Performing anterolateral thoracotomy closure

Assessment of competences for a qualified SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: SCPs can add DOPS and PBAs as evidence.**

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| --- | --- | --- | --- | --- |
|  | | **NOT competent** | **Competent** | **Signature and date** |
| Inspection and performing anterolateral thoracotomy closure in the operation theatre | | | | |
| 1 | Introduction   * Confirm patient name and ID * Discuss the patient’s condition * Explain full surgical procedure * Consent (confirm that you explained to the patient that you will be performing anterolateral thoracotomy under supervision) |  |  |  |
| 2 | Anatomy and position   * Explain anatomy of the thorax and thoracic cavity * Discuss anatomical variations of thoracic cavity * Discuss the adjacent vital structures such as muscles and nerves * Discuss the reason for performing anterolateral thoracotomy to access the upper lobe and the anterior hilum * Discuss the problems associated with anterolateral thoracotomy * Discuss the plan of action if things go wrong |  |  |  |
| 3 | Comorbidities and generic conditions   * Skin conditions (psoriasis, eczema, dry skin tissues) * Body build   + Thin build   + Moderate build   + Muscular   + Obese * Diabetes   + Well controlled   + Poorly controlled   + Check:     - HbA1c level     - Blood glucose level     - Random glucose level * Discuss the patient’s age and sex   + Discuss the elderly patient’s skin tissue healing   + Discuss the difficulties of muscular thickness and selection of closure methods   + Discuss the female sex and potential plan to avoid any complications |  |  |  |
| 4 | Surgical procedure   * Demonstrate the importance of placing a thoracic chest drain and its position * Demonstrate good technique for reapproximating the ribs with four pericostal or intercostal sutures (depends on local protocol) * Demonstrate good technique for reapproximating pectoralis muscle, followed by subcutaneous tissue and skin closure with no gaps * Demonstrate the use of good haemostatic techniques before and after opening the thorax |  |  |  |
| 5 | Communication   * Discuss problems with the multidisciplinary team * Discuss the potential plan with the surgical team in the team briefing |  |  |  |
| 6 | Potential issues   * Complications   + Discuss the potential complications of bleeding and re-exploration   + Discuss the potential complications of costal pain and infections   + Discuss the potential and preventive technique complications of puncturing the intercostal arteries, nerves and lung   + Discuss the importance of asking the anaesthetist to ventilate the lung before closure and check for any air leaks   + Discuss the potential benefits and complications of anterolateral thoracotomy closure |  |  |  |
| **Assessor’s comments:** | | | | |
|  | | | | |
| **The SCP has completed these outcomes to the appropriate standard.**  **Assessor’s name:**  **Signature and date:** | | **SCP’s signature:**  **Date:** | | |

\*Please note that junior SCPs have to do at least 25 competences to develop their portfolio of evidence.