

ACCOUNT #: G00702739749

Retractors were placed around the neck. I then found my appropriate neck cut level using the C-arm and the neck cut was made using the precision oscillating saw. I used a napkin ring technique to remove a portion of the neck and then removed the head with the corkscrew device. The acetabulum was then exposed. The labrum and pulvinar were excised and I then brought the C-arm in and found the level view of the pelvis. I then began reaming in a stepwise fashion beginning with a size 47 reamer and once I had reached the size 53 reamer, I was happy with the purchase around the edges of the cup, it had excellent bleeding bone within the cup over 90% of the cup surface and was out to the rim on my reaming, I had also medialized appropriately. Once I had completed reaming, I washed the acetabulum copiously with sterile saline and then impacted my size 54 limited hole acetabular shell in the appropriate position using C-arm as a guide to maintain 20 degrees of anteversion and 45 degrees of abduction. With the acetabulum was down to the appropriate level, I placed the E poly standard liner for 36 head and impacted this. It was noted to be locked in place. I then exposed the proximal femur and began broaching in a stepwise fashion. The proximal femur while lateralizing until it was at the lateral cortex of the femur, but still noted that my stem x-ray was in a slightly varus position. I noted that the contralateral stem was in the same position from his previous total hip, was performed at the VA and decided that this was due to the patient's anatomy. I lateralize this as far as I possibly could during the procedure as I continued to go up in my size stem. Once I had reached a size 13 stem, I noted that I had excellent purchase in the proximal femur. When was unable to advance the stem any further, I then trialed with a high offset stem and a standard head and noted that I was a few millimeters short with this head, I removed the trials and decided that the 13 was the appropriate size stem on C-arm images. This trial was removed. I washed the femur copiously with sterile saline and placed the size 13 high offset stem as I was happy with the offset. This was impacted down to the appropriate level and was noted to sit a few millimeters proud with the porous coating. After completing with the stem to the appropriate level, I trialed again with a +3 head and noted that equal leg lengths bilaterally with this has. I removed the +3 head and washed the stem with sterile saline and dried it carefully and then placed the final +3 ceramic head and impacted this down. It was noted to be locked in place. I then reduced the hip again and took final x-rays of the hip with the head reduced. I noted that had equal leg lengths and was happy with the position of the hip. The hip was then washed again copiously with sterile saline and I injected my 100 mL solution through the soft tissues using 90 mL of the solution. I then washed again copiously with sterile saline and closed the capsule with #1 Vicryl, and then closed the fascia with a #1 Vicryl and closed the skin with 2-0 and #3-0 Monocryl in subcuticular fashion. Sterile dressing was applied, and the patient was brought out of general anesthesia without complications and transferred to PACU in stable condition. His blood loss for the case was 700 mL. We gave 490 Baxter Cell Saver leaving net loss of 210 mL of blood. There were no complications. There was no specimen saved. Implants were the size as stated.

DISPOSITION: The patient will stay in-house for inpatient medical management, pain control, anticoagulation, physical therapy, and 24 hours of antibiotics.

DDH/ss Conf #: 374011 DID: 2293891 D: 07/20/2015 15:48:24 T: 07/20/2015 22:54:54

PATIENT NAME WHITAKER,LARRY

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REPORT ID: 0720-0067

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