**M30-M36 Systemic connective tissue disorders**

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| M30 Polyarteritis nodosa and related conditions |

## M30.0 Polyarteritis nodosa

Procedure: Enlarged and inflamed renal artery with segmental stenosis. Biopsy of renal artery, obtaining multiple tissue samples. Layered closure of incision site with sutures. Monitoring vital signs, pain management, and follow-up biopsy results. Initiation of immunosuppressive therapy.

Procedure: Angioplasty with balloon catheter and placement of multiple stents. Hemostasis achieved, wound closed with sutures. Postoperative care: Monitoring bowel perfusion, initiating immunosuppressive therapy, and follow-up imaging for stent patency.

Procedure: Enlarged spleen with infarcted areas, thickened arterial walls. Splenectomy with ligation and division of splenic artery and vein. Closure: Layers closed, wound dressed. Postoperative care: Monitoring blood counts, immunosuppressive therapy, and pneumococcal prophylaxis.

Procedure: Leukocytoclastic vasculitis with neutrophilic infiltrate. Excisional biopsy of skin lesion. Closure: Wound closed with sutures. Postoperative care: Wound care, pain management, and histopathology evaluation. Initiation of immunosuppressive therapy.

Procedure: Multiple cerebral arterial aneurysms, vasculitis. Selective catheterization of cerebral arteries, digital subtraction angiography. Closure: Hemostasis achieved, puncture site compressed. Postoperative care: Neurological monitoring, anticoagulation therapy, and follow-up imaging. Initiation of immunosuppressive therapy.

Procedure: Testicular artery vasculitis, tissue necrosis. Biopsy of testicular tissue. Closure: Wound closed with sutures. Postoperative care: Scrotal support, pain management, and histopathology evaluation. Initiation of immunosuppressive therapy.

Procedure: Upper and lower endoscopy. Findings: Multiple ulcerations, hemorrhages, and areas of ischemia throughout the gastrointestinal tract. Postoperative care: Post-procedure monitoring, biopsy results, and symptomatic treatment. Initiation of immunosuppressive therapy.

Procedure: Inflammatory infiltrates, fibrinoid necrosis in muscle tissue. Biopsy of muscle tissue, obtaining multiple samples. Wound closed with sutures. Postoperative care: Pain management, histopathology evaluation, and initiation of immunosuppressive therapy. Physical therapy and rehabilitation.

Findings: Multiple stenotic segments in mesenteric arteries. Procedure: Bypass graft placement using autologous saphenous vein or synthetic graft. Closure: Layers closed, wound dressed. Postoperative care: Monitoring bowel perfusion, initiating immunosuppressive therapy, and postoperative graft surveillance.

Findings: Aortic valve thickening and incompetence. Procedure: Aortic valve replacement with mechanical or bioprosthetic valve. Closure: Sternum closed with wire, layers closed, wound dressed. Postoperative care: Hemodynamic monitoring, anticoagulation therapy, initiation of immunosuppressive therapy, and cardiac rehabilitation.

Findings: Pulmonary artery vasculitis, necrotizing granulomatous inflammation. Biopsy of lung tissue, obtaining multiple samples. Closure: Closure of thoracic incision layers, chest tube placement. Postoperative care: Chest tube drainage, pain management, initiation of immunosuppressive therapy, and respiratory support as needed.

Procedure: Peripheral Artery Bypass

Indication: Polyarteritis nodosa with severe peripheral arterial occlusive disease

Anesthesia: General or regional

Incision: Distal to proximal incisions along the affected artery

Findings: Multiple arterial stenosis and occlusions

Procedure: Bypass graft placement using autologous vein or synthetic graft

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Limb perfusion monitoring, wound care, initiation of immunosuppressive therapy, and postoperative graft surveillance.

Operative Note 13:

Procedure: Ophthalmic Artery Embolization

Indication: Polyarteritis nodosa with ophthalmic artery aneurysm and retinal ischemia

Anesthesia: Local or general

Incision: Not applicable (endovascular procedure)

Findings: Ophthalmic artery aneurysm, evidence of vasculitis

Procedure: Endovascular embolization of the aneurysm using coils or other embolic material

Closure: Not applicable

Complications: None

Postoperative care: Ophthalmologic evaluation, visual acuity monitoring, initiation of immunosuppressive therapy.

Operative Note 14:

Procedure: Nephrectomy

Indication: Polyarteritis nodosa with end-stage renal disease and non-functional kidney

Anesthesia: General

Incision: Flank incision

Findings: Enlarged and scarred kidney, severe renal artery involvement

Procedure: Nephrectomy with ligation and division of renal artery and vein

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Renal function monitoring, dialysis initiation as needed, initiation of immunosuppressive therapy.

Operative Note 15:

Procedure: Coronary Artery Bypass Graft (CABG) Surgery

Indication: Polyarteritis nodosa with severe coronary artery disease and myocardial ischemia

Anesthesia: General

Incision: Midline sternotomy

Findings: Multiple coronary artery stenoses

Procedure: CABG surgery with placement of arterial and/or venous grafts

Closure: Sternum closed with wire, layers closed, wound dressed

Complications: None

Postoperative care: Hemodynamic monitoring, pain management, cardiac rehabilitation, initiation of immunosuppressive therapy.

Operative Note 16:

Procedure: Joint Synovial Biopsy

Indication: Polyarteritis nodosa with suspected joint involvement

Anesthesia: Local or regional

Incision: Skin incision over affected joint

Findings: Synovial inflammation, fibrin deposition

Procedure: Biopsy of synovial tissue, obtaining multiple samples

Closure: Wound closed with sutures

Complications: None

Postoperative care: Joint immobilization, pain management, histopathology evaluation, initiation of immunosuppressive therapy.

Operative Note 17:

Procedure: Hepatic Artery Angiography with Transarterial Embolization (TAE)

Indication: Polyarteritis nodosa with hepatic artery aneurysm and liver ischemia

Anesthesia: Local or general

Incision: Not applicable (endovascular procedure)

Findings: Hepatic artery aneurysm, evidence of vasculitis

Procedure: Selective catheterization of hepatic artery, TAE using embolic material

Closure: Not applicable

Complications: None

Postoperative care: Liver function monitoring, initiation of immunosuppressive therapy, follow-up imaging for aneurysm size and patency.

Operative Note 18:

Procedure: Esophageal Dilation

Indication: Polyarteritis nodosa with esophageal involvement and strictures

Anesthesia: Local or moderate sedation

Procedure: Esophageal dilation using bougies or balloon dilators

Findings: Multiple esophageal strictures, evidence of vasculitis

Closure: Not applicable

Complications: None

Postoperative care: Post-procedure monitoring, initiation of immunosuppressive therapy, and symptomatic treatment.

Operative Note 19:

Procedure: Temporal Artery Biopsy

Indication: Polyarteritis nodosa with suspected temporal artery involvement (giant cell arteritis exclusion)

Anesthesia: Local

Incision: Temporal scalp incision

Findings: Inflammatory infiltrates, granulomatous inflammation in temporal artery

Procedure: Biopsy of temporal artery, obtaining multiple samples

Closure: Wound closed with sutures

Complications: None

Postoperative care: Pain management, histopathology evaluation, initiation of immunosuppressive therapy.

Operative Note 20:

Procedure: Intestinal Resection and Anastomosis

Indication: Polyarteritis nodosa with intestinal ischemia and stricture formation

Anesthesia: General

Incision: Midline abdominal incision

Findings: Multiple areas of ischemic bowel, strictures

Procedure: Resection of ischemic bowel segments, primary anastomosis

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Bowel rest, parenteral nutrition, immunosuppressive therapy initiation, and postoperative surveillance for anastomotic healing.

Operative Note 21:

Procedure: Arterial Bypass for Lower Limb Ischemia

Indication: Polyarteritis nodosa with severe lower limb arterial occlusion

Anesthesia: General (standard dosage)

Incision: Lower limb incision (femoral-popliteal or femoral-tibial bypass)

Findings: Multiple arterial stenoses and occlusions in the lower limb

Procedure: Arterial bypass graft placement using autologous vein or synthetic graft

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Limb perfusion monitoring, wound care, initiation of immunosuppressive therapy, and postoperative graft surveillance.

Operative Note 22:

Procedure: Ophthalmic Artery Embolization

Indication: Polyarteritis nodosa with ophthalmic artery aneurysm and retinal ischemia

Anesthesia: Local (reduced dosage)

Incision: Not applicable (endovascular procedure)

Findings: Ophthalmic artery aneurysm, evidence of vasculitis

Procedure: Endovascular embolization of the aneurysm using coils or other embolic material

Closure: Not applicable

Complications: None

Postoperative care: Ophthalmologic evaluation, visual acuity monitoring, initiation of immunosuppressive therapy.

Operative Note 23:

Procedure: Laparoscopic Mesenteric Biopsy

Indication: Polyarteritis nodosa with suspected mesenteric artery involvement

Anesthesia: General (reduced dosage)

Incision: Multiple small abdominal incisions for trocar placement

Findings: Mesenteric artery inflammation, evidence of vasculitis

Procedure: Laparoscopic biopsy of mesenteric tissue, obtaining multiple samples

Closure: Closure of trocar incisions with sutures

Complications: None

Postoperative care: Pain management, histopathology evaluation, initiation of immunosuppressive therapy.

Operative Note 24:

Procedure: Percutaneous Renal Angioplasty

Indication: Polyarteritis nodosa with renal artery stenosis

Anesthesia: Local (standard dosage)

Incision: Not applicable (endovascular procedure)

Findings: Significant stenosis of the renal artery

Procedure: Angioplasty of the renal artery using balloon catheter

Closure: Not applicable

Complications: None

Postoperative care: Monitoring renal function, blood pressure control, and follow-up imaging.

Operative Note 25:

Procedure: Skin Biopsy

Indication: Polyarteritis nodosa cutaneous manifestation

Anesthesia: Local (variable dosage based on lesion size and location)

Incision: Skin lesion site

Findings: Leukocytoclastic vasculitis with neutrophilic infiltrate

Procedure: Excisional biopsy of skin lesion

Closure: Wound closed with sutures

Complications: None

Postoperative care: Wound care, pain management, and histopathology evaluation. Initiation of immunosuppressive therapy.

Operative Note 26:

Procedure: Thoracic Aortic Aneurysm Repair

Indication: Polyarteritis nodosa with thoracic aortic involvement and aneurysm formation

Anesthesia: General (standard dosage)

Incision: Midline sternotomy

Findings: Thoracic aortic aneurysm with evidence of vasculitis

Procedure: Replacement of aortic segment with synthetic graft, aneurysm repair

Closure: Sternum closed with wire, layers closed, wound dressed

Complications: None

Postoperative care: Hemodynamic monitoring, pain management, initiation of immunosuppressive therapy, and cardiac rehabilitation.

Operative Note 27:

Procedure: Transbronchial Lung Biopsy

Indication: Polyarteritis nodosa with suspected pulmonary involvement

Anesthesia: Moderate sedation (reduced dosage)

Incision: Not applicable (bronchoscopic procedure)

Findings: Vasculitis in lung tissue, evidence of granulomatous inflammation

Procedure: Transbronchial biopsy of lung tissue, obtaining multiple samples

Closure: Not applicable

Complications: None

Postoperative care: Respiratory monitoring, pain management, histopathology evaluation, initiation of immunosuppressive therapy.

Operative Note 28:

Procedure: Carotid Endarterectomy

Indication: Polyarteritis nodosa with carotid artery stenosis

Anesthesia: General (standard dosage)

Incision: Cervical incision over the carotid artery

Findings: Carotid artery stenosis with evidence of vasculitis

Procedure: Removal of atherosclerotic plaque, restoration of blood flow

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Neurological monitoring, initiation of immunosuppressive therapy, and antiplatelet/anticoagulation therapy.

Operative Note 29:

Procedure: Abdominal Aortic Aneurysm Repair

Indication: Polyarteritis nodosa with abdominal aortic involvement and aneurysm formation

Anesthesia: General (standard dosage)

Incision: Midline abdominal incision

Findings: Abdominal aortic aneurysm with evidence of vasculitis

Procedure: Replacement of aortic segment with synthetic graft, aneurysm repair

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Hemodynamic monitoring, pain management, initiation of immunosuppressive therapy, and vascular surveillance.

Operative Note 30:

Procedure: Colon Resection and Colostomy

Indication: Polyarteritis nodosa with intestinal ischemia and necrosis

Anesthesia: General (variable dosage based on patient's condition)

Incision: Lower abdominal incision

Findings: Multiple areas of ischemic and necrotic colon segments

Procedure: Resection of affected colon segments, colostomy creation

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Stoma care, bowel rest, initiation of immunosuppressive therapy, and postoperative surveillance.

Operative Note 31:

Procedure: Temporomandibular Joint (TMJ) Reconstruction

Indication: Polyarteritis nodosa with severe TMJ involvement and bone erosion

Anesthesia: General (standard dosage)

Incision: Preauricular or intraoral approach

Findings: Erosion of TMJ condyle and articular surface

Procedure: TMJ reconstruction with autologous bone graft or alloplastic joint replacement

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: TMJ immobilization, pain management, initiation of immunosuppressive therapy, and jaw rehabilitation.

Operative Note 32:

Procedure: Spinal Fusion

Indication: Polyarteritis nodosa with vertebral involvement and bone erosion

Anesthesia: General (standard dosage)

Incision: Posterior midline incision over the affected spinal segment

Findings: Vertebral bone erosion, instability

Procedure: Spinal fusion using bone graft and instrumentation

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Spinal immobilization, pain management, initiation of immunosuppressive therapy, and rehabilitation.

Operative Note 33:

Procedure: Total Hip Arthroplasty

Indication: Polyarteritis nodosa with hip joint involvement and bone erosion

Anesthesia: General (standard dosage)

Incision: Posterior or anterior approach to the hip joint

Findings: Erosion of femoral head and acetabulum

Procedure: Total hip arthroplasty with implantation of prosthesis

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Hip mobilization, pain management, initiation of immunosuppressive therapy, and physical therapy.

Operative Note 34:

Procedure: Cranioplasty

Indication: Polyarteritis nodosa with cranial bone erosion

Anesthesia: General (standard dosage)

Incision: Scalp incision over the affected cranial region

Findings: Cranial bone erosion and defect

Procedure: Reconstruction of cranial bone using autologous bone graft or synthetic material

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Neurological monitoring, pain management, initiation of immunosuppressive therapy, and wound healing assessment.

Operative Note 35:

Procedure: Foot Arthrodesis

Indication: Polyarteritis nodosa with severe foot joint involvement and bone erosion

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Incisions over affected foot joints for arthrodesis

Findings: Joint erosions and instability in the foot

Procedure: Foot arthrodesis using bone graft and fixation devices

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Foot immobilization, pain management, initiation of immunosuppressive therapy, and physical therapy.

Operative Note 36:

Procedure: Mastoidectomy

Indication: Polyarteritis nodosa with mastoid bone erosion and infection

Anesthesia: General (standard dosage)

Incision: Retroauricular or endaural approach

Findings: Mastoid bone erosion and necrotic tissue

Procedure: Mastoidectomy with removal of infected and eroded bone, drainage of abscesses

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Ear care, antibiotic therapy, initiation of immunosuppressive therapy.

Operative Note 37:

Procedure: Sacroiliac Joint Fusion

Indication: Polyarteritis nodosa with sacroiliac joint involvement and bone erosion

Anesthesia: General (standard dosage)

Incision: Posterior approach over the sacroiliac joint

Findings: Erosion and instability of the sacroiliac joint

Procedure: Sacroiliac joint fusion using bone graft and fixation devices

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Joint immobilization, pain management, initiation of immunosuppressive therapy, and physical therapy.

Operative Note 38:

Procedure: Rib Resection and Reconstruction

Indication: Polyarteritis nodosa with rib involvement and bone erosion

Anesthesia: General (standard dosage)

Incision: Incision over the affected rib segment

Findings: Rib bone erosion and deformation

Procedure: Resection of affected rib segment, reconstruction with bone graft or synthetic material

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Respiratory monitoring, pain management, initiation of immunosuppressive therapy, and postoperative chest physiotherapy.

Operative Note 39:

Procedure: Distal Radius Osteotomy

Indication: Polyarteritis nodosa with distal radius involvement and bone erosion

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Dorsal or volar approach to the distal radius

Findings: Erosion and deformity of the distal radius

Procedure: Osteotomy of the distal radius, realignment, and fixation with plate and screws

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Hand immobilization, pain management, initiation of immunosuppressive therapy, and hand therapy.

Operative Note 40:

Procedure: Mandibular Reconstruction

Indication: Polyarteritis nodosa with mandible involvement and bone erosion

Anesthesia: General (standard dosage)

Incision: Intraoral or external approach to the mandible

Findings: Mandibular bone erosion and defect

Procedure: Mandibular reconstruction using bone graft or microvascular free tissue transfer

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Oral hygiene, pain management, initiation of immunosuppressive therapy, and dental rehabilitation.

Operative Note 41:

Procedure: Kyphoplasty

Indication: Polyarteritis nodosa with vertebral involvement and severe bone pain

Anesthesia: Local or general (variable dosage based on patient's condition)

Incision: Not applicable (minimally invasive procedure)

Findings: Vertebral compression fractures and severe bone pain

Procedure: Kyphoplasty procedure to stabilize fractured vertebrae and relieve pain

Closure: Not applicable

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and postoperative spine rehabilitation.

Operative Note 42:

Procedure: Femoral Nailing

Indication: Polyarteritis nodosa with femoral involvement and severe bone pain

Anesthesia: General (standard dosage)

Incision: Entry point incision and distal interlocking incision

Findings: Femoral bone involvement with evidence of vasculitis

Procedure: Femoral nail insertion for stabilization and pain relief

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 43:

Procedure: Talonavicular Joint Fusion

Indication: Polyarteritis nodosa with talonavicular joint involvement and severe bone pain

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Incision over the talonavicular joint

Findings: Erosion and instability of the talonavicular joint

Procedure: Talonavicular joint fusion using bone graft and fixation devices

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Joint immobilization, pain management, initiation of immunosuppressive therapy, and physical therapy.

Operative Note 44:

Procedure: Distal Tibial Osteotomy

Indication: Polyarteritis nodosa with distal tibial involvement and severe bone pain

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Medial or lateral approach to the distal tibia

Findings: Erosion and deformity of the distal tibia

Procedure: Osteotomy of the distal tibia, realignment, and fixation with plate and screws

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Lower leg immobilization, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 45:

Procedure: Metatarsophalangeal Joint Fusion

Indication: Polyarteritis nodosa with metatarsophalangeal joint involvement and severe bone pain

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Dorsal or plantar approach to the affected joint

Findings: Erosion and instability of the metatarsophalangeal joint

Procedure: Fusion of the metatarsophalangeal joint using bone graft and fixation devices

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Foot immobilization, pain management, initiation of immunosuppressive therapy, and physical therapy.

Operative Note 46:

Procedure: Sacral Nerve Root Stimulation

Indication: Polyarteritis nodosa with severe sacral bone pain

Anesthesia: General (standard dosage)

Incision: Not applicable (minimally invasive procedure)

Findings: Severe sacral bone pain with neuropathic component

Procedure: Placement of sacral nerve stimulator for pain management

Closure: Not applicable

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and postoperative pain stimulator programming.

Operative Note 47:

Procedure: Proximal Interphalangeal Joint Arthrodesis

Indication: Polyarteritis nodosa with proximal interphalangeal joint involvement and severe bone pain

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Dorsal or volar approach to the affected joint

Findings: Erosion and instability of the proximal interphalangeal joint

Procedure: Arthrodesis of the proximal interphalangeal joint using bone graft and fixation devices

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Finger immobilization, pain management, initiation of immunosuppressive therapy, and hand therapy.

Operative Note 48:

Procedure: Calcaneal Osteotomy

Indication: Polyarteritis nodosa with calcaneal involvement and severe bone pain

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Lateral or medial approach to the calcaneus

Findings: Erosion and deformity of the calcaneus

Procedure: Osteotomy of the calcaneus, realignment, and fixation with screws or plates

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Foot immobilization, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 49:

Procedure: Elbow Arthroscopy

Indication: Polyarteritis nodosa with elbow joint involvement and severe bone pain

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Multiple small incisions for arthroscopic access

Findings: Joint erosion, synovitis, and osteophyte formation in the elbow joint

Procedure: Arthroscopic debridement, synovectomy, and removal of osteophytes

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Elbow immobilization, pain management, initiation of immunosuppressive therapy, and elbow rehabilitation.

Operative Note 50:

Procedure: Distal Phalanx Amputation

Indication: Polyarteritis nodosa with severe bone pain and necrosis of the distal phalanx

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Distal digital incision at the affected finger or toe

Findings: Severe necrosis and bone involvement of the distal phalanx

Procedure: Distal phalanx amputation and wound closure

Closure: Wound closed, dressing applied

Complications: None

Postoperative care: Wound care, pain management, initiation of immunosuppressive therapy, and digital function assessment.

Operative Note 51:

Procedure: Renal Artery Bypass

Indication: Polyarteritis nodosa with renal artery stenosis and severe hypertension

Anesthesia: General (standard dosage)

Incision: Midline abdominal incision

Findings: Renal artery stenosis with evidence of vasculitis

Procedure: Renal artery bypass using synthetic graft, restoration of blood flow

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Renal function monitoring, blood pressure management, initiation of immunosuppressive therapy.

Operative Note 52:

Procedure: Splenectomy

Indication: Polyarteritis nodosa with splenic involvement and severe abdominal pain

Anesthesia: General (standard dosage)

Incision: Midline or left subcostal incision

Findings: Splenic infarction and enlargement with evidence of vasculitis

Procedure: Splenectomy with ligation of splenic artery and vein

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Monitoring for postsplenectomy complications, pain management, initiation of immunosuppressive therapy.

Operative Note 53:

Procedure: Orbital Decompression

Indication: Polyarteritis nodosa with orbital involvement and severe eye pain

Anesthesia: General (standard dosage)

Incision: Transconjunctival or transcutaneous approach

Findings: Orbital inflammation, proptosis, and compression of the optic nerve

Procedure: Orbital decompression with removal of bone or orbital fat

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Eye care, pain management, initiation of immunosuppressive therapy, and ophthalmologic follow-up.

Operative Note 54:

Procedure: Gastrointestinal Resection

Indication: Polyarteritis nodosa with gastrointestinal involvement and severe abdominal pain

Anesthesia: General (standard dosage)

Incision: Midline or transverse abdominal incision

Findings: Ischemic bowel segments with evidence of vasculitis

Procedure: Resection of affected bowel segments, primary anastomosis

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Bowel rest, monitoring for anastomotic leak, pain management, initiation of immunosuppressive therapy.

Operative Note 55:

Procedure: Thyroidectomy

Indication: Polyarteritis nodosa with thyroid involvement and severe neck pain

Anesthesia: General (standard dosage)

Incision: Transverse or midline neck incision

Findings: Thyroid gland enlargement and evidence of vasculitis

Procedure: Total or subtotal thyroidectomy

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Thyroid hormone replacement, pain management, initiation of immunosuppressive therapy, and thyroid function monitoring.

Operative Note 56:

Procedure: Ulnar Nerve Transposition

Indication: Polyarteritis nodosa with ulnar nerve entrapment and severe elbow pain

Anesthesia: Regional or general (variable dosage based on patient's condition)

Incision: Medial or posterior approach to the elbow

Findings: Ulnar nerve compression and evidence of vasculitis

Procedure: Ulnar nerve transposition to relieve compression

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Elbow immobilization, pain management, initiation of immunosuppressive therapy, and nerve function assessment.

Operative Note 57:

Procedure: Pancreatectomy

Indication: Polyarteritis nodosa with pancreatic involvement and severe abdominal pain

Anesthesia: General (standard dosage)

Incision: Midline or upper abdominal incision

Findings: Pancreatic infarction and evidence of vasculitis

Procedure: Partial or total pancreatectomy

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Blood sugar monitoring, pain management, initiation of immunosuppressive therapy, and pancreatic enzyme replacement.

Operative Note 58:

Procedure: Carotid Endarterectomy

Indication: Polyarteritis nodosa with carotid artery involvement and severe neurological symptoms

Anesthesia: General (standard dosage)

Incision: Cervical incision along the anterior border of the sternocleidomastoid muscle

Findings: Carotid artery stenosis with evidence of vasculitis

Procedure: Carotid endarterectomy with plaque removal and vessel reconstruction

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Neurological monitoring, blood pressure management, pain management, initiation of immunosuppressive therapy.

Operative Note 59:

Procedure: Pulmonary Wedge Resection

Indication: Polyarteritis nodosa with pulmonary involvement and severe chest pain

Anesthesia: General (standard dosage)

Incision: Thoracotomy or video-assisted thoracoscopic surgery (VATS) approach

Findings: Pulmonary nodules with evidence of vasculitis

Procedure: Resection of pulmonary nodules with margins

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Chest tube management, pain management, initiation of immunosuppressive therapy, and pulmonary function assessment.

Operative Note 60:

Procedure: Temporal Artery Biopsy

Indication: Suspected Polyarteritis nodosa with temporal artery involvement and severe headache

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Longitudinal incision over the temporal artery

Findings: Temporal artery inflammation and evidence of vasculitis

Procedure: Biopsy of the temporal artery segment

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

Operative Note 61:

Procedure: Arteriovenous Fistula Ligation

Indication: Polyarteritis nodosa with arteriovenous fistula and severe localized pain

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Over the site of the arteriovenous fistula

Findings: Arteriovenous fistula formation and evidence of vasculitis

Procedure: Ligation and closure of the arteriovenous fistula

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and monitoring for fistula recurrence.

Operative Note 62:

Procedure: Retroperitoneal Lymph Node Biopsy

Indication: Polyarteritis nodosa with suspected lymph node involvement and severe abdominal pain

Anesthesia: General (standard dosage)

Incision: Lower abdominal or flank incision

Findings: Enlarged retroperitoneal lymph nodes with evidence of vasculitis

Procedure: Biopsy of retroperitoneal lymph nodes

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

Operative Note 63:

Procedure: Temporomandibular Joint Arthroplasty

Indication: Polyarteritis nodosa with temporomandibular joint involvement and severe jaw pain

Anesthesia: General (standard dosage)

Incision: Preauricular or intraoral approach to the temporomandibular joint

Findings: Temporomandibular joint inflammation, erosion, and evidence of vasculitis

Procedure: Total or partial temporomandibular joint arthroplasty with prosthesis placement

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Jaw immobilization, pain management, initiation of immunosuppressive therapy, and jaw rehabilitation.

Operative Note 64:

Procedure: Sacroiliac Joint Denervation

Indication: Polyarteritis nodosa with sacroiliac joint involvement and severe low back pain

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Not applicable (minimally invasive procedure)

Findings: Sacroiliac joint inflammation and evidence of vasculitis

Procedure: Sacroiliac joint denervation using radiofrequency ablation

Closure: Not applicable

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and physical therapy.

Operative Note 65:

Procedure: Cranial Decompression

Indication: Polyarteritis nodosa with cranial involvement and severe headache

Anesthesia: General (standard dosage)

Incision: Craniotomy or burr hole approach

Findings: Cranial inflammation and evidence of vasculitis

Procedure: Cranial decompression to relieve intracranial pressure

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Neurological monitoring, pain management, initiation of immunosuppressive therapy.

Operative Note 66:

Procedure: Intercostal Nerve Block

Indication: Polyarteritis nodosa with severe intercostal neuralgia and rib involvement

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Not applicable (performed percutaneously)

Findings: Intercostal nerve inflammation and evidence of vasculitis

Procedure: Injection of local anesthetic and steroid around the affected intercostal nerves

Closure: Not applicable

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and monitoring for pain relief.

Operative Note 67:

Procedure: Laryngotracheal Reconstruction

Indication: Polyarteritis nodosa with laryngotracheal involvement and severe respiratory distress

Anesthesia: General (standard dosage)

Incision: Midline neck incision

Findings: Laryngotracheal inflammation, stenosis, and evidence of vasculitis

Procedure: Laryngotracheal reconstruction with resection and anastomosis

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Airway management, pain management, initiation of immunosuppressive therapy, and respiratory therapy.

Operative Note 68:

Procedure: Transanal Hemorrhoidal Dearterialization (THD)

Indication: Polyarteritis nodosa with severe rectal pain and hemorrhoids

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Not applicable (performed transanally)

Findings: Inflamed and engorged hemorrhoids with evidence of vasculitis

Procedure: Transanal hemorrhoidal dearterialization using Doppler guidance

Closure: Not applicable

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and stool softeners.

Operative Note 69:

Procedure: Oophorectomy

Indication: Polyarteritis nodosa with ovarian involvement and severe pelvic pain

Anesthesia: General (standard dosage)

Incision: Lower abdominal or laparoscopic approach

Findings: Ovarian inflammation and evidence of vasculitis

Procedure: Removal of the affected ovary/ovaries

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and hormonal replacement if necessary.

Operative Note 70:

Procedure: Tracheostomy

Indication: Polyarteritis nodosa with severe respiratory distress and impending airway compromise

Anesthesia: General (standard dosage)

Incision: Midline neck incision

Findings: Upper airway inflammation and evidence of vasculitis

Procedure: Tracheostomy tube insertion for long-term airway management

Closure: Tracheostomy tube secured, wound dressed

Complications: None

Postoperative care: Tracheostomy care, pain management, initiation of immunosuppressive therapy, and respiratory therapy.

Operative Note 71:

Procedure: Knee Arthroscopy with Debridement and Irrigation

Indication: Polyarteritis nodosa with severe infection and joint involvement in the knee

Anesthesia: General (standard dosage)

Incision: Multiple small incisions for arthroscopic access

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Arthroscopic debridement of infected tissue, thorough joint irrigation

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Knee immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 72:

Procedure: Shoulder Joint Exploration with Lavage and Drainage

Indication: Polyarteritis nodosa with severe infection and joint involvement in the shoulder

Anesthesia: General (standard dosage)

Incision: Standard shoulder approach

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Exploration of the shoulder joint, thorough lavage with antibiotic solution, placement of a drain

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Shoulder immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and shoulder rehabilitation.

Operative Note 73:

Procedure: Hip Joint Open Debridement and Synovectomy

Indication: Polyarteritis nodosa with severe infection and joint involvement in the hip

Anesthesia: General (standard dosage)

Incision: Standard hip approach

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Open debridement of infected tissue, synovectomy, irrigation with antibiotic solution

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Hip immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and hip rehabilitation.

Operative Note 74:

Procedure: Ankle Joint Arthrodesis

Indication: Polyarteritis nodosa with severe infection and joint involvement in the ankle

Anesthesia: General (standard dosage)

Incision: Standard ankle approach

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Arthrodesis of the ankle joint using bone graft and fixation devices

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Ankle immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 75:

Procedure: Elbow Joint Open Debridement and Drainage

Indication: Polyarteritis nodosa with severe infection and joint involvement in the elbow

Anesthesia: General (standard dosage)

Incision: Standard elbow approach

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Open debridement of infected tissue, thorough irrigation, placement of a drain

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Elbow immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and elbow rehabilitation.

Operative Note 76:

Procedure: Wrist Joint Exploration with Debridement and Irrigation

Indication: Polyarteritis nodosa with severe infection and joint involvement in the wrist

Anesthesia: General (standard dosage)

Incision: Standard wrist approach

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Exploration of the wrist joint, debridement of infected tissue, thorough irrigation

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Wrist immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and wrist rehabilitation.

Operative Note 77:

Procedure: Metatarsophalangeal Joint Arthrodesis

Indication: Polyarteritis nodosa with severe infection and joint involvement in the metatarsophalangeal joint

Anesthesia: General (standard dosage)

Incision: Standard foot approach

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Arthrodesis of the metatarsophalangeal joint using bone graft and fixation devices

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Foot immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 78:

Procedure: Sternoclavicular Joint Debridement and Lavage

Indication: Polyarteritis nodosa with severe infection and joint involvement in the sternoclavicular joint

Anesthesia: General (standard dosage)

Incision: Standard approach to the sternoclavicular joint

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Debridement of infected tissue, thorough lavage with antibiotic solution

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Sternum and clavicle immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy.

Operative Note 79:

Procedure: Temporomandibular Joint Open Debridement and Irrigation

Indication: Polyarteritis nodosa with severe infection and joint involvement in the temporomandibular joint

Anesthesia: General (standard dosage)

Incision: Standard approach to the temporomandibular joint

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Open debridement of infected tissue, thorough irrigation, removal of sequestra if present

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Jaw immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and jaw rehabilitation.

Operative Note 80:

Procedure: Sacroiliac Joint Open Debridement and Drainage

Indication: Polyarteritis nodosa with severe infection and joint involvement in the sacroiliac joint

Anesthesia: General (standard dosage)

Incision: Standard approach to the sacroiliac joint

Findings: Joint inflammation, erosion, and evidence of severe infection

Procedure: Open debridement of infected tissue, thorough irrigation, placement of a drain

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Sacroiliac joint immobilization, antibiotics administration, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 81:

Procedure: Salivary Gland Biopsy

Indication: Polyarteritis nodosa with salivary gland involvement and severe inflammation

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Intraoral or extraoral approach to the affected salivary gland

Findings: Enlarged and inflamed salivary gland with evidence of vasculitis

Procedure: Biopsy of the salivary gland tissue

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

Operative Note 82:

Procedure: Uveitis Vitrectomy

Indication: Polyarteritis nodosa with uveitis and severe intraocular inflammation

Anesthesia: General (standard dosage)

Incision: Pars plana or limbal approach

Findings: Intraocular inflammation, vitreous haze, and evidence of vasculitis

Procedure: Vitrectomy with removal of vitreous gel and inflammatory debris

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Ophthalmic drops, pain management, initiation of immunosuppressive therapy, and postoperative ophthalmic follow-up.

Operative Note 83:

Procedure: Nasal Septal Reconstruction

Indication: Polyarteritis nodosa with nasal septal involvement and severe inflammation

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Intranasal approach

Findings: Inflamed and deviated nasal septum with evidence of vasculitis

Procedure: Septal reconstruction with correction of the deviation

Closure: Intranasal incisions closed, wound dressed

Complications: None

Postoperative care: Nasal packing, pain management, initiation of immunosuppressive therapy, and nasal saline irrigation.

Operative Note 84:

Procedure: Gastrointestinal Endoscopy with Mucosal Biopsy

Indication: Polyarteritis nodosa with gastrointestinal involvement and severe mucosal inflammation

Anesthesia: Local or conscious sedation (variable dosage based on patient's condition)

Incision: Not applicable (performed via endoscopy)

Findings: Inflamed gastrointestinal mucosa with evidence of vasculitis

Procedure: Endoscopic mucosal biopsy from the affected areas

Closure: Not applicable

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimens.

Operative Note 85:

Procedure: Skin Punch Biopsy

Indication: Polyarteritis nodosa with cutaneous involvement and severe inflammation

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Punch biopsy tool used to obtain skin sample

Findings: Inflamed skin lesions with evidence of vasculitis

Procedure: Punch biopsy of the affected skin areas

Closure: Not applicable (small wounds left to heal by secondary intention)

Complications: None

Postoperative care: Wound care, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimens.

Operative Note 86:

Procedure: Epidural Steroid Injection

Indication: Polyarteritis nodosa with spinal involvement and severe epidural inflammation

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Not applicable (performed percutaneously)

Findings: Inflamed epidural space with evidence of vasculitis

Procedure: Injection of corticosteroid into the epidural space

Closure: Not applicable

Complications: None

Postoperative care: Pain management, initiation of immunosuppressive therapy, and post-injection follow-up.

Operative Note 87:

Procedure: Cardiac Catheterization with Myocardial Biopsy

Indication: Polyarteritis nodosa with cardiac involvement and severe myocardial inflammation

Anesthesia: General (standard dosage)

Incision: Femoral or radial artery access

Findings: Inflamed myocardium with evidence of vasculitis

Procedure: Cardiac catheterization with sampling of myocardial tissue

Closure: Arterial access site closed, wound dressed

Complications: None

Postoperative care: Bed rest, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimens.

Operative Note 88:

Procedure: Bronchoscopy with Bronchial Biopsy

Indication: Polyarteritis nodosa with respiratory involvement and severe bronchial inflammation

Anesthesia: Local or conscious sedation (variable dosage based on patient's condition)

Incision: Not applicable (performed via bronchoscope)

Findings: Inflamed bronchial mucosa with evidence of vasculitis

Procedure: Bronchoscopic biopsy of the affected bronchial mucosa

Closure: Not applicable

Complications: None

Postoperative care: Respiratory support, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimens.

Operative Note 89:

Procedure: Renal Biopsy

Indication: Polyarteritis nodosa with renal involvement and severe inflammation

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Percutaneous renal access

Findings: Inflamed renal tissue with evidence of vasculitis

Procedure: Biopsy of the affected renal tissue

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Bed rest, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimens.

Operative Note 90:

Procedure: Colonoscopy with Mucosal Biopsy

Indication: Polyarteritis nodosa with colonic involvement and severe mucosal inflammation

Anesthesia: Local or conscious sedation (variable dosage based on patient's condition)

Incision: Not applicable (performed via colonoscope)

Findings: Inflamed colonic mucosa with evidence of vasculitis

Procedure: Mucosal biopsy of the affected colonic areas

Closure: Not applicable

Complications: None

Postoperative care: Bowel rest, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimens.

Operative Note 91:

Procedure: Exploratory Laparotomy

Indication: Polyarteritis nodosa with suspected abdominal involvement and variable severity of diagnosis

Anesthesia: General (standard dosage)

Incision: Midline or transverse abdominal incision

Findings: Varying degrees of vasculitis and inflammatory changes in abdominal organs

Procedure: Exploration of abdominal cavity, evaluation of affected organs, and collection of tissue samples for further analysis

Closure: Layers closed, wound dressed

Complications: None

Postoperative care: Individualized based on severity of diagnosis and organ involvement. May include antibiotics, pain management, initiation of immunosuppressive therapy, and close monitoring of affected organs.

Operative Note 92:

Procedure: Excisional Skin Biopsy

Indication: Polyarteritis nodosa with cutaneous involvement and variable severity of diagnosis

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Elliptical or punch incision around the affected skin lesion

Findings: Skin lesions with varying degrees of vasculitis and inflammatory changes

Procedure: Excisional biopsy of the affected skin lesion

Closure: Wound closed in layers, wound dressed

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and extent of cutaneous involvement. May include wound care, pain management, initiation of immunosuppressive therapy, and close monitoring of skin lesions.

Operative Note 93:

Procedure: Endoscopic Retrograde Cholangiopancreatography (ERCP) with Biliary Stenting

Indication: Polyarteritis nodosa with suspected biliary involvement and variable severity of diagnosis

Anesthesia: Conscious sedation or general (variable dosage based on patient's condition)

Incision: Not applicable (performed via endoscopy)

Findings: Varying degrees of biliary inflammation, strictures, or obstruction

Procedure: ERCP performed, biliary ducts evaluated, and stent placement as indicated

Closure: Not applicable

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and biliary involvement. May include antibiotics, pain management, initiation of immunosuppressive therapy, and close monitoring of biliary function.

Operative Note 94:

Procedure: Arthroscopic Synovectomy

Indication: Polyarteritis nodosa with joint involvement and variable severity of diagnosis

Anesthesia: General (standard dosage)

Incision: Multiple small arthroscopic incisions around the affected joint

Findings: Varying degrees of synovial inflammation and vasculitis

Procedure: Arthroscopic synovectomy performed to remove inflamed synovial tissue

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and joint involvement. May include immobilization, antibiotics, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 95:

Procedure: Percutaneous Transhepatic Cholangiography (PTC) with Biliary Drainage

Indication: Polyarteritis nodosa with suspected biliary involvement and variable severity of diagnosis

Anesthesia: Conscious sedation or general (variable dosage based on patient's condition)

Incision: Not applicable (performed percutaneously)

Findings: Varying degrees of biliary inflammation, strictures, or obstruction

Procedure: PTC performed, biliary ducts evaluated, and biliary drainage catheter placed as indicated

Closure: Not applicable

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and biliary involvement. May include antibiotics, pain management, initiation of immunosuppressive therapy, and close monitoring of biliary function.

Operative Note 96:

Procedure: Thoracentesis

Indication: Polyarteritis nodosa with suspected pleural involvement and variable severity of diagnosis

Anesthesia: Local anesthesia (variable dosage based on patient's condition)

Incision: Not applicable (performed percutaneously)

Findings: Varying degrees of pleural inflammation and vasculitis

Procedure: Thoracentesis performed to remove fluid from the pleural space for diagnostic evaluation

Closure: Not applicable

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and pleural involvement. May include close monitoring of respiratory status, pain management, initiation of immunosuppressive therapy, and evaluation of pleural fluid analysis.

Operative Note 97:

Procedure: Endoscopic Ultrasound (EUS) with Fine Needle Aspiration (FNA)

Indication: Polyarteritis nodosa with suspected gastrointestinal involvement and variable severity of diagnosis

Anesthesia: Conscious sedation or general (variable dosage based on patient's condition)

Incision: Not applicable (performed via endoscopy)

Findings: Varying degrees of gastrointestinal inflammation and vasculitis

Procedure: EUS performed, targeted FNA of affected gastrointestinal tissue for diagnostic evaluation

Closure: Not applicable

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and gastrointestinal involvement. May include antibiotics, pain management, initiation of immunosuppressive therapy, and close monitoring of gastrointestinal symptoms.

Operative Note 98:

Procedure: Percutaneous Nephrostomy

Indication: Polyarteritis nodosa with suspected renal involvement and variable severity of diagnosis

Anesthesia: Conscious sedation or general (variable dosage based on patient's condition)

Incision: Not applicable (performed percutaneously)

Findings: Varying degrees of renal inflammation and vasculitis

Procedure: Percutaneous nephrostomy tube placement to drain the renal pelvis

Closure: Not applicable

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and renal involvement. May include antibiotics, pain management, initiation of immunosuppressive therapy, and close monitoring of renal function.

Operative Note 99:

Procedure: Cystoscopy with Bladder Biopsy

Indication: Polyarteritis nodosa with suspected urinary bladder involvement and variable severity of diagnosis

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Not applicable (performed via cystoscope)

Findings: Varying degrees of bladder inflammation and vasculitis

Procedure: Cystoscopic biopsy of the bladder mucosa for diagnostic evaluation

Closure: Not applicable

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and bladder involvement. May include antibiotics, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

Operative Note 100:

Procedure: Transbronchial Lung Biopsy

Indication: Polyarteritis nodosa with suspected pulmonary involvement and variable severity of diagnosis

Anesthesia: Local or regional (variable dosage based on patient's condition)

Incision: Not applicable (performed via bronchoscope)

Findings: Varying degrees of pulmonary inflammation and vasculitis

Procedure: Transbronchial lung biopsy performed to obtain lung tissue for diagnostic evaluation

Closure: Not applicable

Complications: None

Postoperative care: Follow-up care individualized based on severity of diagnosis and pulmonary involvement. May include respiratory support, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

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| M30.1 Polyarteritis with lung involvement [Churg-Strauss] Operative Note 1:  Procedure: Video-Assisted Thoracoscopic Surgery (VATS) Lung Biopsy  Indication: Churg-Strauss Syndrome with lung involvement  Anesthesia: General (standard dosage)  Incision: Multiple small incisions for thoracoscopy  Findings: Inflamed lung tissue with evidence of vasculitis  Procedure: VATS lung biopsy performed to obtain lung tissue for diagnostic evaluation  Closure: Incisions closed, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.  Operative Note 2:  Procedure: Pulmonary Artery Angiography  Indication: Churg-Strauss Syndrome with suspected pulmonary artery involvement  Anesthesia: Conscious sedation or general (variable dosage based on patient's condition)  Incision: Femoral or radial artery access  Findings: Pulmonary artery inflammation and vasculitis  Procedure: Pulmonary artery angiography performed to evaluate the extent of vascular involvement  Closure: Arterial access site closed, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and post-procedure imaging review.  Operative Note 3:  Procedure: Lobectomy  Indication: Churg-Strauss Syndrome with localized lung involvement requiring lobectomy  Anesthesia: General (standard dosage)  Incision: Thoracotomy or VATS approach  Findings: Inflamed and diseased lung lobe with evidence of vasculitis  Procedure: Lobectomy performed to remove the affected lung lobe  Closure: Chest wall closed in layers, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.  Operative Note 4:  Procedure: Pulmonary Function Testing (PFT)  Indication: Churg-Strauss Syndrome with suspected lung involvement  Anesthesia: None (performed without anesthesia)  Incision: Not applicable  Findings: Impaired lung function, reduced airflow, and evidence of inflammation  Procedure: PFT performed to assess lung capacity, airflow, and gas exchange  Closure: Not applicable  Complications: None  Postoperative care: Evaluation of PFT results, pain management, initiation of immunosuppressive therapy, and close monitoring of respiratory symptoms.  Operative Note 5:  Procedure: Open Lung Biopsy  Indication: Churg-Strauss Syndrome with diffuse lung involvement  Anesthesia: General (standard dosage)  Incision: Thoracotomy approach  Findings: Widespread lung inflammation and vasculitis  Procedure: Open lung biopsy performed to obtain lung tissue for diagnostic evaluation  Closure: Chest wall closed in layers, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.  Operative Note 6:  Procedure: Bronchoalveolar Lavage (BAL)  Indication: Churg-Strauss Syndrome with suspected alveolar involvement  Anesthesia: Local or conscious sedation (variable dosage based on patient's condition)  Incision: Not applicable (performed via bronchoscope)  Findings: Alveolar inflammation and evidence of vasculitis  Procedure: BAL performed to obtain bronchoalveolar fluid for diagnostic evaluation  Closure: Not applicable  Complications: None  Postoperative care: Evaluation of BAL results, pain management, initiation of immunosuppressive therapy, and close monitoring of respiratory symptoms.  Operative Note 7:  Procedure: Pleural Biopsy  Indication: Churg-Strauss Syndrome with suspected pleural involvement  Anesthesia: Local or regional (variable dosage based on patient's condition)  Incision: Small incision for thoracoscopy or percutaneous approach  Findings: Inflamed pleural tissue with evidence of vasculitis  Procedure: Pleural biopsy performed to obtain pleural tissue for diagnostic evaluation  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.  Operative Note 8:  Procedure: Pulmonary Artery Thromboendarterectomy (PTE)  Indication: Churg-Strauss Syndrome with pulmonary artery involvement and chronic thromboembolic pulmonary hypertension  Anesthesia: General (standard dosage)  Incision: Median sternotomy or thoracotomy approach  Findings: Pulmonary artery stenosis and chronic thromboembolic disease  Procedure: PTE performed to remove chronic thrombi from the pulmonary arteries  Closure: Chest wall closed in layers, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory and hemodynamic function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.  Operative Note 9:  Procedure: Lung Volume Reduction Surgery (LVRS)  Indication: Churg-Strauss Syndrome with severe emphysema and lung hyperinflation  Anesthesia: General (standard dosage)  Incision: Thoracotomy or VATS approach  Findings: Severe emphysematous changes in lung tissue  Procedure: LVRS performed to remove the diseased portions of the lungs and improve lung function  Closure: Chest wall closed in layers, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.  Operative Note 10:  Procedure: Pulmonary Valve Replacement  Indication: Churg-Strauss Syndrome with pulmonary valve involvement and severe pulmonary regurgitation  Anesthesia: General (standard dosage)  Incision: Median sternotomy approach  Findings: Inflamed and dysfunctional pulmonary valve  Procedure: Pulmonary valve replacement performed using a bioprosthetic or mechanical valve  Closure: Chest wall closed in layers, wound dressed  Complications: None  Postoperative care: Close monitoring of respiratory and cardiac function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation. |

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Operative Note 11:

Procedure: Transbronchial Lung Cryobiopsy

Indication: Churg-Strauss Syndrome with suspected pulmonary involvement

Anesthesia: Local or general (variable dosage based on patient's condition)

Incision: Not applicable (performed via bronchoscope)

Findings: Inflamed lung tissue with evidence of vasculitis

Procedure: Transbronchial lung cryobiopsy performed to obtain larger lung tissue samples for diagnostic evaluation

Closure: Not applicable  
Complications: None  
Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

Operative Note 12:

Procedure: Thoracic Sympathectomy

Indication: Churg-Strauss Syndrome with refractory digital ischemia and severe Raynaud's phenomenon

Anesthesia: General (standard dosage)

Incision: Small incisions for thoracoscopic approach

Findings: Hyperactive sympathetic nerves contributing to digital vasospasm

Procedure: Thoracic sympathectomy performed to interrupt sympathetic nerve signals and improve blood flow to the affected digits

Closure: Incisions closed, wound dressed

Complications: None  
Postoperative care: Close monitoring of digital perfusion, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 13:

Procedure: Tracheostomy

Indication: Churg-Strauss Syndrome with severe upper airway involvement and compromised respiratory function

Anesthesia: General (standard dosage)

Incision: Horizontal incision in the anterior neck

Findings: Inflamed and narrowed upper airway

Procedure: Tracheostomy performed to create a surgical airway for long-term respiratory support

Closure: Tracheostomy tube secured, wound dressed

Complications: None  
Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and tracheostomy care.

Operative Note 14:

Procedure: Pulmonary Artery Aneurysm Repair

Indication: Churg-Strauss Syndrome with pulmonary artery involvement and symptomatic aneurysm

Anesthesia: General (standard dosage)

Incision: Median sternotomy or thoracotomy approach

Findings: Dilated and weakened segment of the pulmonary artery

Procedure: Pulmonary artery aneurysm repair performed with resection of the aneurysmal segment and reconstruction of the pulmonary artery

Closure: Chest wall closed in layers, wound dressed

Complications: None  
Postoperative care: Close monitoring of respiratory and cardiac function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 15:

Procedure: Lung Transplantation

Indication: Churg-Strauss Syndrome with end-stage lung disease

Anesthesia: General (standard dosage)

Incision: Median sternotomy or thoracotomy approach

Findings: Severe pulmonary fibrosis and irreversible lung damage

Procedure: Lung transplantation performed with removal of the diseased lungs and implantation of healthy donor lungs

Closure: Chest wall closed in layers, wound dressed

Complications: None  
Postoperative care: Close monitoring of respiratory and graft function, pain management, initiation of immunosuppressive therapy, and post-transplant care.

Operative Note 16:

Procedure: Pleurodesis

Indication: Churg-Strauss Syndrome with recurrent pleural effusion

Anesthesia: General (standard dosage)

Incision: Thoracoscopy with small incisions

Findings: Pleural effusion with evidence of inflammation

Procedure: Pleurodesis performed to create adhesions between the pleural layers and prevent recurrent effusion

Closure: Incisions closed, wound dressed

Complications: None  
Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and follow-up imaging to assess pleural space.

Operative Note 17:

Procedure: Mediastinoscopy with Lymph Node Biopsy

Indication: Churg-Strauss Syndrome with suspected mediastinal lymphadenopathy

Anesthesia: General (standard dosage)

Incision: Small incision in the suprasternal notch area

Findings: Enlarged mediastinal lymph nodes with evidence of inflammation

Procedure: Mediastinoscopy performed to obtain lymph node samples for diagnostic evaluation

Closure: Incision closed, wound dressed

Complications: None  
Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the lymph node biopsy specimens.

Operative Note 18:

Procedure: Pulmonary Valve Repair

Indication: Churg-Strauss Syndrome with pulmonary valve involvement and significant regurgitation

Anesthesia: General (standard dosage)

Incision: Median sternotomy approach

Findings: Inflamed and dysfunctional pulmonary valve leaflets

Procedure: Pulmonary valve repair performed to restore valve function and reduce regurgitation

Closure: Chest wall closed in layers, wound dressed

Complications: None  
Postoperative care: Close monitoring of respiratory and cardiac function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 19:

Procedure: Lung Decortication

Indication: Churg-Strauss Syndrome with fibrothorax and trapped lung

Anesthesia: General (standard dosage)

Incision: Thoracotomy approach

Findings: Fibrous peel surrounding the lung causing restriction

Procedure: Lung decortication performed to remove the fibrous peel and free the trapped lung

Closure: Chest wall closed in layers, wound dressed

Complications: None  
Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 20:

Procedure: Pulmonary Artery Embolectomy

Indication: Churg-Strauss Syndrome with acute pulmonary embolism

Anesthesia: General (standard dosage)

Incision: Median sternotomy or thoracotomy approach

Findings: Acute pulmonary embolism in the pulmonary artery

Procedure: Pulmonary artery embolectomy performed to remove the embolus and restore pulmonary blood flow

Closure: Chest wall closed in layers, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory and hemodynamic function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 21:

Procedure: Transbronchial Biopsy

Indication: Churg-Strauss Syndrome with suspected lung involvement

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed via bronchoscope)

Findings: Inflamed lung tissue with evidence of vasculitis

Procedure: Transbronchial biopsy performed to obtain lung tissue samples for diagnostic evaluation

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

Operative Note 22:

Procedure: Pulmonary Artery Balloon Angioplasty

Indication: Churg-Strauss Syndrome with pulmonary artery stenosis

Anesthesia: Conscious sedation (reduced dosage for patient comfort)

Incision: Femoral or radial artery access

Findings: Narrowed segment in the pulmonary artery

Procedure: Pulmonary artery balloon angioplasty performed to dilate the stenotic segment and improve blood flow

Closure: Arterial access site closed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and post-procedure imaging review.

Operative Note 23:

Procedure: Thoracoscopic Lung Volume Reduction Surgery (LVRS)

Indication: Churg-Strauss Syndrome with severe emphysema and lung hyperinflation

Anesthesia: General anesthesia (adjusted dosage based on patient's condition)

Incision: Multiple small incisions for thoracoscopy

Findings: Severe emphysematous changes in lung tissue

Procedure: Thoracoscopic LVRS performed to remove the diseased portions of the lungs and improve lung function

Closure: Chest wall closed in layers, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 24:

Procedure: Pulmonary Artery Thrombectomy

Indication: Churg-Strauss Syndrome with acute pulmonary embolism

Anesthesia: General anesthesia (adjusted dosage based on patient's condition)

Incision: Median sternotomy or thoracotomy approach

Findings: Acute pulmonary embolism in the pulmonary artery

Procedure: Pulmonary artery thrombectomy performed to remove the embolus and restore pulmonary blood flow

Closure: Chest wall closed in layers, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory and hemodynamic function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 25:

Procedure: Pleural Drainage

Indication: Churg-Strauss Syndrome with pleural effusion

Anesthesia: Local anesthesia (reduced dosage for patient comfort)

Incision: Small incision for chest tube insertion

Findings: Pleural effusion with evidence of inflammation

Procedure: Chest tube inserted for pleural drainage to alleviate respiratory symptoms

Closure: Chest tube secured, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and chest tube management.

Operative Note 26:

Procedure: Pulmonary Artery Stenting

Indication: Churg-Strauss Syndrome with pulmonary artery stenosis

Anesthesia: General anesthesia (adjusted dosage based on patient's condition)

Incision: Femoral or radial artery access

Findings: Narrowed segment in the pulmonary artery

Procedure: Pulmonary artery stenting performed to improve blood flow and relieve stenosis

Closure: Arterial access site closed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and post-procedure imaging review.

Operative Note 27:

Procedure: Video-Assisted Thoracic Surgery (VATS) Lung Biopsy

Indication: Churg-Strauss Syndrome with suspected lung involvement

Anesthesia: General anesthesia (adjusted dosage based on patient's condition)

Incision: Small incisions for VATS approach

Findings: Inflamed lung tissue with evidence of vasculitis

Procedure: VATS lung biopsy performed to obtain lung tissue samples for diagnostic evaluation

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and pathological evaluation of the biopsy specimen.

Operative Note 28:

Procedure: Pleuroscopy with Pleurodesis

Indication: Churg-Strauss Syndrome with recurrent pleural effusion

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Small incision for pleuroscopy access

Findings: Pleural effusion with evidence of inflammation

Procedure: Pleuroscopy performed for visualization and subsequent pleurodesis to prevent recurrent effusion

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and follow-up imaging to assess pleural space.

Operative Note 29:

Procedure: Bronchial Thermoplasty

Indication: Churg-Strauss Syndrome with severe asthma symptoms

Anesthesia: General anesthesia (adjusted dosage based on patient's condition)

Incision: Not applicable (performed via bronchoscope)

Findings: Hypertrophied smooth muscles in the bronchial walls

Procedure: Bronchial thermoplasty performed to deliver controlled radiofrequency energy to reduce airway smooth muscle thickness

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and post-procedure bronchial management.

Operative Note 30:

Procedure: Lung Resection

Indication: Churg-Strauss Syndrome with localized lung involvement and non-responsive medical treatment

Anesthesia: General anesthesia (adjusted dosage based on patient's condition)

Incision: Thoracotomy or VATS approach

Findings: Localized lung lesion with evidence of vasculitis

Procedure: Lung resection performed to remove the affected portion of the lung

Closure: Chest wall closed in layers, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 31:

Procedure: Joint Debridement and Synovectomy

Indication: Churg-Strauss Syndrome with severe joint involvement and bone erosion

Anesthesia: General anesthesia (standard dosage)

Incision: Arthroscopic approach

Findings: Inflamed synovium, erosions in the joint surfaces

Procedure: Joint debridement and synovectomy performed to remove inflamed synovium and address bone erosion

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 32:

Procedure: Bone Grafting

Indication: Churg-Strauss Syndrome with bone erosion and loss

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for bone graft placement

Findings: Bone erosion and loss in the affected area

Procedure: Bone grafting performed to restore bone integrity and promote healing

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 33:

Procedure: Joint Fusion

Indication: Churg-Strauss Syndrome with severe joint destruction and bone erosion

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for joint fusion

Findings: Severe joint destruction and bone erosion

Procedure: Joint fusion performed to stabilize the joint and alleviate pain

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 34:

Procedure: Osteotomy

Indication: Churg-Strauss Syndrome with bone erosion and deformity

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for osteotomy

Findings: Bone erosion and deformity in the affected area

Procedure: Osteotomy performed to correct bone deformity and improve joint alignment

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 35:

Procedure: Total Joint Replacement

Indication: Churg-Strauss Syndrome with severe joint destruction and bone erosion

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for joint replacement

Findings: Severe joint destruction and bone erosion

Procedure: Total joint replacement performed to replace the damaged joint with prosthetic components

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 36:

Procedure: Bone Biopsy

Indication: Churg-Strauss Syndrome with bone erosion and suspected infection

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Small incision at the biopsy site

Findings: Bone erosion and suspected infection

Procedure: Bone biopsy performed to obtain bone tissue samples for diagnostic evaluation

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site, pain management, initiation of appropriate antimicrobial therapy based on biopsy results.

Operative Note 37:

Procedure: Bone Fixation

Indication: Churg-Strauss Syndrome with bone fracture and erosion

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for bone fixation

Findings: Bone fracture and erosion in the affected area

Procedure: Bone fixation performed to stabilize the fractured bone and promote healing

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 38:

Procedure: Bone Resection

Indication: Churg-Strauss Syndrome with localized bone erosion and necrosis

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for bone resection

Findings: Localized bone erosion and necrosis

Procedure: Bone resection performed to remove the affected bone segment and prevent further complications

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 39:

Procedure: Bone Augmentation

Indication: Churg-Strauss Syndrome with bone erosion and loss

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for bone augmentation

Findings: Bone erosion and loss in the affected area

Procedure: Bone augmentation performed to restore bone volume and provide support

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 40:

Procedure: Bone Cementoplasty

Indication: Churg-Strauss Syndrome with bone erosion and pain

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Small incision at the cementoplasty site

Findings: Bone erosion and pain in the affected area

Procedure: Bone cementoplasty performed to stabilize the bone and alleviate pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone stability, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 41:

Procedure: Epidural Steroid Injection

Indication: Churg-Strauss Syndrome with severe bone pain in the spine

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed using fluoroscopic guidance)

Findings: Severe bone pain in the affected spinal region

Procedure: Epidural steroid injection performed to alleviate inflammation and reduce pain in the spine

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, neurological status, initiation of immunosuppressive therapy, and post-procedure imaging review.

Operative Note 42:

Procedure: Radiofrequency Ablation

Indication: Churg-Strauss Syndrome with severe bone pain in the hip joint

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed using image-guided techniques)

Findings: Severe bone pain in the affected hip joint

Procedure: Radiofrequency ablation performed to create a lesion on the sensory nerves to alleviate pain in the hip joint

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, functional status, initiation of immunosuppressive therapy, and post-procedure rehabilitation.

Operative Note 43:

Procedure: Percutaneous Vertebroplasty

Indication: Churg-Strauss Syndrome with severe bone pain and vertebral compression fractures

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed using fluoroscopic guidance)

Findings: Severe bone pain and vertebral compression fractures

Procedure: Percutaneous vertebroplasty performed to stabilize the fractured vertebrae and alleviate pain

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, spinal stability, initiation of immunosuppressive therapy, and post-procedure imaging review.

Operative Note 44:

Procedure: Nerve Block

Indication: Churg-Strauss Syndrome with severe bone pain in the extremities

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed using image-guided techniques)

Findings: Severe bone pain in the affected extremities

Procedure: Nerve block performed to temporarily interrupt the pain signals from the affected nerves

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, functional status, initiation of immunosuppressive therapy, and post-procedure rehabilitation.

Operative Note 45:

Procedure: Spinal Cord Stimulator Implantation

Indication: Churg-Strauss Syndrome with severe bone pain in the back and lower extremities

Anesthesia: General anesthesia (standard dosage)

Incision: Small incision for placement of the spinal cord stimulator device

Findings: Severe bone pain in the back and lower extremities

Procedure: Spinal cord stimulator implantation performed to provide electrical stimulation to the spinal cord and alleviate pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pain relief, functional status, initiation of immunosuppressive therapy, and postoperative programming and adjustment of the stimulator device.

Operative Note 46:

Procedure: Joint Denervation

Indication: Churg-Strauss Syndrome with severe bone pain in the affected joints

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed using image-guided techniques)

Findings: Severe bone pain in the affected joints

Procedure: Joint denervation performed to disrupt the pain signals from the affected nerves in the joints

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, functional status, initiation of immunosuppressive therapy, and post-procedure rehabilitation.

Operative Note 47:

Procedure: Kyphoplasty

Indication: Churg-Strauss Syndrome with severe bone pain and vertebral compression fractures

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed using fluoroscopic guidance)

Findings: Severe bone pain and vertebral compression fractures

Procedure: Kyphoplasty performed to stabilize the fractured vertebrae and alleviate pain

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, spinal stability, initiation of immunosuppressive therapy, and post-procedure imaging review.

Operative Note 48:

Procedure: Bone Marrow Stimulation

Indication: Churg-Strauss Syndrome with severe bone pain and marrow edema

Anesthesia: General anesthesia (standard dosage)

Incision: Small incision for access to the affected bone

Findings: Severe bone pain and marrow edema in the affected bone

Procedure: Bone marrow stimulation performed to promote healing and alleviate pain by creating microfractures in the bone surface

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pain relief, bone healing, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 49:

Procedure: Spinal Fusion

Indication: Churg-Strauss Syndrome with severe bone pain and spinal instability

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for spinal fusion

Findings: Severe bone pain and spinal instability

Procedure: Spinal fusion performed to stabilize the affected spinal segments and alleviate pain

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pain relief, spinal stability, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 50:

Procedure: Neurolysis

Indication: Churg-Strauss Syndrome with severe bone pain caused by nerve compression

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Not applicable (performed using image-guided techniques)

Findings: Severe bone pain caused by nerve compression

Procedure: Neurolysis performed to release the compressed nerves and alleviate pain

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, functional status, initiation of immunosuppressive therapy, and post-procedure rehabilitation.

Operative Note 51:

Procedure: Lung Biopsy

Indication: Churg-Strauss Syndrome with lung involvement and diagnostic uncertainty

Anesthesia: General anesthesia (standard dosage)

Incision: Small thoracotomy incision for lung biopsy

Findings: Lung involvement and suspected vasculitis

Procedure: Lung biopsy performed to obtain tissue samples for histopathological evaluation and confirm the diagnosis of Churg-Strauss Syndrome

Closure: Incision closed, chest tube placed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and post-biopsy imaging review.

Operative Note 52:

Procedure: Pulmonary Artery Angioplasty

Indication: Churg-Strauss Syndrome with severe stenosis of the pulmonary arteries

Anesthesia: General anesthesia (standard dosage)

Incision: Small groin incision for vascular access

Findings: Severe stenosis of the pulmonary arteries

Procedure: Pulmonary artery angioplasty performed to dilate the narrowed segments and improve blood flow

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pulmonary function, pain management, initiation of immunosuppressive therapy, and post-procedure imaging review.

Operative Note 53:

Procedure: Splenectomy

Indication: Churg-Strauss Syndrome with splenic involvement and refractory symptoms

Anesthesia: General anesthesia (standard dosage)

Incision: Upper abdominal incision for splenectomy

Findings: Splenic enlargement and involvement

Procedure: Splenectomy performed to remove the enlarged and involved spleen and alleviate symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hematological parameters, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 54:

Procedure: Gastrointestinal Resection

Indication: Churg-Strauss Syndrome with gastrointestinal involvement and obstruction

Anesthesia: General anesthesia (standard dosage)

Incision: Abdominal incision for gastrointestinal resection

Findings: Gastrointestinal inflammation, strictures, and obstruction

Procedure: Gastrointestinal resection performed to remove the diseased segment and restore normal bowel continuity

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bowel function, pain management, initiation of immunosuppressive therapy, and postoperative nutritional support.

Operative Note 55:

Procedure: Nephrectomy

Indication: Churg-Strauss Syndrome with severe renal involvement and non-functioning kidney

Anesthesia: General anesthesia (standard dosage)

Incision: Flank incision for nephrectomy

Findings: Severe renal inflammation and non-functioning kidney

Procedure: Nephrectomy performed to remove the non-functioning kidney and address renal involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of renal function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 56:

Procedure: Intestinal Strictureplasty

Indication: Churg-Strauss Syndrome with intestinal involvement and strictures

Anesthesia: General anesthesia (standard dosage)

Incision: Abdominal incision for intestinal strictureplasty

Findings: Intestinal inflammation and strictures

Procedure: Intestinal strictureplasty performed to widen the narrowed segments of the intestine and improve bowel function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bowel function, pain management, initiation of immunosuppressive therapy, and postoperative nutritional support.

Operative Note 57:

Procedure: Ocular Surgery

Indication: Churg-Strauss Syndrome with ocular involvement and vision impairment

Anesthesia: Local anesthesia with sedation (reduced dosage for patient comfort)

Incision: Small incision for ocular surgery

Findings: Ocular inflammation and vision impairment

Procedure: Ocular surgery performed to address the specific ocular manifestations and improve visual function

Closure: Incision closed, eye protected, wound dressed

Complications: None

Postoperative care: Close monitoring of visual acuity, pain management, initiation of immunosuppressive therapy, and postoperative ophthalmic follow-up.

Operative Note 58:

Procedure: Cardiac Bypass Surgery

Indication: Churg-Strauss Syndrome with severe coronary artery involvement and cardiac dysfunction

Anesthesia: General anesthesia (standard dosage)

Incision: Median sternotomy for cardiac bypass surgery

Findings: Coronary artery stenosis and cardiac dysfunction

Procedure: Cardiac bypass surgery performed to bypass the blocked coronary arteries and restore blood flow to the heart

Closure: Incision closed, sternum stabilized, wound dressed

Complications: None

Postoperative care: Close monitoring of cardiac function, pain management, initiation of immunosuppressive therapy, and postoperative cardiac rehabilitation.

Operative Note 59:

Procedure: Tracheostomy

Indication: Churg-Strauss Syndrome with severe upper airway involvement and respiratory compromise

Anesthesia: General anesthesia (standard dosage)

Incision: Low neck incision for tracheostomy

Findings: Upper airway inflammation and compromised respiratory function

Procedure: Tracheostomy performed to create a surgical airway for long-term respiratory support and management

Closure: Incision closed, tracheostomy tube in place, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative tracheostomy care.

Operative Note 60:

Procedure: Limb Amputation

Indication: Churg-Strauss Syndrome with severe peripheral vascular involvement and limb-threatening ischemia

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for limb amputation

Findings: Severe peripheral vascular disease and ischemia

Procedure: Limb amputation performed to remove the non-viable limb and prevent further complications

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and postoperative prosthetic fitting and rehabilitation.

Operative Note 61:

Procedure: Renal Biopsy

Indication: Churg-Strauss Syndrome with renal involvement and proteinuria

Anesthesia: General anesthesia (standard dosage)

Incision: Flank incision for renal biopsy

Findings: Renal inflammation and proteinuria

Procedure: Renal biopsy performed to obtain tissue samples for histopathological evaluation and assess the extent of renal involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of renal function, pain management, initiation of immunosuppressive therapy, and post-biopsy renal function tests.

Operative Note 62:

Procedure: Hepatic Resection

Indication: Churg-Strauss Syndrome with liver involvement and hepatic dysfunction

Anesthesia: General anesthesia (standard dosage)

Incision: Upper abdominal incision for hepatic resection

Findings: Hepatic inflammation and impaired liver function

Procedure: Hepatic resection performed to remove the affected liver segments and improve liver function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of liver function, pain management, initiation of immunosuppressive therapy, and postoperative hepatic function tests.

Operative Note 63:

Procedure: Sinus Surgery

Indication: Churg-Strauss Syndrome with severe sinus involvement and chronic sinusitis

Anesthesia: General anesthesia (standard dosage)

Incision: Endoscopic sinus surgery

Findings: Sinus inflammation and chronic sinusitis

Procedure: Sinus surgery performed to remove polyps, clear sinus passages, and improve sinus drainage

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of sinus symptoms, pain management, initiation of immunosuppressive therapy, and postoperative sinus care.

Operative Note 64:

Procedure: Cochlear Implantation

Indication: Churg-Strauss Syndrome with hearing loss and severe cochlear involvement

Anesthesia: General anesthesia (standard dosage)

Incision: Small incision behind the ear for cochlear implantation

Findings: Severe cochlear involvement and hearing loss

Procedure: Cochlear implantation performed to bypass the damaged cochlea and restore hearing function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of auditory function, pain management, initiation of immunosuppressive therapy, and postoperative auditory rehabilitation.

Operative Note 65:

Procedure: Facial Nerve Decompression

Indication: Churg-Strauss Syndrome with facial nerve involvement and facial paralysis

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for facial nerve decompression

Findings: Facial nerve compression and facial paralysis

Procedure: Facial nerve decompression performed to relieve pressure on the facial nerve and restore facial muscle function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of facial nerve function, pain management, initiation of immunosuppressive therapy, and postoperative facial rehabilitation.

Operative Note 66:

Procedure: Pancreatic Resection

Indication: Churg-Strauss Syndrome with pancreatic involvement and pancreatic insufficiency

Anesthesia: General anesthesia (standard dosage)

Incision: Upper abdominal incision for pancreatic resection

Findings: Pancreatic inflammation and impaired pancreatic function

Procedure: Pancreatic resection performed to remove the affected pancreatic segments and improve pancreatic function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pancreatic function, pain management, initiation of immunosuppressive therapy, and postoperative pancreatic enzyme replacement therapy.

Operative Note 67:

Procedure: Thoracic Duct Ligation

Indication: Churg-Strauss Syndrome with chylothorax and persistent pleural effusion

Anesthesia: General anesthesia (standard dosage)

Incision: Small incision in the chest for thoracic duct ligation

Findings: Chylothorax and persistent pleural effusion

Procedure: Thoracic duct ligation performed to control the chyle leak and resolve the pleural effusion

Closure: Incision closed, chest tube placed, wound dressed

Complications: None

Postoperative care: Close monitoring of pleural effusion, pain management, initiation of immunosuppressive therapy, and postoperative chest tube drainage.

Operative Note 68:

Procedure: Joint Synovectomy

Indication: Churg-Strauss Syndrome with severe joint involvement and persistent synovitis

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for joint synovectomy

Findings: Severe joint inflammation and persistent synovitis

Procedure: Joint synovectomy performed to remove the inflamed synovial tissue and alleviate joint symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint symptoms, pain management, initiation of immunosuppressive therapy, and postoperative joint rehabilitation.

Operative Note 69:

Procedure: Retroperitoneal Lymph Node Dissection

Indication: Churg-Strauss Syndrome with retroperitoneal lymphadenopathy and persistent abdominal pain

Anesthesia: General anesthesia (standard dosage)

Incision: Lower abdominal incision for retroperitoneal lymph node dissection

Findings: Retroperitoneal lymphadenopathy and persistent abdominal pain

Procedure: Retroperitoneal lymph node dissection performed to remove the enlarged lymph nodes and alleviate abdominal pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of abdominal pain, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 70:

Procedure: Proctocolectomy with Ileostomy

Indication: Churg-Strauss Syndrome with severe colonic involvement and refractory ulcerative colitis

Anesthesia: General anesthesia (standard dosage)

Incision: Lower abdominal incision for proctocolectomy with ileostomy

Findings: Severe colonic inflammation and refractory ulcerative colitis

Procedure: Proctocolectomy with ileostomy performed to remove the diseased colon and provide an alternative bowel passage

Closure: Incision closed, ileostomy created, wound dressed

Complications: None

Postoperative care: Close monitoring of bowel function, pain management, initiation of immunosuppressive therapy, and postoperative stoma care.

Operative Note 71:

Procedure: Joint Debridement and Irrigation

Indication: Churg-Strauss Syndrome with severe infection of the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Knee arthrotomy incision for joint debridement and irrigation

Findings: Severe infection involving the knee joint

Procedure: Joint debridement and irrigation performed to remove infected tissue, cleanse the joint, and promote healing

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative joint rehabilitation.

Operative Note 72:

Procedure: Joint Arthroscopy

Indication: Churg-Strauss Syndrome with severe infection of the shoulder joint

Anesthesia: General anesthesia (standard dosage)

Incision: Small incisions for joint arthroscopy

Findings: Severe infection involving the shoulder joint

Procedure: Joint arthroscopy performed to visualize the joint, remove infected debris, and lavage the joint with antimicrobial solution

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative joint rehabilitation.

Operative Note 73:

Procedure: Joint Fusion

Indication: Churg-Strauss Syndrome with severe infection of the ankle joint

Anesthesia: General anesthesia (standard dosage)

Incision: Ankle incision for joint fusion

Findings: Severe infection involving the ankle joint

Procedure: Joint fusion performed to stabilize the joint, eradicate infection, and promote healing

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative immobilization and rehabilitation.

Operative Note 74:

Procedure: Joint Replacement

Indication: Churg-Strauss Syndrome with severe infection of the hip joint

Anesthesia: General anesthesia (standard dosage)

Incision: Hip incision for joint replacement

Findings: Severe infection involving the hip joint

Procedure: Joint replacement performed to remove the infected joint surfaces and replace them with an artificial joint

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative joint rehabilitation.

Operative Note 75:

Procedure: Joint Salvage Surgery

Indication: Churg-Strauss Syndrome with severe infection of the elbow joint

Anesthesia: General anesthesia (standard dosage)

Incision: Elbow incision for joint salvage surgery

Findings: Severe infection involving the elbow joint

Procedure: Joint salvage surgery performed to remove infected tissue, debride the joint, and reconstruct the joint structures

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative joint rehabilitation.

Operative Note 76:

Procedure: Joint Drainage

Indication: Churg-Strauss Syndrome with severe infection of the wrist joint

Anesthesia: General anesthesia (standard dosage)

Incision: Wrist incision for joint drainage

Findings: Severe infection involving the wrist joint

Procedure: Joint drainage performed to relieve pressure, remove infected fluid, and promote joint healing

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative joint immobilization.

Operative Note 77:

Procedure: Joint Amputation

Indication: Churg-Strauss Syndrome with severe infection of the finger joint

Anesthesia: General anesthesia (standard dosage)

Incision: Site-specific incision for joint amputation

Findings: Severe infection involving the finger joint

Procedure: Joint amputation performed to remove the infected joint and prevent further complications

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of antibiotic therapy, and postoperative finger function rehabilitation.

Operative Note 78:

Procedure: Joint Synovectomy

Indication: Churg-Strauss Syndrome with severe infection of the hip joint

Anesthesia: General anesthesia (standard dosage)

Incision: Hip incision for joint synovectomy

Findings: Severe infection involving the hip joint

Procedure: Joint synovectomy performed to remove the infected synovial tissue and reduce inflammation

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative joint rehabilitation.

Operative Note 79:

Procedure: Joint Stabilization

Indication: Churg-Strauss Syndrome with severe infection of the shoulder joint

Anesthesia: General anesthesia (standard dosage)

Incision: Shoulder incision for joint stabilization

Findings: Severe infection involving the shoulder joint

Procedure: Joint stabilization performed to restore joint stability, eradicate infection, and promote healing

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative shoulder rehabilitation.

Operative Note 80:

Procedure: Joint Revision Surgery

Indication: Churg-Strauss Syndrome with severe infection of the knee joint after prior joint replacement

Anesthesia: General anesthesia (standard dosage)

Incision: Knee incision for joint revision surgery

Findings: Severe infection involving the knee joint and compromised previous joint replacement

Procedure: Joint revision surgery performed to remove the infected prosthesis, debride the joint, and revise the joint replacement components

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint infection, pain management, initiation of antibiotic therapy, and postoperative joint rehabilitation.

Operative Note 81:

Procedure: Joint Synovectomy

Indication: Churg-Strauss Syndrome with moderate inflammation of the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Knee arthrotomy incision for joint synovectomy

Findings: Moderate inflammation involving the knee joint

Procedure: Joint synovectomy performed to remove inflamed synovial tissue and alleviate joint symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint symptoms, pain management, initiation of immunosuppressive therapy, and postoperative joint rehabilitation.

Operative Note 82:

Procedure: Tendon Release Surgery

Indication: Churg-Strauss Syndrome with mild inflammation of the hand tendons

Anesthesia: Local anesthesia (reduced dosage)

Incision: Site-specific incision for tendon release surgery

Findings: Mild inflammation involving the hand tendons

Procedure: Tendon release surgery performed to release the affected tendons and improve hand function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hand function, pain management, initiation of immunosuppressive therapy, and postoperative hand rehabilitation.

Operative Note 83:

Procedure: Biologic Agent Injection

Indication: Churg-Strauss Syndrome with localized inflammation in the hip joint

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Biologic agent injection performed to deliver targeted treatment to the inflamed hip joint

Complications: None

Postoperative care: Close monitoring of joint symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 84:

Procedure: Nasal Polypectomy

Indication: Churg-Strauss Syndrome with nasal involvement and nasal polyps

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Nasal polypectomy performed to remove nasal polyps and improve nasal airflow

Complications: None

Postoperative care: Close monitoring of nasal symptoms, pain management, initiation of immunosuppressive therapy, and postoperative nasal care.

Operative Note 85:

Procedure: Bronchial Stent Placement

Indication: Churg-Strauss Syndrome with bronchial inflammation and airway narrowing

Anesthesia: General anesthesia (standard dosage)

Procedure: Bronchial stent placement performed to alleviate airway narrowing and improve respiratory function

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative respiratory care.

Operative Note 86:

Procedure: Lymph Node Biopsy

Indication: Churg-Strauss Syndrome with localized lymph node inflammation

Anesthesia: Local anesthesia (reduced dosage)

Incision: Site-specific incision for lymph node biopsy

Findings: Localized lymph node inflammation

Procedure: Lymph node biopsy performed to obtain tissue samples for histopathological evaluation

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of lymph node status, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 87:

Procedure: Salivary Gland Drainage

Indication: Churg-Strauss Syndrome with inflammation of the salivary glands

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Salivary gland drainage performed to alleviate salivary gland inflammation and improve salivary flow

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of salivary gland symptoms, pain management, initiation of immunosuppressive therapy, and postoperative salivary gland care.

Operative Note 88:

Procedure: Skin Biopsy

Indication: Churg-Strauss Syndrome with cutaneous involvement and skin inflammation

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Skin biopsy performed to obtain skin tissue for histopathological evaluation

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of skin lesions, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 89:

Procedure: Colonoscopy with Biopsy

Indication: Churg-Strauss Syndrome with gastrointestinal inflammation and suspected colonic involvement

Anesthesia: Sedation anesthesia (reduced dosage)

Procedure: Colonoscopy performed to visualize the colon, obtain biopsy samples, and assess the extent of colonic inflammation

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of gastrointestinal symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 90:

Procedure: Nerve Conduction Study

Indication: Churg-Strauss Syndrome with peripheral neuropathy and nerve inflammation

Anesthesia: None (outpatient procedure)

Procedure: Nerve conduction study performed to assess nerve function and identify peripheral neuropathy

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of nerve function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 91:

Procedure: Kidney Biopsy

Indication: Churg-Strauss Syndrome with renal involvement and varying severity

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Kidney biopsy performed to obtain renal tissue for histopathological evaluation

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of renal function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. Follow-up frequency and intensity will be determined based on the severity of renal involvement.

Operative Note 92:

Procedure: Pulmonary Function Test

Indication: Churg-Strauss Syndrome with pulmonary involvement and varying severity

Anesthesia: None (outpatient procedure)

Procedure: Pulmonary function test performed to assess lung function and determine the severity of pulmonary involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of respiratory symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and extent of follow-up will depend on the severity of pulmonary involvement.

Operative Note 93:

Procedure: Echocardiogram

Indication: Churg-Strauss Syndrome with cardiac involvement and varying severity

Anesthesia: None (outpatient procedure)

Procedure: Echocardiogram performed to assess cardiac function and determine the severity of cardiac involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of cardiac symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and intensity of follow-up will be determined based on the severity of cardiac involvement.

Operative Note 94:

Procedure: Ophthalmic Examination

Indication: Churg-Strauss Syndrome with ocular involvement and varying severity

Anesthesia: None (outpatient procedure)

Procedure: Ophthalmic examination performed to assess ocular health and determine the severity of ocular involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of ocular symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and extent of follow-up will depend on the severity of ocular involvement.

Operative Note 95:

Procedure: Peripheral Blood Analysis

Indication: Churg-Strauss Syndrome with systemic involvement and varying severity

Anesthesia: None (outpatient procedure)

Procedure: Peripheral blood analysis performed to assess systemic markers, such as eosinophil count and inflammatory markers, and determine the severity of systemic involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of systemic symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and intensity of follow-up will be determined based on the severity of systemic involvement.

Operative Note 96:

Procedure: Neurological Evaluation

Indication: Churg-Strauss Syndrome with neurological involvement and varying severity

Anesthesia: None (outpatient procedure)

Procedure: Neurological evaluation performed to assess neurological function and determine the severity of neurological involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of neurological symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and extent of follow-up will depend on the severity of neurological involvement.

Operative Note 97:

Procedure: Gastrointestinal Endoscopy

Indication: Churg-Strauss Syndrome with gastrointestinal involvement and varying severity

Anesthesia: Sedation anesthesia (reduced dosage)

Procedure: Gastrointestinal endoscopy performed to visualize the gastrointestinal tract, assess inflammation, and determine the severity of gastrointestinal involvement

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of gastrointestinal symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and intensity of follow-up will be determined based on the severity of gastrointestinal involvement.

Operative Note 98:

Procedure: Skin Biopsy

Indication: Churg-Strauss Syndrome with cutaneous involvement and varying severity

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Skin biopsy performed to obtain skin tissue for histopathological evaluation

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of skin lesions, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and extent of follow-up will depend on the severity of cutaneous involvement.

Operative Note 99:

Procedure: Renal Ultrasound

Indication: Churg-Strauss Syndrome with renal involvement and varying severity

Anesthesia: None (outpatient procedure)

Procedure: Renal ultrasound performed to assess renal structure and function and determine the severity of renal involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of renal function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and intensity of follow-up will be determined based on the severity of renal involvement.

Operative Note 100:

Procedure: Laboratory Monitoring

Indication: Churg-Strauss Syndrome with systemic involvement and varying severity

Anesthesia: None (outpatient procedure)

Procedure: Laboratory monitoring performed to assess systemic markers, such as eosinophil count, inflammatory markers, and organ function, and determine the severity of systemic involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of systemic symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up. The frequency and extent of follow-up will depend on the severity of systemic involvement.

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| M30.2 Juvenile polyarteritis |

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Operative Note 1:

Procedure: Kidney Biopsy

Indication: Juvenile polyarteritis with suspected renal involvement

Anesthesia: General anesthesia (standard dosage)

Incision: Kidney biopsy incision

Findings: Evidence of renal involvement

Procedure: Kidney biopsy performed to obtain renal tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of renal function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 2:

Procedure: Sinus Surgery

Indication: Juvenile polyarteritis with chronic sinusitis and nasal inflammation

Anesthesia: General anesthesia (standard dosage)

Incision: Sinus surgery incision (endoscopic approach)

Findings: Chronic sinusitis and nasal inflammation

Procedure: Sinus surgery performed to alleviate sinusitis symptoms and improve nasal airflow

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of sinus symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 3:

Procedure: Skin Biopsy

Indication: Juvenile polyarteritis with cutaneous involvement

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Skin biopsy performed to obtain skin tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of skin lesions, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 4:

Procedure: Joint Synovectomy

Indication: Juvenile polyarteritis with joint inflammation

Anesthesia: General anesthesia (standard dosage)

Incision: Joint synovectomy incision

Findings: Joint inflammation and synovial hypertrophy

Procedure: Joint synovectomy performed to remove the inflamed synovium and alleviate joint symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint symptoms, pain management, initiation of immunosuppressive therapy, and postoperative joint rehabilitation.

Operative Note 5:

Procedure: Gastrointestinal Endoscopy

Indication: Juvenile polyarteritis with gastrointestinal involvement

Anesthesia: Sedation anesthesia (reduced dosage)

Procedure: Gastrointestinal endoscopy performed to visualize the gastrointestinal tract, assess inflammation, and determine the extent of gastrointestinal involvement

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of gastrointestinal symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 6:

Procedure: Nerve Biopsy

Indication: Juvenile polyarteritis with suspected peripheral neuropathy

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Nerve biopsy performed to obtain nerve tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of nerve function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 7:

Procedure: Lung Biopsy

Indication: Juvenile polyarteritis with suspected pulmonary involvement

Anesthesia: General anesthesia (standard dosage)

Incision: Lung biopsy incision

Findings: Evidence of pulmonary involvement

Procedure: Lung biopsy performed to obtain lung tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 8:

Procedure: Cardiac Catheterization

Indication: Juvenile polyarteritis with suspected cardiac involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Cardiac catheterization performed to assess cardiac function, evaluate blood flow, and determine the extent of cardiac involvement

Closure: Not applicable (catheter-based procedure)

Complications: None

Postoperative care: Close monitoring of cardiac symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 9:

Procedure: Temporal Artery Biopsy

Indication: Juvenile polyarteritis with suspected temporal artery involvement

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Temporal artery biopsy performed to obtain temporal artery tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of temporal artery symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 10:

Procedure: Renal Angiography

Indication: Juvenile polyarteritis with suspected renal artery involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Renal angiography performed to visualize the renal arteries, assess blood flow, and determine the extent of renal artery involvement

Closure: Not applicable (catheter-based procedure)

Complications: None

Postoperative care: Close monitoring of renal function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 11:

Procedure: Bone Marrow Biopsy

Indication: Juvenile polyarteritis with suspected bone marrow involvement

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Bone marrow biopsy performed to obtain bone marrow tissue for histopathological evaluation and assess for systemic involvement of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone marrow function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 12:

Procedure: Ophthalmic Examination

Indication: Juvenile polyarteritis with ocular involvement

Anesthesia: None (outpatient procedure)

Procedure: Comprehensive ophthalmic examination performed to assess ocular health, visual acuity, and determine the extent of ocular involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of ocular symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 13:

Procedure: Splenectomy

Indication: Juvenile polyarteritis with splenic involvement

Anesthesia: General anesthesia (standard dosage)

Incision: Splenectomy incision

Findings: Splenic enlargement and inflammation

Procedure: Splenectomy performed to remove the affected spleen and alleviate splenic symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of splenic symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 14:

Procedure: Lumbar Puncture

Indication: Juvenile polyarteritis with suspected central nervous system involvement

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Lumbar puncture performed to obtain cerebrospinal fluid (CSF) for analysis, including cell count, protein, and glucose levels, to assess for central nervous system involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of neurological symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 15:

Procedure: Vascular Angioplasty

Indication: Juvenile polyarteritis with vascular stenosis or occlusion

Anesthesia: General anesthesia (standard dosage)

Procedure: Vascular angioplasty performed to dilate narrowed or blocked blood vessels and restore normal blood flow

Closure: Not applicable (catheter-based procedure)

Complications: None

Postoperative care: Close monitoring of vascular symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 16:

Procedure: Lymph Node Biopsy

Indication: Juvenile polyarteritis with suspected lymph node involvement

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Lymph node biopsy performed to obtain lymph node tissue for histopathological evaluation and assess for systemic involvement of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of lymph node symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 17:

Procedure: Magnetic Resonance Imaging (MRI)

Indication: Juvenile polyarteritis with suspected central nervous system involvement

Anesthesia: None (outpatient procedure)

Procedure: MRI performed to visualize the brain and spinal cord, assess for inflammation or lesions, and determine the extent of central nervous system involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of neurological symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 18:

Procedure: Echocardiography

Indication: Juvenile polyarteritis with suspected cardiac involvement

Anesthesia: None (outpatient procedure)

Procedure: Echocardiography performed to assess cardiac structure, function, and evaluate for any abnormalities or cardiac involvement

Closure: Not applicable (diagnostic procedure)

Complications: None

Postoperative care: Close monitoring of cardiac symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 19:

Procedure: Colonoscopy

Indication: Juvenile polyarteritis with gastrointestinal involvement

Anesthesia: Sedation anesthesia (reduced dosage)

Procedure: Colonoscopy performed to visualize the colon and rectum, assess for inflammation or lesions, and determine the extent of gastrointestinal involvement

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of gastrointestinal symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 20:

Procedure: Angiography

Indication: Juvenile polyarteritis with suspected arterial involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Angiography performed to visualize arteries, assess blood flow, and determine the extent of arterial involvement

Closure: Not applicable (catheter-based procedure)

Complications: None

Postoperative care: Close monitoring of arterial symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 21:

Procedure: Kidney Biopsy

Indication: Juvenile polyarteritis with suspected renal involvement

Anesthesia: General anesthesia (reduced dosage)

Incision: Kidney biopsy incision

Findings: Evidence of renal involvement

Procedure: Kidney biopsy performed to obtain renal tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of renal function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 22:

Procedure: Sinus Surgery

Indication: Juvenile polyarteritis with chronic sinusitis and nasal inflammation

Anesthesia: Local anesthesia (increased dosage)

Incision: Sinus surgery incision (endoscopic approach)

Findings: Chronic sinusitis and nasal inflammation

Procedure: Sinus surgery performed to alleviate sinusitis symptoms and improve nasal airflow

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of sinus symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 23:

Procedure: Skin Biopsy

Indication: Juvenile polyarteritis with cutaneous involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain skin tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of skin lesions, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 24:

Procedure: Joint Synovectomy

Indication: Juvenile polyarteritis with joint inflammation

Anesthesia: General anesthesia (increased dosage)

Incision: Joint synovectomy incision

Findings: Joint inflammation and synovial hypertrophy

Procedure: Joint synovectomy performed to remove the inflamed synovium and alleviate joint symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint symptoms, pain management, initiation of immunosuppressive therapy, and postoperative joint rehabilitation.

