

DR KOTLER O.R. PROTOCOLS

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TIPS REGARDING YOUR SURGERY DAY

1. When you speak with the anesthesiologist the night before your surgery day, be sure to **confirm your arrival time** and the **surgery center's address and phone number** with the doctor.
2. We are providing you with all of the surgery centers' "paperwork" prior to the surgery date. This is to expedite your preparation for surgery. Rather than have you spend a lot of time filling out the forms and possibly even delaying your medication to help you relax and prepare for surgery, we feel it is better to have all of the forms completed when you arrive at the surgery center.

Be certain to read all of the forms and be prepared to just sign your name and have your signature witnessed when you arrive. If you have any questions about any of the forms, highlight them or "tab" them so as to immediately discuss with the surgery center staff when you arrive.

3. **As soon as you have signed the forms, the surgery center staff will give you a Valium pill**, which will quickly help you relax. If you have had a prior poor experience with Valium, let the nurse know.

Shortly thereafter, you will be taken back to the changing area to change into a surgical gown and then be prepared for the surgery.

4. Dr. Kotler will see you, of course, and can answer any questions that you have. As needed, he will use a marking pen to plan the facial surgery. Nasal surgery patients will be given Afrin nasal spray to open the nasal passages.

5. Your nurse or anesthesiologist will start an intravenous and give you medication to further relax you prior to entering the operating room.
6. After surgery, you will wake up in the recovery room and spend about one hour there.
7. If you will be staying at the postoperative recovery hideaway, their staff will pick you up and whisk you to the hideaway in their limo.
8. If you will be recovering at home, at the home of a friend or relative, or hotel, whoever will be picking you up and caring for you will be told an approximate pickup time. They can either wait at the surgery center or leave and return at the appointed pickup time. It is best if the surgery center has their **cell phone number to contact them in case there is any delay.**
9. The surgery center staff will provide your "pickup driver" with detailed instructions/directions as to where to bring the car to pick you up.
10. Remember, we **need to have the telephone number of where you will be staying the night of surgery** so that Dr. Kotler can call you that evening to check on you and answer any questions.
11. Please call us, any time, if you have any questions.

Mary Jaku
Administrator

PROTOCOL FOR DR. KOTLER'S PATIENTS

1. Unless otherwise instructed, all patients to receive diazepam (generic Valium) 10mg tablet with a sip of water immediately after completing surgery center and anesthesia consents.

2. The following procedures require marking to be done in the recovery room:

Face and Neck Lift.

Neck Sculpturing.

Chin Augmentation.

Eyelids.

Chemical Peel.

Note: Nasal and otoplasty cases do not require pre-op "marking" and can be taken to the O.R. prior to R.K. arrival.

3. The intravenous may be started prior to marking and at the anesthesiologists' discretion. Light parenteral sedation may be administered – consistent with need for patient cooperation.
4. The RK kit with all pre and post-operative supplies used by R.K. should be in the recovery room at all times.

PROTOCOL FOR DR. KOTLER'S PATIENTS (IN POST-OP)

1. Check contents of our post-op kit; be certain all medications and supplies - as listed on outside of the bag - present.
2. If the patient is going to the recovery hideaway, be certain our office's form, "Routine Post-Op Orders for Hideaway" is completed and signed by Dr. Kotler.
3. Voiding before discharge is not a requirement.

PRE & POST-OP PROTOCOLS

PRE-OP

1. **Unless otherwise instructed, all patients to receive diazepam (generic Valium) 10mg tablet sublingual** immediately after completing surgery center and anesthesia consents. Confirm with anesthesiologist.

*** Nasal Patients only:** put 4 sprays of Afrin in each nostril

2. The following procedures require marking to be done in the recovery room:

Face and Neck Lift.
Neck Sculpturing.
Chin Augmentation.
Eyelids.
Chemical Peel.

Note: Nasal and otoplasty cases do not require pre-op "marking" and can be taken to the O.R. prior to R.K. arrival.

3. The intravenous may be started prior to marking and at the anesthesiologists' discretion. Light parenteral sedation may be administered – consistent with need for patient cooperation.
4. The RK kit with all pre- and post-operative supplies used by R.K. should be in the recovery room at all times.

POST-OP

1. Check contents of our post-op kit; be certain all medications and supplies - as listed on outside of the bag - present.
2. If the patient is going to the recovery hideaway, be certain our office's form, "Routine Post-Op Orders for Hideaway" is completed and signed by Dr. Kotler.
3. Voiding before discharge is not a requirement. If Foley was used, D/C.

Pre- and Post-operative Instructions for Cosmetic Nasal Surgery

Pre-operative

- ✓ Follow the general preoperative instruction sheet.
- ✓ Gentlemen are requested to trim the nasal hairs five days prior to the procedure.
- ✓ We will call in to your pharmacy (generic Bactroban®) antibiotic ointment. This is to be used only inside the nostrils. Squeeze approximately 1/2 inch of the ointment onto the cotton head of a Q-tip applicator. Transport all the ointment into the nostril until the point where the cotton tip has nearly disappeared within the nose. The aim is to deposit the ointment into the hair-bearing, first 1/2 inch of the nasal cavity. Rotate the cotton-tipped head 360 degrees to contact the lining skin and then remove the applicator tip. Then both nostrils should be closed by pinching together the sidewalls of the nostrils. Then release and repetitively close and release the nostrils for one minute. Use a massage-type motion when closed. The aim is to spread the ointment about the internal nostril lining.
- ✓ These antibiotic ointment applications should be done twice daily, morning and evening, for **five days** prior to the surgery date.

Postoperative

- ✓ We will see you in the office one or two days after surgery to remove the **Kotler Nasal Airway™** and small antibiotic-laden tampons, which have been placed into your nose. The right and left internal tampon are connected by a single colored string that you will notice sitting outside the nostrils. This string is not attached to the nose; rather, it merely connects the two nasal packs to prevent them from slipping further into the nose. When you come into the office, we will dribble liquid anesthetic inside your nose to shrink the lining and anesthetize. Removal of the airway and pack is prompt and not uncomfortable.
- ✓ The outside, plastic protective splint will be removed 4-6 days postoperatively.
- ✓ Contact the office, 8-5, M-F (310-278-8721), my home (818-990-4313), or my cell (310-927-5724) if you have:
 - Excessive pain, not controlled by the pain pills.
 - Temperature over 100 degrees orally.
 - Any injury to the nose.
 - Excessive bleeding, e.g., a small gauze pad soaked completely in five minutes or less, or you are coughing up bright red blood continuously.

