Gripping Passing and Using Scissors

Video Transcript

The most common manner of gripping scissors is to insert the tip of your thumb on your dominant hand into one ring and the tip of your ring finger into the other. The rings should rest between P2 and P3, but do not insert your fingers further than the last knuckle. Inserting the fingers more proximally reduces the motion and action, and handling becomes awkward throughout the range of motion of the wrist. The index finger is placed on the shanks, close to the hinge, and provides stability by supporting the sides of the shank. In the scissors grip, the positions of the thumb, index, and ring fingers form a triangle, giving rise to the term "tripod grip." The greater the distance between these fingers, the better control the surgeon has with the scissors.

As with all ringed instruments, scissors should not be held using a grasp like a "bear claw" or mitten. Instead, insert your fingertips into the rings for more dexterous handling.

With the scissors in the tripod grip, you are ready to perform a cutting maneuver. If you are right-handed, you can now comfortably cut from right to left, with the palm and inner forearm aligned and facing you. When cutting left to right however, dorsoflex the carpal joint and rest the shanks on the middle of the more out-stretched index finger. This grip is preferable to turning the scissors around and cutting "backward." This type of "backward" cutting does not provide adequate stability to ensure cutting accuracy.

While cutting with scissors, your hand and arm position are also important. When cutting in a horizontal plane, the most common cutting plane, try to hold the scissors with the palm facing down. The hand in pronation remains mobile and can be supinated 180 degrees without any change in body position.

When passing scissors, hold the closed blades with the rings exposed towards the receiver. Firmly place the scissors in the palm of the surgeon's dominant outstretched hand. The blades should be angled off the palm, in the direction between the thumb and index fingers. As with all curved instruments, the curve of the blades or tines is passed so that the curve points consistently AWAY from the receiver's palm. That way, the surgeon does not have to look at the curved instrument as it is passed to know its orientation. An alert surgeon knows the orientation of the instrument and is planning the next move even before the particular site is exposed.