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)
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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 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
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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* 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
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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
	+ 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
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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.