



Knowledge is the key to a better life!

## IF THEATER PROTOCOL

### Patient preparation for all cases:

- bath night before
- alcohol scrub of area at least 3 times or until totally clean sponge
- use sterile gloves for following:
  - 3 layers of 10% Betadine paint
- leave to dry while towels applied

### VPS insertion:

- on induction: Ceftriaxone 100mg/kg IV
- use rolls for body and donut for head to keep away from table
- transverse table, patient supine, head right side up, neck hyperextended
- loban film applied when paint dry
- neuro tray
- 160mg gentamycin in a bowl of saline for washing gloves, irrigating wound, irrigating shunt passer, preparing & testing shunt; use 20cc syringe
- prepare 2 shodded hemostats
- use saline-impregnated gauzes to cover shunt ends during surgery
- *Preparing & testing shunt*
  - use only medium-pressure (MP) Chhabra shunts until directed otherwise!
  - straighten ventricular tube rod & place in tube
  - cut last 5 cm of distal end with the slits
  - attach blunt needle to valve end & instill saline *slowly* until all air in valve & tube evacuated
  - attach 20cm piece of IV tubing to blunt needle & test valve:
    - at high pressure (20cm saline column) meniscus should drop quickly
    - meniscus should stop dropping between 5-8 cm saline column
    - if poor flow, use syringe to force saline under pressure through valve, then repeat test



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- if still poor flow, discard shunt & use new package
  - tie connector to valve end with 2-0 silk *in groove*
- prepare vancomycin 10 mg & non-pyrogenic gentamycin 3 mg for intra-ventricular injection
- prepare 2 sterile tubes/vials for CSF culture
- sutures: 2-0 silk ties; 4-0 non-abs. suture taper; 4-0 Vicryl / Dexon taper; crazy glue (non-sterile, handle only at end of procedure)

#### **Spina bifida / occipital encephalocele:**

- on induction: Ceftriaxone 100mg/kg IV if not already on
- regular table position, patient prone, head in donut
- OpSite / Tagaderm coverage of perineum before prepping
- neuro tray
- 160mg gentamycin in a bowl of saline for washing gloves, irrigating wound; use 20cc syringe
- sutures: 5-0 Prolene or Nurolon; 3-0 abs. taper; 4-0 skin; 2-0 throw-away taper
- cover wound with small gauze & Tagaderm

#### **PSARP (Posterior Sagittal Anoplasty):**

- on induction: Ceftriaxone 100mg/kg & Flagyl 10/mg/kg IV
- regular table position, patient prone frog-legged at end of table, maximum Trendelenburg, feet taped together
- pediatric surgery tray
- prepare 1:2 dilute Betadine for wound
- Foley catheter (6F Silastic) in males only
- Nerve stimulator: anaesthesia to have it ready; cords sterile on set; break tips of 2 needles as electrodes
- Sutures: 5-0 silk ties; 4-0 Vicryl taper small needle; 4-0 or 5-0 cutting PDS for skin
- Hagar dilators at end (not necessarily sterile)

#### **Pull-through for Hirschsprung's:**

- on induction: Ceftriaxone 100mg/kg & Flagyl 10/mg/kg IV



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- regular table position, patient supine frog-legged at end of table, feet taped together
- pediatric surgery tray + bladder or large self-retaining retractor
- Foley catheter (6F)
- prepare 1:2 dilute Betadine for wound & final dressing
- Sutures: 4-0 silk ties; 4-0 or 3-0 Vicryl or Polysorb taper; regular skin

**Colostomy & colostomy closure:**

- on induction: Ceftriaxone 100mg/kg & Flagyl 10/mg/kg IV
- regular table position, patient supine, colostomy side elevated
- pediatric surgery tray + bladder or large self-retaining retractor
- prepare 1:2 dilute Betadine for wound & final dressing
- Sutures: 4-0 silk ties; 4-0 or 3-0 Vicryl or Polysorb taper; regular skin

*In cooperation with Dr Ben Warf and the team of Bethany Kids at Kijabe Hospital*