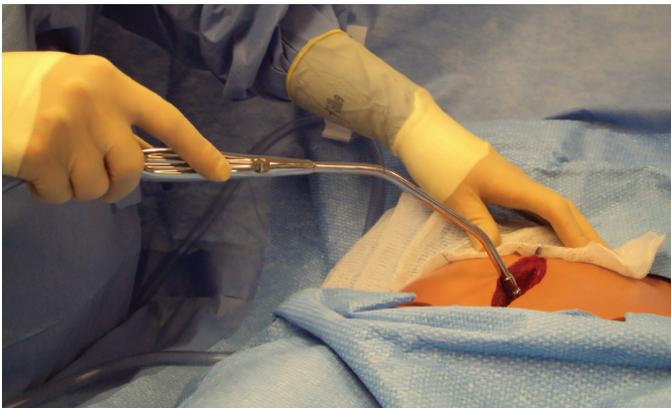


FIGURE 19.41 Suction blood or irrigation solutions.

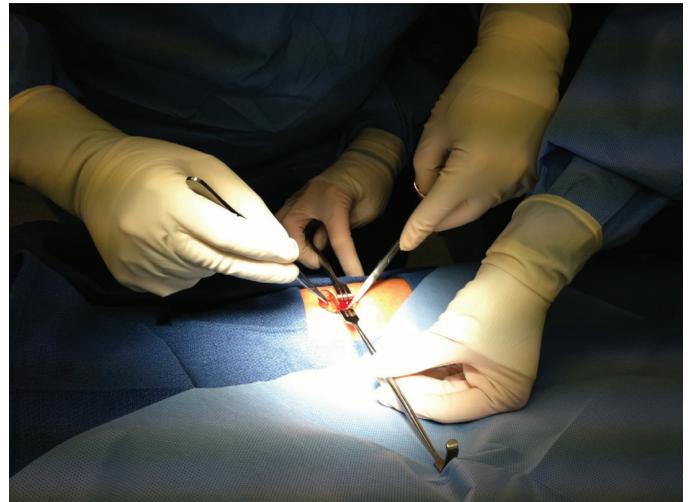


FIGURE 19.42 Hold retractors for the surgeon.

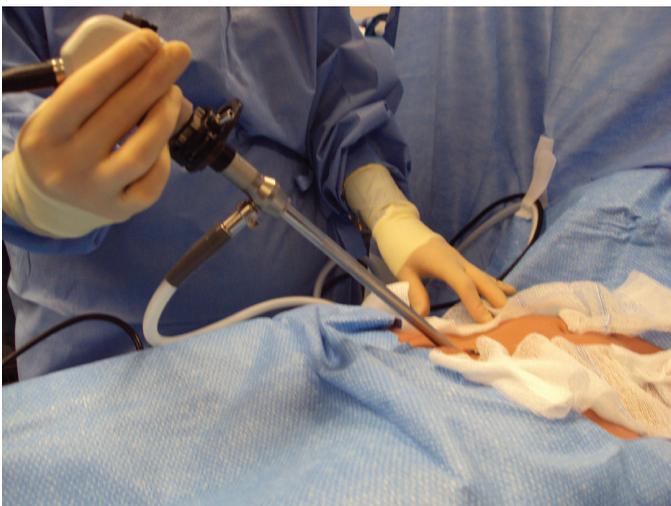


FIGURE 19.43 Manipulate the endoscopic camera and maintain a consistent view and focus.

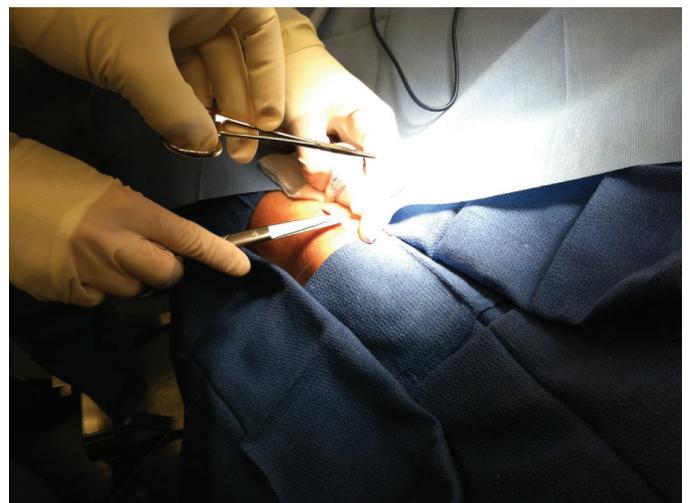


FIGURE 19.44 Cut suture as directed by the surgeon.

TABLE 19.2 Major II Instrument Set Example

ST School Label #	Instrument Name	Alternate Name, "Nick Name"	Counted by This Title or Group.
6	Mayo scissors, straight	Suture scissors	Scissors
7	Mayo scissors, curved	Heavy scissors	Scissors
11	Metzenbaum scissors, curved	Metz	Scissors
20	Webster needle holder		Needle holders
21	Crile Wood needle holder		Needle holders
22	Mayo-Hegar needle holder		Needle holders
29	Thumb forceps smooth, 10"		Pickups
34	Adson tissue forceps	Adson with teeth	
36	Debakey tissue forceps, small 6"	Smooth pickups	
36	Debakey tissue forceps, medium 8"		
42	Thumb tissue forceps with teeth	Rat tooth, pickup w/teeth	
45	Bonney tissue forceps	Heavy pickups	
50	Allis tissue forceps		Forceps
52	Babcock tissue forceps		
56	Crile hemostat, curved 5–6"	Crile, snap or stat	
58	Kelly hemostat, curved short 5.5"	Kelly	
58	Kelly hemostat, curved long 9"		
61	Rochester Oschner hemostat, straight	Kocher	
72	Joseph double skin retractors	Double skin hook	Retractor
88	US Army retractor	Army-Navy	Retractors
104	Richardson retractor, small 1.25 x 1.25"	Rich, open handle	
104	Richardson retractor, medium 1.5 x 1.5"		
104	Richardson retractor, long-footed 3 x 1.5"	Long-footed	
114	Weitlaner retractor, blunt	Weitlander, Wheatie	
116	Yankauer suction tube with tip	Tonsil	Yankauer
118	Poole abdominal suction tube with guard	Poole	Poole
121	Knife handle # 3 (blades 10,11,15)		Knife handle
122	Knife handle # 4 (blade 20)		
124	Knife handle # 7 (blade 15)		
125	Foerster sponge forceps	Ring or sponge	Sponge stick
127	Backhaus towel forceps, penetrating	Towel, penetrating	Towel clamp
128	Edna towel forceps, nonpenetrating	Towel, nonpenetrating	
Instructor to provide names of other instruments to know here.			
	S retractors		Retractor
53	Halstead Mosquito Hemostat, straight 4–5"	Mosquito	Mosquito
60	Rochester Pean Hemostat, curved 5–12"		Curved Kelly
69	Meeker forceps	Right angle clamp	Right angles

Instruments are not labeled in the hospital sets.



FIGURE 19.45 Major II Instruments. Refer to Table 19.1 # 6, 7, 11, 20, 21, 22, 29, 34, 36, 42, 45, 50, 52, 56, and 58.



FIGURE 19.46 Major II Instruments. Refer to Table 19.1 # 61, 88, 102, 103, 114, 116, 121, 123, 124, 125, 127, and 128.

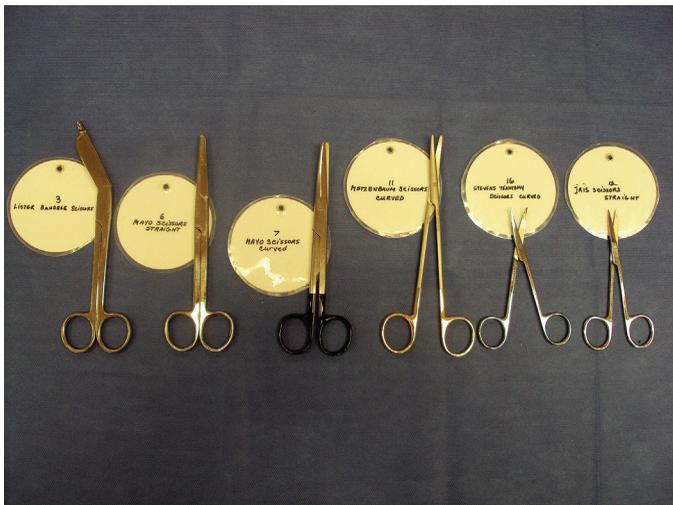


FIGURE 19.47 Frequently used scissors. Refer to Table 19.1 # 3, 6, 7, 11, 16, and 12.



FIGURE 19.48 Frequently used needle holders. Refer to Table 19.1 # 20, 21, 23, 25, and *Castroviejo*.

- Identify by name, function, and where in the surgical progression you can anticipate their use.
 - State how the instruments will be counted.
 - Add to the list any instruments provided by your instructor.
17. Identify frequently used instruments in the clinical setting. Sixty (60) have been identified here.
- Refer to Table 19.3 and Figures 19.47–19.54.
 - Instruments will vary by schools and by clinical sites.

- Work with a lab partner. Identify and pass each instrument.
 - Challenge each other to increase the speed and accuracy of identification and handling.
 - Use a phone app or timer.
- Identify by name, function, and where in the surgical progression you can anticipate their use.
- State how the instruments will be counted.
- Add to the list any instruments provided by your instructor.

TABLE 19.3 Frequently Used Instruments

Tag # Instrument Name	Example Alternate Name "Nick Name"	Count as
		Scissors
#3 Lister bandage scissors		
#6 Straight Mayo scissors	Suture scissors	
#7 Curved Mayo scissors	Heavy scissors	
#11 Curved Metzenbaum scissors	Metz	
#12 Straight iris scissors		
#16 Stevens tenotomy scissors		
#20 Webster needle holder		
#21 Crile wood needle holder		
#23 Ryder needle holder		
#25 Berry sternal needle holder	Wire twister	
#31 Jansen Bayonet forceps		Forceps
#32 Lucae Bayonet forceps	ENT	
#33 Gerald forceps		
#34 Adson tissue forceps	Adsons with teeth	
#36 Debakey tissue forceps	Smooth pickups	
#42 Thumb tissue forceps	Rat tooth or pickups with teeth	
#45 Bonney forceps	Heavy pickups	
#46 Ferris Smith forceps	Ortho pickups	
#50 Allis tissue forceps		
#52 Babcock tissue forceps		
#54 Halstead curved mosquito hemostat	Snap or stat	Hemostat
#56 Crile hemostat—curved	Snap or stat	
#60 Rochester-Pean hemostat—curved	Curved Kelly	
#62 Rochester-Oschner hemostat—curved	Curved Kocher	
#64 Adson hemostat—curved	Tonsil	
#69 Meeker forceps	"right angle"	
#72 Joseph double skin hook	Double skin hook	Retractor
#78 Volkmann rake—blunt		
#79 Green retractor	Thyroid retractor	
#80 Langenbeck retractor		

(Continued)

TABLE 19.3 Frequently Used Instruments (*continued*)

#82 Mayo retractor		
#85 Love nerve retractor		
#86 Cushing vein retractor		
#88 US Army retractor	Army-Navy or Navy-Army	
#93 Senn retractor—blunt		
#94 Ragnell retractor		
#95 Deaver retractor		
#99 Harrington retractor	Sweetheart	
#101 Richardson appendectomy retractor	Appendiceal	
#104 Richardson retractor		
#106 Oschner ribbon retractor	Malleable or Ribbon	
#108 Adson cerebellar retractor—sharp	Cerebellar	
#109 Beckman-Adson retractor		
#110 Gelpi retractor		
#111 Heiss retractor		
#114 Weitlaner retractor—blunt	Wheatie	
#115 Balfour retractor		
#116 Yankauer suction tube	Tonsil sucker	Suction
#118 Poole abdominal suction tube	Poole sucker	
#119 Ferguson Frazier suction tube	Frazier	
#120 Baron suction tube		
#121 Knife handle #3 for blades 10, 11, 15		Knife handle
#122 Knife handle #3L (long) for blades 10, 11, 15		
#123 Knife handle #4 for blade 20		
#124 Knife handle #7 for blade 15		
#125 Foerster sponge forceps	Ring stick or sponge stick	Sponge stick
#127 Backhaus towel forceps	Penetrating towel clamp	Towel clamp
#128 Edna towel forceps	Atraumatic towel clamp	
Castroviejo Needle holder in plastics or Eye tray		Needle holder
Tenaculum in D and C and GYN trays		

18. Identify frequently used specialty instruments. Select 5–12 in each category.

- Refer to Table 19.4 Frequently Used Surgical Specialty Instruments and Surgical Procedures in the Pearson Student Resource Site. Refer to Figures 19.55–19.73 below.
 - Instrument selections will vary by schools and by clinical sites.

- Work with a lab partner. Identify and pass each instrument.
- Identify the instruments by name and function.
- Identify the surgical procedure that will utilize the instrument, and where in the surgical progression you anticipate use.
 - Use the Internet, faculty, clinical site preceptors, and reference texts.



FIGURE 19.49 Frequently used "pickups." Refer to Table 19.3 # 31, 32, 33, 34, 36, 42, 45, and 46.

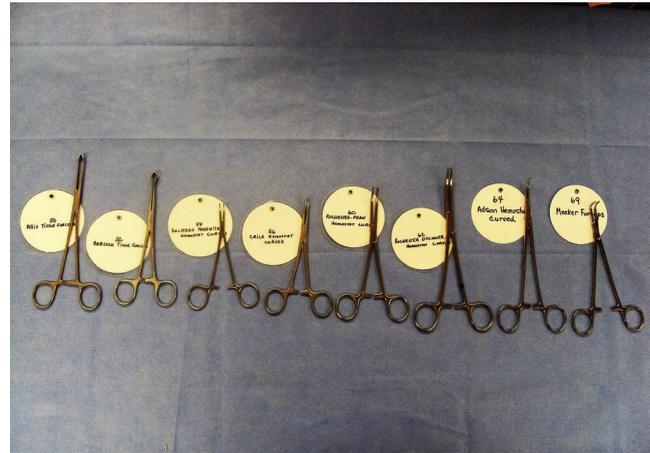


FIGURE 19.50 Frequently used forceps. Refer to Table 19.3 # 50, 52, 54, 56, 60, 62, 64, and 69.



FIGURE 19.51 Frequently used retractors. Refer to Table 19.3 # 72, 78, 79, 80, 82, 85, and 86.

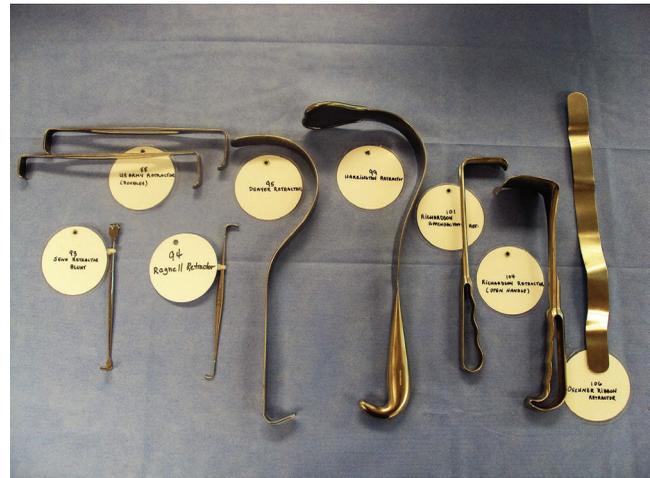


FIGURE 19.52 Frequently used retractors. Refer to Table 19.3 # 88, 93, 94, 95, 99, 101, 104, and 106.



FIGURE 19.53 Frequently used retractors. Refer to Table 19.3 # 108, 109, 110, 111, 114, and 115.

