

NOVEMBER 2015

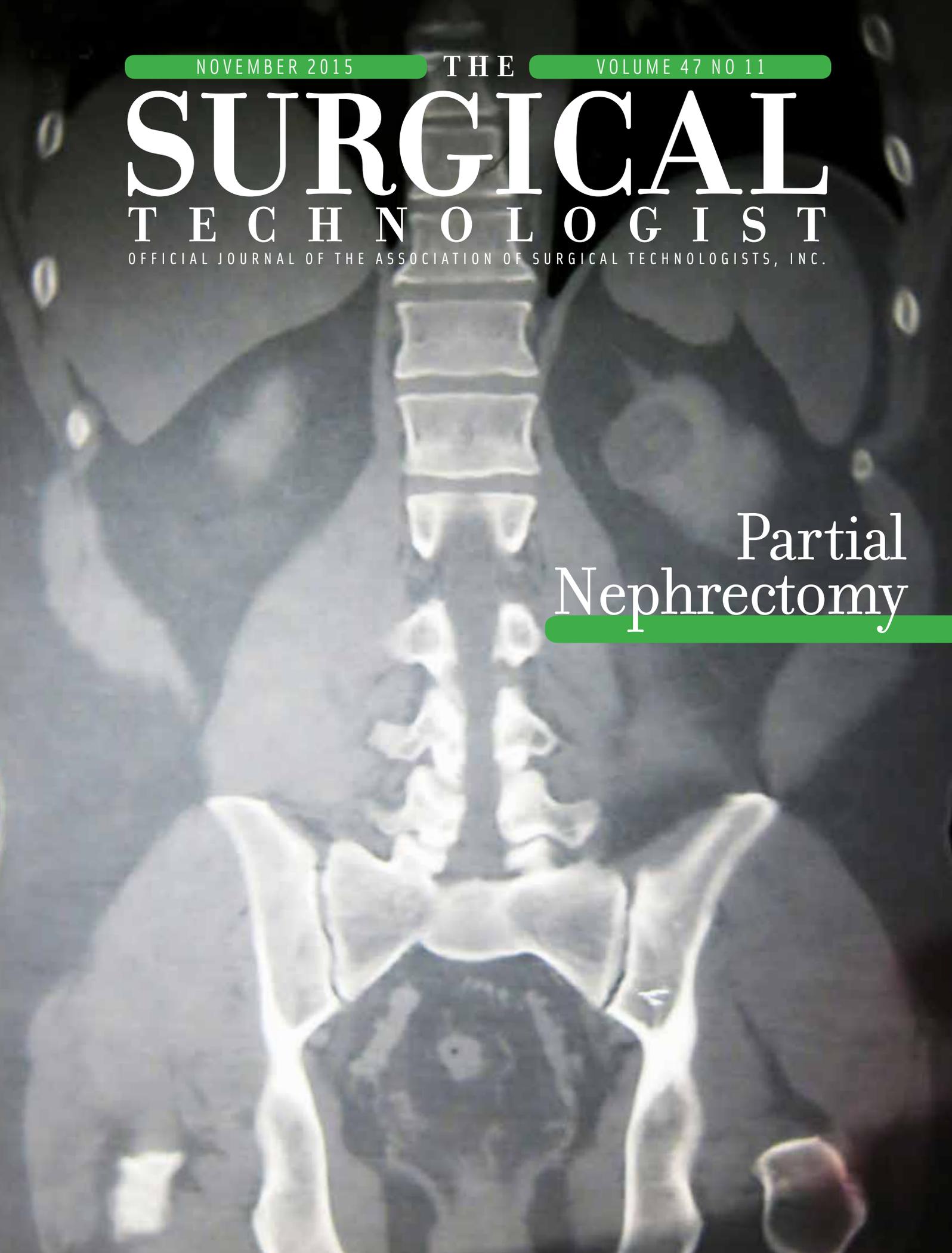
THE

VOLUME 47 NO 11

SURGICAL TECHNOLOGIST

OFFICIAL JOURNAL OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS, INC.

Partial
Nephrectomy



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¹ Stated in the 2008 CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guideline for Disinfection and Sterilization in Healthcare Facilities

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STATEMENT OF EDITORIAL PURPOSE The purpose of the *Journal* is to advance the quality of surgical patient care by providing a forum for the exchange of knowledge in surgical technology and by promoting a high standard of surgical technology performance.

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SUBSCRIPTIONS A one-year subscription is \$40 for nonmembers and \$55 (US funds) for foreign. Back issues are available for \$5 each (specify date of issue). Written requests for replacement issues will be honored up to 60 days after date of publication only. Please address all requests to the editor.

JOURNAL DEADLINES The deadline for editorial copy is 8 weeks prior to the cover date (eg, the deadline for the October issue is August 1).

POSTMASTER Send address corrections to The Surgical Technologist, 6 West Dry Creek Circle, Suite 200, Littleton, CO 80120-8031.



CE EXAMINATION:

Partial Nephrectomy

JAVANTÉ BELL, CST, CSA

The purpose of this article is to render a brief conspectus of the various aspects of a partial nephrectomy. This article provides an insight into the complexities of the procedure, from the surgical technologist's viewpoint. A review of renal anatomy, post-operative treatment and potential complications also will be discussed.

488 Conference Keynoter Announced

512 Meet Your SALC Representatives

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GET SOCIAL WITH AST



In Any Way You Can, Take the Time to Make a Difference

ROY ZACHARIAS, CST, FAST

PRESIDENT'S MESSAGE



As we enter into November our thoughts become focused on family and giving probably more than anytime throughout the rest of the year. Many of us find ourselves giving back to the community as we volunteer our time and resources to help the less fortunate members of our communities. This may be to assist an individual or an entire family that is experiencing hard times and does not have a place to live or the opportunity to eat a warm meal.

I have become more aware and involved in community service because of the inspiration I have received during the past six years through my involvement with AST's Community Outreach event, which is held every year prior to the start of the AST national conference. All it takes is one look into the eyes of someone that is filled with despair and you understand the importance of giving. I invite every member of our great association to identify an opportunity in which you can bring a glimmer of hope to at least one person this season. I am sure there are many members who already volunteer and I commend you for taking the time and responsibility to make a difference in

someone's life.

There is also another often overlooked opportunity that is directly in front of us: our fellow surgical technologists. As in any profession, there are those who are less fortunate and surgical technology is no exception. Your help may involve providing an anonymous monetary gift or an invitation to your home to share your holiday meal to those who you work closely with on a daily basis.

It is important to never forget that all acts of kindness have an impact on

spend. I passed a young couple at a coin counting machine and saw them later in the store putting a loaf of bread back on the shelf saying that it cost too much. Remembering my experience, I walked up to them and handed them all the money I had in my wallet. I told them that I had been in the same situation they were in and I hope that my concern for their well-being would always be remembered and that I cared. I never saw them again, but I know that I made a difference in their lives.

I invite every member of our great association to identify an opportunity in which you can bring a glimmer of hope to at least one person this season.

the lives of everyone involved. Giving is an important part of life. A few years ago, I was reminded of a time in my life when I had to scrounge the drawers and dig under the cushions of the couch to find just one more penny that I could take to the store to buy groceries. This time when I walked into the grocery store I wasn't giving any thought as to how much I could

I would like to leave you with a quote from John Wesley. He said: "Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as ever you can."



JOIN AST IN SAN DIEGO

FOR THE 47TH ANNUAL NATIONAL CONFERENCE!

SHERATON SAN DIEGO HOTEL & MARINA MAY 31-JUNE 4

Sun's Out! Surf's Up! Try out your skills on a surf board — take a lesson where the beach culture began — there's even a museum celebrating the tradition of "Hanging 10" in Oceanside!

Or try:

Whale watching on Point Loma! Panda watching at the San Diego Zoo! Shakespeare watching at the famed Old Globe Theater! Zydeco dancing at the Bon Temps Social Club! All in nearby Balboa Park.

And:

Walk over to the famed Gaslight District for flamenco dancing; choose from 11 Italian restaurants; find fresh Sushi; sports bars; deli and of course, pizza.



Lots more to do!
Explore with us in 2016!
Details will be posted
on www.ast.org.



AST News and Current Events

AT A GLANCE

CONFERENCE

2016 SAN DIEGO CONFERENCE KEYNOTER ANNOUNCED



Brad Montgomery is a master presenter who will be presenting on “The How’s & Wise of Happiness at Work” during AST’s Opening Ceremonies. He teaches people how to use happiness

to boost productivity, creativity, innovation, sales and profits. He turns typical meetings into transformational events using the power of happiness.

He has transformed audiences in all 50 states and on four continents. His clients include Microsoft, Verizon, the FBI (yes, that FBI), the CIA (yes, that CIA), and the IRS (where he withheld 30% of his best jokes).

Brad specializes in using humor, interactivity, sound, music and visuals to ignite the audience so that attendees can use happiness as a tool in their lives and jobs.

Catch Brad live Thursday morning, June 2. Stay tuned for more conference details, and as we announce our featured speaker lineup!

START PLANNING FOR SAN DIEGO

June 2-4, 2016, with preconference May 31-June 1, 2016

Nicknamed “America’s Finest City,” San Diego has so many attractions, it’s ideal to visit and bring your family,



too! From its zoo and Sea World to the USS Midway Museum and old town and Balboa Park, there is something for everyone to enjoy. Not to mention great beaches to visit and watch for amazing marine life.

Conference Hotel:

Sheraton San Diego Hotel & Marina

1380 Harbor Island Drive

San Diego, CA 92101

PINS FOR SAN DIEGO

We’re already making it easy for you to plan your trip to southern California for next year’s conference. Check out our Pinterest page to get the lowdown on the eateries, shops and family friendly attractions while visiting San Diego. We’ve pinned city maps, transportation maps, hotel information and popular local spots.

While you’re pinning, check out our professional interest board, teaching tools and our popular humor board.

Follow us at <http://pinterest.com/assosurgtechs/>

ON A MISSION



INTERESTED IN MEDICAL MISSIONS?

Ever considered being a part of a medical mission trip? Maybe you feel like you should give back to the less fortunate or maybe you just like reaching out to those in need, but are unsure how to jumpstart your plans to participate in a medical mission trip. There’s a resource to help you get started on your mission.

Operation Giving Back is a program of the American College of Surgeons and was created for the volunteer surgeon. OGB recognizes the team nature of surgical care delivery and the critical contributions of all surgical professionals. OGB attempts to include information relevant to all members of the surgical team.

Their resources page for the surgical team offers lists of how to get active in serving on medical missions. To view this list, visit our website, www.ast.org, and click on About Us – Medical Missions.

SCHOLARSHIPS

APPLY FOR A MEDICAL MISSION SCHOLARSHIP

Have you recently served on a medical mission trip? Apply for assistance to help cover funds occurred while serving. The Foundation for Surgical Technology assists individuals who volunteer for medical missionary work. All applicants must be active AST members with currency. (A member is eligible to receive this award one time only.)

Other than being a member with current, other eligibility requirements include:

- All applicants must provide a description or their membership history – join date and any AST involvement.
- All applicants must provide official documentation from the mission program they have described.
- All medical missions must include official recipients documenting the costs incurred by the individual and all costs must be shown in dollars. All assistance is determined after the medical mission trip has occurred and the appropriate documentation has been provided.
- Two letters of recommendation must be provided.

SCHOLARSHIPS

STUDENTS! APPLY FOR ASSISTANCE NOW

The purpose of the scholarship is to encourage and reward educational excellence as well as to respond to the financial need demonstrated by the surgical technology student and offer assistance to those who seek a career in surgical technology.

The selection process is based on academic excellence and financial need combined, and scholarships are awarded based

on the information provided on the application and the transcript. Applicant must provide official course fee schedule from the educational institution for the courses they are taking, in addition to official transcripts and a mentor reference form.

