form "OR-N" Lansford Tympanostomy Tubes (PET)



"Anything Special?"

QR for online color version. Select Form "OR-N"

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

Pre-op

Surgeon signs chart, and reviews his <u>own</u> 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 Towels Size 8 Latex free Sensicare gloves for surgeon Ear tube(s) type: Ask the surgeon. Usually Paparella, Armstrong or Duravent. Modified Richardson "T" tube on occasion. Occasionally will need topical epinephrine 1 mg/mL (aka 1:1000) for bleeding. Do not open unless needed.



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 RAE tube preferred (not essential), cuff preferred

Patient in Room to Induction

From Induction to Start

Tube: Microscope plugged in and near head of OR table. Usually mask ventilation, but airway management is up to anesthesia team No need to turn table

Surgeon needs some space at head of bed to fit microscope. IV pole, etc. may need moving.

Mid Operation

Try to minimize patient movement while under microscope

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.

Music and background discussion quiet, please.

Drops for ears (ciprofloxacin ophthalmic, CiproDex, or ofloxacin if not allergic)

Closing

Emergence to Patient Exit