

form “OR-V”

Lansford

Septoplasty and/or Turbinate Reduction



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

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

Color code:

Surgeon
Anesthesia
Circulating Nurse
Scrub Tech
Surgical Assistant (Not necessary for this case)

Note to self: Circulator does:

Positioning
Table positioning
Medications
Special supplies
Prep
Bovie Settings
Dressings

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
27 gauge 1.5” 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 Septoplasty/Turbinate tray
“Plastic pack” and “Ortho Pack”

Size 8 Sensicare gloves (single pair)

XL gown for surgeon

Mupirocin cream (if doing septoplasty)

Head ring (gel preferred)

Headlight

Cartilage morselizer /crusher and mallet (if doing septum)

Osteotome (3 mm or 4 mm usually) and mallet (if doing septoplasty)

Cottle elevator

Swivel knife (if doing septoplasty)

Nasal speculums- start with smallest, move to longer and narrower

Jansen Middleton double action slotted punch (if doing septoplasty)

Suction monopolar cautery (if doing turbinates)

#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)

Fred and Two sloppy wet Ray-Tec sponges on a folded towel to the right of the head (if doing turbinates)

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

0 degree rigid sinus scope (if doing turbinates)

Head ring/donut (gel preferred)

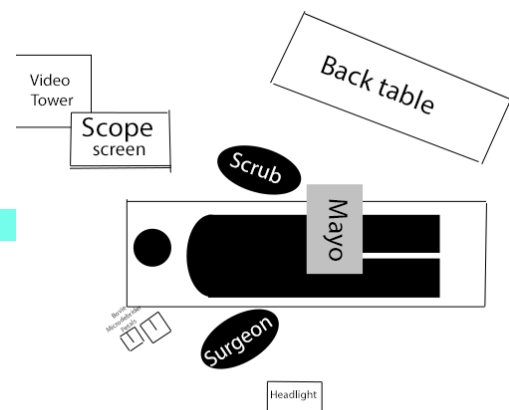
Bovie set to 15 coag

Video Tower by patient’s left shoulder (if doing turbs) -see diagram

RAE tube (preferred, not essential)

Patient in Room to Induction

Antibiotics, if ordered.



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°, table up to surgeon's elbows

No bed turning needed

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

3 towels over face (surgeon places)

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

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

No need for Foley for routine case

Ground lead placement for Bovie (if doing turbinates)

No prep necessary

Mid Operation

Music and background discussion quiet, please.

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

Save septum bone and cartilage in saline to morselize and replace into septal space

Closing

Smear a small amount of mupirocin cream on flat surface of Doyles (if doing septum)

Emergence to Patient Exit

Apply nasal drip pad (4x4 gauze under nose, taped to cheeks)

Thank you for reading this!