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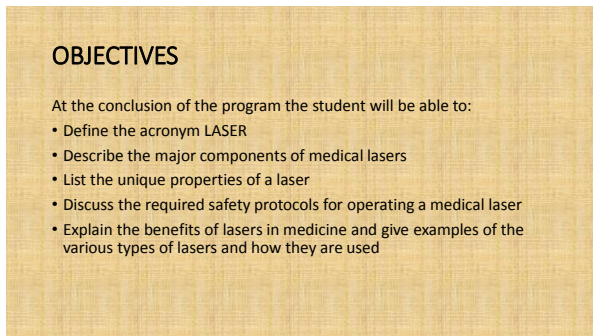
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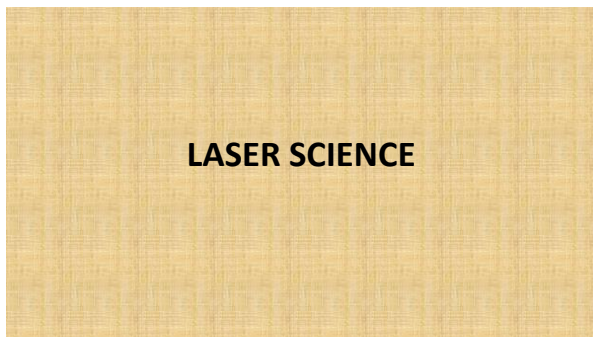
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## BASICS OF LASERS AND LASER LIGHT

**L**ight  
**A**mplification by the  
**S**timulated  
**E**mission of  
**R**adiation

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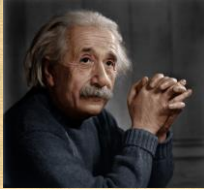
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### Laser Science

- The theory of stimulation of radiation was developed by Albert Einstein in 1917, but no practical application of the theory was put to test until the 1950's



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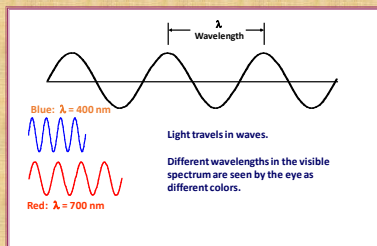
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### WAVE NATURE OF LIGHT – Light is an electromagnetic wave



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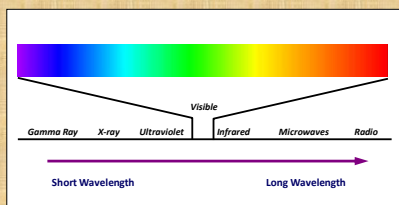
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## ELECTROMAGNETIC SPECTRUM



Lasers operate in the ultraviolet, visible, and infrared.

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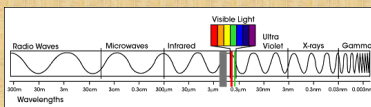
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## WAVELENGTHS



- Our eyes can only see a very small portion of the electromagnetic spectrum called the "Visible" wavelengths
- This visible light has a wavelength range of 400 - 700 nanometers (nm) and a color range of violet through red.
- The human eye is not capable of "seeing" radiation with wavelengths outside the visible spectrum.

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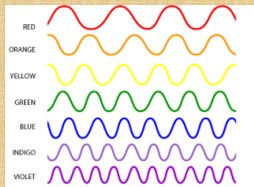
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## WAVELENGTHS



- The visible colors from shortest to longest wavelength are: violet, blue, green, yellow, orange, and red.




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## WAVELENGTHS

- The brightest color is green, followed by red, then blue, then violet.




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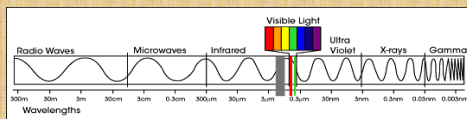
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## WAVELENGTHS



- Ultraviolet radiation has a shorter wavelength than the visible violet light.
- Infrared radiation has a longer wavelength than visible red light.

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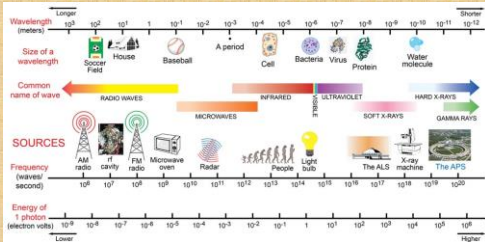
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## WAVELENGTHS

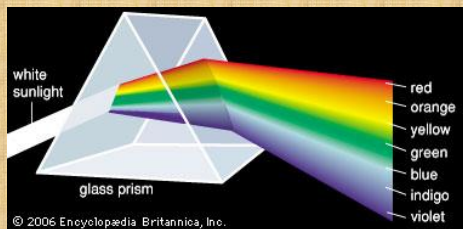


## WAVELENGTHS

- The white light is a mixture of the colors of the visible spectrum.