Operative Note 25:

Procedure: Gastrointestinal Endoscopy

Indication: Juvenile polyarteritis with gastrointestinal involvement

Anesthesia: Sedation anesthesia (reduced dosage)

Procedure: Gastrointestinal endoscopy performed to visualize the gastrointestinal tract, assess inflammation, and determine the extent of gastrointestinal involvement

Closure: Not applicable (endoscopic procedure)

Complications: None

Postoperative care: Close monitoring of gastrointestinal symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 26:

Procedure: Nerve Biopsy

Indication: Juvenile polyarteritis with suspected peripheral neuropathy

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nerve biopsy performed to obtain nerve tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of nerve function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 27:

Procedure: Lung Biopsy

Indication: Juvenile polyarteritis with suspected pulmonary involvement

Anesthesia: General anesthesia (reduced dosage)

Incision: Lung biopsy incision

Findings: Evidence of pulmonary involvement

Procedure: Lung biopsy performed to obtain lung tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 28:

Procedure: Muscle Biopsy

Indication: Juvenile polyarteritis with suspected myositis

Anesthesia: Local anesthesia (increased dosage)

Procedure: Muscle biopsy performed to obtain muscle tissue for histopathological evaluation and assess for myositis involvement in juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of muscle symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 29:

Procedure: Brain Biopsy

Indication: Juvenile polyarteritis with suspected central nervous system involvement

Anesthesia: General anesthesia (standard dosage)

Incision: Brain biopsy incision

Findings: Evidence of central nervous system involvement

Procedure: Brain biopsy performed to obtain brain tissue for histopathological evaluation and confirm the diagnosis of juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of neurological symptoms, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 30:

Procedure: Liver Biopsy

Indication: Juvenile polyarteritis with suspected hepatic involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Liver biopsy performed to obtain liver tissue for histopathological evaluation and assess for hepatic involvement in juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of liver function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 31:

Procedure: Joint Arthroplasty

Indication: Juvenile polyarteritis with severe bone erosion in the hip joint

Anesthesia: General anesthesia (standard dosage)

Incision: Hip arthroplasty incision

Findings: Severe bone erosion and joint damage in the hip joint

Procedure: Total hip arthroplasty performed to replace the damaged joint with a prosthetic implant and alleviate hip joint symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hip joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 32:

Procedure: Spinal Fusion

Indication: Juvenile polyarteritis with vertebral bone erosion and instability

Anesthesia: General anesthesia (standard dosage)

Incision: Spinal fusion incision

Findings: Vertebral bone erosion and instability

Procedure: Spinal fusion performed to stabilize the affected vertebral segments and alleviate spinal instability and pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of spinal stability, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 33:

Procedure: Mandibular Reconstruction

Indication: Juvenile polyarteritis with severe bone erosion in the mandible

Anesthesia: General anesthesia (standard dosage)

Incision: Mandibular reconstruction incision

Findings: Severe bone erosion and deformity in the mandible

Procedure: Mandibular reconstruction performed using autologous bone grafts to restore mandibular integrity and improve facial aesthetics and function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of mandibular function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 34:

Procedure: Bone Grafting

Indication: Juvenile polyarteritis with bone erosion and defect

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone grafting performed to fill the bone defect and promote bone healing in the affected area

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 35:

Procedure: Foot Reconstruction

Indication: Juvenile polyarteritis with severe bone erosion and deformity in the foot

Anesthesia: General anesthesia (standard dosage)

Incision: Foot reconstruction incision

Findings: Severe bone erosion and deformity in the foot

Procedure: Foot reconstruction performed to correct the deformity, realign the bones, and improve foot function and stability

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of foot function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 36:

Procedure: Maxillary Reconstruction

Indication: Juvenile polyarteritis with severe bone erosion in the maxilla

Anesthesia: General anesthesia (standard dosage)

Incision: Maxillary reconstruction incision

Findings: Severe bone erosion and deformity in the maxilla

Procedure: Maxillary reconstruction performed using autologous bone grafts to restore maxillary integrity and improve facial aesthetics and function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of maxillary function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 37:

Procedure: Rib Cage Reconstruction

Indication: Juvenile polyarteritis with severe bone erosion and deformity in the rib cage

Anesthesia: General anesthesia (standard dosage)

Incision: Rib cage reconstruction incision

Findings: Severe bone erosion and deformity in the rib cage

Procedure: Rib cage reconstruction performed using prosthetic implants to restore rib cage integrity and protect vital organs

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of respiratory function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 38:

Procedure: Cranial Bone Repair

Indication: Juvenile polyarteritis with cranial bone erosion and defect

Anesthesia: General anesthesia (standard dosage)

Incision: Cranial bone repair incision

Findings: Cranial bone erosion and defect

Procedure: Cranial bone repair performed using autologous bone grafts or synthetic materials to restore cranial bone integrity and protect the underlying brain tissue

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of neurological function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 39:

Procedure: Hand Reconstruction

Indication: Juvenile polyarteritis with severe bone erosion and deformity in the hand

Anesthesia: General anesthesia (standard dosage)

Incision: Hand reconstruction incision

Findings: Severe bone erosion and deformity in the hand

Procedure: Hand reconstruction performed to correct the deformity, realign the bones, and improve hand function and dexterity

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hand function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 40:

Procedure: Shoulder Resurfacing

Indication: Juvenile polyarteritis with severe bone erosion in the shoulder joint

Anesthesia: General anesthesia (standard dosage)

Incision: Shoulder resurfacing incision

Findings: Severe bone erosion in the shoulder joint

Procedure: Shoulder resurfacing performed to replace the damaged joint surface with a prosthetic implant and alleviate shoulder joint symptoms

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of shoulder joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 41:

Procedure: Radiofrequency Ablation

Indication: Juvenile polyarteritis with severe bone pain in the lumbar spine

Anesthesia: Local anesthesia (standard dosage)

Procedure: Radiofrequency ablation performed to provide pain relief by using heat to destroy nerve fibers transmitting pain signals from the affected area

Closure: Not applicable (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 42:

Procedure: Percutaneous Vertebroplasty

Indication: Juvenile polyarteritis with severe bone pain and vertebral fractures in the thoracic spine

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous vertebroplasty performed to stabilize fractured vertebrae and alleviate pain by injecting bone cement into the affected area

Closure: Not applicable (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 43:

Procedure: Kyphoplasty

Indication: Juvenile polyarteritis with severe bone pain and vertebral compression fractures in the cervical spine

Anesthesia: Local anesthesia (standard dosage)

Procedure: Kyphoplasty performed to restore vertebral height, stabilize fractured vertebrae, and alleviate pain by injecting bone cement into the affected area

Closure: Not applicable (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 44:

Procedure: Sacroiliac Joint Fusion

Indication: Juvenile polyarteritis with severe bone pain and sacroiliac joint dysfunction

Anesthesia: General anesthesia (standard dosage)

Incision: Sacroiliac joint fusion incision

Findings: Sacroiliac joint instability and severe bone pain

Procedure: Sacroiliac joint fusion performed to stabilize the joint and alleviate pain by fusing the sacrum and ilium

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 45:

Procedure: Bone Marrow Aspiration

Indication: Juvenile polyarteritis with severe bone pain and suspected bone marrow involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow aspiration performed to obtain a sample of bone marrow for histopathological evaluation and assess for bone marrow involvement in juvenile polyarteritis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone pain, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 46:

Procedure: Peripheral Nerve Block

Indication: Juvenile polyarteritis with severe bone pain in the upper extremities

Anesthesia: Local anesthesia (increased dosage)

Procedure: Peripheral nerve block performed to provide temporary pain relief by injecting an anesthetic near the affected nerve or nerves

Closure: Not applicable (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 47:

Procedure: Epidural Steroid Injection

Indication: Juvenile polyarteritis with severe bone pain in the thoracic spine

Anesthesia: Local anesthesia (standard dosage)

Procedure: Epidural steroid injection performed to provide pain relief and reduce inflammation by injecting a corticosteroid medication into the epidural space of the spine

Closure: Not applicable (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 48:

Procedure: Facet Joint Injection

Indication: Juvenile polyarteritis with severe bone pain in the cervical spine

Anesthesia: Local anesthesia (standard dosage)

Procedure: Facet joint injection performed to provide pain relief and reduce inflammation by injecting a corticosteroid medication into the affected facet joint

Closure: Not applicable (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 49:

Procedure: Intrathecal Pump Implantation

Indication: Juvenile polyarteritis with severe bone pain and inadequate pain control with oral medications

Anesthesia: General anesthesia (standard dosage)

Procedure: Intrathecal pump implantation performed to deliver pain medication directly into the spinal fluid for more effective pain management

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 50:

Procedure: Peripheral Nerve Stimulator Implantation

Indication: Juvenile polyarteritis with severe bone pain and inadequate pain control with oral medications

Anesthesia: General anesthesia (standard dosage)

Procedure: Peripheral nerve stimulator implantation performed to provide pain relief by delivering electrical impulses to the affected nerves and interfering with pain signals

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of pain levels, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 51:

Procedure: Femoral Osteotomy

Indication: Juvenile polyarteritis with severe bone pain and deformity in the femur

Anesthesia: General anesthesia (standard dosage)

Incision: Femoral osteotomy incision

Findings: Severe bone deformity and pain in the femur

Procedure: Femoral osteotomy performed to correct the deformity and realign the bones, alleviating pain and improving leg function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of leg function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 52:

Procedure: Joint Synovectomy

Indication: Juvenile polyarteritis with severe bone pain and synovial inflammation in the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Knee arthroscopy incisions

Findings: Inflamed synovial tissue causing bone pain in the knee joint

Procedure: Joint synovectomy performed to remove the inflamed synovial tissue and alleviate pain and inflammation in the knee joint

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of knee joint function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 53:

Procedure: Laminectomy

Indication: Juvenile polyarteritis with severe bone pain and spinal cord compression in the lumbar spine

Anesthesia: General anesthesia (standard dosage)

Incision: Laminectomy incision

Findings: Spinal cord compression due to bone involvement causing severe pain

Procedure: Laminectomy performed to decompress the spinal cord and alleviate pain by removing the lamina and any bone or tissue causing compression

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of neurological function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 54:

Procedure: Tibial Osteotomy

Indication: Juvenile polyarteritis with severe bone pain and deformity in the tibia

Anesthesia: General anesthesia (standard dosage)

Incision: Tibial osteotomy incision

Findings: Severe bone deformity and pain in the tibia

Procedure: Tibial osteotomy performed to correct the deformity and realign the bones, alleviating pain and improving leg function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of leg function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 55:

Procedure: Joint Replacement (Total Knee Arthroplasty)

Indication: Juvenile polyarteritis with severe bone pain and joint destruction in the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Total knee arthroplasty incision

Findings: Severe joint destruction and pain in the knee joint

Procedure: Total knee arthroplasty performed to replace the damaged knee joint with a prosthetic implant, relieving pain and improving knee function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of knee joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 56:

Procedure: Shoulder Arthroscopy

Indication: Juvenile polyarteritis with severe bone pain and inflammation in the shoulder joint

Anesthesia: General anesthesia (standard dosage)

Incision: Shoulder arthroscopy incisions

Findings: Inflamed joint tissues causing bone pain in the shoulder joint

Procedure: Shoulder arthroscopy performed to remove inflamed tissues, repair any structural abnormalities, and alleviate pain in the shoulder joint

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of shoulder joint function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 57:

Procedure: Spinal Fusion

Indication: Juvenile polyarteritis with severe bone pain and spinal instability in the thoracic spine

Anesthesia: General anesthesia (standard dosage)

Incision: Spinal fusion incision

Findings: Spinal instability and severe bone pain in the thoracic spine

Procedure: Spinal fusion performed to stabilize the spine, alleviate pain, and prevent further deformity by fusing the affected vertebrae together

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of spine stability, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 58:

Procedure: Hip Resurfacing

Indication: Juvenile polyarteritis with severe bone pain and hip joint involvement

Anesthesia: General anesthesia (standard dosage)

Incision: Hip resurfacing incision

Findings: Severe joint damage and pain in the hip joint

Procedure: Hip resurfacing performed to replace the damaged hip joint surfaces with metal implants, preserving more of the natural bone and improving hip function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hip joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 59:

Procedure: Spinal Decompression

Indication: Juvenile polyarteritis with severe bone pain and spinal cord compression in the cervical spine

Anesthesia: General anesthesia (standard dosage)

Incision: Spinal decompression incision

Findings: Spinal cord compression causing severe pain and neurological symptoms in the cervical spine

Procedure: Spinal decompression performed to relieve pressure on the spinal cord and nerves, alleviating pain and improving neurological function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of neurological function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 60:

Procedure: Bone Grafting

Indication: Juvenile polyarteritis with severe bone pain and bone defects

Anesthesia: General anesthesia (standard dosage)

Incision: Bone grafting incision

Findings: Bone defects causing severe pain and functional impairment

Procedure: Bone grafting performed to replace the missing bone with autograft, allograft, or synthetic bone substitutes, promoting bone healing and alleviating pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 61:

Procedure: Joint Arthrodesis (Ankle)

Indication: Juvenile polyarteritis with severe bone pain and joint instability in the ankle joint

Anesthesia: General anesthesia (standard dosage)

Incision: Ankle arthrodesis incision

Findings: Severe joint instability and pain in the ankle joint

Procedure: Ankle arthrodesis performed to fuse the bones in the ankle joint, stabilizing the joint and relieving pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of ankle joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 62:

Procedure: Limb Salvage Surgery

Indication: Juvenile polyarteritis with severe bone pain and a bone tumor in the extremity

Anesthesia: General anesthesia (standard dosage)

Incision: Limb salvage surgery incision

Findings: Bone tumor causing severe pain and functional impairment

Procedure: Limb salvage surgery performed to remove the tumor while preserving the limb, followed by reconstructive procedures to restore bone and tissue integrity

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of limb function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 63:

Procedure: Nerve Decompression

Indication: Juvenile polyarteritis with severe bone pain and nerve entrapment syndrome in the upper extremity

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nerve decompression performed to release the compressed nerve and alleviate pain and other symptoms associated with nerve entrapment

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of nerve function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 64:

Procedure: Joint Denervation

Indication: Juvenile polyarteritis with severe bone pain and chronic joint inflammation in the wrist

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint denervation performed to disrupt the pain signals from the affected joint by removing or interrupting the sensory nerves supplying the joint

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wrist joint function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 65:

Procedure: Limb Amputation

Indication: Juvenile polyarteritis with severe bone pain and irreversible tissue damage in the lower extremity

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb amputation performed to remove the severely affected limb and alleviate intractable pain and complications associated with the disease

Closure: Surgical closure of the amputation site

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and provision of prosthetic limb if applicable.

Operative Note 66:

Procedure: Cartilage Repair (Microfracture)

Indication: Juvenile polyarteritis with severe bone pain and focal cartilage defects in the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Knee arthroscopy incisions

Findings: Focal cartilage defects causing pain and functional impairment in the knee joint

Procedure: Microfracture performed to create small holes in the bone beneath the cartilage defect, promoting the formation of new cartilage and reducing pain

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of knee joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 67:

Procedure: Joint Debridement

Indication: Juvenile polyarteritis with severe bone pain and joint inflammation in the elbow joint

Anesthesia: General anesthesia (standard dosage)

Incision: Elbow arthroscopy incisions

Findings: Inflamed joint tissues causing bone pain in the elbow joint

Procedure: Joint debridement performed to remove inflamed tissues, loose bodies, and debris from the elbow joint, relieving pain and improving joint function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of elbow joint function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 68:

Procedure: Bone Fixation (Internal Fixation)

Indication: Juvenile polyarteritis with severe bone pain and fractures in the lower extremity

Anesthesia: General anesthesia (standard dosage)

Incision: Fracture site incision

Findings: Fractures causing severe pain and functional impairment

Procedure: Internal fixation performed using plates, screws, or rods to stabilize the fractured bones, promoting healing and relieving pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of fracture healing, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 69:

Procedure: Joint Fusion (Arthrodesis)

Indication: Juvenile polyarteritis with severe bone pain and joint instability in the wrist joint

Anesthesia: General anesthesia (standard dosage)

Incision: Wrist arthrodesis incision

Findings: Joint instability and pain in the wrist joint

Procedure: Wrist joint fusion performed to immobilize the joint by fusing the bones together, reducing pain and improving wrist stability

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wrist joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 70:

Procedure: Joint Reconstruction (Osteotomy)

Indication: Juvenile polyarteritis with severe bone pain and joint deformity in the hip joint

Anesthesia: General anesthesia (standard dosage)

Incision: Hip osteotomy incision

Findings: Joint deformity and pain in the hip joint

Procedure: Hip osteotomy performed to realign the bones and correct the joint deformity, relieving pain and improving hip function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hip joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 71:

Procedure: Synovectomy

Indication: Juvenile polyarteritis with severe bone pain and synovial inflammation in the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Knee arthroscopy incisions

Findings: Synovial inflammation causing pain and limited range of motion in the knee joint

Procedure: Synovectomy performed to remove the inflamed synovial tissue from the knee joint, reducing pain and improving joint function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of knee joint function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 72:

Procedure: Vascular Bypass Surgery

Indication: Juvenile polyarteritis with severe bone pain and vascular occlusion in the lower extremity

Anesthesia: General anesthesia (standard dosage)

Incision: Vascular bypass incision

Findings: Vascular occlusion leading to compromised blood flow and severe pain in the lower extremity

Procedure: Vascular bypass surgery performed to bypass the blocked or narrowed blood vessels using a graft, restoring blood flow and alleviating pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of limb perfusion, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 73:

Procedure: Tendon Repair

Indication: Juvenile polyarteritis with severe bone pain and tendon rupture in the hand

Anesthesia: Local anesthesia (standard dosage)

Incision: Tendon repair incision

Findings: Tendon rupture causing functional impairment and pain in the hand

Procedure: Tendon repair performed to reattach the ruptured tendon, restoring hand function and relieving pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hand function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 74:

Procedure: Lymph Node Biopsy

Indication: Juvenile polyarteritis with severe bone pain and lymphadenopathy

Anesthesia: Local anesthesia (standard dosage)

Incision: Lymph node biopsy incision

Findings: Enlarged lymph nodes causing pain and concern for lymphoma

Procedure: Lymph node biopsy performed to obtain a tissue sample for pathological analysis, aiding in the diagnosis and treatment planning

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 75:

Procedure: Debridement and Drainage

Indication: Juvenile polyarteritis with severe bone pain and abscess formation in the soft tissues of the lower extremity

Anesthesia: General anesthesia (standard dosage)

Incision: Abscess incision

Findings: Abscess formation causing pain, inflammation, and risk of systemic infection

Procedure: Debridement and drainage performed to remove the infected tissue and drain the abscess, reducing pain and preventing the spread of infection

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 76:

Procedure: Fasciotomy

Indication: Juvenile polyarteritis with severe bone pain and compartment syndrome in the leg

Anesthesia: General anesthesia (standard dosage)

Incision: Fasciotomy incision

Findings: Compartment syndrome causing severe pain and compromised blood flow in the leg

Procedure: Fasciotomy performed to relieve pressure within the affected compartments, restoring blood flow and relieving pain

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of limb perfusion, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 77:

Procedure: Percutaneous Vertebroplasty

Indication: Juvenile polyarteritis with severe bone pain and vertebral compression fractures in the spine

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous vertebroplasty performed to stabilize the fractured vertebrae by injecting bone cement into the affected vertebral body, reducing pain and improving spinal stability

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of spinal stability, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 78:

Procedure: Tenosynovectomy

Indication: Juvenile polyarteritis with severe bone pain and tenosynovitis in the hand

Anesthesia: Local anesthesia (standard dosage)

Incision: Tenosynovectomy incision

Findings: Inflamed tendon sheaths causing pain and restricted hand movement

Procedure: Tenosynovectomy performed to remove the inflamed synovial tissue from the tendon sheaths, relieving pain and improving hand function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hand function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 79:

Procedure: Percutaneous Ethanol Injection

Indication: Juvenile polyarteritis with severe bone pain and cystic lesions in the bone

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous ethanol injection performed to treat the cystic bone lesions by injecting ethanol into the lesions, leading to their collapse and pain relief

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of cystic lesion response, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 80:

Procedure: Skin Biopsy

Indication: Juvenile polyarteritis with severe bone pain and cutaneous vasculitis

Anesthesia: Local anesthesia (standard dosage)

Incision: Skin biopsy incision

Findings: Cutaneous vasculitis causing skin lesions and pain

Procedure: Skin biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and treatment planning

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 81:

Procedure: Joint Debridement and Irrigation

Indication: Juvenile polyarteritis with severe bone pain and acute infection in the shoulder joint

Anesthesia: General anesthesia (standard dosage)

Incision: Shoulder arthroscopy incisions

Findings: Acute infection causing severe pain, inflammation, and limited range of motion in the shoulder joint

Procedure: Joint debridement and irrigation performed to remove infected tissues and flush the joint with sterile saline solution, reducing infection and improving joint function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of shoulder joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 82:

Procedure: Arthroscopic Drainage and Lavage

Indication: Juvenile polyarteritis with severe bone pain and septic arthritis in the hip joint

Anesthesia: General anesthesia (standard dosage)

Incision: Hip arthroscopy incisions

Findings: Septic arthritis causing intense pain, swelling, and joint dysfunction in the hip joint

Procedure: Arthroscopic drainage and lavage performed to drain the infected joint fluid and thoroughly cleanse the joint, reducing infection and promoting joint healing

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of hip joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 83:

Procedure: Joint Exploration and Abscess Debridement

Indication: Juvenile polyarteritis with severe bone pain and purulent arthritis in the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Knee arthrotomy incision

Findings: Purulent arthritis with abscess formation causing severe pain, swelling, and joint instability in the knee joint

Procedure: Joint exploration and abscess debridement performed to open and drain the abscess, remove infected tissues, and restore joint integrity

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of knee joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 84:

Procedure: Joint Washout with Placement of Antibiotic Spacer

Indication: Juvenile polyarteritis with severe bone pain and septic arthritis in the ankle joint

Anesthesia: General anesthesia (standard dosage)

Incision: Ankle arthrotomy incision

Findings: Septic arthritis causing intense pain, swelling, and joint dysfunction in the ankle joint

Procedure: Joint washout performed to irrigate and cleanse the infected joint, followed by placement of an antibiotic spacer to deliver local antibiotics and maintain joint space

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of ankle joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 85:

Procedure: Joint Aspiration and Culture

Indication: Juvenile polyarteritis with severe bone pain and suspected septic arthritis in the wrist joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint aspiration performed to obtain a sample of joint fluid for culture and sensitivity testing to identify the causative organism and guide appropriate antibiotic therapy

Closure: No closure required for aspiration procedure

Complications: None

Postoperative care: Close monitoring of wrist joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics based on culture results.

Operative Note 86:

Procedure: Joint Fusion with Debridement

Indication: Juvenile polyarteritis with severe bone pain and chronic infection in the elbow joint

Anesthesia: General anesthesia (standard dosage)

Incision: Elbow arthrotomy incision

Findings: Chronic infection causing persistent pain, instability, and joint destruction in the elbow joint

Procedure: Joint fusion performed to eliminate the infected joint space and promote bone fusion, providing pain relief and stability

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of elbow joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 87:

Procedure: Joint Resection and Antibiotic Cement Spacer Placement

Indication: Juvenile polyarteritis with severe bone pain and septic arthritis in the temporomandibular joint (TMJ)

Anesthesia: General anesthesia (standard dosage)

Incision: TMJ arthrotomy incision

Findings: Septic arthritis causing excruciating pain, limited jaw movement, and joint destruction in the TMJ

Procedure: Joint resection performed to remove the infected joint surfaces and placement of an antibiotic cement spacer to deliver local antibiotics and maintain joint space

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of TMJ function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 88:

Procedure: Joint Drainage and Capsular Repair

Indication: Juvenile polyarteritis with severe bone pain and septic arthritis in the temporomandibular joint (TMJ)

Anesthesia: General anesthesia (standard dosage)

Incision: TMJ arthrotomy incision

Findings: Septic arthritis causing severe pain, swelling, and joint instability in the TMJ

Procedure: Joint drainage performed to remove the infected joint fluid and repair the damaged joint capsule, restoring joint stability and function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of TMJ function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 89:

Procedure: Joint Washout and Debridement with Soft Tissue Reconstruction

Indication: Juvenile polyarteritis with severe bone pain and septic arthritis in the shoulder joint

Anesthesia: General anesthesia (standard dosage)

Incision: Shoulder arthrotomy incision

Findings: Septic arthritis causing intense pain, swelling, and joint instability in the shoulder joint

Procedure: Joint washout performed to irrigate and cleanse the infected joint, followed by debridement of infected tissues and reconstruction of damaged soft tissues for joint stability

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of shoulder joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 90:

Procedure: Joint Explantation and Antibiotic Spacer Placement

Indication: Juvenile polyarteritis with severe bone pain and septic arthritis in the hip joint

Anesthesia: General anesthesia (standard dosage)

Incision: Hip arthrotomy incision

Findings: Septic arthritis causing intense pain, joint destruction, and compromised hip function

Procedure: Joint explantation performed to remove the infected joint surfaces, followed by placement of an antibiotic spacer to deliver local antibiotics and maintain joint space

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hip joint function, pain management, initiation of immunosuppressive therapy, and administration of antibiotics.

Operative Note 91:

Procedure: Synovectomy

Indication: Juvenile polyarteritis with varying degrees of joint inflammation in the knee joint

Anesthesia: General anesthesia (standard dosage)

Incision: Knee arthrotomy incision

Findings: Inflamed synovial lining causing pain and joint swelling

Procedure: Synovectomy performed to remove the inflamed synovial tissue, reducing inflammation and improving joint function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of knee joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 92:

Procedure: Biologic Joint Injection

Indication: Juvenile polyarteritis with varying degrees of joint inflammation in the wrist joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biologic joint injection performed to administer anti-inflammatory medication directly into the affected joint, reducing inflammation and relieving pain

Closure: No closure required for injection procedure

Complications: None

Postoperative care: Close monitoring of wrist joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 93:

Procedure: Arthroscopic Synovial Biopsy

Indication: Juvenile polyarteritis with varying degrees of joint inflammation in the ankle joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Arthroscopic synovial biopsy performed to obtain a tissue sample of the inflamed synovium for pathological examination, aiding in the diagnosis and treatment planning

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of ankle joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 94:

Procedure: Joint Decortication and Synovial Membrane Resection

Indication: Juvenile polyarteritis with severe joint inflammation in the shoulder joint

Anesthesia: General anesthesia (standard dosage)

Incision: Shoulder arthrotomy incision

Findings: Thickened and inflamed synovial membrane causing pain and restricted shoulder movement

Procedure: Joint decortication performed to remove the thickened synovial membrane and smooth the joint surfaces, reducing inflammation and improving shoulder mobility

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of shoulder joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 95:

Procedure: Arthroscopic Debridement and Lavage

Indication: Juvenile polyarteritis with varying degrees of joint inflammation in the elbow joint

Anesthesia: General anesthesia (standard dosage)

Incision: Elbow arthroscopy incisions

Findings: Inflamed joint tissues causing pain and limited range of motion in the elbow joint

Procedure: Arthroscopic debridement and lavage performed to remove inflamed tissues, wash out the joint, and improve elbow joint function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of elbow joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 96:

Procedure: Joint Capsule Release

Indication: Juvenile polyarteritis with varying degrees of joint inflammation in the temporomandibular joint (TMJ)

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint capsule release performed to release the tight and inflamed joint capsule, improving TMJ mobility and reducing inflammation

Closure: No closure required for the procedure

Complications: None

Postoperative care: Close monitoring of TMJ inflammation, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 97:

Procedure: Open Synovectomy

Indication: Juvenile polyarteritis with severe joint inflammation in the hip joint

Anesthesia: General anesthesia (standard dosage)

Incision: Hip arthrotomy incision

Findings: Inflamed synovial lining causing pain and limited hip mobility

Procedure: Open synovectomy performed to remove the inflamed synovium, reducing inflammation and improving hip joint function

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of hip joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 98:

Procedure: Joint Cauterization

Indication: Juvenile polyarteritis with varying degrees of joint inflammation in the knee joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint cauterization performed to use heat energy to ablate and cauterize inflamed tissues, reducing inflammation and providing pain relief

Closure: No closure required for the procedure

Complications: None

Postoperative care: Close monitoring of knee joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 99:

Procedure: Tenosynovectomy

Indication: Juvenile polyarteritis with severe joint inflammation in the wrist joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Tenosynovectomy performed to remove the inflamed synovial lining around the tendons, reducing inflammation and improving wrist joint function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of wrist joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 100:

Procedure: Joint Arthrodesis

Indication: Juvenile polyarteritis with severe joint inflammation in the ankle joint

Anesthesia: General anesthesia (standard dosage)

Incision: Ankle arthrotomy incision

Findings: Inflammatory arthritis causing severe pain and joint instability in the ankle joint

Procedure: Joint arthrodesis performed to fuse the bones of the ankle joint, eliminating the joint space and providing pain relief and stability

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of ankle joint inflammation, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

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| M30.3 Mucocutaneous lymph node syndrome [Kawasaki] |

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Operative Note 1:

Procedure: Coronary Artery Bypass Graft (CABG)

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe coronary artery involvement

Anesthesia: General anesthesia (standard dosage)

Incision: Median sternotomy incision

Findings: Multiple coronary artery aneurysms causing myocardial ischemia and impaired cardiac function

Procedure: CABG performed to bypass the diseased coronary arteries and restore blood flow to the myocardium, using saphenous vein grafts and/or internal mammary artery grafts

Closure: Sternum closed with stainless steel wires, wound dressed

Complications: None

Postoperative care: Close monitoring of cardiac function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 2:

Procedure: Valve Replacement (Aortic Valve)

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe aortic valve regurgitation

Anesthesia: General anesthesia (standard dosage)

Incision: Median sternotomy incision

Findings: Aortic valve insufficiency causing significant cardiac dysfunction and symptoms of heart failure

Procedure: Aortic valve replacement performed using a bioprosthetic or mechanical valve, restoring normal valve function

Closure: Sternum closed with stainless steel wires, wound dressed

Complications: None

Postoperative care: Close monitoring of cardiac function, pain management, initiation of immunosuppressive therapy, and postoperative rehabilitation.

Operative Note 3:

Procedure: Thrombectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with thrombotic occlusion of the femoral artery

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Thrombectomy performed to remove the thrombus and restore blood flow in the affected femoral artery

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of arterial flow, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 4:

Procedure: Excisional Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with enlarged cervical lymph nodes

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excisional biopsy performed to remove enlarged lymph nodes for pathological examination, aiding in the diagnosis and treatment planning

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of lymph node healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 5:

Procedure: Cardiac Catheterization with Angioplasty

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with coronary artery stenosis

Anesthesia: Local anesthesia (standard dosage)

Procedure: Cardiac catheterization performed to assess the extent of coronary artery involvement, followed by angioplasty to dilate narrowed segments and improve blood flow

Closure: No closure required for the procedure

Complications: None

Postoperative care: Close monitoring of cardiac function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 6:

Procedure: Intravenous Immunoglobulin (IVIG) Infusion

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with persistent fever and systemic inflammation

Anesthesia: Not applicable

Procedure: IVIG infusion performed to administer high-dose immunoglobulin therapy, aimed at reducing systemic inflammation and preventing coronary artery complications

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of patient response to IVIG therapy, pain management, and postoperative follow-up.

Operative Note 7:

Procedure: Excision of Mucocutaneous Lesion

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with a characteristic strawberry tongue lesion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excision of the mucocutaneous lesion performed to remove the affected tissue for diagnostic purposes and symptomatic relief

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 8:

Procedure: Lymph Node Dissection

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with persistent cervical lymphadenopathy

Anesthesia: General anesthesia (standard dosage)

Procedure: Lymph node dissection performed to remove enlarged lymph nodes for diagnostic purposes and to alleviate symptoms

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of lymph node healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 9:

Procedure: Skin Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with characteristic skin rash

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and treatment planning

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 10:

Procedure: Excision of Subungual Hemorrhage

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with subungual hemorrhage in the fingertips

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excision of the subungual hemorrhage performed to relieve pain and pressure, promoting nail bed healing

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 11:

Procedure: Echocardiogram

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected cardiac involvement

Anesthesia: Not applicable

Procedure: Echocardiogram performed to assess cardiac structure and function, including evaluation of coronary arteries and detection of any abnormalities

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of echocardiogram results, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 12:

Procedure: Ophthalmologic Examination

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with ocular manifestations

Anesthesia: Not applicable

Procedure: Ophthalmologic examination performed to assess the presence and severity of ocular involvement, including conjunctival injection, uveitis, or retinal vasculitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of examination findings, initiation of immunosuppressive therapy, and ophthalmologic follow-up.

Operative Note 13:

Procedure: Intravenous Corticosteroid Therapy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with persistent systemic inflammation and symptoms

Anesthesia: Not applicable

Procedure: Intravenous corticosteroid therapy administered to suppress systemic inflammation and alleviate symptoms

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of patient response to corticosteroid therapy, pain management, and postoperative follow-up.

Operative Note 14:

Procedure: Lumbar Puncture

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected central nervous system involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lumbar puncture performed to obtain cerebrospinal fluid for examination, helping to diagnose and manage potential central nervous system complications

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of puncture site healing, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 15:

Procedure: Gastrointestinal Endoscopy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with gastrointestinal symptoms

Anesthesia: Sedation (varied dosage based on patient age and condition)

Procedure: Gastrointestinal endoscopy performed to assess the gastrointestinal tract for any abnormalities, such as ulcerations or inflammation

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of endoscopy findings, pain management, initiation of immunosuppressive therapy, and gastroenterology follow-up.

Operative Note 16:

Procedure: Renal Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with renal involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Renal biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and treatment planning of renal complications

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy, and nephrology follow-up.

Operative Note 17:

Procedure: Bronchoscopy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with respiratory symptoms

Anesthesia: Sedation (varied dosage based on patient age and condition)

Procedure: Bronchoscopy performed to assess the airways and collect samples for pathological examination, aiding in the diagnosis and management of respiratory complications

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of bronchoscopy findings, pain management, initiation of immunosuppressive therapy, and pulmonary follow-up.

Operative Note 18:

Procedure: Temporal Artery Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected vasculitis involving the temporal artery

Anesthesia: Local anesthesia (standard dosage)

Procedure: Temporal artery biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and treatment planning of vasculitic complications

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy, and rheumatology follow-up.

Operative Note 19:

Procedure: Audiogram

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected hearing impairment

Anesthesia: Not applicable

Procedure: Audiogram performed to assess hearing function and detect any abnormalities or hearing loss

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of audiogram results, initiation of immunosuppressive therapy, and audiology follow-up.

Operative Note 20:

Procedure: Skin Patch Test

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected drug allergy

Anesthesia: Not applicable

Procedure: Skin patch test performed to assess for drug allergies, using specific allergens associated with the suspected medication

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of patch test results, pain management, initiation of immunosuppressive therapy if necessary, and dermatology follow-up.

Operative Note 21:

Procedure: Arthroscopic Synovial Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected joint inflammation

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Arthroscopic synovial biopsy performed to obtain a tissue sample from the inflamed joint for pathological examination, aiding in the diagnosis and treatment planning

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy, and rheumatology follow-up.

Operative Note 22:

Procedure: Central Venous Catheter Placement

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with the need for long-term intravenous medication administration

Anesthesia: Local anesthesia (varied dosage based on patient age and condition)

Procedure: Central venous catheter placement performed to establish access for intravenous therapy, facilitating long-term medication administration

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of catheter function, pain management, initiation of immunosuppressive therapy, and postoperative follow-up.

Operative Note 23:

Procedure: Percutaneous Nephrostomy Tube Placement

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with bilateral ureteral obstruction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Percutaneous nephrostomy tube placement performed to relieve ureteral obstruction and restore urine flow

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of nephrostomy tube function, pain management, initiation of immunosuppressive therapy, and urology follow-up.

Operative Note 24:

Procedure: Electromyography (EMG)

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected peripheral nerve involvement

Anesthesia: Local anesthesia (adjusted dosage based on patient age and condition)

Procedure: Electromyography performed to assess the function of peripheral nerves and muscles, aiding in the diagnosis and management of neurological complications

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of EMG results, pain management, initiation of immunosuppressive therapy, and neurology follow-up.

Operative Note 25:

Procedure: Transesophageal Echocardiogram

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected cardiac abnormalities

Anesthesia: Sedation (adjusted dosage based on patient age and condition)

Procedure: Transesophageal echocardiogram performed to obtain detailed imaging of the heart structures, including the valves and chambers, to assess for any cardiac abnormalities

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of echocardiogram results, pain management, initiation of immunosuppressive therapy, and cardiology follow-up.

Operative Note 26:

Procedure: Lumbar Epidural Steroid Injection

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe back pain due to inflammatory involvement

Anesthesia: Local anesthesia (adjusted dosage based on patient age and condition)

Procedure: Lumbar epidural steroid injection performed to alleviate pain and reduce inflammation in the affected area

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, initiation of immunosuppressive therapy, and pain management follow-up.

Operative Note 27:

Procedure: Colonoscopy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with gastrointestinal symptoms and suspected colonic involvement

Anesthesia: Sedation (adjusted dosage based on patient age and condition)

Procedure: Colonoscopy performed to visualize and assess the colon for any abnormalities, such as inflammation, ulcerations, or strictures

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of colonoscopy findings, pain management, initiation of immunosuppressive therapy, and gastroenterology follow-up.

Operative Note 28:

Procedure: Thoracic Sympathetic Block

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with refractory vasospasm and digital ischemia

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Thoracic sympathetic block performed to block sympathetic nerve activity and alleviate vasospasm, improving blood flow to the extremities

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of vasospasm relief, pain management, initiation of immunosuppressive therapy, and vascular follow-up.

Operative Note 29:

Procedure: Percutaneous Liver Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected liver involvement

Anesthesia: Local anesthesia (adjusted dosage based on patient age and condition)

Procedure: Percutaneous liver biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of hepatic complications

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy, and hepatology follow-up.

Operative Note 30:

Procedure: Transcutaneous Electrical Nerve Stimulation (TENS)

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with localized pain and discomfort

Anesthesia: Not applicable

Procedure: Transcutaneous electrical nerve stimulation (TENS) applied to the affected area to alleviate pain through low-voltage electrical currents

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, initiation of immunosuppressive therapy, and pain management follow-up.

Operative Note 31:

Procedure: Bone Marrow Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected bone marrow involvement and bone erosion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow biopsy performed to obtain a bone marrow sample for pathological examination, aiding in the diagnosis and management of bone marrow complications and assessing the extent of bone erosion

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy, and hematology follow-up.

Operative Note 32:

Procedure: Orthopedic Consultation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with joint pain and suspected bone erosion

Anesthesia: Not applicable

Procedure: Orthopedic consultation performed to assess joint function, evaluate the extent of bone erosion, and plan further management, including potential joint replacement surgeries

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of orthopedic consultation findings, pain management, initiation of immunosuppressive therapy, and orthopedic follow-up.

Operative Note 33:

Procedure: Bone Scan

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected bone involvement and bone erosion

Anesthesia: Not applicable

Procedure: Bone scan performed to evaluate bone health and detect any areas of increased activity or bone erosion

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of bone scan results, pain management, initiation of immunosuppressive therapy, and orthopedic/rheumatology follow-up.

Operative Note 34:

Procedure: Joint Arthroplasty

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe joint pain and significant bone erosion

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint arthroplasty performed to replace the damaged joint with an artificial joint, providing pain relief and restoring function in cases of severe bone erosion

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, rehabilitation, and orthopedic follow-up.

Operative Note 35:

Procedure: Dental Extraction

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with dental complications and localized bone erosion

Anesthesia: Local anesthesia (varied dosage based on patient age and condition)

Procedure: Dental extraction performed to remove a compromised tooth affected by bone erosion, preventing further infection and promoting oral health

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of dental extraction outcome, pain management, initiation of immunosuppressive therapy if necessary, and dental follow-up.

Operative Note 36:

Procedure: Maxillofacial Reconstruction

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with maxillofacial bone erosion and deformity

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Maxillofacial reconstruction performed to correct the facial bone deformities caused by bone erosion, restoring aesthetics and function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, rehabilitation, and maxillofacial follow-up.

Operative Note 37:

Procedure: Bone Grafting

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with bone erosion and loss

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone grafting performed to restore bone volume and promote bone regeneration in areas affected by erosion and loss

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of graft integration, pain management, initiation of immunosuppressive therapy, and orthopedic follow-up.

Operative Note 38:

Procedure: Spinal Fusion

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with spinal instability and vertebral bone erosion

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Spinal fusion performed to stabilize the spine, alleviate pain, and prevent further bone erosion in cases of severe vertebral involvement

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, rehabilitation, and orthopedic/spine surgery follow-up.

Operative Note 39:

Procedure: Bone Debridement

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with localized bone infection and erosion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone debridement performed to remove infected and necrotic bone tissue, promoting healing and preventing the spread of infection

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of immunosuppressive therapy, and orthopedic follow-up.

Operative Note 40:

Procedure: Limb Salvage Surgery

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with bone erosion and the risk of limb amputation

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Limb salvage surgery performed to preserve the affected limb, addressing bone erosion and reconstructing the limb's structure and function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, rehabilitation, and orthopedic follow-up.

Operative Note 41:

Procedure: Radiofrequency Ablation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain in the affected area

Anesthesia: Local anesthesia (standard dosage)

Procedure: Radiofrequency ablation performed to alleviate severe bone pain by using heat to destroy the nerve endings responsible for pain transmission

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and rheumatology consultation for further management of bone pain.

Operative Note 42:

Procedure: Vertebroplasty

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe vertebral bone pain and compression fractures

Anesthesia: Local anesthesia (adjusted dosage based on patient age and condition)

Procedure: Vertebroplasty performed to relieve severe bone pain and stabilize fractured vertebrae by injecting bone cement into the affected area

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and orthopedic consultation for further management of vertebral fractures.

Operative Note 43:

Procedure: Joint Aspiration and Injection

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe joint pain and inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint aspiration and injection performed to relieve severe bone pain and reduce inflammation in the affected joint by withdrawing excess fluid and injecting a corticosteroid medication

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and rheumatology consultation for further management of joint pain.

Operative Note 44:

Procedure: Peripheral Nerve Block

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain in the peripheral nerves' distribution

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Peripheral nerve block performed to block pain signals from reaching the brain, providing temporary relief from severe bone pain

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and neurology consultation for further management of peripheral nerve pain.

Operative Note 45:

Procedure: Kyphoplasty

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain and vertebral compression fractures

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Kyphoplasty performed to relieve severe bone pain and stabilize fractured vertebrae by inflating a balloon and injecting bone cement into the affected area

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and orthopedic consultation for further management of vertebral fractures.

Operative Note 46:

Procedure: Intrathecal Drug Delivery System Implantation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain and unresponsive to other pain management methods

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Intrathecal drug delivery system implantation performed to deliver pain medication directly into the spinal fluid, providing continuous relief from severe bone pain

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and pain medicine specialist consultation for further management of severe bone pain.

Operative Note 47:

Procedure: Percutaneous Vertebral Augmentation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain and vertebral fractures

Anesthesia: Local anesthesia (adjusted dosage based on patient age and condition)

Procedure: Percutaneous vertebral augmentation performed to relieve severe bone pain and stabilize fractured vertebrae by injecting bone cement into the affected area

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and orthopedic consultation for further management of vertebral fractures.

Operative Note 48:

Procedure: Sacroiliac Joint Fusion

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain and sacroiliac joint dysfunction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Sacroiliac joint fusion performed to alleviate severe bone pain and stabilize the joint by fusing the sacrum and ilium together

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and orthopedic consultation for further management of sacroiliac joint dysfunction.

Operative Note 49:

Procedure: Intravenous Infusion of Bisphosphonates

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain and osteoporosis

Anesthesia: Not applicable

Procedure: Intravenous infusion of bisphosphonates performed to strengthen bone density, alleviate severe bone pain, and reduce the risk of fractures

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and endocrinology consultation for further management of osteoporosis and bone pain.

Operative Note 50:

Procedure: Percutaneous Electrical Nerve Stimulation (PENS)

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe bone pain and neuropathic component

Anesthesia: Not applicable

Procedure: Percutaneous electrical nerve stimulation (PENS) performed to provide pain relief by applying low-voltage electrical currents to the affected nerves

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of pain relief, pain management follow-up, and neurology consultation for further management of severe bone pain.

Operative Note 51:

Procedure: Lymph Node Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with enlarged and inflamed lymph nodes requiring further evaluation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of lymph node involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy, and hematology/oncology follow-up.

Operative Note 52:

Procedure: Tonsillectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe tonsillar inflammation and hypertrophy

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Tonsillectomy performed to remove the inflamed and enlarged tonsils, alleviating symptoms and reducing the risk of complications

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and otolaryngology follow-up.

Operative Note 53:

Procedure: Vascular Access Surgery

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with the need for long-term intravenous medications and frequent blood tests

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Vascular access surgery performed to create a durable and reliable access point for intravenous medications and blood sampling, improving treatment delivery and monitoring

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and vascular surgery follow-up.

Operative Note 54:

Procedure: Pericardiectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe pericardial involvement and constrictive pericarditis

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Pericardiectomy performed to remove the inflamed and scarred pericardium, relieving the constriction and improving cardiac function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and cardiology follow-up.

Operative Note 55:

Procedure: Coronary Artery Bypass Grafting (CABG)

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe coronary artery involvement and obstructive coronary disease

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Coronary artery bypass grafting performed to bypass the blocked or narrowed coronary arteries, restoring blood flow to the heart muscle

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and cardiac surgery follow-up.

Operative Note 56:

Procedure: Gastroduodenal Ulcer Surgery

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with gastroduodenal ulcers and severe gastrointestinal bleeding

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Gastroduodenal ulcer surgery performed to repair the ulcers, control bleeding, and prevent further complications

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and gastroenterology follow-up.

Operative Note 57:

Procedure: Orbital Decompression Surgery

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe orbital inflammation and compressive optic neuropathy

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Orbital decompression surgery performed to relieve pressure on the optic nerve, preserving vision and reducing orbital inflammation

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and ophthalmology follow-up.

Operative Note 58:

Procedure: Salivary Gland Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with salivary gland involvement and persistent swelling

Anesthesia: Local anesthesia (standard dosage)

Procedure: Salivary gland biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of salivary gland involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and rheumatology follow-up.

Operative Note 59:

Procedure: Joint Synovectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe synovitis and joint inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint synovectomy performed to remove the inflamed synovial tissue, reducing pain, preserving joint function, and preventing further joint damage

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and orthopedic follow-up.

Operative Note 60:

Procedure: Skin Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with characteristic skin manifestations requiring pathological examination

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of skin involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and dermatology follow-up.

Operative Note 61:

Procedure: Retroperitoneal Lymph Node Dissection

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with retroperitoneal lymph node involvement and suspicion of malignancy

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Retroperitoneal lymph node dissection performed to remove the affected lymph nodes for pathological examination and staging of potential malignancy

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and oncology follow-up.

Operative Note 62:

Procedure: Arterial Bypass Surgery

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe arterial involvement and peripheral vascular disease

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Arterial bypass surgery performed to bypass the diseased or occluded arteries, restoring blood flow to the affected extremities

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and vascular surgery follow-up.

Operative Note 63:

Procedure: Pancreatic Resection

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with pancreatic involvement and suspicion of pancreatic tumor

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Pancreatic resection performed to remove the affected part of the pancreas for pathological examination and potential tumor removal

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and surgical oncology follow-up.

Operative Note 64:

Procedure: Colon Resection

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with colonic involvement and suspicion of colonic tumor

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Colon resection performed to remove the affected part of the colon for pathological examination and potential tumor removal

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and surgical oncology follow-up.

Operative Note 65:

Procedure: Thoracotomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe pulmonary involvement and suspicion of lung nodules

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Thoracotomy performed to access the lungs, remove any suspicious nodules, and obtain tissue samples for pathological examination

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and pulmonary follow-up.

Operative Note 66:

Procedure: Neurosurgical Decompression

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe neurological involvement and compression syndromes

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Neurosurgical decompression performed to relieve pressure on the affected nerves or spinal cord, improving neurological function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and neurosurgery/neurology follow-up.

Operative Note 67:

Procedure: Bone Marrow Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspicion of bone marrow involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow biopsy performed to obtain a sample for pathological examination, aiding in the diagnosis and management of bone marrow involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and hematology/oncology follow-up.

Operative Note 68:

Procedure: Nephrectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe renal involvement and suspicion of renal tumor

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Nephrectomy performed to remove the affected kidney for pathological examination and potential tumor removal

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and urology follow-up.

Operative Note 69:

Procedure: Excisional Biopsy of Lymphoma

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with lymphoma involvement and the need for lymphoma subtype identification

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Excisional biopsy of the lymphoma performed to obtain a representative tissue sample for pathological examination and definitive diagnosis

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of chemotherapy or radiation therapy if necessary, and oncology follow-up.

Operative Note 70:

Procedure: Cardiac Valve Replacement

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe valvular involvement and valve dysfunction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Cardiac valve replacement performed to replace the diseased or damaged heart valve, restoring normal blood flow and cardiac function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and cardiology follow-up.

Operative Note 71:

Procedure: Joint Debridement and Irrigation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the hip joint

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint debridement and irrigation performed to remove infected tissue and flush the joint with antimicrobial solution to control the infection

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and orthopedic follow-up.

Operative Note 72:

Procedure: Arthroscopic Lavage and Drainage

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the knee joint

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Arthroscopic lavage and drainage performed to clean the infected joint, remove pus, and place a drainage tube for continued drainage

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and orthopedic follow-up.

Operative Note 73:

Procedure: Joint Exploratory Surgery

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the shoulder joint

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint exploratory surgery performed to assess the extent of infection, obtain samples for culture, and potentially perform debridement or other necessary procedures

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and orthopedic follow-up.

Operative Note 74:

Procedure: Joint Drainage and Abscess Incision

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the ankle joint, with the presence of an abscess

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint drainage and abscess incision performed to drain the infected fluid and remove the abscess, relieving pressure and controlling the infection

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and orthopedic follow-up.

Operative Note 75:

Procedure: Joint Fusion

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the wrist joint, leading to joint destruction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint fusion performed to stabilize the joint and prevent further infection by permanently fusing the affected bones together

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and hand surgery follow-up.

Operative Note 76:

Procedure: Joint Salvage Surgery

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the elbow joint, with the aim of preserving joint function

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint salvage surgery performed to debride infected tissue, remove necrotic bone, and reconstruct the joint to preserve joint function

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and orthopedic follow-up.

Operative Note 77:

Procedure: Joint Arthrodesis

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the hip joint, leading to joint destruction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint arthrodesis performed to stabilize the joint and prevent further infection by surgically fusing the hip joint

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and orthopedic follow-up.

Operative Note 78:

Procedure: Joint Resection and Reconstruction

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the shoulder joint, leading to joint destruction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint resection and reconstruction performed to remove the infected joint components and reconstruct the joint using prosthetic implants

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and orthopedic follow-up.

Operative Note 79:

Procedure: Joint Amputation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the toe joint, leading to non-reconstructible joint damage and life-threatening infection

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint amputation performed to remove the infected joint and surrounding tissue, preventing further spread of infection and preserving patient's overall health

Closure: Wound closed, dressing applied

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of intravenous antibiotics, and foot and ankle surgery follow-up.

Operative Note 80:

Procedure: Joint Irrigation with Antibiotic Solution

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe infection in the finger joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint irrigation performed to cleanse the infected joint with an antibiotic solution, aiming to control the infection and promote healing

Closure: Wound closed, dressing applied

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of oral or intravenous antibiotics, and hand surgery follow-up.

Operative Note 81:

Procedure: Synovectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe joint inflammation in the knee joint

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Synovectomy performed to remove inflamed synovial tissue, relieving pain and reducing inflammation in the knee joint

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of anti-inflammatory medications, and orthopedic follow-up.

Operative Note 82:

Procedure: Laparoscopic Adrenalectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with adrenal gland inflammation and dysfunction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Laparoscopic adrenalectomy performed to remove the affected adrenal gland, alleviating inflammation and restoring hormonal balance

Closure: Incisions closed, wounds dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of steroid replacement therapy if necessary, and endocrinology follow-up.

Operative Note 83:

Procedure: Pericardiectomy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with severe pericardial inflammation and cardiac tamponade

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Pericardiectomy performed to remove the inflamed pericardium, relieving pressure on the heart and restoring normal cardiac function

Closure: Chest incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of surgical site healing, pain management, initiation of immunosuppressive therapy if necessary, and cardiology follow-up.

Operative Note 84:

Procedure: Temporal Artery Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected giant cell arteritis and inflammation of the temporal artery

Anesthesia: Local anesthesia (standard dosage)

Procedure: Temporal artery biopsy performed to obtain a sample for pathological examination, confirming the presence of inflammation and aiding in diagnosis

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and rheumatology follow-up.

Operative Note 85:

Procedure: Skin Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with skin involvement and inflammatory lesions

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a sample for pathological examination, aiding in the diagnosis and management of the inflammatory skin lesions

Closure: Wound closed, dressing applied

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of topical or systemic anti-inflammatory treatment, and dermatology follow-up.

Operative Note 86:

Procedure: Lung Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected lung involvement and pulmonary inflammation

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Lung biopsy performed to obtain a tissue sample for pathological examination, confirming the presence of inflammation and aiding in diagnosis and treatment planning

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and pulmonology follow-up.

Operative Note 87:

Procedure: Gastrointestinal Endoscopy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with gastrointestinal inflammation and symptoms

Anesthesia: Sedation (adjusted dosage based on patient age and condition)

Procedure: Gastrointestinal endoscopy performed to visualize and assess the extent of gastrointestinal inflammation, obtaining biopsies if necessary for further evaluation and management

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Close monitoring of patient recovery, pain management, initiation of anti-inflammatory medications or other appropriate treatment, and gastroenterology follow-up.

Operative Note 88:

Procedure: Ophthalmic Examination and Retinal Angiography

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with ocular inflammation and suspected retinal vasculitis

Anesthesia: Topical anesthesia (standard dosage)

Procedure: Ophthalmic examination and retinal angiography performed to evaluate the extent of ocular inflammation and assess retinal blood vessel abnormalities

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Close monitoring of ocular health, pain management, initiation of anti-inflammatory eye drops or other appropriate treatment, and ophthalmology follow-up.

Operative Note 89:

Procedure: Colonoscopy with Mucosal Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected gastrointestinal tract involvement and inflammation

Anesthesia: Sedation (adjusted dosage based on patient age and condition)

Procedure: Colonoscopy performed to visualize and biopsy the colonic mucosa, aiding in the diagnosis and management of gastrointestinal inflammation

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Close monitoring of patient recovery, pain management, initiation of anti-inflammatory medications or other appropriate treatment, and gastroenterology follow-up.

Operative Note 90:

Procedure: Renal Biopsy

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected kidney involvement and inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Renal biopsy performed to obtain a tissue sample for pathological examination, confirming the presence of inflammation and aiding in the diagnosis and management of renal involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and nephrology follow-up.

Operative Note 91:

Procedure: Cardiac Catheterization

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected coronary artery involvement

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Cardiac catheterization performed to evaluate the severity of coronary artery involvement and assess the need for further intervention such as angioplasty or stenting

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Close monitoring of patient recovery, initiation of antiplatelet or anticoagulant therapy if necessary, and cardiology follow-up for further management.

Operative Note 92:

Procedure: Pulmonary Function Test

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected lung involvement and respiratory symptoms

Anesthesia: Not applicable

Procedure: Pulmonary function test performed to assess lung function and evaluate the severity of respiratory impairment

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Review and interpretation of test results, initiation of appropriate respiratory medications or interventions, and pulmonology follow-up for further management.

Operative Note 93:

Procedure: Echocardiogram

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected cardiac involvement and abnormal heart sounds

Anesthesia: Not applicable

Procedure: Echocardiogram performed to assess cardiac structure and function, evaluating the severity of cardiac involvement and guiding further management

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Review and interpretation of test results, initiation of appropriate cardiac medications or interventions, and cardiology follow-up for further management.

Operative Note 94:

Procedure: Laboratory Investigations

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with systemic involvement and nonspecific symptoms

Anesthesia: Not applicable

Procedure: Laboratory investigations performed to assess inflammatory markers, blood counts, and organ function, aiding in the diagnosis and severity assessment of the disease

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Review and interpretation of test results, initiation of appropriate medications or interventions based on the severity of the disease, and multidisciplinary follow-up for further management.

Operative Note 95:

Procedure: Imaging Studies (e.g., CT, MRI)

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected organ involvement (e.g., brain, gastrointestinal tract, kidneys)

Anesthesia: Not applicable

Procedure: Imaging studies performed to assess the extent and severity of organ involvement, aiding in the diagnosis, treatment planning, and follow-up of the disease

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Review and interpretation of imaging results, initiation of appropriate interventions based on the severity and organ involvement, and multidisciplinary follow-up for further management.

Operative Note 96:

Procedure: Rheumatology Consultation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with systemic symptoms and suspected autoimmune disease

Anesthesia: Not applicable

Procedure: Rheumatology consultation performed to evaluate the severity of the disease, assess organ involvement, and determine the appropriate treatment plan

Closure: N/A (consultation)

Complications: None

Postoperative care: Initiation of appropriate medications or interventions based on the severity and organ involvement, and rheumatology follow-up for further management.

Operative Note 97:

Procedure: Surgical Pathology Consultation

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with atypical clinical presentation or uncertain diagnosis

Anesthesia: Not applicable

Procedure: Surgical pathology consultation performed to review and interpret biopsy samples, aiding in the diagnosis, classification, and severity assessment of the disease

Closure: N/A (consultation)

Complications: None

Postoperative care: Review and interpretation of pathology results, initiation of appropriate medications or interventions based on the severity and organ involvement, and multidisciplinary follow-up for further management.

Operative Note 98:

Procedure: Genetic Testing

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected genetic predisposition or familial cases

Anesthesia: Not applicable

Procedure: Genetic testing performed to identify specific genetic mutations associated with the disease, aiding in the diagnosis, genetic counseling, and personalized management approach

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Review and interpretation of genetic test results, initiation of appropriate medications or interventions based on the severity and genetic profile, and genetic counseling and follow-up.

Operative Note 99:

Procedure: Consultation with Infectious Disease Specialist

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with suspected infectious trigger or complications

Anesthesia: Not applicable

Procedure: Consultation with an infectious disease specialist performed to evaluate the potential role of infectious agents, guide appropriate antimicrobial therapy, and manage infectious complications, if present

Closure: N/A (consultation)

Complications: None

Postoperative care: Initiation of appropriate antimicrobial therapy, management of infectious complications, and multidisciplinary follow-up for further management.

Operative Note 100:

Procedure: Psychological Assessment and Counseling

Indication: Mucocutaneous lymph node syndrome (Kawasaki) with psychological distress or behavioral changes

Anesthesia: Not applicable

Procedure: Psychological assessment and counseling performed to evaluate and address the psychological impact of the disease, support the patient and their family, and provide appropriate coping strategies

Closure: N/A (consultation)

Complications: None

Postoperative care: Regular psychological support and counseling sessions, multidisciplinary follow-up for ongoing support and management of psychological well-being.

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| M30.8 Other conditions related to polyarteritis nodosa Operative Note 1:  Procedure: Excisional Skin Biopsy  Indication: Other conditions related to polyarteritis nodosa with cutaneous involvement and suspected vasculitis  Anesthesia: Local anesthesia (standard dosage)  Procedure: Excisional skin biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of cutaneous vasculitis  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and dermatology follow-up for further management.  Operative Note 2:  Procedure: Angioplasty with Stenting  Indication: Other conditions related to polyarteritis nodosa with significant arterial stenosis or occlusion  Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)  Procedure: Angioplasty with stenting performed to restore blood flow and improve arterial patency in affected vessels, relieving ischemic symptoms and preventing further complications  Closure: N/A (endovascular procedure)  Complications: None  Postoperative care: Close monitoring of patient recovery, initiation of antiplatelet therapy, and vascular surgery follow-up for surveillance and ongoing management.  Operative Note 3:  Procedure: Renal Transplantation  Indication: Other conditions related to polyarteritis nodosa with end-stage renal disease and failed medical management  Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)  Procedure: Renal transplantation performed to replace the diseased kidneys with a healthy donor kidney, restoring renal function and improving overall health and quality of life  Closure: Suture closure, wound dressed  Complications: None  Postoperative care: Close monitoring of graft function, immunosuppressive therapy, and nephrology follow-up for post-transplant care and management.  Operative Note 4:  Procedure: Gastrointestinal Endoscopy with Biopsy  Indication: Other conditions related to polyarteritis nodosa with suspected gastrointestinal involvement and mucosal inflammation  Anesthesia: Sedation (adjusted dosage based on patient age and condition)  Procedure: Gastrointestinal endoscopy performed to visualize and assess the extent of gastrointestinal inflammation, obtaining biopsies if necessary for further evaluation and management  Closure: N/A (non-surgical procedure)  Complications: None  Postoperative care: Close monitoring of patient recovery, pain management, initiation of anti-inflammatory medications or other appropriate treatment, and gastroenterology follow-up.  Operative Note 5:  Procedure: Nerve Biopsy  Indication: Other conditions related to polyarteritis nodosa with suspected peripheral neuropathy or mononeuritis multiplex  Anesthesia: Local anesthesia (standard dosage)  Procedure: Nerve biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of peripheral neuropathy associated with polyarteritis nodosa  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and neurology follow-up for further management.  Operative Note 6:  Procedure: Pulmonary Function Test  Indication: Other conditions related to polyarteritis nodosa with suspected lung involvement and respiratory symptoms  Anesthesia: Not applicable  Procedure: Pulmonary function test performed to assess lung function and evaluate the severity of respiratory impairment associated with polyarteritis nodosa  Closure: N/A (non-surgical procedure)  Complications: None  Postoperative care: Review and interpretation of test results, initiation of appropriate respiratory medications or interventions, and pulmonology follow-up for further management.  Operative Note 7:  Procedure: Arthroscopy  Indication: Other conditions related to polyarteritis nodosa with suspected joint involvement and persistent joint symptoms  Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)  Procedure: Arthroscopy performed to visualize and assess joint inflammation, synovial tissue changes, and identify any associated joint pathology, guiding further treatment and management  Closure: Small incisions closed, dressing applied  Complications: None  Postoperative care: Close monitoring of joint recovery, pain management, initiation of anti-inflammatory medications or other appropriate treatment, and orthopedic or rheumatology follow-up.  Operative Note 8:  Procedure: Ophthalmic Examination and Fundoscopy  Indication: Other conditions related to polyarteritis nodosa with suspected ocular involvement and visual disturbances  Anesthesia: Not applicable  Procedure: Ophthalmic examination and fundoscopy performed to assess the extent of ocular involvement, identify any vasculitic changes or other abnormalities, and guide appropriate ophthalmologic management  Closure: N/A (non-surgical procedure)  Complications: None  Postoperative care: Review and interpretation of examination findings, initiation of appropriate ophthalmic medications or interventions, and ophthalmology follow-up for further management.  Operative Note 9:  Procedure: Temporal Artery Biopsy  Indication: Other conditions related to polyarteritis nodosa with suspected temporal artery involvement and signs of vasculitis  Anesthesia: Local anesthesia (standard dosage)  Procedure: Temporal artery biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of temporal artery vasculitis  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of immunosuppressive therapy if necessary, and rheumatology follow-up for further management.  Operative Note 10:  Procedure: Lymph Node Biopsy  Indication: Other conditions related to polyarteritis nodosa with enlarged lymph nodes and suspected lymphadenitis  Anesthesia: Local anesthesia (standard dosage)  Procedure: Lymph node biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of lymphadenitis associated with polyarteritis nodosa  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate medications or interventions based on the pathological findings, and multidisciplinary follow-up for further management.  Operative Note 11:  Procedure: Cardiac Catheterization  Indication: Other conditions related to polyarteritis nodosa with suspected cardiac involvement and symptoms of myocarditis  Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)  Procedure: Cardiac catheterization performed to assess coronary artery involvement, evaluate cardiac function, and guide the management of myocarditis associated with polyarteritis nodosa  Closure: N/A (endovascular procedure)  Complications: None  Postoperative care: Close monitoring of cardiac parameters, initiation of appropriate cardiac medications or interventions, and cardiology follow-up for further management.  Operative Note 12:  Procedure: Splenectomy  Indication: Other conditions related to polyarteritis nodosa with symptomatic splenic involvement and failed medical management  Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)  Procedure: Splenectomy performed to remove the diseased spleen, alleviating symptoms, and preventing further complications associated with splenic involvement in polyarteritis nodosa  Closure: Suture closure, wound dressed  Complications: None  Postoperative care: Close monitoring of patient recovery, initiation of appropriate vaccinations, and hematology follow-up for ongoing care and management.  Operative Note 13:  Procedure: Transbronchial Lung Biopsy  Indication: Other conditions related to polyarteritis nodosa with suspected pulmonary involvement and abnormal lung imaging findings  Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)  Procedure: Transbronchial lung biopsy performed to obtain lung tissue samples for pathological examination, aiding in the diagnosis and management of pulmonary vasculitis associated with polyarteritis nodosa  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate respiratory medications or interventions, and pulmonology follow-up for further management.  Operative Note 14:  Procedure: Liver Biopsy  Indication: Other conditions related to polyarteritis nodosa with suspected hepatic involvement and abnormal liver function tests  Anesthesia: Local anesthesia (standard dosage)  Procedure: Liver biopsy performed to obtain liver tissue samples for pathological examination, aiding in the diagnosis and management of hepatic vasculitis associated with polyarteritis nodosa  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate hepatic medications or interventions, and hepatology follow-up for further management.  Operative Note 15:  Procedure: Electromyography (EMG)  Indication: Other conditions related to polyarteritis nodosa with suspected peripheral nerve involvement and muscle weakness  Anesthesia: Not applicable  Procedure: Electromyography performed to assess nerve conduction and muscle activity, aiding in the diagnosis and management of peripheral neuropathy associated with polyarteritis nodosa  Closure: N/A (non-surgical procedure)  Complications: None  Postoperative care: Review and interpretation of test results, initiation of appropriate neurologic medications or interventions, and neurology follow-up for further management.  Operative Note 16:  Procedure: Bronchoscopy with Bronchoalveolar Lavage  Indication: Other conditions related to polyarteritis nodosa with suspected lung involvement and respiratory symptoms  Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)  Procedure: Bronchoscopy performed to visualize the airways and collect bronchoalveolar lavage samples for examination, aiding in the diagnosis and management of pulmonary vasculitis associated with polyarteritis nodosa  Closure: N/A (non-surgical procedure)  Complications: None  Postoperative care: Close monitoring of patient recovery, initiation of appropriate respiratory medications or interventions, and pulmonology follow-up for further management.  Operative Note 17:  Procedure: Skin Biopsy with Direct Immunofluorescence (DIF)  Indication: Other conditions related to polyarteritis nodosa with suspected cutaneous vasculitis  Anesthesia: Local anesthesia (standard dosage)  Procedure: Skin biopsy performed to obtain a tissue sample for pathological examination, along with direct immunofluorescence, aiding in the diagnosis and management of cutaneous vasculitis associated with polyarteritis nodosa  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate dermatologic medications or interventions, and dermatology follow-up for further management.  Operative Note 18:  Procedure: Abdominal Angiography  Indication: Other conditions related to polyarteritis nodosa with suspected abdominal artery involvement and symptoms of mesenteric ischemia  Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)  Procedure: Abdominal angiography performed to evaluate the extent of abdominal artery involvement, assess blood flow, and guide the management of mesenteric ischemia associated with polyarteritis nodosa  Closure: N/A (endovascular procedure)  Complications: None  Postoperative care: Close monitoring of abdominal symptoms, initiation of appropriate vascular or surgical interventions, and gastroenterology follow-up for further management.  Operative Note 19:  Procedure: Transesophageal Echocardiography (TEE)  Indication: Other conditions related to polyarteritis nodosa with suspected cardiac involvement and abnormal cardiac imaging findings  Anesthesia: Sedation (adjusted dosage based on patient age and condition)  Procedure: Transesophageal echocardiography performed to assess cardiac structure and function, evaluate for any cardiac abnormalities, and guide the management of cardiac involvement associated with polyarteritis nodosa  Closure: N/A (non-surgical procedure)  Complications: None  Postoperative care: Review and interpretation of echocardiography findings, initiation of appropriate cardiac medications or interventions, and cardiology follow-up for further management.  Operative Note 20:  Procedure: Muscle Biopsy  Indication: Other conditions related to polyarteritis nodosa with suspected myopathy and muscle weakness  Anesthesia: Local anesthesia (standard dosage)  Procedure: Muscle biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of myopathy associated with polyarteritis nodosa  Closure: Incision closed, wound dressed  Complications: None  Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate neurologic medications or interventions, and neurology follow-up for further management. |

Operative Note 21:

Procedure: Renal Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected renal involvement and abnormal renal function tests

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Renal biopsy performed to obtain kidney tissue samples for pathological examination, aiding in the diagnosis and management of renal vasculitis associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate renal medications or interventions, and nephrology follow-up for further management.

Operative Note 22:

Procedure: Gastrointestinal Endoscopy

Indication: Other conditions related to polyarteritis nodosa with suspected gastrointestinal involvement and gastrointestinal symptoms

Anesthesia: Moderate sedation (adjusted dosage based on patient age and condition)

Procedure: Gastrointestinal endoscopy performed to visualize the gastrointestinal tract, identify any abnormalities or vasculitic changes, and guide the management of gastrointestinal involvement associated with polyarteritis nodosa

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Review and interpretation of endoscopy findings, initiation of appropriate gastroenterologic medications or interventions, and gastroenterology follow-up for further management.

Operative Note 23:

Procedure: Nerve Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected peripheral neuropathy and nerve involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nerve biopsy performed to obtain a nerve tissue sample for pathological examination, aiding in the diagnosis and management of peripheral neuropathy associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate neurologic medications or interventions, and neurology follow-up for further management.

Operative Note 24:

Procedure: Joint Replacement Surgery

Indication: Other conditions related to polyarteritis nodosa with severe joint destruction and failed conservative management

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint replacement surgery performed to remove the diseased joint and replace it with a prosthetic joint, restoring function and relieving pain in polyarteritis nodosa patients with severe joint involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of joint recovery, pain management, initiation of appropriate rehabilitation, and orthopedic follow-up for further management.

Operative Note 25:

Procedure: Central Nervous System Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected central nervous system involvement and neurological symptoms

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Central nervous system biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of central nervous system vasculitis associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate neurologic medications or interventions, and neurology follow-up for further management.

Operative Note 26:

Procedure: Salivary Gland Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected salivary gland involvement and symptoms of salivary gland dysfunction

Anesthesia: Local anesthesia (standard dosage)

Procedure: Salivary gland biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of salivary gland vasculitis associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic medications or interventions, and rheumatology follow-up for further management.

Operative Note 27:

Procedure: Ophthalmic Examination with Retinal Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected ocular involvement and abnormal retinal findings

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Ophthalmic examination with retinal biopsy performed to evaluate ocular manifestations, obtain retinal tissue samples for pathological examination, and guide the management of ocular vasculitis associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, initiation of appropriate ophthalmic medications or interventions, and ophthalmology follow-up for further management.

Operative Note 28:

Procedure: Lymph Node Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected lymph node involvement and abnormal lymph node imaging findings

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of lymph node vasculitis associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic medications or interventions, and rheumatology follow-up for further management.

Operative Note 29:

Procedure: Temporal Artery Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected temporal artery involvement and clinical signs of temporal arteritis

Anesthesia: Local anesthesia (standard dosage)

Procedure: Temporal artery biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of temporal artery vasculitis associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic medications or interventions, and rheumatology follow-up for further management.

Operative Note 30:

Procedure: Mesenteric Angiography

Indication: Other conditions related to polyarteritis nodosa with suspected mesenteric artery involvement and symptoms of mesenteric ischemia

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Mesenteric angiography performed to evaluate the extent of mesenteric artery involvement, assess blood flow, and guide the management of mesenteric ischemia associated with polyarteritis nodosa

Closure: N/A (endovascular procedure)

Complications: None

Postoperative care: Close monitoring of abdominal symptoms, initiation of appropriate vascular or surgical interventions, and gastroenterology follow-up for further management.

Operative Note 31:

Procedure: Bone Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected bone involvement and abnormal bone imaging findings suggestive of erosion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of bone erosion associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic medications or interventions, and rheumatology follow-up for further management.

Operative Note 32:

Procedure: Joint Arthroscopy

Indication: Other conditions related to polyarteritis nodosa with suspected joint involvement and persistent joint pain with no improvement with conservative management

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint arthroscopy performed to visualize the joint, assess the extent of joint damage, and guide the management of joint involvement associated with polyarteritis nodosa

Closure: Incisions closed, wound dressed

Complications: None

Postoperative care: Close monitoring of joint recovery, pain management, initiation of appropriate rheumatologic medications or interventions, and orthopedic follow-up for further management.

Operative Note 33:

Procedure: Spinal Fusion Surgery

Indication: Other conditions related to polyarteritis nodosa with spinal involvement and severe spinal instability or deformity

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Spinal fusion surgery performed to stabilize the spine, correct deformities, and alleviate symptoms associated with spinal involvement in polyarteritis nodosa

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of spinal fusion healing, pain management, initiation of appropriate rehabilitation, and orthopedic follow-up for further management.

Operative Note 34:

Procedure: Mandibular Reconstruction

Indication: Other conditions related to polyarteritis nodosa with mandibular involvement and severe mandibular bone erosion

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Mandibular reconstruction performed to restore mandibular function and aesthetics in polyarteritis nodosa patients with severe mandibular bone erosion

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of mandibular reconstruction healing, pain management, initiation of appropriate maxillofacial interventions, and oral and maxillofacial surgery follow-up for further management.

Operative Note 35:

Procedure: Bone Grafting

Indication: Other conditions related to polyarteritis nodosa with bone erosion and segmental bone defects

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone grafting performed to fill bone defects and promote bone healing in polyarteritis nodosa patients with severe bone erosion and segmental defects

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of bone graft healing, pain management, initiation of appropriate rheumatologic medications or interventions, and orthopedic follow-up for further management.

Operative Note 36:

Procedure: Maxillary Sinus Augmentation

Indication: Other conditions related to polyarteritis nodosa with maxillary sinus involvement and significant bone resorption

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Maxillary sinus augmentation performed to restore bone volume in the maxillary sinus area in polyarteritis nodosa patients with severe bone resorption

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of sinus augmentation healing, pain management, initiation of appropriate maxillofacial interventions, and oral and maxillofacial surgery follow-up for further management.

Operative Note 37:

Procedure: Bone Debridement and Soft Tissue Reconstruction

Indication: Other conditions related to polyarteritis nodosa with bone erosion and associated soft tissue involvement, such as ulcers or necrosis

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone debridement and soft tissue reconstruction performed to remove necrotic bone and reconstruct the affected area in polyarteritis nodosa patients with bone erosion and associated soft tissue complications

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of appropriate rheumatologic medications or interventions, and plastic surgery follow-up for further management.

Operative Note 38:

Procedure: Bone Resection and Stabilization

Indication: Other conditions related to polyarteritis nodosa with bone involvement and pathological fractures

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone resection and stabilization performed to remove the diseased bone and stabilize the affected area in polyarteritis nodosa patients with bone involvement and pathological fractures

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of appropriate orthopedic interventions, and orthopedic follow-up for further management.

Operative Note 39:

Procedure: Bone Tumor Resection and Reconstruction

Indication: Other conditions related to polyarteritis nodosa with bone involvement and suspected bone tumors

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone tumor resection and reconstruction performed to remove the bone tumor and reconstruct the affected area in polyarteritis nodosa patients with bone involvement and suspected bone tumors

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of tumor resection healing, pain management, initiation of appropriate oncologic interventions, and orthopedic oncology follow-up for further management.

Operative Note 40:

Procedure: Bone Marrow Biopsy

Indication: Other conditions related to polyarteritis nodosa with suspected bone marrow involvement and abnormal hematological findings

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow biopsy performed to obtain a bone marrow sample for pathological examination, aiding in the diagnosis and management of bone marrow involvement associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic medications or interventions, and rheumatology or hematology follow-up for further management.

Operative Note 41:

Procedure: Percutaneous Vertebroplasty

Indication: Other conditions related to polyarteritis nodosa with severe bone pain in the vertebral column and vertebral compression fractures

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Percutaneous vertebroplasty performed to relieve severe vertebral pain and stabilize vertebral fractures in polyarteritis nodosa patients with severe bone pain in the vertebral column

Closure: N/A (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain relief, initiation of appropriate analgesic medications or interventions, and orthopedic follow-up for further management.

Operative Note 42:

Procedure: Bone Decompression

Indication: Other conditions related to polyarteritis nodosa with severe bone pain and evidence of bone compression or impingement on adjacent structures

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone decompression performed to alleviate severe bone pain and relieve compression or impingement on adjacent structures in polyarteritis nodosa patients with bone involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of pain relief, pain management, initiation of appropriate rheumatologic medications or interventions, and orthopedic follow-up for further management.

Operative Note 43:

Procedure: Radiofrequency Ablation of Bone Nerves

Indication: Other conditions related to polyarteritis nodosa with severe bone pain unresponsive to conservative management

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Radiofrequency ablation of bone nerves performed to disrupt pain signals and provide long-term relief of severe bone pain in polyarteritis nodosa patients

Closure: N/A (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain relief, initiation of appropriate analgesic medications or interventions, and pain management follow-up for further management.

Operative Note 44:

Procedure: Bone Stabilization and Fixation

Indication: Other conditions related to polyarteritis nodosa with severe bone pain and pathological fractures requiring stabilization

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone stabilization and fixation performed to stabilize pathological fractures and alleviate severe bone pain in polyarteritis nodosa patients with bone involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of bone healing, pain management, initiation of appropriate orthopedic interventions, and orthopedic follow-up for further management.

Operative Note 45:

Procedure: Joint Replacement Surgery

Indication: Other conditions related to polyarteritis nodosa with severe bone pain and joint destruction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint replacement surgery performed to alleviate severe bone pain and restore joint function in polyarteritis nodosa patients with joint destruction and severe bone pain

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of joint recovery, pain management, initiation of appropriate rehabilitation, and orthopedic follow-up for further management.

Operative Note 46:

Procedure: Bone Cryoablation

Indication: Other conditions related to polyarteritis nodosa with severe bone pain and localized bone lesions

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Bone cryoablation performed to freeze and destroy localized bone lesions, providing relief from severe bone pain in polyarteritis nodosa patients

Closure: N/A (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain relief, initiation of appropriate analgesic medications or interventions, and orthopedic follow-up for further management.

Operative Note 47:

Procedure: Percutaneous Bone Biopsy

Indication: Other conditions related to polyarteritis nodosa with severe bone pain and suspected bone infection or malignancy

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous bone biopsy performed to obtain a bone tissue sample for pathological examination, aiding in the diagnosis and management of severe bone pain associated with polyarteritis nodosa

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic interventions, and orthopedic or oncology follow-up for further management.

Operative Note 48:

Procedure: Bone Denervation

Indication: Other conditions related to polyarteritis nodosa with severe bone pain unresponsive to conservative management

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Bone denervation performed to interrupt pain signals and provide long-term relief of severe bone pain in polyarteritis nodosa patients

Closure: N/A (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain relief, initiation of appropriate analgesic medications or interventions, and pain management follow-up for further management.

Operative Note 49:

Procedure: Bone Resection

Indication: Other conditions related to polyarteritis nodosa with severe bone pain and localized bone lesions

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Bone resection performed to remove localized bone lesions and alleviate severe bone pain in polyarteritis nodosa patients

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of pain relief, pain management, initiation of appropriate rheumatologic medications or interventions, and orthopedic follow-up for further management.

Operative Note 50:

Procedure: Nerve Block of Bone Nerves

Indication: Other conditions related to polyarteritis nodosa with severe bone pain unresponsive to conservative management

Anesthesia: Local anesthesia with sedation (adjusted dosage based on patient age and condition)

Procedure: Nerve block of bone nerves performed to block pain signals and provide temporary relief of severe bone pain in polyarteritis nodosa patients

Closure: N/A (minimally invasive procedure)

Complications: None

Postoperative care: Close monitoring of pain relief, initiation of appropriate analgesic medications or interventions, and pain management follow-up for further management.

Operative Note 51:

Procedure: Arterial Bypass Surgery

Indication: Other conditions related to polyarteritis nodosa with severe arterial involvement and compromised blood flow

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Arterial bypass surgery performed to bypass the affected arteries and restore proper blood flow in polyarteritis nodosa patients with severe arterial involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of graft function, pain management, initiation of appropriate rheumatologic interventions, and vascular surgery follow-up for further management.

Operative Note 52:

Procedure: Surgical Debridement and Wound Closure

Indication: Other conditions related to polyarteritis nodosa with severe skin ulcers or necrosis

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Surgical debridement performed to remove necrotic tissue and promote wound healing in polyarteritis nodosa patients with severe skin ulcers or necrosis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of appropriate rheumatologic medications or interventions, and plastic surgery follow-up for further management.

Operative Note 53:

Procedure: Lymph Node Biopsy

Indication: Other conditions related to polyarteritis nodosa with enlarged lymph nodes and suspected lymph node involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of polyarteritis nodosa with lymph node involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic interventions, and rheumatology follow-up for further management.

Operative Note 54:

Procedure: Thoracic Sympathectomy

Indication: Other conditions related to polyarteritis nodosa with severe pain and vasospasm in the upper extremities

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Thoracic sympathectomy performed to interrupt sympathetic nerve signals and alleviate pain and vasospasm in the upper extremities of polyarteritis nodosa patients

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of pain relief, pain management, initiation of appropriate rheumatologic medications or interventions, and vascular surgery follow-up for further management.

Operative Note 55:

Procedure: Sinus Surgery

Indication: Other conditions related to polyarteritis nodosa with severe sinus involvement and chronic sinusitis

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Sinus surgery performed to alleviate severe sinus involvement and chronic sinusitis in polyarteritis nodosa patients

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of sinus healing, pain management, initiation of appropriate rheumatologic interventions, and otolaryngology follow-up for further management.

Operative Note 56:

Procedure: Surgical Repair of Vascular Aneurysm

Indication: Other conditions related to polyarteritis nodosa with vascular aneurysm and risk of rupture

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Surgical repair of vascular aneurysm performed to prevent rupture and restore proper vascular function in polyarteritis nodosa patients with vascular aneurysm

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of graft function, pain management, initiation of appropriate rheumatologic interventions, and vascular surgery follow-up for further management.

Operative Note 57:

Procedure: Surgical Drainage and Abscess Excision

Indication: Other conditions related to polyarteritis nodosa with abscess formation

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Surgical drainage and abscess excision performed to treat abscesses and promote healing in polyarteritis nodosa patients with abscess formation

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of appropriate rheumatologic medications or interventions, and surgical follow-up for further management.

Operative Note 58:

Procedure: Tendon Release Surgery

Indication: Other conditions related to polyarteritis nodosa with tendon involvement and contractures

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Tendon release surgery performed to release tight or contracted tendons and improve joint mobility in polyarteritis nodosa patients with tendon involvement and contractures

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of tendon healing, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 59:

Procedure: Percutaneous Biopsy of Organ

Indication: Other conditions related to polyarteritis nodosa with suspected organ involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous biopsy of organ performed to obtain a tissue sample for pathological examination, aiding in the diagnosis and management of polyarteritis nodosa with organ involvement

Closure: Incision closed, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic interventions, and specialist follow-up for further management.

Operative Note 60:

Procedure: Excision of Skin Lesions

Indication: Other conditions related to polyarteritis nodosa with skin involvement and troublesome skin lesions

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excision of skin lesions performed to remove troublesome skin lesions and promote healing in polyarteritis nodosa patients with skin involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of appropriate rheumatologic medications or interventions, and dermatology follow-up for further management.

Operative Note 61:

Procedure: Joint Synovectomy

Indication: Other conditions related to polyarteritis nodosa with synovial inflammation and joint pain

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint synovectomy performed to remove inflamed synovial tissue and alleviate joint pain in polyarteritis nodosa patients with synovial inflammation

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of joint function, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 62:

Procedure: Surgical Repair of Aortic Aneurysm

Indication: Other conditions related to polyarteritis nodosa with aortic aneurysm and risk of rupture

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Surgical repair of aortic aneurysm performed to prevent rupture and restore proper vascular function in polyarteritis nodosa patients with aortic aneurysm

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of graft function, pain management, initiation of appropriate rheumatologic interventions, and vascular surgery follow-up for further management.

Operative Note 63:

Procedure: Pericardial Window Surgery

Indication: Other conditions related to polyarteritis nodosa with pericardial effusion or tamponade

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Pericardial window surgery performed to create a drainage pathway for pericardial fluid and relieve pericardial effusion or tamponade in polyarteritis nodosa patients

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of pericardial fluid drainage, pain management, initiation of appropriate rheumatologic interventions, and cardiac surgery follow-up for further management.

Operative Note 64:

Procedure: Surgical Repair of Pulmonary Artery Aneurysm

Indication: Other conditions related to polyarteritis nodosa with pulmonary artery aneurysm and risk of rupture

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Surgical repair of pulmonary artery aneurysm performed to prevent rupture and restore proper vascular function in polyarteritis nodosa patients with pulmonary artery aneurysm

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of graft function, pain management, initiation of appropriate rheumatologic interventions, and cardiothoracic surgery follow-up for further management.

Operative Note 65:

Procedure: Ovarian Cystectomy

Indication: Other conditions related to polyarteritis nodosa with ovarian cysts causing pain or complications

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Ovarian cystectomy performed to remove ovarian cysts and alleviate pain or complications in polyarteritis nodosa patients

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of ovarian function, pain management, initiation of appropriate rheumatologic interventions, and gynecology follow-up for further management.

Operative Note 66:

Procedure: Surgical Repair of Intestinal Perforation

Indication: Other conditions related to polyarteritis nodosa with intestinal perforation and peritonitis

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Surgical repair of intestinal perforation performed to repair the perforation and treat peritonitis in polyarteritis nodosa patients

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of bowel function, pain management, initiation of appropriate rheumatologic interventions, and general surgery follow-up for further management.

Operative Note 67:

Procedure: Nerve Decompression Surgery

Indication: Other conditions related to polyarteritis nodosa with nerve compression and neuropathic pain

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Nerve decompression surgery performed to relieve nerve compression and alleviate neuropathic pain in polyarteritis nodosa patients

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of nerve function, pain management, initiation of appropriate rheumatologic interventions, and neurosurgery follow-up for further management.

Operative Note 68:

Procedure: Pancreatic Resection

Indication: Other conditions related to polyarteritis nodosa with pancreatic involvement and complications

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Pancreatic resection performed to remove the affected part of the pancreas and treat complications in polyarteritis nodosa patients with pancreatic involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of pancreatic function, pain management, initiation of appropriate rheumatologic interventions, and surgical follow-up for further management.

Operative Note 69:

Procedure: Hepatic Resection

Indication: Other conditions related to polyarteritis nodosa with hepatic involvement and complications

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Hepatic resection performed to remove the affected part of the liver and treat complications in polyarteritis nodosa patients with hepatic involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of liver function, pain management, initiation of appropriate rheumatologic interventions, and hepatology follow-up for further management.

Operative Note 70:

Procedure: Ocular Surgery (e.g., Vitrectomy)

Indication: Other conditions related to polyarteritis nodosa with ocular involvement and complications

Anesthesia: Local anesthesia (standard dosage)

Procedure: Ocular surgery (e.g., vitrectomy) performed to treat ocular complications in polyarteritis nodosa patients with ocular involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of ocular healing, pain management, initiation of appropriate rheumatologic interventions, and ophthalmology follow-up for further management.

Operative Note 71:

Procedure: Surgical Debridement and Joint Irrigation

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Surgical debridement and joint irrigation performed to remove infected tissue and cleanse the joint in polyarteritis nodosa patients with severe infection on the extreme moving joint

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of wound healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 72:

Procedure: Arthroscopic Joint Washout and Drainage

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Arthroscopic joint washout and drainage performed to clean the infected joint and promote healing in polyarteritis nodosa patients with severe infection on the extreme moving joint

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of joint function, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 73:

Procedure: Joint Exploratory Surgery

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint exploratory surgery performed to assess the extent of infection and determine the appropriate course of treatment in polyarteritis nodosa patients with severe infection on the extreme moving joint

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of wound healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 74:

Procedure: Joint Fusion Surgery

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint and joint destruction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint fusion surgery performed to stabilize the joint and alleviate pain in polyarteritis nodosa patients with severe infection on the extreme moving joint and joint destruction

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of fusion site healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 75:

Procedure: Amputation of Infected Extremity

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint and irreversible tissue damage

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Amputation of the infected extremity performed to remove the source of infection and prevent its spread in polyarteritis nodosa patients with severe infection on the extreme moving joint and irreversible tissue damage

Closure: Surgical closure or stump formation

Complications: None  
Postoperative care: Close monitoring of wound healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and prosthetic or rehabilitation follow-up for further management.

Operative Note 76:

Procedure: Joint Resurfacing Surgery

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint and joint surface damage

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint resurfacing surgery performed to restore joint function and alleviate pain in polyarteritis nodosa patients with severe infection on the extreme moving joint and joint surface damage

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of joint function and resurfacing site healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 77:

Procedure: Joint Arthrodesis Surgery

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint and joint instability

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint arthrodesis surgery performed to fuse the joint and provide stability and pain relief in polyarteritis nodosa patients with severe infection on the extreme moving joint and joint instability

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of fusion site healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 78:

Procedure: Joint Replacement Surgery

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint and joint destruction

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint replacement surgery performed to replace the damaged joint with an artificial joint in polyarteritis nodosa patients with severe infection on the extreme moving joint and joint destruction

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of joint function and prosthesis stability, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 79:

Procedure: Abscess Drainage

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint and abscess formation

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Abscess drainage performed to evacuate the infected fluid and promote healing in polyarteritis nodosa patients with severe infection on the extreme moving joint and abscess formation

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of wound healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 80:

Procedure: Soft Tissue Debridement and Reconstruction

Indication: Other conditions related to polyarteritis nodosa with severe infection on the extreme moving joint and soft tissue involvement

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Soft tissue debridement and reconstruction performed to remove infected tissue and restore proper tissue integrity in polyarteritis nodosa patients with severe infection on the extreme moving joint and soft tissue involvement

Closure: Suture closure, wound dressed

Complications: None  
Postoperative care: Close monitoring of wound healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and plastic surgery follow-up for further management.

Operative Note 81:

Procedure: Synovectomy

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and synovial involvement

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Synovectomy performed to remove inflamed synovial tissue and alleviate symptoms in polyarteritis nodosa patients with variation in inflammation and synovial involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of joint function, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 82:

Procedure: Biopsy of Inflamed Tissue

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and involvement of specific tissue

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy of the inflamed tissue performed to obtain a tissue sample for further evaluation in polyarteritis nodosa patients with variation in inflammation and involvement of specific tissue

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic interventions, and pathology follow-up for further management.

Operative Note 83:

Procedure: Drainage of Abscess

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and abscess formation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Drainage of the abscess performed to remove infected fluid and promote healing in polyarteritis nodosa patients with variation in inflammation and abscess formation

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, administration of appropriate antibiotics, pain management, initiation of appropriate rheumatologic interventions, and surgical follow-up for further management.

Operative Note 84:

Procedure: Debridement and Skin Grafting

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and skin involvement

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Debridement of the affected skin and subsequent skin grafting performed to remove necrotic tissue and promote wound healing in polyarteritis nodosa patients with variation in inflammation and skin involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of graft site healing, pain management, initiation of appropriate rheumatologic interventions, and plastic surgery follow-up for further management.

Operative Note 85:

Procedure: Tendon Release Surgery

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and tendon involvement

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Tendon release surgery performed to alleviate tendon inflammation and restore proper joint function in polyarteritis nodosa patients with variation in inflammation and tendon involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of tendon function, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 86:

Procedure: Lymph Node Biopsy

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and lymph node involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain a tissue sample for further evaluation in polyarteritis nodosa patients with variation in inflammation and lymph node involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic interventions, and pathology follow-up for further management.

Operative Note 87:

Procedure: Excision of Cutaneous Lesion

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and cutaneous lesion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excision of the cutaneous lesion performed to remove the affected tissue and promote wound healing in polyarteritis nodosa patients with variation in inflammation and cutaneous lesion

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of wound healing, pain management, initiation of appropriate rheumatologic interventions, and dermatology follow-up for further management.

Operative Note 88:

Procedure: Joint Drainage

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and joint effusion

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Joint drainage performed to remove excess fluid and relieve symptoms in polyarteritis nodosa patients with variation in inflammation and joint effusion

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of joint function, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 89:

Procedure: Tenosynovectomy

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and tenosynovial involvement

Anesthesia: Regional anesthesia (adjusted dosage based on patient age and condition)

Procedure: Tenosynovectomy performed to remove inflamed synovial tissue around the tendons and improve tendon function in polyarteritis nodosa patients with variation in inflammation and tenosynovial involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of tendon function, pain management, initiation of appropriate rheumatologic interventions, and orthopedic follow-up for further management.

Operative Note 90:

Procedure: Biopsy of Vascular Lesion

Indication: Other conditions related to polyarteritis nodosa with variation in inflammation and vascular lesion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy of the vascular lesion performed to obtain a tissue sample for further evaluation in polyarteritis nodosa patients with variation in inflammation and vascular lesion

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Close monitoring of biopsy site healing, pain management, initiation of appropriate rheumatologic interventions, and pathology follow-up for further management.

Operative Note 91:

Procedure: Medical Management Consultation

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Medical management consultation performed to assess the severity of the diagnosis, develop a treatment plan, and determine the required follow-up based on the individual patient's condition

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate pharmacological treatment, close monitoring of symptoms and disease progression, and regular follow-up appointments as per the severity of the diagnosis.

Operative Note 92:

Procedure: Referral for Rheumatology Consultation

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Referral for rheumatology consultation performed to evaluate the severity of the diagnosis, confirm the treatment plan, and establish a follow-up schedule based on the patient's specific condition

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate rheumatologic interventions, close monitoring of disease activity, and follow-up visits as determined by the severity of the diagnosis.

Operative Note 93:

Procedure: Surgical Intervention Planning

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Surgical intervention planning performed to assess the severity of the diagnosis, determine the need for surgical intervention, and establish a follow-up protocol based on the patient's individual condition

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate medical and/or surgical interventions, close monitoring of disease progression, and scheduled follow-up visits depending on the severity of the diagnosis and surgical intervention required.

Operative Note 94:

Procedure: Imaging and Diagnostic Tests

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Imaging and diagnostic tests performed to evaluate the severity of the diagnosis, identify affected areas, and guide further treatment decisions and follow-up plans

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of imaging and diagnostic results, initiation of appropriate treatment interventions, and follow-up appointments as per the severity of the diagnosis and test findings.

Operative Note 95:

Procedure: Rehabilitation Assessment

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Rehabilitation assessment performed to evaluate the functional limitations caused by the diagnosis, develop an individualized rehabilitation plan, and establish follow-up sessions based on the severity of the condition

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate rehabilitation interventions, close monitoring of progress, and scheduled follow-up sessions depending on the severity of the diagnosis and rehabilitation needs.

Operative Note 96:

Procedure: Palliative Care Consultation

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Palliative care consultation performed to assess the severity of the diagnosis, address symptom management, and establish a follow-up plan to provide ongoing support and comfort based on the patient's condition

Closure: Not applicable

Complications: None

Postoperative care: Implementation of palliative care interventions, regular evaluation of symptom control, and scheduled follow-up visits as determined by the severity of the diagnosis and palliative care requirements.

Operative Note 97:

Procedure: Psychological Evaluation

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Psychological evaluation performed to assess the impact of the diagnosis on the patient's mental health, develop coping strategies, and determine the need for ongoing psychological support based on the severity of the condition

Closure: Not applicable

Complications: None

Postoperative care: Implementation of appropriate psychological interventions, regular monitoring of mental well-being, and scheduled follow-up appointments as per the severity of the diagnosis and psychological evaluation findings.

Operative Note 98:

Procedure: Genetic Counseling

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Genetic counseling performed to assess the genetic implications of the diagnosis, provide information about potential risks, and establish a follow-up plan based on the severity of the condition and genetic counseling outcomes

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate genetic testing, counseling on reproductive options if applicable, and scheduled follow-up visits as per the severity of the diagnosis and genetic counseling recommendations.

Operative Note 99:

Procedure: Social Services Consultation

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Social services consultation performed to assess the patient's social and economic situation, provide support and resources, and establish a follow-up plan based on the severity of the diagnosis and the patient's specific needs

Closure: Not applicable

Complications: None

Postoperative care: Implementation of social services interventions, regular assessment of social support systems, and scheduled follow-up appointments as per the severity of the diagnosis and social services recommendations.

Operative Note 100:

Procedure: Multidisciplinary Team Meeting

Indication: Other conditions related to polyarteritis nodosa with varying severity of diagnosis

Anesthesia: Not applicable

Procedure: Multidisciplinary team meeting conducted to discuss the severity of the diagnosis, review treatment options, coordinate care, and establish a comprehensive follow-up plan based on the patient's condition and the expertise of each healthcare professional involved

Closure: Not applicable

Complications: None

Postoperative care: Initiation of collaborative treatment interventions, regular communication among the healthcare team members, and scheduled follow-up meetings depending on the severity of the diagnosis and multidisciplinary recommendations.

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| M31 Other necrotizing vasculopathies |

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| M31.0 Hypersensitivity angiitis |

Operative Note 1:

Procedure: Skin Biopsy

Indication: Hypersensitivity angiitis with cutaneous involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a tissue sample from the affected area for histopathological examination and confirmation of hypersensitivity angiitis with cutaneous involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and dermatology follow-up for further management.

Operative Note 2:

Procedure: Renal Biopsy

Indication: Hypersensitivity angiitis with renal involvement

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Renal biopsy performed to obtain a tissue sample from the kidney for histopathological examination and confirmation of hypersensitivity angiitis with renal involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of renal function, pain management, initiation of appropriate immunosuppressive therapy, and nephrology follow-up for further management.

Operative Note 3:

Procedure: Pulmonary Function Testing

Indication: Hypersensitivity angiitis with pulmonary involvement

Anesthesia: Not applicable

Procedure: Pulmonary function testing performed to assess lung function and confirm the presence of pulmonary involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of pulmonary function test results, initiation of appropriate respiratory interventions, and pulmonology follow-up for further management.

Operative Note 4:

Procedure: Ophthalmologic Examination

Indication: Hypersensitivity angiitis with ocular involvement

Anesthesia: Not applicable

Procedure: Ophthalmologic examination performed to evaluate ocular manifestations, identify any complications, and determine the extent of ocular involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate ophthalmic interventions, close monitoring of ocular symptoms, and ophthalmology follow-up for further management.

Operative Note 5:

Procedure: Joint Aspiration

Indication: Hypersensitivity angiitis with joint involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint aspiration performed to obtain synovial fluid for analysis, evaluation of joint inflammation, and confirmation of joint involvement in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of joint function, pain management, initiation of appropriate immunosuppressive therapy, and rheumatology follow-up for further management.

Operative Note 6:

Procedure: Gastrointestinal Endoscopy

Indication: Hypersensitivity angiitis with gastrointestinal involvement

Anesthesia: Conscious sedation (adjusted dosage based on patient age and condition)

Procedure: Gastrointestinal endoscopy performed to evaluate the gastrointestinal tract for signs of inflammation, ulceration, or other abnormalities in hypersensitivity angiitis with gastrointestinal involvement

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of endoscopic findings, initiation of appropriate gastroenterological interventions, and gastroenterology follow-up for further management.

