

# Demystifying Sterilisation

*Aliaa Muzammil* spends time with staff in the HSDU, and experiences an inner paradigm shift

The closest I ever got to the process of sterilisation, was its end product – exposed and vulnerable in theatre 15. No, not reproductive sterilisation, as many reacted when told about my attachment, but the sterilisation of surgical equipments.

Surgical instruments are of particular relevance to me because I aspire to be a surgeon. Pertinent it was indeed to consider doing my Student Selected Component 3 in a field rarely explored, pondered or bothered by surgeons, and as such, I contacted the Hospital Sterilisation and Decontamination Unit (HSDU) located adjacent to the New Royal Infirmary in Edinburgh.

I was ready to begin, but apart from the vague vision of the miniature autoclave I remember on visits to the dentist, I did not know of any other encounters to expect.

Day 1 began with a date with the bloody (I mean it literally) surgical instruments. As I lay my eyes on a stained, haphazard equipment tray, a mild paranoia surfaced; I was indeed surrounded by unidentified, possibly hazardous microbes.

Yet, buzzing around me, each team member were handling these equipments (not one, but approximately 300 trays on an average day) with confidence, like it did not matter. Bravery, I reckoned. Though fully protected in a surgical gown complete with gloves, I spent the day in obedient observance, while obsessively avoiding

any structure which had the slightest suspect of breeding bugs. I left with a newfound respect for the team in the Decontamination Room; not many would attempt to sort out vast volumes of contraptions tainted with the unknown.

Day 2, to my utter relief, was the Clean Room where decontaminated reusable surgical paraphernalia are packed into neat, present-like parcels. I felt uninhibited this time and enthusiastically accepted the offer to pack my very own tray, a seemingly simplistic procedure.

But I did not foresee the coming of these – identifying thousands of surgical instrument (from Kocher forceps to ENT scopes), scanning, ticking off numerous lists, packing, more scanning, repeat decontamination ...the list goes on.

I learnt the hard way that it ain't just wrapping.

As I prepared to leave, I glanced towards 'my' tray, clearly amateur, looking not unlike a scruffy gift wrapped in crumpled paper with haphazard tapes, destined to the autoclave on the conveyer belt. I imagined the cringed face of the officer on the 'other side', and quickly made an exit.

The 'other side' was in fact home to the autoclaves; it is here that sterilisation of surgical instruments reaches its stereotypical climax of decontamination. The sight of a trolley layered with sterile trays aroused in me a sense of satisfaction and pride of the concerted teamwork well executed.

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My last session was spent with the Distribution Team; we set off for a convivial expedition through the back alleys within the hospital, along corridors I've never walked before, punctuated with jovial meetings with hospital personnel who were rarely in contact with doctors; cleaners, painters, technicians.

I acknowledged that though these characters were 'invisible' to the everyday sphere of a doctor's life, they are without doubt an indispensable part of the multidisciplinary team. No contribution from any team member, however minor, is expendable.

A chat with a personnel working for the HSDU confirmed a certain truth I uncovered about decontamination and sterilisation of surgical equipments; he said, "It is a lot more than people realize."

My time in the department provoked a conscious rise of appreciation, on my part, for the contributions of the HSDU. Clarity emerged, where suddenly surgical management was not exclusive to doctors and nurses alone. The paradigm of the way I viewed delivery of surgical care to the patient, shifted.

No matter the challenges, no matter the intricacies, no matter the differences; we are all parallel in service of a singular goal of healthcare – wellbeing of the patient. It does get tough but as one staff member sums up, "If the patient needs it, the patient gets it."

My attachment has galvanised a personal vow to approach my surgical career to come with a commitment to maintain high standards of professional inter-specialty and intra-disciplinary relationships, and be myself an exemplary leader for my team, especially in the operating room where surgeons are the captains

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Thence, here I am, in theatre. I reflect on the awakening experience I had at the HSDU and as I look at the scalpel, I recall the many hands which orchestrated its long and perilous journey back into the clasps of the surgeon.