7316-3022

OP Note - Complete (Template or Full Dictation)

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

OPERATIVE REPORT
PATIENT NAME:
MEDICAL RECORD
BILLING #:

SURG. DATE:

TIME OF PROCEDURE:

SURGEON:

ASSISTANT:

SECOND ASSISTANT:

EBL: 150 cc.

PREOPERATIVE DIAGNOSIS: Malignant pleomorphic xanthoastrocytoma.

POSTOPERATIVE DIAGNOSIS: Malignant pleomorphic xanthoastrocytoma.

PROCEDURE: Redo bicoronal craniotomy for resection of a malignant supratentorial intraventricular tumor with navigation, neuromonitoring and microscope.

INDICATIONS: The patient is a 26-year-old man who has had multiple procedures for his intraventricular and basal ganglia tumor. He had progressive weakness and a scan revealed tumor progression as well as large cyst. He improved neurologically after Decadron, and after multiple discussions of risks and benefits, given the disease progression, the history of radiation and limited treatment options, we ultimately decided for surgery.

PROCEDURE IN DETAIL: He is brought to the operating room. IV access was obtained. General anesthesia was induced. IV antibiotics were given. He was placed in a Mayfield head holder. The navigation system was registered. Neuromonitoring needles were inserted. He was then sterilely prepped and draped in the usual fashion. A time-out was taken prior to skin incision. A 15 blade knife reopened the old incision. The bur hole covers were removed from the old craniotomy site. The dura was freed and a craniotome performed the craniotomy. The dura was then opened in a C-shaped fashion. The patient had 2 seizures which were treated with propofol and Versed. He was then started on Keppra. Once we got to the falx, the microscope was brought in. We then dissected down the falx to the tumor. Multiple biopsies were sent. The anterior portion of the tumor was quite necrotic. We then debulked with the Sonopet, getting into all the cysts and trying to stay away from the fornix and the internal capsule. Once we felt that all the cysts had been entered and that the walls had been decompressed, we elected to stop removing tumor and achieved meticulous hemostasis. The dura was then closed with 4-0 Nurolon and covered with DuraGen. The bone replaced with titanium plates and screws and the incision closed in layers with absorbable suture. The skin edges were reapproximated with skin staples. The patient was taken to CAT scan, intubated, given a slow wake up. There was no hemorrhage or stroke and all the cysts appeared collapsed. He was then taken to the PICU and extubated.
I was present for and particitpated in the critical portions of the case.

DICTATED BY:

_____
Surgeon

Revision History [redacted]

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.