[Current Date]    [Current Time]

OPERATIVE NOTE

OPERATION:  OPEN REDUCTION AND INTERNAL FIXATION RIGHT PATELLA

PREOP DIAGNOSIS:  RIGHT PATELLA FRACTURE

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 ORIF RIGHT PATELLA.  PROCEDURE AND RISKS EXPLAINED, INCLUDING RISKS OF INFECTION, BLEEDING, LIMB LOSS, DEATH, AND FAILURE OF PROCEDURE TO ACHIEVE DESIRED OR STATED GOALS.  PERMIT SIGNED VOLUNTARILY.

BROUGHT BACK TO SURGERY.  IV ANTIBIOTICS GIVEN. POSITIONED ON OPERATING TABLE.  ANESTHESIA STARTED.  TOURNIQUET WRAPPED AROUND UPPER RIGHT THIGH OVER ACE WRAP.  PAD UNDER RIGHT BUTTOCK.  PREP WITH CHLORAPREP .  STERILE DRAPES APPLIED.  EXSANGUINATION BY ESMARCH.  INFLATED TOURNIQUET TO  MM Hg FOR   MINUTES.

MIDLINE INCISION OVER RIGHT KNEE.  DISSECTION THROUGH SUBCUTANEOUS TISSUES. THICK SKIN FLAPS DEVELOPED.  FRAGMENTS IDENTIFIED, DISTRACTED, CURETTED, IRRIGATED COPIOUSLY WITH SALINE SOLUTION.  REPAIRED WITH  UNDER FLOURO CONTROL.

PATELLAR RETINACULUM CLOSED WITH .

DEEP SUBCU TISSUES CLOSED WITH INTERRUPTED 0-VICRYL.  SUPERFICIAL SUBCU CLOSED WITH RUN-LOCK 2-0 MONOCRYL, SKIN CLOSED WITH 

DRESSING APPLIED.  NON -DHERENT GAUZE, 4X4 PADS, ABD PAD, CAST PADDING, ACE WRAP, KNEE IMMOBILIZER.  GOOD VASCULAR SUPPLY RETURNED TO EXTREMITY AFTER TOURNIQUET DEFLATION.

TO PACU IN GOOD CONDITION.  PLAN 3-4 WEEKS IMMOBILIZATION IN EXTENSION, FOLLOWED BY GRADUAL INCREASE IN FLEXION.  TOLERATED PROCEDURE WELL.

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