form “OR-AD”

Lansford Tympanostomy Tubes (PET) plus Tonsillectomy and/or Adenoidectomy

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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

PET/Tympanostomy tube tray
Ear specula
Cerumen curet
Ear suction tips-5 for wax, 3 for fluid. May vary.
Cotton balls (ok to use from eye pad)
Instrument wipe pad
Myringotomy knife
Rosen needle
Alligator
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 forcep
Towels and towel clip
Size 8 Latex free Sensicare gloves for surgeon
Occasionally will need topical epinephrine 1 mg/mL (aka 1:1000) for ear bleeding. Do not open unless needed.
Ear tube(s) - Usually Paparella, Armstrong or Duravent. Modified Richardson "T" tube on occasion.
Shoulder roll for tonsils (gel preferred)
Head rest/donut for tonsils (gel preferred)
Salem Sump gastric tube (~12 Fr)
0.25% Marcaine in 10 mL syringe, 27 ga 1.5" hypo

Equipment

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

Patient in Room to Induction

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From Induction to Start

Surgeon will start with ears, then do T/A
Tube: Microscope plugged in and near head of OR table.
Tube Sequence: Glove surgeon, towel over patient's neck, speculum, cerumen curet, wipe wax, myringotomy blade, #5 suction, hand surgeon tube loaded on alligator, Rosen needle, #3 suction, drops, and cotton ball.
Tape ETT to lower lip/chin
Tubes done before table turn, Turn OR table 90 degrees for T/A
Surgeon needs some space at head of bed to fit microscope. IV pole, etc. may need moving.
FiO2 < 30% before start of T/A if tolerated; Airtight cuff on ETT with higher FiO2 if needed.
Please give a corticosteroid dose, unless contraindicated.
Hookup suction, Bovie + petal

Mid Operation

Try to minimize patient movement while under microscope.
Bovie set to 15 cut, 15 coag for tonsils; Bovie set to 30 for adenoids.
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)

Music and background discussion quiet, please.
Drops for ears (ciprofloxacin ophthalmic, CiproDex, or ofloxacin if not allergic)
Use suction to retract soft palate and suction smoke, trying not to block surgeon's view.
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
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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