

form “OR-B” Lansford Adenoidectomy



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

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

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

None

Instruments & Supplies

Tonsil/Adenoid tray
Red Rubber Robinson (~10 Fr)
Andrews curved metal Yankauer suction
McIvor mouth gag
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
Shoulder roll (gel preferred)
Head rest/donut (gel preferred)
Salem Sump gastric tube (~12 Fr)

Equipment

Suction monopolar set to 30
Headlight

Microscope
Stool, adjustable height
RAE tube preferred (not essential), cuff preferred

Patient in Room to Induction

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From Induction to Start

Position the patient at the tippy-top of the bed.
Tape ETT to lower lip/chin
Turn OR table 90 degrees
FiO2 < 30% before start
Please give a corticosteroid dose, unless contraindicated.
Hook up suction, Electrocautery pedal

Mid Operation

Music and background discussion quiet, please.
Unlikely to send adenoids for pathology at TCOM
Surgeon may suture pharynx if bloody.
Will curet adenoids, remove tissue with toothed forceps, pack nasopharynx with dry tonsil sponges, then irrigate nasopharynx with asepto and finish adenoidectomy with suction Bovie
When suction Bovie is clogged, wipe char, ream lumen, suction saline.

Closing

Surgeon will suction stomach

Emergence to Patient Exit

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Thank you for reading this!