

2. Thoracic Surgery

The following set-ups are not complete, being merely designed as a guide in preparing the operating room for type procedures and merely indicate useful instruments.

All injuries not penetrating the thoracic cage, will be cared for by a basic dissecting set as in General Surgery.

Drainage of Pleural Cavit - (Empyema)

Dissecting set - small.
Sharp periosteal elevator
Dull periosteal elevator
Doyen rib stripper - right and left
Suction apparatus
Large rubber tubing - 4 feet 1/2" caliber (sterile)
Sterile under-water seal
Safety pins - sterile
10% formalin and swabs
Suture ligatures, 1/4 length 00 chromic
Medium, curved, round point needles
Ties - catgut 00 chromic
2 Luers - 5 or 10 c.c. - 18 gauge needles 2.
Local anesthesia set-up.

Abscess of the Lung

Set up as for empyema plus
Cautery - Electro or soldering irons
Narrow strip gauze packing
Local anesthesia

OPERATING ROOM EQUIPMENT CONTINUED

Open Thoracotomy.

Anesthesia - General - Positive pressure available.
Dissecting set - large
Long tissue forceps
Long hemostats.
Rib cutting forceps. Sharp & dull periosteal elevators.
Large rongeurs.
Doyens - right and left.
Rib spreader or Balfour retractor.
Large gauze packs - warm saline
Curved Dulox sutures
Lobectomy tourniquet (to be made).
Sutures - catgut 00 chromic
Heavy silk
Aspirating set
Pneumothorax gauge.
Suction apparatus
Novocaine available

Bronchoscopy

Dark room

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Bronchoscopy - 7X40

Laryngoscope - #16

Battery and cords

Long suction tip and suction apparatus.

Long sponge carriers with gauze attached.

Foreign body forceps grasping

Anesthesia:

Pontocaine, 2% and 1/2%

Cocaine, 5% or 10%

Atomizer

Cross action forceps - laryngeal

Small gauze squares

Head mirror and light

Laryngeal mirror

Luer - 5 or 10 c.c. with curved cannula tip

Sputum cup

Cardiac Operations

Large dissecting set

Rib instruments

Silk sutures

Suction apparatus.

Curved needles - fine and medium
sharp and round point

Although sandbags may be used, an adjustable brace fitted to the anterior surface of the trunk is desirable for maintaining the patient in the lateral position. Freedom of the upper shoulder is desired.

SUPPLEMENT TO PROCEDURES ON THORACIC SURGERY

1. The position on the operating table has to be individualized in most instances, but the following positions are commonly used.
 - a. The usual supine or dorsal recumbent, making use of an arm board or some convenient substitute.
 - b. Lateral position. In this position the patient is supported by, and preferably, a mechanical brace against the lower abdomen (thoracoplasty brace). Additional security is obtained by appropriate strapping. If necessary, sandbags may supplement this or replace the brace. The upper shoulder and arm is allowed to hang loose over the edge of the table.
 - c. Sitting position. This will be used in cases with profuse expectoration such as large lung abscesses or empyema with bronchopleural fistula. This minimizes the danger of drowning on the table and contralateral spreads.
Various degrees of Trendelenberg are used.
2. The preparation of the field is routine. Since the incisions are usually long and curved, the field is blocked off as a square by folded towels and an extra towel is so placed as to cover the concavity of the incision. Five or six towels are required. In addition to routine abdominal sheets, an extra half sheet is used to protect the shoulders and neck. Towel clips are desirable and for the convenience of the anesthetist a squared guard is used to protect the drapes at neck level.
3. Dressings. The gauze dressings ordinarily supplied will undoubtedly be entirely satisfactory. For clean closed wounds no special items are required. For draining wounds, such as empyema, fluffy washed gauze, supplemented by rather large absorbent pads, is very desirable. Elastic adhesive tape would be quite useful.