

the

Surgical Tech's

“Little Black Book”

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Inside this "Little Black Book" a technique is revealed that will enable you to remember each case and surgical procedure step by step.

This book is going to be one of your most accurate resources when it comes to learning and remembering surgical procedures.

This technique is used by some of the top surgical technologists in the country.

Surgical Tech Instructors and Operating Room Educators have recommended this technique to help their students get through clinicals and operating room orientation.

Don't be surprised by the overall simplicity of this technique.

When you start your clinical's in school or you're just beginning to work as a Surgical Technologist it is very common to feel completely overwhelmed.

Most students and new surgical tech's have so much new information thrown at them during a surgical procedure or case that it usually takes every ounce of focus just to remember your basic set up.

You will find during your clinical rotation in school and also when you start your first job, information overload really does occur.

Most students and new surgical techs often wonder how they can possibly remember the set-ups, the draping, the surgeon's preferences, the steps for every procedure, the instrumentation, etc., when they are just starting.

Not only do you have to remember all of the basics such as sterile technique and gowning & gloving, but now you are going to start learning the specific preferences of each of the surgeon's you work with.

One might think that a general surgeon doing a hernia repair in one facility would use exactly the same instruments and sutures as every other general surgeon doing the same type of hernia repair.

Well, unfortunately this is not the case.

While most of the basic steps will normally be the same, surgeons have specific "PREFERENCES". These preferences are very important to learn.

As a Surgical Technologist, one of your primary job responsibilities is to have everything a surgeon will use for their case. As part of the team, your circulator and other team members will often help you get things together. However, as the technical expert on your case, you should have everything set up or ready to go for every surgeon you work with. The first place you start to set up for your case is with the preference card.

A Preference Card includes information about what the surgeon will use on each specific case. It will include information such as instrumentation, sutures, patient positioning, prepping, glove size, gown size, medications, dressings, drapes & packs, sterile supplies, and any other information needed to prepare for a particular case.

You can think of the preference card as a blueprint for the material needed to set up for a surgeon's case.

The good thing is that operating rooms keep a "Preference Card" on file for each surgeon that works in that facility.

The bad news is that these preference cards are not always 100% accurate and sometimes if a surgeon is new or very rarely comes to your facility, there won't always be a preference card.

For the most part, the preference card is going to be pretty close to the needs of a particular surgeon. There will be times when something is not updated or the surgeon will deviate from what is on the preference card.

Listen, there will be times when you have absolutely every single item on a surgeon's preference card and they will ask for something they always use but wasn't put on the card.

There are also going to be cases when the surgeon will ask for something they never use and they will swear it should be on their card because they always want it in the room.

Whatever the situation, you need to be prepared for everything.

These are the times when you need to utilize your little black book and make a few notes.

So, what's this "Little Black Book" all about?

It's the insider's technique that will help you get through every case like a champion.

By using this technique, you will start memorizing things about procedures, surgeons and their preferences quicker than you could possibly imagine.

If you can recall, one of the biggest points in the Surgical Tech Success Handbook is to prepare, prepare, prepare.

Well, that's exactly what the "Little Black Book" will help you do.

There are two very simple steps to this technique:

- 1) Keep a "little black book" of every case and *specific* preference a surgeon has.
- 2) Review your little black book before you set up for that surgical case.

Like I said, don't be surprised by the overall simplicity of this technique!

Now, let me explain a few points.

You might be thinking, "Why would I want to keep my own little black book when there are preference cards?" Yep, most "newbie's" think this way. It only makes sense to wonder why you would want to keep a separate little black book when you have everything written down on a preference card.

Well, remember the part about how preference cards are not always 100% accurate?

Or the part about the surgeon throwing you a curve and asking for something he/she never uses but swears they always do?

Something that will drive a surgeon up the wall is when they ask for something and the response they get from the surgical tech or nurse in the room is that it was not on their card.

Most surgeons just don't want to hear that even when it's true!

And as the surgical tech, you will catch most of the heat being on the frontline when something the surgeon needs or wants is not ready for them.

Since you are on the frontline, you will know (or get to know) first hand specifically what a particular surgeon uses during a case.

Now, when I say specifically, I'm not referring to all of the basics of a case. Rather, I'm referring to things that each particular surgeon has a preference for.

