2. Thoracic Surgery

The following set-ups are not complete, being merely designed as a guide in preparing the operating room for type procedures and merely indicate useful instruments.

All injuries not penetrating the thoracic cage, will be cared for by a basic dissecting set as in General Surgery.

Drainage of Pleural Cavit - (Empyema)

- Dissecting set - small
- Sharp periosteal elevator
- Dull periosteal elevator
- Boyen rib stripper - right and left
- Suction apparatus
- Large rubber tubing - 4 feet 1/2" caliber (sterile)
- Sterile under-water seal
- Safety pins - sterile
- 10% formalin and swabs
- Suture ligatures, 1/4 length 00 chromic
- Medium, curved, round point needles
- Ties - catgut 00 chromic
- 2 Lucks - 5 or 10 c.c. - 18 gauge needles 2
- Local anesthesia set-up.

Abscess of the Lung

- Set up as for empyema plus
- Cautery - Electro or soldering irons
- Narrow strip gauze packing
- Local anesthesia

OPERATING ROOM EQUIPMENT CONTINUED

Open Thoracotomy.

- Anesthesia - General - Positive pressure available.
- Dissecting set - large
- Long tissue forceps
- Long hemostats.
- Rib cutting forceps. Sharp & dull periosteal elevators.
- Large rongeurs.
- Boyens - right and left.
- Rib spreader or Balfour retractor.
- Large gauze packs - warm saline
- Curved Dulox sutures
- Lobectomy tourniquet (to be made).
- Sutures - catgut 00 chromic
- Heavy silk
- Aspirating set
- Pleurometer gauge.
- Suction apparatus
- Novocaine available

Bronchoscopy

- Dark Room
Bronchoscopy - 7X40
Laryngoscope - #16
Battery and cords
Long suction tip and suction apparatus.
Long sponge carriers with gauze attached.
Foreign body forceps grasping
Anesthesia:
Pontocaine, 2% and 1/2%
Cocaine, 5% or 10%
Atomizer
Cross action forceps - laryngeal
Small gauze squares
Head mirror and light
Laryngeal mirror
Luer - 5 or 10 c.c. with curved cannula tip
Sputum cup

Cardiac Operations

Large dissecting set
Rib instruments
Silk sutures
Suction apparatus.
Curved needles - fine and medium
sharp and round point

Although sandbags may be used, an adjustable brace fitted to the anterior surface of the trunk is desirable for maintaining the patient in the lateral position. Freedom of the upper shoulder is desired.
SUPPLEMENT TO PROCEDURES ON THORACIC SURGERY

1. The position on the operating table has to be individualized in most instances, but the following positions are commonly used.
   
a. The usual supine or dorsal recumbent, making use of an arm board or some convenient substitute.
   
b. Lateral position. In this position the patient is supported by, and preferably, a mechanical brace against the lower abdomen (thoracoplasty brace). Additional security is obtained by appropriate strapping. If necessary, sandgags may supplement this or replace the brace. The upper shoulder and arm is allowed to hang loose over the edge of the table.
   
c. Sitting position. This will be used in cases with profuse expectoration such as large lung abscesses or empyema with bronchopleural fistula. This minimizes the danger of drowning on the table and contralateral spreads. Various degrees of Trendelenberg are used.

2. The preparation of the field is routine. Since the incisions are usually long and curved, the field is blocked off as a square by folded towels and extra towel is so placed as to cover the concavity of the incision. Five or six towels are required. In addition to routine abdominal sheets, an extra half sheet is used to protect the shoulders and neck. Towel clips are desirable and for the convenience of the anesthetist a squared guard is used to protect the drapes at neck level.

3. Dressings. The gauze dressings ordinarily supplied will undoubtedly be entirely satisfactory. For clean closed wounds no special items are required. For draining wounds, such as empyema, fluffy washed gauze, supplemented by rather large absorbent pads, is very desirable. Elastic adhesive tape would be quite useful.