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 (Optional)	✔ Adrenaline (1:10,000) 10ml /amp x 1 ✔ 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 Instruments:	Bipolar forceps (Aesculap) 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

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 x 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