

Form “OR-R”

Lansford

Parotidectomy



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

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

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
10 mL control syringe
1 mL TB syringe
Filter needle
27 ga hypodermic needle
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
1000 drape, unsterile
Wet Betadine prep tray scrub and paint (or chloraprep if allergic)
4x4” gauze (or similar)
3 small Tegaderms



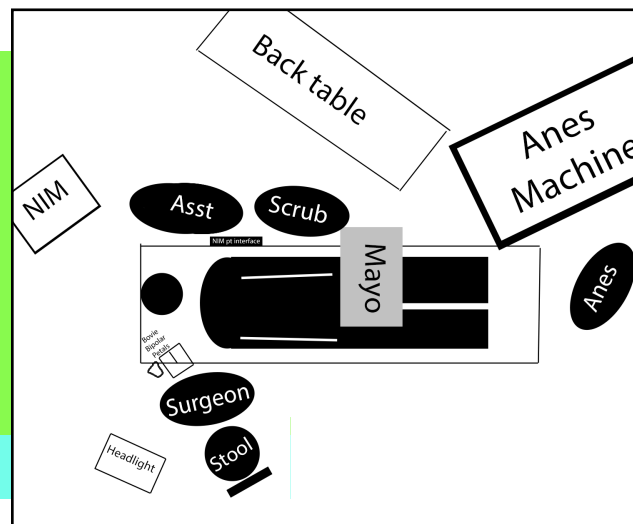
Instruments & Supplies

Size 8 Sensicare gloves for CDL

XL , XLNG surgical gown for CDL
 Pediatric tray
 Cummings (S shaped) retractors
 Bipolar cautery - bayonet forceps, guarded
 Harmonic Scalpel
 Bovie monopolar pencil and guarded flat blade tip
 Large "U" split drape
 Stapler
 #15 scalpel blades
 Tenotomy scissors
 Debakey x 2
 Double prong skin hooks, wide x 2
 Allis clamps x 2
 Andrews metal Yankauer suction tip
 Lone Star retractors x 4
 Right angle hemostat clamps x 2
 Kitners (1 pack)
 Saline for irrigation
 10 mL syringe
 2-0 silk on x-1 x 2
 3-0 Vicryl SH x 2
 4-0 Monocryl on PS-2 x 1
 5-0 Prolene, blue x 1, PS
 6-0 Prolene, blue x 1, PS (have in room unopened)
 JP drain reservoir x 1
 10 Fr slotted Blake channel drain on a trocar (have in room unopened) (070227)
 Wound dressings:
 Bacitracin
 Xeroform strip
 Telfa (JN pack)
 Tegaderms - 2 medium (4")

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
 No need for electrode endotracheal tube.



Setup for right parotidectomy;
 Mirror image for left parotidectomy

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, circuit along side of patient (not over chest)
Pre-op antibiotic within 60 minutes before incision
No paralysis during case
Decision for foley per anesthesia service; typical OR time 120-150 min.

From Induction to Start

Both arms tucked with padding
Doctor will place electrode leads.
Help set up 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 --->
Doctor will inject epinephrine prior to prep.
Doctor will place 1000 drape
Bair Hugger for lower body below xiphoid
Doctor will do the prep, including of the 1000 drape
Four towels (top edge folded over), staple down
Bovie set to 25 cut/25 coag
Suction tubing
Pump stool (surgeon will sit)
The nerve stimulator will need to be plugged in to the NIM patient interface after prep & drape
Reverse Trendelenburg about 20°



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

Surgeon might use Alloderm - ASK
Bacitracin, Xeroform strip, Telfa, Tegaderm for the incision.
Cut electrode leads and place them in sharps
Clean of prep and blood. Gently irrigate ear canal.

Emergence to Patient Exit