Operative Note 7:

Procedure: Nerve Conduction Study

Indication: Hypersensitivity angiitis with peripheral neuropathy

Anesthesia: Not applicable

Procedure: Nerve conduction study performed to assess nerve function, identify peripheral neuropathy, and confirm its association with hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of nerve conduction study results, initiation of appropriate neurology interventions, and neurology follow-up for further management.

Operative Note 8:

Procedure: Cardiac Evaluation

Indication: Hypersensitivity angiitis with cardiac involvement

Anesthesia: Not applicable

Procedure: Cardiac evaluation performed to assess cardiac function, identify any abnormalities, and confirm cardiac involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate cardiology interventions, close monitoring of cardiac symptoms, and cardiology follow-up for further management.

Operative Note 9:

Procedure: Laboratory Testing

Indication: Hypersensitivity angiitis with systemic involvement

Anesthesia: Not applicable

Procedure: Laboratory testing performed to evaluate inflammatory markers, autoantibodies, and other blood parameters to confirm the diagnosis and assess the extent of systemic involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of laboratory results, initiation of appropriate systemic interventions, and internal medicine follow-up for further management.

Operative Note 10:

Procedure: Biopsy of Peripheral Nerve

Indication: Hypersensitivity angiitis with peripheral neuropathy

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy of peripheral nerve performed to obtain a tissue sample for histopathological examination and confirmation of peripheral nerve involvement in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and neurology follow-up for further management.

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Operative Note 11:

Procedure: Bronchoscopy

Indication: Hypersensitivity angiitis with respiratory involvement

Anesthesia: Conscious sedation (adjusted dosage based on patient age and condition)

Procedure: Bronchoscopy performed to visualize the airways, collect samples for biopsy or culture, and assess the extent of respiratory involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of bronchoscopy findings, initiation of appropriate respiratory interventions, and pulmonology follow-up for further management.

Operative Note 12:

Procedure: Abdominal CT Scan

Indication: Hypersensitivity angiitis with abdominal involvement

Anesthesia: Not applicable

Procedure: Abdominal CT scan performed to evaluate the abdomen for signs of inflammation, organ involvement, or other abnormalities in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of CT scan results, initiation of appropriate gastroenterological interventions, and radiology follow-up for further management.

Operative Note 13:

Procedure: Arthroscopy

Indication: Hypersensitivity angiitis with joint involvement

Anesthesia: General anesthesia (adjusted dosage based on patient age and condition)

Procedure: Arthroscopy performed to visualize and assess the joint, remove inflamed tissues or debris, and provide symptomatic relief in hypersensitivity angiitis with joint involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Rehabilitation exercises, pain management, initiation of appropriate immunosuppressive therapy, and orthopedic follow-up for further management.

Operative Note 14:

Procedure: Temporal Artery Biopsy

Indication: Hypersensitivity angiitis with temporal artery involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Temporal artery biopsy performed to obtain a tissue sample from the temporal artery for histopathological examination and confirmation of temporal artery involvement in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and rheumatology follow-up for further management.

Operative Note 15:

Procedure: Pleural Fluid Analysis

Indication: Hypersensitivity angiitis with pleural involvement

Anesthesia: Not applicable

Procedure: Pleural fluid analysis performed to evaluate the pleural fluid for signs of inflammation, infection, or other abnormalities in hypersensitivity angiitis with pleural involvement

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of pleural fluid analysis results, initiation of appropriate respiratory interventions, and pulmonology follow-up for further management.

Operative Note 16:

Procedure: Audiometry

Indication: Hypersensitivity angiitis with ear involvement

Anesthesia: Not applicable

Procedure: Audiometry performed to assess hearing function, identify any hearing loss or abnormalities, and confirm ear involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate otolaryngology interventions, close monitoring of auditory symptoms, and otolaryngology follow-up for further management.

Operative Note 17:

Procedure: Imaging of Central Nervous System (CNS)

Indication: Hypersensitivity angiitis with CNS involvement

Anesthesia: Not applicable

Procedure: Imaging of the CNS (such as MRI or CT scan) performed to evaluate the brain and spinal cord for signs of inflammation, vasculitis, or other abnormalities in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of imaging findings, initiation of appropriate neurology interventions, and neurology follow-up for further management.

Operative Note 18:

Procedure: Skin Punch Biopsy

Indication: Hypersensitivity angiitis with cutaneous involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin punch biopsy performed to obtain a deeper tissue sample from the affected area for histopathological examination and confirmation of hypersensitivity angiitis with cutaneous involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and dermatology follow-up for further management.

Operative Note 19:

Procedure: Lymph Node Biopsy

Indication: Hypersensitivity angiitis with lymph node involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain a tissue sample from the affected lymph node for histopathological examination and confirmation of lymph node involvement in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and hematology/oncology follow-up for further management.

Operative Note 20:

Procedure: Angiography

Indication: Hypersensitivity angiitis with vascular involvement

Anesthesia: Conscious sedation (adjusted dosage based on patient age and condition)

Procedure: Angiography performed to visualize the blood vessels, identify any abnormalities or vasculitis, and assess the extent of vascular involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of angiography findings, initiation of appropriate vascular interventions, and vascular surgery follow-up for further management.

Operative Note 21:

Procedure: Skin Biopsy

Indication: Hypersensitivity angiitis with cutaneous involvement

Anesthesia: Local anesthesia (reduced dosage for pediatric patient)

Procedure: Skin biopsy performed to obtain a tissue sample from the affected area for histopathological examination and confirmation of hypersensitivity angiitis with cutaneous involvement in a pediatric patient

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and pediatric dermatology follow-up for further management.

Operative Note 22:

Procedure: Muscle Biopsy

Indication: Hypersensitivity angiitis with muscle involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Muscle biopsy performed to obtain a tissue sample from the affected muscle for histopathological examination and confirmation of muscle involvement in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and rheumatology follow-up for further management.

Operative Note 23:

Procedure: Kidney Biopsy

Indication: Hypersensitivity angiitis with renal involvement

Anesthesia: General anesthesia (increased dosage for patient with renal impairment)

Procedure: Kidney biopsy performed to obtain a tissue sample from the affected kidney for histopathological examination and confirmation of renal involvement in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of renal function, pain management, initiation of appropriate immunosuppressive therapy, and nephrology follow-up for further management.

Operative Note 24:

Procedure: Ophthalmic Examination

Indication: Hypersensitivity angiitis with ocular involvement

Anesthesia: Topical anesthesia (standard dosage)

Procedure: Comprehensive ophthalmic examination performed to assess the eyes for signs of inflammation, vasculitis, or other abnormalities in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate ophthalmology interventions, close monitoring of visual symptoms, and ophthalmology follow-up for further management.

Operative Note 25:

Procedure: Gastrointestinal Endoscopy

Indication: Hypersensitivity angiitis with gastrointestinal involvement

Anesthesia: Conscious sedation (adjusted dosage based on patient age and condition)

Procedure: Gastrointestinal endoscopy performed to visualize and assess the gastrointestinal tract, collect samples for biopsy or culture, and assess the extent of gastrointestinal involvement in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of endoscopy findings, initiation of appropriate gastroenterological interventions, and gastroenterology follow-up for further management.

Operative Note 26:

Procedure: Bone Marrow Biopsy

Indication: Hypersensitivity angiitis with hematological involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow biopsy performed to obtain a tissue sample from the bone marrow for histopathological examination and confirmation of hematological involvement in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and hematology/oncology follow-up for further management.

Operative Note 27:

Procedure: Lung Function Test

Indication: Hypersensitivity angiitis with pulmonary involvement

Anesthesia: Not applicable

Procedure: Lung function test performed to assess pulmonary function, evaluate lung capacity, and identify any abnormalities in hypersensitivity angiitis with pulmonary involvement

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of lung function test results, initiation of appropriate respiratory interventions, and pulmonology follow-up for further management.

Operative Note 28:

Procedure: Cardiac Catheterization

Indication: Hypersensitivity angiitis with cardiac involvement

Anesthesia: Conscious sedation (standard dosage)

Procedure: Cardiac catheterization performed to assess the heart and coronary arteries, evaluate cardiac function, and identify any abnormalities in hypersensitivity angiitis with cardiac involvement

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of cardiac catheterization findings, initiation of appropriate cardiology interventions, and cardiology follow-up for further management.

Operative Note 29:

Procedure: Nerve Conduction Study

Indication: Hypersensitivity angiitis with peripheral neuropathy

Anesthesia: Not applicable

Procedure: Nerve conduction study performed to assess the function of peripheral nerves, identify any abnormalities or nerve damage in hypersensitivity angiitis with peripheral neuropathy

Closure: Not applicable

Complications: None

Postoperative care: Initiation of appropriate neurology interventions, close monitoring of peripheral neuropathy symptoms, and neurology follow-up for further management.

Operative Note 30:

Procedure: Thyroid Ultrasound

Indication: Hypersensitivity angiitis with thyroid involvement

Anesthesia: Not applicable

Procedure: Thyroid ultrasound performed to evaluate the thyroid gland for signs of inflammation, vasculitis, or other abnormalities in hypersensitivity angiitis with thyroid involvement

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of thyroid ultrasound findings, initiation of appropriate endocrinology interventions, and endocrinology follow-up for further management.

Operative Note 31:

Procedure: Joint Arthroscopy

Indication: Hypersensitivity angiitis with joint involvement and bone erosion

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroscopy performed to assess the joint, evaluate the extent of inflammation and bone erosion, and provide targeted interventions such as synovial biopsy or debridement in hypersensitivity angiitis with joint involvement and bone erosion

Closure: Suture closure, joint immobilization

Complications: None

Postoperative care: Monitoring of joint function and healing, initiation of appropriate immunosuppressive therapy, and orthopedic follow-up for further management.

Operative Note 32:

Procedure: Spinal MRI

Indication: Hypersensitivity angiitis with spinal involvement and bone erosion

Anesthesia: Not applicable

Procedure: Spinal MRI performed to evaluate the spinal column, assess the extent of spinal involvement and bone erosion in hypersensitivity angiitis, and identify any compressive or inflammatory lesions

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of spinal MRI findings, initiation of appropriate neurosurgical or orthopedic interventions, and neurosurgery or orthopedic follow-up for further management.

Operative Note 33:

Procedure: Bone Biopsy

Indication: Hypersensitivity angiitis with bone involvement and bone erosion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone biopsy performed to obtain a tissue sample from the affected bone for histopathological examination and confirmation of bone involvement and bone erosion in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and orthopedic follow-up for further management.

Operative Note 34:

Procedure: Dental X-rays

Indication: Hypersensitivity angiitis with dental involvement and bone erosion

Anesthesia: Not applicable

Procedure: Dental X-rays performed to assess the teeth, jaw, and surrounding structures, evaluate the extent of dental involvement and bone erosion in hypersensitivity angiitis, and identify any dental abnormalities or infections

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of dental X-ray findings, initiation of appropriate dental interventions, and dental follow-up for further management.

Operative Note 35:

Procedure: Bone Density Scan

Indication: Hypersensitivity angiitis with systemic involvement and bone erosion

Anesthesia: Not applicable

Procedure: Bone density scan performed to assess bone mineral density, evaluate the extent of bone erosion and osteoporosis in hypersensitivity angiitis with systemic involvement, and identify any increased fracture risk

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of bone density scan results, initiation of appropriate measures to improve bone health, and endocrinology or rheumatology follow-up for further management.

Operative Note 36:

Procedure: Temporal Artery Biopsy

Indication: Hypersensitivity angiitis with temporal artery involvement and bone erosion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Temporal artery biopsy performed to obtain a tissue sample from the affected temporal artery for histopathological examination and confirmation of temporal artery involvement and bone erosion in hypersensitivity angiitis

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the biopsy site for healing, pain management, initiation of appropriate immunosuppressive therapy, and rheumatology follow-up for further management.

Operative Note 37:

Procedure: Radiographic Imaging (X-rays)

Indication: Hypersensitivity angiitis with multiple joint involvement and bone erosion

Anesthesia: Not applicable

Procedure: Radiographic imaging (X-rays) performed to assess multiple joints, evaluate the extent of joint involvement and bone erosion in hypersensitivity angiitis, and identify any joint abnormalities or erosions

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of X-ray findings, initiation of appropriate orthopedic or rheumatology interventions, and orthopedic or rheumatology follow-up for further management.

Operative Note 38:

Procedure: Bone Scan

Indication: Hypersensitivity angiitis with widespread bone involvement and bone erosion

Anesthesia: Not applicable

Procedure: Bone scan performed to evaluate the entire skeletal system, assess the extent of bone involvement and bone erosion in hypersensitivity angiitis, and identify any areas of increased activity or abnormalities

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of bone scan results, initiation of appropriate measures to manage bone involvement, and rheumatology or orthopedic follow-up for further management.

Operative Note 39:

Procedure: Maxillofacial CT Scan

Indication: Hypersensitivity angiitis with maxillofacial involvement and bone erosion

Anesthesia: Not applicable

Procedure: Maxillofacial CT scan performed to assess the maxillofacial region, evaluate the extent of maxillofacial involvement and bone erosion in hypersensitivity angiitis, and identify any facial bone abnormalities or erosions

Closure: Not applicable

Complications: None

Postoperative care: Review and interpretation of maxillofacial CT scan findings, initiation of appropriate maxillofacial or rheumatology interventions, and maxillofacial or rheumatology follow-up for further management.

Operative Note 40:

Procedure: Bone Grafting

Indication: Hypersensitivity angiitis with bone involvement and severe bone erosion

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone grafting performed to restore bone integrity and stability in cases of severe bone erosion due to hypersensitivity angiitis, utilizing autograft or allograft materials to support bone regeneration

Closure: Suture closure, immobilization

Complications: None

Postoperative care: Monitoring of bone graft integration, pain management, physical therapy, and orthopedic follow-up for further management.

Operative Note 41:

Procedure: Nerve Block

Indication: Hypersensitivity angiitis with severe bone pain

Anesthesia: Local anesthesia (increased dosage)

Procedure: Nerve block performed to provide targeted pain relief by blocking the sensory nerves associated with severe bone pain in hypersensitivity angiitis

Closure: Not applicable

Complications: None

Postoperative care: Monitoring of pain relief effectiveness, adjustment of pain management regimen as needed, and pain management follow-up for further management.

Operative Note 42:

Procedure: Epidural Steroid Injection

Indication: Hypersensitivity angiitis with severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Epidural steroid injection performed to reduce inflammation and alleviate severe bone pain in hypersensitivity angiitis by delivering anti-inflammatory medication directly into the epidural space

Closure: Not applicable

Complications: None

Postoperative care: Monitoring of pain relief effectiveness, adjustment of pain management regimen as needed, and pain management follow-up for further management.

Operative Note 43:

Procedure: Joint Fusion

Indication: Hypersensitivity angiitis with severe bone pain and joint instability

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion performed to alleviate severe bone pain and stabilize the affected joint in cases of hypersensitivity angiitis with joint involvement and severe bone pain, involving the fusion of adjacent bones to create a solid, pain-free joint

Closure: Suture closure, immobilization

Complications: None

Postoperative care: Monitoring of joint fusion success, pain management, physical therapy, and orthopedic follow-up for further management.

Operative Note 44:

Procedure: Vertebroplasty

Indication: Hypersensitivity angiitis with severe bone pain and vertebral compression fractures

Anesthesia: Conscious sedation (standard dosage)

Procedure: Vertebroplasty performed to alleviate severe bone pain and stabilize vertebral compression fractures in hypersensitivity angiitis, involving the injection of bone cement into the affected vertebrae to restore vertebral height and provide pain relief

Closure: Not applicable

Complications: None

Postoperative care: Monitoring of pain relief effectiveness, immobilization, pain management, and orthopedic follow-up for further management.

Operative Note 45:

Procedure: Bone Marrow Aspiration

Indication: Hypersensitivity angiitis with severe bone pain and suspected bone marrow involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow aspiration performed to obtain a bone marrow sample for examination, aiming to identify any abnormalities, infection, or infiltration in hypersensitivity angiitis with severe bone pain and suspected bone marrow involvement

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of the aspiration site for healing, pain management, review and interpretation of bone marrow results, and hematology or rheumatology follow-up for further management.

Operative Note 46:

Procedure: Radiofrequency Ablation

Indication: Hypersensitivity angiitis with severe bone pain and nerve involvement

Anesthesia: Local anesthesia (increased dosage)

Procedure: Radiofrequency ablation performed to provide long-term pain relief by interrupting the transmission of pain signals from the affected nerves in hypersensitivity angiitis with severe bone pain and nerve involvement

Closure: Not applicable

Complications: None

Postoperative care: Monitoring of pain relief effectiveness, adjustment of pain management regimen as needed, and pain management follow-up for further management.

Operative Note 47:

Procedure: Sacroiliac Joint Injection

Indication: Hypersensitivity angiitis with severe bone pain and sacroiliac joint involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Sacroiliac joint injection performed to alleviate severe bone pain by delivering anti-inflammatory medication directly into the sacroiliac joint in hypersensitivity angiitis with sacroiliac joint involvement

Closure: Not applicable

Complications: None

Postoperative care: Monitoring of pain relief effectiveness, adjustment of pain management regimen as needed, and pain management follow-up for further management.

Operative Note 48:

Procedure: Percutaneous Vertebroplasty

Indication: Hypersensitivity angiitis with severe bone pain and vertebral compression fractures

Anesthesia: Conscious sedation (standard dosage)

Procedure: Percutaneous vertebroplasty performed to alleviate severe bone pain and stabilize vertebral compression fractures in hypersensitivity angiitis, involving the injection of bone cement into the affected vertebrae through a small incision to provide pain relief and restore vertebral height

Closure: Suture closure, wound dressed

Complications: None

Postoperative care: Monitoring of pain relief effectiveness, immobilization, pain management, and orthopedic follow-up for further management.

Operative Note 49:

Procedure: Joint Debridement

Indication: Hypersensitivity angiitis with severe bone pain and joint involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement performed to alleviate severe bone pain and improve joint function in hypersensitivity angiitis with joint involvement, involving the removal of inflamed tissue, debris, or foreign material from the affected joint

Closure: Suture closure, immobilization

Complications: None

Postoperative care: Monitoring of joint healing and function, pain management, physical therapy, and orthopedic follow-up for further management.

Operative Note 50:

Procedure: Percutaneous Disc Decompression

Indication: Hypersensitivity angiitis with severe bone pain and intervertebral disc involvement

Anesthesia: Conscious sedation (standard dosage)

Procedure: Percutaneous disc decompression performed to alleviate severe bone pain and relieve pressure on the affected intervertebral discs in hypersensitivity angiitis, involving the removal or ablation of disc material through a minimally invasive approach

Closure: Sterile dressing

Complications: None

Postoperative care: Monitoring of pain relief effectiveness, pain management, physical therapy, and orthopedic follow-up for further management.

Operative Note 51:

Procedure: Angioplasty

Indication: Hypersensitivity angiitis with vascular stenosis or occlusion

Anesthesia: General anesthesia (standard dosage)

Procedure: Angioplasty performed to treat vascular stenosis or occlusion in hypersensitivity angiitis, involving the insertion of a balloon catheter into the affected blood vessel to widen the narrowed or blocked area and restore normal blood flow

Closure: Hemostasis achieved, wound dressed

Complications: None

Postoperative care: Monitoring of blood flow restoration, vascular follow-up, and management of underlying hypersensitivity angiitis.

Operative Note 52:

Procedure: Arthroscopy

Indication: Hypersensitivity angiitis with joint involvement and suspected joint pathology

Anesthesia: General anesthesia (standard dosage)

Procedure: Arthroscopy performed to visualize and assess the joint in hypersensitivity angiitis, aiming to identify and address any joint abnormalities or pathology through minimally invasive techniques

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of joint healing and function, pain management, physical therapy, and orthopedic or rheumatology follow-up for further management.

Operative Note 53:

Procedure: Excisional Biopsy

Indication: Hypersensitivity angiitis with suspected tissue involvement and diagnosis uncertainty

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excisional biopsy performed to obtain a tissue sample for definitive diagnosis in cases of hypersensitivity angiitis with suspected tissue involvement, involving the removal of a small portion of affected tissue for pathological examination

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of biopsy site healing, review and interpretation of biopsy results, and appropriate management based on the diagnosis.

Operative Note 54:

Procedure: Lung Resection

Indication: Hypersensitivity angiitis with severe pulmonary involvement and lung nodules

Anesthesia: General anesthesia (standard dosage)

Procedure: Lung resection performed to remove the affected lung tissue with nodules or lesions in hypersensitivity angiitis, aiming to alleviate symptoms, improve lung function, and obtain a tissue sample for pathological examination

Closure: Chest tube placement, layered closure

Complications: None

Postoperative care: Chest tube management, respiratory support, monitoring for lung function improvement, and appropriate management based on the pathological findings.

Operative Note 55:

Procedure: Lymph Node Biopsy

Indication: Hypersensitivity angiitis with suspected lymph node involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain a tissue sample from the affected lymph node for pathological examination in hypersensitivity angiitis with suspected lymph node involvement, aiming to confirm the diagnosis and guide further management

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of biopsy site healing, review and interpretation of biopsy results, and appropriate management based on the diagnosis.

Operative Note 56:

Procedure: Gastrointestinal Resection

Indication: Hypersensitivity angiitis with severe gastrointestinal involvement and bowel obstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Gastrointestinal resection performed to remove the affected segment of the gastrointestinal tract in hypersensitivity angiitis with severe gastrointestinal involvement and bowel obstruction, aiming to restore normal bowel function and relieve symptoms

Closure: Layered closure, stoma creation if needed

Complications: None

Postoperative care: Stoma care if applicable, bowel function monitoring, nutritional support, and appropriate management based on the extent of gastrointestinal involvement.

Operative Note 57:

Procedure: Skin Biopsy

Indication: Hypersensitivity angiitis with skin involvement and rash

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a skin sample for pathological examination in hypersensitivity angiitis with skin involvement, aiming to confirm the diagnosis, assess disease activity, and guide further management

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of biopsy site healing, review and interpretation of biopsy results, dermatology or rheumatology follow-up for further management.

Operative Note 58:

Procedure: Retroperitoneal Lymph Node Dissection

Indication: Hypersensitivity angiitis with retroperitoneal lymph node involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Retroperitoneal lymph node dissection performed to remove the affected retroperitoneal lymph nodes in hypersensitivity angiitis, aiming to alleviate symptoms, obtain a tissue sample for pathological examination, and guide further management

Closure: Layered closure, drain placement

Complications: None

Postoperative care: Drain management, monitoring for lymph node involvement recurrence, and appropriate management based on the pathological findings.

Operative Note 59:

Procedure: Tenosynovectomy

Indication: Hypersensitivity angiitis with tenosynovial involvement and tendon pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Tenosynovectomy performed to remove the inflamed synovium and alleviate tendon pain in hypersensitivity angiitis with tenosynovial involvement, involving the surgical excision of the affected synovial tissue

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immobilization, physical therapy, monitoring of tendon pain relief, and appropriate management based on the extent of tenosynovial involvement.

Operative Note 60:

Procedure: Temporal Artery Biopsy

Indication: Hypersensitivity angiitis with suspected temporal artery involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Temporal artery biopsy performed to obtain a tissue sample from the temporal artery for pathological examination in hypersensitivity angiitis with suspected temporal artery involvement, aiming to confirm the diagnosis of giant cell arteritis and guide further management

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of biopsy site healing, review and interpretation of biopsy results, and appropriate management based on the diagnosis.

Operative Note 61:

Procedure: Kidney Biopsy

Indication: Hypersensitivity angiitis with renal involvement and suspected glomerulonephritis

Anesthesia: Local anesthesia (standard dosage)

Procedure: Kidney biopsy performed to obtain a tissue sample from the affected kidney for pathological examination in hypersensitivity angiitis with renal involvement, aiming to confirm the diagnosis of glomerulonephritis and guide further management

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of biopsy site healing, review and interpretation of biopsy results, nephrology follow-up for further management.

Operative Note 62:

Procedure: Nerve Decompression

Indication: Hypersensitivity angiitis with peripheral nerve involvement and neuropathy symptoms

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nerve decompression performed to relieve pressure on the affected peripheral nerve in hypersensitivity angiitis, aiming to alleviate neuropathy symptoms and improve nerve function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of nerve function, pain management, physical therapy, and appropriate management based on the extent of peripheral nerve involvement.

Operative Note 63:

Procedure: Orbital Decompression

Indication: Hypersensitivity angiitis with orbital involvement and proptosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Orbital decompression performed to alleviate proptosis and relieve pressure on the affected eye in hypersensitivity angiitis with orbital involvement, involving the removal of orbital bone and/or fat to create space for the eye

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Monitoring of proptosis reduction, ophthalmology follow-up, and appropriate management based on the extent of orbital involvement.

Operative Note 64:

Procedure: Hepatic Resection

Indication: Hypersensitivity angiitis with severe liver involvement and hepatic nodules

Anesthesia: General anesthesia (standard dosage)

Procedure: Hepatic resection performed to remove the affected liver tissue with nodules or lesions in hypersensitivity angiitis, aiming to alleviate symptoms, improve liver function, and obtain a tissue sample for pathological examination

Closure: Layered closure, drain placement

Complications: None

Postoperative care: Drain management, monitoring for liver function improvement, and appropriate management based on the pathological findings.

Operative Note 65:

Procedure: Splenectomy

Indication: Hypersensitivity angiitis with severe splenic involvement and hypersplenism

Anesthesia: General anesthesia (standard dosage)

Procedure: Splenectomy performed to remove the affected spleen in hypersensitivity angiitis with severe splenic involvement and hypersplenism, aiming to alleviate symptoms and improve blood counts

Closure: Layered closure, drain placement

Complications: None

Postoperative care: Drain management, monitoring for blood count improvement, and appropriate management based on the extent of splenic involvement.

Operative Note 66:

Procedure: Pulmonary Wedge Resection

Indication: Hypersensitivity angiitis with pulmonary involvement and localized lung nodules

Anesthesia: General anesthesia (standard dosage)

Procedure: Pulmonary wedge resection performed to remove the localized lung nodules in hypersensitivity angiitis, aiming to obtain a tissue sample for pathological examination, alleviate symptoms, and preserve lung function

Closure: Chest tube placement, layered closure

Complications: None

Postoperative care: Chest tube management, respiratory support, monitoring for lung function improvement, and appropriate management based on the pathological findings.

Operative Note 67:

Procedure: Vasculitis Targeted Therapy

Indication: Hypersensitivity angiitis with systemic involvement and refractory disease

Anesthesia: Conscious sedation (standard dosage)

Procedure: Vasculitis targeted therapy performed to deliver specialized medications directly to the affected blood vessels, aiming to suppress the immune response, reduce inflammation, and manage refractory disease in hypersensitivity angiitis with systemic involvement

Closure: N/A (Non-surgical procedure)

Complications: None

Postoperative care: Monitoring of treatment response, assessment of disease activity, and adjustment of medication regimen as needed.

Operative Note 68:

Procedure: Colon Resection

Indication: Hypersensitivity angiitis with severe colonic involvement and bowel obstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Colon resection performed to remove the affected segment of the colon in hypersensitivity angiitis with severe colonic involvement and bowel obstruction, aiming to restore normal bowel function and relieve symptoms

Closure: Layered closure, stoma creation if needed

Complications: None

Postoperative care: Stoma care if applicable, bowel function monitoring, nutritional support, and appropriate management based on the extent of colonic involvement.

Operative Note 69:

Procedure: Cardiac Catheterization

Indication: Hypersensitivity angiitis with suspected cardiac involvement and myocardial ischemia

Anesthesia: Local anesthesia (standard dosage)

Procedure: Cardiac catheterization performed to evaluate the coronary arteries and assess for myocardial ischemia in hypersensitivity angiitis with suspected cardiac involvement, aiming to guide further management and intervention if necessary

Closure: Hemostasis achieved, dressing applied

Complications: None

Postoperative care: Monitoring of cardiac function, review and interpretation of catheterization results, and appropriate management based on the findings.

Operative Note 70:

Procedure: Thrombectomy

Indication: Hypersensitivity angiitis with vascular thrombosis and limb ischemia

Anesthesia: General anesthesia (standard dosage)

Procedure: Thrombectomy performed to remove the thrombus from the affected blood vessel in hypersensitivity angiitis with vascular thrombosis and limb ischemia, aiming to restore blood flow and prevent further complications

Closure: Hemostasis achieved, dressing applied

Complications: None

Postoperative care: Monitoring of limb perfusion, vascular follow-up, and appropriate management based on the extent of vascular involvement.

Operative Note 71:

Procedure: Arthroscopic Joint Debridement

Indication: Hypersensitivity angiitis with severe infection on the knee joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Arthroscopic joint debridement performed to remove infected tissues and debris from the knee joint in hypersensitivity angiitis with severe joint infection, aiming to control the infection and improve joint function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, physical therapy, and close monitoring for infection resolution.

Operative Note 72:

Procedure: Joint Drainage and Lavage

Indication: Hypersensitivity angiitis with severe infection on the shoulder joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint drainage and lavage performed to remove pus and irrigate the infected shoulder joint in hypersensitivity angiitis with severe joint infection, aiming to reduce inflammation, control infection, and improve joint mobility

Closure: Sterile dressing applied

Complications: None

Postoperative care: Antibiotic therapy, shoulder immobilization, physical therapy, and close monitoring for infection resolution.

Operative Note 73:

Procedure: Joint Exploration and Synovectomy

Indication: Hypersensitivity angiitis with severe infection on the hip joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint exploration and synovectomy performed to assess the extent of infection and remove infected synovial tissue from the hip joint in hypersensitivity angiitis, aiming to control the infection and improve joint function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, hip immobilization, physical therapy, and close monitoring for infection resolution.

Operative Note 74:

Procedure: Joint Arthrodesis

Indication: Hypersensitivity angiitis with severe infection on the ankle joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthrodesis performed to fuse the infected ankle joint in hypersensitivity angiitis with severe joint infection, aiming to eliminate movement and control infection, providing stability and pain relief

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, ankle immobilization, weight-bearing restrictions, and close monitoring for infection resolution.

Operative Note 75:

Procedure: Joint Irrigation and Antibiotic Bead Placement

Indication: Hypersensitivity angiitis with severe infection on the elbow joint

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint irrigation and antibiotic bead placement performed to thoroughly cleanse the infected elbow joint and introduce antibiotic beads to deliver localized treatment in hypersensitivity angiitis with severe joint infection, aiming to control the infection and promote healing

Closure: Sterile dressing applied

Complications: None

Postoperative care: Antibiotic therapy, elbow immobilization, physical therapy, and close monitoring for infection resolution.

Operative Note 76:

Procedure: Joint Debridement and Bone Grafting

Indication: Hypersensitivity angiitis with severe infection on the wrist joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement and bone grafting performed to remove infected tissues, clean the wrist joint, and fill the voids with bone graft material in hypersensitivity angiitis with severe joint infection, aiming to control the infection, promote healing, and restore joint integrity

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, wrist immobilization, physical therapy, and close monitoring for infection resolution and bone graft integration.

Operative Note 77:

Procedure: Joint Resurfacing

Indication: Hypersensitivity angiitis with severe infection on the finger joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint resurfacing performed to remove infected cartilage and resurface the finger joint with a prosthetic implant in hypersensitivity angiitis with severe joint infection, aiming to control the infection, restore joint function, and alleviate pain

Closure: Sterile dressing applied

Complications: None

Postoperative care: Antibiotic therapy, finger immobilization, hand therapy, and close monitoring for infection resolution.

Operative Note 78:

Procedure: Joint Fusion with External Fixation

Indication: Hypersensitivity angiitis with severe infection on the temporomandibular joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion with external fixation performed to stabilize the infected temporomandibular joint, eradicate infection, and promote healing in hypersensitivity angiitis with severe joint infection, aiming to alleviate pain, improve jaw function, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, jaw immobilization, dietary modifications, and close monitoring for infection resolution.

Operative Note 79:

Procedure: Joint Replacement

Indication: Hypersensitivity angiitis with severe infection on the hip joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint replacement performed to remove the infected hip joint and replace it with a prosthetic implant in hypersensitivity angiitis with severe joint infection, aiming to eradicate infection, restore joint function, and relieve pain

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, hip immobilization, physical therapy, and close monitoring for infection resolution and prosthesis integration.

Operative Note 80:

Procedure: Joint Excision and Amputation

Indication: Hypersensitivity angiitis with severe infection on the toe joint

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint excision and amputation performed to remove the infected toe joint and adjacent bone in hypersensitivity angiitis with severe joint infection, aiming to eliminate infection, prevent its spread, and preserve foot function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, foot immobilization, wound care, and close monitoring for infection resolution and wound healing.

Operative Note 81:

Procedure: Synovectomy

Indication: Hypersensitivity angiitis with localized joint inflammation in the knee

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Synovectomy performed to remove the inflamed synovial tissue from the knee joint in hypersensitivity angiitis with localized joint inflammation, aiming to reduce pain, improve joint function, and control disease progression

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medications, physical therapy, and regular follow-up for monitoring disease activity.

Operative Note 82:

Procedure: Tenosynovectomy

Indication: Hypersensitivity angiitis with tenosynovitis in the hand

Anesthesia: Local anesthesia (standard dosage)

Procedure: Tenosynovectomy performed to remove the inflamed synovial lining of the tendon sheaths in the hand in hypersensitivity angiitis with tenosynovitis, aiming to relieve pain, improve tendon gliding, and prevent tendon damage

Closure: Sterile dressing applied

Complications: None

Postoperative care: Hand immobilization, anti-inflammatory medications, hand therapy, and regular follow-up for monitoring disease activity.

Operative Note 83:

Procedure: Biopsy

Indication: Hypersensitivity angiitis with suspected vasculitic involvement in the skin

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy performed to obtain a skin sample for histopathological examination in hypersensitivity angiitis with suspected vasculitic involvement in the skin, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Wound care, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 84:

Procedure: Fasciotomy

Indication: Hypersensitivity angiitis with compartment syndrome in the lower leg

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Fasciotomy performed to relieve the pressure within the affected compartments of the lower leg in hypersensitivity angiitis with compartment syndrome, aiming to restore blood flow, prevent tissue damage, and alleviate pain

Closure: Wound left open for delayed closure

Complications: None

Postoperative care: Wound care, limb elevation, anti-inflammatory medications, and regular follow-up for monitoring compartment pressure and tissue healing.

Operative Note 85:

Procedure: Drainage and Abscess Debridement

Indication: Hypersensitivity angiitis with abscess formation in the subcutaneous tissue of the thigh

Anesthesia: General anesthesia (standard dosage)

Procedure: Drainage and abscess debridement performed to evacuate the purulent material and remove infected tissue in hypersensitivity angiitis with abscess formation, aiming to control infection, promote healing, and alleviate pain

Closure: Wound left open for secondary intention healing

Complications: None

Postoperative care: Wound care, antibiotic therapy, anti-inflammatory medications, and regular follow-up for monitoring infection resolution.

Operative Note 86:

Procedure: Pleurodesis

Indication: Hypersensitivity angiitis with pleural effusion and recurrent pleural inflammation

Anesthesia: General anesthesia (standard dosage)

Procedure: Pleurodesis performed to create adhesion between the pleural layers in hypersensitivity angiitis with recurrent pleural inflammation, aiming to prevent pleural effusion recurrence and reduce inflammation

Closure: Chest tube placement, dressing applied

Complications: None

Postoperative care: Chest tube management, anti-inflammatory medications, and regular follow-up for monitoring pleural effusion and inflammation.

Operative Note 87:

Procedure: Temporal Artery Biopsy

Indication: Hypersensitivity angiitis with suspected temporal artery involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Temporal artery biopsy performed to obtain a sample for histopathological examination in hypersensitivity angiitis with suspected temporal artery involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Wound care, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 88:

Procedure: Lymph Node Biopsy

Indication: Hypersensitivity angiitis with enlarged lymph nodes and suspected systemic involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain a sample for histopathological examination in hypersensitivity angiitis with enlarged lymph nodes and suspected systemic involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Wound care, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 89:

Procedure: Colonoscopy with Biopsy

Indication: Hypersensitivity angiitis with suspected gastrointestinal involvement

Anesthesia: Conscious sedation (standard dosage)

Procedure: Colonoscopy performed to visualize the colon and obtain biopsy samples from affected areas in hypersensitivity angiitis with suspected gastrointestinal involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: None

Complications: None

Postoperative care: Dietary modifications, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 90:

Procedure: Nerve Biopsy

Indication: Hypersensitivity angiitis with suspected peripheral nerve involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nerve biopsy performed to obtain a nerve sample for histopathological examination in hypersensitivity angiitis with suspected peripheral nerve involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Wound care, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 91:

Procedure: Arterial Bypass Surgery

Indication: Hypersensitivity angiitis with severe arterial stenosis in the lower limb

Anesthesia: General anesthesia (standard dosage)

Procedure: Arterial bypass surgery performed to bypass the narrowed or occluded artery in hypersensitivity angiitis with severe arterial stenosis, aiming to restore blood flow, relieve ischemic symptoms, and prevent limb loss

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Vascular assessment, limb immobilization, anti-inflammatory medications, and regular follow-up for monitoring graft patency and disease activity.

Operative Note 92:

Procedure: Lung Biopsy

Indication: Hypersensitivity angiitis with suspected pulmonary involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Lung biopsy performed to obtain a lung tissue sample for histopathological examination in hypersensitivity angiitis with suspected pulmonary involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Pulmonary function monitoring, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 93:

Procedure: Kidney Biopsy

Indication: Hypersensitivity angiitis with suspected renal involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Kidney biopsy performed to obtain a renal tissue sample for histopathological examination in hypersensitivity angiitis with suspected renal involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Renal function monitoring, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 94:

Procedure: Central Nervous System Biopsy

Indication: Hypersensitivity angiitis with suspected central nervous system involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Central nervous system biopsy performed to obtain a tissue sample for histopathological examination in hypersensitivity angiitis with suspected central nervous system involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Neurological assessment, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 95:

Procedure: Splenectomy

Indication: Hypersensitivity angiitis with severe splenic involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Splenectomy performed to remove the spleen in hypersensitivity angiitis with severe splenic involvement, aiming to control autoimmune processes, alleviate symptoms, and prevent complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immunization, anti-inflammatory medications, and regular follow-up for monitoring disease activity and post-splenectomy complications.

Operative Note 96:

Procedure: Cardiac Biopsy

Indication: Hypersensitivity angiitis with suspected cardiac involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Cardiac biopsy performed to obtain a heart tissue sample for histopathological examination in hypersensitivity angiitis with suspected cardiac involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Cardiac function monitoring, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 97:

Procedure: Endoscopy with Biopsy

Indication: Hypersensitivity angiitis with suspected gastrointestinal involvement

Anesthesia: Conscious sedation (standard dosage)

Procedure: Endoscopy performed to visualize the gastrointestinal tract and obtain biopsy samples from affected areas in hypersensitivity angiitis with suspected gastrointestinal involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: None

Complications: None

Postoperative care: Dietary modifications, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 98:

Procedure: Skin Biopsy

Indication: Hypersensitivity angiitis with suspected cutaneous involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a skin tissue sample for histopathological examination in hypersensitivity angiitis with suspected cutaneous involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Wound care, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 99:

Procedure: Liver Biopsy

Indication: Hypersensitivity angiitis with suspected hepatic involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Liver biopsy performed to obtain a liver tissue sample for histopathological examination in hypersensitivity angiitis with suspected hepatic involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Liver function monitoring, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 100:

Procedure: Ophthalmic Biopsy

Indication: Hypersensitivity angiitis with suspected ocular involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Ophthalmic biopsy performed to obtain an ocular tissue sample for histopathological examination in hypersensitivity angiitis with suspected ocular involvement, aiming to confirm the diagnosis and assess the severity of inflammation

Closure: Sterile dressing applied

Complications: None

Postoperative care: Ophthalmic assessment, anti-inflammatory medications, and regular follow-up for monitoring disease activity and treatment response.

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| M31.1 Thrombotic microangiopathy |

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Operative Note 1:

Procedure: Renal Biopsy

Indication: Thrombotic microangiopathy with suspected renal involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Renal biopsy performed to obtain a renal tissue sample for histopathological examination in thrombotic microangiopathy with suspected renal involvement, aiming to confirm the diagnosis and assess the severity of microvascular thrombosis

Closure: Sterile dressing applied

Complications: None

Postoperative care: Renal function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 2:

Procedure: Plasmapheresis

Indication: Thrombotic microangiopathy with severe organ involvement

Anesthesia: Conscious sedation (standard dosage)

Procedure: Plasmapheresis performed to remove circulating plasma and replace it with fresh frozen plasma in thrombotic microangiopathy with severe organ involvement, aiming to remove pro-thrombotic factors and restore normal hemostasis

Closure: None

Complications: None

Postoperative care: Hematological assessment, immunosuppressive medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 3:

Procedure: Thrombectomy

Indication: Thrombotic microangiopathy with acute vascular occlusion

Anesthesia: General anesthesia (standard dosage)

Procedure: Thrombectomy performed to remove the thrombus causing vascular occlusion in thrombotic microangiopathy, aiming to restore blood flow, alleviate ischemic symptoms, and prevent organ damage

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Vascular assessment, anti-thrombotic medications, and regular follow-up for monitoring reperfusion and treatment response.

Operative Note 4:

Procedure: Bone Marrow Biopsy

Indication: Thrombotic microangiopathy with suspected hematological involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow biopsy performed to obtain a bone marrow sample for histopathological examination in thrombotic microangiopathy with suspected hematological involvement, aiming to assess for any underlying hematological disorders contributing to microvascular thrombosis

Closure: Sterile dressing applied

Complications: None

Postoperative care: Hematological assessment, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 5:

Procedure: Gastroduodenoscopy with Biopsy

Indication: Thrombotic microangiopathy with suspected gastrointestinal involvement

Anesthesia: Conscious sedation (standard dosage)

Procedure: Gastroduodenoscopy performed to visualize the gastrointestinal tract and obtain biopsy samples from affected areas in thrombotic microangiopathy with suspected gastrointestinal involvement, aiming to assess for mucosal injury and vasculopathy

Closure: None

Complications: None

Postoperative care: Dietary modifications, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 6:

Procedure: Liver Biopsy

Indication: Thrombotic microangiopathy with suspected hepatic involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Liver biopsy performed to obtain a liver tissue sample for histopathological examination in thrombotic microangiopathy with suspected hepatic involvement, aiming to assess for hepatocellular injury and vascular changes

Closure: Sterile dressing applied

Complications: None

Postoperative care: Liver function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 7:

Procedure: Pulmonary Angiography

Indication: Thrombotic microangiopathy with suspected pulmonary involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Pulmonary angiography performed to visualize the pulmonary vasculature and assess for any evidence of pulmonary embolism or microvascular thrombosis in thrombotic microangiopathy with suspected pulmonary involvement

Closure: None

Complications: None

Postoperative care: Pulmonary function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 8:

Procedure: Skin Biopsy

Indication: Thrombotic microangiopathy with suspected cutaneous involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a skin tissue sample for histopathological examination in thrombotic microangiopathy with suspected cutaneous involvement, aiming to assess for vascular changes and skin manifestations

Closure: Sterile dressing applied

Complications: None

Postoperative care: Wound care, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 9:

Procedure: Ophthalmic Examination

Indication: Thrombotic microangiopathy with suspected ocular involvement

Anesthesia: None

Procedure: Ophthalmic examination performed to assess for any ocular manifestations of thrombotic microangiopathy, such as retinal changes or vascular abnormalities

Closure: None

Complications: None

Postoperative care: Ophthalmic assessment, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 10:

Procedure: Neurological Examination

Indication: Thrombotic microangiopathy with suspected central nervous system involvement

Anesthesia: None

Procedure: Neurological examination performed to assess for any neurological manifestations of thrombotic microangiopathy, such as stroke or transient ischemic attacks

Closure: None

Complications: None

Postoperative care: Neurological assessment, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 11:

Procedure: Hemodialysis Catheter Placement

Indication: Thrombotic microangiopathy with acute renal failure

Anesthesia: Local anesthesia (standard dosage)

Procedure: Hemodialysis catheter placement performed to establish vascular access for renal replacement therapy in thrombotic microangiopathy with acute renal failure, aiming to provide immediate dialysis support and remove circulating toxins

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Dialysis management, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 12:

Procedure: Splenectomy

Indication: Thrombotic microangiopathy with splenic involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Splenectomy performed to remove the spleen in thrombotic microangiopathy with severe splenic involvement, aiming to alleviate symptoms, reduce platelet consumption, and improve hematological parameters

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Hematological assessment, immunosuppressive medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 13:

Procedure: Thrombolysis

Indication: Thrombotic microangiopathy with acute vascular occlusion

Anesthesia: Conscious sedation (standard dosage)

Procedure: Thrombolysis performed to dissolve the blood clot causing vascular occlusion in thrombotic microangiopathy, aiming to restore blood flow and prevent organ damage

Closure: None

Complications: None

Postoperative care: Vascular assessment, anti-thrombotic medications, and regular follow-up for monitoring reperfusion and treatment response.

Operative Note 14:

Procedure: Cardiac Catheterization

Indication: Thrombotic microangiopathy with suspected cardiac involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Cardiac catheterization performed to evaluate the coronary arteries and assess for any cardiac manifestations of thrombotic microangiopathy, such as myocardial ischemia or microvascular dysfunction

Closure: None

Complications: None

Postoperative care: Cardiac function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 15:

Procedure: Lung Biopsy

Indication: Thrombotic microangiopathy with suspected pulmonary involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Lung biopsy performed to obtain a lung tissue sample for histopathological examination in thrombotic microangiopathy with suspected pulmonary involvement, aiming to assess for pulmonary vascular changes and parenchymal abnormalities

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pulmonary function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 16:

Procedure: Bone Biopsy

Indication: Thrombotic microangiopathy with suspected bone involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone biopsy performed to obtain a bone tissue sample for histopathological examination in thrombotic microangiopathy with suspected bone involvement, aiming to assess for any underlying bone marrow disorders or vascular changes

Closure: Sterile dressing applied

Complications: None

Postoperative care: Orthopedic assessment, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 17:

Procedure: Gastrointestinal Endoscopy

Indication: Thrombotic microangiopathy with suspected gastrointestinal involvement

Anesthesia: Conscious sedation (standard dosage)

Procedure: Gastrointestinal endoscopy performed to visualize the gastrointestinal tract and assess for any mucosal injury or vascular abnormalities in thrombotic microangiopathy with suspected gastrointestinal involvement

Closure: None

Complications: None

Postoperative care: Gastrointestinal symptom monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 18:

Procedure: Skin Debridement

Indication: Thrombotic microangiopathy with necrotic skin lesions

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin debridement performed to remove necrotic tissue and promote wound healing in thrombotic microangiopathy with severe skin involvement, aiming to prevent infection and improve cosmetic outcome

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, anti-thrombotic medications, and regular follow-up for monitoring wound healing and treatment response.

Operative Note 19:

Procedure: Joint Aspiration

Indication: Thrombotic microangiopathy with suspected joint involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint aspiration performed to obtain synovial fluid for analysis in thrombotic microangiopathy with suspected joint involvement, aiming to assess for any inflammatory or infectious process

Closure: None

Complications: None

Postoperative care: Joint function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 20:

Procedure: Renal Biopsy

Indication: Thrombotic microangiopathy with suspected renal involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Renal biopsy performed to obtain a renal tissue sample for histopathological examination in thrombotic microangiopathy with suspected renal involvement, aiming to assess for renal vascular changes and glomerular abnormalities

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Renal function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 21:

Procedure: Thoracotomy

Indication: Thrombotic microangiopathy with suspected thoracic involvement

Anesthesia: General anesthesia (reduced dosage)

Procedure: Thoracotomy performed to explore and assess the thoracic cavity in thrombotic microangiopathy with suspected thoracic involvement, aiming to identify any vascular abnormalities or organ damage

Closure: Suture closure, chest tube placement

Complications: None

Postoperative care: Chest tube management, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 22:

Procedure: Arthroscopy

Indication: Thrombotic microangiopathy with suspected joint involvement

Anesthesia: Regional anesthesia (reduced dosage)

Procedure: Arthroscopy performed to visualize and assess the joint in thrombotic microangiopathy with suspected joint involvement, aiming to evaluate for synovial changes, cartilage damage, or vascular abnormalities

Closure: None

Complications: None

Postoperative care: Joint function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 23:

Procedure: Transjugular Intrahepatic Portosystemic Shunt (TIPS) Placement

Indication: Thrombotic microangiopathy with hepatic involvement and portal hypertension

Anesthesia: General anesthesia (increased dosage)

Procedure: TIPS placement performed to alleviate portal hypertension and improve liver function in thrombotic microangiopathy with hepatic involvement, aiming to redirect blood flow and reduce the risk of complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Liver function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 24:

Procedure: Lumbar Puncture

Indication: Thrombotic microangiopathy with suspected central nervous system involvement

Anesthesia: Local anesthesia (reduced dosage)

Procedure: Lumbar puncture performed to obtain cerebrospinal fluid for analysis in thrombotic microangiopathy with suspected central nervous system involvement, aiming to assess for inflammation, infection, or vascular changes

Closure: None

Complications: None

Postoperative care: Neurological assessment, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 25:

Procedure: Cholecystectomy

Indication: Thrombotic microangiopathy with gallbladder involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Cholecystectomy performed to remove the gallbladder in thrombotic microangiopathy with gallbladder involvement, aiming to alleviate symptoms, prevent complications, and improve biliary flow

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Biliary function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 26:

Procedure: Colon Resection

Indication: Thrombotic microangiopathy with colonic involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Colon resection performed to remove the affected segment of the colon in thrombotic microangiopathy with colonic involvement, aiming to alleviate symptoms, prevent complications, and restore normal bowel function

Closure: Suture closure, ostomy creation if needed, dressing applied

Complications: None

Postoperative care: Bowel function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 27:

Procedure: Nephrectomy

Indication: Thrombotic microangiopathy with severe renal involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Nephrectomy performed to remove the affected kidney in thrombotic microangiopathy with severe renal involvement, aiming to improve overall renal function and manage complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Renal function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 28:

Procedure: Skin Biopsy

Indication: Thrombotic microangiopathy with skin involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed to obtain a skin tissue sample for histopathological examination in thrombotic microangiopathy with skin involvement, aiming to assess for vascular changes, inflammation, or other abnormalities

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 29:

Procedure: Angiography

Indication: Thrombotic microangiopathy with suspected vascular involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Angiography performed to visualize and assess the blood vessels in thrombotic microangiopathy with suspected vascular involvement, aiming to identify any stenosis, occlusion, or other abnormalities

Closure: None

Complications: None

Postoperative care: Vascular function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 30:

Procedure: Small Bowel Resection

Indication: Thrombotic microangiopathy with small bowel involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Small bowel resection performed to remove the affected segment of the small bowel in thrombotic microangiopathy with small bowel involvement, aiming to alleviate symptoms, prevent complications, and restore normal bowel function

Closure: Suture closure, ostomy creation if needed, dressing applied

Complications: None

Postoperative care: Bowel function monitoring, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 31:

Procedure: Bone Biopsy

Indication: Thrombotic microangiopathy with suspected bone involvement and bone erosion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone biopsy performed to obtain a bone tissue sample for histopathological examination in thrombotic microangiopathy with suspected bone involvement and erosion, aiming to assess for inflammatory changes, vascular abnormalities, or other bone-related pathology

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, anti-thrombotic medications, and regular follow-up for monitoring disease activity and treatment response.

Operative Note 32:

Procedure: Joint Replacement Surgery

Indication: Thrombotic microangiopathy with severe joint involvement and bone erosion

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint replacement surgery performed to replace the affected joint with a prosthetic joint in thrombotic microangiopathy with severe joint involvement and bone erosion, aiming to improve joint function, alleviate pain, and prevent further bone damage

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint rehabilitation, pain management, anti-thrombotic medications, and regular follow-up for monitoring joint function and treatment response.

Operative Note 33:

Procedure: Spinal Fusion

Indication: Thrombotic microangiopathy with spinal involvement and vertebral bone erosion

Anesthesia: General anesthesia (standard dosage)

Procedure: Spinal fusion performed to stabilize the affected vertebral segments in thrombotic microangiopathy with spinal involvement and vertebral bone erosion, aiming to relieve pain, correct deformity, and improve spinal stability

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Spinal immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring spinal stability and treatment response.

Operative Note 34:

Procedure: Bone Grafting

Indication: Thrombotic microangiopathy with bone erosion and defect

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone grafting performed to fill the bone defect and promote bone healing in thrombotic microangiopathy with bone erosion and defect, aiming to restore bone integrity and function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring bone healing and treatment response.

Operative Note 35:

Procedure: Maxillary Sinus Lift

Indication: Thrombotic microangiopathy with maxillary bone erosion and sinus involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Maxillary sinus lift performed to augment the maxillary bone and create sufficient bone volume for dental implant placement in thrombotic microangiopathy with maxillary bone erosion and sinus involvement, aiming to restore dental function and esthetics

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Sinus precautions, pain management, anti-thrombotic medications, and regular follow-up for monitoring bone healing and treatment response.

Operative Note 36:

Procedure: Tibial Bone Resection

Indication: Thrombotic microangiopathy with tibial bone erosion

Anesthesia: General anesthesia (standard dosage)

Procedure: Tibial bone resection performed to remove the affected portion of the tibia in thrombotic microangiopathy with tibial bone erosion, aiming to alleviate pain, prevent complications, and restore normal leg function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Leg immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring bone healing and treatment response.

Operative Note 37:

Procedure: Bone Curettage

Indication: Thrombotic microangiopathy with bone involvement and erosions

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone curettage performed to remove the necrotic or inflamed tissue from the affected bone in thrombotic microangiopathy with bone involvement and erosions, aiming to improve bone healing and reduce the risk of complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, anti-thrombotic medications, and regular follow-up for monitoring bone healing and treatment response.

Operative Note 38:

Procedure: Bone Fixation

Indication: Thrombotic microangiopathy with bone fractures and erosions

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone fixation performed to stabilize the fractured bone segments using plates, screws, or other fixation devices in thrombotic microangiopathy with bone fractures and erosions, aiming to promote bone healing, restore bone alignment, and prevent further bone damage

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring bone healing and treatment response.

Operative Note 39:

Procedure: Bone Debridement

Indication: Thrombotic microangiopathy with bone involvement and severe infection

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone debridement performed to remove the infected or necrotic tissue from the affected bone in thrombotic microangiopathy with bone involvement and severe infection, aiming to control the infection, promote bone healing, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, wound care, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control and bone healing.

Operative Note 40:

Procedure: Bone Resection and Reconstruction

Indication: Thrombotic microangiopathy with bone involvement and extensive bone erosion

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone resection and reconstruction performed to remove the extensively affected bone and reconstruct it using bone grafts, prosthetic materials, or other reconstruction techniques in thrombotic microangiopathy with bone involvement and extensive bone erosion, aiming to restore bone integrity, function, and esthetics

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring bone healing and treatment response.

Operative Note 41:

Procedure: Radiofrequency Ablation

Indication: Thrombotic microangiopathy with severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Radiofrequency ablation performed to target and destroy the nerve fibers responsible for transmitting pain signals in thrombotic microangiopathy with severe bone pain, aiming to provide pain relief and improve quality of life

Closure: None

Complications: None

Postoperative care: Pain management, physical therapy, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 42:

Procedure: Epidural Steroid Injection

Indication: Thrombotic microangiopathy with severe bone pain and nerve compression

Anesthesia: Local anesthesia (standard dosage)

Procedure: Epidural steroid injection performed to deliver anti-inflammatory medication directly to the affected area in thrombotic microangiopathy with severe bone pain and nerve compression, aiming to reduce inflammation, alleviate pain, and improve mobility

Closure: None

Complications: None

Postoperative care: Pain management, physical therapy, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 43:

Procedure: Vertebroplasty

Indication: Thrombotic microangiopathy with vertebral compression fractures and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Vertebroplasty performed to stabilize the fractured vertebral body by injecting bone cement into the affected area in thrombotic microangiopathy with vertebral compression fractures and severe bone pain, aiming to relieve pain, restore vertebral height, and improve spinal stability

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, spinal precautions, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 44:

Procedure: Kyphoplasty

Indication: Thrombotic microangiopathy with vertebral compression fractures and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Kyphoplasty performed to restore vertebral height and relieve pain by creating space and injecting bone cement into the fractured vertebral body in thrombotic microangiopathy with vertebral compression fractures and severe bone pain, aiming to improve spinal alignment and stability

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, spinal precautions, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 45:

Procedure: Percutaneous Discectomy

Indication: Thrombotic microangiopathy with severe bone pain and herniated disc

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous discectomy performed to remove the herniated disc material using minimally invasive techniques in thrombotic microangiopathy with severe bone pain and herniated disc, aiming to alleviate pain, reduce nerve compression, and improve function

Closure: None

Complications: None

Postoperative care: Pain management, physical therapy, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 46:

Procedure: Sacroiliac Joint Fusion

Indication: Thrombotic microangiopathy with severe bone pain and sacroiliac joint dysfunction

Anesthesia: General anesthesia (standard dosage)

Procedure: Sacroiliac joint fusion performed to stabilize the sacroiliac joint using bone grafts and implants in thrombotic microangiopathy with severe bone pain and sacroiliac joint dysfunction, aiming to alleviate pain, improve stability, and restore normal joint function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, ambulation assistance, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 47:

Procedure: Bone Marrow Aspiration and Biopsy

Indication: Thrombotic microangiopathy with severe bone pain and suspected bone marrow involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone marrow aspiration and biopsy performed to collect a sample of bone marrow tissue for examination and diagnosis in thrombotic microangiopathy with severe bone pain and suspected bone marrow involvement, aiming to identify any abnormalities or underlying causes

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, anti-thrombotic medications, and regular follow-up for further diagnostic tests and treatment planning.

Operative Note 48:

Procedure: Bone Decompression

Indication: Thrombotic microangiopathy with severe bone pain and bone marrow pressure

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone decompression performed to relieve pressure within the bone marrow cavity in thrombotic microangiopathy with severe bone pain and bone marrow pressure, aiming to alleviate pain, restore blood flow, and improve bone healing

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 49:

Procedure: Percutaneous Radiofrequency Rhizotomy

Indication: Thrombotic microangiopathy with severe bone pain and facet joint syndrome

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous radiofrequency rhizotomy performed to selectively destroy the sensory nerve fibers transmitting pain signals from the affected facet joint in thrombotic microangiopathy with severe bone pain and facet joint syndrome, aiming to provide long-lasting pain relief and improve function

Closure: None

Complications: None

Postoperative care: Pain management, physical therapy, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 50:

Procedure: Joint Arthroscopy

Indication: Thrombotic microangiopathy with severe bone pain and joint inflammation

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroscopy performed to visualize and treat the joint pathology, such as synovitis or loose bodies, in thrombotic microangiopathy with severe bone pain and joint inflammation, aiming to alleviate pain, improve joint function, and address underlying joint pathology

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, joint mobilization, anti-thrombotic medications, and regular follow-up for monitoring pain relief and treatment response.

Operative Note 51:

Procedure: Nephrectomy

Indication: Thrombotic microangiopathy with severe kidney involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Nephrectomy performed to remove the severely affected kidney in thrombotic microangiopathy with severe kidney involvement, aiming to alleviate symptoms, improve renal function, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Renal function monitoring, fluid management, pain management, anti-thrombotic medications, and regular follow-up for monitoring renal function and treatment response.

Operative Note 52:

Procedure: Splenectomy

Indication: Thrombotic microangiopathy with severe spleen involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Splenectomy performed to remove the severely affected spleen in thrombotic microangiopathy with severe spleen involvement, aiming to alleviate symptoms, improve hematologic abnormalities, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Hematologic monitoring, immunization, pain management, anti-thrombotic medications, and regular follow-up for monitoring hematologic parameters and treatment response.

Operative Note 53:

Procedure: Hemicolectomy

Indication: Thrombotic microangiopathy with severe gastrointestinal involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Hemicolectomy performed to remove the affected portion of the colon or large intestine in thrombotic microangiopathy with severe gastrointestinal involvement, aiming to alleviate symptoms, improve bowel function, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Bowel function monitoring, diet modification, pain management, anti-thrombotic medications, and regular follow-up for monitoring bowel function and treatment response.

Operative Note 54:

Procedure: Femoral-popliteal Bypass

Indication: Thrombotic microangiopathy with severe peripheral artery disease

Anesthesia: General anesthesia (standard dosage)

Procedure: Femoral-popliteal bypass surgery performed to bypass the blocked or narrowed arteries in the leg in thrombotic microangiopathy with severe peripheral artery disease, aiming to restore blood flow, relieve pain, and improve limb function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Limb perfusion monitoring, wound care, pain management, anti-thrombotic medications, and regular follow-up for monitoring limb perfusion and treatment response.

Operative Note 55:

Procedure: Thoracotomy

Indication: Thrombotic microangiopathy with severe lung involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracotomy performed to access and treat the affected lung tissue in thrombotic microangiopathy with severe lung involvement, aiming to alleviate symptoms, improve lung function, and prevent further complications

Closure: Suture closure, chest tube placement, dressing applied

Complications: None

Postoperative care: Chest tube drainage, respiratory support, pain management, anti-thrombotic medications, and regular follow-up for monitoring lung function and treatment response.

Operative Note 56:

Procedure: Orbital Decompression

Indication: Thrombotic microangiopathy with severe orbital involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Orbital decompression performed to relieve pressure within the orbit and improve eye movement in thrombotic microangiopathy with severe orbital involvement, aiming to alleviate symptoms, restore vision, and prevent optic nerve damage

Closure: Suture closure, eye shield placement

Complications: None

Postoperative care: Eye care, pain management, anti-thrombotic medications, and regular follow-up for monitoring visual function and treatment response.

Operative Note 57:

Procedure: Thymectomy

Indication: Thrombotic microangiopathy with severe thymus involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Thymectomy performed to remove the affected thymus gland in thrombotic microangiopathy with severe thymus involvement, aiming to alleviate symptoms, improve immune function, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immune monitoring, pain management, anti-thrombotic medications, and regular follow-up for monitoring immune function and treatment response.

Operative Note 58:

Procedure: Limb Amputation

Indication: Thrombotic microangiopathy with severe limb ischemia and necrosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb amputation performed to remove the severely affected limb due to thrombotic microangiopathy with severe limb ischemia and necrosis, aiming to alleviate pain, prevent infection, and improve overall quality of life

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Wound care, pain management, prosthetic evaluation, anti-thrombotic medications, and regular follow-up for rehabilitation and treatment response.

Operative Note 59:

Procedure: Liver Transplantation

Indication: Thrombotic microangiopathy with severe liver involvement and failure

Anesthesia: General anesthesia (standard dosage)

Procedure: Liver transplantation performed to replace the severely affected liver in thrombotic microangiopathy with severe liver involvement and failure, aiming to restore liver function, improve overall health, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Liver function monitoring, immunosuppressive therapy, pain management, anti-thrombotic medications, and regular follow-up for monitoring liver function and treatment response.

Operative Note 60:

Procedure: Spinal Fusion

Indication: Thrombotic microangiopathy with severe spinal involvement and instability

Anesthesia: General anesthesia (standard dosage)

Procedure: Spinal fusion performed to stabilize the affected spinal segment in thrombotic microangiopathy with severe spinal involvement and instability, aiming to alleviate pain, improve spinal alignment, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Spinal immobilization, pain management, physical therapy, anti-thrombotic medications, and regular follow-up for monitoring spinal stability and treatment response.

Operative Note 61:

Procedure: Renal Biopsy

Indication: Thrombotic microangiopathy with severe kidney involvement

Anesthesia: Local anesthesia with sedation (modified dosage)

Procedure: Renal biopsy performed to obtain a tissue sample from the affected kidney in thrombotic microangiopathy with severe kidney involvement, aiming to confirm the diagnosis, assess disease activity, and guide further treatment decisions

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Renal function monitoring, pain management, anti-thrombotic medications, and regular follow-up for monitoring renal function and treatment response.

Operative Note 62:

Procedure: Gastrostomy Tube Placement

Indication: Thrombotic microangiopathy with severe gastrointestinal involvement and dysphagia

Anesthesia: Local anesthesia with sedation (modified dosage)

Procedure: Gastrostomy tube placement performed to provide enteral nutrition in thrombotic microangiopathy with severe gastrointestinal involvement and dysphagia, aiming to ensure adequate nutrition, improve weight maintenance, and prevent malnutrition

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Gastrostomy tube care, nutritional support, pain management, anti-thrombotic medications, and regular follow-up for monitoring nutritional status and treatment response.

Operative Note 63:

Procedure: Ocular Surgery (Vitrectomy)

Indication: Thrombotic microangiopathy with severe ocular involvement and vitreous hemorrhage

Anesthesia: Local anesthesia with sedation (modified dosage)

Procedure: Vitrectomy performed to remove the blood from the vitreous cavity in thrombotic microangiopathy with severe ocular involvement and vitreous hemorrhage, aiming to improve vision, relieve retinal traction, and prevent further complications

Closure: Suture closure, eye patch applied

Complications: None

Postoperative care: Eye care, pain management, anti-thrombotic medications, and regular follow-up for monitoring visual function and treatment response.

Operative Note 64:

Procedure: Transjugular Intrahepatic Portosystemic Shunt (TIPS) Placement

Indication: Thrombotic microangiopathy with severe liver involvement and portal hypertension

Anesthesia: General anesthesia (standard dosage)

Procedure: TIPS placement performed to create a shunt between the portal and hepatic veins in thrombotic microangiopathy with severe liver involvement and portal hypertension, aiming to reduce portal hypertension, improve liver function, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Liver function monitoring, dietary restrictions, pain management, anti-thrombotic medications, and regular follow-up for monitoring liver function and treatment response.

Operative Note 65:

Procedure: Joint Debridement

Indication: Thrombotic microangiopathy with severe joint involvement and synovitis

Anesthesia: Local anesthesia with sedation (modified dosage)

Procedure: Joint debridement performed to remove inflamed and damaged tissue in the affected joint in thrombotic microangiopathy with severe joint involvement and synovitis, aiming to alleviate pain, improve joint mobility, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, physical therapy, pain management, anti-thrombotic medications, and regular follow-up for monitoring joint function and treatment response.

Operative Note 66:

Procedure: Pulmonary Artery Embolectomy

Indication: Thrombotic microangiopathy with severe pulmonary involvement and pulmonary embolism

Anesthesia: General anesthesia (standard dosage)

Procedure: Pulmonary artery embolectomy performed to remove blood clots from the pulmonary arteries in thrombotic microangiopathy with severe pulmonary involvement and pulmonary embolism, aiming to restore blood flow, improve oxygenation, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pulmonary function monitoring, anticoagulation therapy, pain management, anti-thrombotic medications, and regular follow-up for monitoring pulmonary function and treatment response.

Operative Note 67:

Procedure: Skin Grafting

Indication: Thrombotic microangiopathy with severe skin involvement and non-healing ulcers

Anesthesia: Local anesthesia with sedation (modified dosage)

Procedure: Skin grafting performed to cover the non-healing ulcers with healthy skin in thrombotic microangiopathy with severe skin involvement, aiming to promote wound healing, prevent infection, and improve overall skin condition

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, pain management, anti-thrombotic medications, and regular follow-up for monitoring wound healing and treatment response.

Operative Note 68:

Procedure: Coronary Artery Bypass Graft (CABG) Surgery

Indication: Thrombotic microangiopathy with severe cardiac involvement and coronary artery disease

Anesthesia: General anesthesia (standard dosage)

Procedure: CABG surgery performed to bypass the narrowed or blocked coronary arteries in thrombotic microangiopathy with severe cardiac involvement and coronary artery disease, aiming to restore blood flow to the heart, relieve angina, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Cardiac monitoring, medication management, pain management, anti-thrombotic medications, and regular follow-up for monitoring cardiac function and treatment response.

Operative Note 69:

Procedure: Colostomy Creation

Indication: Thrombotic microangiopathy with severe gastrointestinal involvement and bowel obstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Colostomy creation performed to divert the bowel in thrombotic microangiopathy with severe gastrointestinal involvement and bowel obstruction, aiming to relieve obstruction, prevent bowel perforation, and improve overall gastrointestinal function

Closure: Suture closure, colostomy bag applied

Complications: None

Postoperative care: Colostomy care, nutritional support, pain management, anti-thrombotic medications, and regular follow-up for monitoring gastrointestinal function and treatment response.

Operative Note 70:

Procedure: Thoracotomy with Lung Biopsy

Indication: Thrombotic microangiopathy with severe lung involvement and pulmonary fibrosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracotomy with lung biopsy performed to obtain a lung tissue sample in thrombotic microangiopathy with severe lung involvement and pulmonary fibrosis, aiming to confirm the diagnosis, assess disease activity, and guide further treatment decisions

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pulmonary function monitoring, pain management, anti-thrombotic medications, and regular follow-up for monitoring lung function and treatment response.

Operative Note 71:

Procedure: Joint Debridement and Irrigation

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement and irrigation performed to remove infected tissue and irrigate the joint with antimicrobial solution in thrombotic microangiopathy with severe infection on the extreme moving joint, aiming to control the infection, alleviate pain, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control and treatment response.

Operative Note 72:

Procedure: Arthroscopic Drainage and Lavage

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint

Anesthesia: Local anesthesia with sedation (modified dosage)

Procedure: Arthroscopic drainage and lavage performed to drain the infected joint fluid and irrigate the joint with antimicrobial solution in thrombotic microangiopathy with severe infection on the extreme moving joint, aiming to eradicate the infection, improve joint function, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint mobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control and treatment response.

Operative Note 73:

Procedure: Joint Aspiration with Culture and Sensitivity

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint aspiration performed to obtain synovial fluid for culture and sensitivity testing in thrombotic microangiopathy with severe infection on the extreme moving joint, aiming to identify the causative organism and guide appropriate antibiotic therapy

Closure: Bandage applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control and treatment response.

Operative Note 74:

Procedure: Joint Synovectomy

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint synovectomy performed to remove the inflamed synovial tissue in thrombotic microangiopathy with severe infection on the extreme moving joint, aiming to eradicate the infection, alleviate pain, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control and treatment response.

Operative Note 75:

Procedure: Joint Replacement Surgery (Total Joint Arthroplasty)

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint and joint destruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Total joint arthroplasty performed to replace the infected joint with a prosthetic joint in thrombotic microangiopathy with severe infection on the extreme moving joint and joint destruction, aiming to eradicate the infection, restore joint function, and alleviate pain

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control, prosthesis function, and treatment response.

Operative Note 76:

Procedure: Joint Amputation

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint and extensive tissue necrosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint amputation performed to remove the infected joint and surrounding necrotic tissue in thrombotic microangiopathy with severe infection on the extreme moving joint and extensive tissue necrosis, aiming to control the infection, prevent further complications, and improve overall patient condition

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, wound care, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control, wound healing, and treatment response.

Operative Note 77:

Procedure: Joint Fusion (Arthrodesis)

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint and joint instability

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion performed to fuse the infected joint and stabilize it in thrombotic microangiopathy with severe infection on the extreme moving joint and joint instability, aiming to eradicate the infection, alleviate pain, and improve joint stability

Closure: Suture closure, immobilization device applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control, fusion success, and treatment response.

Operative Note 78:

Procedure: Abscess Drainage

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint and abscess formation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Abscess drainage performed to drain the infected joint abscess in thrombotic microangiopathy with severe infection on the extreme moving joint and abscess formation, aiming to control the infection, alleviate pain, and promote healing

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, wound care, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control, wound healing, and treatment response.

Operative Note 79:

Procedure: Joint Debridement with Antibiotic Bead Placement

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement performed to remove infected tissue and placement of antibiotic beads in the joint space in thrombotic microangiopathy with severe infection on the extreme moving joint, aiming to control the infection, deliver localized antibiotic therapy, and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control and treatment response.

Operative Note 80:

Procedure: Joint Washout with Continuous Antibiotic Irrigation

Indication: Thrombotic microangiopathy with severe infection on the extreme moving joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint washout performed to remove infected joint fluid and continuous antibiotic irrigation in thrombotic microangiopathy with severe infection on the extreme moving joint, aiming to control the infection, reduce bacterial load, and promote healing

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, pain management, anti-thrombotic medications, and regular follow-up for monitoring infection control and treatment response.

Operative Note 81:

Procedure: Biopsy of Inflamed Tissue

Indication: Thrombotic microangiopathy with variation in inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy of the inflamed tissue performed to obtain a tissue sample for histopathological examination in thrombotic microangiopathy with variation in inflammation, aiming to aid in the diagnosis and guide further treatment decisions

Closure: Sterile dressing applied

Complications: None

Postoperative care: Pain management, anti-inflammatory medications, and regular follow-up for review of biopsy results and treatment planning.

Operative Note 82:

Procedure: Intra-articular Corticosteroid Injection

Indication: Thrombotic microangiopathy with variation in inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Intra-articular corticosteroid injection performed to deliver localized anti-inflammatory therapy in thrombotic microangiopathy with variation in inflammation, aiming to reduce joint inflammation, relieve pain, and improve joint function

Closure: Sterile dressing applied

Complications: None

Postoperative care: Pain management, anti-inflammatory medications, joint immobilization, and regular follow-up for monitoring treatment response and adjusting therapy as needed.

Operative Note 83:

Procedure: Synovial Biopsy

Indication: Thrombotic microangiopathy with variation in inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Synovial biopsy performed to obtain a sample of synovial tissue for histopathological examination in thrombotic microangiopathy with variation in inflammation, aiming to aid in the diagnosis and guide further treatment decisions

Closure: Sterile dressing applied

Complications: None

Postoperative care: Pain management, anti-inflammatory medications, and regular follow-up for review of biopsy results and treatment planning.

Operative Note 84:

Procedure: Tendon Release Surgery

Indication: Thrombotic microangiopathy with variation in inflammation causing tendon contracture

Anesthesia: General anesthesia (standard dosage)

Procedure: Tendon release surgery performed to release the contracted tendon in thrombotic microangiopathy with variation in inflammation causing tendon contracture, aiming to improve joint mobility and alleviate pain

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, joint immobilization, physical therapy, and regular follow-up for monitoring tendon release outcome and treatment response.

Operative Note 85:

Procedure: Excision of Inflamed Nodule

Indication: Thrombotic microangiopathy with variation in inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excision of the inflamed nodule performed to remove the localized inflamed tissue in thrombotic microangiopathy with variation in inflammation, aiming to alleviate pain, improve aesthetics, and prevent complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, anti-inflammatory medications, and regular follow-up for wound healing and treatment response.

Operative Note 86:

Procedure: Joint Capsule Release

Indication: Thrombotic microangiopathy with variation in inflammation causing joint stiffness

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint capsule release performed to release the tight joint capsule in thrombotic microangiopathy with variation in inflammation causing joint stiffness, aiming to improve joint mobility and alleviate pain

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, joint mobilization, physical therapy, and regular follow-up for monitoring joint mobility improvement and treatment response.

Operative Note 87:

Procedure: Anti-inflammatory Medication Infusion

Indication: Thrombotic microangiopathy with variation in inflammation

Anesthesia: Not applicable

Procedure: Anti-inflammatory medication infusion performed to administer systemic anti-inflammatory therapy in thrombotic microangiopathy with variation in inflammation, aiming to control widespread inflammation, reduce symptoms, and improve overall patient condition

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of medication response, vital signs, and symptom management during the infusion period, followed by regular follow-up for adjusting medication regimen as needed.

Operative Note 88:

Procedure: Arthroscopic Synovectomy

Indication: Thrombotic microangiopathy with variation in inflammation causing synovial hypertrophy

Anesthesia: General anesthesia (standard dosage)

Procedure: Arthroscopic synovectomy performed to remove the hypertrophic synovial tissue in thrombotic microangiopathy with variation in inflammation causing synovial hypertrophy, aiming to reduce joint inflammation and restore joint function

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, joint immobilization, physical therapy, and regular follow-up for monitoring synovectomy outcome and treatment response.

Operative Note 89:

Procedure: Cryotherapy of Inflamed Tissue

Indication: Thrombotic microangiopathy with variation in inflammation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Cryotherapy of the inflamed tissue performed to apply localized freezing therapy in thrombotic microangiopathy with variation in inflammation, aiming to reduce tissue inflammation, alleviate pain, and promote healing

Closure: Sterile dressing applied

Complications: None

Postoperative care: Pain management, anti-inflammatory medications, and regular follow-up for monitoring treatment response and adjusting therapy as needed.

Operative Note 90:

Procedure: Arthroscopic Debridement

Indication: Thrombotic microangiopathy with variation in inflammation causing joint debris accumulation

Anesthesia: General anesthesia (standard dosage)

Procedure: Arthroscopic debridement performed to remove the debris and inflammatory tissue from the joint in thrombotic microangiopathy with variation in inflammation causing joint debris accumulation, aiming to improve joint function, alleviate pain, and prevent complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, joint immobilization, physical therapy, and regular follow-up for monitoring debridement outcome and treatment response.

Operative Note 91:

Procedure: Renal Biopsy

Indication: Thrombotic microangiopathy with severe renal involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Renal biopsy performed to obtain a tissue sample from the affected kidney in thrombotic microangiopathy with severe renal involvement, aiming to assess the extent of kidney damage and guide appropriate treatment strategies

Closure: Sterile dressing applied

Complications: None

Postoperative care: Close monitoring of renal function, blood pressure control, immunosuppressive therapy, and regular follow-up for reviewing biopsy results and adjusting treatment as per severity.

Operative Note 92:

Procedure: Thrombectomy

Indication: Thrombotic microangiopathy with extensive vascular occlusion

Anesthesia: General anesthesia (standard dosage)

Procedure: Thrombectomy performed to remove the thrombus from the affected blood vessels in thrombotic microangiopathy with extensive vascular occlusion, aiming to restore blood flow and prevent further complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anticoagulant therapy, close monitoring of blood circulation, regular follow-up for evaluating the effectiveness of the procedure, and adjusting treatment based on severity.

Operative Note 93:

Procedure: Intestinal Resection

Indication: Thrombotic microangiopathy with severe intestinal ischemia

Anesthesia: General anesthesia (standard dosage)

Procedure: Intestinal resection performed to remove the ischemic segment of the intestine in thrombotic microangiopathy with severe intestinal ischemia, aiming to restore blood flow, alleviate symptoms, and prevent bowel necrosis

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Parenteral nutrition, wound care, antibiotics, regular follow-up for monitoring bowel healing, and adjusting treatment based on severity.

Operative Note 94:

Procedure: Plasmapheresis

Indication: Thrombotic microangiopathy with severe systemic involvement

Anesthesia: Not applicable

Procedure: Plasmapheresis performed to remove circulating immune complexes and inflammatory mediators from the blood in thrombotic microangiopathy with severe systemic involvement, aiming to control the underlying immune response and reduce organ damage

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of vital signs, immunosuppressive therapy, regular follow-up for assessing treatment response, and adjusting therapy based on severity.

Operative Note 95:

Procedure: Thoracotomy with Lung Biopsy

Indication: Thrombotic microangiopathy with severe pulmonary involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracotomy with lung biopsy performed to obtain a tissue sample from the affected lung in thrombotic microangiopathy with severe pulmonary involvement, aiming to evaluate the extent of lung damage and guide appropriate treatment strategies

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Oxygen therapy, respiratory support, immunosuppressive therapy, regular follow-up for reviewing biopsy results, and adjusting treatment as per severity.

Operative Note 96:

Procedure: Skin Grafting

Indication: Thrombotic microangiopathy with severe cutaneous ulcers

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin grafting performed to cover the non-healing cutaneous ulcers in thrombotic microangiopathy with severe cutaneous ulcers, aiming to promote wound healing, prevent infection, and improve quality of life

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, pain management, regular follow-up for monitoring graft integration, and adjusting treatment as per severity.

Operative Note 97:

Procedure: Exploratory Laparotomy

Indication: Thrombotic microangiopathy with suspected abdominal organ involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Exploratory laparotomy performed to assess the abdominal organs for signs of thrombotic microangiopathy involvement in suspected cases, aiming to confirm the diagnosis and guide further management

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, close monitoring of organ function, regular follow-up for reviewing surgical findings, and adjusting treatment based on severity.

Operative Note 98:

Procedure: Limb Amputation

Indication: Thrombotic microangiopathy with severe peripheral vascular involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb amputation performed to remove the non-viable extremity in thrombotic microangiopathy with severe peripheral vascular involvement, aiming to prevent life-threatening complications and improve overall patient condition

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, prosthetic fitting, physical therapy, regular follow-up for monitoring healing, and adjusting treatment based on severity.

Operative Note 99:

Procedure: Cardiac Catheterization with Angioplasty

Indication: Thrombotic microangiopathy with severe cardiac involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Cardiac catheterization with angioplasty performed to assess and treat the affected coronary arteries in thrombotic microangiopathy with severe cardiac involvement, aiming to restore blood flow and prevent cardiac complications

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Cardiac monitoring, medication management, regular follow-up for evaluating treatment response, and adjusting therapy as per severity.

Operative Note 100:

Procedure: Central Nervous System Decompression

Indication: Thrombotic microangiopathy with severe cerebral involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Central nervous system decompression performed to relieve intracranial pressure in thrombotic microangiopathy with severe cerebral involvement, aiming to prevent further neurological damage and improve patient outcomes

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Neurological monitoring, medication management, regular follow-up for assessing treatment response, and adjusting therapy based on severity.

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| M31.2 Lethal midline granuloma |

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Operative Note 1:

Procedure: Incisional Biopsy

Indication: Lethal midline granuloma

Anesthesia: Local anesthesia (standard dosage)

Procedure: Incisional biopsy performed to obtain a tissue sample from the affected area in lethal midline granuloma, aiming to establish a definitive diagnosis and guide further treatment decisions.

Closure: Sterile dressing applied

Complications: None

Postoperative care: Close monitoring of the biopsy site, regular follow-up for reviewing pathology results, and planning appropriate treatment based on the severity of the condition.

Operative Note 2:

Procedure: Excisional Biopsy

Indication: Lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Excisional biopsy performed to completely remove the lesion in lethal midline granuloma, aiming to obtain a tissue sample for definitive diagnosis and potentially achieve curative intent.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, regular follow-up for reviewing pathology results, and planning appropriate treatment based on the severity of the condition.

Operative Note 3:

Procedure: Debulking Surgery

Indication: Lethal midline granuloma with extensive tissue involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Debulking surgery performed to remove a significant portion of the tumor mass in lethal midline granuloma with extensive tissue involvement, aiming to alleviate symptoms, improve quality of life, and facilitate further treatment modalities.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 4:

Procedure: Radiotherapy

Indication: Lethal midline granuloma with localized disease

Anesthesia: Not applicable

Procedure: Radiotherapy delivered to the localized lesion in lethal midline granuloma, aiming to eradicate tumor cells, control disease progression, and improve patient outcomes.

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of radiation-related side effects, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 5:

Procedure: Chemotherapy

Indication: Lethal midline granuloma with systemic involvement

Anesthesia: Not applicable

Procedure: Chemotherapy administered to target the systemic disease in lethal midline granuloma, aiming to reduce tumor burden, control disease progression, and improve patient outcomes.

Closure: Not applicable

Complications: None

Postoperative care: Close monitoring of chemotherapy-related side effects, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 6:

Procedure: Lymph Node Dissection

Indication: Lethal midline granuloma with lymph node involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Lymph node dissection performed to remove the affected lymph nodes in lethal midline granuloma with lymph node involvement, aiming to control disease spread and improve patient outcomes.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 7:

Procedure: Mandibulectomy

Indication: Lethal midline granuloma with mandibular involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Mandibulectomy performed to remove the affected portion of the mandible in lethal midline granuloma with mandibular involvement, aiming to achieve disease control and restore functional and aesthetic outcomes.

Closure: Reconstruction with bone graft or flap, sutures, dressing applied

Complications: None

Postoperative care: Pain management, oral hygiene care, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 8:

Procedure: Nasal Septectomy

Indication: Lethal midline granuloma with nasal septum involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Nasal septectomy performed to remove the affected nasal septum in lethal midline granuloma with nasal involvement, aiming to alleviate symptoms, improve nasal airflow, and facilitate further treatment modalities.

Closure: Nasal packing, sutures, dressing applied

Complications: None

Postoperative care: Pain management, nasal care, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 9:

Procedure: Tracheostomy

Indication: Lethal midline granuloma with upper airway obstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Tracheostomy performed to establish a secure airway in lethal midline granuloma with upper airway obstruction, aiming to ensure adequate ventilation and facilitate further treatment modalities.

Closure: Tracheostomy tube placement, sutures, dressing applied

Complications: None

Postoperative care: Tracheostomy care, close monitoring of respiratory status, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 10:

Procedure: Palliative Surgery

Indication: Lethal midline granuloma with advanced disease and poor prognosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Palliative surgery performed to alleviate symptoms and improve quality of life in lethal midline granuloma with advanced disease and poor prognosis, aiming to provide comfort and support to the patient.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Symptom management, supportive care, regular follow-up for monitoring disease progression and adjusting treatment as needed based on the severity of the condition.

Operative Note 11:

Procedure: Thoracotomy with Mediastinal Mass Resection

Indication: Lethal midline granuloma with mediastinal involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracotomy performed to access the mediastinum and remove the involved mass in lethal midline granuloma with mediastinal involvement, aiming to achieve disease control and improve patient outcomes.

Closure: Suture closure, chest tube placement, dressing applied

Complications: None

Postoperative care: Pain management, chest tube care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 12:

Procedure: Facial Reconstruction

Indication: Lethal midline granuloma with facial deformity

Anesthesia: General anesthesia (standard dosage)

Procedure: Facial reconstruction performed to restore facial aesthetics and function in lethal midline granuloma with facial deformity, aiming to improve the patient's self-esteem and quality of life.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 13:

Procedure: Endoscopic Sinus Surgery

Indication: Lethal midline granuloma with sinus involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Endoscopic sinus surgery performed to remove the affected sinus tissues and improve sinus drainage in lethal midline granuloma with sinus involvement, aiming to alleviate symptoms and improve overall patient condition.

Closure: Nasal packing, sutures, dressing applied

Complications: None

Postoperative care: Nasal care, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 14:

Procedure: Splenectomy

Indication: Lethal midline granuloma with splenic involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Splenectomy performed to remove the involved spleen in lethal midline granuloma with splenic involvement, aiming to control disease progression and improve patient outcomes.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 15:

Procedure: Ophthalmic Surgery

Indication: Lethal midline granuloma with orbital involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Ophthalmic surgery performed to address the orbital involvement in lethal midline granuloma, aiming to preserve visual function and improve patient outcomes.

Closure: Suture closure, eye patch applied

Complications: None

Postoperative care: Eye care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 16:

Procedure: Gastrostomy Tube Placement

Indication: Lethal midline granuloma with dysphagia and poor oral intake

Anesthesia: Local anesthesia (standard dosage)

Procedure: Gastrostomy tube placement performed to provide enteral nutrition in lethal midline granuloma with dysphagia and poor oral intake, aiming to maintain adequate nutritional support and improve patient outcomes.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Gastrostomy tube care, regular follow-up for monitoring nutritional status and adjusting feeding regimen based on the severity of the condition.

Operative Note 17:

Procedure: Colostomy Formation

Indication: Lethal midline granuloma with lower gastrointestinal involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Colostomy formation performed to divert fecal flow in lethal midline granuloma with lower gastrointestinal involvement, aiming to manage bowel symptoms and improve patient quality of life.

Closure: Colostomy bag placement, sutures, dressing applied

Complications: None

Postoperative care: Stoma care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 18:

Procedure: Lymph Node Biopsy

Indication: Lethal midline granuloma with lymphadenopathy

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed to obtain tissue for diagnostic purposes in lethal midline granuloma with lymphadenopathy, aiming to establish a definitive diagnosis and guide further treatment decisions.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Regular follow-up for obtaining biopsy results, assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 19:

Procedure: Cranial Decompression

Indication: Lethal midline granuloma with central nervous system involvement and increased intracranial pressure

Anesthesia: General anesthesia (standard dosage)

Procedure: Cranial decompression performed to relieve increased intracranial pressure in lethal midline granuloma with central nervous system involvement, aiming to prevent neurological complications and improve patient outcomes.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Neurological monitoring, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 20:

Procedure: Skin Debridement and Wound Closure

Indication: Lethal midline granuloma with extensive cutaneous involvement and ulceration

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin debridement performed to remove necrotic tissue and promote wound healing in lethal midline granuloma with extensive cutaneous involvement and ulceration, aiming to improve wound condition and prevent infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 21:

Procedure: Thoracotomy with Mediastinal Mass Resection

Indication: Lethal midline granuloma with mediastinal involvement

Anesthesia: General anesthesia (reduced dosage)

Procedure: Thoracotomy performed under reduced dosage general anesthesia to access the mediastinum and remove the involved mass in lethal midline granuloma with mediastinal involvement, aiming to achieve disease control and improve patient outcomes while minimizing anesthesia-related risks.

Closure: Suture closure, chest tube placement, dressing applied

Complications: None

Postoperative care: Pain management, chest tube care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 22:

Procedure: Facial Reconstruction

Indication: Lethal midline granuloma with facial deformity

Anesthesia: Local anesthesia (augmented dosage)

Procedure: Facial reconstruction performed under augmented dosage local anesthesia to restore facial aesthetics and function in lethal midline granuloma with facial deformity, aiming to improve the patient's self-esteem and quality of life while ensuring optimal pain control during the procedure.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 23:

Procedure: Endoscopic Sinus Surgery

Indication: Lethal midline granuloma with sinus involvement

Anesthesia: Local anesthesia (variable dosage)

Procedure: Endoscopic sinus surgery performed under variable dosage local anesthesia to remove the affected sinus tissues and improve sinus drainage in lethal midline granuloma with sinus involvement, aiming to alleviate symptoms and improve overall patient condition while adjusting anesthesia dosage as needed.

Closure: Nasal packing, sutures, dressing applied

Complications: None

Postoperative care: Nasal care, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 24:

Procedure: Splenectomy

Indication: Lethal midline granuloma with splenic involvement

Anesthesia: General anesthesia (increased dosage)

Procedure: Splenectomy performed under increased dosage general anesthesia to remove the involved spleen in lethal midline granuloma with splenic involvement, aiming to control disease progression and improve patient outcomes while ensuring adequate depth of anesthesia.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 25:

Procedure: Ophthalmic Surgery

Indication: Lethal midline granuloma with orbital involvement

Anesthesia: Local anesthesia (variable dosage)

Procedure: Ophthalmic surgery performed under variable dosage local anesthesia to address the orbital involvement in lethal midline granuloma, aiming to preserve visual function and improve patient outcomes while titrating anesthesia dosage based on patient comfort and procedure requirements.

Closure: Suture closure, eye patch applied

Complications: None

Postoperative care: Eye care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 26:

Procedure: Gastrostomy Tube Placement

Indication: Lethal midline granuloma with dysphagia and poor oral intake

Anesthesia: Local anesthesia (standard dosage)

Procedure: Gastrostomy tube placement performed under standard dosage local anesthesia to provide enteral nutrition in lethal midline granuloma with dysphagia and poor oral intake, aiming to maintain adequate nutritional support and improve patient outcomes.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Gastrostomy tube care, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 27:

Procedure: Limb Amputation

Indication: Lethal midline granuloma with severe extremity involvement and necrosis

Anesthesia: General anesthesia (variable dosage)

Procedure: Limb amputation performed under variable dosage general anesthesia to remove the severely affected limb in lethal midline granuloma with extensive extremity involvement and necrosis, aiming to control the disease, relieve pain, and improve patient quality of life.

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, prosthetic fitting, regular follow-up for assessing healing and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 28:

Procedure: Renal Biopsy

Indication: Lethal midline granuloma with renal involvement

Anesthesia: Local anesthesia (variable dosage)

Procedure: Renal biopsy performed under variable dosage local anesthesia to obtain tissue for diagnostic purposes in lethal midline granuloma with renal involvement, aiming to establish a definitive diagnosis and guide further treatment decisions while adjusting anesthesia dosage as needed.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Regular follow-up for obtaining biopsy results, assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 29:

Procedure: Hepatic Resection

Indication: Lethal midline granuloma with hepatic involvement and liver dysfunction

Anesthesia: General anesthesia (reduced dosage)

Procedure: Hepatic resection performed under reduced dosage general anesthesia to remove the involved liver tissue in lethal midline granuloma with hepatic involvement and liver dysfunction, aiming to control the disease, improve liver function, and minimize anesthesia-related risks.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Liver function monitoring, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 30:

Procedure: Excisional Biopsy of Cutaneous Lesion

Indication: Lethal midline granuloma with skin involvement

Anesthesia: Local anesthesia (augmented dosage)

Procedure: Excisional biopsy performed under augmented dosage local anesthesia to remove the cutaneous lesion in lethal midline granuloma with skin involvement, aiming to obtain tissue for diagnostic purposes, alleviate symptoms, and guide further treatment decisions while ensuring optimal pain control during the procedure.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, regular follow-up for obtaining biopsy results, assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 31:

Procedure: Mandibulectomy with Reconstruction

Indication: Lethal midline granuloma with severe bone erosion in the mandible

Anesthesia: General anesthesia (standard dosage)

Procedure: Mandibulectomy with reconstruction performed under standard dosage general anesthesia to remove the affected mandible and reconstruct the defect in lethal midline granuloma with severe bone erosion, aiming to restore facial aesthetics, function, and improve patient outcomes.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, oral hygiene, regular follow-up for assessing healing, and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 32:

Procedure: Spinal Fusion

Indication: Lethal midline granuloma with spinal involvement and vertebral erosion

Anesthesia: General anesthesia (variable dosage)

Procedure: Spinal fusion performed under variable dosage general anesthesia to stabilize the affected vertebral segment in lethal midline granuloma with spinal involvement and vertebral erosion, aiming to alleviate pain, prevent spinal instability, and improve patient outcomes while adjusting anesthesia dosage as needed.

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Pain management, spinal immobilization, regular follow-up for assessing fusion success, and planning appropriate further interventions based on the severity of the condition.

Operative Note 33:

Procedure: Total Hip Replacement

Indication: Lethal midline granuloma with severe bone erosion in the hip joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Total hip replacement performed under standard dosage general anesthesia to replace the severely affected hip joint in lethal midline granuloma with severe bone erosion, aiming to relieve pain, restore mobility, and improve patient quality of life.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Rehabilitation, pain management, regular follow-up for assessing prosthesis function, and planning appropriate further interventions based on the severity of the condition.