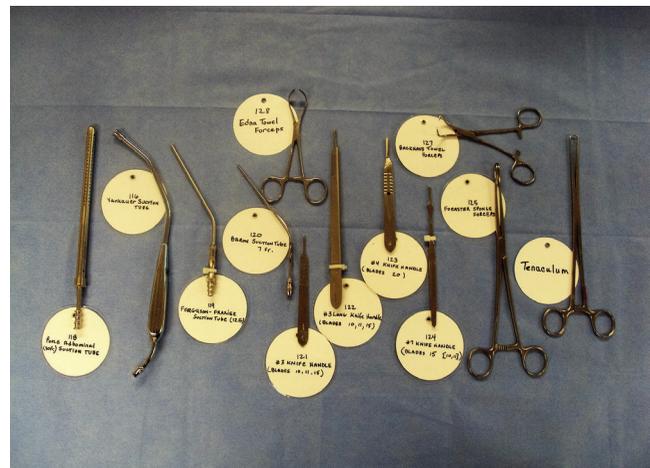


FIGURE 19.54 Frequently used ancillary instruments. Refer to Table 19.3 # 116, 118, 119, 120, 121, 122, 123, 124, 125, 127, 128, and Tenaculum.

- State how the instruments and any parts must be counted.
 - Add to the list any instruments provided by your instructor.
 - Names of sets and contents will vary by school and clinical sites.
 - Dilation and Curettage (D and C)
 - Otorhinolaryngology (ENT)
 - Gynecology (GYN)
 - Maxillofacial and Oral
 - Neurological (Neuro)
 - Ophthalmology (Eye)
 - Orthopedics (Ortho)
 - Peripheral vascular (PV)
 - Plastics and Reconstruction
 - Thoracic
 - Urology (GU)
 - Other



FIGURE 19.57 Barnhill curettes, in a variety of sizes, are frequently used in ENT procedures..

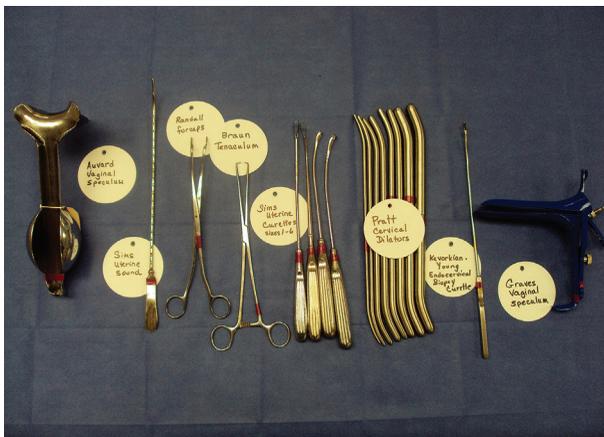


FIGURE 19.55 Frequently used in a D and C tray.



FIGURE 19.58 Buck ear curettes, sharp or blunt, are frequently used in ENT procedures.



FIGURE 19.56 Frequently used in an ENT tray.



FIGURE 19.59 The McIvor mouth gag or retractor with various sized blades are frequently used in ENT procedures.



FIGURE 19.60 Frequently used in a GYN tray.

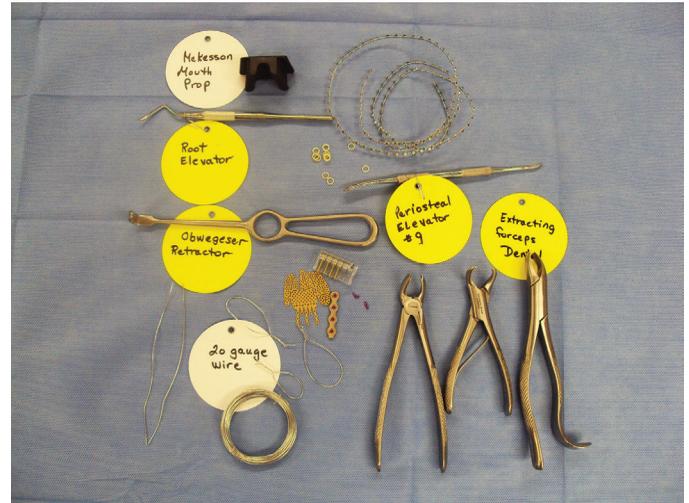


FIGURE 19.61 Frequently used in an Oral Max tray.

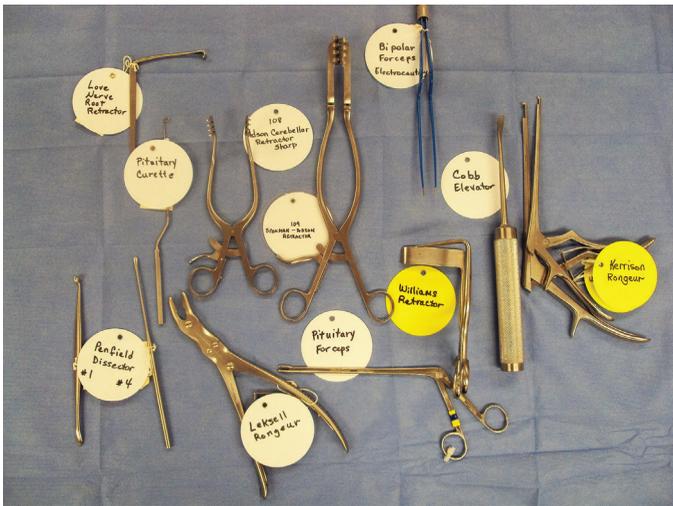


FIGURE 19.62 Frequently used in a Neuro tray.



FIGURE 19.63 Frequently used in an Eye tray.



FIGURE 19.64 Frequently used in an Ortho tray.

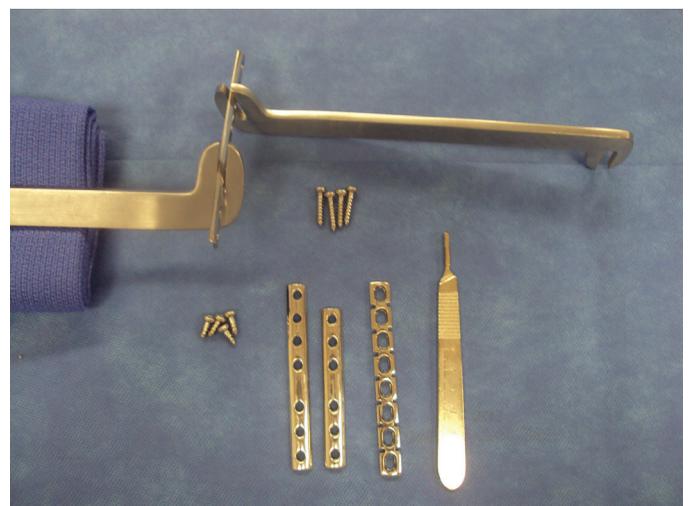


FIGURE 19.65 Frequently used in an Ortho tray.

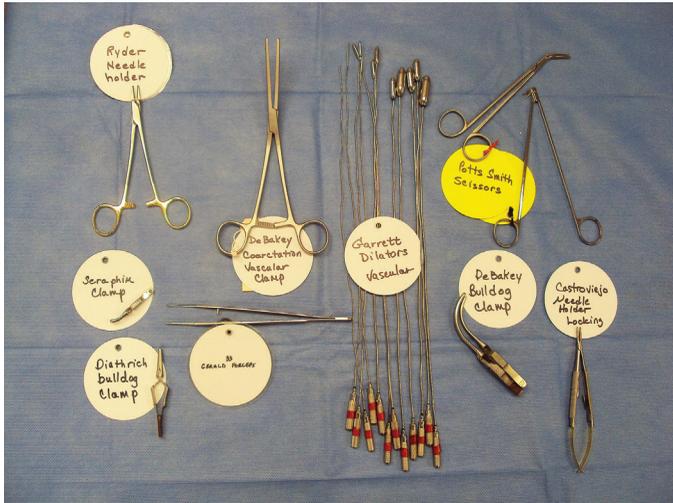


FIGURE 19.66 Frequently used in a PV tray.

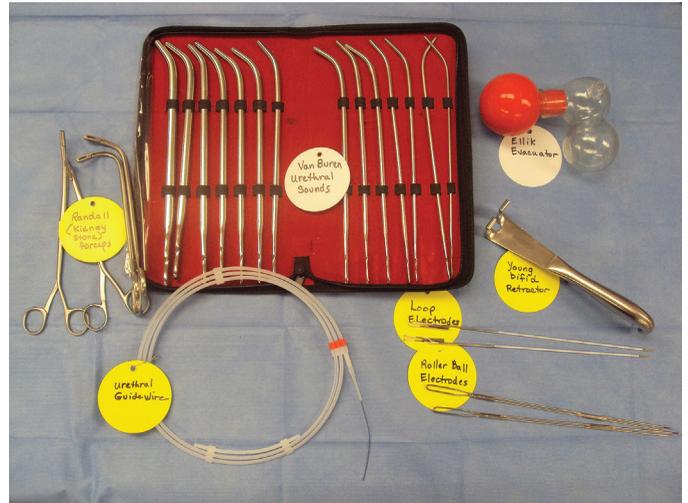


FIGURE 19.69 Frequently used in a GU tray.



FIGURE 19.67 Frequently used in a Plastics-Reconstruction tray.



FIGURE 19.68 Frequently used in a Thoracic tray.

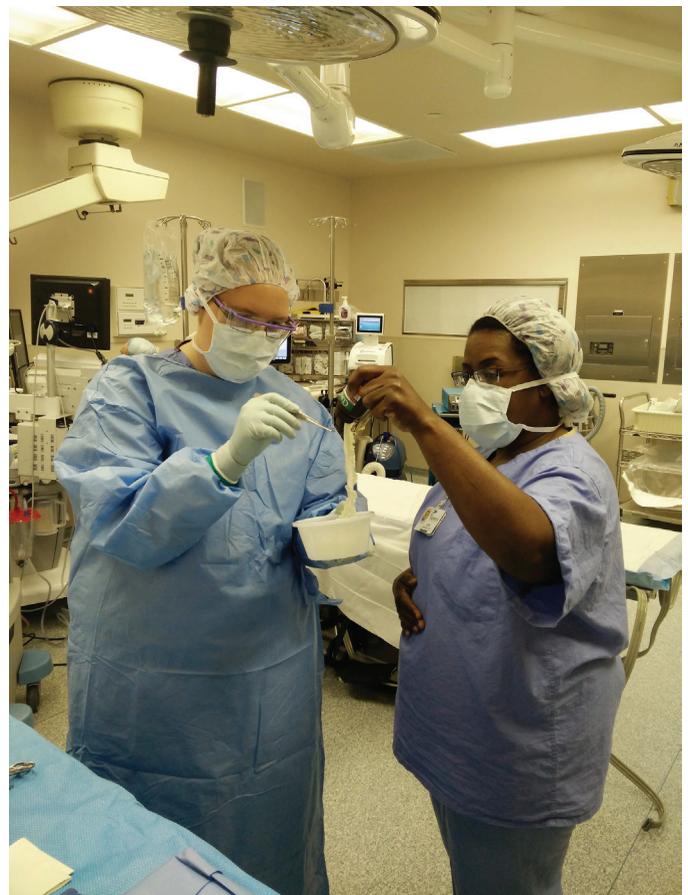


FIGURE 19.70 Select forceps to grasp packing gauze.



FIGURE 19.71 Select and inspect laparoscopic grasper.

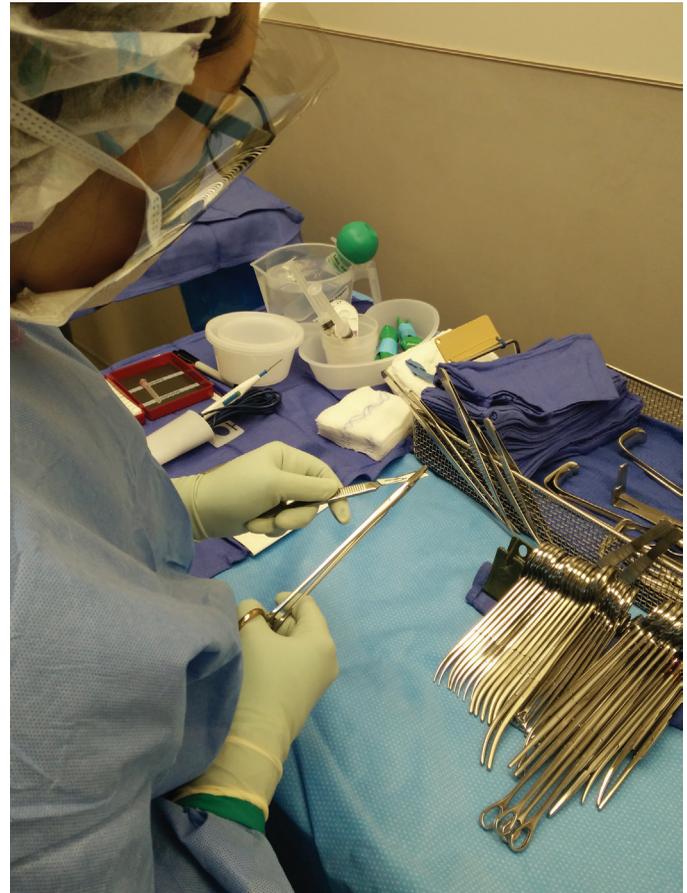


FIGURE 19.72 Select a needle holder to seat a blade.



FIGURE 19.73 Select a needle holder to prepare suture.

Skills Sequence and Instructions for Pairing Specialty Instruments with Surgical Procedures can be referred to at the [Pearson Student Resource Website](#).

19. Identify and pass each instrument to your lab partner.
 - Refer to Figure 19.74 for 128 General Surgery instruments frequently contained in general and specialty instrument trays.
 - Each is numbered and contains a brief description.
 - Your instructor will provide the names or any additional instruments for you to know.
 - Challenge your lab partner to identify and pass each instrument with increasing efficiency.
 - Use a phone app or timer.

FIGURE 19.74 General Surgery instruments listed by category and function:

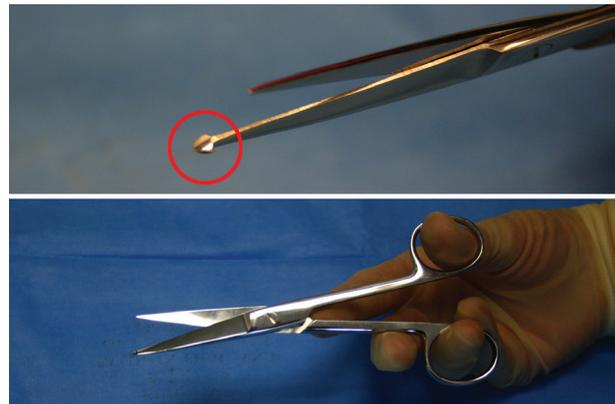
- Scissors # 1–18
- Needle Holders # 19–27
- Forceps # 28–70
- Retractors # 71–115
- Other # 116–128



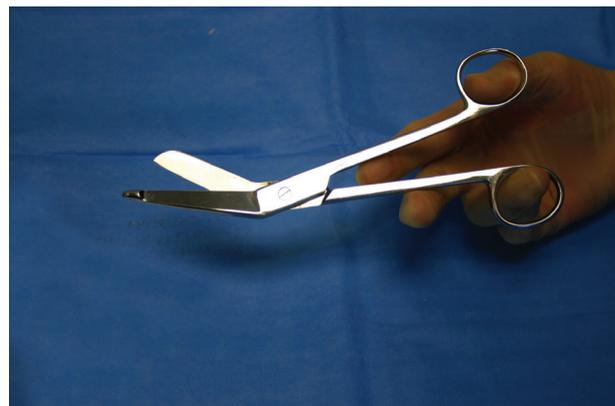
1 Roger Angular Wire Scissors
Nickname: wire cutters or scissors
Use: cuts small gauge wire. Keep with patient for postoperative oral emergencies.
Use in procedures: sternotomy in thoracic, K wires in orthopedics, arch bars in oral/max, and needle localization in General Surgery.
Features: notch in instrument jaw for wire



4 Universal Shears
Nick name: utility scissors
Use: cuts thick dressings, light wire, or orthopedic supplies
Features: found in the OR room or in the nonsterile area



