

Proponent Testimony on Ohio SB86

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Chairman Huffman, Vice Chair Johnson, Ranking Member Antonio, and members of the Senate Health Committee. Thank you for allowing me to testify today. My name is Dr Donna Doyle and I strongly support Senate Bill 86, the surgical smoke evacuation bill.

I have been an operating room nurse for over 40 years as a staff nurse, team leader, and as a director. I have scrubbed and circulated on surgical procedures that relied heavily on the use of electrosurgical units and other energy-generating devices to cut and coagulate tissue and blood vessels. This process is like grilling meat on a barbecue grill and as a result smoke is produced and the meat is charred. Any blood in the meat is congealed. This is how I can best describe what happens when tissue and blood vessels are cut and sealed in surgery.

Although I scrubbed and circulated on a variety of surgical procedures from all specialties, I primarily scrubbed on Eye, Ear, Nose and Throat procedures. I specialized on radical neck dissections and scrubbed and assisted surgeons for many years. Radical neck dissection procedure lengths are generally 8-10 hours long and the electrosurgical unit is used extensively, producing smoke continuously when in use. Patients who require this procedure have cancer and their cancer cells are contained in the smoke produced when tissue is being cut or blood vessels sealed. The smoke burns your eyes and nose and even though you wear a mask it does not prevent you from breathing it along with many chemicals that are known cancer producers. Smoke evacuation was never used during these procedures. Research shows that the daily impact of surgical smoke exposure is equivalent to inhaling the smoke of 27-30 unfiltered cigarettes.

I never had any respiratory ailments, asthma, or allergies early in my career and although I smoked in my teens and early twenty years, I quit smoking then and that was over 40 years ago. However, in July 2016, I was diagnosed with Non-Small Cell Adenocarcinoma or lung cancer. I had no symptoms prior to the diagnosis. I underwent an open thoracotomy with removal of the right upper lobe, or one lobe, of my lung in August 2016. I asked my surgeon specifically if smoking over 40 years ago could have caused this. He emphatically told me no! I have had no additional exposures to air pollution other than working for many years in an operating room where I was exposed to inhaling smoke from electrosurgical units and other types of equipment such as lasers, and surgical drills which also produce smoke.

As a result of my surgery, I can no longer participate in those activities I enjoyed prior to my surgery, like running and strenuous activities including playing sports with my grandchildren. I get short of breath climbing over one flight of stairs and my scar, which is about 8 inches long is still sensitive to touch.

Proper smoke evacuation in surgery is a simple way to clear the air of pollutants and prevent other perioperative nurses from experiencing what I have gone through. This is a workplace safety hazard and needs to have legislation requiring hospitals and ambulatory surgery centers to adopt and implement a policy designed to prevent human exposure to surgical smoke during surgical procedures likely to generate smoke. Much like other workplace safety directives failure to mitigate the health risks puts health care workers at risk for acute and chronic health conditions. Currently, the decision to use smoke evacuation is up to the surgeon and unfortunately, there is resistance to its use including the noise, clumsy feeling of the electrosurgical pencil that is retrofitted with a small smoke evacuation tube along-side the tip of the electrosurgical pencil. But industry is addressing these needs and has introduced quieter machines and more comfortable, ergonomically designed handpieces that surgeons appreciate. As with any new device acclimation is required and often challenged but, excuses should not be prioritized over workplace safety.

Currently, eleven states have passed surgical smoke evacuation legislation and nine states have legislation introduced. Don't let Ohio lag in protecting its health care providers. I ask you to consider my testimony and vote YES on this bill that deals with workplace safety. Thank you again for the opportunity to testify in support of this bill. I will now take any questions you may have.