form “OR-AB”

Lansford Tonsillectomy/ Adenoidectomy/transoral abscess I&D (e.g. peritonsillar abscess)

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☞ Preferences, Pick Sheet, and “Anything Special?”

Color code:

Surgeon
Anesthesia
Nursing
Scrub
Surgical Assistant (Not necessary for this case)

Pre-op

Surgeon signs chart, and reviews his own consent form with patient and a witness **prior to** administration of an anxiolytic or other medication rendering a patient incompetent to sign. Minors may receive an anxiolytic prior to the surgeon’s consent since they are not signing.

Prep Tray

Instruments & Supplies

Tonsil/Adenoid tray
3-0 Vicryl SH x2 (available, unopened)
Bovie tip-Guarded blade
Red Rubber Robinson (~10 Fr)
Andrews curved metal Yankauer suction
McIvor mouth gag
Curved Allis
Adenoid curets

Dry tonsil sponge on clamp x 2
Rat toothed Ferguson forceps
Towels and towel clip
Size 8 Latex free Sensicare gloves for surgeon
Shoulder roll (gel preferred)
Head ring/donut (gel preferred)
Salem Sump gastric tube (~12 Fr)
0.25% Marcaine in 10 mL syringe, 27 ga 1.5" hypo

Equipment

Bovie - Set to 15 coag, 15 cut for tonsils; Suction monopolar set to 30 for adenoids
Headlight
Stool, adjustable height with foot pump (like the "SurgiStool II")
RAE tube preferred (not essential), cuff preferred

Patient in Room to Induction

Position the patient at the tippy-top of the bed.

From Induction to Start

Tape ETT to lower lip/chin
Turn OR table 90 degrees
FiO2 < 30% before start if tolerated; Airtight cuff on ETT with higher FiO2 if needed.
Please give a corticosteroid dose, unless contraindicated.
Hookup suction, Bovie + petal
Head ring/donut (gel preferred)
Shoulder roll (gel preferred)
Head wrap with two towels and towel clip
Split sheet drape. Keep anesthesia circuit exposed.
Surgeon will perform adenoidectomy last

Mid Operation

Bovie set to 15 cut, 15 coag for tonsils; Bovie set to 30 for adenoids.
Music and background discussion quiet, please.
Unlikely to send tonsils/adenoids for pathology at TCOM, unless suspicious for tumor—in which case , sent separately, probably fresh (no formalin) for flow cytometry. (Ask)
Use suction to retract soft palate and suction smoke.
Surgeon may suture pharynx with 3-0 Vicryl if bloody.
Will curet adenoids, remove tissue with toothed forceps, pack nasopharynx with dry tonsil sponges, then irrigate nasopharynx with asepto and finish adenoidectomy with suction Bovie
When suction Bovie is clogged: wipe char, ream lumen, suction saline.

Closing

Surgeon will suction stomach with Salem Sump tube. Apply suction when tip is in stomach.

Emergence to Patient Exit

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