

form “OR-AK”

Lansford Nasal or Nasopharyngeal Endoscopy

(including biopsy, inspection of adenoids and nasal foreign body removal)

- May be combined with OR-AL if foreign body moves to pharynx, larynx, esophagus, trachea



QR for online color version. Select Form “OR-AK”

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

Color code:

Surgeon
Anesthesia
Circulating Nurse
Scrub Tech
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

1 bottle of oxymetazoline/Afrin
1% lidocaine with 1:100,000 epinephrine
Control syringe
25 gauge 2” hypodermic needle
Large non sterile glove pair

Instruments & Supplies

At TCOM, Septoplasty/Turbinate tray
Size 8 Sencicare gloves (single pair)

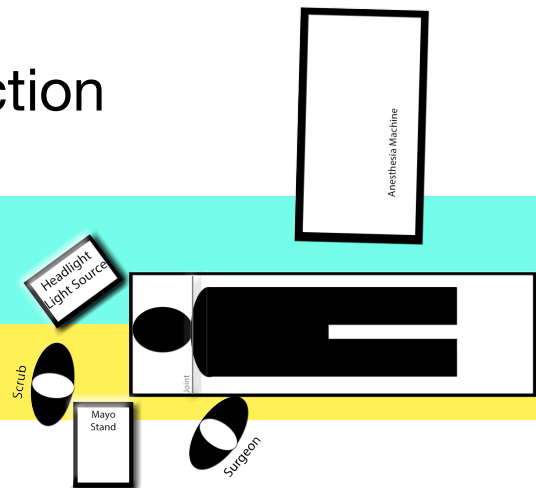
Head ring/donut (gel preferred)
Headlight as light source for scope
Flexible laryngoscope and/or rigid sinus scopes (0 degree, 25-30 degree)
Suction monopolar cautery (if doing biopsy)
Small Takahashi
Fred and Two sloppy wet Ray-Tec sponges on a folded towel to the right of the head
Suction tubing
Towel head wrap and neck drape
Split sheet

Equipment

0 degree rigid sinus scope
(If doing biopsy) Bovie set to 15 coag
RAE tube (preferred, not essential)

Patient in Room to Induction

Antibiotics, if ordered.
Patient supine
Tape endotracheal tube securely at left side of mouth
SCDs functioning before induction
Tuck or papoose right arm- no arm board (left arm may be on arm board)



From Induction to Start

Reverse Trendelenburg about 20°, table up to surgeon's elbows
Surgeon will apply oxymetazoline topically, possibly inject lido-epinephrine
(If doing biopsy) Bovie set up- Pedal to surgeon's feet, ground lead placed.
No need for Foley for routine case
No prep necessary

Mid Operation

Music and background discussion quiet, please.
Mild hypotension, such as SBP ~105 mmHg, if tolerated.

Closing

Emergence to Patient Exit

Apply nasal drip pad (4x4 gauze under nose, taped to cheeks), if needed.