Operative Note 34:

Procedure: Rib Resection

Indication: Lethal midline granuloma with rib involvement and erosion

Anesthesia: Local anesthesia (variable dosage)

Procedure: Rib resection performed under variable dosage local anesthesia to remove the involved rib and address chest wall deformity in lethal midline granuloma with rib involvement and erosion, aiming to improve respiratory function and patient outcomes while adjusting anesthesia dosage based on patient comfort and procedure requirements.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, chest wall support, regular follow-up for assessing healing, and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 35:

Procedure: Arthroscopic Knee Debridement

Indication: Lethal midline granuloma with knee joint involvement and cartilage erosion

Anesthesia: Local anesthesia (augmented dosage)

Procedure: Arthroscopic knee debridement performed under augmented dosage local anesthesia to remove the affected synovial tissue and address cartilage erosion in lethal midline granuloma with knee joint involvement, aiming to alleviate pain, improve joint function, and optimize patient outcomes while ensuring optimal pain control during the procedure.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Knee immobilization, pain management, regular follow-up for assessing treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 36:

Procedure: Craniotomy with Tumor Resection

Indication: Lethal midline granuloma with intracranial involvement and bone erosion

Anesthesia: General anesthesia (increased dosage)

Procedure: Craniotomy with tumor resection performed under increased dosage general anesthesia to remove the intracranial mass in lethal midline granuloma with intracranial involvement and bone erosion, aiming to relieve intracranial pressure, preserve neurological function, and improve patient outcomes while adjusting anesthesia dosage for optimal control during the procedure.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Neurological monitoring, pain management, regular follow-up for assessing healing, and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 37:

Procedure: Limb Salvage Surgery

Indication: Lethal midline granuloma with bone erosion in the extremity

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb salvage surgery performed under standard dosage general anesthesia to remove the affected bone segment, reconstruct the defect, and preserve the limb in lethal midline granuloma with bone erosion in the extremity, aiming to maintain limb function, improve patient quality of life, and minimize amputation-related risks.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, limb immobilization, regular follow-up for assessing healing, and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 38:

Procedure: Mandibular Augmentation with Bone Grafting

Indication: Lethal midline granuloma with mandibular involvement and bone erosion

Anesthesia: Local anesthesia (variable dosage)

Procedure: Mandibular augmentation with bone grafting performed under variable dosage local anesthesia to restore mandibular contour and function in lethal midline granuloma with mandibular involvement and bone erosion, aiming to improve facial aesthetics, oral function, and patient outcomes while adjusting anesthesia dosage as needed.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Oral hygiene, regular follow-up for assessing graft integration, and planning appropriate further interventions based on the severity of the condition.

Operative Note 39:

Procedure: Vascular Bypass Surgery

Indication: Lethal midline granuloma with vascular involvement and vessel erosion

Anesthesia: General anesthesia (variable dosage)

Procedure: Vascular bypass surgery performed under variable dosage general anesthesia to restore blood flow in the affected vessel in lethal midline granuloma with vascular involvement and vessel erosion, aiming to improve tissue perfusion, prevent complications, and optimize patient outcomes while adjusting anesthesia dosage based on patient stability and procedure requirements.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Vascular monitoring, pain management, regular follow-up for assessing graft patency, and planning appropriate further interventions based on the severity of the condition.

Operative Note 40:

Procedure: Limb Debridement and Drainage

Indication: Lethal midline granuloma with severe soft tissue infection and bone erosion

Anesthesia: Local anesthesia (augmented dosage)

Procedure: Limb debridement and drainage performed under augmented dosage local anesthesia to remove infected tissue, address bone erosion, and establish drainage in lethal midline granuloma with severe soft tissue infection, aiming to control the infection, improve wound healing, and optimize patient outcomes while ensuring optimal pain control during the procedure.

Closure: Suture closure, dressing applied comp

Operative Note 41:

Procedure: Vertebroplasty

Indication: Lethal midline granuloma with vertebral involvement and severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Vertebroplasty performed under standard dosage local anesthesia to stabilize the affected vertebra and alleviate severe bone pain in lethal midline granuloma with vertebral involvement, aiming to improve pain control and patient comfort.

Closure: No closure required

Complications: None

Postoperative care: Pain management, activity modification, regular follow-up for assessing pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 42:

Procedure: Joint Arthrodesis

Indication: Lethal midline granuloma with severe bone pain and joint involvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthrodesis performed under standard dosage general anesthesia to fuse the affected joint in lethal midline granuloma with severe bone pain and joint involvement, aiming to eliminate pain, restore stability, and improve patient function and quality of life.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immobilization, pain management, regular follow-up for assessing fusion success, and planning appropriate further interventions based on the severity of the condition.

Operative Note 43:

Procedure: Resection of Bone Lesion

Indication: Lethal midline granuloma with localized bone involvement and severe pain

Anesthesia: Local anesthesia (variable dosage)

Procedure: Resection of the bone lesion performed under variable dosage local anesthesia to remove the affected bone segment in lethal midline granuloma with localized bone involvement and severe pain, aiming to alleviate pain, prevent further bone destruction, and improve patient outcomes while adjusting anesthesia dosage as needed.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing healing, and treatment response, and planning appropriate further interventions based on the severity of the condition.

Operative Note 44:

Procedure: Nerve Decompression

Indication: Lethal midline granuloma with nerve involvement and severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nerve decompression performed under standard dosage local anesthesia to relieve pressure on the affected nerve and alleviate severe bone pain in lethal midline granuloma with nerve involvement, aiming to improve pain control and patient comfort.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 45:

Procedure: Bone Biopsy

Indication: Lethal midline granuloma with severe bone pain and uncertain etiology

Anesthesia: Local anesthesia (standard dosage)

Procedure: Bone biopsy performed under standard dosage local anesthesia to obtain a tissue sample for histopathological examination in lethal midline granuloma with severe bone pain and uncertain etiology, aiming to establish a definitive diagnosis and guide further treatment decisions.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for receiving biopsy results, and planning appropriate further interventions based on the severity of the condition.

Operative Note 46:

Procedure: Joint Fluid Drainage

Indication: Lethal midline granuloma with severe bone pain and joint effusion

Anesthesia: Local anesthesia (standard dosage)

Procedure: Joint fluid drainage performed under standard dosage local anesthesia to relieve pain and reduce joint effusion in lethal midline granuloma with severe bone pain and joint involvement, aiming to improve patient comfort and mobility.

Closure: No closure required

Complications: None

Postoperative care: Pain management, joint immobilization, regular follow-up for assessing fluid recurrence, and planning appropriate further interventions based on the severity of the condition.

Operative Note 47:

Procedure: Neurolysis

Indication: Lethal midline granuloma with nerve involvement and severe bone pain

Anesthesia: Local anesthesia (variable dosage)

Procedure: Neurolysis performed under variable dosage local anesthesia to release nerve entrapment and alleviate severe bone pain in lethal midline granuloma with nerve involvement, aiming to improve pain control and patient comfort while adjusting anesthesia dosage as needed.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 48:

Procedure: Curettage and Bone Grafting

Indication: Lethal midline granuloma with severe bone pain and bone cavity formation

Anesthesia: Local anesthesia (augmented dosage)

Procedure: Curettage and bone grafting performed under augmented dosage local anesthesia to remove the necrotic bone tissue, fill the cavity with bone graft material, and alleviate severe bone pain in lethal midline granuloma with bone cavity formation, aiming to promote healing, restore bone integrity, and improve patient outcomes.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing graft integration and healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 49:

Procedure: Limb Amputation

Indication: Lethal midline granuloma with severe bone pain and irreversible limb damage

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb amputation performed under standard dosage general anesthesia to remove the severely affected limb in lethal midline granuloma with severe bone pain and irreversible limb damage, aiming to alleviate pain, prevent complications, and improve patient quality of life.

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, prosthetic evaluation and fitting, regular follow-up for assessing functional recovery, and planning appropriate further interventions based on the severity of the condition.

Operative Note 50:

Procedure: Joint Denervation

Indication: Lethal midline granuloma with severe bone pain and joint involvement

Anesthesia: Local anesthesia (variable dosage)

Procedure: Joint denervation performed under variable dosage local anesthesia to disrupt pain signals and alleviate severe bone pain in lethal midline granuloma with joint involvement, aiming to improve pain control and patient comfort while adjusting anesthesia dosage as needed.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, joint immobilization, regular follow-up for assessing pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 51:

Procedure: Debridement and Wound Closure

Indication: Lethal midline granuloma with severe bone pain and open wound

Anesthesia: Local anesthesia (standard dosage)

Procedure: Debridement of the open wound and wound closure performed under standard dosage local anesthesia in lethal midline granuloma with severe bone pain and open wound, aiming to promote wound healing, prevent infection, and alleviate pain.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, pain management, regular follow-up for assessing wound healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 52:

Procedure: Excision of Granulomatous Lesion

Indication: Lethal midline granuloma with localized lesion and severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excision of the granulomatous lesion performed under standard dosage local anesthesia in lethal midline granuloma with localized lesion and severe bone pain, aiming to remove the affected tissue and alleviate pain.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 53:

Procedure: Vascular Bypass Surgery

Indication: Lethal midline granuloma with vascular involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Vascular bypass surgery performed under standard dosage general anesthesia in lethal midline granuloma with vascular involvement and severe bone pain, aiming to restore blood flow, alleviate pain, and prevent complications.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing graft patency and pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 54:

Procedure: Soft Tissue Reconstruction

Indication: Lethal midline granuloma with severe bone pain and soft tissue defect

Anesthesia: Local anesthesia (standard dosage)

Procedure: Soft tissue reconstruction performed under standard dosage local anesthesia in lethal midline granuloma with severe bone pain and soft tissue defect, aiming to restore tissue integrity, promote healing, and alleviate pain.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, regular follow-up for assessing healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 55:

Procedure: Arthroscopy

Indication: Lethal midline granuloma with joint involvement and severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Arthroscopy performed under standard dosage local anesthesia in lethal midline granuloma with joint involvement and severe bone pain, aiming to evaluate and treat the joint pathology, alleviate pain, and improve joint function.

Closure: No closure required

Complications: None

Postoperative care: Pain management, joint immobilization, regular follow-up for assessing pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 56:

Procedure: Amputation Revision

Indication: Lethal midline granuloma with previous amputation and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Amputation revision performed under standard dosage general anesthesia in lethal midline granuloma with previous amputation and severe bone pain, aiming to improve stump condition, alleviate pain, and optimize prosthetic fit and function.

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, prosthetic evaluation and fitting, regular follow-up for assessing functional recovery, and planning appropriate further interventions based on the severity of the condition.

Operative Note 57:

Procedure: Excisional Biopsy

Indication: Lethal midline granuloma with uncertain diagnosis and severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excisional biopsy performed under standard dosage local anesthesia in lethal midline granuloma with uncertain diagnosis and severe bone pain, aiming to obtain tissue for histopathological examination, establish a definitive diagnosis, and guide further treatment.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for biopsy results, and planning appropriate further interventions based on the severity of the condition.

Operative Note 58:

Procedure: Nerve Decompression

Indication: Lethal midline granuloma with nerve compression and severe bone pain

Anesthesia: Local anesthesia (variable dosage)

Procedure: Nerve decompression performed under variable dosage local anesthesia in lethal midline granuloma with nerve compression and severe bone pain, aiming to relieve nerve compression, restore function, and alleviate pain.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing nerve function and pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 59:

Procedure: Skin Grafting

Indication: Lethal midline granuloma with skin ulceration and severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin grafting performed under standard dosage local anesthesia in lethal midline granuloma with skin ulceration and severe bone pain, aiming to promote wound healing, restore skin integrity, and alleviate pain.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, wound care, regular follow-up for assessing graft take and healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 60:

Procedure: Tracheostomy

Indication: Lethal midline granuloma with airway involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Tracheostomy performed under standard dosage general anesthesia in lethal midline granuloma with airway involvement and severe bone pain, aiming to secure the airway, alleviate respiratory distress, and improve patient outcomes.

Closure: No closure required

Complications: None

Postoperative care: Airway management, pain management, regular follow-up for assessing respiratory function, and planning appropriate further interventions based on the severity of the condition.

Operative Note 61:

Procedure: Lymph Node Biopsy

Indication: Lethal midline granuloma with lymphadenopathy and severe bone pain

Anesthesia: Local anesthesia (standard dosage)

Procedure: Lymph node biopsy performed under standard dosage local anesthesia in lethal midline granuloma with lymphadenopathy and severe bone pain, aiming to obtain tissue for histopathological examination and determine the extent of the disease involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for biopsy results, and planning appropriate further interventions based on the severity of the condition.

Operative Note 62:

Procedure: Sinus Debridement

Indication: Lethal midline granuloma with sinus involvement and severe bone pain

Anesthesia: Local anesthesia (variable dosage)

Procedure: Sinus debridement performed under variable dosage local anesthesia in lethal midline granuloma with sinus involvement and severe bone pain, aiming to remove diseased tissue, improve sinus drainage, and alleviate pain.

Closure: No closure required

Complications: None

Postoperative care: Pain management, nasal irrigation, regular follow-up for assessing sinus function and pain relief, and planning appropriate further interventions based on the severity of the condition.

Operative Note 63:

Procedure: Maxillofacial Reconstruction

Indication: Lethal midline granuloma with maxillofacial involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Maxillofacial reconstruction performed under standard dosage general anesthesia in lethal midline granuloma with maxillofacial involvement and severe bone pain, aiming to restore facial structure, alleviate pain, and improve oral function.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, oral hygiene, regular follow-up for assessing healing and functional outcomes, and planning appropriate further interventions based on the severity of the condition.

Operative Note 64:

Procedure: Abdominal Exploration

Indication: Lethal midline granuloma with abdominal involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Abdominal exploration performed under standard dosage general anesthesia in lethal midline granuloma with abdominal involvement and severe bone pain, aiming to evaluate the extent of disease involvement, identify any complications, and guide further treatment decisions.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, regular follow-up for assessing abdominal symptoms, and planning appropriate further interventions based on the severity of the condition.

Operative Note 65:

Procedure: Nephrectomy

Indication: Lethal midline granuloma with renal involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Nephrectomy performed under standard dosage general anesthesia in lethal midline granuloma with renal involvement and severe bone pain, aiming to remove the affected kidney, alleviate pain, and prevent further complications.

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Pain management, renal function monitoring, regular follow-up for assessing recovery, and planning appropriate further interventions based on the severity of the condition.

Operative Note 66:

Procedure: Craniotomy

Indication: Lethal midline granuloma with cranial involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Craniotomy performed under standard dosage general anesthesia in lethal midline granuloma with cranial involvement and severe bone pain, aiming to access and remove the intracranial granuloma, alleviate pain, and reduce the risk of neurological complications.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, neurological monitoring, regular follow-up for assessing recovery, and planning appropriate further interventions based on the severity of the condition.

Operative Note 67:

Procedure: Thoracotomy

Indication: Lethal midline granuloma with thoracic involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracotomy performed under standard dosage general anesthesia in lethal midline granuloma with thoracic involvement and severe bone pain, aiming to access and remove the intrathoracic granuloma, alleviate pain, and improve respiratory function.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, respiratory monitoring, regular follow-up for assessing recovery, and planning appropriate further interventions based on the severity of the condition.

Operative Note 68:

Procedure: Limb Amputation

Indication: Lethal midline granuloma with limb involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb amputation performed under standard dosage general anesthesia in lethal midline granuloma with limb involvement and severe bone pain, aiming to remove the affected limb, alleviate pain, and improve patient mobility.

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Pain management, stump care, regular follow-up for prosthetic fitting and rehabilitation, and planning appropriate further interventions based on the severity of the condition.

Operative Note 69:

Procedure: Bowel Resection

Indication: Lethal midline granuloma with gastrointestinal involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Bowel resection performed under standard dosage general anesthesia in lethal midline granuloma with gastrointestinal involvement and severe bone pain, aiming to remove the affected segment of the bowel, alleviate pain, and restore normal bowel function.

Closure: Surgical closure, ostomy created if necessary, dressing applied

Complications: None

Postoperative care: Pain management, bowel function monitoring, regular follow-up for assessing recovery, and planning appropriate further interventions based on the severity of the condition.

Operative Note 70:

Procedure: Spinal Fusion

Indication: Lethal midline granuloma with spinal involvement and severe bone pain

Anesthesia: General anesthesia (standard dosage)

Procedure: Spinal fusion performed under standard dosage general anesthesia in lethal midline granuloma with spinal involvement and severe bone pain, aiming to stabilize the affected spinal segment, alleviate pain, and improve spinal stability and function.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, spinal immobilization, regular follow-up for assessing fusion success and functional outcomes, and planning appropriate further interventions based on the severity of the condition.

Operative Note 71:

Procedure: Joint Lavage and Debridement

Indication: Severe infection of the extreme moving joint in the context of lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint lavage and debridement performed under standard dosage general anesthesia in the setting of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to irrigate the joint, remove infected tissue, and promote healing.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for wound healing, infection control, and planning appropriate further interventions based on the severity of the condition.

Operative Note 72:

Procedure: Arthroscopic Synovectomy

Indication: Severe infection of the extreme moving joint requiring synovial tissue removal in lethal midline granuloma

Anesthesia: Regional anesthesia (variable dosage)

Procedure: Arthroscopic synovectomy performed under variable dosage regional anesthesia in the context of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to remove infected synovial tissue and improve joint function.

Closure: No closure required

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control and joint function, and planning appropriate further interventions based on the severity of the condition.

Operative Note 73:

Procedure: Joint Arthrodesis

Indication: Severe infection of the extreme moving joint necessitating joint fusion in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthrodesis performed under standard dosage general anesthesia in the setting of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to eradicate infection, stabilize the joint, and alleviate pain.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, fusion assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 74:

Procedure: Joint Irrigation and Drainage

Indication: Severe infection of the extreme moving joint requiring drainage in lethal midline granuloma

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint irrigation and drainage performed under standard dosage regional anesthesia in the context of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to remove infected material, improve joint drainage, and facilitate healing.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, wound healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 75:

Procedure: Joint Resection

Indication: Severe infection of the extreme moving joint necessitating joint resection in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint resection performed under standard dosage general anesthesia in the setting of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to remove the infected joint components, eradicate infection, and relieve pain.

Closure: Surgical closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, wound healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 76:

Procedure: Joint Replacement

Indication: Severe infection of the extreme moving joint necessitating joint replacement in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint replacement performed under standard dosage general anesthesia in the context of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to remove the infected joint components and replace them with prosthetic implants to restore joint function.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, prosthesis stability, and planning appropriate further interventions based on the severity of the condition.

Operative Note 77:

Procedure: Joint Fusion with Antibiotic Spacer

Indication: Severe infection of the extreme moving joint requiring joint fusion and antibiotic spacer placement in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion with antibiotic spacer placement performed under standard dosage general anesthesia in the setting of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to eradicate infection, stabilize the joint, and facilitate bone healing using an antibiotic-impregnated spacer.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, fusion assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 78:

Procedure: Joint Capsulectomy

Indication: Severe infection of the extreme moving joint necessitating capsulectomy in lethal midline granuloma

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint capsulectomy performed under standard dosage regional anesthesia in the context of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to remove infected joint capsule tissue and promote joint healing.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, wound healing, and planning appropriate further interventions based on the severity of the condition.

Operative Note 79:

Procedure: Joint Arthroscopy with Lavage

Indication: Severe infection of the extreme moving joint requiring arthroscopic lavage in lethal midline granuloma

Anesthesia: Regional anesthesia (variable dosage)

Procedure: Joint arthroscopy with lavage performed under variable dosage regional anesthesia in the setting of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to irrigate the joint, remove infected debris, and promote healing.

Closure: No closure required

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 80:

Procedure: Joint Synovectomy

Indication: Severe infection of the extreme moving joint necessitating synovectomy in lethal midline granuloma

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint synovectomy performed under standard dosage regional anesthesia in the context of severe infection on the extreme moving joint associated with lethal midline granuloma, aiming to remove infected synovial tissue and alleviate joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Intravenous antibiotics, joint immobilization, regular follow-up for infection control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 81:

Procedure: Joint Lavage with Anti-inflammatory Medication Injection

Indication: Variation in inflammation of the extreme moving joint in the context of lethal midline granuloma

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint lavage performed under standard dosage regional anesthesia in the setting of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, followed by injection of anti-inflammatory medication to reduce inflammation and promote joint healing.

Closure: No closure required

Complications: None

Postoperative care: Joint immobilization, anti-inflammatory medication, regular follow-up for inflammation control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 82:

Procedure: Joint Synovial Biopsy

Indication: Variation in inflammation of the extreme moving joint requiring synovial biopsy in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint synovial biopsy performed under standard dosage general anesthesia in the context of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, aiming to obtain a tissue sample for further analysis and diagnosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, regular follow-up for biopsy results, inflammation control, and planning appropriate further interventions based on the severity of the condition.

Operative Note 83:

Procedure: Joint Arthroplasty with Anti-inflammatory Medication Administration

Indication: Variation in inflammation of the extreme moving joint necessitating joint arthroplasty in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroplasty performed under standard dosage general anesthesia in the setting of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, followed by administration of anti-inflammatory medication to reduce inflammation and promote joint healing.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, anti-inflammatory medication, regular follow-up for inflammation control, prosthesis stability, and planning appropriate further interventions based on the severity of the condition.

Operative Note 84:

Procedure: Joint Debridement with Corticosteroid Injection

Indication: Variation in inflammation of the extreme moving joint requiring debridement and corticosteroid injection in lethal midline granuloma

Anesthesia: Regional anesthesia (variable dosage)

Procedure: Joint debridement performed under variable dosage regional anesthesia in the context of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, followed by injection of corticosteroids to reduce inflammation and promote joint healing.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, corticosteroid medication, regular follow-up for inflammation control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 85:

Procedure: Joint Biopsy with Inflammation Assessment

Indication: Variation in inflammation of the extreme moving joint requiring joint biopsy and inflammation assessment in lethal midline granuloma

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint biopsy performed under standard dosage regional anesthesia in the setting of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, aiming to obtain a tissue sample for biopsy and assess the level of inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, regular follow-up for biopsy results, inflammation control, and planning appropriate further interventions based on the severity of the condition.

Operative Note 86:

Procedure: Joint Debridement with Immunosuppressive Medication Administration

Indication: Variation in inflammation of the extreme moving joint necessitating joint debridement and immunosuppressive medication administration in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement performed under standard dosage general anesthesia in the context of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, followed by administration of immunosuppressive medication to reduce inflammation and modulate the immune response.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, immunosuppressive medication, regular follow-up for inflammation control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 87:

Procedure: Joint Lavage with Steroid Injection

Indication: Variation in inflammation of the extreme moving joint requiring joint lavage and steroid injection in lethal midline granuloma

Anesthesia: Regional anesthesia (variable dosage)

Procedure: Joint lavage performed under variable dosage regional anesthesia in the setting of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, followed by injection of steroids to reduce inflammation and promote joint healing.

Closure: No closure required

Complications: None

Postoperative care: Joint immobilization, steroid medication, regular follow-up for inflammation control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 88:

Procedure: Joint Synovectomy with Immunosuppressive Medication Administration

Indication: Variation in inflammation of the extreme moving joint necessitating synovectomy and immunosuppressive medication administration in lethal midline granuloma

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint synovectomy performed under standard dosage regional anesthesia in the context of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, followed by administration of immunosuppressive medication to reduce inflammation and modulate the immune response.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, immunosuppressive medication, regular follow-up for inflammation control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 89:

Procedure: Joint Debridement with Anti-inflammatory Medication Injection

Indication: Variation in inflammation of the extreme moving joint requiring joint debridement and anti-inflammatory medication injection in lethal midline granuloma

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Joint debridement performed under standard dosage regional anesthesia in the setting of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, followed by injection of anti-inflammatory medication to reduce inflammation and promote joint healing.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, anti-inflammatory medication, regular follow-up for inflammation control, joint function assessment, and planning appropriate further interventions based on the severity of the condition.

Operative Note 90:

Procedure: Joint Biopsy with Inflammation Modulator Administration

Indication: Variation in inflammation of the extreme moving joint requiring joint biopsy and administration of inflammation modulators in lethal midline granuloma

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint biopsy performed under standard dosage general anesthesia in the context of variation in inflammation on the extreme moving joint associated with lethal midline granuloma, aiming to obtain a tissue sample for biopsy and administer inflammation modulators to control and regulate the inflammatory response.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, regular follow-up for biopsy results, inflammation control, and planning appropriate further interventions based on the severity of the condition.

Operative Note 91:

Procedure: Debridement and Drainage of Lethal Midline Granuloma Lesion

Indication: Severe diagnosis of lethal midline granuloma requiring debridement and drainage

Anesthesia: General anesthesia (standard dosage)

Procedure: Debridement and drainage of the lethal midline granuloma lesion performed under standard dosage general anesthesia. Extensive debridement of necrotic tissue and abscess drainage was conducted to control the infection and promote healing.

Closure: Wound left open for secondary intention healing

Complications: None

Postoperative care: Daily wound dressing changes, broad-spectrum antibiotics, pain management, regular follow-up appointments, and imaging studies to monitor the healing process based on the severity of the condition.

Operative Note 92:

Procedure: Excision and Reconstruction of Lethal Midline Granuloma Lesion

Indication: Moderate diagnosis of lethal midline granuloma necessitating excision and reconstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Excision and reconstruction of the lethal midline granuloma lesion performed under standard dosage general anesthesia. Wide excision of the affected tissue was performed, followed by reconstruction using local flaps to restore the integrity of the affected area.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, antibiotics, pain management, regular follow-up appointments, and histopathological examination of excised tissue based on the severity of the condition.

Operative Note 93:

Procedure: Biopsy and Chemotherapy Administration for Lethal Midline Granuloma

Indication: Mild diagnosis of lethal midline granuloma requiring biopsy and chemotherapy administration

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy of the lethal midline granuloma lesion performed under standard dosage local anesthesia, followed by the administration of chemotherapy agents to target the affected cells and control disease progression.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Chemotherapy regimen, regular follow-up appointments, imaging studies to assess treatment response, and adjustment of chemotherapy protocols based on the severity of the condition.

Operative Note 94:

Procedure: Debridement and Antibiotic Spacer Placement for Lethal Midline Granuloma

Indication: Severe diagnosis of lethal midline granuloma requiring debridement and antibiotic spacer placement

Anesthesia: General anesthesia (standard dosage)

Procedure: Debridement of necrotic tissue and placement of an antibiotic spacer in the affected area performed under standard dosage general anesthesia to control infection and promote healing. The antibiotic spacer was utilized to provide local antibiotic therapy.

Closure: Wound left open for secondary intention healing

Complications: None

Postoperative care: Daily wound dressing changes, intravenous antibiotics, pain management, regular follow-up appointments, and imaging studies to monitor infection control and healing based on the severity of the condition.

Operative Note 95:

Procedure: Excision and Skin Grafting of Lethal Midline Granuloma Lesion

Indication: Moderate diagnosis of lethal midline granuloma necessitating excision and skin grafting

Anesthesia: General anesthesia (standard dosage)

Procedure: Excision of the lethal midline granuloma lesion and subsequent skin grafting performed under standard dosage general anesthesia. The affected tissue was completely excised, and a skin graft was harvested and applied to promote wound closure and healing.

Closure: Suture closure and skin graft fixation, dressing applied

Complications: None

Postoperative care: Skin graft care, wound dressing changes, pain management, regular follow-up appointments, and monitoring of graft viability based on the severity of the condition.

Operative Note 96:

Procedure: Biopsy and Radiation Therapy for Lethal Midline Granuloma

Indication: Mild diagnosis of lethal midline granuloma requiring biopsy and radiation therapy

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy of the lethal midline granuloma lesion performed under standard dosage local anesthesia to obtain tissue for pathological examination. Subsequently, radiation therapy was initiated to target and destroy the affected cells.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Radiation therapy sessions, regular follow-up appointments, imaging studies to assess treatment response, and adjustment of radiation protocols based on the severity of the condition.

Operative Note 97:

Procedure: Debridement and Negative Pressure Wound Therapy for Lethal Midline Granuloma

Indication: Severe diagnosis of lethal midline granuloma requiring debridement and negative pressure wound therapy

Anesthesia: General anesthesia (standard dosage)

Procedure: Debridement of the lethal midline granuloma lesion and application of negative pressure wound therapy performed under standard dosage general anesthesia. The necrotic tissue was thoroughly debrided, and a negative pressure wound therapy device was applied to enhance wound healing and prevent infection.

Closure: Wound left open for negative pressure wound therapy

Complications: None

Postoperative care: Negative pressure wound therapy management, antibiotic therapy, pain management, regular follow-up appointments, and monitoring of wound healing based on the severity of the condition.

Operative Note 98:

Procedure: Excision and Cryotherapy of Lethal Midline Granuloma Lesion

Indication: Moderate diagnosis of lethal midline granuloma necessitating excision and cryotherapy

Anesthesia: General anesthesia (standard dosage)

Procedure: Excision of the lethal midline granuloma lesion and subsequent cryotherapy performed under standard dosage general anesthesia. The affected tissue was excised, and cryotherapy was applied to destroy any remaining abnormal cells and promote wound healing.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, cryotherapy follow-up, pain management, regular follow-up appointments, and histopathological examination of excised tissue based on the severity of the condition.

Operative Note 99:

Procedure: Biopsy and Immunosuppressive Therapy for Lethal Midline Granuloma

Indication: Mild diagnosis of lethal midline granuloma requiring biopsy and immunosuppressive therapy

Anesthesia: Local anesthesia (standard dosage)

Procedure: Biopsy of the lethal midline granuloma lesion performed under standard dosage local anesthesia to obtain tissue for pathological examination. Subsequently, immunosuppressive therapy was initiated to control the immune response and reduce inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Immunosuppressive medication regimen, regular follow-up appointments, imaging studies to assess treatment response, and adjustment of medication protocols based on the severity of the condition.

Operative Note 100:

Procedure: Debridement and Hyperbaric Oxygen Therapy for Lethal Midline Granuloma

Indication: Severe diagnosis of lethal midline granuloma requiring debridement and hyperbaric oxygen therapy

Anesthesia: General anesthesia (standard dosage)

Procedure: Debridement of the lethal midline granuloma lesion and subsequent hyperbaric oxygen therapy performed under standard dosage general anesthesia. The necrotic tissue was debrided, and hyperbaric oxygen therapy was administered to enhance wound healing and combat infection.

Closure: Wound left open for secondary intention healing

Complications: None

Postoperative care: Daily wound dressing changes, hyperbaric oxygen therapy sessions, antibiotic therapy, pain management, regular follow-up appointments, and monitoring of wound healing based on the severity of the condition.

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| M31.3 Wegener granulomatosis |

Operative Note 1:

Procedure: Bilateral Endoscopic Sinus Surgery for Wegener Granulomatosis

Indication: Severe diagnosis of Wegener granulomatosis necessitating bilateral endoscopic sinus surgery

Anesthesia: General anesthesia (standard dosage)

Procedure: Bilateral endoscopic sinus surgery performed under standard dosage general anesthesia. The sinuses were carefully explored, and extensive granulomatous tissue was excised to alleviate sinus obstruction and promote better sinus drainage.

Closure: Nasal packing inserted, dressing applied

Complications: None

Postoperative care: Nasal packing removal, nasal saline irrigation, broad-spectrum antibiotics, corticosteroids, pain management, regular follow-up appointments, and imaging studies to monitor disease progression based on the severity of the condition.

Operative Note 2:

Procedure: Lung Biopsy and Wedge Resection for Wegener Granulomatosis

Indication: Moderate diagnosis of Wegener granulomatosis requiring lung biopsy and wedge resection

Anesthesia: General anesthesia (standard dosage)

Procedure: Lung biopsy and wedge resection performed under standard dosage general anesthesia. The affected lung tissue was carefully excised to obtain a biopsy specimen and remove localized granulomatous lesions.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimen based on the severity of the condition.

Operative Note 3:

Procedure: Endoscopic Retrograde Cholangiopancreatography (ERCP) with Stent Placement for Wegener Granulomatosis

Indication: Mild diagnosis of Wegener granulomatosis requiring ERCP and stent placement for bile duct obstruction

Anesthesia: Moderate sedation (standard dosage)

Procedure: ERCP performed under moderate sedation to visualize the bile ducts and place a stent to alleviate obstruction caused by granulomatous inflammation.

Closure: N/A (non-surgical procedure)

Complications: None

Postoperative care: Stent management, antibiotics, corticosteroids, pain management, regular follow-up appointments, and imaging studies to monitor stent patency and disease activity based on the severity of the condition.

Operative Note 4:

Procedure: Tracheostomy for Wegener Granulomatosis with Severe Airway Obstruction

Indication: Severe diagnosis of Wegener granulomatosis necessitating tracheostomy for severe airway obstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Tracheostomy performed under standard dosage general anesthesia. A tracheostomy tube was inserted to establish a stable airway and alleviate severe airway obstruction caused by granulomatous inflammation.

Closure: Tracheostomy tube secured, dressing applied

Complications: None

Postoperative care: Tracheostomy care, antibiotics, corticosteroids, pain management, regular follow-up appointments, and imaging studies to monitor airway patency and disease activity based on the severity of the condition.

Operative Note 5:

Procedure: Kidney Biopsy for Wegener Granulomatosis with Renal Involvement

Indication: Moderate diagnosis of Wegener granulomatosis requiring kidney biopsy for renal involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Kidney biopsy performed under standard dosage local anesthesia. A percutaneous approach was used to obtain renal tissue for pathological examination and assess the extent of renal involvement.

Closure: Bandage applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimen based on the severity of the condition.

Operative Note 6:

Procedure: Nasal Septoplasty and Turbinate Reduction for Wegener Granulomatosis with Nasal Obstruction

Indication: Mild diagnosis of Wegener granulomatosis requiring nasal septoplasty and turbinate reduction for nasal obstruction

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nasal septoplasty and turbinate reduction performed under standard dosage local anesthesia. The nasal septum was straightened, and hypertrophic turbinates were reduced to improve nasal airflow and alleviate obstruction caused by granulomatous inflammation.

Closure: Nasal packing inserted, dressing applied

Complications: None

Postoperative care: Nasal packing removal, nasal saline irrigation, antibiotics, corticosteroids, pain management, regular follow-up appointments, and imaging studies to monitor disease progression based on the severity of the condition.

Operative Note 7:

Procedure: Orbital Decompression Surgery for Wegener Granulomatosis with Orbital Involvement

Indication: Severe diagnosis of Wegener granulomatosis necessitating orbital decompression surgery for orbital involvement and proptosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Orbital decompression surgery performed under standard dosage general anesthesia. The bones of the orbit were carefully removed or reshaped to alleviate pressure and improve symptoms associated with orbital involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and imaging studies to monitor disease progression and orbital recovery based on the severity of the condition.

Operative Note 8:

Procedure: Excision and Reconstruction of Nasal Septum for Wegener Granulomatosis with Septal Perforation

Indication: Moderate diagnosis of Wegener granulomatosis requiring excision and reconstruction of nasal septum for septal perforation

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excision of the affected portion of the nasal septum and subsequent reconstruction performed under standard dosage local anesthesia. Autologous or synthetic graft materials were used to reconstruct the septum and close the septal perforation.

Closure: Suture closure, nasal packing inserted, dressing applied

Complications: None

Postoperative care: Nasal packing removal, nasal saline irrigation, antibiotics, corticosteroids, pain management, regular follow-up appointments, and monitoring of septal perforation closure based on the severity of the condition.

Operative Note 9:

Procedure: Ocular Biopsy for Wegener Granulomatosis with Ocular Involvement

Indication: Mild diagnosis of Wegener granulomatosis requiring ocular biopsy for ocular involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Ocular biopsy performed under standard dosage local anesthesia. A small incision was made in the affected ocular tissue to obtain a biopsy specimen for pathological examination and assess the extent of ocular involvement.

Closure: Suture closure, eye patch applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimen based on the severity of the condition.

Operative Note 10:

Procedure: Transbronchial Lung Biopsy for Wegener Granulomatosis with Pulmonary Involvement

Indication: Moderate diagnosis of Wegener granulomatosis requiring transbronchial lung biopsy for pulmonary involvement

Anesthesia: Local anesthesia with conscious sedation (standard dosage)

Procedure: Transbronchial lung biopsy performed under standard dosage local anesthesia with conscious sedation. A bronchoscope was passed through the airways, and multiple small lung tissue samples were obtained for pathological examination and assessment of pulmonary involvement.

Closure: None (non-surgical procedure)

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimens based on the severity of the condition.

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Operative Note 11:

Procedure: Sinus Debridement for Wegener Granulomatosis with Chronic Sinusitis

Indication: Mild diagnosis of Wegener granulomatosis requiring sinus debridement for chronic sinusitis

Anesthesia: Local anesthesia (standard dosage)

Procedure: Sinus debridement performed under standard dosage local anesthesia. The affected sinuses were accessed, and the necrotic tissue and granulomatous inflammation were carefully removed to improve sinus drainage and alleviate symptoms of chronic sinusitis.

Closure: Nasal packing inserted, dressing applied

Complications: None

Postoperative care: Nasal packing removal, nasal saline irrigation, antibiotics, corticosteroids, pain management, regular follow-up appointments, and imaging studies to monitor sinus healing based on the severity of the condition.

Operative Note 12:

Procedure: Renal Biopsy for Wegener Granulomatosis with Renal Involvement

Indication: Severe diagnosis of Wegener granulomatosis necessitating renal biopsy for renal involvement and assessment of disease activity

Anesthesia: General anesthesia (standard dosage)

Procedure: Renal biopsy performed under standard dosage general anesthesia. A small incision was made in the flank region, and a biopsy needle was guided into the kidney to obtain tissue samples for pathological examination and evaluation of renal involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimens to guide further treatment based on the severity of the condition.

Operative Note 13:

Procedure: Tracheostomy for Wegener Granulomatosis with Severe Upper Airway Obstruction

Indication: Severe diagnosis of Wegener granulomatosis requiring tracheostomy for severe upper airway obstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Tracheostomy performed under standard dosage general anesthesia. A surgical incision was made in the anterior neck, and a tracheostomy tube was inserted into the trachea to establish a secure airway and relieve upper airway obstruction.

Closure: Suture closure, tracheostomy tube secured

Complications: None

Postoperative care: Tracheostomy tube care, antibiotics, corticosteroids, pain management, regular follow-up appointments, and monitoring of airway patency based on the severity of the condition.

Operative Note 14:

Procedure: Skin Biopsy for Wegener Granulomatosis with Cutaneous Involvement

Indication: Mild diagnosis of Wegener granulomatosis requiring skin biopsy for cutaneous involvement

Anesthesia: Local anesthesia (standard dosage)

Procedure: Skin biopsy performed under standard dosage local anesthesia. A small portion of the affected skin was excised for histopathological examination and assessment of cutaneous involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimen to guide further treatment based on the severity of the condition.

Operative Note 15:

Procedure: Laryngoscopy with Biopsy for Wegener Granulomatosis with Laryngeal Involvement

Indication: Moderate diagnosis of Wegener granulomatosis requiring laryngoscopy with biopsy for laryngeal involvement and evaluation of disease activity

Anesthesia: Local anesthesia with conscious sedation (standard dosage)

Procedure: Laryngoscopy performed under standard dosage local anesthesia with conscious sedation. The larynx was visualized using a laryngoscope, and biopsies were obtained from the affected laryngeal tissue for pathological examination and assessment of laryngeal involvement.

Closure: None

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimens to guide further treatment based on the severity of the condition.

Operative Note 16:

Procedure: Orbital Decompression for Wegener Granulomatosis with Orbital Involvement

Indication: Severe diagnosis of Wegener granulomatosis requiring orbital decompression for orbital involvement and relief of optic nerve compression

Anesthesia: General anesthesia (adjusted dosage based on patient's comorbidities)

Procedure: Orbital decompression performed under adjusted dosage general anesthesia. The orbital walls were carefully decompressed to alleviate pressure on the optic nerve and improve visual function in the presence of orbital involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and ophthalmologic evaluation to monitor visual function and disease progression based on the severity of the condition.

Operative Note 17:

Procedure: Lung Biopsy for Wegener Granulomatosis with Pulmonary Involvement

Indication: Moderate diagnosis of Wegener granulomatosis necessitating lung biopsy for pulmonary involvement and assessment of disease activity

Anesthesia: General anesthesia (standard dosage)

Procedure: Lung biopsy performed under standard dosage general anesthesia. A small incision was made in the chest wall, and a biopsy sample was obtained from the affected lung tissue for histopathological examination and evaluation of pulmonary involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimen to guide further treatment based on the severity of the condition.

Operative Note 18:

Procedure: Nasal Septoplasty for Wegener Granulomatosis with Nasal Septal Deviation

Indication: Mild diagnosis of Wegener granulomatosis requiring nasal septoplasty for nasal septal deviation and improvement of nasal airflow

Anesthesia: Local anesthesia (standard dosage)

Procedure: Nasal septoplasty performed under standard dosage local anesthesia. The deviated nasal septum was corrected to improve nasal airflow and alleviate symptoms of nasal obstruction associated with Wegener granulomatosis.

Closure: Suture closure, nasal packing inserted, dressing applied

Complications: None

Postoperative care: Nasal packing removal, nasal saline irrigation, antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of nasal airflow based on the severity of the condition.

Operative Note 19:

Procedure: Arthroscopy with Synovial Biopsy for Wegener Granulomatosis with Joint Involvement

Indication: Moderate diagnosis of Wegener granulomatosis requiring arthroscopy with synovial biopsy for joint involvement and evaluation of disease activity

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Arthroscopy performed under standard dosage regional anesthesia. The affected joint was visualized using an arthroscope, and synovial biopsies were obtained for histopathological examination and assessment of joint involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimens to guide further treatment based on the severity of the condition.

Operative Note 20:

Procedure: Excisional Biopsy for Wegener Granulomatosis with Skin Lesions

Indication: Mild diagnosis of Wegener granulomatosis requiring excisional biopsy for assessment of skin lesions and determination of disease activity

Anesthesia: Local anesthesia (standard dosage)

Procedure: Excisional biopsy performed under standard dosage local anesthesia. The skin lesions were excised in their entirety for histopathological examination and evaluation of disease activity.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimen to guide further treatment based on the severity of the condition.

Operative Note 21:

Procedure: Renal Biopsy for Wegener Granulomatosis with Renal Involvement

Indication: Severe diagnosis of Wegener granulomatosis necessitating renal biopsy for renal involvement and assessment of disease activity

Anesthesia: General anesthesia (reduced dosage due to patient's compromised renal function)

Procedure: Renal biopsy performed under reduced dosage general anesthesia. A percutaneous needle biopsy was performed to obtain renal tissue samples for histopathological examination and evaluation of renal involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimens to guide further treatment based on the severity of the condition.

Operative Note 22:

Procedure: Sinus Surgery for Wegener Granulomatosis with Sinus Involvement

Indication: Moderate diagnosis of Wegener granulomatosis requiring sinus surgery for sinus involvement and improvement of sinus drainage

Anesthesia: General anesthesia (increased dosage due to extensive sinus involvement)

Procedure: Sinus surgery performed under increased dosage general anesthesia. The affected sinuses were carefully cleared of granulomatous tissue and polyps to improve sinus drainage and alleviate symptoms associated with Wegener granulomatosis.

Closure: Nasal packing inserted, dressing applied

Complications: None

Postoperative care: Nasal packing removal, nasal saline irrigation, antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of sinus drainage based on the severity of the condition.

Operative Note 23:

Procedure: Tracheostomy for Wegener Granulomatosis with Severe Upper Airway Obstruction

Indication: Severe diagnosis of Wegener granulomatosis necessitating tracheostomy for severe upper airway obstruction and maintenance of airway patency

Anesthesia: General anesthesia (standard dosage)

Procedure: Tracheostomy performed under standard dosage general anesthesia. A tracheostomy tube was inserted to establish a secure airway and improve ventilation in the presence of severe upper airway obstruction caused by Wegener granulomatosis.

Closure: Tracheostomy tube secured, dressing applied

Complications: None

Postoperative care: Tracheostomy tube care, antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of airway patency based on the severity of the condition.

Operative Note 24:

Procedure: Gastrointestinal Endoscopy for Wegener Granulomatosis with Gastrointestinal Involvement

Indication: Mild diagnosis of Wegener granulomatosis requiring gastrointestinal endoscopy for assessment of gastrointestinal involvement and evaluation of disease activity

Anesthesia: Conscious sedation (standard dosage)

Procedure: Gastrointestinal endoscopy performed under standard dosage conscious sedation. The gastrointestinal tract was visualized using an endoscope, and biopsies were obtained from the affected areas for histopathological examination and assessment of gastrointestinal involvement.

Closure: None

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimens to guide further treatment based on the severity of the condition.

Operative Note 25:

Procedure: Pulmonary Artery Balloon Angioplasty for Wegener Granulomatosis with Pulmonary Artery Stenosis

Indication: Moderate diagnosis of Wegener granulomatosis requiring pulmonary artery balloon angioplasty for pulmonary artery stenosis and restoration of blood flow

Anesthesia: General anesthesia (standard dosage)

Procedure: Pulmonary artery balloon angioplasty performed under standard dosage general anesthesia. A balloon catheter was inserted into the stenosed pulmonary artery and inflated to dilate the narrowing and improve blood flow in the presence of pulmonary artery stenosis caused by Wegener granulomatosis.

Closure: Catheter removed, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of pulmonary artery patency based on the severity of the condition.

Operative Note 26:

Procedure: Joint Arthroplasty for Wegener Granulomatosis with Severe Joint Destruction

Indication: Severe diagnosis of Wegener granulomatosis necessitating joint arthroplasty for severe joint destruction and restoration of joint function

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroplasty performed under standard dosage general anesthesia. The severely affected joint was surgically replaced with a prosthetic joint to alleviate pain, improve joint function, and restore mobility in the presence of severe joint destruction caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of joint function and mobility based on the severity of the condition.

Operative Note 27:

Procedure: Orbital Decompression Surgery for Wegener Granulomatosis with Orbital Involvement and Proptosis

Indication: Moderate diagnosis of Wegener granulomatosis requiring orbital decompression surgery for orbital involvement and reduction of proptosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Orbital decompression surgery performed under standard dosage general anesthesia. The bony walls of the orbit were carefully removed to alleviate pressure on the eye, reduce proptosis, and improve visual function in the presence of orbital involvement caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of proptosis and visual function based on the severity of the condition.

Operative Note 28:

Procedure: Skin Grafting for Wegener Granulomatosis with Severe Cutaneous Ulcers

Indication: Severe diagnosis of Wegener granulomatosis requiring skin grafting for severe cutaneous ulcers and wound healing

Anesthesia: Local anesthesia with sedation (standard dosage)

Procedure: Skin grafting performed under standard dosage local anesthesia with sedation. Healthy skin grafts were harvested and carefully placed over the severe cutaneous ulcers to facilitate wound healing and promote skin regeneration in the presence of Wegener granulomatosis-related skin ulcers.

Closure: Dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of wound healing and graft viability based on the severity of the condition.

Operative Note 29:

Procedure: Ocular Biopsy for Wegener Granulomatosis with Ocular Involvement

Indication: Mild diagnosis of Wegener granulomatosis requiring ocular biopsy for ocular involvement and assessment of disease activity

Anesthesia: Topical anesthesia (standard dosage)

Procedure: Ocular biopsy performed under standard dosage topical anesthesia. A small tissue sample was obtained from the affected ocular structures for histopathological examination and evaluation of ocular involvement in Wegener granulomatosis.

Closure: None

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and histopathological examination of the biopsy specimen to guide further treatment based on the severity of the condition.

Operative Note 30:

Procedure: Laryngotracheal Reconstruction for Wegener Granulomatosis with Laryngotracheal Stenosis

Indication: Moderate diagnosis of Wegener granulomatosis requiring laryngotracheal reconstruction for laryngotracheal stenosis and restoration of airway patency

Anesthesia: General anesthesia (standard dosage)

Procedure: Laryngotracheal reconstruction performed under standard dosage general anesthesia. The narrowed laryngotracheal segment was surgically reconstructed to alleviate stenosis, improve airway patency, and restore normal breathing in the presence of laryngotracheal stenosis caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of airway patency and breathing based on the severity of the condition.

Operative Note 31:

Procedure: Maxillofacial Reconstruction for Wegener Granulomatosis with Severe Maxillary Bone Erosion

Indication: Severe diagnosis of Wegener granulomatosis necessitating maxillofacial reconstruction for severe maxillary bone erosion and restoration of facial structure and function

Anesthesia: General anesthesia (standard dosage)

Procedure: Maxillofacial reconstruction performed under standard dosage general anesthesia. The severely eroded maxillary bone was surgically repaired using bone grafts and reconstructive techniques to restore facial aesthetics, improve oral function, and address the maxillary bone erosion caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of facial structure and oral function based on the severity of the condition.

Operative Note 32:

Procedure: Spinal Fusion for Wegener Granulomatosis with Spinal Bone Erosion

Indication: Moderate diagnosis of Wegener granulomatosis requiring spinal fusion for spinal bone erosion and stabilization of the spine

Anesthesia: General anesthesia (standard dosage)

Procedure: Spinal fusion performed under standard dosage general anesthesia. The eroded spinal bone was surgically addressed using spinal fusion techniques to stabilize the spine, relieve pain, and restore spinal alignment in the presence of spinal bone erosion caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of spinal stability and pain relief based on the severity of the condition.

Operative Note 33:

Procedure: Bone Debridement and Soft Tissue Reconstruction for Wegener Granulomatosis with Severe Bone Erosion and Soft Tissue Infection

Indication: Severe diagnosis of Wegener granulomatosis necessitating bone debridement and soft tissue reconstruction for severe bone erosion and soft tissue infection

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone debridement and soft tissue reconstruction performed under standard dosage general anesthesia. The severely eroded bone was debrided, and infected soft tissue was removed. Reconstruction of the affected area was performed using grafts and flaps to promote healing and prevent further infection in the presence of severe bone erosion and soft tissue infection caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of wound healing and infection control based on the severity of the condition.

Operative Note 34:

Procedure: Limb Salvage Surgery for Wegener Granulomatosis with Bone Erosion and Impending Limb Loss

Indication: Severe diagnosis of Wegener granulomatosis requiring limb salvage surgery for bone erosion and prevention of limb loss

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb salvage surgery performed under standard dosage general anesthesia. The affected limb was carefully evaluated, and surgical interventions such as bone grafting, debridement, and reconstructive procedures were performed to address the bone erosion, restore limb function, and prevent impending limb loss in the presence of severe bone involvement caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of limb function and healing based on the severity of the condition.

Operative Note 35:

Procedure: Bone Resection and Joint Reconstruction for Wegener Granulomatosis with Bone Erosion and Joint Dysfunction

Indication: Moderate diagnosis of Wegener granulomatosis requiring bone resection and joint reconstruction for bone erosion and restoration of joint function

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone resection and joint reconstruction performed under standard dosage general anesthesia. The affected bone and joint were surgically addressed through resection, bone grafting, and joint reconstruction techniques to alleviate pain, improve joint mobility, and restore functional capacity in the presence of bone erosion and joint dysfunction caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of joint function and pain relief based on the severity of the condition.

Operative Note 36:

Procedure: Amputation and Prosthetic Fitting for Wegener Granulomatosis with Severe Bone Erosion and Irreversible Limb Damage

Indication: Severe diagnosis of Wegener granulomatosis necessitating amputation and prosthetic fitting for severe bone erosion and irreversible limb damage

Anesthesia: General anesthesia (standard dosage)

Procedure: Amputation performed under standard dosage general anesthesia. The severely affected limb with irreversible damage was amputated, and a prosthetic limb fitting was performed to restore mobility and functional independence in the presence of severe bone erosion and irreversible limb damage caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of prosthetic fitting and functional rehabilitation based on the severity of the condition.

Operative Note 37:

Procedure: Mandibulectomy and Reconstruction for Wegener Granulomatosis with Severe Mandibular Bone Erosion

Indication: Severe diagnosis of Wegener granulomatosis requiring mandibulectomy and reconstruction for severe mandibular bone erosion and restoration of facial aesthetics and function

Anesthesia: General anesthesia (standard dosage)

Procedure: Mandibulectomy and reconstruction performed under standard dosage general anesthesia. The severely eroded mandibular bone was surgically removed, and reconstructive techniques using bone grafts and tissue flaps were employed to restore facial aesthetics, improve oral function, and address the severe mandibular bone erosion caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of facial aesthetics and oral function based on the severity of the condition.

Operative Note 38:

Procedure: Bone Biopsy and Cultures for Wegener Granulomatosis with Bone Involvement and Suspected Infection

Indication: Moderate diagnosis of Wegener granulomatosis requiring bone biopsy and cultures for bone involvement and suspected infection

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone biopsy and cultures performed under standard dosage general anesthesia. The affected bone was surgically accessed, and tissue samples were obtained for pathological analysis and microbial cultures to confirm the diagnosis, assess the extent of bone involvement, and identify any underlying infection in the presence of bone involvement caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of biopsy results and infection control based on the severity of the condition.

Operative Note 39:

Procedure: Joint Arthroplasty for Wegener Granulomatosis with Severe Joint Destruction and Functional Impairment

Indication: Severe diagnosis of Wegener granulomatosis requiring joint arthroplasty for severe joint destruction and restoration of joint function

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroplasty performed under standard dosage general anesthesia. The severely affected joint was surgically addressed through joint replacement techniques to alleviate pain, improve joint mobility, and restore functional capacity in the presence of severe joint destruction caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of joint function and pain relief based on the severity of the condition.

Operative Note 40:

Procedure: Bone Grafting and Stabilization for Wegener Granulomatosis with Severe Bone Erosion and Instability

Indication: Severe diagnosis of Wegener granulomatosis necessitating bone grafting and stabilization for severe bone erosion and restoration of skeletal stability

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone grafting and stabilization performed under standard dosage general anesthesia. The severely eroded bone was addressed through bone grafting techniques, stabilization devices, and fixation methods to restore skeletal stability, promote healing, and prevent further bone erosion in the presence of severe bone involvement caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotics, corticosteroids, pain management, regular follow-up appointments, and assessment of bone healing and skeletal stability based on the severity of the condition.

Operative Note 41:

Procedure: Nerve Block for Pain Management in Severe Bone Pain due to Wegener Granulomatosis

Indication: Severe bone pain caused by Wegener granulomatosis requiring nerve block for pain management

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Nerve block performed under local anesthesia with sedation. Local anesthetic agents were administered near the affected bone to provide targeted pain relief and improve patient comfort in the presence of severe bone pain caused by Wegener granulomatosis.

Closure: N/A

Complications: None  
Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and adjustment of pain management plan based on the severity of the condition.

Operative Note 42:

Procedure: Radiofrequency Ablation for Severe Bone Pain Management in Wegener Granulomatosis

Indication: Severe bone pain due to Wegener granulomatosis necessitating radiofrequency ablation for pain management

Anesthesia: Local anesthesia (standard dosage)

Procedure: Radiofrequency ablation performed under local anesthesia. The affected bone was targeted using radiofrequency energy to provide pain relief and improve quality of life in the presence of severe bone pain caused by Wegener granulomatosis.

Closure: N/A

Complications: None  
Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief based on the severity of the condition.

Operative Note 43:

Procedure: Vertebroplasty for Severe Vertebral Bone Pain in Wegener Granulomatosis

Indication: Severe vertebral bone pain due to Wegener granulomatosis requiring vertebroplasty for pain management

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Vertebroplasty performed under local anesthesia with sedation. Bone cement was injected into the affected vertebrae to stabilize and provide pain relief in the presence of severe vertebral bone pain caused by Wegener granulomatosis.

Closure: N/A

Complications: None  
Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief and vertebral stability based on the severity of the condition.

Operative Note 44:

Procedure: Palliative Surgical Decompression for Severe Bone Pain in Wegener Granulomatosis

Indication: Severe bone pain due to Wegener granulomatosis requiring palliative surgical decompression for pain management

Anesthesia: General anesthesia (standard dosage)

Procedure: Palliative surgical decompression performed under general anesthesia. The affected bone was surgically decompressed to alleviate pain and improve patient comfort in the presence of severe bone pain caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief and patient comfort based on the severity of the condition.

Operative Note 45:

Procedure: Epidural Steroid Injection for Severe Bone Pain in Wegener Granulomatosis

Indication: Severe bone pain caused by Wegener granulomatosis necessitating epidural steroid injection for pain management

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Epidural steroid injection performed under local anesthesia with sedation. Steroid medication was injected into the epidural space to reduce inflammation and provide pain relief in the presence of severe bone pain caused by Wegener granulomatosis.

Closure: N/A

Complications: None

Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief and functional improvement based on the severity of the condition.

Operative Note 46:

Procedure: Neurolysis for Severe Nerve Compression and Bone Pain in Wegener Granulomatosis

Indication: Severe nerve compression and bone pain due to Wegener granulomatosis requiring neurolysis for pain management

Anesthesia: General anesthesia (standard dosage)

Procedure: Neurolysis performed under general anesthesia. The affected nerves were surgically released to relieve compression and alleviate bone pain in the presence of severe nerve compression and bone involvement caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief and nerve function based on the severity of the condition.

Operative Note 47:

Procedure: Percutaneous Cementoplasty for Severe Bone Pain in Wegener Granulomatosis

Indication: Severe bone pain due to Wegener granulomatosis necessitating percutaneous cementoplasty for pain management

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Percutaneous cementoplasty performed under local anesthesia with sedation. Bone cement was injected into the affected bone to provide stabilization and pain relief in the presence of severe bone pain caused by Wegener granulomatosis.

Closure: N/A

Complications: None

Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief and bone stability based on the severity of the condition.

Operative Note 48:

Procedure: Cryoablation for Severe Bone Pain in Wegener Granulomatosis

Indication: Severe bone pain due to Wegener granulomatosis requiring cryoablation for pain management

Anesthesia: Local anesthesia (standard dosage)

Procedure: Cryoablation performed under local anesthesia. The affected bone was targeted using extreme cold temperatures to destroy nerve endings and provide pain relief in the presence of severe bone pain caused by Wegener granulomatosis.

Closure: N/A

Complications: None

Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief and patient comfort based on the severity of the condition.

Operative Note 49:

Procedure: Joint Fusion for Severe Bone Pain and Instability in Wegener Granulomatosis

Indication: Severe bone pain and joint instability due to Wegener granulomatosis requiring joint fusion for pain management and stabilization

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion performed under general anesthesia. The affected joint was surgically fused to provide pain relief and improve joint stability in the presence of severe bone pain and joint instability caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief, joint stability, and functional improvement based on the severity of the condition.

Operative Note 50:

Procedure: Spinal Cord Stimulation for Severe Bone Pain in Wegener Granulomatosis

Indication: Severe bone pain due to Wegener granulomatosis necessitating spinal cord stimulation for pain management

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Spinal cord stimulation performed under local anesthesia with sedation. Electrodes were implanted near the spinal cord to deliver electrical impulses and alleviate bone pain in the presence of severe bone pain caused by Wegener granulomatosis.

Closure: N/A

Complications: None

Postoperative care: Pain assessment, analgesic medications, regular follow-up appointments, and evaluation of pain relief and patient comfort based on the severity of the condition.

Operative Note 51:

Procedure: Debridement and Drainage of Abscess in Wegener Granulomatosis

Indication: Abscess formation in Wegener granulomatosis requiring surgical debridement and drainage

Anesthesia: General anesthesia (standard dosage)

Procedure: Surgical debridement and drainage performed under general anesthesia. The abscess cavity was opened, necrotic tissue was removed, and a drain was inserted to promote healing and prevent further infection in the presence of abscess formation caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, antibiotic therapy, regular follow-up appointments, and evaluation of wound healing and infection control based on the severity of the condition.

Operative Note 52:

Procedure: Tumor Excision in Wegener Granulomatosis

Indication: Tumor formation in Wegener granulomatosis requiring surgical excision

Anesthesia: General anesthesia (standard dosage)

Procedure: Tumor excision performed under general anesthesia. The tumor was surgically removed to alleviate symptoms, prevent further complications, and improve patient outcomes in the presence of tumor formation caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, regular follow-up appointments, and evaluation of tumor recurrence based on the severity of the condition.

Operative Note 53:

Procedure: Resection and Anastomosis for Gastrointestinal Perforation in Wegener Granulomatosis

Indication: Gastrointestinal perforation in Wegener granulomatosis requiring surgical resection and anastomosis

Anesthesia: General anesthesia (standard dosage)

Procedure: Resection and anastomosis performed under general anesthesia. The affected segment of the gastrointestinal tract was resected, and the remaining healthy ends were surgically joined together to restore continuity and prevent further complications in the presence of gastrointestinal perforation caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Gastrointestinal rest, nutritional support, regular follow-up appointments, and evaluation of healing and functional restoration based on the severity of the condition.

Operative Note 54:

Procedure: Tracheostomy for Airway Management in Wegener Granulomatosis

Indication: Airway compromise in Wegener granulomatosis necessitating tracheostomy for airway management

Anesthesia: General anesthesia (standard dosage)

Procedure: Tracheostomy performed under general anesthesia. A surgical opening was created in the trachea to establish a secure airway and ensure adequate oxygenation and ventilation in the presence of airway compromise caused by Wegener granulomatosis.

Closure: N/A

Complications: None

Postoperative care: Tracheostomy care, regular follow-up appointments, and evaluation of airway function and complications based on the severity of the condition.

Operative Note 55:

Procedure: Sinus Surgery for Chronic Sinusitis in Wegener Granulomatosis

Indication: Chronic sinusitis in Wegener granulomatosis requiring sinus surgery for symptom management

Anesthesia: General anesthesia (standard dosage)

Procedure: Sinus surgery performed under general anesthesia. The affected sinuses were surgically opened, infected tissue was removed, and the sinuses were irrigated to improve drainage and alleviate symptoms in the presence of chronic sinusitis caused by Wegener granulomatosis.

Closure: Nasal packing, dressing applied

Complications: None

Postoperative care: Nasal hygiene, saline rinses, regular follow-up appointments, and evaluation of sinus drainage and symptom improvement based on the severity of the condition.

Operative Note 56:

Procedure: Fistula Repair in Wegener Granulomatosis

Indication: Fistula formation in Wegener granulomatosis requiring surgical repair

Anesthesia: General anesthesia (standard dosage)

Procedure: Fistula repair performed under general anesthesia. The abnormal connection between two body structures was surgically corrected to restore normal anatomy and function in the presence of fistula formation caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Wound care, regular follow-up appointments, and evaluation of fistula closure and prevention of recurrence based on the severity of the condition.

Operative Note 57:

Procedure: Skin Grafting for Cutaneous Ulcers in Wegener Granulomatosis

Indication: Cutaneous ulcers in Wegener granulomatosis requiring surgical skin grafting for wound healing

Anesthesia: General anesthesia (standard dosage)

Procedure: Skin grafting performed under general anesthesia. Healthy skin grafts were harvested and transplanted onto the cutaneous ulcers to promote wound healing, prevent infection, and improve patient comfort in the presence of cutaneous ulcers caused by Wegener granulomatosis.

Closure: Dressing applied

Complications: None

Postoperative care: Wound care, regular follow-up appointments, and evaluation of graft survival and wound healing based on the severity of the condition.

Operative Note 58:

Procedure: Orbital Decompression for Orbital Inflammation in Wegener Granulomatosis

Indication: Orbital inflammation in Wegener granulomatosis requiring orbital decompression for symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Orbital decompression performed under general anesthesia. Surgical removal of orbital bone was performed to relieve pressure, reduce inflammation, and improve visual function in the presence of orbital inflammation caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Orbital hygiene, regular follow-up appointments, and evaluation of symptom relief and visual function improvement based on the severity of the condition.

Operative Note 59:

Procedure: Pericardial Window for Pericardial Effusion in Wegener Granulomatosis

Indication: Pericardial effusion in Wegener granulomatosis requiring pericardial window creation for drainage

Anesthesia: General anesthesia (standard dosage)

Procedure: Pericardial window creation performed under general anesthesia. A surgical opening was made in the pericardium to drain the accumulated fluid and relieve cardiac compression in the presence of pericardial effusion caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Cardiac monitoring, regular follow-up appointments, and evaluation of pericardial fluid drainage and cardiac function based on the severity of the condition.

Operative Note 60:

Procedure: Pleurodesis for Pleural Effusion in Wegener Granulomatosis

Indication: Pleural effusion in Wegener granulomatosis requiring pleurodesis for fluid control

Anesthesia: General anesthesia (standard dosage)

Procedure: Pleurodesis performed under general anesthesia. Chemical agents or mechanical abrasion were used to create adhesion between the pleural layers, preventing further accumulation of fluid and improving respiratory function in the presence of pleural effusion caused by Wegener granulomatosis.

Closure: Chest tube insertion, dressing applied

Complications: None  
Postoperative care: Chest tube management, regular follow-up appointments, and evaluation of fluid control and respiratory improvement based on the severity of the condition.

Operative Note 61:

Procedure: Nephrectomy for Renal Complications in Wegener Granulomatosis

Indication: Renal complications in Wegener granulomatosis requiring nephrectomy for disease management

Anesthesia: General anesthesia (standard dosage)

Procedure: Nephrectomy performed under general anesthesia. The affected kidney was surgically removed to address renal complications, control disease progression, and improve patient outcomes in the presence of Wegener granulomatosis-related renal dysfunction.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Renal function monitoring, regular follow-up appointments, and evaluation of disease control and overall renal function based on the severity of the condition.

Operative Note 62:

Procedure: Joint Arthroplasty for Joint Destruction in Wegener Granulomatosis

Indication: Joint destruction in Wegener granulomatosis requiring joint arthroplasty for functional restoration

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroplasty performed under general anesthesia. The affected joint was surgically replaced with an artificial joint to restore joint function, relieve pain, and improve patient mobility in the presence of joint destruction caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint rehabilitation, regular follow-up appointments, and evaluation of joint function and prosthetic performance based on the severity of the condition.

Operative Note 63:

Procedure: Spinal Fusion for Spinal Instability in Wegener Granulomatosis

Indication: Spinal instability in Wegener granulomatosis requiring spinal fusion for stabilization

Anesthesia: General anesthesia (standard dosage)

Procedure: Spinal fusion performed under general anesthesia. The affected spinal segments were surgically fused together using bone grafts and hardware to stabilize the spine, alleviate pain, and prevent further complications in the presence of spinal instability caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Spinal immobilization, regular follow-up appointments, and evaluation of spinal stability and symptom improvement based on the severity of the condition.

Operative Note 64:

Procedure: Liver Biopsy for Hepatic Granulomas in Wegener Granulomatosis

Indication: Hepatic granulomas in Wegener granulomatosis requiring liver biopsy for diagnosis and evaluation

Anesthesia: General anesthesia (standard dosage)

Procedure: Liver biopsy performed under general anesthesia. A tissue sample was obtained from the liver for histopathological examination to confirm the presence of hepatic granulomas and assist in the diagnosis and evaluation of Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Liver function monitoring, regular follow-up appointments, and evaluation of hepatic granulomas and disease progression based on the severity of the condition.

Operative Note 65:

Procedure: Ocular Surgery for Ocular Complications in Wegener Granulomatosis

Indication: Ocular complications in Wegener granulomatosis requiring surgical intervention for visual improvement

Anesthesia: General anesthesia (standard dosage)

Procedure: Ocular surgery performed under general anesthesia. The specific procedure varied depending on the ocular complication, such as corneal transplantation, cataract extraction, or retinal repair, with the goal of improving visual function and preserving or restoring vision in the presence of ocular complications caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Ocular care, regular follow-up appointments, and evaluation of visual acuity and ocular complications based on the severity of the condition.

Operative Note 66:

Procedure: Lymph Node Excision for Enlarged Lymph Nodes in Wegener Granulomatosis

Indication: Enlarged lymph nodes in Wegener granulomatosis requiring lymph node excision for diagnostic and therapeutic purposes

Anesthesia: General anesthesia (standard dosage)

Procedure: Lymph node excision performed under general anesthesia. Enlarged lymph nodes were surgically removed to obtain tissue samples for histopathological examination, aid in diagnosis, and alleviate symptoms caused by lymph node involvement in Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Lymph node monitoring, regular follow-up appointments, and evaluation of lymph node pathology and symptom relief based on the severity of the condition.

Operative Note 67:

Procedure: Tracheostomy for Upper Airway Obstruction in Wegener Granulomatosis

Indication: Upper airway obstruction in Wegener granulomatosis requiring tracheostomy for airway management

Anesthesia: General anesthesia (standard dosage)

Procedure: Tracheostomy performed under general anesthesia. A surgical opening was created in the trachea to establish an alternate airway and bypass the upper airway obstruction caused by Wegener granulomatosis, ensuring adequate oxygenation and ventilation.

Closure: Tracheostomy tube placement, dressing applied

Complications: None

Postoperative care: Tracheostomy care, regular follow-up appointments, and evaluation of airway patency and respiratory function based on the severity of the condition.

Operative Note 68:

Procedure: Colostomy for Colonic Perforation in Wegener Granulomatosis

Indication: Colonic perforation in Wegener granulomatosis requiring colostomy for fecal diversion and wound healing

Anesthesia: General anesthesia (standard dosage)

Procedure: Colostomy performed under general anesthesia. A surgical opening was made in the colon to divert fecal flow, allow the colonic perforation to heal, and prevent further complications in the presence of colonic perforation caused by Wegener granulomatosis.

Closure: Colostomy bag application, dressing applied

Complications: None

Postoperative care: Colostomy care, regular follow-up appointments, and evaluation of colonic perforation healing and overall gastrointestinal function based on the severity of the condition.

Operative Note 69:

Procedure: Lung Resection for Pulmonary Nodules in Wegener Granulomatosis

Indication: Pulmonary nodules in Wegener granulomatosis requiring lung resection for diagnosis and disease management

Anesthesia: General anesthesia (standard dosage)

Procedure: Lung resection performed under general anesthesia. The affected portion of the lung was surgically removed to obtain tissue samples for histopathological examination, aid in diagnosis, and control disease progression in the presence of pulmonary nodules caused by Wegener granulomatosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pulmonary function monitoring, regular follow-up appointments, and evaluation of pulmonary nodule pathology and disease control based on the severity of the condition.

Operative Note 70:

Procedure: Gastrointestinal Resection for Gastrointestinal Complications in Wegener Granulomatosis

Indication: Gastrointestinal complications in Wegener granulomatosis requiring surgical resection for symptom relief and disease control

Anesthesia: General anesthesia (standard dosage)

Procedure: Gastrointestinal resection performed under general anesthesia. The affected segment of the gastrointestinal tract was surgically removed to address complications such as stenosis, perforation, or fistula formation, aiming to alleviate symptoms, improve gastrointestinal function, and control disease progression in the presence of gastrointestinal complications caused by Wegener granulomatosis.

Closure: Suture closure, ostomy creation if necessary

Operative Note 71:

Procedure: Joint Debridement and Irrigation for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint debridement and irrigation for infection control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement and irrigation performed under general anesthesia. The affected joint was thoroughly debrided, removing necrotic tissue and purulent material. The joint was then irrigated with a sterile saline solution to cleanse the area and control the infection in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint function based on the severity of the condition.

Operative Note 72:

Procedure: Joint Exploration and Drainage for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint exploration and drainage for infection control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint exploration and drainage performed under general anesthesia. The affected joint was surgically explored to identify the source and extent of infection. Drainage catheters were placed to evacuate purulent material and control the infection in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint function based on the severity of the condition.

Operative Note 73:

Procedure: Joint Lavage and Antibiotic Cement Spacer Placement for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint lavage and antibiotic cement spacer placement for infection control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint lavage and antibiotic cement spacer placement performed under general anesthesia. The affected joint was thoroughly irrigated with a sterile saline solution to remove debris and bacteria. An antibiotic cement spacer was then inserted into the joint to deliver localized antibiotic therapy and promote infection control in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint function based on the severity of the condition.

Operative Note 74:

Procedure: Arthroscopic Debridement and Synovectomy for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring arthroscopic debridement and synovectomy for infection control

Anesthesia: General anesthesia (standard dosage)

Procedure: Arthroscopic debridement and synovectomy performed under general anesthesia. The affected joint was accessed using arthroscopic techniques. Debridement was performed to remove infected tissue, and synovectomy was performed to remove the infected synovial lining, promoting infection control in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint function based on the severity of the condition.

Operative Note 75:

Procedure: Joint Fusion for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint fusion for infection control and joint stability

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion performed under general anesthesia. The affected joint was surgically fused together using bone grafts and internal fixation devices to control the infection and provide joint stability in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint stability based on the severity of the condition.

Operative Note 76:

Procedure: Joint Resection and Arthrodesis for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint resection and arthrodesis for infection control and joint stability

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint resection and arthrodesis performed under general anesthesia. The affected joint was surgically removed, and the adjacent bones were fused together to provide infection control and joint stability in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint stability based on the severity of the condition.

Operative Note 77:

Procedure: Joint Excision and Soft Tissue Reconstruction for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint excision and soft tissue reconstruction for infection control and joint function restoration

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint excision and soft tissue reconstruction performed under general anesthesia. The affected joint was surgically excised, and soft tissue reconstruction was performed using grafts or flaps to control the infection and restore joint function in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint function restoration based on the severity of the condition.

Operative Note 78:

Procedure: Joint Replacement for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint replacement for infection control and joint function restoration

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint replacement performed under general anesthesia. The affected joint was surgically replaced with an artificial joint to control the infection and restore joint function in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint rehabilitation, regular follow-up appointments, and evaluation of infection control and joint function restoration based on the severity of the condition.

Operative Note 79:

Procedure: Amputation for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring amputation for infection control and overall patient well-being

Anesthesia: General anesthesia (standard dosage)

Procedure: Amputation performed under general anesthesia. The affected extremity was surgically removed to control the infection, alleviate pain, and improve overall patient well-being in the presence of severe joint infection that was unresponsive to other treatment modalities.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, pain management, rehabilitation, regular follow-up appointments, and evaluation of infection control and patient well-being based on the severity of the condition.

Operative Note 80:

Procedure: Joint Salvage Procedure for Severe Infection in the Extreme Moving Joint

Indication: Severe infection in the extreme moving joint requiring joint salvage procedure for infection control and joint preservation

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint salvage procedure performed under general anesthesia. Various techniques such as bone grafting, debridement, and antibiotic delivery systems were utilized to control the infection, preserve joint function, and prevent joint destruction in the presence of severe joint infection.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Antibiotic therapy, joint immobilization, regular follow-up appointments, and evaluation of infection control and joint function preservation based on the severity of the condition.

Operative Note 81:

Procedure: Synovectomy for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring synovectomy for inflammation control and joint preservation

Anesthesia: General anesthesia (standard dosage)

Procedure: Synovectomy performed under general anesthesia. The inflamed synovial tissue was surgically removed to control the inflammation and preserve joint function in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and joint preservation based on the severity of the condition.

Operative Note 82:

Procedure: Joint Irrigation and Drainage for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint irrigation and drainage for inflammation control and pain relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint irrigation and drainage performed under general anesthesia. The joint was irrigated with sterile solution to remove inflammatory debris, and a drainage system was established to promote inflammation control and pain relief in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, pain management, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and pain relief based on the severity of the condition.

Operative Note 83:

Procedure: Joint Denervation for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint denervation for inflammation control and pain relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint denervation performed under general anesthesia. The nerves responsible for transmitting pain signals to the joint were surgically disrupted to control inflammation and provide long-lasting pain relief in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, pain management, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and pain relief based on the severity of the condition.

Operative Note 84:

Procedure: Biologic Therapy for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring biologic therapy for inflammation control and joint preservation

Anesthesia: General anesthesia (standard dosage)

Procedure: Biologic therapy administered under general anesthesia. Specific biologic agents targeting inflammatory pathways were injected into the joint to control inflammation and preserve joint function in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and joint preservation based on the severity of the condition.

Operative Note 85:

Procedure: Joint Arthroscopy for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint arthroscopy for inflammation visualization and treatment

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroscopy performed under general anesthesia. A small incision was made to insert an arthroscope, allowing visualization of the inflamed joint. Inflammatory tissue was removed or treated using various techniques to control inflammation and improve joint function in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and joint function improvement based on the severity of the condition.

Operative Note 86:

Procedure: Joint Fusion for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint fusion for inflammation control and joint stability

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion performed under general anesthesia. The joint surfaces were surgically prepared and permanently fused together using screws or plates to control inflammation and provide stability in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and joint stability based on the severity of the condition.

Operative Note 87:

Procedure: Joint Resurfacing for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint resurfacing for inflammation control and joint preservation

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint resurfacing performed under general anesthesia. The damaged joint surfaces were carefully removed and replaced with artificial joint components to control inflammation and restore joint function in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and joint function restoration based on the severity of the condition.

Operative Note 88:

Procedure: Joint Decompression for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint decompression for inflammation control and pain relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint decompression performed under general anesthesia. The pressure within the joint was relieved by surgically removing bone or other tissues causing compression, allowing for inflammation control and pain relief in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, pain management, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and pain relief based on the severity of the condition.

Operative Note 89:

Procedure: Joint Replacement for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint replacement for inflammation control and joint function restoration

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint replacement performed under general anesthesia. The damaged joint surfaces were surgically removed and replaced with artificial joint components to control inflammation and restore joint function in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and joint function restoration based on the severity of the condition.

Operative Note 90:

Procedure: Joint Debridement for Severe Inflammation in the Extreme Moving Joint

Indication: Severe inflammation in the extreme moving joint requiring joint debridement for inflammation control and pain relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement performed under general anesthesia. The inflamed tissues, debris, and damaged structures within the joint were surgically removed to control inflammation and provide pain relief in the presence of severe joint inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Anti-inflammatory medication, pain management, joint immobilization, regular follow-up appointments, and evaluation of inflammation control and pain relief based on the severity of the condition.

Operative Note 91:

Procedure: Excision of Lesion for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with localized lesion requiring excision for disease control

Anesthesia: General anesthesia (standard dosage)

Procedure: Excision of the localized lesion performed under general anesthesia. The lesion was carefully excised to control the disease process and prevent further complications in the presence of thrombotic microangiopathy.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of disease progression, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 92:

Procedure: Plasmapheresis for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy requiring plasmapheresis for disease control and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Plasmapheresis performed under general anesthesia. The patient's blood was circulated through a machine to remove harmful substances and disease-causing factors, promoting disease control and symptom relief in the presence of thrombotic microangiopathy.

Closure: N/A

Complications: None

Postoperative care: Close monitoring of disease progression, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 93:

Procedure: Kidney Biopsy for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with renal involvement requiring kidney biopsy for diagnosis and treatment planning

Anesthesia: Local anesthesia with sedation

Procedure: Kidney biopsy performed under local anesthesia with sedation. A small tissue sample was obtained from the kidney for pathological evaluation, aiding in diagnosis and treatment planning for thrombotic microangiopathy with renal involvement.

Closure: Sterile dressing applied

Complications: None

Postoperative care: Close monitoring of biopsy site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 94:

Procedure: Angioplasty for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with vascular involvement requiring angioplasty for improved blood flow and disease control

Anesthesia: Local anesthesia

Procedure: Angioplasty performed under local anesthesia. The affected blood vessels were dilated using a balloon catheter to improve blood flow and promote disease control in the presence of thrombotic microangiopathy with vascular involvement.

Closure: N/A

Complications: None

Postoperative care: Close monitoring of vascular status, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 95:

Procedure: Hemodialysis Access Placement for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with renal failure requiring hemodialysis access placement for renal replacement therapy

Anesthesia: Local anesthesia with sedation

Procedure: Hemodialysis access placement performed under local anesthesia with sedation. A vascular access (arteriovenous fistula or central venous catheter) was established to facilitate hemodialysis for renal replacement therapy in the presence of thrombotic microangiopathy with renal failure.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of access site, initiation of hemodialysis, regular follow-up appointments based on the severity of the condition.

Operative Note 96:

Procedure: Gastrointestinal Endoscopy for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with gastrointestinal involvement requiring endoscopy for evaluation and intervention

Anesthesia: Local anesthesia with sedation

Procedure: Gastrointestinal endoscopy performed under local anesthesia with sedation. The gastrointestinal tract was visually examined using an endoscope, allowing for evaluation of the affected areas and potential intervention in the presence of thrombotic microangiopathy with gastrointestinal involvement.

Closure: N/A

Complications: None

Postoperative care: Close monitoring of gastrointestinal symptoms, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 97:

Procedure: Surgical Bypass for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with vascular obstruction requiring surgical bypass for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Surgical bypass performed under general anesthesia. A bypass graft was surgically created to bypass the occluded blood vessels, restoring blood flow and providing symptom relief in the presence of thrombotic microangiopathy with vascular obstruction.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 98:

Procedure: Lung Transplantation for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with severe lung involvement requiring lung transplantation for improved respiratory function and disease control

Anesthesia: General anesthesia (standard dosage)

Procedure: Lung transplantation performed under general anesthesia. The diseased lungs were surgically removed and replaced with a healthy donor lung to improve respiratory function and promote disease control in the presence of thrombotic microangiopathy with severe lung involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of lung function, immunosuppressive therapy, regular follow-up appointments based on the severity of the condition.

Operative Note 99:

Procedure: Splenectomy for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with splenic involvement requiring splenectomy for disease control and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Splenectomy performed under general anesthesia. The spleen was surgically removed to control the disease process and alleviate symptoms in the presence of thrombotic microangiopathy with splenic involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of blood counts and immune function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 100:

Procedure: Nephrectomy for Thrombotic Microangiopathy

Indication: Thrombotic microangiopathy with severe renal involvement requiring nephrectomy for disease control and renal replacement therapy

Anesthesia: General anesthesia (standard dosage)

Procedure: Nephrectomy performed under general anesthesia. The diseased kidney was surgically removed to control the disease process and facilitate renal replacement therapy in the presence of thrombotic microangiopathy with severe renal involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of renal function, initiation of renal replacement therapy, regular follow-up appointments based on the severity of the condition.

## M31.4 Aortic arch syndrome [Takayasu]

Operative Note 1:

Procedure: Aortic Bypass Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with significant vascular obstruction requiring aortic bypass surgery for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic bypass surgery performed under general anesthesia. A bypass graft was surgically created to bypass the obstructed area of the aorta, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with significant vascular obstruction.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 2:

Procedure: Angioplasty and Stenting for Aortic Arch Syndrome

Indication: Aortic arch syndrome with stenosis requiring angioplasty and stenting for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Angioplasty and stenting performed under general anesthesia. The stenotic segment of the aorta was dilated using a balloon catheter, and a stent was placed to maintain the patency of the vessel and alleviate symptoms in the presence of aortic arch syndrome with stenosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of stent patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 3:

Procedure: Aortobrachial Bypass Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with brachial artery involvement requiring aortobrachial bypass surgery for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortobrachial bypass surgery performed under general anesthesia. A bypass graft was surgically created to bypass the occluded brachial artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with brachial artery involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 4:

Procedure: Carotid Endarterectomy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with carotid artery stenosis requiring carotid endarterectomy for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Carotid endarterectomy performed under general anesthesia. The stenotic segment of the carotid artery was surgically removed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with carotid artery stenosis.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of carotid artery patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 5:

Procedure: Thoracic Endovascular Aortic Repair (TEVAR) for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aneurysm requiring thoracic endovascular aortic repair (TEVAR) for aneurysm exclusion and improved blood flow

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracic endovascular aortic repair (TEVAR) performed under general anesthesia. A stent graft was inserted endovascularly to exclude the aneurysmal segment of the aorta, promoting improved blood flow and reducing the risk of rupture in the presence of aortic arch syndrome with aneurysm.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of stent graft integrity, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 6:

Procedure: Aortic Valve Replacement for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortic valve disease requiring aortic valve replacement for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic valve replacement performed under general anesthesia. The diseased aortic valve was surgically removed and replaced with a prosthetic valve, improving blood flow and providing symptom relief in the presence of aortic arch syndrome with aortic valve disease.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of prosthetic valve function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 7:

Procedure: Subclavian Artery Bypass Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with subclavian artery involvement requiring subclavian artery bypass surgery for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Subclavian artery bypass surgery performed under general anesthesia. A bypass graft was surgically created to bypass the occluded subclavian artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with subclavian artery involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 8:

Procedure: Percutaneous Transluminal Angioplasty (PTA) for Aortic Arch Syndrome

Indication: Aortic arch syndrome with vascular stenosis requiring percutaneous transluminal angioplasty (PTA) for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Percutaneous transluminal angioplasty (PTA) performed under general anesthesia. The stenotic segment of the vessel was dilated using a balloon catheter, improving blood flow and providing symptom relief in the presence of aortic arch syndrome with vascular stenosis.

Closure: None (percutaneous procedure)

Complications: None

Postoperative care: Close monitoring of vessel patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 9:

Procedure: Aortic Arch Reconstruction for Aortic Arch Syndrome

Indication: Aortic arch syndrome with extensive aortic arch involvement requiring aortic arch reconstruction for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic arch reconstruction performed under general anesthesia. The involved segment of the aortic arch was resected, and an end-to-end anastomosis was performed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with extensive aortic arch involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of anastomosis integrity, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 10:

Procedure: Axillofemoral Bypass Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with iliac artery involvement requiring axillofemoral bypass surgery for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Axillofemoral bypass surgery performed under general anesthesia. A bypass graft was surgically created to bypass the occluded iliac artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with iliac artery involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 11:

Procedure: Carotid Endarterectomy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with carotid artery stenosis requiring carotid endarterectomy for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Carotid endarterectomy performed under general anesthesia. The stenotic segment of the carotid artery was surgically removed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with carotid artery stenosis.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of incision site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 12:

Procedure: Thoracic Endovascular Aneurysm Repair (TEVAR) for Aortic Arch Syndrome

Indication: Aortic arch syndrome with thoracic aortic aneurysm requiring thoracic endovascular aneurysm repair (TEVAR) for improved blood flow and aneurysm exclusion

Anesthesia: General anesthesia (standard dosage)

Procedure: TEVAR performed under general anesthesia. A stent graft was deployed in the thoracic aorta, excluding the aneurysmal segment and improving blood flow in the presence of aortic arch syndrome with thoracic aortic aneurysm.

Closure: None (endovascular procedure)

Complications: None  
Postoperative care: Close monitoring of stent graft integrity, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 13:

Procedure: Aortic Arch Angiography for Aortic Arch Syndrome

Indication: Aortic arch syndrome with suspected vascular involvement requiring aortic arch angiography for diagnostic evaluation

Anesthesia: Local anesthesia with conscious sedation (adjusted dosage)

Procedure: Aortic arch angiography performed under local anesthesia with conscious sedation. A contrast agent was injected into the aortic arch to visualize the vessels and assess the extent of vascular involvement in the presence of aortic arch syndrome.

Closure: None (percutaneous procedure)

Complications: None  
Postoperative care: Close monitoring of patient's vital signs, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 14:

Procedure: Aortobifemoral Bypass Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortoiliac involvement requiring aortobifemoral bypass surgery for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortobifemoral bypass surgery performed under general anesthesia. Bypass grafts were surgically created to bypass the occluded aortoiliac segments, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with aortoiliac involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 15:

Procedure: Brachiocephalic Artery Reconstruction for Aortic Arch Syndrome

Indication: Aortic arch syndrome with brachiocephalic artery involvement requiring brachiocephalic artery reconstruction for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Brachiocephalic artery reconstruction performed under general anesthesia. The involved segment of the brachiocephalic artery was resected, and an end-to-end anastomosis was performed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with brachiocephalic artery involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of anastomosis site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 16:

Procedure: Carotid Artery Stenting for Aortic Arch Syndrome

Indication: Aortic arch syndrome with carotid artery stenosis requiring carotid artery stenting for improved blood flow and symptom relief

Anesthesia: Local anesthesia with conscious sedation (adjusted dosage)

Procedure: Carotid artery stenting performed under local anesthesia with conscious sedation. A stent was deployed in the stenotic segment of the carotid artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with carotid artery stenosis.

Closure: None (percutaneous procedure)

Complications: None  
Postoperative care: Close monitoring of stent position and patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 17:

Procedure: Aortic Arch Debranching for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortic arch involvement requiring aortic arch debranching for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic arch debranching performed under general anesthesia. The involved branches of the aortic arch were bypassed using grafts, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with aortic arch involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 18:

Procedure: Subclavian Artery Revascularization for Aortic Arch Syndrome

Indication: Aortic arch syndrome with subclavian artery stenosis requiring subclavian artery revascularization for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Subclavian artery revascularization performed under general anesthesia. The stenotic segment of the subclavian artery was surgically addressed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with subclavian artery stenosis.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of incision site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 19:

Procedure: Aortic Arch Replacement for Aortic Arch Syndrome

Indication: Aortic arch syndrome with extensive aortic arch involvement requiring aortic arch replacement for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic arch replacement performed under general anesthesia. The diseased segment of the aortic arch was resected, and an artificial graft was interposed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with extensive aortic arch involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 20:

Procedure: Angioplasty and Stenting of Aortic Arch Lesion for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortic arch lesion requiring angioplasty and stenting for improved blood flow and symptom relief

Anesthesia: Local anesthesia with conscious sedation (adjusted dosage)

Procedure: Angioplasty and stenting of the aortic arch lesion performed under local anesthesia with conscious sedation. The stenotic segment of the aortic arch was dilated using angioplasty and a stent was deployed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with aortic arch lesion.

Closure: None (percutaneous procedure)

Complications: None  
Postoperative care: Close monitoring of stent position and patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 21:

Procedure: Aortic Arch Reconstruction for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe aortic arch involvement requiring aortic arch reconstruction for improved blood flow and symptom relief

Anesthesia: General anesthesia (reduced dosage)

Procedure: Aortic arch reconstruction performed under general anesthesia with reduced dosage. The diseased segment of the aortic arch was resected, and a prosthetic graft was interposed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with severe aortic arch involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 22:

Procedure: Carotid Artery Endarterectomy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with carotid artery stenosis requiring carotid artery endarterectomy for improved blood flow and symptom relief

Anesthesia: Local anesthesia with conscious sedation (increased dosage)

Procedure: Carotid artery endarterectomy performed under local anesthesia with conscious sedation. The stenotic segment of the carotid artery was surgically addressed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with carotid artery stenosis.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of incision site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 23:

Procedure: Thoracic Endovascular Aortic Repair (TEVAR) for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortic arch aneurysm requiring thoracic endovascular aortic repair (TEVAR) for improved blood flow and symptom relief

Anesthesia: General anesthesia (increased dosage)

Procedure: Thoracic endovascular aortic repair (TEVAR) performed under general anesthesia with increased dosage. A stent graft was deployed to exclude the aortic arch aneurysm, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with aortic arch aneurysm.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of stent graft position and patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 24:

Procedure: Brachial Artery Bypass for Aortic Arch Syndrome

Indication: Aortic arch syndrome with brachial artery involvement requiring brachial artery bypass for improved blood flow and symptom relief

Anesthesia: Regional anesthesia (adjusted dosage)

Procedure: Brachial artery bypass performed under regional anesthesia with adjusted dosage. A bypass graft was anastomosed to bypass the diseased segment of the brachial artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with brachial artery involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 25:

Procedure: Percutaneous Transluminal Angioplasty (PTA) for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortic arch involvement requiring percutaneous transluminal angioplasty (PTA) for improved blood flow and symptom relief

Anesthesia: Local anesthesia with conscious sedation (standard dosage)

Procedure: Percutaneous transluminal angioplasty (PTA) performed under local anesthesia with conscious sedation. The stenotic segment of the aortic arch was dilated using a balloon catheter, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with aortic arch involvement.

Closure: None (percutaneous procedure)

Complications: None  
Postoperative care: Close monitoring of angioplasty site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 26:

Procedure: Femoral-Popliteal Bypass for Aortic Arch Syndrome

Indication: Aortic arch syndrome with femoral-popliteal artery involvement requiring femoral-popliteal bypass for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Femoral-popliteal bypass performed under general anesthesia with standard dosage. A bypass graft was anastomosed to bypass the diseased segment of the femoral-popliteal artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with femoral-popliteal artery involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 27:

Procedure: Subclavian Artery Angioplasty and Stenting for Aortic Arch Syndrome

Indication: Aortic arch syndrome with subclavian artery involvement requiring subclavian artery angioplasty and stenting for improved blood flow and symptom relief

Anesthesia: Regional anesthesia (reduced dosage)

Procedure: Subclavian artery angioplasty and stenting performed under regional anesthesia with reduced dosage. The stenotic segment of the subclavian artery was dilated using a balloon catheter, and a stent was deployed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with subclavian artery involvement.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of stent position and patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 28:

Procedure: Axillofemoral Bypass for Aortic Arch Syndrome

Indication: Aortic arch syndrome with axillofemoral artery involvement requiring axillofemoral bypass for improved blood flow and symptom relief

Anesthesia: General anesthesia (increased dosage)

Procedure: Axillofemoral bypass performed under general anesthesia with increased dosage. A bypass graft was anastomosed to bypass the diseased segment of the axillofemoral artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with axillofemoral artery involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 29:

Procedure: Descending Thoracic Aorta Replacement for Aortic Arch Syndrome

Indication: Aortic arch syndrome with descending thoracic aorta involvement requiring descending thoracic aorta replacement for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Descending thoracic aorta replacement performed under general anesthesia with standard dosage. The diseased segment of the descending thoracic aorta was resected, and a prosthetic graft was interposed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with descending thoracic aorta involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 30:

Procedure: Carotid Subclavian Bypass for Aortic Arch Syndrome

Indication: Aortic arch syndrome with carotid-subclavian involvement requiring carotid-subclavian bypass for improved blood flow and symptom relief

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Carotid-subclavian bypass performed under regional anesthesia with standard dosage. A bypass graft was anastomosed to bypass the diseased segment of the carotid-subclavian artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with carotid-subclavian artery involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 31:

Procedure: Subclavian Artery Revascularization for Aortic Arch Syndrome

Indication: Aortic arch syndrome with subclavian artery involvement requiring subclavian artery revascularization for improved blood flow and symptom relief

Anesthesia: General anesthesia (reduced dosage)

Procedure: Subclavian artery revascularization performed under general anesthesia with reduced dosage. The stenotic segment of the subclavian artery was addressed, either through angioplasty or bypass grafting, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with subclavian artery involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of revascularization site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 32:

Procedure: Aortic Valve Replacement for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortic valve involvement requiring aortic valve replacement for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic valve replacement performed under general anesthesia with standard dosage. The diseased aortic valve was excised, and a prosthetic valve was implanted, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with aortic valve involvement.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of prosthetic valve function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 33:

Procedure: Vertebral Artery Revascularization for Aortic Arch Syndrome

Indication: Aortic arch syndrome with vertebral artery involvement requiring vertebral artery revascularization for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Vertebral artery revascularization performed under general anesthesia with standard dosage. The stenotic segment of the vertebral artery was addressed, either through angioplasty or bypass grafting, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with vertebral artery involvement. Bone erosion was observed in the adjacent vertebrae.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of revascularization site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 34:

Procedure: Aortic Arch Resection and Reconstruction for Aortic Arch Syndrome

Indication: Aortic arch syndrome with extensive aortic arch involvement requiring aortic arch resection and reconstruction for improved blood flow and symptom relief

Anesthesia: General anesthesia (increased dosage)

Procedure: Aortic arch resection and reconstruction performed under general anesthesia with increased dosage. The diseased segment of the aortic arch was resected, and a prosthetic graft was interposed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with extensive aortic arch involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 35:

Procedure: Limb Salvage Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with limb involvement requiring limb salvage surgery for improved blood flow and symptom relief

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Limb salvage surgery performed under regional anesthesia with standard dosage. The affected limb was extensively evaluated, and surgical interventions were performed to remove necrotic tissue, restore blood flow, and alleviate severe bone pain in the presence of aortic arch syndrome with limb involvement and bone erosion.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of wound healing, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 36:

Procedure: Thoracoabdominal Aortic Aneurysm Repair for Aortic Arch Syndrome

Indication: Aortic arch syndrome with thoracoabdominal aortic aneurysm requiring aneurysm repair for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracoabdominal aortic aneurysm repair performed under general anesthesia with standard dosage. The diseased segment of the aorta was resected, and a prosthetic graft was interposed, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with thoracoabdominal aortic aneurysm. Bone erosion was observed in the adjacent vertebrae.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 37:

Procedure: Transposition of Great Vessels for Aortic Arch Syndrome

Indication: Aortic arch syndrome with great vessel involvement requiring transposition of great vessels for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Transposition of great vessels performed under general anesthesia with standard dosage. The great vessels were surgically repositioned to restore normal blood flow and alleviate symptoms in the presence of aortic arch syndrome with great vessel involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of vascular function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 38:

Procedure: Percutaneous Transluminal Angioplasty for Aortic Arch Syndrome

Indication: Aortic arch syndrome with arterial stenosis requiring percutaneous transluminal angioplasty for improved blood flow and symptom relief

Anesthesia: Local anesthesia (standard dosage)

Procedure: Percutaneous transluminal angioplasty performed under local anesthesia with standard dosage. A balloon catheter was inserted into the stenotic artery and inflated, widening the narrowed lumen and restoring blood flow in the presence of aortic arch syndrome with arterial stenosis. Bone erosion was observed in the adjacent structures.

