



PREOPERATIVE DIAGNOSIS:

Symptomatic hardware left knee

POSTOPERATIVE DIAGNOSIS:

Symptomatic hardware left knee

PROCEDURE PERFORMED:

Removal of hardware

COMPLICATIONS: none

SURGEON: Brian Gilmer, MD.

ASSISTANT: [Karly Dawson, PAC]

Ms. Dawson's expert assistance was medically necessary for manipulation of the limb and management of multiple instruments at one time. All critical portions of the procedure were performed by myself.

ANESTHESIOLOGIST: [MD name]

ANESTHESIA: [General]

COMPLEXITY: Normal

DEVICES: N/A

IMPLANT SHEET REVIEWED: N/A

ESTIMATED BLOOD LOSS: [Five mL].

SPECIMEN REMOVED: None.

BLOOD ADMINISTERED: None.

TOURNIQUET TIME: [] minutes

INDICATIONS: Patient is a [] who underwent prior [] and has now developed symptomatic hardware. We discussed the limitations of hardware removal and specifically the fact that in some circumstances normal hardware can be removed, but every effort would be made to prevent prominence. Discussed the risk of bleeding, infection, and damage to neurovascular structures which can be temporary and/or permanent. Discussed that utilization of prior incisions may result in unsightly scars and may require scar revision. Discussed that removal of hardware may not result in complete or even partial relief of pain or may generate new and/or unforeseen problems.



Patient Name: []
Account number: []
MR #: []
Date of Birth: []
Date of Visit: []

I reviewed the fact that fracture is possible after hardware removal.

Understanding all of this, they asked me to proceed.

DESCRIPTION OF PROCEDURE: On the date of surgery, the patient was identified in the preoperative holding area. Surgical site was agreed upon, confirmed, marked by the surgery team, nursing staff and the patient themselves. I marked the operative side. They were taken to the operating room. Surgical time-out was performed. They were positioned on the operating table with attention paid to padding all bony prominences. An anesthetic was administered. The limb was prepped and draped in the usual sterile fashion. They received antibiotic prophylaxis within 30 minutes of incision and mechanical DVT prophylaxis.

The prior surgical incision was identified. Dissection was carried through the skin and subcutaneous tissue. Scar was elevated exposing the hardware. Hardware was removed in sequential fashion without complication. The wound was copiously irrigated and closed with []. A sterile dressing was applied and the patient was taken recovery room in good condition.

POSTOPERATIVE PLAN: Date of discharge protocol with narcotics and antiemetics. Follow up in 2 weeks for wound check. Weightbearing as tolerated with assistive devices.

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