Thoracic examination and performing a posterolateral thoracotomy

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 a posterolateral thoracotomy 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 posterolateral 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 posterolateral thoracotomy to access most thoracic procedures * Discuss the problems associated with posterolateral thoracotomy such as transection of large muscles and muscle sparing techniques to adapt to avoid complications * 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   * Demonstrates the importance of placing patient in complete lateral decubitus position with proper padding to the elbows and knees * Demonstrates the importance of patient positioning with sandbags, rolled sheets and bean bags to support the back and abdomen * Demonstrates and understands the lower leg flexed at the knee and hip while the upper leg lies straight with pillow * Demonstrates good palpation technique and outlines the inferior angle of the scapula, and its spinal and axillary borders * Demonstrates performing skin incision 3 inches from the mid-spinal line to the anterior axillary line, passing below the tip of the scapula * Demonstrates good technique of deepening into the subcutaneous tissue and superficial fascia until the fasciae overlying the latissimus dorsi and trapezius muscle are exposed * Demonstrates good technique of transection of latissimus dorsi using diathermy and ensures the trapezius muscle is protected and not transected * Demonstrates good technique to expose the anterior serratus and rhomboid muscles * Understands the value of inferior border of the rhomboids and posterior border of the serratus face a fatty triangle, to serve as a landmark during closure * Understands the importance of serratus elevation and anterior retraction to avoid transection during dissection * Demonstrates counting the intercostal spaces by counting the ribs while placing the hand below the scapula and palpating from the 1st rib, and avoids causing damage to the nerve bundle * 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   + Understands the complete muscle sparing dissection to avoid 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 stop ventilating the lung that requires surgical procedure   + Discuss the potential benefits and complications of posterolateral thoracotomy |  |  |  |
| **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.