

Form "OR-P"

Lansford

Panendoscopy:

Laryngoscopy,

Esophagoscopy, and/or

Bronchoscopy



QR for online color
version. Select
Form "OR-P"

👉 **Preferences, Pick Sheet, and "Anything Special?"**

(This procedure may be combined with Nasal Endoscopy, form "OR-AK")

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

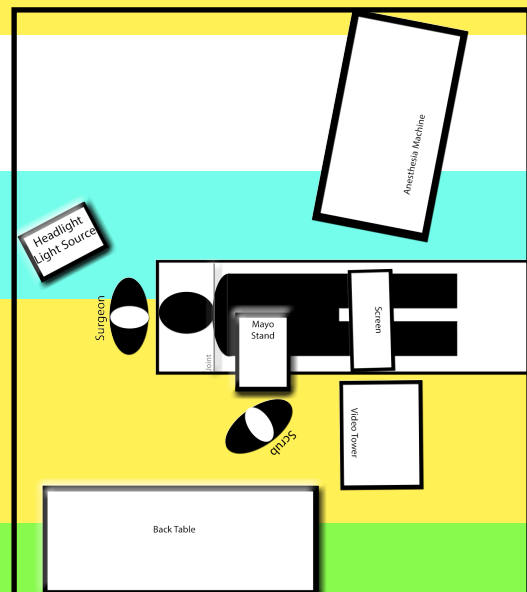
Rigid Bronchoscopy Tray
Rigid Esophagoscopy Tray
ENT Laryngoscopy Tray with suspension
Light carriers (cords) for the above
Endoscope Camera
Rigid Telescopes (different lengths for different lengths of bronchoscope, esophagoscope, laryngoscope)
The suction, telescopes, and instruments are changed to be length-matched for each type of scope used (laryngoscope, esophagoscope, and bronchoscope)
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 (gel preferred)
Shoulder roll (gel preferred)
Small endotracheal tube (6 for adults)

Patient in Room to Induction

Patient supine, with top of head at the tippy-top of the bed
Tape endotracheal tube securely to 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
Surgeon will apply cocaine and/or oxymetazoline topically, inject epinephrine 1:100,000
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)
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



A mirror image configuration may be used.

Mid Operation

Music and background discussion quiet, please.

Paralysis preferred- communicate regarding procedure termination

Closing

If surgeon performs bronchoscopy, he 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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