Eligibility Requirements

1. Applicants must be currently enrolled in an accredited surgical technology program and eligible to sit for the NBSTSA national surgical technologist certifying examination. *Be sure to fill in the information on the student application that requires the CAAHEP school code or provide proof of ABHES surgical technology program accreditation.*
2. Applicants must demonstrate superior academic ability.
3. Applicants must have a need for financial assistance.

ALL APPLICATIONS MUST BE POSTMARKED BY MARCH 1, 2016.

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION

1. Publication title: **The Surgical Technologist**
2. Publication number: **018-510**
3. Filing date: **September 11, 2015**
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12. **The purpose, function and nonprofit status of this organization, and exempt status for federal income tax purposes, have not changed during the preceding 12 months.**
13. Publication Name: **The Surgical Technologist**
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I certify that the statements made by me above are correct and complete. Jodi Licalzi, editor/managing editor.

Is Freedom Really Free?

L GENE BURKE, CST, FAST

STATE ASSEMBLY

As I was returning from a Georgia State Assembly meeting, knowing that my deadline for this article was quickly coming due, I thought about our military and the veterans of our great country. My mind quickly went back to AST's National Conference in Washington, DC. I had written something then, too. I decided to share that with you.

As I stand here today, amongst these rolling hills, my thoughts go out to the ones who lie beneath,

American Royalty beneath an eternal flame, just a few hundred feet away lies others that have played a part in our country, Congressman, Supreme Court Justices and even Generals to bear.

Up the hill and around the winding road, there is some others that are guarded every moment of every day, no matter what the weather brings to May, men and women without a name but gave the price for us today.

Go on up a little higher and there is a house, sitting high upon a hill, overlooking this sacred ground, for once a Southern General lived. Standing on the porch you can look to a sea of small granite stones that are neatly in rows. Beneath those markers are men, women, daddies, mamas, sons and daughters. For here they rest beneath this hallowed and sacred ground.

As I walk amongst these small markers, not amounting to much, I realize just how much they mean. For you see, these men and women gave all they had for Freedom really isn't free.

In each one of our states, and I dare to say probably each county or district, there is a place, *THAT* sacred

place, where the men and women of uniform are placed to rest. On this upcoming Veteran's Day, let us celebrate them, their lives and their memory. For without their sacrifice, we would not be free today.

We owe a debt to them, both resting and living, but there are others that we owe a debt that we must not forget. The ones that are left behind while their loved ones are serving in a foreign land or at home, fighting and serving this great nation. The wives, children, parents and siblings. They all have sacrificed time and precious memories that cannot be replaced: the birth of a child, the first word, first step or first tooth; graduations, weddings and even funerals. The families of our veterans paid the highest price as they gave their loved one to us.

As I walk amongst these small markers, not amounting to much, I realize just how much they mean. For you see, these men and women gave all they had for Freedom really isn't free.

Is freedom really free? No, it's not. So on this special day, which was signed into law by President Gerald R Ford in 1975, let us honor these great men and great women for the sacrifices that they have made and continue to make each and every day. Take your family to one of these sacred pieces of land, share a story or use the time to explain to your children what these brave soldiers, sailors, airmen and marines gave for us to be living in the "Land of the Free" and why our country is still the "Home of the brave!"

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“If you're practicing for your national it's a very good app to practice off of” – *M Chang*

“Thanks to this app, I passed!”

– *Tovah M*



➤ ARC STSA Workshops

In Conjunction with the 2016 Instructors Forum

Friday February 12 2016 · Houston Texas
DoubleTree by Hilton Houston Downtown

7:30am: Registration

8am–3pm: **Accreditation Fundamentals for Educators (AFE)**
ARC STSA Board of Directors **6CEs**

Noon–1pm: Lunch (*on own*)

3pm–5pm: **Site Visitors Training (SVT) Advanced***
ARC STSA Board of Directors **2CEs**

SVT Workshop Prerequisites:

*Must have attended Beginning Site Visitor Training and completed at least one site visit in the last twelve months prior to attending Advanced Site Visitor Training.

• IF registration and hotel info:

Please visit: <http://tinyurl.com/ASTAFE2016>

The AFE workshop fulfills the 1/1/09 ARC STSA policy that requires all new program directors to attend an AFE workshop within one year of their appointment.

ARC STSA Registration Fees

- AFE \$100
- SVT Advanced Free

Date: _____ Member/Cert/License no: _____

Name: _____

Title: _____

Institution/Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone 2: _____

Email: _____

Check for payment enclosed and made out to **ARC/STSA**

Please send registration and check/money order to:

ARC STSA, 6 W Dry Creek Circle, Suite 110, Littleton, CO 80120



ARC/STSA

Accreditation Review Council On Education
In Surgical Technology And Surgical Assisting



GET CONNECTED

Staying connected with AST and your fellow peers in surgical technology has never been easier. Join in on ongoing conversations or send us a private message on our Facebook page. Follow us on Twitter and Instagram. Take a break and peruse our Pinterest page, especially our humor section, with content pulled specially for you, the tech!

It's never been so easier to stay in the know and embrace the power of the surgical technology community!





2016 19TH ANNUAL INSTRUCTORS FORUM

FEBRUARY 12–13, 2016

SPONSORED BY AST, ARC/STSA AND NBSTSA

DOUBLETREE BY HILTON HOUSTON DOWNTOWN
HOUSTON, TEXAS

FRIDAY, FEBRUARY 12, 2016

10 am–5 pm	AST Registration	
8 am–3 pm	Accreditation Fundamentals for Educators (AFE) <i>Separate registration at www.arcstsa.org</i>	4 CEs
3–5 pm	ARC/STSA Site Visitor's Training (SVT) <i>Separate registration at www.arcstsa.org</i> Prerequisite: Status as current site visitor or AFE attendance and CAAHEP Site Visitor online training	4 CEs
5:15–5:30 pm	Welcome! <i>AST, ASA, ARC/STSA, NBSTSA</i>	
5:30–7:20 pm	Laugh for the Health of It <i>Cea Cohen-Elliott</i>	2 CEs
7:30–8:30 pm	Reception	

SATURDAY, FEBRUARY 13, 2016

7 am–6 pm	Registration	9 CEs
7 am–5 pm	Exhibits	
8–9:50 am	Promoting Teamwork Through Multidisciplinary Scenarios: Teaching in the 21st Century <i>Don Traverse, CST, FAST; Rebecca Hall, CST, CSA, FAST</i>	2 CEs
10–11:50 am	Efficiency in the OR to Ensure Patient Safety and Cost Savings <i>David Bartczak, CST, OPA-C, LSA, OTC</i>	2 CEs
Noon–12:50 pm	Lunch	

Please choose one class section from each time period:

Time	Track One	Track Two	Track Three	Track Four
1–1:50 pm	<input type="checkbox"/> Optimizing Retention Brenda Korich, CST Sherry Seaton, RN, CNOR	<input type="checkbox"/> Hot Topics for the Program Director or New Faculty Member Libby McNaron, CST, CSFA, RN, CNOR, FAST	<input type="checkbox"/> Developing an Evaluation Form for Clinical Performance Carolyn Ragsdale, CST	<input type="checkbox"/> AST Updates Kevin B Frey, CST
2–2:50 pm	<input type="checkbox"/> ADA – Essential Functions Required of Students for Admission & Progression in Surgical Technology Kathy Patnaude, CST, FAST	<input type="checkbox"/> Promoting Critical Thinking Richard Fruscione, CST	<input type="checkbox"/> Using Videography During Mock Surgery to Provide Early Intervention Mona Bourbonnais, CST, FAST, Angie Wachter, CST	<input type="checkbox"/> NBSTSA Update
3–3:50 pm	<input type="checkbox"/> Transitioning from Certificate to AAS Program: Strategies & Discussion Tom Lescarbeau, CST, CSFA	<input type="checkbox"/> Diversity in the Surgical Technology Program Gemma Fournier, CST, RN, FAST	<input type="checkbox"/> The Clinical Preceptor Debra Mays, CST	<input type="checkbox"/> NBSTSA Update
4–4:50 pm	<input type="checkbox"/> The CST, the Student & Medical Missions Joseph Charleman, CST, CSFA, CRCST, LPN	<input type="checkbox"/> Meeting the Mark on Retention Crystal Warner, CST, CSA	<input type="checkbox"/> Effective Teaching Strategies for 2016 Amanda Minor, CST	<input type="checkbox"/> Successfully Completing the ARC/STSA Annual Report (2-hour presentation) ARC/STSA
5–5:50 pm	<input type="checkbox"/> Integrative Learning: Helping Students Connect Across the Curricula Michelle Gay, CST	<input type="checkbox"/> eLearning: Keeping It Real Libby McRae, CST	<input type="checkbox"/> Mentoring Work Ethics to Diverse Student Populations Grant Wilson, CST, FAST	

Register online at www.ast.org on the opening page. Click on Instructors Forum registration.

Mail completed registration to:
AST, 6 West Dry Creek Circle, Ste 200,
Littleton, CO 80120

Fax completed registration to:
303-694-9169

Register by phone: 800-637-7433,
ext 2514 (8 am–5 pm MT)

Attendance is limited to 200. **Confirmation** will be emailed prior to the forum, and onsite registration will be available on a space-available basis. All **cancellations** must be received in writing by January 30, 2016. **Accommodations:** Doubletree by Hilton Houston Downtown, 400 Dallas Street, Houston, TX 77002, Phone: 713-759-0202; Fax: 713-759-1166 **Rates:** \$169 per night, single or double occupancy plus 17% tax. **Hotel reservation deadline:** January 21, 2016, or until room block is full. **Separate registration** is required for Accreditation Fundamentals for Educators (AFE Workshop) and Site Visitor Training. Register at www.arcstsa.org.



INSTRUCTORS FORUM FEES (INCLUDES INSTRUCTORS FORUM EDUCATION SESSIONS, FRIDAY RECEPTION AND SATURDAY LUNCH)

Date _____ Member/Cert no _____

Name (please print) _____

Name of Institution/College/Program _____

Circle title: CST CSFA CSA SA-C Other _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

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Credit card billing address (if same as above, leave blank) _____

City _____ State _____ Zip _____

<input type="checkbox"/> AST member: \$275	\$ _____
<input type="checkbox"/> Nonmember: \$300	\$ _____
<input type="checkbox"/> Guest lunch ticket: _____ x \$35	\$ _____
Total:	\$ _____

Money order/check enclosed for \$ _____ (No purchase orders accepted)

VISA MC AmEx Name that appears on card _____

No. _____ Expiration date _____

Total amount charged: \$ _____ Signature _____



Coronal image of renal mass; left kidney

Images courtesy of Javante Bell

Partial Nephrectomy

JAVANTÉ BELL, CST, CSA

Partial nephrectomy is one of two types of urological surgical approaches to address bilateral or solitary renal malignancies widely known as renal cell carcinomas, or RCC.¹ RCC is a type of cancer that develops within the lining of the kidney's tubules. The exact cause is unknown, but according to a service of the US National Library of Medicine and the National Institutes of Health: family history, high blood pressure, polycystic kidney disease, smoking, dialysis treatments and Von Hippel-Lindau disease may increase one's risk of developing renal tumors. This particular procedure is considered a nephron-sparing surgery, or NSS, as opposed to a radical nephrectomy, which is a more aggressive approach that involves the complete surgical removal of a grossly malignant and metastatic kidney(s).²

RENAL ANATOMY

The kidneys are located along the borders of the psoas muscles and positioned, in oblique fashion, in the retroperitoneum. The kidneys and their associated adrenal glands are encompassed by perirenal fat that is enclosed in Gerota's fascia. The left kidney borders three structures: the tail of the pancreas, the left adrenal gland and the splenic flexure of the colon. The right kidney is in close proximity to the liver, the duodenum, the right adrenal gland and the hepatic flexure of the right colon.³

