Heidi Surgery Template & Flokzu Results

Suggested Heidi Template

Explanation

Combination of Dr Groenewald `Operation Note **JG **` and Dr Wever `Theatre Soft Tissue Procedure` & `Theatre Bone Procedure` and Dr Hardctale `Opertaive Process Note`

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### **Pre-operative Measures**
1. **Consent**
   Fully informed consent obtained.
   Risks explained: infection (±debridement), bleeding, delayed healing, nerve injury, stiffness, DVT/PE, ongoing symptoms, [hardware prominence/failure, delayed/non/malunion].

2. **VTE Prophylaxis**
   Risk assessment done. Mechanical (hydration, elevation, early mobilisation) ± chemical prophylaxis mutually agreed.

3. **Anaesthesia**
   - [General / Spinal / Epidural / Regional Block / Local Infiltrate]
   - Regional Block: [Insert if used]
   - Local Infiltration: [Marcaine + Adrenaline / Other]

4. **Pre-wash & Sterile Prep**
   Limb pre-washed. Standard sterile prep completed.

5. **Prophylactic Medications**
   IV antibiotics + Tranexamic acid (Cyklokapron) given.

6. **Surgical Safety Pause**
   Correct patient, procedure, side confirmed.

7. **Tourniquet:** [Yes - time up: ___ min / No]

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### **Intra-operative Details**
**Approach:** [e.g., medial parapatellar, posterior, direct anterior, etc.]
**Positioning:** [e.g., supine with leg holder, lateral decubitus with side support, beach chair]
**Start Time:** [Insert] | **End Time:** [Insert]
**Clock In:** [Insert] | **Clock Out:** [Insert]
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**Hospital/Theatre Complex:** [e.g., Main Theatre / Day Theatre / Summerhill]
**Side:** [Left / Right / Bilateral]
**Blood Loss:** [___ ml]

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### **Procedure(s)**
**[Procedure 1 – e.g., Total Knee Replacement]**
- [Key steps/techniques in bullet points or narrative]
- [e.g., Medial parapatellar approach → patella everted → tibial cut with
extramedullary jig → etc.]

**[Procedure 2 – e.g., Arthroscopy]**
- [Key steps: portal placement, diagnostic sweep, meniscectomy, etc.]

**[Procedure 3 – e.g., Open Reduction Internal Fixation]**
- [Approach, reduction technique, fixation method]

*[Add more bolded procedure headers as needed]*

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### **Significant Findings**
[Insert – e.g., severe tricompartmental OA, bucket-handle medial meniscus
tear, comminuted intra-articular fracture, etc.]

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### **Implants**
- **Company:** [Insert / N/A]
- **Details:** [e.g., Zimmer Biomet NexGen CR Femur #5, Tibia #4, 10 mm PE
insert; or Synthes 3.5 mm LCP 8-hole plate + screws]

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### **Closure & Dressings**
- **Closure:** Wounds irrigated & closed in layers using [e.g., Vicryl Rapid
2-0 fascia, 3-0 dermis, Monocryl 4-0 subcuticular / skin clips].
- **Dressings:** [e.g., Primapore + wool & crepe / waterproof OPSITE /
compression stocking]
- **Post-op Immobilisation / Orthotics:** [e.g., hinged knee brace locked in
extension, sling, CAM boot, etc.]

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### **Post-Operative Plan**
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1. **Analgesia:** Multimodal as prescribed (PCM, NSAID, opioid PRN).
2. **Elevation & Ice:** Limb elevated on 2 pillows; ice 20 min hourly while
awake.
3. **Neurovascular / Compartment Checks:**
   - 2-hourly × 12 h → 4-hourly × 12 h.
4. **Thromboprophylaxis:**
   - Mechanical: TED stockings, foot pumps, early mobilisation.
   - Pharmacological: [e.g., Clexane 40 mg SC nightly × 14 days / Rivaroxaban
10 mg daily × 35 days].
5. **Investigations:**
   - Post-op Hb [timing].
   - **Control X-ray:** In ward / prior to discharge to confirm alignment &
implant position.
   - Chase MCS & Histology [if sent].
6. **Rehab Referrals:**
   - **Physiotherapy:** Routine post-op mobilisation
     - **Weight-bearing:** [FWB / PWB 50% / TTWB / NWB]
     - **ROM:** [e.g., 0–90° × 6 weeks]
   - **Occupational Therapy:** [if required].
7. **Wound Care:**
   - Inspection: [e.g., day 3 & day 10]
   - Suture removal: [day 14 clinic]
8. **Follow-up:**
   - Clinic + XR: [e.g., 2 weeks, 6 weeks, 3 months, 1 year]
9. **Other:** [e.g., diabetic control, warfarin bridging, social work input]

