

DISPERSIVE ELECTRODE PLACEMENT

Proper dispersive electrode placement is important to prevent tissue damage at the pad site. According to the AORN "Recommended Practices for Electrosurgery,"¹ the patient's skin condition should be assessed and documented before and after any procedure involving electrosurgery, in order to permit evaluation for possible alternate-site or return electrode-side burns.

Also according to AORN, the dispersive electrodes should be placed on the patient after final positioning for the surgical procedure. The conductive and adhesive surfaces of the electrode should be placed:

- On clean, dry skin.
- Over a large, well-perfused muscle mass on the surgical side.
- Close to the surgical site.

Dispersive electrodes should not be placed:

- Over bony prominences, hairy surfaces, or scar tissue.
- On areas distal to tourniquets and pressure points.
- Over the site of a metal implant or prosthesis.
- Over a tattoo.

All single-use dispersive electrodes should maintain uniform body contact, without tenting, gapping, or moisture that interferes with adhesion to the patient's skin.

When wrapping the dispersive electrode around a limb, the electrode must not touch or overlap itself.

CONMED's hold-harmless (indemnification) agreement applies if a pediatric dual-foil dispersive electrode is used on patients under 25 pounds, as long as the pad does not overlap itself and the pad is not altered.

¹ Recommended practices for electrosurgery. AORN J. 2004;79:432,434,437-438,440,442,445-446,448,450,453-456,458.



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