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)
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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 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
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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 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
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| 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:** |
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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.