                                                OPERATIVE REPORT

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

PREOP DIAGNOSIS: LEFT 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 LEFT HAND, WITH POSITIVE PHALEN AND TINEL TESTS.  ALLEN TESTS SHOWED BOTH ARTERIES OPEN TO LEFT HAND.

EMG-NCV SHOWED SLOWING OF THE LEFT MEDIAN NERVE CONDUCTION VELOCITY AT THE WRISTAND SLOWING OF THE LEFT ULNAR NERVE CONDUCTION VELOCITY AT THE ELBOW.

NON-OPERATIVE MEASURES HAD NOT RELIEVED SYMPTOMS.  LEFT 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 LEFT 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 LEFT 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.  LIGAMENT OF STRUTHERS RELEASED BLUNTLY SUPERIOR TO ELBOW.

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 LEFT 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 LEFT 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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