Wrong-site surgery should be a much more preventable occurrence in pediatric ophthalmology because new protocols have been adapted. The standard protocol as outlined by Maloley et al. in this issue involves three specific parts: preoperative verification, surgical site marking, and time-out immediately prior to incision. I believe that it should be mandatory for the surgeon to review the records of the planned surgery just before starting the surgery. This will reinforce the correct site and the specific surgical procedure to be performed.

I was surprised that 34.6% of the respondents in the survey stated they had performed wrong-site surgery. I assume that many of these cases were prior to the implementation of the Universal Protocol by the Joint Commission. It is interesting that those respondents who were in practice less than 15 years were less likely to perform wrong-site surgery. Perhaps these surgeons just have not been in practice long enough to experience wrong-site surgery. Also, many of the surgeons practicing for more than 15 years did not have the protocol implemented for a good portion of their careers.

Even with the implementation of the Universal Protocol, wrong-site surgery still occurs. Although multiple individuals may be involved in the protocol, to avoid wrong-site surgery the surgeon must be directly involved with all of the steps and only one designated individual must assume responsibility for the time-out process. I hope that in the future the number of wrong-site surgery cases will be markedly reduced or eliminated almost completely with proper adherence to all aspects of the protocol.

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Editor