[Current Date]      [Current Time]

                                           OPERATIVE REPORT

OPERATION: OPEN REDUCTION AND  INTERNAL FIXATION LEFT ELBOW OLECRANON PROCESS FRACTURE

PREOP DIAGNOSIS LEFT OLECRANON FRACTURE

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: NONE

ANESTHESIA: 

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT: NONE

ESTIMATED BLOOD LOSS: 

SPECIMEN SENT TO LAB: 

DRAINS: NONE

IMPLANT: 

PROCEDURE IN DETAIL

THIS PATIENT IS A  WHO HAD SUSTAINED A FRACTURE OF THE LEFT OLECRANON, UNSTABLE ON RADIOGRAPHIC EVALUATION.

OPEN REDUCTION AND INTERNAL FIXATION WAS RECOMMENDED.  PATIENT UNDERSTOOD THE PROCEDURE AND RISKS, INCLUDING RISKS OF INFECTION, BLEEDING, LIMB LOSS, DEATH, AND FAILURE OF PROCEDURE TO ACHIEVE DESIRED OR STATED GOALS.  PERMIT WAS SIGNED VOLUNTARILY

PATIENT WAS BROUGHT BACK TO OPERATING ROOM.  CAREFULLY POSITIONED ON OPERATING TABLE.  TOURNIQUET APPLIED TO UPPER LEFT ARM OVER ACE WRAP, AND PROTECTED WITH PLASTIC U DRAPE.

PREP WITH  FINGERTIPS TO TOURNIQUET LEVEL.  AFTER ESMARCH EXSANGUINATION, TOURNIQUET WAS INFLATED TO  mm Hg FOR MINUTES.

STERILE DRAPES APPLIED.  INCISION ALONG POSTERIOR PROXIMAL LEFT ELBOW. CAREFUL DISSECTION THROUGH SUBCUTANEOUS TISSUES.  BLEEDERS COAGULATED WITH CAUTERY.

 FRACTURE EXPOSED, DISTRACTED, IRRIGATED COPIOUSLY, REDUCED.  FIXATION WITH .

TOURNIQUET WAS DEFLATED.  BLEEDERS COAGULATED WITH CAUTERY.  COPIOUS IRRIGATION WITH SALINE SOLUTION WAS DONE THROUGHOUT THE PROCEDURE.  DEEP SUB CU CLOSED WITH , SUPERFICIAL SUB-CU CLOSED WITH , SKIN CLOSED WITH .

GOOD VASCULAR SUPPLY HAD RETURNED TO LEFT HAND AFTER TOURNIQUET DEFLATION.  INCISION HAD, NON-ADHERENT DRESSING, AND STERILE 4 X 4 PADS APPLIED, FOLLOWED BY A BULKY VOLAR LONG ARM SPLINT.

TO PACU IN GOOD CONDITION.  POST OP MEDICATIONS AS PER ORDERS, OFFICE ONE WEEK.  TOLERATED PROCEDURE WELL.

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