

## **Thoracotomy/VATS Cases Protocol**

\*This guide is meant as a reference, and does not reflect the opinion of Symbios Medical Products. Placement technique is ultimately up to the surgeon. The physician performing this placement has given his recommendation on the following surgery for educational purposes only.

**Surgeon:** Dr. Parvez K. Sultan

**Institution:** Trinity Medical Center

**Pump used:** GO Pump™ Dual Rapid Recovery System; Reorder #D300-F0502x2  
(300ml max vol \* 150ml/side \* 2ml/hr/catheter \* 5" fenestrated catheter)

**Drug concentration:** Pump filled with .5% Marcaine

**Pre-incision infiltration:** Thoracotomy incisions are infiltrated with .5% Marcaine pre-incision.  
10-20cc are used, injected with an 18g needle in a sub-dermal fashion.

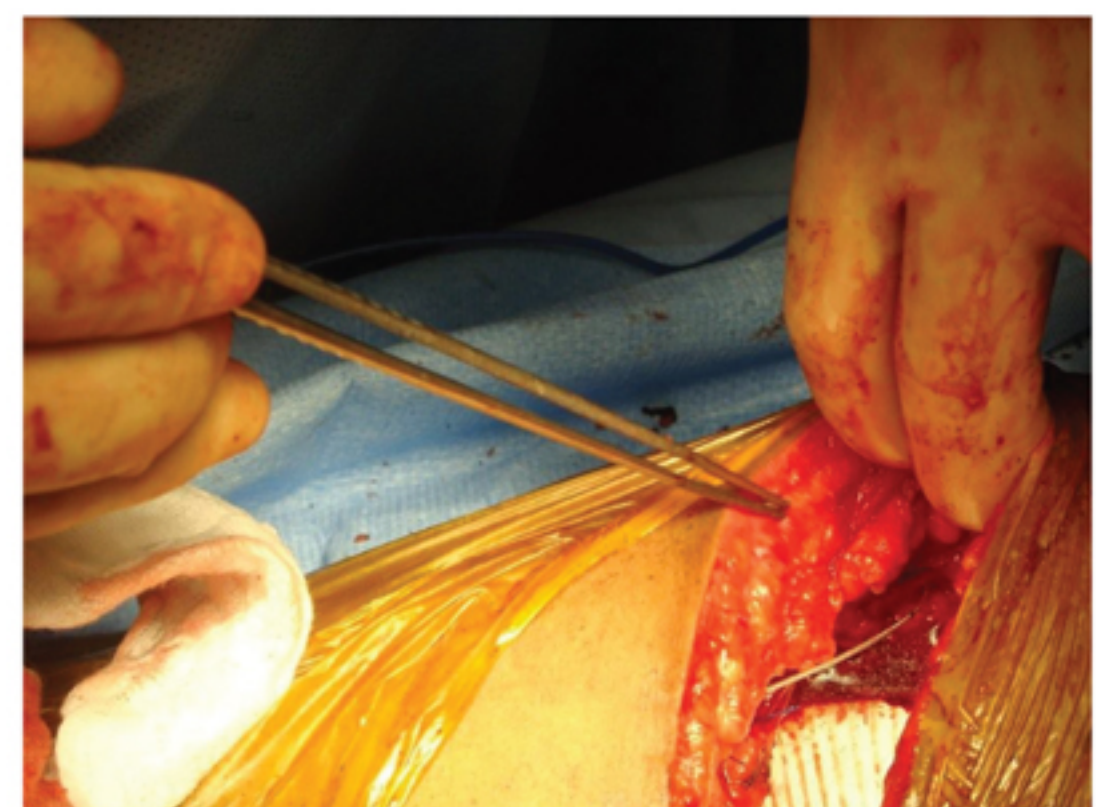
### **Catheter placement technique:**

The GO Pump™ Dual catheters are placed from the bottom of the skin incision. There are usually two catheters.

Catheter #1 is placed in a paraspinal fashion causing a paraspinal nerve block (usually T2-7 level), so that .5% Marcaine is infused around the spine and at the origin of intercostal nerves.



