Thoracic examination and performing an anterolateral 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 an anterolateral 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 anterolateral thoracotomy under supervision)
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| 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 problems associated with anterolateral thoracotomy
* Discuss the plan of action if things go wrong
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| 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
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| 4 | Surgical procedure* Demonstrate the importance of placing small roll under the ipsilateral shoulder and tucking patient’s arms away
* Demonstrate good technique on performing skin incision on the fourth or fifth intercostal space at the lateral edge of the sternum and curve along the submammary crease to the anterior axillary line
* Demonstrate the palpating technique of second rib where it joins the manubriosternal joint and locate the fourth intercostal space
* Demonstrate performing the incision through the subcutaneous tissue to the pectoralis fascia and know how to elevate the soft tissue or breast tissue for heavy patients/women with pendulous breasts. (The pectoral muscle can be divided at the level of the fourth intercostal space.)
* Demonstrate good technique to divide the intercostal muscles to the length of the skin incision
* Demonstrate the use of good haemostatic techniques before and after opening the thorax
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| 5 | Communication* Discuss problems with the multidisciplinary team
* Discuss the potential plan with the surgical team in the team briefing
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| 6 | Potential issues* Complications
	+ Understand the ipsilateral hand placement under the buttock and padding the elbow to avoid any pressure on the ulnar nerve
	+ 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 anterolateral thoracotomy
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| **Assessor’s comments:** |
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| **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.