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### **Wound & Scar Management (Long-term)**
- After suture removal: gentle massage with Vitamin E oil or Bio-Oil twice
daily.
- **Scar sun protection:** Avoid direct sun; use SPF 50+ for **18 months**.
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from Dr Hardcatsle

P Bridgman
16/09/2025

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### **Pre-operative Measures**
1. **Consent**
Fully informed consent obtained.
Risks explained: infection (±debridement), bleeding, delayed healing, nerve
injury, stiffness, DVT/PE, ongoing symptoms, hardware prominence/failure,
delayed/non/malunion.
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2. **VTE Prophylaxis**
Risk assessment done. Mechanical (hydration, elevation, early mobilisation) ± chemical prophylaxis mutually agreed.

3. **Anaesthesia**
- Anaesthetist: P.Scheppers. Assistant: G Latsky.
- Local Infiltration: Infiltration performed.

4. **Pre-wash & Sterile Prep**
Limb pre-washed. Standard sterile prep completed.

5. **Prophylactic Medications**
IV antibiotics + Tranexamic acid (Cyklokapron) given.

6. **Surgical Safety Pause**
Correct patient, procedure, side confirmed.

7. **Tourniquet:** No

Intra-operative Details
Approach: Midline incision, medial parapatellar.
Positioning: Supine with side support, knee positioned at 30, 60, and 90 degrees of hyperflexion.
Start Time: [Insert] | **End Time:** [Insert]
Clock In: [Insert] | **Clock Out:** [Insert]
Hospital/Theatre Complex: [Insert]
Side: Left
Blood Loss: [___ ml]

Procedure(s)
Left Partial Knee Replacement
A midline incision was made and a medial parapatellar approach was used.
The femur was reamed and milled, and balanced to a large femoral component.
The tibial cut was performed according to the anterior tibial alignment.
A size D tibia with a 3 mm poly insert was found to be stable with good tracking.
The final uncemented implants were inserted.
Posterior osteophytes and meniscus were removed.
An LIA and IO injection was given.

Pressure points were protected throughout the procedure.

Significant Findings
Grade IV osteoarthritis of the medial compartment, located anteromedially with slight central extension. The anterior cruciate ligament (ACL) and medial collateral ligament (MCL) were intact. The remainder of the knee demonstrated minimal arthritic change.

Implants
Company: Zimmer Biomet
Details: Oxford Partial Knee System. Large femur, Size D tibia, 3 mm polyethylene insert.

Closure & Dressings
Closure: Wounds irrigated & closed in layers from subcuticular tissue to skin.
Dressings: [e.g., Primapore + wool & crepe / waterproof OPSITE / compression stocking]
Post-op Immobilisation / Orthotics: [e.g., hinged knee brace locked in extension, sling, CAM boot, etc.]

Post-Operative Plan
1. **Analgesia:** Multimodal as prescribed (PCM, NSAID, opioid PRN).
2. **Elevation & Ice:** Limb elevated on 2 pillows; ice 20 min hourly while awake.
3. **Neurovascular / Compartment Checks:**
- 2-hourly × 12 h -> 4-hourly × 12 h.
4. **Thromboprophylaxis:**
- Mechanical: TED stockings, foot pumps, early mobilisation.
- Pharmacological: [e.g., Clexane 40 mg SC nightly × 14 days / Rivaroxaban 10 mg daily × 35 days].
5. **Investigations:**
- Post-op Hb [timing].
- **Control X-ray:** In ward / prior to discharge to confirm alignment &