Closure: Dressing applied

Complications: None  
Postoperative care: Close monitoring of angioplasty site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 39:

Procedure: Carotid Endarterectomy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with carotid artery involvement requiring carotid endarterectomy for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Carotid endarterectomy performed under general anesthesia with standard dosage. The diseased segment of the carotid artery was excised, and the artery was reconstructed to restore blood flow and alleviate symptoms in the presence of aortic arch syndrome with carotid artery involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of surgical site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 40:

Procedure: Femoral-Popliteal Bypass for Aortic Arch Syndrome

Indication: Aortic arch syndrome with femoral-popliteal involvement requiring femoral-popliteal bypass for improved blood flow and symptom relief

Anesthesia: Regional anesthesia (standard dosage)

Procedure: Femoral-popliteal bypass performed under regional anesthesia with standard dosage. A bypass graft was anastomosed to bypass the diseased segment of the femoral-popliteal artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with femoral-popliteal artery involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 41:

Procedure: Thoracic Outlet Decompression for Aortic Arch Syndrome

Indication: Aortic arch syndrome with thoracic outlet involvement requiring thoracic outlet decompression for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracic outlet decompression performed under general anesthesia with standard dosage. The structures causing compression in the thoracic outlet were addressed, alleviating pressure and restoring blood flow in the presence of aortic arch syndrome with thoracic outlet involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of decompressed area, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 42:

Procedure: Aortobifemoral Bypass for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortoiliac involvement requiring aortobifemoral bypass for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortobifemoral bypass performed under general anesthesia with standard dosage. A prosthetic graft was anastomosed to bypass the diseased segment of the aorta and iliac arteries, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with aortoiliac involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 43:

Procedure: Axillofemoral Bypass for Aortic Arch Syndrome

Indication: Aortic arch syndrome with axillary artery involvement requiring axillofemoral bypass for improved blood flow and symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Axillofemoral bypass performed under general anesthesia with standard dosage. A prosthetic graft was anastomosed to bypass the diseased segment of the axillary artery, restoring blood flow and providing symptom relief in the presence of aortic arch syndrome with axillary artery involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 44:

Procedure: Spinal Cord Stimulator Implantation for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain requiring spinal cord stimulator implantation for pain management

Anesthesia: General anesthesia (standard dosage)

Procedure: Spinal cord stimulator implantation performed under general anesthesia with standard dosage. Electrodes were placed along the spinal cord, and a pulse generator was implanted to provide pain relief and alleviate severe bone pain associated with aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Programming and optimization of the spinal cord stimulator, close monitoring of pain management, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 45:

Procedure: Bone Marrow Transplant for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and bone marrow involvement requiring bone marrow transplant for symptom relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone marrow transplant performed under general anesthesia with standard dosage. Healthy bone marrow was transplanted to replace the diseased bone marrow, providing symptom relief and alleviating severe bone pain associated with aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft acceptance, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 46:

Procedure: Joint Replacement for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and joint involvement requiring joint replacement for improved function and pain relief

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint replacement performed under general anesthesia with standard dosage. The diseased joint was excised, and a prosthetic joint was implanted to restore function and alleviate severe bone pain associated with aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Physical therapy and rehabilitation, close monitoring of joint function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 47:

Procedure: Kyphoplasty for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and vertebral compression requiring kyphoplasty for pain relief and vertebral stabilization

Anesthesia: General anesthesia (standard dosage)

Procedure: Kyphoplasty performed under general anesthesia with standard dosage. A balloon device was inserted into the collapsed vertebral body and inflated, followed by the injection of bone cement to stabilize the vertebra and alleviate severe bone pain associated with aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of vertebral stability, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 48:

Procedure: Limb Amputation for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and limb involvement requiring limb amputation for pain control and improved quality of life

Anesthesia: General anesthesia (standard dosage)

Procedure: Limb amputation performed under general anesthesia with standard dosage. The affected limb was amputated to alleviate severe bone pain and improve quality of life in the presence of aortic arch syndrome with limb involvement. Bone erosion was observed in the adjacent structures.

Closure: Surgical closure, dressing applied

Complications: None  
Postoperative care: Pain management, prosthetic fitting and rehabilitation, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 49:

Procedure: Spinal Fusion for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and spinal involvement requiring spinal fusion for pain relief and spinal stabilization

Anesthesia: General anesthesia (standard dosage)

Procedure: Spinal fusion performed under general anesthesia with standard dosage. The affected spinal segments were fused using bone grafts and hardware to alleviate severe bone pain and provide stability in the presence of aortic arch syndrome with spinal involvement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of spinal fusion, physical therapy and rehabilitation, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 50:

Procedure: Bone Biopsy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and suspected bone involvement requiring bone biopsy for diagnosis and treatment planning

Anesthesia: General anesthesia (standard dosage)

Procedure: Bone biopsy performed under general anesthesia with standard dosage. A small sample of bone tissue was obtained for pathological examination to confirm the presence of aortic arch syndrome and guide further treatment. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Pathology review, treatment planning based on biopsy results, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 51:

Procedure: Vertebroplasty for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and vertebral involvement requiring vertebroplasty for pain relief and vertebral stabilization

Anesthesia: General anesthesia (standard dosage)

Procedure: Vertebroplasty performed under general anesthesia with standard dosage. Bone cement was injected into the collapsed vertebral body to stabilize the vertebra and alleviate severe bone pain associated with aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of vertebral stability, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 52:

Procedure: Radiofrequency Ablation for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and nerve involvement requiring radiofrequency ablation for pain relief and nerve desensitization

Anesthesia: General anesthesia (standard dosage)

Procedure: Radiofrequency ablation performed under general anesthesia with standard dosage. Radiofrequency energy was used to ablate the nerves responsible for transmitting severe bone pain associated with aortic arch syndrome, providing pain relief and desensitization. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Pain management, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 53:

Procedure: Percutaneous Vertebral Augmentation for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe bone pain and vertebral compression requiring percutaneous vertebral augmentation for pain relief and vertebral stabilization

Anesthesia: General anesthesia (standard dosage)

Procedure: Percutaneous vertebral augmentation performed under general anesthesia with standard dosage. A bone cement mixture was injected into the collapsed vertebral body using a minimally invasive approach, stabilizing the vertebra and alleviating severe bone pain associated with aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of vertebral stability, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 54:

Procedure: Angioplasty and Stenting for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe narrowing and blockage of the blood vessels requiring angioplasty and stenting for improved blood flow

Anesthesia: General anesthesia (standard dosage)

Procedure: Angioplasty and stenting performed under general anesthesia with standard dosage. The narrowed and blocked blood vessels were dilated using a balloon catheter, and a stent was placed to maintain patency and improve blood flow in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of blood flow, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 55:

Procedure: Carotid Endarterectomy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe carotid artery stenosis requiring carotid endarterectomy for improved blood flow and prevention of stroke

Anesthesia: General anesthesia (standard dosage)

Procedure: Carotid endarterectomy performed under general anesthesia with standard dosage. The diseased portion of the carotid artery was surgically removed to improve blood flow and reduce the risk of stroke in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of carotid artery function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 56:

Procedure: Coronary Artery Bypass Grafting for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe coronary artery disease requiring coronary artery bypass grafting for improved blood flow to the heart

Anesthesia: General anesthesia (standard dosage)

Procedure: Coronary artery bypass grafting performed under general anesthesia with standard dosage. A bypass graft was created to bypass the blocked coronary arteries and restore adequate blood flow to the heart in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of graft patency, cardiac rehabilitation, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 57:

Procedure: Thrombectomy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe blood clot formation requiring thrombectomy for improved blood flow and prevention of complications

Anesthesia: General anesthesia (standard dosage)

Procedure: Thrombectomy performed under general anesthesia with standard dosage. The blood clot was surgically removed from the affected blood vessel to restore blood flow and prevent further complications in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Close monitoring of blood flow, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 58:

Procedure: Arterial Bypass Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with severe arterial blockage requiring arterial bypass surgery for improved blood flow to the affected area

Anesthesia: General anesthesia (standard dosage)

Procedure: Arterial bypass surgery performed under general anesthesia with standard dosage. A graft was used to bypass the blocked or narrowed artery and restore adequate blood flow to the affected area in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of graft patency, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

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Operative Note 59:

Procedure: Aortic Arch Repair for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aneurysmal dilation of the aortic arch requiring surgical repair for prevention of rupture and improved blood flow

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic arch repair performed under general anesthesia with standard dosage. The dilated portion of the aortic arch was surgically repaired using synthetic graft material to reinforce the weakened area and restore normal blood flow in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of aortic arch function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 60:

Procedure: Angiography for Aortic Arch Syndrome

Indication: Aortic arch syndrome with suspected arterial blockage requiring angiography for diagnostic evaluation and treatment planning

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Angiography performed under local anesthesia with sedation using an adjusted dosage. Contrast dye was injected into the affected blood vessels to visualize the extent of arterial blockage and plan for further interventions in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Dressing applied

Complications: None

Postoperative care: Close monitoring of angiography results, administration of appropriate medications, further treatment planning based on the severity of the condition.

Operative Note 61:

Procedure: Endovascular Aneurysm Repair for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aneurysmal dilation of the aortic arch requiring endovascular aneurysm repair for prevention of rupture and improved blood flow

Anesthesia: General anesthesia (standard dosage)

Procedure: Endovascular aneurysm repair performed under general anesthesia with standard dosage. Stent grafts were placed inside the dilated portion of the aortic arch to reinforce the weakened area, exclude the aneurysm, and restore normal blood flow in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of stent graft function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 62:

Procedure: Transposition of the Great Vessels for Aortic Arch Syndrome

Indication: Aortic arch syndrome with abnormal positioning of the great vessels requiring surgical transposition for improved blood flow and corrected anatomy

Anesthesia: General anesthesia (standard dosage)

Procedure: Transposition of the great vessels performed under general anesthesia with standard dosage. The abnormal positioning of the great vessels was corrected surgically to improve blood flow and restore normal anatomy in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of vessel position, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 63:

Procedure: Excision of Aortic Arch Lesion for Aortic Arch Syndrome

Indication: Aortic arch syndrome with a localized lesion requiring surgical excision for improved blood flow and prevention of complications

Anesthesia: General anesthesia (standard dosage)

Procedure: Excision of the aortic arch lesion performed under general anesthesia with standard dosage. The localized lesion in the aortic arch was surgically removed to improve blood flow and prevent further complications in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of excision site, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 64:

Procedure: Balloon Angioplasty for Aortic Arch Syndrome

Indication: Aortic arch syndrome with arterial narrowing requiring balloon angioplasty for improved blood flow and increased vessel diameter

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Balloon angioplasty performed under local anesthesia with sedation using an adjusted dosage. A balloon catheter was inserted into the narrowed segment of the aortic arch and inflated to dilate the vessel, improving blood flow and increasing vessel diameter in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Dressing applied

Complications: None

Postoperative care: Close monitoring of angioplasty results, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 65:

Procedure: Bypass Surgery for Aortic Arch Syndrome

Indication: Aortic arch syndrome with significant arterial blockage requiring bypass surgery for improved blood flow and bypassing the affected segment

Anesthesia: General anesthesia (standard dosage)

Procedure: Bypass surgery performed under general anesthesia with standard dosage. A graft was used to create a bypass around the affected segment of the aortic arch, improving blood flow and bypassing the narrowed or blocked area in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of bypass function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 66:

Procedure: Aortic Valve Replacement for Aortic Arch Syndrome

Indication: Aortic arch syndrome with aortic valve dysfunction requiring aortic valve replacement for improved blood flow and corrected valve function

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic valve replacement performed under general anesthesia with standard dosage. The diseased aortic valve was surgically removed and replaced with a prosthetic valve to improve blood flow and restore proper valve function in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of valve function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 67:

Procedure: Thrombectomy for Aortic Arch Syndrome

Indication: Aortic arch syndrome with arterial thrombosis requiring thrombectomy for removal of the blood clot and restoration of blood flow

Anesthesia: General anesthesia (standard dosage)

Procedure: Thrombectomy performed under general anesthesia with standard dosage. The blood clot causing arterial blockage in the aortic arch was surgically removed, restoring blood flow and improving circulation in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of blood flow, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 68:

Procedure: Patch Angioplasty for Aortic Arch Syndrome

Indication: Aortic arch syndrome with arterial narrowing requiring patch angioplasty for improved blood flow and increased vessel diameter

Anesthesia: Local anesthesia with sedation (adjusted dosage)

Procedure: Patch angioplasty performed under local anesthesia with sedation using an adjusted dosage. A patch graft was used to widen the narrowed segment of the aortic arch, improving blood flow and increasing vessel diameter in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of angioplasty results, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 69:

Procedure: Vascular Reconstruction for Aortic Arch Syndrome

Indication: Aortic arch syndrome with extensive arterial involvement requiring vascular reconstruction for improved blood flow and restored vascular integrity

Anesthesia: General anesthesia (standard dosage)

Procedure: Vascular reconstruction performed under general anesthesia with standard dosage. Multiple arterial segments in the aortic arch were reconstructed using synthetic graft material to improve blood flow and restore vascular integrity in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of vascular reconstruction, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 70:

Procedure: Thoracic Endovascular Aortic Repair (TEVAR) for Aortic Arch Syndrome

Indication: Aortic arch syndrome with thoracic aortic aneurysm requiring endovascular repair for prevention of rupture and improved blood flow

Anesthesia: General anesthesia (standard dosage)

Procedure: Thoracic endovascular aortic repair (TEVAR) performed under general anesthesia with standard dosage. Stent grafts were placed within the thoracic aorta, including the aortic arch, to exclude the aneurysmal dilation and restore normal blood flow in the presence of aortic arch syndrome. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Close monitoring of stent graft function, administration of appropriate medications, regular follow-up appointments based on the severity of the condition.

Operative Note 71:

Procedure: Joint Debridement and Lavage for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint debridement and lavage for removal of infected tissue and irrigation

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement and lavage performed under general anesthesia with standard dosage. The infected joint was surgically accessed, and thorough debridement was performed to remove necrotic tissue and infected material. The joint was then irrigated with a sterile saline solution to flush out any remaining contaminants. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, close monitoring of wound healing, regular follow-up appointments based on the severity of the infection.

Operative Note 72:

Procedure: Joint Exploration and Drainage for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint exploration and drainage for removal of pus and infected material

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint exploration and drainage performed under general anesthesia with standard dosage. The infected joint was surgically accessed, and a careful exploration was conducted to identify pockets of pus and infected material. These were drained and irrigated with an antiseptic solution. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular dressing changes, close monitoring for signs of recurrent infection, regular follow-up appointments based on the severity of the infection.

Operative Note 73:

Procedure: Joint Arthroscopy with Debridement for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint arthroscopy with debridement for removal of infected tissue and debris

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroscopy with debridement performed under general anesthesia with standard dosage. The infected joint was accessed using arthroscopic techniques, allowing visualization of the joint space. Infected tissue and debris were meticulously removed using specialized instruments. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, close monitoring of joint function, regular follow-up appointments based on the severity of the infection.

Operative Note 74:

Procedure: Joint Excision and Arthrodesis for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint excision and arthrodesis for removal of infected joint and fusion of adjacent bones

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint excision and arthrodesis performed under general anesthesia with standard dosage. The infected joint was completely excised, removing all infected tissue. The adjacent bones were then fused together using bone grafts and fixation devices to provide stability and eliminate joint movement. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, immobilization of the affected limb, regular follow-up appointments based on the severity of the infection.

Operative Note 75:

Procedure: Joint Washout and Antibiotic Bead Placement for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint washout and placement of antibiotic beads for local antibiotic delivery

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint washout and antibiotic bead placement performed under general anesthesia with standard dosage. The infected joint was thoroughly irrigated with sterile saline solution to remove pus and debris. Antibiotic-impregnated beads were then placed within the joint space to provide sustained local antibiotic delivery. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and infection control, regular follow-up appointments based on the severity of the infection.

Operative Note 76:

Procedure: Joint Resection and Antibiotic Spacer Placement for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint resection and placement of antibiotic spacer for local antibiotic delivery

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint resection and antibiotic spacer placement performed under general anesthesia with standard dosage. The infected joint was surgically resected, removing all infected tissue. An antibiotic-loaded spacer was then implanted in the joint space to provide local antibiotic delivery and maintain joint space integrity. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and infection control, regular follow-up appointments based on the severity of the infection.

Operative Note 77:

Procedure: Joint Arthroplasty for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint arthroplasty for removal of infected joint and replacement with an artificial joint

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthroplasty performed under general anesthesia with standard dosage. The infected joint was completely excised, removing all infected tissue. An artificial joint prosthesis was then implanted to restore joint function. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, rehabilitation program for joint function restoration, regular follow-up appointments based on the severity of the infection.

Operative Note 78:

Procedure: Joint Fusion for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint fusion for elimination of joint movement and infection control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion performed under general anesthesia with standard dosage. The infected joint was prepared, removing all infected tissue. The adjacent bones were then fused together using bone grafts and fixation devices to eliminate joint movement and promote infection control. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, immobilization of the affected limb, regular follow-up appointments based on the severity of the infection.

Operative Note 79:

Procedure: Joint Irrigation and Intravenous Antibiotic Therapy for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint irrigation and intravenous antibiotic therapy for infection control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint irrigation and intravenous antibiotic therapy performed under general anesthesia with standard dosage. The infected joint was thoroughly irrigated with sterile saline solution to remove pus and contaminants. Intravenous antibiotics were administered to control the infection systemically. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and infection control, regular follow-up appointments based on the severity of the infection.

Operative Note 80:

Procedure: Joint Exploratory Surgery for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint exploratory surgery for identification and treatment of infected structures

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint exploratory surgery performed under general anesthesia with standard dosage. The infected joint was surgically accessed, and a careful exploration was conducted to identify the extent of infection and affected structures. Infected tissues were excised, and thorough irrigation was performed. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and infection control, regular follow-up appointments based on the severity of the infection.

Operative Note 81:

Procedure: Joint Synovectomy for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint synovectomy for removal of infected synovial tissue

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint synovectomy performed under general anesthesia with standard dosage. The infected synovial tissue within the joint was excised to remove the source of infection. Thorough irrigation was performed to ensure proper cleansing. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and infection control, regular follow-up appointments based on the severity of the infection.

Operative Note 82:

Procedure: Joint Stabilization and Infection Control Surgery for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint stabilization and infection control surgery

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint stabilization and infection control surgery performed under general anesthesia with standard dosage. The infected joint was stabilized using internal fixation devices to promote stability and facilitate infection control. Infected tissues were excised, and thorough irrigation was performed. Bone erosion was observed in the adjacent structures.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and infection control, regular follow-up appointments based on the severity of the infection.

Operative Note 83:

Procedure: Joint Debridement and Corticosteroid Injection for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint debridement and corticosteroid injection for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement and corticosteroid injection performed under general anesthesia with standard dosage. The infected joint was debrided to remove necrotic tissue and reduce the bacterial load. Corticosteroid medication was injected into the joint to control inflammation and promote healing. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 84:

Procedure: Synovial Biopsy and Immunosuppressive Treatment for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring synovial biopsy and immunosuppressive treatment for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Synovial biopsy and immunosuppressive treatment performed under general anesthesia with standard dosage. A biopsy of the synovial tissue was taken to evaluate the underlying pathology. Immunosuppressive medications were administered to control the inflammatory response. Variation in inflammation was observed in the affected joint.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, immunosuppressive therapy, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 85:

Procedure: Arthroscopic Synovectomy for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring arthroscopic synovectomy for removal of infected synovial tissue and inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Arthroscopic synovectomy performed under general anesthesia with standard dosage. The infected synovial tissue within the joint was visualized and excised using arthroscopic techniques. Thorough irrigation was performed. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 86:

Procedure: Joint Immobilization and Anti-inflammatory Therapy for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint immobilization and anti-inflammatory therapy for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint immobilization and anti-inflammatory therapy performed under general anesthesia with standard dosage. The affected joint was immobilized using a cast or splint to limit movement and reduce inflammation. Anti-inflammatory medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, anti-inflammatory therapy, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 87:

Procedure: Joint Lavage and Biologic Therapy for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint lavage and biologic therapy for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint lavage and biologic therapy performed under general anesthesia with standard dosage. The infected joint was thoroughly irrigated with sterile saline solution to remove pus and contaminants. Biologic medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, biologic therapy, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 88:

Procedure: Joint Resurfacing and Anti-inflammatory Treatment for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint resurfacing and anti-inflammatory treatment for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint resurfacing and anti-inflammatory treatment performed under general anesthesia with standard dosage. The affected joint was resurfaced using grafts or prosthetic components to restore function and alleviate pain. Anti-inflammatory medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, anti-inflammatory treatment, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 89:

Procedure: Joint Decompression and Steroid Injection for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint decompression and steroid injection for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint decompression and steroid injection performed under general anesthesia with standard dosage. The affected joint was decompressed to relieve pressure and improve blood flow. Steroid medication was injected into the joint to control inflammation and pain. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 90:

Procedure: Joint Arthrodesis and Immunosuppressive Therapy for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint arthrodesis and immunosuppressive therapy for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint arthrodesis and immunosuppressive therapy performed under general anesthesia with standard dosage. The affected joint was surgically fused to immobilize it and control infection and inflammation. Immunosuppressive medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, immunosuppressive therapy, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 91:

Procedure: Joint Replacement and Anti-inflammatory Treatment for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint replacement and anti-inflammatory treatment for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint replacement and anti-inflammatory treatment performed under general anesthesia with standard dosage. The affected joint was replaced with a prosthetic implant to restore function and alleviate pain. Anti-inflammatory medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, anti-inflammatory treatment, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 92:

Procedure: Joint Fusion and Biologic Therapy for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint fusion and biologic therapy for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint fusion and biologic therapy performed under general anesthesia with standard dosage. The affected joint was surgically fused to immobilize it and control infection and inflammation. Biologic medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, biologic therapy, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 93:

Procedure: Joint Debridement and Anti-inflammatory Treatment for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint debridement and anti-inflammatory treatment for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint debridement and anti-inflammatory treatment performed under general anesthesia with standard dosage. The infected joint was debrided to remove necrotic tissue and reduce the bacterial load. Anti-inflammatory medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, anti-inflammatory treatment, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 94:

Procedure: Joint Reconstruction and Corticosteroid Injection for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint reconstruction and corticosteroid injection for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint reconstruction and corticosteroid injection performed under general anesthesia with standard dosage. The affected joint was reconstructed using grafts or prosthetic components to restore function and alleviate pain. Corticosteroid medication was injected into the joint to control inflammation and pain. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 95:

Procedure: Joint Lavage and Immunosuppressive Treatment for Severe Infection on the Extreme Moving Joint

Indication: Severe infection on the extreme moving joint requiring joint lavage and immunosuppressive treatment for inflammation control

Anesthesia: General anesthesia (standard dosage)

Procedure: Joint lavage and immunosuppressive treatment performed under general anesthesia with standard dosage. The infected joint was thoroughly irrigated with sterile saline solution to remove pus and contaminants. Immunosuppressive medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, immunosuppressive treatment, regular monitoring of joint function and inflammation control, regular follow-up appointments based on the severity of the infection.

Operative Note 96:

Procedure: Aortic Bypass and Steroid Treatment for Aortic Arch Syndrome [Takayasu]

Indication: Aortic arch syndrome [Takayasu] with compromised blood flow requiring aortic bypass and steroid treatment

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic bypass and steroid treatment performed under general anesthesia with standard dosage. A bypass graft was used to bypass the narrowed or occluded segments of the aorta, restoring blood flow. Steroid medication was administered to control inflammation and reduce the risk of further vascular damage. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, steroid treatment, regular monitoring of blood flow and inflammation control, regular follow-up appointments based on the severity of the condition.

Operative Note 97:

Procedure: Endovascular Stenting and Immunomodulatory Therapy for Aortic Arch Syndrome [Takayasu]

Indication: Aortic arch syndrome [Takayasu] with narrowed or occluded segments requiring endovascular stenting and immunomodulatory therapy

Anesthesia: General anesthesia (standard dosage)

Procedure: Endovascular stenting and immunomodulatory therapy performed under general anesthesia with standard dosage. A stent was placed in the narrowed or occluded segments of the aorta to restore blood flow. Immunomodulatory medications were administered to control the inflammatory response and prevent further vascular damage. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, immunomodulatory therapy, regular monitoring of blood flow and inflammation control, regular follow-up appointments based on the severity of the condition.

Operative Note 98:

Procedure: Aortic Arch Resection and Vascular Reconstruction for Aortic Arch Syndrome [Takayasu]

Indication: Aortic arch syndrome [Takayasu] with significant vascular involvement requiring aortic arch resection and vascular reconstruction

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic arch resection and vascular reconstruction performed under general anesthesia with standard dosage. The affected segment of the aortic arch was resected, and vascular reconstruction was performed using grafts or other suitable materials. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, regular monitoring of blood flow and inflammation control, regular follow-up appointments based on the severity of the condition.

Operative Note 99:

Procedure: Aortic Arch Angioplasty and Anti-inflammatory Treatment for Aortic Arch Syndrome [Takayasu]

Indication: Aortic arch syndrome [Takayasu] with narrowed or occluded segments requiring aortic arch angioplasty and anti-inflammatory treatment

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic arch angioplasty and anti-inflammatory treatment performed under general anesthesia with standard dosage. The narrowed or occluded segments of the aortic arch were dilated using a balloon catheter to restore blood flow. Anti-inflammatory medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, anti-inflammatory treatment, regular monitoring of blood flow and inflammation control, regular follow-up appointments based on the severity of the condition.

Operative Note 100:

Procedure: Aortic Arch Bypass and Biologic Therapy for Aortic Arch Syndrome [Takayasu]

Indication: Aortic arch syndrome [Takayasu] with compromised blood flow requiring aortic arch bypass and biologic therapy

Anesthesia: General anesthesia (standard dosage)

Procedure: Aortic arch bypass and biologic therapy performed under general anesthesia with standard dosage. A bypass graft was used to bypass the narrowed or occluded segments of the aortic arch, restoring blood flow. Biologic medications were administered to control the inflammatory response. Variation in inflammation was observed in the surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of intravenous antibiotics, biologic therapy, regular monitoring of blood flow and inflammation control, regular follow-up appointments based on the severity of the condition.

## M31.5 Giant cell arteritis with polymyalgia rheumatica

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Operative Note 1:

Procedure: Temporal Artery Biopsy and Corticosteroid Treatment for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Suspected giant cell arteritis with polymyalgia rheumatica necessitating temporal artery biopsy and corticosteroid treatment

Anesthesia: Local anesthesia

Procedure: Temporal artery biopsy performed under local anesthesia. A small incision was made to extract a tissue sample for histopathological examination. Corticosteroid treatment initiated based on clinical suspicion. Variation in inflammation observed in the temporal artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of oral corticosteroids, regular monitoring of inflammatory markers, symptomatic relief observed in polymyalgia rheumatica, regular follow-up appointments for disease management.

Operative Note 2:

Procedure: Aortic Aneurysm Repair and Corticosteroid Treatment for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and concomitant aortic aneurysm necessitating aortic aneurysm repair and corticosteroid treatment

Anesthesia: General anesthesia

Procedure: Aortic aneurysm repair performed under general anesthesia. The aneurysmal segment was excised and replaced with a synthetic graft. Corticosteroid treatment initiated for giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the affected arterial wall and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of oral corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and surveillance of the aortic graft.

Operative Note 3:

Procedure: Temporal Artery Decompression and Immunosuppressive Therapy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and refractory symptoms necessitating temporal artery decompression and immunosuppressive therapy

Anesthesia: Local anesthesia

Procedure: Temporal artery decompression performed under local anesthesia. The affected temporal artery was dissected and decompressed to relieve arterial inflammation. Immunosuppressive therapy initiated to manage giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the temporal artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of response to treatment.

Operative Note 4:

Procedure: Bilateral Temporal Artery Biopsy and Biologic Therapy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Bilateral temporal artery involvement and refractory symptoms requiring bilateral temporal artery biopsy and biologic therapy for giant cell arteritis with polymyalgia rheumatica

Anesthesia: Local anesthesia

Procedure: Bilateral temporal artery biopsies performed under local anesthesia. Small incisions were made to obtain tissue samples for histopathological examination. Biologic therapy initiated to target the underlying immune response. Variation in inflammation observed in the temporal arteries and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of biologic medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 5:

Procedure: Carotid Artery Endarterectomy and Corticosteroid Treatment for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and significant carotid artery stenosis necessitating carotid artery endarterectomy and corticosteroid treatment

Anesthesia: General anesthesia

Procedure: Carotid artery endarterectomy performed under general anesthesia. The plaque causing stenosis was removed from the carotid artery. Corticosteroid treatment initiated for giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the carotid artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of oral corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and surveillance of carotid artery patency.

Operative Note 6:

Procedure: Aortic Arch Repair and Immunosuppressive Therapy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and aortic arch involvement necessitating aortic arch repair and immunosuppressive therapy

Anesthesia: General anesthesia

Procedure: Aortic arch repair performed under general anesthesia. The affected segment of the aortic arch was reconstructed to restore normal blood flow. Immunosuppressive therapy initiated to manage giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the aortic arch and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 7:

Procedure: Temporal Artery Excision and Steroid Treatment for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and refractory symptoms necessitating temporal artery excision and steroid treatment

Anesthesia: Local anesthesia

Procedure: Temporal artery excision performed under local anesthesia. The affected temporal artery was completely excised to alleviate symptoms and prevent further complications. Steroid treatment initiated for giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the excised temporal artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of oral corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 8:

Procedure: Percutaneous Transluminal Angioplasty and Steroid Treatment for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and arterial stenosis necessitating percutaneous transluminal angioplasty and steroid treatment

Anesthesia: Local anesthesia

Procedure: Percutaneous transluminal angioplasty performed under local anesthesia. A balloon catheter was used to dilate the stenotic arteries, improving blood flow. Steroid treatment initiated for giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the dilated arteries and surrounding tissues.

Closure: No closure required, dressing applied

Complications: None

Postoperative care: Administration of oral corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 9:

Procedure: Superficial Temporal Artery to Middle Cerebral Artery Bypass and Immunosuppressive Therapy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and cerebral ischemia requiring superficial temporal artery to middle cerebral artery bypass and immunosuppressive therapy

Anesthesia: General anesthesia

Procedure: Superficial temporal artery to middle cerebral artery bypass performed under general anesthesia. The bypass graft was used to restore blood flow to the affected cerebral artery. Immunosuppressive therapy initiated for giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the superficial temporal artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 10:

Procedure: Bilateral Subclavian Artery Revascularization and Corticosteroid Treatment for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Giant cell arteritis with polymyalgia rheumatica and bilateral subclavian artery involvement necessitating bilateral subclavian artery revascularization and corticosteroid treatment

Anesthesia: General anesthesia

Procedure: Bilateral subclavian artery revascularization performed under general anesthesia. The narrowed or occluded segments of the subclavian arteries were bypassed or reconstructed to restore blood flow. Corticosteroid treatment initiated for giant cell arteritis and polymyalgia rheumatica. Variation in inflammation observed in the subclavian arteries and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Administration of oral corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 11:

Procedure: Temporal Artery Biopsy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Suspected giant cell arteritis with polymyalgia rheumatica requiring temporal artery biopsy and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with reduced dosage

Procedure: Temporal artery biopsy performed under general anesthesia with reduced dosage to accommodate the patient's specific needs. The temporal artery was carefully dissected and a small segment was excised for pathological examination. Variation in inflammation observed in the temporal artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 12:

Procedure: Aortic Valve Replacement and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe aortic valve stenosis secondary to giant cell arteritis with polymyalgia rheumatica requiring aortic valve replacement and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with increased dosage

Procedure: Aortic valve replacement performed under general anesthesia with increased dosage to ensure adequate anesthesia and hemodynamic stability. The diseased aortic valve was excised and replaced with a prosthetic valve. Variation in inflammation observed in the aortic valve and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Cardiac monitoring, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 13:

Procedure: Corticosteroid Injection and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Localized pain and inflammation in the shoulder joint due to giant cell arteritis with polymyalgia rheumatica requiring corticosteroid injection and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with reduced dosage

Procedure: Corticosteroid injection performed under local anesthesia with reduced dosage to target the affected shoulder joint. The injection was guided by imaging to ensure accurate placement. Variation in inflammation observed in the shoulder joint and surrounding tissues.

Closure: None

Complications: None  
Postoperative care: Pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 14:

Procedure: Carotid Artery Endarterectomy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe carotid artery stenosis secondary to giant cell arteritis with polymyalgia rheumatica requiring carotid artery endarterectomy and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Carotid artery endarterectomy performed under general anesthesia with modified dosage to ensure adequate anesthesia and hemodynamic stability. The diseased portion of the carotid artery was carefully dissected and removed, and the artery was reconstructed. Variation in inflammation observed in the carotid artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Neurological monitoring, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 15:

Procedure: Percutaneous Transluminal Angioplasty and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe peripheral artery stenosis secondary to giant cell arteritis with polymyalgia rheumatica requiring percutaneous transluminal angioplasty and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with increased dosage

Procedure: Percutaneous transluminal angioplasty performed under local anesthesia with increased dosage to ensure patient comfort and procedural success. The stenosed peripheral artery was accessed using a guide wire and a balloon catheter was used to dilate the narrowed segment. Variation in inflammation observed in the affected peripheral artery and surrounding tissues.

Closure: None

Complications: None  
Postoperative care: Monitoring of peripheral pulses, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 16:

Procedure: Lymph Node Biopsy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Enlarged lymph nodes suspected to be related to giant cell arteritis with polymyalgia rheumatica requiring lymph node biopsy and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with modified dosage

Procedure: Lymph node biopsy performed under local anesthesia with modified dosage to accommodate the patient's specific needs. The enlarged lymph node was carefully excised and sent for pathological examination. Variation in inflammation observed in the lymph node and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 17:

Procedure: Temporomandibular Joint Arthroscopy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Temporomandibular joint pain and limited mobility due to giant cell arteritis with polymyalgia rheumatica requiring temporomandibular joint arthroscopy and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with increased dosage

Procedure: Temporomandibular joint arthroscopy performed under local anesthesia with increased dosage to ensure adequate anesthesia and patient comfort. The joint was visualized using an arthroscope and any identified abnormalities were addressed. Variation in inflammation observed in the temporomandibular joint and surrounding tissues.

Closure: None

Complications: None  
Postoperative care: Pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 18:

Procedure: Renal Artery Angioplasty and Stenting and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Renal artery stenosis secondary to giant cell arteritis with polymyalgia rheumatica requiring renal artery angioplasty and stenting and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Renal artery angioplasty and stenting performed under general anesthesia with modified dosage to ensure adequate anesthesia and hemodynamic stability. The stenosed renal artery was accessed using a guide wire and a balloon catheter was used to dilate the narrowed segment. A stent was then placed to maintain vessel patency. Variation in inflammation observed in the renal artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Renal function monitoring, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 19:

Procedure: Subclavian Artery Bypass and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe subclavian artery stenosis secondary to giant cell arteritis with polymyalgia rheumatica requiring subclavian artery bypass and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with reduced dosage

Procedure: Subclavian artery bypass performed under general anesthesia with reduced dosage to accommodate the patient's specific needs. The diseased segment of the subclavian artery was bypassed using a synthetic graft. Variation in inflammation observed in the subclavian artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Peripheral vascular monitoring, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 20:

Procedure: Abdominal Aortic Aneurysm Repair and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Symptomatic abdominal aortic aneurysm secondary to giant cell arteritis with polymyalgia rheumatica requiring aneurysm repair and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with increased dosage

Procedure: Abdominal aortic aneurysm repair performed under general anesthesia with increased dosage to ensure adequate anesthesia and hemodynamic stability. The aneurysmal segment of the abdominal aorta was carefully excised and replaced with a synthetic graft. Variation in inflammation observed in the abdominal aorta and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Vascular monitoring, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 21:

Procedure: Sacroiliac Joint Fusion and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe sacroiliac joint dysfunction and pain secondary to giant cell arteritis with polymyalgia rheumatica requiring sacroiliac joint fusion and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Sacroiliac joint fusion performed under general anesthesia with modified dosage to ensure adequate anesthesia and patient comfort. The sacroiliac joint was stabilized using bone grafts and fixation devices to promote fusion. Variation in inflammation observed in the sacroiliac joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Mobilization assistance, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 22:

Procedure: Tibial Plateau Fracture Repair and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Tibial plateau fracture with bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring fracture repair and variation in anaesthesia dosage based on patient's condition

Anesthesia: Regional anesthesia with increased dosage

Procedure: Tibial plateau fracture repair performed under regional anesthesia with increased dosage to ensure adequate pain control and patient comfort. The fractured fragments were carefully realigned and stabilized using screws or plates. Variation in inflammation observed in the tibial plateau and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, weight-bearing restrictions, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for fracture healing and disease management.

Operative Note 23:

Procedure: Lumbar Spinal Fusion and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Lumbar spine instability and vertebral bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring lumbar spinal fusion and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Lumbar spinal fusion performed under general anesthesia with modified dosage to ensure adequate anesthesia and patient comfort. The affected lumbar vertebrae were fused using bone grafts and fixation devices. Variation in inflammation observed in the lumbar spine and adjacent vertebral bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Mobilization assistance, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 24:

Procedure: Knee Arthroscopy and Debridement and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Knee joint pain, swelling, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring knee arthroscopy and debridement and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with increased dosage

Procedure: Knee arthroscopy and debridement performed under local anesthesia with increased dosage to ensure adequate anesthesia and patient comfort. The joint was visualized using an arthroscope, and any loose fragments or inflamed tissues were removed. Variation in inflammation observed in the knee joint and surrounding bones.

Closure: None

Complications: None  
Postoperative care: Pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 25:

Procedure: Mandibular Osteotomy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Mandibular joint dysfunction and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring mandibular osteotomy and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Mandibular osteotomy performed under general anesthesia with modified dosage to ensure adequate anesthesia and patient comfort. The mandible was carefully repositioned and stabilized using plates and screws. Variation in inflammation observed in the mandibular joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Soft diet, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 26:

Procedure: Wrist Fusion and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Wrist joint instability and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring wrist fusion and variation in anaesthesia dosage based on patient's condition

Anesthesia: Regional anesthesia with modified dosage

Procedure: Wrist fusion performed under regional anesthesia with modified dosage to ensure adequate pain control and patient comfort. The wrist joint was immobilized and stabilized using bone grafts and fixation devices. Variation in inflammation observed in the wrist joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 27:

Procedure: Shoulder Resurfacing Arthroplasty and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe shoulder joint pain, stiffness, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring shoulder resurfacing arthroplasty and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with reduced dosage

Procedure: Shoulder resurfacing arthroplasty performed under general anesthesia with reduced dosage to accommodate the patient's specific needs. The damaged shoulder joint surfaces were replaced with a prosthetic implant. Variation in inflammation observed in the shoulder joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Shoulder immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 28:

Procedure: Hip Replacement Surgery and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe hip joint pain, dysfunction, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring hip replacement surgery and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Hip replacement surgery performed under general anesthesia with modified dosage to ensure adequate anesthesia and patient comfort. The damaged hip joint surfaces were replaced

with a prosthetic implant. Variation in inflammation observed in the hip joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Hip precautions, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 29:

Procedure: Temporomandibular Joint Arthroscopy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Temporomandibular joint pain, dysfunction, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring temporomandibular joint arthroscopy and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with increased dosage

Procedure: Temporomandibular joint arthroscopy performed under local anesthesia with increased dosage to ensure adequate anesthesia and patient comfort. The joint was visualized using an arthroscope, and any inflamed tissues or adhesions were removed. Variation in inflammation observed in the temporomandibular joint and surrounding bones.

Closure: None

Complications: None  
Postoperative care: Soft diet, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 30:

Procedure: Elbow Arthrodesis and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Elbow joint instability and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring elbow arthrodesis and variation in anaesthesia dosage based on patient's condition

Anesthesia: Regional anesthesia with modified dosage

Procedure: Elbow arthrodesis performed under regional anesthesia with modified dosage to ensure adequate pain control and patient comfort. The elbow joint was fused using bone grafts and fixation devices. Variation in inflammation observed in the elbow joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 31:

Procedure: Sacroiliac Joint Fusion and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe sacroiliac joint pain, instability, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring sacroiliac joint fusion and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Sacroiliac joint fusion performed under general anesthesia with modified dosage to ensure adequate anesthesia and patient comfort. The damaged joint surfaces were fused using bone grafts and fixation devices. Variation in inflammation observed in the sacroiliac joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Restricted weight-bearing, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 32:

Procedure: Spinal Fusion and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe back pain, spinal instability, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring spinal fusion and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with reduced dosage

Procedure: Spinal fusion performed under general anesthesia with reduced dosage to accommodate the patient's specific needs. The affected spinal segments were fused using bone grafts and fixation devices. Variation in inflammation observed in the spinal column and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Restricted movement, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 33:

Procedure: Foot Arthrodesis and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe foot joint pain, deformity, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring foot arthrodesis and variation in anaesthesia dosage based on patient's condition

Anesthesia: Regional anesthesia with modified dosage

Procedure: Foot arthrodesis performed under regional anesthesia with modified dosage to ensure adequate pain control and patient comfort. The affected joint was fused using bone grafts and fixation devices. Variation in inflammation observed in the foot joints and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 34:

Procedure: Knee Joint Debridement and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe knee joint pain, swelling, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring knee joint debridement and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with increased dosage

Procedure: Knee joint debridement performed under local anesthesia with increased dosage to ensure adequate anesthesia and patient comfort. The joint was thoroughly cleaned, inflamed tissues and debris were removed. Variation in inflammation observed in the knee joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Mobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 35:

Procedure: Spinal Decompression and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe spinal cord compression, neurological symptoms, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring spinal decompression and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with modified dosage

Procedure: Spinal decompression performed under general anesthesia with modified dosage to ensure adequate anesthesia and patient comfort. The compressed spinal nerves were decompressed, and any bony overgrowths were removed. Variation in inflammation observed in the spinal column and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Restricted movement, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 36:

Procedure: Shoulder Joint Replacement and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe shoulder joint pain, stiffness, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring shoulder joint replacement and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with increased dosage

Procedure: Shoulder joint replacement performed under general anesthesia with increased dosage to ensure adequate anesthesia and patient comfort. The damaged joint surfaces were replaced with a prosthetic implant. Variation in inflammation observed in the shoulder joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Sling immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 37:

Procedure: Hip Joint Arthroscopy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe hip joint pain, limited range of motion, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring hip joint arthroscopy and variation in anaesthesia dosage based on patient's condition

Anesthesia: Regional anesthesia with modified dosage

Procedure: Hip joint arthroscopy performed under regional anesthesia with modified dosage to ensure adequate pain control and patient comfort. The joint was visualized using an arthroscope, and any inflamed tissues or adhesions were removed. Variation in inflammation observed in the hip joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Restricted weight-bearing, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 38:

Procedure: Wrist Joint Fusion and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe wrist joint pain, instability, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring wrist joint fusion and variation in anaesthesia dosage based on patient's condition

Anesthesia: Regional anesthesia with modified dosage

Procedure: Wrist joint fusion performed under regional anesthesia with modified dosage to ensure adequate pain control and patient comfort. The damaged joint surfaces were fused using bone grafts and fixation devices. Variation in inflammation observed in the wrist joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 39:

Procedure: Ankle Joint Debridement and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe ankle joint pain, swelling, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring ankle joint debridement and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with increased dosage

Procedure: Ankle joint debridement performed under local anesthesia with increased dosage to ensure adequate anesthesia and patient comfort. The joint was thoroughly cleaned, inflamed tissues and debris were removed. Variation in inflammation observed in the ankle joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Mobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 40:

Procedure: Elbow Joint Replacement and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe elbow joint pain, limited range of motion, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring elbow joint replacement and variation in anaesthesia dosage based on patient's condition

Anesthesia: General anesthesia with increased dosage

Procedure: Elbow joint replacement performed under general anesthesia with increased dosage to ensure adequate anesthesia and patient comfort. The damaged joint surfaces were replaced with a prosthetic implant. Variation in inflammation observed in the elbow joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Splint immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 41:

Procedure: Temporomandibular Joint Arthrocentesis and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe temporomandibular joint pain, limited jaw movement, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring temporomandibular joint arthrocentesis and variation in anaesthesia dosage based on patient's condition

Anesthesia: Local anesthesia with modified dosage

Procedure: Temporomandibular joint arthrocentesis performed under local anesthesia with modified dosage to ensure adequate pain control and patient comfort. The joint was accessed and flushed with a sterile solution to remove debris and reduce inflammation. Variation in inflammation observed in the temporomandibular joint and surrounding bones.

Closure: Dressing applied

Complications: None  
Postoperative care: Soft diet, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 42:

Procedure: Hand Joint Synovectomy and Anaesthesia Dosage Variation for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe hand joint pain, swelling, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring hand joint synovectomy and variation in anaesthesia dosage based on patient's condition

Anesthesia: Regional anesthesia with modified dosage

Procedure: Hand joint synovectomy performed under regional anesthesia with modified dosage to ensure adequate pain control and patient comfort. The inflamed synovial tissue was removed from the affected joints. Variation in inflammation observed in the hand joints and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of immunosuppressive medications, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 43:

Procedure: Knee Joint Arthroscopy and Meniscectomy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe knee joint pain, instability, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring knee joint arthroscopy and meniscectomy

Procedure: Knee joint arthroscopy performed under regional anesthesia. The inflamed synovium was visualized and debrided, and a meniscectomy was performed to remove the damaged meniscus. Variation in inflammation observed in the knee joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Knee immobilizer, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 44:

Procedure: Spinal Fusion for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe spinal instability, vertebral bone erosion, and compression of the spinal cord secondary to giant cell arteritis with polymyalgia rheumatica requiring spinal fusion

Procedure: Spinal fusion performed under general anesthesia. The affected vertebrae were stabilized using bone grafts and fixation devices to promote fusion and alleviate compression. Variation in inflammation observed in the spinal column and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Restricted movement, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 45:

Procedure: Laminectomy and Discectomy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe spinal cord compression, nerve impingement, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring laminectomy and discectomy

Procedure: Laminectomy and discectomy performed under general anesthesia. The lamina and part of the affected intervertebral disc were removed to relieve compression and decompress the spinal cord and nerves. Variation in inflammation observed in the spinal column and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Restricted movement, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 46:

Procedure: Temporal Artery Biopsy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Suspected giant cell arteritis with polymyalgia rheumatica requiring temporal artery biopsy for definitive diagnosis

Procedure: Temporal artery biopsy performed under local anesthesia. A small segment of the temporal artery was excised for histopathological examination to confirm the presence of giant cell arteritis. Variation in inflammation observed in the temporal artery and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Regular monitoring of wound healing, pain management, administration of systemic corticosteroids, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 47:

Procedure: Subacromial Decompression for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe shoulder pain, impingement syndrome, and bone erosion secondary to giant cell arteritis with polymyalgia rheumatica requiring subacromial decompression

Procedure: Subacromial decompression performed under regional anesthesia. The acromion and subacromial bursa were removed to create more space for the rotator cuff tendons, relieving impingement. Variation in inflammation observed in the shoulder joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Shoulder immobilizer, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 48:

Procedure: Excisional Biopsy of Skin Lesion for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Suspicious skin lesion related to giant cell arteritis with polymyalgia rheumatica requiring excisional biopsy for histopathological examination

Procedure: Excisional biopsy of the skin lesion performed under local anesthesia. The lesion was excised in its entirety, and the tissue was sent for histopathological analysis to determine if it is related to giant cell arteritis. Variation in inflammation observed in the skin and underlying tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Regular monitoring of wound healing, pain management, administration of systemic corticosteroids, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 49:

Procedure: Tendon Repair for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Tendon rupture or damage related to giant cell arteritis with polymyalgia rheumatica requiring surgical repair

Procedure: Tendon repair performed under regional anesthesia. The torn or damaged tendon was identified and repaired using appropriate sutures and techniques. Variation in inflammation observed in the tendon and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 50:

Procedure: Biopsy of Peripheral Nerve for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Suspicion of peripheral nerve involvement related to giant cell arteritis with polymyalgia rheumatica requiring nerve biopsy for histopathological examination

Procedure: Biopsy of the peripheral nerve performed under local anesthesia. A small segment of the affected nerve was excised for histopathological analysis to confirm nerve involvement. Variation in inflammation observed in the nerve and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Regular monitoring of wound healing, pain management, administration of systemic corticosteroids, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 51:

Procedure: Cholecystectomy for Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Gallbladder disease related to giant cell arteritis with polymyalgia rheumatica requiring cholecystectomy

Procedure: Cholecystectomy performed under general anesthesia. The gallbladder was removed using laparoscopic or open surgical techniques. Variation in inflammation observed in the gallbladder and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Regular diet, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management and assessment of treatment response.

Operative Note 52:

Procedure: Joint Debridement and Irrigation for Severe Infection of the Knee Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe infection, purulent drainage, and compromised joint function in the knee joint related to giant cell arteritis with polymyalgia rheumatica requiring joint debridement and irrigation

Procedure: Joint debridement and irrigation performed under general anesthesia. The knee joint was opened, and the infected tissue was debrided. The joint was thoroughly irrigated with antimicrobial solutions to eliminate the infection. Variation in inflammation and bone erosion observed in the knee joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Intravenous antibiotics, immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 53:

Procedure: Arthroscopic Drainage and Synovectomy for Severe Infection of the Shoulder Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe infection, pain, and limited range of motion in the shoulder joint related to giant cell arteritis with polymyalgia rheumatica requiring arthroscopic drainage and synovectomy

Procedure: Arthroscopic drainage and synovectomy performed under regional anesthesia. The shoulder joint was accessed using arthroscopic techniques, and the infected synovium was debrided. The joint was irrigated with antimicrobial solutions to remove the infection. Variation in inflammation and bone erosion observed in the shoulder joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Intravenous antibiotics, shoulder immobilizer, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 54:

Procedure: Joint Exploration and Debridement for Severe Infection of the Hip Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe infection, pain, and restricted mobility in the hip joint related to giant cell arteritis with polymyalgia rheumatica requiring joint exploration and debridement

Procedure: Joint exploration and debridement performed under general anesthesia. The hip joint was exposed, and the infected tissues were meticulously debrided. Variation in inflammation and bone erosion observed in the hip joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Intravenous antibiotics, hip immobilizer, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 55:

Procedure: Joint Fusion for Severe Infection and Destruction of the Ankle Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe infection, bone destruction, and joint instability in the ankle joint related to giant cell arteritis with polymyalgia rheumatica requiring joint fusion

Procedure: Joint fusion performed under general anesthesia. The infected joint surfaces were debrided, and the ankle joint was fused using bone grafts and fixation devices to promote stability and eliminate infection. Variation in inflammation and bone erosion observed in the ankle joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Intravenous antibiotics, ankle immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 56:

Procedure: Joint Replacement for Severe Infection and Joint Dysfunction of the Elbow Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe infection, joint destruction, and loss of function in the elbow joint related to giant cell arteritis with polymyalgia rheumatica requiring joint replacement

Procedure: Elbow joint replacement performed under general anesthesia. The infected joint components were removed, and a prosthetic joint was implanted. Variation in inflammation and bone erosion observed in the elbow joint and surrounding bones.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Intravenous antibiotics, elbow immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 57:

Procedure: Synovectomy and Soft Tissue Debridement for Severe Inflammation of the Wrist Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and limited range of motion in the wrist joint related to giant cell arteritis with polymyalgia rheumatica requiring synovectomy and soft tissue debridement

Procedure: Synovectomy and soft tissue debridement performed under regional anesthesia. The inflamed synovium was carefully excised, and any necrotic or infected tissue was removed. Variation in inflammation observed throughout the wrist joint and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 58:

Procedure: Arthroscopic Debridement and Microfracture for Severe Inflammation and Cartilage Damage of the Knee Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and cartilage damage in the knee joint related to giant cell arteritis with polymyalgia rheumatica requiring arthroscopic debridement and microfracture

Procedure: Arthroscopic debridement and microfracture performed under general anesthesia. The inflamed and damaged cartilage surfaces were carefully debrided, and microfracture was performed to stimulate new cartilage growth. Variation in inflammation observed in different areas of the knee joint.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Knee immobilizer, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 59:

Procedure: Tenosynovectomy and Tendon Repair for Severe Inflammation and Tendon Dysfunction of the Hand in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and tendon dysfunction in the hand related to giant cell arteritis with polymyalgia rheumatica requiring tenosynovectomy and tendon repair

Procedure: Tenosynovectomy and tendon repair performed under regional anesthesia. The inflamed synovial sheaths were excised, and any damaged tendons were repaired. Variation in inflammation observed in different tendon sheaths and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Hand immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, hand therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 60:

Procedure: Joint Resurfacing for Severe Inflammation and Cartilage Wear of the Hip Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and cartilage wear in the hip joint related to giant cell arteritis with polymyalgia rheumatica requiring joint resurfacing

Procedure: Joint resurfacing performed under general anesthesia. The worn-out cartilage surfaces were replaced with prosthetic components to restore joint function and alleviate inflammation. Variation in inflammation observed in different regions of the hip joint.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Hip immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 61:

Procedure: Arthroscopic Synovectomy for Severe Inflammation of the Shoulder Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and limited range of motion in the shoulder joint related to giant cell arteritis with polymyalgia rheumatica requiring arthroscopic synovectomy

Procedure: Arthroscopic synovectomy performed under regional anesthesia. The inflamed synovium was carefully excised to alleviate inflammation and improve joint mobility. Variation in inflammation observed in different areas of the shoulder joint.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Shoulder immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 62:

Procedure: Decompression Surgery for Severe Inflammation and Nerve Compression of the Spinal Cord in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and neurological symptoms related to nerve compression in the spinal cord due to giant cell arteritis with polymyalgia rheumatica requiring decompression surgery

Procedure: Decompression surgery performed under general anesthesia. The compressed nerves were carefully decompressed to alleviate inflammation and restore neurological function. Variation in inflammation observed at different levels of the spinal cord.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Spinal immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 63:

Procedure: Synovectomy and Joint Fusion for Severe Inflammation and Joint Instability of the Ankle Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and joint instability in the ankle joint related to giant cell arteritis with polymyalgia rheumatica requiring synovectomy and joint fusion

Procedure: Synovectomy and joint fusion performed under regional anesthesia. The inflamed synovium was excised, and the joint surfaces were fused to stabilize the ankle joint. Variation in inflammation observed in different regions of the ankle joint.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Ankle immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 64:

Procedure: Tenosynovectomy and Tendon Transfer for Severe Inflammation and Tendon Rupture of the Foot in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and tendon rupture in the foot related to giant cell arteritis with polymyalgia rheumatica requiring tenosynovectomy and tendon transfer

Procedure: Tenosynovectomy and tendon transfer performed under regional anesthesia. The inflamed synovial sheaths were excised, and the ruptured tendons were repaired using tendon transfer techniques. Variation in inflammation observed in different tendon sheaths and surrounding tissues.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Foot immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, foot therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 65:

Procedure: Surgical Biopsy for Severe Inflammation and Diagnostic Confirmation in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and suspicion of giant cell arteritis with polymyalgia rheumatica requiring surgical biopsy for diagnostic confirmation

Procedure: Surgical biopsy performed under local anesthesia. A tissue sample was obtained from the affected area to confirm the diagnosis and assess the severity of inflammation. Variation in inflammation observed in different biopsy sites.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 66:

Procedure: Vascular Bypass Surgery for Severe Inflammation and Arterial Occlusion in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and arterial occlusion related to giant cell arteritis with polymyalgia rheumatica requiring vascular bypass surgery

Procedure: Vascular bypass surgery performed under general anesthesia. A bypass graft was used to reroute blood flow and restore circulation in the affected artery. Variation in inflammation observed along the course of the affected artery.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Limb immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 67:

Procedure: Arthrodesis for Severe Inflammation and Joint Destruction of the Elbow Joint in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and joint destruction in the elbow joint related to giant cell arteritis with polymyalgia rheumatica requiring arthrodesis

Procedure: Arthrodesis performed under regional anesthesia. The damaged joint surfaces were fused to stabilize the elbow joint and alleviate inflammation. Variation in inflammation observed in different regions of the elbow joint.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Elbow immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 68:

Procedure: Resection of Inflamed Vessel for Severe Inflammation and Vascular Complications in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and vascular complications related to giant cell arteritis with polymyalgia rheumatica requiring resection of the inflamed vessel

Procedure: Resection of the inflamed vessel performed under general anesthesia. The affected vessel segment was carefully removed to alleviate inflammation and prevent further complications. Variation in inflammation observed along the length of the vessel.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 69:

Procedure: Debridement and Drainage for Severe Inflammation and Abscess Formation in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and abscess formation related to giant cell arteritis with polymyalgia rheumatica requiring debridement and drainage

Procedure: Debridement and drainage performed under local anesthesia. The abscess was opened, and necrotic tissue was removed to relieve inflammation and promote healing. Variation in inflammation observed in the surrounding tissues.

Closure: Dressing applied

Complications: None

Postoperative care: Wound care, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 70:

Procedure: Joint Resurfacing for Severe Inflammation and Joint Degeneration in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and joint degeneration related to giant cell arteritis with polymyalgia rheumatica requiring joint resurfacing

Procedure: Joint resurfacing performed under regional anesthesia. The damaged joint surfaces were replaced with prosthetic implants to restore joint function and alleviate inflammation. Variation in inflammation observed in different areas of the joint.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Joint immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 71:

Procedure: Nerve Decompression for Severe Inflammation and Nerve Compression in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and neurological symptoms related to nerve compression in giant cell arteritis with polymyalgia rheumatica requiring nerve decompression

Procedure: Nerve decompression performed under local anesthesia. The compressed nerve was carefully decompressed to alleviate inflammation and restore normal nerve function. Variation in inflammation observed along the course of the affected nerve.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 72:

Procedure: Biologic Joint Injection for Severe Inflammation and Joint Pain in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation, pain, and joint involvement related to giant cell arteritis with polymyalgia rheumatica requiring biologic joint injection

Procedure: Biologic joint injection performed under local anesthesia. The affected joint was injected with a biologic agent to reduce inflammation and alleviate pain. Variation in inflammation observed in different joint compartments.

Closure: Dressing applied

Complications: None

Postoperative care: Joint immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for disease management, and assessment of treatment response.

Operative Note 73:

Procedure: Arterial Bypass Grafting for Severe Ischemia in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe arterial occlusion and ischemia related to giant cell arteritis with polymyalgia rheumatica requiring arterial bypass grafting

Procedure: Arterial bypass grafting performed under general anesthesia. A bypass graft was created to redirect blood flow and restore adequate perfusion to the affected limb. Follow-up plans adjusted based on the severity of ischemia and graft patency.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Limb monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for graft patency, limb function assessment, and disease management.

Operative Note 74:

Procedure: Temporal Artery Biopsy for Suspected Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Suspected giant cell arteritis with polymyalgia rheumatica requiring temporal artery biopsy for diagnosis and severity assessment

Procedure: Temporal artery biopsy performed under local anesthesia. A section of the temporal artery was excised and sent for histopathological examination to confirm the diagnosis and assess the severity of inflammation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, histopathological analysis of the biopsy specimen, regular follow-up appointments for diagnosis confirmation and disease management.

Operative Note 75:

Procedure: Endovascular Stenting for Severe Stenosis in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe arterial stenosis related to giant cell arteritis with polymyalgia rheumatica requiring endovascular stenting for revascularization

Procedure: Endovascular stenting performed under local anesthesia. A stent was placed within the narrowed artery to restore blood flow and alleviate symptoms. Follow-up plans adjusted based on the severity of stenosis and stent patency.

Closure: Dressing applied

Complications: None

Postoperative care: Vascular monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for stent patency, limb function assessment, and disease management.

Operative Note 76:

Procedure: Tendon Release Surgery for Severe Tendon Involvement in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe inflammation and tendon involvement related to giant cell arteritis with polymyalgia rheumatica requiring tendon release surgery

Procedure: Tendon release surgery performed under regional anesthesia. The affected tendons were surgically released to relieve inflammation and restore normal tendon function. Follow-up plans adjusted based on the severity of tendon involvement and surgical outcomes.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Immobilization, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, physical therapy, regular follow-up appointments for tendon healing assessment and disease management.

Operative Note 77:

Procedure: Pulmonary Artery Angioplasty for Severe Pulmonary Artery Stenosis in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe pulmonary artery stenosis related to giant cell arteritis with polymyalgia rheumatica requiring pulmonary artery angioplasty for revascularization

Procedure: Pulmonary artery angioplasty performed under general anesthesia. The narrowed segment of the pulmonary artery was dilated using a balloon catheter to restore blood flow and alleviate symptoms. Follow-up plans adjusted based on the severity of stenosis and procedural outcomes.

Closure: Dressing applied

Complications: None  
Postoperative care: Pulmonary artery monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for pulmonary artery function assessment, symptom relief evaluation, and disease management.

Operative Note 78:

Procedure: Aortic Valve Replacement for Severe Aortic Valve Involvement in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe aortic valve involvement related to giant cell arteritis with polymyalgia rheumatica requiring aortic valve replacement for symptom relief and improved cardiac function

Procedure: Aortic valve replacement performed under general anesthesia. The diseased aortic valve was replaced with a prosthetic valve to restore normal cardiac function. Follow-up plans adjusted based on the severity of valve involvement, surgical outcomes, and cardiac function assessment.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Cardiac monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, echocardiography for valve function evaluation, regular follow-up appointments for cardiac function assessment and disease management.

Operative Note 79:

Procedure: Renal Artery Revascularization for Severe Renal Artery Stenosis in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe renal artery stenosis related to giant cell arteritis with polymyalgia rheumatica requiring renal artery revascularization for improved renal function and blood pressure control

Procedure: Renal artery revascularization performed under general anesthesia. The narrowed segment of the renal artery was repaired or bypassed to restore normal blood flow and improve renal function. Follow-up plans adjusted based on the severity of stenosis, renal function, and procedural outcomes.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Renal function monitoring, blood pressure management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for renal function assessment, blood pressure control, and disease management.

Operative Note 80:

Procedure: Carotid Endarterectomy for Severe Carotid Artery Stenosis in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe carotid artery stenosis related to giant cell arteritis with polymyalgia rheumatica requiring carotid endarterectomy for stroke prevention and improved cerebral perfusion

Procedure: Carotid endarterectomy performed under general anesthesia. The plaque and stenotic segment of the carotid artery were surgically removed to restore normal blood flow and reduce the risk of stroke. Follow-up plans adjusted based on the severity of stenosis, neurological status, and procedural outcomes.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Neurological monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for neurological assessment, carotid artery patency, and disease management.

Operative Note 81:

Procedure: Mesenteric Artery Angioplasty for Severe Mesenteric Artery Stenosis in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe mesenteric artery stenosis related to giant cell arteritis with polymyalgia rheumatica requiring mesenteric artery angioplasty for improved mesenteric perfusion and alleviation of abdominal symptoms

Procedure: Mesenteric artery angioplasty performed under general anesthesia. The narrowed segment of the mesenteric artery was dilated using a balloon catheter to restore blood flow and relieve abdominal symptoms. Follow-up plans adjusted based on the severity of stenosis, abdominal symptom relief, and procedural outcomes.

Closure: Dressing applied

Complications: None  
Postoperative care: Abdominal symptom monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for abdominal symptom evaluation, mesenteric artery patency, and disease management.

Operative Note 82:

Procedure: Femoral-popliteal Bypass Grafting for Severe Peripheral Arterial Disease in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe peripheral arterial disease related to giant cell arteritis with polymyalgia rheumatica requiring femoral-popliteal bypass grafting for improved limb perfusion and symptom relief

Procedure: Femoral-popliteal bypass grafting performed under general anesthesia. A bypass graft was created to redirect blood flow and restore adequate perfusion to the affected limb. Follow-up plans adjusted based on the severity of peripheral arterial disease, graft patency, and limb function assessment.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Limb monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for graft patency, limb function assessment, and disease management.

Operative Note 83:

Procedure: Coronary Artery Bypass Grafting for Severe Coronary Artery Disease in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe coronary artery disease related to giant cell arteritis with polymyalgia rheumatica requiring coronary artery bypass grafting for improved myocardial perfusion and symptom relief

Procedure: Coronary artery bypass grafting performed under general anesthesia. Bypass grafts were created to bypass the diseased coronary arteries and restore normal blood flow to the heart. Follow-up plans adjusted based on the severity of coronary artery disease, graft patency, and cardiac function assessment.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Cardiac monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, echocardiography for cardiac function evaluation, regular follow-up appointments for graft patency, cardiac function assessment, and disease management.

Operative Note 84:

Procedure: Popliteal Artery Embolectomy for Acute Limb Ischemia in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Acute limb ischemia related to giant cell arteritis with polymyalgia rheumatica requiring popliteal artery embolectomy for limb salvage and restoration of blood flow

Procedure: Popliteal artery embolectomy performed under regional anesthesia. The obstructing blood clot was surgically removed to restore blood flow and prevent further limb damage. Follow-up plans adjusted based on the severity of limb ischemia, limb function assessment, and procedural outcomes.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Limb monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for limb perfusion assessment, limb function evaluation, and disease management.

Operative Note 85:

Procedure: Splenectomy for Severe Hypersplenism in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe hypersplenism related to giant cell arteritis with polymyalgia rheumatica requiring splenectomy for improved hematological parameters and symptom relief

Procedure: Splenectomy performed under general anesthesia. The spleen was surgically removed to alleviate hypersplenism and improve hematological parameters. Follow-up plans adjusted based on the severity of hypersplenism, hematological parameters, and postoperative recovery.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Hematological monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for hematological parameter evaluation, disease management, and vaccination planning.

Operative Note 86:

Procedure: Thoracic Aortic Stent Grafting for Severe Thoracic Aortic Aneurysm in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe thoracic aortic aneurysm related to giant cell arteritis with polymyalgia rheumatica requiring thoracic aortic stent grafting for aneurysm repair and prevention of rupture

Procedure: Thoracic aortic stent grafting performed under general anesthesia. A stent graft was inserted to reinforce the weakened area of the thoracic aorta and prevent aneurysm rupture. Follow-up plans adjusted based on the severity of the aneurysm, stent graft patency, and cardiovascular function assessment.

Closure: Suture closure, dressing applied

Complications: None  
Postoperative care: Cardiovascular monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for aneurysm surveillance, stent graft integrity, and disease management.

Operative Note 87:

Procedure: Temporomandibular Joint (TMJ) Replacement for Severe TMJ Dysfunction in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe temporomandibular joint dysfunction related to giant cell arteritis with polymyalgia rheumatica requiring TMJ replacement for improved jaw function and symptom relief

Procedure: TMJ replacement surgery performed under general anesthesia. The diseased TMJ was replaced with an artificial joint to restore normal jaw function. Follow-up plans adjusted based on the severity of TMJ dysfunction, jaw function assessment, and implant stability.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Jaw monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for jaw function evaluation, implant stability assessment, and disease management.

Operative Note 88:

Procedure: Laminectomy for Spinal Cord Compression in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Spinal cord compression related to giant cell arteritis with polymyalgia rheumatica requiring laminectomy for decompression and prevention of neurological deficits

Procedure: Laminectomy performed under general anesthesia. The affected vertebrae were surgically decompressed to relieve spinal cord compression and prevent neurological deficits. Follow-up plans adjusted based on the severity of spinal cord compression, neurological function assessment, and postoperative recovery.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Neurological monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for neurological function evaluation, spinal stability assessment, and disease management.

Operative Note 89:

Procedure: Total Hip Arthroplasty for Severe Hip Joint Destruction in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe hip joint destruction related to giant cell arteritis with polymyalgia rheumatica requiring total hip arthroplasty for pain relief and improved mobility

Procedure: Total hip arthroplasty performed under general anesthesia. The damaged hip joint was replaced with an artificial joint to restore function and alleviate pain. Follow-up plans adjusted based on the severity of hip joint destruction, hip function assessment, and implant stability.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Hip monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for hip function evaluation, implant stability assessment, and disease management.

Operative Note 90:

Procedure: Endovascular Aneurysm Repair for Abdominal Aortic Aneurysm in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Abdominal aortic aneurysm related to giant cell arteritis with polymyalgia rheumatica requiring endovascular aneurysm repair for aneurysm exclusion and prevention of rupture

Procedure: Endovascular aneurysm repair performed under general anesthesia. Stent grafts were inserted to exclude the aneurysm and restore normal blood flow. Follow-up plans adjusted based on the severity of the aneurysm, stent graft patency, and cardiovascular function assessment.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Cardiovascular monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for aneurysm surveillance, stent graft integrity, and disease management.

Operative Note 91:

Procedure: Limb Salvage Surgery for Severe Ischemic Ulcers in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe ischemic ulcers related to giant cell arteritis with polymyalgia rheumatica requiring limb salvage surgery for wound healing and prevention of amputation

Procedure: Limb salvage surgery performed under regional anesthesia. The ischemic ulcers were debrided, and vascular reconstruction procedures (such as bypass grafting) were performed to improve blood flow to the affected limb. Follow-up plans adjusted based on the severity of ischemic ulcers, wound healing assessment, and limb function evaluation.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Limb monitoring, wound care management, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for wound healing evaluation, limb function assessment, and disease management.

Operative Note 92:

Procedure: Knee Synovectomy for Severe Synovial Inflammation in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe synovial inflammation in the knee joint related to giant cell arteritis with polymyalgia rheumatica requiring knee synovectomy for pain relief and improved joint function

Procedure: Knee synovectomy performed under regional anesthesia. The inflamed synovial tissue was surgically removed to alleviate pain and restore joint function. Follow-up plans adjusted based on the severity of synovial inflammation, knee function assessment, and postoperative recovery.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Knee monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for knee function evaluation, joint stability assessment, and disease management.

Operative Note 93:

Procedure: Nerve Decompression Surgery for Severe Peripheral Neuropathy in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe peripheral neuropathy related to giant cell arteritis with polymyalgia rheumatica requiring nerve decompression surgery for pain relief and improved nerve function

Procedure: Nerve decompression surgery performed under local anesthesia. The affected peripheral nerves were surgically decompressed to relieve nerve compression and improve nerve function. Follow-up plans adjusted based on the severity of peripheral neuropathy, nerve function assessment, and postoperative recovery.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Nerve monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for nerve function evaluation, sensory-motor assessment, and disease management.

Operative Note 94:

Procedure: Coronary Artery Bypass Grafting for Severe Coronary Artery Disease in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe coronary artery disease related to giant cell arteritis with polymyalgia rheumatica requiring coronary artery bypass grafting for improved myocardial blood flow and prevention of cardiac events

Procedure: Coronary artery bypass grafting performed under general anesthesia. Grafts were used to bypass the diseased coronary arteries and restore normal blood flow to the heart muscle. Follow-up plans adjusted based on the severity of coronary artery disease, graft patency, and cardiac function assessment.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Cardiac monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for cardiac function evaluation, graft patency assessment, and disease management.

Operative Note 95:

Procedure: Ocular Surgery for Severe Eye Involvement in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe eye involvement related to giant cell arteritis with polymyalgia rheumatica requiring ocular surgery for vision preservation and prevention of complications

Procedure: Ocular surgery performed under local or general anesthesia based on the specific procedure. Surgical interventions such as vitrectomy, retinal detachment repair, or temporal artery biopsy were performed as indicated to preserve vision and prevent complications. Follow-up plans adjusted based on the severity of eye involvement, visual acuity assessment, and postoperative recovery.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Ocular monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for visual acuity evaluation, ocular healing assessment, and disease management.

Operative Note 96:

Procedure: Aortic Valve Replacement for Severe Aortic Valve Disease in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe aortic valve disease related to giant cell arteritis with polymyalgia rheumatica requiring aortic valve replacement for improved cardiac function and prevention of complications

Procedure: Aortic valve replacement performed under general anesthesia. The diseased aortic valve was replaced with a mechanical or biological valve to restore normal cardiac function. Follow-up plans adjusted based on the severity of aortic valve disease, valve function assessment, and cardiac recovery.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Cardiac monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for cardiac function evaluation, valve function assessment, and disease management.

Operative Note 97:

Procedure: Splenectomy for Severe Splenic Involvement in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe splenic involvement related to giant cell arteritis with polymyalgia rheumatica requiring splenectomy for symptom relief and prevention of complications

Procedure: Splenectomy performed under general anesthesia. The enlarged or symptomatic spleen was surgically removed to alleviate symptoms and prevent complications. Follow-up plans adjusted based on the severity of splenic involvement, postoperative recovery, and disease management.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Splenic monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for symptom evaluation, post-splenectomy vaccination, and disease management.

Operative Note 98:

Procedure: Carotid Endarterectomy for Severe Carotid Artery Stenosis in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe carotid artery stenosis related to giant cell arteritis with polymyalgia rheumatica requiring carotid endarterectomy for improved blood flow to the brain and prevention of stroke

Procedure: Carotid endarterectomy performed under regional or general anesthesia. The narrowed segment of the carotid artery was surgically removed to restore normal blood flow to the brain and prevent stroke. Follow-up plans adjusted based on the severity of carotid artery stenosis, postoperative recovery, and vascular function assessment.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Vascular monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for vascular function evaluation, carotid artery patency assessment, and disease management.

Operative Note 99:

Procedure: Gastrectomy for Severe Gastric Involvement in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe gastric involvement related to giant cell arteritis with polymyalgia rheumatica requiring gastrectomy for symptom relief and prevention of complications

Procedure: Gastrectomy performed under general anesthesia. The affected portion of the stomach was surgically removed to alleviate symptoms and prevent complications. Follow-up plans adjusted based on the severity of gastric involvement, postoperative recovery, and disease management.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Gastric monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for symptom evaluation, nutritional support, and disease management.

Operative Note 100:

Procedure: Thyroidectomy for Severe Thyroid Involvement in Giant Cell Arteritis with Polymyalgia Rheumatica

Indication: Severe thyroid involvement related to giant cell arteritis with polymyalgia rheumatica requiring thyroidectomy for symptom relief and prevention of complications

Procedure: Thyroidectomy performed under general anesthesia. The affected thyroid gland was surgically removed to alleviate symptoms and prevent complications. Follow-up plans adjusted based on the severity of thyroid involvement, postoperative recovery, and disease management.

Closure: Suture closure, dressing applied

Complications: None

Postoperative care: Thyroid monitoring, pain management, administration of systemic corticosteroids, regular monitoring of inflammatory markers, regular follow-up appointments for symptom evaluation, thyroid hormone replacement therapy, and disease management.

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| M31.6 Other giant cell arteritis |

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Operative Note 1:

Procedure: Other Giant Cell Arteritis Excision

Indication: The patient presented with symptoms suggestive of other giant cell arteritis, including headache, jaw pain, and visual disturbances.

Description: A temporal artery biopsy was performed under local anesthesia. A linear incision was made over the course of the temporal artery. The artery was dissected and carefully excised to obtain a representative sample. The incision was closed with interrupted sutures, and a sterile dressing was applied.

Findings: The excised artery exhibited inflammatory changes consistent with other giant cell arteritis, including multinucleated giant cells and intimal hyperplasia.

Complications: None.

Specimen: Temporal artery measuring approximately 3 cm in length.

Postoperative Instructions: The patient was advised to take prescribed analgesics and monitor for signs of infection. Follow-up appointment scheduled in two weeks for pathology results.

Operative Note 2:

Procedure: Other Giant Cell Arteritis Temporal Artery Bypass

Indication: The patient was diagnosed with other giant cell arteritis and exhibited symptoms of ischemic optic neuropathy and claudication of the temporal region.

Description: A longitudinal incision was made over the affected temporal artery. The artery was dissected and carefully prepared for bypass. A synthetic graft was anastomosed proximally and distally, restoring blood flow. Hemostasis was achieved, and the wound was closed in layers.

Findings: The temporal artery demonstrated severe luminal narrowing due to inflammation and fibrosis.

Complications: None.  
Postoperative Instructions: The patient was advised to avoid strenuous activities and keep the surgical site clean. Regular follow-up visits were scheduled to monitor graft patency and symptom resolution. Anti-inflammatory medication was prescribed to manage the underlying arteritis.

Operative Note 3:

Procedure: Other Giant Cell Arteritis Temporal Artery Debulking

Indication: The patient presented with symptoms of other giant cell arteritis, including persistent headache and jaw claudication.

Description: A temporal artery incision was made, and an arteriotomy was performed. Using an endarterectomy technique, the intima and underlying media were carefully excised to remove atherosclerotic plaque and reduce stenosis. Hemostasis was achieved, and the arteriotomy was closed.

Findings: The temporal artery exhibited severe luminal stenosis due to atherosclerotic plaque deposition.

Complications: None.  
Postoperative Instructions: The patient was instructed to monitor the surgical site for signs of infection and report any worsening symptoms. Regular follow-up appointments were scheduled to assess the efficacy of the procedure and manage the underlying arteritis.

Operative Note 4:

Procedure: Other Giant Cell Arteritis Aortic Valve Replacement

Indication: The patient was diagnosed with other giant cell arteritis involving the aortic valve, presenting with severe aortic stenosis.

Description: A median sternotomy was performed, and cardiopulmonary bypass was established. The diseased aortic valve was excised, and a bioprosthetic valve was inserted and secured. The bypass was weaned off, and hemostasis was achieved. The sternum was closed with wires, and the incision was closed in layers.

Findings: The aortic valve exhibited severe stenosis with nodular calcification, consistent with other giant cell arteritis.

Complications: None  
Postoperative Instructions: The patient was extubated and transferred to the intensive care unit for close monitoring. Follow-up echocardiograms were planned to assess valve function. Immunosuppressive therapy was initiated to manage the underlying arteritis.

Operative Note 5:

Procedure: Other Giant Cell Arteritis Carotid Endarterectomy

Indication: The patient presented with symptomatic other giant cell arteritis causing high-grade stenosis of the left carotid artery, leading to transient ischemic attacks.

Description: A cervical incision was made over the left carotid artery. The artery was carefully dissected and clamped proximally and distally. An arteriotomy was performed, and the atherosclerotic plaque was meticulously removed. The arteriotomy was closed, and hemostasis was achieved. The wound was closed in layers.

Findings: The left carotid artery demonstrated severe stenosis due to atherosclerotic plaque, consistent with other giant cell arteritis.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor for signs of infection or neurological deficits and to maintain regular follow-up visits for surveillance and management of the underlying arteritis.

Operative Note 6:

Procedure: Other Giant Cell Arteritis Vertebral Artery Angioplasty and Stenting

Indication: The patient presented with symptoms of other giant cell arteritis, including vertebrobasilar insufficiency and recurrent posterior circulation transient ischemic attacks.

Description: A percutaneous approach was used to access the left vertebral artery. The artery was catheterized, and angiography confirmed severe stenosis. Balloon angioplasty was performed to dilate the stenotic segment, followed by deployment of a self-expanding stent to maintain vessel patency. The catheter was removed, and hemostasis was achieved.

Findings: The left vertebral artery exhibited severe stenosis due to other giant cell arteritis, causing compromised blood flow to the posterior circulation.

Complications: None.  
Postoperative Instructions: The patient was closely monitored for neurological deficits and advised to report any symptoms. Dual antiplatelet therapy was initiated, and regular follow-up appointments were scheduled to assess stent patency and manage the underlying arteritis.

Operative Note 7:

Procedure: Other Giant Cell Arteritis Ophthalmic Artery Embolization

Indication: The patient presented with worsening vision loss and other giant cell arteritis involving the ophthalmic artery.

Description: Transfemoral access was obtained, and a microcatheter was advanced into the ophthalmic artery under fluoroscopic guidance. Embolic particles were selectively injected to occlude the vessel beyond the site of inflammation. Post-embolization angiography confirmed successful occlusion. The catheter was removed, and hemostasis was achieved.

Findings: Other giant cell arteritis affecting the ophthalmic artery, leading to compromised blood flow to the eye.

Complications: None.  
Postoperative Instructions: The patient was instructed to report any changes in vision or signs of infection. Close ophthalmic follow-up was arranged to assess the response to embolization and manage the underlying arteritis.

Operative Note 8:

Procedure: Other Giant Cell Arteritis Renal Artery Bypass

Indication: The patient was diagnosed with other giant cell arteritis involving the renal arteries, leading to renovascular hypertension.

Description: A transabdominal approach was employed. The diseased segment of the renal artery was exposed, and clamps were applied proximally and distally. An arteriotomy was performed, and an autologous saphenous vein graft was anastomosed to bypass the stenosed segment. Hemostasis was achieved, and the incision was closed in layers.

Findings: The renal arteries demonstrated severe stenosis due to other giant cell arteritis, resulting in reduced renal blood flow.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor blood pressure and renal function. Regular follow-up visits were scheduled to assess graft patency and manage the underlying arteritis.

Operative Note 9:

Procedure: Other Giant Cell Arteritis Thoracic Aortic Aneurysm Repair

Indication: The patient presented with an asymptomatic thoracic aortic aneurysm attributed to other giant cell arteritis.

Description: A left posterolateral thoracotomy was performed. The aneurysmal segment of the thoracic aorta was exposed and clamped proximally and distally. The aneurysm was opened, and a synthetic graft was sutured in place. Hemostasis was achieved, and the wound was closed in layers.

Findings: Other giant cell arteritis-associated thoracic aortic aneurysm with significant risk of rupture.

Complications: None.  
Postoperative Instructions: The patient was closely monitored in the intensive care unit. Regular follow-up appointments were scheduled for imaging and surveillance. Immunosuppressive therapy was initiated to manage the underlying arteritis.

Operative Note 10:

Procedure: Other Giant Cell Arteritis Subclavian Artery Revascularization

Indication: The patient presented with symptoms of other giant cell arteritis and subclavian steal syndrome due to severe stenosis of the left subclavian artery.

Description: A supraclavicular incision was made, and the left subclavian artery was exposed. The artery was clamped proximally and distally, and an arteriotomy was performed. A synthetic graft was anastomosed to bypass the stenosed segment. Hemostasis was achieved, and the wound was closed in layers.

Findings: Severe stenosis of the left subclavian artery attributed to other giant cell arteritis, leading to retrograde blood flow and symptoms of subclavian steal syndrome.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor the surgical site for signs of infection or ischemic symptoms. Regular follow-up visits were planned to assess graft patency and manage the underlying arteritis.

Operative Note 11:

Procedure: Other Giant Cell Arteritis Abdominal Aortic Aneurysm Repair

Indication: The patient presented with an asymptomatic abdominal aortic aneurysm associated with other giant cell arteritis.

Description: A midline laparotomy was performed. The aneurysmal segment of the abdominal aorta was exposed, and clamps were applied proximally and distally. The aneurysm was opened, and a synthetic graft was sutured in place, ensuring adequate blood flow. Hemostasis was achieved, and the abdomen was closed in layers.

Findings: Other giant cell arteritis-related abdominal aortic aneurysm with an increased risk of rupture.

Complications: None.  
Postoperative Instructions: The patient was closely monitored in the surgical intensive care unit. Regular follow-up appointments were scheduled for imaging and surveillance. Immunosuppressive therapy was initiated to manage the underlying arteritis.

Operative Note 12:

Procedure: Other Giant Cell Arteritis Femoral-Popliteal Bypass

Indication: The patient presented with other giant cell arteritis-associated critical limb ischemia due to occlusion of the superficial femoral artery.

Description: A longitudinal incision was made along the course of the occluded artery. The artery was dissected, and clamps were applied proximally and distally. An arteriotomy was performed, and a synthetic graft was anastomosed to bypass the occlusion. Hemostasis was achieved, and the incision was closed.

Findings: Severe occlusion of the superficial femoral artery caused by other giant cell arteritis, resulting in compromised blood flow to the lower limb.

Complications: None.  
Postoperative Instructions: The patient was advised to keep the limb elevated and monitor for signs of infection or ischemia. Regular follow-up visits were scheduled to assess graft patency and manage the underlying arteritis.

Operative Note 13:

Procedure: Other Giant Cell Arteritis Splenic Artery Embolization

Indication: The patient presented with hypersplenism and other giant cell arteritis-associated splenic artery aneurysm.

Description: Under fluoroscopic guidance, a microcatheter was advanced into the splenic artery. Embolic coils were selectively placed to occlude the aneurysmal sac. Post-embolization angiography confirmed successful occlusion. The catheter was removed, and hemostasis was achieved.

Findings: Other giant cell arteritis-related splenic artery aneurysm, predisposing the patient to rupture and hypersplenism.

Complications: None.  
Postoperative Instructions: The patient was closely monitored for signs of infection or complications. Regular follow-up appointments were scheduled to assess the efficacy of the procedure and manage the underlying arteritis.

Operative Note 14:

Procedure: Other Giant Cell Arteritis Temporomandibular Joint Arthroplasty

Indication: The patient presented with severe pain and limited jaw movement attributed to other giant cell arteritis affecting the temporomandibular joint.

Description: An incision was made over the affected joint. The joint capsule was opened, and the damaged condyle was excised. A custom-made prosthesis was inserted and secured. The incision was closed, and a sterile dressing was applied.

Findings: Other giant cell arteritis-related inflammation and destruction of the temporomandibular joint, leading to functional impairment and pain.

Complications: None.  
Postoperative Instructions: The patient was advised to maintain a soft diet and perform jaw exercises as guided by the physiotherapist. Regular follow-up appointments were scheduled to assess joint function and manage the underlying arteritis.

Operative Note 15:

Procedure: Other Giant Cell Arteritis Dural Venous Sinus Stenting

Indication: The patient presented with other giant cell arteritis-associated intracranial hypertension due to dural venous sinus stenosis.

Description: A transfemoral approach was used to access the affected dural venous sinus. A catheter was navigated, and angiography confirmed the stenosis. A self-expanding stent was deployed to restore venous flow. The catheter was removed, and hemostasis was achieved.

Findings: Other giant cell arteritis-related dural venous sinus stenosis, causing impaired cerebrospinal fluid drainage and intracranial hypertension.

Complications: None.  
Postoperative Instructions: The patient was closely monitored for any neurological changes. Regular follow-up appointments were scheduled to assess stent patency and manage the underlying arteritis.

Operative Note 16:

Procedure: Other Giant Cell Arteritis Retroperitoneal Lymph Node Biopsy

Indication: The patient presented with other giant cell arteritis-associated lymphadenopathy in the retroperitoneal region.

Description: A retroperitoneal incision was made, and dissection was carried out to access the enlarged lymph nodes. Multiple lymph nodes were excised and sent for pathological evaluation. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related lymphadenopathy involving the retroperitoneal lymph nodes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor the incision site for signs of infection or hematoma formation. Regular follow-up appointments were scheduled for pathology results and management of the underlying arteritis.

Operative Note 17:

Procedure: Other Giant Cell Arteritis Lacrimal Gland Biopsy

Indication: The patient presented with other giant cell arteritis-associated lacrimal gland inflammation and swelling.

Description: An incision was made over the affected lacrimal gland. The gland was dissected and carefully excised to obtain a representative sample. Hemostasis was achieved, and the incision was closed with sutures.

Findings: Other giant cell arteritis-related inflammatory changes in the lacrimal gland.

Complications: None.  
Postoperative Instructions: The patient was instructed to apply cold compresses and use prescribed eye drops as directed. Regular follow-up appointments were scheduled for pathology results and management of the underlying arteritis.

Operative Note 18:

Procedure: Other Giant Cell Arteritis Anterior Chamber Paracentesis

Indication: The patient presented with other giant cell arteritis-associated anterior uveitis and elevated intraocular pressure.

Description: Aseptic precautions were taken, and a fine-gauge needle was used to carefully puncture the anterior chamber. A small amount of aqueous humor was aspirated for diagnostic evaluation. The needle was withdrawn, and a sterile dressing was applied.

Findings: Other giant cell arteritis-related anterior uveitis with increased intraocular pressure.

Complications: None.  
Postoperative Instructions: The patient was advised to use prescribed eye drops and report any worsening symptoms or vision changes. Regular follow-up appointments were scheduled for further management of the underlying arteritis.

Operative Note 19:

Procedure: Other Giant Cell Arteritis Muscular Biopsy

Indication: The patient presented with other giant cell arteritis-associated myalgia and muscle weakness.

Description: A skin incision was made over the affected muscle. The muscle tissue was dissected and carefully excised for histopathological analysis. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related inflammatory changes in the muscle tissue.

Complications: None.  
Postoperative Instructions: The patient was advised to rest and apply cold compresses to the surgical site. Regular follow-up appointments were scheduled for pathology results and management of the underlying arteritis.

Operative Note 20:

Procedure: Other Giant Cell Arteritis Tracheal Stenting

Indication: The patient presented with other giant cell arteritis-associated tracheal stenosis, causing respiratory distress.

Description: A bronchoscopic approach was used to access the stenosed tracheal segment. A self-expanding metallic stent was deployed to maintain airway patency. The bronchoscope was removed, and the patient was ventilated appropriately.

Findings: Other giant cell arteritis-related tracheal stenosis, leading to compromised airflow and respiratory distress.

Complications: None.  
Postoperative Instructions: The patient was closely monitored in the intensive care unit. Regular follow-up appointments were scheduled to assess stent function and manage the underlying arteritis.

Operative Note 21:

Procedure: Other Giant Cell Arteritis Carotid Endarterectomy

Indication: The patient presented with symptomatic other giant cell arteritis causing high-grade stenosis of the right carotid artery, leading to transient ischemic attacks.

Description: The patient was administered general anesthesia with endotracheal intubation. A cervical incision was made over the right carotid artery. The artery was carefully dissected and clamped proximally and distally. An arteriotomy was performed, and the atherosclerotic plaque was meticulously removed. The arteriotomy was closed, and hemostasis was achieved. The wound was closed in layers.

Findings: The right carotid artery demonstrated severe stenosis due to atherosclerotic plaque, consistent with other giant cell arteritis.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor for signs of infection or neurological deficits and to maintain regular follow-up visits for surveillance and management of the underlying arteritis.

Operative Note 22:

Procedure: Other Giant Cell Arteritis Vertebral Artery Angioplasty and Stenting

Indication: The patient presented with symptoms of other giant cell arteritis, including vertebrobasilar insufficiency and recurrent posterior circulation transient ischemic attacks.

Description: The patient was administered local anesthesia with sedation. A percutaneous approach was used to access the left vertebral artery. The artery was catheterized, and angiography confirmed severe stenosis. Balloon angioplasty was performed to dilate the stenotic segment, followed by deployment of a self-expanding stent to maintain vessel patency. The catheter was removed, and hemostasis was achieved.

Findings: The left vertebral artery exhibited severe stenosis due to other giant cell arteritis, causing compromised blood flow to the posterior circulation.

Complications: None.  
Postoperative Instructions: The patient was closely monitored for neurological deficits and advised to report any symptoms. Dual antiplatelet therapy was initiated, and regular follow-up appointments were scheduled to assess stent patency and manage the underlying arteritis.

Operative Note 23:

Procedure: Other Giant Cell Arteritis Ophthalmic Artery Embolization

Indication: The patient presented with worsening vision loss and other giant cell arteritis involving the ophthalmic artery.

Description: The patient was administered local anesthesia with monitored anesthesia care. Transfemoral access was obtained, and a microcatheter was advanced into the ophthalmic artery under fluoroscopic guidance. Embolic particles were selectively injected to occlude the vessel beyond the site of inflammation. Post-embolization angiography confirmed successful occlusion. The catheter was removed, and hemostasis was achieved.

Findings: Other giant cell arteritis affecting the ophthalmic artery, leading to compromised blood flow to the eye.

Complications: None.  
Postoperative Instructions: The patient was instructed to report any changes in vision or signs of infection. Close ophthalmic follow-up was arranged to assess the response to embolization and manage the underlying arteritis.

Operative Note 24:

Procedure: Other Giant Cell Arteritis Renal Artery Bypass

Indication: The patient was diagnosed with other giant cell arteritis involving the renal arteries, leading to renovascular hypertension.

Description: The patient was administered general anesthesia. A transabdominal approach was employed. The diseased segment of the renal artery was exposed, and clamps were applied proximally and distally. An arteriotomy was performed, and an autologous saphenous vein graft was anastomosed to bypass the stenosed segment. Hemostasis was achieved, and the wound was closed in layers.

Findings: Other giant cell arteritis-related stenosis of the renal arteries, causing renovascular hypertension.

Complications: None.  
Postoperative Instructions: The patient was closely monitored for renal function and blood pressure control. Regular follow-up appointments were scheduled for graft patency assessment and management of the underlying arteritis.

Operative Note 25:

Procedure: Other Giant Cell Arteritis Temporal Artery Biopsy

Indication: The patient presented with suspected other giant cell arteritis based on clinical manifestations and elevated inflammatory markers.

Description: The patient was administered local anesthesia with minimal sedation. A skin incision was made over the affected temporal artery. A segment of the artery was excised, including the adjacent small branches. Hemostasis was achieved, and the incision was closed with sutures.

Findings: Other giant cell arteritis-related inflammatory changes in the temporal artery, characteristic of the disease.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor the incision site for signs of infection or hematoma formation. Regular follow-up appointments were scheduled for histopathological results and management of the underlying arteritis.

Operative Note 26:

Procedure: Other Giant Cell Arteritis Subclavian Artery Angioplasty

Indication: The patient presented with other giant cell arteritis-associated symptomatic subclavian artery stenosis, causing arm claudication and diminished pulse.

Description: The patient was administered local anesthesia with sedation. A percutaneous approach was used to access the stenosed subclavian artery. The artery was catheterized, and angiography confirmed significant stenosis. Balloon angioplasty was performed to dilate the narrowed segment, restoring blood flow. The catheter was removed, and hemostasis was achieved.

Findings: Other giant cell arteritis-related stenosis of the subclavian artery, resulting in compromised blood supply to the upper extremity.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor the arm for any signs of ischemia or recurrent symptoms. Dual antiplatelet therapy was initiated, and regular follow-up appointments were scheduled to assess vessel patency and manage the underlying arteritis.

Operative Note 27:

Procedure: Other Giant Cell Arteritis Mediastinal Lymph Node Biopsy

Indication: The patient presented with other giant cell arteritis-associated lymphadenopathy in the mediastinum.

Description: The patient was administered general anesthesia with endotracheal intubation. A median sternotomy incision was made to access the mediastinum. The enlarged lymph nodes were visualized and carefully excised for pathological evaluation. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related lymphadenopathy involving the mediastinal lymph nodes.

Complications: None.  
Postoperative Instructions: The patient was closely monitored for signs of infection or complications. Regular follow-up appointments were scheduled for pathology results and management of the underlying arteritis.

Operative Note 28:

Procedure: Other Giant Cell Arteritis Retrobulbar Steroid Injection

Indication: The patient presented with other giant cell arteritis-associated optic neuritis and visual impairment.

Description: The patient was administered local anesthesia with monitored anesthesia care. A needle was inserted through the conjunctiva into the retrobulbar space, and a corticosteroid suspension was injected. The needle was withdrawn, and a sterile dressing was applied.

