TECHING IN OCULOPLASTICS

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Objectives:

- Understand basic needs for Oculoplastics procedure;
  - *Chief compliant*
  - *Prepping patient*
  - *Prepping the procedure*
  - *Assisting during procedure*
  - *Proper clean up after*

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What is Oculoplastic's?

- Stanford Health defines as; Oculoplastic surgeons are ophthalmologist who specialize in plastic and reconstructive surgery of the periorbital and facial tissues including the eyelids, eyebrows, forehead, cheeks, orbit, and lacrimal tear system

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What are some Oculoplastic Surgeries?

- Blepharoplasty
- Levator repair
- Wedge resection
- MOHS reconstruction
- NLDO repair/tubes
- BOTOX

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Blepharoplasty

- **Eyelid surgery**, or blepharoplasty, is a surgical procedure to improve the appearance of the eyelids.
- Surgery can be performed on the upper lids, lower lids or both.
- Whether you want to improve your appearance or are experiencing functional problems with your eyelids, eyelid surgery can rejuvenate the area surrounding your eyes.
- What eyelid surgery can treat:
  - *Loose or sagging skin that creates folds or disturbs the natural contour of the upper eyelid, sometimes impairing vision*
  - *Fatty deposits that appear as puffiness in the eyelids*
  - *Bags under the eyes*
  - *Drooping lower eyelids that reveal white below the iris*
  - *Excess skin and fine wrinkles of the lower eyelid*

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Levator Repair

- Is a term to repair a ptosis
- Ptosis is defined as drooping of the upper lid, partly covering the pupil. Ptosis causes a tired, sleepy appearance and reduces vision. Repair is intended to provide a more youthful, vibrant appearance as well as to improve your sight.
- Why does a ptosis happen?
  - *Involutional* – In most people, ptosis is caused by the gradual stretching of the tissue which supports the upper lid. Involutional ptosis usually occurs with aging.
  - *Muscular* – In some people ptosis is actually caused by a weak levator muscle. The function of the levator muscle is to raise the eyelid. Muscular ptosis can occur in early childhood or adulthood.
  - Trauma to the eyelid as well

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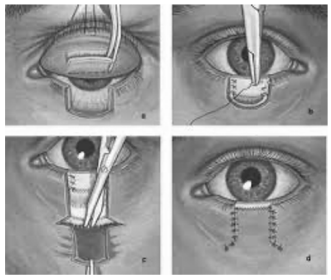
Wedge Resection

- Full-thickness pentagonal **wedge resection** and repair is a mainstay in the treatment of **eyelid** neoplasms, trichiasis, and other **eyelid** pathologic abnormalities but the largely vertical wound that results can leave a conspicuous scar as it crosses normal horizontal or oblique relaxed skin tension lines.



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MOHS Reconstruction

- **Mohs** micrographic **surgery** is the treatment of choice for **eyelid** skin cancer removal as it yields negative surgical margins and high cure rates while sparing tissue for a more aesthetically pleasing **reconstruction**.

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NLDO Repair/Tubes

- Epiphora is a very common complaint, and nasolacrimal duct obstruction (NLDO) is the most common cause of persistent epiphora
- In office we typically attempt to flush the the patient with a cannula and BSS solution to see if there is any blockage.
- A probe is passed from the eyelid puncta, through the canaliculus and lacrimal sac, and ending in the inferior area of the nose to open up any a blockage of tear outflow from the eye.
- Nasolacrimal stents (tubes) are small diameter tubes placed within the nasolacrimal system to maintain patency.
- the tubes are typically composed of silicone, or another similar semi-rigid yet flexible material with an open central lumen. Intubation of the nasolacrimal system is generally done temporarily, with stents remaining in place for several months.

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Botox

- There are a few options for treating blepharospasm. The most effective treatment is botulinum toxin injections (Botox shots), a muscle-relaxing substance. A very slender needle is used to inject the medicine into muscles above and below your eye. Spasms begin to disappear anywhere from a day to 2 weeks after the injection. This relief lasts about 3 months.

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Techs role in Oculoplastic's

- What critical role does a technician play in the specialty?
  - *Working up patients- proper chief complaint, Full ROS, reviewing of medication/drug allergies*
  - *Insurance required testing; VF, Schirmer's test, Photos, Proof of/documented hx*
  - *Handling preoperative instructions*
  - *Insurance verification/prior authorization*
  - *Prepping patient*
  - *Prepping OR/surgical room*
  - *Sterile technique*
  - *Post op care*

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Chief Complaint

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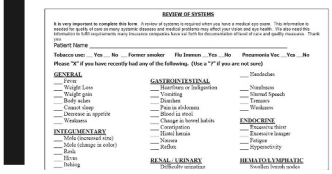

REVIEW OF SYSTEMS

It is very important to complete this form. A review of systems is required when you have a medical eye exam. This information is needed for quality of care as many systemic diseases and medical problems may affect your vision and eye health. We also need this information to fulfill requirements many insurance companies have set forth for documentation of level of care and quality measures. Thank you!

