

form “OR-Q”

Lansford

Parathyroidectomy

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



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

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.
Pre-operative rapid parathyroid hormone (intact) blood draw.

Room preparation

Extension airway circuit tubing

No paralysis during case

Head ring (gel preferred)

Shoulder roll (gel preferred)

Table with adjustable head rest (flexion/extension)

Prep Tray

1:100,000 epinephrine **without** lidocaine (0.1 mL of 1:1000 epinephrine in 9.9 mL injectable saline, mixed, with 1.5” 27 ga hypodermic needle).

Instructions on how to make this at <https://www.doctorlansford.com/how-to-make1-100k-epinephrine> or use the QR code to the right -->

Betadine prep (surgeon will apply the prep)

Regular (not fine) skin marking pen

Medium point violet marking pen



Instruments & Supplies

At TCOM, “ENT Plastic Tray” and “Plastic pack”

Small Metal Andrews Yankauer

Weitlaner, medium, jointed x 2

Weitlander, small, not jointed x 1

Toothless Adson forceps

2 Stilles toothed forceps
 Army-Navy
 Guarded blade Bovie tip 0012M
 Guarded Jeweler bipolar hand piece and cord
 15 scalpel blade
 2-0 silk sutures, SH pop-off L0120 x 4
 3-0 Vicryl, SH x 2
 4-0 Monocryl, PS-2 x 1
 5-0 Prolene, P-3 x 1
 Kitner x 1 pack
 #10 Blake channel drain + bulb
 Ray-Tecs
 Harmonic scalpel, cord and hand piece
 Stapler
 Size 8 Latex free Sensicare gloves for surgeon
 XL gown for surgeon

Equipment

Headlight

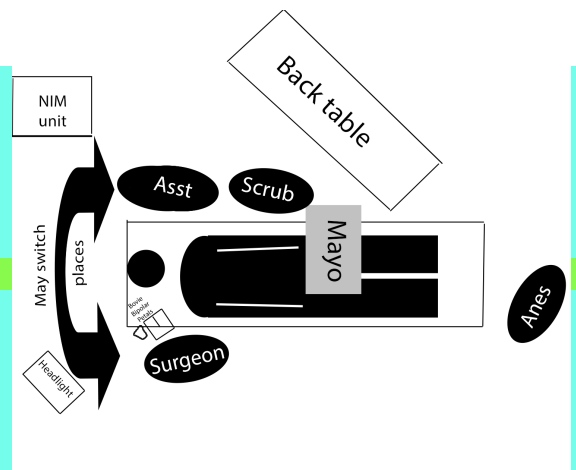
NIM monitor and leads. (YouTube video for Medtronic NIM Vital at DoctorLansford.com, then "Resources" menu, choose colleague resources, then choose "How To Guide" OR use this QR code



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 Hook up Harmonic Scalpel, monopolar and bipolar cautery
 NIM ETT. Generally size 8 for adult males, size 7 for adult females
 Pediatric extension tubing in preparation for turning table

Patient in Room to Induction

Antibiotics, if ordered.
 OR table with articulating head support at head
 Patient's head at the tippy-top of the OR table
 Head ring/donut (gel preferred)
 Shoulder roll (gel preferred) placed prior to induction
 SCDs functioning before induction
 Use glide scope or equivalent for nerve monitoring ETT placement-surgeon would like to view placement
 Tape tube securely
 Extension for circuit tubing



A mirror image configuration may be used.

Christmas tree for circuit tubing

Ground lead placement and NIM plug-in (Video on Medtronic NIM Vital setup)

From Induction to Incision

No paralysis during case.

Tuck or papoose arms- no arm board

Electrocautery- 15 cut, 15 coag, 15 bipolar; petals by Dr's feet.

Suction

No need for Foley for routine thyroidectomy, but I defer to anesthesia

Ground lead placement and NIM plug-in

Marking pen-medium tip

Surgeon will inject epinephrine 1:100,000 prior to prep

OR table turned 120-180°

Reverse Trendelenburg about 20°, table up to surgeon's elbows

Surgeon will prep and drape

Towels x 4 and staples

Split sheet

Mid Operation

Music and background discussion quiet, please.

Possible frozen section for left or right "parathyroid candidate"

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

Phlebotomy for PTH done 15 minutes after removal of suspected parathyroid adenoma

Closing

Surgeon may close while the PTH assay is processing. Surgeon may wait for result prior to undraping, wake-up. (Ask)

Verify if any unlabeled tissue is to be discarded versus sent as specimen.

Bacitracin, Xeroform strip, Telfa, medium Tegaderm for dressing.

Emergence to Patient Exit

Surgeon may perform flexible fiberoptic laryngoscopy (with a flexible laryngoscope) after extubation when patient is following commands. (Ask)

Thank you for reading this!