Memorial Hospital
1101 Michigan Ave
Logansport, IN 46947-1528
(574) 753-7541

Name:	**BERRY, VICKIE L**		Admit Date:	4/19/2022
MRN / FIN:	10502	6505263	Discharge Date:	4/19/2022
DOB / Age:	3/1/1953	72 years	Attending:	Varhan MD,Kral
Sex / Birth Sex:	Female	Female	Copy to:	CareAware Oauth,LOGN_IN

Surgical Documentation

Document Type:	Operative Report
Service Date/Time:	4/19/2022 15:48 EDT
Result Status:	Auth (Verified)
Document Subject:	Free Text Note
Sign Information:	Varhan MD,Kral (4/19/2022 15:57 EDT)

BERRY, VICKIE L

DOB: 03/01/1953
Age: 69 years
Sex: Female
MRN: 10502
Registration Date: 04/19/2022
Primary Care Physician:
Akande MD, Olusina

Date/Time Surgery Performed
April 19, 2022
Indication for Surgery
Patient is a 69-year-old woman who had a fall and she suffered right Lateral malleolus fracture as well as base of fifth metatarsal fractures. She now comes in for the operative treatment of her injuries. She understood the rationale, benefits and risks of surgery.
Preoperative Diagnosis
1) Right lateral malleolus fracture
2 Right fifth metatarsal base fracture

Postoperative Diagnosis
1) Right lateral malleolus fracture
2 Right fifth metatarsal base fracture

Operation
1) Open reduction and internal fixation of right lateral malleolus (CPT code 27792)
2) As a separate procedure, Reduction internal fixation of right fifth metatarsal (CPT code 28485-59)

Surgeon(s)
Varhan MD, Kral (Surgeon - Primary)

Assistant
None
Anesthesia
General
Merryman CRNA, Richard W (CRNA)

Surgical Documentation

Stevenson CRNA, Fletcher (CRNA)

Estimated Blood Loss
3 cc
Complications
none

Technique Patient was brought into the operating room and given general anesthesia. We placed a tourniquet on her right thigh and placed a sandbag underneath her right buttock. We then prepped and draped her right lower extremity in usual sterile manner.

I then applied Esmarch bandage and inflated tourniquet to 350 mmHg.A straight lateral incision was made over the distal fibula measuring approximately 7 cm. Soft tissues were dissected and the fracture was exposed. The fracture was reduced. This was done by direct visualization as well as using fluoroscopy.I then utilized a hook plate.Using the metal of long haul I initially placed a cortical screw.However her bone was very soft and the cortex of the screw did not have a good purchase.I changed the screw to a shorter and cancellous screw.I placed a cortical screw in the most proximal oblong hole.I then loosened the screws and applied impaction distally over the hook portion of the plate and then tightened the screws.This maneuver dug The hooks of the plate further into the distal portion of the fibula. I then placed a cancellous screw running intramedullary from the most distal hole of the hook plate.This last screw applied compression at the fracture site.I then visualized the adequacy of the reduction and fixation and with anatomic reduction. This was done by direct visualization as well as using fluoroscopy.

I then made a second incision centering over the base of the fifth metatarsal.Soft tissues were carefully dissected and the fracture and the base of the fifth metatarsal was exposed.The fracture was then reduced.I used cannulated 4.0 screw to fix the fracture. Partially-threaded 34 mm screw was placed through guidewire.As I placed this partially-threaded screw the fracture was then compressed with the application of the screw.The position of the fixation was checked by direct visualization as well as using fluoroscopy. We had a nice reduction of the fracture.

I washed both incisions laterally and closed them using 2-0 Vicryl for subcutaneous layers and staples for the skin.I then applied Xeroform and then bulky dressing on top. I then placed her leg in a short leg splint with a sugar-tong to prevent plantar flexion. Tourniquet was taken down and her toes pinked up nicely.

Anesthesia was reversed and the patient was transferred to the recovery room in stable condition.

Postoperatively she will remain nonweightbearing for the next 2 months.She will be seen by Jamie Ross in 2 weeks time and at that time staples will be removed and she will be placed in a walking boot but she will remain nonweightbearing.She will get x-rays of her ankle and foot each postoperative visit.This includes 2-week postop visit with x-rays of her ankle and foot.She will then be seen 2 months postoperatively by Jamie Ross with x-rays upon arrival.At that point she will start touch weightbearing with her right lower extremity.I will see her on or after July 25, 2022. At that point she will start weightbearing as tolerated with her walking boot.

Kral Varhan MD, FRCSC

Notice: This patient has devices implanted this visit that may not be MR compatible.
Implanted This Visit
Open Reduction Internal Fixation Malleol
Fibula R

- 02.113.103S 3.5 MM LCP HOOK PLATE 3 HOLE 04/19/2022
- 204.814 3.5 MM CORTEX SCREW, 14 MM 04/19/2022
- 206.016 4.0 MM CANCELLOUS BONE SCREW, 16 MM 04/19/2022

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- 206.035 4.0 MM CANCELLOUS BONE SCREW, 35 MM 04/19/2022

Open Reduction Internal Fixation Toe
Toe R

- 207.734 4.0 MM CANNULATED SCREW, 34 MM 04/19/2022

Electronically Signed on 04/19/22 03:57 PM

Varhan MD, Kral