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Picking A Case: An Ethnography Of A Surgical Nurse

DOUGLAS W. ORR

The operating room is one of the most mysterious, frightening, and clean places known. Yet, how does one act in an operating room? The plan of this paper is to relate one of the major domains of the operating room, picking a case, from the perspective of a surgical nurse.

I selected this cultural scene for three reasons. First, I knew nothing about the operating room except what I had seen on television which I knew was not the same as what happens in reality. Second, since one day I may have an operation I wanted to know what may happen while I am under anesthesia. Third, I had an informant with whom I already had good rapport.

My informant, whom I will call Eleanor Frost at her request, is the mother of a friend of mine whom I have known for about six years. When I contacted Eleanor to ask her if she would be interested in telling me about what she did in the operating room, she told me she would be glad to. Eleanor has been an operating room nurse for approximately eleven years and is currently the head/lead nurse for the night shift at a large hospital in Southern California.

I planned my interviews carefully with many questions in mind and a tape recorder in hand. My first three interviews, consisted mainly of grand-tour questions so that I could acquire an overview of the operating room and possibly find some categories or domains to lead my next interview. I also asked descriptive and structural questions during this one and a half hour interview. I was very pleased with my informant because she loved to talk and was non-analytic in her answers. My second interview with Eleanor consisted of descriptive, structural, contrast, and verification questions. I used card sorting to find relationships between categories I had found from analyzing the first interview and it enabled me to construct a componential analysis. Unknown to me during this second interview my tape recorder malfunctioned and I failed to have a detailed account of this interview, but I had taken extensive notes so nothing was lost. My third interview consisted mainly of verification questions to make sure that my componential analysis was correct. I also asked a few more descriptive questions to fill in the gaps I had in my category definitions.

The physical setting of the operation room varies according to what type of surgery

is being performed and is a domain in itself which I have not analyzed for this paper. The operating room is square with two doors at opposite ends, one to the recovery room and the other to the sub-sterile area. The basic contents of an operating room are an anesthesia cart, gas machine, bovi, wire cabinet, linen hamper, brown hamper, two long tables, two MAYO stands, two ring stands, two suction machines, two I.V. stands, and some low stools.

There are usually five people in the operating room during surgery. There is a major surgeon who is usually a specialist and actually performs the surgery. There is an assistant to the surgeon who is commonly a general surgeon, but there is a new nurse category called an R.N.F.A. (Registered Nurse First Assistant). According to Eleanor, "that's a new position which has just become available in the last eight to five years because of the insurance companies not wanting to pay a doctor an assistance fee." There is a scrub nurse who handles all the sterile instruments and Eleanor stated, "if there is another RN on I like to scrub." There is also a circulatory nurse who is next to the anesthesiologist and is usually the nurse in charge; Eleanor usually fulfills this capacity. Lastly, there is an anesthesiologist who watches the patients vital signs and administers most of the medications. When there is a major surgery, there can be two major surgeons. When asked whether there were ever more than two surgeons Eleanor said, "the only time that would be is when we do a harvest and they, major surgeons, would come in tandem. A harvest is done on somebody who has died and we're harvesting the organs for transplant."

Since Eleanor is a head/lead nurse her duties include supervising the other nurses on her shift, picking the case (Eleanor used case and surgery interchangeably and so will I), helping the doctor put on his/her gown, filling out the paperwork for the case, calling the recovery nurse, bringing equipment to the surgeons during the surgery, preparing the operating room and instruments for the next surgery, and checking the patients when they come into the operating room for allergies, dentures, loose teeth, false eyeballs, contact lenses, and other things that would apply to safety of the patient in the operating room. Of all these domains I have chosen picking a case which consists of knowing which equipment is used in different surgeries, and how to schedule the cases. This is what comprises the componential analysis.

The componential analysis sheet (see last page) illustrates the domain of picking a case. On the left hand column are the types of surgeries. The top row consists of dimensions

of contrast which include types of equipment used during surgeries. This componential analysis consists of normal surgeries, there may be some surgeries that may require the use of different equipment or surgeons may prefer different equipment, but this is what is usually used.