Care After Nasal Pack Removal

After your nasal airway and your nasal packs are out, we wish to accelerate healing. To reduce swelling inside the nose, and therefore improve your breathing, use the same decongestant (generic Afrin) referred to above for five days after the packs are removed. Here are instructions for its use:

- ✓ Into each nostril, deliver five sprays, sniffing in while spray delivered; wait five minutes; repeat.
- ✓ This medication lasts approximately 8-12 hours; therefore, you can plan on "re-spraying" every 8-12 hours for the next five days. Therefore, the rule is: "Five sprays, wait five minutes, five sprays again, for five days."

We have also included samples of a nasal saline (salt water) product, which can be used as often as necessary to moisturize the nose and make it feel more comfortable. After surgery, the nose tends to be more dry than usual and, therefore, humidification is an important part of the postoperative care. Dryness is the enemy of internal nasal healing.

Reminders

- ✓ Most significant swelling is gone by 10 days. The nose "looks better and better" as time goes on.
- ✓ For five weeks after surgery, avoid glasses resting on the bridge of your nose. We will teach you how to suspend glasses to your forehead.
- ✓ Contact lenses can be worn 1-2 days after surgery.
- ✓ Some bruising is expected, but is usually gone by 7-10 days. This is easily concealed with makeup.
- ✓ Avoid exposing the unprotected nose to the sun for six weeks. Use zinc oxide or Nose Kote or sunscreen.
- ✓ Hair can be washed at any time, but try to keep the plastic shield dry. The shield is removed from somewhere between 4-6 days after surgery.
- ✓ Fresh papaya and pineapple have great healing powers! They are both delicious to eat and will assist in diminishing your bruising.
- ✓ Frozen peas or corn or crushed ice in sturdy Ziploc bags are great to reduce swelling and bruising; one pair can be kept in the freezer while the other is in use. This should be done for the first 24 hours.
- ✓ *For a sore throat, drink STRONG black ice tea, this can be decaf Lipton's or earl grey.
- ✓ Buy Arnica Montana 30X. Take as directed. **START 2 DAYS BEFORE SURGERY**
Take 3 pellets 3X a day
If constipated please get some peri- colace

Pre- and Post-operative Instructions for Functional Nasal Surgery, with or Without Cosmetic Nasal Surgery

Pre-operative

- ✓ Follow the general preoperative instruction sheet.
- ✓ Gentlemen are requested to trim the nasal hairs **five days prior** to the procedure.
- ✓ We will call in to your pharmacy mupirocin (generic Bactroban®) antibiotic ointment. This is to be used only inside the nostrils. Squeeze approximately 1/2 inch of the alignment onto the cotton head of a Q-tip applicator. Transport all the ointment into the nostril until the point where the cotton tip has nearly disappeared within the nose. The aim is to deposit the ointment into the hair-bearing, first 1/2 inch of the nasal cavity. Rotate the cotton-tipped head 360 degrees to contact the lining skin and then remove the applicator tip. Then both nostrils should be closed by pinching together the sidewalls of the nostrils. Then release and repetitively close and release the nostrils for one minute. Use a massage-type motion when closed. The aim is to spread the ointment about the internal nostril lining.
- ✓ These antibiotic ointment applications should be done twice daily, morning and evening, for five days prior to the surgery date. **Start five days prior to surgery**

Post-operative Office Visit

- ✓ We will see you in the office 4-6 days after surgery to remove the **KOTLER NASAL AIRWAY™** and small antibiotic-laden tampons, which have been placed into your nose. The right and left internal tampon are connected by a single strand of colored string sitting outside the nostrils. This stitch is not attached to the nose; rather, it merely connects the two nasal packs to prevent them from slipping further into the nose. When you come into the office, we will dribble liquid anesthetic inside your nose to shrink the lining and anesthetize it; airway and pack slide out easily.
- ✓ The outside, plastic protective splint will also be removed 4-6 days postoperatively.

Care after Nasal Pack and Airway Removal

After your airway and nasal packs are out, we wish to accelerate healing. To reduce swelling inside the nose, and therefore improve your breathing, use the nasal decongestant (generic Afrin) for five days after the packs are removed. Here are instructions for its use:

- ✓ Into each nostril, deliver five sprays, sniffing in while spray delivered; wait five minutes; repeat the five sprays.
- ✓ This medication lasts approximately 8-12 hours; therefore, you can plan on "re-spraying" every 8-12 hours for the next five days. Therefore, the rule is: "Five sprays, wait five minutes, five sprays again, for five days."

We have also included samples of a nasal saline (salt water) product, which can be used as often as necessary to moisturize the nose and make it feel more comfortable. After surgery, the nose tends to be more dry than usual and, therefore, humidification is an important part of the postoperative care. Dryness is the enemy of internal nasal healing. Shower-steaming is a great way to loosen thick mucus.

Reminders

(Please see other side)

- ✓ Most significant swelling is gone by 10 days. The nose "looks better and better" as time goes on.
- ✓ For five weeks after surgery, avoid glasses resting on the bridge of your nose. We will teach you how to suspend glasses to your forehead.
- ✓ Contact lenses can be worn 1-2 days after surgery.
- ✓ Some bruising is expected, but is usually gone by 7-10 days. This is easily concealed with makeup.
- ✓ Avoid exposing the unprotected nose to the sun for six weeks. Use zinc oxide or Nose Kote or sunscreen.
- ✓ Hair can be washed at any time, but try to keep the plastic shield dry. . Fresh papaya and pineapple have great healing powers! They are both delicious to eat and will assist in diminishing your bruising.