Each kidney has a blood supply that is usually supplied through a single renal artery. The renal artery is located anterior to the renal pelvis and posterior to the renal vein. The right renal vein is a bit shorter than the left renal vein and accesses the inferior vena cava, IVC, through its lateral aspect. The left renal vein traverses anterior to the aorta where it links up with branches from the ipsilateral adrenal gland, gonad and a lumbar vein before accessing the IVC.³

The renal collecting system of the kidneys consists of the calyces,

LEARNING OBJECTIVES

- ▲ Describe the anatomy of the renal system
- ▲ List the complications that can occur from this specific type of procedure
- ▲ Review the pathophysiology of a partial nephrectomy
- ▲ Identify the equipment and instrumentation specifically needed for this surgery
- ▲ Examine the role of the surgical technologist for this procedure

EQUIPMENT:

GU table

Axillary roll

Coverall tape

Egg crate

Headlight system

Pillows

Slush machine

Step stools

Ultrasound

INSTRUMENTS:

Nephrectomy set

Major set

Bookwalter retractor

Cosgrove flexible clamps

Bulldog clamps (Available)

Penfield dura dissectors 8" #3 double-ended

Long instrument set and Bookwalter adaptable ring set (Available)

SUPPLIES:

Laparotomy pack

Foley catheter kit

Bovie with extender tip

Jackson Pratt drain-10 mm

SCD Hose

Mannitol-12.5gm

Thrombin-20,000u

Methylene Blue Amp 1% (Available)

Ioban drape

Hemostatic agents

Fibrin topical sealant

Vessel loops-white

Skin stapler

Xeroform

4x4 dressing sponges

Bone wax

Suture

the renal pelvis and ureter. Two or three major calyces are formed from the union of about eight to 12 minor calyces and then join the renal pelvis. The ureter is roughly 22 to 30 cm long and consists of three sections: the upper, middle and lower segments. The upper ureter extends from the renal pelvis to the upper border of the sacrum. The middle ureter lies over the sacrum and the lower ureter extends to the bladder.³

HISTORY AND PHYSICAL

For this article, the case reflects that of a 48-year-old male patient, who originally had consulted the urologist regarding a previous diagnosis of prostate cancer. After discussion about the diagnosis, medications, several treatment options, possible alternatives and potential side effects of a surgical intervention for that specific pathosis, he requested imaging for visual confirmation.⁴

The imaging technique utilized was a three-phase renal

computerized tomography. The three-phase renal CT consists of noncontrast, postcontrast nephrographic and pyelographic phases. Coronal and sagittal reformats also were obtained and submitted with the source images.⁴ The non-contrast phase yielded no renal calculi or hydronephrosis; however, in addition to confirming the previous diagnosis, it also identified an exophytic, hypodense mass arising from the posterior upper pole of the left kidney that measured 3.9 cm transverse and 3.6 cm anterior to posterior (AP). The attenuation was near fluid. A few insignificant cortical hypodensities were noted as well. There were no ureteral or bladder calculi, but the bladder was distended, and scattered colonic diverticula were observed. There were faint soft tissue infiltrations of mesenteric fat, and the adrenals were unremarkable.⁴

The postcontrast nephrographic phase employed a homogeneous enhanced right nephrogram approach. A complex cystic mass with a solid nodular area of enhance-



Axial image of renal mass with measurements; left kidney



Axial image of renal mass with average 58.40 Hounsfield units and dev 14.57; left kidney

ment within the inferior lateral aspect of the lesion was observed at the posterior upper pole of the left kidney. The area of enhancement measured 1.2 cm transverse and 1.7 cm AP, and the overall dimensions of the lesion were 3.6 cm transverse, 3.7 cm AP and 3.9 cm cephalocaudad. There were no other parenchymal abnormalities identified. The left renal vein was homogeneously enhanced with no filling deficiencies. Retroperitoneal or periaortic lymphadenopathy was not observed. There were several subcentimeter normal morphologic periaortic lymph nodes and more faint soft tissue infiltration of the mesenteric fat.⁴

The pyelographic phase again confirmed a complex exophytic cystic mass at the posterior upper left kidney. There were no genitourinary (GU) filling deficits. Incomplete opacification of the urinary bladder was observed. The findings of the imaging tests were consistent with cystic renal cell carcinoma and surgical intervention was recommended.⁴

SURGICAL PROCEDURE

The patient was transported to the operating room and received a thoracic epidural nerve block from the anesthesiologist. He was placed in the supine position. Following induction, a Foley catheter was inserted without complications. Following induction, the patient was positioned in the right lateral decubitus position and the surgical team ensured the axillary roll and upper arm were properly placed and secured and all pressure points were padded. After the patient was safely secured to the OR table at the

This particular procedure is considered a nephron-sparing surgery, or NSS, as opposed to a radical nephrectomy, which is a more aggressive approach that involves the complete surgical removal of a grossly malignant and metastatic kidney(s).²

shoulders, hip and upper thigh, the table was lifted so as to open up the left flank for the incision.⁵

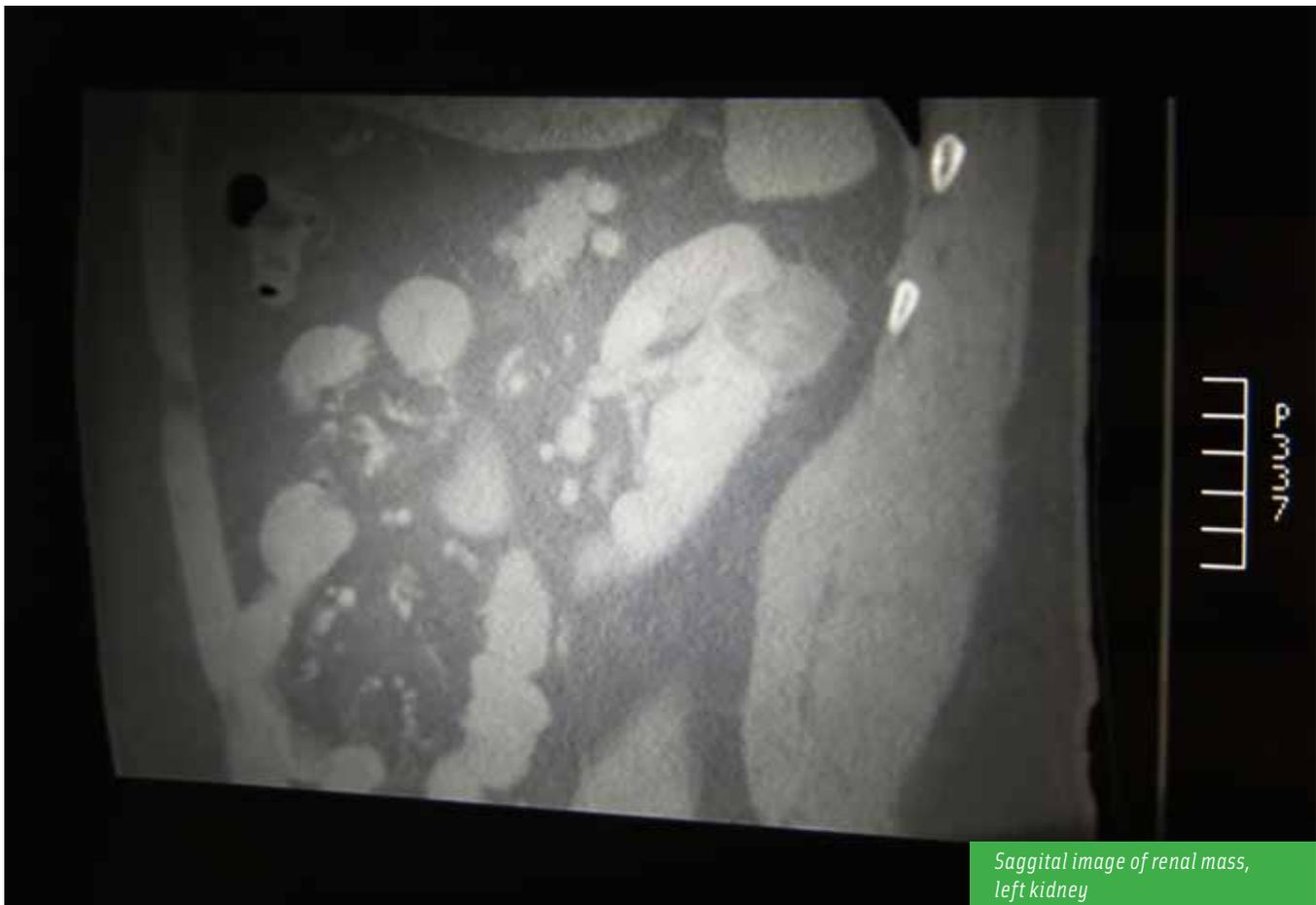
The abdomen was shaved and prepped by the circulator, and the surgical technologist assisted the surgeon by draping the patient. The time out was observed and the patient's identity, correct side and site, correct procedure, etc, were vocalized and affirmed. The left 11th and 12th

ribs were outlined with a marking pen and the incision was carried from the tip of the 11th rib down to the lateral side of the rectus abdominis muscle toward the umbilicus.⁵

Next, the subcutaneous tissue was cut with the Bovie electrocautery and the muscle layers, including the external and internal oblique muscles were taken down with a combination of electrocautery and blunt dissection. The transversalis fascia was scored with the Bovie and the transversus abdominis muscle was split using blunt dissection. After removing a 3-cm segment of the 11th rib to improve visibility, the retroperitoneal space and peritoneal cavity were observed and the peritoneal cavity was freed and directed anteriorly away from the kidney. The kidney was bluntly dissected in circumferential fashion from the lower pole to the upper pole within Gerota's fascia. The ureter was identified and encircled with a vessel loop, tagged and placed off to the side. Blunt dissection was resumed to locate the renal hilum. Once the renal hilum was in sight, the fat that overlaid the upper pole of the posterior kidney was removed and the tumor was visually identified.⁵ Using one click of the Cosgrove clamp, the blood flow was interrupted. A Doppler ultrasound was utilized to confirm the blood flow occlusion and to verify the margins of the tumor in what was understood to be a test run for the crucial next steps. Electrocautery was used to score the tumor and 12.5 gm of mannitol was given.

The renal hilum was occluded with three full clicks of the Cosgrove clamp. The Doppler ultrasound was again used to verify the occlusion. The kidney was then iced with slush for a approximately 8 minutes. After the slush was removed, the initial dissection of the tumor began with Metzenbaum scissors. A Penfield dissector was used to dissect tissue away from the tumor and a small clip applier was used to clip the small vessels around the tumor. The tumor and its overlying fat were excised and sent to pathology.⁵

A 3-0 polyglactin 910 suture was utilized to close the partially opened collecting system. Other smaller bleeding vessels also were closed with 3-0 polyglactin 910 suture in a figure-eight technique. Absorbable hemostatic agents were applied to the renorrhaphy and a 0 polyglactin on a circle taper-1 (CT-1) suture was used to reapproximate the renorrhaphy around the absorbable hemostat. In order to further aid hemostasis, one of



*Sagittal image of renal mass,
left kidney*

It is recommended that nephron-sparing surgery patients undergo CT scanning at a frequency of every six months for two years, annually, for the next five years, and then every two years thereafter.⁷

the hemostatic agents was placed over the closed renorrhaphy and another agent was applied to the posterior of the renorrhaphy and the kidney. The kidney was unclamped after approximately 41 minutes of renal hypothermia and only minimal bleeding from the renorrhaphy was observed. After achieving hemostasis at the renorrhaphy, sterile compressed sponges and thrombin were applied to the upper pole of the kidney near the adrenal gland. A hemostatic agent was applied at the hilum. The vessel loop that was utilized to isolate the ureter was removed.⁵

The Jackson-Pratt drain, or JP drain, was obtained by the surgical technologist prior to closing the fascial lay-

ers. It was passed, placed into position and secured with a 3-0 nylon suture and the grenade-shaped suction bulb was attached. The fascial layers were closed in two layers with a No 1 polydioxanone suture on a circle taper needle in a typical running fashion. The wound was irrigated with saline and staples were used to close the skin edges. The surgical wound and the drain site were dressed with sterile gauze, and secured with tape. The patient was repositioned into the supine position and prepared for extubation. After the patient was successfully extubated, he was transported to the intensive care unit without complications.⁵

