Identify, Prepare, and Pass Instruments

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

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Type of Role</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nonsterile</td>
<td>Sterile</td>
</tr>
<tr>
<td>Surgical Technologist</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Assistant Circulator</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Second Assisting or Second Scrub ST Role</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Operating Room Team</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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)
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 19.1: Handle #3 and blades #10, 11, and 15.](image1)

![Figure 19.2: Handle #4 and blade #20.](image2)

![Figure 19.3: Handle #7 and blades #11 and 15.](image3)

![Figure 19.4: Retractable blade on a reusable handle.](image4)

![Figure 19.5: Preloaded, disposable scalpel.](image5)
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.

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,
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.”
  - 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.
• 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.
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.

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.

- 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.
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.
  o Pass the retractor/arm blades in the closed position for placement in the patient’s body.
  o Pass the bladder, or accessory blade, to the surgeon with the ringed end facing the surgeon.
  o 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 19.27 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: ____________________________
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.
   • 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.
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.
CHAPTER 19 Identify, Prepare, and Pass Instruments

187

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

• 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.
  o 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.
  o Use pressure to wick fluids, without damaging tissues. Use pressure on the skin during closure to promote hemostasis.

• Suction the operative field to clear blood or irrigation fluids.
  o Use the Yankauer suction wand to grasp fluids without damaging tissue.

• Hold instrumentation to retract the surgical wound edges.
  o 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.
  o Use the design of the instrument handles to assist you.

• Cut suture material.
  o 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.
  o 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.

16. Identify instruments in a Major II set.

• Refer to Table 19.2 and Figures 19.45 and 19.46.
  o Instrument selection and quantities will vary by schools and clinical sites.

• Work with a lab partner. Identify and pass each instrument.

FIGURE 19.40 Sponge the wound to wick blood.
TABLE 19.1  Instrument Identification and Surgical Procedures

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

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

<table>
<thead>
<tr>
<th>Surgical Progression</th>
<th>Selected Instruments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform skin closure</td>
<td>Suture</td>
</tr>
<tr>
<td></td>
<td>Stapler</td>
</tr>
<tr>
<td></td>
<td>Glue</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>Apply dressing</td>
<td>Dressing sponges</td>
</tr>
<tr>
<td></td>
<td>Mayo scissors</td>
</tr>
<tr>
<td></td>
<td>Steri-strips and forceps</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**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>
<thead>
<tr>
<th>ST School Label #</th>
<th>Instrument Name</th>
<th>Alternate Name, “Nick Name”</th>
<th>Counted by This Title or Group.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Mayo scissors, straight</td>
<td>Suture scissors</td>
<td>Scissors</td>
</tr>
<tr>
<td>7</td>
<td>Mayo scissors, curved</td>
<td>Heavy scissors</td>
<td>Scissors</td>
</tr>
<tr>
<td>11</td>
<td>Metzenbaum scissors, curved</td>
<td>Metz</td>
<td>Scissors</td>
</tr>
<tr>
<td>20</td>
<td>Webster needle holder</td>
<td></td>
<td>Needle holders</td>
</tr>
<tr>
<td>21</td>
<td>Crile Wood needle holder</td>
<td></td>
<td>Needle holders</td>
</tr>
<tr>
<td>22</td>
<td>Mayo-Hegar needle holder</td>
<td></td>
<td>Needle holders</td>
</tr>
<tr>
<td>29</td>
<td>Thumb forceps smooth, 10”</td>
<td></td>
<td>Pickups</td>
</tr>
<tr>
<td>34</td>
<td>Adson tissue forceps</td>
<td>Adson with teeth</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Debakey tissue forceps, small 6”</td>
<td>Smooth pickups</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Debakey tissue forceps, medium 8”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Thumb tissue forceps with teeth</td>
<td>Rat tooth, pickup w/teeth</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Bonney tissue forceps</td>
<td>Heavy pickups</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Allis tissue forceps</td>
<td></td>
<td>Forceps</td>
</tr>
<tr>
<td>52</td>
<td>Babcock tissue forceps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Crile hemostat, curved 5–6”</td>
<td>Crile, snap or stat</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Kelly hemostat, curved short 5.5”</td>
<td>Kelly</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Kelly hemostat, curved long 9”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Rochester Oschner hemostat, straight</td>
<td>Kocher</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Joseph double skin retractors</td>
<td>Double skin hook</td>
<td>Retractor</td>
</tr>
<tr>
<td>88</td>
<td>US Army retractor</td>
<td>Army-Navy</td>
<td>Retractors</td>
</tr>
<tr>
<td>104</td>
<td>Richardson retractor, small 1.25 x1.25”</td>
<td>Rich, open handle</td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Richardson retractor, medium 1.5 x 1.5”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>104</td>
<td>Richardson retractor, long-footed 3 x 1.5”</td>
<td>Long-footed</td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>Weitlaner retractor, blunt</td>
<td>Weitlander, Wheatie</td>
<td></td>
</tr>
<tr>
<td>116</td>
<td>Yankauer suction tube with tip</td>
<td>Tonsil</td>
<td>Yankauer</td>
</tr>
<tr>
<td>118</td>
<td>Poole abdominal suction tube with guard</td>
<td>Poole</td>
<td>Poole</td>
</tr>
<tr>
<td>121</td>
<td>Knife handle # 3 (blades 10,11,15)</td>
<td>Knife handle</td>
<td></td>
</tr>
<tr>
<td>122</td>
<td>Knife handle # 4 (blade 20)</td>
<td>Knife handle</td>
<td></td>
</tr>
<tr>
<td>124</td>
<td>Knife handle # 7 (blade 15)</td>
<td>Knife handle</td>
<td></td>
</tr>
<tr>
<td>125</td>
<td>Foerster sponge forceps</td>
<td>Ring or sponge</td>
<td>Sponge stick</td>
</tr>
<tr>
<td>127</td>
<td>Backhaus towel forceps, penetrating</td>
<td>Towel, penetrating</td>
<td>Towel clamp</td>
</tr>
<tr>
<td>128</td>
<td>Edna towel forceps, nonpenetrating</td>
<td>Towel, nonpenetrating</td>
<td></td>
</tr>
</tbody>
</table>

