

Surgery Suite Set Up Process

Surgery Suite Setup Surgery Table:

- 2 towels
- Appropriate size Bair hugger on top of two towels, connect to Bair hugger machine
 - NOTE: Make sure the side of the blanket with blue writing will be touching the patient. The blanket has a plastic liner in it on the other side which has more likelihood of getting too hot for the patient (even though unlikely for that to happen, important to know!)
- 4 baby socks per patient
- Esophageal stethoscope

Anesthesia Cart:

- Fluid pump - Lactated Ringer's with primed fluid line, hang bag on anesthesia machine next to pump - Fluid warmer egg
- Anesthesia tubes (new for each patient, rebreathing system >15#, non-rebreathing system <15#)
- Anesthesia bag (Approx Tidal volume = weight in kgs x 100)
- Sodalime (changed every 7 days)
- Isoflurane: make sure the isoflurane level is full (found in the cabinet in surgery to refill). If you ever need to open a new bottle of Isoflurane make sure to keep the purple spout piece from the previous bottle.

Anesthesia Monitor

- EKG leads (connected to esophageal adapter)
- Esophageal EKG/Thermometer probe (blue = large patients, cats = small patients <15#)
- Pulse oximeter lead
- Capnograph lead attached to the anesthesia tubing (the part where the small, clear line connects should always be upright)
- Make sure the machine is set to the correct species when turned on
- Blood pressure cuff of appropriate size for patient

Emergency drugs (Atropine, Furosemide, Epinephrine, Antisedan)

Others

- Bupivacaine
- Surgical Glue
- Rectal thermometer
- Vetwrap
- Alcohol to wet monitor leads
- Eye lubricant
- Sterile ET tube lubricant
- Laryngoscope with appropriate sized blade
- 3 sizes of ET tubes that have been leak tested
- Tie for ET tube
- Cuff syringe

Surgery Tray:

- appropriate pack
- Blade
- drape

Counter in surgery:

- Filled surgical prep bottles of alcohol and dilute Chlorhex solution - Glass jar of 4x4 gauze squares

Supplies for Surgical Prep:

- Blue surgery clippers + gold clippers for sensitive skin areas

Vacuum Leak Testing the Anesthesia Machine Rebreathing System

- Make sure oxygen tank is turned on by turning the silver valve on top of the tank to the left and flipping the tan flat valve to the horizontal position on the oxygen lines *both behind the oxygen tanks and in the surgery suite!*
- Turn on the scavenging system - it is a tan box on the wall in radiology with a black switch on the front. Turn on with the black switch, green light will turn on
- Close pop off valve (the black twisting knob above the Sodalime canister)
- Insert thumb (or wine cork) into end of anesthesia tubing circuit to occlude, or use palm of hand
- Use the flush valve to fill the bag with O₂ until the pressure gauge reaches 20 psi
- Watch for the system to hold at 20 psi for 10-15 seconds, it should not lose pressure
- Open pop off valve fully and watch pressure gauge return to normal
- Remove thumb from end of anesthesia tubing **Do not close or open the pop off valve overly tightly! This can damage the machine**

Vacuum Leak Testing the Non-Rebreathing System

- Make sure oxygen tank is turned on by turning the silver valve on top of the tank to the left and flipping the tan flat valve to the horizontal position on the oxygen lines *both behind the oxygen tanks and in the surgery suite!*
- Turn on the scavenging system - it is a tan box on the wall in radiology with a black switch on the front. Turn on with the black switch, green light will turn on
- This system bypasses the pop off valve, so you do not need to close it
- Ensure the system is hooked up to the machine properly
 - The silver, metal circular piece attaches at the side of the Isoflurane tank where the "fresh gas outlet" is. This means you will disconnect the piece with a same appearance that is attached there. It pulls out easily
 - The other tube connects to the scavenger system. Make sure the pink tube is hooked up to the scavenger attachment on the wall and then hook the tube into the other end of the pink tube.
- Occlude the flow of O₂ to the scavenger system by pinching that tube on the non-rebreathing system (if you occlude the line that goes to the Isoflurane tank it will pop off of the machine)
- Turn on the O₂ flow on on the anesthesia machine
- Occlude the end of the non-rebreathing system which attaches to the patient's ET tube with your thumb, a wine cork, or the palm of your hand
- Allow the reservoir bag to fill until it appears full and quickly turn off the oxygen
- Watch the bag for 10-15 seconds for any obvious signs of leaking
- Stop occluding the line and the end of the tubing