POST-OPERATIVE MANAGEMENT

Patients that undergo nephron-sparing surgery, such as a partial nephrectomy, are typically transported to ICU following the procedure. The patient's vitals, as well as their electrolytes and fluid balance, will be monitored in order to evaluate kidney function. The Foley catheter will usually remain for a short time following the procedure. Intravenous fluids are given to maintain proper hydration and medications are provided for pain management. Cautious movement is encouraged as tolerated by the patient.⁶

Partial nephrectomy patients are typically advised to schedule a follow-up visit in four to six weeks in order to evaluate serum creatinine levels and to undergo an intravenous pyelography. It is also recommended that nephron-sparing surgery patients undergo CT scanning at a frequency of every six months for two years, annually, for the next five years, and then every two years thereafter.⁷

POTENTIAL COMPLICATIONS

There are a vast number of complications which could develop from this type of procedure. Three of the most common complications are infection, hemorrhage and renal insufficiency. Minimizing the risk of infection is paramount to any postoperative management of surgical intervention. The administration of preoperative antibiotics to decrease the chances of developing an infection is of importance whether managing small, superficial wounds or large, deep wounds. Vacuum devices, such as the JP drain utilized for this case, also are essential following this procedure.⁸

Postoperative hemorrhage is usually self-resolving and may be confined to the retroperitoneum or may be observed in the presence of gross hematuria, decreased hematocrit or flank ecchymosis. Treatment is palliative in nature and may consist of volume resuscitation, serial hematocrits and bed rest. Re-exploration is considered the last resort option for severe unmanageable bleeding.⁷

Renal insufficiency is usually the result of transient ischemia during the surgical procedure and typically resolves. Attentive awareness of intraoperative measures, such as correcting electrolyte imbalances, utilizing mannitol, the incorporation of surface hypothermia and sustaining minimum arterial clamp time helps prevent this complication.⁷

AUTHOR'S NOTE

This article is dedicated to my wife, a US Army nurse, my beautiful twin daughters Aryanna Victoria and Natalya Elena, and my newborn son Vicente Elijah. You all are truly an inspiration and I love you with all my heart!

ACKNOWLEDGMENTS

Special thanks to urology providers Dr Lee and Dr Evans, fellow Army Reserve comrade "Barb" Myers, and all of my mentors (Keeley, Jon, Mike, Mrs B, and Mr Hinton) at Blanchfield Army Community Hospital, Fort Campbell, Kentucky, that selflessly supported my professional endeavors. HOOAH!



AUTHOR'S BIO

Javanté Bell, CST, CSA, received his surgical technology training at the United States Army Medical Department's Operating Room Specialist Program at Joint Base San Antonio, in San Antonio, Texas. He received his first assistant training from Madisonville Community College, in Madisonville, Kentucky. He is currently employed at the Montgomery Surgery Center in Rockville, Maryland, assisting in general; ear, nose and throat; plastics; orthopedic; podiatry; obstetrics and gynecology; and ophthalmology services.

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Partial Nephrectomy

383 November 2015 1 CE credit \$6

1. **RCC is a type of cancer that develops in the lining of the_____.**
 - a. Renal artery
 - b. Renal vein
 - c. Kidney's tubules
 - d. Liver
2. **Each kidney has a blood supply that is usually supplied through_____.**
 - a. One renal artery
 - b. Multiple renal arteries
 - c. The inferior vena cava
 - d. Multiple renal veins
3. **Two or three major calyces are formed from the union of about_____ minor calyces, which then joins the renal pelvis.**
 - a. 6 to 8
 - b. 8 to 10
 - c. 10 to 12
 - d. 8 to 12
4. **Which ribs are lined with a marking pen?**
 - a. 4 and 5
 - b. 2 and 11
 - c. 11 and 12
 - d. 6 and 7
5. **After removing a segment of the 11th rib to improve visibility, the peritoneal cavity is freed and directed_____ away from the kidney.**
 - a. Posteriorly
 - b. Circumferentially
 - c. Laterally
 - d. Anteriorly
6. **A_____ is positioned over the renal artery in order to test the occlusion of blood flow to the upper pole of the kidney.**
 - a. Metzenbaum scissors
 - b. Cosgrove clamp
 - c. Penfield dissector
 - d. Bowie
7. **Partial nephrectomy patients are typically advised to schedule a follow-up in_____ following the operation.**
 - a. 2 to 4 days
 - b. 2 to 4 weeks
 - c. 4 to 6 weeks
 - d. 12 days
8. **The upper ureter extends from the renal pelvis to the upper border of the_____.**
 - a. Sacrum
 - b. Bladder
 - c. Middle ureter
 - d. Renal artery
9. **Which renal vein is a bit shorter?**
 - a. Right
 - b. Left
 - c. Inferior vena cava
 - d. None of the above
10. **Following induction, the patient was positioned in what position?**
 - a. Supine
 - b. Right lateral
 - c. Right lateral decubitus
 - d. Left transverse

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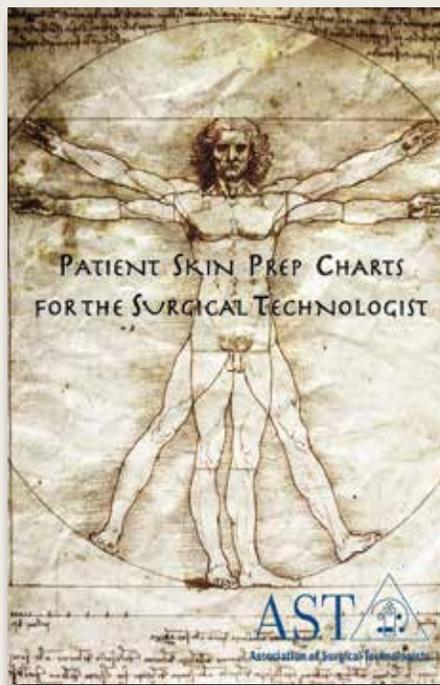
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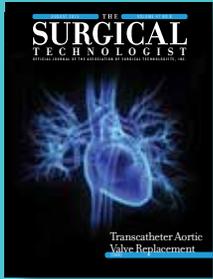
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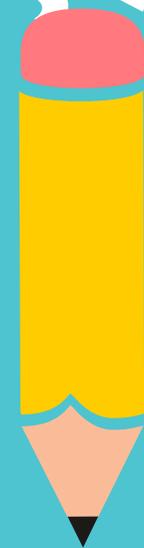




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So Much More Than a Glorified Janitor

CHRISTIAN J CLARK, CST

FINDING MY CALLING



As an 18-year-old general duty Navy hospital corpsman, I was working on a medical floor and intensive care unit at the Naval Regional Medical Center in Orlando, Florida. It was during this time that I decided that I wanted to

become a surgical technologist. I recall a recovery room nurse telling not to. “You’ll be a glorified janitor,” he said. Thirty years later, I am still waiting for the glory. Although I came to understand his sentiment, it did not keep me from doing what I wanted to do. Frankly, his job looked pretty boring to me.

I knew that hospitals didn’t close. I knew that I would have to take call and work on holidays and weekends. I knew that a life in healthcare was a life of sacrifice. I knew that operating rooms can be dangerous, hostile and cold. That did not deter me. My surgical technology class at the Naval School of Health Science started with 30 people. By graduation, there were only seven left ... a 77% attrition. It turns out that there is more to working in an operating room than putting on a pair of scrubs. I graduated second in my class.

As a surgical technologist at the Portsmouth Naval Hospital in Virginia, I got to rotate through all of the surgical services. Otherwise, I spent my time cleaning, wrapping and sterilizing instruments. It was during this time that I not only learned to be a surgical technologist, but I learned organizational skills. And, I learned to work as part of a team. I have not since experienced the level of comradery that is found in the military. Before my enlistment ended, I found myself on a Mediterranean cruise that traveled over the Arctic Circle as a part of a surgical team. Far from the Disney cruise that I took a few years back, I can look back fondly at that experience on an amphibious assault ship.

My first job outside of the military was in south Florida. I was a Certified Surgical Technologist with three years of experience and it paid \$8.20 an hour. That was the num-

ber that was written on the back of a business card at my interview. That number burnt into my retina that day. To add perspective, at the time, unskilled laborers such as baggage handlers at the Ft Lauderdale airport, were making \$18 an hour. They were fortunate to be a part of a union. Did I run over to the airport for one of those jobs? No, I was happy and grateful to be a surgical technologist.

I remember the written job description that stated that a surgical technologist needed only low spatial relationship ability. When the person that authored that job description needs a laparoscopic procedure, they better hope that the surgical technologist assisting with the video camera and instrumentation does not have low spatial ability.

I greatly enjoyed the work of a surgical technologist. To me, it was the most important job in the hospital. I enjoyed being on the front-line of healthcare, passing instruments and otherwise assisting surgeons. In my mind, there was no one in the facility that was more of a defender of asepsis and the sterile field. In a recent conversation with a hospital administrator, I mentioned that I was a surgical technologist. He said, “Whoa! You were high class. I was an orderly.” I didn’t have the heart to tell him that I was a glorified janitor.

I have found my calling. Ultimately, I am an animal of the operating room. From my beginning as a surgical technologist, it is the toughest job that I ever loved. My surgical experience and education led to other positions. I went on to work as an industry representative in various positions including work with surgical lasers. A move to Nashville in 2002 prompted a career change. It was then that I went on to become an intraoperative neurotechnologist at Vanderbilt University Medical Center. Today, I work as a clinical manager at SpecialtyCare, a provider of outsourced clinical services for operating rooms, including: surgical assisting, perfusion, minimally invasive surgical support, as well as intraoperative neuromonitoring. Although I have not scrubbed in many years, I still get to work aside and admire the important job of the surgical technologists.

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- Package 15: 16.5 CE Credit Package for \$27 (2015)



In addition, three free online CE credits are offered annually. Over a four-year period, members can earn 12 free credits. For the three credits offered this year, turn to page 520.

The beauty of accessing and paying for credits online, is that the credits automatically post to your record. No waiting for confirmation, you can instantly see how many credits you have earned and how many you need to stay current in your certification!

To access our online credit packages or our free CE articles for credits, visit our CE Credit Online Resource Center by logging on to www.ast.org and clicking on the "Professionals" tab, then "Earn CE Now."

AST MONTHLY JOURNAL – *The Surgical Technologist*

The articles in this publication provide valuable knowledge about latest topics related to the industry. Accompanying the article every month is a CE exam. Take the exam and send your answers into AST. This can be done on hard copy via mail, or online at www.ast.org. These credits may be applied toward your recertification. There are no expiration dates on the CE articles/tests and you may go back to the beginning from 1980 to present to read the articles and take the tests.

AST'S ANNUAL NATIONAL CONFERENCE



Not only is this a great opportunity to meet your fellow CSTs and CSFAs, you can earn a batch of credits all within one setting attending the conference! It's never too early to start planning for the next conference. There also are additional CE opportunities during conference events, as certain sponsors and exhibitors offer credits just for stopping by their booths. To get more information on the national conference, visit our website and click on About Us, Conference.

LOCAL STATE ASSEMBLY

Your state assembly offers continuing education seminars and may provide guidance in pursuing legislation in your state. Announcements of state assembly meetings and workshops in your state are published in the "Upcoming Programs" section of your monthly issue of *The Surgical Technologist*, on your state's website and at www.ast.org under "State Assemblies." Your state assembly also will contact you about upcoming workshops in your area. Keep checking your Journal for new meeting dates and announcements. It's a great way to get involved on the state level and gain valuable CE credits in the process.