Findings: Other giant cell arteritis-related optic neuritis causing visual impairment.

Complications: None.  
Postoperative Instructions: The patient was advised to report any changes in vision or signs of infection. Regular follow-up appointments were scheduled to assess the response to treatment and manage the underlying arteritis.

Operative Note 29:

Procedure: Other Giant Cell Arteritis Small Bowel Resection

Indication: The patient presented with other giant cell arteritis-associated mesenteric ischemia and small bowel infarction.

Description: The patient was administered general anesthesia. A midline abdominal incision was made, and the ischemic segment of the small bowel was identified and resected. The healthy bowel ends were anastomosed using a stapling device. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related mesenteric ischemia leading to small bowel infarction.

Complications: None.  
Postoperative Instructions: The patient was closely monitored for bowel function and signs of infection. Regular follow-up appointments were scheduled for postoperative recovery and management of the underlying arteritis.

Operative Note 30:

Procedure: Other Giant Cell Arteritis Transbronchial Lung Biopsy

Indication: The patient presented with other giant cell arteritis-associated interstitial lung disease and pulmonary infiltrates.

Description: The patient was administered local anesthesia with sedation. A flexible bronchoscope was inserted into the airways, and transbronchial lung biopsies were obtained from the affected areas. Hemostasis was achieved, and the bronchoscope was removed.

Findings: Other giant cell arteritis-related interstitial lung disease with pulmonary infiltrates.

Complications: None.  
Postoperative Instructions: The patient was monitored for any respiratory complications and advised to report any worsening symptoms. Regular follow-up appointments were scheduled for pathology results and management of the underlying arteritis.

Operative Note 31:

Procedure: Other Giant Cell Arteritis Temporomandibular Joint Arthroplasty

Indication: The patient presented with other giant cell arteritis-associated temporomandibular joint (TMJ) dysfunction and bone erosion.

Description: The patient was administered general anesthesia. An intraoral approach was used to access the affected TMJ. The joint capsule was incised, and the diseased bone was carefully excised. A customized TMJ prosthesis was implanted, restoring joint function. The incision was closed with sutures.

Findings: Other giant cell arteritis-related TMJ dysfunction with significant bone erosion.

Complications: None.

Postoperative Instructions: The patient was advised to follow a soft diet and avoid excessive jaw movements. Regular follow-up appointments were scheduled to monitor TMJ function and manage the underlying arteritis.

Operative Note 32:

Procedure: Other Giant Cell Arteritis Skull Reconstruction

Indication: The patient presented with other giant cell arteritis-associated skull bone erosion and cosmetic deformity.

Description: The patient was administered general anesthesia. A bicoronal incision was made to expose the affected skull region. The eroded bone was carefully removed, and a custom cranial implant was placed to reconstruct the skull contour. The incision was closed in layers.

Findings: Other giant cell arteritis-related skull bone erosion leading to cosmetic deformity.

Complications: None.

Postoperative Instructions: The patient was advised to avoid any activities that may increase intracranial pressure. Regular follow-up appointments were scheduled to assess the healing process and manage the underlying arteritis.

Operative Note 33:

Procedure: Other Giant Cell Arteritis Spinal Fusion

Indication: The patient presented with other giant cell arteritis-associated vertebral body bone erosion and spinal instability.

Description: The patient was administered general anesthesia. A posterior approach was used to access the affected spinal segments. The eroded vertebral bodies were prepared, and spinal instrumentation was placed to stabilize the spine. Bone graft material was applied, promoting fusion. The incision was closed in layers.

Findings: Other giant cell arteritis-related vertebral body bone erosion causing spinal instability.

Complications: None.

Postoperative Instructions: The patient was advised to limit activities that may strain the spine and to follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor spinal fusion progress and manage the underlying arteritis.

Operative Note 34:

Procedure: Other Giant Cell Arteritis Glenoid Joint Replacement

Indication: The patient presented with other giant cell arteritis-associated glenohumeral joint destruction and bone erosion.

Description: The patient was administered general anesthesia. An incision was made over the affected shoulder, and the glenohumeral joint was exposed. The eroded bone surfaces were meticulously removed, and a glenoid component of a shoulder prosthesis was implanted. The incision was closed with sutures.

Findings: Other giant cell arteritis-related glenohumeral joint destruction with significant bone erosion.

Complications: None.

Postoperative Instructions: The patient was instructed to follow a rehabilitation program to regain shoulder function. Regular follow-up appointments were scheduled to monitor the prosthesis and manage the underlying arteritis.

Operative Note 35:

Procedure: Other Giant Cell Arteritis Sacroiliac Joint Fusion

Indication: The patient presented with other giant cell arteritis-associated sacroiliac joint pain and bone erosion.

Description: The patient was administered general anesthesia. A posterior approach was used to access the sacroiliac joint. The eroded joint surfaces were debrided, and bone graft material was applied to promote fusion. Additional fixation was achieved with screws. The incision was closed in layers.

Findings: Other giant cell arteritis-related sacroiliac joint pain with bone erosion.

Complications: None.

Postoperative Instructions: The patient was advised to limit weight-bearing activities and follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor joint fusion and manage the underlying arteritis.

Operative Note 36:

Procedure: Other Giant Cell Arteritis Mandibular Reconstruction

Indication: The patient presented with other giant cell arteritis-associated mandibular bone erosion and facial deformity.

Description: The patient was administered general anesthesia. A transoral approach was used to access the affected mandible. The eroded bone segments were carefully removed, and a mandibular reconstruction plate was placed to restore structural integrity. The incision was closed with sutures.

Findings: Other giant cell arteritis-related mandibular bone erosion leading to facial deformity.

Complications: None.

Postoperative Instructions: The patient was instructed to maintain a soft diet and practice proper oral hygiene. Regular follow-up appointments were scheduled to assess mandibular healing and manage the underlying arteritis.

Operative Note 37:

Procedure: Other Giant Cell Arteritis Elbow Arthroplasty

Indication: The patient presented with other giant cell arteritis-associated elbow joint destruction and bone erosion.

Description: The patient was administered general anesthesia. An incision was made over the affected elbow, and the joint was exposed. The eroded bone surfaces were excised, and an elbow prosthesis was implanted. The incision was closed with sutures.

Findings: Other giant cell arteritis-related elbow joint destruction with significant bone erosion.

Complications: None.

Postoperative Instructions: The patient was instructed to undergo a rehabilitation program to regain elbow function. Regular follow-up appointments were scheduled to monitor prosthesis function and manage the underlying arteritis.

Operative Note 38:

Procedure: Other Giant Cell Arteritis Hip Resurfacing

Indication: The patient presented with other giant cell arteritis-associated hip joint destruction and bone erosion.

Description: The patient was administered general anesthesia. An incision was made over the hip, and the joint was exposed. The eroded bone surfaces were prepared, and a hip resurfacing prosthesis was implanted. The incision was closed in layers.

Findings: Other giant cell arteritis-related hip joint destruction with significant bone erosion.

Complications: None.

Postoperative Instructions: The patient was instructed to limit weight-bearing activities and follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor hip function and manage the underlying arteritis.

Operative Note 39:

Procedure: Other Giant Cell Arteritis Talonavicular Joint Fusion

Indication: The patient presented with other giant cell arteritis-associated talonavicular joint pain and bone erosion.

Description: The patient was administered local anesthesia with sedation. An incision was made over the affected talonavicular joint. The eroded joint surfaces were meticulously prepared, and bone graft material was applied to promote fusion. The incision was closed with sutures.

Findings: Other giant cell arteritis-related talonavicular joint pain with bone erosion.

Complications: None.

Postoperative Instructions: The patient was advised to limit weight-bearing activities and follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor joint fusion and manage the underlying arteritis.

Operative Note 40:

Procedure: Other Giant Cell Arteritis Cervical Spine Fusion

Indication: The patient presented with other giant cell arteritis-associated cervical spine instability and bone erosion.

Description: The patient was administered general anesthesia. A posterior approach was used to access the affected cervical spine segments. The eroded vertebral bodies were carefully removed, and spinal instrumentation was placed to stabilize the spine. Bone graft material was applied to promote fusion. The incision was

Operative Note 41:

Procedure: Other Giant Cell Arteritis Femoral Head Core Decompression

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and necrosis of the femoral head.

Description: The patient was administered local anesthesia. A small incision was made over the hip joint, and a core decompression device was inserted into the femoral head. Multiple channels were created to relieve pressure and promote vascularization. The incision was closed with sutures.

Findings: Other giant cell arteritis-related severe bone pain with femoral head necrosis.

Complications: None.

Postoperative Instructions: The patient was advised to limit weight-bearing activities and use crutches for support. Regular follow-up appointments were scheduled to monitor pain relief and manage the underlying arteritis.

Operative Note 42:

Procedure: Other Giant Cell Arteritis Rib Resection

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and rib erosion.

Description: The patient was administered general anesthesia. An incision was made over the affected rib, and the eroded segment was carefully resected. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe bone pain with rib erosion.

Complications: None.

Postoperative Instructions: The patient was advised to avoid activities that strain the rib cage and follow a pain management regimen. Regular follow-up appointments were scheduled to assess healing and manage the underlying arteritis.

Operative Note 43:

Procedure: Other Giant Cell Arteritis Tarsal Bone Fusion

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and instability of the tarsal bones.

Description: The patient was administered local anesthesia with sedation. An incision was made over the affected tarsal joint. The eroded bone surfaces were meticulously prepared, and bone graft material was applied to promote fusion. The incision was closed with sutures.

Findings: Other giant cell arteritis-related severe bone pain with tarsal bone instability.

Complications: None.

Postoperative Instructions: The patient was instructed to limit weight-bearing activities and follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor joint fusion and manage the underlying arteritis.

Operative Note 44:

Procedure: Other Giant Cell Arteritis Clavicle Resection

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and clavicle erosion.

Description: The patient was administered general anesthesia. An incision was made over the affected clavicle, and the eroded bone segment was carefully resected. Hemostasis was achieved, and the incision was closed with sutures.

Findings: Other giant cell arteritis-related severe bone pain with clavicle erosion.

Complications: None.

Postoperative Instructions: The patient was advised to avoid activities that strain the clavicle and follow a pain management regimen. Regular follow-up appointments were scheduled to assess healing and manage the underlying arteritis.

Operative Note 45:

Procedure: Other Giant Cell Arteritis Metatarsophalangeal Joint Arthrodesis

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and joint destruction in the metatarsophalangeal joint.

Description: The patient was administered local anesthesia with sedation. An incision was made over the affected joint, and the eroded joint surfaces were meticulously prepared. Bone graft material was applied to promote fusion. The incision was closed with sutures.

Findings: Other giant cell arteritis-related severe bone pain with metatarsophalangeal joint destruction.

Complications: None.

Postoperative Instructions: The patient was instructed to limit weight-bearing activities and follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor joint fusion and manage the underlying arteritis.

Operative Note 46:

Procedure: Other Giant Cell Arteritis Lumbar Spinal Decompression

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and spinal stenosis in the lumbar region.

Description: The patient was administered general anesthesia. A posterior approach was used to access the affected lumbar spine. Decompressive laminectomy was performed, relieving pressure on the spinal cord and nerves. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe bone pain with lumbar spinal stenosis.

Complications: None.

Postoperative Instructions: The patient was advised to limit strenuous activities and follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor pain relief and manage the underlying arteritis.

Operative Note 47:

Procedure: Other Giant Cell Arteritis Sternoclavicular Joint Resection

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and erosion of the sternoclavicular joint.

Description: The patient was administered general anesthesia. An incision was made over the affected sternoclavicular joint, and the eroded joint surfaces were carefully resected. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe bone pain with sternoclavicular joint erosion.

Complications: None.

Postoperative Instructions: The patient was advised to avoid activities that strain the joint and follow a pain management regimen. Regular follow-up appointments were scheduled to assess healing and manage the underlying arteritis.

Operative Note 48:

Procedure: Other Giant Cell Arteritis Fibular Resection

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and fibular erosion.

Description: The patient was administered general anesthesia. An incision was made over the affected fibula, and the eroded bone segment was carefully resected. Hemostasis was achieved, and the incision was closed with sutures.

Findings: Other giant cell arteritis-related severe bone pain with fibular erosion.

Complications: None.

Postoperative Instructions: The patient was advised to avoid activities that strain the fibula and follow a pain management regimen. Regular follow-up appointments were scheduled to assess healing and manage the underlying arteritis.

Operative Note 49:

Procedure: Other Giant Cell Arteritis Shoulder Joint Debridement

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and synovial inflammation in the shoulder joint.

Description: The patient was administered local anesthesia with sedation. An arthroscopic approach was used to access the shoulder joint. Debridement was performed to remove inflamed synovial tissue and alleviate bone pain. The incisions were closed with sutures.

Findings: Other giant cell arteritis-related severe bone pain with shoulder joint synovial inflammation.

Complications: None.

Postoperative Instructions: The patient was instructed to follow a rehabilitation program and manage pain with prescribed medications. Regular follow-up appointments were scheduled to assess joint function and manage the underlying arteritis.

Operative Note 50:

Procedure: Other Giant Cell Arteritis Tibial Bone Grafting

Indication: The patient presented with other giant cell arteritis-associated severe bone pain and tibial bone defects.

Description: The patient was administered general anesthesia. An incision was made over the affected tibia, and the bone defects were carefully prepared. Bone graft material was applied to promote healing and alleviate bone pain. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe bone pain with tibial bone defects.

Complications: None.

Postoperative Instructions: The patient was advised to limit weight-bearing activities and follow a rehabilitation program. Regular follow-up appointments were scheduled to monitor bone graft integration and manage the underlying arteritis.

Operative Note 51:

Procedure: Other Giant Cell Arteritis Carotid Endarterectomy

Indication: The patient presented with other giant cell arteritis-associated severe carotid artery stenosis and recurrent transient ischemic attacks.

Description: The patient was administered general anesthesia. An oblique incision was made over the affected carotid artery, and the artery was carefully dissected. Endarterectomy was performed to remove the atherosclerotic plaque causing the stenosis. The artery was then closed with sutures, restoring normal blood flow. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe carotid artery stenosis with recurrent transient ischemic attacks.

Complications: None.

Postoperative Instructions: The patient was advised to take prescribed medications for optimal vascular health and follow a regular follow-up schedule for monitoring.

Operative Note 52:

Procedure: Other Giant Cell Arteritis Cholecystectomy

Indication: The patient presented with other giant cell arteritis-associated severe gallbladder inflammation and recurrent biliary colic.

Description: The patient was administered general anesthesia. A standard laparoscopic approach was used to access the gallbladder. The inflamed gallbladder was carefully dissected and removed. Hemostasis was achieved, and the incisions were closed with sutures or staples.

Findings: Other giant cell arteritis-related severe gallbladder inflammation with recurrent biliary colic.

Complications: None.

Postoperative Instructions: The patient was advised to follow a low-fat diet and avoid heavy lifting for a few weeks. Regular follow-up appointments were scheduled to monitor recovery and manage the underlying arteritis.

Operative Note 53:

Procedure: Other Giant Cell Arteritis Temporal Artery Biopsy

Indication: The patient presented with other giant cell arteritis-associated severe temporal artery pain and suspected vasculitis.

Description: The patient was administered local anesthesia. A small incision was made over the affected temporal artery, and a segment of the artery was carefully excised. The biopsy specimen was sent for histopathological examination to confirm the diagnosis. The incision was closed with sutures.

Findings: Other giant cell arteritis-related severe temporal artery pain with suspected vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor the incision site for signs of infection and report any worsening symptoms. Regular follow-up appointments were scheduled to discuss the biopsy results and manage the underlying arteritis.

Operative Note 54:

Procedure: Other Giant Cell Arteritis Thoracic Aortic Aneurysm Repair

Indication: The patient presented with other giant cell arteritis-associated severe thoracic aortic aneurysm and risk of rupture.

Description: The patient was administered general anesthesia. A median sternotomy was performed to access the thoracic aorta. The aneurysmal segment was carefully dissected, and a synthetic graft was used to replace the diseased aorta. The graft was sutured in place, restoring normal blood flow. The sternum was then closed with wires, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe thoracic aortic aneurysm with risk of rupture.

Complications: None.

Postoperative Instructions: The patient was advised to follow a cardiac rehabilitation program and take prescribed medications for optimal cardiovascular health. Regular follow-up appointments were scheduled to monitor graft function and manage the underlying arteritis.

Operative Note 55:

Procedure: Other Giant Cell Arteritis Small Bowel Resection

Indication: The patient presented with other giant cell arteritis-associated severe small bowel ischemia and recurrent abdominal pain.

Description: The patient was administered general anesthesia. A midline incision was made to access the small bowel. The ischemic segment was identified, resected, and the healthy ends of the bowel were anastomosed. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe small bowel ischemia with recurrent abdominal pain.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed diet and take prescribed medications to promote bowel healing and manage the underlying arteritis. Regular follow-up appointments were scheduled to assess recovery and monitor disease activity.

Operative Note 56:

Procedure: Other Giant Cell Arteritis Splenectomy

Indication: The patient presented with other giant cell arteritis-associated severe splenic infarction and hypersplenism.

Description: The patient was administered general anesthesia. An upper midline incision was made to access the spleen. The splenic artery and vein were carefully dissected and ligated, and the spleen was removed. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe splenic infarction with hypersplenism.

Complications: None.

Postoperative Instructions: The patient was advised to follow a vaccination schedule and take prescribed medications to prevent infections. Regular follow-up appointments were scheduled to monitor post-splenectomy complications and manage the underlying arteritis.

Operative Note 57:

Procedure: Other Giant Cell Arteritis Colon Resection

Indication: The patient presented with other giant cell arteritis-associated severe colonic ischemia and recurrent abdominal pain.

Description: The patient was administered general anesthesia. A midline incision was made to access the colon. The ischemic segment was identified, resected, and the healthy ends of the colon were anastomosed. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe colonic ischemia with recurrent abdominal pain.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed diet and take prescribed medications to promote colonic healing and manage the underlying arteritis. Regular follow-up appointments were scheduled to assess recovery and monitor disease activity.

Operative Note 58:

Procedure: Other Giant Cell Arteritis Thoracic Outlet Decompression

Indication: The patient presented with other giant cell arteritis-associated severe thoracic outlet syndrome and neurovascular compression.

Description: The patient was administered general anesthesia. An incision was made in the supraclavicular region to access the thoracic outlet. The structures causing compression, such as the first rib or scalene muscles, were carefully identified and released. Hemostasis was achieved, and the incision was closed with sutures.

Findings: Other giant cell arteritis-related severe thoracic outlet syndrome with neurovascular compression.

Complications: None.

Postoperative Instructions: The patient was advised to perform postoperative exercises and follow a physical therapy program to restore shoulder and arm function. Regular follow-up appointments were scheduled to monitor progress and manage the underlying arteritis.

Operative Note 59:

Procedure: Other Giant Cell Arteritis Pancreatic Resection

Indication: The patient presented with other giant cell arteritis-associated severe pancreatic ischemia and recurrent abdominal pain.

Description: The patient was administered general anesthesia. An upper midline incision was made to access the pancreas. The ischemic segment was identified, resected, and the healthy ends of the pancreas were anastomosed. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe pancreatic ischemia with recurrent abdominal pain.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed diet and take prescribed medications to promote pancreatic healing and manage the underlying arteritis. Regular follow-up appointments were scheduled to assess recovery and monitor disease activity.

Operative Note 60:

Procedure: Other Giant Cell Arteritis Renal Artery Bypass

Indication: The patient presented with other giant cell arteritis-associated severe renal artery stenosis and declining renal function.

Description: The patient was administered general anesthesia. An abdominal incision was made to access the renal artery. A synthetic graft was used to create a bypass around the stenotic segment, restoring normal blood flow to the kidney. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe renal artery stenosis with declining renal function.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed medication regimen and undergo regular follow-up appointments for renal function monitoring and management of the underlying arteritis.

Operative Note 61:

Procedure: Other Giant Cell Arteritis Ocular Surgery

Indication: The patient presented with other giant cell arteritis-associated severe ocular complications, including ischemic optic neuropathy and vision loss.

Description: The patient was administered local anesthesia. An incision was made to access the affected eye. Surgical interventions, such as optic nerve decompression or retinal artery bypass, were performed to alleviate ocular ischemia and preserve vision. The incision was closed with sutures.

Findings: Other giant cell arteritis-related severe ocular complications, including ischemic optic neuropathy and vision loss.

Complications: None.

Postoperative Instructions: The patient was advised to follow an ophthalmic care plan, including prescribed medications and regular follow-up appointments, to monitor visual outcomes and manage the underlying arteritis.

Operative Note 62:

Procedure: Other Giant Cell Arteritis Mastectomy

Indication: The patient presented with other giant cell arteritis-associated severe breast ischemia and necrosis.

Description: The patient was administered general anesthesia. An incision was made to access the affected breast. Mastectomy was performed to remove the ischemic and necrotic tissue. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe breast ischemia and necrosis.

Complications: None.

Postoperative Instructions: The patient was advised to follow postoperative care instructions and attend regular follow-up appointments to monitor healing and manage the underlying arteritis.

Operative Note 63:

Procedure: Other Giant Cell Arteritis Arterial Bypass

Indication: The patient presented with other giant cell arteritis-associated severe peripheral arterial disease and limb ischemia.

Description: The patient was administered general anesthesia. An incision was made to access the affected artery. Arterial bypass surgery was performed using a synthetic graft to restore blood flow to the ischemic limb. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe peripheral arterial disease with limb ischemia.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed rehabilitation program, take prescribed medications, and attend regular follow-up appointments to monitor graft patency and manage the underlying arteritis.

Operative Note 64:

Procedure: Other Giant Cell Arteritis Adrenalectomy

Indication: The patient presented with other giant cell arteritis-associated severe adrenal gland infarction and hormonal imbalances.

Description: The patient was administered general anesthesia. An abdominal incision was made to access the affected adrenal gland. Adrenalectomy was performed to remove the infarcted gland. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe adrenal gland infarction with hormonal imbalances.

Complications: None.

Postoperative Instructions: The patient was advised to follow a hormone replacement therapy plan, as prescribed, and attend regular follow-up appointments to monitor hormone levels and manage the underlying arteritis.

Operative Note 65:

Procedure: Other Giant Cell Arteritis Renal Angioplasty and Stenting

Indication: The patient presented with other giant cell arteritis-associated severe renal artery stenosis and hypertension.

Description: The patient was administered local anesthesia. An arterial access was obtained, and a catheter was advanced to the stenotic segment of the renal artery. Angioplasty was performed to dilate the stenosis, and a stent was placed to maintain vessel patency. The access site was closed with sutures or a closure device.

Findings: Other giant cell arteritis-related severe renal artery stenosis with hypertension.

Complications: None.

Postoperative Instructions: The patient was advised to continue antihypertensive medications as prescribed and undergo regular follow-up appointments to monitor renal function and manage the underlying arteritis.

Operative Note 66:

Procedure: Other Giant Cell Arteritis Liver Biopsy

Indication: The patient presented with other giant cell arteritis-associated severe liver dysfunction and suspected vasculitis.

Description: The patient was administered local anesthesia. A small incision was made over the liver, and a biopsy needle was inserted to obtain a liver tissue sample. The biopsy specimen was sent for histopathological examination to confirm the diagnosis. The incision was closed with sutures.

Findings: Other giant cell arteritis-related severe liver dysfunction with suspected vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor the incision site for signs of infection and report any worsening symptoms. Regular follow-up appointments were scheduled to discuss the biopsy results and manage the underlying arteritis.

Operative Note 67:

Procedure: Other Giant Cell Arteritis Lymph Node Excision

Indication: The patient presented with other giant cell arteritis-associated severe lymphadenopathy and persistent swelling.

Description: The patient was administered general anesthesia. An incision was made to access the affected lymph nodes. The enlarged lymph nodes were carefully dissected and excised. Hemostasis was achieved, and the incision was closed in layers.

Findings: Other giant cell arteritis-related severe lymphadenopathy with persistent swelling.

Complications: None.

Postoperative Instructions: The patient was advised to monitor the surgical site for signs of infection and report any worsening symptoms. Regular follow-up appointments were scheduled to assess recovery and manage the underlying arteritis.

Operative Note 68:

Procedure: Other Giant Cell Arteritis Vascular Bypass Surgery

Indication: The patient presented with other giant cell arteritis-associated severe vascular occlusion and compromised blood flow.

Description: The patient was administered general anesthesia. An incision was made to access the affected blood vessels. Vascular bypass surgery was performed using a synthetic graft to bypass the occluded segment and restore normal blood flow. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe vascular occlusion with compromised blood flow.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed medication regimen and undergo regular follow-up appointments for vascular function monitoring and management of the underlying arteritis.

Operative Note 69:

Procedure: Other Giant Cell Arteritis Pulmonary Artery Thromboendarterectomy

Indication: The patient presented with other giant cell arteritis-associated severe pulmonary artery thromboembolism and right heart strain.

Description: The patient was administered general anesthesia. A median sternotomy was performed to access the pulmonary arteries. Thromboendarterectomy was performed to remove the organized thrombi obstructing the arteries. Hemostasis was achieved, and the sternum was closed with wires. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe pulmonary artery thromboembolism with right heart strain.

Complications: None.

Postoperative Instructions: The patient was advised to continue anticoagulant therapy as prescribed and undergo regular follow-up appointments to assess pulmonary artery function and manage the underlying arteritis.

Operative Note 70:

Procedure: Other Giant Cell Arteritis Joint Debridement and Irrigation

Indication: The patient presented with other giant cell arteritis-associated severe infection involving the extremity's moving joint.

Description: The patient was administered regional anesthesia. An incision was made to access the affected joint. Debridement was performed to remove infected tissues, and thorough irrigation was carried out to cleanse the joint. The wound was left open for secondary healing.

Findings: Other giant cell arteritis-related severe infection involving the extremity's moving joint.

Complications: None.

Postoperative Instructions: The patient was advised to keep the joint immobilized, follow a prescribed course of antibiotics, and attend regular wound care appointments for dressing changes and monitoring of infection resolution. Regular follow-up appointments were scheduled to manage the underlying arteritis.

Operative Note 71:

Procedure: Other Giant Cell Arteritis Joint Arthroscopy and Washout

Indication: The patient presented with other giant cell arteritis-associated severe infection in the extremity's moving joint.

Description: The patient was administered regional anesthesia. Arthroscopic portals were established to access the affected joint. Arthroscopy was performed, allowing visualization of the joint's internal structures. Thorough joint irrigation was performed to remove infectious debris. The portals were closed with sutures.

Findings: Other giant cell arteritis-related severe infection in the extremity's moving joint.

Complications: None.

Postoperative Instructions: The patient was advised to keep the joint immobilized, follow a prescribed course of antibiotics, and attend regular follow-up appointments for evaluation of joint function and infection resolution. Further interventions may be required based on the patient's response to treatment.

Operative Note 72:

Procedure: Other Giant Cell Arteritis Joint Fusion

Indication: The patient presented with other giant cell arteritis-associated severe infection and joint destruction in the extremity's moving joint.

Description: The patient was administered general anesthesia. An incision was made to access the affected joint. Joint debridement was performed to remove infected and necrotic tissues. The joint surfaces were prepared, and fixation hardware was used to achieve fusion. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe infection and joint destruction in the extremity's moving joint.

Complications: None.

Postoperative Instructions: The patient was advised to keep the joint immobilized, follow a prescribed course of antibiotics, and attend regular follow-up appointments to monitor fusion progress and manage the underlying arteritis.

Operative Note 73:

Procedure: Other Giant Cell Arteritis Joint Replacement

Indication: The patient presented with other giant cell arteritis-associated severe infection and joint deterioration in the extremity's moving joint.

Description: The patient was administered general anesthesia. An incision was made to access the affected joint. Joint debridement was performed to remove infected tissues. The joint was replaced with an artificial joint prosthesis. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe infection and joint deterioration in the extremity's moving joint.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed course of antibiotics, undergo physical therapy for joint rehabilitation, and attend regular follow-up appointments to monitor prosthetic function and manage the underlying arteritis.

Operative Note 74:

Procedure: Other Giant Cell Arteritis Limb Amputation

Indication: The patient presented with other giant cell arteritis-associated severe infection and irreversible damage to the extremity's moving joint.

Description: The patient was administered general anesthesia. An incision was made at the appropriate level to perform the amputation. The limb was disarticulated or transected at the predetermined site, and hemostasis was achieved. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe infection and irreversible damage to the extremity's moving joint.

Complications: None.

Postoperative Instructions: The patient was advised on post-amputation care, including wound care, prosthetic options, and physical therapy. Regular follow-up appointments were scheduled to monitor healing and manage the underlying arteritis.

Operative Note 75:

Procedure: Other Giant Cell Arteritis Soft Tissue Debridement and Flap Reconstruction

Indication: The patient presented with other giant cell arteritis-associated severe infection involving the extremity's moving joint, with extensive soft tissue involvement.

Description: The patient was administered regional anesthesia. An incision was made to access the affected area, and extensive debridement of infected soft tissues was performed. A tissue flap was harvested from a suitable donor site and used to cover the defect. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe infection involving the extremity's moving joint, with extensive soft tissue involvement.

Complications: None.

Postoperative Instructions: The patient was advised to keep the joint immobilized, follow a prescribed course of antibiotics, and attend regular follow-up appointments for wound care, flap monitoring, and management of the underlying arteritis.

Operative Note 76:

Procedure: Other Giant Cell Arteritis Joint Excision Arthroplasty

Indication: The patient presented with other giant cell arteritis-associated severe infection and joint destruction in the extremity's moving joint, with unsalvageable joint surfaces.

Description: The patient was administered general anesthesia. An incision was made to access the affected joint. Joint debridement was performed, removing infected and damaged tissues. The joint surfaces were excised, and the limb was mobilized. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe infection and joint destruction in the extremity's moving joint, with unsalvageable joint surfaces.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed course of antibiotics, undergo physical therapy for limb mobilization, and attend regular follow-up appointments to monitor healing and manage the underlying arteritis.

Operative Note 77:

Procedure: Other Giant Cell Arteritis Joint Washout with Antibiotic Bead Placement

Indication: The patient presented with other giant cell arteritis-associated severe infection involving the extremity's moving joint.

Description: The patient was administered regional anesthesia. An incision was made to access the affected joint. Thorough joint irrigation was performed to remove infectious debris. Antibiotic-impregnated beads were placed within the joint space to provide localized antibiotic delivery. The incision was closed with sutures.

Findings: Other giant cell arteritis-related severe infection involving the extremity's moving joint.

Complications: None.

Postoperative Instructions: The patient was advised to keep the joint immobilized, follow a prescribed course of antibiotics, and attend regular follow-up appointments to assess joint function, monitor infection resolution, and manage the underlying arteritis.

Operative Note 78:

Procedure: Other Giant Cell Arteritis Limb Salvage Surgery

Indication: The patient presented with other giant cell arteritis-associated severe infection involving the extremity's moving joint, with compromised limb viability.

Description: The patient was administered general anesthesia. An incision was made to access the affected area. Extensive debridement of infected tissues was performed, preserving viable structures. Soft tissue reconstruction, bone grafting, or other limb salvage techniques were employed to restore limb function. The incision was closed in layers.

Findings: Other giant cell arteritis-related severe infection involving the extremity's moving joint, with compromised limb viability.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed course of antibiotics, undergo rehabilitation for limb function restoration, and attend regular follow-up appointments to monitor healing and manage the underlying arteritis.

Operative Note 88:

Procedure: Other Giant Cell Arteritis Lymph Node Biopsy

Indication: The patient presented with other giant cell arteritis-associated severe lymphadenopathy and suspected vasculitis.

Description: The patient was administered local or regional anesthesia. A lymph node biopsy was performed to obtain a tissue sample for histopathological examination and assess the severity of inflammation. The incisions, if made, were closed.

Findings: Other giant cell arteritis-related severe lymphadenopathy with suspected vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor the biopsy site for signs of infection or excessive swelling, follow a prescribed regimen of anti-inflammatory medications, and attend regular follow-up appointments. The frequency and duration of follow-up appointments would be determined based on the biopsy results and severity of the underlying arteritis.

Operative Note 89:

Procedure: Other Giant Cell Arteritis Kidney Biopsy

Indication: The patient presented with other giant cell arteritis-associated severe kidney inflammation and suspected vasculitis.

Description: The patient was administered general anesthesia. A kidney biopsy was performed to obtain a tissue sample for histopathological examination and assess the severity of inflammation. The incisions, if made, were closed.

Findings: Other giant cell arteritis-related severe kidney inflammation with suspected vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor renal function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments. The frequency and duration of follow-up appointments would be determined based on the biopsy results and severity of the underlying arteritis.

Operative Note 90:

Procedure: Other Giant Cell Arteritis Liver Biopsy

Indication: The patient presented with other giant cell arteritis-associated severe liver inflammation and suspected vasculitis.

Description: The patient was administered general anesthesia. A liver biopsy was performed to obtain a tissue sample for histopathological examination and assess the severity of inflammation. The incisions, if made, were closed.

Findings: Other giant cell arteritis-related severe liver inflammation with suspected vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor liver function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments. The frequency and duration of follow-up appointments would be determined based on the biopsy results and severity of the underlying arteritis.

Operative Note 91:

Procedure: Other Giant Cell Arteritis Lung Biopsy

Indication: The patient presented with other giant cell arteritis-associated severe lung inflammation and suspected vasculitis.

Description: The patient was administered general anesthesia. A lung biopsy was performed to obtain a tissue sample for histopathological examination and assess the severity of inflammation. The incisions, if made, were closed.

Findings: Other giant cell arteritis-related severe lung inflammation with suspected vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor respiratory function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments. The frequency and duration of follow-up appointments would be determined based on the biopsy results and severity of the underlying arteritis.

Operative Note 93:

Procedure: Other Giant Cell Arteritis Skin Graft

Indication: The patient presented with other giant cell arteritis-associated severe skin ulceration and tissue necrosis.

Description: The patient was administered local or general anesthesia. Debridement of necrotic tissue was performed, and a skin graft was harvested from a suitable donor site and secured over the ulcerated area. The graft was sutured or secured with dressings as appropriate.

Findings: Other giant cell arteritis-related severe skin ulceration and tissue necrosis.

Complications: None.

Postoperative Instructions: The patient was advised to keep the graft site clean and protected, follow a prescribed regimen of wound care, and attend regular follow-up appointments to monitor graft healing and manage the underlying arteritis.

Operative Note 94:

Procedure: Other Giant Cell Arteritis Joint Fusion

Indication: The patient presented with other giant cell arteritis-associated severe joint destruction and functional impairment.

Description: The patient was administered general anesthesia. The affected joint was exposed, and joint fusion was performed using bone grafts or artificial implants to stabilize and immobilize the joint. Fixation devices such as screws or plates were used to secure the fusion construct. The incisions, if made, were closed.

Findings: Other giant cell arteritis-related severe joint destruction and functional impairment.

Complications: None.

Postoperative Instructions: The patient was advised to undergo physical therapy for joint rehabilitation, follow a prescribed regimen of pain management and anti-inflammatory medications, and attend regular follow-up appointments to monitor fusion healing and manage the underlying arteritis.

Operative Note 95:

Procedure: Other Giant Cell Arteritis Aortic Valve Replacement

Indication: The patient presented with other giant cell arteritis-associated severe aortic valve stenosis or regurgitation.

Description: The patient was administered general anesthesia. Median sternotomy was performed to access the heart. The diseased aortic valve was excised, and a prosthetic valve was implanted. The incisions were closed, and the patient was weaned off cardiopulmonary bypass.

Findings: Other giant cell arteritis-related severe aortic valve stenosis or regurgitation.

Complications: None.

Postoperative Instructions: The patient was advised to adhere to a cardiac rehabilitation program, follow a prescribed regimen of cardiac medications, and attend regular follow-up appointments to monitor valve function and manage the underlying arteritis.

Operative Note 96:

Procedure: Other Giant Cell Arteritis Tracheostomy

Indication: The patient presented with other giant cell arteritis-associated severe upper airway obstruction.

Description: The patient was administered general anesthesia. A tracheostomy was performed to create a surgical airway. An incision was made in the trachea, and a tracheostomy tube was inserted and secured. The incisions were closed around the tube.

Findings: Other giant cell arteritis-related severe upper airway obstruction.

Complications: None.

Postoperative Instructions: The patient was advised to follow tracheostomy care instructions, monitor for any signs of infection or tube obstruction, and attend regular follow-up appointments to manage the underlying arteritis.

Operative Note 97:

Procedure: Other Giant Cell Arteritis Limb Amputation

Indication: The patient presented with other giant cell arteritis-associated severe limb ischemia and tissue necrosis.

Description: The patient was administered general anesthesia. The affected limb was amputated at the appropriate level to remove the non-viable tissue. Hemostasis was achieved, and the residual limb was shaped and closed with sutures or staples. Dressings and a compression bandage were applied.

Findings: Other giant cell arteritis-related severe limb ischemia and tissue necrosis.

Complications: None.

Postoperative Instructions: The patient was advised to undergo rehabilitation for mobility and prosthetic fitting, follow a prescribed regimen of pain management and wound care, and attend regular follow-up appointments to monitor healing and manage the underlying arteritis.

Operative Note 98:

Procedure: Other Giant Cell Arteritis Thoracic Aortic Aneurysm Repair

Indication: The patient presented with other giant cell arteritis-associated severe thoracic aortic aneurysm.

Description: The patient was administered general anesthesia. A thoracotomy or endovascular approach was performed to repair the thoracic aortic aneurysm. The aneurysmal segment was excised, and a synthetic graft was used to replace the diseased aorta. Hemostasis was achieved, and the incisions were closed.

Findings: Other giant cell arteritis-related severe thoracic aortic aneurysm.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed regimen of blood pressure management, undergo regular imaging studies to monitor graft function, and attend regular follow-up appointments to manage the underlying arteritis.

Operative Note 99:

Procedure: Other Giant Cell Arteritis Esophageal Dilation

Indication: The patient presented with other giant cell arteritis-associated severe esophageal strictures.

Description: The patient was administered conscious sedation or general anesthesia. An endoscope with a dilating balloon or bougie was used to dilate the narrowed esophageal segments. The dilation was performed under direct visualization, and multiple passes were made to achieve the desired diameter. The procedure was completed without complications.

Findings: Other giant cell arteritis-related severe esophageal strictures.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed diet and swallow therapy, take acid suppression medications if needed, and attend regular follow-up appointments to monitor esophageal function and manage the underlying arteritis.

Operative Note 100:

Procedure: Other Giant Cell Arteritis Nephrectomy

Indication: The patient presented with other giant cell arteritis-associated severe renal failure and non-functioning kidney.

Description: The patient was administered general anesthesia. A nephrectomy was performed to remove the diseased kidney. The vascular and ureteric structures were ligated and divided, and the kidney was excised. Hemostasis was achieved, and the surgical site was closed.

Findings: Other giant cell arteritis-related severe renal failure and non-functioning kidney.

Complications: None.

Postoperative Instructions: The patient was advised to follow a prescribed regimen of renal replacement therapy, adhere to dietary and fluid restrictions, and attend regular follow-up appointments to manage the underlying arteritis.

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| M31.7 Microscopic polyangiitis |

Operative Note 1:

Procedure: Microscopic Polyangiitis Renal Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe renal dysfunction and suspected vasculitis.

Description: The patient was administered general anesthesia. A renal biopsy was performed to obtain a tissue sample for histopathological examination and assess the degree of renal involvement. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe glomerulonephritis with suspected vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor renal function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 2:

Procedure: Microscopic Polyangiitis Pulmonary Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe pulmonary involvement and suspected vasculitis.

Description: The patient was administered general anesthesia. A pulmonary biopsy was performed to obtain a tissue sample for histopathological examination and assess the extent of lung inflammation. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe pulmonary vasculitis with alveolar hemorrhage.

Complications: None.

Postoperative Instructions: The patient was advised to monitor respiratory function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 3:

Procedure: Microscopic Polyangiitis Skin Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe cutaneous manifestations and suspected vasculitis.

Description: The patient was administered local anesthesia. A skin biopsy was performed to obtain a tissue sample for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cutaneous vasculitis with palpable purpura.

Complications: None.

Postoperative Instructions: The patient was advised to monitor the biopsy site for signs of infection or delayed healing, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 4:

Procedure: Microscopic Polyangiitis Nerve Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe peripheral neuropathy and suspected vasculitis.

Description: The patient was administered local or regional anesthesia. A nerve biopsy was performed to obtain a tissue sample for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe peripheral neuropathy with mononeuritis multiplex.

Complications: None.

Postoperative Instructions: The patient was advised to monitor neurological symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 5:

Procedure: Microscopic Polyangiitis Gastrointestinal Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe gastrointestinal involvement and suspected vasculitis.

Description: The patient was administered general anesthesia. A gastrointestinal biopsy was performed to obtain tissue samples from affected areas for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe gastrointestinal vasculitis with mucosal ulcerations.

Complications: None.

Postoperative Instructions: The patient was advised to monitor gastrointestinal symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 6:

Procedure: Microscopic Polyangiitis Cardiac Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe cardiac involvement and suspected vasculitis.

Description: The patient was administered general anesthesia. A cardiac biopsy was performed to obtain tissue samples from affected areas for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cardiac vasculitis with myocarditis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor cardiac function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 7:

Procedure: Microscopic Polyangiitis Ocular Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe ocular manifestations and suspected vasculitis.

Description: The patient was administered local anesthesia. An ocular biopsy was performed to obtain tissue samples from affected areas for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe ocular vasculitis with scleritis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor ocular symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 8:

Procedure: Microscopic Polyangiitis Lymph Node Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe lymphadenopathy and suspected vasculitis.

Description: The patient was administered local anesthesia. A lymph node biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe lymphadenitis with necrotizing vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to monitor lymph node enlargement, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 9:

Procedure: Microscopic Polyangiitis Liver Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe liver dysfunction and suspected vasculitis.

Description: The patient was administered local anesthesia. A liver biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe liver vasculitis with hepatocellular injury.

Complications: None.

Postoperative Instructions: The patient was advised to monitor liver function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 10:

Procedure: Microscopic Polyangiitis Muscular Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe myalgia and suspected vasculitis.

Description: The patient was administered local anesthesia. A muscular biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe myositis with vasculitic changes.

Complications: None.

Postoperative Instructions: The patient was advised to monitor muscular symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

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Operative Note 11:

Procedure: Microscopic Polyangiitis Sinus Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe sinusitis and suspected vasculitis.

Description: The patient was administered local anesthesia. A sinus biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe sinus vasculitis with chronic inflammation.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor sinus symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 12:

Procedure: Microscopic Polyangiitis Joint Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe joint inflammation and suspected vasculitis.

Description: The patient was administered local anesthesia. A joint biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe synovitis with vasculitic changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor joint symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 13:

Procedure: Microscopic Polyangiitis Brain Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe central nervous system involvement and suspected vasculitis.

Description: The patient was administered general anesthesia. A brain biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cerebral vasculitis with parenchymal involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor neurological symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 14:

Procedure: Microscopic Polyangiitis Intestinal Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe gastrointestinal involvement and suspected vasculitis.

Description: The patient was administered general anesthesia. An intestinal biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe intestinal vasculitis with submucosal involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor gastrointestinal symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 15:

Procedure: Microscopic Polyangiitis Lung Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe lung involvement and suspected vasculitis.

Description: The patient was administered general anesthesia. A lung biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe pulmonary vasculitis with granulomatous inflammation.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor respiratory function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 16:

Procedure: Microscopic Polyangiitis Eye Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe ocular manifestations and suspected vasculitis.

Description: The patient was administered local anesthesia. An eye biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe ocular vasculitis with retinal involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor ocular symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 17:

Procedure: Microscopic Polyangiitis Skin Punch Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe cutaneous manifestations and suspected vasculitis.

Description: The patient was administered local anesthesia. A skin punch biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cutaneous vasculitis with small-vessel involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor the biopsy site for signs of infection or delayed healing, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 18:

Procedure: Microscopic Polyangiitis Salivary Gland Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe salivary gland involvement and suspected vasculitis.

Description: The patient was administered local anesthesia. A salivary gland biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe salivary gland vasculitis with ductal destruction.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor salivary gland symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 19:

Procedure: Microscopic Polyangiitis Heart Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe cardiac involvement and suspected vasculitis.

Description: The patient was administered general anesthesia. A heart biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cardiac vasculitis with endocardial involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor cardiac function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 20:

Procedure: Microscopic Polyangiitis Kidney Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe renal dysfunction and suspected vasculitis.

Description: The patient was administered general anesthesia. A kidney biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe glomerulonephritis with crescent formation.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor renal function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 21:

Procedure: Microscopic Polyangiitis Skin Punch Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe cutaneous manifestations and suspected vasculitis.

Description: The patient was administered local anesthesia with a lower dosage due to previous sensitivity to anesthesia. A skin punch biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cutaneous vasculitis with small-vessel involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor the biopsy site for signs of infection or delayed healing, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 22:

Procedure: Microscopic Polyangiitis Lung Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe lung involvement and suspected vasculitis.

Description: The patient was administered general anesthesia with a higher dosage due to difficulty in achieving adequate sedation. A lung biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe pulmonary vasculitis with granulomatous inflammation.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor respiratory function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 23:

Procedure: Microscopic Polyangiitis Joint Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe joint inflammation and suspected vasculitis.

Description: The patient was administered local anesthesia with a modified dosage based on their body weight. A joint biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe synovitis with vasculitic changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor joint symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 24:

Procedure: Microscopic Polyangiitis Kidney Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe renal dysfunction and suspected vasculitis.

Description: The patient was administered general anesthesia with a reduced dosage due to underlying kidney impairment. A kidney biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe glomerulonephritis with crescent formation.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor renal function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 25:

Procedure: Microscopic Polyangiitis Ocular Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe ocular manifestations and suspected vasculitis.

Description: The patient was administered local anesthesia with a higher dosage to ensure adequate pain control. An ocular biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe ocular vasculitis with scleritis.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor ocular symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 26:

Procedure: Microscopic Polyangiitis Brain Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe central nervous system involvement and suspected vasculitis.

Description: The patient was administered general anesthesia with a modified dosage to account for the patient's age and comorbidities. A brain biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cerebral vasculitis with parenchymal involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor neurological symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 27:

Procedure: Microscopic Polyangiitis Heart Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe cardiac involvement and suspected vasculitis.

Description: The patient was administered general anesthesia with a lower dosage due to concerns of cardiac sensitivity. A heart biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe cardiac vasculitis with endocardial involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor cardiac function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 28:

Procedure: Microscopic Polyangiitis Intestinal Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe gastrointestinal involvement and suspected vasculitis.

Description: The patient was administered general anesthesia with an adjusted dosage based on their medical history. An intestinal biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe intestinal vasculitis with submucosal involvement.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor gastrointestinal symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 29:

Procedure: Microscopic Polyangiitis Salivary Gland Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe salivary gland involvement and suspected vasculitis.

Description: The patient was administered local anesthesia with a higher dosage to ensure complete pain control. A salivary gland biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe salivary gland vasculitis with ductal destruction.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor salivary gland symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 30:

Procedure: Microscopic Polyangiitis Vessel Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe vascular involvement and suspected vasculitis.

Description: The patient was administered local anesthesia with a modified dosage based on their weight and medical history. A vessel biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe vasculitis involving medium-sized vessels.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor vascular symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.  
  
Operative Note 31:

Procedure: Microscopic Polyangiitis Joint Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe joint inflammation and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered local anesthesia. A joint biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe synovitis with vasculitic changes and bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor joint symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 32:

Procedure: Microscopic Polyangiitis Sinus Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe sinus involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered local anesthesia. A sinus biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was noted. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe sinus vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor sinus symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 33:

Procedure: Microscopic Polyangiitis Temporal Artery Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe temporal artery involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered local anesthesia. A temporal artery biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe temporal artery vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor temporal artery symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 34:

Procedure: Microscopic Polyangiitis Spine Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe spinal involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered general anesthesia. A spine biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was identified. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe spinal vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor spinal symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 35:

Procedure: Microscopic Polyangiitis Finger Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe finger involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered local anesthesia. A finger biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe finger vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor finger symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 36:

Procedure: Microscopic Polyangiitis Skull Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe skull involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered general anesthesia. A skull biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was noted. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe skull vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor skull symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 37:

Procedure: Microscopic Polyangiitis Rib Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe rib involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered local anesthesia. A rib biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was identified. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe rib vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor rib symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 38:

Procedure: Microscopic Polyangiitis Foot Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe foot involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered local anesthesia. A foot biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe foot vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor foot symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 39:

Procedure: Microscopic Polyangiitis Pelvis Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe pelvic involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered general anesthesia. A pelvis biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was noted. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe pelvic vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor pelvic symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 40:

Procedure: Microscopic Polyangiitis Toe Biopsy

Indication: The patient presented with microscopic polyangiitis-associated severe toe involvement and suspected vasculitis with evidence of bone erosion.

Description: The patient was administered local anesthesia. A toe biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, bone erosion was identified. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related severe toe vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor toe symptoms and bone integrity, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 41:

Procedure: Microscopic Polyangiitis Hip Joint Arthroscopy

Indication: The patient presented with microscopic polyangiitis-associated severe hip joint involvement and suspected vasculitis, manifesting as severe bone pain.

Description: The patient was administered general anesthesia. Hip joint arthroscopy was performed to assess the extent of joint inflammation, evaluate for vasculitic changes, and address any existing pathology contributing to the severe bone pain. Intraoperatively, synovitis and erosive changes were observed. The procedure included joint lavage and debridement as needed. The incisions were closed.

Findings: Microscopic polyangiitis-related severe hip joint synovitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to rest and avoid weight-bearing activities, follow a prescribed regimen of immunosuppressive medications, attend physical therapy sessions, and undergo regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 42:

Procedure: Microscopic Polyangiitis Spine Decompression Surgery

Indication: The patient presented with microscopic polyangiitis-associated severe spinal involvement and suspected vasculitis, leading to significant bone pain.

Description: The patient was administered general anesthesia. Spine decompression surgery was performed to alleviate pressure on the affected spinal cord and nerve roots, aiming to relieve severe bone pain and improve neurological symptoms. Intraoperatively, vasculitic changes and bone erosion were identified. The procedure included laminectomy and discectomy as required. The incisions were closed.

Findings: Microscopic polyangiitis-related severe spinal vasculitis with bone erosion and neural compression.

Complications: None.  
Postoperative Instructions: The patient was advised to restrict physical activity, use proper spine support, follow a prescribed regimen of immunosuppressive medications, attend physical therapy sessions, and undergo regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 43:

Procedure: Microscopic Polyangiitis Knee Joint Replacement

Indication: The patient presented with microscopic polyangiitis-associated severe knee joint involvement and suspected vasculitis, accompanied by severe bone pain and functional impairment.

Description: The patient was administered general anesthesia. Knee joint replacement surgery was performed to address the degenerative changes caused by vasculitic involvement, relieve severe bone pain, and restore joint function. Intraoperatively, erosive changes and synovitis were observed. The procedure included removal of the damaged joint surfaces and implantation of an artificial joint. The incisions were closed.

Findings: Microscopic polyangiitis-related severe knee joint vasculitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to follow the prescribed rehabilitation program, use assistive devices as needed, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 44:

Procedure: Microscopic Polyangiitis Shoulder Joint Arthroscopy

Indication: The patient presented with microscopic polyangiitis-associated severe shoulder joint involvement and suspected vasculitis, resulting in severe bone pain and limited range of motion.

Description: The patient was administered local anesthesia. Shoulder joint arthroscopy was performed to assess the joint integrity, identify vasculitic changes, and address any existing pathology contributing to the severe bone pain and functional impairment. Intraoperatively, synovitis and erosive changes were observed. The procedure included debridement and repair of the affected structures as necessary. The incisions were closed.

Findings: Microscopic polyangiitis-related severe shoulder joint synovitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to immobilize the shoulder, undergo physical therapy, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 45:

Procedure: Microscopic Polyangiitis Elbow Joint Synovectomy

Indication: The patient presented with microscopic polyangiitis-associated severe elbow joint involvement and suspected vasculitis, characterized by severe bone pain and limited range of motion.

Description: The patient was administered local anesthesia. Elbow joint synovectomy was performed to remove the inflamed synovium, alleviate severe bone pain, and improve joint function. Intraoperatively, synovitis and erosive changes were identified. The procedure included excision of the hypertrophic synovium and irrigation of the joint. The incisions were closed.

Findings: Microscopic polyangiitis-related severe elbow joint synovitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to rest and elevate the elbow, follow a prescribed regimen of immunosuppressive medications, attend physical therapy sessions, and undergo regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 46:

Procedure: Microscopic Polyangiitis Hand Joint Arthroplasty

Indication: The patient presented with microscopic polyangiitis-associated severe hand joint involvement and suspected vasculitis, manifesting as severe bone pain and significant functional impairment.

Description: The patient was administered local anesthesia. Hand joint arthroplasty was performed to address the erosive changes caused by vasculitic involvement, alleviate severe bone pain, and restore hand function. Intraoperatively, vasculitic changes and joint destruction were observed. The procedure included joint debridement and implantation of prosthetic components. The incisions were closed.

Findings: Microscopic polyangiitis-related severe hand joint vasculitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to follow a hand therapy program, use assistive devices as needed, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 47:

Procedure: Microscopic Polyangiitis Ankle Joint Fusion

Indication: The patient presented with microscopic polyangiitis-associated severe ankle joint involvement and suspected vasculitis, leading to intractable bone pain and joint instability.

Description: The patient was administered general anesthesia. Ankle joint fusion surgery was performed to stabilize the joint, alleviate severe bone pain, and improve overall foot function. Intraoperatively, erosive changes and synovitis were identified. The procedure included removal of damaged cartilage, joint realignment, and fixation with screws or plates. The incisions were closed.

Findings: Microscopic polyangiitis-related severe ankle joint vasculitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to use a cast or brace, avoid weight-bearing, follow a prescribed regimen of immunosuppressive medications, attend physical therapy sessions, and undergo regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 48:

Procedure: Microscopic Polyangiitis Wrist Joint Arthroscopy

Indication: The patient presented with microscopic polyangiitis-associated severe wrist joint involvement and suspected vasculitis, resulting in severe bone pain and limited range of motion.

Description: The patient was administered local anesthesia. Wrist joint arthroscopy was performed to evaluate the extent of joint inflammation, assess for vasculitic changes, and address any existing pathology contributing to the severe bone pain and functional impairment. Intraoperatively, synovitis and erosive changes were observed. The procedure included debridement and repair of the affected structures as necessary. The incisions were closed.

Findings: Microscopic polyangiitis-related severe wrist joint synovitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to immobilize the wrist, undergo physical therapy, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 49:

Procedure: Microscopic Polyangiitis Temporomandibular Joint Surgery

Indication: The patient presented with microscopic polyangiitis-associated severe temporomandibular joint involvement and suspected vasculitis, manifesting as severe bone pain, limited jaw movement, and difficulty chewing.

Description: The patient was administered general anesthesia. Temporomandibular joint surgery was performed to address the vasculitic changes, alleviate severe bone pain, and improve jaw function. Intraoperatively, erosive changes and synovitis were identified. The procedure included joint debridement, repair of the affected structures, and occlusal adjustment if necessary. The incisions were closed.

Findings: Microscopic polyangiitis-related severe temporomandibular joint vasculitis with erosive changes.

Complications: None.  
Postoperative Instructions: The patient was advised to follow a soft diet, perform jaw exercises, use warm compresses, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 50:

Procedure: Microscopic Polyangiitis Thoracic Spine Fusion

Indication: The patient presented with microscopic polyangiitis-associated severe thoracic spine involvement and suspected vasculitis, resulting in severe bone pain and spinal instability.

Description: The patient was administered general anesthesia. Thoracic spine fusion surgery was performed to stabilize the spine, alleviate severe bone pain, and prevent further neurological compromise. Intraoperatively, vasculitic changes and bone erosion were observed. The procedure included removal of damaged intervertebral discs, placement of bone grafts, and fixation with screws or rods. The incisions were closed.

Findings: Microscopic polyangiitis-related severe thoracic spine vasculitis with bone erosion.

Complications: None.  
Postoperative Instructions: The patient was advised to restrict physical activity, use a brace if necessary, follow a prescribed regimen of immunosuppressive medications, attend physical therapy sessions, and undergo regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 51:

Procedure: Microscopic Polyangiitis Renal Biopsy

Indication: The patient presented with microscopic polyangiitis-associated renal involvement and suspected vasculitis, requiring a diagnostic renal biopsy to confirm the diagnosis and assess the severity of the disease.

Description: The patient was administered local anesthesia. A renal biopsy was performed to obtain tissue samples for histopathological examination and evaluate the extent of vasculitic changes in the kidneys. Intraoperatively, glomerular abnormalities and inflammatory infiltrates were identified. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related renal vasculitis with glomerular abnormalities.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor renal function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a nephrologist to manage the underlying microscopic polyangiitis.

Operative Note 52:

Procedure: Microscopic Polyangiitis Lung Biopsy

Indication: The patient presented with microscopic polyangiitis-associated pulmonary involvement and suspected vasculitis, necessitating a lung biopsy to confirm the diagnosis and evaluate the extent of pulmonary vasculitic changes.

Description: The patient was administered general anesthesia. A lung biopsy was performed to obtain tissue samples for histopathological examination and assess the presence of vasculitis. Intraoperatively, pulmonary capillaritis and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related pulmonary vasculitis with capillaritis.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor respiratory symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a pulmonologist to manage the underlying microscopic polyangiitis.

Operative Note 53:

Procedure: Microscopic Polyangiitis Gastrointestinal Endoscopy

Indication: The patient presented with microscopic polyangiitis-associated gastrointestinal involvement and suspected vasculitis, necessitating an endoscopic examination to evaluate the extent of mucosal inflammation and identify potential vasculitic changes.

Description: The patient was administered conscious sedation. Gastrointestinal endoscopy was performed to assess the esophagus, stomach, and duodenum for signs of vasculitis and mucosal lesions. Intraoperatively, erosive gastritis and mucosal edema were observed. The procedure included biopsy collection for histopathological examination. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related gastrointestinal vasculitis with erosive gastritis.

Complications: None.  
Postoperative Instructions: The patient was advised to follow dietary recommendations, take prescribed medications for gastrointestinal symptom management, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 54:

Procedure: Microscopic Polyangiitis Skin Biopsy

Indication: The patient presented with cutaneous manifestations of microscopic polyangiitis, necessitating a skin biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the skin.

Description: The patient was administered local anesthesia. A skin biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis. Intraoperatively, leukocytoclastic vasculitis and perivascular inflammation were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related cutaneous vasculitis with leukocytoclastic vasculitis.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor skin lesions, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a dermatologist to manage the underlying microscopic polyangiitis.

Operative Note 55:

Procedure: Microscopic Polyangiitis Orbital Decompression Surgery

Indication: The patient presented with microscopic polyangiitis-associated orbital involvement and suspected vasculitis, leading to proptosis and compressive optic neuropathy, requiring orbital decompression surgery to alleviate symptoms and preserve vision.

Description: The patient was administered general anesthesia. Orbital decompression surgery was performed to alleviate pressure on the optic nerve and surrounding structures, relieve proptosis, and prevent further vision loss. Intraoperatively, vasculitic changes and inflammatory infiltration were observed. The procedure included removal of orbital fat and/or bone, depending on the severity of the condition. The incisions were closed.

Findings: Microscopic polyangiitis-related orbital vasculitis with inflammatory infiltration.

Complications: None.  
Postoperative Instructions: The patient was advised to use lubricating eye drops, attend regular follow-up appointments with an ophthalmologist, follow a prescribed regimen of immunosuppressive medications, and undergo periodic imaging to monitor disease activity and manage the underlying microscopic polyangiitis.

Operative Note 56:

Procedure: Microscopic Polyangiitis Sinus Surgery

Indication: The patient presented with microscopic polyangiitis-associated severe sinus involvement and suspected vasculitis, resulting in chronic sinusitis and nasal obstruction, necessitating sinus surgery to improve sinus drainage and alleviate symptoms.

Description: The patient was administered general anesthesia. Sinus surgery was performed to remove diseased sinus tissue, clear blockages, and improve sinus drainage. Intraoperatively, mucosal inflammation and vascular changes were observed. The procedure included endoscopic sinus surgery techniques, such as ethmoidectomy, maxillary antrostomy, or sphenoidotomy, depending on the extent of disease involvement. The incisions were closed.

Findings: Microscopic polyangiitis-related sinus vasculitis with mucosal inflammation.

Complications: None.  
Postoperative Instructions: The patient was advised to perform nasal saline rinses, use prescribed nasal sprays, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an otolaryngologist to manage the underlying microscopic polyangiitis.

Operative Note 57:

Procedure: Microscopic Polyangiitis Cardiac Biopsy

Indication: The patient presented with microscopic polyangiitis-associated cardiac involvement and suspected vasculitis, requiring a cardiac biopsy to confirm the diagnosis and assess the extent of cardiac vasculitic changes.

Description: The patient was administered local anesthesia. A cardiac biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis in the cardiac tissue. Intraoperatively, inflammatory infiltrates and vascular changes were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related cardiac vasculitis with inflammatory infiltrates.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor cardiac symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a cardiologist to manage the underlying microscopic polyangiitis.

Operative Note 58:

Procedure: Microscopic Polyangiitis Liver Biopsy

Indication: The patient presented with microscopic polyangiitis-associated liver involvement and suspected vasculitis, necessitating a liver biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the liver.

Description: The patient was administered local anesthesia. A liver biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis in the liver tissue. Intraoperatively, portal inflammation and vascular changes were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related liver vasculitis with portal inflammation.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor liver function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a hepatologist to manage the underlying microscopic polyangiitis.

Operative Note 59:

Procedure: Microscopic Polyangiitis Colon Resection

Indication: The patient presented with microscopic polyangiitis-associated severe colonic involvement and suspected vasculitis, leading to intractable colitis and complications, necessitating a partial or total colon resection to improve symptoms and prevent further complications.

Description: The patient was administered general anesthesia. Colon resection surgery was performed to remove the affected portion of the colon and reconstruct the remaining healthy segments. Intraoperatively, vasculitic changes and inflammatory infiltration were observed. The procedure included removal of the diseased segment, anastomosis of the remaining colon, and closure of the incisions.

Findings: Microscopic polyangiitis-related colonic vasculitis with inflammatory infiltration.

Complications: None.  
Postoperative Instructions: The patient was advised to follow dietary recommendations, use prescribed medications for bowel management, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a gastroenterologist to manage the underlying microscopic polyangiitis.

Operative Note 60:

Procedure: Microscopic Polyangiitis Brain Biopsy

Indication: The patient presented with microscopic polyangiitis-associated central nervous system involvement and suspected vasculitis, requiring a brain biopsy to confirm the diagnosis and assess the extent of vasculitic changes in the brain tissue.

Description: The patient was administered general anesthesia. A brain biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis in the brain tissue. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related brain vasculitis with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor neurological symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a neurologist to manage the underlying microscopic polyangiitis.

Operative Note 61:

Procedure: Microscopic Polyangiitis Splenectomy

Indication: The patient presented with microscopic polyangiitis-associated splenic involvement and suspected vasculitis, leading to splenomegaly, cytopenias, and hypersplenism, necessitating a splenectomy to alleviate symptoms and improve blood counts.

Description: The patient was administered general anesthesia. Splenectomy surgery was performed to remove the enlarged spleen and improve hematological parameters. Intraoperatively, vasculitic changes and congestion were observed. The procedure included ligation and division of the splenic vessels, mobilization of the spleen, and removal of the organ. The incisions were closed.

Findings: Microscopic polyangiitis-related splenic vasculitis with congestion.

Complications: None.  
Postoperative Instructions: The patient was advised to receive appropriate vaccinations, follow a prescribed regimen of immunosuppressive medications, monitor blood counts, and attend regular follow-up appointments with a hematologist to manage the underlying microscopic polyangiitis.

Operative Note 62:

Procedure: Microscopic Polyangiitis Knee Arthroscopy

Indication: The patient presented with microscopic polyangiitis-associated knee joint involvement and suspected vasculitis, causing persistent joint pain, swelling, and limited range of motion, necessitating a knee arthroscopy to assess the extent of joint damage and provide therapeutic interventions.

Description: The patient was administered regional anesthesia. Knee arthroscopy was performed to evaluate the joint surfaces, remove loose bodies, and address synovitis or pannus formation. Intraoperatively, erosive changes, synovial hypertrophy, and vascular changes were observed. The procedure included irrigation, debridement, synovectomy, and chondroplasty as required. The incisions were closed.

Findings: Microscopic polyangiitis-related knee joint vasculitis with erosive changes and synovial hypertrophy.

Complications: None.  
Postoperative Instructions: The patient was advised to use ice packs, perform rehabilitation exercises, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon to manage the underlying microscopic polyangiitis.

Operative Note 63:

Procedure: Microscopic Polyangiitis Nasal Septoplasty

Indication: The patient presented with microscopic polyangiitis-associated nasal septal involvement and suspected vasculitis, resulting in nasal obstruction, recurrent epistaxis, and deformity, necessitating a septoplasty to improve nasal airflow and address the deviated septum.

Description: The patient was administered local anesthesia with sedation. Nasal septoplasty was performed to correct the deviated septum, improve nasal symmetry, and alleviate nasal obstruction. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The procedure included septal cartilage excision, reshaping, and repositioning. The incisions were closed.

Findings: Microscopic polyangiitis-related nasal septal vasculitis with inflammatory infiltrates.

Complications: None.  
Postoperative Instructions: The patient was advised to use nasal saline rinses, avoid nasal trauma, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an otolaryngologist to manage the underlying microscopic polyangiitis.

Operative Note 64:

Procedure: Microscopic Polyangiitis Temporal Artery Biopsy

Indication: The patient presented with clinical suspicion of microscopic polyangiitis-associated vasculitis involving the temporal arteries, necessitating a temporal artery biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the arterial tissue.

Description: The patient was administered local anesthesia. A temporal artery biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related temporal artery vasculitis with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor for signs of temporal artery involvement, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 65:

Procedure: Microscopic Polyangiitis Bronchoscopy with Transbronchial Lung Biopsy

Indication: The patient presented with microscopic polyangiitis-associated pulmonary involvement and suspected vasculitis, requiring bronchoscopy with transbronchial lung biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the lung tissue.

Description: The patient was administered conscious sedation. Bronchoscopy was performed to visualize the airways, and transbronchial lung biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related pulmonary vasculitis with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor respiratory symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a pulmonologist to manage the underlying microscopic polyangiitis.

Operative Note 66:

Procedure: Microscopic Polyangiitis Retroperitoneal Lymph Node Biopsy

Indication: The patient presented with microscopic polyangiitis-associated retroperitoneal lymph node involvement and suspected vasculitis, requiring a lymph node biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the lymph node tissue.

Description: The patient was administered local anesthesia. A retroperitoneal lymph node biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related retroperitoneal lymph node vasculitis with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor lymph node enlargement or new symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 67:

Procedure: Microscopic Polyangiitis Ocular Biopsy

Indication: The patient presented with microscopic polyangiitis-associated ocular involvement and suspected vasculitis, necessitating an ocular biopsy to confirm the diagnosis and assess the presence of vasculitic changes in ocular tissues.

Description: The patient was administered local anesthesia. An ocular biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis in ocular tissues. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related ocular vasculitis with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor ocular symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an ophthalmologist to manage the underlying microscopic polyangiitis.

Operative Note 68:

Procedure: Microscopic Polyangiitis Nerve Biopsy

Indication: The patient presented with neurological symptoms and suspected microscopic polyangiitis-associated vasculitic neuropathy, necessitating a nerve biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the nerve tissue.

Description: The patient was administered local anesthesia. A nerve biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis in the nerve tissue. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related vasculitic neuropathy with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor neurological symptoms, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a neurologist to manage the underlying microscopic polyangiitis.

Operative Note 69:

Procedure: Microscopic Polyangiitis Kidney Biopsy

Indication: The patient presented with microscopic polyangiitis-associated renal involvement and suspected vasculitis, necessitating a kidney biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the renal tissue.

Description: The patient was administered local anesthesia. A kidney biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis in the renal tissue. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related renal vasculitis with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor renal function, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a nephrologist to manage the underlying microscopic polyangiitis.

Operative Note 70:

Procedure: Microscopic Polyangiitis Skin Biopsy

Indication: The patient presented with cutaneous manifestations and suspected microscopic polyangiitis-associated vasculitis, necessitating a skin biopsy to confirm the diagnosis and assess the presence of vasculitic changes in the skin tissue.

Description: The patient was administered local anesthesia. A skin biopsy was performed to obtain tissue samples for histopathological examination and evaluate the presence of vasculitis in the skin tissue. Intraoperatively, vascular changes and inflammatory infiltrates were observed. The incisions, if made, were closed.

Findings: Microscopic polyangiitis-related cutaneous vasculitis with vascular changes.

Complications: None.  
Postoperative Instructions: The patient was advised to monitor skin lesions, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a dermatologist to manage the underlying microscopic polyangiitis.

Operative Note 71:

Procedure: Microscopic Polyangiitis Septic Hip Joint Debridement

Indication: The patient presented with severe infection of the hip joint due to microscopic polyangiitis-associated vasculitis, leading to purulent joint effusion, limited range of motion, and systemic signs of infection, necessitating urgent joint debridement to control the infection and prevent further joint damage.

Description: The patient was administered general anesthesia. A septic hip joint debridement was performed to remove necrotic tissues, irrigate the joint with antimicrobial solutions, and address the source of infection. Intraoperatively, synovial hyperemia, erosions, and purulent material were observed. The procedure included joint exploration, debridement, and drainage. The incisions were closed.

Findings: Microscopic polyangiitis-related septic hip joint with synovial hyperemia, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous antibiotics, monitor for signs of infection, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 72:

Procedure: Microscopic Polyangiitis Infected Knee Joint Arthroscopy with Lavage

Indication: The patient presented with an infected knee joint due to microscopic polyangiitis-associated vasculitis, causing severe pain, swelling, and restricted joint mobility, necessitating an arthroscopic intervention with joint lavage to control the infection and improve joint function.

Description: The patient was administered regional anesthesia. Infected knee joint arthroscopy with lavage was performed to visualize the joint, remove infected synovial fluid, and irrigate the joint with antimicrobial solutions. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included synovial biopsy, debridement, and lavage. The incisions were closed.

Findings: Microscopic polyangiitis-related infected knee joint with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous or oral antibiotics, use ice packs, perform rehabilitation exercises, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 73:

Procedure: Microscopic Polyangiitis Septic Shoulder Joint Arthroscopy with Capsular Release

Indication: The patient presented with a septic shoulder joint due to microscopic polyangiitis-associated vasculitis, leading to severe pain, limited range of motion, and signs of infection, necessitating an arthroscopic intervention with capsular release to control the infection and improve joint mobility.

Description: The patient was administered regional anesthesia. Septic shoulder joint arthroscopy with capsular release was performed to visualize the joint, remove infected synovial fluid, debride necrotic tissues, and release the tight capsule. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included joint irrigation, debridement, and capsular release. The incisions were closed.

Findings: Microscopic polyangiitis-related septic shoulder joint with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous or oral antibiotics, use ice packs, perform rehabilitation exercises, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 74:

Procedure: Microscopic Polyangiitis Infected Elbow Joint Drainage

Indication: The patient presented with an infected elbow joint due to microscopic polyangiitis-associated vasculitis, causing severe pain, swelling, and limited elbow function, necessitating an open joint drainage to control the infection and prevent joint destruction.

Description: The patient was administered general anesthesia. Infected elbow joint drainage was performed to access the joint, remove purulent material, and irrigate the joint with antimicrobial solutions. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included joint exploration, debridement, and drainage. The incisions were closed.

Findings: Microscopic polyangiitis-related infected elbow joint with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous antibiotics, use ice packs, elevate the arm, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 75:

Procedure: Microscopic Polyangiitis Septic Ankle Joint Arthroscopy with Synovectomy

Indication: The patient presented with a septic ankle joint due to microscopic polyangiitis-associated vasculitis, leading to severe pain, swelling, and compromised joint function, necessitating an arthroscopic intervention with synovectomy to control the infection and improve joint mobility.

Description: The patient was administered regional anesthesia. Septic ankle joint arthroscopy with synovectomy was performed to visualize the joint, remove infected synovial fluid, and excise the inflamed synovium. Intraoperatively, erosions, hyperemia, and purulent material were observed. The procedure included synovial biopsy, debridement, and synovectomy. The incisions were closed.

Findings: Microscopic polyangiitis-related septic ankle joint with erosions, hyperemia, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous or oral antibiotics, use ice packs, perform rehabilitation exercises, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 76:

Procedure: Microscopic Polyangiitis Infected Wrist Joint Arthroscopy with Joint Washout

Indication: The patient presented with an infected wrist joint due to microscopic polyangiitis-associated vasculitis, causing severe pain, swelling, and limited wrist mobility, necessitating an arthroscopic intervention with joint washout to control the infection and improve joint function.

Description: The patient was administered regional anesthesia. Infected wrist joint arthroscopy with joint washout was performed to visualize the joint, remove infected synovial fluid, and irrigate the joint with antimicrobial solutions. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included synovial biopsy, debridement, and joint washout. The incisions were closed.

Findings: Microscopic polyangiitis-related infected wrist joint with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous or oral antibiotics, use ice packs, immobilize the wrist with a splint, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 77:

Procedure: Microscopic Polyangiitis Septic Temporomandibular Joint Arthrocentesis

Indication: The patient presented with a septic temporomandibular joint (TMJ) due to microscopic polyangiitis-associated vasculitis, leading to severe pain, swelling, and limited jaw movement, necessitating an arthrocentesis procedure to control the infection and improve joint function.

Description: The patient was administered local anesthesia. Septic TMJ arthrocentesis was performed to access the joint, remove infected synovial fluid, and irrigate the joint with antimicrobial solutions. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included joint aspiration, lavage, and injection of corticosteroids. The incisions were closed.

Findings: Microscopic polyangiitis-related septic TMJ with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous or oral antibiotics, use warm compresses, perform jaw exercises, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an oral and maxillofacial surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 78:

Procedure: Microscopic Polyangiitis Infected Finger Joint Drainage

Indication: The patient presented with an infected finger joint due to microscopic polyangiitis-associated vasculitis, causing severe pain, swelling, and limited finger movement, necessitating an open joint drainage to control the infection and prevent joint destruction.

Description: The patient was administered local anesthesia. Infected finger joint drainage was performed to access the joint, remove purulent material, and irrigate the joint with antimicrobial solutions. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included joint exploration, debridement, and drainage. The incisions were closed.

Findings: Microscopic polyangiitis-related infected finger joint with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous or oral antibiotics, use hand splints, elevate the hand, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 79:

Procedure: Microscopic Polyangiitis Septic Toe Joint Arthroscopy with Joint Lavage

Indication: The patient presented with a septic toe joint due to microscopic polyangiitis-associated vasculitis, leading to severe pain, swelling, and compromised toe function, necessitating an arthroscopic intervention with joint lavage to control the infection and improve joint mobility.

Description: The patient was administered regional anesthesia. Septic toe joint arthroscopy with joint lavage was performed to visualize the joint, remove infected synovial fluid, and irrigate the joint with antimicrobial solutions. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included joint irrigation, debridement, and lavage. The incisions were closed.

Findings: Microscopic polyangiitis-related septic toe joint with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous or oral antibiotics, use ice packs, elevate the foot, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with an orthopedic surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 80:

Procedure: Microscopic Polyangiitis Infected Spine Joint Surgical Debridement

Indication: The patient presented with an infected spine joint due to microscopic polyangiitis-associated vasculitis, causing severe pain, spinal instability, and signs of infection, necessitating a surgical debridement procedure to control the infection and stabilize the spine.

Description: The patient was administered general anesthesia. Infected spine joint surgical debridement was performed to access the joint, remove necrotic tissues, and irrigate the joint with antimicrobial solutions. Intraoperatively, inflamed synovium, erosions, and purulent material were observed. The procedure included joint exploration, debridement, and irrigation. The incisions were closed.

Findings: Microscopic polyangiitis-related infected spine joint with inflamed synovium, erosions, and purulent material.

Complications: None.  
Postoperative Instructions: The patient was advised to receive intravenous antibiotics, use a back brace, follow a prescribed regimen of immunosuppressive medications, and attend regular follow-up appointments with a spine surgeon and rheumatologist to manage the underlying microscopic polyangiitis.

Operative Note 81:

Procedure: Microscopic Polyangiitis Active Kidney Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active kidney involvement, including proteinuria, hematuria, and declining renal function, necessitating a kidney biopsy to assess the extent of renal inflammation and guide further treatment decisions.

Description: The patient was positioned in a prone position, and local anesthesia was administered. A kidney biopsy was performed using ultrasound guidance. Multiple core biopsy samples were obtained from the affected kidney. Intraoperatively, diffuse glomerular hypercellularity, cellular crescents, and inflammatory infiltrates were observed. The biopsy samples were sent for histopathological examination.

Findings: Microscopic polyangiitis-related active kidney biopsy with diffuse glomerular hypercellularity, cellular crescents, and inflammatory infiltrates.

Complications: None.

Postoperative Instructions: The patient was advised to maintain hydration, monitor urine output, receive immunosuppressive therapy, and follow up with a nephrologist to manage the underlying microscopic polyangiitis and renal involvement.

Operative Note 82:

Procedure: Microscopic Polyangiitis Active Lung Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active lung involvement, including progressive dyspnea, cough, and bilateral infiltrates on imaging, necessitating a lung biopsy to assess the extent of pulmonary inflammation and guide further treatment decisions.

Description: The patient was administered general anesthesia, and a thoracoscopic approach was used. Multiple lung biopsy samples were obtained from different lung lobes. Intraoperatively, diffusely inflamed lung tissue, interstitial infiltrates, and capillaritis were observed. The biopsy samples were sent for histopathological examination.

Findings: Microscopic polyangiitis-related active lung biopsy with diffusely inflamed lung tissue, interstitial infiltrates, and capillaritis.

Complications: None.  
Postoperative Instructions: The patient was advised to undergo pulmonary rehabilitation, receive immunosuppressive therapy, follow up with a pulmonologist, and monitor lung function to manage the underlying microscopic polyangiitis and pulmonary involvement.

Operative Note 83:

Procedure: Microscopic Polyangiitis Active Skin Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active skin involvement, including purpuric lesions and livedo reticularis, necessitating a skin biopsy to assess the extent of cutaneous inflammation and guide further treatment decisions.

Description: The patient was positioned comfortably, and local anesthesia was administered. A skin biopsy was performed, targeting the most representative lesion. Intraoperatively, perivascular inflammatory infiltrates, leukocytoclastic vasculitis, and endothelial swelling were observed. The biopsy sample was sent for histopathological examination.

Findings: Microscopic polyangiitis-related active skin biopsy with perivascular inflammatory infiltrates, leukocytoclastic vasculitis, and endothelial swelling.

Complications: None.  
Postoperative Instructions: The patient was advised to keep the biopsy site clean, apply topical antibiotic ointment, receive immunosuppressive therapy, and follow up with a dermatologist to manage the underlying microscopic polyangiitis and cutaneous involvement.

Operative Note 84:

Procedure: Microscopic Polyangiitis Active Gastrointestinal Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active gastrointestinal involvement, including abdominal pain, melena, and weight loss, necessitating a gastrointestinal biopsy to assess the extent of mucosal inflammation and guide further treatment decisions.

Description: The patient was administered sedation, and an upper endoscopy and colonoscopy were performed. Multiple biopsies were obtained from the involved areas of the gastrointestinal tract. Intraoperatively, mucosal ulcerations, fibrinoid necrosis, and inflammatory infiltrates were observed. The biopsy samples were sent for histopathological examination.

Findings: Microscopic polyangiitis-related active gastrointestinal biopsy with mucosal ulcerations, fibrinoid necrosis, and inflammatory infiltrates.

Complications: None.  
Postoperative Instructions: The patient was advised to follow a modified diet, receive immunosuppressive therapy, undergo nutritional support, and follow up with a gastroenterologist to manage the underlying microscopic polyangiitis and gastrointestinal involvement.

Operative Note 85:

Procedure: Microscopic Polyangiitis Active Eye Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active eye involvement, including scleritis, uveitis, and visual disturbances, necessitating an eye biopsy to assess the extent of ocular inflammation and guide further treatment decisions.

Description: The patient was positioned comfortably, and local anesthesia was administered. A conjunctival biopsy was performed, targeting the most inflamed area. Intraoperatively, granulomatous inflammation, lymphocytic infiltration, and vasculitis were observed. The biopsy sample was sent for histopathological examination.

Findings: Microscopic polyangiitis-related active eye biopsy with granulomatous inflammation, lymphocytic infiltration, and vasculitis.

Complications: None.  
Postoperative Instructions: The patient was advised to use prescribed eye drops, receive immunosuppressive therapy, follow up with an ophthalmologist, and undergo regular eye examinations to manage the underlying microscopic polyangiitis and ocular involvement.

Operative Note 86:

Procedure: Microscopic Polyangiitis Active Heart Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active cardiac involvement, including myocarditis and congestive heart failure, necessitating a heart biopsy to assess the extent of cardiac inflammation and guide further treatment decisions.

Description: The patient was administered general anesthesia, and a cardiac catheterization procedure was performed. Multiple endomyocardial biopsy samples were obtained from different areas of the ventricles. Intraoperatively, interstitial inflammation, myocyte necrosis, and small-vessel vasculitis were observed. The biopsy samples were sent for histopathological examination.

Findings: Microscopic polyangiitis-related active heart biopsy with interstitial inflammation, myocyte necrosis, and small-vessel vasculitis.

Complications: None.

Postoperative Instructions: The patient was advised to receive heart failure management, immunosuppressive therapy, follow up with a cardiologist, and undergo regular cardiac monitoring to manage the underlying microscopic polyangiitis and cardiac involvement.

Operative Note 87:

Procedure: Microscopic Polyangiitis Active Nerve Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active peripheral nervous system involvement, including mononeuritis multiplex and peripheral neuropathy, necessitating a nerve biopsy to assess the extent of nerve inflammation and guide further treatment decisions.

Description: The patient was positioned comfortably, and local anesthesia was administered. A nerve biopsy was performed, targeting the most symptomatic nerve. Intraoperatively, perivascular inflammation, axonal degeneration, and necrotizing vasculitis were observed. The biopsy sample was sent for histopathological examination.

Findings: Microscopic polyangiitis-related active nerve biopsy with perivascular inflammation, axonal degeneration, and necrotizing vasculitis.

Complications: None.  
Postoperative Instructions: The patient was advised to manage pain, receive immunosuppressive therapy, follow up with a neurologist, and undergo regular nerve conduction studies to manage the underlying microscopic polyangiitis and peripheral nervous system involvement.

Operative Note 88:

Procedure: Microscopic Polyangiitis Active Joint Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with active joint involvement, including arthritis and joint pain, necessitating a joint biopsy to assess the extent of joint inflammation and guide further treatment decisions.

Description: The patient was positioned comfortably, and local anesthesia was administered. A joint biopsy was performed, targeting the most symptomatic joint. Intraoperatively, synovial hyperplasia, lymphocytic infiltrates, and vasculitis were observed. The biopsy sample was sent for histopathological examination.

Findings: Microscopic polyangiitis-related active joint biopsy with synovial hyperplasia, lymphocytic infiltrates, and vasculitis.

Complications: None.  
Postoperative Instructions: The patient was advised to rest the joint, receive immunosuppressive therapy, use joint supports, follow up with a rheumatologist, and undergo regular joint assessments to manage the underlying microscopic polyangiitis and joint involvement.  
  
Operative Note 89:

Procedure: Microscopic Polyangiitis Mild Pulmonary Infiltrates Follow-up Chest X-ray

Indication: The patient with a diagnosis of microscopic polyangiitis presents with mild pulmonary infiltrates on previous imaging, necessitating a follow-up chest X-ray to assess the progression or resolution of lung involvement.

Description: The patient underwent a follow-up chest X-ray to evaluate the pulmonary infiltrates. The imaging showed stable findings with no significant changes compared to previous images.

Findings: Mild pulmonary infiltrates consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, undergo regular monitoring with periodic chest X-rays, and report any worsening respiratory symptoms to the healthcare provider.

Operative Note 90:

Procedure: Microscopic Polyangiitis Moderate Kidney Dysfunction Follow-up Renal Function Tests

Indication: The patient with a diagnosis of microscopic polyangiitis presents with moderate kidney dysfunction, necessitating follow-up renal function tests to monitor the progression of renal involvement and assess the response to treatment.

Description: The patient underwent follow-up renal function tests, including serum creatinine, blood urea nitrogen (BUN), and urine protein analysis. The results showed stable but persistently impaired kidney function compared to previous tests, indicating the need for ongoing management and close monitoring.

Findings: Moderate kidney dysfunction consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, undergo regular monitoring of renal function, maintain hydration, and follow up with a nephrologist for further management of the underlying microscopic polyangiitis and renal involvement.

Operative Note 91:

Procedure: Microscopic Polyangiitis Severe Ocular Inflammation Follow-up Ophthalmic Evaluation

Indication: The patient with a diagnosis of microscopic polyangiitis presents with severe ocular inflammation, including scleritis and uveitis, necessitating a follow-up ophthalmic evaluation to assess the response to treatment and adjust the management plan accordingly.

Description: The patient underwent a follow-up ophthalmic evaluation, including a detailed examination of the anterior and posterior segments of the eye. The findings revealed improvement in ocular inflammation, reduction in scleral redness, and decreased uveitis activity compared to the initial assessment.

Findings: Improved ocular inflammation consistent with a favorable response to treatment for microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, use prescribed ophthalmic medications, attend regular ophthalmology appointments, and report any changes or worsening of ocular symptoms to the healthcare provider.

Operative Note 92:

Procedure: Microscopic Polyangiitis Mild Skin Lesions Follow-up Dermatological Examination

Indication: The patient with a diagnosis of microscopic polyangiitis presents with mild skin lesions, including purpuric rash and livedo reticularis, necessitating a follow-up dermatological examination to monitor the progression of cutaneous involvement and adjust the treatment plan accordingly.

Description: The patient underwent a follow-up dermatological examination, which revealed stable skin lesions with no significant changes compared to the previous assessment. The purpuric rash and livedo reticularis showed no signs of worsening.

Findings: Mild skin lesions consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, maintain good skin hygiene, protect the skin from excessive sun exposure, and follow up with a dermatologist for further management of the underlying microscopic polyangiitis and cutaneous involvement.

Operative Note 93:

Procedure: Microscopic Polyangiitis Mild Joint Pain Follow-up Rheumatological Evaluation

Indication: The patient with a diagnosis of microscopic polyangiitis presents with mild joint pain, necessitating a follow-up rheumatological evaluation to assess the response to treatment, monitor disease activity, and adjust the management plan accordingly.

Description: The patient underwent a follow-up rheumatological evaluation, including a detailed examination of the joints and assessment of disease activity. The findings revealed mild joint tenderness with no significant worsening compared to the initial evaluation, indicating stable disease activity.

Findings: Mild joint pain consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, perform joint exercises, use prescribed pain medications as needed, and follow up with a rheumatologist for further management of the underlying microscopic polyangiitis and joint involvement.

Operative Note 94:

Procedure: Microscopic Polyangiitis Moderate Gastrointestinal Involvement Follow-up Endoscopic Evaluation

Indication: The patient with a diagnosis of microscopic polyangiitis presents with moderate gastrointestinal involvement, including abdominal pain and gastrointestinal bleeding, necessitating a follow-up endoscopic evaluation to assess the response to treatment, monitor disease activity, and adjust the management plan accordingly.

Description: The patient underwent a follow-up endoscopic evaluation, including upper endoscopy and colonoscopy. The findings revealed stable mucosal inflammation with no active bleeding or evidence of new lesions compared to the initial assessment.

Findings: Moderate gastrointestinal involvement consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, follow a modified diet if necessary, monitor gastrointestinal symptoms, and follow up with a gastroenterologist for further management of the underlying microscopic polyangiitis and gastrointestinal involvement.

Operative Note 95:

Procedure: Microscopic Polyangiitis Severe Peripheral Neuropathy Follow-up Neurological Examination

Indication: The patient with a diagnosis of microscopic polyangiitis presents with severe peripheral neuropathy, including motor and sensory deficits, necessitating a follow-up neurological examination to assess the response to treatment, monitor disease activity, and adjust the management plan accordingly.

Description: The patient underwent a follow-up neurological examination, including detailed assessment of motor strength, sensory perception, and reflexes. The findings revealed slight improvement in motor function and sensory deficits compared to the initial examination.

Findings: Severe peripheral neuropathy consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, undergo regular neurological evaluations, manage pain with prescribed medications, and follow up with a neurologist for further management of the underlying microscopic polyangiitis and peripheral nervous system involvement.

Operative Note 96:

Procedure: Microscopic Polyangiitis Mild Cardiac Inflammation Follow-up Cardiac Imaging

Indication: The patient with a diagnosis of microscopic polyangiitis presents with mild cardiac inflammation, including myocarditis, necessitating a follow-up cardiac imaging study to assess the response to treatment, monitor disease activity, and adjust the management plan accordingly.  
Description: The patient underwent a follow-up cardiac imaging study, including echocardiography and cardiac MRI. The findings revealed stable cardiac function with no significant changes compared

Operative Note 97:

Procedure: Microscopic Polyangiitis Severe Renal Involvement Follow-up Renal Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with severe renal involvement, including rapidly progressive glomerulonephritis, necessitating a follow-up renal biopsy to assess the response to treatment, evaluate the extent of renal damage, and guide further management decisions.

Description: The patient underwent a follow-up renal biopsy procedure, targeting the most affected area of the kidney. Intraoperatively, severe glomerular inflammation, crescent formation, and fibrinoid necrosis were observed. The biopsy samples were sent for histopathological examination.

Findings: Severe renal involvement consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, receive renal replacement therapy as indicated, undergo regular monitoring of renal function, and follow up with a nephrologist for further management of the underlying microscopic polyangiitis and renal involvement.

Operative Note 98:

Procedure: Microscopic Polyangiitis Mild Lung Infiltrates Follow-up Pulmonary Function Tests

Indication: The patient with a diagnosis of microscopic polyangiitis presents with mild lung infiltrates on previous imaging, necessitating follow-up pulmonary function tests to assess the progression or resolution of lung involvement and evaluate respiratory function.

Description: The patient underwent follow-up pulmonary function tests, including spirometry and diffusion capacity measurement. The results showed stable lung function parameters with no significant changes compared to previous tests, indicating stable respiratory function.

Findings: Mild lung infiltrates consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, practice good respiratory hygiene, avoid exposure to respiratory irritants, undergo regular monitoring of respiratory symptoms, and follow up with a pulmonologist for further management of the underlying microscopic polyangiitis and lung involvement.

Operative Note 99:

Procedure: Microscopic Polyangiitis Moderate Eye Inflammation Follow-up Ophthalmic Imaging

Indication: The patient with a diagnosis of microscopic polyangiitis presents with moderate eye inflammation, including episcleritis and conjunctivitis, necessitating a follow-up ophthalmic imaging study to assess the response to treatment and monitor disease activity.

Description: The patient underwent a follow-up ophthalmic imaging study, including anterior segment photography and optical coherence tomography (OCT). The images revealed reduced signs of inflammation, improvement in episcleral injection, and decreased conjunctival edema compared to the initial assessment.

Findings: Moderate eye inflammation consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, use prescribed ophthalmic medications, attend regular ophthalmology appointments, and report any changes or worsening of ocular symptoms to the healthcare provider.

Operative Note 100:

Procedure: Microscopic Polyangiitis Severe Skin Vasculitis Follow-up Skin Biopsy

Indication: The patient with a diagnosis of microscopic polyangiitis presents with severe skin vasculitis, including purpura and necrotic ulcers, necessitating a follow-up skin biopsy to assess the response to treatment, evaluate the extent of skin involvement, and guide further management decisions.

Description: The patient underwent a follow-up skin biopsy procedure, targeting the most affected area of the skin. Intraoperatively, extensive dermal inflammation, leukocytoclastic vasculitis, and necrotic tissue were observed. The biopsy samples were sent for histopathological examination.

Findings: Severe skin vasculitis consistent with known microscopic polyangiitis.

Complications: None.  
Follow-up Instructions: The patient is advised to continue the current treatment regimen, practice good wound care, use prescribed topical medications, and follow up with a dermatologist for further management of the underlying microscopic polyangiitis and cutaneous involvement.

## M31.8 Other specified necrotizing vasculopathies

Operative Note 1:

Procedure: Other Specified Necrotizing Vasculopathies Digital Gangrene Debridement

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with extensive digital gangrene, necessitating surgical debridement to remove necrotic tissue, prevent infection, and promote wound healing.

Description: The patient was positioned comfortably, and local anesthesia was administered. Multiple digital incisions were made to access the affected areas. Debridement was performed, removing necrotic tissue, debris, and purulent material. Hemostasis was achieved, and the wounds were irrigated with sterile saline solution.

Findings: Extensive digital gangrene consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised to keep the affected digits elevated, receive appropriate antibiotic therapy, maintain good wound care, use prescribed dressings, and undergo regular follow-up appointments to monitor wound healing and manage the underlying vasculopathy.

Operative Note 2:

Procedure: Other Specified Necrotizing Vasculopathies Ischemic Skin Ulcer Excision and Skin Grafting

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with a large, non-healing ischemic skin ulcer, necessitating surgical excision and skin grafting to promote wound healing and restore tissue integrity.

Description: The patient was positioned comfortably, and general anesthesia was administered. The ischemic skin ulcer was carefully excised, removing all necrotic and non-viable tissue. Hemostasis was achieved, and a split-thickness skin graft was harvested from a donor site and secured over the defect. The graft was secured with sutures and dressings.

Findings: Ischemic skin ulcer consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised to keep the graft site immobilized, receive appropriate postoperative pain management, maintain strict wound care, avoid excessive pressure on the graft, and follow up with the surgical team for graft assessment and wound healing progress.

Operative Note 3:

Procedure: Other Specified Necrotizing Vasculopathies Lower Limb Amputation

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with extensive tissue necrosis, infection, and non-viable lower limb, necessitating amputation to eliminate the source of infection, relieve pain, and improve overall quality of life.

Description: The patient was positioned comfortably, and regional anesthesia was administered. A circumferential incision was made at the predetermined level, and dissection was performed to expose the underlying structures. The affected limb was amputated at the appropriate level, ensuring adequate hemostasis. The surgical site was irrigated, and the wound was closed in layers using sutures.

Findings: Extensive tissue necrosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on post-amputation care, including pain management, wound care, mobility training with assistive devices, and rehabilitation. A multidisciplinary team was involved in the patient's ongoing care and prosthetic limb fitting.

Operative Note 4:

Procedure: Other Specified Necrotizing Vasculopathies Abdominal Wall Necrotic Lesion Debridement

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with a large, necrotic lesion involving the abdominal wall, necessitating surgical debridement to remove non-viable tissue, control infection, and promote wound healing.

Description: The patient was positioned comfortably, and local anesthesia was administered. An incision was made to access the necrotic lesion on the abdominal wall. Debridement was performed, removing all necrotic tissue, debris, and purulent material. The wound was thoroughly irrigated with sterile saline solution, and hemostasis was achieved.

Findings: Abdominal wall necrotic lesion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised to maintain strict wound care, receive appropriate antibiotic therapy, use prescribed dressings, and follow up with the surgical team for wound healing assessment and further management.

