

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER  
- SHREVEPORT

**SITE MARKING**

Purpose:

To clearly identify without ambiguity the intended site for the procedure.

Policy:

1. Surgical markings shall be completed before the patient enters procedure/ operating room; a site mark is required for all patients having an invasive/surgical procedure, including bedside invasive procedures.
2. Procedures for Site Marking:
  - a. Site marking shall be performed by the licensed independent practitioner (LIP) or other provider who is privileged or permitted by the hospital to perform the intended surgical or invasive procedure. The provider must be involved directly in the procedure and will be present during the procedure. The site mark is completed before the patient enters the procedure/operating room.
  - b. Marking must take place with the patient involved, awake and aware, if possible. If the patient is a minor or unable to verify the information for his or herself, the verification process must, as possible, take place with parent, legal guardian, etc. as per informed consent policy. The LIP performing the site marking shall ask the patient to state the procedure(s), the site(s)/side(s) of surgery as well as point to the site(s).
  - c. The LIP performing the procedure will mark the procedure site which addresses the following:
    - 1) made at or near the procedure site on the incision site
    - 2) Includes the LIP's initials, with or without a line representing the proposed incision.
    - 3) Is made using a marker that is sufficiently permanent to remain visible after completion of the skin prep and sterile draping. Adhesive site markers are not to be used as the sole means of marking the site.
    - 4) Is positioned to be visible after sterile draping is complete.
  - d. For spinal procedures, preoperatively the skin is marked in the general spinal region and special radiographic techniques are used for marking the exact vertebral level.
  - e. If the procedure involves multiple sites/sides during the same operation, each side and site must be marked.
  - f. The skin mark shall not be placed on an open wound or lesion.
  - g. In the case of multiple lesions and when only some lesions are to be treated, the sites should be identified prior to the procedure itself.
3. Special Site Marking Requirements/Exceptions:
  - a. An alternative process for site marking shall be used in the following circumstances:
    - 1) Patient refuses marking – a temporary, unique wristband shall be placed on the side of the procedure containing the patient's name; a second identifier shall be used for the intended procedure and site.
    - 2) For minimal access procedures that intend to treat a lateralized internal organ, whether percutaneous or through a natural orifice – intended site is indicated by a mark at or near the insertion site and remains visible after completion of skin prep and sterile draping.

b. Exceptions for Site Marking

- 1) For interventional procedure cases for which the catheter/instrument insertion site is not predetermined.
- 2) Cases in which it is technically or anatomically impossible or impractical to mark the site (mucosal surfaces, perineum, premature infants).
- 3) For teeth, the operative tooth name(s) and number shall be indicated on documentation of the operative tooth (teeth) is marked on the dental radiographs or dental diagram. The documentation, images, and/or diagrams are available in the procedure room before the start of the procedure.
- 4) For premature infants, for whom the mark may cause a permanent tattoo.

c. Emergency Procedure

Site marking may be waived in critical emergencies at the discretion of the operating physician, but a "time out" should be conducted unless there is more risk than benefit to the patient.

d. Procedures exempt from Site Marking:

- 1) Gastroenterology endoscopic cases
- 2) Tonsillectomy
- 3) Hemorrhoidectomy
- 4) Single organ cases (c-section, cardiac surgery)



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Administrator

4/18/12  
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Date

Approved by Clinical Board: 1/20/09, 4/17/12  
Written: 10/08  
Revised: 4/12  
Reviewed: 4/12