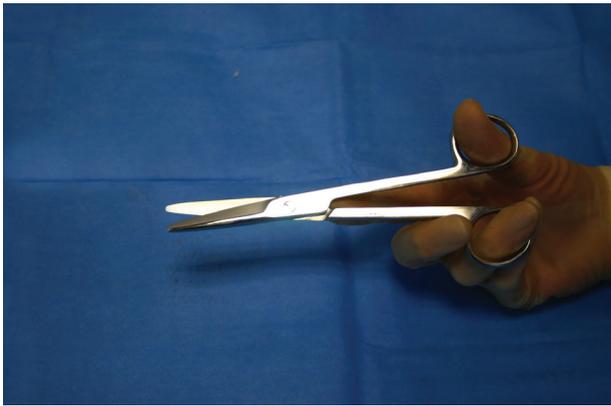
2 Knowles Bandage Scissors
Nickname: bandage scissors
Use: removes dressings
Features: rounded guard at working end to prevent injury to skin



3 Lister Bandage Scissors
Nickname: big bandage scissors
Use: cuts thick dressings
Features: larger size for general purposes and with guard end



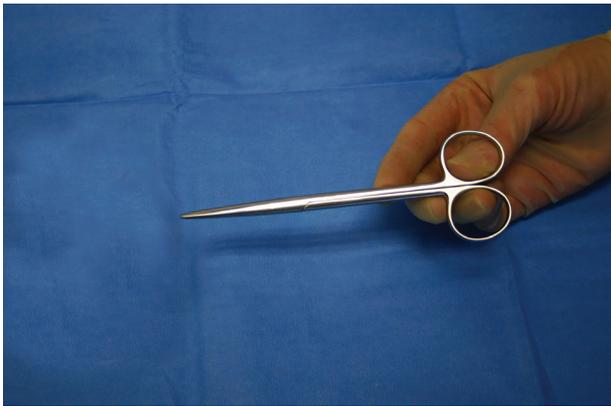
5 OR scissors—delicate, sharp side and blunt curved side
Nick name: scissors
Use: cuts thin tissue and dressings
Features: dual function of blades



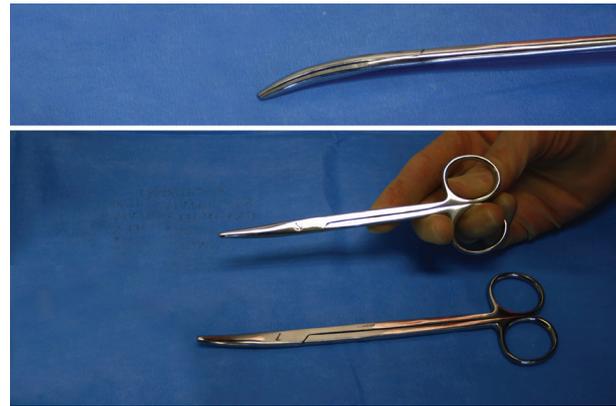
6 Mayo scissors, straight
Nickname: Mayo
Use: cuts suture or heavy tissue
Features: tapered, blunt jaw, and available in various sizes



7 Mayo scissors, curved
Nickname: curved mayo
Use: cuts heavy tissue, such as fascia
Features: most commonly used OR scissors and available in various sizes



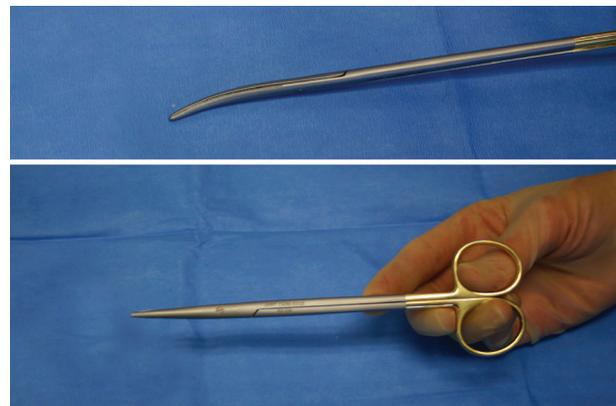
8 Lahey scissors, straight
Nickname: suture scissors
Use: cuts or dissects delicate tissue
Features: tapered blunt working end, similar to Metz but shorter and finer



9 Lahey scissors, curved
Nickname: curved Lahey
Use: cuts delicate tissue
Features: finely curved jaws



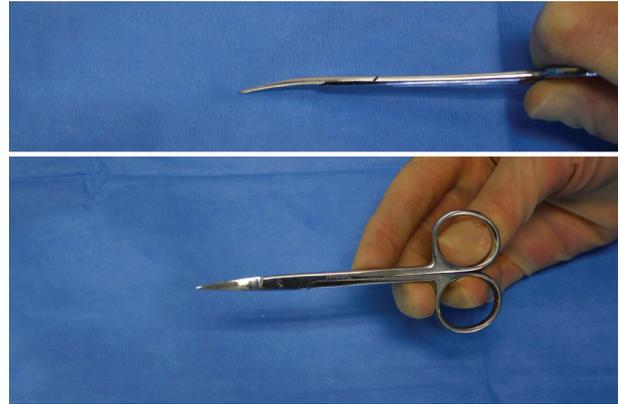
10 Metzenbaum scissors, straight
Nickname: straight Metz, suture scissors
Use: cuts and dissects delicate tissue or suture
Features: used for tissue in deeper surgical planes and available in various sizes



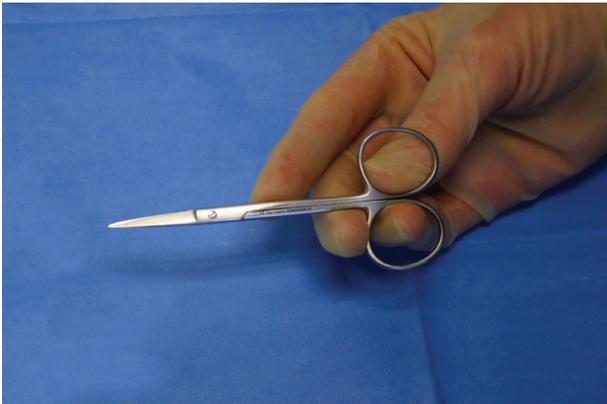
11 Metzenbaum scissors, curved
Nickname: curved Metz, Metz, dissecting Metz
Use: cuts and dissects delicate tissue
Features: finely tapered, blunt jaws



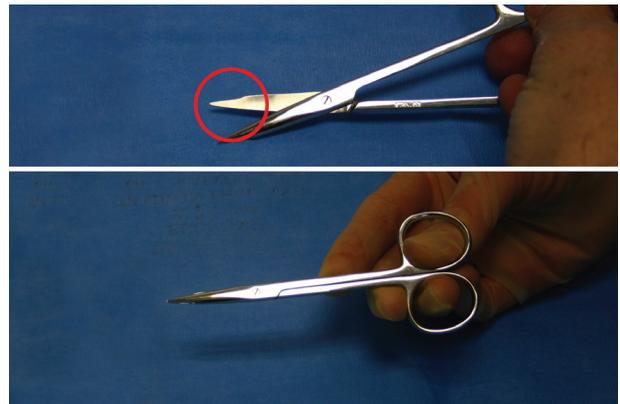
12 Iris scissors, straight
Nickname: Iris
Use: cuts delicate tissue, fine gauge suture, and thin steri-strips
Features: straight, sharp jaws with dual points



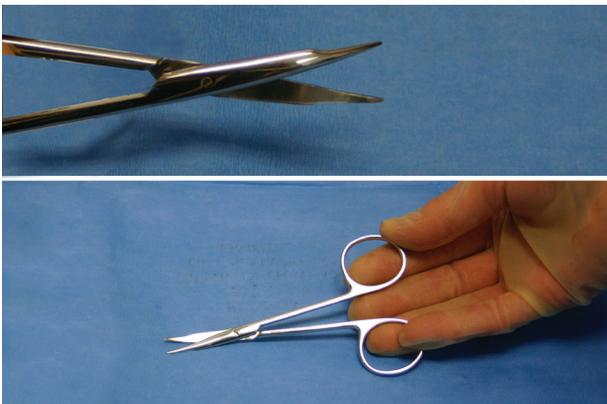
13 Iris scissors, curved
Nickname: Iris
Use: cuts delicate tissue, fine gauge suture, and thin steri -strips
Features: straight, sharp jaws with dual points



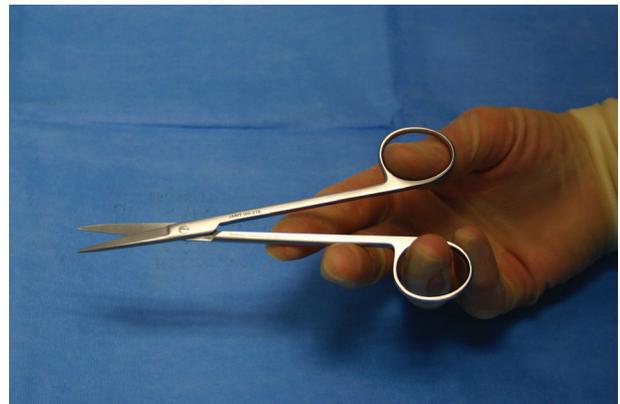
14 Knapp Iris Scissors
Nickname: Iris
Use: cuts delicate tissue, supplies, and suture
Features: tapered jaw, dual function—sharp and dull tips—can be used in carpal tunnel release or Plastics.



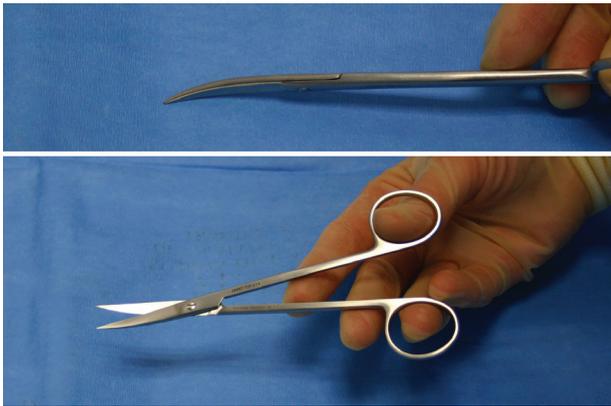
15 Stevens Tenotomy scissors, straight
Nickname: Tenotomy
Use: cuts delicate tissue and supplies, used in General, Plastics, Ophthalmology, and carpal tunnel release
Features: tapered jaw, blunt tips



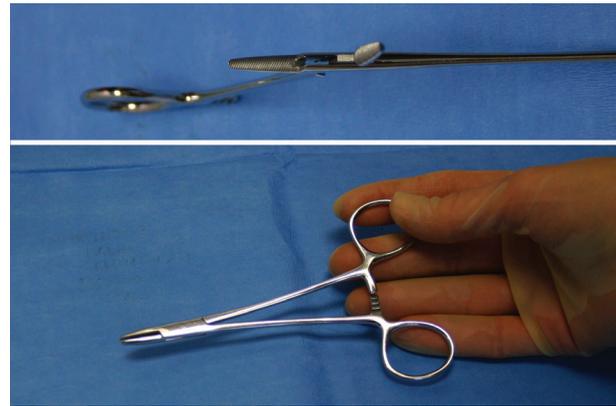
16 Steven Tenotomy scissors, curved
Nickname: Tenotomy
Use: cuts and dissects delicate tissue, used in General, Plastics, and Ophthalmology.
Features: tapered jaws, blunt tips



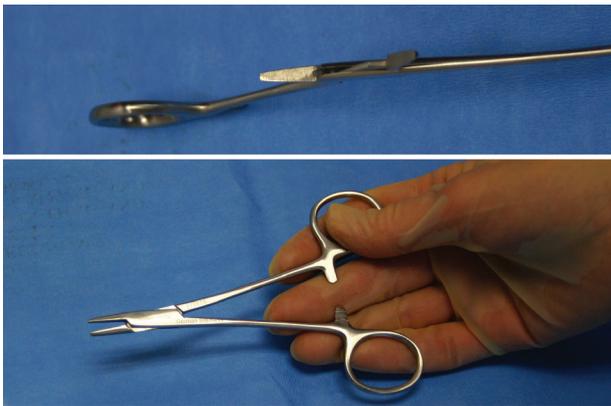
17 Joseph scissors, straight
Nickname: Joseph
Use: cuts delicate tissue and supplies
Features: tapered jaw, and sharp and pointed tips



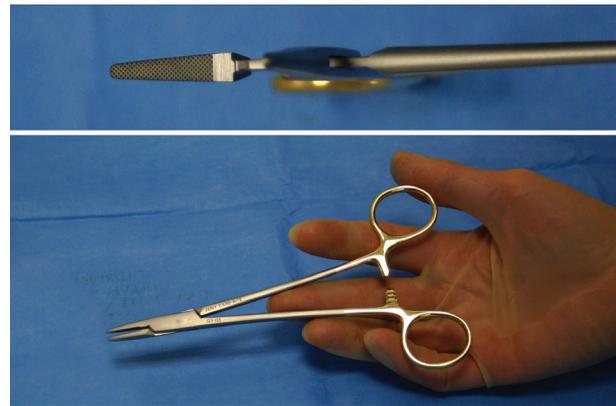
18 Joseph Scissors, curved
 Nickname: long Iris, Metz, curved Joseph
 Use: cuts delicate tissue, precisely
 Features: tapered jaw, sharp tips



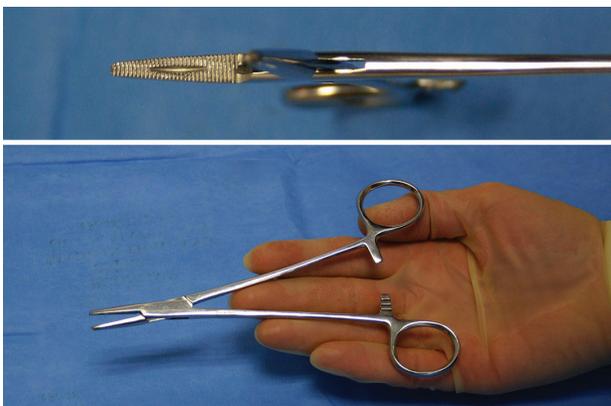
19 Brown Plastic Needle Holder (NH)
 Nickname: Needle holder
 Use: holds small suture needles and works in tight places
 Features: tapered, short, and heavy jaws with cross serrations



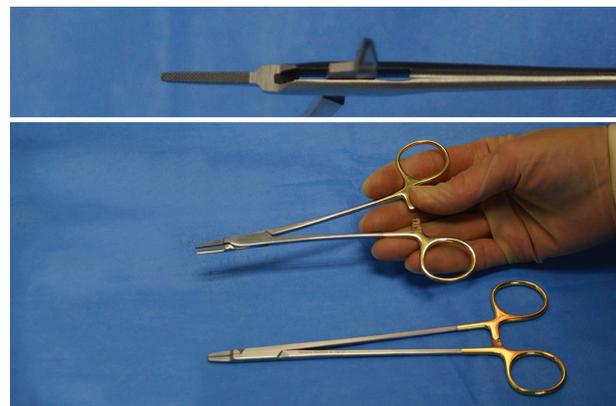
20 Webster NH
 Nickname: Needle holder
 Use: holds small needles
 Features: tapered, smooth, short, and light jaws, available with cross serrations



21 Crile Wood NH
 Nickname: Needle holder
 Use: holds standard sized needles, passes through most tissue
 Features: tapered, light, serrated jaws



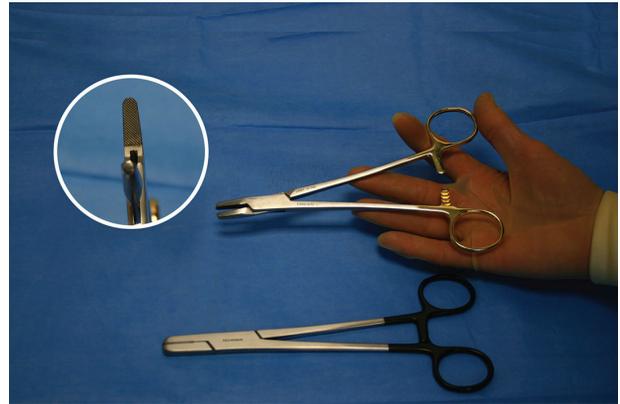
22 Mayo-Heagar NH
 Nickname: Large NH
 Use: holds large needles for thick, dense tissue
 Features: heavy, tapered, cross-serrated with fenestrated—jaws



