

Throat Packs - Retained - Risk Reduction - Full Clinical Guideline

Reference no.: CG-ANAES/2018/011

Clinical guideline for reducing the risk of retained throat packs after surgery

1. Scope of the Policy

To Provide Anesthetists, Surgeons and theatre staff with an evidence-based clinical practice guideline for the management of a throat pack during certain surgical procedures.

2. Definitions Throat packs –

A surgical sponge/swab for use in the larynx of a throat, this should ideally have radiopaque material embedded in it to enable easy identification on radiological examination.

3. Background

Throat packs are used in some surgical procedures to prevent saliva, blood or other surgical debris from tracking down into the pharynx, oesophagus, and the respiratory tract during ENT, dental and head & neck surgery.

Throat packs placed in the mouth and oropharynx are at risk for being left in situ after the surgical procedure has been completed. This could lead to airway obstruction and this is potentially a life threatening event. Retained throat packs are classed as never events and national data shows that retained throat packs occurred eight times in 2013–2014 and 2014–2015 and five times in 2015–2016. Recent NPSA guidance and recommendations from Difficult Airway Society, the British Association of Oral and Maxillofacial Surgery (BAOMS) and the British Association of Otorhinolaryngology, Head and Neck Surgery recommend that every trust should have locally agreed guidelines and protocols to reduce the risk of retained throat pack following surgery.

4. Clinical indications for placement of a throat pack may include, but are not limited to, the following:

- a. To provide a physical barrier to prevent leakage of most bodily and external fluids into the respiratory and digestive passages.
- b. To seal the area and prevent leakage of gases around the tracheal tube during the provision of general anaesthesia and the surgical procedure.

5. Practice guideline

5.1. The indication for throat pack insertion should be discussed by the anaesthetist and the surgeon. Insertion should be clearly justified. The individual making the decision assumes responsibility for the device.

5.2 The insertion of the throat pack should be verbally communicated to the theatre team by the surgeon or anaesthetist responsible for placement.

5.3 The throat pack should be a surgically counted sponge ideally with radiopaque embedded material.

5.4 At least one visual check shall be implemented during the surgical procedure.

A. Leaving part of the throat pack protruding externally

B. Attaching the throat pack securely to the airway device i.e. endotracheal tube or catheter mount.

5.5. Putting a label or mark on the patient – “Throat pack in situ”. These labels are available in theatre. The label should not be removed until the throat pack has been removed.

