A methodical exploration of the operative wound must be conducted prior to closure in every operation. The space to be closed must be carefully examined. Special focus should be given to closure of a cavity within a cavity (i.e., heart, major vessel, stomach, bladder, uterus, and vagina). Surgeons should strive to SEE and TOUCH during the exploration whenever possible; reliance on only one element of sensory perception is usually insufficient.

Before closing, the surgeon should first make a best effort to remove all sponges, then the nurse and scrub person will count them and feedback to the surgeon if all have been accounted for. If told later that there is a missing sponge, always repeat the MWE before obtaining x-rays.

In MIS cases a methodical visual inspection of the operative cavity is required before camera removal. In eye cases a MWE is performed using the operative microscope.

The general process is to look and feel in the recesses of the wound and examine under fatty protuberances and soft-tissue appendages.

Unless clinically contraindicated for a specific patient, the following steps should be taken for procedures performed in the abdomen or pelvis.

a. Examine all four quadrants of the abdomen with attention to:
   i. Lifting the transverse colon
   ii. Checking above/around the liver and above/around the spleen
   iii. Examining within and between loops of bowel
   iv. Inspecting anywhere a retractor or retractor blades were placed
b. Examine the pelvis
   i. Look behind the bladder, uterus (if present) and around the upper rectum.
   c. The vagina should be examined if it was entered or explored as part of the procedure.

Unless clinically contraindicated for a specific patient, the following general steps should be taken for procedures performed in the mediastinum or thorax.

a. In a mediastinal procedure, if the mediastinal pleura were opened, examine the ipsilateral pleural cavity.

b. In a cardiac procedure, elevate the apex of the heart and examine the retrocardiac space. Examine the transverse sinus to the right and left of the aorta and pulmonary artery.

c. In a thoracic procedure, examine the thoracic cavity with attention to the thoracic apex and base of the lungs, paravertebral sulcus, and inferior recesses of the diaphragm. Place a hand or finger behind the lung and palpate from apex to base.

@ the final count the doctor or designee:
should look at the holders with the nurse to see that there are no empty pockets (2 person confirmation).
If all the sponges are in the holders then there can't be any left in the patient.
This is the true meaning of a “correct” count.