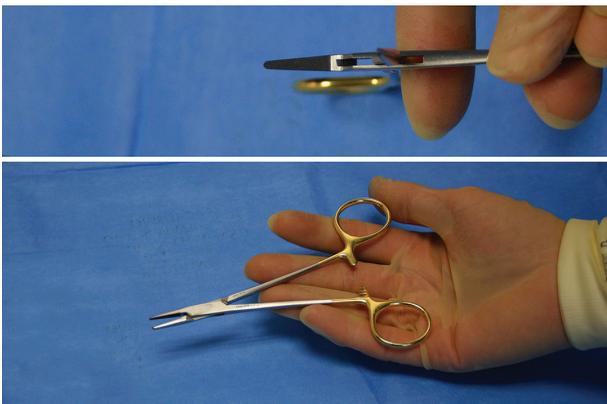
23 Ryder NH
 Nickname: Vascular NH
 Use: holds fine and CV needles, used for grafts
 Features: short, wide-to-narrow with cross-serrations



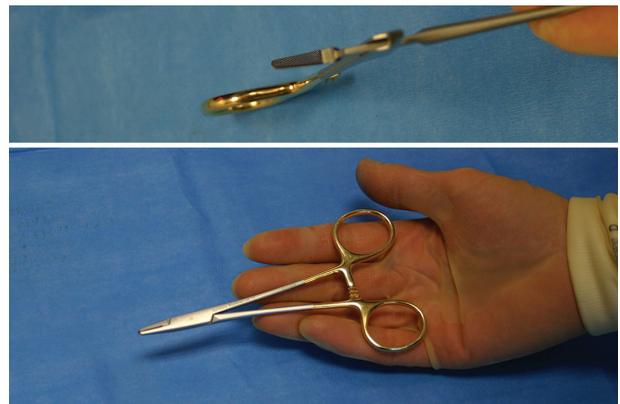
24 Sarot NH
Nickname: Sarot NH
Use: holds fine, and CV suture needles
Features: fine, tapered jaws with cross-serrations, shank with minor, medial bend



25 Barry Sternal NH
Nickname: sternal NH
Use: holds thoracic procedures, passes heavy stainless steel wires into sternum
Features: very heavy, oblong jaws with cross-serrations



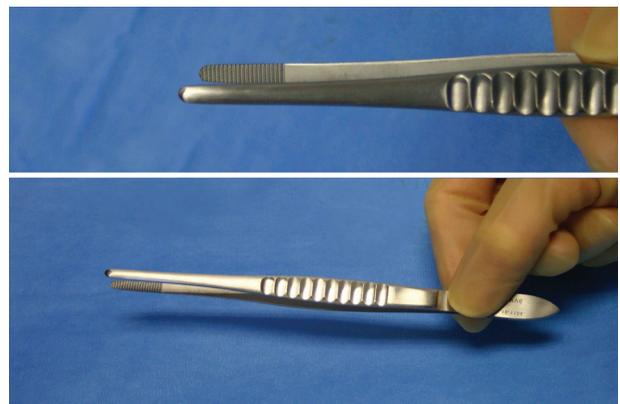
26 Halsey NH
Nickname: NH
Use: holds small to medium needles, for most tissue
Features: short, tapered with cross-serrated jaws



27 Baumgartner NH
Nickname: NH
Use: grasps small to medium suture needles
Features: short, tapered with cross-serrated medium jaws



28 Adson Dressing Forceps
Nickname: Adson pick ups
Use: grasps steri-strips or skin during skin closure
Features: wide serrated handle, thin jaws with serrated tips



29 Thumb Forceps
Nickname: smooth pickups, dressing forceps
Use: grasps delicate tissue
Features: fluted handle, tapered, serrated jaws



30 Cushing Forceps
 Nickname: cushings, pickups
 Use: grasps tissue or sponges in deeper planes
 Features: fluted handle, thins serrations, tapered jaws, cross pin for stability



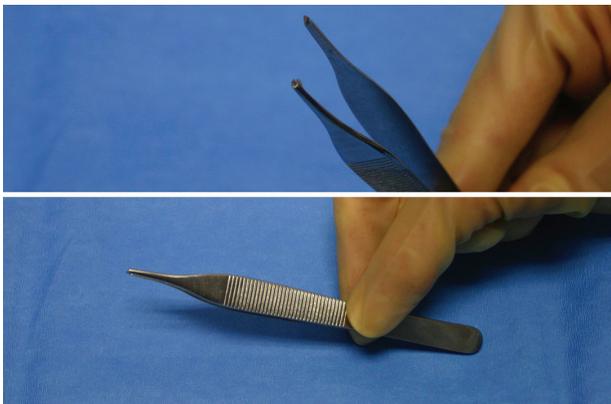
31 Janson Bayonet Forceps
 Nickname: Bayonet pick ups
 Use: grasps medium tissue, neuro patty sponges, and gel foam squares
 Features: serrated handle, fine, tapered serrated tips, bayonet shape improves visualization



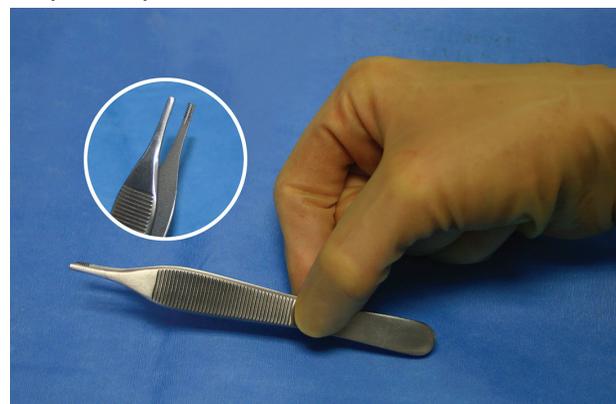
32 Lucae Bayonet Forceps
 Nickname: short bayonets
 Use: grasps thin tissue, sponges, neuro patties, and used in ENT procedures
 Features: serrated handle, finely tapered serrated tips, bayonet shape improves visualization



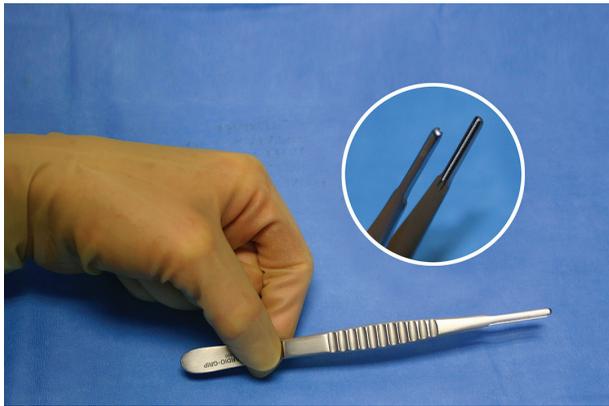
33 Gerald's Forceps
 Nickname: Gerald dressing forceps
 Use: grasps delicate tissue, vascular procedures
 Features: serrated handle, fine, tapered cross-serrated jaws, teeth at tips, cross pin



34 Adson Tissue Forceps
 Nickname: Adson's with teeth or toothed Adson's
 Use: ST passes with skin suture in General and Plastic procedures
 Features: side serrated handle, thin jaw with 1 × 2 teeth—one on superior and two on inferior tips



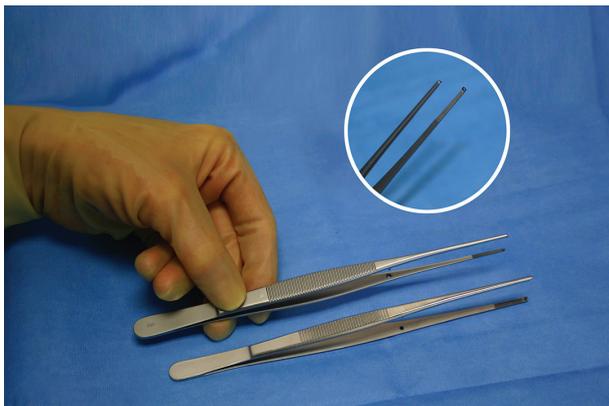
35 Brown-Adson Tissue Forceps
 Nickname: Adson Brown's
 Use: grasps delicate tissue
 Features: wide serrated handle, jaws in two rows with 7 × 7 fine teeth, used in Plastics and Podiatry



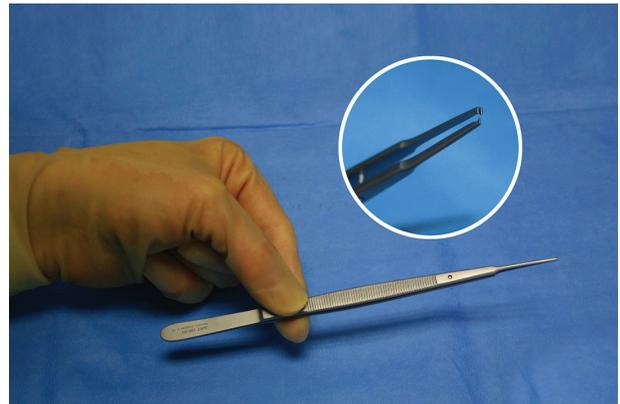
36 Debakey Tissue Forceps
Nickname: Debakeys
Use: grasps most tissue, very frequently used in OR, General, CT, and Vascular procedures
Features: fluted handle, 1 × 2 rows of micro teeth on fine tapered, blunt tip jaws



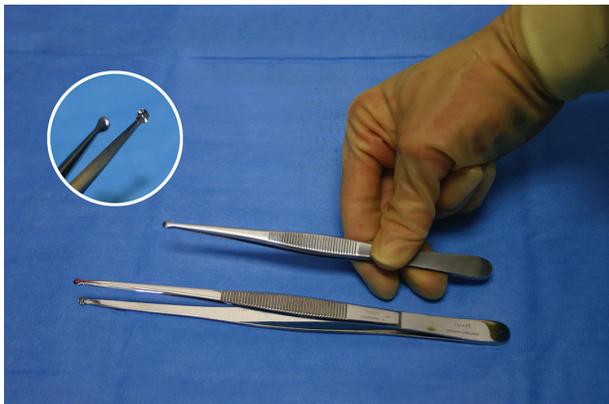
37 Russian Tissue Forceps
Nickname: Russians
Use: grasps most tissue, atraumatic, powerful grip for GYN and peritoneum
Features: fluted handle, cupped, fanlike serrations at tip



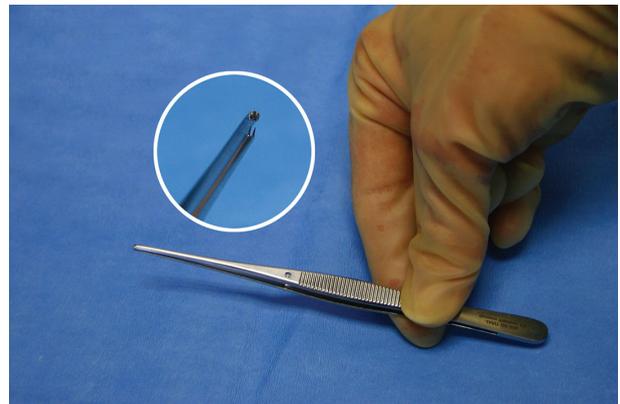
38 Potts-Smith Tissue Forceps
Nickname: Potts pick ups
Use: grasps small, deep tissue, ENT
Features: serrated handle, fine tapered jaws, 1 × 2 fine teeth, and cross pin.



39 Gerald Tissue Forceps, straight
Nickname: Gerald's
Use: grasps deep, delicate tissue, cross-pin maintains alignment during use
Features: serrated handles, thin, pointed ends with 1 × 2 teeth, curved jaw option



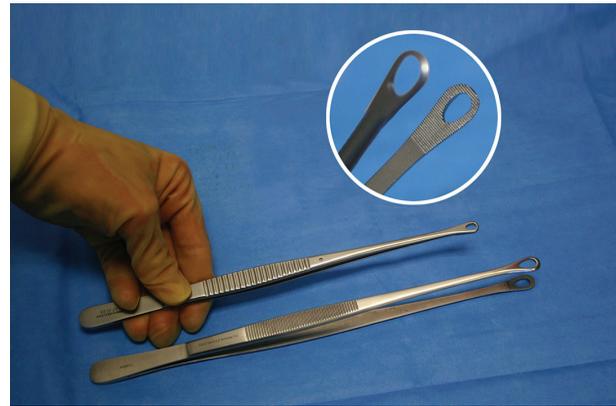
40 Selman Tissue Forceps
Nickname: Thin Russians
Use: provides firm grasp for lighter tissue
Features: serrated handles, atraumatic, cupped fanlike serrations at teeth



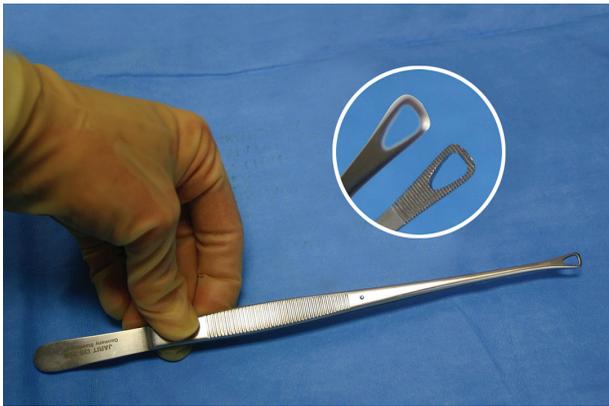
41 Semkin Thumb Tissue Forceps
Nickname: Pick ups, fine thumb, small Pott's, Semkins
Use: grasps delicate, thin tissue
Features: serrated handles, cross pin, thin, pointed ends with 1 × 2 fine teeth



42 Thumb Tissue Forceps
 Nickname: Mouse tooth, toothed pickups, thumb pickups, pickups with teeth
 Use: grasps and approximates tissue for skin suturing
 Features: serrated handle with 1 × 2 small teeth



43 Tuttle Tissue Forceps
 Nickname: Ring Forceps, Tuttle's, Singley's, Tuttle Thoracic
 Use: atraumatic; grasps lung tissue
 Features: fenestrated jaws and serrations, cross pin variation modeled



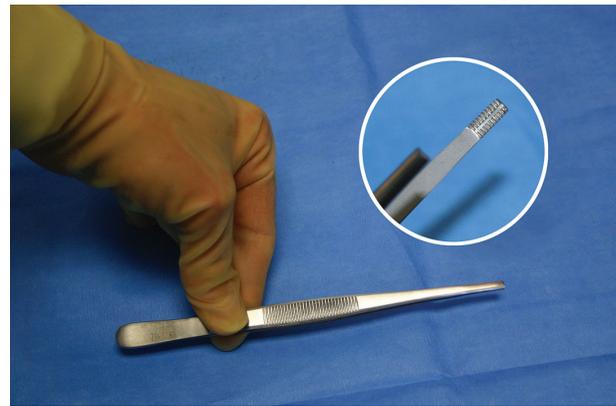
44 Singley Tissue Forceps
 Nickname: Singley's, ring pickups
 Use: grasps tissue
 Features: serrated handle, heavy, serrated, fenestrated tip, cross pin variation modeled



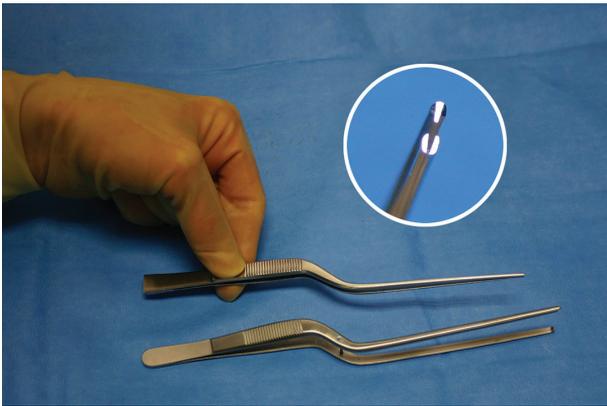
45 Bonney Forceps
 Nickname: Bonney's, extra heavy
 Use: grasps heavy tissue, muscle, cartilage, used in Orthopedics and GYN
 Features: pyramid handle, serrated tip, 1 × 2 or 2 × 3 rat teeth



