

From: Surgery Center at WCL [<mailto:surgery@womensclinicoflincoln.com>]
Sent: Thursday, March 26, 2015 3:48 PM
To: Briel, Ron
Subject: Certified Surgical Technologists and Certified Surgical First Assistants

Dear Ron:

Hello, my name is Lucy Sheets and I have been a Certified Surgical Technologist since 1989 and a Certified Surgical First Assistant since 2002.

I have read through many of the emails that have been sent to you, and am in hopes mine will shed a bit more light on how important our profession is.

I have been in operating rooms when a life begins or when a life ends on many occasions. Everyone who is a team member in the operating room plays a vital role, from before the patient arrives, by gathering supplies and making sure the room is set up in a sterile manner, to when the patient is in the room, undergoing a procedure, and finally after the patient leaves the room, to begin the process again.

Over the last 15 years, my role has been even more specialized than most surgical technologists. I have been employed by The Women's Clinic of Lincoln. There I have worked alongside another CST/CSFA and our physicians to provide optimal care for our surgical patients. I am a "private scrub", so to speak. I still function as the other CSTs do in that I gather supplies, set up the operating rooms and hand or pass instruments during the procedure. For several years, I also was allowed to "manipulate and alter tissue". That would refer to injecting local anesthetic, making small incisions, inserting trocars for laproscopic cases, and suturing tissue and skin, among other tasks, all under the guidance of one of the physicians that are my employers. Since those tasks have been taken from us, our efficiency has been hampered. I feel that the skills that I have been thoroughly trained for and have passed a National Certifying Exam for are of no use. The reason behind employing CSFAs was that we could help with the efficiency of surgeries and surgeons. For example, in the past, I was allowed to close laparoscopic incisions, while the surgeon was (while still in the same operating room) dictating the operative report. This act, while seemingly small, saved the surgeon 5-10 minutes. When you add those minutes up, multiplied by the number of cases that they do over the course of a year, it is a staggering amount of valuable time saved.

I have felt very strongly for years that our profession should be required to have a license. My hair stylist and tattoo artist both carry licenses from the State of Nebraska, why shouldn't I? I have worked very hard to become proficient in what I do. I feel that everyone who works in the operating room should be licensed. I have held a heart in my hands as a cardiac surgeon repaired the damaged vessels. I have held newborn babies, as they were being born via Cesarean Section, before they took their first breath and I have done compressions on a patient in the operating room as their heart took its' last beat. I have carefully cleaned the blood from the head and face of a victim of a gunshot wound, and helped place their body in a room so his mom could have a few final minutes with her son. I've held organs as they were being transplanted, giving new life and hope to the patient in need. I have also stood in the scrub room and cried, after we couldn't do anything to save a newborn's life. I am not alone in what I do, but I feel that if you are going to make someone who cuts or colors my hair carry a license, then what we do as Certified Surgical Technologists should bear the same responsibility.

Thank you so much for your time and careful consideration in this very important matter.

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