

# form “OR-U” Lansford Sinus Surgery/Septoplasty/ Turbinate Reduction (form “OR-U”)



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Form “OR-U”

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

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

1% lidocaine with 1:100,000 epinephrine

1 bottle of cocaine

1 bottle of oxymetazoline/Afrin

Bacitracin ointment- very small amount

Control syringe

25 gauge 2” hypodermic needle

2 small Tegaderms for eyes

Six 1/2” x 3” cottonoids (cut string off)

Bayonette Forceps

Kerlix

Sweetheart tongue retractor (or tongue blade)

Curved iris scissors

Large non sterile glove pair

## Instruments & Supplies

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

Size 8 Sensicare gloves (single pair)

XL gown for surgeon

Mupirocin cream (if doing septoplasty)  
Head ring/donut (gel preferred)  
Headlight  
Specimen sock for suction (if using microdebrider/ESS)  
ESS tray  
Cottle elevator  
Cartilage morselizer /crusher and mallet (if doing septoplasty)  
Swivel knife (if doing septoplasty)  
Osteotome (3 mm or 4 mm usually) and mallet (if doing septoplasty)  
Jansen Middleton double action slotted punch (if doing septoplasty)  
Suction monopolar cautery  
#7 knife handle (if doing turbinates)  
#15 scalpel blade (if doing turbinates)  
Left and Right turbinate endoscissors (if doing turbinates)  
Small Takahashi  
Boise elevator (“butter knife”) (if doing turbinates)  
Angled spoon curet (if doing sinuses)  
Angled Tru-cut Blakesley (if doing sinuses)  
Backbiter (if doing sinuses)  
Asepto  
Fred and Two sloppy wet Ray-Tec sponges on a folded towel to the right of the head  
60 mL syringe (available in room)  
Doyle splint (pair) (if doing septoplasty)  
4-0 Chromic P3 (if doing septoplasty)  
4-0 Plain Gut SC-1 (if doing septoplasty)  
3-0 Prolene (if doing septoplasty)  
2 suction tubings  
25 gauge spinal needle  
Towels  
Split sheet

## Equipment

Microdebrider (if doing ethmoids, maxillary, or sphenoid sinuses)  
4 mm serrated straight debrider tip  
Tracking type of microdebrider, if available (BroMenn)  
0 degree rigid sinus scope - start with this  
30 (or 25) degree rigid sinus scope  
70 degree rigid sinus scope (in room)  
(No need for trumpet valve.)  
Computer Navigation Set of suctions/probe  
Luken’s trap (available in room)  
Bovie set to 15 coag  
Image Guidance (if posted) by patient’s left shoulder-see diagram  
Video Tower by patient’s left shoulder (if doing turbs or ESS)- see diagram  
Avoid BIS if doing image guidance (surgeon needs forehead)  
RAE tube (preferred, not essential)

## Patient in Room to Induction

Antibiotics, if ordered.

No silver metallic hat on patient; non-metallic only.

Patient supine

Tape endotracheal tube securely at left side of mouth

SCDs functioning before induction

Tuck or papoose right arm- no arm board (left arm may be on arm board)

## From Induction to Start

Reverse Trendelenburg - about 20 degrees

No bed turning needed

Surgeon will apply cocaine and/or oxymetazoline topically, inject epinephrine 1:100,000

Reverse Trendelenburg about 20°, table up to elbows

3 towels over face (surgeon places)

Large Split drape/"U" drape (surgeon places)

Suction from microdebrider to sock

1L normal saline for microdebrider

Set up computer navigation/image guidance (if used)

Surgeon will square off the field using towels but no towel clips

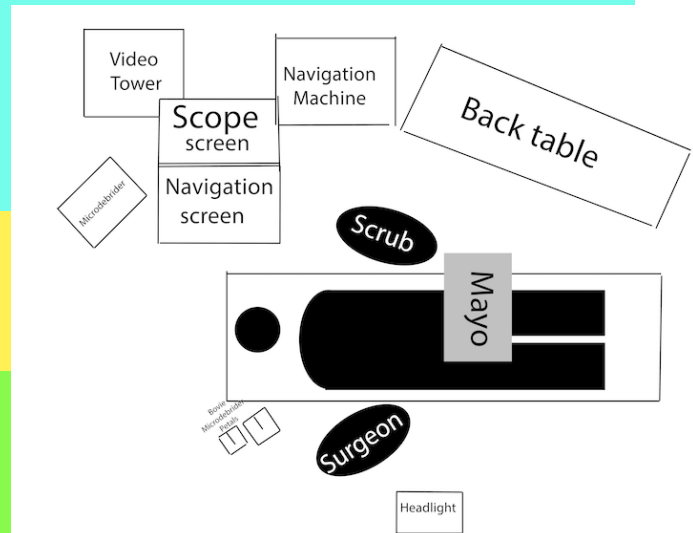
Bovie set up- 15 cut, 15 coag; Petal to surgeon's feet

Suction from Frasier tip directly to trap.

No need for Foley for routine case

Ground lead placement for Bovie (if doing turbinates)

No prep necessary (unless also performing rhinoplasty)



## Mid Operation

Music and background discussion quiet, please.

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

Spinal needle, syringe with local may be used for sinuses

Surgeon may irrigate saline through a curved suction tip using a 60 cc syringe or asepto

May collect pus in a Luken's trap

If pus is collected, send for Gram Stain, Aerobic/Anaerobic cx, KOH stain and fungal culture, AFB stain and culture. Indicate "speciate and perform sensitivities on all growth" on order.

Save septum bone and cartilage in saline to morselize and replace into septal space (if doing septoplasty)

Posi-Sept x 2 used for most sinus cases. Ask before opening. Inflates with local.

## Closing

Smear a small amount of mupirocin cream on flat surface of Doyles (if doing septum)  
Sock specimen probably will be called "sinonasal contents" sent for pathology

## Emergence to Patient Exit

Apply nasal drip pad (4x4 gauze under nose, taped to cheeks)  
May spray Afrin in nose if epistaxis occurs.

Thank you for reading this!