

# Q & A *with a* *PeriOperative Nurse*

By Karleen Samartan

Being an RN student, you have a thousand career choices before you. Hospitals, companies, and specialists tell you how wonderful their nurses are and why you should choose that area of expertise. Consider the good things you hear about each specialty and its respective down side. Think about what kind of care you want to practice and for whom you would like to provide it. Do you work better in fast-paced environments where decisions need to be made quickly? Do you prefer to work with several patients or focus on one? Here is a look at periOperative nursing – perhaps this will be the path you will take on your nursing journey.

Once referred to as Operating Room (OR) nursing, this career has evolved rapidly along with the practice of surgery. Initially, a nurse's main responsibility was to sterilize the instruments she would hand to the surgeon, set up suture packets, and sterilize the water she would pour over the physician's hands after he scrubbed in. The nurse's role was task-oriented. Those were also the days when only a physician could take blood pressure. Now, the nurse is a critical component of the surgical team experience. The periOperative RN is responsible for patient assessment, coordinating the surgery with the physician, and serving in the operating room as the patient's advocate.



By law, an RN has to be present for a surgery to commence.

To get the specifics about this specialty I wanted to talk to a practicing periOperative RN. Fortunately, I did not have to search very far to find her. She has a Bachelor of Science in Nursing and her license to practice as an operating room first assistant. She has 18 years experience working in operating rooms, dealing with trauma, neurosurgery, maxiofacial and plastic surgery, and currently, organ procurement. This is my interview with Karen Samartan, my mother.

**Q.** *What is the best thing about perioperative nursing?*

**A.** The best thing about being a PeriOperative registered nurse is that the atmosphere is fast paced and the situation is technical. Every day I get to see something different, every case is unlike the one before it, and I get to concentrate on one patient.

**Q.** *And the worst?*

**A.** The worst thing is waking up early and that your hair never looks good after work! Also, you can never get your

nails done due to the Association of PeriOperative Registered Nurses' (AORN) standard of practice. I know it sounds frivolous but that's the only bad thing I can think of.

**Q.** *How is periOperative nursing different than other specialties?*

**A.** PeriOperative nursing is different because I work with one patient at a time. Since this profession is fast-paced, you have to assess the patient's psychosocial, physical, and emotional states quickly. The operating room is an exclusive area of the hospital with strict rules. It is a different world that has no tolerance for incompetence and no room for lack of skill.

**Q.** *Why did you choose operating room nursing?*

**A.** During my junior year at William Patterson University of New Jersey, I was doing a surgical rotation and saw a fibrous uterus held up after removal. All I could think was that I wanted to be there, I wanted to be in the middle of that action. I definitely did not choose it because of the compensation or the hours, but I loved how fast-paced and exclusive it was.

Once I was in the operating room I was trained to circulate and scrub in on all cases. PeriOperative nurses are taught to set up for different cases, including orthopedics, cardiac, urology, gynecology and, for example. There are different instruments for different cases.

**Q.** *What other types of nursing have you done?*

**A.** I started on a medical/surgical unit and eventually became a charge nurse. The whole time I was there everyone knew my goal was to get into the operating room. I obtained my Certified Registered Nurse First Assistant license (CRNFA) through UCLA after being a periOperative RN for eight years. As a CRNFA, I am qualified to directly assist in surgery, therefore eliminating the need for a second surgeon. This involves cutting, retracting, suturing, and cauterizing at the direction of the surgeon. I later worked as the Clinical Specialist for all laparoscopic procedures, neurosurgery procedures, then moved on to plastic surgery for a private physician. Missing the hospital atmosphere, I returned to general surgery in a major OR where I served as a CRNFA. I have been working with organ donors for fifteen years; the past six have been full-time.

**Q.** *How did you become a Perioperative Nurse?*

**A.** I worked evenings on a med/surg unit for eighteen months, the whole time watching for a posted opening in the OR. (This was in 1984 when new grads were not hired into specialty areas). The day an opening was posted I wrote a letter to the director of the OR at midnight after my shift, and I slipped it under her office door. In that letter I expressed my desire to become a periOperative nurse and literally begged her to give me a chance! The next day I got a phone call and she asked me to come in for a face-to-face interview. I was accepted into the periOperative class and trained to scrub and circulate.

**Q.** *What is the most rewarding aspect of working in surgery?*

**A.** Definitely a successful surgery. This would encompass the operation starting on time and having all of the equipment in working condition. Being a part of a surgery where the patient's condition is improved compared to their preoperative condition is rewarding, especially in the case of trauma.

**Q.** *What is the relationship like between the RN and the surgeon?*

**A.** This relationship is unusual because the RN and the MD work closely together to coordinate the surgery in the patient's best interest. Usually on a first-name basis, they appreciate one another as people and co-workers. In the OR, the RN often makes suggestions to the doctor about the surgery and their work as a team. PeriOperative nurses have many opportunities to teach incoming physicians and staff about OR policy and procedures.

For more information on the world of periOperative nursing, go to [www.AORN.org](http://www.AORN.org) or attend the AORN conference in Washington, D.C. March 19-23, 2006. ☺

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