

4 South GYN Surgery Handbook

A guide for Gynecologic Surgical Procedures at Vanderbilt University
Medical Center

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**VANDERBILT
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CENTER**

The purpose of this guide is to help operating room staff, residents, and students prepare for and complete a GYN surgical case.

The handbook is divided into four sections: General GYN procedures performed by all Ob/GYNs, Minimally Invasive Surgery (MIS), GYN Oncology, and Urology Gynecology.

Material covered includes medications needed for the procedure, equipment, supplies, positioning of the patient, and required instrument pans. In addition, some doctor preferences are noted.

Vaginal Prep

How to perform a vaginal prep

Supplies:

Chloraprep Stick 26ml (Chlorhexidine Gluconate 2% and 70% Isopropyl alcohol)

Hibiclens 4% (Chlorhexidine Gluconate)

Prep kit with sponges and 3 sponge sticks

Sterile Gloves

Sterile towel

Sterile Water

If using a GYN pack all the needed supplies will be in the pack.

Part 1:

1. Apply hibiclens to sponges and sponge sticks and add sterile water.
2. Place a chux pad underneath the patient's bottom wearing clean gloves.
3. Place trash can under the patient's buttocks.
4. Don sterile gloves.
5. Mix hibiclens and water on sponges until you have some suds appear. The ratio is 30ml hibiclens: 120ml water

Part 2:

1. Clean the mon pubis with a sponge using a back and forth motion. Pick one side of the vulva and clean with the same sponge with an up and down motion. Swipe down towards the rectal area once and drop the sponge in the trash. Repeat with a new sponge on the other side of the vulva. The third sponge is used to clean the mon pubis again and then focus on the perineum. Always swipe the rectal area last while maintaining sterile technique!
2. Insert a sponge stick into the vagina and clean gently. Sponge stick should be inserted until you meet resistance at the cervix. Rotate the sponge stick clockwise as you remove it from the vagina to ensure thorough cleaning. Repeat with a second sponge stick.
3. Using sterile technique pat the mon pubis dry with a sterile towel.
4. Repeat steps 1 & 2 with remaining sponges.

Part 3:

1. Crack the chloraprep

2. Paint mon pubis, lower abdomen, and groin with chloraprep. Do not paint the labia with the chloraprep!
3. Paint bilateral thighs with chloraprep. Focus on anterior, inner, and posterior thighs with the chloraprep.
4. Final swipe of the chloraprep is used to prep buttocks. Do not swipe the anus!
Drop the chloraprep into the trash when done.

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Missed AB/Suction D&C and D&E

Performed by all GYN Specialities with the exception of GYN ONC

Required Paperwork:

1. **Surgical consent:** time, dated and signed by patient and physician
2. **Fetal Disposition Form:** This form discusses final disposition plans of the fetus with the mother/family. The surgeon/resident completes the form with the patient. Must have a witness signature as well. There are two fetal disposition forms. One for fetus <350gr and <20 weeks and not a live birth. The second form is for fetuses >350gr, >20 weeks, and any live birth regardless of gestational age.
 - a. Fetal disposition must be faxed to Decedent Affairs (also known as bereavement) and they need to be notified when the form is sent. The Decedent Affairs pager number is 615-835-1497 and their fax number is 615-835-5537. This is usually done by the medical receptionist or pre-operative nurse.
 - b. Copy of fetal disposition form must go down to pathology with the specimen. The specimen will go to Children's Hospital Pathology for processing, there is a bin in the fridge for this.
 - c. Every abortion-related case must have this form completed.
3. *D&E only*
 - a. **General abortion consent** as well as surgical consent
 - b. **Non-Viability Form** or **Abortion Procedure Based on Death or Serious Risk to Patient** signed by the physician. This is usually completed at an outpatient visit prior to the procedure date. If done outpatient, the form is then scanned into the chart.
 - c. **Report of Induced Termination of Pregnancy Form.** This is a TN Department of Health Form
 - i. Circulator is responsible to fill out a portion of the form
 - ii. The form must be mailed after the procedure to the Division of Vital Record and Statistics. The mailing address is on the form.
4. All paperwork can be found in Medex except the Report of Induced Termination form. This can be found on the TN Department of Health Reporting forms website: <https://www.tn.gov/health/health-program-areas/vital-records/reporting-forms.html>

Medications: Uterotonics

1. Methergine 0.2mg vial
2. Hemabate
3. Misoprostol (Cytotec) 800mcg
4. Oxytocin 30 units in 500 ml bag
5. 0.9% Sodium Chloride on the sterile field to clear suction tubing out. DO NOT USE STERILE WATER AS THIS DAMAGES FETAL REMAINS.

Optional:

1. Oxytocin 10 units in 1ml vial
2. Vasopressin
 - a. Dr. Thompson will usually want Vasopressin mixed with plain 1% lidocaine. She will specify what mixture. Common dosage of vasopressin is 4 units or 8 units mixed with 20ml of plain 1% lidocaine
3. Have 26 French foley catheter available for tamponade. This is located in the core.
4. There are various special circumstances, CONTACT DECEDENT AFFAIRS at 615-835-1497 (Pager) with any questions.

Prep

Standard GYN prep with hibiclens and water to perineum and vagina. Chloraprep to mon pubis and thighs.

