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[There's an RFID in my Sponge!](#)

Filed under: [Surgery](#)

1 in 10,000 surgeries ends with an in-patient stowaway, usually a sponge. When cleaning up after yourself, counting instruments and consumables and checking on flouroscopy somehow isn't good enough...what's to be done? **Stanford University Med School** and **ClearCount Medical Solutions** have the answer...



Technology that helps airlines keep track of baggage and sounds an alarm when a shoplifter tries to leave the store may be able to stop surgeons from losing a sponge inside a patient, a study said on Monday.

Doctors at Stanford University School of Medicine who tested sponges embedded with radio frequency identification tags said the system accurately alerted surgeons when they deliberately left a sponge inside a temporarily closed surgical site and waved a detector wand over it.

But they said the size of the chips used - 20mm - was too large and would need to be reduced to be practical on sponges and surgical instruments.

Being somewhat gadget-o-philic (note the name of the site), we're kind of torn on this one. Any chance to put RFID in something (anything) is great, but do we need, what will probably be, a \$10k system just to keep track of surgical instruments? Given the financial and human cost of "leaving one behind," a system that adds another layer of checking would probably pay for itself (in reduced malpractice insurance fees alone).

More from [Reuters](#) and [ClearCount Medical](#)...

Because we know you need to get right to the source...the [abstract](#) from *Archives of Surgery*

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Is a \$10,000 justified for a system that will detect if a sponge was left inside a surgical wound? ABSOLUTELY! All it has to do is flag one event a year, and it has paid for itself ...

William Halverson
Walnut Creek CA

Posted by: [William Halverson](#)
on July 19, 2006 08:04 AM GMT

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