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implant position.
- Chase MCS & Histology [if sent].
6. **Rehab Referrals:**
- **Physiotherapy:** Routine post-op mobilisation
- **Weight-bearing:** Full weight-bearing on crutches.
- **ROM:** [e.g., 0–90° × 6 weeks]
- **Occupational Therapy:** [if required].
7. **Wound Care:**
- Inspection: [e.g., day 3 & day 10]
- Suture removal: [day 14 clinic]
8. **Follow-up:**
- To be discharged when comfortable and stable.
- Clinic + XR: [e.g., 2 weeks, 6 weeks, 3 months, 1 year]
9. **Other:** [e.g., diabetic control, warfarin bridging, social work input]

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### **Wound & Scar Management (Long-term)**
After suture removal: gentle massage with Vitamin E oil or Bio-Oil twice
daily.
**Scar sun protection:** Avoid direct sun; use SPF 50+ for **18 months**. .
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from Dr Wever

Norman Singleton - Theatre
24/07/2025

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### **Pre-operative Measures**
1. **Consent**
Fully informed consent obtained.
Risks explained: infection (±debridement), bleeding, delayed healing, nerve
injury, stiffness, DVT/PE, ongoing symptoms, hardware prominence/failure,
delayed/non/malunion.

2. **VTE Prophylaxis**
Risk assessment done. Mechanical (hydration, elevation, early mobilisation) ±
chemical prophylaxis mutually agreed.

3. **Anaesthesia**
- Regional Block
- Regional Block: Popliteal and ankle block.
- Local Infiltration: Marcaine + Adrenaline

4. **Pre-wash & Sterile Prep**
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Limb pre-washed. Standard sterile prep completed.

5. **Prophylactic Medications**
IV antibiotics + Tranexamic acid (Cyklokapron) given.

6. **Surgical Safety Pause**
Correct patient, procedure, side confirmed.

7. **Tourniquet:** Yes – time up: ___ min

Intra-operative Details
Approach: Posterior and lateral sinus tarsi
Positioning: Lateral position with affected side up
Start Time: [Insert] | **End Time:** [Insert]
Clock In: [Insert] | **Clock Out:** [Insert]
Hospital/Theatre Complex: Main Theatre Complex
Side: Left
Blood Loss: [___ ml]

Procedure(s)
Removal of Calcaneal Screws
- Posterior approach with multiple stab incisions under fluoroscopy.
- Wires used as guides to remove five cannulated screws successfully.

Subtalar Joint Fusion
- Lateral sinus tarsi incision over previous scar.
- Extensive tenosynovectomy of peroneus longus and brevis tendons required due to adherence to scar tissue.
- Synovectomy, debridement, and curettage of the subtalar joint.
- Subchondral bone prepared using osteotomes, burr, and perforating drill.
- Local autogenous bone graft packed with 1 cc Paragon BEAST.
- Fusion achieved with two 7 mm Paragon screws (one compression, one fully threaded).
- Resection of excess bone from lateral wall and exostosis from medial wall with osteotomes.

Significant Findings

End-stage arthritic changes of the subtalar joint.

Implants
- **Company:** Paragon 28
- **Details:** Two 7 mm screws; 1 cc BEAST

Closure & Dressings
- **Closure:** Wounds irrigated & closed in layers using Vicryl 2-0, 3-0, V-Loc for skin, and Vicryl Rapid 3-0 for partial heel skin wounds.
- **Dressings:** Primapore and Surgipad dressing over a well-padded back slab.
- **Post-op Immobilisation / Orthotics:** Well-padded back slab.

