form “OR-AL”

Lansford
Foreign Body Removal from Throat, Esophagus, Tracheobronchial Tree

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

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

(This procedure may be combined with Nasal Endoscopy/foreign body removal, form “OR-AK”)

This procedure can be tricky as a foreign body may cause airway compromise. The foreign body may move during the patient’s transportation to the OR. Vigilance and good communication are essential.

Color code:

Surgeon
Anesthesia
Circulating Nurse
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

Size 8 Sensicare gloves (single pair)
Head ring/donut (gel preferred)
Shoulder roll (gel preferred)
Headlight - used for light source
Fred and Two sloppy wet Ray-Tec sponges on a folded towel to the right of the head (if doing turbinates)
2 suction tubings
Towels
Split sheet

Equipment

Rigid Bronchoscopy Tray
Rigid Esophagoscopy Tray
ENT Laryngoscopy Tray with suspension
Light carriers (cords) for the above
Endoscope Camera
Rigid Telescopes (different lengths)
Various foreign body grasping instruments
The suctions, telescopes, and instruments are changed to be length-matched for each type of scope used (laryngoscope, esophagoscope, and bronchoscope)
Telescopes: 0 degree rigid sinus scope, 0 degree longer scopes for esophagus, bronch
Video Tower- Camera and Telescope light carrier plugged into video tower
Pump OR chair with arms (SurgiStool II)
Tooth guard: Either white plastic or a thermoplastic nasal splint applied with Vaseline gauze sheet
Small endotracheal tube (6 for adults)

Patient in Room to Induction

Position the patient at the tippy-top of the bed.
Patient supine
Tape endotracheal tube securely on side of mouth toward anesthesia
SCDs functioning before induction
Tuck or papoose right arm- no arm board (left arm may be on arm board or sled)

From Induction to Start

Will rotate 90º counter-clockwise
Reverse Trendelenburg about 20º-30º, table up
No bed turning needed
Surgeon will apply cocaine and/or oxymetazoline topically, inject epinephrine 1:100,000
Head Wrap with two towels and towel clip; 2 more towels for neck
Large Split drape/“U” drape (surgeon places)
No need for Foley for routine case
No prep necessary

Mid Operation

Music and background discussion quiet, please.

Paralysis preferred- communicate regarding procedure termination

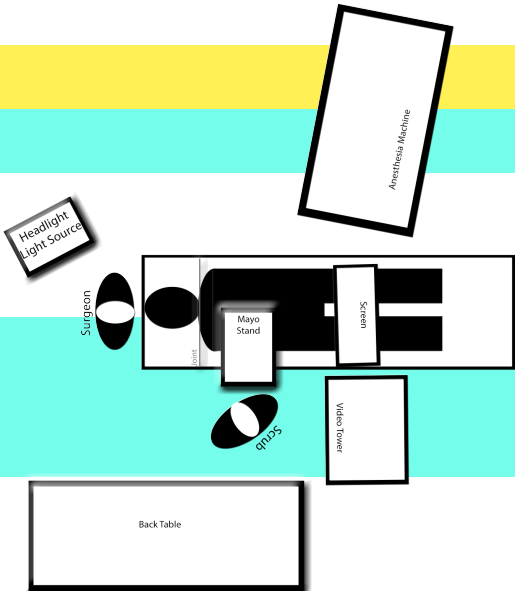
Closing

If surgeon performs bronchoscopy, he will either re-intubate or discuss and coordinate emergence extubated.

Topical anesthetic on vocal cords- coordinate with surgeon

Emergence to Patient Exit

–



A mirror image setup may be used.