Let me give you an example.

I worked as a traveling surgical technologist for many years. Going from hospital to hospital in different parts of the country required me to think quickly on my feet during a case and remember things almost instantly.

Well, since I don't have a photographic memory, it just wasn't possible for me to remember every specific detail of all these new surgeons I was working with.

So, I used the little black book technique.

Basically, if there was an item or step in a surgical procedure that wasn't listed on the surgeon's preference card, I made a mental note of it. Once the case was finished, I would take a look at the preference card again. This time I would have my little black book with me and I would make notes about anything the surgeon used or did during the case that wasn't covered on the preference card.

You see, like I said, the preference card is basically a blueprint of what the surgeon will need for a case. If every last specific detail was written on the preference card, it might look more like a book.

Most preference cards will be pretty detailed, but I have seen some preference cards that were almost blank. This would create an instant feeling of "uh-o...I wonder what they need for this case."

Let me give you an example of what a basic preference card might look like and then I'll show you an example of what I would put in my "Little Black Book".

Here's the scenario:

Dr Smith has a hernia repair scheduled. He has been operating in your hospital for about two years and is very picky when it comes to having every thing on his preference card in the room. Since he's been operating here for two years, his preference card is pretty accurate except for a few small details.

Here's Dr Smith's preference card for a Hernia Repair:

<b>Surgeon: Smith, W.    Gloves: 7.5 Biogel - Right handed    General Surgeon Hernia Repair</b>
<b>DRAPES &amp; PACKS</b> - minor pack, lap sheet, ¾ sheets x2, gown = 2x
<b>INSTRUMENTATION</b> - basic tray, vascular forceps, Dr Smith's metzenbaum, bookwalter (standby), extra Richardson retractors, fine right-angle clamps x2
<b>STERILE SUPPLIES</b> - Teflon bovie tip, extended Teflon bovie tip, lap sponges ONLY, Poole suction tip, 1pk kittner sponges, disposable ligaclips -medium, pistol grip skin stapler, <b>BETADINE SCRUB &amp; PAINT FOR PREP</b>
<b>SUTURE &amp; BLADES</b> - # 10 blade x1, #15 blade x2, 0 & 2-0 silk ties, 2-0 silk on V-26, 2-0 silk pop-offs, 2-0 vicryl ct-1
<b>MEDICATIONS</b> - .5% xylocaine w/epi
<b>SOLUTIONS</b> - saline for irrigation, have baci on stand-by
<b>DRESSINGS</b> - Xeroform, 4x4's, ABD pad, paper tape
<b>HAVE AVAILABLE</b> - Prolene mesh & plugs
<b>PT. POSTION</b> - supine with arms tucked
<b>MISC</b> - wants bear hugger on ALL cases, prefers to have room temp very cold, headlight on stand-by, bovie settings start at 40/40, uses only saline moistened lap sponges,

As you can see, Dr Smith's preference card is pretty straight forward and doesn't seem to leave much to question.

Some of the things you might not find on his card, you'll quickly discover once the case gets underway.

So, Dr Smith walks in and you gown & glove him. The first thing he wants is a  $\frac{3}{4}$  sheet, one at the head and one at the foot. Then he wants 4 paper towels for the incision area, followed by the lap sheet.

As you can see, nothing on the preference card talks about the order in which Dr Smith likes to drape his patient. Most of the time the 4 towels go down first and then the  $\frac{3}{4}$  sheets, followed by the lap sheet.

Also, you had 4 cloth towels ready when he wants 4 paper towels. Ok, no big deal. Dr Smith is in a good mood and doesn't mind the fact that you don't know his exact draping technique.

Now, let's say the case is going very smoothly and you and Dr Smith seem to be working well together. Suddenly he cuts a little bleeder and wants a 3-0 silk on an SH needle. Uh-o, that wasn't on the card! Dr Smith almost never hits any bleeders...

While your circulator runs outside to get the suture, Dr Smith is standing there waiting and asks you why you didn't have his suture..??.. Hey, "it wasn't on the card", right!

That response is not going to work very well because chances are Dr Smith is going to say that he told the last surgical tech to put it on his card for standby. Ok, fair enough.