## WAVELENGTHS



## WAVELENGTHS

Black is a total absence of light




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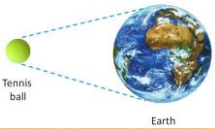
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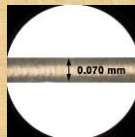
## WAVELENGTHS

### NANOMETER

One nanometer is to a tennis ball what a tennis ball is to the Earth



### NANOMETER



A strand of hair is 100,000 thicker than a nanometer

1 mm = 1,000,000 nanometers

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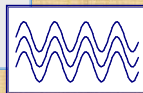
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## CHARACTERISTICS OF LASER LIGHT

**COLLIMATED**  
**COHERENT**  
**MONOCHROMATIC**



The combination of these three properties makes laser light focus 100 times more focused than ordinary light

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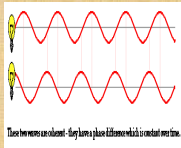
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Coherent – Directional Move Together to Different Points




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Collimated - --Waves Move Parallel to Each Other




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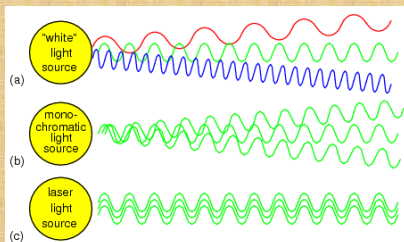
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Collimated –Waves Move Parallel to Each Other




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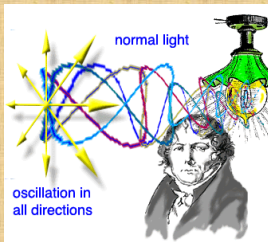
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## Regular Light



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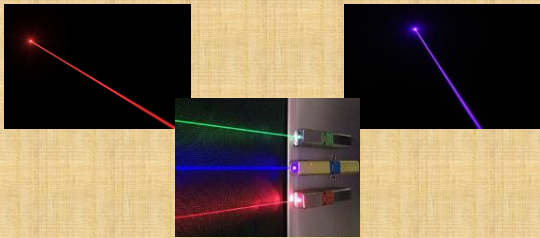
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## Monochromatic



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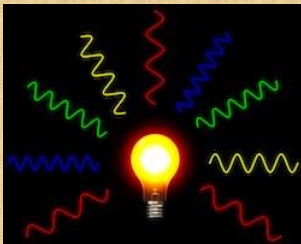
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## Regular Light – All Different Colors



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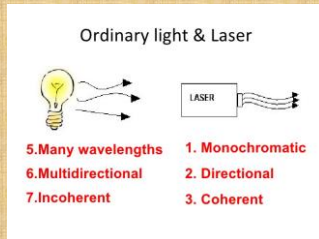
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## To Summarize




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## LASERS

- **L**ight
- **A**mplification by the
- **S**timulated
- **E**mission of
- **R**adiation

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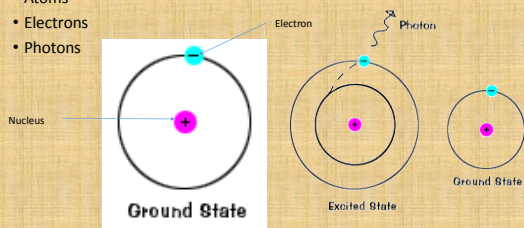
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## How Lasers Work

- Atoms
- Electrons
- Photons




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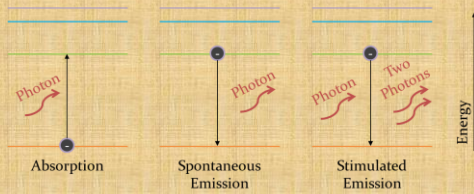
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## How Lasers Work




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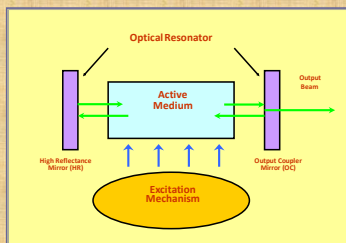
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## How Lasers Work




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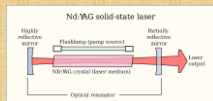
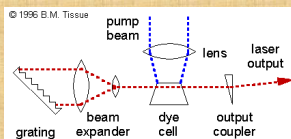
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## How Lasers Work

- Medium (creates identical photons)
  - Solid
  - Gas
  - Liquid



### Gas Laser

- Example: Helium-neon laser (He-Ne laser)
- Operation wavelength: 632.8 nm
- Pump source: electrical discharge
- Gain medium: ratio 5:1 mixture of helium and neon gases




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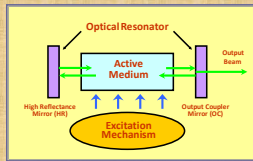
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## LASER COMPONENTS

**ACTIVE MEDIUM**  
 Solid (Crystal)  
 Gas  
 Semiconductor (Diode)  
 Liquid (Dye)

**EXCITATION MECHANISM**  
 Optical  
 Electrical  
 Chemical  
 Another laser

**OPTICAL RESONATOR**  
 HR Mirror and  
 Output Coupler



The **Active Medium** contains atoms which can emit light by stimulated emission.