5.6. A documentary procedure should be implemented in the following manner:

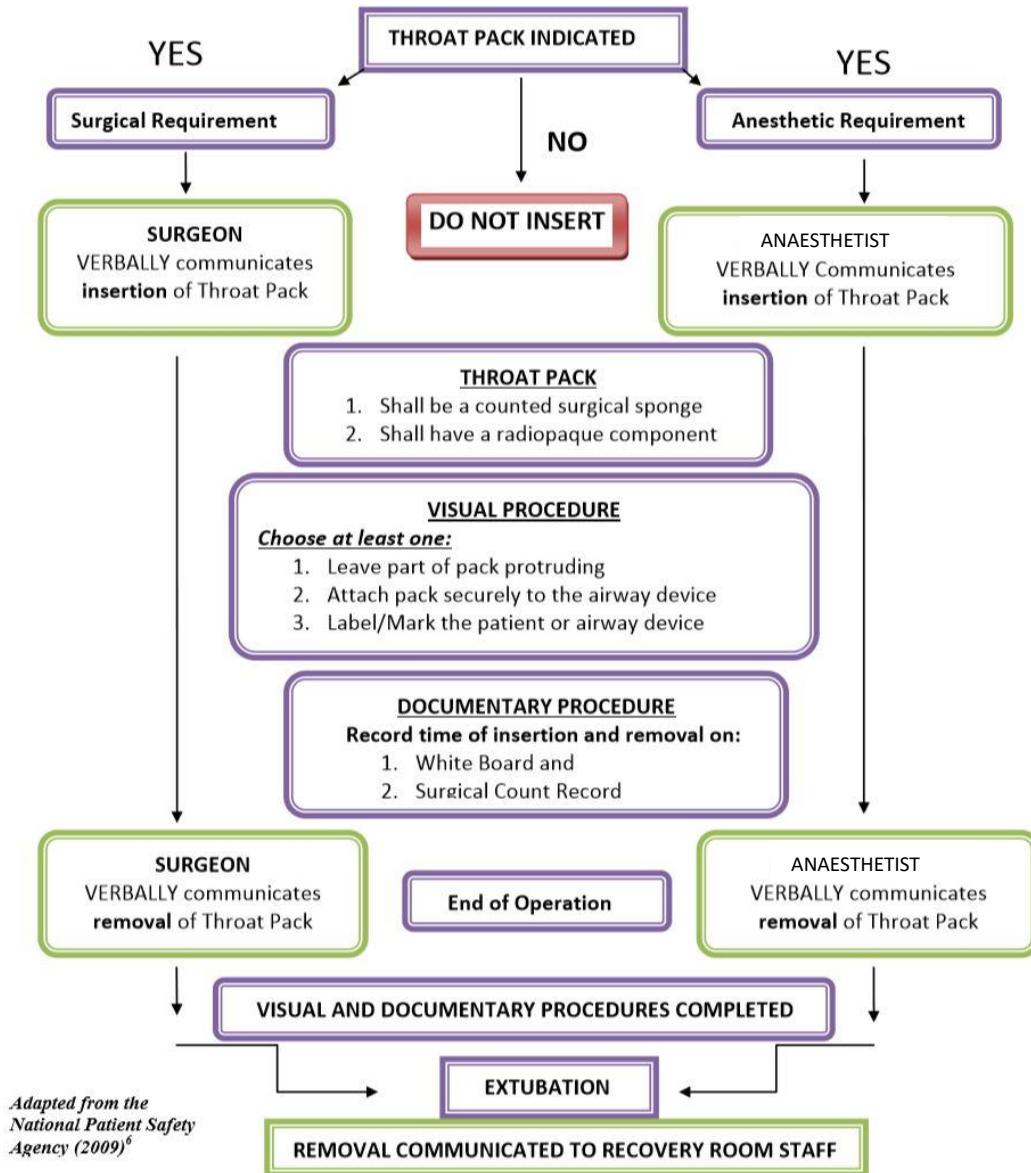
A. The anaesthetist should document insertion on the anaesthetic chart.

B. The theatre circulator should document insertion on the swab board.

C. Any additional pack insertion needs to be communicated to and documented by the anaesthetist and the scrub nurse/anaesthetic assistant.

D. Any alteration of the pack by the surgeon should be clearly communicated to and documented by the anaesthetist and theatre circulator.

6. At the end of the surgical procedure the surgeon or anaesthetist should verbally communicate the removal of the throat pack to the theatre team.
7. Removal of inserted packs should be documented on the anaesthetic chart and the swab board.
8. The anaesthetist is responsible for checking a clear airway at the end of surgery before extubation.
9. On handing over the patient the insertion and removal of the throat pack must be communicated to the recovery room staff.



Documentation Controls

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References:

1.NHS England. Never Events Data. <https://www.england.nhs.uk/patientsafety/never-events/never-events-data/> (accessed 15/10/ 2016).

2.Systematic review of benefits or harms of routine anaesthetist-inserted throat packs in adults: practice recommendations for inserting and counting throat packs: An evidence-based consensus statement by the Difficult Airway Society (DAS), the British Association of Oral and Maxillofacial Surgery (BAOMS) and the British Association of Otorhinolaryngology, Head and Neck Surgery (ENT-UK). January 2018, Anaesthesia

3.National Health Service: National Patient Safety Agency (2009). Reducing the Risk of retained throat packs after surgery flowchart. Retrieved from <http://www.nrls.npsa.nhs.uk/resources/>

4.Colbert, S., Jackson, M., Turner, M., & Brennan, P.A. (2012). Reducing the risk of retained throat packs after surgery. British Journal of Oral and Maxillofacial Surgery; 50: 680-681. doi:10.