Some Things to Remember

- ✓ Frozen peas or corn or crushed ice in sturdy Ziploc bags are great to reduce swelling and bruising; one pair can be kept in the freezer while the other is in use. This should be done for the first 24 hours.
- ✓ Do not blow nose for 10 days after surgery. If you have to sneeze, please do so with your mouth open.
- ✓ While the nasal packing and **KOTLER NASAL AIRWAY™** are in place, you can clean the crusts and remove the mucus around the Airway with Q-tips soaked in peroxide. Then dry and apply the mupirocin antibiotic ointment to keep the rims of the nostril soft and to keep crusts from reforming.
- ✓ No strenuous exercise for 10 days after surgery, e.g., running, aerobics, lifting. Sorry, but no sex for the same 10 days. Walking is perfect. You can expect a blood-tinged drainage from the nose for several days; it is normal. Likewise, the nose will be "stuffy" for the first two weeks after surgery.
- ✓ Narcotic pain meds pre-dispose to constipation. So, less is better. Fruit, lots of liquids, and walking (perfect exercise for any time) will help prevent this.
- ✓ For a sore throat, drink **STRONG** black ice tea, this can be **decaf Lipton's or Earl grey**.
- ✓ Buy Arnica Montana 30X. Take as directed. **START 2 DAYS BEFORE SURGERY**
Take 3 pellets 3X a day

Contact the office, 8-5, M-F (310-278-8721), my home (818-990-4313), or my cell (310-927-5724) if you have:

- Excessive pain, not controlled by the pain pills.
- Temperature over 100 degrees orally.
- Any injury to the nose.
- Excessive bleeding, e.g., a small gauze pad soaked completely in five minutes or less, or you are coughing up bright red blood continuously.

If constipated please get some peri- colace

O.R. GUIDELINES FOR ROBERT KOTLER CASES

For Anesthesiologists and Circulating RNs

Note: All patients, except those undergoing chemical peel, are to receive 1 gram of Ancef or another antibiotic equivalent and 10 mg of Decadron parenterally prior to commencement of surgery.

Nasal Surgery

1. **Position:** Supine, slightly toward the right edge of operating table (so RK does not have to break his back leaning over). Cephalic enough so that head can be extended by dropping O.R. table headrest. O.R. Table: slight reverse Trendelenburg.
2. **Intubation:** LMA or endotracheal (Ray or armored tube preferred): Tube caudally away from nose, upper lid, and cheek so as not to distort anatomy. May be taped to chin.
3. **Local Anesthesia:** Lidocaine 1% with epinephrine 1:100,000 end concentration. (Formula: Add 1/2 cc epinephrine (1:1,000) to 50 cc of lidocaine plain).
Nose is packed with neurosurgical cottonoids soaked with same local anesthetic.
Approximately 10 cc will be used. Surgeon blocks before prep.
4. Eyes taped 1" clear tape

Upper Blepharoplasty/Lower Blepharoplasty/ Brow Pexy

1. **Position:** Supine. O.R. Table: slight reverse Trendelenburg.
2. **Endotracheal tube or LMA:** Caudal position. Local with IV Sedation O.K.. pending anesthesiologist and patient selection.
3. **Local Anesthesia:** End concentration: lidocaine 2% with epinephrine 1:50,000 + hyaluronidase. ("wydase") 5 cc
Approximately 5 cc total for both upper and lowers. Surgeon blocks before prep.
4. If upper and lowers are done, upper lids will be done first; lower lids will be blocked prior to beginning suturing of upper lids.
5. **No ointment into eyes.**

O.R. GUIDELINES FOR ROBERT KOTLER CASES

For Anesthesiologists and Circulating RNs

Neck Sculpting

1. **Position:** Supine with head amenable to hyperextension by lowering the headrest; patient should be cephalic on table. O.R. Table: slight reverse Trendelenburg.
2. **Tube:** (intubation preferred) is taped cephalically midline, secured to forehead and under head drape.
3. **Block Anesthesia:** **Lidocaine 0.5% with epinephrine 1:200,000.** Approximately 25-30 cc will be used. Surgeon blocks before prep.
4. Eyes taped; 1" clear plastic tape, horizontal .

Chin Implant

1. **Position:** Supine with head amenable to hyperextension by lowering the headrest; patient should be cephalic on table. O.R. Table: slight reverse Trendelenburg.
2. **Tube position:** same as submentoplasty. Can use LMA if nose is not being done. I. V. sedation an option; discuss with surgeon.
3. **Block Anesthesia:** **1% lidocaine with epinephrine 1:100,000** (see "Nasal Surgery", above). Surgeon blocks before prep.
4. Eyes taped.

Face and Neck Lift

1. **Position:** Supine with head amenable to hyperextension by lowering the headrest; patient should be cephalic on table. O.R. Table: slight reverse Trendelenburg.
2. **Tube position:** Cephalic at midline and secured to forehead and under a head drape. Endotracheal intubation preferred.
3. **Block Anesthesia:** **lidocaine ½% with epinephrine 1:200,000.** Injection is done sequentially; first neck is done approximately 25-30 cc. Left cheek is then infiltrated with approximately 50 cc just prior to beginning neck procedure (30-40 minutes later) and, finally, the right cheek is injected with approximately 50 cc before beginning closure of left side (1-1.5 hours later).
4. **Eyes taped.**

O.R. GUIDELINES FOR ROBERT KOTLER CASES

For Anesthesiologists and Circulating RNs

Chemical Skin Peel

1. **Position:** Supine
2. **General Anesthesia:** small diameter endotracheal intubation or small diameter LMA.
Tube cannot be taped to face.
3. No block anesthetic performed. Patient must be kept deep enough to avoid movement and also tearing about the eyes during critical application of chemicals. This procedure has the potential for the development of ventricular arrhythmias, and this is usually related to inadequate depth of anesthesia, hypoxia, hypercarbia.
4. **No ointment into eyes.**

CHECKLIST FOR RECOVERY ROOM NURSES

PROCEDURE - SPECIAL CRITERIA:

1) **NASAL SURGERY -**

Excess anterior nasal bleeding?