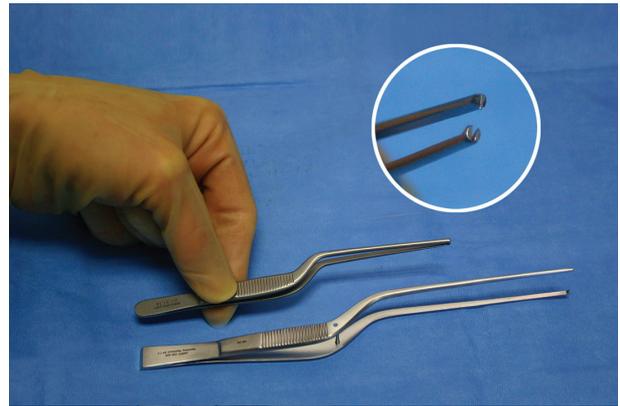
46 Ferris-Smith Forceps
 Nickname: wide Bonney's
 Use: grasps heavy tissue, muscle, cartilage, used in Orthopedics and GYN
 Features: extra wide, oval pyramid handle, tapered tip with cross serrations, 1 × 2 rat teeth



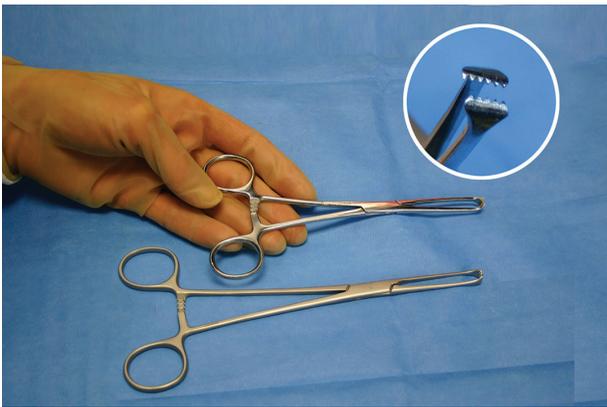
47 Brown Forceps
 Nickname: Brown's
 Use: grasps and approximates delicate, medium tissue
 Features: serrated handle, tapered tip with 2 rows 9 × 9 mini teeth



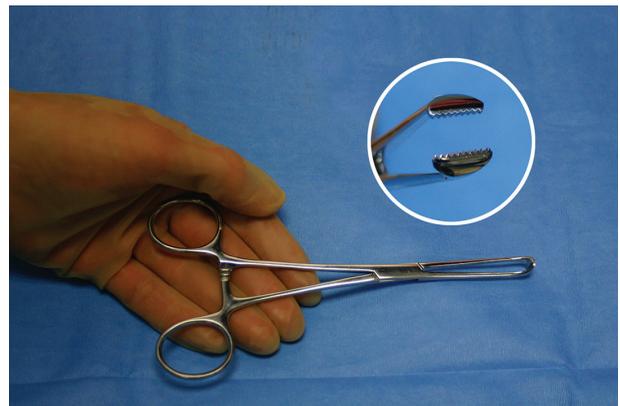
48 Cushing Bayonet Forceps
Nickname: Cushing bayonet
Use: grasps light-medium tissue, Neuro and ENT
Features: serrated handle, downward slope with fine 1×2 mini teeth, cross pin, allows visualization of surgical site



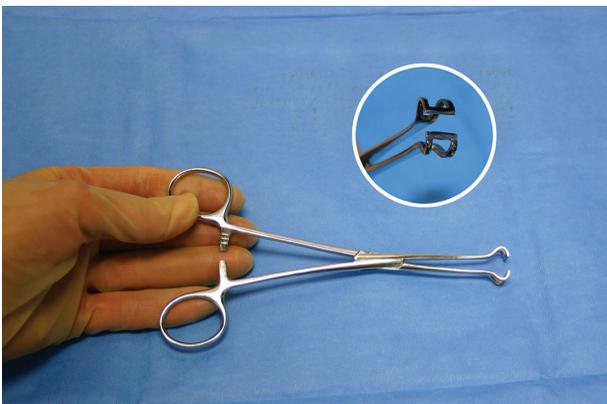
49 Lucae Tissue Forceps
Nickname: bayonet with teeth, Lucae
Use: grasps light to medium tissue, CV, and ENT
Features: Serrated handle, upward slope, fine 1×2 mouse teeth, variation with cross pin



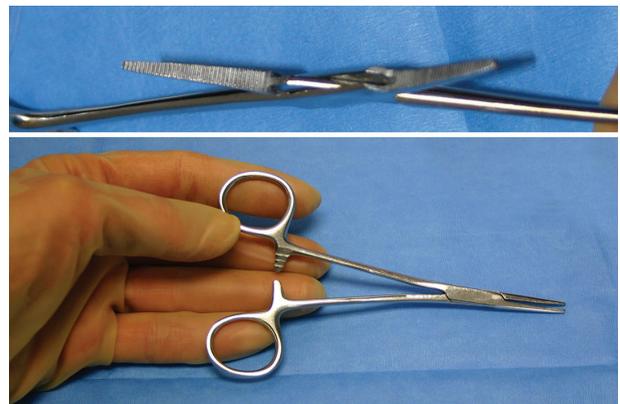
50 Allis Tissue Forceps
Nickname: Allis
Use: grasps tissue and ratchet hold, used in General and Specialties
Features: wide, flat jaw with 4×5 teeth, variations available



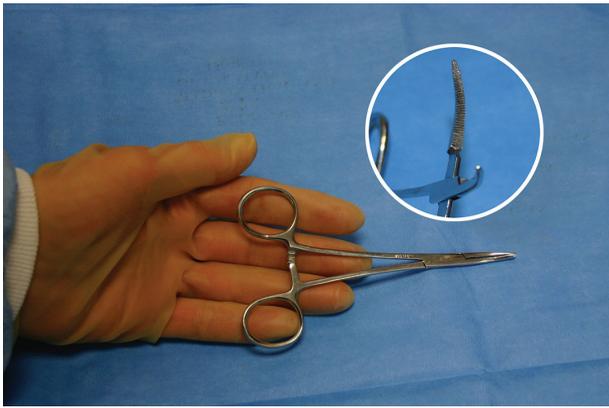
51 Adair Allis Tissue Forceps
Nickname: wide Allis
Use: grasps tougher tissue
Features: wide, flat jaw with 9×10 mini teeth



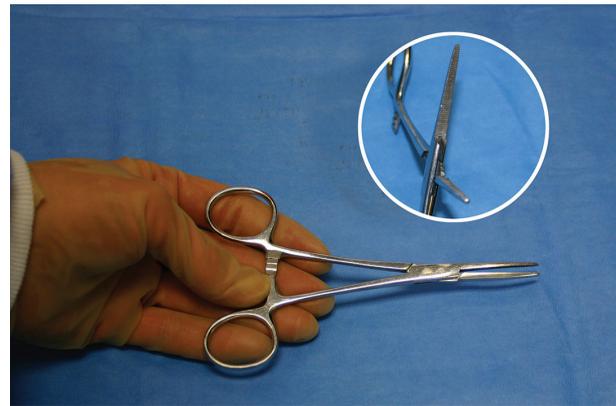
52 Babcock Tissue Forceps
Nickname: Babcock
Use: Grasps most General Surgery tissue, bowel and GYN tubes
Features: wide, flat jaw, fenestrated, serrations or grooves along tip, atraumatic



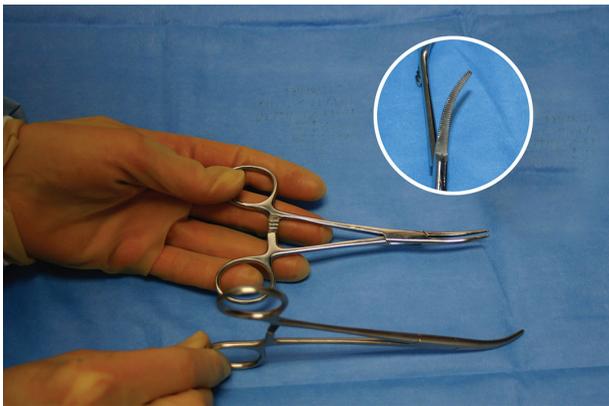
53 Halstead Mosquito Hemostat, straight
Nickname: straight mosquito
Use: grasps a lap sponge, or light tissue and vessels
Features: serrated tip, in various lengths



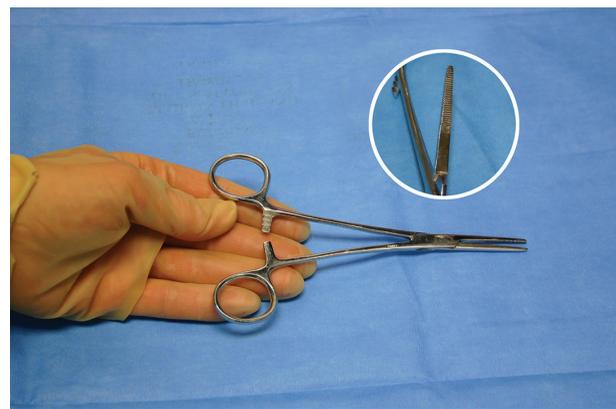
54 Halstead Mosquito Hemostat, Curved
 Nickname: curved mosquito or curved hemostat
 Use: grasps light tissue, small vessels, use with the surgical pattern—clamp-clamp-cut-tie—in General and PV
 Features: curved tip with serrations, various lengths



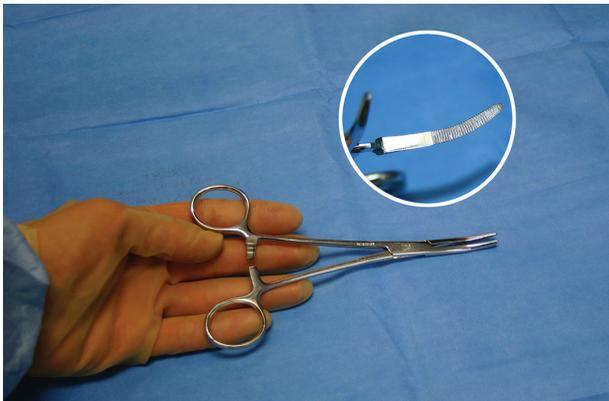
55 Crile Hemostat, Straight
 Nickname: crile, hemostat
 Use: grasps light to medium tissue, vessels, and suture and found in most instrument sets.
 Features: tip with serrations, various lengths



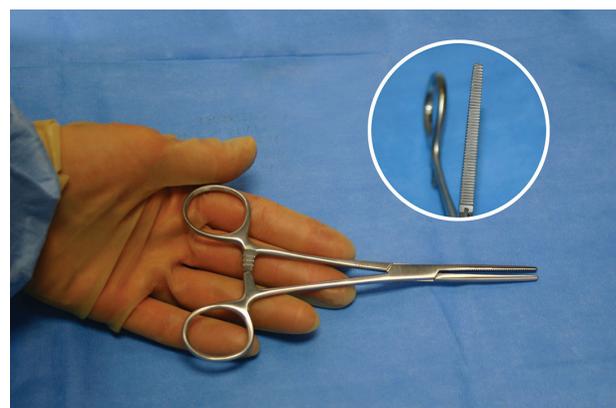
56 Crile Hemostat, Curved
 Nickname: crile, snap, hemostat
 Use: grasps light to medium tissue, vessels, and suture and found in most instrument sets.
 Features: curved tip with serrations. Use with the surgical pattern—clamp-clamp-cut-tie.



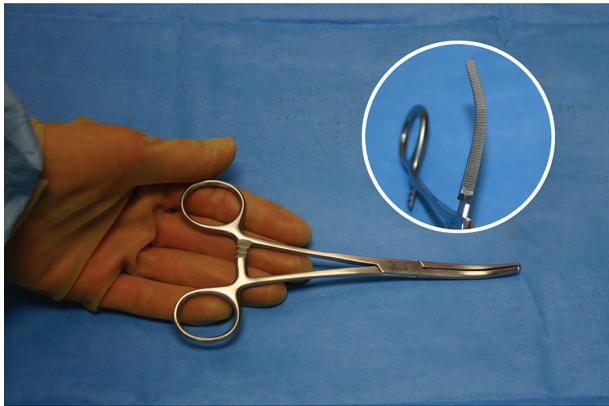
57 Kelly Hemostat, Straight
 Nickname: Kelly
 Use: grasps medium tissue, clamps vessels in General and GYN surgery
 Features: tapered jaw with 2/3 serrations, various lengths



58 Kelly Hemostat, Curved
 Nickname: Kelly
 Use: grasps medium tissue, clamps vessels, and used in pattern— clamp-clamp-cut-tie.
 Features: various sizes, use longer for deeper surgical planes, curved with 2/3 serrations.



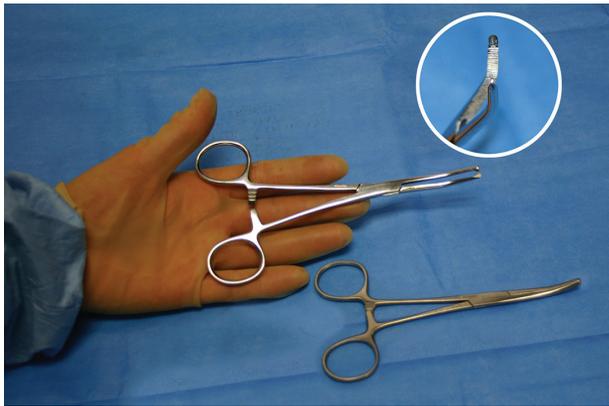
59 Rochester-Pean Hemostat, Straight
 Nickname: Pean's, Kelly, clamp
 Use: grasps medium to heavy tissue and vessels
 Features: straight tapered tip with full length serrations



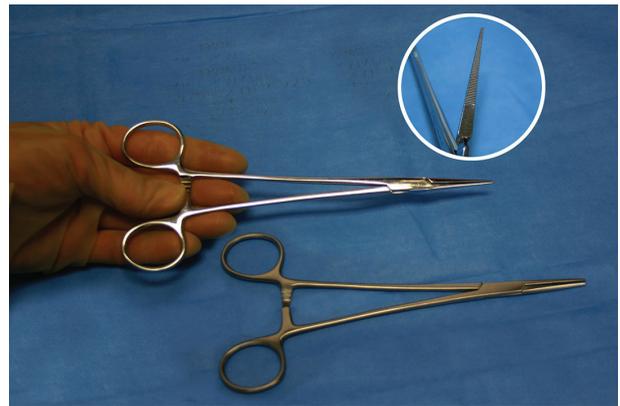
60 Rochester-Pean Hemostat, Curved
 Nickname: curved Kelly
 Use: grasps tissue, clamps vessels
 Features: curved, tapered tip with full length serrations



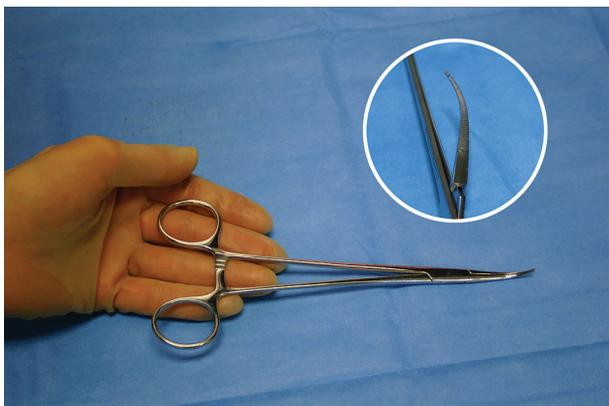
61 Rochester Oschner Hemostat, Straight
 Nickname: straight kocher
 Use: grasps medium tissue, clamps vessels, found in most sets—General, Ortho, GYN, use in pattern—clamp-clamp-cut-tie.
 Features: tips with full serrations, rat tooth 1 × 2, variations in lengths



