[Current Date]     [Current Time]

OPERATIVE NOTE

OPERATION: REDUCTION OF DISLOCATED LEFT TOTAL HIP

PREOP DIAGNOSIS: DISLOCATED LEFT TOTAL HIP

POSTOP DIAGNOSIS: DISLOCATED LEFT TOTAL HIP

COMPLICATIONS: NONE

ANESTHESIA: GENERAL

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT: NONE

BLOOD LOSS: MINIMAL

IMPLANTS: N/A

PATH SPECIMEN: NONE

CULTURES: NONE

THIS IS A  WHO SUSTAINED A TRAUMATIC DISLOCATION OF THEIR LEFT TOTAL HIP.  ATTEMPTS AT CLOSED REDUCTION WITHOUT GENERAL ANESTHESIA HAD FAILED.

RECOMMENDED PROCEDURE AS NOTED ABOVE.  PATIENT UNDERSTOOD THAT OPEN REDUCTION MIGHT BE NECESSARY, AND UNDERSTOOD THE 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.  CLOSED REDUCTION DONE SUCCESSFULLY UNDER FLOURO CONTROL.  LEFT TOTAL HIP WAS STABLE IN ALL RANGES OF MOTION AFTER REDUCTION.

AWAKENED FROM ANESTHESIA.   TO PACU IN GOOD CONDITION.  DISCHARGE LATER TODAY OR TOMORROW.