Cervical Dissectomy

Indication:	Cervical PID
Position:	Supine with head +/- turn to left side
	* (theatre setting similar to the brain surgery)
Anae:	Remifentanly x 2
	Plain ETT +/- reinforcement tube
	NS with plain set, SCD, Foley insertion
LA infiltration	✓ Adrenaline (1:10,000) 10ml /amp x 1
(Optional)	✓ 10 ml Normal Saline x 2 amp
	✓ 5mg/ml Chirocaine (0.5%) 10 ml/vial x 1
	3ml syringe x 1, 20ml luer lock syringe x 1, 21G needle x 1
	Skin marker, L sterile stripe
Instruments	N001, N004, N002b,
	106 or N105
	N301
	N501, N503, N504
	N806, N807. N809
Supple	Bipolar forceps (Aesculap)
Instruments:	Lamp handle x 2
Consumables	Plain gauze, mini raytec gauze
	self adhesive drape 75 x 75 (2pcs) + 50 x 50 (2pcs)
	Ioban 6640. Neuro split drape,
	Blade No.20, No.11 1@
	Bulb syringe x 1, 20ml syringe on blunt needle x 2 set
	Bone wax, Surgicel S x 1
	Pettis M, S 1@
	Mic drape, large OT towel
	Sterile X-ray cover x 2 (only for implantation if A-P X-ray view is need)
	G22 spinal needle (for checking position)
	Dental Roll (1 in 2) (for dissection)
	Insulated diathermy blade (short) or megadyne
	dissecting tool (9MH30)
Sutures	2/0 Vicryl (muscle closure)
	3/0 nylon (Skin closure)
Dressing	Steri-strip
	Cosmopore
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Operating procedures:

- 1 GA□ 2. Positioning□ 3. Skin preparation
- 2 Draping
 - 2.1 Plain gauze to cover the ETT one by one. Keep the not used plain gauze in a plastic bag. Countercheck with circulating nurse of the number of plain gauze underdrape.
 - 2.2 +/- Sterile X-ray cover x 2 to C-arm
 - 2.3 self adhesive drape x 4pcs
 - 2.4 Ioban 6640
 - 2.5 Large disposable drape \times 1 to foot end,
 - 2.6 Neuro split drape x 1 to head side
- 3 Incision
 - 3.1 Skin knife□ self-retaining retractor□ dissection
 - 3.2 Trimline retractor (N806)
- 4 Dissectomy
 - 4.1 Under microscope,
 - 4.2 Resect the prolapsed disc using: rongeur from N807

- 4.3 +/- instrumentation (e.g cage)
- 5
- Closing
 5.1 2-0 Vicryl for muscles
 5.2 3/0 nylon for Skin closure