



Designation: **F1638 – 95 (Reapproved 2008)^{ε1} F1638 – 95 (Reapproved 2016)**

Standard Terminology for Surgical Tissue/Dressing/Pick-Up Forceps (Thumb-Type)¹

This standard is issued under the fixed designation F1638; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

^{ε1} NOTE—Editorial changes were made throughout in June 2008.

1. Scope

1.1 This terminology defines basic terms and considerations for components of thumb-type surgical forceps. Instruments with this terminology are limited to those fabricated from stainless steel and used for surgical procedures.

2. Referenced Documents

2.1 *ASTM Standards*:²

F899 [Specification for Wrought Stainless Steels for Surgical Instruments](#)

F921 [Terminology Relating to Hemostatic Forceps](#)

3. Terminology

3.1 *Definitions*:

atraumatic/traumatic—teeth that would interdigitate except for being spaced apart a predesigned distance so they will not stress, crush, or otherwise traumatize the tissue being grasped.

guide pin—a pin affixed to the inside of one of the forceps halves that aligns with a hole on the other tweezer half without protruding through when closed.

guide pin hole—the hole in one forceps half into which the guide pin fits without passing through when closed.

mesh—an alignment of opposing teeth. The teeth may be in-line or angled.

mouse teeth—distal tip teeth that interdigitate.

scissoring—lateral misalignment.

set—the at-rest position of the instrument halves that will provide the intended closing relationship of fit and force.

stop pin—a pin of preset length affixed to the inside of one of the tweezer halves and designed to limit teeth contact upon closure and prevent their damage.

teeth—serrations formed on the inside faces of the distal end of the tweezer halves.

tissue forceps—a device formed in two generally symmetrical halves with their proximal ends secured together and set so that their distal ends will stay separated unless pressed together.

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.

Current edition approved Feb. 1, 2008; Oct. 1, 2016. Published March 2008; October 2016. Originally approved in 1995. Last previous edition approved in 2002 as F1638 – 95 (2002) (2008)^{ε1}. DOI: 10.1520/F1638-95R08E01.10.1520/F1638-95R16.

² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the [standard's Document Summary page](#) on the ASTM website.