Now, your circulator returns with the suture and it's the first time you are passing a stitch to Dr Smith. He takes the suture from you and has to reposition the needle. He's not very

happy that you didn't know he likes his needles loaded close to the suture on a 6 inch Webster needle holder. Again, a little important detail that's not on the card.

So, now it's time to start closing and Dr Smith wants to irrigate. You hand him a bulb syringe (asepto) and he just looks at you. What?... ok, ok, Dr smith likes to irrigate from a small round basin. He doesn't like asepto syringes and now he is starting to lose his cool a little. Suddenly he's not the nice understanding guy he was when you gave him cloth towels instead of paper towels, or when you didn't hand him the drapes in order, or when you didn't have the 3-0 silk he wanted.

I think you get the point here. While Dr Smith's preference card looked pretty detailed and straightforward, there were obviously a few details left out.

This is where your "little black book" comes in handy.

You see, although most preference cards are the starting point for getting your case ready, you have to realize that it wouldn't be possible to cover every last detail of every single surgeon in the operating room.

Little things like how a surgeon likes his needles loaded, steps in draping, what they like to irrigate from, etc., are the things that you need to know.

Therefore, if you simply take a moment at the end of each case to write down a few notes in your "Little Black Book", you'll be amazed how quickly you will remember procedures and preferences.

There were times when I would actually write out the entire case from the first drape to closing. This might sound like a lot of work but it only takes a couple of minutes and it builds the most accurate resource for you.

Plus, the more you write down after the case, the more you'll remember the next time.

Now, you don't have to write a book about every single case. Simply make notes of the little things that were not on the preference card. Include a few notes about the steps from cutting skin to closing.

Here's how I would make my notes for Dr Smith's case:

Dr. Smith - general surgeon, hernia repair - preference card is pretty accurate.  
Cut down, bovie bleeders, two lg self-retainers, dissect, insert mesh, irrigate, close.  
Likes to use paper towels for draping after two  $\frac{3}{4}$  sheets. Wants 3-0 silks on standby,  
needles loaded near suture on 6inch Webster, irrigates from small round basin.

As you can see, only a few lines needed to cover the entire case.

Not only will I remember Dr Smith's personal preferences during the case, but I'll also remember the steps for a hernia repair.

**Believe me this technique works on every single procedure!**

The best time to make notes is directly after the case.

Keep your little black book in your back pocket or inside your locker. If you can't make your notes right after the case, do it on your first break. Chances are you'll have enough time to make a few entries into your book right after the case.

I've used this technique on procedures as simple as a little biopsy to cases as complex as an axillary/aortic/fem-fem bypass, or an anterior/posterior spinal fusion.

The "little black book" technique will help you remember procedures and surgeons preferences throughout your entire career.

Write down anything that will help you remember the steps and specific preferences of a case that are not included on the preference card.

Remember too, that every single case will have the same 4 basic steps of;  
1) cut down, 2) expose, 3) repair or remove, and 4) close.

Obviously the 4 basic steps I just mentioned are simplified, but it's a good way to think about each case. Your little black book will help you fill in each step with more detail.

If you want to succeed in anything, you should consider what other successful people in your field have done. The "Little Black Book" is a tool used by successful surgical techs every day.

I've included a basic outline of what your little black book may look like. You can copy the following outline or use it to format your own personalized outline.

Also, I created a sample outline of what I would have put in my notes based on the case we discussed with Dr Smith.

Start putting your "Little Black Book" to work today!

**Good luck with your Surgical Technologist career!**

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Here is an example of what a page from your little black book might look like:

<p><b>SURGEON:</b></p> <p>Dr Smith</p>
<p><b>SPECIALTY:</b></p> <p>General</p>
<p><b>PROCEDURE:</b></p> <p>Hernia</p>
<p><b>STEPS:</b></p> <p>drape with <math>\frac{3}{4}</math> sheets, 4 paper towels, lap sheet. Cut down, expose, use 2 large self-retainers, dissect around hernia, repair with prolene mesh, irrigate, close.</p>
<p><b>SPECIAL PREFERENCES:</b></p> <p>likes his needles loaded close to suture on 6" Webster needle holder, irrigates with a small round basin, likes to have 3-0 silks on stand-by for bleeders.</p>
<p><b>MISC:</b></p> <p>right-handed, doesn't like a lot of talking, preference card is pretty accurate</p>

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SPECIALTY:
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STEPS:
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