The domain of picking a case contains thirteen types of surgeries. Each type is highly specialized, except general surgery, according to the body part(s) that is being operated on. The following shows the type of surgeries in relation to the body part(s) they operate on:

<u>Surgery</u>	<u>Body Part(s)</u>
Heart	heart
Vascular	veins and arteries
Neuro	brain
Orthopedic	bone
Pulmonary	lungs
General*	thyroid, mastectomy, warts
OBGYN	birth and sexual organs
Eye	eye
Dental	teeth and jaw
Plastic	skin, tendons, muscles, and face
GU	Gastro-intestinal tract
ENT	ears, nose, and throat
Harvest*	heart, arteries, lungs, kidneys, liver, and eyes

*General surgeons usually assist specialized surgeons or perform 'minor surgeries'

*Harvest surgeries facilitate the use of heart, vascular, pulmonary, eye, and GU surgeons

The first dimension of contrast is very important for the head/lead nurse to know in order to schedule when a surgery takes place. The amount of time a surgery takes usually reflects the complexity of the surgery. The length of a case is defined by the average case length. Some surgeries may last up to twelve hours longer than average or two hours shorter, according to what complications arise or the severity of the case. Heart, vascular, neuro, and orthopedic surgeries usually on average take longer than four hours because they are all complex surgeries and involve time consuming work on the patient. Pulmonary, general, OBGYN, eye, dental, plastic, GU, and ENT usually on average take from over four hours to under two and a half hours. These cases can vary the most because they may be either minor or major cases. Harvests are the most predictable, time wise, because the patient is dead, so complications arising from the patient having respiratory or heart difficulties are ruled out.

The second dimension of contrast is the hierarchy of money for equipment and time for surgeries. This dimension of contrast directly relates to case length and complexity of

surgery, thus amount of specialized equipment is needed. Heart, vascular, neuro, and orthopedic surgeries require a lot of specialized equipment and usually take the longest, so they are among the top four in the hierarchy. Harvests are funded by the agencies who are receiving the donor organs and they take a long time so this ranks along with heart surgery.

The third dimension of contrast, which is a type in the domain of ancillary personnel, is the X-ray tech. The X-ray tech is the only person who would come into the operating room during a surgery, but others are used right before surgery. When asked what other people would perform pre-operative work in different situations Eleanor stated,

If there was a question about the patients heart... we would have the EKG tech come in and do a twelve route EKG. If the patient is having difficulty in breathing...[then] the respiratory tech would come in. [The] tech from the laboratory would come in and draw blood to either check on... the white count and the red count or just have that available in case the patient needs blood.

A X-ray tech can be used outside the operating room for any of the surgeries, but only a few use them during the operation. Vascular, neuro, general, GU, and orthopedic surgeries use X-ray techs during an operation. The X-ray tech can either take X-rays of bones or soft tissues.

The fourth dimension of contrast is the category of surgical gloves. This is important because Eleanor must provide the correct glove for the surgery type. Surgeons have a preference to which type of glove that they use during a surgery. The type of glove worn during any particular surgery directly relates to the fineness of the surgery. The following is a list of the glove types:

<u>Thickness</u>	<u>Glove Type</u>	<u>Talc</u>
thinnest	Micro-optic	none
	Regular White	interior
	Bio-gel	none
	Neutralene	exterior
	Brown milled	interior
thickest	Orthopedic	interior

Vascular, pulmonary, eye, and plastic surgeries are the finest of the surgeries and have least danger of the glove breaking and the surgeons require to 'feel' what they are doing so they wear the thinnest gloves. Orthopedic wears the thickest of the gloves because while working with bones there is a great possibility that they can get torn. Most

Type of Surgery	Average Case Length	Hierarchy of money for equipment and time for surgeries	Surgical Glove Preference	Equipment															
				Ancillary		Visual Aids				Trays				Table Attachments			Other Table Attachments	Other Specialized Trays	
				Personnel	Use X-ray Tech in Operating Room	Use Micro scope	Use Scope	Use Lap Tray	Use Basic Tray	Use Deep Tray	Use GI Tray	Use Chest Tray	Use Large Vascular Tray	Use Omni Retractor	Use Bookwaller Retractor	Use Back Frame			Use Horse-Shoe Headrest
Heart	Over 4 hours	1	Bhogel	No	No	No	No	No	No	No	No	No	No	No	No	No	No	None	CABG 'cushions' - Coronary Artery Bypass Graft Tray; Aortic Valve Tray; General Heart Tray
Vascular	Over 4 hours	2	Bhogel or Regular	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	No	None	Small and Large Peripheral Vascular Trays; Vascular Accessory Tray
Neuro	Over 4 hours	4	Everything	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	None	Cranial Tray - Basic Neuro; Back Tray - Cervical-Anterior Tray
Orthopedic	Over 4 hours	3	Orthopedic	Yes	Yes	Yes	No	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Peg Board and Knee Attachment	Large and Small Bone Trays; Knee, Shoulder, Hand, or Hip Tray; AO Sets/Mini; Basic, Large and Small; Bone Forceps Tray; Retractor Tray; and 18 more trays.
Pulmonary	From over 4 hours to under 2 1/2 hours	5	Bhogel or Regular	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	None	none
General	From over 4 hours to under 2 1/2 hours	5	Everything	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	None	Thyroid Tray; Mastectomy Tray
OB/GYN	From over 4 hours to under 2 1/2 hours	5	Brown milled or regular	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	None	Vag Tray; GYN Tray; Section Tray; D and C Tray.
Eye	From over 4 hours to under 2 1/2 hours	5	Micro-optic or regular	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	Wrist Rest	Basic Eye Tray; Scleral Buckle Tray; General Eye Tray; Cataract Tray.
Dental	From over 4 hours to under 2 1/2 hours	5	Brown milled or regular	No	No	Yes	No	No	No	No	No	No	No	No	Yes	No	No	None	Maxio Cranial Tray; Most bring their own instruments.
Plastic	From over 4 hours to under 2 1/2 hours	5	Brown milled, regular, or Orthopedic	No	Yes	No	Yes	Yes	No	No	No	No	No	No	No	No	No	None	Fine and Micro Fine Plastic Trays; Micro Tendon Tray
GU	From over 4 hours to under 2 1/2 hours	5	Brown milled or regular	Yes	No	Yes	Yes	Yes	No	No	Yes	No	No	No	No	No	No	None	Kidney Tray
ENT	From over 4 hours to under 2 1/2 hours	5	Brown milled or regular	No	Yes	Yes	No	No	No	No	No	No	No	No	Yes	No	No	None	Major Ear Tray; Septo Plasty Tray; Rhino Plasty Tray; ENT Reconstruction Tray; T and A Tray; Trach Tray.
Harvest	About 8 hours	1	Everything	No	No	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	None	Basic Heart Tray; Kidney Tray; Peripheral Vascular Tray; and the rest are brought by the surgeons

