

Chair Prusak, members of the Committee:

For the record, my name is Brenda G. Larkin and I am an Advance Practice Registered Nurse, Clinical Nurse Specialist in the St. Charles Healthcare, Bend Operating Room.

I am here today to talk about surgical smoke in the OR - an issue that impacts operating room nurses and surgical technologists, surgeons, patients, and all others who pass through the doors of an operating room.

Surgical smoke or plume, as it is called, is generated whenever a surgeon uses an energy device, like electrocautery, to perform surgery. Surgical smoke contains many harmful chemicals, as well as viral particles. It fills the entire operating room and hallways with the smell of burning flesh and decreases the air quality for all who work in or near the OR suites.

I have worked in the operating room for over 25 years. Surgical smoke has caused me to have chronic sinusitis, migraine headaches and increased susceptibility to respiratory infections like bronchitis, which has caused absences from work and a diminished ability to function in my normal capacity at home. Since I facilitated 3 facilities in Wisconsin in going smoke-free, these symptoms have abated. I have not had an upper respiratory infection or migraine in the past 3+ years.

I now work in an operating room that is not smoke-free, despite having smoke evacuators in every OR, and am concerned that these same illnesses will recur. I am currently working with the OR leaders, surgeons, and anesthesiologists to implement use of smoke evacuators with every surgery.

HB 2622 would ensure that harmful surgical smoke is evacuated from every operating room in Oregon and provide me the peace of mind that my health and safety, as well as my patient's safety are protected. Thank you for considering this important legislation.