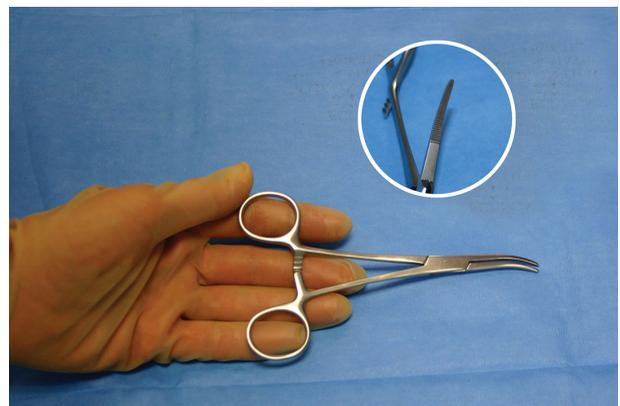
62 Rochester Oschner Hemostat, Curved
 Nickname: curved kocher
 Use: grasps medium tissue, clamps vessels, found in most sets—General, Ortho, GYN
 Features: tapered full serrated jaws, rat teeth 1 × 2



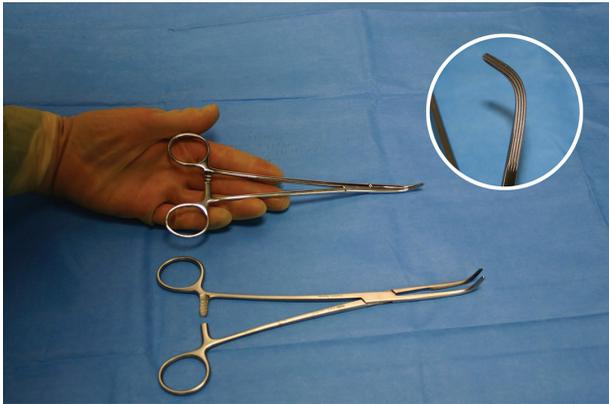
63 Adson Hemostat, Straight
 Nickname: straight tonsil, Adson
 Use: grasps light to medium tissue, clamps vessels, General and ENT
 Features: tapered, narrow 2/3 serrated jaws



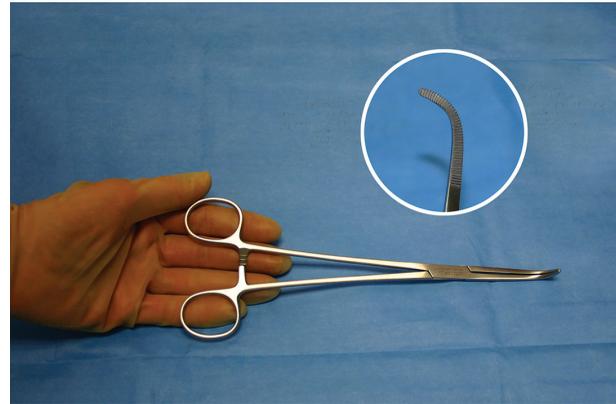
64 Adson Hemostat, curved
 Nickname: curved tonsil
 Use: grasps and clamps deeper planes, punctures skin for a drain
 Features: curved, tapered narrow 2/3 serrated jaws



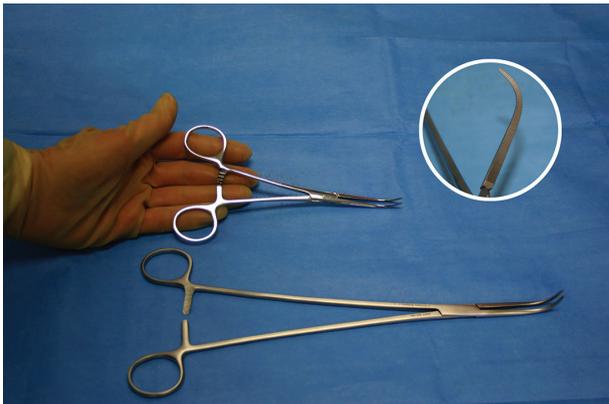
65 Dandy Hemostat
 Nickname: dandy
 Use: grasps and clamps tissue, used in Neuro and Orthopedics
 Features: tapered 2/3 serrated jaws, entire clamp curved, sideways orientation



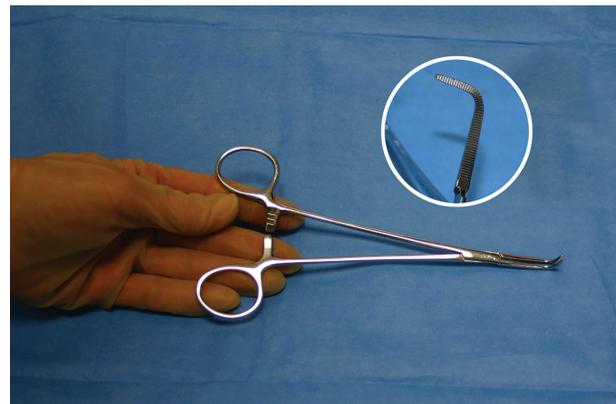
66 Lahey Dissecting Forceps
 Nickname: Right angles
 Use: grasps, dissects, and passes ligature ties
 Features: not a true right angle, 4 × 5 longitudinal serrations on 2/3 jaw



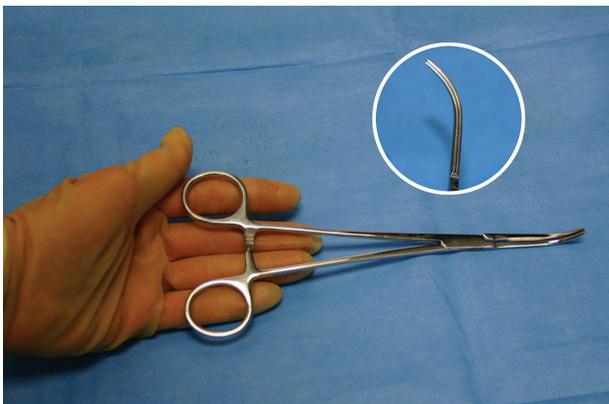
67 Mixer Dissecting Forceps
 Nickname: mixer
 Use: grasps, dissects, and passes ties
 Features: not a true right angle, curved jaw with serrations on 1/2 jaw also known as Weck pattern



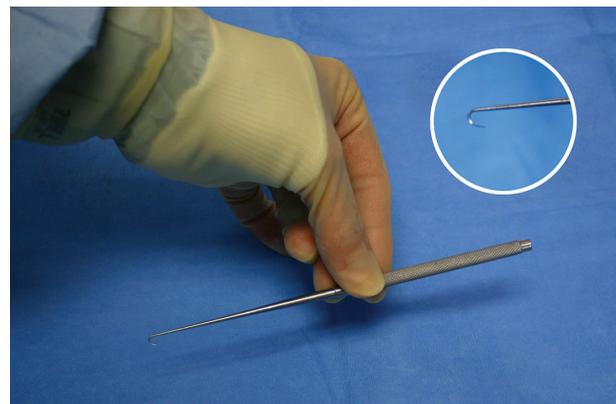
68 Mixer Dissecting Forceps
 Nickname: mixer
 Use: grasps, dissects, and passes ties
 Features: curved, heavier jaw with serrations then entire length of jaws



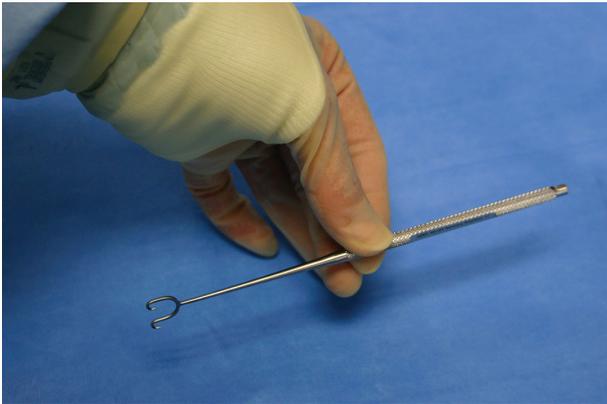
69 Meeker Forceps
 Nickname: right angles
 Use: grasps, dissects, and passes
 Features: true right angle, curved with fully serrated jaws



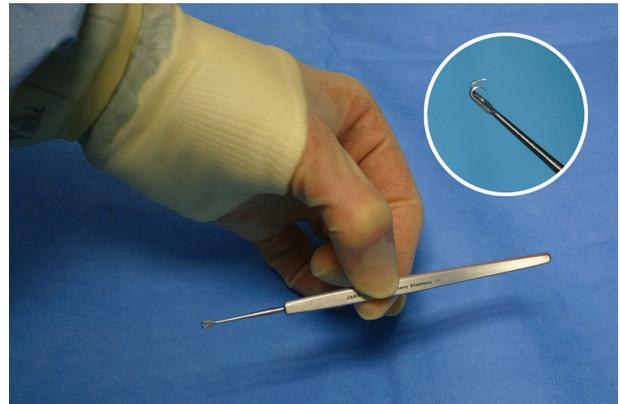
70 Westphal Duct Forceps
 Nickname: right angles
 Use: grasps, dissects, passes, used frequently in an open cholecystectomy
 Features: narrow, curved, 4/5 longitudinal serrations on jaws



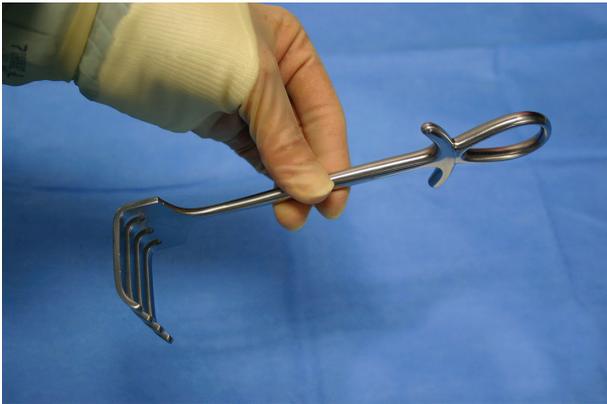
71 Joseph Single Skin Hook
 Nickname: skin hook
 Use: retracts small areas
 Features: cross serrations on handle, sharp, single curved mini tips



72 Joseph Double Skin Hook
Nickname: double skin hook
Use: retracts in General, Plastics, and hand procedures
Features: cross serrations on handle, sharp, double curved mini tips



73 Guthrie Double Skin Hook
Nickname: Guthrie
Use: provides very light retraction, Plastics, Ophthalmology, General, and Podiatry
Features: smooth or fluted handle, sharp, tapered double hooks



74 Israel Retractor
Nickname: Israel rake
Use: retracts heavy tissue in mid-range surgical planes, General, and Orthopedics
Features: smooth Ankh-like handle style to promote comfort while retracting, 4-prong, curved, blunt tips



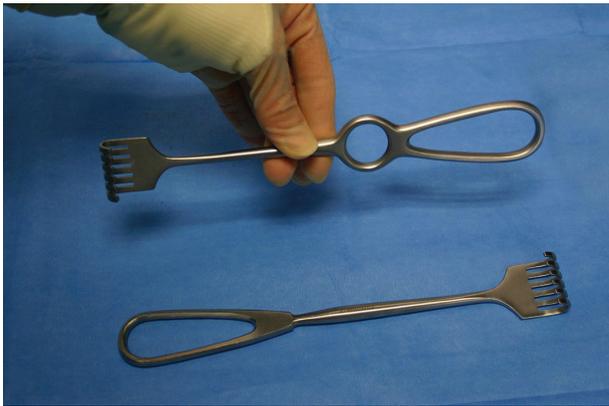
75 Murphy Retractor, Sharp
Nickname: sharp Murphy
Use: retracts in General Surgery
Features: Ankh-like handle for comfort, 3-prongs, curved, sharp tips



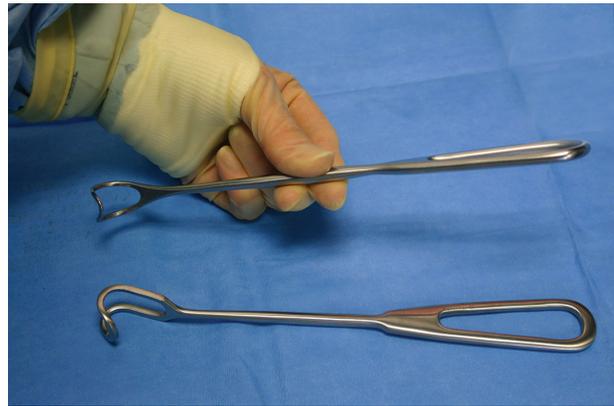
76 Murphy Retractor, Blunt
Nickname: blunt Murphy
Use: retracts in General Surgery
Features: Ankh-like handle, atraumatic, blunt tips



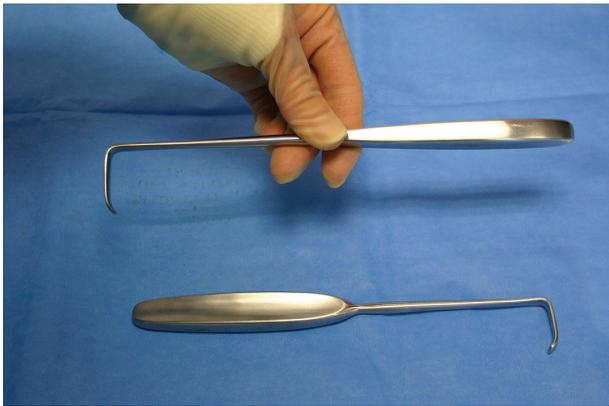
77 Volkmann Rake Retractor, Sharp
Nickname: sharp rake
Use: retraction
Features: handle with round, finger ring and 3 prongs



78 Volkmann Rake Retractor, Blunt
 Nickname: blunt rake
 Use: retraction
 Features: handle variations, 6-prongs blunt tips



79 Green Retractor
 Nickname: green
 Use: atraumatic retraction of delicate tissue—ENT, General, thyroid surgery
 Features: stirrup-like open loop tip, looks like the "G" in green



80 Langenbeck Retractor
 Nickname: Langenbeck
 Use: atraumatic retraction, thyroid tissue, hernia, or open appendectomy procedures
 Features: smooth long handle, right-angle toe-in blade end



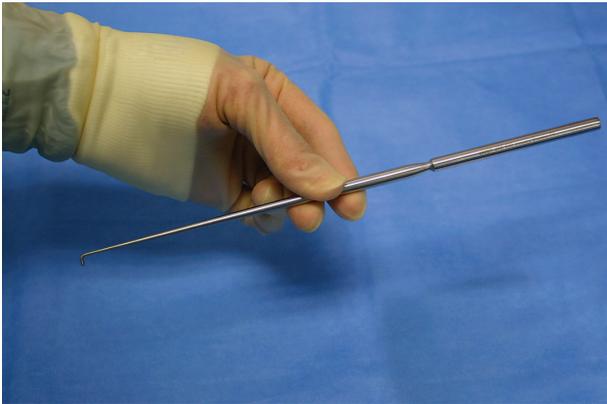
81 Lahey Retractor
 Nickname: baby appendiceal
 Use: atraumatic retraction—ENT, thyroid, hernia, and open appendectomy procedures
 Features: grooved handle, right-angle, toe-in blade tip



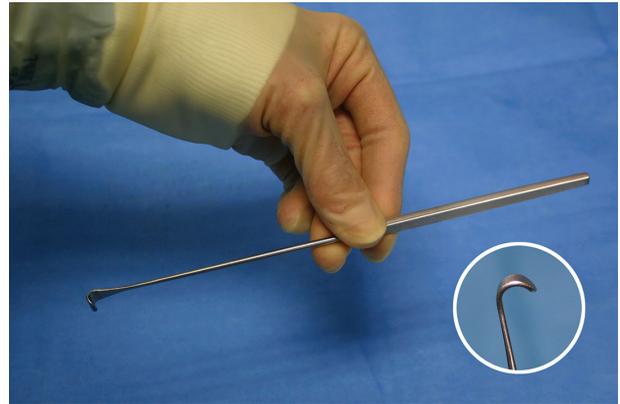
82 Mayo Abdominal Retractor
 Nickname: abdominal retractor
 Use: retracts multiple layers of tissue
 Features: hollow handle, curved, rounded winged tip