Bed and Equipment

Bed Setup and Patient Position:

- The patient will be in lithotomy position for the procedure
- Draw sheet on the bed
- Arm Cradles on arm boards
- Ring donut for head

Equipment and supplies:

- x2 yellow fin stirrups with brackets
- GYN Safety Pack
- Suction machine
- Fluid canister(s)
- Specimen trap (attaches to fluid canister), **SEE ATTACHED PICTURES FOR SETUP.**
- Suction tubing: There are 2 sizes $\frac{3}{8}$ and $\frac{1}{2}$. $\frac{3}{8}$ is generally used for <14 weeks gestation and will use the smaller tubing and $\frac{1}{2}$ used for >14 weeks gestation, D&E's and will require the larger tubing.
- Curved Vacurette: Attaches to the suction tubing. These have different sizes that start at 7 and goes to 16. Size needed usually coordinates with gestational age. For example, if the pregnancy is 10 weeks along, the physician will probably ask for a 10mm vacurette
- Filter tubing: attaches from machine to suction canister
- Peripad
- Sterile plastic basin for Dr. Thompson only
- Ultrasound machine. US is located in the equipment closet.

Optional

- The physician may request to use a **Manual Vacuum Aspiration Kit (commonly referred to as MVA kit)**. These are located in the core. Suction D&C machine not needed if using the MVA kit. **This is not a sterile setup.**
- If the gestational age is >14 weeks it is advisable to set the suction D&C machine up for overflow (in case of significant bleeding). In this case you will need:

- The larger suction tubing, labeled ½
- A 2nd canister with the ½ lid and specimen sock
- Bottle to bottle tubing (to connect the two canisters)

Instruments

- Vaginal Pan II
- D&E Extras
- Hawkin-Ambler Uterine Dilator Pan (for D&E's only)

Hysteroscopy Dilation and Curettage

Often a Polypectomy is also performed

Performed by all GYN Specialities

Medications:

1. 3L NS under pressure (may need more than 1 bag)

Prep

- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks

Bed and Equipment

Bed Setup and Patient Position

- The patient will be in lithotomy
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet
- Foam arm cradles

Equipment and Supplies

- Suction tubing
- Peri/GYN pack
- Red
- Suction Canister, may need two depending on how much fluid is used
- Cystoscopy tubing: use tubing with two spikes in case a second bag of NS is needed.
- 3 Liter Pressure Bags; 3 Liter Bags of 0.9% Sodium Chloride (*Rarely use Glycine*)
- Telfa
- Specimen Cup
 - May need formalin for Dr. Crispens for ECC
- Tower with video screen, light box, camera box, and printer

Instruments

- Hysteroscope
- Camera
- Vaginal Pan II

Fluid Deficit Calculation

- Will need to be performed at the end of every Hysteroscopic procedure to determine the amount of fluid medium that entered the patient's body/what exited it. **THIS SHOULD BE**

CONTINUALLY MONITORED DURING THE CASE AS ELECTROLYTE DISTURBANCES AND FLUID OVERLOAD CAN EASILY AND QUICKLY OCCUR.

- The maximum fluid deficit that is allowed before the procedure must be halted is dependent on the fluid medium used for distention. Glycine, which is a hypotonic electrolyte free medium, must be used for hysteroscopy requiring monopolar cautery. **1 Liter should be the maximum allowed deficit, lower if the patient has any comorbidities.**
- For 0.9% Sodium Chloride the **maximum allowed deficit is up to 2,500 ml.**

To calculate at the end of the case:

1. Make sure all fluid is drained out of the under buttocks before starting the calculation.
2. Once all fluid is drained, look in the suction canister and see how much fluid is in the canister. **Write that number down.**
3. Take the tubing that's attached to the fluid bag and attach it to the suction canister. Make sure suction is on and drain whatever fluid is remaining in the fluid bag into the suction canister.
4. Remember **3 Liter bags of fluid are used and drained into a 3 liter suction canister. So, if you finish draining the fluid bag into the canister and it is at the 3 liter mark YOU HAVE NO DEFICIT.** For example, if there was 500ml of fluid in the canister before you drained the rest of the fluid, then that number is the amount of fluid that went into and out of the patient. 500 ml went in, and 500 ml came out (because it's there and measured) and there's 0ml of fluid deficit as we can account for all of the fluid that was in the bag.
5. If you **don't have 3 liters in the suction canister after draining the bag; you will now need to make some calculations as some fluid is unaccounted for.**

-First, determine HOW much fluid is unaccounted for. If your canister is only filled to 2700 ml, then you are MISSING 300 ml from that bag. **THAT IS YOUR DEFICIT.**

-You then **ADD** your deficit number to **the first number you got from step 2.** (what's in the suction canister before you drain the bag). **This is the total amount of fluid that was infused during the case. The number from step 2 would then also be the amount of fluid that exited the patient.**

Example:

-Using the numbers above, if you have 500 ml in the suction canister, and then you drained the rest of the fluid into the canister and only fill it to 2700 ml, what is your total fluid into the patient, out of the patient and what is your fluid deficit?

Fluid deficit= 300 ml. We can now calculate what the "in and outs" were. If there was 500 ml in the canister and we now know 300 ml is missing, that means 800 ml of fluid went into the patient, 500 ml came out and we are missing 300 ml.

→ **500 ml + 300 ml = 800 ml (fluid out + fluid deficit = total fluid infused)**

→ **800 ml fluid infused, 500 ml fluid out, 300 ml fluid deficit.**

****** Using the above method you can see how we calculate no deficit in step 4.

--> 500 ml + 0 ml = 500 ml. (fluid out + fluid deficit = fluid infused)

→ **500 ml fluid infused, 500 ml fluid out, 0 ml fluid deficit.**

Hysteroscopic Myomectomy (Uterine fibroids), Hysteroplasty Excision Uterine Septum, Uterine Ablation

Commonly performed by Generalists and Infertility GYN

These procedures by default include a hysteroscopy. These procedures generally take a little longer than a quick D&C. Due to the increased length of the procedure and increased use of hysteroscopic fluid, a fluid management system is usually used which will automatically keep track of your fluid deficit due to an increased risk of fluid overload.

