

Form “OR-N”

Lansford

Neck Dissection (Cervical Lymphadenectomy), Branchial Cleft Cyst/ Fistula



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

Preferences, Pick Sheet, and “Anything Special?”

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

Shave neck if needed.

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 scrub and paint (or chloraprep if allergic)

4x4” gauze (or similar)

Instruments & Supplies

Neck dissection tray

Bipolar cautery - bayonet forceps, guarded

Bovie pencil and guarded flat blade tip

Large “U” split drape

Stapler

Size 8 Sensicare gloves for CDL
XL , XLNG surgical gown for CDL
Lacrimal probes (only needed for branchial cleft cyst excision)
#15 scalpel blades
Tenotomy scissors
Debakey x 2
Double prong skin hooks, wide x 2
Allis clamps x 4
Andrews metal Yankauer suction tip
Army-Navy retractors x 2
Right angle hemostat clamps x 2
Kitners (1 pack)
Saline for irrigation
10 mL syringe
2-0 silk on RB-1 x 2
3-0 Vicryl SH x 2
4-0 Monocryl on PS-2 x 1
5-0 Prolene, blue x 1
JP drain reservoir x 2
10 Fr slotted Blake channel drain on a trocar (have in room unopened)
15 Fr slotted Blake channel drain on a trocar (have in room unopened)
Wound dressings:
 Bacitracin
 Xeroform strip
 Telfa
 Tegaderms - 2 small, 2 medium

Equipment

Headlight
Electrocautery (Bovie)
Shoulder roll (gel preferred)
Head ring/donut (gel preferred)
Pump chair without arms (SurgiStool II)
Stryker bed with adjustable angle head board at the top of the bed
Bair Hugger from nipples down
Fluid warmer on bed
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
Pre-op antibiotic within 60 minutes before incision
No paralysis during case
Decision for foley per anesthesia service; typical OR time 2-3 hr.

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.

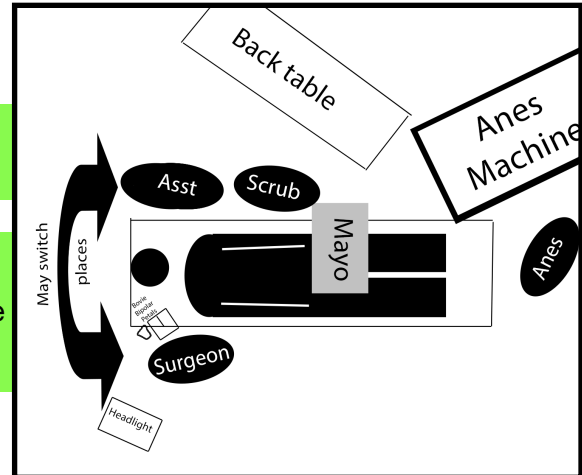
Doctor will inject local prior to prep.

Bair Hugger for lower body below xiphoid

Betadine paint - From nose to below the nipple
line, right face, neck, chest but crossing midline

Bovie set to 15 cut/15 coag

Suction tubing



The surgeon will stand on operative side, so a mirror image configuration may be used for left neck dissection.

Mid Operation

Music and background discussion quiet, please.

Specimen for pathology- usually routine pathology in formalin, but ASK

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

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

Closing

Bacitracin, Xeroform strip, Telfa, Tegaderm for the incision.

Staples off

Clean prep solution

Emergence to Patient Exit