TOTAL LARYNGECTOMY

Contributed June 2014 by Rita Torng

Set-up:

1. 2 peripheral IV’s, one connected to the hot line
2. Arterial line placed after induction
3. Sterile circuit, extra CO2 line, accordeon, straight connector, 10 mL syringe
4. Wire-reinforced tubes of various sizes
5. 6.0 ETT for induction
6. Fiberoptic scope
7. Hot line
8. BIS
9. Storz
10. TAP scope
11. Circuit extension
12. Brain with pumps
13. 3-lead extension
14. Micro-tubing

Drugs:

1. Sufentanil gtt
2. Phenylephrine gtt
3. Albumin
4. Propofol
5. Succinylcholine
6. Glycopyrrolate
7. NMB only once surgeon says it’s ok

Pre-op:

* Read ENT’s note, especially findings on flexible laryngoscopy and review imaging to look for tracheal deviation and the like
* Patient should be typed and crossed (blood consent?)
* Glycopyrrolate 0.2 mg to decrease secretions
* Ask about symptoms of severe airway obstruction: difficulty breathing, nocturnal symptoms, sleeping upright, use of accessory muscles
* Baseline O2 saturation, O2 requirements
* Airway exam

Intra-op:

* Keep BP low so you don’t bust stitches
* Watch for airway fire: keep FiO2 as low as tolerated
* Vagal reflex due to stimulation of carotid sinus: glycopyrrolate, atropine, TAP scope
* Increased QT due to interruption of cervical sympathetic outflow to the heart
* Labetalol can be given prior to emergence for rebound HTN 🡪 denervation of carotid sinus will lead to sustained HTN