

APPENDIX Q-3

EMERGENCY SURGERY OF PATIENTS WHO HAVE RECEIVED THERAPEUTIC AMOUNTS OF RADIOACTIVE MATERIAL

Emergency Surgery of Patients Who Have Received Therapeutic Amounts of Radioactive Material

If a therapy patient undergoes emergency surgery or dies, it is necessary to ensure the safety of others attending the patient. As long as the patient's body remains unopened, the radiation received by anyone near it is due almost entirely to gamma rays. The change in emphasis when an operation or autopsy is to be performed is due to the possible exposure of the hands and face to relatively intense beta radiation. Procedures for emergency surgery or autopsy can be found in Section 5.3 of NCRP Report No. 37, "Precautions In The Management of Patients Who Have Received Therapeutic Amounts of Radionuclides".

Section 9	Applicability
RH-8500	Y
RH-8530	Y
RH-8550	Y
RH-8600	Y
RH-8620	Y
RH-8630	
RH-8670	Y

The following procedures should be followed:

1. If emergency surgery is performed within the first 24 hours following the administration of I-131 sodium iodide, fluids (e.g., blood, urine) will be carefully removed and contained in a closed system.
2. Protective eyewear will be worn by the surgeon and any personnel involved in the surgical procedure for protection of the eyes from possible splashing of radioactive material and exposure from beta radiation (if applicable).
3. The Radiation Safety Officer will direct personnel in methods to keep doses ALARA during surgical procedures.
4. If an injury occurs during surgery that results in a cut or tear in the glove used, the individual involved will be monitored to determine if radioactive material was introduced into the wound. The RSO will be informed of any possible radiation hazard.