



Centre for Perioperative Care

NatSSIPs 2 Site Marking Table

*where specialties have not inputted we aim to build content

Specialty	When specifically?	Marks recommended	Text permitted	Specialty guidance links/Caveats
Anaesthesia	Regional blocks	Arrow		Prep Stop Block checks with surgical mark Link to pain
Breast	To indicate which breast	Arrow, localisation devices? Wires/clips With localised excisions there are seeds and / or wires or nuclear medicine injections. These are all part of the site/site identification process as patients agree which side they are having surgery	<i>In some scenarios based on surgical practice and following cosmetic discussion with the patient marks are used but note that marks can be seen as insensitive to the patient and is a detailed visible sign of the operation that the patient is having.</i>	
Cardiology				
Cardiothoracic	Thoracics	Arrow		
Critical Care	Chest drains, regional blocks, not required for access as site may change	Arrow – as respiratory		
Dental	To ensure correct tooth removal	Palmer notation on consent and whiteboard		

		Arrow on skin can be used		
Dermatology	To indicate which skin lesion (s) Risk of wrong lesion excised	Arrow and circle around lesion if multiple		Correlation with clinical notes and photographs and/or body map. Where a clinician is performing the procedure who is not a dermatologist and has not met the patient before, there should be a clear route for them to query and confirm the lesion if required.
ENT and Head and Neck	If laterality in parathyroid, thyroid. Ear, unilateral tonsil, nose, skin lesion, lacrimal dacryocystorhinostomy (DCR) parathyroid gland, and other neck masses	Arrow. Circle may be needed for some masses / nodes.		
Endoscopy	Consent to indicate			
Endocrine surgery	If laterality e.g. adrenals			
General	Stoma site marking, hernia side, abscesses	Pen markings for stoma, arrow for laterality and ring with arrow for abscesses		
Gynaecology	Labia, Ovaries	Labia; Mark to inner/upper thigh		Laparoscopic laterality decision making can be intraoperative and if consent does not indicate laterality, then a mark is not required
Haematology				
HPB				
Interventional Radiology and Radiology OP and IP	Renal intervention (e.g. nephrostomy, ureteric stenting, renal biopsy, renal tumour ablation) Arterio-venous fistulogram + proceed Angioplasty if laterality indicated, Joint injections, Biopsy of lesion	Arrow and clear drapes		
IVF	Laterality for egg harvest	Arrow		

Maxillofacial	Mandible ORIF laterality Teeth (see dental)	Arrow		
Neurosurgery	Craniotomy, cranioplasty Stealth guided	Arrow on neck / shoulder, or redo scalp mark after shaving		
Neurosurgery spinal	Can we link with ortho spinal?	Arrow	Anterior Posterior Left Right	Skin marking for spinal surgery may be a 2- stage process: Pre-operatively: The skin will be marked at the level of the procedure. The skin mark should indicate anterior vs. posterior and right vs. left A mark (Level and side) can be drawn once the patient is anaesthetised and positioned and can form part of the Time - Out Intra-operatively: X-rays will be used to determine exact location and level of surgery and the site marked with a sterile permanent marker by the operating surgeon.
Neurology				
Obstetrics				
Oncology				
Ophthalmology	To indicate which eye Mydriasset is an insoluble ophthalmic insert indicated for mydriasis <ul style="list-style-type: none"> A local protocol should be developed with staff education for those inserting the pellet Checks to ensure correct eye is dilated (At time of site marking and consent reconfirmation) 	Arrow above the eyebrow (not covered by hat)		RCOPth process to be published

	<ul style="list-style-type: none"> A process to ensure it is removed after 2 hours or prior to surgery 			
Orthopaedics	To indicate limb Digits – see main NatSSIPs document	Arrow		
Orthopaedics Spinal	Processes should be consistent for all spinal surgery regardless of specialty		Anterior Posterior Left Right	
Paediatrics?	As per other specialties. No specific extra / different requirements			
Pain	To indicate site of block or implant	Arrow	Additional marks to plan surgery	Prep stop block checks
Plastics	To indicate laterality, digit and plan surgical approach	Arrow and circle around lesion if multiple	Additional marks to plan surgery	
Radiotherapy				
Renal	To indicate which kidney	Arrow		
Respiratory	Chest drain	Arrow		
Urology	Testicular surgery Stent	Arrow		
Vascular	Angioplasty	Arrow		
SPECIAL Emergency checks e.g. Lifesaving surgery (Code red/Code black emergency)	In life saving			
Laparoscopic / endoscopic surgery through non-lateralising entry				Laparoscopic operative laterality decision making can be intraprocedural and if consent does not indicate laterality, then a mark is not required