[Current Date]    [Current Time]

OPERATIVE NOTE

OPERATION: EXCISIONAL BIOPSY LEFT WRIST DORSAL GANGLION CYST

PREOP DIAGNOSIS: SYMPTOMATIC LEFT WRIST DORSAL GANGLION CYST

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: NONE

ANESTHESIA: 

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT:  

BLOOD LOSS:  

IMPLANTS: NONE

PATH SPECIMEN: CYST

CULTURES: NONE

TOURNIQUET TIME:     MINUTES AT 200 mm Hg

THIS IS A  WHO HAD NOTED A MASS ON THE RADIAL DORSAL LEFT WRIST.  THIS WAS SYMPTOMATIC.  THE MASS TRANS-ILLUMINATED ON OFFICE EXAM.  RECOMMENDED EXCISIONAL BIOPSY.

PATIENT UNDERSTOOD 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 SURGERY.  POSITIONED ON OPERATING TABLE.  ANESTHESIA STARTED.  TOURNIQUET WRAPPED AROUND UPPER LEFT ARM OVER ACE WRAP.   PREP WITH CHLORAPREP   STERILE DRAPES APPLIED.

EXSANGUINATION BY ESMARCH.  TOURNIQUET INFLATED TO 200 mm Hg FOR TIME AS NOTED ABOVE.  INCISION OVER MASS DORSAL RADIAL LEFT WRIST.  CAREFUL DISSECTION THROUGH SUBCUTANEOUS TISSUE.

CYSTIC MASS IDENTIFIED. BLUNTLY DISSECTED OUT.  CARE TAKEN TO AVOID EXTENSOR TENDONS

CYST REMOVED AND SENT TO PATHOLOGY.  SMALL SQUARE OF LEFT WRIST CAPSULE REMOVED SHARPLY.

TOURNIQUET DEFLATED.  BLEEDERS COAGULATED WITH CAUTERY.

DEEP SUBCU TISSUES CLOSED WITH INTERRUPTED 0-VICRYL.  SUPERFICIAL SUBCU CLOSED WITH RUN-LOCK 2-0 MONOCRYL, SKIN CLOSED WITH INTERRUPTED 2-0 HORIZONTAL MATTRESS NYLON SUTURES .

DRESSING APPLIED.  NON- ADHERENT DRESSING, 4X4 GAUZE, WELL PADDED SHORT ARM SPLINT.  SLING APPLIED.  GOOD VASCULARITY RETURNED TO LEFT HAND AFTER TOURNIQUET WAS DEFLATED.

TO PACU IN GOOD CONDITION.  DISCHARGE LATER TODAY.  OFFICE ONE WEEK AND WILL START MOBILIZATION.  WILL PROBABLY LEAVE SUTURES IN PLACE FOR TWO WEEKS.

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