Bleeding into pharynx?

Excess facial swelling?

Nausea/Vomiting?

2) **EYES -**

Abnormal swelling/bruising/wound bleeding?

Pupils equal and reactive?

Extraocular movements intact?

Exophthalmos, chemosis?

Nausea/Vomiting?

3) **FACE AND NECK LIFT -**

Unilateral or bilateral abnormal swelling?

Unilateral or bilateral abnormal pain?

Drains functioning?

Drains palpable under skin?

Dressing too tight?

Bleeding from incisions?

Airway obstruction?

Nausea/vomiting?

4) **CHEMICAL PEEL -**

Airway obstruction?

Abnormal pain?

Dressing (s) attached?

Dressing edges "sealed"?

5) **OTOPLASTY -**

Dressing too tight?

Dressing secure?

Abnormal blood staining of dressing?

Abnormal facial swelling?

Abnormal pain?

6) **SUBMENTOPLASTY -**

Drain functioning properly?

Excess bleeding from incision?

Unusual/asymmetrical swelling or bruising?

Extra Vacutainers supplied?

7) **CHIN IMPLANT -**

Obvious asymmetry?

Unusual swelling, bruising?

8) **FOREHEAD LIFT -**

Unusual swelling or bruising?

Unusual swelling or bruising about eyes?

Bleeding from incision?

Unusual severe pain?

Ocular symptoms (See "Eyes")?

BLEPHAROPLASTY, WITH OR WITHOUT BROW PEXY.

Dr. Kotler

Position: Supine, head on donut, arms padded and tucked. O.R. Table: slight reverse Trendelenburg.

Intubation per anesthesiologist: Endotracheal tube/LMA: Caudal position. No

ointment in eyes.

Local: Injected prior to prep. **LIDOCAINE 2% WITH EPINEPHRINE 1:50,000, END CONCENTRATION & HYALURONIDASE.** How to prepare:

1. A single **50 cc bottle of lidocaine 2% plain.**
2. Add **one ampule (1 cc) epinephrine 1:1,000.**
3. Add **5 cc (150 units) hyaluronidase** to the 50 cc of local. (Wydas)
4. Confirm above with anesthesiologist.

5 cc syringe.

½" 30 gauge needle

5 cc total for both upper and lowers

For quadrilateral blepharoplasty, upper lids will be done first with lower lids blocked prior to suturing of upper lids. Jaeger plate on local tray for lower only blepharoplasty.

Prep: Hibiclens 4% solution. Sterile 4x4's and gloves

Drapes: Basic pack:

Towels 1 pack

Gowns x2. (1 cool zone gowns for Doctor)

Gloves, Dr. Kotler (size 7)

Instruments and Equipment:

Blepharoplasty tray

Light handles

Basin x 2 (1 for peroxide, 1 with saline)

Magnetic pad

Needle tip for cautery

Q-tips (short)

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Corneal protectors

Nu gauze packing strip 1" (6-8") long/sterile 3 x3's in local Sal.

#15 Blade (Persona quarded) x1

Bovie

Sutures:

Retention suture 4/0 nylon (FS-1) #1629H: Ethicon x2 (lower only)

6-0 Fast-absorbing plain gut, PC-1 needle #1916G: Ethicon x1 (lower only)

6-0 Prolene PC-1 8617G x2 (upper only)

Have fine marking pen available – open only upon request.

Eye pattern (should be in Bleph tray)

Dressing:

Upper eyelids only: Clean incision with peroxide then apply Nu Gauze with remaining local.

HAVE PHOTOS UP ON WALL.

CHEMICAL PEEL

Dr. Kotler

Hair: Away from area: Rubber bands or tape (after tube in)

Position: Supine: No headrest

Anesthesia: General: secure ET tube with dental floss: No tape. No ointment in eyes

Prep: On small tray: one bottle Aeroprep solution. Several (1" thick) stack of "soft" 4x4's & Q-tips: Dr. Kotler will degrease

Peel procedure supplies on prep tray for Dr. Kotler to mix solution: Set-up on Mayo

Phenol	Croton oil
Septisol	1 medicine cup of water
2 empty plastic medicine cups	1 empty glass medicine cup
3 cc syringe with 18 needle	2 medicine droppers

Set-up: on separate Mayo or prep tray

1 package short Q-tips

On the back table:

Tapes cut into diff. Sizes – (pink and waterproof tape) 1" & ½" each.

Rubber cement

Salonpas tape

Assist doctor as needed/cut tapes per Dr. Kotler

Dressing Removal (48 hours post peel)

Bacitracin ointment

Sterile clamp

4x4's

Qtips; Sterile saline in basin

Balanced salt solution; gloves size 7

HAVE PHOTO PUT UP.

A photograph of a sterile surgical tray, likely for a dental procedure. The tray is covered with a blue sterile drape. On the tray, there are several items: a pair of long-handled forceps, a pair of shorter forceps, a syringe with a needle, a clear glass with a red band, a clear plastic cup, a bottle of disinfectant (labeled 'Disinfectant'), a bottle of saline (labeled 'Saline'), and a small white container. The tray is placed on a white surface, and a chair is visible in the background.



MASK REMOVAL SET UP



CHIN AUGMENTATION

Dr. Kotler

Position: Supine, head on donut; right arm padded and tucked; left arm padded on armboard. O.R. Table: slight reverse Trendelenburg.

