

**Safe practices in surgical care: a theoretical reflection***Práticas seguras en la atención quirúrgica: una reflexión teórica**Práticas seguras na assistência cirúrgica: uma reflexão teórica***Flávia Bilac de Machado Pinto<sup>1</sup>**

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**Introduction:** The World Health Organization (WHO) elected six basic protocols for patient safety, due to the magnitude of errors and adverse events during surgical procedures. One of them is the Safe Surgery Protocol, which establishes measures to reduce the occurrence of incidents, such as surgical site infection and mortality. As an integral part of this protocol, the Safe Surgery Checklist, which aims to identify, compare, and verify a group of items/procedures, has a step called Anesthetic Safety Check<sup>1</sup>. The National Self-Assessment Report on Patient Safety Practices in Health Services, published by ANVISA, assessed, in the period from April to August 2019, priority hospitals in the country, that is, hospitals that have Intensive Care Unit (ICU) beds<sup>2</sup>. This assessment has 21 questions based on structure and process indicators related to patient safety practices. In this assessment, item 18 refers only to compliance for applying the Surgical Safety Checklist (LVSC) and the established compliance goal is 80%. When analyzing the results, specifically the item referring to Surgical Safety (C14), it is among the three largest with "Non-Conformities", which reinforces the theme of surgical site infection as a safety issue, with the control of hypothermia being directly related.

**Objective:** Conduct a theoretical reflection on safe practices related to surgical care.

**Methodology:** Descriptive reflective study, based on document analysis of protocols published by the competent health agencies.

**Results:** It was evident that the manuals, protocols, and guidelines of the competent bodies are periodically updated, allowing a theoretical basis for the practice of professionals, in addition to constant monitoring based on evaluation reports. However, just the responsible bodies to list and make available free of charge and accessible all good practices is not enough, it is necessary that there is integration between the sectors of health institutions, that is, that the management communicates with the assistance, as well as the continuing education sector.

**Final Considerations:** It was observed that there is a deficiency in terms of compliance with standards and processes. That the evaluated hospitals mostly comply with items related to physical structures, but when the topic is procedure and people, the "non-compliances" are greater. It is understood, as a final reflection, that the fulfillment of these procedures is directly linked to the health professional and their level of training, engagement, and communication with the institution. It is concluded that the quality of care in the operating room and in other sectors of a health institution depends on the updating of professionals and institutional training for all to work together, each in its own way, with a single purpose: the patient's life.

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