

Form “OR-X”

Lansford

Skin Excision and/or

Skin Flap and/or

Full Thickness Skin Graft



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

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

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
1% lidocaine with 1:100,000 epinephrine (or similar) in a 10 mL syringe and a 27 ga, 1.5” needle
Wet Betadine prep tray- but no scrub if prepping around the eyes (or chloraprep if allergic)
4x4” gauze (or similar)

Size 8 Sensicare gloves for CDL
XL , XLNG surgical gown for CDL
Plastic tray
Fine toothed Adson forceps
Tenotomy scissors
Double prong skin hooks, wide x 2
Frasier suction tip, size 8 or 10
Bipolar cautery - bipolar forceps, guarded
Bovie pencil and guarded flat blade tip
Large “U” split drape

Stapler
#15 scalpel blades
Saline for irrigation

Possibly (ask) 5-0 Vicryl SH x 2
Possibly (ask) 4-0 Monocryl on PS-2 x 1
Possibly (ask) 5-0 or 6-0 Prolene, blue x 1

Wound dressings:

Bacitracin ointment (but erythromycin ophthalmic ointment if near the eye)
Possibly (ask) Xeroform strip
Possibly (ask) Telfa
Possibly (ask) Tegaderms

Equipment

Headlight
Electrocautery (Bovie monopolar and bipolar)
Shoulder roll (gel preferred) - if surgical site is neck
Head ring/donut (gel preferred)
Pump chair without arms (SurgiStool II)
Stryker bed with adjustable angle head board at the top of the bed
Active patient warming (choice: Bair Hugger, fluid warmer)
SCDs
Pillow for under knees
OR Neptune
Extension ("pediatric") airway circuit tubing

Patient in Room to Induction

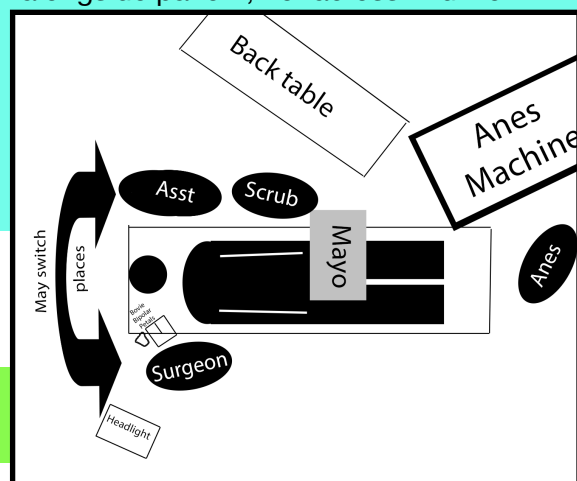
Will turn OR table 180 degrees
Adjustable head board at top of bed
Position patient at tippy top of bed
ETT taped to opposite side from surgical site; circuit alongside patient, not across midline
[*Alternate positioning for posterior neck or scalp site: prone patient, possible chest roll, no table turn]
Pre-op antibiotic within 60 minutes before incision
Usually no paralysis during case (ask)
Decision for foley per anesthesia service; typical OR time 60-90 min.

From Induction to Start

Arm on operative side(s) tucked with foam
10 mL of 1-2% lido with epi 1:100,000 (or similar) with 27 ga needle.

Doctor will inject local prior to prep.

Prep: Betadine paint only if working around the eyes; dab (don't wipe) to avoid erasing marker
Bovie set to 15 cut/15 coag



The surgeon will sit on operative side or at the head of the bed.

Suction tubing

Mid Operation

Music and background discussion quiet, please.

Specimen for pathology if performing excision- usually frozen section, but ASK

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

Keep a squared/folded Ray-tec on the field at all times

Closing

Ask about dressing

Staples off

Clean blood & prep solution

Emergence to Patient Exit