The **Excitation Mechanism** is a source of energy to excite the atoms to the proper energy state.

The **Optical Resonator** reflects the laser beam through the active medium for amplification.

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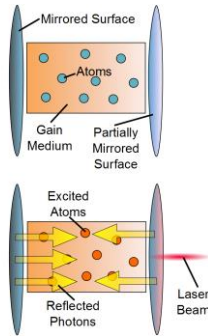
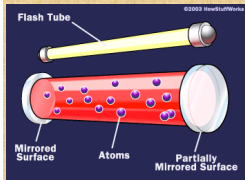
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## How Lasers Work




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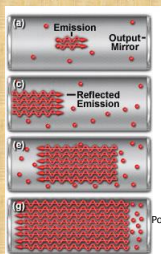
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## How Lasers Work



Population Inversion

**LASER TELLS YOU IT'S READY.**

**YOU HIT THE "ACTIVE OR ON" BUTTON**

**THE SURGEON PUSHES THE PEDAL AND THE PARTIALLY REFLECTIVE MIRROR ALLOWS A SMALL AMOUNT OF ENERGY TO ESCAPE**




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## How Lasers Work

- More atoms must be in the excited state than in the resting site – population inversion
- Different lasers take different times to warm up.
  - Solid medium lasers can take 10-20 minutes
  - Gas medium lasers can warm up instantly

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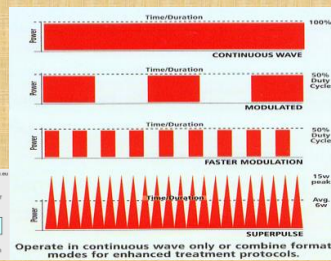
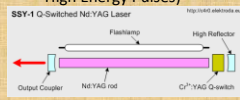
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## How Lasers Work

- Continuous
- Pulsed Single
- Pulsed Repetitive
- Super Pulsed
- Q-Switch (Extremely High Energy Pulses)




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## How Lasers Work

- Continuous
  - Average Power in watts
- Pulsed Lasers
  - Single Pulse
  - Repetitive Pulse
  - **Time On** (pulse duration), **Time Off** (interpulse period)
  - Hertz (Hz) represents the number of pulses per second

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## LASER SAFETY

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### Laser Regulations

- **ANSI** (American National Standards Institute, Inc)
  - Z136.1: Safe Use of Lasers
- **Laser Institute of America**  
[www.laserinstitute.org](http://www.laserinstitute.org)
  - The Laser Institute of America is a professional society that promotes laser safety and education by offering technical conferences, workshops, publications, and training to industrial, medical, research, and government communities. You can purchase the standards referenced above from their site.
- **Center for Devices and Radiological Health**  
[www.fda.gov](http://www.fda.gov)
  - Center for Devices and Radiological Health (CDRH) regulates firms who manufacture, repackaging, re-label, and/or import lasers (and medical devices) sold in the United States. An overview of laws and regulations for radiation-emitting products is provided on the web site.
- **AORN**
- **The Joint Commission** – competency based assessments

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## LASER SAFETY

- Laser Safety Officer, Laser Safety Committee
- Laser Education for any staff member in the room
- Laser equipment pre-op check
- Verify settings with surgeon.
- Surgeon must communicate "laser on" or "laser off"
- Surgeon is the only one to operate the foot pedal
- Documentation

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## Laser Safety

- An extra nurse is needed and is dedicated to control of the laser and laser safety considerations.
- Test fire the CO2 Laser
  - Test fire the laser through the operative system with the beam maximally focused, onto a wooden tongue blade at 5 to 10 watts to check that the He-Ne beam is well aligned with the CO2 beam.
- Post appropriate signs outside procedure room . Take down when laser procedure is completed
- Make sure everyone in the room has appropriate laser safety glasses

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## Laser Safety

- Smoke Evacuators
- Laser Masks

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### DANGER OF LASER WAVELENGTHS

Two characteristics of laser light contribute to the hazard:

- Laser light can be emitted in a tight beam that does not grow in size at a distance from the laser.
- The eye can focus a laser beam to a very small, intense spot on its retina, which can result in a burn or blind spot.

