[redacted]

7316-443

OP Note - Complete (Template or Full Dictation)

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

[redacted]

(Template or Full Dictation)

Status: Signed Editor: [redacted]

[redacted]

[redacted]

TIME OF OPERATION: Incision time 1455.

PREOPERATIVE DIAGNOSIS: Obstructive hydrocephalus.

POSTOPERATIVE DIAGNOSIS: Obstructive hydrocephalus.

SURGICAL PROCEDURE: Endoscopic third ventriculostomy with neuro navigation.

SUMMARY OF PREOPERATIVE COURSE: The patient is a 12-month-old male who presented to the hospital with signs and symptoms of obstructive hydrocephalus secondary to a 4th ventricular tumor. As part of his treatment, it was determined the patient would benefit from surgical diversion of his CSF.

SUMMARY OF OPERATIVE COURSE: After preop evaluation and informed consents were obtained, the patient was brought in the OR on [redacted] where general endotracheal anesthesia was achieved. The patient had a Stealth neuro navigation scan registered to his head using the Axiom system. Approximately 1 cm lateral from midline along the anterior fontanel incision was planned. The hair was clipped with clippers, and the patient was prepped and draped in the usual sterile fashion using ChloraPrep by [redacted] A vertical incision was made in the skull in the skin. With a combination of blunt and sharp dissection, the underlying lateral portion of the fontanelle was identified. A bur hole was then placed at this site. The dura was then cauterized and opened. An endoscope was then inserted into the right lateral ventricle using neuro navigation, followed down to the foramen of Monro into the third ventricle. A hole was made with a blunt probe just anterior to the basilar artery and posterior to the clivus. This was further widened with a balloon and direct

inspection noted a patent ostomy through the membrane of Liliequist.

After a proper ostomy was confirmed, the endoscope was removed from the brain. An antibiotic impregnated catheter was then inserted in the lateral ventricle and tunneled through the skin and secured. A piece of Gelfoam was placed around the bur hole site. The skin was then closed in a layered fashion.

I, the attending neurosurgeon, [redacted], was present for all critical portions of the OR course and was immediately available for the entire OR course.

DICTATED BY: [redacted]

_____

Surgeon

[redacted]

Chart Review Routing History

[redacted]

OP Note - Complete (Template or Full Dictation) [redacted]

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

[redacted]

Status: Signed Editor: [redacted]

[redacted]

TIME OF OPERATION: Start time: [redacted]
End time: [redacted]

SECOND ASSISTANT: [redacted]

PREOPERATIVE DIAGNOSIS: Fourth ventricular tumor.

POSTOPERATIVE DIAGNOSIS: Fourth ventricular tumor.

PROCEDURE: Suboccipital craniotomy for tumor resection. Please refer to [redacted] note for endoscopic 3rd ventriculostomy.

INDICATIONS FOR SURGERY: The patient is a 12-month-old who was having increasing vomiting. Workup included an MRI which showed a large posterior fossa tumor filling the 4th ventricle, most consistent with an ependymoma. He was brought to the operating room for tumor resection and endoscopic 3rd ventriculostomy. Please refer to [redacted] note for the endoscopic 3rd ventriculostomy.

DESCRIPTION OF OPERATION: Once the endoscopic 3rd ventriculostomy was completed, I entered the case with [redacted] The patient had the drapes removed and the navigation system that was used for the ETV was disconnected. The patient was then flipped into the prone position. His pressure points were padded. He was placed on the horseshoe in the flexed position, with no pressure on his eyes. He was then sterilely prepped and draped in usual fashion. Time-out was taken prior to skin incision. A 15 blade knife used to make an incision from the inion to C2. Bovie was used to dissect down onto the skull and remove the soft tissue off C1. Bur hole was placed at the keel and a craniotomy was performed. The craniotomy defect was widened using Leksell rongeur and Kerrison punches. C1 was not removed. The dura was then opened in a U-

shaped fashion. The tumor was seen immediately upon opening. We did not continue down below, just above the foramen magnum. The tumor was growing out of the 4th ventricle and displacing the vermis superiorly. Biopsy was sent which was consistent with ependymoma. Gentle suction was used to remove the tumor which easily came out of the 4th ventricle. It was not attached to the floor of the 4th and seemed to be originating out on the lateral aspect on the right of the brain stem. Once the tumor was removed, meticulous hemostasis was achieved. The dura was then closed with 4-0 Nurolon, DuraGen placed over-top. The bone was replaced with plastic plates and screws. The incision closed in layers with absorbable suture. The patient was extubated and taken to the PICU.

[redacted]

[redacted]

Chart Review Routing History

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