Drapes: gowns x 2 (1 "Cool Zone" gown for Dr.)
Basic pack
Towels x1
Gloves size 7 x2

Local: On separate Mayo stand **Lidocaine 1 % with epinephrine 1:100,000** (add 1/2 cc of Epi 1:1,000 to 50 cc of lidocaine 1 %)
10 cc Control syringe
25 1 1/2 g hyponneedle
4x4's
clean gloves

Eyes: no ointment in eye & tape eyes

Skin Prep: Hibiclens 4% solution. (injects local before prep)

Instruments/Equipment:

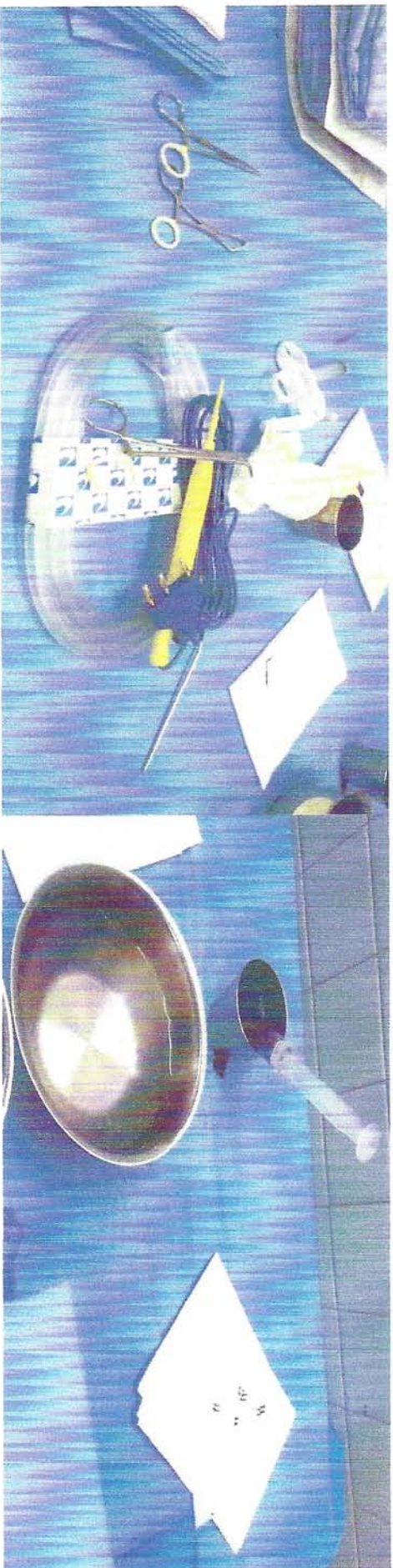
Sutures:

Headlight	5/0 Prolene, FS 2 or CE-4, 8686 G, Ethicon
Chin Aug. Set.	4/0 Vicryl PS 2 # J496 or 4/0 monocryl ps-1 x1
Chin set (peel pack) with nasal surgery only	
Med Cup x1	5/0 Chromic PS 2 x1
Basin set (1E Saline re Peroxide)	possible use of Histoacryl to close surface
Bovie handpiece; needle tip	instead of
25g 1 1/2" hypo-needle, Control syringe 10 cc	
suction tubing	
needle mat	Bovie 15/15 Blend 3
magnetic pad	
2x2s	
3x3s	
Betadine solutions to soak implant & 10 cc Syringe x1 (10 cc Syringe Peroxide x1)	
Peroxide	
#15 blade (Persona guarded) x1	
10 cc Syringe x2	

Dressing: Telfa & Mastisol

Have photos up on wall

Chin Setup and Prep



OTOPLASTY

Dr. Kotler

Position: Supine, head on doughnut, arms on armboards. O.R. Table: slight reverse Trendelenburg.

Drapes: head drape

Basic pack
Gowns x 2 (1 "Cool Zone" for doctor)
Towels x1 package
Glove size 7

Eyes: no ointment & tape eyes

Skin prep: Hibiclens 4% solution. Be sure to use Q-tips inside grooves and recesses of ear. Pack ear canal with chlorhexidine-soaked earplugs.

Local: Put on small mayo tray; injects prior to prep
50cc with 1/2 cc epi 1:1000. **End concentration is lidocaine 1% & epi 100,000.**
(See Nasal Surgery for formulation).

10cc control syringe
25 1 1/2 - g hypo needle
unsterile gloves
marking pen
4x4s

Instruments/Equipment:

Bleph tray	Penrose drain 1/4" x2
#15 blades x2	Cotton balls
Control syringe	Hydrogen peroxide (back table)
25g 1 1/2 - g- hypo needle	2" tape (to wrap around head)
4x4s	Saline
Marking pen – regular	Eye Pads x2
Bovie needle tip	
Instrument magnetic pad	[Penrose drain, cotton balls, eye pads (4x4) in peel bag]
Basin set 1 for Phiocide & 1 Saline	

Dressing: Bacitracin ointment

King 6"
Telfa 4" x 6" x 2
4x
4x4s x6
Rubberized 4" tape

Sutures: 5-0 Monocryl x2

5-0 Mild Chronic C-13 X2 x2
4-0 Mersilene FS 2 x2
4-0 Ethilon FS 2 or whatever is available x2

Have photo up on wall

RHINOPLASTY and/or SEPTOPLASTY/ TURBINATE RESECTION

Dr. Kotler

Position: Supine: head on doughnut, arms padded and tucked. O.R. Table: slight reverse Trendelenburg.

Headlight used

Drapes: Gowns x 2 (1 cool zone gown for doctor)

Basic Pack; Towels 1 pack

Eyes: no ointment & tape eyes **Eyes taped shut**, by anesthesiologist, with 1" Transpore tape

Gloves: Size 7

Local: **Lidocaine 1% with epinephrine 1:100,000 end concentration.**
(Add 1/2 cc epinephrine 1:1000 to 50 cc 1% lidocaine plain)

10 cc control syringe; 25 g 1 1/2" needle x 2; 1 pair procedure gloves

On prep tray: 4 cottonoid (1" x 3" on prep tray) with tails cut off

Bayonet forceps

Nasal speculum

Small scissors

4x4 (5)

1 medicine cup on prep tray

Q-Tips 3" x 10

Skin Prep: (Inject prior to prep)

Hibiclens 4% solution, procedure gloves

Instruments/equipment:

Kotler nasal instrument tray

#15 blade (Ionfusion) x3

25 g, 1 1/2 needle

Sutures:

3-0 chromic PS2x2 rhino X 2
3/0 Ethicon for Telfa packing only

5/0 chromic x1 c Rhi
5/0 chromic x2 c Septo

4/0 nylon

10 cc control syringe

Cottonoids (with tails cut off) 1" x 3" in lineal Sal.