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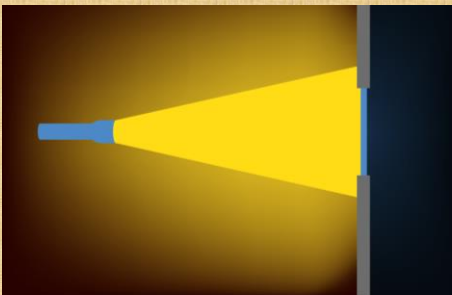
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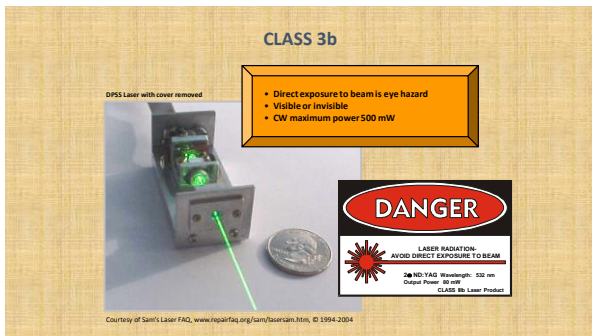
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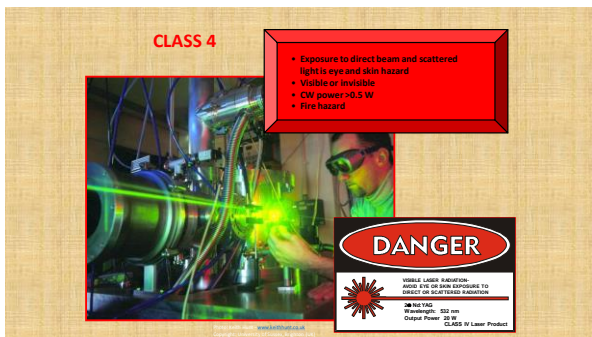
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### IEC 60825 Laser Classification

Class 1	Incapable of causing injury during normal operation (Almost the same as ANSI class 1)
Class 1M	Incapable of injury unless collecting optics are used (Currently included in class 1 under ANSI)
Class 2	Visible lasers incapable of causing injury in 0.25 s. (Same as ANSI class 2)
Class 2M	Visible lasers incapable of causing injury in 0.25 s unless collecting optics are used (ANSI visible 3a with expanded or diverging beam)
Class 3R	Marginally unsafe for intrabeam viewing; up to 5 times the class 2 limit for visible lasers or 5 times the class 1 limit for invisible lasers (ANSI visible 3a with small beam & ANSI invisible 3a)
Class 3B	Eye hazard for intrabeam viewing (Same as ANSI class 3b)
Class 4	Eye and skin hazard for both direct and scattered exposure (Same as ANSI class 4)

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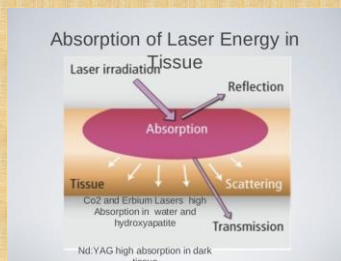
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### Laser Tissue Effects

- Absorption-Goal
- Scattering
- Transmission
- Reflection




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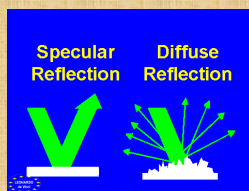
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- Avoid shiny surgical instruments
- Should be coated, ebonized, or matted




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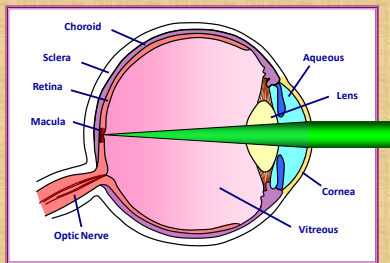
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### HUMAN EYE -Transmission




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### Eye Injuries from Laser Burns

- Photoretininitis
- Retinal Burns
  - Chorioretinal burns
- Photo Disruption of Retina
  - Retinal hemorrhage
- Visual Effect
  - Blind spot
- Permanent Loss of Vision
- Corneal Burns
- Deep Burns (may require corneal transplant)

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### Laser Safety Issues

- **Laser pointer, 3 mW:**  
rather bright, could quickly damage the retina, but: blinking reflex helps
- **Small Nd:YAG laser, 100 mW:**  
invisible – no blinking reflex!  
⇒ rather dangerous for the eyes
- **Larger Nd:YAG laser, 10 W:**  
burns skin and clothes
- **Small Nd:YAG laser für Q-switched pulses:**  
very hazardous even for small average output power
- **Industrial high power Nd:YAG or CO<sub>2</sub> laser, 1-10 kW:**  
for welding, not beneficial for skin and eyes!



