SURGICAL RETAINED OBJECTS

Commonly retained surgical objects

Sponges	Laparotomy sponge 4x4 in surgical sponge Surgical Towel 1 x 3 in surgical sponge 1/2 x 3 in surgical sponge 1x1 in surgical sponge 1/2 x 1/2 in surgical sponge Peanut swab Rolled sponge
Needles	Surgical needle:- in vitro Retained needle:- in vivo
Absorbable Hemostatic Sponge	Oxidized absorbable cellulose (Surgicel®) Gelatin sponge (Surgifoam®, Gelfoam®)
Electrocautery tip cleaning pad	Electrocautery tip cleaning pad

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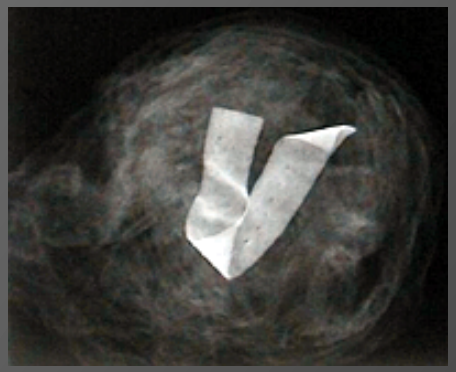
Lapratomy Sponge

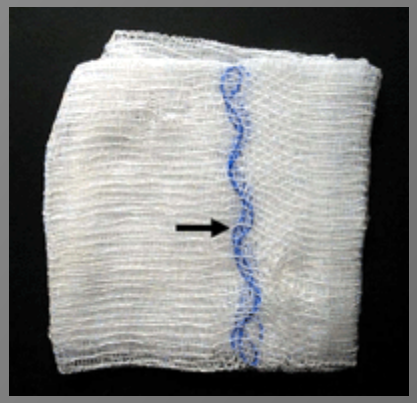
Photograph of a typical laparotomy sponge. The attached strip of material (arrow) is radio-opaque



In vitro radiograph of a laparotomy sponge. The body of the sponge is only faintly radio-opaque but the marker is easily seen

Abdominal radiograph performed because of prolonged ileus in a 10 year old boy with spina bifida 5 days after surgical formation of an antegrade continence enema mechanism (ACE Malone). The radio-opaque marker (arrow) of a laparotomy sponge is visible in the right lower quadrant.

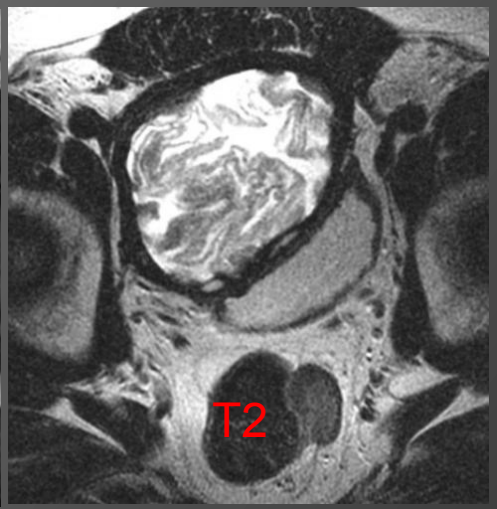
4 x 4 in Surgical Sponge



Photograph of a 4 x 4 inch surgical sponge. The interwoven radio-opaque marker is visible (arrow).

In vitro radiograph of a 4 x 4 inch sponge. The body of the sponge is only faintly radio-opaque, but the marker is easily seen.

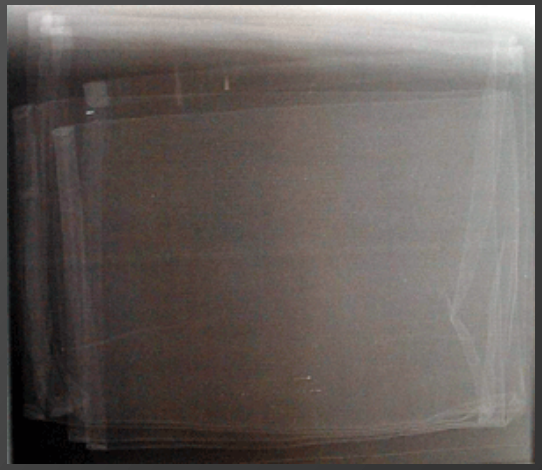
Intra-operative radiograph performed because of an incorrect sponge count in a 54 year old woman undergoing urethral suspension. The radio-opaque marker (arrow) of a 4 x 4 inch surgical sponge is visible in the pelvis.



