

Endocrine Case preferences (Dr. Roman)

Thyroidectomy

- GA with NIMS ETT (video laryngoscope prn)
- Xylocaine gel on ETT or LTA kit
- ETT taped toward ear, off chin and jaw
- No long acting paralysis
- OG tube
- Position – supine, tucked arms B, papoose-style wrapped with sheets, neck extended with bump under shoulders
- Ether screen over face, draped
- Dexamethasone 8 mg IV for inflammation reduction, PONV prophylaxis
- Deep extubation or other measures to avoid coughing at emergence (remifentanyl ?)

Parathyroidectomy

Can be done minimally invasive – MAC + B Superficial Cervical Plexus block (by surgeon) **or** GA with NIMS ETT

Minimally invasive technique:

- Same day procedure
- Position – supine, tucked arms B, papoose-style wrapped with sheets, neck extended with bump under shoulders
- Ether screen over face, draped
- Nasal cannula, adjust drapes or blow air to circulate air
 - Large bore IV for PTH samples; place short connecting three way stopcock close to IV, then long IV tubing. This can facilitate drawing back from this site more easily; surgeon can perform venipuncture in field prn, on NIBP side
- **Surgeon does not prefer arterial line**
- baseline PTH sample drawn prior to Propofol© due to interference with assay

STAT labs	Lavender top tube 2 ml or >	Labels/Orders entered by Surgery
Baseline	Preop, prior to incision, before Propofol© (preop area)	Tubed down by OR RN
Time 0	At removal of parathyroid, alert by surgeon	“
Time 10	10 minutes post parathyroid removal	“
Time 15	15 minutes post parathyroid removal	“
Other	Per surgeon, per case needs	“

Subtotal Parathyroidectomy

- GA with NIMS ETT(video laryngoscope prn)
- ETT taped toward ear, off chin and jaw
- Xylocaine gel on ETT or LTA kit
- No long acting paralysis
- OG tube
- Position – supine, tucked arms B, papoose-style wrapped with sheets, neck extended with bump under shoulders
- Ether screen over face, draped
- Dexamethasone 8 mg IV for inflammation reduction, PONV prophylaxis
- PTH samples as above
- Large bore IV for PTH samples; surgeon can perform venipuncture in field prn, on NIBP side
- **Surgeon does not prefer arterial line**
- Deep extubation or other measure to avoid coughing at emergence (remifentanyl?)

Neck Dissection

- GA with NIMS ETT
- ETT taped toward ear, off chin and jaw
- Xylocaine gel on ETT or LTA kit
- No long acting paralysis
- OG tube
- Position – supine, tucked arms B, papoose wrapped with sheets, neck extended, NO bump under shoulders
- Ether screen over face, draped
- Dexamethasone 8 mg IV for inflammation reduction, PONV prophylaxis

- Deep extubation or other measure to avoid coughing at emergence

- No PTH samples necessary