Operative Note 5:

Procedure: Other Specified Necrotizing Vasculopathies Pulmonary Hemorrhage Management

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with recurrent episodes of pulmonary hemorrhage, necessitating intervention to control bleeding, stabilize the patient, and prevent further complications.

Description: The patient was positioned comfortably, and general anesthesia was administered. The airway was secured, and bronchoscopy was performed to identify the bleeding source. Hemostasis was achieved using various techniques, including endobronchial tamponade, electrocautery, and administration of topical hemostatic agents.

Findings: Pulmonary hemorrhage consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was admitted to the intensive care unit for close monitoring, received appropriate respiratory support, underwent regular bronchoscopic evaluation, and received specific therapies to manage the underlying vasculopathy and prevent further episodes of pulmonary hemorrhage.

Operative Note 6:

Procedure: Other Specified Necrotizing Vasculopathies Ischemic Bowel Resection

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with ischemic bowel, bowel perforation, and peritonitis, necessitating surgical intervention to remove the ischemic segment, repair the perforation, and control infection.

Description: The patient was positioned comfortably, and general anesthesia was administered. A midline incision was made to access the abdominal cavity. The ischemic segment of the bowel was identified, resected, and the bowel continuity was restored using anastomosis. The perforation site was repaired, and thorough peritoneal lavage was performed.

Findings: Ischemic bowel consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including appropriate antibiotic therapy, bowel rest, close monitoring of bowel function, and gradual resumption of oral intake. Follow-up appointments were scheduled for wound assessment and monitoring of bowel healing.

Operative Note 7:

Procedure: Other Specified Necrotizing Vasculopathies Facial Skin Necrotic Lesion Excision and Reconstruction

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with a large, necrotic lesion on the facial skin, necessitating surgical excision and reconstruction to remove the necrotic tissue, restore facial aesthetics, and promote wound healing.

Description: The patient was positioned comfortably, and local anesthesia was administered. The necrotic lesion on the facial skin was carefully excised, ensuring clear margins. Hemostasis was achieved, and the wound was closed using a combination of primary closure and local flaps.

Findings: Facial skin necrotic lesion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative wound care, received appropriate pain management, and scheduled for follow-up appointments to assess wound healing, manage sutures, and address any cosmetic concerns.

Operative Note 8:

Procedure: Other Specified Necrotizing Vasculopathies Ocular Ischemia Management

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with ocular ischemia, including reduced visual acuity and retinal ischemia, necessitating intervention to improve blood flow, preserve vision, and prevent further ocular complications.

Description: The patient was positioned comfortably, and local anesthesia was administered. Ocular interventions, including intraocular pressure control, anti-inflammatory measures, and blood flow augmentation techniques, were performed. These included the use of ocular hypotensive medications, ocular massage, and administration of vasodilators.

Findings: Ocular ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was instructed on postoperative care, including continued use of prescribed medications, regular follow-up appointments with an ophthalmologist, and adherence to lifestyle modifications to optimize ocular blood flow.

Operative Note 9:

Procedure: Other Specified Necrotizing Vasculopathies Renal Artery Stenosis Angioplasty and Stenting

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with significant renal artery stenosis, resulting in renal dysfunction, necessitating intervention to restore renal blood flow and preserve renal function.

Description: The patient was positioned comfortably, and local anesthesia was administered. A percutaneous transluminal angioplasty procedure was performed, followed by the placement of a renal artery stent to maintain vessel patency. The stent position and blood flow were confirmed using angiography.

Findings: Renal artery stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on post-procedure care, including appropriate antiplatelet therapy, blood pressure control, and regular follow-up appointments for renal function monitoring and assessment of stent patency.

Operative Note 10:

Procedure: Other Specified Necrotizing Vasculopathies Peripheral Limb Ischemia Bypass Surgery

Indication: The patient with a diagnosis of other specified necrotizing vasculopathies presents with severe peripheral limb ischemia, rest pain, and non-healing ulcers, necessitating bypass surgery to restore blood flow, relieve symptoms, and promote wound healing.

Description: The patient was positioned comfortably, and general anesthesia was administered. The affected limb was prepared, and an appropriate bypass graft was selected. The surgical team performed the bypass procedure, creating a graft-to-vessel anastomosis to bypass the occluded segment and restore blood flow.

Findings: Peripheral limb ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including wound management, ambulation training, adherence to prescribed medications, and scheduled follow-up appointments to monitor graft patency and limb healing.

Operative Note 11:

Procedure: Other Specified Necrotizing Vasculopathies Skin Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with cutaneous manifestations, requiring a skin biopsy for diagnostic confirmation.

Description: The patient was positioned comfortably, and local anesthesia was administered. A full-thickness skin biopsy was obtained from the affected area using a punch biopsy technique. The specimen was sent to the pathology department for histopathological examination.

Findings: Skin biopsy consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was instructed to keep the biopsy site clean and dry, and to follow up with the healthcare provider for biopsy results and further management.

Operative Note 12:

Procedure: Other Specified Necrotizing Vasculopathies Nerve Decompression Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with peripheral nerve compression and symptoms of neuropathy, necessitating surgical decompression to alleviate nerve compression and improve neurologic function.

Description: The patient was positioned comfortably, and regional anesthesia was administered. A small incision was made over the affected nerve, and meticulous dissection was performed to identify the compressive lesion. The compressive structures were released, and the surgical site was closed in layers.

Findings: Peripheral nerve compression consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised to keep the surgical site clean and dry, undergo physical therapy for rehabilitation, and follow up with the healthcare provider for assessment of neurologic improvement.

Operative Note 13:

Procedure: Other Specified Necrotizing Vasculopathies Intestinal Resection and Anastomosis

Indication: The patient with other specified necrotizing vasculopathies presents with intestinal ischemia, stricture formation, and bowel obstruction, necessitating surgical intervention to remove the ischemic segment and restore bowel continuity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A laparotomy was performed, and the affected segment of the intestine was identified. Resection of the ischemic bowel segment was carried out, and an end-to-end anastomosis was performed to restore bowel continuity. The surgical site was closed in layers.

Findings: Intestinal ischemia and stricture consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including bowel rest, appropriate pain management, and gradual resumption of oral intake. Follow-up appointments were scheduled for monitoring of bowel healing and resolution of symptoms.

Operative Note 14:

Procedure: Other Specified Necrotizing Vasculopathies Arterial Bypass Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with severe arterial stenosis or occlusion, causing limb ischemia and non-healing wounds, necessitating arterial bypass surgery to restore blood flow and promote wound healing.

Description: The patient was positioned comfortably, and general anesthesia was administered. A suitable arterial bypass graft was selected, and the surgical team performed the bypass procedure, creating graft-to-vessel anastomoses to bypass the occluded segment and restore blood flow.

Findings: Arterial stenosis/occlusion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including wound management, ambulation training, adherence to prescribed medications, and scheduled follow-up appointments to monitor graft patency and limb healing.

Operative Note 15:

Procedure: Other Specified Necrotizing Vasculopathies Temporal Artery Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with signs and symptoms of temporal arteritis, requiring a temporal artery biopsy for diagnostic confirmation.

Description: The patient was positioned comfortably, and local anesthesia was administered. A small incision was made over the temporal artery, and a segment of the artery was carefully excised. Hemostasis was achieved, and the wound was closed with sutures.

Findings: Temporal artery biopsy consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was instructed to keep the biopsy site clean and dry, monitor for signs of infection or bleeding, and follow up with the healthcare provider for biopsy results and further management.

Operative Note 16:

Procedure: Other Specified Necrotizing Vasculopathies Aortic Aneurysm Repair

Indication: The patient with other specified necrotizing vasculopathies presents with a thoracic or abdominal aortic aneurysm, necessitating surgical intervention to prevent rupture and associated complications.

Description: The patient was positioned comfortably, and general anesthesia was administered. A midline incision was made to access the aorta. The aneurysmal segment was carefully excised, and a synthetic graft was used to replace the diseased portion. The graft was secured with sutures, and the surgical site was closed in layers.

Findings: Aortic aneurysm consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was monitored closely in the intensive care unit, received appropriate postoperative care, and scheduled for regular follow-up appointments to assess graft patency and manage long-term cardiovascular health.

Operative Note 17:

Procedure: Other Specified Necrotizing Vasculopathies Digital Sympathectomy

Indication: The patient with other specified necrotizing vasculopathies presents with severe digital ischemia and non-healing ulcers, necessitating digital sympathectomy to improve blood flow, relieve symptoms, and promote wound healing.

Description: The patient was positioned comfortably, and regional anesthesia was administered. A small incision was made over the affected digit, and the digital sympathetic nerves were identified and selectively divided. Hemostasis was achieved, and the incision was closed.

Findings: Digital ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative wound care, received appropriate pain management, and scheduled for follow-up appointments to assess wound healing, monitor symptom improvement, and provide further guidance on digital care.

Operative Note 18:

Procedure: Other Specified Necrotizing Vasculopathies Skin Grafting

Indication: The patient with other specified necrotizing vasculopathies presents with large non-healing skin ulcers, necessitating surgical intervention with skin grafting to promote wound closure and healing.

Description: The patient was positioned comfortably, and general or local anesthesia was administered. The non-healing ulcer site was prepared, and appropriate debridement was performed to remove necrotic tissue. A skin graft harvested from a donor site was secured over the wound bed, and dressings were applied.

Findings: Non-healing skin ulcers consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was instructed on postoperative wound care, received appropriate pain management, and scheduled for follow-up appointments to monitor graft take, wound healing, and provide further guidance on wound management.

Operative Note 19:

Procedure: Other Specified Necrotizing Vasculopathies Angiography and Endovascular Intervention

Indication: The patient with other specified necrotizing vasculopathies presents with suspected vascular occlusion or stenosis, requiring diagnostic angiography and potential endovascular intervention.

Description: The patient was positioned comfortably, and local or general anesthesia was administered. Vascular access was obtained, and angiography was performed to visualize the affected vessels. Based on the findings, endovascular interventions such as angioplasty or stent placement were performed to restore blood flow and alleviate vascular compromise.

Findings: Vascular occlusion or stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was monitored closely post-procedure, received appropriate post-procedural care, and scheduled for regular follow-up appointments to assess vascular patency and optimize long-term management.

Operative Note 20:

Procedure: Other Specified Necrotizing Vasculopathies Lung Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with pulmonary involvement, requiring a lung biopsy for diagnostic confirmation and assessment of disease extent.

Description: The patient was positioned comfortably, and general anesthesia was administered. A thoracotomy or video-assisted thoracoscopic surgery (VATS) approach was used to access the lung. Multiple tissue samples were obtained from the involved areas, and hemostasis was achieved. The surgical site was closed in layers.

Findings: Lung biopsy consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including pain management, respiratory exercises, and scheduled follow-up appointments for biopsy results and further management planning.

Operative Note 21:

Procedure: Other Specified Necrotizing Vasculopathies Femoral Artery Bypass Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with severe peripheral artery disease and femoral artery occlusion, necessitating surgical intervention to restore blood flow and prevent limb loss.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage according to the patient's body weight and medical history. A femoral artery bypass graft was selected, and the surgical team performed the bypass procedure, creating graft-to-vessel anastomoses. The surgical site was closed in layers.

Findings: Femoral artery occlusion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including wound management, ambulation training, adherence to prescribed medications, and scheduled follow-up appointments to monitor graft patency and limb healing.

Operative Note 22:

Procedure: Other Specified Necrotizing Vasculopathies Mesenteric Angiography and Embolization

Indication: The patient with other specified necrotizing vasculopathies presents with acute mesenteric ischemia, necessitating diagnostic angiography and potential embolization procedure to address the underlying vascular abnormalities.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control and patient comfort. Vascular access was obtained, and angiography was performed to assess the mesenteric vessels. Based on the findings, embolization was performed using appropriate embolic agents to occlude the abnormal vessels and restore blood flow.

Findings: Mesenteric ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was monitored closely post-procedure, received appropriate post-procedural care, and scheduled for regular follow-up appointments to assess mesenteric blood flow, manage symptoms, and provide further guidance on diet and lifestyle modifications.

Operative Note 23:

Procedure: Other Specified Necrotizing Vasculopathies Thoracic Outlet Decompression Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with thoracic outlet syndrome and vascular compression, necessitating surgical decompression to relieve symptoms and restore blood flow.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage based on the patient's medical condition and pain threshold. A supraclavicular or transaxillary approach was used, and meticulous dissection was performed to identify and release the compressive structures. The surgical site was closed in layers.

Findings: Vascular compression consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was instructed on postoperative care, including pain management, physical therapy, and follow-up appointments to assess symptom improvement and provide further guidance on activity modification.

Operative Note 24:

Procedure: Other Specified Necrotizing Vasculopathies Limb Amputation

Indication: The patient with other specified necrotizing vasculopathies presents with severe limb ischemia, tissue necrosis, and intractable pain, necessitating limb amputation to alleviate suffering and prevent life-threatening complications.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A tourniquet was applied proximal to the amputation site, and a circular incision was made through the appropriate tissue planes. The amputation was performed at the desired level, and hemostasis was achieved. The surgical site was closed, and appropriate dressing was applied.

Findings: Severe limb ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-amputation, received appropriate pain management, and was provided with psychological support. Rehabilitation and prosthetic fitting were initiated, and scheduled follow-up appointments were arranged for wound healing assessment and prosthetic adjustment.

Operative Note 25:

Procedure: Other Specified Necrotizing Vasculopathies Subcutaneous Nerve Decompression Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with peripheral nerve entrapment and neuropathic pain, necessitating surgical decompression to relieve symptoms and improve neurologic function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage according to the patient's medical condition and pain threshold. A small incision was made over the affected nerve, and meticulous dissection was performed to identify the entrapped nerve. The compressive structures were released, and the surgical site was closed in layers.

Findings: Peripheral nerve entrapment consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including wound management, pain control, and scheduled follow-up appointments to assess neurologic improvement and provide further guidance on rehabilitation exercises.

Operative Note 26:

Procedure: Other Specified Necrotizing Vasculopathies Skin Debridement and Grafting

Indication: The patient with other specified necrotizing vasculopathies presents with extensive cutaneous involvement and non-healing wounds, necessitating surgical debridement and grafting to promote wound healing.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. The affected skin areas were meticulously debrided, removing necrotic tissue and preparing a clean wound bed. A split-thickness skin graft harvested from a donor site was secured over the wound bed, and dressings were applied.

Findings: Non-healing skin wounds consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was instructed on postoperative wound care, received appropriate pain management, and scheduled for follow-up appointments to monitor graft take, wound healing, and provide further guidance on wound management.

Operative Note 27:

Procedure: Other Specified Necrotizing Vasculopathies Pulmonary Artery Thrombectomy

Indication: The patient with other specified necrotizing vasculopathies presents with acute pulmonary artery embolism, necessitating surgical thrombectomy to remove the obstructing clot and restore pulmonary blood flow.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A median sternotomy or thoracotomy approach was used to access the pulmonary artery. Thrombectomy was performed using appropriate techniques to extract the clot, and the surgical site was closed in layers.

Findings: Pulmonary artery embolism consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-thrombectomy, received appropriate postoperative care, including anticoagulation therapy, and scheduled for regular follow-up appointments to assess pulmonary blood flow, manage symptoms, and optimize long-term management.

Operative Note 28:

Procedure: Other Specified Necrotizing Vasculopathies Renal Artery Angioplasty and Stenting

Indication: The patient with other specified necrotizing vasculopathies presents with renal artery stenosis, causing renal dysfunction and hypertension, necessitating renal artery intervention to restore blood flow and improve renal function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage according to the patient's medical condition and pain threshold. Vascular access was obtained, and renal artery angiography was performed to assess the degree of stenosis. Subsequently, angioplasty was performed to dilate the narrowed artery, and a stent was placed to maintain vessel patency. Hemostasis was achieved, and the access site was closed.

Findings: Renal artery stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was monitored closely post-procedure, received appropriate post-procedural care, and scheduled for regular follow-up appointments to assess renal function, blood pressure control, and optimize long-term management.

Operative Note 29:

Procedure: Other Specified Necrotizing Vasculopathies Carotid Endarterectomy

Indication: The patient with other specified necrotizing vasculopathies presents with carotid artery stenosis, necessitating surgical intervention to prevent stroke and improve cerebral blood flow.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A standard carotid endarterectomy approach was employed. The carotid artery was carefully dissected, clamped, and an arteriotomy was performed. The plaque was carefully removed, and the arterial wall was repaired. The surgical site was closed in layers.

Findings: Carotid artery stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including close monitoring of neurologic status, adherence to prescribed medications, and scheduled follow-up appointments to assess cerebral blood flow, manage risk factors, and optimize long-term management.

Operative Note 30:

Procedure: Other Specified Necrotizing Vasculopathies Coronary Artery Bypass Graft Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with severe coronary artery disease, necessitating surgical intervention to restore coronary blood flow and alleviate angina symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A median sternotomy was performed, and the heart-lung bypass machine was initiated. The appropriate arterial and venous grafts were harvested, and coronary artery bypass grafts were created to bypass the occluded or stenosed coronary arteries. Hemostasis was achieved, and the surgical site was closed in layers.

Findings: Coronary artery disease consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored in the intensive care unit, received appropriate postoperative care, and scheduled for regular follow-up appointments to assess graft patency, manage risk factors, and optimize long-term cardiac health.

Operative Note 31:

Procedure: Other Specified Necrotizing Vasculopathies Wrist Arthrodesis

Indication: The patient with other specified necrotizing vasculopathies presents with advanced wrist joint destruction and persistent pain, necessitating wrist arthrodesis to achieve pain relief and restore stability.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the wrist joint, and meticulous debridement was performed to remove necrotic and eroded bone fragments. The joint surfaces were prepared, and the wrist was fixed in a desired position using screws, plates, or external fixation devices. The surgical site was closed in layers.

Findings: Severe wrist joint destruction with bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including immobilization, wound care, and scheduled follow-up appointments for assessment of fusion and functional rehabilitation.

Operative Note 32:

Procedure: Other Specified Necrotizing Vasculopathies Spinal Fusion

Indication: The patient with other specified necrotizing vasculopathies presents with spinal instability and vertebral bone erosion, necessitating spinal fusion to provide stability, alleviate pain, and prevent neurologic compromise.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A posterior approach was employed, and the eroded vertebrae were exposed. The diseased intervertebral discs and eroded bone were removed, and bone grafts or spinal implants were placed to facilitate fusion and stabilization. The surgical site was closed in layers.

Findings: Vertebral bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-fusion, received appropriate pain management, and scheduled for regular follow-up appointments to assess fusion progress, manage symptoms, and provide further guidance on rehabilitation exercises.

Operative Note 33:

Procedure: Other Specified Necrotizing Vasculopathies Hip Arthroplasty

Indication: The patient with other specified necrotizing vasculopathies presents with advanced hip joint destruction, bone erosion, and functional impairment, necessitating total hip arthroplasty to alleviate pain and restore joint function.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An incision was made over the hip joint, and the femoral head and acetabulum were exposed. The eroded bone and damaged cartilage were removed, and prosthetic components were implanted to reconstruct the joint. The surgical site was closed in layers.

Findings: Severe hip joint destruction with bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including weight-bearing status, physical therapy, and scheduled follow-up appointments for assessment of joint function, implant stability, and postoperative rehabilitation.

Operative Note 34:

Procedure: Other Specified Necrotizing Vasculopathies Temporomandibular Joint (TMJ) Reconstruction

Indication: The patient with other specified necrotizing vasculopathies presents with severe TMJ destruction, bone erosion, and debilitating pain, necessitating TMJ reconstruction to improve jaw function and alleviate symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An incision was made in the preauricular region, and access to the TMJ was obtained. The eroded bone and damaged disc were removed, and a custom-made TMJ prosthesis or autogenous grafts were implanted to reconstruct the joint. The surgical site was closed in layers.

Findings: TMJ destruction with bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-reconstruction, received appropriate pain management, and scheduled for regular follow-up appointments to assess TMJ function, manage symptoms, and provide further guidance on oral rehabilitation exercises.

Operative Note 35:

Procedure: Other Specified Necrotizing Vasculopathies Foot and Ankle Arthrodesis

Indication: The patient with other specified necrotizing vasculopathies presents with severe joint destruction, bone erosion, and instability in the foot and ankle, necessitating arthrodesis to provide pain relief and improve function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the affected joints, and meticulous debridement was performed to remove necrotic and eroded bone fragments. The joint surfaces were prepared, and the foot and ankle were fixed in the desired position using screws, plates, or external fixation devices. The surgical site was closed in layers.

Findings: Severe foot and ankle joint destruction with bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including immobilization, wound care, and scheduled follow-up appointments for assessment of fusion and functional rehabilitation.

Operative Note 36:

Procedure: Other Specified Necrotizing Vasculopathies Shoulder Arthroplasty

Indication: The patient with other specified necrotizing vasculopathies presents with advanced shoulder joint destruction, bone erosion, and functional limitation, necessitating total shoulder arthroplasty to alleviate pain and improve joint function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage according to the patient's medical condition and pain threshold. An incision was made over the shoulder joint, and the eroded humeral head and glenoid were exposed. The damaged bone and cartilage were removed, and prosthetic components were implanted to reconstruct the joint. The surgical site was closed in layers.

Findings: Severe shoulder joint destruction with bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-arthroplasty, received appropriate pain management, and scheduled for regular follow-up appointments to assess joint function, implant stability, and postoperative rehabilitation.

Operative Note 37:

Procedure: Other Specified Necrotizing Vasculopathies Elbow Arthroscopy with Debridement

Indication: The patient with other specified necrotizing vasculopathies presents with persistent elbow pain, limited range of motion, and suspected joint erosion, necessitating diagnostic arthroscopy and debridement to alleviate symptoms and remove diseased tissue.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. Arthroscopic portals were established, and the elbow joint was visualized. The joint space was thoroughly examined, and any loose bodies, inflamed synovium, or eroded bone fragments were carefully removed. The joint was irrigated, and the portals were closed.

Findings: Elbow joint inflammation and suspected bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including elbow immobilization, physical therapy, and scheduled follow-up appointments for assessment of joint healing and functional rehabilitation.

Operative Note 38:

Procedure: Other Specified Necrotizing Vasculopathies Knee Osteotomy

Indication: The patient with other specified necrotizing vasculopathies presents with severe knee joint deformity, malalignment, and bone erosion, necessitating osteotomy to correct the alignment, redistribute forces, and relieve pain.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the knee joint, and the eroded bone surfaces were exposed. The appropriate osteotomy technique was performed to realign the joint, and the bone fragments were stabilized using plates, screws, or external fixation devices. The surgical site was closed in layers.

Findings: Severe knee joint deformity with bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including weight-bearing status, physical therapy, and scheduled follow-up appointments for assessment of joint alignment, functional recovery, and postoperative rehabilitation.

Operative Note 39:

Procedure: Other Specified Necrotizing Vasculopathies Rib Resection

Indication: The patient with other specified necrotizing vasculopathies presents with rib erosion and adjacent soft tissue involvement, necessitating rib resection to relieve pain, prevent complications, and facilitate healing.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the affected rib, and the eroded bone was exposed. Careful dissection was performed to preserve surrounding structures, and the affected rib segment was resected. Hemostasis was achieved, and the surgical site was closed.

Findings: Rib erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-resection, received appropriate pain management, and scheduled for regular follow-up appointments to assess healing, manage symptoms, and provide further guidance on respiratory exercises.

Operative Note 40:

Procedure: Other Specified Necrotizing Vasculopathies Maxillary Sinus Bone Graft

Indication: The patient with other specified necrotizing vasculopathies presents with maxillary bone erosion and compromised sinus structure, necessitating bone grafting to restore bone volume, provide support, and optimize future dental implant placement.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An intraoral or external approach was employed to gain access to the maxillary sinus. The eroded bone was carefully debrided, and autogenous or alloplastic bone graft materials were placed to reconstruct the bone defect. The surgical site was closed in layers.

Findings: Maxillary bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including sinus precautions, oral hygiene instructions, and scheduled follow-up appointments for assessment of graft integration, sinus healing, and future treatment planning.

Operative Note 41:

Procedure: Other Specified Necrotizing Vasculopathies Hip Resurfacing

Indication: The patient with other specified necrotizing vasculopathies presents with severe hip joint pain, limited mobility, and bone erosion, necessitating hip resurfacing to alleviate symptoms and improve joint function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the hip joint, and the eroded femoral head was prepared. A metal prosthesis with a femoral cap was implanted to resurface the joint and provide pain relief. The surgical site was closed in layers.

Findings: Severe hip joint pain and bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including weight-bearing restrictions, physical therapy, and scheduled follow-up appointments for assessment of joint function and postoperative rehabilitation.

Operative Note 42:

Procedure: Other Specified Necrotizing Vasculopathies Lumbar Decompression and Fusion

Indication: The patient with other specified necrotizing vasculopathies presents with severe lower back pain, radiculopathy, and vertebral bone erosion, necessitating lumbar decompression and fusion to alleviate symptoms and provide spinal stability.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A posterior approach was employed, and the affected vertebral levels were exposed. The compressed nerves were decompressed, and the eroded disc and vertebral bone were removed. Bone grafts or spinal implants were placed to facilitate fusion and stabilization. The surgical site was closed in layers.

Findings: Vertebral bone erosion and severe lower back pain consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-decompression and fusion, received appropriate pain management, and scheduled for regular follow-up appointments to assess fusion progress, manage symptoms, and provide further guidance on postoperative rehabilitation.

Operative Note 43:

Procedure: Other Specified Necrotizing Vasculopathies Shoulder Resection Arthroplasty

Indication: The patient with other specified necrotizing vasculopathies presents with severe shoulder pain, limited range of motion, and bone erosion, necessitating shoulder resection arthroplasty to alleviate symptoms and improve joint function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the shoulder joint, and the eroded humeral head and glenoid were exposed. The damaged bone and cartilage were resected, and a humeral or glenoid prosthesis was implanted to reconstruct the joint. The surgical site was closed in layers.

Findings: Severe shoulder pain and bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-resection arthroplasty, received appropriate pain management, and scheduled for regular follow-up appointments to assess joint function, implant stability, and postoperative rehabilitation.

Operative Note 44:

Procedure: Other Specified Necrotizing Vasculopathies Wrist Joint Denervation

Indication: The patient with other specified necrotizing vasculopathies presents with severe wrist pain unresponsive to conservative management, necessitating wrist joint denervation to relieve pain and improve function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the wrist joint, and the nerves responsible for transmitting pain signals were identified and carefully denervated. The surgical site was closed in layers.

Findings: Severe wrist pain consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including immobilization, pain management, and scheduled follow-up appointments for assessment of pain relief and functional recovery.

Operative Note 45:

Procedure: Other Specified Necrotizing Vasculopathies Spinal Cord Stimulator Implantation

Indication: The patient with other specified necrotizing vasculopathies presents with severe and refractory bone pain, necessitating spinal cord stimulator implantation to modulate pain signals and improve quality of life.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A minimally invasive technique was used to implant the spinal cord stimulator electrodes near the affected spinal nerves. The stimulator device was connected, and its settings were adjusted to provide optimal pain relief. The incisions were closed.

Findings: Severe and refractory bone pain consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-implantation, received appropriate pain management, and scheduled for regular follow-up appointments to optimize the stimulator settings, assess pain relief, and provide further guidance on device management.

Operative Note 46:

Procedure: Other Specified Necrotizing Vasculopathies Radiofrequency Ablation of Bone Lesions

Indication: The patient with other specified necrotizing vasculopathies presents with severe bone pain due to localized bone lesions, necessitating radiofrequency ablation to alleviate pain and improve quality of life.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. Under image guidance, radiofrequency probes were inserted into the targeted bone lesions. The radiofrequency energy was applied to heat and ablate the abnormal tissue, reducing pain signals. The probes were removed, and the skin incisions were closed.

Findings: Severe bone pain due to localized bone lesions consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-ablation, received appropriate pain management, and scheduled for regular follow-up appointments to assess pain relief and provide further guidance on symptom management.

Operative Note 47:

Procedure: Other Specified Necrotizing Vasculopathies Knee Joint Injection

Indication: The patient with other specified necrotizing vasculopathies presents with severe knee pain and inflammation, necessitating knee joint injection to provide temporary pain relief and assess the therapeutic response.

Description: The patient was positioned comfortably, and local anesthesia was administered with adjusted dosage to ensure optimal pain control. A needle was inserted into the affected knee joint under image guidance, and a corticosteroid medication combined with a local anesthetic was injected into the joint space. The needle was removed, and the injection site was dressed.

Findings: Severe knee pain and inflammation consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on post-injection care, including activity modification, pain management, and scheduled follow-up appointments to assess the therapeutic response and provide further guidance on pain management strategies.

Operative Note 48:

Procedure: Other Specified Necrotizing Vasculopathies Sacroiliac Joint Fusion

Indication: The patient with other specified necrotizing vasculopathies presents with severe sacroiliac joint pain, dysfunction, and bone erosion, necessitating sacroiliac joint fusion to alleviate pain and improve stability.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the affected sacroiliac joint, and the eroded surfaces were exposed. Bone graft material was placed across the joint, and screws or rods were inserted to stabilize the joint. The surgical site was closed in layers.

Findings: Severe sacroiliac joint pain and bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including weight-bearing restrictions, physical therapy, and scheduled follow-up appointments to assess fusion progress, pain relief, and postoperative rehabilitation.

Operative Note 49:

Procedure: Other Specified Necrotizing Vasculopathies Elbow Joint Arthroscopy

Indication: The patient with other specified necrotizing vasculopathies presents with severe elbow pain, limited range of motion, and bone erosion, necessitating elbow joint arthroscopy for diagnostic and therapeutic purposes.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. Small incisions were made around the elbow joint, and arthroscopic instruments were inserted to visualize the joint. The eroded bone, loose bodies, or inflamed tissue were addressed using appropriate techniques, including debridement, synovectomy, or osteophyte removal. The joint was irrigated, and the incisions were closed.

Findings: Severe elbow pain and bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including immobilization, pain management, and scheduled follow-up appointments to assess pain relief, joint function, and postoperative rehabilitation.

Operative Note 50:

Procedure: Other Specified Necrotizing Vasculopathies Foot and Ankle Joint Fusion

Indication: The patient with other specified necrotizing vasculopathies presents with severe foot and ankle joint pain, instability, and bone erosion, necessitating joint fusion to alleviate pain, restore stability, and improve function.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the affected joints, and the eroded bone surfaces were prepared. Bone grafts or fusion devices were placed to fuse the joints and provide stability. The surgical site was closed in layers.

Findings: Severe foot and ankle joint pain and bone erosion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including weight-bearing restrictions, immobilization, pain management, and scheduled follow-up appointments to assess fusion progress, pain relief, and postoperative rehabilitation.

Operative Note 51:

Procedure: Other Specified Necrotizing Vasculopathies Thoracic Aortic Repair

Indication: The patient with other specified necrotizing vasculopathies presents with a thoracic aortic aneurysm and impending rupture, necessitating urgent surgical intervention to repair the aorta and prevent catastrophic complications.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A thoracotomy incision was made, and the diseased segment of the thoracic aorta was identified. A synthetic graft was used to replace the affected aortic segment, and the graft was sutured in place. Hemostasis was achieved, and the incision was closed in layers.

Findings: Thoracic aortic aneurysm consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-aortic repair, received appropriate pain management, and scheduled for regular follow-up appointments to assess graft function and postoperative recovery.

Operative Note 52:

Procedure: Other Specified Necrotizing Vasculopathies Renal Artery Angioplasty and Stenting

Indication: The patient with other specified necrotizing vasculopathies presents with renal artery stenosis and uncontrolled hypertension, necessitating renal artery angioplasty and stenting to restore blood flow and manage blood pressure.

Description: The patient was positioned comfortably, and local anesthesia was administered with adjusted dosage to ensure optimal pain control. Access to the renal artery was obtained through a percutaneous approach. A balloon catheter was advanced to the site of stenosis and inflated to dilate the narrowed artery. Subsequently, a stent was deployed to maintain vessel patency. The catheter was removed, and hemostasis was achieved.

Findings: Renal artery stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on post-procedure care, including blood pressure monitoring, medication management, and scheduled follow-up appointments to assess renal function and long-term outcomes.

Operative Note 53:

Procedure: Other Specified Necrotizing Vasculopathies Mesenteric Artery Bypass Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with chronic mesenteric ischemia and intestinal angina, necessitating surgical intervention in the form of mesenteric artery bypass to restore blood flow to the intestines and alleviate symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An abdominal incision was made, and the affected mesenteric artery was exposed. A bypass graft was harvested, and anastomoses were performed to bypass the diseased segment of the artery. Adequate blood flow was confirmed, and the incision was closed in layers.

Findings: Chronic mesenteric ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-bypass surgery, received appropriate pain management, and scheduled for regular follow-up appointments to assess intestinal perfusion and postoperative recovery.

Operative Note 54:

Procedure: Other Specified Necrotizing Vasculopathies Carotid Endarterectomy

Indication: The patient with other specified necrotizing vasculopathies presents with symptomatic carotid artery stenosis, necessitating carotid endarterectomy to remove the plaque and restore blood flow to the brain.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the affected carotid artery, and the artery was carefully dissected. The plaque was removed, and the artery was repaired using appropriate techniques. Blood flow was restored, and the incision was closed.

Findings: Carotid artery stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including monitoring for signs of stroke, medication management, and scheduled follow-up appointments for assessment of vascular patency and postoperative recovery.

Operative Note 55:

Procedure: Other Specified Necrotizing Vasculopathies Femoropopliteal Bypass Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with severe peripheral arterial disease and ischemic symptoms in the lower extremity, necessitating surgical intervention in the form of femoropopliteal bypass to restore blood flow and improve limb perfusion.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An incision was made over the affected femoral artery, and a bypass graft was anastomosed proximally and distally to the artery, bypassing the diseased segment. Adequate blood flow was confirmed, and the incision was closed.

Findings: Severe peripheral arterial disease consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-bypass surgery, received appropriate pain management, and scheduled for regular follow-up appointments to assess limb perfusion and postoperative recovery.

Operative Note 56:

Procedure: Other Specified Necrotizing Vasculopathies Percutaneous Transluminal Angioplasty

Indication: The patient with other specified necrotizing vasculopathies presents with symptomatic arterial stenosis in the lower extremity, necessitating percutaneous transluminal angioplasty to restore blood flow and alleviate symptoms.

Description: The patient was positioned comfortably, and local anesthesia was administered with adjusted dosage to ensure optimal pain control. Access to the affected artery was obtained percutaneously, and a balloon catheter was advanced to the site of stenosis. The balloon was inflated to dilate the narrowed artery and restore blood flow. Subsequently, the balloon was deflated and removed, and hemostasis was achieved.

Findings: Symptomatic arterial stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on post-procedure care, including activity modification, medication management, and scheduled follow-up appointments to assess vascular patency and symptom improvement.

Operative Note 57:

Procedure: Other Specified Necrotizing Vasculopathies Popliteal Artery Embolectomy

Indication: The patient with other specified necrotizing vasculopathies presents with acute popliteal artery embolism and limb-threatening ischemia, necessitating emergent surgical intervention to remove the embolus and restore blood flow.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An incision was made over the affected popliteal artery, and the artery was exposed. Thromboembolectomy was performed to remove the obstructing embolus. The artery was flushed, and patency was confirmed. The incision was closed in layers.

Findings: Acute popliteal artery embolism consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-embolectomy, received appropriate pain management, and scheduled for regular follow-up appointments to assess limb perfusion and postoperative recovery.

Operative Note 58:

Procedure: Other Specified Necrotizing Vasculopathies Endovascular Aneurysm Repair

Indication: The patient with other specified necrotizing vasculopathies presents with an abdominal aortic aneurysm, necessitating endovascular aneurysm repair to prevent rupture and potential complications.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. Access to the femoral arteries was obtained percutaneously, and guidewires and catheters were advanced to the site of the aneurysm. An endovascular graft was deployed within the aorta to exclude the aneurysm and restore blood flow. The devices were positioned, and angiography confirmed proper placement and exclusion of the aneurysm. The access sites were closed.

Findings: Abdominal aortic aneurysm consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-endovascular repair, received appropriate pain management, and scheduled for regular follow-up appointments to assess graft integrity and postoperative recovery.

Operative Note 59:

Procedure: Other Specified Necrotizing Vasculopathies Limb Amputation

Indication: The patient with other specified necrotizing vasculopathies presents with severe limb ischemia, gangrene, and non-viable tissue, necessitating surgical intervention in the form of limb amputation to prevent systemic infection and preserve overall patient well-being.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An appropriate level of amputation was determined based on the extent of non-viable tissue. Soft tissue and bone were dissected and transected, ensuring adequate hemostasis. The remaining limb was shaped for optimal prosthetic fit, and the wound was closed.

Findings: Severe limb ischemia and non-viable tissue consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-amputation, received appropriate pain management, and scheduled for regular follow-up appointments for wound care, prosthetic fitting, and postoperative rehabilitation.

Operative Note 60:

Procedure: Other Specified Necrotizing Vasculopathies Vascular Bypass Graft Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with severe arterial stenosis and compromised blood flow, necessitating surgical intervention in the form of vascular bypass graft surgery to restore blood flow and improve tissue perfusion.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An appropriate incision was made over the affected artery, and the artery was exposed. A bypass graft was harvested, and anastomoses were performed to bypass the stenosed segment of the artery. Adequate blood flow was confirmed, and the incision was closed in layers.

Findings: Severe arterial stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-bypass surgery, received appropriate pain management, and scheduled for regular follow-up appointments to assess graft patency and postoperative recovery.

Operative Note 61:

Procedure: Other Specified Necrotizing Vasculopathies Aortoiliac Endarterectomy

Indication: The patient with other specified necrotizing vasculopathies presents with significant stenosis and occlusion of the aortoiliac vessels, leading to compromised blood flow to the lower extremities. Surgical intervention in the form of aortoiliac endarterectomy is necessary to restore blood flow and prevent limb ischemia.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A midline abdominal incision was made, and the aortoiliac vessels were exposed. Thromboendarterectomy was performed to remove the plaque and thrombus causing vessel obstruction. The vessels were carefully repaired, and blood flow was restored. The incision was closed in layers.

Findings: Aortoiliac stenosis and occlusion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-endarterectomy, received appropriate pain management, and scheduled for regular follow-up appointments to assess limb perfusion and postoperative recovery.

Operative Note 62:

Procedure: Other Specified Necrotizing Vasculopathies Digital Sympathectomy

Indication: The patient with other specified necrotizing vasculopathies presents with severe digital ischemia and non-healing ulcers, necessitating surgical intervention in the form of digital sympathectomy to improve blood flow and promote wound healing.

Description: The patient was positioned comfortably, and regional anesthesia was administered with adjusted dosage to ensure optimal pain control. An appropriate incision was made over the affected digit, and the digital sympathetic nerves were identified and selectively divided. Hemostasis was achieved, and the incision was closed.

Findings: Severe digital ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-sympathectomy, received appropriate wound care, and scheduled for regular follow-up appointments to assess digital perfusion and wound healing progress.

Operative Note 63:

Procedure: Other Specified Necrotizing Vasculopathies Pulmonary Artery Thrombectomy

Indication: The patient with other specified necrotizing vasculopathies presents with acute pulmonary artery embolism and hemodynamic instability, necessitating urgent surgical intervention to remove the embolus and restore pulmonary blood flow.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. A median sternotomy incision was made, and the pulmonary artery was exposed. Thrombectomy was performed to remove the obstructing embolus, ensuring restoration of blood flow. Hemostasis was achieved, and the incision was closed in layers.

Findings: Acute pulmonary artery embolism consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-thrombectomy, received appropriate respiratory support, and scheduled for regular follow-up appointments to assess pulmonary function and postoperative recovery.

Operative Note 64:

Procedure: Other Specified Necrotizing Vasculopathies Temporal Artery Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with clinical suspicion of temporal arteritis, necessitating a temporal artery biopsy to confirm the diagnosis.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. An incision was made over the superficial temporal artery, and a segment of the artery was excised for biopsy. Hemostasis was achieved, and the incision was closed.

Findings: Suspicion of temporal arteritis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on postoperative care, including wound care, monitoring for signs of infection, and scheduled follow-up appointments for biopsy results and further management.

Operative Note 65:

Procedure: Other Specified Necrotizing Vasculopathies Mesenteric Artery Revascularization

Indication: The patient with other specified necrotizing vasculopathies presents with chronic mesenteric ischemia, necessitating surgical intervention in the form of mesenteric artery revascularization to restore blood flow and alleviate symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An appropriate incision was made, and the mesenteric arteries were exposed. Endarterectomy and patch angioplasty were performed to remove the plaque and improve vessel patency. Adequate blood flow was confirmed, and the incision was closed in layers.

Findings: Chronic mesenteric ischemia consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-revascularization, received appropriate pain management, and scheduled for regular follow-up appointments to assess mesenteric perfusion and postoperative recovery.

Operative Note 66:

Procedure: Other Specified Necrotizing Vasculopathies Renal Artery Angioplasty

Indication: The patient with other specified necrotizing vasculopathies presents with significant renal artery stenosis and hypertension, necessitating percutaneous transluminal angioplasty to restore blood flow and improve renal function.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. Access to the renal artery was obtained percutaneously, and a balloon catheter was advanced to the site of stenosis. The balloon was inflated to dilate the narrowed artery, improving blood flow. Subsequently, the balloon was deflated and removed, and hemostasis was achieved.

Findings: Renal artery stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was advised on post-procedure care, including medication management, blood pressure monitoring, and scheduled follow-up appointments to assess renal function and post-procedure recovery.

Operative Note 67:

Procedure: Other Specified Necrotizing Vasculopathies Axillofemoral Bypass Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with severe aortoiliac disease and compromised blood flow to the lower extremities, necessitating surgical intervention in the form of axillofemoral bypass to restore blood flow and improve limb perfusion.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. Appropriate incisions were made, and the axillary and femoral vessels were exposed. A bypass graft was anastomosed proximally and distally to the vessels, bypassing the diseased segment. Adequate blood flow was confirmed, and the incisions were closed in layers.

Findings: Aortoiliac disease consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-bypass surgery, received appropriate pain management, and scheduled for regular follow-up appointments to assess limb perfusion and postoperative recovery.

Operative Note 68:

Procedure: Other Specified Necrotizing Vasculopathies Fasciotomy

Indication: The patient with other specified necrotizing vasculopathies presents with acute compartment syndrome due to compromised blood flow, necessitating surgical intervention in the form of fasciotomy to relieve pressure and prevent further tissue damage.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. Incisions were made over the affected compartments, and fascia was released to relieve pressure. Hemostasis was achieved, and the incisions were left open.

Findings: Acute compartment syndrome consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-fasciotomy, received appropriate wound care, and scheduled for regular follow-up appointments to assess compartment pressures and postoperative recovery.

Operative Note 69:

Procedure: Other Specified Necrotizing Vasculopathies Skin Grafting

Indication: The patient with other specified necrotizing vasculopathies presents with extensive skin necrosis and non-healing wounds, necessitating surgical intervention in the form of skin grafting to promote wound healing and prevent infection.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. Non-viable tissue was debrided, and the wounds were prepared for grafting. Split-thickness or full-thickness skin grafts were harvested from suitable donor sites and carefully applied to the wound bed. Dressings were applied, and appropriate immobilization was provided.

Findings: Extensive skin necrosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-skin grafting, received appropriate wound care, and scheduled for regular follow-up appointments to assess graft viability and postoperative recovery.

Operative Note 70:

Procedure: Other Specified Necrotizing Vasculopathies Hemodialysis Access Creation

Indication: The patient with other specified necrotizing vasculopathies presents with end-stage renal disease and requires hemodialysis for renal replacement therapy. Surgical intervention is necessary for the creation of a reliable vascular access for hemodialysis.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. An appropriate site for access creation, such as arteriovenous fistula or graft, was identified. The procedure involved connecting an artery and vein or placing a synthetic graft to create a functional access for hemodialysis. Hemostasis was achieved, and the incisions were closed.

Findings: End-stage renal disease consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-access creation, received appropriate wound care, and scheduled for regular follow-up appointments to assess access function and postoperative recovery.

Operative Note 71:

Procedure: Other Specified Necrotizing Vasculopathies Joint Debridement and Irrigation

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection involving the extreme moving joint, necessitating surgical intervention in the form of joint debridement and irrigation to control the infection and prevent further joint damage.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. An incision was made over the affected joint, and thorough debridement of infected tissues was performed. Copious irrigation with antibiotic solution was done to remove debris and reduce bacterial load. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-debridement and irrigation, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control and joint function.

Operative Note 72:

Procedure: Other Specified Necrotizing Vasculopathies Joint Arthroscopy with Debridement

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, necessitating surgical intervention in the form of joint arthroscopy with debridement to visualize and treat the infected joint.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. A small incision was made, and an arthroscope was inserted into the joint. The joint space was visualized, and infected tissues, debris, and necrotic material were carefully debrided. Copious irrigation with antibiotic solution was performed. Hemostasis was achieved, and the incision was closed.

Findings: Severe joint infection involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-arthroscopy with debridement, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control and joint function.

Operative Note 73:

Procedure: Other Specified Necrotizing Vasculopathies Joint Exploratory Surgery

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, necessitating surgical intervention in the form of joint exploratory surgery to identify the source and extent of infection.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. An incision was made over the affected joint, and careful exploration was performed to identify the source of infection. Infected tissues, abscesses, and necrotic material were debrided, and samples were obtained for culture and sensitivity testing. Copious irrigation with antibiotic solution was done. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-exploratory surgery, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control and joint function.

Operative Note 74:

Procedure: Other Specified Necrotizing Vasculopathies Joint Arthroplasty with Debridement

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, leading to joint destruction, necessitating surgical intervention in the form of joint arthroplasty with debridement to control the infection and restore joint function.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An appropriate incision was made, and the joint was exposed. Infected and necrotic tissues were debrided, and thorough irrigation with antibiotic solution was performed. A joint prosthesis was carefully implanted, ensuring stability and proper alignment. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection and joint destruction involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-arthroplasty with debridement, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control, joint function, and rehabilitation.

Operative Note 75:

Procedure: Other Specified Necrotizing Vasculopathies Joint Drainage

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, causing joint effusion and limited range of motion, necessitating surgical intervention in the form of joint drainage to relieve symptoms and control the infection.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. A sterile field was established, and an appropriate incision was made over the affected joint. The joint was carefully explored, and infected fluid was drained using aseptic techniques. Copious irrigation with antibiotic solution was performed. A drain was inserted to facilitate further drainage. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection with effusion involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-joint drainage, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control, joint function, and drain removal.

Operative Note 76:

Procedure: Other Specified Necrotizing Vasculopathies Joint Resection and Stabilization

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, causing extensive joint destruction and instability, necessitating surgical intervention in the form of joint resection and stabilization to control the infection and restore joint stability.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An appropriate incision was made, and the joint was exposed. Extensive infected and necrotic tissues were resected, and thorough irrigation with antibiotic solution was performed. The joint was stabilized using internal fixation devices, such as screws, plates, or external fixation. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection, extensive joint destruction, and joint instability involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-joint resection and stabilization, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control, joint stability, and rehabilitation.

Operative Note 77:

Procedure: Other Specified Necrotizing Vasculopathies Joint Amputation

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, causing irreversible damage and non-salvageable joint function, necessitating surgical intervention in the form of joint amputation to control the infection and improve overall limb function.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An appropriate incision was made proximal to the affected joint, and soft tissues were carefully dissected. The joint was disarticulated, and infected tissues were debrided. Copious irrigation with antibiotic solution was performed. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection with irreversible damage involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-joint amputation, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control, wound healing, and rehabilitation options.

Operative Note 78:

Procedure: Other Specified Necrotizing Vasculopathies Joint Fusion

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, causing extensive joint damage and instability, necessitating surgical intervention in the form of joint fusion to control the infection and provide pain relief and joint stability.

Description: The patient was positioned comfortably, and general anesthesia was administered with adjusted dosage based on the patient's medical condition and body weight. An appropriate incision was made, and the joint surfaces were exposed. Infected and necrotic tissues were debrided, and thorough irrigation with antibiotic solution was performed. The joint was then stabilized and fused using bone grafts, screws, plates, or other fixation devices. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection, extensive joint damage, and joint instability involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-joint fusion, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control, joint stability, and rehabilitation.

Operative Note 79:

Procedure: Other Specified Necrotizing Vasculopathies Joint Salvage Procedure

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, causing significant joint damage but with potential for salvage, necessitating surgical intervention in the form of a joint salvage procedure to control the infection and restore joint function.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. An appropriate incision was made, and the joint was exposed. Extensive infected and necrotic tissues were debrided, and thorough irrigation with antibiotic solution was performed. Any damaged joint components, such as cartilage or bone, were addressed through reconstruction techniques or grafting. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection with significant joint damage involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-joint salvage procedure, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control, joint function, and rehabilitation.

Operative Note 80:

Procedure: Other Specified Necrotizing Vasculopathies Joint Synovectomy

Indication: The patient with other specified necrotizing vasculopathies presents with a severe infection in the extreme moving joint, causing synovial inflammation and joint pain, necessitating surgical intervention in the form of joint synovectomy to control the infection and alleviate symptoms.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. An appropriate incision was made over the affected joint, and the synovium was carefully dissected and excised. Infected synovial tissue was thoroughly removed. Copious irrigation with antibiotic solution was performed. Hemostasis was achieved, and the incision was closed in layers.

Findings: Severe joint infection with synovial inflammation involving the extreme moving joint consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-joint synovectomy, received appropriate antibiotic therapy, and scheduled for regular follow-up appointments to assess infection control, joint pain relief, and rehabilitation.

Operative Note 81:

Procedure: Other Specified Necrotizing Vasculopathies Tissue Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with localized inflammation and suspected involvement of deep tissues, necessitating surgical intervention in the form of a tissue biopsy to obtain a definitive diagnosis.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. A small incision was made over the affected area, and a tissue sample was obtained for histopathological examination. Hemostasis was achieved, and the incision was closed.

Findings: Localized inflammation consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-tissue biopsy, and further management was planned based on the biopsy results.

Operative Note 82:

Procedure: Other Specified Necrotizing Vasculopathies Joint Synovial Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with persistent joint inflammation, necessitating surgical intervention in the form of a joint synovial biopsy to evaluate the underlying pathology.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. An arthroscope was introduced into the joint, and synovial tissue samples were obtained for histopathological examination. Hemostasis was achieved, and the incisions were closed.

Findings: Inflammatory changes in the synovial tissue consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-joint synovial biopsy, and further management was planned based on the biopsy results.

Operative Note 83:

Procedure: Other Specified Necrotizing Vasculopathies Skin Lesion Excision

Indication: The patient with other specified necrotizing vasculopathies presents with an inflammatory skin lesion, necessitating surgical intervention in the form of lesion excision to obtain a tissue sample for histopathological analysis.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. The skin lesion was excised with appropriate margins, and hemostasis was achieved. The wound was closed using sutures.

Findings: Inflammatory skin lesion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-skin lesion excision, and further management was planned based on the histopathology results.

Operative Note 84:

Procedure: Other Specified Necrotizing Vasculopathies Muscular Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with localized muscle inflammation, necessitating surgical intervention in the form of a muscular biopsy to evaluate the underlying pathology.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. A small incision was made over the affected muscle, and a muscle tissue sample was obtained for histopathological examination. Hemostasis was achieved, and the incision was closed.

Findings: Inflammatory changes in the muscle tissue consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-muscular biopsy, and further management was planned based on the biopsy results.

Operative Note 85:

Procedure: Other Specified Necrotizing Vasculopathies Lymph Node Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with enlarged and inflamed lymph nodes, necessitating surgical intervention in the form of a lymph node biopsy to investigate the underlying pathology.

Description: The patient was positioned comfortably, and regional anesthesia with adjusted dosage was administered to ensure optimal pain control. An incision was made over the affected lymph node, and a tissue sample was obtained for histopathological examination. Hemostasis was achieved, and the incision was closed.

Findings: Inflammatory changes in the lymph node consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-lymph node biopsy, and further management was planned based on the biopsy results.

Operative Note 86:

Procedure: Other Specified Necrotizing Vasculopathies Colonoscopy with Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with colonic inflammation, necessitating surgical intervention in the form of a colonoscopy with biopsy to assess the extent and severity of the inflammation.

Description: The patient was positioned comfortably, and conscious sedation with adjusted dosage was administered to ensure optimal comfort. A colonoscope was introduced, and multiple biopsies were taken from inflamed colonic mucosa. Hemostasis was achieved, and the procedure was completed.

Findings: Inflammatory changes in the colonic mucosa consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-colonoscopy with biopsy, and further management was planned based on the biopsy results.

Operative Note 87:

Procedure: Other Specified Necrotizing Vasculopathies Bronchoscopy with Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with respiratory symptoms and evidence of airway inflammation, necessitating surgical intervention in the form of a bronchoscopy with biopsy to evaluate the underlying pathology.

Description: The patient was positioned comfortably, and conscious sedation with adjusted dosage was administered to ensure optimal comfort. A bronchoscope was introduced, and multiple biopsies were taken from inflamed airway mucosa. Hemostasis was achieved, and the procedure was completed.

Findings: Inflammatory changes in the airway mucosa consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-bronchoscopy with biopsy, and further management was planned based on the biopsy results.

Operative Note 88:

Procedure: Other Specified Necrotizing Vasculopathies Temporal Artery Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with temporal artery inflammation and suspected involvement, necessitating surgical intervention in the form of a temporal artery biopsy to confirm the diagnosis.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. A small incision was made over the temporal artery, and a tissue sample was obtained for histopathological examination. Hemostasis was achieved, and the incision was closed.

Findings: Inflammatory changes in the temporal artery consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-temporal artery biopsy, and further management was planned based on the biopsy results.

Operative Note 89:

Procedure: Other Specified Necrotizing Vasculopathies Skin Punch Biopsy

Indication: The patient with other specified necrotizing vasculopathies presents with an inflammatory skin lesion, necessitating surgical intervention in the form of a skin punch biopsy to obtain a tissue sample for histopathological analysis.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. A skin punch biopsy tool was used to obtain a full-thickness tissue sample from the affected area. Hemostasis was achieved, and the biopsy site was closed with sutures.

Findings: Inflammatory changes in the skin tissue consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-skin punch biopsy, and further management was planned based on the biopsy results.

Operative Note 90:

Procedure: Other Specified Necrotizing Vasculopathies Subcutaneous Nodule Excision

Indication: The patient with other specified necrotizing vasculopathies presents with a painful and inflamed subcutaneous nodule, necessitating surgical intervention in the form of excision to alleviate symptoms and obtain a tissue sample for histopathological examination.

Description: The patient was positioned comfortably, and local anesthesia with adjusted dosage was administered to ensure optimal pain control. An incision was made over the nodule, and the nodule was carefully excised along with a margin of surrounding tissue. Hemostasis was achieved, and the incision was closed.

Findings: Inflammatory changes in the subcutaneous nodule consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was closely monitored post-nodule excision, and further management was planned based on the histopathology results.

Operative Note 91:

Procedure: Other Specified Necrotizing Vasculopathies Tissue Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with localized inflammation and necrosis, necessitating surgical intervention in the form of a tissue biopsy for definitive diagnosis and severity assessment.

Description: The patient was positioned comfortably, and local anesthesia was administered. A tissue sample was obtained from the affected area and sent for histopathological examination. The extent of tissue necrosis and severity of vasculopathy were noted.

Findings: Severe necrosis and inflammation consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of the condition, and plan appropriate management.

Operative Note 92:

Procedure: Other Specified Necrotizing Vasculopathies Angiography

Indication: The patient with suspected other specified necrotizing vasculopathies presents with clinical features suggestive of vascular involvement, necessitating a diagnostic angiography to assess the severity and extent of vascular pathology.

Description: The patient was positioned comfortably, and local anesthesia was administered. A catheter was guided to the affected blood vessels, and contrast dye was injected to visualize the vascular architecture. The angiographic findings were recorded.

Findings: Severe vascular stenosis and occlusion consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to review the angiographic findings, determine the severity of the vascular involvement, and plan appropriate management.

Operative Note 93:

Procedure: Other Specified Necrotizing Vasculopathies Skin Debridement

Indication: The patient with other specified necrotizing vasculopathies presents with extensive skin necrosis and ulceration, necessitating surgical intervention in the form of debridement to remove necrotic tissue and assess the severity of the condition.

Description: The patient was positioned comfortably, and regional anesthesia was administered. Sharp debridement was performed to remove necrotic skin and assess the extent of tissue involvement. The debrided tissue was sent for histopathological examination.

Findings: Severe skin necrosis and inflammation consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the debridement findings, determine the severity of the skin involvement, and plan appropriate wound management.

Operative Note 94:

Procedure: Other Specified Necrotizing Vasculopathies Renal Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with renal involvement, necessitating surgical intervention in the form of a renal biopsy to confirm the diagnosis and assess the severity of renal pathology.

Description: The patient was positioned comfortably, and regional anesthesia was administered. A needle biopsy was performed to obtain renal tissue samples for histopathological examination. The degree of glomerular and interstitial involvement was noted.

Findings: Severe glomerular and interstitial inflammation consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of renal involvement, and plan appropriate management.

Operative Note 95:

Procedure: Other Specified Necrotizing Vasculopathies Endoscopy with Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with gastrointestinal symptoms, necessitating surgical intervention in the form of an endoscopy with biopsy to evaluate the severity of gastrointestinal involvement.

Description: The patient was positioned comfortably, and conscious sedation was administered. An endoscope was introduced into the gastrointestinal tract, and multiple biopsies were obtained from affected mucosa. The endoscopic findings were documented.

Findings: Severe inflammation and ulceration in the gastrointestinal mucosa consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the endoscopy findings, determine the severity of gastrointestinal involvement, and plan appropriate management.

Operative Note 96:

Procedure: Other Specified Necrotizing Vasculopathies Musculoskeletal Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with musculoskeletal symptoms, necessitating surgical intervention in the form of a musculoskeletal biopsy to evaluate the severity of musculoskeletal involvement.

Description: The patient was positioned comfortably, and local anesthesia was administered. A biopsy needle was guided to the affected musculoskeletal tissue, and a sample was obtained for histopathological examination. The extent of inflammation and tissue damage was noted.

Findings: Severe inflammatory changes in the musculoskeletal tissue consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of musculoskeletal involvement, and plan appropriate management.

Operative Note 97:

Procedure: Other Specified Necrotizing Vasculopathies Cardiac Catheterization

Indication: The patient with suspected other specified necrotizing vasculopathies presents with cardiac symptoms, necessitating a diagnostic cardiac catheterization to assess the severity and extent of cardiac involvement.

Description: The patient was positioned comfortably, and local anesthesia was administered. A catheter was guided to the coronary arteries, and angiography was performed to evaluate the cardiac blood flow and assess any abnormalities. The angiographic findings were recorded.

Findings: Severe coronary artery stenosis consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to review the angiographic findings, determine the severity of cardiac involvement, and plan appropriate management.

Operative Note 98:

Procedure: Other Specified Necrotizing Vasculopathies Joint Arthroscopy with Synovial Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with joint symptoms and effusion, necessitating surgical intervention in the form of arthroscopy with synovial biopsy to evaluate the severity of joint involvement.

Description: The patient was positioned comfortably, and regional anesthesia was administered. Arthroscopy was performed to visualize the joint space, and multiple synovial biopsies were obtained for histopathological examination. The extent of synovial inflammation and tissue damage was noted.

Findings: Severe synovial inflammation consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the arthroscopy findings, determine the severity of joint involvement, and plan appropriate management.

Operative Note 99:

Procedure: Other Specified Necrotizing Vasculopathies CT Scan with Contrast

Indication: The patient with suspected other specified necrotizing vasculopathies presents with systemic symptoms, necessitating a CT scan with contrast to assess the extent and severity of vascular involvement in various organs.

Description: The patient was positioned comfortably, and contrast material was administered intravenously. A CT scan was performed to obtain detailed images of the affected organs, highlighting any abnormalities related to vascular pathology. The CT findings were documented.

Findings: Severe vascular abnormalities consistent with other specified necrotizing vasculopathies in multiple organs.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the CT findings, determine the severity of organ involvement, and plan appropriate management.

Operative Note 100:

Procedure: Other Specified Necrotizing Vasculopathies Bronchoscopy with Biopsy

Indication: The patient with suspected other specified necrotizing vasculopathies presents with respiratory symptoms, necessitating a bronchoscopy with biopsy to evaluate the severity of respiratory tract involvement.

Description: The patient was positioned comfortably, and local anesthesia was administered. A bronchoscope was introduced into the respiratory tract, and multiple biopsies were obtained from the affected airway mucosa. The bronchoscopic findings were documented.

Findings: Severe inflammation and necrosis in the respiratory tract mucosa consistent with other specified necrotizing vasculopathies.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the bronchoscopy findings, determine the severity of respiratory tract involvement, and plan appropriate management.

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| M31.9 Necrotizing vasculopathy, unspecified |

Operative Note 1:

Procedure: Necrotizing Vasculopathy, Unspecified Skin Biopsy

Indication: The patient presents with skin lesions suggestive of necrotizing vasculopathy, necessitating a skin biopsy for definitive diagnosis and assessment of the disease extent.

Description: The patient was positioned comfortably, and local anesthesia was administered. A full-thickness skin biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and tissue involvement was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of the condition, and plan appropriate management.

Operative Note 2:

Procedure: Necrotizing Vasculopathy, Unspecified Angiography

Indication: The patient presents with clinical features suggestive of vascular involvement, necessitating a diagnostic angiography to evaluate the severity and extent of vasculopathy.

Description: The patient was positioned comfortably, and local anesthesia was administered. A catheter was guided to the affected blood vessels, and contrast dye was injected to visualize the vascular architecture. The angiographic findings were recorded.

Findings: Angiographic findings consistent with necrotizing vasculopathy, unspecified.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to review the angiographic findings, determine the severity of vascular involvement, and plan appropriate management.

Operative Note 3:

Procedure: Necrotizing Vasculopathy, Unspecified Muscle Biopsy

Indication: The patient presents with muscle weakness and pain, suggestive of muscle involvement in necrotizing vasculopathy, necessitating a muscle biopsy for diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A muscle biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and muscle damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the muscle tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of muscle involvement, and plan appropriate management.

Operative Note 4:

Procedure: Necrotizing Vasculopathy, Unspecified Renal Biopsy

Indication: The patient presents with renal impairment, suggestive of renal involvement in necrotizing vasculopathy, necessitating a renal biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A needle biopsy was performed to obtain renal tissue samples for histopathological examination. The degree of vasculopathy and renal damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the renal tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of renal involvement, and plan appropriate management.

Operative Note 5:

Procedure: Necrotizing Vasculopathy, Unspecified Gastrointestinal Biopsy

Indication: The patient presents with gastrointestinal symptoms, suggestive of gastrointestinal involvement in necrotizing vasculopathy, necessitating a gastrointestinal biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A biopsy was taken from the affected gastrointestinal mucosa, and the specimen was sent for histopathological examination. The extent of vasculopathy and mucosal damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the gastrointestinal mucosa.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of gastrointestinal involvement, and plan appropriate management.

Operative Note 6:

Procedure: Necrotizing Vasculopathy, Unspecified Nerve Biopsy

Indication: The patient presents with neuropathic symptoms, suggestive of nerve involvement in necrotizing vasculopathy, necessitating a nerve biopsy for diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A nerve biopsy was performed, and the specimen was sent for histopathological examination. The degree of vasculopathy and nerve damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the nerve tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of nerve involvement, and plan appropriate management.

Operative Note 7:

Procedure: Necrotizing Vasculopathy, Unspecified Pulmonary Biopsy

Indication: The patient presents with respiratory symptoms, suggestive of pulmonary involvement in necrotizing vasculopathy, necessitating a pulmonary biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A lung biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and pulmonary damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the lung tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of pulmonary involvement, and plan appropriate management.

Operative Note 8:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroscopy with Synovial Biopsy

Indication: The patient presents with joint symptoms and effusion, suggestive of joint involvement in necrotizing vasculopathy, necessitating a joint arthroscopy with synovial biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and regional anesthesia was administered. Arthroscopy was performed to visualize the joint space, and multiple synovial biopsies were obtained for histopathological examination. The extent of vasculopathy and synovial damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the synovial tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the arthroscopy findings, determine the severity of joint involvement, and plan appropriate management.

Operative Note 9:

Procedure: Necrotizing Vasculopathy, Unspecified Temporal Artery Biopsy

Indication: The patient presents with temporal artery symptoms, suggestive of temporal artery involvement in necrotizing vasculopathy, necessitating a temporal artery biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A segment of the temporal artery was excised, and the specimen was sent for histopathological examination. The extent of vasculopathy and artery damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the temporal artery.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of temporal artery involvement, and plan appropriate management.

Operative Note 10:

Procedure: Necrotizing Vasculopathy, Unspecified Ocular Biopsy

Indication: The patient presents with ocular symptoms, suggestive of ocular involvement in necrotizing vasculopathy, necessitating an ocular biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. An ocular biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and ocular tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the ocular tissues.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of ocular involvement, and plan appropriate management.

Operative Note 11:

Procedure: Necrotizing Vasculopathy, Unspecified Cardiac Biopsy

Indication: The patient presents with cardiac symptoms and abnormalities on imaging, suggestive of cardiac involvement in necrotizing vasculopathy, necessitating a cardiac biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A cardiac biopsy was performed using a transvenous approach, and the specimen was sent for histopathological examination. The extent of vasculopathy and cardiac tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the cardiac tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of cardiac involvement, and plan appropriate management.

Operative Note 12:

Procedure: Necrotizing Vasculopathy, Unspecified Hepatic Biopsy

Indication: The patient presents with hepatic dysfunction and abnormalities on imaging, suggestive of hepatic involvement in necrotizing vasculopathy, necessitating a hepatic biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A percutaneous liver biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and hepatic tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the hepatic tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of hepatic involvement, and plan appropriate management.

Operative Note 13:

Procedure: Necrotizing Vasculopathy, Unspecified Brain Biopsy

Indication: The patient presents with neurological symptoms and imaging findings suggestive of brain involvement in necrotizing vasculopathy, necessitating a brain biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A craniotomy was performed, and a brain biopsy was taken from the affected area. The specimen was sent for histopathological examination. The extent of vasculopathy and brain tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the brain tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of brain involvement, and plan appropriate management.

Operative Note 14:

Procedure: Necrotizing Vasculopathy, Unspecified Lymph Node Biopsy

Indication: The patient presents with enlarged lymph nodes and systemic symptoms, suggestive of lymph node involvement in necrotizing vasculopathy, necessitating a lymph node biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A lymph node biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and lymph node involvement was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the lymph nodes.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of lymph node involvement, and plan appropriate management.

Operative Note 15:

Procedure: Necrotizing Vasculopathy, Unspecified Colonoscopy with Biopsy

Indication: The patient presents with gastrointestinal symptoms and abnormal colonoscopy findings, suggestive of colonic involvement in necrotizing vasculopathy, necessitating a colonoscopy with biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and conscious sedation was administered. A colonoscopy was performed, and multiple colonic biopsies were obtained for histopathological examination. The extent of vasculopathy and colonic tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the colonic tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the colonoscopy findings, determine the severity of colonic involvement, and plan appropriate management.

Operative Note 16:

Procedure: Necrotizing Vasculopathy, Unspecified Bronchoscopy with Biopsy

Indication: The patient presents with respiratory symptoms and abnormal bronchoscopy findings, suggestive of airway involvement in necrotizing vasculopathy, necessitating a bronchoscopy with biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A bronchoscope was advanced through the airways, and multiple bronchial biopsies were obtained for histopathological examination. The extent of vasculopathy and airway tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the bronchial tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the bronchoscopy findings, determine the severity of airway involvement, and plan appropriate management.

Operative Note 17:

Procedure: Necrotizing Vasculopathy, Unspecified Skin Debridement

Indication: The patient presents with necrotic skin lesions, suggestive of cutaneous involvement in necrotizing vasculopathy, necessitating surgical debridement for removal of necrotic tissue and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. The necrotic skin lesions were sharply debrided, and the extent of vasculopathy and tissue damage was noted. Hemostasis was achieved, and appropriate dressings were applied.

Findings: Gross findings consistent with necrotizing vasculopathy, unspecified involving the cutaneous tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess wound healing, determine the severity of cutaneous involvement, and plan appropriate management.

Operative Note 18:

Procedure: Necrotizing Vasculopathy, Unspecified Pleural Biopsy

Indication: The patient presents with pleural effusion and respiratory symptoms, suggestive of pleural involvement in necrotizing vasculopathy, necessitating a pleural biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A pleural biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and pleural tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the pleural tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of pleural involvement, and plan appropriate management.

Operative Note 19:

Procedure: Necrotizing Vasculopathy, Unspecified Uterine Biopsy

Indication: The patient presents with abnormal uterine bleeding and pelvic pain, suggestive of uterine involvement in necrotizing vasculopathy, necessitating a uterine biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A uterine biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and uterine tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the uterine tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of uterine involvement, and plan appropriate management.

Operative Note 20:

Procedure: Necrotizing Vasculopathy, Unspecified Muscle Biopsy

Indication: The patient presents with muscle weakness and myalgia, suggestive of muscle involvement in necrotizing vasculopathy, necessitating a muscle biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia was administered. A muscle biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and muscle tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the muscle tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of muscle involvement, and plan appropriate management.

Operative Note 21:

Procedure: Necrotizing Vasculopathy, Unspecified Cardiac Biopsy

Indication: The patient presents with cardiac symptoms and abnormalities on imaging, suggestive of cardiac involvement in necrotizing vasculopathy, necessitating a cardiac biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and moderate sedation was administered. A cardiac biopsy was performed using a transvenous approach, and the specimen was sent for histopathological examination. The extent of vasculopathy and cardiac tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the cardiac tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of cardiac involvement, and plan appropriate management.

Operative Note 22:

Procedure: Necrotizing Vasculopathy, Unspecified Hepatic Biopsy

Indication: The patient presents with hepatic dysfunction and abnormalities on imaging, suggestive of hepatic involvement in necrotizing vasculopathy, necessitating a hepatic biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and deep sedation was administered. A percutaneous liver biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and hepatic tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the hepatic tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of hepatic involvement, and plan appropriate management.

Operative Note 23:

Procedure: Necrotizing Vasculopathy, Unspecified Brain Biopsy

Indication: The patient presents with neurological symptoms and imaging findings suggestive of brain involvement in necrotizing vasculopathy, necessitating a brain biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A craniotomy was performed, and a brain biopsy was taken from the affected area. The specimen was sent for histopathological examination. The extent of vasculopathy and brain tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the brain tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of brain involvement, and plan appropriate management.

Operative Note 24:

Procedure: Necrotizing Vasculopathy, Unspecified Lymph Node Biopsy

Indication: The patient presents with enlarged lymph nodes and systemic symptoms, suggestive of lymph node involvement in necrotizing vasculopathy, necessitating a lymph node biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia with monitored anesthesia care (MAC) was administered. A lymph node biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and lymph node involvement was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the lymph nodes.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of lymph node involvement, and plan appropriate management.

Operative Note 25:

Procedure: Necrotizing Vasculopathy, Unspecified Colonoscopy with Biopsy

Indication: The patient presents with gastrointestinal symptoms and abnormal colonoscopy findings, suggestive of colonic involvement in necrotizing vasculopathy, necessitating a colonoscopy with biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and minimal sedation was administered. A colonoscopy was performed, and multiple colonic biopsies were obtained for histopathological examination. The extent of vasculopathy and colonic tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the colonic tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the colonoscopy findings, determine the severity of colonic involvement, and plan appropriate management.

Operative Note 26:

Procedure: Necrotizing Vasculopathy, Unspecified Bronchoscopy with Biopsy

Indication: The patient presents with respiratory symptoms and abnormal bronchoscopy findings, suggestive of airway involvement in necrotizing vasculopathy, necessitating a bronchoscopy with biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A bronchoscope was advanced through the airways, and multiple bronchial biopsies were obtained for histopathological examination. The extent of vasculopathy and airway tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the bronchial tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the bronchoscopy findings, determine the severity of airway involvement, and plan appropriate management.

Operative Note 27:

Procedure: Necrotizing Vasculopathy, Unspecified Skin Debridement

Indication: The patient presents with necrotic skin lesions, suggestive of cutaneous involvement in necrotizing vasculopathy, necessitating surgical debridement for removal of necrotic tissue and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia with conscious sedation was administered. The necrotic skin lesions were sharply debrided, and the extent of vasculopathy and tissue damage was noted. Hemostasis was achieved, and appropriate dressings were applied.

Findings: Gross findings consistent with necrotizing vasculopathy, unspecified involving the cutaneous tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess wound healing, determine the severity of cutaneous involvement, and plan appropriate management.

Operative Note 28:

Procedure: Necrotizing Vasculopathy, Unspecified Arthroscopy

Indication: The patient presents with joint pain and limited mobility, suggestive of joint involvement in necrotizing vasculopathy, necessitating arthroscopy for visualization and assessment of disease severity.

Description: The patient was positioned comfortably, and regional anesthesia with moderate sedation was administered. An arthroscope was inserted into the affected joint, and the intra-articular structures were examined. The extent of vasculopathy and joint tissue damage was noted.

Findings: Arthroscopic findings consistent with necrotizing vasculopathy, unspecified involving the joint.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the arthroscopy findings, determine the severity of joint involvement, and plan appropriate management.

Operative Note 29:

Procedure: Necrotizing Vasculopathy, Unspecified Renal Biopsy

Indication: The patient presents with renal dysfunction and abnormal renal imaging findings, suggestive of renal involvement in necrotizing vasculopathy, necessitating a renal biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and deep sedation was administered. A percutaneous renal biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and renal tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the renal tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of renal involvement, and plan appropriate management.

Operative Note 30:

Procedure: Necrotizing Vasculopathy, Unspecified Gastrointestinal Surgery

Indication: The patient presents with acute abdomen and diagnostic imaging findings suggestive of gastrointestinal involvement in necrotizing vasculopathy, necessitating surgical exploration for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A laparotomy was performed, and intraoperative findings revealed areas of necrosis and ischemia in the gastrointestinal tract. Multiple tissue samples were obtained for histopathological examination. The extent of vasculopathy and tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the gastrointestinal tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the intraoperative findings, determine the severity of gastrointestinal involvement, and plan appropriate management.

Operative Note 31:

Procedure: Necrotizing Vasculopathy, Unspecified Cardiac Biopsy

Indication: The patient presents with cardiac symptoms and abnormalities on imaging, suggestive of cardiac involvement in necrotizing vasculopathy, necessitating a cardiac biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and moderate sedation was administered. A cardiac biopsy was performed using a transvenous approach, and the specimen was sent for histopathological examination. The extent of vasculopathy and cardiac tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the cardiac tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of cardiac involvement, and plan appropriate management.

Operative Note 32:

Procedure: Necrotizing Vasculopathy, Unspecified Hepatic Biopsy

Indication: The patient presents with hepatic dysfunction and abnormalities on imaging, suggestive of hepatic involvement in necrotizing vasculopathy, necessitating a hepatic biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and deep sedation was administered. A percutaneous liver biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and hepatic tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the hepatic tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of hepatic involvement, and plan appropriate management.

Operative Note 33:

Procedure: Necrotizing Vasculopathy, Unspecified Brain Biopsy

Indication: The patient presents with neurological symptoms and imaging findings suggestive of brain involvement in necrotizing vasculopathy, necessitating a brain biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A craniotomy was performed, and a brain biopsy was taken from the affected area. The specimen was sent for histopathological examination. The extent of vasculopathy and brain tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the brain tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of brain involvement, and plan appropriate management.

Operative Note 34:

Procedure: Necrotizing Vasculopathy, Unspecified Lymph Node Biopsy

Indication: The patient presents with enlarged lymph nodes and systemic symptoms, suggestive of lymph node involvement in necrotizing vasculopathy, necessitating a lymph node biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia with monitored anesthesia care (MAC) was administered. A lymph node biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and lymph node involvement was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the lymph nodes.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of lymph node involvement, and plan appropriate management.

Operative Note 35:

Procedure: Necrotizing Vasculopathy, Unspecified Colonoscopy with Biopsy

Indication: The patient presents with gastrointestinal symptoms and abnormal colonoscopy findings, suggestive of colonic involvement in necrotizing vasculopathy, necessitating a colonoscopy with biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and minimal sedation was administered. A colonoscopy was performed, and multiple colonic biopsies were obtained for histopathological examination. The extent of vasculopathy and colonic tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the colonic tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the colonoscopy findings, determine the severity of colonic involvement, and plan appropriate management.

Operative Note 36:

Procedure: Necrotizing Vasculopathy, Unspecified Bronchoscopy with Biopsy

Indication: The patient presents with respiratory symptoms and abnormal bronchoscopy findings, suggestive of airway involvement in necrotizing vasculopathy, necessitating a bronchoscopy with biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A bronchoscope was advanced through the airways, and multiple bronchial biopsies were obtained for histopathological examination. The extent of vasculopathy and airway tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the bronchial tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the bronchoscopy findings, determine the severity of airway involvement, and plan appropriate management.

Operative Note 37:

Procedure: Necrotizing Vasculopathy, Unspecified Skin Debridement

Indication: The patient presents with necrotic skin lesions, suggestive of cutaneous involvement in necrotizing vasculopathy, necessitating surgical debridement for removal of necrotic tissue and assessment of disease severity.

Description: The patient was positioned comfortably, and local anesthesia with conscious sedation was administered. The necrotic skin lesions were sharply debrided, and the extent of vasculopathy and tissue damage was noted. Hemostasis was achieved, and appropriate dressings were applied.

Findings: Gross findings consistent with necrotizing vasculopathy, unspecified involving the cutaneous tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess wound healing, determine the severity of cutaneous involvement, and plan appropriate management.

Operative Note 38:

Procedure: Necrotizing Vasculopathy, Unspecified Arthroscopy

Indication: The patient presents with joint pain and limited mobility, suggestive of joint involvement in necrotizing vasculopathy, necessitating arthroscopy for visualization and assessment of disease severity.

Description: The patient was positioned comfortably, and regional anesthesia with moderate sedation was administered. An arthroscope was inserted into the affected joint, and the intra-articular structures were examined. The extent of vasculopathy and joint tissue damage was noted.

Findings: Arthroscopic findings consistent with necrotizing vasculopathy, unspecified involving the joint.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the arthroscopy findings, determine the severity of joint involvement, and plan appropriate management.

Operative Note 39:

Procedure: Necrotizing Vasculopathy, Unspecified Renal Biopsy

Indication: The patient presents with renal dysfunction and abnormal renal imaging findings, suggestive of renal involvement in necrotizing vasculopathy, necessitating a renal biopsy for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and deep sedation was administered. A percutaneous renal biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and renal tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the renal tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of renal involvement, and plan appropriate management.

Operative Note 40:

Procedure: Necrotizing Vasculopathy, Unspecified Gastrointestinal Surgery

Indication: The patient presents with acute abdomen and diagnostic imaging findings suggestive of gastrointestinal involvement in necrotizing vasculopathy, necessitating surgical exploration for definitive diagnosis and assessment of disease severity.

Description: The patient was positioned comfortably, and general anesthesia was administered. A laparotomy was performed, and intraoperative findings revealed areas of necrosis and ischemia in the gastrointestinal tract. Multiple tissue samples were obtained for histopathological examination. The extent of vasculopathy and tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the gastrointestinal tissue.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the intraoperative findings, determine the severity of gastrointestinal involvement, and plan appropriate management.

Operative Note 41:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroplasty

Indication: The patient presents with severe joint pain, limited mobility, and imaging findings suggestive of joint involvement in necrotizing vasculopathy, necessitating joint arthroplasty for pain relief and correction of deformity due to bone erosion.

Description: The patient was positioned comfortably, and general anesthesia was administered. An arthrotomy was performed, revealing erosive changes in the joint, including bone erosion and cartilage loss. Joint replacement prosthesis was implanted, restoring joint stability and function.

Findings: Gross findings consistent with necrotizing vasculopathy, unspecified involving bone erosion and joint destruction.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess joint function and radiographic healing, determine the response to arthroplasty, and plan further management.

Operative Note 42:

Procedure: Necrotizing Vasculopathy, Unspecified Spinal Fusion

Indication: The patient presents with severe back pain, radiculopathy, and imaging findings suggestive of spinal involvement in necrotizing vasculopathy, necessitating spinal fusion for pain relief, stabilization, and correction of vertebral deformities due to bone erosion.

Description: The patient was positioned comfortably, and general anesthesia was administered. A posterior approach was used, and dissection revealed erosive changes in the vertebral bodies and intervertebral discs. Spinal instrumentation was placed, and bone graft was used for fusion, achieving spinal stability.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone erosion and vertebral deformities.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to evaluate spinal fusion healing, assess pain relief and neurological function, determine the response to spinal fusion, and plan further management.

Operative Note 43:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Biopsy

Indication: The patient presents with bone pain and imaging findings suggestive of bone involvement in necrotizing vasculopathy, necessitating a bone biopsy for definitive diagnosis, assessment of disease severity, and evaluation of bone erosion.

Description: The patient was positioned comfortably, and local anesthesia was administered. A bone biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and bone tissue damage, including erosion, was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the bone tissue, with evidence of bone erosion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, determine the severity of bone involvement and erosion, and plan appropriate management.

Operative Note 44:

Procedure: Necrotizing Vasculopathy, Unspecified Maxillofacial Surgery

Indication: The patient presents with facial pain, swelling, and imaging findings suggestive of maxillofacial involvement in necrotizing vasculopathy, necessitating maxillofacial surgery for pain relief, correction of deformities, and management of bone erosion.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, revealing erosive changes in the maxillofacial bones. Resection of affected bone segments and reconstruction with bone grafts were performed to restore facial aesthetics and function.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone erosion in the maxillofacial region.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess facial healing, determine the response to maxillofacial surgery, evaluate bone erosion, and plan further management.

Operative Note 45:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Joint Excision

Indication: The patient presents with severe bone pain, joint dysfunction, and imaging findings suggestive of bone and joint involvement in necrotizing vasculopathy, necessitating bone joint excision for pain relief and management of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia with moderate sedation was administered. An incision was made, exposing the affected bone joint. Excision of the joint was performed, including the affected bone segments. Hemostasis was achieved, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone erosion and joint destruction.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, joint function, and wound healing, determine the response to bone joint excision, evaluate bone erosion, and plan further management.

Operative Note 46:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Grafting

Indication: The patient presents with bone defects, non-union, or bone deformities due to necrotizing vasculopathy, necessitating bone grafting for reconstruction, correction of deformities, and management of bone erosion.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made over the affected bone site, and bone grafts were harvested from the iliac crest or obtained from a bone bank. The bone grafts were carefully shaped and secured in the defect, promoting bone healing and reconstruction.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone defects and erosion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor bone graft integration, assess bone healing, evaluate bone erosion, and plan further management.

Operative Note 47:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Synovectomy

Indication: The patient presents with joint swelling, inflammation, and imaging findings suggestive of synovial involvement in necrotizing vasculopathy, necessitating joint synovectomy for pain relief, reduction of inflammation, and management of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia with moderate sedation was administered. An arthrotomy was performed, and the synovial membrane was excised to reduce inflammation and prevent further damage to the joint, including bone erosion. Hemostasis was achieved, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving synovial inflammation and bone erosion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, joint function, and wound healing, determine the response to synovectomy, evaluate bone erosion, and plan further management.

Operative Note 48:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Resection

Indication: The patient presents with bone tumors or aggressive bone lesions, suspicious of necrotizing vasculopathy involvement, necessitating bone resection for tumor excision, pain relief, and management of bone erosion.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, exposing the affected bone lesion. Resection of the bone tumor or lesion was performed, including the surrounding healthy bone margins. Hemostasis was achieved, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone tumors or aggressive bone lesions and bone erosion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the histopathological results, assess pain relief, wound healing, determine the response to bone resection, evaluate bone erosion, and plan further management.

Operative Note 49:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Fixation

Indication: The patient presents with bone fractures or instability associated with necrotizing vasculopathy, necessitating bone fixation for fracture stabilization, pain relief, and management of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia was administered. An incision was made over the fracture site, and the bone fragments were reduced and realigned. Internal fixation with plates, screws, or rods was performed to stabilize the fracture. Appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone fractures, instability, and bone erosion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess fracture healing, pain relief, bone stability, evaluate bone erosion, and plan further management.

Operative Note 50:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Debridement

Indication: The patient presents with bone infections, osteomyelitis, or necrotic bone segments associated with necrotizing vasculopathy, necessitating bone debridement for infection control, pain relief, and management of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia was administered. An incision was made, exposing the infected or necrotic bone segments. Thorough debridement of the affected bone tissue was performed to remove infected or devitalized areas. Copious irrigation was done, and appropriate wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone infections, osteomyelitis, and bone erosion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate bone erosion, and plan further management.

Operative Note 51:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Biopsy

Indication: The patient presents with severe bone pain and diagnostic imaging findings suggestive of bone involvement in necrotizing vasculopathy, necessitating a bone biopsy for definitive diagnosis, assessment of disease severity, and evaluation of the underlying cause of severe bone pain.

Description: The patient was positioned comfortably, and local anesthesia was administered. A bone biopsy was performed, and the specimen was sent for histopathological examination. The extent of vasculopathy and bone tissue damage was noted.

Findings: Histopathological findings consistent with necrotizing vasculopathy, unspecified involving the bone tissue. Severe bone pain attributed to the vasculopathy and associated bone involvement.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to discuss the biopsy results, evaluate pain management strategies, determine the severity of bone involvement, and plan appropriate management.

Operative Note 52:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Joint Arthroscopy

Indication: The patient presents with severe bone pain, joint swelling, and limited range of motion, suggestive of joint involvement in necrotizing vasculopathy, necessitating joint arthroscopy for diagnostic visualization, pain relief, and assessment of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia was administered. A joint arthroscopy was performed, revealing erosive changes in the joint surfaces and synovial inflammation. Debridement of the damaged tissues and irrigation of the joint were performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving joint inflammation, synovial changes, and bone erosion. Severe bone pain attributed to the joint involvement.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, joint function, and healing, determine the response to arthroscopy, evaluate bone erosion, and plan further management.

Operative Note 53:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Neurolysis

Indication: The patient presents with severe bone pain and neurological symptoms suggestive of nerve involvement in necrotizing vasculopathy, necessitating bone neurolysis for pain relief, decompression of the affected nerves, and evaluation of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia was administered. An incision was made, exposing the affected bone and the entrapped nerves. Neurolysis was performed, releasing the nerves from any adhesions or compression by bone or adjacent structures.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving nerve entrapment, bone erosion, and severe bone pain attributed to nerve compression.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, neurological function, evaluate bone erosion, and plan further management.

Operative Note 54:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Stabilization

Indication: The patient presents with severe bone pain, instability, and imaging findings suggestive of bone involvement in necrotizing vasculopathy, necessitating bone stabilization for pain relief, prevention of further bone damage, and management of bone erosion.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made over the affected bone site, and internal fixation with plates, screws, or rods was performed to stabilize the bone. Appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving bone instability, bone erosion, and severe bone pain attributed to the instability.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, bone stability, evaluate bone erosion, and plan further management.

Operative Note 55:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Resurfacing

Indication: The patient presents with severe bone pain, joint dysfunction, and imaging findings suggestive of articular cartilage involvement in necrotizing vasculopathy, necessitating bone resurfacing for pain relief, restoration of joint function, and management of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia with moderate sedation was administered. An arthrotomy was performed, and the damaged articular cartilage was carefully removed. Bone resurfacing with prosthetic implants or autologous cartilage grafts was performed to restore joint integrity and function.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving articular cartilage damage, bone erosion, and severe bone pain attributed to joint dysfunction.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, joint function, and healing, evaluate bone erosion, and plan further management.

Operative Note 56:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Nerve Block

Indication: The patient presents with severe bone pain localized to a specific nerve distribution, suggestive of nerve involvement in necrotizing vasculopathy, necessitating a nerve block for temporary pain relief, diagnostic evaluation, and determination of the extent of bone erosion.

Description: The patient was positioned comfortably, and local anesthesia was administered. Under fluoroscopic guidance, a nerve block was performed, targeting the affected nerve(s) associated with the severe bone pain. A mixture of local anesthetics and corticosteroids was injected.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving nerve irritation, bone erosion, and severe bone pain attributed to nerve involvement.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, determine the duration of the nerve block's effectiveness, evaluate bone erosion, and plan further management.

Operative Note 57:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Joint Fusion

Indication: The patient presents with severe bone pain, joint instability, and imaging findings suggestive of advanced joint destruction in necrotizing vasculopathy, necessitating joint fusion for pain relief, joint stabilization, and management of bone erosion.

Description: The patient was positioned comfortably, and general anesthesia was administered. An arthrotomy was performed, and the damaged joint surfaces were prepared for fusion. The joint was stabilized using bone grafts, screws, or other fixation devices. Appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving joint destruction, bone erosion, and severe bone pain attributed to joint instability.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, joint stability, evaluate bone fusion, and plan further management.

Operative Note 58:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Denervation

Indication: The patient presents with severe bone pain and imaging findings suggestive of nerve involvement in necrotizing vasculopathy, necessitating bone denervation for pain relief, interruption of pain signals, and evaluation of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia was administered. An incision was made, exposing the affected bone and the entrapped or inflamed nerves. Denervation procedures such as neurectomy or nerve ablation were performed to interrupt the transmission of pain signals.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving nerve inflammation, bone erosion, and severe bone pain attributed to nerve involvement.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, evaluate bone erosion, and plan further management.

Operative Note 59:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Amputation

Indication: The patient presents with severe bone pain, extensive bone destruction, and non-responsive to conservative treatments in necrotizing vasculopathy, necessitating bone amputation for pain relief, prevention of further bone erosion, and management of infection.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made at the appropriate level, and bone amputation was performed, ensuring adequate margins and hemostasis. Soft tissue closure was done, and a sterile dressing was applied.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving extensive bone destruction, bone erosion, and severe bone pain attributed to the advanced disease.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess pain relief, evaluate bone erosion, and plan further management.

Operative Note 60:

Procedure: Necrotizing Vasculopathy, Unspecified Bone Resection

Indication: The patient presents with severe bone pain, localized bone lesions, and imaging findings suggestive of necrotizing vasculopathy involvement in a specific bone segment, necessitating bone resection for pain relief, removal of diseased bone, and management of bone erosion.

Description: The patient was positioned comfortably, and regional anesthesia was administered. An incision was made, exposing the affected bone segment. Resection of the diseased bone was performed, ensuring clear margins. Hemostasis was achieved, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving localized bone lesions, bone erosion, and severe bone pain attributed to the specific bone segment involvement.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess pain relief, evaluate bone healing, and plan further management.

Please note that these operative notes are synthetic and for illustrative purposes only. They should not be considered as medical advice or accurate representations of real medical procedures.

Operative Note 61:

Procedure: Necrotizing Vasculopathy, Unspecified Angioplasty

Indication: The patient presents with severe limb ischemia and diagnostic imaging findings suggestive of vascular stenosis in necrotizing vasculopathy, necessitating angioplasty for restoration of blood flow, relief of symptoms, and evaluation of the extent of vasculopathy.

Description: The patient was positioned comfortably, and local anesthesia was administered. Access to the affected blood vessel was obtained, and angioplasty was performed using a balloon catheter to dilate the stenosed segment. Adequate blood flow was restored, and post-procedural angiography confirmed successful intervention.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving vascular stenosis, limb ischemia, and severe symptoms attributed to impaired blood flow.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess limb perfusion, evaluate symptom relief, and plan further management.

Operative Note 62:

Procedure: Necrotizing Vasculopathy, Unspecified Bypass Surgery

Indication: The patient presents with severe limb ischemia, non-healing ulcers, and imaging findings suggestive of occluded vessels in necrotizing vasculopathy, necessitating bypass surgery for revascularization, wound healing, and management of limb-threatening ischemia.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, and the affected blood vessels were exposed. Bypass grafts, such as autologous veins or synthetic grafts, were used to create alternate routes for blood flow. Adequate blood supply was restored, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving occluded blood vessels, limb ischemia, and severe tissue damage attributed to impaired blood flow.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess graft patency, monitor wound healing, evaluate limb perfusion, and plan further management.

Operative Note 63:

Procedure: Necrotizing Vasculopathy, Unspecified Embolectomy

Indication: The patient presents with severe acute limb ischemia and imaging findings suggestive of vascular embolism in necrotizing vasculopathy, necessitating embolectomy for restoration of blood flow, limb salvage, and evaluation of the underlying cause of embolic events.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, and the affected blood vessel was accessed. Embolectomy was performed, removing the obstructing embolus using a Fogarty catheter or other suitable technique. Restoration of blood flow was confirmed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving vascular embolism, acute limb ischemia, and severe symptoms attributed to embolic occlusion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess limb perfusion, evaluate symptom relief, investigate the underlying cause of embolic events, and plan further management.

Operative Note 64:

Procedure: Necrotizing Vasculopathy, Unspecified Arterial Ligation

Indication: The patient presents with severe bleeding, tissue necrosis, and imaging findings suggestive of arterial rupture in necrotizing vasculopathy, necessitating arterial ligation for hemorrhage control, prevention of further tissue damage, and management of severe symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, and the bleeding artery was identified and isolated. Arterial ligation was performed, securing the vessel to stop the hemorrhage. Adequate hemostasis was achieved, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving arterial rupture, severe bleeding, tissue necrosis, and severe symptoms attributed to vascular compromise.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess symptom relief, evaluate tissue viability, and plan further management.

Operative Note 65:

Procedure: Necrotizing Vasculopathy, Unspecified Debridement

Indication: The patient presents with severe tissue necrosis, non-healing wounds, and imaging findings suggestive of infected necrotic tissue in necrotizing vasculopathy, necessitating debridement for removal of infected or non-viable tissue, wound cleansing, and preparation for further management.

Description: The patient was positioned comfortably, and regional anesthesia was administered. An incision was made, and the necrotic tissue was carefully excised using sharp instruments or surgical debridement techniques. Thorough irrigation and wound cleansing were performed. Hemostasis was achieved, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving tissue necrosis, infected wounds, and severe symptoms attributed to compromised tissue viability.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate tissue viability, and plan further management.

Operative Note 66:

Procedure: Necrotizing Vasculopathy, Unspecified Vascular Repair

Indication: The patient presents with severe vascular injury, active bleeding, and imaging findings suggestive of vascular disruption in necrotizing vasculopathy, necessitating vascular repair for hemostasis, preservation of limb perfusion, and management of severe symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, and the injured blood vessel was exposed. Vascular repair, such as primary closure, patch angioplasty, or vascular grafting, was performed to restore vessel integrity and adequate blood flow. Hemostasis was achieved, and appropriate wound closure was done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving vascular injury, severe bleeding, compromised limb perfusion, and severe symptoms attributed to vascular disruption.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess vessel patency, monitor limb perfusion, evaluate symptom relief, and plan further management.

Operative Note 67:

Procedure: Necrotizing Vasculopathy, Unspecified Fasciotomy

Indication: The patient presents with severe limb compartment syndrome, tissue ischemia, and imaging findings suggestive of increased compartment pressures in necrotizing vasculopathy, necessitating fasciotomy for decompression, restoration of tissue perfusion, and management of severe symptoms.

Description: The patient was positioned comfortably, and regional anesthesia was administered. Incisions were made over the affected compartments, allowing decompression and release of increased compartment pressures. Tissue viability and perfusion were assessed intraoperatively. Adequate decompression was confirmed, and appropriate wound closure or temporary wound dressings were applied.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving compartment syndrome, tissue ischemia, and severe symptoms attributed to increased compartment pressures.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess tissue perfusion, evaluate symptom relief, and plan further management.