Post-Operative Plan
1. **Analgesia:** Multimodal as prescribed (PCM, NSAID, opioid PRN).
2. **Elevation & Ice:** Limb elevated as much as possible for the first 2 weeks.
3. **Neurovascular / Compartment Checks:**
- 2-hourly × 12 h → 4-hourly × 12 h.
4. **Thromboprophylaxis:**
- Mechanical: TED stockings, foot pumps, early mobilisation.
- Pharmacological: Clexane in hospital. On discharge: Rivaroxaban (Xarelto) for 2 weeks, then Ecotrin for 2 weeks.
5. **Investigations:**
- Drain to be removed when output < 20 ml in 24 hours.
- **Control X-ray:** At 6-week follow-up.
6. **Rehab Referrals:**
- **Physiotherapy:** Routine post-op mobilisation
- **Weight-bearing:** Strict non-weight-bearing for 6 weeks. Partial weight-bearing from 6 weeks, progressing to full weight-bearing as comfortable between 8-9 weeks.
- **ROM:** Start general ankle range of motion at 2 weeks.
7. **Wound Care:**
- Inspection: At 2 weeks.
- Suture removal: [day 14 clinic]
8. **Follow-up:**
- Clinic + XR: 2 weeks, 6 weeks.
9. **Other:**

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- Continue IV antibiotics for 24 hours post-op.
- Convert to a boot at 2 weeks. To wear boot for a total of 12 weeks.

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### **Wound & Scar Management (Long-term)**
- After suture removal: gentle massage with Vitamin E oil or Bio-Oil twice
daily.
- **Scar sun protection:** Avoid direct sun; use SPF 50+ for **18 months**.
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from Dr Groenewald

Samuel Morris
30/06/2025

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### Pre-operative Measures
1. Consent
   Fully informed consent obtained.
   Risks explained: infection (±debridement), bleeding, delayed healing, nerve
injury, stiffness, DVT/PE, ongoing symptoms, hardware prominence/failure,
delayed/non/malunion.

2. VTE Prophylaxis
   Risk assessment done. Mechanical (hydration, elevation, early mobilisation)
± chemical prophylaxis mutually agreed.

3. Anaesthesia
   - General + Local Infiltrate
   - Local Infiltration: Marcaine + Adrenaline

4. Pre-wash & Sterile Prep
   Limb pre-washed. Standard sterile prep completed.

5. Prophylactic Medications
   IV antibiotics + Tranexamic acid (Cyklokapron) given.

6. Surgical Safety Pause
   Correct patient, procedure, side confirmed.

7. Tourniquet: Yes - time up: 88 min

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### Intra-operative Details
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Approach: Dorsal hand approach, zone 5
Positioning: Supine with hand table
Start Time: 20:21 | End Time: 21:55
Clock In: 20:00 | Clock Out: 21:58
Hospital/Theatre Complex: Vergelegen Medical Clinic Hospital
Side: Right
Blood Loss: Minimal

Procedure(s)
Right Hand Traumatic Injury Debridement and Extensive Tendon Repair
- Extension of traumatic laceration proximally and distally into healthy tissue
- Debridement of non-viable adipose tissue, fascia, tendon synovium and muscle tissue
- Thorough irrigation with normal saline
- Debridement of open middle finger metacarpophalangeal joint
- Removal of cartilage and bony fragments from joint
- EDC tendon repair to middle and ring finger using two-strand modified Kessler technique with Prolene 4-0
- Capsular repair of metacarpophalangeal joint with Prolene 4-0
- Extensor hood repair with Prolene 4-0
- Skin approximation with interrupted 4-0 nylon sutures

Significant Findings
11-12cm traumatic laceration zone 5 over right hand dorsum. Severed extensor digitorum communis tendons to middle and ring finger. Traumatically violated middle finger metacarpophalangeal joint with unicortical fracture involving metacarpal head with 4x3mm defect on ulnar aspect. Distal tuft fracture undisplaced of ring finger. Osteoarthritic changes with mallet deformities of ring and little fingers due to DIP joint arthritis with Heberden nodes.

