DATE OF PROCEDURE: [ ]

PREOPERATIVE DIAGNOSIS:

[ ] knee anterior cruciate ligament tear (844.2)

POSTOPERATIVE DIAGNOSIS:

[ ] knee anterior cruciate ligament tear (844.2)

PROCEDURE PERFORMED:

ACL reconstruction with [ ] (29888)
[ ] meniscal repair (29882)
[ ] meniscectomy (29881)
Medial and lateral meniscectomy (29880)

COMPLICATIONS: None apparent.

SURGEON: Brian Gilmer, MD.

ASSISTANT: Karly Dawson, PAC.

Mrs. Dawson's expert assistance was required for manipulation of multiple arthroscopic instruments and positioning of the leg as well as retraction of soft tissue to prevent damage to vital structures. All manipulation of tissue, graft preparation, and implantation was performed by myself.

ANESTHESIOLOGIST: [ ]

ANESTHESIA: General plus intraarticular local anesthetic and narcotic

COMPLEXITY: Normal.

DEVICES AND IMPLANTS: femoral and tibial RT and ABS tightrope and corresponding cortical buttons.

IMPLANT SHEET REVIEWED: yes

ESTIMATED BLOOD LOSS: 20 mL

SPECIMEN REMOVED: None.

BLOOD ADMINISTERED: None.

TOURNIQUET TIME: [ ] minutes.

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INDICATIONS: The patient is a [ ] with a history of knee pain which has been unresponsive to conservative management. They were seen in clinic. An MRI was obtained which revealed [ ]. We discussed nonoperative management versus operative management. The patient elected to proceed with operative management. For detailed discussion of risks, benefits, and alternatives, please see the orthopedic clinic notes.

We reviewed today the usual risks of arthroscopy, including bleeding, damage to neurovascular structures, postoperative stiffness, persistent pain, degenerative joint changes which may be progressive and require further treatment, wound healing complications, infection and development of a new or exacerbation of an existing medical comorbidity. We reviewed specifically the signs and symptoms of venous thromboembolic disease.

DESCRIPTION OF PROCEDURE:

On the date of surgery, the patient was identified in the preoperative holding area. Surgical site was agreed upon, confirmed, and marked by the surgery team, nursing staff and the patient herself. I marked the operative side. They were taken to the operating room and a surgical time-out was performed. They were positioned supine on the operating table with attention paid to padding all bony prominences. An anesthetic was administered by anesthesia staff. The limb was prepped and draped in the usual sterile fashion after a tourniquet was applied over soft padding. They received antibiotic prophylaxis within 30 minutes of incision and mechanical DVT prophylaxis to the nonoperative leg.

Attention was first turned to the diagnostic portion of the procedure.

Examination under anesthesia was performed which revealed [ ] positive anterior drawer, Lachman, and pivot shift.

[ ] graft prep
Template quad prep

The tourniquet was deflated during graft preparation and then reinflated. Final graft size was [ ] and a [ ] mm diameter. [ ] mm flip cutter was selected for the femur and [ ]mm for the tibia

Diagnostic arthroscopy was then undertaken. The tourniquet was inflated and portal sites were marked utilizing anatomic landmarks. A lateral viewing portal was established and then a medial working portal was established under direct visualization. A probe was introduced and all structures were thoroughly probed and evaluated for pathology. Results of the diagnostic arthroscopy are as follows:

Suprapatellar pouch normal
Patella normal
Trochlea normal
Medial femoral condyle normal
Medial tibial plateau normal
Lateral femoral condyle normal
Lateral tibial plateau normal

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Medial meniscus normal
Lateral meniscus normal
Medial gutter normal
Lateral gutter normal
Notch mildly stenotic
ACL torn
PCL intact
Posterior knee no loose bodies

Attention was then turned to the therapeutic portion of the arthroscopic procedure.

[ ]
Template quad ACL

POSTOPERATIVE PLAN: Date of discharge protocol with narcotics and antiemetics. Early ambulation and mechanical compression for DVT prevention, crutches as needed. Begin physical therapy this week or early next week. Follow up in clinic in 2 weeks for removal of sutures and to review arthroscopic findings.

Electronically signed by Brian B. Gilmer, MD [date]. [time]