Chairman Huffman, Vice Chair Antani, Ranking Member Antonio, and members of the Senate Health Committee. Thank you for allowing me to testify today. My name is Donna Doyle and I strongly support Senate Bill 161, 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 to cut and coagulate tissue and blood vessels. This process is the same as 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 the surgeon for many years. Radical neck dissection procedure lengths are generally 8-10 hours in length 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.

I never had any respiratory ailments, asthma or allergies early in my career and although I smoked in my early years, I quit over 30 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 30 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 grand-children. 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 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 mandating it's use, much like other workplace safety directives. 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 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 possible and these excuses should not be prioritized over workplace safety. 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.