 [Current Date]    [Current Time]

OPERATIVE NOTE

OPERATION: FIRST EXTENSOR COMPARTMENT RELEASE, LEFT WRIST

PREOP DIAGNOSIS: LEFT WRIST deQUERVAIN'S TENOSYNOVITIS

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: NONE

ANESTHESIA:  

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT: NONE

BLOOD LOSS: MINIMAL

IMPLANTS: NONE

PATH SPECIMEN: NONE

CULTURES: NONE

THIS IS A   WHO HAD PERSISTENT PAIN AT THE BASE OF THE LEFT THUMB.  POSITIVE FINKELSTEIN TEST FOR REPRODUCTION OF SYMPTOMS. NO RESPONSE TO NON OPERATIVE CARE.

BROUGHT BACK TO SURGERY.  POSITIONED ON OPERATING TABLE.  ANESTHESIA STARTED.  TOURNIQUET WRAPPED AROUND UPPER LEFT ARM OVER ACE WRAP.   TOURNIQUET PROTECTED WITH U - DRAPE.  PREP WITH CHLORA-PREP FINGERTIPS TO TOURNIQUET.

CURVILINEAR INCISION OVER LEFT RADIAL STYLOID.  DISSECTION THROUGH SUBCUTANEOUS TISSUE BLUNTLY.  SUPERFICIAL RADIAL NERVE AND CEPHALIC VEIN IDENTIFIED AND PROTECTED.  FIRST EXTENSOR COMPARTMENT SHEATH IDENTIFIED WITH BLUNT DISSECTION.

SHEATH WAS RELEASED SHARPLY THROUGHOUT ITS LENGTH.  CARE TAKEN TO RELEASE LONG ABDUCTOR AND SHORT EXTENSOR TENDONS, AND THE SMALL ACCESSORY SHORT EXTENSOR TENDON THAT TRAVELED IN ITS OWN SHEATH.  SMALL AMOUNT OF VOLAR SIDE OF SHEATH REMOVED SHARPLY.

TOURNIQUET DEFLATED.  BLEEDERS CAREFULLY COAGULATED WITH CAUTERY.

DEEP SUBCU TISSUES CLOSED WITH RUNNING-LOCKING 3-0-VICRYL.   SKIN CLOSED WITH INTERRUPTED 3-0 NYLON HORIZONTAL MATTRESS SUTURES.  1% PLAIN LIDOCAINE FIELD BLOCK.

XEROFORM GAUZE APPLIED.  4X4 GAUZE.  WELL PADDED SHORT ARM THUMB SPICA SPLINT.

TO PACU IN GOOD CONDITION.  TOLERATED PROCEDURE WELL. SLING APPLIED.  DISCHARGE LATER TODAY.  OFFICE ONE WEEK

……………………………………………………………………………………………………………………………………