

Hello, My name is Linda M. Day and I am writing to let everyone know that I whole heartedly support the licensure of Certified Surgical First Assistants and Certified Surgical Technologists. I have been a CSFA since March 21, 2002 and a CST since March 1991. Prior to that I worked for a hospital where I terminally cleaned operating rooms. I met people there and made friends. I wondered what their job titles were. I asked questions. I became very interested. I went to college so that I could become a Surgical Technologist. I was 38 years old then, I studied for tests, worked 20 hours a week, went to clinical and attended school. I worked very hard. I did all this with 4 little girls and a wonderful husband at home that supported me. I have come a long way...now I am a CSFA and a Team Coach Lead in my position at the hospital that I work for. I love doing what I do. I love helping people. To me, this job is very important.

It is expected of me to know many different surgical procedures. A small procedure such as an Appendectomy can turn into a bowel resection. During a Laparoscopic Cholecystectomy, the surgeon could ask to do a Cholangiogram. Laminectomy procedures - a dural tear could occur. An exploratory laparoscopy can quickly change into an open abdominal procedure. A total hip can result in a broken femur. Not something planned. We have to know exactly what to do and what to ask for so we can help the surgeons with these procedures. Critical thinking is a must in our job. If we are one step ahead of the surgeon, then, he can finish his procedure and get the patient out of the room in a timely manner. Less anesthesia time for a patient helps facilitate the healing process. The operating room is a very intense, fast moving place. One must prepare for the worst, but hope for the best. Both CST's and CSFA's have been taught the same things. The difference between the two are: altering tissue. According to The Association of Surgical Technologists, the job description of a surgical assistant says, "we provide aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation.

It is expected that we have sterile technique engrained in our brain. We learn it and it comes naturally. What can be more devastating when a total joint replacement becomes infected or an incision line doesn't heal because of infection? Something like this can cause an otherwise normal time off of work for surgery - for the patient - to end up being another hospital stay, tissue debridement or extra time to heal. Knowledge of sterile technique is the responsibility of everyone in the room.

Operating rooms are manned by anesthesia, a nurse and one or maybe two certified surgical technologists or certified surgical first assistants. In the middle of the night when an emergency case comes in, the surgeon usually comes alone. He utilizes the crew that is there. During surgery, the CST or CSFA will assist. Each of them have the knowledge of what to do. They can help the RN position, prep the patient, place and hold a retractor, suction, irrigate and sponge. Basically, they do what they can to help the surgeon because, there is NO ONE ELSE to assist. This is where the action is...the techs LOVE to help.

One day as a patient came into the operating room, he was introduced to everyone for our "time out". The patient said to me, "what is your job here?". I told him that I am the person that hands the instruments to the surgeon - I am a Certified Surgical Technologist. At that time, I felt what good would it be to tell him that I was a Certified Surgical First Assistant? He became very inquisitive and started asking questions. He knew of the meetings that were taking place at the Nebraska State Office Building. I was surprised, thinking that he must work there. He gave

me a word of advice about something - he said that on the state capital there is an engraving above a door. It says, "The Salvation of the state is watchfulness in the citizen". I feel that we need to educate the citizens of Nebraska and let them know what a Certified Surgical Technologist vs a Certified Surgical First Assistant is so that when it comes to voting, the people will be in the know. Let them know that their tattoo artist, their hairdresser, their pedicurist, their dental hygienist, their massage therapist, etc. need a license to practice. Wouldn't they want someone knowledgeable about sterile technique, surgical procedures, total knee/hip systems and implants, all of the hundreds of different stapling devices, suture material, mesh, screws, plates, power saws and drills, instruments that retract, clamp, grasp, and go together like tinker toys to repair the broken bones? Wouldn't they want to know that an experienced person closed their incision and not the surgeon? Oh, need I mention that it's a good thing because the CSFA can make the incision look better than the surgeon?

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