The setup and supplies needed are the same for a standard hysteroscopy. See below for specifics on procedures

Medications:

1. 3L NS (may need more than 1 bag)
 - a. If using monopolar energy will need to use Glycine (located in the core)

Prep

- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks

Bed and Equipment

Bed Setup and Patient Position

- The patient will be in lithotomy
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet
- Foam arm cradles

Equipment and Supplies

- Suction tubing
- Peri/GYN pack
- Suction Canister
- Telfa
- Red rubber
- Specimen Cup
- Tower with video screen, light box, camera box, and printer
- May need STORZ resectoscope

- **Uterine Ablation**
 - Will need Novasure handpiece from the core
 - Novasure generator from the equipment room

- Uterine Septum
 - A hysteroscopy D&C will be performed. If fluid management is required, it is best to use the Myosure machine as it has the Aquilex fluid management built-in. You can choose to only use this portion of the Myosure for fluid management purposes.
 - Have 10 french straight catheter to place in the uterus at the end of the case
*CHART THIS AS A DRAIN, MAKE SURE PACU AWARE AS THE CATHETER WILL BE TUCKED UP IN PATIENT'S VAGINA..
 - Myosure equipment needed
 - Canisters with teal top
 - Canister to canister tubing (small tubing with blue ends)
 - Inflow and outflow tubing

Instruments

- Hysteroscope
 - Will use scissors in this set to cut the septum
- Camera
- Vaginal Pan II

Myomectomy

Commonly performed with the Myosure device

This device is a fluid management system, scope, and handpiece in one

Device Features:

1. *Will keep track of the fluid deficit*
2. *Can set uterine pressure desired for distention*
3. *Setting for fluid deficit alarm. Default is 1000ml, can adjust per surgeon request*

Medications:

1. Two 3L NS bags hung on the back on the Myosure, may need additional bags
2. Vasopressin 20 unit vial: only get per surgeon request
3. 100ml NS bag to mix Vasopressin in

Equipment and supplies: all items can be found in the core

- Myosure machine
- Inflow and outflow tubing

- Canisters with teal top x4
- Canister to canister tubing: small tubing with blue ends
- Specimen trap: is it white with a mesh sock and goes on top of the canister
- Myosure seals/nipples.
- May need a sidekick needle to inject Vasopressin if used, located in the core next to the implants
- Myosure Handpiece: 3 options available, the surgeon will let you know which is needed
 - Myosure Lite
 - Myosure Reach
 - Myosure XL

Instruments

- Myosure Scope: There are 3 available
 - Omni: will fit all three handpieces
 - XL scope: length is longer
 - Regular size
- Vaginal Pan II
- Camera

LEEP/Colposcopy

Loop Electrosurgical Excision Procedure
Performed by Generalists and GYN ONC

Vaginal **non sterile** procedure

Medications:

1. Lidocaine 1% with Epi
2. Acetic Acid
3. Lugol's
4. Monsels

Bed Setup and Patient Position

- Patient will be in lithotomy
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet
- Foam arm cradles

Equipment and Supplies

- Colposcope: located in the equipment room
- GYN Safety Pack
- Bovie pad or megadyne pad
- Bovie generator (Ligasure machine)
- Smoke evacuator
- Smoke evacuator filter and tubing
- Leep Loops: these come in different sizes. Pull all sizes from the core, surgeon will pick which size is needed during the case
- Foxswabs
- Rollerball
- Peripad
- Marking suture
- Telfa
-

Instruments

- LEEP pan

Pap Smears/IUD Placement/Vaginal Biopsies

Performed by Generalists and GYN Oncology

Prep

- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks

Bed and Equipment

Bed Setup and Patient Position

- Patient will be in lithotomy
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet
- Foam arm cradles

Equipment and Supplies

- Suction tubing
- Peri/GYN pack -for vaginal biopsies only if surgeon wants it done sterilely.
- Thin Prep, Cytobrush, Plastic Cervical Scraper for pap smear
- IUD -Paraguard, Skyla, Kyleena all need orders and will come from central pharmacy. Mirena is in the Omnicell. **THIS IS A MEDICATION NOT AN IMPLANT.**
- 3mm and 6mm Punch biopsies available.
- Betadine to prep cervix/vagina if the procedure is not done sterilely.
- Surgeon will need to fill out a green pap smear sheet which goes to the lab.

Instruments

- GYN Punch biopsy Set
- Vaginal Instruments Pan II

Total Laparoscopic Hysterectomy (MIS and Generalists)

with salpingectomy and cystoscopy; Laparoscopic & Open Myomectomies

Minimally Invasive Surgeons (MIS) that commonly perform this surgery:

Dr. Ted Anderson, Dr. Howard Curlin, Dr. Lara Harvey, Dr. Amanda Yunker

Required Paperwork:

1. Surgical Consent: time, date and signature required by patient and physician
2. Optional: many patients may also have an opioid consent form

Medications

1. 1% Plain Lidocaine
2. 3L bag of Normal Saline for laparoscopic irrigation
 - a. Dr. Yunker prefers 1L bag of Lactated Ringers
3. 3L bag of Sterile Water for cystoscopy
4. 400 of rectal cytotec for myomectomies to be placed prior to prep
5. 20 units of vasopressin in 100 ml of 0.9% Sodium Chloride on sterile field to inject into fibroids.

