



SURGICAL SMOKE: INTRAOPERATIVE OCCUPATIONAL SAFETY STRATEGIES

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INTRODUCTION:

Surgical smoke comes from the use of electrosurgery equipment in tissue dissection and coagulation processes and can be toxic to the team present in the operating room. This are capable of raising tissue temperature to the point of causing cell rupture and the of particles environment. Signs and symptoms smoke inhalation reported by professionals present during the intraoperative period are: headaches, watery eyes, cough, sore throat, bad odors, nausea, drowsiness, dizziness, sneezing and rhinitis. 3-4

METHOD:

Qualitative study. Data were collected from a scientific meeting with specialized nurses insurgical center. The lasted one meeting hour and was audio recorded. the data consisted corpus of:meeting recording. Data were analyzed the thematic using technique. analysis The research project wasapproved by the **Ethics** Research Committee.

RESULTS:

A group of 21 nurses, from seven Brazilian states participated in the study. Strategies to reduce smoke inhalation and improve occupational safety listed from the study participants' speech: technology to reduce and/or inhale smoke; wear a surgical mask; presence of an exhaust system in the establishment operating room: regulations; institutional Permanent Education.

Categories: Components of surgical smoke, risks related to the inhalation of surgical smoke and occupational safety measures.

Components of surgical smoke

Presence of hydrocarbons

Presence of the HPV virus

Presence of biological material Presence of carcinogenic material

Risks and effects for human health related to the inhalation of surgical smoke

Transmission of HPV DNA

Interstitial pneumonia

Hypertrophy and hyperplasia of the bronchioles

Eye irritation

Burning in the pharynx Nausea and vomiting

Occupational safety measures

Surgical mask and N95 mask

Devices to capture smoke

Link access full study (5): https://doi.org/10.5327/Z1414-4425202100040005

CONCLUSION:

Strategies identified to reduce smoke inhalation and increase intraoperative team safety include technologies to reduce smoke, personal protective equipment, collective protective equipment, establishment of institutional norms, and continuing education.

PERIOPERATIVE NURSING IMPLICATIONS:

The results presented allow greater knowledge about the subject of study, providing subsidies for greater safety of professionals working in SC, especially in the operating room. The nurse, for acting both in the assistance and in the management, needs to know the risks and complications resulting from the inhalation of surgical smoke and, together with the team, propose measures that reduce the exposure of to smoke, in addition to contributing in the elaboration of guiding documents and continuing education, aiming at the safety of those present in the operating room.



OBJECTIVE:

Identify intraoperative occupational safety strategies related to surgical smoke.

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