

**Ohio House of Representatives Health Committee
House Bill 196 (Surgical Assistants) Proponent Testimony
Sari Murray, Practicing Certified Surgical Assistant, Cincinnati, Ohio**

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Chair Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the Ohio House Health Committee, my name is Sari Murray and I am a Certified Surgical Assistant (CSA) practicing in Cincinnati, Ohio. I am a graduate of Eastern Virginia Medical School where I earned my Masters in surgical assisting; and have worked as a surgical assistant for the past five years, four of those in Ohio. I have been a member of the National Surgical Assistant Association (NSAA) since 2014, served as a class representative for the organization while in school and served on the board of directors as a Member-at-Large since 2018. Like some members of this committee, I chose a career in healthcare because I am passionate about providing the best possible care for patients and serving as a patient advocate; two of the reasons I am testifying in support of HB 196 and the licensure of Surgical Assistants in the State of Ohio.

Our profession is one that is often misunderstood, and many people confuse Surgical Assistants with Surgical Technologists. Many people believe we are “glorified Surgical Techs” or that we simply hold retractors during surgery. As a Surgical Assistant, I stand opposite the surgeon at the operating table and actively participate in the surgery by providing hemostasis, optimal exposure, manipulating tissue, and performing any other invasive tasks dictated by the surgeon. Not only must one have in-depth knowledge of anatomy, physiology, and surgical procedure, but one must also be able to anticipate the surgeon’s next step and essentially serve as a second set of eyes and hands.

Prior to the surgery, Surgical Assistants may view pertinent imaging and patient chart information to familiarize themselves with the patient’s pre-existing conditions, allergies, surgeon’s plan for the procedure and location of the tumor/fracture/etc. Surgical Assistants are responsible for positioning the patient to ensure the surgeon has full access to the operative site, while protecting the patient from any incidental harm such as nerve damage or bruising due to hyperextending the arms or not adequately padding bony prominences of the body. After the surgeon makes the initial incision for a laparoscopic or robot-assisted case, I often make the other remaining incisions and place the trocars into the patient’s abdominal cavity. When performing laparoscopic salpingectomies (tubals), the surgeon will often cauterize, cut and remove the tube on one side and then have the Surgical Assistant perform the same tasks on the opposite side. In other laparoscopic procedures, we serve as the surgeon’s eyes inside the body as we navigate the camera, sometimes dodging adhesions or rotating the angled camera to peer around organs, all while using a laparoscopic grasper with the other hand to manipulate tissue and expose the surgical site. During most robotic procedures, the Surgical Assistant is the only provider at the operating table, while the surgeon performs the surgery from the robot console on the other side of the room. We are responsible for exchanging the surgeon’s robot instrument arms, grasping, manipulating or removing tissue or specimens through the assistant port, and ensuring the safety of the patient during the procedure. Often, the surgeon will not scrub back in at the end of the case, so the Surgical Assistant is responsible for removing the specimen, any suture or needles placed safely for removal, irrigating the abdomen, and applying hemostatic

agents if the surgeon desires. We are almost always responsible for suturing, stapling or otherwise fully closing wounds and applying dressings according to the surgeon's preference.

Surgical Assistants also perform many duties in large, open belly cases. We use ligating devices to dissect and remove tissue, we place and fire staplers for bowel resections, we locate and cauterize minor bleeding or tie off or clip larger bleeding vessels, and we help suture or tack mesh into defects in the abdominal wall, among other invasive tasks. Cardiac Surgical Assistants are responsible for working independently to locate and harvest veins in the leg and sometimes arm for grafting to the heart. We are responsible for maintaining integrity of the vein and ensuring there are no leaks or weak spots prior to passing it off to the surgeon. In spine cases, I have been asked by the surgeon to help put in screws and rods and tighten them down because I had a better angle than the surgeon. In total joint cases, we drill holes in the femur, patella and tibia, place pins for the cutting guides for the surgeon, assist in removing excess cement from around the implant, and may be responsible for closing the joint capsule as well as the deep tissue layers and the skin.

As Surgical Assistants, we work in an arena with other mid-level providers including PAs, RNAs, and NPs who perform the same duties in the operating room--all of whom are licensed. I have seen firsthand, and I know my colleagues have as well, adverse patient outcomes and mistakes made by individuals acting as Surgical Assistants who lack the sufficient training and education to perform the duties required in this role. I am happy to elaborate on this, but it is challenging to document any details due to patient confidentiality. All of this background is why I support HB 196, which ensures that practicing Surgical Assistants hold a certificate from one of two nationally recognized credentialing organizations.

A mentor in my profession once told me that "the role of the assistant can be very small, or very large." I hope I demonstrated how large and complex our role in the operating room can be. Our most important job is ensuring the safety of the patient. While we do this on a daily basis, I believe HB 196 would make patients feel more at ease about the people providing their care, and ensure that the Surgical Assistant in their room is appropriately educated and trained.

Thank you for the opportunity to testify, and I am happy to answer any questions.

Sari Murray, MSA, CSA