Form “OR-AP”

Lansford Tracheal/Subglottic Dilation

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

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

Color code:

Surgeon
Anesthesia
Scrub Tech
Circulating Nurse
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.
Communicate with Dr. Lansford regarding any questions in the plan. Cell # 309-363-0275.
For balloon dilations, the Boston Scientific rep (as of April 2024) is Jack Oakey, cell (636) 399-6332.

Prep Tray

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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

Open the “Laryngoscopy” and “Laryngoscopy Extras” trays
Rigid Laryngoscopy Trays (including microlaryngoscopes and microlaryngoscopy instruments)
Light carriers (cords) for the laryngoscope(s)
Endoscope Camera
Teeth Guard (may need to obtain from Anesthesia)
Rigid Telescopes (Sinus telescopes work, 0 degree, 30 degree)
Have epinephrine 1 mg/mL (which is equivalent to 1:1000) in room.

If using steroid (Kenalog-40) or mitomycin-c:
27 ga butterfly needle
Have a 1 mL syringe in room

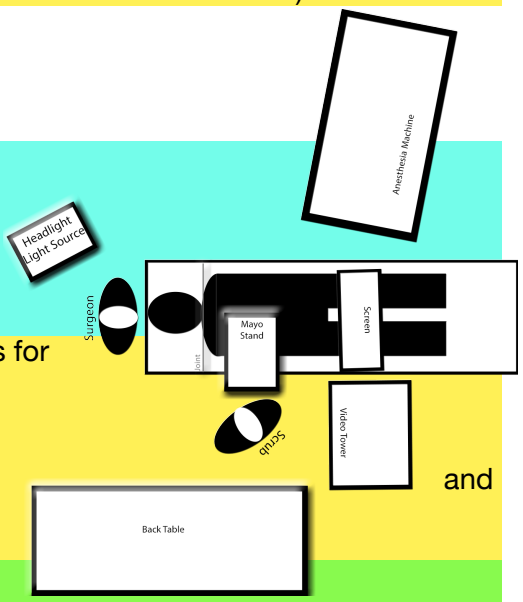
Video Tower- Camera and Telescope light carrier plugged into video tower
Pump OR chair with arms (SurgiStool II)
Tooth guard: Either white plastic or a thermoplastic nasal splint applied with Vaseline gauze sheet
Small endotracheal tube (5.5 or smaller for adults, sometimes down to 4.5 depending on stenosis)

Patient in Room to Induction

Patient supine
Tape endotracheal tube securely on side of mouth toward anesthesia machine
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 90° counter-clockwise.
Reverse Trendelenburg about 20°-30°, table up
Keep airway circuit exposed above drapes
Paralysis preferred
Paralysis **necessary** for balloon dilation portion unless patient has a tracheostomy
Head Wrap with two towels and towel clip; 2 more towels for neck
Large Split drape/“U” drape (surgeon places)
Keep airway circuit above drapes
Telescope lens station: folded towel with defog sponge and two flat wet Ray-tecs
Start with “Whistle Tip” suction (side holes)
No need for Foley for routine case
No prep necessary
Hook up and turn on suction
Attach camera to video tower, move screen into position



The mirror image configuration may be used.

Mid Operation

Music and background discussion quiet, please.
Paralysis preferred
Paralysis **necessary** for balloon dilation portion unless patient has a tracheostomy.
Communicate with surgeon regarding procedure termination

Closing

Surgeon will either re-intubate or discuss and coordinate emergence extubated.
Topical anesthetic on vocal cords- coordinate with surgeon

Emergence to Patient Exit

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