Patient Name _____

Tobacco user: ___Yes ___ No ___ Former smoker Flu Immun. ...Yes ...No Pneumonia Vac ...Yes ...No

Please "X" if you have recently had any of the following. (Use a "?" if you are not sure)

GENERAL
___ Fever
___ Weight Loss
___ Weight gain
___ Night sweats
___ Fatigue/weakness
___ Decrease in appetite
___ Weakness

INTEGUMENTARY
___ Mole (increased size)
___ Mole (change in color)
___ Rash
___ Hives
___ Itching

GASTROINTESTINAL
___ Heartburn or Indigestion
___ Vomiting
___ Diarrhea
___ Pain in abdomen
___ Blood in stool
___ Change in bowel habits
___ Constipation
___ Hiatal hernia
___ Nausea
___ Reflux

RENAL / URINARY
___ Difficulty urinating

___ Headaches
___ Numbness
___ Slurred Speech
___ Tremors
___ Weakness

ENDOCRINE
___ Excessive thirst
___ Excessive hunger
___ Fatigue
___ Hypersensitivity

HEMATO/LYMPHATIC
___ Swollen lymph nodes

ROS- REVIEW OF SYSTEMS

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Proof of issue- Cosmetic VS Medical

- Levator repairs and Blepharoplasty
  - *VF taped and untaped*
  - *Photos*
  - *Ice test/myasthenia gravis*
  - *Phenylephrine test/Ptosis-To determine the surgical approach*
  - *Diplopia? Does this matter?*
  - *Physical complaint, impacting daily life?*
  - *One eye could be medical and one eye could be cosmetic, how do we handle*

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Visual Field Testing:

- VF is only done for insurance authorization for functional patient
- Cosmetic VS Medical
- Demonstrate a significant loss of superior visual field and potential correction of the visual field by the proposed procedure(s).
- A minimum 12 degree OR 30 percent loss of upper field of vision with upper lid skin and/ or upper lid margin in repose to being elevated (by taping of the lid) to demonstrate potential correction by the proposed procedure or procedures is required.
- Testing of eye(s) both at rest and with lid elevation (taped, manually retracted)
- When planned procedure is for ptosis or the ptosis is concurrent with dermatochalasis; the visual field study should be repeated with the true eyelid taped, so the eyelid margin assumes the correct anatomic position

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Preoperative needs

- Prepping patient for what to expect and post op limitations; vary depending on procedure but can involve:
- No eating/drinking before procedure if on I.V. anesthetic
- No blood thinners leading up to/after the surgery varying depending on procedure type
- Limited activity after- Prepping patient to take time off of work/limiting activity ~2 weeks after for proper healing

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Prepping for the procedure

- Setting up OR/Minor surgery suite
- Sterile technique, is this important?
- Prepping your sterile tray
- Prepping your patients numbing medication
- What if your patient is on Valium/Xanax?
- Physically prepping your patient; removing hair, cleaning procedure area, what if we need to ground the patient?

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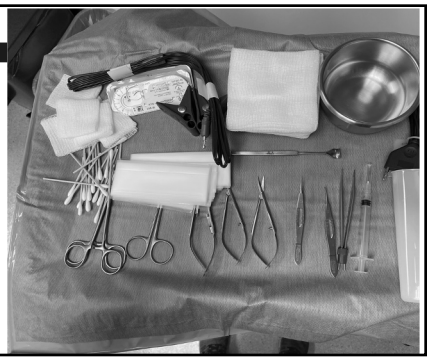
BASIC TRAY SET UP:



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Sterile Technique

- Only sterile items are used within the sterile field.
- Check expiration dates of the things that you will use
- Never cross the sterile boundary
- If in doubt about the sterility of the packaged item, it is not considered sterile.
- Single-use medical devices are used on an individual client for a single procedure and then are discarded
- Use sterile drapes to cover surfaces or operative fields and provide a barrier against micro-organisms, liquids, and particulate matter
- **Surgical drapes** are only sterile at table level.
- If the drape does not cover the entire surface, a 1-inch margin around the edge of the drape is considered unsterile.
- The edges of packages are considered unsterile. When opening packages for a sterile procedure prevent the wrapper from touching the sterile field or package contents
- Only touch sterile items on the tray if you are sterile gloved during the procedure

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Sterile vs. Non-Sterile

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STERILE TRAY FOR PROCESS

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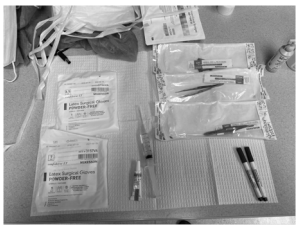

