

Standard Terminology for Surgical Scissors—Inserted and Non-Inserted Blades¹

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This standard has been approved for use by agencies of the Department of Defense.

1. Scope

1.1 This terminology defines basic terms and considerations for the components of scissors with either inserted or non-inserted blades (see Fig. 1). Instruments in this terminology are limited to those fabricated having scissor blades made from stainless steel and used for surgical procedures.

2. Referenced Documents

2.1 ASTM Standards:

F 899 Specification for Stainless Steels for Surgical Instruments²

F 1079 Specification for Inserted and Noninserted Surgical Scissors²

2.2 ISO Standard:

ISO 7741 Instruments for Surgery—Scissors and Shears General Requirements, Testing³

3. Terminology

DEFINITIONS OF THE INSTRUMENTS

blade—the segment that contains the cutting edge which may be with or without serrations.

bottom scissor half—the component which contains the threaded end of the screw.

distal end—the working end, comprised of two blades, that is furthest from the surgeon when in use.

finger rings—the feature of the scissors that forms the gripping surface for the surgeon (commonly classified as the ring-handled feature).

joint—the junction where the scissor blades are secured by a screw allowing the instrument to pivot.

proximal end—that portion of the instrument that is closest to the surgeon when in use.

ride—the edge which acts as a cam.

ride relief—the contoured area between the shank and ride

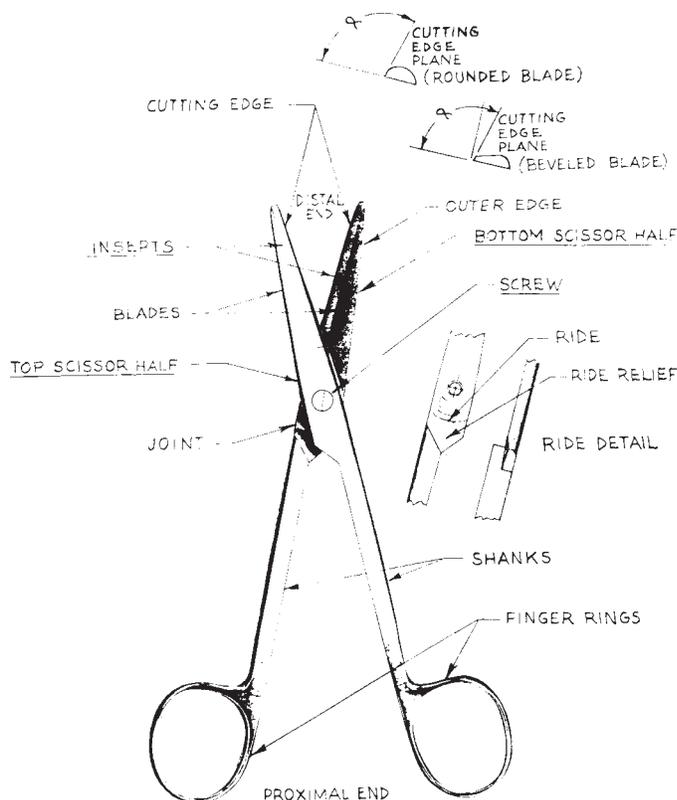


FIG. 1 Components of a Scissors (Inserted and Non-Inserted)

rounded blade—a blade having a radius on its outer surface which forms a transition between the outer edge and the cutting edges.

screw—the fastener which joins the scissor halves

serrations—corrugations in the cutting edge of the blades.

shank—(1) the part of either scissor half that yields configuration, length, and leverage; (2) the part of the scissor between the finger ring and joint.

surgical scissors with inserts—a stainless steel instrument, available in various sizes and configurations, used in surgical procedures for cutting body tissue, gauze, and suture. An instrument of this type has tungsten carbide, stellite, or other inserts.

top scissor half—the component which contains the screw head at assembly.

¹ This terminology is under the jurisdiction of ASTM Committee F04 on Medical and Surgical Materials and Devices and is the direct responsibility of Subcommittee F04.33 on Medical/Surgical Instruments.

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² Annual Book of ASTM Standards, Vol 13.01.

³ Available from American National Standards Institute, 25 W. 43rd St., 4th Floor, New York, NY 10036.

**DEFINITIONS OF PHYSICAL PROPERTIES
OF THE INSTRUMENT**

blade alignment—the positioning of the blades with respect to tip match-up and blade setting.

chamfer—the broken external edges of the instrument.

corrosion—the formation of rust.

finish—the final surface visual appearance of the instrument classified as follows:

(1) **bright or mirror finish**—highly reflective surfaces.

(2) **satin, matte, or black finish**—reduced reflected surfaces (as compared to bright or mirror finish).

hardness—a measurement of the resistance to indentation.

passivation—a process to render the surface condition of stainless steel chemically inactive.

set—the positioning of the blade for proper cutting action.

stainless steel—the raw material of the instrument that is in accordance with Specification F 899.

APPENDIX

(Nonmandatory Information)

X1. RATIONALE

X1.1 Because there is a clinical need for a variety of instruments for surgical procedures, they are manufactured in various configurations and from various types of stainless steel. For practical purposes and patient safety, these devices supplied by different manufacturers necessitate a defined system of terms.

X1.2 The terms defined in this standard are the most commonly used for scissors. However, the intent is not to prohibit technological innovation or to exclude instruments manufactured with other types of features.

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