Instructor to provide names of other instruments to know here.

| 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.
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

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

(Continued)
TABLE 19.3 Frequently Used Instruments (continued)

<table>
<thead>
<tr>
<th>Instrument Description</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>#82 Mayo retractor</td>
<td></td>
</tr>
<tr>
<td>#85 Love nerve retractor</td>
<td></td>
</tr>
<tr>
<td>#86 Cushing vein retractor</td>
<td></td>
</tr>
<tr>
<td>#88 US Army retractor Army-Navy or Navy-Army</td>
<td></td>
</tr>
<tr>
<td>#93 Senn retractor—blunt</td>
<td></td>
</tr>
<tr>
<td>#94 Ragnell retractor</td>
<td></td>
</tr>
<tr>
<td>#95 Deaver retractor</td>
<td></td>
</tr>
<tr>
<td>#99 Harrington retractor</td>
<td></td>
</tr>
<tr>
<td>#101 Richardson appendectomy retractor</td>
<td></td>
</tr>
<tr>
<td>#104 Richardson retractor</td>
<td></td>
</tr>
<tr>
<td>#106 Oschner ribbon retractor</td>
<td></td>
</tr>
<tr>
<td>#108 Adson cerebellar retractor—sharp</td>
<td></td>
</tr>
<tr>
<td>#109 Beckman-Adson retractor</td>
<td></td>
</tr>
<tr>
<td>#110 Gelpi retractor</td>
<td></td>
</tr>
<tr>
<td>#111 Heiss retractor</td>
<td></td>
</tr>
<tr>
<td>#114 Weitlaner retractor—blunt</td>
<td></td>
</tr>
<tr>
<td>#115 Balfour retractor</td>
<td></td>
</tr>
<tr>
<td>#116 Yankauer suction tube</td>
<td></td>
</tr>
<tr>
<td>#118 Poole abdominal suction tube</td>
<td></td>
</tr>
<tr>
<td>#119 Ferguson Frazier suction tube</td>
<td></td>
</tr>
<tr>
<td>#120 Baron suction tube</td>
<td></td>
</tr>
<tr>
<td>#121 Knife handle #3 for blades 10, 11, 15</td>
<td></td>
</tr>
<tr>
<td>#122 Knife handle #3L (long) for blades 10, 11, 15</td>
<td></td>
</tr>
<tr>
<td>#123 Knife handle #4 for blade 20</td>
<td></td>
</tr>
<tr>
<td>#124 Knife handle #7 for blade 15</td>
<td></td>
</tr>
<tr>
<td>#125 Foerster sponge forceps</td>
<td></td>
</tr>
<tr>
<td>#127 Backhaus towel forceps</td>
<td></td>
</tr>
<tr>
<td>#128 Edna towel forceps</td>
<td></td>
</tr>
<tr>
<td>Castroviejo Needle holder in plastics or Eye tray</td>
<td></td>
</tr>
<tr>
<td>Tenaculum in D and C and GYN trays</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 19.55  Frequently used in a D and C tray.