COLLEGE CREDITS

College courses must be relevant to the surgical practice of surgical technology and surgical assisting and completed at an institution that is accredited by an organization recognized by the US Department of Education. Surgical assistant college courses submitted for CE credit(s) must be completed at a CAAHEP-accredited surgical assistant program. If you have questions about whether or not the program you attended or are planning to attend is CAAHEP accredited, you can contact the Accreditation Review Council on Education in Surgical Technology (ARC/STSA). You can visit their website at www.arcst.org.

WRITING FOR HEALTH-RELATED PUBLICATIONS

When authoring a CE article to be published for a magazine or journal, the article must be a health-related publication. Additionally, the publisher must have a peer-review process in place in order to determine if the article meets the publishing standards of the magazine or journal. In fact, you can earn CE credit by writing

for AST's journal, *The Surgical Technologist*! If you have any questions regarding what is involved in writing for the Journal or how to begin the process, write to us and include what topic you would like to cover. Send outlines or letters of interest to publications@ast.org. Always wanted to write, but don't know how to get started? We'll help you through the entire process. Express your interest today!

INSTRUCTION OF HEALTH PROFESSIONALS



This method for earning CE credits does not apply to those CSTs and CSFAs who provide lectures or lab/clinical demonstrations as part of their job duties, such as educators, preceptors and medical sales representatives. This applies to CSTs and CSFAs that serve as instructors or lecturers during an AST-approved CE workshop, programs, or speaker at an employer-sponsored in-service: eg, wound closure workshop at a state assembly meeting.

Complete detailed information on obtaining and submitting *approved* CE credits is available in the *Recertification Simplified – Maintaining the Credential* brochure at www.ast.org.

HOW MANY CE CREDITS DO I NEED TO RENEW MY CREDENTIAL?

AST works with a four-year certification cycle. Certified Surgical Technologists (CST) must earn 60 CE credits before the four-year cycle expires to renew their credential. Certified Surgical First Assistants (CSFA) must earn 75 CE credits before the four-year cycle expires to renew the credential.

HOW LONG DO I HAVE TO EARN MY CE CREDITS?

Your certification is an important tool in your profession. Even though you may earn CE credits up until 11:59 pm on the date of your certification expiration, AST strongly encourages you to have your fulfillment of approved CE credits on file with AST at least six months beforehand. This way you will have time to earn CE credits that qualify for renewal of your credential in the event that some of your credits are not approved by AST. Once your credential has expired, the window to earn *qualifying* CE credits is gone – there is no grace period and no extension. The only option then is by exam through the NBSTSA.

HOW DO I SUBMIT MY CE CREDITS TO AST?

Checklist before Submitting Credits to AST

Submit your CE credits to AST for processing and approval. CE credits are processed within 10 business days from the date AST receives them. You will receive a CE credit confirmation letter in the mail for your records and may check your CE credit history online at anytime by using your personal login information at www.ast.org.

***Important Note: This does not mean your credential is automatically renewed.**

Once your CE credits are approved and on file with AST, proceed to step 2. You must submit a renewal application to the NBSTSA to complete your recertification.



STEP 1:

- ▲ Have all of your CE credits been earned while an AST member?
- ▲ Have all of your CE credits been earned within your current certification cycle set forth by the NBSTSA?
- ▲ Are your CE credits relevant to the surgical practice of surgical technology and surgical assisting?
- ▲ Are you submitting CE Reporting Form(s)? You can obtain them from the AST website, www.ast.org, under "Forms." Your CE credits will be returned without a CE Reporting Form attached.
- ▲ Did you list each educational activity on the CE Reporting Form?
- ▲ Did you submit proper documentation for each education activity listed on the CE Reporting Form? Make sure you keep the originals of your documents and submit copies.
- ▲ Did you enclose the proper fee (if applicable)? Members can submit their CE credits as often as they wish at no additional fee, excluding AST tests and AST CE credit package deals. Nonmembers are subject to the \$400 nonmember fee. CE credits will be returned if no fee is enclosed.

AST accepts payment by Visa, MasterCard, American Express, money orders, cashier's check, personal checks and institutional checks. Make checks payable to AST.

THREE WAYS TO SUBMIT YOUR CE CREDITS

1. You can mail your credits to: AST, 6 West Dry Creek Circle, Ste 200, Littleton, CO 80120-8031
2. You can fax CE credits to: 303.694.9169. Do not mail credits that were previously faxed.
3. You can also email scanned CE credits in PDF format to: memserv@ast.org. Do not mail credits that were previously emailed.

MY APPROVED CE CREDITS ARE ON FILE WITH AST. WHEN WILL AST MAIL ME MY NEW CERTIFICATION CARD AND CERTIFICATE?



Remember, completing the steps above does not mean your credential is automatically renewed. There is an additional step that is imperative for completion of your renewal. A renewal application is *required* by the NBSTSA. You may renew your credential up to six months in advance of your certification expiration date. Submit your CST or CSFA renewal application along with the renewal fee to the NBSTSA *prior* to your recertification expiration date. Failure to do so may result in additional fees by the NBSTSA. A renewal application is available at www.nbstsa.org. You do not need to mail proof of your CE credits to NBSTSA. Your CE credits are automatically on file with the NBSTSA.

In today's rapidly changing world, it is imperative that surgical technologists and surgical assistants remain current in their knowledge of the evolving industry. In order to maintain professional competence and currency, surgical technologists and first assistants need to engage in frequent, appropriate continuing professional education. In some states, mandatory certification as a condition of employment is either in place or under discussion in an attempt to mandate participation in continuing education. It is important to recognize that the profession has entered an era in which the standard knowledge, skills and attitudes necessary to remain a significant player in the field will require continual updating.



Active state assemblies are the future of the Association of Surgical Technologists' strength and success. The Association of Surgical Technologists gives special recognition to those state assemblies that demonstrate outstanding leadership within their states.

- ▶ To recognize excellence in leadership and member development, communication, education and community relations
- ▶ To encourage quality state management
- ▶ To recognize with distinction and visibility that efforts and results of meaningful activities that build a strong state
- ▶ To benchmark standards

Qualifications and Rules:

- ▶ Hold one annual meeting per year
- ▶ Hold at least two workshops per year
- ▶ Take part in legislative activity
- ▶ Create marketing activity
- ▶ Experience a membership increase of 3% or higher over the previous year
- ▶ Media coverage
- ▶ Student involvement
- ▶ Instructor involvement
- ▶ Public education
- ▶ **Up to five (5) awards will be awarded per year**

When your state meets the above criteria, please fill out the attached eligibility form and submit your completed form to the State Assembly Department at the AST National Office by January 31, 2016.

Selection

All certification forms received in the AST national office by January 31, 2016 will be eligible for one of the five National AST Leadership Awards. Each year the winners will be selected by the SALC Committee of AST. Each entry will be judged independently and the winners will be announced at the 47th AST Annual National Conference in San Diego, California.

YOUR STATE'S REWARD: What recognition will my state receive?

1. Every state assembly awarded the Leadership Award will receive recognition at the AST National Conference Open Ceremony.
2. Each state official on the state board will receive a pin representing "Winner of the State Assembly Leadership Achievement Award."
3. Each state winner receives recognition in a feature article about their state in The Surgical Technologist.
4. Each state who wins a Leadership Award will receive a pennant that announces the state as a winner of this prestigious award to hang at state meetings.

Eligibility and Entry Preparation:

1. Any AST approved state assembly may submit an entry.
2. Entry form **MUST** be completed by the state president for the period of January 1–December 31, 2015.
3. Entry must be typed or computer-generated in the format that follows.
4. Additional information to support qualification will be accepted.
5. A state may receive this award only once every three years.
6. All entries will become the property of AST and will not be returned.
7. Winners of the Leadership Award will be determined by the cumulative total of points earned.

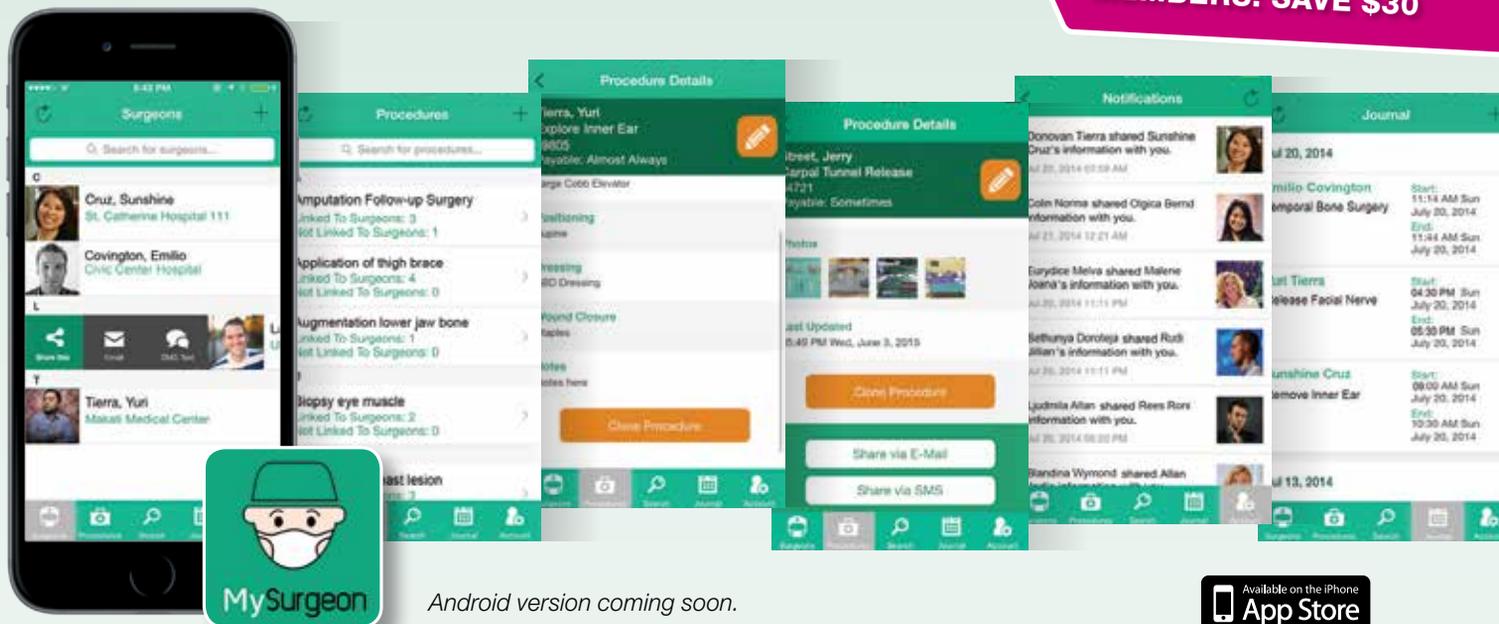
Entry Deadline: All entries must be received by January 31, 2016.

Apply online at www.ast.org – State Assemblies – State Assembly Awards.

Improve your work in the OR with a click!

MySurgeon: \$10 for One-Year Subscription!

**EXCLUSIVE LIMITED
TIME OFFER FOR AST
MEMBERS: SAVE \$30**



Android version coming soon.



With MySurgeon app, you can:

- Eliminate outdated paper preference cards and store your surgeons' preferences on your cell!
- Create, save, edit, update and access surgeons' contact information, preferences and procedures
- Upload and share photos of setup, instruments, positioning, etc. from the Procedures Tab
- Create and save appointments with notes to iPhone Calendar
- Search any information saved within the app by keyword
- Access and manage content through web portal that syncs with the app in real-time
- Non-iPhone or Android users can use the portal with the same available features
- Android version coming soon

AST in partnership with MySurgeon is offering this reduced price to a select group of members for a limited time who will provide feedback to AST on their user experience. Take advantage of the savings and sign up today with AST online at www.ast.org or by calling AST member services, **800-637-7433**.

