Current Date]      [Current Time]

                                                OPERATIVE REPORT

OPERATION: OPEN RIGHT CARPAL TUNNEL RELEASE AND RIGHT CUBITAL TUNNEL RELEASE

PREOP DIAGNOSIS: RIGHT CARPAL TUNNEL SYNDROME AND CUBITAL TUNNEL SYNDROME

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: NONE

ANESTHESIA: 

SURGEON : DOUGLAS A. WALDMAN, MD

ASSISTANT: NONE

ESTIMATED BLOOD LOSS: 

SPECIMEN SENT TO LAB: 

DRAINS : NONE

PROCEDURE IN DETAIL

THIS PATIENT IS A  WHO HAD GLOBAL NUMBNESS IN THE RIGHT HAND IN THE MEDIAN TERRITORY, WITH POSITIVE PHALEN AND TINEL TESTS.  ALLEN TESTS SHOWED BOTH ARTERIES OPEN TO RIGHT HAND.

EMG-NCV SHOWED SLOWING OF THE RIGHT MEDIAN NERVE CONDUCTION VELOCITY AT THE WRIST, AND OF HE RIGHT ULNAR NERVE CONDUCTION VELOCITY AT THE ELBOW.

NON-OPERATIVE MEASURES HAD NOT RELIEVED SYMPTOMS.  RIGHT CARPAL AND CUBITAL TUNNEL  RELEASE 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 RIGHT ARM OVER ACE WRAP AND PROTECTED WITH PLASTIC U DRAPE.

PREP WITH CHLORAPREP  FINGERTIPS TO TOURNIQUET LEVEL.  STERILE DRAPES APPLIED. AFTER ESMARCH EXSANGUINATION, TOURNIQUET WAS INFLATED TO 200 mm Hg FOR LESS THAN ONE HOUR.

INCISION POSTERIOR TO RIGHT MEDIAL EPICONDYLE.  BLUNT DISSECTION THROUGH SUBCUTANEOUS TISSUE.  ULNAR NERVE IDENTIFIED PROXIMAL, TRACED DISTAL, SHARPLY TRANSECTING THE TISSUE OVER THE CUBITAL TUNNEL.  CARE WAS TAKEN TO PRESERVE CUTANEOUS NERVES AND MOTOR BRANCH.

COPIOUS IRRIGATION WITH SALINE SOLUTION THROUGHOUT THE PROCEDURE.  DEEP SOFT SUBCUTANEOUS CLOSED WITH INTERMITTENT 0 VICRYL, SUPERFICIAL SUBCU CLOSED WITH INTERRUPTED 3-0 VICRYL.  SKIN CLOSED WITH INTERRUPTED 2-0 NYLON.  FIELD BLOCK INFILTRATION WITH 1% PLAIN LIDOCAINE, WITHOUT EPINEPHRINE.

GLOVES WERE CHANGED.

INCISION AT BASE OF RIGHT THENAR EMINENCE, EXTENDING PROXIMAL AND CROSSING THE DISTAL PALMAR CREASE AT AN OBLIQUE ANGLE. CAREFUL DISSECTION THROUGH SUBCUTANEOUS TISSUES.  BLEEDERS COAGULATED WITH CAUTERY.

MEDIAN NERVE WAS IDENTIFIED UNDER FASCIA PROXIMAL TO TRANSVERSE CARPAL LIGAMENT.  RELEASED PROXIMAL BLUNTLY.  WITH NERVE PROTECTED BY FREER ELEVATOR, TRANSVERSE CARPAL LIGAMENT WAS SHARPLY RELEASED DISTAL TO PROXIMAL, CARE BEING TAKEN TO AVOID INJURY TO MOTOR BRANCH OF MEDIAN NERVE, PALMAR CUTANEOUS BRANCH OF MEDIAN NERVE, AND VASCULAR ARCHES OF THE PALM.

TOURNIQUET WAS DEFLATED.  BLEEDERS COAGULATED WITH CAUTERY.  COPIOUS IRRIGATION WITH SALINE SOLUTION WAS DONE THROUGHOUT THE PROCEDURE.  DEEP SUB CU CLOSED WITH INTERRUPTED 0 VICRYL , SUPERFICIAL SUB-CU CLOSED WITH INTERRUPTED 2-0 VICRYL, SKIN CLOSED WITH INTERRUPTED 3=0 NYLON..

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

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

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