[Current Date]      [Current Time]

OPERATIVE NOTE

OPERATION: LEFT HIP BIPOLAR HEMIARTHROPLASTY

PREOP DIAGNOSIS: LEFT FEMORAL NECK FRACTURE

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: 

ANESTHESIA: 

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT : NONE

BLOOD LOSS:  

IMPLANTS:

    FEMORAL STEM: 

    FEMORAL NECK LENGTH: 

    FEMORAL HEAD SIZE: 

    BIPOLAR CUP: 

     ANCHORS: 

THIS PATIENT IS A  WITH A LEFT FEMORAL NECK FRACTURE.  PREVIOUSLY AMBULATORY.

PATIENT UNDERSTOOD THE PROCEDURE AND RISKS INCLUDING RISKS OF INFECTION, BLEEDING, LIMB LOSS, DEATH, AND FAILURE OF PROCEDURE TO ACHIEVE DESIRED OR STATED GOALS.  PERMIT SIGNED VOLUNTARILY.

BROUGHT BACK TO OPERATING ROOM.  IV ANTIBIOTICS GIVEN.  ANESTHETIC STARTED.  RIGHT LATERAL DECUBITUS POSITION.  PROMINENCES PADDED.

LEFT LOWER EXTREMITY PREPPED WITH BETADINE SOAP THEN-CHLORAPREP TOES TO ILIAC CREST.  STERILE DRAPES.  BETADINE VI DRAPE APPLIED.  LATERAL INCISION OVER LEFT GREATER TROCHANTER, EXTENDING PROXIMAL AND DISTAL.

DISSECTION SHARPLY THROUGH SUBCUTANEOUS TISSUES.  BLEEDERS COAGULATED WITH CAUTERY.  FASCIA LATA SPLIT WITH CAUTERY, RETRACTORS INSERTED.

WITH CAUTERY, VASTUS LATERALIS - ABDUCTOR FLAP DISSECTED OFF ANTERIOR HIP CAPSULE.  GELPI RETRACTORS INSERTED.  ANTERIOR HIP CAPSULECTOMY DONE WITH CAUTERY.

PROXIMAL FEMUR DISLOCATED AND DELIVERED INTO INCISION.  ELEVATED WITH MUELLER RETRACTOR.  WITH APPROPRIATE INSTRUMENTATION, FEMORAL NECK WAS TRANSECTED, AND PROXIMAL FEMUR SHAPED TO ACCEPT ABOVE-MENTIONED COMPONENT.

LIGAMENTUM TERES REMOVED FROM ACETABULAR FOSSA WITH CAUTERY

TRIAL FEMORAL COMPONENTS WERE INSERTED, WITH TRIAL HEAD-NECK AND BIPOLAR COMPONENTS.   HIP WAS STABLE IN ALL RANGES OF MOTION.  COPIOUS IRRIGATION WITH PULSED LAVAGE SALINE SOLUTION THROUGHOUT THE PROCEDURE.

TRIAL COMPONENTS REMOVED, FEMORAL PROSTHESIS WAS CEMENTED IN PLACE AFTER CLEANING OF THE CANAL, AND PLACEMENT OF CEMENT RESTRICTOR DISTAL IN THE CANAL. TRUE COMPONENTS AS NOTED ABOVE WERE INSERTED, AND THE HIP WAS ONCE AGAIN STABLE IN FUNCTIONAL RANGE OF MOTION.

250 mL OF 0.35% BETADINE SOLUTION WAS FLOODED INTO THE WOUND, LEFT THREE MINUTES, AND THEN IRRIGATED OUT WITH PULSED LAVAGE SALINE.

VASTUS LATERALIS - ABDUCTOR FLAP WAS REPAIRED WITH INTERRUPTED #1 VICRYL FIGURE OF 8 SUTURES, AND  ANCHORS.  FASCIA LATA CLOSED WITH INTERRUPTED #1 VICRYL SUTURE.

DEEP SUBCUTANEOUS TISSUE CLOSED WITH INTERRUPTED #1 VICRYL SUTURE.  SUPERFICIAL SUBCUTANEOUS TISSUE CLOSED WITH RUNNING-LOCKING 2-0  MONOCRYL. SKIN CLOSED WITH DERMABOND-PRINEO.

DRESSING APPLIED.  ANTIBIOTIC OINTMENT, NON ADHERENT GAUZE, 4X4 PADS, ABD PADS, TEGADERM.  GOOD DORSALIS PEDIS PULSE ON LEFT AT END OF PROCEDURE.

PATIENT WAS CAREFULLY TURNED SUPINE. TO PACU IN GOOD CONDITION.  TOLERATED PROCEDURE WELL.  WILL MOBILIZE PER RAPID MOBILIZATION PROTOCOL.

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