**Be part of the "A-Team" – Know what your surgeon needs
before they arrive in the OR with MySurgeon!**



Meet Your SALC Representatives

The State Assembly Leadership Committee (SALC) is a standing committee of the Association of Surgical Technologists. The committee members shall be appointed by the AST President with approval to the Board of Directors for a term of two years with the possibility of reappointment of a second and third term. The committee members are selected by evaluation of their leadership skills, expertise and talent within the State Assembly arena.

THE MISSION STATEMENT OF THE STATE ASSEMBLY LEADERSHIP COMMITTEE IS:

"To encourage and oversee growth and leadership of the State Assemblies of AST through education, membership and guidance."

SOME OF THE RESPONSIBILITIES OF THE COMMITTEE MEMBERS INCLUDE:

- State Assemblies
- Exchange professional knowledge through networking to stimulate continued interest within the state assemblies
- Recruit qualified candidates to be placed to run for elected position in their states

- To represent each state with accuracy, professionalism and confidentiality
- Follow strict adherence to all AST State Assembly Bylaws and procedures
- Accept and complete required reports and assignments within the given timeframe
- Maintain open communication with AST Board of Directors and the AST staff

The SALC consists of eight members who represent individual states and one member who is a military advisor. The addition of a military advisor is a recent change to the committee and will provide a valuable reference person for both the committee members and state assemblies. Having an advisor that is knowledgeable of the military that can provide suggestions as to how to better serve our military members will help state assemblies to improve our connection with this much appreciated community.

The State Assembly Leadership Committee is currently composed of:



Pam Buff, CST, FAST
p_buff@yahoo.com

Represents Idaho, Illinois, Massachusetts, Michigan, Wisconsin, Wyoming

Pam has been very involved with her own state's assembly for the past 20 years. During this time, she has served as secretary, vice president and is currently serving her second term as the Oklahoma State Assembly president. Pam's hobbies include spending time with her husband on their Harley's and working with her registered quarter horse, Pepper.



L Gene Burke, Jr, CST, FAST
lburke@augustatech.edu

Military Advisor – Represents all states

Gene has been a member of AST since 2004. He is currently serving his first appointed term as the military liaison for the SAL Committee. With more than 20 years of surgical technology experience, Gene graduated with a diploma in surgical technology in 1992 from the Naval School of Health Science, in Portsmouth, Virginia. He began working at the Naval Hospital Charleston where he obtained the position of senior surgical technologist working in OB/GYN, orthopedics and oral/maxillofacial surgeries. While at Naval Hospital Charleston, Gene wrote and taught an orthopedic surgical technologist course for all orthopedic techs to complete in order to assist their surgeons during the orthopedic cases. He also worked in the dental department assisting with all minor surgeries, and reorganized the dental surgical suite in which he was awarded the Navy Achievement Award. Gene became certified in 2005 when he accepted the position as the surgical technology program director at Augusta Technical College in Augusta, Georgia. Gene has served two terms as a director for the Georgia State Assembly, two terms as secretary and is currently the vice president.



Terri Crosson, CST
tercross@gmail.com

Represents Connecticut, Delaware, Maryland, Montana, New Jersey, Rhode Island

Terri has been a CST for more than seven years and works at GRU in Augusta, Georgia. She specializes in sports medicine surgery as well as ENT. Terri is currently serving her second term as president for the Georgia State Assembly, where she also served as a vice president and board of director. She also is an adjunct professor at Augusta Technical College teaching central sterile processing. During her free time, she teaches fitness classes at area gyms and enjoys kayaking, biking, running and cooking. She has four boys ranging from 26 to 10 years old.



Rochelle Duplechian, CST
rduplechiancst@yahoo.com

Represents Georgia, Minnesota, Mississippi, South Carolina, Tennessee, Texas

Rochelle Duplechian has been a CST since 1995 and has been a member

of AST since 1995. She on the Louisiana board of directors since 2007, and is currently serving as president of LASA. She takes pride in serving her state and her fellow CSTs. She is employed by Our Lady of Lourdes in Lafayette, Louisiana, where she specializes in robotics, general, gastric and burn procedures. Her hobbies include reading, traveling and playing games with her grandchildren and spending time with her friends and family.



Jessica Elliott, CST, RN, FAST
jelliott@holmescc.edu

Represents Arkansas, Colorado, Indiana, Nebraska, Nevada, New Hampshire/Vermont, Oregon

Jessica is beginning her second year of her first term as a member of SALC. Jessica has been a Certified Surgical Technologist for more than 20 years and is the program director of surgical technology at Holmes Community College in Mississippi. In addition to representing her state of Mississippi as a national delegate for a number of years, she has served the Mississippi Association of Surgical Technologists in all board and officer roles. Jessica has participated as a selected presenter at both the state and national level. In her spare time, she enjoys cooking, reading and traveling with family and friends.



Shondra McGill, CST
semc528@aol.com

Represents Kentucky, Missouri, New York, West Virginia, North Carolina, Ohio
Shondra has been a CST since 2005 and a member of AST since 2003. In 2006, she was nominated as a founding board of director for the New Jersey State Assembly and since has served as an officer, secretary and vice president. She was recently appointed to the SALC committee. She has worked for the Princeton HealthCare System for 10 years and currently works in the Monroe Surgical Center, a growing joint venture between Princeton HealthCare System and Princeton Orthopedic Associates. Shondra enjoys camping, kayaking, walking, hiking and traveling with family and friends.



Kim McDuffie, CST
scrubgirl124@yahoo.com

Represents Arizona, Florida, Louisiana, New Mexico, Virginia, Washington
Kim has been a CST for seven years, and began her AST involvement as president

of the Association of Surgical Technologists Student Association. She has served on the Texas State Assembly in various offices and is currently serving as president. She enjoys doing cowboy-mounted shooting with her husband and being outdoors with her family.



Kimberly Miller, CST, FAST, Chair
klucionmiller@aol.com

Represents Alaska, Hawaii, Maine, Pennsylvania, South Dakota, Utah
Kim is in her first term on the State Assembly Leadership Committee and is chair. She has been involved with the West Virginia State Assembly since its inception serving as vice president for five years and president for four. Kim is the recipient of FAST (Fellow of the Association of Surgical Technologist) and has served on the Job Task Analysis Committee for the NBSTSA (National Board of Surgical Technologist and Surgical Assistants). She is employed by Three Gables Surgical Hospital in Proctorville, Ohio, as a surgical technologist. In her spare time, she volunteers for the Make-A-Wish Foundation and enjoys spending time with her family, friends and her dog, Shadow.



Sherridan Poffenroth, CST, CRCST
sepoff@q.com

Represents Alabama, California, Iowa, Kansas, North Dakota, Oklahoma
Sherridan is beginning her first term on the SAL Committee. She has been a CST for eight years and holds a bachelor's degree in education. Sherridan has been involved with her state's assembly for eight years as director, vice president and is currently closing out her second term as president. Sherridan works at Spokane Valley Ambulatory Surgery Center and at Holy Family Hospital in Spokane, Washington, as well as an adjunct instructor in the allied health department at Spokane Community College. Sherridan is a mother of four and enjoys watching her kids play junior high and high school sports and spending time with her family and friends.

2016 CALL FOR CANDIDATES

AST is seeking the services of dedicated individuals interested in becoming part of AST's leadership including national officers and members of AST national committees. In 2016, there will be five vacancies on the AST Board of Directors. Candidates for the Board of Directors, including the office of Secretary, will be elected by the House of Delegates at the AST National Conference in San Diego, May 31-June 4, 2016.

Secretary – Two-Year Term

Board of Directors – Two-Year Term

Eligibility:

All candidates for the Board of Directors must be active (CST with currency or CST, CSFA) members of AST for a minimum of three years immediately preceding nomination. Candidates for the office of Secretary must have served a minimum of one full term during the previous six years on the Board of Directors. Candidates for the Board of Directors must have served at least one complete term on a national committee, whether standing or special (ad-hoc), the NBSTSA, ARC/STSA or a complete two-year term as a director in a state assembly within the last eight years.

If you would like to run for elected office or be considered for a national committee appointment, you will need to complete a Consent to Serve form and a Curriculum Vitae. These forms can be downloaded from the AST website at <http://www.ast.org>. Click on About Us; then click on either Elected Offices or Appointed Offices to see detailed descriptions and download the required forms. If you have any other questions, you can contact Charlotte Stranahan, Administrative Coordinator at cstranahan@ast.org or 800-637-7433, ext 2501.

Completed forms must be returned to the Credentials Committee, AST Board of Directors, 6 West Dry Creek Circle, Ste 200, Littleton, CO 80120, by January 15, 2016.





UPCOMING PROGRAMS

AST MEMBERS: Keep your member profile updated to ensure that you receive the latest news and events from your state.

As an AST member you can update your profile by using your login information at www.ast.org. You may also contact Member Services at memserv@ast.org or call 1-800-637-7433. AST business hours are Monday-Friday, 8 am - 4:30 pm, MST.

FLORIDA

Clearwater: November 7. Florida State Assembly. Title: A Cutting Edge Surgical Seminar. Location: Keiser University, 16120 US Hwy 19 N, Clearwater, FL 33764. Contact: Vilisity Stow or Max Obando, PO Box 600961, Jacksonville, FL 32260, 727-459-8194 or 904-244-5539, rvstow@gmail.com or guillermo.obando@jax.ufl.edu. 6 CE credits, pending approval by AST.

GEORGIA

Atlanta: March 12, 2016. Georgia State Assembly. Title: Emory Teaches the GASA. Location Emory University Hospital, 1364 Clifton Road, Atlanta, GA 30322. Contact: L. Gene Burke, Jr., PO Box 4131, Canton, GA 30114, 706-771-4191, lburke@augustatech.edu. 7 CE credits, pending approval by AST.

Tybee Island: September 10, 2016. Georgia State Assembly. Title: GASA Heads to the Beach! Location: Hotel Tybee, 1412 Butler Ave (For GPS Use)/ 1401 Strand Ave

(Business Office), Tybee Island, GA 31328. Contact: L Gene Burke, Jr, PO Box 4131, Canton, GA 30114, 706-771-4191, lburke@augustatech.edu. 8 CE credits, pending approval by AST.

HAWAII

Honolulu: November 14. Hawaii State Assembly. Title: 2015 Annual Business Meeting & Workshop. Location: Kapiolani Medical Center for Women and Children – Auditorium 2nd Floor, 1319 Punahou St, Honolulu, HI 96826. Contact: Ana Zarate, 91-925 Puahala St Apt U, Ewa Beach, HI 96706, 910-599-2086, ana_zarate1@aol.com. 6 CE credits, pending approval by AST.

IDAHO

Boise: November 7. Idaho State Assembly. Title: 2015 Fall Business Meeting and Conference. Location: Riverside Hotel, 2900 E Chinden Blvd, Boise, ID 83714. Contact: Leah Guill, 4340 Sawdust Place, Boise, ID 83716, 208-596-1774, leahmariewagner@gmail.com. 4 CE credits, pending approval by AST.

Boise: November 10. Idaho State Assembly. Title: Recovering from Addiction in the OR. Location: Grind Modern Burger, 705 W Fulton St, Boise, ID 83702. Contact: Leah Guill, 4340 Sawdust Place, Boise, ID 83716, 208-596-1774, leahmariewagner@gmail.com. 1 CE credit, pending approval by AST.

ILLINOIS

Peoria: March 5, 2016. Illinois State Assembly. Title: ISA Annual Meeting, Elections & Seminar. Location: OSF Saint Francis Medical Center, 530 NE Glen Oak Ave, Peoria, IL 61637. Contact: Marsha Brook, 1828 S 2nd Ave, Morton, IL 61550, 309-263-7495 or 309-264-4532, mbrook1@outlook.com. 4-5 CE credits, pending approval by AST.

INDIANA

Indianapolis: November 7-8. Indiana State Assembly. Title: ISA – Fall Workshop. Location: Franciscan St. Francis Health, 8111 S Emerson Ave, Indianapolis, IN 46237. Contact: Allyson Goodrich, PO Box 421673, Indianapolis, IN 46242, 317-450-1608, jmb51607@gmail.com. 11 CE credits, pending approval by AST.

