

Form “OR-AN”

Lansford

Eyelid Surgery



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

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

Color code:

Surgeon

Anesthesia

Circulating Nurse

Scrub Tech

Surgical Assistant

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.

Unsterile Prep Tray

Regular (not fine) skin marking pen
1% lidocaine with 1:100,000 epinephrine (or similar) in a 10 mL syringe and a 27 ga, 1.5”
needle
Wet Betadine prep tray paint only, no scrub (or chloraprep if allergic)
4x4” gauze (or similar)
Erythromycin ophthalmic ointment (from pharmacy)

Size 8 Sensicare gloves for CDL
XL , XLNG surgical gown for CDL
Plastic tray
Corneal shield(s)
Fine toothed Adson forceps
Tenotomy scissors
Curved iris scissors
Desmarres retractor
Double prong skin hooks, wide x 2
Frasier suction tip, size 8 or 10
Bipolar cautery - bipolar forceps, guarded
Bovie pencil and guarded flat blade tip
Large “U” split drape

Possibly (ask) Stapler
#15 scalpel blades
Saline for irrigation

Possibly (ask) 5-0 Vicryl SH x 2
Possibly (ask) 4-0 Silk x 1
Possibly (ask) 4-0 Monocryl on PS-2 x 1
Possibly (ask) 6-0 Prolene, blue x 1
Possibly (ask) 5-0 fast gut (or chromic gut)

Wound dressings:

Erythromycin ophthalmic ointment
Possibly (ask) Xeroform strip
Possibly (ask) Telfa
Possibly (ask) Tegaderms

Equipment

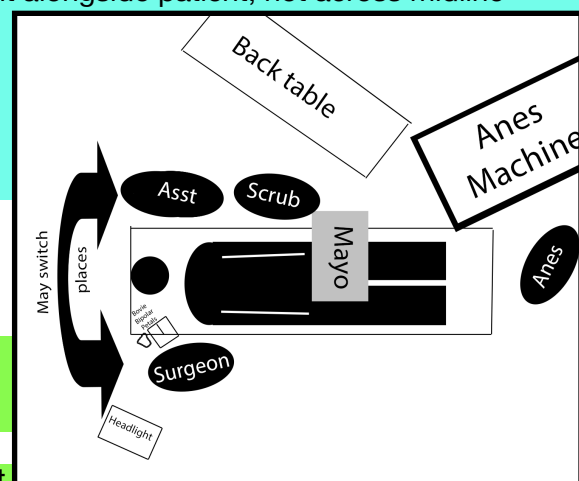
Headlight
Electrocautery (Bovie monopolar and bipolar)
Shoulder roll (gel preferred) - if surgical site is neck
Head ring/donut (gel preferred)
Pump chair without arms (SurgiStool II)
Stryker bed with adjustable angle head board at the top of the bed
Active patient warming (choice: Bair Hugger, fluid warmer)
SCDs
Pillow for under knees
OR Neptune
Extension ("pediatric") airway circuit tubing

Patient in Room to Induction

Will turn OR table 180 degrees
Adjustable head board at top of bed
Position patient at tippy top of bed
ETT taped to opposite side from surgical site; circuit alongside patient, not across midline
*(Exception for posterior neck or scalp site: prone patient, possible chest roll, no table turn)
Pre-op antibiotic within 60 minutes before incision
Usually no paralysis during case (ask)
Decision for foley per anesthesia service; typical OR time 60-90 min.

From Induction to Start

Arm on operative side tucked with foam
10 mL of 1-2% lido with epi 1:100,000 (or similar) with 27 ga needle.
Doctor will inject local prior to prep.
Prep: Betadine paint only if around eyes; dab (don't wipe) to avoid erasing marker



The surgeon will sit on operative side, so a mirror image configuration may be used for a right site.

Bovie set to 15 cut/15 coag
Suction tubing

Mid Operation

Music and background discussion quiet, please.

Specimen for pathology if performing excision- usually frozen section, but ASK

Mild hypotension, such as SBP ~105 mmHg, if tolerated.

Keep a squared/folded Ray-tec on the field at all times

Closing

Ask about dressing

Staples off

Clean blood & prep solution

Emergence to Patient Exit