Prep

- Standard GYN prep with hibiclens and water to perineum and vagina. Chloraprep to mon pubis and thighs
- Chloraprep to abdomen
- Use hibiclens to pre-cleanse umbilicus with fluffs and Q-tips.

Bed and Equipment

Bed Setup and Patient Position:

- The patient will be in lithotomy
 - Cut piece of egg crate on top of bed with fetal straps to hold it down(see picture)
 - Foam donut for head
 - Draw sheet for tucking arms either on top or under eggcrate
 - Sheet **under** eggcrate: Anderson, Curlin
 - Sheet **over** eggcrate: Harvey, Yunker
- Yunker: Ensure draw sheet meets the break in the bed

Plastic sleds with no draw sheet for Dr. Huggins and Dr. Lee. Arm cradles will be needed and foam to support arms.

Positioning:

- Fluffs or 4x4 to pad leads and lines prior to tucking arms
- Purple foam donut broken in half to put by hands to pad them from stirrups (Dr. Harvey will use both donuts with one small tear in them)
- Blue towel for privacy to cover breasts
- *Bed extenders with eggcrate if patient's elbows not on bed.*

Equipment & Supplies:

- Yellow Fin Stirrups x2
- Laparoscopic tower: camera, light box, insufflator, monitor, printer
- Ligasure (or energy source with at least monopolar)
- Fetal monitoring straps (pink and blue) to secure egg crate to bed
- Turn Over kit
- GYN Laparoscopy Pack
- Upper body Bair Hugger
- Bair Hugger
- x2 sheets (draw sheet and for head)
- Laparoscopy irrigation
- Monopolar scissors (preference per surgeon, most commonly used by Yunker)
- x1 ring donut
- Insufflation tubing
- Suction canister
- Peripad
- Energy handpiece, refer to energy sources below
- Cystoscopy tubing
- Dressing: dermabond or steristrips and primapore (latter comes in the pack)
- Uterine Manipulator
 - Delineator used by Curlin, Harvey, Yunker
 - Rumi: Anderson
 - Generalists: refer to DPC or ask surgeon
- Trocars
 - Type depends of surgeon refer to DPC card or ask surgeon

Instruments

- GYN Laparoscopes
- Endo Laparoscopes
- Cystoscopy set
- Endo Storz Camera
- GYN Mini Invasive
- *Vaginal Myomectomy Pan*- Have available for morcellation.*
- *Myoscrew Pan*

Energy sources:

- Gyrus- Dr. Harvey, Dr. Yunker
- Ligasure- Dr. Curlin
- Thunderbeat-Dr. Anderson
- *Generalists preferences all on DPC*

Optional:

- Accessory monitor may be needed for Room 1 or Room 2
- Alexis bag, #10 blades, suction tubing and yankauer for morcellating
- Gelpoint, alexis bag or myomectomies. Suture to stitch the uterus.

Laparoscopic Cystectomy/Excision of Endometriosis

Minimally Invasive Surgeons (MIS) that commonly perform this procedure:

Dr. Ted Anderson, Dr. Howard Curlin, Dr. Lara Harvey, Dr. Amanda Yunker

Required Paperwork:

1. Surgical Consent- Dated and Signed by Patient & Physician
2. Optional: Patient may also have Opioid Consent

Medications:

1. 1% Plain Lidocaine
2. 3L bag of Normal Saline for Irrigation
 - a. Dr. Yunker prefers 1 L bag of Lactated Ringers

Prep

- Standard GYN Prep with Hibiclens and Sterile Water to Vagina and Perineum. Chloraprep to Mons Pubis and Thighs.
- Chloraprep to Abdomen
- Use Hibiclens to pre-cleanse umbilicus with fluffs and Q-Tips.

Bed and Equipment

Bed Setup and Patient Position

- The patient will be in lithotomy
- Cut piece of egg crate on top of bed with fetal straps to hold it down (see picture)
- Foam donut for head
- Draw Sheet for tucking arms either on top or under eggcrate.
 - Sheet **under** egg crate: Dr. Anderson, Dr. Curlin
 - Sheet **over** egg crate: Dr. Harvey, Dr. Yunker

Positioning

- Fluff or 4x4 to pad leads and lines prior to tucking arms.
- Purple foam donut broken in half to put by hands to pad them from stirrups. (Dr. Harvey will use both donuts with one small tear in them)
- Blue towel for privacy to cover breasts.
- *Bed extender with eggcrate if patient's elbows are not on bed.*

Equipment and Supplies

- Yellowfin stirrups x2
- Laparoscopic tower: camera, lightbox, insufflator, monitor, printer
- Ligasure or other energy sources/handpiece i.e. Gyrus, Thunderbeat
- Fetal monitoring strips (pink and blue) to secure egg crate to bed
- Turnover kit
- GYN Laparoscopy Pack
- Upper Body Bair hugger/Machine
- Sheets x2 (tucking draw sheet and for the head)
- Laparoscopic Irrigator
- X1 Ring Donut
- Endocatch Bag
- Monopolar scissors
- Insufflation tubing
- Peripad
- Dressing: Dermabond or Steri strips/Primapore (latter comes in the pack)
- Trocars: depends on the surgeon, check DPC

Instruments

- GYN Laparoscopic Instrument Pan
- ENDO Laparoscopes
- ENDO Storz Camera
- GYN Mini Invasive Instruments

Pudendal Blocks and Botox Injections

Performed by MIS, Primarily Dr. Yunker

Required Paperwork:

1. Consent dated and signed by patient and physician.

Medications:

1. Botox **OR** Kenalog (there will be an order)
2. 1% Lidocaine Plain
3. 0.5% Bupivacaine Plain
4. 0.9% Sodium Chloride Preservative Free (to be mixed with Botox)
DR. WILL MIX ALL MEDS THEMSELVES