© Christine Kirschner-Paschotta

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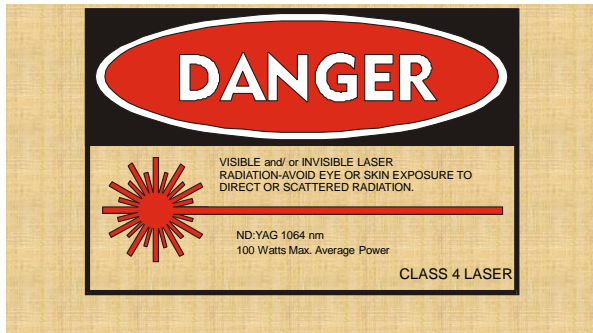
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**OPTICAL DENSITY OF LASER SAFETY EYEWEAR**

$OD = \log \frac{E_a}{MPE}$

Given:  $\lambda = 488 \mu m$   
 $\Phi = 5 W$   
 $d = 7 mm$   
 $A = 0.4 cm^2$   
 $E_a = (5W)(0.4 cm^2) = 12.5 W/cm^2$   
 $MPE = 2.5 \times 10^{-3} W/cm^2$  (for 0.25 sec.)

Area of Limiting Aperture (Table B)

OD	% Transmission
0	100%
1	10%
2	1%
3	0.1%
4	0.01%
5	0.001%
6	0.0001%

$OD = \log_{10} \left[ \frac{12.5 W/cm^2}{2.5 \times 10^{-3} W/cm^2} \right]$

$OD = 3.7$

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### LASER SAFETY EYEWEAR

- Check glasses for scratches



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- During all laser procedure you will see a warning sign posted on the door with extra goggles/glasses for anyone who needs to enter



### Signage

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### Laser Safety

- Window covering
  - Not necessary for CO<sub>2</sub> (absorbed by glass)
  - Should be used for other wavelengths
- Keep fluids away from the laser

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### Patient safety

- Patient Eye Care Protection
  - Gauze, wet cotton ball and quarters
  - Metal eye shield, extra ocular and Intraocular corneal shields
  - Disposable patient shields
  - Laser Glasses




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### Patient Safety

- Skin Injuries
  - UV exposure – like a sunburn
  - Thermal Injuries
  - Burns

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### Patient Safety

- Sponges or drapes used around a laser should be moistened
- Uses polypropylene drapes
- Use non-flammable prep solutions
- Protect teeth
- Have patient avoid mousse or hair spray
- Cover hair with wet sponge or coat with water soluble jelly

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## Patient Safety

- Lasers with ET Tubes
  - Endoscopic laryngeal surgery without ET tube or supplemental O<sub>2</sub>
  - Use lowest tolerable level before activating laser near head, face or neck




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**FIRE TRIAD**

*Note: When the fire triad is present, the OR team should prepare for preventing and managing a fire.*

- 1 Ignition source
- 2 Fuel
- 3 Oxidizing agent

**IN CASE OF FIRE**

*Eliminate the fire and protect the patient*

- 1 Stop the procedure
- 2 Remove the item on fire
- 3 Interrupt the flow of oxygen

Surgical Fire Prevention in Laser Laryngeal Surgery- Department of Otorhinolaryngology Newsletter

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## Airway Fire Protocol

- Remove source of fire
- Stop ventilating, disconnect circuit, extubate
- Extinguish fire in bucket of water
- Mask ventilate with 100% O<sub>2</sub>, continue anesthesia IV
- Direct laryngoscopy and rigid bronchoscopy for damage and debris
- Reintubate if possible
- Trach if necessary
- CXR
- Steroids

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## Required Safety Practices

- Laser should be in Ready mode **ONLY WHEN THE SURGEON IS USING IT.**
- Otherwise, it should be in standby mode.




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## Required Safety Practices

- Emergency Stop Button
- Laser Signs on machine
- Key –Should never remain in the laser when not in use. Only accessible to trained laser employees.