Introducing the catheter



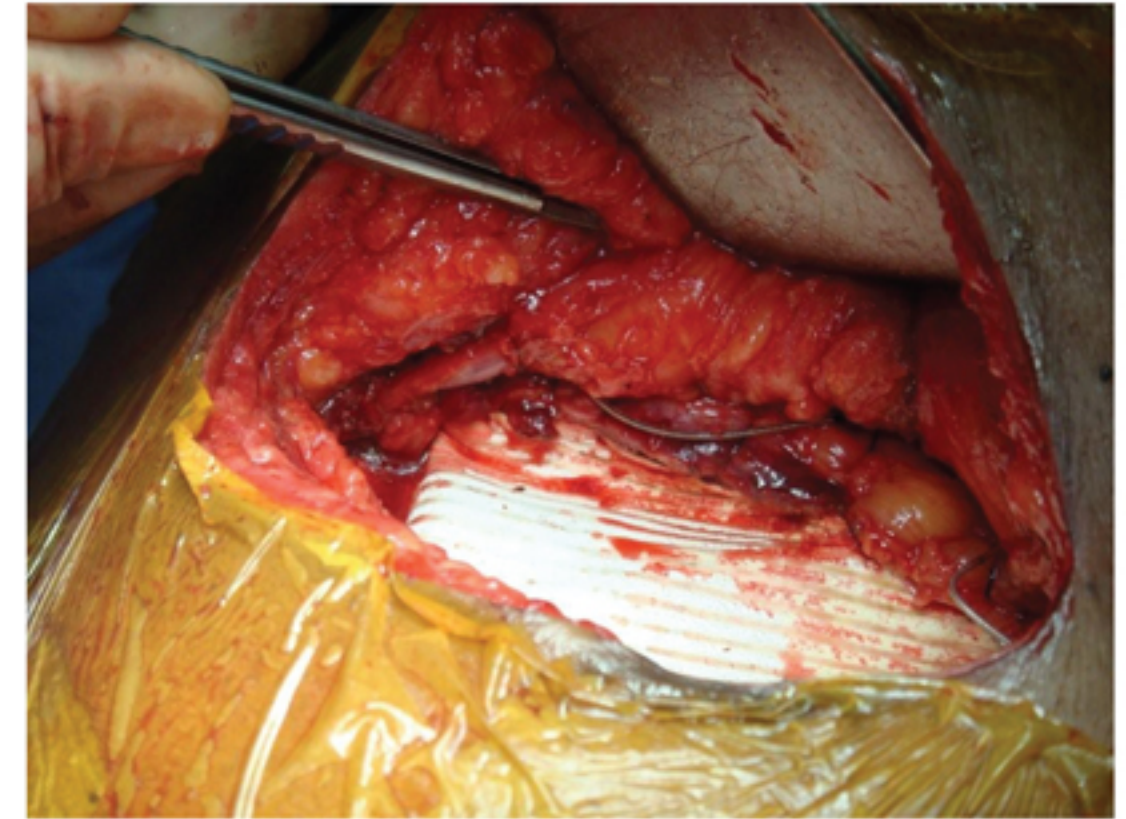
Catheter #1 placement

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### **Catheter placement technique cont.:**

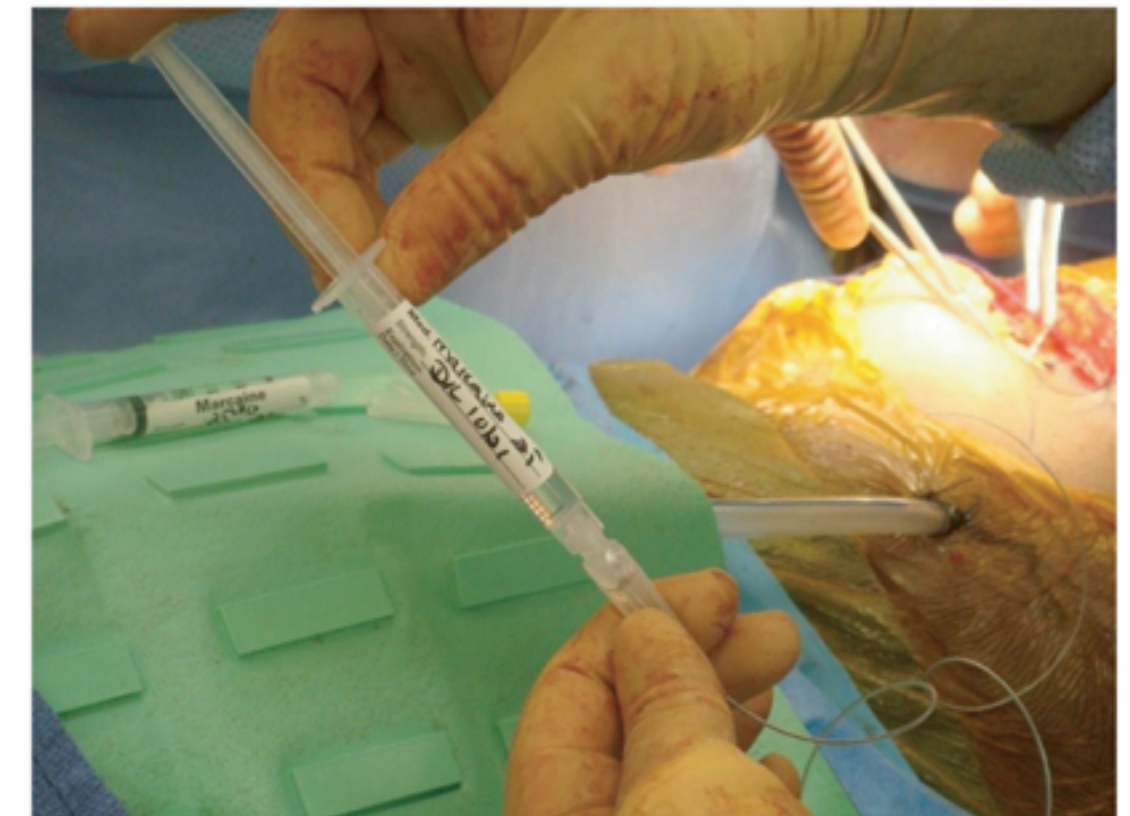
Catheter #2 is placed underneath the incision in between the intercostal muscles. This provides an intercostal nerve block at the site of the thoracotomy and where we enter the pleural space. This is done similarly in VATS procedures.



Catheter #2 placement

### **Postoperative bolus technique:**

20cc of .5% Marcaine is injected via the catheters in a bolus fashion to clean out the catheter and give a bolus dose of pain medication into the operative site. This minimizes immediate postoperative pain.



Postoperative bolus

### **Wound closure & securing the catheter:**

The ribs are re-approximated with sutures in a figure eight fashion 0-vicryl. Then the muscle layer is closed over the catheter with 2-0 vicryl in two layers. Skin is closed with 3-0 monocryl.



Final closure and pump

### **Additional postoperative pain medications:**

Usually patients get oral narcotics q 4-6 hours or PRN, they may have IV morphine 2mg. PRN q 4-6hr for breakthrough pain.