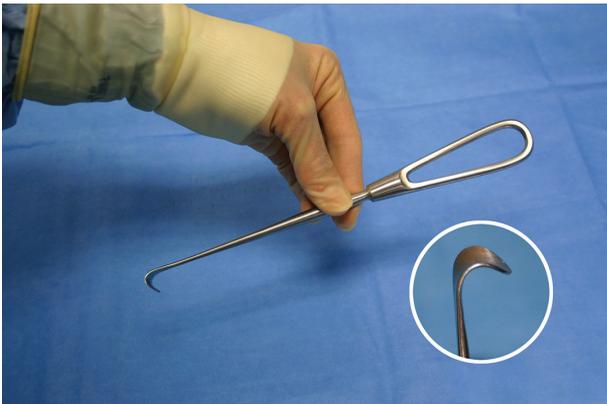
83 Sauerbruch Retractor
 Nickname: appendiceal, sauerbruch
 Use: retracts multiple layers, open appendectomy, breast procedures, and GYN
 Features: blunt blade protects tissue, square, hollow, grooved handle with additional thumb rest, toe-in tip, right angle



84 Dandy Nerve Hook
 Nickname: nerve hook
 Use: retraction of nerves
 Features: long, slender handle, blunt, atraumatic, right-angle tip



85 Love Nerve Retractor
 Nickname: love retractor
 Use: retraction by cradling the nerve
 Features: flat handle, blunt, flared tip, multiple end variations 45, 90, 180 degrees



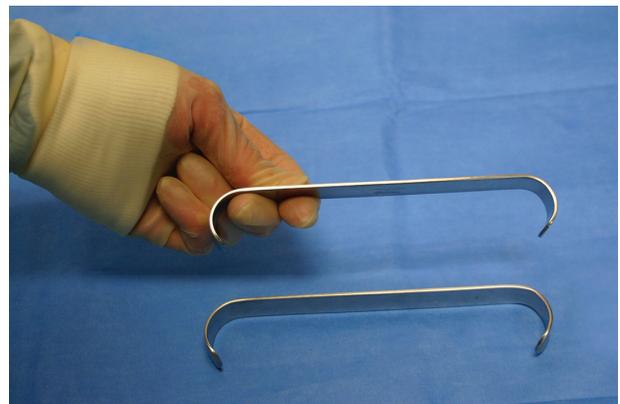
86 Cushing Vein Retractor
 Nickname: vein retractor
 Use: retracts blood vessels and nerve plexuses
 Features: open handle, blunt, flared angled tip



87 Mayo-Collins Retractor
 Nickname: double ended Mayo
 Use: retraction, usually found in pairs, provides choice of 4 blade lengths
 Features: smooth handle, double ended slotted, blunt toe-in right angle tips, one end is longer than the other



88 US Army Retractor
 Nickname: Army Navy or Navy Army
 Use: retraction, set of two and provides four-blade lengths
 Features: fenestrated handle, double ended, right-angle toe-in, blunt rounded ends



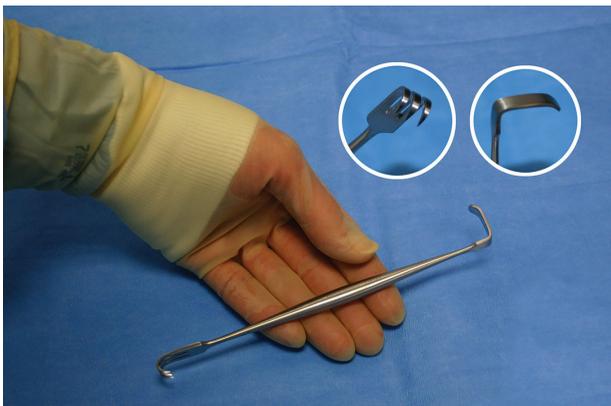
89 Parker retractor
 Nickname: Parker
 Use: retraction, set of two and provides four-blade lengths
 Features: smooth handle, handle and blades same width, angled double ends cradle tissue



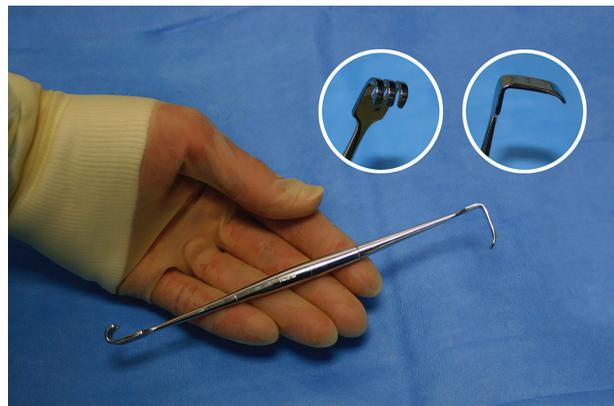
90 Roux Double Ended Retractor, small
Nickname: Roux
Use: retraction, with two blade lengths
Features: flat shank shaft, angled bends at tips, rounded and wide



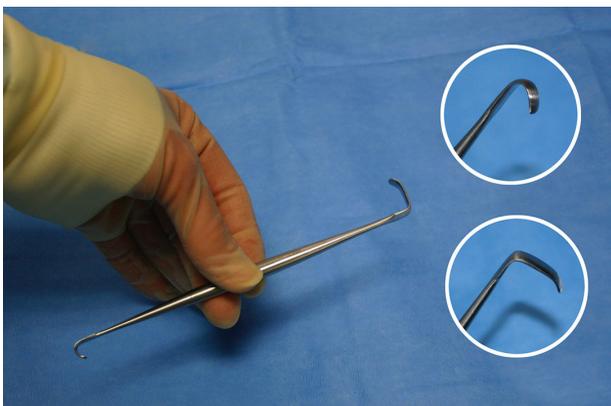
91 Goelet Retractor
Nickname: Goelet
Use: retraction, used as a single retractor
Features: shaft curves inward, wide-angled blade tips



92 Senn Retractor, Sharp
Nickname: Senn
Use: retracts small tissue, hernia repair, breast biopsy procedures
Features: double ended and reverse direction, 3-prong sharp rake and toe-in right-angle blade



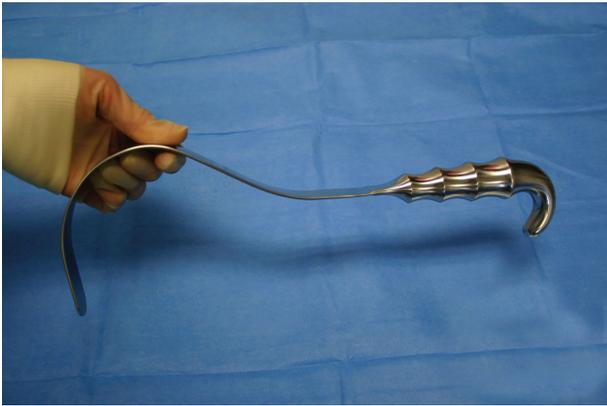
93 Senn Retractor, Blunt
Nickname: blunt senns, rake side
Use: retracts small tissue
Features: double reversed ends, 3 prongs dull rake and toe-in right angle blade



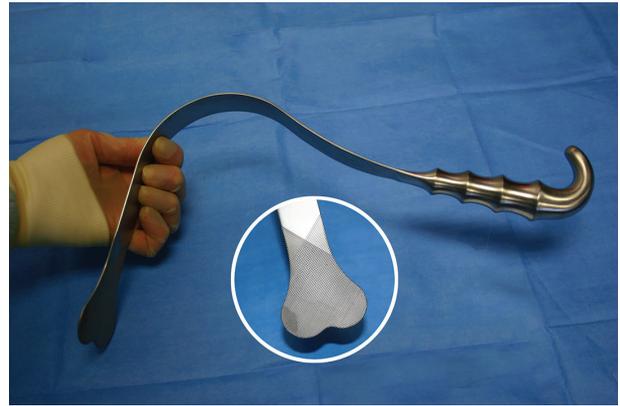
94 Ragnell Retractor
Nickname: Ragnell, French
Use: retracts very small tissue
Features: round cross-serrated handle, double reversed ends, one end flat toe-in blade and other with cradled tip



95 Deaver Retractor
Nickname: Deaver, shown holding the working end as if passing to the surgeon
Use: retracts deeper surgical planes, holds moistened lap sponges against tissue
Features: flat, thin handle with end crafted to cradle the hand, variations available—hollow, lamb, and grip



96 Deaver Retractor
Nickname: Deaver
Use: retracts deep tissue, shown holding the working end as if passing to the surgeon
Features: lamb handle with palm rest curved in same direction as the working end—blade. Various lengths, widths, and handles.



97 Debaquey-Cooley-Harrington Retractor
Nickname: Harrington, DCH, transplant deaver
Use: retracts deep tissue
Features: thin, flat shank, lamb handle, heart-shaped serrated tip without protective piping



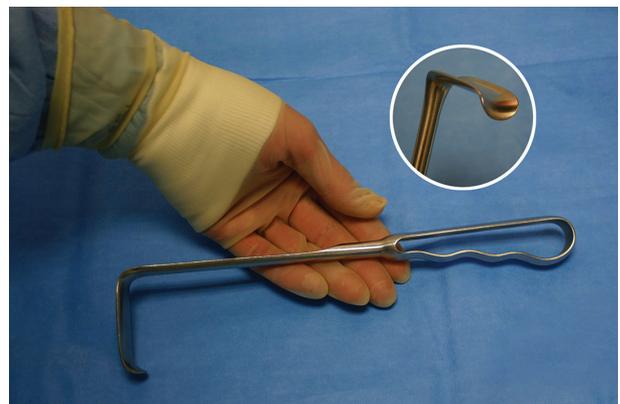
98 Debaquey-Cooley Retractor
Nickname: XL Deaver
Use: retraction in deep planes, intestines, bowel and transplants
Features: wide, thin, flat blunt blade, lamb or hollow handle grip



99 Harrington Retractor
Nickname: sweetheart
Use: retraction of deeper tissue. Shown holding working end and as if passing to the surgeon.
Features: smooth heart-shaped working end with protective, raised piping.



100 Weinberg Vagotomy Retractor
Nickname: Joe's hoe, vagotomy
Use: retracts deep intestinal tissue
Features: very heavy, smooth, oblong handle with reversed right angle double-ended toe in, blunt tips. Weights approximately 2 pounds or 8 times more than most retractors.



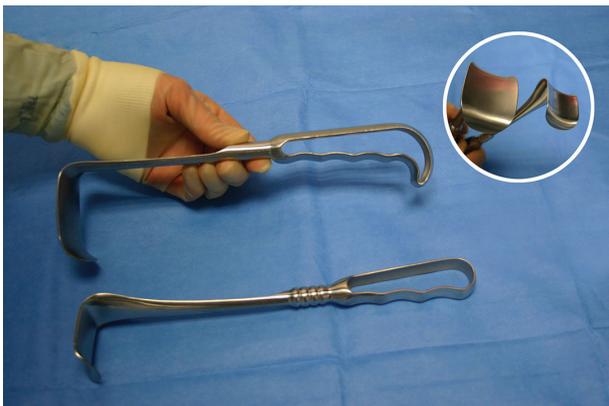
101 Richardson Appendectomy Retractor
Nickname: Richardson, appendiceal, Rich, small, medium, and large
Use: retracts deeper tissue in narrow areas, appendectomy, herniorrhaphy, shoulder repair
Features: open handle, thin, right-angle, toe-in blunt blade, and handle variations



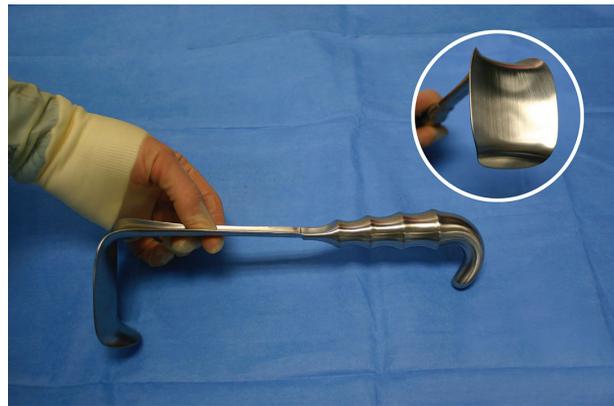
102 Richardson-Eastman Retractor
Nickname: Eastman
Use: retraction, set provides four-blade lengths
Features: set of two, fluted handle in center of the curved shank, double ended and face in same direction



103 Richardson Retractor
Nickname: medium rich
Use: retraction, routinely available in General sets
Features: hollow handle shown, various lengths and handles available, curved, blunt, right angle, toe-in blade



104 Richardson Retractor
Nickname: medium rich
Use: retraction of tissue
Features: standard or open handle shown, curved, toe-in blade, available in various lengths



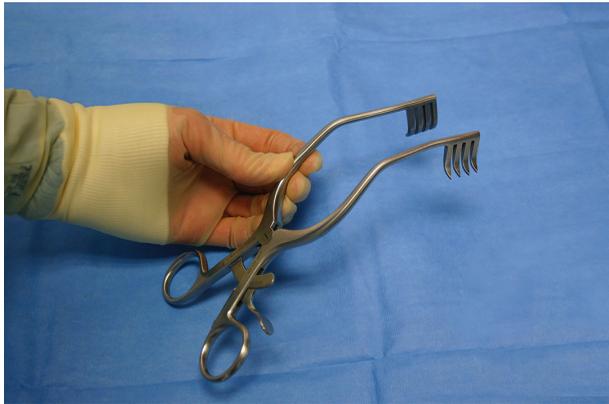
105 Kelly Retractor
Nickname: Large Richardson
Use: retraction, shown in position for surgeon to grasp
Features: lamb handle shown, other styles available



106 Oschner Ribbon Retractor
Nickname: malleable, ribbon
Use: retraction, may be used to assist with tissue closure, suturing
Features: bendable or malleable, variable widths and lengths available



107 Adson Cerebellar Retractor
Nickname: sharp or curved cerebellar
Use: retraction in General and Neuro procedures
Features: self-retaining, ratcheted shank for expansion, with 2 rows of 4 sharp prongs, non-interlacing, available in blunt



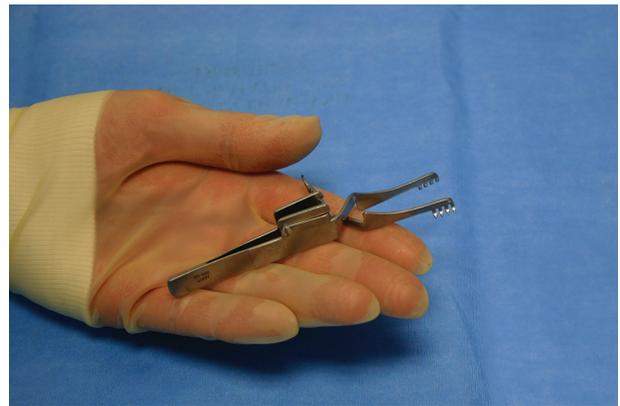
108 Anderson-Adson Cerebellar Retractor
Nickname: Blunt cerebellar
Use: retraction in General and Neuro
Features: self-retaining, ratcheted, non-interlacing prongs



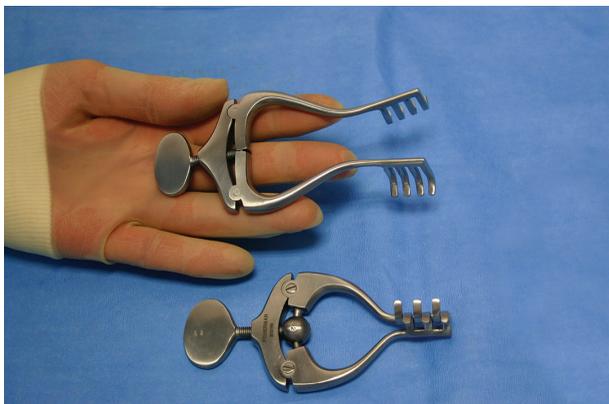
109 Beckman-Adson Retractor
Nickname: Adson-Beckman, hinged Beckman
Use: retraction in General and Neuro procedures
Features: self-retaining, ratchet shank and hinged for positioning variations



110 Gelpi Retractor
Nickname: Gelpi
Use: self-retaining retraction in General, Orthopedics, Neuro, and ENT procedures
Features: ratchet, long, curved shank to maintain visibility in the surgical field