Q-tips 3"

4 x 4's (2 boxes) NN Gauze

Small basin set x 2 – 1 for H2O2; 1 for saline

Suction tubing

Small Telfa x 2 cut taco shaped: cover with Achromycin ointment (for packing)

Bovie setting 20/ blend 1 for Turb & Weir

Special requests:

Turban drape

Turn OR table counterclockwise

Set up prep set on small rolling Mayo table (fold each piece in thirds)

2" x 4" Static Gauge x2

HAVE PHOTO PUT UP.

Dressing:

2 x 2's x 2

4 x 4 x 2

Mastisol

Splint Byron

Clear plastic

1 exam glove

Small Telfa in ice water (use empty gauze sponge container 4 x4)

Microwave water to boiling (for heating splint, in ceramic mug)

Tapes (doctor will adjust to patient size): cut and place on edge of table

1" porous cloth tape

1" Transpore clear tape

½" Transpore clear tape

Splint may need to be sized (cut) for patient prior to immersing in hot water have large black handle scissors available. REFNS 11.1 – 5 Hard Splint (Byron)

1 pair small scissors (rectangular bandage size) for tape.

Clear plastic Telfa pattern (pre-cut in envelope with nasal dressing supplies)

Afrin nasal spray

Packing:

2 small Telfa cut like taco suture 3/0 Ethibond (SH)

Put Tetracycline in bath

For turb only

Will need topical hemostatic dressing x2 fold in thirds

Also put Tetracyclinonit on these

Dr. Kotler's Nasal Airway

Weirs or Nasal Narrowing

Bowie & Needle Tip

5/0 Vicryle P3 x1

6/0 Prolene P3 x2

5/0 Chromic P3 x1

Marking Pen

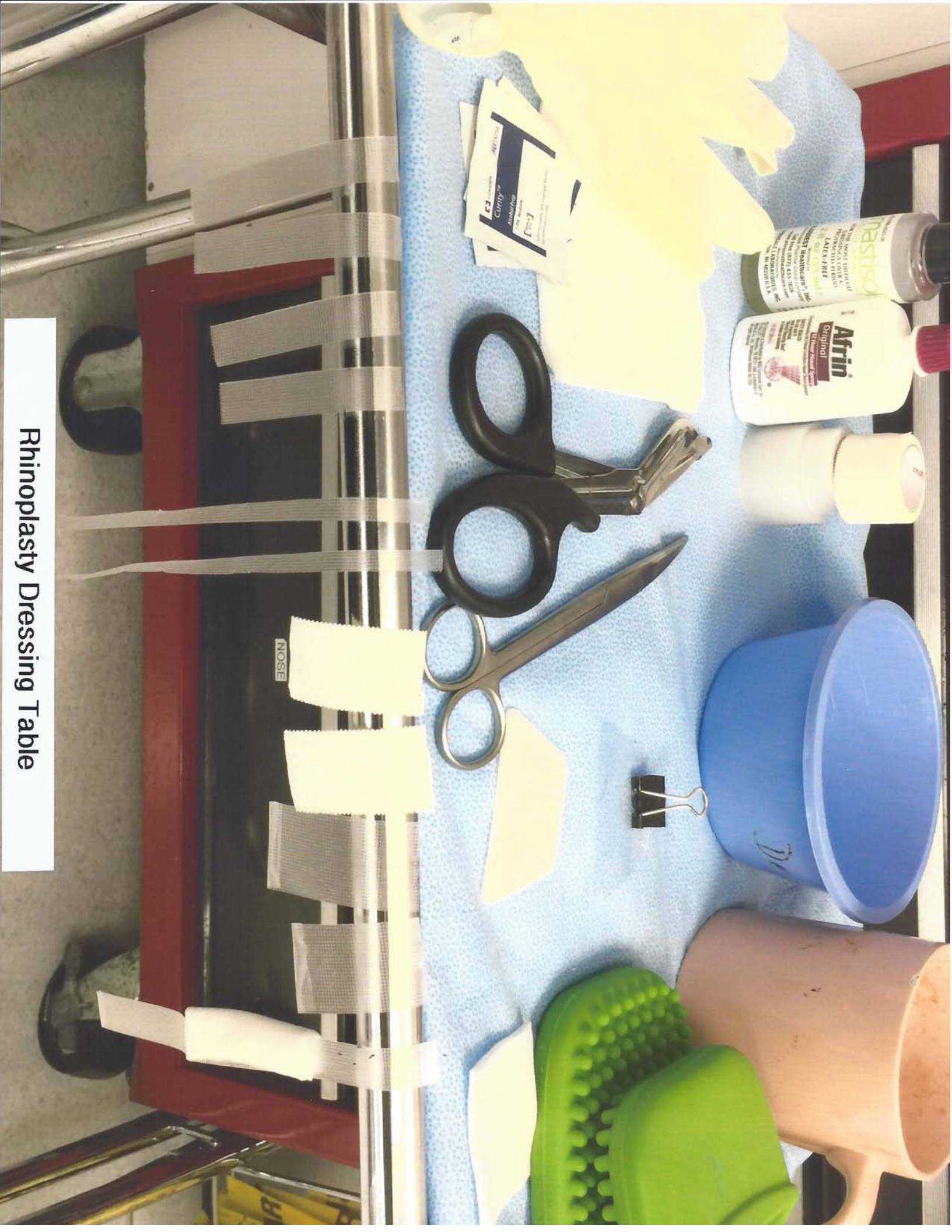
Reverse Trendelenburg. Head Support Dropped



