

MemorialCare Long Beach Medical Center and Miller Children's & Women's Hospital Long Beach
2801 Atlantic Ave. Long Beach, CA 90806 Tel (562)933-2000



300085493423

PATIENT: Lopez, Margarita**MRN:** 012240381**CSN:** 300085493423**Hospital Account:**
33282805**DOB:** 5/11/1993**Age:** 29 yrs**Sex:** female**Patient Class:**
Inpatient
Visit Fin Class:
HMO**Expected Date:****Arrival/Admit
Date&Time:**
9/12/2022 0037**VISIT INFORMATION****IP/Observ Admit
Date&Time:**
09/12/22, 02:15 AM**Unit/Rm/Bed:**
M4S M432/B**Disch
Date&Time:****Last Visit
Disch Date:**
None**Adv Directive:** <no information>**ED Chief Complaint:** TRAUMA**NPP:** Signed**Admitting Diagnosis:** MOTOR VEHICLE
COLLISION, INITIAL ENCOUNTER;
MVC (motor vehicle collision), ***Admitting Procedure:** No admission
procedures for hospital encounter.**Admitting MD/Phone #**
Trauma Service, Dr.
(562)933-1820**Attending MD/Phone #**
Rich, Preston Berkeley ***PCP/Phone #**
No, Pop, MD**PCP (Alternate)/Phone #****Address:** 672 1/2 E 50TH ST
Los Angeles, Ca 90011-4074**Phone:** 323-374-7864**Cell Phone:** 323-374-7864**Language:** English**Marital Status:** Single**Religion:** No Religious Prefer/None**Mother's Name:** not on file**Mother's MRN:** not on file**Contact Name**

lopez, christina

Rel to Pt.

Sister

Home Ph**Work Ph****Cell Ph**

323-570-8564

213-503-6757

Guarantor:

LOPEZ, MARGARITA

DOB: 5/11/1993**Sex:** Female**Guarantor Type:**
P/F**Relation to Pt:**
Self**Guarantor Add:** 672 1/2 E 50TH ST
LOS ANGELES, CA 90011-4074**Home Ph:** 323-374-7864**Work Ph:****Self Pay?:** No**Do Not Bill Insurance?:** No**Insurance Name & Address:**
AETNA PROSPECT HMO
PO Box 14089
Lexington, KY 40512**Subscriber Name:**
LOPEZ, MARGARITA**Group Number:**
805058**Pt. Rel to
Sub:
Other
Relationship****IPA/Medical Grp Name:**
Prospect Medical Group**POS?:****Ins ID/Member ID:**
W273745020**DOI:****Authorization #:**
12505079**Tracking#/Medi-cal AEVS/EVC:****Medi-cal TAR#:****Medicare A Eff Date:****Medicare B Eff Date:****Insurance Phone#:** 800-624-0756**Insurance Fax#:****Insurance Name & Address:**
HEALTH NET MEDI-CAL HMO
PO BOX 9020
FARMINGTON, MO 63640-9020**Subscriber Name:**
LOPEZ, MARGARITA**Group Number:**
MCAL38**Pt. Rel to
Sub:
Self****IPA/Medical Grp Name:**
Other (DHS -LAC + USC
NETWORK)**POS?:****Ins ID/Member ID:**
94583236A**DOI:****Authorization #:**
EMPTY**Tracking#/Medi-cal AEVS/EVC:****Medi-cal TAR#:****Medicare A Eff Date:****Medicare B Eff Date:****Insurance Phone#:** 800-624-0756**Insurance Fax#:**

SEE ATTACHED ✓

NOV - 1 2022

by Baumgartner, Fritz J, MD [N10576] at 10/24/2022 6:...

Lopez, Margarita

MRN: 012240381

Baumgartner, Fritz J, MD

Physician

Surgery - Vascular

Operative Report
Signed

Date of Service: 9/12/2022 9:52 AM

Procedure/Consult/Evaluation Date: 09/12/22

DATE OF SERVICE: 09/12/2022

PREOPERATIVE DIAGNOSIS:

Traumatic occlusion of left popliteal artery.

POSTOPERATIVE DIAGNOSIS:

Traumatic occlusion of left popliteal artery.

PROCEDURES:

Left femoral tibioperoneal bypass with a reverse saphenous vein graft.

SURGEONS:

Fritz J. Baumgartner, MD

Andre E. Maginot, MD

INDICATION:

The patient had undergone a left knee injury with a left lateral laceration with bone palpable within the depth of the left lateral knee laceration. Orthopedic surgery planned on investigating this later, but we need to perform emergency surgery for revascularization of the left lower extremity.

DESCRIPTION OF PROCEDURE:

The patient is brought to the operating room and placed under general endotracheal anesthesia. The left lower extremity was prepped and draped in standard fashion. We made an incision in the supragenicular popliteal region and isolated the junction of the distal superficial femoral artery and popliteal artery. This was isolated with vessel loops. It should be noted the patient was morbidly obese and it was not a simple matter to identify the vessels and certainly most difficult with the below-knee anatomy. We then made an incision in the infragenicular popliteal region, and because of the hematoma and the patient's obesity, it was extremely difficult, but we were finally able to identify the tibioperoneal trunk region and this vessel was isolated. We had harvested the saphenous vein from the distal thigh, down to the mid leg and the vein was removed by ligating on the vein side and clipping on the patient's side. The vein harvested was flushed with heparin saline and found to be an adequate conduit. We first performed the distal anastomosis to the tibioperoneal artery, and using 6-0 Prolene in standard running vascular fashion, we

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VERY DIFFICULT

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constructed an end-to-side anastomosis. It should be noted that we got good backbleeding from this vessel, and we did pass a size 3 Fogarty catheter. We were able to flush easily. We tunneled this subcutaneously on the medial aspect of the lower extremity. This is important to note as when orthopedic surgery approaches the knee, they need to do so from the lateral aspect, not the medial aspect, if at all possible, and I did discuss this with Dr. Zinar immediately after the operation.

After having tunneled the saphenous vein, we then sutured it in an end-to-side fashion to the distal superficial femoral artery after making a longitudinal arteriotomy and using 6-0 Prolene for the anastomosis. Meticulous hemostasis was achieved on release of vascular control, and there was an excellent Doppler signal of the distal vessel. It should be noted we had given 5000 units of heparin prior to achieving the vascular control for the revascularization. After seeing our graft functional, we then turned our attention to achieving meticulous hemostasis and spent a considerable amount of time ensuring this. We then thoroughly irrigated and used muscle and subcutaneous sutures and staple gun for the skin. As for the left lateral laceration, I did discuss with Dr. Zinar and his suggestion was to close the wound and then he would re-explore it later, after the patient stabilized. I thoroughly irrigated the depth of this wound and used subcutaneous Vicryl sutures, followed by staple gun and also nylon running suture. The patient tolerated the operation and the left lower extremity was warm and well perfused.

Fritz J. Baumgartner, MD

T: TK

D/D: 09/12/2022 09:52 J/N: 268817340

T/D: 09/12/2022 10:28 Confirmation #: 25560763

MRN: 012240381

Confirm #: 25560763

Transcriptionist: T.K.

Fritz J

Admit Date: 09/12/22 00:37

DD: 09/12/22 09:52

Patient Name: LOPEZ, MARGARITA

Document #: N268817340

Dictating Provider: Baumgartner,

Discharge Date:

TD: 09/12/22 12:28

Last signed by: Baumgartner, Fritz J, MD at 9/15/2022 11:27 AM