OPERATIVE NOTE

OPERATION: ORIF LEFT PROXIMAL FEMUR FRACTURE

PREOP DIAGNOSIS: INTERTROCHANTERIC FRACTURE LEFT PROXIMAL FEMUR

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: NONE

ANESTHESIA:  

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT: NONE

BLOOD LOSS: 

IMPLANTS: 

PATH SPECIMEN: NONE

CULTURES: NONE

THIS IS A  WHO SUSTAINED THE ABOVE NOTED INJURY.  RECOMMENDED PROCEDURE AS ABOVE.  PATIENT UNDERSTOOD PROCEDURE AND RISKS, INCLUDING RISKS OF INFECTION, BLEEDING, LIMB LOSS, DEATH, AND FAILURE OF PROCEDURE TO ACHIEVE DESIRED OR STATED GOALS

BROUGHT BACK TO SURGERY.  ANESTHESIA STARTED.  POSITIONED ON FRACTURE TABLE.  LEFT PROXIMAL FEMUR REDUCED UNDER IMAGE CONTROL.  SCRUB WITH HIBICLENS SCRUB.  PREP WITH CHLORAPREP .

PROCEDURE DONE UNDER FLOURO CONTROL. INCISION LINE INFILTRATED WITH MARCAINE-EPINEPHRINE.  INCISION PROXIMAL TO GREATER TROCHANTER . DISSECTION THROUGH SUBCU, BLEEDERS COAGULATED WITH CAUTERY.

GUIDE WIRE PLACED THROUGH TIP OF GREATER TROCHANTER, PROPER POSITION VERIFIED.  PROXIMAL REAMING DONE USING STARTER REAMER, DISTAL REAMING TO   MM.

IM NAIL  INSERTED PROXIMAL TO DISTAL.  GUIDE WIRE PLACED IN CENTER-CENTER POSITION IN FEMORAL NECK.  LAG SCREW  INSERTED TO CORRECT DEPTH, ATTEMPTING TO ACHIEVE TIP-TO-ARTICULAR DISTANCE BOTH VIEWS TOTALING NO MORE THAN 2.5 MM.

SET SCREW INSERTED.  LAG SCREW ADJUSTED TO ALLOW COMPRESSION.  COMPRESSION ALSO ACHIEVED WITH LAG SCREW INSERTED.  END CAP INSERTED.

DISTAL LOCKING THROUGH MOST PROXIMAL OF THE DISTAL HOLES IN THE NAIL.   SCREW INSERTED.  ENTIRE CONSTRUCT REVIEWED ON FLOURO, GOOD POSITION OF NAIL AND LAG SCREW ACHIEVED.

ON PROXIMAL INCISION[S] DEEP SUBCU TISSUES CLOSED WITH INTERRUPTED 0-VICRYL.  SUPERFICIAL SUBCU CLOSED WITH RUN-LOCK 2-0 MONOCRYL,  SKIN CLOSED WITH STAPLES.  DISTAL LOCKING SCREW INCISION CLOSED WITH 2-0 VICRYL DEEP, AND SKIN STAPLES.

DRESSING APPLIED.

TO PACU IN GOOD CONDITION.  WILL MOBILIZE FULL WEIGHT BEARING.  TOLERATED PROCEDURE WELL.

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