Section: Division Approval:		Division of Nursing		*********** * PROCEDURE * *************	Index: Page: Issue Date: Revised Date:	7430.012a 1 of 2 August 5, 1993 October 5, 2004
			HACKET	TSTOWN COMMUNITY F	HOSPITAL	
Originator: Revised by:	S. Ko	eppen	cher, RN, CGRN , RN, CGRN :AUTERY/ELECTR	Minor Procedure (Scope) OSURGERY/COAGULAT	ION	
PURPOSE:		То	outline the steps for	rutilizing electrocautery		
SUPPORTIVE DATA:		1.	. Electrocautery is an adjunctive procedure to endoscopy or surgery, which provides three basic effects - cutting, fulguration and desiccation (the latter two are usually referred to as coagulation).			
		2.	b. Need c. Pres d Need	ence of colonic or gastric pd for large mucosal biopsy ence of GI bleeding – uppd for sphincterotomy ery for surgical procedure		
EQUIPMENT LIST:		1. 2. 3. 4. 5.	 Electrosurgical unit (Valleylab)/ERBE or ERBE with Argon Plasma Coagulator Disposable return electrode (grounding pad) Polypectomy snare, sphincterotome, cautery tips or other electrosurgical accessories necessary as determined by the type of procedure to be performed Electrical connector adapters 			
CONTENT:		PROCEDURE STEPS:		KEY POINTS:		
		A.	Pre-Procedure As	sessment/Care	Contraindi	cations
		1.	Refer to specific er	ndoscopy procedure.	conjun- sigmoi 3. Uncoo 4. Massiv surger	owel prep, if used in ction with colonoscopy or doscopy perative patient e hemorrhage that requires
		2.		has a pacemaker, AICD, lificial joints and notify t.	performed we model pace must be ma With, AICD practitioner/	ocautery can safely be with the majority of newer makers, definite determination de before the procedure. have trained cardiologist present to f necessary and reactivate ure.

3. Follow the manufacturer guidelines for equipment set up.

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4. Patient teaching:

- a. Explain the presence of the grounding pad
- Instruct the patient not to touch side rails, IV poles or other metal objects during the procedure
- c. Assure the patient that the electrocautery procedure is painless

B. Responsibilities During Procedure

 Apply the return electrode (grounding pad) as per manufacturer's guidelines. Pad should have generous contact on healthy tissue, free of excessive hair. The placement of the grounding pad should be as far away as possible from the pacemaker, hip pin or artificial joint and as close to the site of use as possible malfunction of the pacemaker and burns from internal metal prosthesis may occur.

- Do not turn power on until physician is ready to use the electrosurgical unit. Turn power off immediately after use.
- Place foot pedal in appropriate position for the physician; monitor foot placement as the procedure continues.
- Verify with the physician which mode (coagulation, cut or blend) is desired, verbally repeating mode and settings.
- Verbally confirm each setting change.
- 6. If electrical current is not conducted, check unit and all connections for secure fitting.
- Reassure and encourage the patient, keeping him as still as possible.

Potential Complications:

- 1. Thermal injury
- 2. Hemorrhage
- Perforation
- 4. Transmural burns
- 5. Explosion
- 6. Deep ulceration

C. Post-Procedure Assessment/Care:

- Check for skin damage or burns near and under the grounding pad.
- 2. Monitor patient and document results.
- Monitor for abdominal pain and/or distention with endoscopic use.
- 4. Document power settings.
- 5. Refer to specific procedure for discharge procedure and instructions.

REFERENCE: Manual of Gastrointestinal Procedures, Fifth Edition; copyright 2004; Society of Gastroenterology Nurses &

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