

Policy for Reducing the Risk of Nasopharyngeal pack retention after surgery

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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Anaesthetics, Theatres, Head and Neck Surgery, ENT Surgery, Dental Surgery
Target staff categories	

Purpose of this document:

This document provides guidance for the use of throat packs in anaesthetised patients. It also provides information on the factors that should be considered when deciding to insert a throat pack.

Key amendments to this Document:

Date	Amendment	By:
January 2023	Document approved with no changes	Anaesthetics Governance/ SCSD Governance meeting

Introduction

The NPSA published its guidelines for 'Reducing the risk of retained throat packs after surgery' on the 26th of April 2009 (1). Their document highlighted the role of throat packs in the aetiology of sore throats in the postoperative period and the steps that can be taken to reduce the risk of retention.

An audit of practices across Worcestershire Royal Hospitals NHS Trust sites was able to demonstrate that:

1. Individual anaesthetic and surgical practices vary considerably.
2. The incidence of retained throat pack is low
3. The clinical risk associated with insertion of throat packs is high

The NPSA recommendations focused on the use of one piece of visual and one piece of documentary evidence for the insertion and removal of the devices. The purpose of this document is to simplify the procedure that should be followed to minimise the risk of retention.

Scope of the Policy

Anaesthetists, theatre staff and surgeons responsible for the care of patients in whom throat packs have been used.

Definitions

Throat packs - A surgical sponge/swab for use in the larynx of a throat. It is constructed of woven gauze and soft fabrics which wicks up fluid and prevents airway soiling.

Responsibility and Duties

Local organisations need to ensure that they have a policy for use of throat packs, which should include the NPSA's recommendations and actions related to the methods of preventing throat pack retention.

Equality requirements

No issues identified

Policy Detail

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.

Trained Anaesthetists or Surgeons are responsible for insertion of the pack. As a visual check, the end of the pack should be left protruding from the mouth. The person who has inserted a throat pack should be responsible for ensuring that throat pack is positioned appropriately with one end protruding externally.

The anaesthetist documents insertion on the anaesthetic chart.

A "Throat Pack in Situ" sticker is applied to the catheter mount.

The anaesthetic practitioner documents insertion on the swab board.

The scrub nurse documents the presence of the pack on the sterile table using a sterile pen.

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

Any alteration of the pack by the surgeon should be clearly communicated to and documented by the anaesthetist and/or swab count nurse.

Removal of inserted packs should be documented on the anaesthetic chart and the swab board.

On handing over the patient the insertion and removal of the throat pack must be communicated to the recovery room staff.

