OPERATIVE REPORT

OPERATION: RIGHT SHOULDER HEMIARTHROPLASTY

PREOP DIAGNOSIS: 

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: NONE

ANESTHESIA: GENERAL

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT: 

EBL: 

IMPLANTS: 

SUMMARY IN DETAIL:

THIS IS A .

PATIENT UNDERSTOOD 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 ANCEF 2 GRAMS.  SLING REMOVED.   RIGHT UPPER EXTREMITY SCRUBBED NECK TO FINGERTIPS WITH HIBICLENS SOAP.  DRIED.  PREP CHLORAPREP RIGHT UPPER EXTREMITY.   STERILE DRAPES AND BETADINE VI DRAPE APPLIED.

INCISION FROM ACROMIO-CLAVICULAR JOINT OBLIQUE DISTAL ALONG DELTO PECTORAL GROOVE.  BLEEDERS COAGULATED WITH CAUTERY.  GELPI RETRACTORS INSERTED.  CEPHALIC VEIN IDENTIFED AND PROTECTED.  DELTO PECTORAL INTERVAL BLUNTLY DISSECTED.

 LARGE GREATER TUBEROSITY AND LESSER TUBEROSITY FRAGMENTS WERE CAREFULLY DISIMPACTED FROM HUMERAL SHAFT AND DEBRIDED.  SHAFT FRAGMENT DEBRIDED SAME FASHION.  HEAD FRAGMENT REMOVED, BEST FIT TEMPLATE MM.   DEGENERATIVE CHANGE OF GLENOID NOTED.

USING SYSTEM, PROXIMAL HUMERUS SHAPED TO FIT STEM, 30 DEGREES RETROVERSION.  TRIAL COMPONENTS REDUCED WELL.  COPIOUS IRRIGATION WITH SALINE SOLUTION THROUGHOUT PROCEDURE.

SIZE 8 STEM IMPACTED IN PROPER VERSION.  TRUE  MM HEAD IMPACTED ONTO TRUNNION.  STABLE.  REDUCED INTO GLENOID.  STABLE IN ALL RANGES OF MOTION.

TUBEROSITY FRAGMENTS SUTURED THROUGH SLOTS IN HUMERAL STEM PROSTHESIS RECREATING ANATOMY AS BEST POSSIBLE WITH #2 FIBER WIRE

DELTO PECTORAL INTERVAL CLOSED INTERRUPTED #2 VICRYL.  DEEP SUB CU CLOSURE INTERRUPTED #1 VICRYL.  SUB CU CLOSED RUN-LOCK 2-0 VICRYL.  SKIN STAPLES APPLIED.

GOOD RIGHT RADIAL PULSE AT END OF PROCEDURE.  STERILE DRESSING>> TELFA, 4X4 PADS, ABD PADS, TEGADERM.  SLING APPLIED.

TO PACU IN GOOD CONDITION.  X RAYS SHOWED PROPER POSITION OF COMPONENTS AND TUBEROSITY FRAGMENTS.  WILL MOBILIZE SLOWLY, NO ACTIVE ABDUCTION FOR 6 WEEKS.

TOLERATED PROCEDURE WELL.