

**OP Note - Complete (Template or Full Dictation)**

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OP Note - Complete (Template or Full Dictation) signed by

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**OPERATIVE REPORT**

**PATIENT NAME:**

**MEDICAL RECORD #:**

**BILLING #:**

**SURG. DATE:**

**TIME OF PROCEDURE:**

**SURGEON:**

**ASSISTANT:**

**CO-SURGEON:**

**PREOPERATIVE DIAGNOSIS:** Nerve sheath tumor, left leg, posterior.

**POSTOPERATIVE DIAGNOSIS:** Nerve sheath tumor, left leg, posterior.

**SURGICAL PROCEDURE:** Left leg nerve sheath tumor resection, 4 cm.

**SUMMARY OF PREOPERATIVE COURSE:** The patient is a 19-year-old male with a past medical history significant for neurofibromatosis type 1. The patient presented and had an increase in the PET score in his left posterior thigh lesion. After discussion with the family, it was determined the patient would benefit from surgical resection of this for diagnosis and treatment.

**SUMMARY OF OPERATIVE COURSE:** After preop evaluation and informed consents were obtained, the patient was brought in the OR on \_\_\_\_\_ where general endotracheal anesthesia was achieved. The patient was positioned prone, and prepped and draped in the usual sterile fashion using ChloraPrep by \_\_\_\_\_. The appropriate points were padded. The patient had neuromonitoring throughout his operative course.

The incision line was infiltrated with a solution of 0.25% Marcaine with epinephrine. The skin was then incised in a combination blunt and sharp dissection, and the underlying fascial layers were identified. The muscles were rotated laterally, and the nerve was identified in its normal function superiorly and

inferiorly. A Vesseloop was placed around the nerve itself. At this location in the posterior thigh, the nerve had already started to split into the peroneal and tibial components. The primary tumor was located on the peroneal component of the sciatic nerve. The nerve was stimulated at its periphery and found a region which did not stimulate. The capsule in this location was then opened, and the tumor was removed and dissected free from the residual nerve. There were some small areas of tumor superior and inferior which were not contiguous with this lesion. The tumor was approximately 4 x 2 cm.

Next, hemostasis was obtained with bipolar cautery and Floseal. The wound was then copiously irrigated. A piece of Gelfilm was placed over the nerve to prevent adhesions in case further surgery was needed in this location. The wound was then closed in a layered fashion with interrupted Vicryl stitches and a subcuticular gut suture overlaid with Dermabond and Steri-Strips. At the end of the OR course, all needle, sponge, and instrument counts were correct.

I, the attending neurosurgeon, \_\_\_\_\_, was present for all critical portions of the OR course and was immediately available for the entire OR course. The patient was at her neurological baseline by neuromonitoring at the end of the course.

Dictated by:

\_\_\_\_\_  
Surgeon

#### Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because communication record creation was suppressed.