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## External Safety Issues

**Protective Housing**  
prevents access to laser radiation above safe level.

**Safety Interlocks**  
terminate laser beam if protective housing is opened.

**Only authorized personnel may operate laser with interlocks defeated.**

**Warning Labels**  
alert personnel if opening the housing might expose a laser hazard.

**Viewing Windows and Optics**  
limit laser and collateral radiation to safe levels.

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**NON-BEAM HAZARDS**

- Electrical Hazards- Check all cords including foot pedals
- Avoid multiple cords and foot pedals
- Smoke & Fumes - evaluate the need for a smoke evacuator
- Laser Fires
- Mechanical Hazards
- Flashlamp Light
- Chemical Hazards

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**CAUSES OF LASER ACCIDENTS**

Common causes of laser injuries:

- Inadequate training of laser personnel
- Alignment performed without adequate procedures
- Failure to block beams or stray reflections
- Failure to wear eye protection in hazardous situations
- Failure to follow approved standard operating procedures or safe work practices
- Turning off audio cue when laser is activated

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## **HOW LASERS ARE USED**

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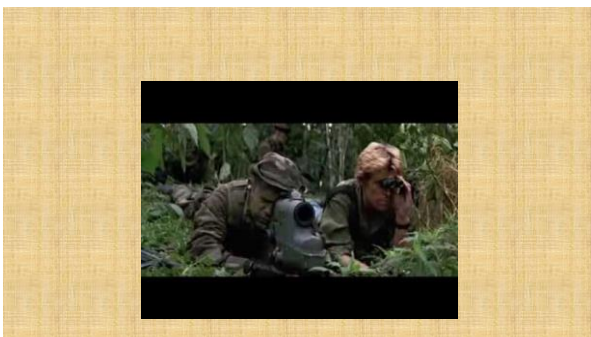
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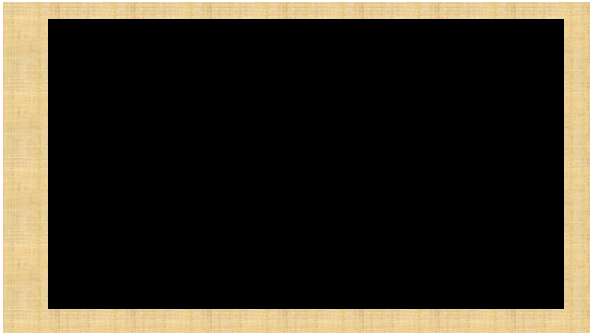
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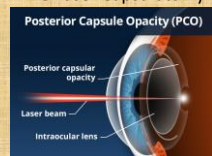
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## Nd YAG Laser For Eyes

- Single pulse
- Neodymium Yttrium Aluminum Garnet
- Aiming Beam 564nm Visible (400-600nm)
- Laser – 1064 nm Invisible

- YAG Laser Capsulotomy



- Peripheral Iridotomy for acute angle-closure glaucoma

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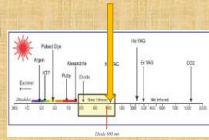
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## Blade-less Cataract Surgery

Technology is identical to the LASER used in Lasik

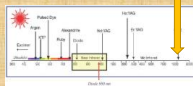
- Near infrared femtosecond laser with a wavelength of approximately 1053 nm
- It thus also belongs to the category of [ultrafast lasers](#) or [ultrashort pulse](#) lasers.
- The laser creates the micro-incisions in the cornea, the circular incision into the lens capsule (capsulotomy) and carries out segmentation of the lens, creating perfect, precise incisions
- The surgeon is able to 'design' the surgery using a sophisticated computer, tailoring the operation to the exact patient needs, with an image-guided laser



## CO2 Laser

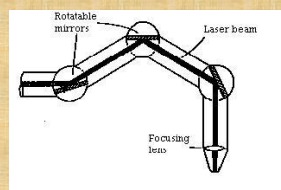
- Invisible wavelength
- Can be pulsed or continuous
- 10,600 wavelength
- Remains focused for long distances
- Uses an aiming beam
- Absorbed by water
- Seals the vessels
- Can now be used through a fiber

- ENT with Microscope
- Neurosurgery
- Spine Surgery
- Dermatology
- Plastic Surgery –Laser Resurfacing
- Heart Procedures
- Tissue Rejuvenation



## CO2 Laser

- Articulated Arm



## CO2 Laser

- Invisible wavelength – need a visible aiming beam to see where the laser energy is focused
- Need to test laser prior to the procedure to make sure the aiming beam and the invisible CO2 beam are in alignment and spot size is accurate




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- What is wrong with this picture??

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## ND YAG

- Neodymium Doped Yttrium Aluminum Garnet – Solid Medium
- 1064 nm
- Invisible wavelength – Need aiming beam
- Almost always delivered by a fiber
- Laser Assisted Hair Removal
- Removal of spider veins
- Tumor de-bulking and ablation
- Laser Prostate Surgery




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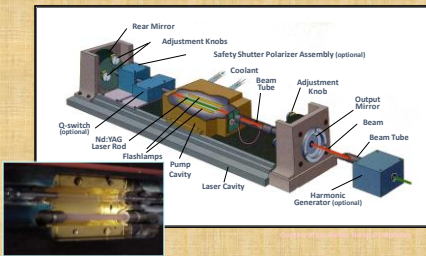
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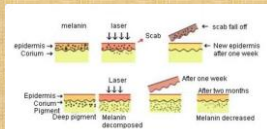
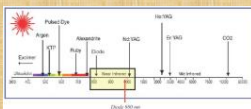
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## NEODYMIUM YAG LASER



