

Form “OR-H”

Lansford

Esophagoscopy



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

👉 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.

Prep Tray

Instruments & Supplies

- Size 8 Sensicare gloves (single pair)
- Head ring (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 Esophagoscopy Tray
- Light carriers (cords) for the bronchoscope(s)
- Endoscope Camera

Rigid Telescopes (different lengths for the different lengths and diameters of the esophagoscopes)

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

Head ring/donut (gel preferred)

Shoulder roll (gel preferred)

Small endotracheal tube (6 for adults)

Patient in Room to Induction

Patient supine, top of head at tippy-top of bed

Tape endotracheal tube securely at the 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 90° counter-clockwise

Reverse Trendelenburg about 20°-30°, table up

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

Attach suction

Head ring/donut (gel preferred)

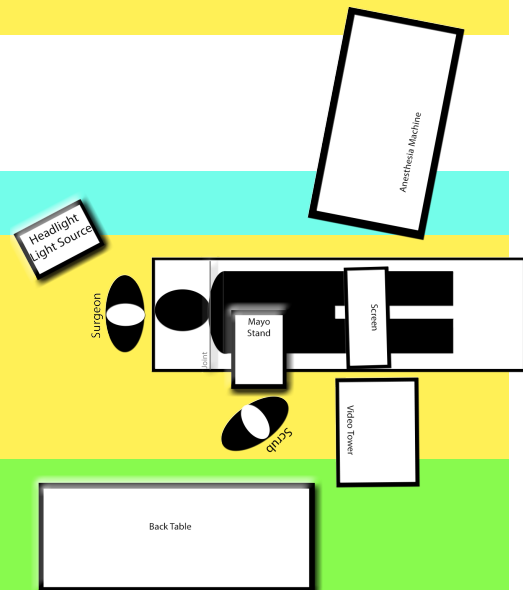
Shoulder roll (gel preferred)

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- communicate 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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