Bed Setup and Patient Position

- Patient will be in lithotomy most likely under MAC
- Draw Sheet on bed
- Foam arm cradles for arms
- Purple ring donut for head

Prep

- You will use the Hibiclens/Sterile Water mixture **ONLY**.
- Do a very basic scrub of the perineum and one stick inside vagina. **NO CHLORAPREP.**

Equipment and Supplies

- Yellow fin stirrups x2
- Pudendal Nerve Block Kit
- Prep Kit/bottle of sterile Water
- Kerlex for packing(will use sterile water from prep)
- 10cc syringe with blunt tip needle
- 25 gauge hypo needle
- Pack of towels
- Sterile Gloves

Packing will be put in at the end of case to remain for one hour. MAKE SURE to communicate time to PACU on when to remove packing.

Abdominal Hysterectomy Salpingo-oophorectomy, possible staging, peritoneal biopsies, and omentectomy

GYN Oncology

Performed by Dr. Alvarez, Dr. Brown, Dr. Crispens, Dr. Prescott

Medications:

1. Heparin 1000units/1ml vial: for washings if taken
2. Hemostasis agent such as Arista, Evicel, Floseal, Surgiflo, Surgicel Powder
 - a. The agent used depends on the case and surgeon.
3. Irrigation fluid
 - a. Sterile Water: Alvarez, Prescott
 - b. Normal Saline: Brown, Crispens
4. Local anesthetic if the patient doesn't receive TAP Blocks or an epidural for some reason.--> Will be injected into fascia when surgeons are closing.

Prep

- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks
- Chloraprep to abdomen. Prep up to the xiphoid process.
- Pre-clean umbilicus with Hibiclens, fluffs and Q-tips.

Bed and Equipment

Bed Setup and Patient Position

- The patient will be in lithotomy with arms out to the side on arm boards - the surgeon must have enough room to operate.
 - Dr. Crispens will occasionally do supine
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet ***Make sure the sheet is tucked all the way under bed to place Bookwalter and Tommy Retractors on bed.**
- Foam arm cradles *have blue towels available to additionally secure patient's arms if needed.*

Equipment and Supplies

- Bair Hugger for upper body
- Headlight(s) x2

- Stepping stools: Brown and Prescott
- Fluid warmer drape
- Fluid warmer
- Foley catheter
- GYN Exploratory Pack
- Chloraprep x2
- Prep Kit
- Heme clips: Crispens. Other surgeons may also request depending on the case
- Dermabond
- Abdominal binder
- May need a Storz tower for cystoscopy
- Cysto tubing
- 3L Sterile Water
- Ioban for Dr. Crispens
- Specimen cups
- Ligasure Impact
- Peripad

Optional:

1. *Argon beam may be needed during tumor debulking. Will need an Argon beam generator, handpiece and grounding pad.*
2. *May need staplers and additional supplies if bowel resection, reanastomosis is performed.*

Instruments

- Pelvic Pan I
- Pelvic Pan II
- Zeppelin Hysterectomy
- GYN Specials
- Bookwalter Rings and Blades
- Bookwalter Post and Bars
- Tommy Retractor: the surgeon will let you know if they want to use this
- Gemini Clamps: Brown and Prescott
- Cystoscopy Pan
- Camera

Brachytherapy (Tandem and Ovoid)

Used for treatment of cervical cancer

It is the placement of radiation implants inserted into the cervix/uterus

Performed by GYN Onc and Radiation Onc together

This is a vaginal procedure. Occasionally it is also performed with laparoscopy to confirm the placement of an implant and ensure the uterus is not perforated

Medications:

1. Conray 60% 1ml mixed with 9ml of normal saline. Will inject 7ml of this mixture into the foley catheter
2. Marcaine .25% plain if performing the laparoscopy
3. Normal saline for irrigation

Prep

- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks

If doing laparoscopy:

- Chloraprep to the abdomen. Prep up to the xiphoid process.
- Pre-clean umbilicus with Hibiclens, fluffs and Q-tips.

Bed and Equipment

Bed Setup and Patient Position

- The patient will be in lithotomy
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet
- Foam arm cradles

Equipment and supplies:

- Vaginal Intermediate pack or GYN laparoscopy pack if laparoscopy is performed
- Foley catheter
- Lubrication jelly
- 1in plain strip gauze
- Sterile plastic blue bowl

- Prep kit
- Mesh Panties
- Chloraprep (may need 2)
- Bovie pad
- Bovie (Ligasure generator)
- Ultrasound probe cover

If Laparoscopy performed:

- Trocars
- Insufflation tubing
- Storz tower with video monitor, camera, lightbox, printer

Instruments:

- Vaginal Pan II
- Vaginal Pan I
- Laparoscopic instruments if needed

Notes on this procedure:

Radiation Onc will bring all the necessary supplies and instrument pan for their portion of the procedure.

Ultrasound team is usually needed. They will perform a rectal ultrasound to aid the surgeons. There needs to be an order for intraop ultrasound. The surgical team should order this prior to the patient entering the OR.