## Q Switched Nd: YAG

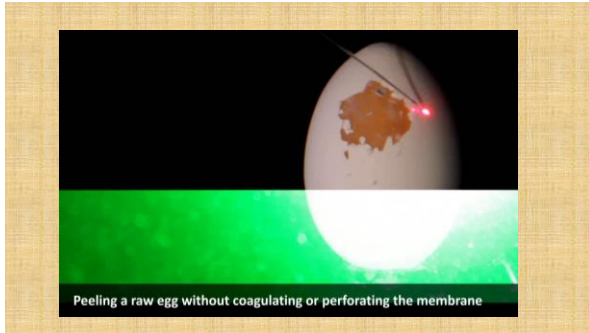
- High Peak Power
- Nanosecond pulses
- Shatters pigment into particles, either bounce out of skin or get absorbed
- Pigmented Lesions
- Tattoo removal (best for black/blue pigments)
- Wrinkles and Acne scars
- Hair reduction



## Holmium YAG

- Rare Earth Element, Doped in a YAG crystal
- 2150 nm
- Delivered in pulses
- Superheats water, creating a vaporizing bubble at the tip of the fiber
- Bubble expands rapidly and destabilizes the molecules it contacts
- Very shallow absorption rate when used in liquid environment
- Urology- Lithotripsy for urinary and bladder stones
- Arthroscopy






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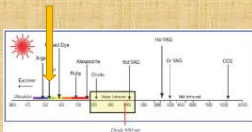
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## KTP

- Laser Beam goes through second medium, which halves the Nd-YAG laser wavelength
- Green Laser
- Pan Retinal photocoagulation for diabetic retinopathy
- UPPP and Tonsillectomy
- Oral Soft tissue surgery




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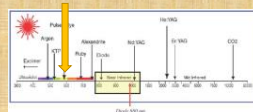
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## Pulsed Dye

- Can adjust wavelength - tunable
- Dermatology
  - Port wine stains
  - Scars
  - Tattoo Removal
- Urology
  - Kidney stones




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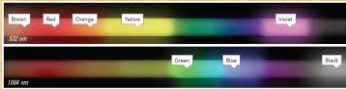
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## Pulsed Dye



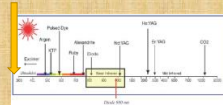
Multiple wavelengths can treat a wide range of tattoo ink colors



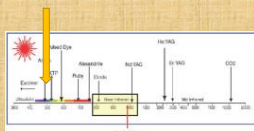
## Excimer

- Multiple Wavelengths 157-351 nm
- Gas Laser Medium. Excimer is shortened form of Excited Dimer
- Disrupts molecular bonds of the surface tissue through ablation rather than burning
- Can remove exceptionally fine layers of surface material without affecting other tissue

- LASIK
- Photocoagulation to treat wet form age related macular degeneration (AMD)
- Dermatology
- Angioplasty



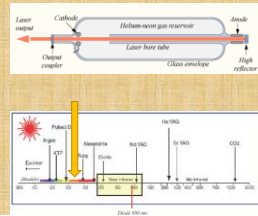
## Argon



- Argon-Plasma Coagulation – cauterizes blood vessels of the airway and lung
- Can kill the cancer cells without touching the tumor- important for bleeding tumors

## Helium Neon

- Also called HeNe beam
- Best known is red – 633 nm
- Used as an aiming beam with non-visible wavelengths
- Can cause eye damage if viewed with the naked eye for a period of time



## Other Applications

- Photodynamic Therapy
  - Injection of Photosensitizing agent to make cells more sensitive to light
  - Subjected to Laser light, which vaporizes the tumor cells
  - Patient may be sensitive to bright light for several weeks post-op
- Dentistry
- Veterinarian Medicine
- Cold Laser Therapy
- Fat Removal – Laser Liposuction (650 nm Diode laser)

## Publications by Karen Andersen

- [How to Stay Laser Safety Compliant](#)
  - Outpatient Surgery Magazine – November 2000, I, No. 11
  - <http://www.outpatientsurgery.net/surgical-facility-administration/personal-safety/how-to-stay-laser-safety-compliant-11-00>
- Laser Technology – A Surgical Tool of the Past, Present and Future
  - AORN November 2003- Volume 78, Issue 5, Pages 794-802, 805-807
- Safe Use of Lasers in the Operating Room- What Perioperative Nurses Should Know
  - AORN January 2004, Volume 79, Issue 1, Pages 171-172, 174, 176-183, 185-188