doctors and nurses are now double gloving for protection. The purpose of talc is to make it easier to get the glove on. The neutralene glove is the one worn underneath so it has exterior powder, the purpose of talc is to make it easier to get the glove on. Some doctors have an allergy to talc so the micro-optic, bio-gel, and neutralene gloves do not have any.

There are two types of visual aids, the scope and microscope. The scope is a long thin instrument which has a small camera on the end. It is used to enter the patient through a small opening to either perform exploratory surgery or to perform surgery without leaving large scars and aid in recovery time and lessen discomfort. The picture is shown on a small video screen. Neuro, orthopedic, pulmonary, general, OBGYN, dental, GU, and ENT all currently use the scope for surgeries, but more doctors are being trained on the scope for use in almost any surgery. The microscope is used during very fine surgery to help the surgeon see what he/she is doing. Vascular, neuro, orthopedic, eye plastic, and ENT surgeries all currently use the microscope to perform surgeries.

In picking a case one of the largest categories of the domain of equipment is trays. Each tray is pre-assembled with an assortment of instruments and retractors according to the use of the tray. Although each tray has a specific use many can be used for any surgery and some doctors ask for different trays and instruments that are not usually used during a particular surgery.

There are six trays that are shared by two or more types of surgeries. Overall there are more than seventy different types of trays that are pre-assembled. The dimension of contrast denoted other specialized trays are provided to show the assortment of trays that are regularly used by surgery types. The following is a short description of these six trays:

<u>Tray</u>	<u>Use</u>
Lap (Laporatomy) tray	general abdominal surgery
Basic tray	basic instruments and retractors for non-abdominal surgery
Deep tray	long instruments for surgery deep within the patient
GI tray	Gastro-intestinal instruments and retractors
Chest tray	chest instruments and retractors
Large vascular tray	instruments for arteries

Another category in the domain of equipment is table attachments. There are

seven table attachments of which two are retractors.

Two table attachments, that are not retractors, are shared by two or more surgery types. The back-frame table attachment allows the patient to be placed prone (face down) so surgery may be performed on the back of the patient and is used by both neuro and orthopedic surgeries. The horse-shoe headrest table attachment allows the patient to be placed prone or supine (on back) so surgery may be performed and the face can be left exposed for the anesthesiologist. Neuro, orthopedic, dental, and ENT surgeries use this attachment.

Three other table attachments are used only by individual surgery types. The peg board table attachment enables the patient to be placed in varying positions and held in place with attachments placed into the peg board, orthopedic surgery uses this attachment. The knee table attachment allows the knee of the patient to be placed in a variety of positions for orthopedic surgery. The wrist rest table attachment is used by eye surgeons so that the surgeon may rest his/her arms on it while looking in the microscope and leaves his/her hands free to work on the patient while remaining relatively comfortable.

Picking a case is an involved task that takes many years to master. Eleanor states, "we can pick it in like five minutes." As stated before, picking a case involves many other tasks that included with this analysis could only provide a full picture of what Eleanor really does before, during, and after a case.

One interesting statement that Eleanor said in reply to my question of whether jokes were told about surgery before, during, or after a surgery was,

I'd have to think about that because most things are not funny... because it's such a serious place... and many times it's life threatening... A family is very upset that someone is having surgery as an emergency... It's a clearly high stress area and you have to learn to leave it there when you leave, otherwise you get burned out really fast.