[Current Date]      [Current Time]

OPERATIVE NOTE

OPERATION : RIGHT TOTAL HIP REPLACEMENT

PREOP DIAGNOSIS: SYMPTOMATIC DJD RIGHT HIP

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: 

ANESTHESIA: 

SURGEON : DOUGLAS A. WALDMAN, MD

ASSISTANT : NONE

BLOOD LOSS:  

IMPLANTS:  SYSTEM

    FEMORAL STEM: 

    FEMORAL NECK LENGTH: 

    FEMORAL HEAD SIZE: 

    ACETABULAR SHELL SIZE: 

    ACETABULAR SCREWS: 

    ACETABULAR LINER": 

    DUAL MOBILITY HEAD: 

 ANCHORS: 

    CABLE: 

THIS PATIENT IS A  WITH SYMPTOMATIC END STAGE DJD OF THE RIGHT HIP.  NON-OPERATIVE MODALITIES PROVED INEFFECTIVE, AND TOTAL HIP WAS RECOMMENDED.

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 OPERATING ROOM.  IV ANTIBIOTICS GIVEN.  ANESTHETIC STARTED.  LEFT LATERAL DECUBITUS POSITION.  PROMINENCES PADDED.  TRANEXAMIC ACID GIVEN.

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

DISSECTION SHARPLY THROUGH SUBCUTANEOUS TISSUES.  BLEEDERS COAGLATED 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 MULLER RETRACTOR.  WITH APPROPRIATE INSTRUMENTATION, FEMORAL NECK WAS TRANSECTED, AND PROXIMAL FEMUR SHAPED TO ACCEPT ABOVE-MENTIONED COMPONENT.

RETRACTORS CAREFULLY INSERTED, AND PERI ACETABULAR CAPSULECTOMY WAS DONE.  SEQUENTIAL REAMING OF ACETABULUM DONE; LIGAMENTUM TERES REMOVED USING CAUTERY.

TRIAL ACETABULAR COMPONENTS AS NOTED ABOVE WERE INSERTED, ALONG WITH TRIAL FEMORAL COMPONENTS WERE INSERTED.  HIP WAS STABLE IN ALL RANGES OF MOTION.  COPIOUS IRRIGATION WITH PULSED LAVAGE SALINE SOLUTION THROUGHOUT THE PROCEDURE.

WITH TRIAL COMPONENTS IN PLACE, ONE CABLE WAS PLACED AROUND THE PROXIMAL FEMUR JUST SUPERIOR TO THE LESSER TROCHANTER TO PREVENT HOOP STRESSES IN THE FEMUR UPON INSERTION OF THE ACTUAL FEMORAL COMPONENT.

TRIAL COMPONENTS REMOVED, 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, RIGHT 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 QUATTRO ANCHORS.  FASCIA LATA CLOSED WITH INTERRUPTED #1 VICRYL SUTURE.

DEEP SUBCUTANEOUS TISSUE CLOSED WITH I NTERRUPTED #1 VICRYL SUTURE.  SUPERFICIAL SUBCUTANEOUS TISSUE CLOSED WITH RUNNING-LOCKING 2-0  MONOCRYL. SKIN CLOSED WITH 

DRESSING APPLIED.   4X4 PADS, ABD PADS, PAPER TAPE.  GOOD POSTERIOR TIBIAL PULSE ON RIGHT AT END OF PROCEDURE.

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

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