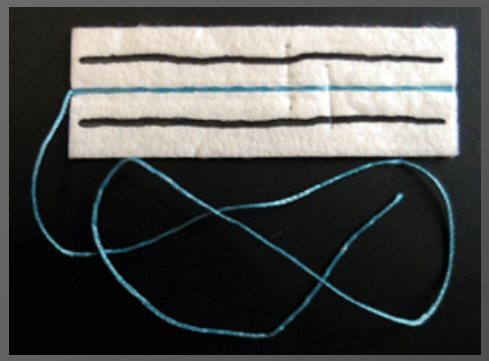
Axial spin-echo T1 (500/15 ms) image following contrast demonstrates a well-defined thick walled structure anterior to the contrast filled bladder. Axial fast spin-echo T2 (4000/105 ms) weighted image demonstrates the whirled configuration of the sponge body

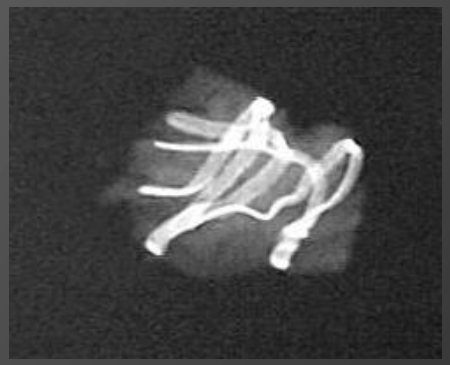
Peanut Sponge used for blunt dissection

Surgical Towel

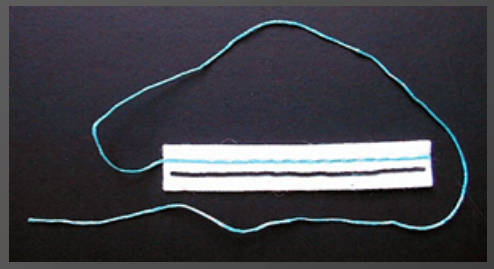


1x3 Surgical Sponge

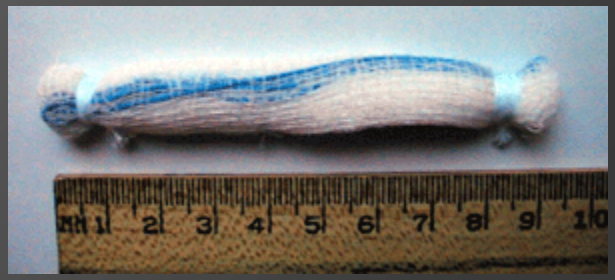




1/2 x 3 in Surgical Sponge

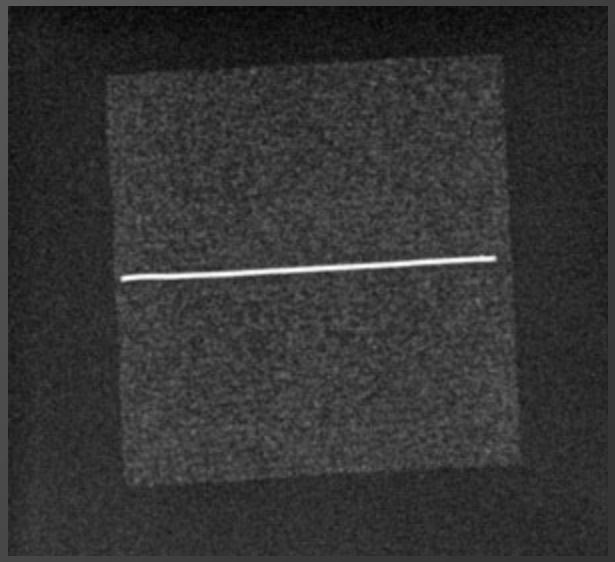


Rolled Sponge

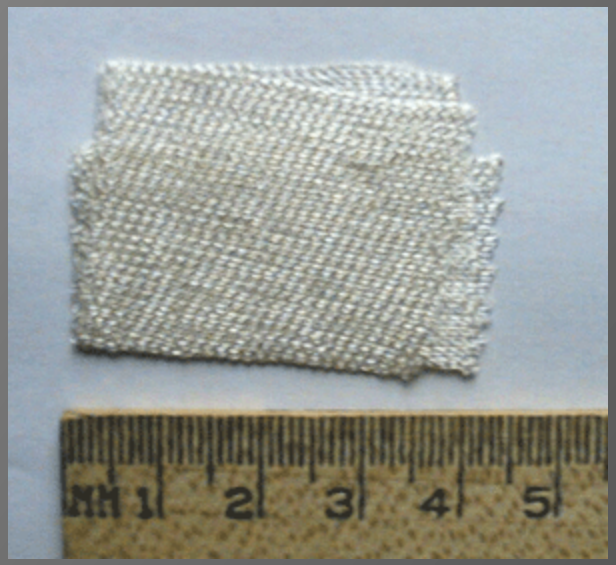


Needles

Electrocautery tip cleaning pad



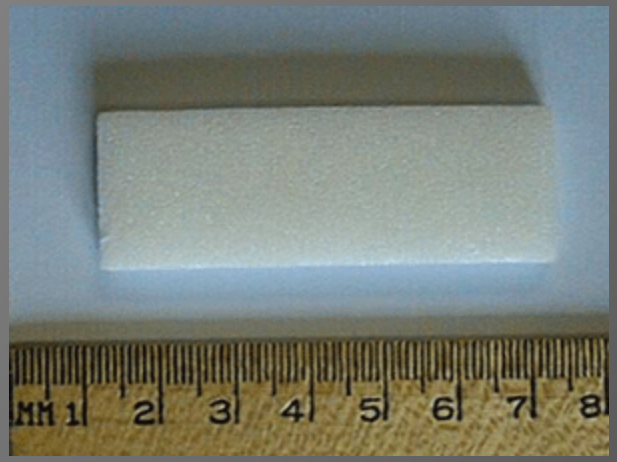
Oxidized absorbable cellulose (Surgicel®)



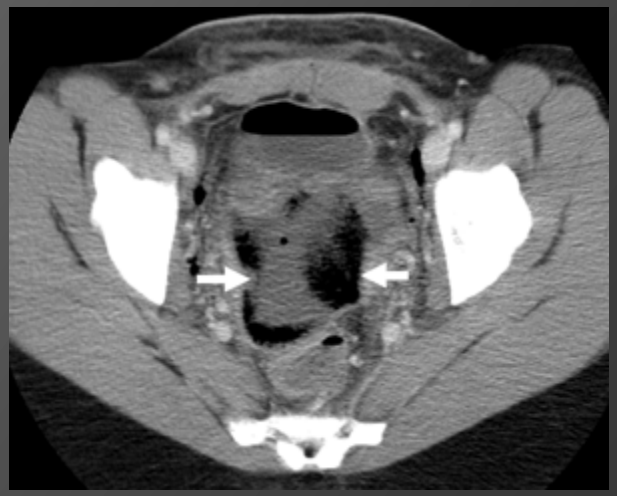
Surgicel® (oxidised absorbable cellusose) packing

CT scan performed for fever 8 days after total abdominal hysterectomy and debulking of ovarian carcinoma in a 43 year old woman. A mixed gas, fluid and soft tissue density mass is noted adjacent to the right pelvic side wall (arrow). Surgicel® packing had been used intraoperatively. Appearances are similar to adjacent bowel but no communication with bowel could be established on contiguous images.

Gelatin sponge (Surgifoam®, Gelfoam®)



Gelfoam® (gelatin sponge) packing



CT scan performed of pain 5 days after total abdominal hysterectomy for leiomyomata in a 35 year old woman. A mixed gas, fluid and soft tissue density mass is noted in the pelvis (arrows). Absorbable hemostatic sponge (Gelfoam®) had been used to control bleeding. The mass was considered to represent hemostatic sponge and was not visible on follow-up CT 6 weeks later (not shown).