[Current Date]      [Current Time]

 OPERATIVE REPORT

OPERATION: OPEN LEFT DISTAL RADIUS REDUCTION AND INTERNAL FIXATION

PREOP DIAGNOSIS: LEFT DISTAL RADIUS 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 DISTAL RADIUS, 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 200 mm Hg FOR LESS THAN ONE HOUR.

STERILE DRAPES APPLIED.  INCISION ALONG RADIAL WRIST FLEXOR.. CAREFUL DISSECTION THROUGH SUBCUTANEOUS TISSUES.  BLEEDERS COAGULATED WITH CAUTERY.

RADIAL WRIST FLEXOR RETRACTED.  FLOOR OF SHEATH ENTERED.  LONG THUMB FLEXOR TENDON RETRACTED ULNARWARD.  PRONATOR QUADRATUS DISSECTED OFF DISTAL RADIUS.  FRACTURE EXPOSED, DISTRACTED, IRRIGATED COPIOUSLY, REDUCED.  FIXATION WITH .  PRONATOR QUADRATUS REPAIRED AS BEST POSSIBLE.

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 SHORT ARM SPLINT.

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

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