  [Current Date]      [Current Time]

OPERATIVE NOTE

OPERATION: LEFT TOTAL HIP REPLACEMENT

PREOP DIAGNOSIS: SYMPTOMATIC DJD LEFT HIP

POSTOP DIAGNOSIS: SAME

COMPLICATIONS: 

ANESTHESIA: 

SURGEON: DOUGLAS A. WALDMAN, MD

ASSISTANT: NONE

BLOOD LOSS:  

IMPLANTS:

    FEMORAL STEM: 

    FEMORAL NECK LENGTH: 

    FEMORAL HEAD SIZE: 

    ACETABULAR SHELL SIZE: 

    ACETABULAR SCREWS: 

    ACETABULAR LINER: 

    DUAL MOBILITY HEAD: 

   ANCHORS: 

THIS PATIENT IS A  WITH SYMPTOMATIC END STAGE DJD OF THE LEFT HIP.  NON-OPERATIVE MODALITIES PROVED INEFFECTIVE, AND TOTAL HIP WAS RECOMMENDED.

PATIENT UNDERSTOOD PROCEDURE AND RISKS INCLUDING RISKS OF INFECTION, BLEEDING, LIMB LOSS, DEATH, AND FAILURE OF PROCEDURE TO ACHIEVE DESIRED OR STATED GOALS.  PERMIT SIGNED VOLUNTARILY.

BROUGHT BACK TO OPERATING ROOM.  IV ANTIBIOTICS GIVEN.  ANESTHETIC STARTED.  RIGHT LATERAL DECUBITUS POSITION.  PROMINENCES PADDED.  TRANEXAMIC ACID IV GIVEN.

LEFT LOWER EXTREMITY PREPPED ALCOHOL-CHLORAPREP TOES TO ILIAC CREST.  STERILE DRAPES.  BETADINE VI DRAPE APPLIED.  LATERAL INCISION OVER LEFT GREATER TROCHANTER, EXTENDING PROXIMAL AND DISTAL.

DISSECTION SHARPLY THROUGH SUBCUTANEOUS TISSUES.  BLEEDERS COAGULATED WITH CAUTERY.  FASCIA LATA SPLIT WITH CAUTERY, CHARNLEY RETRACTOR INSERTED.

WITH CAUTERY, VASTUS LATERALIS - ABDUCTOR FLAP DISSECTED OFF ANTERIOR HIP CAPSULE.  GELPI RETRACTORS INSERTED.  ANTERIOR HIP CAPSULECTOMY DONE WITH CAUTERY.

PROXIMAL FEMUR DISLOCATED AND DELIVERED INTO INCISION.  ELEVATED WITH MUELLER RETRACTOR.  WITH APPROPRIATE INSTRUMENTATION, FEMORAL NECK WAS TRANSECTED, AND PROXIMAL FEMUR SHAPED TO ACCEPT ABOVE-MENTIONED COMPONENT.

RETRACTORS CAREFULLY INSERTED, AND PERI ACETABULAR CAPSULECTOMY WAS DONE.  SEQUENTIAL REAMING OF ACETABULUM DONE. LIGAMENTUM TERES REMOVED USING CAUTERY.

TRIAL ACETABULAR COMPONENTS AS NOTED ABOVE WERE INSERTED, ALONG WITH TRIAL FEMORAL COMPONENTS WERE INSERTED.  HIP WAS STABLE IN ALL RANGES OF MOTION.  COPIOUS IRRIGATION WITH PULSED LAVAGE SALINE SOLUTION THROUGHOUT THE PROCEDURE.

WITH TRIAL COMPONENTS IN PLACE, ONE DALL-MILES CABLE WAS PLACED AROUND THE PROXIMAL FEMUR JUST SUPERIOR TO THE LESSER TROCHANTER TO PREVENT HOOP STRESSES IN THE FEMUR UPON INSERTION OF THE ACTUAL FEMORAL COMPONENT.

TRIAL COMPONENTS REMOVED, TRUE COMPONENTS AS NOTED ABOVE WERE INSERTED, AND THE HIP WAS ONCE AGAIN STABLE IN FUNCTIONAL RANGE OF MOTION.

250 mL OF 0.35% BETADINE SOLUTION WAS FLOODED INTO THE WOUND, LEFT THREE MINUTES, AND THEN IRRIGATED OUT WITH PULSED LAVAGE SALINE.

VASTUS LATERALIS - ABDUCTOR FLAP WAS REPAIRED WITH INTERRUPTED #1 VICRYL FIGURE OF 8 SUTURES, AND MITEK ANCHORS.  FASCIA LATA CLOSED WITH INTERRUPTED #1 VICRYL SUTURE.

DEEP SUBCUTANEOUS TISSUE CLOSED WITH I NTERRUPTED #1 VICRYL SUTURE.  SUPERFICIAL SUBCUTANEOUS TISSUE CLOSED WITH RUNNING-LOCKING 2-0 MONOCRYL. SKIN CLOSED WITH MONOCRYL AND PRINEO.

DRESSING APPLIED.  NON-ADHERENT GAUZE, 4X4 PADS, ABD PADS, TEGADERM.  GOOD DORSALIS PEDIS PULSE ON LEFT AT END OF PROCEDURE.

PATIENT WAS CAREFULLY TURNED SUPINE. TO PACU IN GOOD CONDITION.  TOLERATED PROCEDURE WELL.  WILL MOBILIZE PER RAPID MOBILIZATION PROTOCOL.

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