LOUISIANA

Hammond: November 7. Louisiana State Assembly. Title: Fall Workshop. Location: North Oaks Medical Center, 15790 Paul Vega Medical Dr, Hammond, LA 70403. Contact: Peggy Varnado, PO Box 60445, Lafayette, LA 70596, 225-335-9539, lsa.ast.secretary@gmail.com. 6 CE credits, pending approval by AST.

Baton Rouge: April 2, 2016. Louisiana State Assembly. Title: Spring Workshop and Business Meeting. Location: Woman's Hospital, 100 Woman's Way, Baton Rouge, LA 70817. Contact: Bryan Wille, PO Box 60445, Lafayette, LA 70596, 225-278-

0874, isa.ast.secretary@gmail.com. 6 CE credits, pending approval by AST.

MARYLAND

Baltimore: March 19, 2016. Maryland State Assembly. Title: MDSA Spring Meeting/Elections and Workshop. Location: Franklin Square Hospital Center Conference Room D-F, 9000 Franklin Square Dr, Baltimore, MD 21237. Contact: Judith Arrindell or Sandra Araujo, PO BOX 23737, Baltimore, MD 21203, 443-992-1062 or 301-807-6052, jarrin7248@aol.com or araujos@kvfd.org. 7 CE credits, pending approval by AST.

MASSACHUSETTS

Lowell: November 7. Massachusetts State Assembly. Title: We Are All in This Together "Start to Finish." Location: University of Massachusetts Lowell Inn & Conference Center, 50 Warren St, Lowell, MA 01852. Contact: Jayne MacPherson, 3 Webster St, Natick, MA 01760, 508-596-0859, beelines@aol.com. 5 CE credits, pending approval by AST.

MINNESOTA

Anoka: March 12, 2016. Minnesota State Assembly. Title: Minnesota State Assembly Spring Workshop. Location: Anoka Technical College, 1355 W Main St, Anoka, MN 55303. Contact: Melissa Stolp, 19414 Eaton St NW, Elk River, MN 55330, 763-229-2321 or 763-712-1278, halfpint71mel@aol.com. 7 CE credits, pending approval by AST.

NEBRASKA

Omaha: March 5, 2016. Nebraska State Assembly. Title: Nebraska State Assembly Winter 2016 Workshop and Annual Meeting. Location: University of Nebraska Medical Center, 600 S 42nd St, Omaha, NE 68198. Contact: Casey Glassburner, 10011 N 151st St, Waverly, NE 68462, 402-580-0057, cglassburner@southeast.edu. 6 CE credits, pending approval by AST.

Omaha: August 13, 2016. Nebraska State Assembly. Title: Nebraska State Assembly 2016 Summer Workshop. Location: CHI Health Lakeside, 16902 Lakeside Hills Court, Omaha, NE 68130. Contact: Casey Glassburner, 10011 N 151st St, Waverly, NE 68462, 402-580-0057, cglassburner@southeast.edu. 6 CE credits, pending approval by AST.

NORTH DAKOTA

Fargo: April 16, 2016. North Dakota State Assembly. Title: North Dakota State Assembly Spring Workshop 2016. Location: Essentia Health, 3000 32nd Ave S, Fargo, ND 58103. Contact: Nicole Gerhardt, 701-426-2943, nicolemgerhardt@yahoo.com. 7 CE credits, pending approval by AST.

OKLAHOMA

Oklahoma City: November 14. Oklahoma State Assembly. Title: OKSA Fall Conference. Location: Moore Norman Technology Center - South Penn Campus, 13301 S Pennsylvania, Oklahoma City, OK 73170. Contact: Jennifer Wilkerson, 34 SW 97th St, Oklahoma City, OK 73139, 405-613-0149, jastramski@hotmail.com. 7 CE credits, pending approval by AST.

RHODE ISLAND

East Greenwich: November 7. Rhode Island State Assembly. Title: Are You Ready To 1st Assist? Location: New England Institute of Technology, 1 New England Tech Blvd, East Greenwich, RI 02818. Contact: Liana King, PO Box 1534, East Greenwich, RI 02818, 401-529-4774, lianaking@verizon.net. 4 CE credits, pending approval by AST.

SOUTH DAKOTA

Watertown: April 16, 2016. South Dakota State Assembly. Title: South Dakota Spring AST Conference 2016. Location: Prairie Lakes Hospital - MOB Conference Room, 401 9th Ave NW, Watertown, SD 57201. Contact: Wendi Weseloh, 55 10th Ave NW, Watertown,

SD 57201, 605-880-4022, wendi.weseloh@prairielakes.com. 6 CE credits, pending approval by AST.

TEXAS

Port Arthur: January 30, 2016. Texas State Assembly. Title: Port Arthur Workshop. Location: Lamar State College, 1701 Procter St, Port Arthur, TX 77641. Contact: Stefanie Steele-Galchutt, PO Box 3381, Wichita Falls, TX 76301, 817-235-1660, TXStateAssembly@gmail.com. 8 CE credits, pending approval by AST.

Ft Worth: March 5-6, 2016. Texas State Assembly. Title: Best Little Workshop in Texas. Location: Radisson Hotel, 2540 Meacham Blvd, Fort Worth, TX 76106. Contact: Stefanie Steele-Galchutt, PO Box 3381, Wichita Falls, TX 76301, 817-235-1660, TXStateAssembly@gmail.com. 13 CE credits, pending approval by AST.

UTAH

Murray: March 19, 2016. Utah State Assembly. Title: Trauma Not Drama. Location: Intermountain Medical Center, 5121 Cottonwood St, Murray, UT 84157. Contact: Annette Montoya, PO Box 986, West Jordan, UT 84084, 801-889-5947, ast.utah@gmail.com. 4 CE credits, pending approval by AST.

WISCONSIN

Summit: March 12, 2016. Wisconsin State Assembly. Title: Spring Madness. Location: Aurora Medical Center, 36500 Aurora Dr, Summit, WI 53066. Contact: Peggy Morrissey, N1417 County Road P, Rubicon, WI 53078, 262-443-0306, pegmorrisey@gmail.com. 6 CE credits, pending approval by AST.

State Assembly Annual Business Meetings

Members interested in the election of officers & the business issues of their state assembly should ensure their attendance at the following meetings.

GEORGIA

Atlanta:
March 12, 2016
Annual meeting
& elections

ILLINOIS

Peoria:
March 5, 2016
Annual meeting
& elections

MARYLAND

Baltimore:
March 19, 2016
Annual meeting
& elections

OKLAHOMA

Oklahoma City:
November 14
Annual meeting
& elections

UTAH

Murray:
March 19, 2016
Annual meeting
& elections

HAWAII

Honolulu:
November 14
Annual meeting
& elections

INDIANA

Indianapolis:
November 7-8
Annual meeting
& elections

MASSACHUSETTS

Lowell:
November 7
Annual meeting
& elections

RHODE ISLAND

East Greenwich:
November 7
Annual meeting
& elections

IDAHO

Boise:
November 7
Annual meeting
& elections

LOUISIANA

Baton Rouge:
April 2, 2016
Annual meeting
& elections

NEBRASKA

Omaha:
March 5, 2016
Annual meeting
& elections

TEXAS

Fort Worth:
March 5-6, 2016
Annual meeting
& elections

For assistance, call 800-637-7433, ext 2516 or email stateassembly@ast.org

- ▲ **'Approved'** indicates a continuing education program that has been approved by AST for CE credit.
- ▲ **'Accredited'** indicates a formal, college-based surgical technology or surgical assisting program that has been accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Future Program Approvals: A *Date Request Form* must be submitted to AST 120 days prior to the workshop date. For complete information on all required forms, refer to the *AST Policies for the Approval of State Assembly Continuing Education Programs and the Application for Approval of Continuing Education Programs State Assembly* (application is due at least 10 business days before the workshop date) at www.ast.org, under State Assemblies tab, submenu Meeting Forms.

The completed Date Request Form must be submitted before the first of the current month to be published in the next month's issue of *The Surgical Technologist*. A confirmation email as receipt received will be sent upon approval.

State Assembly Leadership Achievement Award



Active state assemblies are the future of the Association of Surgical Technologists' strength and success. The Association of Surgical Technologists gives special recognition to those state assemblies that demonstrate outstanding leadership within their states.

- To recognize excellence in leadership and member development, communication, education and community relations
- To encourage quality state management
- To recognize with distinction and visibility that efforts and results of meaningful activities build a strong state
- To benchmark standards

Entry deadline: January 31, 2016, for the January 1-December 31, 2015, reporting year.

Visit www.ast.org - State Assemblies - State Assembly Awards - for the application.

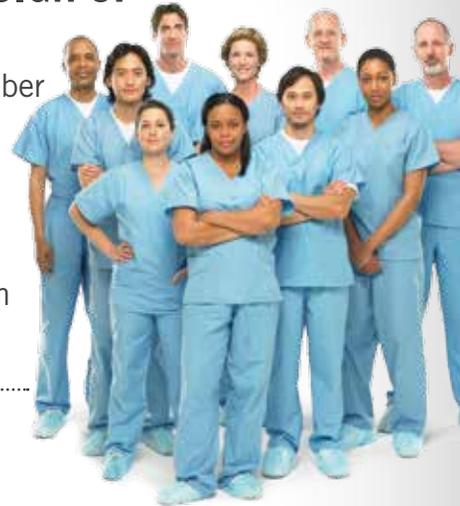
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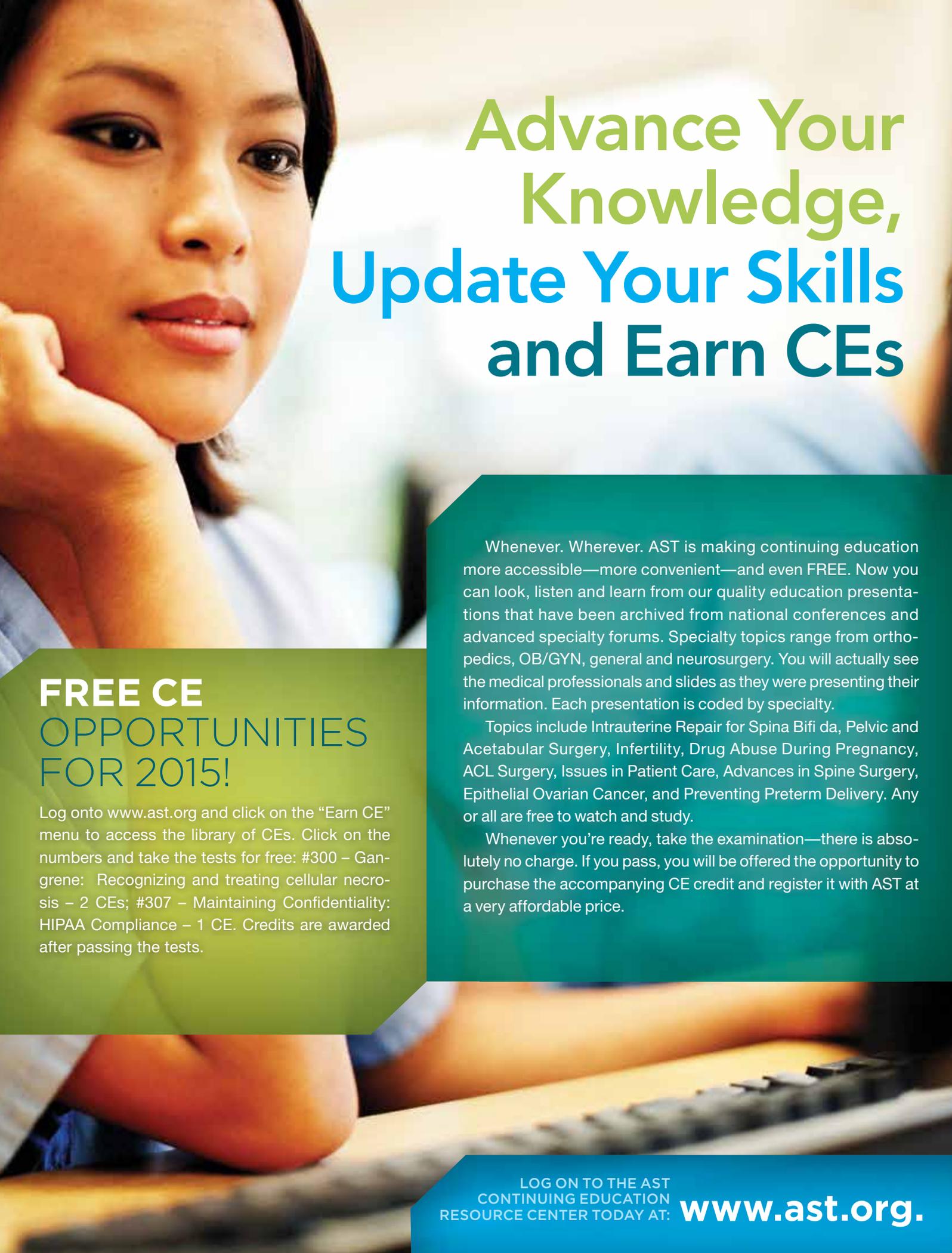