Cold Knife Cone

Performed by GYN Onc

****Sterile Procedure****

Medications:

1. Have 1% Lidocaine with Epi available for Dr. Crispens
2. Monsel's especially for Dr. Brown

Bed and Equipment

Bed Setup and Patient Position

- Patient will be in lithotomy
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet
- Foam arm cradles

Equipment and Supplies

- Colposcope: located in the equipment room.
- GYN Safety Pack
- Bovie pad or megadyne pad
- Bovie generator (Ligasure machine)
- Suction Canister
- Suction tubing
- Beaver blade
- Foxswabs
- Rollerball
- Peripad
- Marking suture
- Telfa

Instruments

- Vaginal Pan I
- Vaginal Pan II
- LEEP Pan

Laparoscopic Bilateral Salpingo-oophorectomy (BSO) and Total Laparoscopic Hysterectomies (TLH)

Gyn-Oncology

Surgeons that commonly perform this: Dr. Alvarez, Dr. Brown, Dr. Crispens, Dr. Prescott

Required Paperwork:

1. Surgical consent

Medications:

1. 0.25 % Bupivacaine plain (**Alvarez, Brown, Prescott**)
2. 1% Lidocaine with Epinephrine (**Crispens**)
3. 1000- unit/ml heparin for pelvic washings

Optional:

Have hemostatic agents such as Surgiflo or Surgicel available.

Prep:

- Hibiclens as pre-cleanse for umbilicus with fluffs and Q-tips.
- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks.
- Chloraprep to Abdomen

Bed and Equipment

Bed Setup and Patient Position:

- The patient will be in lithotomy.
- Cut a piece of eggcrate on top of the bed with fetal straps to hold it down. (See pictures)
- Foam donut for head
- Draw sheet for tucking arms either on top or under eggcrate
 - **Under:** Dr. Prescott
 - **Over:** Dr. Alvarez, Dr. Brown, Dr. Crispens
 - **Two Over Sheets: Dr. Brown**

Positioning:

- Fluffs and 4x4 to pad leads and lines prior to tucking the patient's arms.
- Foam purple donut broken in half to pad hands from stirrups.
- Blue towel for privacy to cover breasts.
- *Bed extenders with eggcrate if the patient's elbows are not on the bed.*

Additional:

- *Dr. Brown will use the foam arm cradles to make a “hammock” for the patient’s arms.*
- *Dr. Crispens will use foam arm cradles to tuck the patient’s arms. Dr. Crispens will ALWAYS tuck arms first before putting legs in stirrups.*
- **Dr. Prescott wants an additional safety strap across chest.**

Equipment and Supplies:

- Yellow Fin Stirrups x2
- Laparoscopic tower: camera, lightbox, insufflator, monitor, printer
- Ligasure (or energy source with at least monopolar)
- Fetal monitoring straps (pink and blue) to secure eggcrate to bed
- Turn Over kit
- GYN Laparoscopy Pack
- Upper body Bair Hugger
- Endo catch Bags
- x2 sheets (draw sheet and for the head)
- Laparoscopy irrigation
- Monopolar scissors (preference per surgeon, most commonly used by Yunker)
- x1 ring donut
- Insufflation tubing
- Suction canister
- Peripad
- Energy handpiece, refer to energy sources below
- Cystoscopy tubing
- Dressing: dermabond or steristrips and primapore (latter comes in the pack)
- Uterine Manipulator: hulka or sponge stick for BSO, V-care for TLH
- Suture to close vaginal cuff: either V-Loc or Stratafix (Dr. Prescott)
- **For hysterectomies, they will use the Pro Plus system- it is a suction, suction irrigator and electrocautery in one.**
- Trocars
 - Type depends of surgeon refer to DPC card or ask surgeon
 - Dr. Crispens will always use a Hasan trocar for entry into the abdomen

Pelvic Washings- You will need a specimen trap, suction irrigator, irrigation fluid, heparin (1000 units/ml) and a pink cytology sheet. To perform:

- Hook specimen trap up to canister port.
- Hook suction irrigator tubing up to specimen trap and let surgeon know you are ready. Make sure suction is on and one you have 30 ml of fluid, you are good.
- Draw up 2-3 ml of the heparin and inject into washings to prevent coagulation.
- Fill out pink cytology sheet- under washings write Pelvic Washings-Heparinized.
- SEND TO LAB

Instruments

- GYN Laparoscopes
- Endo Laparoscopes
- Cystoscopy set
- Endo Storz mera
- GYN Mini Invasive

Energy Sources:

- Thunderbeat: Brown and Presc
- Ligasure: Alvarez and Crispens

Laser Procedures

Performed by Gyn ONC and the Occasional Generalist

- These cases are not sterile.

Medications:

1. Have Silvadene and Bacitracin available. **CHECK FOR SULFA ALLERGY.**

Bed Setup and Patient Position

- The Patient will be in lithotomy
- X2 Yellowfin stirrups with brackets
- Ring donut for head
- X2 sheets: 1 for head and 1 for draw sheet
- Foam arm cradles

A Laser Operator will be there to operate the laser and ensure everyone has necessary safety goggles. They will fill out a sheet during the case regarding its usage, and give you a copy to sign. This yellow sheet goes to Lisa.

- There is a laser log that you will need to fill out using the information from the sheet. This binder is located under the status board. You will need a patient sticker for this.