Doughnut Head Pillow



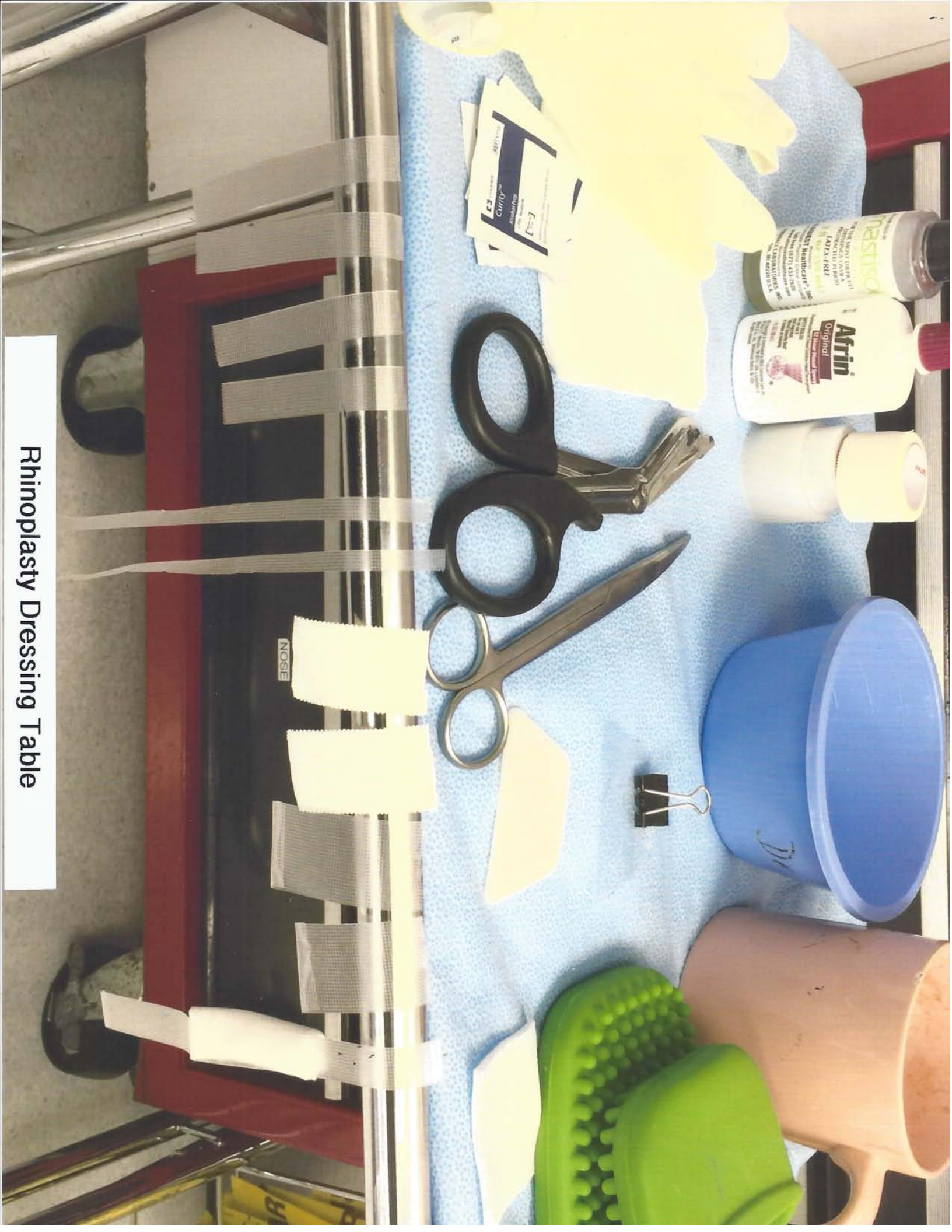




Rhinoplasty Dressing Table

RHINO SETUP AND NASAL LOCAL AND PREP





Rhinoplasty Dressing Table

**RHYTIDECTOMY OR SUBMENTOPLASTY /NECK SCULPTURE/ EXTENDED
NECK SCULPTURE**

Dr. Kotler

Position: Supine: No donut; head amenable to hyperextension e.g. lower headrest.

Intubation:

Per anesthesiologists: With tube secured to forehead and under head drape.

(IV – left arm)

Eyes taped no ointment

Hair care:

Separate Dr. Kotler's markings on scalp using rubber bands or tape:

Tape back hair before prep.

Local:

LIDOCAINE ½% WITH EPINEPHRINE 1:200,000, END CONCENTRATION

200 cc maximum volume for any case.

How to prepare:

1. Four 50 cc bottles of lidocaine plain, 1/2 %; total 200cc
2. To the 200 cc of local add 1 cc of epinephrine 1:1,000.
3. When complete, review with the anesthesiologist.

On small tray: nonsterile gloves, 4x4's x2, 10 cc control syringe with 22 spinal gauge " needle.
20-30 cc injected submental prior to prep. This solution taken from the 200cc local on back table.

Prep:

Hibiclens

Sterile 4x4's and gloves.

Prep to clavicle, include back of neck with attention behind ears. Prep exposed tubing (inform anesthesiologist before doing). Drop ear plugs in solution.

Photo on wall

Drape:

Basic pack, 2 packages towels, 3 gowns, 2 cool zone gown for doctor, gloves. 7 x2

Make head drape with $\frac{3}{4}$ sheet and 2 towels.

Instruments and Equipment;

Fiberoptic face retractor and cord.

Fiberoptic light source

Bovie cord and needle tip

Magnetic mat

2 medium basins (Saline & Peroxide)

Regular suction tubing

Liposuction machine with canisters (check function pre-op)

22 g spinal needle x3

1 x 60 cc syringe (Peroxide only)

25 g 1 1/2 needle x5

18 G needle x2

3 cc syringe x3

10 cc control syringe x 2

1 cc syringe x2

7 FR Blake (Round, full perforation) x2 if F/L (1 if neck), 1 bulb round (Don't use if using glue)

Q-tips x2

Marking pen

3x3's, 2x2's

Medium basin for peroxide on back table (mark basin contents).

Asepto syringe (not bulb) for saline only

*In a large back table basin put 400 cc saline, add 1 amp (1mg) epinephrine; use to wet 3x3 sponges, hemostasis. Mark basin for contents.