## Resources

- American National Standards Institute, Laser Institute of America. American National Standard for Safe Use of Lasers in Health Care Facilities. The Laser Institute of America, Orlando, Fla, 1996.
- 2PL 91-596, "Occupational Safety and Health Act of 1970," section 5. . (accessed 23 Nov 2003).)
- "Respiratory protection," in: Code of Federal Regulations (CFR) 29: Labor, Part 1910, Section 134. US Government Printing Office, Washington, DC; 2003:420-455.
- "Federal registers: Respiratory protection-59-58884-58956," US Department of Labor Occupational Safety and Health Administration. . (accessed 23 Nov 2003).)
- "Control of Smoke from Laser/Electric Surgical Procedures, publication 96-128. US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. Washington, DC; 1996.
- "Recommended practices for laser safety in practice settings," in: Standards, Recommended Practices, and Guidelines, AORN, Inc, Denver; 2003:301-305.
- "Kienstenbaum, A. "New revision of ANSI Z39.1 (laser safety standards)," LIA Today, May 2000;8. . (accessed 21 Nov 2003).)
- "Kinsdale, P. "Laser technology: A nursing perspective," Dermatology Nursing, August 1991;3:241-252.
- "Laser Safety Information Bulletin, Laser Institute of America. . (accessed 13 Nov 2003).)
- "10"Health Sciences Laser Safety Program: Advanced Laser Safety Course" Virtual Hospital. . (accessed 13 Nov 2003).)
- "11"OSH answers. Physical agents: Lasers in health care," Canadian Centre for Occupational Health and Safety. . (accessed 25 Nov 2003).)
- "12Stanford University Laser Safety Manual, Stanford University. . (accessed 25 Nov 2003).)
- "13Ball, KA. Lasers: The Perioperative Challenge. second ed. Mosby, St Louis; 1995.
- "14Peterson, VD, Williams, RK. "Fires in the operating room," Bulletin of the American College of Surgeons. August 1997;92:14-17.
- "15Bretancourt, J. "A laser safety program for a university," Vermont Safety Information Resources, Inc. . (accessed 25 Nov 2003).)
- "16Sosis, M. Anesthesia for Laser Surgery. J B Lippincott Co, Philadelphia; 1993.
- "17Woff, GL. "Danger from OR fires still a serious problem," Anesthesia Patient Safety Foundation Newsletter. Winter 1999;14 (accessed 13 Nov 2003).)

## Resources

- "18"1.23Airway fire during laser surgery in the upper airway" The Medical Algorithms Project. . (accessed 13 Nov 2003).)
- "19Sagar PM et al. "Chemical composition and potential hazards of electrocautery smoke," British Journal of Surgery December 1996;83:1792.
- "20Bull, EA. "Surgical smoke: Is it safe to breathe?" Today's Surgon Nurse. September/October 1996;16-21.
- "21"Surgical smoke: What we know today" Muzzle Precision. . (accessed 25 Nov 2003).)
- "22Ferenzy A, Bergeron, C, Bhatt, RM. "Human papillomavirus DNA in CO2 laser-generated plume of smoke and its consequences to the surgeon," Obstetrics and Gynecology January 1990;75:134-138.
- "23Wells, SA. "Lasers aid in bacteria destruction," Photonics.com. . (accessed 25 Nov 2003).)
- "24Baggish, M et al. "Presence of human immunodeficiency virus DNA in laser smoke," Lasers in Surgery and Medicine. November 1995;11:197-203.
- "25Grace, KM. "Hazards of vaporized tissue plume," The Surgical Technologist. January 2001;33:20-25.
- "26"Control of smoke from lasers or electrosurgical procedures" Today's Surgical Nurse. March/Apr 1997;18-49.
- "27Sanders, A. "New technology addresses surgical staff objections to removal of surgical plume," Infection Control Today. . (accessed 21 Nov 2003).)
- "28The American Institute of Architects Academy of Architecture for Health. The Facilities Guidelines Institute with assistance from the US Department of Health and Human Services. in: Guidelines for Design and Construction of Hospital and Health Care Facilities, American Institute of Architects, Washington, DC; 2003:79.
- "29"Laser safety: Non-beam hazards," Virginia Polytechnic and State University Environmental, Health, and Safety Services. . (accessed 25 Nov 2003).)
- "30"Key L, Smith LP. Surgical Fires in Laser Laryngeal Surgery: Are We Safe Enough? Otolaryngology Head and Neck Surgery. 2015;153(2):67-72.
- "31"Smith LP, Key L. Operating room fires in otolaryngology: Risk factors and prevention. American Journal of Otolaryngology. 2011. Mar-Apr;32(2):109-14.



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