Vaginal Hysterectomy

With or without Vaginal Salpingo Oophorectomy

Surgeons that commonly perform this procedure are Uro-Gyn:

Dr. Adam, Dr. Biller, Dr. Ward, Dr. Zimmerman

Generalists may also perform this surgery

Vaginal Hysterectomy is often performed with vaginal repairs

Medications

1. Local:
 - a. Dr. Ward: 0.25% Marcaine with Epi
 - b. Dr. Biller: 1 % Lidocaine with Epi. If just doing a TVH no local is needed
 - c. Dr. Zimmerman and Dr. Adam generally does not require local anesthetic
2. 3L Sterile Water
 - a. Dr. Ward prefers Normal Saline for Cysto and irrigation on the field
3. Vaginal Estrace: Dr. Biller will use this for postmenopausal women. Will be applied to vaginal packing at the end of the surgery
4. Vaginal Metronidazole: Dr. Biller and Dr. Ward will use this for postmenopausal women. Will be applied to vaginal packing at the end of the surgery.
 - a. Estrace and Metronidazole can be mixed together on vaginal packing

Prep

- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks

Bed and Equipment

Bed Setup and Patient Position

- Patient will be in high lithotomy
- x2 Yellow Fin Stirrups with brackets
- Ring donut for cushioning (often torn in half)
- Bovie pad or megadyne pad
- x2 Sheets: 1 for head and 1 for drawsheet
- Dr. Adam uses Candy Cane stirrups

Equipment and Supplies

- Energy source: ESU with monopolar energy. Ligasure may be used.
- Bovie Pencil
- Suction tubing
- Vaginal Intermediate Pack
- Cystoscopy tubing

- Prep kit
- If using candy cane stirrups will need the foot holders, usually will come in the bucket
- Vaginal Packing
 - Dr. Ward will often use 1in plain strip gauze for packing. Moisten with Normal Saline
 - Dr. Biller uses the radiopaque packing that comes in a bucket. Apply Estrace cream and Metronidazole gel to vaginal packing if patient is post menopausal
- Dr. Ward and Dr. Adam:
 - May want Light Mat, will need light cord and light box
- Dr. Zimmerman: will always use the Versa Light
 - Need 1L NS bag under pressure
 - Suction tubing
 - Light box

Instruments

- Vaginal Instruments Pan I
- Vaginal Instruments Pan II
- GYN Pelvic Support Pan
- Cystoscope
- Camera
- Adams Special

Vaginal Repairs

Colpopexy, Colporrhaphy (anterior or posterior), perineoplasty, colpocleisis, TVT Bladder Sling

Often performed with a Vaginal Hysterectomy

Surgeons that commonly perform this procedure are Uro-Gyn:

Dr. Adam, Dr. Biller, Dr. Ward, Dr. Zimmerman

Medications

1. Local:
 - a. Dr. Ward: 0.25% Marcaine with Epi
 - b. Dr. Biller: 1% Lidocaine with Epi
 - c. Dr. Zimmerman generally does not require local anesthetic and does not perform slings procedures.
 - d. Dr. Adam will only use local anesthetic for sling procedures.
2. 3L Sterile Water
 - e. Dr. Ward prefers Normal Saline for Cysto and irrigation on the field
3. Vaginal Estrace: Dr. Biller will use this for postmenopausal women. Will be applied to vaginal packing at the end of the surgery
4. Vaginal Metronidazole: Dr. Biller and Dr. Ward will use this for postmenopausal women. Will be applied to vaginal packing at the end of the surgery.
 - a. Estrace and Metronidazole can be mixed together on vaginal packing

Prep

- Standard GYN Prep with Hibiclens/Sterile Water to Vagina and Perineum, Chloraprep to Lower Thighs and Under Buttocks
-Prep up to umbilicus with Chloraprep if a sling procedure is being performed.

Bed and Equipment

Bed Setup and Patient Position

- Patient will be in high lithotomy
- x2 Yellow Fin Stirrups with brackets
- Ring donut for cushioning (often torn in half)
- Bovie pad or megadyne pad
- x2 Sheets: 1 for head and 1 for drawsheet
- Dr. Adam uses Candy Cane stirrups-*need foot holders for these.*

Equipment and Supplies

- Energy source: ESU with monopolar energy. Ligasure may be used, Dr. Zimmerman uses Ligasure Impact sometimes as well.
- Bovie Pencil
- Suction tubing
- Vaginal Intermediate Pack
- Free Mayo Needle (not always but often)
- Cystoscopy tubing
- Vicryl ties
- See preference sheet for specific sutures used by each surgeon
- Prep Kit
- If using candy cane stirrups will need the foot holders, usually will come in the bucket
- Optional: Capio Slim Suture Device with x2 Capio suture and bullets (depends on patient and surgeon. Surgeon will let you know if needed)
- TVT Bladder Sling: will need the implant. This will usually come in the supply bucket.
 - Dr. Biller: He will often use the Lynx or Halo bladder sling implant. There are a few different options, verify with Dr. Biller on what implant he would like to use. Sling implants are located in the core.
- Vaginal Packing (usually moistened with NS)
 - Dr. Ward will often use 1in plain strip gauze for packing
- Dr. Ward:
 - May want Light Mat, will need light cord and light box
 - May need Lone Star with stays
- Dr. Zimmerman: will always use the Versa Light
 - Need 1L NS bag under pressure
 - Suction tubing
 - Light box
 - Versa Light light cord

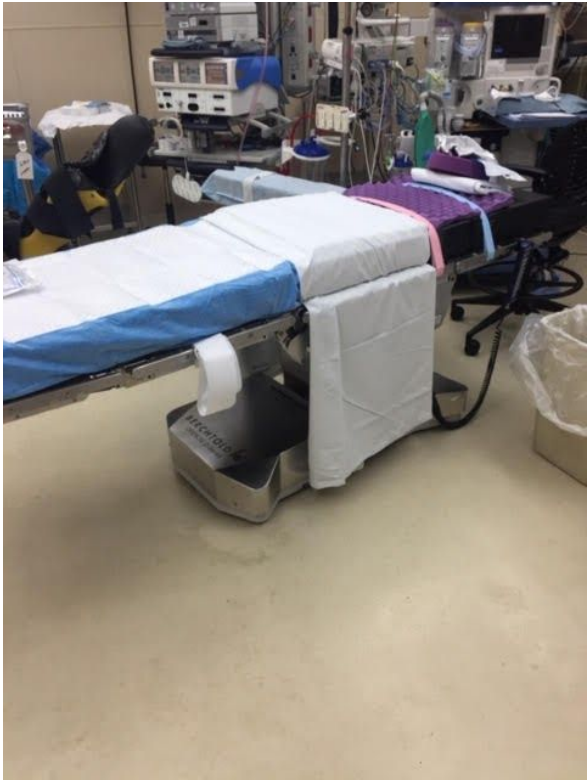
Instruments

- Vaginal Instruments Pan I
- Vaginal Instruments Pan II
- GYN Pelvic Support Pan
- TVT Trocar Pan
- Cystoscope
- Camera
- Adams Special