Sutures:

#8686G	5-0 Prolene	FS-2 (CE-4))	x 5	Ethicon (x1 face/neck only)
#3634	5-0 Mild chromic	C-3	x2	Davis & Geck (face/neck only) x1
#J493H	5-0 Vicryl	P3	x 2	Ethicon (face)
25R	Staples	1		(face)
4459-51	2/0 Novafil	T-19	x 1	Davis & Geck (face/neck only)
#8665-G	3/0 Prolene	F6-2	x 1	Ethicon (face)

Dressing: Face & Neck

3 Telfa 3x8 size (open 1 package; have this available) (1 sm & 1 lg)

bacitracin, antibiotic ointment for suture line

Kerlix 4" wrap x1

Tape 1" clear

Mastisol, large safety pin (2x face, 1x neck only)

Rubber Tape

Dressing: Submentoplasty

1 Telfa, 3 x 8 (& 1 sm)

Tape 1" clear

Mastisol, large safety pin

PRP for face & neck only

3cc Syringe x 3

10cc Syringe x 1

1cc Syringe x 2

Calcium gluconate & calcium Chloride

Spin blood for 8 min.

0.1cc of Calcium gluconate & calcium Chloride for each 1cc of plasms

Mix for 2 min before use

1cc platisma

2 ½ cc each side of face

2 ½ cc each side of neck

ENDO TUBE STABILIZATION



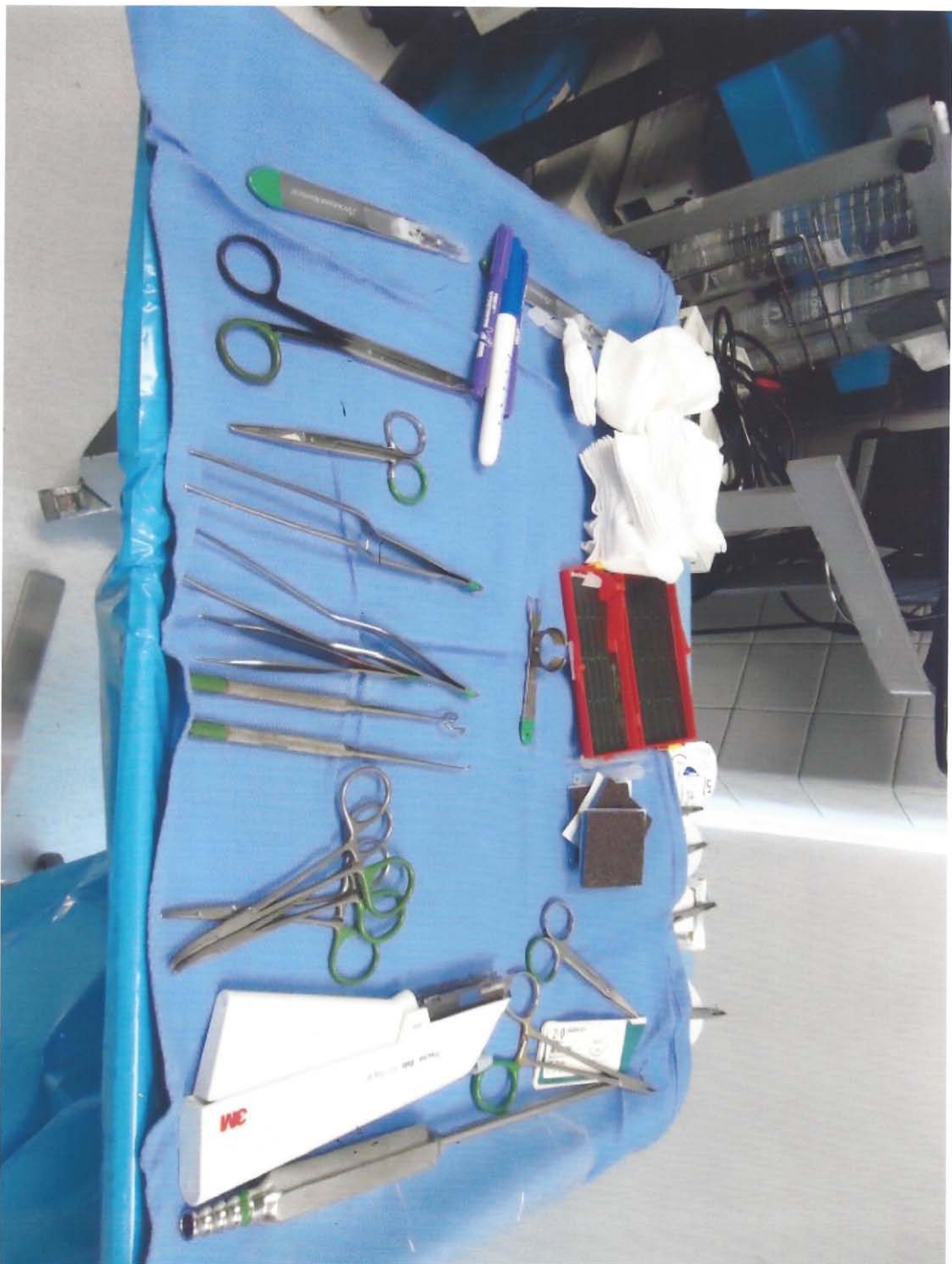
ENDO TUBE PRIOR TO CEPHALIC STABILIZATION



FACELIFT LOCAL AND PREP TABLE



FACELIFT MAYO STAND



FACELIFT DRESSING



FACELIFT DRESSING AFTER SURGERY





Miller-Spence
Nel W. 177

NONFLUOR
FREON SKIN PREP

DESCRIPTION OF USE

- Provides secure surgical prep
- Cleans the skin prior to surgery
- Allows for better adhesion of dressings
- A safe nonfluorinated compound
- Not absorbed by skin and is rapidly eliminated

PRECAUTIONS: Use sparingly. Do not use on open wounds or irritated skin. Dry the skin if any water remains.

1. Use no more than a 1/4 inch concentration.

2. Use only in a well-ventilated area.

3. Minimize inhalation of vapor or near face exposure.

4. In event of accidental exposure, wash with soap and water.

5. Does not possess known carcinogenic properties.

Keep in closed container. Do not use if expired.

Freon is Du Pont's registered trademark.

Sharpie

Low Ink to Dry for 3 minutes
or External Use Only

Marker