BASIC MEDICATION SET UP/PREP

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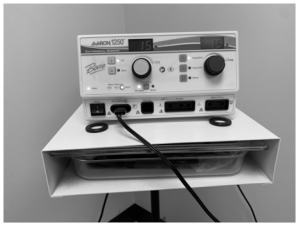

BASIC SET UP OF MACHINE:

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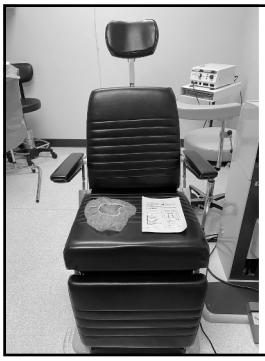

BASIC SET UP OF PATIENT:

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TIME OUT- VERY IMPORTANT

VERIFY YOUR PATIENT, THE DATE, THE PROCEDURE SITE/TYPE, PATIENT ALLERGIES (MEDICATION AND OR LATEX/GLUE/SUTURES/TAPE)

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WHERE DO WE CUT?

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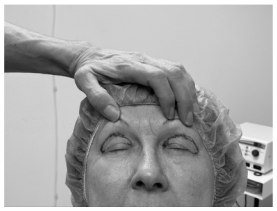
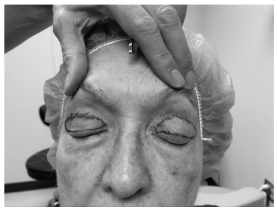
PATIENT MARK-UP





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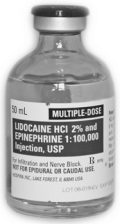

Numbing patient:

- DILUTION OF 2CC OF LIDOCAINE W/ EPINEPHERINE

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CAUTION FOR SQUEAMISH

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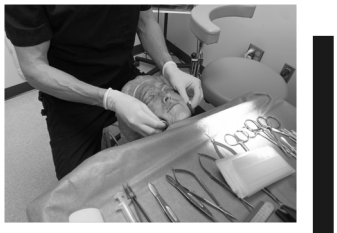

CLEANING YOUR SURGICAL WORKING AREA:

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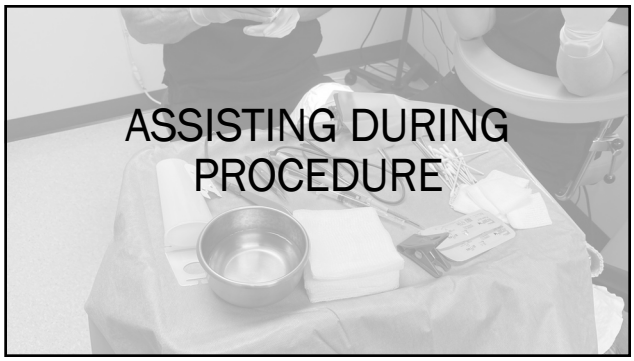

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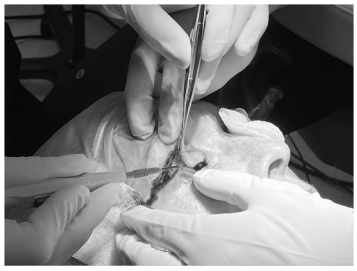
Assisting during procedure 2:



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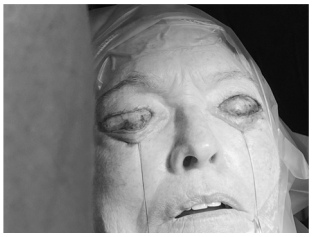
Assisting during procedure 3:



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Cleaning up:

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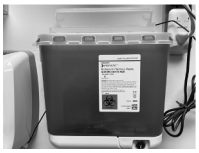
Keeping up safety standards:

- Sharps container



- Biohazard traveling container

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Post-op Instructions:

- Going over PO instructions
- Did someone come with the patient?
- How important is it to follow post op rules?

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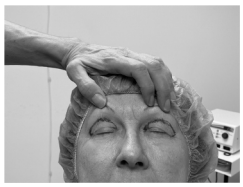
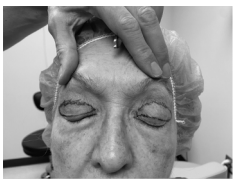
Patient comparison before:

- Patient 1



- Patient 2



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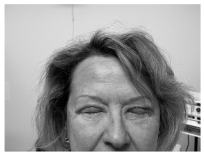
Patient comparison after:

- Patient 1



- Patient 2

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Post op appointment:

- Normal post op appts:
  - *1 week- edema still present*
  - *1 month- good idea of patient is going to look after*

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References:

- Adam Rasky MD, Oculoplastic specialist
- AOA
- Patient disclosed names
- https://www.cgsmedicare.com/pdf/bleph_checklist.pdf
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4579996/
- https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-surgical-aseptic-technique-sterile-field.pdf
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THANK YOU

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