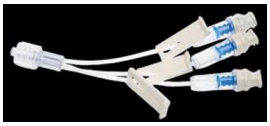
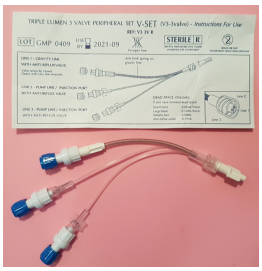
Theatre Setups - Radical Prostatectomy - For Anaesthetic Nurses <u>ONLY</u>

Call patient 30min prior to start e.g. 13.00 for 13.30 start

QuickRef:
- GA with ETT and Arterial Line Standard - **rarely** will add CL & Spinal
- Process: Into Patient Bay - IVC - Art - Then Inside - Induction - ABG start/end - Surgery - PCA - HDU

General:
- Check G&H current : Baseline Hb
- Check if HDU bed booked : common
- Table that can break for positioning / Fluid Bag under Pelvis / Wedge for Head
- Two Armboards (rarely tuck if surgeon preference)
- THREE towels - one towel for each arm / one bunny rug over head
- BIS or Entropy / Bear Hugger / Temp Monitor / Fluid Warmer





Airway:
- ETT 8.0 (have 7/7.5 available)
- C-Mac available
- Brown Tape to tie ETT in situ
- Green Gauze to make bite block for end of case

Drugs:
- Midazolam
- Fentanyl 300mcg
- Remifentanil 2mg x 1
- Transexamic Acid 1g-2g
- Bridion x 1
- Check Stock: Propofol / Roc / Panadol / Tramadol / Aramine / Ephedrine / Bridion

Lines:
- Cannulate & Arterial Line L (if possible)
- 18g IVC (rarely 16g IVC if blood loss++ expected, x 2 IVC for same) : non-safety cannulas
- Arterial Line - use 20g Pink with metal hub / convert to Black if problem / US if problem
  For arterial line - 2% lignocaine / 5mL syringe / 25g needle / tape to bed / bluey / Chlorhex dolly x 2
  ABG at start surgery - baseline status - ABG at end - baseline for recovery : more if long case

Fluids:
- Pump Set with Chook Foot (or similar) : Hartmanns : <u>Fluid Warmer</u>
- Syringe Driver x 3 (Remifentanil, Metaraminol, +/- Transexamic Acid)

Miscellaneous:
- Central Line very rarely required - but will do if blood loss+ - triple lumen/US/Standard Setup
- Spinal - very rare - usually if serious co-morbidities such as lung disease
- PCA for all patients : Fentanyl
- Disposition -> HDU often

If any issues re: setup - always happy to be contacted pre-operatively