Light Mat and cord



Laparoscopic Bed Setup



Suction D&C Machine



Overflow setup

Myosure



Myosure Canister Setup

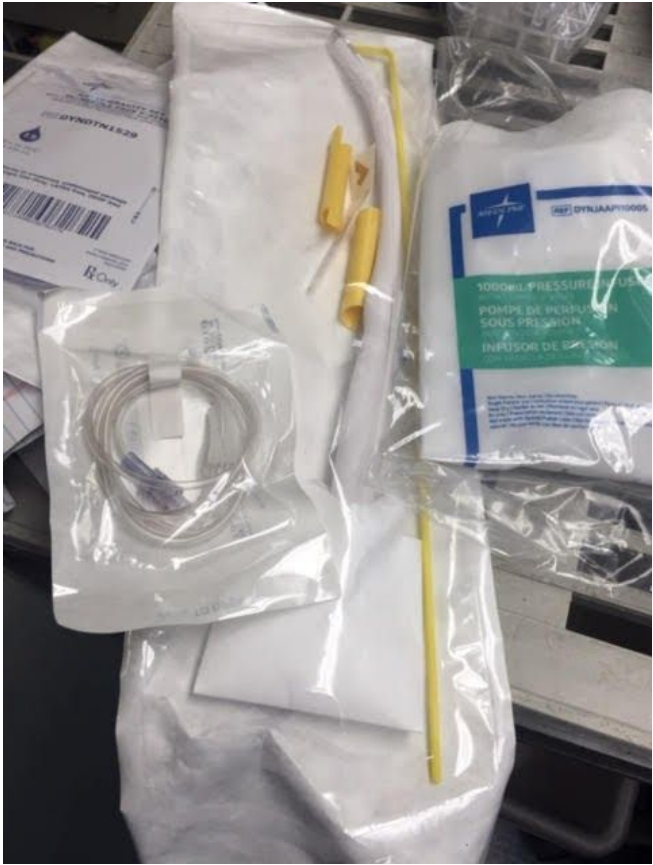


Myosure Supplies in 4S GYN Core



Located along the left back wall

VersaLight Supplies and Cord. Will need 1L normal saline under pressure

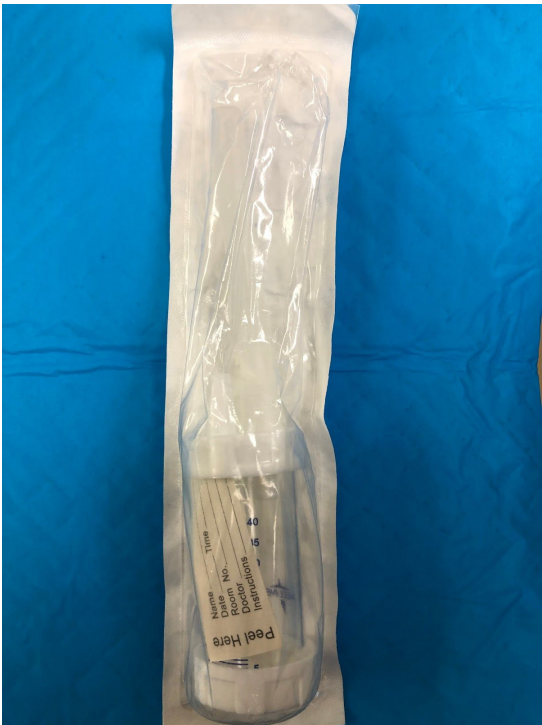
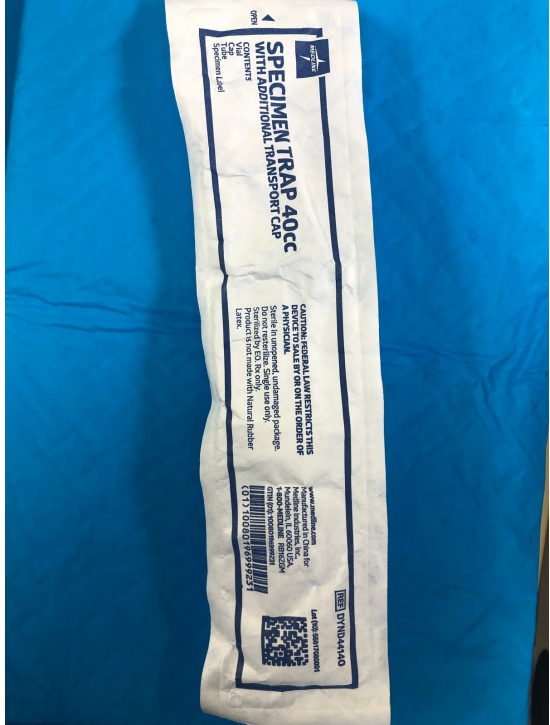


Cord is located in SIS cart

Punch Biopsy



Specimen Trap used for Pelvic Washings



Commonly used generators

Ligasure



Storz



Gyrus



Thunderbeat