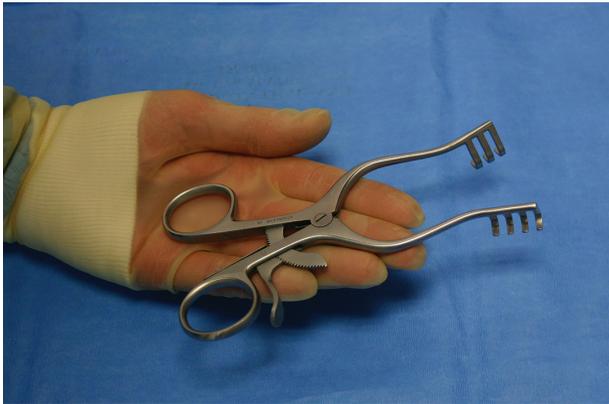
111 Heiss Retractor, Sharp
Nickname: Heiss
Use: small retractor for General, Plastics, and hand procedures.
Features: Forceps-like handle, two rows of four sharp or blunt prongs



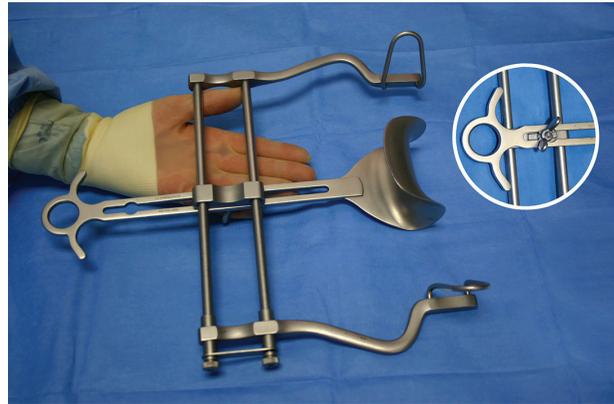
112 Jansen Scalp Retractor
Nickname: Jansen, Mastoid
Use: scalp tissue retraction in temporal, mastoid, and occipital regions
Features: clamp-like handle mechanism, two rows with four blunt interlaced prongs



113 Weitlaner Retractor, Sharp
Nickname: Weitlander (with a "d"), Wheatie
Use: retraction in most surgical specialties
Features: self-retaining, interlacing odd number of prongs 3 x 4 with variations



114 Weitlaner Retractor, Blunt
 Nickname: Weitlander (with a "d"), Wheatie
 Use: retraction
 Features: self-retaining, interlacing with odd number of dull prongs



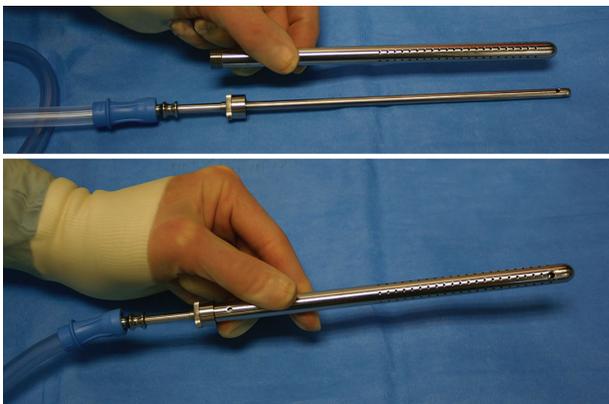
115 Baulfour Retractor
 Nickname: Baulfour, abdominal retractor
 Use: retraction in the abdomen
 Features: self-retaining, variations with removable blades, screws, and wing nuts. Count all parts for patient safety.



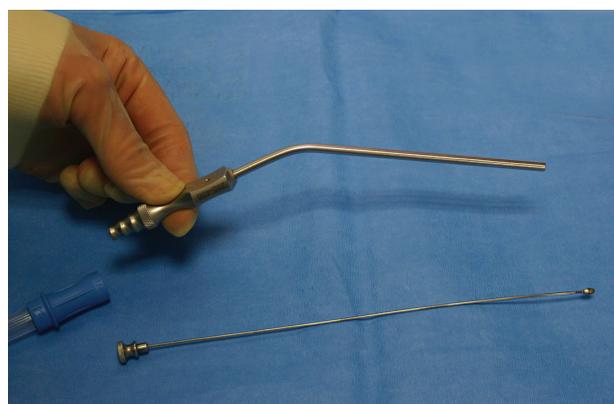
116 Yankauer Suction Tube and Tip
 Nickname:
 Use: suctions blood, fluids; used in all surgical procedures.
 Nonsterile, disposable tube used by the anesthesia care provider.
 Features: reuseable and disposable variations. Count all parts.



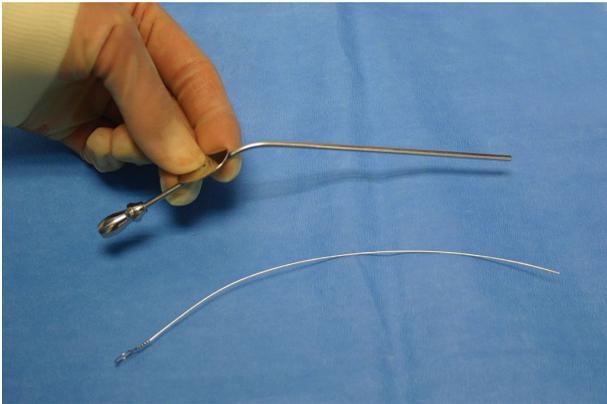
117 Andrews Pediatric Suction Tube
 Nickname: Peds suction
 Use: suctions fluids and blood
 Features: smaller, nonremovable tip



118 Poole Abdominal Suction Tube, 30 French
 Nickname: Poole, abdominal suction
 Use: gentle, deep cavity suction
 Features: cannula inside of perforated outer cannula provides diffuse, gentle suction, count as two parts. Disassemble for decontamination.



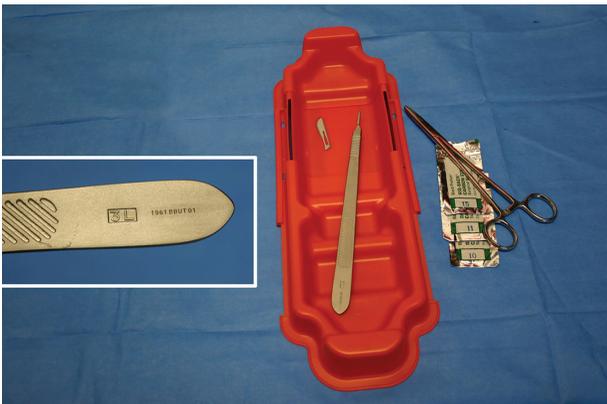
119 Ferguson-Frazier Suction Tube
 Nickname: Frazier
 Use: gentle suction in confined spaces
 Features: curved, small hole on thumb rest for finger control of suction action, count stylet and cannula as two parts, disassemble for decontamination.



120 Baron Suction Tube, 7 French
 Nickname: ENT suction
 Use: gentle suction
 Features: thumb rest control, stylet for clearing, variations available, 3 French used for ENT



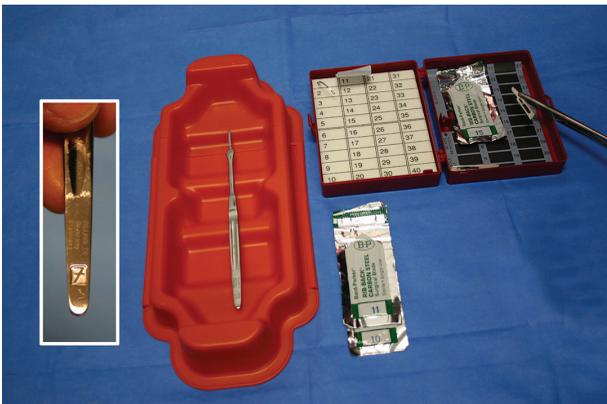
121 Knife Handle, # 3
 Nickname: skin knife, scalpel handle
 Use: handle for blades #10—skin, abdomen, #11—puncture for drains, #15—facial incisions
 Features: serrated grip, variations with ruler or 45 degree angle



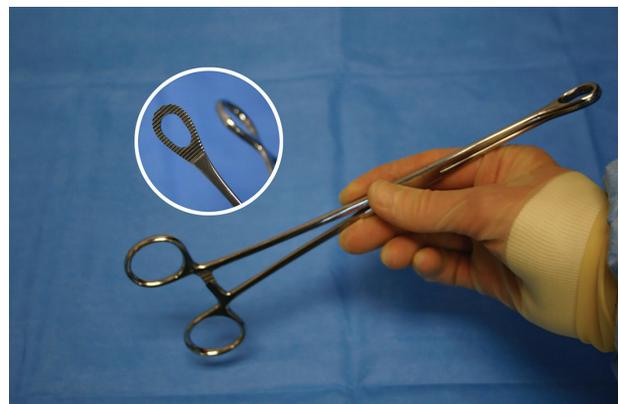
#122 Knife Handle, #3 Long
 Nickname: Long skin knife
 Use: deeper incisions for blades # 10, 11, 15
 Features: serrated grip



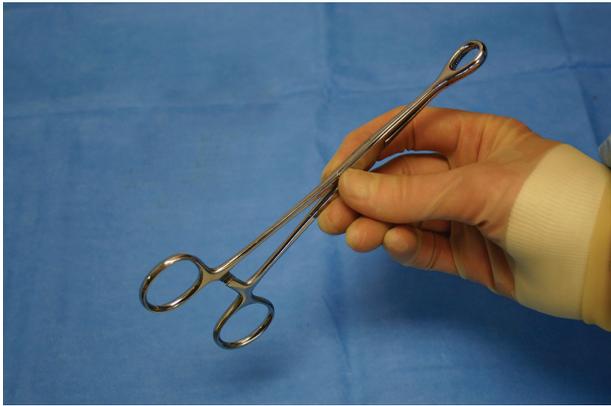
#123 Knife Handle, #4
 Nickname: knife, scalpel handle
 Use: incisions, accommodates blade #20
 Features: serrated handle



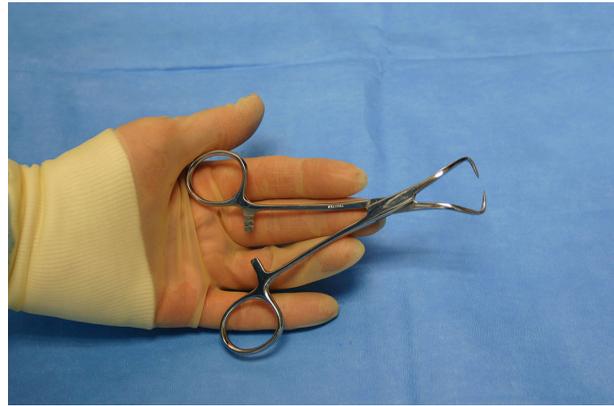
#124 Knife Handle, #7
 Nickname: vascular knife, scalpel
 Use: for blades #10, 11, and 15, which is more frequently used
 Features: thinner, longer handle



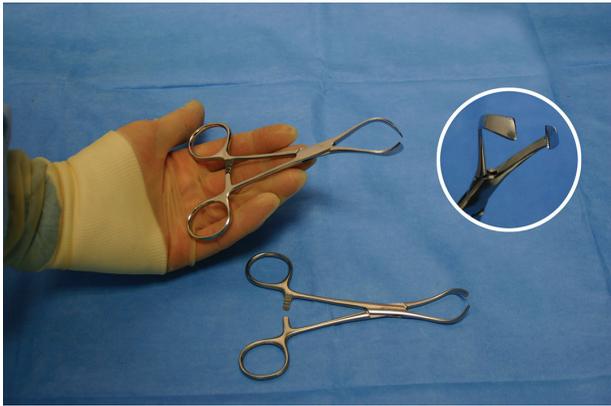
125 Foerster Sponge Forceps
 Nickname: sponge stick
 Use: grasp sponges, dissection, absorption
 Features: fenestrated, serrated working end, variations in size and curvature



126 Foerster Sponge Forceps, short
Nickname: short
Use: grasps sponge for dissection, absorption
Features: fenestrated, serrated jaws



127 Backhaus Towel Forceps
Nickname: towel clamp, penetrating lips
Use: secures surgical towels and drapes, grasp bone or fibrous tissue
Features: curved and pointed, traumatic



128 Edna Towel Forceps
Nickname: Drape clamp, nonpenetrating clamp
Use: grasps surgical towels and drapes, secures suction tubing
Features: nonpenetrating, flat, wide ends



Progress

Date: _____

- Apply sterile technique consistently
- Apply protocols—counts, medications, sharps, specimen care
- Demonstrate chapter skills
- Ready to test
- Plan for improvement:

COMPETENCY ASSESSMENT

STUDENT'S NAME: _____

CHAPTER 19 IDENTIFY, PREPARE, AND PASS INSTRUMENTS

PERFORMANCE RATING:

- 5 **Independent:** Safe. Confident, anticipates, and uses critical thinking.
- 4 **Above Average:** Safe. Recognizes breaks in technique and self-corrects (0–1 errors).
- 3 **Competent:** Safe. Recognizes breaks in sterile technique and self-corrects (2–3 errors). A rating of “3” or higher in each skill is required to pass.
- 2 **Remedial:** Unsafe. Makes critical errors and is unable to implement cues consistently.
- 1 **Dependent:** Unsafe. Makes critical errors. Requires multiple evaluator interventions.

Perform independent, redundant scoring with two instructors.

Critical errors: communication, sterile technique, sharps, medications, counts, and instruments.

PERFORMANCE CRITERIA	Date:	Date:
	Score	Score
1. Demonstrate professionalism. Communicates accurately, completely, and understandably, and shows initiative, self-direction, responsibility, accountability, and teamwork.	1 2 3 4 5	1 2 3 4 5
2. Identify, prepare and pass scalpels. Use selected transfer method.	1 2 3 4 5	1 2 3 4 5
3. Identify and pass scissors to right- and left-handed surgeons.	1 2 3 4 5	1 2 3 4 5
4. Identify and pass forceps to right- and left-handed surgeons.	1 2 3 4 5	1 2 3 4 5
5. Identify and pass handheld and self-retaining retractors to right- and left-handed surgeons.	1 2 3 4 5	1 2 3 4 5
6. Identify needle holders.	1 2 3 4 5	1 2 3 4 5
7. Identify, assemble, and pass instructor-selected instruments. Listed here by instructor.	1 2 3 4 5	1 2 3 4 5
8. Demonstrate (state) point-of-use instrument cleaning.	1 2 3 4 5	1 2 3 4 5
9. Demonstrate (state) appropriate method to isolate, tag, and remove from service any malfunctioning instrument.	1 2 3 4 5	1 2 3 4 5
10. Demonstrate the second assisting or second scrub role: sponge, suction, retract, and cut suture. (Manipulate the endoscopic camera described in Chapter 25.)	1 2 3 4 5	1 2 3 4 5
11. Demonstrate (state) how selected instruments and parts will be counted.	1 2 3 4 5	1 2 3 4 5
12. Maintain sterile technique.	1 2 3 4 5	1 2 3 4 5
Optional: Total points can inform grading by percentages or letters.		

ADDITIONAL COMMENTS _____

DATE: _____ PERFORMANCE EVALUATION AND RECOMMENDATIONS

- PASS: Satisfactory Performance. Score 3–5 on all performance criteria.
 - Demonstrates professionalism: Shows professional communication, initiative, self-direction, and accountability.
 - Exhibits critical thinking: Consistently displays comprehension and command of essential concepts.
 - Skill performance: Exhibits no critical errors, self-corrects, performs all criteria safely and accurately in a reasonable time frame, and applies sterile technique, as required.
- FAIL: Unsatisfactory Performance Scores 1–2 on any performance criterion.
 - Critical criteria not met. These may include sterile technique, safety, PPE, timing, or communication.
 - Professionalism not demonstrated.
 - Critical thinking skills not demonstrated.
 - Skill performance unsafe or not demonstrated.
- REMEDIATION:
 - Schedule lab practice. Date: _____
 - Reevaluate by instructor. Date: _____
- DISMISS from lab or clinicals today.
- Program director notified. Date: _____

SIGNATURES

Date _____ Evaluator _____ Student _____

Date _____ Evaluator _____ Student _____

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