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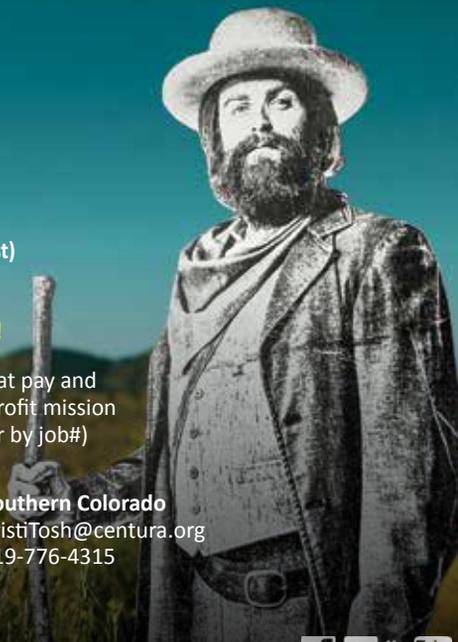
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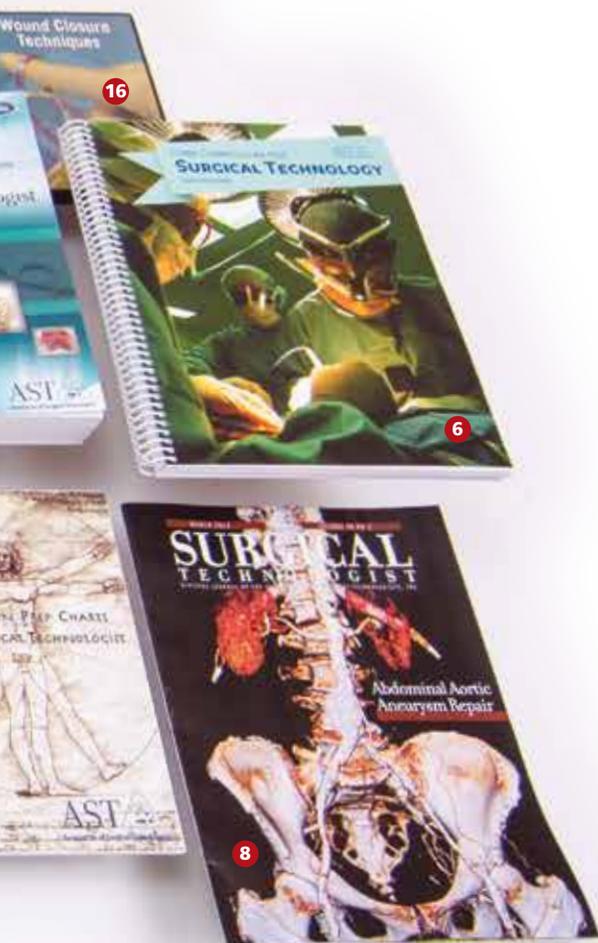
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Search Announcement

Executive Director

The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC STSA), a private not-for-profit accrediting body, seeks a highly qualified individual with exceptional leadership abilities, as well as a strong background in accreditation, education, finance, and non-profit management.

The ARC STSA Executive Director oversees and manages operations, projects and development of the organization, successfully executing its vision and mission. A bachelor's degree is required and an advanced degree is preferred. A minimum of five years management experience is required. Related, progressive management experience is preferred.

The ideal candidate should have a proven record demonstrating superior performance, innovation, motivation and integrity in specialized programmatic accreditation, organizational leadership, fiscal responsibility and inter-organizational collaboration.

The ARC STSA's primary goals are the accreditation of more than 450 surgical technology and surgical assisting educational programs, promoting quality educational standards and successfully marketing its nationally recognized accreditation services offered in collaboration with the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

Duties include office management, human resource management, organization of Board meetings, policy and procedure development and financial oversight. This is a resident position in the ARC STSA office located in Littleton, Colorado (south suburban Denver). Regular extended travel is required to represent the organization nationally.

Competitive salary and benefits package offered. Applications should include cover letter addressing position qualifications, resume/CV, contact information for 3 references and minimum salary expectations. Position open until filled. Applications received after November 23, 2015 will be reviewed at the discretion of the Board of Directors. **E-mail completed application materials searchcommittee@arcstsa.org.**

Attn: Kathy Snyder, BS, CST, FAST
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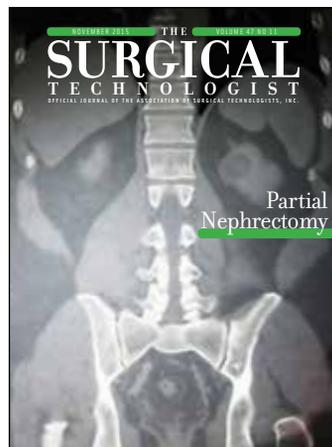
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Cobb Elevators

**PROUDLY
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PRODUCT NO'S:

3436 [1/2"]
Overall Length: 11"

3438 [1"]
Overall Length: 11"

Ultra hard titanium nitride coating helps to extend blade life by increasing surface hardness, prolonging sharpness, and resisting chemicals and corrosion.



Bradley Periosteal Elevator

Designed by Gary W. Bradley, MD

PRODUCT NO:

4720
Overall Length: 11"

Ultra hard titanium nitride coating helps to extend blade life by increasing surface hardness, prolonging sharpness, and resisting chemicals and corrosion.

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Screw/Pin Removal Locking Pliers

Unique jaw designed to solidly grip and clamp onto a screw for removal



PRODUCT NO:

S0142
Overall Length: 8"
Jaw Width: 4.5mm

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Modified Lambotte Osteotomes

Designed with a striking platform, plus a cross-bar hole to help control rotational stability and assist with removal



Six (6) sizes available, from 1/4" to 1-1/2" in 1/4" increments. Cross-bar and case included in complete set.

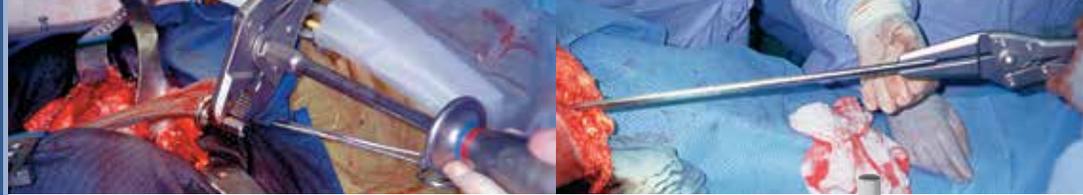
The two smallest sizes have an 1/8" hole in which an 1/8" pin (not included) can be used as a cross bar.

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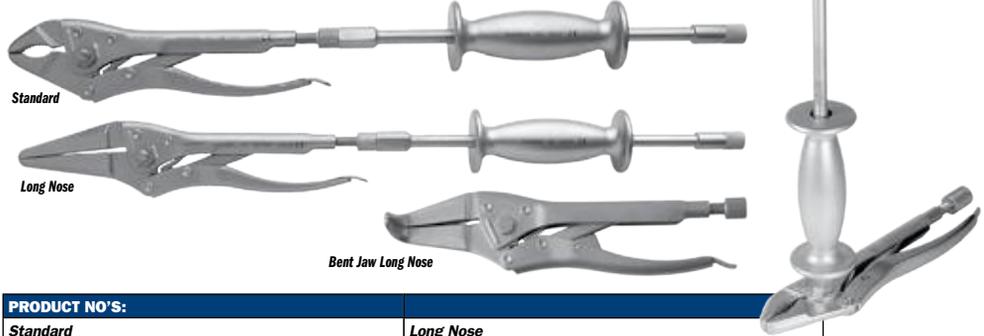
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Stainless Steel OrthoVise™ with Slap Hammer



PRODUCT NO'S:

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3981 Large (10") without Slap Hammer or Attachments	3966 Large Bent Jaw w/Slap Hammer
3985 Small (8") without Slap Hammer or Attachments	3966-01 Large Bent Jaw w/o Slap Hammer, w/Attachment
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	3975-01 Small (9.5") with Small Slap Hammer

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PRODUCT NO:
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Overall Length: 7.625"
Scale: From 0 to 48mm



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Offset shaft and smooth spin handle allow for a rapid crank action when desired



Large hex driver for 6.5 mm and 4.5 mm diameter screws. Especially helpful in insertion and removal of long screws.

PRODUCT NO:

7241
Overall Length: 10.125"

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Wagner Osteotome Handle

Designed by Russell Wagner, MD

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New!

PRODUCT NO:

5348
Overall Length: 5.5"

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Partial Nephrectomy

383 November 2015 1 CE credit \$6

1. **RCC is a type of cancer that develops in the lining of the _____.**
 - a. Renal artery
 - b. Renal vein
 - c. Kidney's tubules
 - d. Liver
2. **Each kidney has a blood supply that is usually supplied through _____.**
 - a. One renal artery
 - b. Multiple renal arteries
 - c. The inferior vena cava
 - d. Multiple renal veins
3. **Two or three major calyces are formed from the union of about _____ minor calyces, which then joins the renal pelvis.**
 - a. 6 to 8
 - b. 8 to 10
 - c. 10 to 12
 - d. 8 to 12
4. **Which ribs are lined with a marking pen?**
 - a. 4 and 5
 - b. 2 and 11
 - c. 11 and 12
 - d. 6 and 7
5. **After removing a segment of the 11th rib to improve visibility, the peritoneal cavity is freed and directed _____ away from the kidney.**
 - a. Posteriorly
 - b. Circumferentially
 - c. Laterally
 - d. Anteriorly
6. **A _____ is positioned over the renal artery in order to test the occlusion of blood flow to the upper pole of the kidney.**
 - a. Metzenbaum scissors
 - b. Cosgrove clamp
 - c. Penfield dissector
 - d. Bovie
7. **Partial nephrectomy patients are typically advised to schedule a follow-up in _____ following the operation.**
 - a. 2 to 4 days
 - b. 2 to 4 weeks
 - c. 4 to 6 weeks
 - d. 12 days
8. **The upper ureter extends from the renal pelvis to the upper border of the _____.**
 - a. Sacrum
 - b. Bladder
 - c. Middle ureter
 - d. Renal artery
9. **Which renal vein is a bit shorter?**
 - a. Right
 - b. Left
 - c. Inferior vena cava
 - d. None of the above
10. **Following induction, the patient was positioned in what position?**
 - a. Supine
 - b. Right lateral
 - c. Right lateral decubitus
 - d. Left transverse

PARTIAL NEPHRECTOMY #383 November 2015 1 CE CREDIT \$6

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