FIGURE 19.56  Frequently used in an ENT tray.

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

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

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 19.67  Frequently used in a Plastics-Reconstruction tray.

FIGURE 19.68  Frequently used in a Thoracic tray.

FIGURE 19.69  Frequently used in a GU tray.

FIGURE 19.70  Select forceps to grasp packing gauze.
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

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

# 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

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

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

# 5 OR scissors—delicate, sharp side and blunt curved side
Nickname: 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
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Use</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td># 18 Joseph Scissors, curved</td>
<td>Nickname: long Iris, Metz, curved Joseph</td>
<td>cuts delicate tissue, precisely</td>
<td>tapered jaw, sharp tips</td>
</tr>
<tr>
<td># 19 Brown Plastic Needle Holder (NH)</td>
<td>Nickname: Needle holder</td>
<td>holds small suture needles and works in tight places</td>
<td>tapered, short, and heavy jaws with cross serrations</td>
</tr>
<tr>
<td># 20 Webster NH</td>
<td>Nickname: Needle holder</td>
<td>holds small needles</td>
<td>tapered, smooth, short, and light jaws, available with cross serrations</td>
</tr>
<tr>
<td># 21 Crile Wood NH</td>
<td>Nickname: Needle holder</td>
<td>holds standard sized needles, passes through most tissue</td>
<td>tapered, light, serrated jaws</td>
</tr>
<tr>
<td># 22 Mayo-Heagar NH</td>
<td>Nickname: Large NH</td>
<td>holds large needles for thick, dense tissue</td>
<td>heavy, tapered, cross-serrated with fenestrated – window—jaws</td>
</tr>
<tr>
<td># 23 Ryder NH</td>
<td>Nickname: Vascular NH</td>
<td>holds fine and CV needles, used for grafts</td>
<td>short, wide-to-narrow with cross-serrations</td>
</tr>
</tbody>
</table>
# 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 Geralds Forceps  
Nickname: Gerald dressing forceps  
Use: grasps delicate tissue  
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 x 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 x 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 $1 \times 2$ 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, $1 \times 2$ or $2 \times 3$ 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, $1 \times 2$ rat teeth

# 47 Brown Forceps
Nickname: Brown’s
Use: grasps and approximates delicate, medium tissue
Features: serrated handle, tapered tip with 2 rows $9 \times 9$ mini teeth
CHAPTER 19  Identify, Prepare, and Pass Instruments

# 48 Cushing Bayonet Forceps
Nickname: Cushing bayonet
Use: grasps light-medium tissue, Neuro and ENT
Features: serrated handle, downward slope with fine 1 x 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 x 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 x 5 teeth, variations available

# 51 Adair Allis Tissue Forceps
Nickname: wide Allis
Use: grasps tougher tissue
Features: wide, flat jaw with 9 x 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 Mixter Dissecting Forceps  
Nickname: mixter  
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 Mixter Dissecting Forceps  
Nickname: mixter  
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
CHAPTER 19  Identify, Prepare, and Pass Instruments  211

# 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 Debakey-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 Debakey-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: reusable 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.

Perform independent, redundant scoring with two instructors.
Critical errors: communication, sterile technique, sharps, medications, counts, and instruments.

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

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 ____________________

Visit www.pearsonhighered.com/healthprofessionsresources to access the content available on the student resources website. Click on view all resources and select Surgical Technology from the choice of disciplines. Find this book and you can access the online content.