Implants
- Company: N/A
- Details: Prolene 4-0 sutures for tendon and capsular repair, 4-0 nylon for skin closure

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Closure & Dressings
- Closure: Wounds irrigated & closed in layers using Prolene 4-0 for tendons

and capsule, 4-0 nylon interrupted sutures for skin.
- Dressings: Iodine dressing + fluff gauze
- Post-op Immobilisation / Orthotics: Functional volar wrist splint with wrist at 60 degrees dorsiflexion, MCPJs locked in extension, ending at PIPJ level

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Post-Operative Plan
1. Analgesia: Multimodal as prescribed (PCM, NSAID, opioid PRN).
2. Elevation & Ice: Right hand elevated on pillow.
3. Neurovascular / Compartment Checks:
   - 2-hourly × 12 h -> 4-hourly × 12 h.
4. Thromboprophylaxis:
   - Mechanical: Early mobilisation.
5. Investigations:
   - No control X-ray required.
6. Rehab Referrals:
   - Physiotherapy: Active and active-assisted ROM exercises in volar splint at PIPJ level
     - Weight-bearing: N/A
     - ROM: PIPJ flexion allowed for intrinsic muscle function
   - Occupational Therapy: Formal thermoplastic splint after 5 days.
7. Wound Care:
   - Inspection: day 5
   - Suture removal: as clinically indicated
8. Follow-up:
   - Wound inspection 5 days + OT referral for thermoplastic splint
   - Continue splint for 3 weeks
   - Outpatient rehabilitation
9. Other: Complete 24 hours IV antibiotics, co-amoxiclav oral antibiotics 5 days

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Wound & Scar Management (Long-term)
- After suture removal: gentle massage with Vitamin E oil or Bio-Oil twice daily.
- Scar sun protection: Avoid direct sun; use SPF 50+ for 18 months.

Progress Note 29/06/2025
Day 1 post-operative exploration, debridement traumatic grinder injury zone 5 right hand dorsum with severed EDC tendons middle and ring finger plus open traumatic middle finger metacarpophalangeal joint. Repair extensor tendons and washout debridement metacarpophalangeal joint completed. Comfortable in bed,

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vitals normal ranges. Minimal hand pain, feels much better. Moving digits in
volar splint using intrinsic muscles. Digits well perfused, capillary refill
<2 seconds. Subtle decreased sensation middle finger dorsal tip - possible
neuropraxia or severed sensory branch, clinically monitor. Dressings clean and
dry, no active bleeding. Physiotherapy today then discharge on analgesia TTOS
and co-amoxiclav oral antibiotics 5 days. Review rooms 5 days wound
inspection. OT referral formal moulded thermoplastic splint, continue rehab.
Formal thermoplastic splint 3 week period.

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### Progress Note 03/07/2025
Day 5 post-operative grinder injury right hand dorsum zone 5. Sustained zone 5
extensor digitorum communis tendon injuries middle and ring finger plus
traumatic arthrotomy middle finger metacarpophalangeal joint with small
cartilage defect ulnar side joint. Washout debridement metacarpophalangeal
joint and extensor digitorum communis tendon repair zone 5 middle and ring
finger with thorough wound debridement completed. Wound inspection: one small
tissue flap slightly dusky but pedicle viable. Small flap over middle finger
with minimal oozing, no sepsis or sloughing. Wounds cleaned, dressed with
Inadine and gauze. Currently functional splint immobilising extensor tendons,
splint to PIPJ level with MCPJs locked extension. Referral Aaron Place
occupational therapist Therapy in Action for thermoplastic splint. Wear
thermoplastic splint 3 weeks. Review Sister Marike 1 week wound inspection.
Analgesia TTOS symptomatic relief, elevate hand home, continue OT outpatient
rehab volar-based wrist splint.
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Exemplar Flokzu (Prompt) Result

Instruction
Please use the prompts you have generated to construct an example for each doctor of how each of the LLM summaries ([Patient Overview], [Referral Letter], [Consultation Summary] and [Update Letter]) will look based on their respective Exemplar Transcripts and using the Suggested Heidi Template as input

for Dr Harcastle

Surgery Overview

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Operation Note

Surgery Feedback Summary

Discharge Summary

Post Operative Nursing Instructions

Post Operative Physio Instructions / Update

for Dr Wever

Surgery Overview

Operation Note

Surgery Feedback Summary

Discharge Summary

Post Operative Nursing Instructions

Post Operative Physio Instructions / Update

for Dr Groenewald

Surgery Overview

Operation Note

Surgery Feedback Summary

Discharge Summary

Post Operative Nursing Instructions

Post Operative Physio Instructions / Update

End of Document

Last Updated: 10 November 2025