Operative Note 68:

Procedure: Necrotizing Vasculopathy, Unspecified Skin Graft

Indication: The patient presents with severe tissue loss, non-healing wounds, and imaging findings suggestive of compromised tissue viability in necrotizing vasculopathy, necessitating skin grafting for wound coverage, promotion of wound healing, and management of severe symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered. The wound bed was prepared, and appropriate debridement was performed. Skin grafts, either autologous or allografts, were harvested and meticulously secured over the wound bed. Dressings were applied, providing a favorable environment for graft take and wound healing.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving tissue loss, non-healing wounds, compromised tissue viability, and severe symptoms attributed to impaired wound healing.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor graft viability, assess wound healing, evaluate symptom relief, and plan further management.

Operative Note 69:

Procedure: Necrotizing Vasculopathy, Unspecified Amputation

Indication: The patient presents with severe tissue necrosis, non-responsive infections, and imaging findings suggestive of irreversible tissue damage in necrotizing vasculopathy, necessitating amputation for source control, prevention of further spread of infection, and management of severe symptoms.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. The level of amputation was carefully determined, considering the extent of tissue necrosis, infection, and viability of the remaining limb. Amputation was performed, ensuring adequate margins and hemostasis. Soft tissue closure was done, and a sterile dressing was applied.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving tissue necrosis, non-responsive infections, irreversible tissue damage, and severe symptoms attributed to advanced disease.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate symptom relief, and plan further management.

Operative Note 70:

Procedure: Necrotizing Vasculopathy, Unspecified Vascular Stenting

Indication: The patient presents with severe vascular stenosis, compromised blood flow, and imaging findings suggestive of stenotic lesions in necrotizing vasculopathy, necessitating vascular stenting for restoration of blood flow, relief of symptoms, and management of severe vascular compromise.

Description: The patient was positioned comfortably, and local or general anesthesia was administered. Access to the affected blood vessel was obtained, and a stent delivery system was navigated to the site of stenosis. The stent was deployed, expanding the narrowed vessel and restoring blood flow. Adequate stent positioning was confirmed, and post-procedural angiography confirmed successful intervention.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving vascular stenosis, compromised blood flow, and severe symptoms attributed to impaired vascular function.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess vessel patency, evaluate symptom relief, monitor stent function, and plan further management.

Operative Note 71:

Procedure: Necrotizing Vasculopathy, Unspecified Thrombectomy

Indication: The patient presents with acute limb ischemia and imaging findings suggestive of thrombotic occlusion in necrotizing vasculopathy, necessitating thrombectomy for restoration of blood flow, limb salvage, and management of severe symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered. Access to the affected blood vessel was obtained, and thrombectomy was performed using a suitable technique, such as mechanical thrombectomy or aspiration. Thorough flushing and assessment of vessel patency were done.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving thrombotic occlusion, acute limb ischemia, and severe symptoms attributed to impaired blood flow.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess limb perfusion, monitor symptom relief, evaluate thrombus recurrence, and plan further management.

Operative Note 72:

Procedure: Necrotizing Vasculopathy, Unspecified Angiography with Intervention

Indication: The patient presents with suspected vascular abnormalities and imaging findings suggestive of necrotizing vasculopathy, necessitating diagnostic angiography with possible intervention for accurate assessment, treatment planning, and management of the condition.

Description: The patient was positioned comfortably, and local or general anesthesia was administered. Access to the affected blood vessel was obtained, and angiography was performed to visualize the vascular anatomy and identify any abnormalities. Based on the findings, interventions such as angioplasty, stenting, or embolization were performed as appropriate.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving vascular abnormalities, impaired blood flow, and symptoms attributed to compromised vascular function.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to review angiography results, assess treatment effectiveness, monitor symptom relief, and plan further management.

Operative Note 73:

Procedure: Necrotizing Vasculopathy, Unspecified Limb Revascularization

Indication: The patient presents with severe limb ischemia, non-healing wounds, and imaging findings suggestive of compromised blood flow in necrotizing vasculopathy, necessitating limb revascularization for restoration of perfusion, wound healing, and management of severe symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, and the affected blood vessels were exposed. Revascularization procedures, such as endarterectomy, bypass grafting, or endovascular interventions, were performed to restore blood flow to the affected limb. Adequate perfusion was confirmed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving compromised blood flow, severe limb ischemia, non-healing wounds, and severe symptoms attributed to impaired tissue perfusion.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess limb perfusion, monitor wound healing, evaluate symptom relief, and plan further management.

Operative Note 74:

Procedure: Necrotizing Vasculopathy, Unspecified Percutaneous Transluminal Angioplasty

Indication: The patient presents with vascular stenosis, compromised blood flow, and imaging findings suggestive of narrowed vessels in necrotizing vasculopathy, necessitating percutaneous transluminal angioplasty for restoration of blood flow, symptom relief, and management of severe vascular compromise.

Description: The patient was positioned comfortably, and local anesthesia was administered. Access to the affected blood vessel was obtained, and angioplasty was performed using an appropriate balloon catheter. The balloon was inflated at the site of stenosis, dilating the narrowed vessel and restoring blood flow. Post-procedural angiography confirmed successful intervention.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving vascular stenosis, compromised blood flow, and severe symptoms attributed to impaired vascular function.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess vessel patency, evaluate symptom relief, monitor procedural success, and plan further management.

Operative Note 75:

Procedure: Necrotizing Vasculopathy, Unspecified Limb Fasciotomy

Indication: The patient presents with severe limb compartment syndrome, tissue ischemia, and imaging findings suggestive of increased compartment pressures in necrotizing vasculopathy, necessitating fasciotomy for decompression, restoration of tissue perfusion, and management of severe symptoms.

Description: The patient was positioned comfortably, and regional anesthesia was administered. Incisions were made over the affected compartments, allowing decompression and release of increased compartment pressures. Tissue viability and perfusion were assessed intraoperatively. Adequate decompression was confirmed, and appropriate wound closure or temporary wound dressings were applied.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving compartment syndrome, tissue ischemia, and severe symptoms attributed to increased compartment pressures.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess tissue perfusion, evaluate symptom relief, and plan further management.

Operative Note 76:

Procedure: Necrotizing Vasculopathy, Unspecified Vascular Bypass

Indication: The patient presents with severe arterial occlusion, compromised blood flow, and imaging findings suggestive of non-reconstructible vessels in necrotizing vasculopathy, necessitating vascular bypass for restoration of blood flow, limb salvage, and management of severe symptoms.

Description: The patient was positioned comfortably, and general anesthesia was administered. An incision was made, and suitable conduits, such as autologous veins or synthetic grafts, were prepared. Vascular bypass was performed, redirecting blood flow around the occluded or non-reconstructible vessels. Adequate flow and patency were confirmed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving arterial occlusion, compromised blood flow, severe limb ischemia, and severe symptoms attributed to impaired vascular function.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess bypass patency, monitor limb perfusion, evaluate symptom relief, and plan further management.

Operative Note 77:

Procedure: Necrotizing Vasculopathy, Unspecified Excisional Biopsy

Indication: The patient presents with suspicious lesions, tissue necrosis, and imaging findings suggestive of necrotizing vasculopathy, necessitating excisional biopsy for definitive diagnosis, assessment of disease extent, and management planning.

Description: The patient was positioned comfortably, and local or general anesthesia was administered. An incision was made, and the lesion of interest was carefully excised, ensuring appropriate margins. Hemostasis was achieved, and wound closure was performed. The excised tissue was sent for pathological analysis.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving suspicious lesions, tissue necrosis, and severe symptoms attributed to vascular involvement.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to review biopsy results, assess disease extent, evaluate symptom relief, and plan further management.

Operative Note 78:

Procedure: Necrotizing Vasculopathy, Unspecified Lymph Node Biopsy

Indication: The patient presents with enlarged lymph nodes, systemic symptoms, and imaging findings suggestive of lymph node involvement in necrotizing vasculopathy, necessitating lymph node biopsy for diagnostic confirmation, assessment of disease activity, and management planning.

Description: The patient was positioned comfortably, and local or general anesthesia was administered. An incision was made over the enlarged lymph node, and a suitable specimen was obtained for biopsy. Hemostasis was achieved, and wound closure was performed. The excised tissue was sent for pathological analysis.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving enlarged lymph nodes, systemic symptoms, and severe manifestations attributed to lymph node involvement.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to review biopsy results, assess disease activity, evaluate symptom relief, and plan further management.

Operative Note 79:

Procedure: Necrotizing Vasculopathy, Unspecified Ventricular Assist Device (VAD) Placement

Indication: The patient presents with severe cardiac dysfunction, end-organ hypoperfusion, and imaging findings suggestive of compromised cardiac function in necrotizing vasculopathy, necessitating VAD placement for mechanical circulatory support, symptom relief, and management of severe cardiac compromise.

Description: The patient was positioned comfortably, and general anesthesia was administered. Sternotomy was performed, providing access to the heart. A suitable VAD was selected and implanted, ensuring proper positioning and connection to the heart and circulatory system. VAD function and hemodynamic stability were assessed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe cardiac dysfunction, end-organ hypoperfusion, and severe symptoms attributed to impaired cardiac function.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor VAD function, assess symptom relief, evaluate end-organ perfusion, and plan further management.

Operative Note 80:

Procedure: Necrotizing Vasculopathy, Unspecified Endovascular Aneurysm Repair

Indication: The patient presents with aneurysmal dilatation, risk of rupture, and imaging findings suggestive of aneurysmal disease in necrotizing vasculopathy, necessitating endovascular aneurysm repair for aneurysm exclusion, prevention of rupture, and management of severe symptoms.

Description: The patient was positioned comfortably, and local or general anesthesia was administered. Access to the affected blood vessel was obtained, and endovascular aneurysm repair was performed using appropriate devices, such as stent grafts or embolic materials. Adequate exclusion of the aneurysm and restoration of blood flow were confirmed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving aneurysmal dilatation, risk of rupture, and severe symptoms attributed to aneurysm-related complications.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to assess aneurysm exclusion, monitor symptom relief, evaluate aneurysm stability, and plan further management.

Operative Note 81:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Debridement and Drainage

Indication: The patient presents with an extreme moving joint, severe joint pain, and imaging findings suggestive of joint infection in necrotizing vasculopathy, necessitating joint debridement and drainage for source control, pain relief, and management of severe infection.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. The affected joint was exposed, and debridement of necrotic tissue and purulent material was performed. Copious irrigation was done, and drains were placed to facilitate ongoing drainage. Joint stability was assessed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint infection, extreme joint mobility, severe joint pain, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 82:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroscopy with Lavage and Debridement

Indication: The patient presents with an extreme moving joint, severe joint swelling, and imaging findings suggestive of joint inflammation and infection in necrotizing vasculopathy, necessitating joint arthroscopy with lavage and debridement for infection control, symptom relief, and management of severe joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. Arthroscopic access to the affected joint was obtained, and thorough joint lavage was performed using appropriate solutions. Debridement of inflamed and necrotic tissues was done, and visual inspection of joint structures was performed. Joint stability was assessed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint inflammation, extreme joint mobility, severe joint swelling, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 83:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroplasty

Indication: The patient presents with an extreme moving joint, severe joint pain, and imaging findings suggestive of joint destruction and infection in necrotizing vasculopathy, necessitating joint arthroplasty for pain relief, joint stabilization, and management of severe joint involvement and infection.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made, providing access to the affected joint. The joint surfaces were evaluated, and appropriate joint replacement components were selected. Joint arthroplasty was performed, ensuring stability and alignment. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint destruction, extreme joint mobility, severe joint pain, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 84:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Fusion

Indication: The patient presents with an extreme moving joint, severe joint instability, and imaging findings suggestive of joint destruction and infection in necrotizing vasculopathy, necessitating joint fusion for pain relief, joint stabilization, and management of severe joint involvement and infection.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made, providing access to the affected joint. Joint surfaces were prepared, and appropriate fixation devices or bone grafts were used to achieve joint fusion. Adequate stability was confirmed intraoperatively. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint destruction, extreme joint mobility, severe joint instability, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint fusion, assess infection control, evaluate joint stability, and plan further management.

Operative Note 85:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Amputation

Indication: The patient presents with an extreme moving joint, severe joint necrosis, and imaging findings suggestive of irreversible joint damage and infection in necrotizing vasculopathy, necessitating joint amputation for pain relief, infection control, and management of severe joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made proximal to the affected joint, and soft tissue dissection was performed to expose the joint. The joint was disarticulated, and appropriate hemostasis was achieved. The wound was closed, and appropriate dressings were applied.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint necrosis, extreme joint mobility, severe joint pain, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess pain control, evaluate functional outcomes, and plan further management.

Operative Note 86:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Synovectomy

Indication: The patient presents with an extreme moving joint, severe joint swelling, and imaging findings suggestive of synovial inflammation and infection in necrotizing vasculopathy, necessitating joint synovectomy for infection control, symptom relief, and management of severe joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made over the affected joint, and synovial tissue was excised and removed. Thorough irrigation was performed, and appropriate hemostasis was achieved. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe synovial inflammation, extreme joint mobility, severe joint swelling, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 87:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Stabilization

Indication: The patient presents with an extreme moving joint, severe joint instability, and imaging findings suggestive of joint destruction and infection in necrotizing vasculopathy, necessitating joint stabilization for pain relief, joint stability, and management of severe joint involvement and infection.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made, providing access to the affected joint. Joint surfaces were evaluated, and appropriate stabilization techniques, such as ligament repair or reconstruction, were performed. Adequate stability was confirmed intraoperatively. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint destruction, extreme joint mobility, severe joint instability, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint healing, assess infection control, evaluate joint stability, and plan further management.

Operative Note 88:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Fusion with External Fixation

Indication: The patient presents with an extreme moving joint, severe joint instability, and imaging findings suggestive of joint destruction and infection in necrotizing vasculopathy, necessitating joint fusion with external fixation for pain relief, joint stabilization, and management of severe joint involvement and infection.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made, providing access to the affected joint. Joint surfaces were prepared, and an external fixation device was applied to achieve joint stabilization and fusion. Adequate stability was confirmed intraoperatively. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint destruction, extreme joint mobility, severe joint instability, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint fusion, assess infection control, evaluate joint stability, and plan further management.

Operative Note 89:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Reconstruction

Indication: The patient presents with an extreme moving joint, severe joint deformity, and imaging findings suggestive of joint destruction and infection in necrotizing vasculopathy, necessitating joint reconstruction for pain relief, joint function restoration, and management of severe joint involvement and infection.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made, providing access to the affected joint. Joint surfaces were evaluated, and appropriate reconstructive techniques, such as tendon transfers or joint realignment procedures, were performed. Joint stability and range of motion were assessed intraoperatively. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint destruction, extreme joint mobility, severe joint deformity, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 90:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Resection and Antibiotic Spacer Placement

Indication: The patient presents with an extreme moving joint, severe joint infection, and imaging findings suggestive of joint destruction and infection in necrotizing vasculopathy, necessitating joint resection and antibiotic spacer placement for infection control, pain relief, and management of severe joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made, providing access to the affected joint. Joint resection was performed, removing infected and necrotic tissues. An antibiotic spacer was then placed to maintain joint space and deliver localized antibiotics. Adequate stability was confirmed intraoperatively. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe joint infection, extreme joint mobility, severe joint destruction, and symptoms attributed to joint involvement and infection.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 91:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Synovectomy for Severe Inflammatory Response

Indication: The patient presents with an extreme moving joint, severe joint inflammation, and imaging findings suggestive of synovial involvement in necrotizing vasculopathy, necessitating joint synovectomy for infection control, inflammation management, and symptom relief.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made over the affected joint, and synovial tissue was carefully excised and removed. Thorough irrigation was performed, and appropriate hemostasis was achieved. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe synovial inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 92:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroscopic Debridement for Moderate Inflammation

Indication: The patient presents with an extreme moving joint, moderate joint inflammation, and imaging findings suggestive of intra-articular inflammation in necrotizing vasculopathy, necessitating joint arthroscopic debridement for inflammation control, pain relief, and management of joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. Arthroscopic access to the affected joint was obtained, and intra-articular structures were visualized. Debridement of inflamed tissues was performed, ensuring removal of necrotic debris. Thorough irrigation was done. Joint stability was assessed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving moderate joint inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 93:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Bursectomy for Mild Inflammation

Indication: The patient presents with an extreme moving joint, mild joint inflammation, and imaging findings suggestive of bursa involvement in necrotizing vasculopathy, necessitating joint bursectomy for inflammation control, pain relief, and management of joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made over the affected joint, and the inflamed bursa was carefully excised and removed. Thorough irrigation was performed, and appropriate hemostasis was achieved. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving mild joint inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 94:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Injection of Corticosteroids for Severe Inflammation

Indication: The patient presents with an extreme moving joint, severe joint inflammation, and imaging findings suggestive of synovial involvement in necrotizing vasculopathy, necessitating joint injection of corticosteroids for inflammation control, pain relief, and management of joint involvement.

Description: The patient was positioned comfortably, and local anesthesia was administered. A needle was inserted into the affected joint, and a corticosteroid solution was injected into the joint space. Adequate dispersion of the medication was ensured. Joint stability was assessed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe synovial inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor pain relief, assess infection control, evaluate joint function, and plan further management.

Operative Note 95:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroscopy with Synovial Biopsy for Inflammatory Evaluation

Indication: The patient presents with an extreme moving joint, joint inflammation, and imaging findings suggestive of synovial involvement in necrotizing vasculopathy, necessitating joint arthroscopy with synovial biopsy for inflammatory evaluation, infection control, and management of joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. Arthroscopic access to the affected joint was obtained, and synovial tissue samples were carefully obtained for biopsy. Thorough irrigation was performed, and appropriate hemostasis was achieved. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving joint inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor biopsy results, assess infection control, evaluate joint function, and plan further management.

Operative Note 96:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroscopic Washout for Acute Inflammation

Indication: The patient presents with an extreme moving joint, acute joint inflammation, and imaging findings suggestive of intra-articular inflammation in necrotizing vasculopathy, necessitating joint arthroscopic washout for inflammation control, pain relief, and management of joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. Arthroscopic access to the affected joint was obtained, and thorough irrigation with sterile saline was performed to flush out inflammatory mediators and debris. Joint stability was assessed intraoperatively.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving acute joint inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 97:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Curettage and Debridement for Chronic Inflammation

Indication: The patient presents with an extreme moving joint, chronic joint inflammation, and imaging findings suggestive of joint involvement in necrotizing vasculopathy, necessitating joint curettage and debridement for inflammation control, pain relief, and management of joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made over the affected joint, and inflamed tissues were carefully curetted and debrided. Thorough irrigation was performed, and appropriate hemostasis was achieved. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving chronic joint inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 98:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Synovial Biopsy and Drainage for Moderate Inflammation and Joint Effusion

Indication: The patient presents with an extreme moving joint, moderate joint inflammation, joint effusion, and imaging findings suggestive of synovial involvement in necrotizing vasculopathy, necessitating joint synovial biopsy and drainage for inflammatory evaluation, infection control, and symptom relief.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made over the affected joint, and synovial tissue samples were obtained for biopsy. Concurrently, joint effusion was drained, and thorough irrigation was performed. Appropriate hemostasis was achieved, and wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving moderate synovial inflammation, joint effusion, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor biopsy results, assess infection control, evaluate joint function, and plan further management.

Operative Note 99:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Synovial Resection for Severe Inflammation

Indication: The patient presents with an extreme moving joint, severe joint inflammation, and imaging findings suggestive of synovial involvement in necrotizing vasculopathy, necessitating joint synovial resection for inflammation control, pain relief, and management of joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. An incision was made over the affected joint, and the inflamed synovial tissue was carefully resected and removed. Thorough irrigation was performed, and appropriate hemostasis was achieved. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving severe synovial inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor wound healing, assess infection control, evaluate joint function, and plan further management.

Operative Note 100:

Procedure: Necrotizing Vasculopathy, Unspecified Joint Arthroscopic Synovectomy for Moderate Inflammation

Indication: The patient presents with an extreme moving joint, moderate joint inflammation, and imaging findings suggestive of synovial involvement in necrotizing vasculopathy, necessitating joint arthroscopic synovectomy for inflammation control, pain relief, and management of joint involvement.

Description: The patient was positioned comfortably, and regional or general anesthesia was administered. Arthroscopic access to the affected joint was obtained, and synovial tissue was carefully excised and removed. Thorough irrigation was performed, and appropriate hemostasis was achieved. Wound closure was performed.

Findings: Intraoperative findings consistent with necrotizing vasculopathy, unspecified involving moderate synovial inflammation, extreme joint mobility, and symptoms attributed to joint involvement and inflammation.

Complications: None.

Postoperative Instructions: The patient was scheduled for a follow-up appointment to monitor joint healing, assess infection control, evaluate joint function, and plan further management.

# M32 Systemic lupus erythematosus

## M32.0 Drug-induced systemic lupus erythematosus

Operative Note 1:

Procedure: Arthroscopic Synovectomy

Indication: Drug-induced systemic lupus erythematosus (DILE) affecting the knee joint.

Technique: Under general anesthesia, a standard arthroscopic approach was used to access the knee joint. The synovial tissue, inflamed due to DILE, was meticulously excised using a shaver and radiofrequency ablation. Careful hemostasis was achieved, and the joint was irrigated thoroughly. The arthroscope was removed, and the portals were closed with sutures.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was transferred to the recovery room in stable condition. Pain was managed with analgesics. The patient was initiated on immunosuppressive therapy and referred to rheumatology for further management.

Follow-up: The patient will be scheduled for regular follow-up appointments to monitor disease progression and treatment response.

Operative Note 2:

Procedure: Renal Biopsy

Indication: Suspected drug-induced systemic lupus erythematosus (DILE) with renal involvement.

Technique: Using ultrasound guidance, a percutaneous renal biopsy was performed. A small incision was made, and a biopsy needle was directed into the renal cortex. Multiple core samples were obtained. Hemostasis was ensured, and a sterile dressing was applied.

Complications: Mild hematuria.

Postoperative Course: The patient was closely monitored for complications, including renal function and bleeding. Analgesics were administered as needed. Histopathological analysis confirmed DILE-related changes in the renal tissue.

Follow-up: The patient will be followed up by nephrology for further management and treatment of renal involvement.

Operative Note 3:

Procedure: Thoracoscopic Lung Biopsy

Indication: Evaluation of drug-induced systemic lupus erythematosus (DILE)-related interstitial lung disease.

Technique: Under general anesthesia, single-lung ventilation was achieved using a double-lumen endotracheal tube. Three thoracoscopic ports were placed, allowing access to the affected lung. Wedge lung biopsies were obtained using endoscopic staplers. Bleeding was controlled, and a chest tube was inserted.

Complications: Pneumothorax requiring chest tube placement.

Postoperative Course: The patient was monitored in the intensive care unit for 24 hours. Chest X-ray confirmed re-expansion of the lung. Analgesics and respiratory physiotherapy were provided. Pathology report revealed interstitial lung disease consistent with DILE.

Follow-up: The patient will be followed up by pulmonology for further management and treatment of the interstitial lung disease.

Operative Note 4:

Procedure: Cardiac Catheterization

Indication: Investigation of drug-induced systemic lupus erythematosus (DILE)-related myocarditis.

Technique: After local anesthesia, the right femoral artery was accessed using the Seldinger technique. A catheter was advanced into the coronary arteries, and selective angiography was performed. No significant stenosis or obstructive lesions were observed. Endomyocardial biopsy samples were obtained using a bioptome.

Complications: None.

Postoperative Course: The patient was monitored in the cardiac care unit for 24 hours. Analgesics and anti-inflammatory medications were administered. Histopathology confirmed the presence of myocarditis consistent with DILE.

Follow-up: The patient will be followed up by cardiology for further management and treatment of myocarditis.

Operative Note 5:

Procedure: Abdominal Exploratory Laparotomy

Indication: Drug-induced systemic lupus erythematosus (DILE) with suspected gastrointestinal involvement.

Technique: After adequate general anesthesia, a midline incision was made. Intraoperative examination revealed mesenteric vasculitis consistent with DILE. Multiple biopsies were obtained from affected areas, and the findings were sent for histopathological evaluation. Hemostasis was ensured, and the incision was closed in layers.

Complications: None.

Postoperative Course: The patient was transferred to the surgical intensive care unit for close monitoring. Analgesics and immunosuppressive medications were initiated. Histopathology confirmed DILE-related vasculitis.

Follow-up: The patient will be followed up by gastroenterology for further management and treatment of gastrointestinal involvement.

Operative Note 6:

Procedure: Skin Biopsy

Indication: Cutaneous manifestations of drug-induced systemic lupus erythematosus (DILE).

Technique: Local anesthesia was administered, and a 4 mm punch biopsy was obtained from the affected skin lesion. Hemostasis was achieved using electrocautery, and a sterile dressing was applied.

Complications: None.

Postoperative Course: The patient experienced minimal pain, managed with local wound care and non-steroidal anti-inflammatory drugs. Histopathological analysis confirmed DILE-related changes in the skin tissue.

Follow-up: The patient will be followed up by dermatology for further management and treatment of cutaneous manifestations.

Operative Note 7:

Procedure: Lumbar Puncture

Indication: Suspected drug-induced systemic lupus erythematosus (DILE)-related central nervous system involvement.

Technique: After local anesthesia, a spinal needle was inserted into the subarachnoid space at the L3-L4 interspace. Cerebrospinal fluid (CSF) was collected for analysis, including cell count, protein, glucose, and oligoclonal bands.

Complications: Post-dural puncture headache.

Postoperative Course: The patient was advised bed rest and given analgesics for headache relief. CSF analysis revealed increased protein and lymphocytic pleocytosis, consistent with DILE-related central nervous system involvement.

Follow-up: The patient will be followed up by neurology for further management and treatment of central nervous system manifestations.

Operative Note 8:

Procedure: Ophthalmic Examination

Indication: Screening for ocular involvement in drug-induced systemic lupus erythematosus (DILE).

Technique: The patient underwent a comprehensive ophthalmic examination, including visual acuity assessment, slit-lamp examination, fundoscopy, and intraocular pressure measurement.

Complications: None.

Postoperative Course: The examination was unremarkable, with no significant findings suggestive of ocular involvement.

Follow-up: The patient will be scheduled for regular ophthalmic follow-ups to monitor for any potential ocular manifestations.

Operative Note 9:

Procedure: Bone Marrow Biopsy and Aspiration

Indication: Evaluation of cytopenias in drug-induced systemic lupus erythematosus (DILE).

Technique: After local anesthesia, a Jamshidi needle was inserted into the posterior iliac crest. Bone marrow aspirate and trephine biopsy samples were obtained. Hemostasis was achieved, and a sterile dressing was applied.

Complications: None.

Postoperative Course: The patient experienced minimal discomfort, managed with analgesics. Histopathological analysis revealed hypocellular marrow consistent with DILE-related myelosuppression.

Follow-up: The patient will be followed up by hematology for further management and treatment of cytopenias.

Operative Note 10:

Procedure: Endoscopic Retrograde Cholangiopancreatography (ERCP)

Indication: Investigation of drug-induced systemic lupus erythematosus (DILE)-related autoimmune cholangiopathy.

Technique: After conscious sedation, an endoscope was advanced through the mouth to the duodenum. Cannulation of the common bile duct was achieved, and cholangiography was performed. No strictures or filling defects were identified. Brush cytology samples were obtained for further evaluation.

Complications: Mild pancreatitis.

Postoperative Course: The patient was closely monitored for pancreatitis and received appropriate management, including intravenous fluids, analgesics, and pancreatic enzyme inhibitors. Cytology results showed no evidence of malignancy, supporting DILE-related autoimmune cholangiopathy.

Follow-up: The patient will be followed up by gastroenterology for further management and treatment of autoimmune cholangiopathy.

Operative Note 11:

Procedure: Electroencephalogram (EEG)

Indication: Evaluation of drug-induced systemic lupus erythematosus (DILE)-related central nervous system involvement.

Technique: Electrodes were placed on the patient's scalp according to the 10-20 system. The EEG was recorded for a specified duration, capturing brain wave activity and potential abnormalities.

Complications: None.

Postoperative Course: The EEG results showed no significant abnormalities related to DILE-associated central nervous system involvement.

Follow-up: The patient will be followed up by neurology for further assessment and management of central nervous system manifestations.

Operative Note 12:

Procedure: Echocardiography

Indication: Assessment of drug-induced systemic lupus erythematosus (DILE)-related cardiac involvement.

Technique: Transthoracic echocardiography was performed using a standard approach. Multiple views were obtained, including parasternal, apical, and subcostal views, to assess cardiac structure, function, and potential abnormalities.

Complications: None.

Postoperative Course: The echocardiography results showed no significant abnormalities related to DILE-associated cardiac involvement.

Follow-up: The patient will be followed up by cardiology for further assessment and management of cardiac manifestations.

Operative Note 13:

Procedure: Pulmonary Function Testing

Indication: Evaluation of drug-induced systemic lupus erythematosus (DILE)-related respiratory involvement.

Technique: The patient underwent spirometry and lung volume measurements to assess pulmonary function and potential abnormalities.

Complications: None.

Postoperative Course: The pulmonary function testing results showed no significant abnormalities related to DILE-associated respiratory involvement.

Follow-up: The patient will be followed up by pulmonology for further assessment and management of respiratory manifestations.

Operative Note 14:

Procedure: Colonoscopy

Indication: Evaluation of drug-induced systemic lupus erythematosus (DILE)-related gastrointestinal involvement.

Technique: After conscious sedation, a colonoscope was advanced through the rectum to visualize the colon and terminal ileum. Multiple biopsies were obtained from affected areas for histopathological analysis.

Complications: None.

Postoperative Course: The colonoscopy revealed mild mucosal inflammation consistent with DILE-related gastrointestinal involvement. Histopathology confirmed the findings.

Follow-up: The patient will be followed up by gastroenterology for further assessment and management of gastrointestinal manifestations.

Operative Note 15:

Procedure: Magnetic Resonance Imaging (MRI) Brain

Indication: Investigation of drug-induced systemic lupus erythematosus (DILE)-related central nervous system involvement.

Technique: The patient underwent MRI of the brain using standard sequences, including T1-weighted, T2-weighted, fluid-attenuated inversion recovery (FLAIR), and diffusion-weighted imaging.

Complications: None.

Postoperative Course: The MRI brain results showed no significant abnormalities related to DILE-associated central nervous system involvement.

Follow-up: The patient will be followed up by neurology for further assessment and management of central nervous system manifestations.

Operative Note 16:

Procedure: DEXA Scan (Dual-Energy X-ray Absorptiometry)

Indication: Assessment of drug-induced systemic lupus erythematosus (DILE)-related bone health and potential osteoporosis.

Technique: The patient underwent a DEXA scan to measure bone mineral density at the lumbar spine, hip, and other relevant sites.

Complications: None.

Postoperative Course: The DEXA scan results showed no significant abnormalities related to DILE-associated bone health.

Follow-up: The patient will be followed up by rheumatology for further assessment and management of bone manifestations.

Operative Note 17:

Procedure: Audiometry

Indication: Evaluation of drug-induced systemic lupus erythematosus (DILE)-related auditory involvement.

Technique: The patient underwent audiometry testing to assess hearing thresholds and potential abnormalities in auditory function.

Complications: None.

Postoperative Course: The audiometry results showed no significant abnormalities related to DILE-associated auditory involvement.

Follow-up: The patient will be followed up by otolaryngology for further assessment and management of auditory manifestations.

Operative Note 18:

Procedure: Thyroid Function Testing

Indication: Assessment of drug-induced systemic lupus erythematosus (DILE)-related thyroid dysfunction.

Technique: Blood samples were obtained to measure thyroid-stimulating hormone (TSH), free thyroxine (T4), and triiodothyronine (T3) levels.

Complications: None.

Postoperative Course: The thyroid function testing results showed no significant abnormalities related to DILE-associated thyroid dysfunction.

Follow-up: The patient will be followed up by endocrinology for further assessment and management of thyroid manifestations.

Operative Note 19:

Procedure: Renal Function Testing

Indication: Evaluation of drug-induced systemic lupus erythematosus (DILE)-related renal involvement.

Technique: Blood and urine samples were collected for analysis, including renal function tests, such as serum creatinine, blood urea nitrogen (BUN), and urine protein levels.

Complications: None.

Postoperative Course: The renal function testing results showed no significant abnormalities related to DILE-associated renal involvement.

Follow-up: The patient will be followed up by nephrology for further assessment and management of renal manifestations.

Operative Note 20:

Procedure: Genetic Testing

Indication: Investigation of genetic predisposition to drug-induced systemic lupus erythematosus (DILE).

Technique: Blood samples were collected for genetic analysis, including testing for specific gene variants associated with DILE susceptibility.

Complications: None.

Postoperative Course: The genetic testing results revealed no significant genetic variants associated with DILE susceptibility.

Follow-up: The patient will be followed up by rheumatology for further assessment and management based on clinical manifestations.

Operative Note 21:

Procedure: Total Knee Replacement

Indication: Severe joint damage due to drug-induced systemic lupus erythematosus (DILE).

Technique: The patient was placed under general anesthesia using a balanced technique. After endotracheal intubation, general anesthesia was maintained with inhalation agents and intravenous opioids. The surgical site was infiltrated with local anesthesia for postoperative pain control. A standard total knee replacement procedure was performed, including removal of damaged joint surfaces and placement of prosthetic components.

Complications: None.

Postoperative Course: The patient was transferred to the recovery room in stable condition. Intravenous patient-controlled analgesia (PCA) was initiated for pain management. The patient will undergo physical therapy for rehabilitation.

Follow-up: The patient will be followed up by orthopedics for postoperative evaluation and rehabilitation progress.

Operative Note 22:

Procedure: Laparoscopic Cholecystectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related symptomatic gallstones.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with inhalation agents and intravenous opioids. Pneumoperitoneum was established, and trocars were placed for laparoscopic access. The gallbladder was visualized and removed using standard laparoscopic techniques. Hemostasis was ensured, and trocar sites were closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the post-anesthesia care unit. Analgesics were administered for pain management. The patient will be discharged after routine postoperative recovery.

Follow-up: The patient will be scheduled for a follow-up visit to assess postoperative recovery and monitor for any complications.

Operative Note 23:

Procedure: Lumbar Spinal Fusion

Indication: Drug-induced systemic lupus erythematosus (DILE)-related degenerative disc disease causing severe back pain.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with a combination of inhalation agents and intravenous opioids. A posterior approach was used, and pedicle screws were placed for stabilization. Interbody fusion was performed using bone graft and cage. The surgical site was closed in layers.

Complications: None.

Postoperative Course: The patient was closely monitored in the post-anesthesia care unit. Analgesics and muscle relaxants were administered for pain control. The patient will undergo physical therapy for rehabilitation.

Follow-up: The patient will be followed up by neurosurgery for postoperative evaluation and rehabilitation progress.

Operative Note 24:

Procedure: Hysterectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related symptomatic uterine fibroids.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with inhalation agents and intravenous opioids. A lower midline incision was made, and the uterus was exposed. Total hysterectomy with bilateral salpingo-oophorectomy was performed. Hemostasis was ensured, and the incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery room. Analgesics were administered for pain management. The patient will be discharged after routine postoperative recovery.

Follow-up: The patient will be scheduled for a follow-up visit to assess postoperative recovery and monitor for any complications.

Operative Note 25:

Procedure: Craniotomy for Brain Biopsy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related intracranial mass lesion.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with inhalation agents and intravenous opioids. A standard craniotomy was performed, and a biopsy sample was obtained from the intracranial lesion. Hemostasis was achieved, and the bone flap was replaced and secured.

Complications: None.

Postoperative Course: The patient was closely monitored in the neurosurgical intensive care unit. Analgesics and anti-edema medications were administered. The patient will undergo neurologic monitoring and receive appropriate postoperative care.

Follow-up: The patient will be followed up by neurosurgery for biopsy results and further management based on the findings.

Operative Note 26:

Procedure: Transurethral Resection of Bladder Tumor (TURBT)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related bladder tumor.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with inhalation agents and intravenous opioids. A cystoscope was inserted through the urethra, and the bladder tumor was visualized. Resection of the tumor was performed using electrocautery. Hemostasis was ensured, and a sterile catheter was inserted.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery room. Analgesics were administered for pain management. The patient will be discharged after routine postoperative recovery.

Follow-up: The patient will be scheduled for a follow-up visit to assess postoperative recovery and monitor for any complications.

Operative Note 27:

Procedure: Percutaneous Coronary Intervention (PCI)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related coronary artery disease.

Technique: The patient was placed under conscious sedation. Local anesthesia was administered at the access site. A guiding catheter was introduced into the coronary artery, and angiography was performed to assess the extent of stenosis. Balloon angioplasty and stent placement were performed to restore blood flow.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was transferred to the cardiac care unit. Antiplatelet and anticoagulant medications were initiated. The patient will undergo cardiac rehabilitation and receive appropriate post-procedural care.

Follow-up: The patient will be followed up by cardiology for further assessment and management of coronary artery disease.

Operative Note 28:

Procedure: Breast Lumpectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related breast mass.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with inhalation agents and intravenous opioids. A standard lumpectomy incision was made, and the breast mass was excised. Hemostasis was ensured, and the incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery room. Analgesics were administered for pain management. The patient will be discharged after routine postoperative recovery.

Follow-up: The patient will be scheduled for a follow-up visit to assess postoperative recovery and monitor for any complications.

Operative Note 29:

Procedure: Percutaneous Nephrolithotomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related kidney stone.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with inhalation agents and intravenous opioids. A percutaneous access needle was inserted into the kidney, and a guidewire was passed into the renal pelvis. A nephroscope was then introduced, and the stone was visualized and fragmented using laser or pneumatic energy. Stone fragments were removed or allowed to pass spontaneously.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery room. Analgesics were administered for pain management. The patient will undergo imaging to confirm stone clearance and receive appropriate postoperative care.  
Follow-up: The patient will be followed up by urology for stone clearance assessment and management of kidney stone disease.

Operative Note 30:

Procedure: Endoscopic Sinus Surgery

Indication: Drug-induced systemic lupus erythematosus (DILE)-related chronic sinusitis.

Technique: The patient was placed under general anesthesia. Endotracheal intubation was performed, and anesthesia was maintained with inhalation agents and intravenous opioids. A nasal endoscope was introduced, and the sinuses were visualized. Sinus ostia were enlarged, and polyps or diseased tissue were removed. Hemostasis was ensured, and nasal packing was placed if necessary.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery room. Analgesics and nasal saline irrigations were administered for pain management and postoperative care. The patient will undergo follow-up visits for sinus assessment and management.

Follow-up: The patient will be scheduled for a follow-up visit to assess postoperative recovery and monitor for any complications.

Operative Note 31:

Procedure: Joint Arthroscopy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related joint inflammation and suspected bone erosion.

Technique: The patient was placed under regional anesthesia. Arthroscopic portals were established, allowing access to the affected joint. Arthroscopic examination revealed joint inflammation and evidence of bone erosion. Synovial biopsy samples were obtained for histopathological analysis. Debridement of damaged tissues and irrigation were performed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and anti-inflammatory medications were prescribed. The patient will undergo physical therapy for joint rehabilitation.

Follow-up: The patient will be followed up by rheumatology and orthopedics for assessment of joint inflammation, bone erosion, and management of the underlying DILE.

Operative Note 32:

Procedure: Maxillofacial Reconstruction

Indication: Drug-induced systemic lupus erythematosus (DILE)-related bone erosion in the maxillofacial region.

Technique: The patient was placed under general anesthesia. A combination of autogenous bone grafts, alloplastic materials, and titanium plates were used for reconstruction. The damaged or eroded bone segments were carefully excised, and the reconstructive materials were placed to restore facial contour and stability.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was closely monitored in the intensive care unit. Analgesics and antibiotics were administered. The patient will receive appropriate postoperative care, including wound care and oral hygiene.

Follow-up: The patient will be followed up by maxillofacial surgery for assessment of the reconstruction, bone healing, and management of DILE-related complications.

Operative Note 33:

Procedure: Spinal Fusion

Indication: Drug-induced systemic lupus erythematosus (DILE)-related spinal instability and vertebral bone erosion.

Technique: The patient was placed under general anesthesia. A posterior approach was used, and pedicle screws were placed for stabilization. Autogenous bone grafts and fusion cages were used to facilitate spinal fusion. The eroded vertebral segments were excised, and the instrumentation was secured.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and muscle relaxants were administered for pain management. The patient will undergo physical therapy for rehabilitation.

Follow-up: The patient will be followed up by neurosurgery or orthopedics for assessment of spinal fusion, bone healing, and management of DILE-related spinal complications.

Operative Note 34:

Procedure: Total Hip Replacement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe hip joint destruction and bone erosion.

Technique: The patient was placed under general anesthesia. The hip joint was exposed through a standard surgical approach. The damaged joint surfaces were removed, and prosthetic components were implanted to restore joint function. Bone cement was used for fixation when appropriate.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and anti-inflammatory medications were prescribed. The patient will undergo physical therapy for hip rehabilitation.

Follow-up: The patient will be followed up by orthopedics for assessment of joint function, bone healing, and management of DILE-related complications.

Operative Note 35:

Procedure: Excision of Bone Tumor

Indication: Drug-induced systemic lupus erythematosus (DILE)-related bone tumor with associated bone erosion.

Technique: The patient was placed under general anesthesia. The affected bone segment was exposed through a surgical incision. Careful dissection was performed to isolate and excise the tumor mass along with any surrounding eroded bone. Hemostasis was achieved, and the wound was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and antibiotics were administered. The patient will undergo imaging and oncological follow-up for further management of the bone tumor and DILE-related complications.

Follow-up: The patient will be followed up by orthopedic oncology and rheumatology for assessment of tumor recurrence, bone healing, and management of DILE-related manifestations.

Operative Note 36:

Procedure: Tendon Repair with Bone Anchors

Indication: Drug-induced systemic lupus erythematosus (DILE)-related tendon rupture with associated bone erosion.

Technique: The patient was placed under regional or general anesthesia. A standard surgical incision was made, exposing the ruptured tendon and the associated eroded bone. The tendon ends were mobilized and repaired using bone anchors for secure fixation. Any damaged or eroded bone was debrided as necessary.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Immobilization and protected weight-bearing were advised. The patient will undergo physical therapy for tendon rehabilitation.

Follow-up: The patient will be followed up by orthopedics for assessment of tendon healing, bone recovery, and management of DILE-related complications.

Operative Note 37:

Procedure: Mandibular Reconstruction

Indication: Drug-induced systemic lupus erythematosus (DILE)-related mandibular bone erosion and deformity.

Technique: The patient was placed under general anesthesia. Autogenous bone grafts, alloplastic materials, or a combination were used for reconstruction. The eroded or damaged mandibular segments were carefully excised, and the reconstructive materials were placed to restore mandibular contour and function.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was closely monitored in the intensive care unit. Analgesics and antibiotics were administered. The patient will receive appropriate postoperative care, including wound care and oral hygiene.

Follow-up: The patient will be followed up by oral and maxillofacial surgery for assessment of the reconstruction, bone healing, and management of DILE-related complications.

Operative Note 38:

Procedure: Bone Grafting

Indication: Drug-induced systemic lupus erythematosus (DILE)-related bone erosion and defect.

Technique: The patient was placed under general or regional anesthesia. A donor site was selected, and autogenous bone grafts or bone substitutes were harvested or prepared. The graft material was placed into the bone defect to promote healing and restore bone integrity.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and antibiotics were administered. The patient will receive appropriate postoperative care, including immobilization and weight-bearing restrictions as needed.

Follow-up: The patient will be followed up by orthopedics or oral and maxillofacial surgery for assessment of bone graft integration, bone healing, and management of DILE-related complications.

Operative Note 39:

Procedure: Limb Salvage Surgery

Indication: Drug-induced systemic lupus erythematosus (DILE)-related bone erosion with the potential risk of limb amputation.

Technique: The patient was placed under general anesthesia. A multidisciplinary approach involving orthopedics, vascular surgery, and plastic surgery was utilized. The eroded bone segments were excised, and the defect was reconstructed using bone grafts, vascularized flaps, or other reconstructive techniques to maintain limb function and preserve viability.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was closely monitored in the intensive care unit. Analgesics, antibiotics, and anticoagulants were administered. The patient will receive appropriate postoperative care, including wound care, physical therapy, and close monitoring for graft viability.

Follow-up: The patient will be followed up by the multidisciplinary team for assessment of limb function, wound healing, and management of DILE-related complications.

Operative Note 40:

Procedure: Sacroiliac Joint Fusion

Indication: Drug-induced systemic lupus erythematosus (DILE)-related sacroiliac joint dysfunction with bone erosion.

Technique: The patient was placed under general anesthesia. A posterior approach was used to access the sacroiliac joint. The eroded joint surfaces were prepared, and bone grafts or fusion devices were implanted to achieve fusion and stabilize the joint.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and anti-inflammatory medications were prescribed. The patient will undergo physical therapy for sacroiliac joint rehabilitation.

Follow-up: The patient will be followed up by orthopedics or spine surgery for assessment of joint fusion, pain relief, and management of DILE-related complications.

Operative Note 41:

Procedure: Kyphoplasty

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe vertebral bone pain and compression fractures.

Technique: The patient was placed under conscious sedation. Under fluoroscopic guidance, a percutaneous access needle was inserted into the affected vertebral body. Balloon kyphoplasty was performed to create a cavity, followed by injection of bone cement to stabilize the fracture and relieve pain.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was transferred to the recovery area. Analgesics and activity modification were prescribed. The patient will undergo imaging to assess the vertebral body and receive appropriate postoperative care.

Follow-up: The patient will be followed up by interventional radiology or orthopedics for assessment of pain relief, vertebral stability, and management of DILE-related complications.

Operative Note 42:

Procedure: Peripheral Nerve Block

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain in the peripheral nerves.

Technique: The patient was placed in the appropriate position for nerve block. Ultrasound or fluoroscopic guidance was used to identify the target nerve. Local anesthetic was injected to block the nerve and provide pain relief.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was monitored in the recovery area. Analgesics and instructions for activity modification were provided. The patient will receive appropriate postoperative care and pain management.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of the nerve block, pain relief, and management of DILE-related complications.

Operative Note 43:

Procedure: Bone Biopsy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and suspected bone pathology.

Technique: The patient was placed under local or general anesthesia. A small incision was made over the affected bone area, and a biopsy needle was inserted to obtain a bone sample. Hemostasis was ensured, and the incision was closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and antibiotics were prescribed. The patient will undergo histopathological analysis of the bone sample and receive appropriate postoperative care.

Follow-up: The patient will be followed up by rheumatology, orthopedics, or oncology for biopsy results, further evaluation of bone pathology, and management of DILE-related complications.

Operative Note 44:

Procedure: Vertebroplasty

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe vertebral bone pain and compression fractures.

Technique: The patient was placed under conscious sedation. Under fluoroscopic guidance, a percutaneous access needle was inserted into the affected vertebral body. Bone cement was injected to stabilize the fracture and provide pain relief.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was transferred to the recovery area. Analgesics and activity modification were prescribed. The patient will undergo imaging to assess the vertebral body and receive appropriate postoperative care.

Follow-up: The patient will be followed up by interventional radiology or orthopedics for assessment of pain relief, vertebral stability, and management of DILE-related complications.

Operative Note 45:

Procedure: Radiofrequency Ablation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain due to osteoid osteoma or benign bone tumors.

Technique: The patient was placed under conscious sedation or general anesthesia. Under imaging guidance, a radiofrequency probe was inserted into the target area. Radiofrequency energy was applied to ablate the tumor or lesion, providing pain relief.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was transferred to the recovery area. Analgesics and instructions for activity modification were provided. The patient will receive appropriate postoperative care and pain management.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of the ablation, pain relief, and management of DILE-related complications.

Operative Note 46:

Procedure: Bone Marrow Aspiration and Biopsy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and suspected bone marrow involvement.

Technique: The patient was placed under local or general anesthesia. A bone marrow aspiration needle was inserted into the posterior iliac crest to obtain a sample of bone marrow fluid. A biopsy needle was then used to obtain a bone marrow core sample. Hemostasis was ensured, and the incision was closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and antibiotics were prescribed. The patient will undergo laboratory analysis of the bone marrow sample and receive appropriate postoperative care.

Follow-up: The patient will be followed up by hematology or rheumatology for biopsy results, further evaluation of bone marrow involvement, and management of DILE-related complications.

Operative Note 47:

Procedure: Sacral Nerve Stimulation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain in the sacral region.

Technique: The patient was placed under general anesthesia. Under fluoroscopic guidance, a sacral nerve stimulator lead was placed near the targeted sacral nerve roots. The lead was connected to an implanted pulse generator. Stimulation parameters were adjusted to provide pain relief.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for device use were provided. The patient will receive appropriate postoperative care and pain management.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of sacral nerve stimulation, pain relief, and management of DILE-related complications.

Operative Note 48:

Procedure: Percutaneous Vertebral Augmentation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe vertebral bone pain and compression fractures.

Technique: The patient was placed under conscious sedation. Under fluoroscopic guidance, a percutaneous access needle was inserted into the affected vertebral body. Balloon kyphoplasty or vertebroplasty was performed to create a cavity and inject bone cement, stabilizing the fracture and relieving pain.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was transferred to the recovery area. Analgesics and activity modification were prescribed. The patient will undergo imaging to assess the vertebral body and receive appropriate postoperative care.

Follow-up: The patient will be followed up by interventional radiology or orthopedics for assessment of pain relief, vertebral stability, and management of DILE-related complications.

Operative Note 49:

Procedure: Neurolysis

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain due to nerve entrapment or compression.

Technique: The patient was placed under general or regional anesthesia. The affected nerve was identified and carefully dissected. Adhesions or compressive structures were released to alleviate nerve compression and provide pain relief.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for activity modification were provided. The patient will receive appropriate postoperative care and pain management.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of the neurolysis, pain relief, and management of DILE-related complications.

Operative Note 50:

Procedure: Joint Denervation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain in the affected joints.

Technique: The patient was placed under general or regional anesthesia. The affected joint was accessed, and the sensory nerves supplying the joint were identified and selectively denervated. This procedure aimed to interrupt the pain signals and provide pain relief.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for activity modification were provided. The patient will receive appropriate postoperative care and pain management.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of joint denervation, pain relief, and management of DILE-related complications.

Operative Note 51:

Procedure: Total Knee Replacement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and progressive knee joint destruction.

Technique: The patient was placed under general anesthesia. A midline incision was made over the affected knee joint. The damaged joint surfaces were carefully excised, and a prosthetic knee joint was implanted. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and thromboprophylaxis were administered. The patient will undergo physical therapy for joint rehabilitation.

Follow-up: The patient will be followed up by orthopedics for assessment of knee function, wound healing, and management of DILE-related complications.

Operative Note 52:

Procedure: Spinal Fusion

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and spinal instability.

Technique: The patient was placed under general anesthesia. A posterior or anterior approach was used to access the affected spinal segment. The eroded discs and unstable spinal segments were stabilized using bone grafts, spinal instrumentation, and fusion techniques.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for activity modification were provided. The patient will receive appropriate postoperative care, including spinal precautions.

Follow-up: The patient will be followed up by orthopedics or spine surgery for assessment of spinal fusion, pain relief, and management of DILE-related complications.

Operative Note 53:

Procedure: Hip Arthroscopy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and intra-articular hip pathology.

Technique: The patient was placed under general anesthesia. Arthroscopic portals were established, and the hip joint was visualized. Debridement, synovectomy, labral repair, or other necessary procedures were performed to address the underlying pathology and alleviate pain.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for activity modification were provided. The patient will undergo physical therapy for hip rehabilitation.

Follow-up: The patient will be followed up by orthopedics or sports medicine for assessment of hip joint function, pain relief, and management of DILE-related complications.

Operative Note 54:

Procedure: Limb Lengthening

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and limb length discrepancy.

Technique: The patient was placed under general anesthesia. External fixators, intramedullary nails, or other devices were used to gradually lengthen the affected limb. The bone segments were distracted at a controlled rate to promote new bone formation and equalize limb length.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for fixator care were provided. The patient will undergo regular follow-up for adjustment of the limb lengthening process.

Follow-up: The patient will be followed up by orthopedics or limb reconstruction for assessment of limb length, bone healing, and management of DILE-related complications.

Operative Note 55:

Procedure: Lumbar Decompression and Laminectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and lumbar spinal stenosis.

Technique: The patient was placed under general anesthesia. A midline incision was made over the affected lumbar region. The lamina and other bony structures causing spinal stenosis were removed, providing decompression of neural structures. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for activity modification were provided. The patient will receive appropriate postoperative care, including physical therapy.

Follow-up: The patient will be followed up by orthopedics or spine surgery for assessment of pain relief, neural function, and management of DILE-related complications.

Operative Note 56:

Procedure: Joint Arthroplasty (e.g., Shoulder, Elbow, or Ankle)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and joint destruction.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the damaged joint surfaces were excised. A prosthetic joint was implanted, and the incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for joint mobilization were provided. The patient will undergo physical therapy for joint rehabilitation.

Follow-up: The patient will be followed up by orthopedics for assessment of joint function, wound healing, and management of DILE-related complications.

Operative Note 57:

Procedure: Limb Salvage Surgery

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and risk of limb loss due to vascular compromise.

Technique: The patient was placed under general anesthesia. The affected limb was exposed, and vascular reconstruction procedures, such as bypass grafting or endovascular interventions, were performed to restore blood flow and salvage the limb.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for wound care were provided. The patient will undergo regular vascular surveillance and receive appropriate postoperative care.

Follow-up: The patient will be followed up by vascular surgery or limb reconstruction for assessment of limb perfusion, wound healing, and management of DILE-related complications.

Operative Note 58:

Procedure: Joint Synovectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and synovial inflammation.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the synovium was carefully excised. Hemostasis was ensured, and the incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for joint mobilization were provided. The patient will receive appropriate postoperative care, including physical therapy.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of pain relief, joint function, and management of DILE-related complications.

Operative Note 59:

Procedure: Osteotomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and malalignment.

Technique: The patient was placed under general anesthesia. A carefully planned incision was made over the affected bone. The bone was cut, repositioned, and secured with plates, screws, or external fixators to correct the malalignment. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for activity modification were provided. The patient will undergo regular follow-up for assessment of bone healing and alignment.

Follow-up: The patient will be followed up by orthopedics or limb reconstruction for assessment of bone alignment, function, and management of DILE-related complications.

Operative Note 60:

Procedure: Amputation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and irreversible limb damage.

Technique: The patient was placed under general anesthesia. A carefully planned incision was made at the appropriate level, and the limb was amputated. Hemostasis was ensured, and the incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for stump care were provided. The patient will receive appropriate postoperative care, including prosthetic fitting and rehabilitation.

Follow-up: The patient will be followed up by prosthetics and rehabilitation for assessment of wound healing, prosthetic function, and management of DILE-related complications.

Operative Note 61:

Procedure: Percutaneous Vertebroplasty

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and vertebral compression fractures.

Technique: The patient was placed under conscious sedation. Under fluoroscopic guidance, a percutaneous access needle was inserted into the affected vertebral body. Bone cement was injected into the fractured vertebra, stabilizing it and providing pain relief.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was transferred to the recovery area. Analgesics and instructions for activity modification were provided. The patient will undergo imaging to assess vertebral stability and receive appropriate postoperative care.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of the vertebroplasty, pain relief, and management of DILE-related complications.

Operative Note 62:

Procedure: Synovial Biopsy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and suspected synovial inflammation.

Technique: The patient was placed under local or general anesthesia. An incision was made over the affected joint, and a synovial biopsy sample was obtained. Hemostasis was ensured, and the incision was closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and antibiotics were prescribed. The patient will undergo laboratory analysis of the synovial sample and receive appropriate postoperative care.

Follow-up: The patient will be followed up by rheumatology or orthopedics for biopsy results, further evaluation of synovial inflammation, and management of DILE-related complications.

Operative Note 63:

Procedure: Spinal Cord Stimulator Implantation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and failed conservative management.

Technique: The patient was placed under general anesthesia. Electrodes were placed in the epidural space, and a spinal cord stimulator was implanted. The device was programmed to deliver electrical impulses to the spinal cord, alleviating pain.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for device use were provided. The patient will receive appropriate postoperative care and pain management.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of the spinal cord stimulator, pain relief, and management of DILE-related complications.

Operative Note 64:

Procedure: Radial Head Replacement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and radial head fracture or osteoarthritis.

Technique: The patient was placed under general anesthesia. An incision was made over the affected elbow joint. The damaged radial head was excised, and a prosthetic radial head was implanted. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for elbow mobilization were provided. The patient will undergo physical therapy for joint rehabilitation.

Follow-up: The patient will be followed up by orthopedics for assessment of elbow function, wound healing, and management of DILE-related complications.

Operative Note 65:

Procedure: Soft Tissue Debridement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and soft tissue infection or necrosis.

Technique: The patient was placed under general anesthesia. An incision was made over the affected area, and the necrotic or infected soft tissue was carefully excised. Wound irrigation and debridement were performed, and the incision was closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and wound care instructions were provided. The patient will receive appropriate postoperative care, including wound dressing changes.

Follow-up: The patient will be followed up by wound care or plastic surgery for assessment of wound healing, infection control, and management of DILE-related complications.

Operative Note 66:

Procedure: Arthroscopic Synovectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and diffuse synovial inflammation.

Technique: The patient was placed under general anesthesia. Arthroscopic portals were established, and the joint was visualized. The inflamed synovial tissue was excised using arthroscopic instruments. Hemostasis was ensured, and the incisions were closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo physical therapy for joint rehabilitation.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of pain relief, joint function, and management of DILE-related complications.

Operative Note 67:

Procedure: Decompressive Laminectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and spinal cord compression.

Technique: The patient was placed under general anesthesia. A midline incision was made over the affected spinal region. The lamina and other bony structures causing spinal cord compression were carefully removed, relieving pressure on the neural structures. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for activity modification were provided. The patient will receive appropriate postoperative care, including physical therapy.

Follow-up: The patient will be followed up by orthopedics or spine surgery for assessment of pain relief, neural function, and management of DILE-related complications.

Operative Note 68:

Procedure: Joint Fusion (e.g., Wrist, Ankle)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and joint instability.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint surfaces were carefully excised. The bone ends were fused together using bone grafts, plates, screws, or other fixation devices. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics, antibiotics, and instructions for joint immobilization were provided. The patient will undergo regular follow-up for assessment of fusion and joint stability.

Follow-up: The patient will be followed up by orthopedics for assessment of joint function, wound healing, and management of DILE-related complications.

Operative Note 69:

Procedure: Radiofrequency Ablation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe bone pain and nerve involvement.

Technique: The patient was placed under local anesthesia. Under fluoroscopic guidance, a radiofrequency needle was inserted near the affected nerve. Radiofrequency energy was delivered to the nerve, creating a lesion and interrupting pain signals.

Complications: None.

Postoperative Course: The patient recovered well from the procedure and was transferred to the recovery area. Analgesics and instructions for activity modification were provided. The patient will undergo regular follow-up for pain assessment and receive appropriate postoperative care.

Follow-up: The patient will be scheduled for a follow-up visit to assess the effectiveness of the radiofrequency ablation, pain relief, and management of DILE-related complications.

Operative Note 70:

Procedure: Joint Arthrodesis (e.g., Hip, Shoulder)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and joint destruction in a weight-bearing joint.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and all infected and necrotic tissue was carefully excised. The joint surfaces were prepared and stabilized using bone grafts, plates, screws, or other fixation devices. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics and instructions for joint immobilization were provided. The patient will undergo regular follow-up for assessment of fusion and infection control.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of joint function, wound healing, infection control, and management of DILE-related complications.

Operative Note 71:

Procedure: Debridement and Irrigation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection on the extremity moving joint.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and thorough debridement of infected tissues was performed. Copious irrigation with antibiotic solution was done to cleanse the joint. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for joint immobilization were provided. The patient will receive appropriate postoperative care, including wound dressing changes.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of wound healing, infection control, and management of DILE-related complications.

Operative Note 72:

Procedure: Joint Washout

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and septic arthritis in the extreme moving joint.

Technique: The patient was placed under general anesthesia. The affected joint was exposed, and a thorough washout was performed using sterile saline or antibiotic solution. All infected material was removed. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for joint immobilization were provided. The patient will receive appropriate postoperative care, including regular joint aspiration and antibiotic therapy.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of joint function, infection control, and management of DILE-related complications.

Operative Note 73:

Procedure: Joint Resection Arthroplasty

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and joint destruction in the extreme moving joint.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the infected joint surfaces were carefully excised. The joint was reconstructed using tendon transfers or prosthetic components. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for joint immobilization were provided. The patient will undergo regular follow-up for assessment of joint function, wound healing, and infection control.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of joint function, infection control, and management of DILE-related complications.

Operative Note 74:

Procedure: Joint Exploration and Drainage

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and abscess formation in the extreme moving joint.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint was explored to identify the source of infection. Pus pockets and abscesses were drained, and thorough irrigation was performed. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for joint immobilization were provided. The patient will receive appropriate postoperative care, including regular wound dressing changes and antibiotic therapy.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of wound healing, infection control, and management of DILE-related complications.

Operative Note 75:

Procedure: Joint Salvage Procedure (e.g., Joint Reconstruction, Synovectomy)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and joint involvement in the extreme moving joint.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and a combination of procedures was performed depending on the extent of infection and joint damage. This included joint debridement, synovectomy, and joint reconstruction using bone grafts, prosthetic components, or other techniques. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for joint immobilization were provided. The patient will undergo regular follow-up for assessment of joint function, infection control, and management of DILE-related complications.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of joint function, infection control, and management of DILE-related complications.

Operative Note 76:

Procedure: Joint Fusion (e.g., Ankle, Elbow)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and joint destruction in the extreme moving joint.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and all infected and necrotic tissue was carefully excised. The joint surfaces were prepared and stabilized using bone grafts, plates, screws, or other fixation devices. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for joint immobilization were provided. The patient will undergo regular follow-up for assessment of fusion, infection control, and joint stability.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of joint function, wound healing, infection control, and management of DILE-related complications.

Operative Note 77:

Procedure: Joint Amputation

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and irreversible joint damage in the extreme moving joint.

Technique: The patient was placed under general anesthesia. A carefully planned incision was made at the appropriate level, and the extremity was amputated. Hemostasis was ensured, and the incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for stump care were provided. The patient will receive appropriate postoperative care, including prosthetic fitting and rehabilitation.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of wound healing, prosthetic fitting, infection control, and management of DILE-related complications.

Operative Note 78:

Procedure: Joint Debridement and Antibiotic Spacer Placement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe infection and joint involvement in the extreme moving joint.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and all infected and necrotic tissue was carefully excised. An antibiotic-impregnated spacer was then placed to maintain joint space and deliver localized antibiotics. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Intravenous antibiotics, analgesics, and instructions for joint immobilization were provided. The patient will undergo regular follow-up for assessment of infection control, spacer maintenance, and management of DILE-related complications.

Follow-up: The patient will be followed up by orthopedics or infectious disease specialists for assessment of infection control, spacer maintenance, joint function, and management of DILE-related complications.

Operative Note 79:

Procedure: Synovectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and synovial hypertrophy.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the inflamed synovial tissue was carefully excised. Hemostasis was achieved, and the incision was closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up for assessment of pain relief, joint function, and management of DILE-related complications.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 80:

Procedure: Corticosteroid Injection

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and pain.

Technique: The patient was positioned appropriately, and the affected joint was identified. Under aseptic conditions, a corticosteroid solution was injected into the joint space using a fine needle. The injection site was then dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for activity modification and potential side effects. Pain relief and joint function will be assessed during follow-up visits.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 81:

Procedure: Arthroscopic Debridement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and intra-articular pathology.

Technique: The patient was placed under general anesthesia. Arthroscopic portals were established, and a thorough examination of the joint was performed. Debridement of inflamed synovium, loose bodies, and any other pathological findings was carried out using arthroscopic instruments. Hemostasis was achieved, and the incisions were closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up for assessment of pain relief, joint function, and management of DILE-related complications.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 82:

Procedure: Synovial Biopsy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and uncertain etiology.

Technique: The patient was placed under local or general anesthesia, depending on the joint involved. A small incision was made over the affected joint, and a synovial biopsy sample was obtained using a biopsy needle or arthroscopic instruments. Hemostasis was achieved, and the incision was closed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The synovial biopsy sample will be sent for further analysis to determine the underlying cause of joint inflammation.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of biopsy results, joint inflammation, and management of DILE-related complications.

Operative Note 83:

Procedure: Joint Lavage

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and effusion.

Technique: The patient was placed under local or general anesthesia, depending on the joint involved. The affected joint was accessed, and a lavage system was used to irrigate the joint with sterile saline solution. Effusion and inflammatory debris were flushed out, and the joint was thoroughly cleansed. The incision was closed if necessary.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up for assessment of pain relief, joint function, and management of DILE-related complications.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 84:

Procedure: Joint Replacement (e.g., Total Knee Arthroplasty)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and degenerative joint disease.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint surfaces were carefully excised. The joint was reconstructed using prosthetic components. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up for assessment of pain relief, joint function, and management of DILE-related complications.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 85:

Procedure: Arthroscopic Synovectomy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and synovial hypertrophy.

Technique: The patient was placed under general anesthesia. Arthroscopic portals were established, and a thorough examination of the joint was performed. Synovial tissue showing signs of inflammation and hypertrophy was carefully excised using arthroscopic instruments. Hemostasis was achieved, and the incisions were closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up for assessment of pain relief, joint function, and management of DILE-related complications.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 86:

Procedure: Joint Capsule Release

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and joint contracture.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint capsule was carefully released to relieve contractures. Intraoperative manipulation was performed to improve joint range of motion. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up for assessment of pain relief, joint function, and management of DILE-related complications.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 87:

Procedure: Arthrocentesis with Steroid Injection

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and pain.

Technique: The patient was positioned appropriately, and the affected joint was identified. Under aseptic conditions, the joint was punctured with a needle, and synovial fluid was aspirated. A steroid solution was then injected into the joint space. The injection site was dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for activity modification and potential side effects. Pain relief and joint function will be assessed during follow-up visits.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 88:

Procedure: Biologic Therapy Infusion

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation unresponsive to conventional therapy.

Technique: The patient's intravenous access was established, and biologic therapy, such as anti-TNF (tumor necrosis factor) agents, was infused over the prescribed duration. Vital signs were monitored throughout the infusion. The patient tolerated the procedure well.

Complications: None.

Postoperative Course: The patient was monitored for any immediate adverse reactions or infusion-related side effects. The patient will continue receiving regular infusions as per the treatment protocol. Joint inflammation, pain relief, and DILE-related complications will be assessed during follow-up visits.

Follow-up: The patient will be followed up by rheumatology for assessment of joint inflammation, pain relief, and management of DILE-related complications.

Operative Note 89:

Procedure: Joint Arthrodesis

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and instability.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint surfaces were carefully excised. The joint was fixed in a desired position using bone grafts, plates, screws, or other fixation devices to achieve joint fusion. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint immobilization were provided. The patient will undergo regular follow-up for assessment of pain relief, joint fusion, and management of DILE-related complications.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, joint fusion, and management of DILE-related complications.

Operative Note 90:

Procedure: Joint Arthroplasty (e.g., Total Hip Arthroplasty)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and degenerative joint disease.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint surfaces were carefully excised. The joint was reconstructed using prosthetic components. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation and the patient's response to treatment.

Operative Note 91:

Procedure: Joint Fusion (e.g., Spinal Fusion)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and instability.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint surfaces were carefully excised. The joint was fixed in a desired position using bone grafts, plates, screws, or other fixation devices to achieve joint fusion. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint immobilization were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the success of joint fusion, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, joint fusion, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the success of joint fusion, and the patient's response to treatment.

Operative Note 92:

Procedure: Joint Lavage and Debridement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation, effusion, and intra-articular pathology.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the joint was thoroughly irrigated with sterile saline solution to remove inflammatory debris and effusion. Debridement of any visible intra-articular pathology, such as loose bodies or damaged cartilage, was performed. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the extent of intra-articular pathology, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, management of intra-articular pathology, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the extent of intra-articular pathology, and the patient's response to treatment.

Operative Note 93:

Procedure: Arthroscopic Synovectomy and Biopsy

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation, synovial hypertrophy, and uncertain etiology.

Technique: The patient was placed under general anesthesia. Arthroscopic portals were established, and a thorough examination of the joint was performed. Synovial tissue showing signs of inflammation and hypertrophy was carefully excised for synovectomy. Additionally, a synovial biopsy sample was obtained for further analysis to determine the underlying cause of joint inflammation. Hemostasis was achieved, and the incisions were closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the results of the synovial biopsy, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, evaluation of synovial biopsy results, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the results of the synovial biopsy, and the patient's response to treatment.

Operative Note 94:

Procedure: Joint Injection with Platelet-Rich Plasma (PRP)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and pain.

Technique: The patient's affected joint was identified, and the skin overlying the joint was prepared in a sterile manner. Platelet-rich plasma obtained from the patient's blood was injected into the joint space using a fine needle under ultrasound or fluoroscopic guidance. The injection site was dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for activity modification and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, pain relief, and the patient's response to PRP therapy.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, evaluation of PRP therapy effectiveness, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, pain relief, and the patient's response to treatment.

Operative Note 95:

Procedure: Joint Synovial Biopsy and Culture

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and suspected infection.

Technique: The patient was placed under local or general anesthesia, depending on the joint involved. A small incision was made over the affected joint, and a synovial biopsy sample was obtained using a biopsy needle or arthroscopic instruments. The synovial tissue was sent for histopathological examination and culture to determine the underlying cause of joint inflammation, including infection. Hemostasis was achieved, and the incision was closed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the results of the synovial biopsy and culture, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, evaluation of synovial biopsy and culture results, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the results of the synovial biopsy and culture, and the patient's response to treatment.

Operative Note 96:

Procedure: Joint Arthroscopy with Synovial Debridement

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and persistent symptoms despite conservative management.

Technique: The patient was placed under general anesthesia. Arthroscopic portals were established, and a thorough examination of the joint was performed. Synovial tissue showing signs of inflammation and debris was carefully debrided using arthroscopic instruments. Hemostasis was achieved, and the incisions were closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the extent of synovial debridement, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, evaluation of synovial debridement results, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the extent of synovial debridement, and the patient's response to treatment.

Operative Note 97:

Procedure: Joint Denervation (Neurotomy)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and refractory joint pain.

Technique: The patient was placed under local or general anesthesia, depending on the joint involved. A small incision was made over the affected joint, and the nerves responsible for transmitting pain signals to the joint were identified. These nerves were carefully dissected and either surgically cut or cauterized to interrupt their pain signaling function. Hemostasis was achieved, and the incision was closed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, pain relief, and the patient's response to joint denervation.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, evaluation of joint denervation effectiveness, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, pain relief, and the patient's response to treatment.

Operative Note 98:

Procedure: Joint Arthroscopy with Cartilage Repair

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and articular cartilage damage.

Technique: The patient was placed under general anesthesia. Arthroscopic portals were established, and a thorough examination of the joint was performed. The damaged cartilage surfaces were debrided, and a cartilage repair procedure, such as microfracture, autologous chondrocyte implantation, or osteochondral grafting, was performed as indicated. Hemostasis was achieved, and the incisions were closed.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the extent of cartilage repair, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, evaluation of cartilage repair results, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the extent of cartilage repair, and the patient's response to treatment.

Operative Note 99:

Procedure: Synovial Biopsy and Immunofluorescence Examination

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and suspected immune complex deposition.

Technique: The patient was placed under local or general anesthesia, depending on the joint involved. A small incision was made over the affected joint, and a synovial biopsy sample was obtained using a biopsy needle or arthroscopic instruments. The synovial tissue was sent for immunofluorescence examination to detect the presence of immune complexes. Hemostasis was achieved, and the incision was closed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the results of the synovial biopsy and immunofluorescence examination, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, evaluation of immunofluorescence examination results, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the results of the synovial biopsy and immunofluorescence examination, and the patient's response to treatment.

Operative Note 100:

Procedure: Joint Resurfacing (e.g., Osteochondral Allograft)

Indication: Drug-induced systemic lupus erythematosus (DILE)-related severe joint inflammation and focal cartilage defects.

Technique: The patient was placed under general anesthesia. An incision was made over the affected joint, and the damaged cartilage surfaces were carefully prepared. Osteochondral allografts were obtained and precisely fitted to the defect area. The allografts were secured in place using appropriate fixation techniques. The incision was closed in layers.

Complications: None.

Postoperative Course: The patient recovered well from anesthesia and was transferred to the recovery area. Analgesics and instructions for joint mobilization were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint inflammation, the extent of cartilage resurfacing, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or orthopedics for assessment of joint inflammation, pain relief, evaluation of cartilage resurfacing results, and management of DILE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint inflammation, the extent of cartilage resurfacing, and the patient's response to treatment.

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| M32.1 Systemic lupus erythematosus with organ or system involvement |

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Operative Note 1:

Procedure: Renal Biopsy

Indication: Systemic lupus erythematosus (SLE) with renal involvement and suspected lupus nephritis.

Technique: The patient was placed under local or general anesthesia, depending on the clinical condition. A biopsy needle was guided into the kidney using imaging guidance, and multiple tissue samples were obtained for histopathological examination. Hemostasis was achieved, and the puncture site was dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of renal involvement, histopathological findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by nephrology or rheumatology for assessment of renal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of renal involvement, histopathological findings, and the patient's response to treatment.

Operative Note 2:

Procedure: Cardiac Biopsy

Indication: Systemic lupus erythematosus (SLE) with cardiac involvement and suspected myocarditis.

Technique: The patient underwent cardiac catheterization under local or general anesthesia. A biopsy forceps was advanced through the catheter into the cardiac chambers, and multiple tissue samples were obtained for histopathological examination. Hemostasis was achieved, and the catheter insertion site was dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of cardiac involvement, histopathological findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by cardiology or rheumatology for assessment of cardiac function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of cardiac involvement, histopathological findings, and the patient's response to treatment.

Operative Note 3:

Procedure: Pulmonary Function Tests

Indication: Systemic lupus erythematosus (SLE) with pulmonary involvement and suspected interstitial lung disease.

Technique: The patient underwent pulmonary function tests, including spirometry, lung volumes, and diffusion capacity. The tests were performed according to standard protocols. The results were documented for further evaluation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of pulmonary involvement, pulmonary function test results, and the patient's response to treatment.

Follow-up: The patient will be followed up by pulmonology or rheumatology for assessment of pulmonary function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of pulmonary involvement, pulmonary function test results, and the patient's response to treatment.

Operative Note 4:

Procedure: Ophthalmic Examination

Indication: Systemic lupus erythematosus (SLE) with ocular involvement and suspected retinopathy.

Technique: The patient underwent a comprehensive ophthalmic examination, including visual acuity assessment, funduscopy, and optical coherence tomography. The findings were documented for further evaluation.

Complications: None.

Postoperative Course: The patient tolerated the examination well and was provided with instructions for potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of ocular involvement, ophthalmic examination findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by ophthalmology or rheumatology for assessment of visual function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of ocular involvement, ophthalmic examination findings, and the patient's response to treatment.

Operative Note 5:

Procedure: Lumbar Puncture

Indication: Systemic lupus erythematosus (SLE) with central nervous system involvement and suspected lupus cerebritis or meningitis.

Technique: The patient was placed in the lateral decubitus position, and the lumbar region was prepared in a sterile manner. A spinal needle was inserted into the subarachnoid space, and cerebrospinal fluid (CSF) was collected for analysis, including cell count, protein, glucose, and microbiological culture. Hemostasis was achieved, and the puncture site was dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of central nervous system involvement, CSF analysis results, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of neurological function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of central nervous system involvement, CSF analysis results, and the patient's response to treatment.

Operative Note 6:

Procedure: Gastrointestinal Endoscopy

Indication: Systemic lupus erythematosus (SLE) with gastrointestinal involvement and suspected lupus enteritis or vasculitis.

Technique: The patient underwent gastrointestinal endoscopy under conscious sedation or general anesthesia. The upper or lower gastrointestinal tract was visualized using an endoscope, and multiple biopsies were obtained for histopathological examination. Hemostasis was achieved, and the endoscopy sites were treated as appropriate.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of gastrointestinal involvement, endoscopic findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by gastroenterology or rheumatology for assessment of gastrointestinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of gastrointestinal involvement, endoscopic findings, and the patient's response to treatment.

Operative Note 7:

Procedure: Bone Marrow Biopsy and Aspiration

Indication: Systemic lupus erythematosus (SLE) with hematologic involvement and suspected bone marrow suppression or involvement.

Technique: The patient was placed in the prone or lateral decubitus position, and the posterior iliac crest was prepared in a sterile manner. A biopsy needle was inserted into the bone marrow cavity, and both a biopsy specimen and bone marrow aspirate were obtained. Hemostasis was achieved, and the puncture site was dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of hematologic involvement, bone marrow examination results, and the patient's response to treatment.

Follow-up: The patient will be followed up by hematology or rheumatology for assessment of hematologic function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of hematologic involvement, bone marrow examination results, and the patient's response to treatment.

Operative Note 8:

Procedure: Skin Biopsy

Indication: Systemic lupus erythematosus (SLE) with cutaneous involvement and suspected lupus-specific skin lesions or vasculitis.

Technique: The patient's skin lesion was prepared in a sterile manner, and a biopsy specimen was obtained using a punch or excisional technique. Hemostasis was achieved, and the wound was closed with sutures or left open to heal by secondary intention.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of cutaneous involvement, histopathological findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by dermatology or rheumatology for assessment of cutaneous manifestations, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of cutaneous involvement, histopathological findings, and the patient's response to treatment.

Operative Note 9:

Procedure: Liver Function Tests

Indication: Systemic lupus erythematosus (SLE) with hepatic involvement and suspected autoimmune hepatitis or drug-induced liver injury.

Technique: The patient's blood was collected for liver function tests, including serum bilirubin, liver enzymes (ALT, AST), alkaline phosphatase, and synthetic function markers (albumin, prothrombin time). The samples were sent to the laboratory for analysis.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of hepatic involvement, liver function test results, and the patient's response to treatment.

Follow-up: The patient will be followed up by hepatology or rheumatology for assessment of liver function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of hepatic involvement, liver function test results, and the patient's response to treatment.

Operative Note 10:

Procedure: Electroencephalogram (EEG)

Indication: Systemic lupus erythematosus (SLE) with central nervous system involvement and suspected seizures or neuropsychiatric manifestations.

Technique: The patient underwent an EEG recording using scalp electrodes. The recording was performed under standard conditions, including both awake and sleep states. The EEG findings were documented for further evaluation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of central nervous system involvement, EEG findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of neurological function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of central nervous system involvement, EEG findings, and the patient's response to treatment.

Operative Note 11:

Procedure: Serologic Testing

Indication: Systemic lupus erythematosus (SLE) with suspected autoimmune antibodies or disease activity.

Technique: The patient's blood was collected for serologic testing, including antinuclear antibodies (ANA), anti-double-stranded DNA (anti-dsDNA) antibodies, complement levels (C3, C4), and other autoimmune markers. The samples were sent to the laboratory for analysis.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and results from the serologic testing will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the serologic test results, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology for assessment of serologic markers, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the serologic test results, disease activity, and the patient's response to treatment.

Operative Note 12:

Procedure: Magnetic Resonance Imaging (MRI)

Indication: Systemic lupus erythematosus (SLE) with suspected central nervous system involvement, such as cerebritis or vasculitis.

Technique: The patient underwent MRI of the brain and/or spine using appropriate sequences. The images were acquired and reviewed for any abnormalities or signs of SLE-related involvement.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the MRI findings will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the MRI findings, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of central nervous system involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the MRI findings, disease activity, and the patient's response to treatment.

Operative Note 13:

Procedure: Thyroid Function Tests

Indication: Systemic lupus erythematosus (SLE) with suspected thyroid dysfunction or autoimmune thyroiditis.

Technique: The patient's blood was collected for thyroid function tests, including thyroid-stimulating hormone (TSH), free thyroxine (FT4), and thyroid peroxidase antibodies (TPOAb). The samples were sent to the laboratory for analysis.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and results from the thyroid function tests will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the thyroid function test results, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by endocrinology or rheumatology for assessment of thyroid function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the thyroid function test results, disease activity, and the patient's response to treatment.

Operative Note 14:

Procedure: Echocardiography

Indication: Systemic lupus erythematosus (SLE) with suspected cardiac involvement, such as pericarditis or valvular disease.

Technique: The patient underwent transthoracic or transesophageal echocardiography to assess cardiac structure and function. The images were acquired and reviewed for any abnormalities or signs of SLE-related cardiac involvement.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the echocardiography findings will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the echocardiography findings, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by cardiology or rheumatology for assessment of cardiac function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the echocardiography findings, disease activity, and the patient's response to treatment.

Operative Note 15:

Procedure: Pulmonary Function Testing

Indication: Systemic lupus erythematosus (SLE) with suspected pulmonary involvement, such as interstitial lung disease or pleuritis.

Technique: The patient underwent pulmonary function testing, including spirometry, lung volumes, and diffusion capacity measurements. The tests were performed according to standard protocols.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the pulmonary function test results will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the pulmonary function test results, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by pulmonology or rheumatology for assessment of pulmonary function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the pulmonary function test results, disease activity, and the patient's response to treatment.

Operative Note 16:

Procedure: Renal Biopsy

Indication: Systemic lupus erythematosus (SLE) with renal involvement and suspected lupus nephritis or glomerulonephritis.

Technique: The patient underwent renal biopsy under ultrasound guidance. A biopsy needle was inserted into the kidney, and multiple tissue samples were obtained for histopathological examination. Hemostasis was achieved, and the biopsy site was dressed.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of renal involvement, histopathological findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by nephrology or rheumatology for assessment of renal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of renal involvement, histopathological findings, and the patient's response to treatment.

Operative Note 17:

Procedure: Electrocardiogram (ECG)

Indication: Systemic lupus erythematosus (SLE) with suspected cardiac involvement or arrhythmias.

Technique: The patient underwent a standard 12-lead ECG recording. The electrical activity of the heart was measured and analyzed for any abnormalities or signs of cardiac involvement.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the ECG findings will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the ECG findings, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by cardiology or rheumatology for assessment of cardiac function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the ECG findings, disease activity, and the patient's response to treatment.

Operative Note 18:

Procedure: Colonoscopy

Indication: Systemic lupus erythematosus (SLE) with gastrointestinal involvement and suspected inflammatory bowel disease or drug-induced enteritis.

Technique: The patient underwent colonoscopy under conscious sedation. The colon was visualized, and mucosal biopsies were obtained from suspicious areas. Any polyps or abnormalities were identified and documented.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for post-colonoscopy care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of gastrointestinal involvement, colonoscopy findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by gastroenterology or rheumatology for assessment of gastrointestinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of gastrointestinal involvement, colonoscopy findings, and the patient's response to treatment.

Operative Note 19:

Procedure: Ophthalmologic Examination

Indication: Systemic lupus erythematosus (SLE) with suspected ocular involvement, such as uveitis or retinal vasculitis.

Technique: The patient underwent a comprehensive ophthalmologic examination, including visual acuity assessment, intraocular pressure measurement, and examination of the anterior and posterior segments of the eye using a slit lamp and ophthalmoscope.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the ophthalmologic examination findings will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the ocular examination findings, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by ophthalmology or rheumatology for assessment of ocular function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the ocular examination findings, disease activity, and the patient's response to treatment.

Operative Note 20:

Procedure: Spirometry

Indication: Systemic lupus erythematosus (SLE) with suspected pulmonary involvement, such as interstitial lung disease or pleuritis.

Technique: The patient underwent spirometry testing to assess lung function. Forced expiratory volume in one second (FEV1), forced vital capacity (FVC), and the ratio of FEV1 to FVC were measured.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the spirometry results will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the spirometry results, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by pulmonology or rheumatology for assessment of pulmonary function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the spirometry results, disease activity, and the patient's response to treatment.

Operative Note 21:

Procedure: Kidney Biopsy

Indication: Systemic lupus erythematosus (SLE) with renal involvement and suspected lupus nephritis or glomerulonephritis.

Technique: The patient underwent a kidney biopsy under local anesthesia. Lidocaine was administered to provide a sensory block. A biopsy needle was inserted into the kidney, and multiple tissue samples were obtained for histopathological examination. Hemostasis was achieved, and the biopsy site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of renal involvement, histopathological findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by nephrology or rheumatology for assessment of renal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of renal involvement, histopathological findings, and the patient's response to treatment.

Operative Note 22:

Procedure: Joint Arthroscopy

Indication: Systemic lupus erythematosus (SLE) with joint involvement and suspected synovitis or arthritis.

Technique: The patient underwent joint arthroscopy under regional anesthesia. The affected joint was prepared and draped in a sterile manner. An arthroscope was inserted through small incisions, allowing visualization of the joint space. Any necessary procedures, such as synovial biopsy or synovectomy, were performed.

Anesthesia: Regional anesthesia with X mg of local anesthetic agent (e.g., bupivacaine).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for post-arthroscopy care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of joint involvement, arthroscopy findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint involvement, arthroscopy findings, and the patient's response to treatment.

Operative Note 23:

Procedure: Lumbar Puncture

Indication: Systemic lupus erythematosus (SLE) with central nervous system involvement and suspected meningitis or neurologic manifestations.

Technique: The patient underwent lumbar puncture under local anesthesia. Lidocaine was administered to provide a sensory block. A needle was inserted into the subarachnoid space, and cerebrospinal fluid (CSF) was collected for analysis. The needle was removed, and the puncture site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for post-lumbar puncture care. The CSF analysis will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of central nervous system involvement, lumbar puncture findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of neurological function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of central nervous system involvement, lumbar puncture findings, and the patient's response to treatment.

Operative Note 24:

Procedure: Skin Biopsy

Indication: Systemic lupus erythematosus (SLE) with cutaneous involvement and suspected lupus-specific skin lesions or vasculitis.

Technique: The patient underwent a skin biopsy under local anesthesia. Lidocaine was administered to provide a sensory block. A punch or shave biopsy technique was used to obtain a representative sample of the affected skin. Hemostasis was achieved, and the biopsy site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The histopathological examination of the skin biopsy will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of cutaneous involvement, biopsy findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by dermatology or rheumatology for assessment of skin lesions, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of cutaneous involvement, biopsy findings, and the patient's response to treatment.

Operative Note 25:

Procedure: Electromyography (EMG)

Indication: Systemic lupus erythematosus (SLE) with suspected neuromuscular involvement, such as myositis or peripheral neuropathy.

Technique: The patient underwent electromyography (EMG) testing to assess the electrical activity of muscles and nerves. Needle electrodes were inserted into specific muscles, and the muscle response to voluntary contractions and electrical stimulation was recorded.

Anesthesia: No anesthesia required.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the EMG results will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the EMG findings, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of neuromuscular function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the EMG findings, disease activity, and the patient's response to treatment.

Operative Note 26:

Procedure: Endoscopy with Biopsy

Indication: Systemic lupus erythematosus (SLE) with gastrointestinal involvement and suspected inflammatory bowel disease or drug-induced enteritis.

Technique: The patient underwent endoscopy with biopsy under sedation. The gastrointestinal tract was examined using an endoscope, and multiple tissue samples were obtained for histopathological examination. Any abnormal findings, such as ulcers or inflammation, were documented.

Anesthesia: Sedation with X mg of sedative agent (e.g., midazolam).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for post-endoscopy care. The histopathological examination of the biopsy samples will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of gastrointestinal involvement, endoscopy findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by gastroenterology or rheumatology for assessment of gastrointestinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of gastrointestinal involvement, endoscopy findings, and the patient's response to treatment.

Operative Note 27:

Procedure: Temporal Artery Biopsy

Indication: Systemic lupus erythematosus (SLE) with suspected vasculitis or giant cell arteritis involving the temporal artery.

Technique: The patient underwent temporal artery biopsy under local anesthesia. Lidocaine was administered to provide a sensory block. A small incision was made over the temporal artery, and a segment of the artery was excised for histopathological examination. Hemostasis was achieved, and the biopsy site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The histopathological examination of the temporal artery biopsy will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of vasculitis, biopsy findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or vascular surgery for assessment of vascular function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of vasculitis, biopsy findings, and the patient's response to treatment.

Operative Note 28:

Procedure: Nerve Conduction Study (NCS)

Indication: Systemic lupus erythematosus (SLE) with suspected peripheral neuropathy or nerve involvement.

Technique: The patient underwent nerve conduction study (NCS) to assess the function of peripheral nerves. Electrodes were placed at specific sites along the nerve pathway, and electrical impulses were applied to measure the nerve conduction velocity and response.

Anesthesia: No anesthesia required.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the NCS results will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the NCS findings, disease activity, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of peripheral nerve function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the NCS findings, disease activity, and the patient's response to treatment.

Operative Note 29:

Procedure: Cardiac Catheterization

Indication: Systemic lupus erythematosus (SLE) with suspected cardiac involvement or coronary artery disease.

Technique: The patient underwent cardiac catheterization under local anesthesia and conscious sedation. Lidocaine was administered to provide a sensory block. A catheter was inserted into a blood vessel, usually through the groin or wrist, and advanced to the heart. Contrast dye was injected, and X-ray images were taken to assess the structure and function of the heart and coronary arteries.

Anesthesia: Local anesthesia with lidocaine (X mg) and conscious sedation with X mg of sedative agent (e.g., midazolam).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for post-catheterization care. The cardiac catheterization findings will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of cardiac involvement, catheterization findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by cardiology or rheumatology for assessment of cardiac function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of cardiac involvement, catheterization findings, and the patient's response to treatment.

Operative Note 30:

Procedure: Magnetic Resonance Imaging (MRI)

Indication: Systemic lupus erythematosus (SLE) with suspected central nervous system involvement, such as lupus cerebritis or brain vasculitis.

Technique: The patient underwent MRI of the brain and/or spine under no anesthesia. The patient was positioned inside the MRI scanner, and images were acquired using magnetic fields and radio waves to visualize the soft tissues and structures of the central nervous system.

Anesthesia: No anesthesia required.

Complications: None.

Postoperative Course: The patient tolerated the procedure well, and the MRI findings will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of central nervous system involvement, MRI findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of central nervous system function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of central nervous system involvement, MRI findings, and the patient's response to treatment.

Operative Note 31:

Procedure: Joint Replacement Surgery

Indication: Systemic lupus erythematosus (SLE) with severe joint involvement and bone erosion, resulting in significant joint pain and dysfunction.

Technique: The patient underwent joint replacement surgery, specifically (specify joint) replacement, under general anesthesia. An incision was made, and the damaged joint components were carefully removed. The affected bone surfaces were prepared, and the prosthesis was implanted. The joint was meticulously reassembled, and stability and range of motion were assessed. Hemostasis was achieved, and the incision was closed in layers.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the type of joint replacement, bone erosion severity, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the type of joint replacement, bone erosion severity, and the patient's response to treatment.

Operative Note 32:

Procedure: Bone Biopsy

Indication: Systemic lupus erythematosus (SLE) with suspected bone involvement and significant bone erosion, leading to bone pain and compromised structural integrity.

Technique: The patient underwent bone biopsy under local anesthesia. Lidocaine was administered to provide a sensory block. A needle or trephine was inserted into the affected bone, and a bone tissue sample was obtained for histopathological examination. Hemostasis was achieved, and the biopsy site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with instructions for wound care and potential side effects. The histopathological examination of the bone biopsy will guide further evaluation and management. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of bone involvement, biopsy findings, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of bone integrity, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of bone involvement, biopsy findings, and the patient's response to treatment.

Operative Note 33:

Procedure: Spinal Fusion Surgery

Indication: Systemic lupus erythematosus (SLE) with spinal involvement and severe bone erosion, leading to spinal instability, pain, and neurological symptoms.

Technique: The patient underwent spinal fusion surgery, specifically (specify spinal level) fusion, under general anesthesia. An incision was made over the affected spinal segment, and the damaged intervertebral disc or vertebral bone was removed. Bone graft material or implants were placed to facilitate fusion and stabilize the spine. The incision was closed in layers, and drains were placed as necessary.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the level of spinal fusion, bone erosion severity, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurosurgery or rheumatology for assessment of spinal stability, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the level of spinal fusion, bone erosion severity, and the patient's response to treatment.

Operative Note 34:

Procedure: Bone Grafting

Indication: Systemic lupus erythematosus (SLE) with bone erosion and loss of bone volume, requiring bone grafting to restore bone integrity and provide structural support.

Technique: The patient underwent bone grafting surgery under general anesthesia. An incision was made over the affected bone site, and the damaged bone tissue was carefully debrided. Autograft or allograft bone material was harvested or obtained, shaped, and placed at the bone defect site to promote healing and bone regeneration. The incision was closed in layers, and drains were placed as necessary.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and immobilization protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the bone grafting site, bone erosion severity, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of bone healing, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the bone grafting site, bone erosion severity, and the patient's response to treatment.

Operative Note 35:

Procedure: Joint Arthroscopy

Indication: Systemic lupus erythematosus (SLE) with joint involvement and suspected synovitis or cartilage damage requiring visualization and treatment.

Technique: The patient underwent joint arthroscopy, specifically (specify joint) arthroscopy, under regional or general anesthesia. Small incisions were made around the joint, and an arthroscope was inserted to visualize the joint structures. The synovium was examined for inflammation or hypertrophy, and any cartilage damage was assessed. Surgical instruments were used to debride or repair the affected structures as necessary. The incisions were closed, and a sterile dressing was applied.

Anesthesia: Regional anesthesia (e.g., spinal or epidural) or general anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, extent of synovitis or cartilage damage, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, extent of synovitis or cartilage damage, and the patient's response to treatment.

Operative Note 36:

Procedure: Bone Resection

Indication: Systemic lupus erythematosus (SLE) with bone involvement and significant bone erosion necessitating resection to alleviate pain, prevent fractures, and improve joint function.

Technique: The patient underwent bone resection surgery, specifically (specify bone) resection, under general anesthesia. An incision was made over the affected bone, and the diseased or eroded bone segment was carefully excised. The surrounding healthy bone edges were smoothed, and the incision was closed in layers. Drains were placed as necessary.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the bone resected, extent of bone erosion, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of bone healing, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the bone resected, extent of bone erosion, and the patient's response to treatment.

Operative Note 37:

Procedure: Joint Synovectomy

Indication: Systemic lupus erythematosus (SLE) with joint involvement and refractory synovitis causing pain, swelling, and joint dysfunction.

Technique: The patient underwent joint synovectomy, specifically (specify joint) synovectomy, under regional or general anesthesia. An incision was made over the affected joint, and the synovial tissue was carefully excised. The joint was irrigated with sterile saline solution, and hemostasis was achieved. The incision was closed in layers, and a sterile dressing was applied.

Anesthesia: Regional anesthesia (e.g., spinal or epidural) or general anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint synovectomized, severity of synovitis, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint synovectomized, severity of synovitis, and the patient's response to treatment.

Operative Note 38:

Procedure: Bone Stabilization Surgery

Indication: Systemic lupus erythematosus (SLE) with bone involvement and structural instability due to bone erosion, necessitating surgical stabilization to prevent fractures and improve function.

Technique: The patient underwent bone stabilization surgery, specifically (specify bone) stabilization, under general anesthesia. An incision was made over the affected bone, and the bone fragments were carefully aligned. Plates, screws, or other fixation devices were utilized to stabilize the bone segments and promote healing. The incision was closed in layers, and drains were placed as necessary.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the bone stabilized, extent of bone erosion, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of bone healing, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the bone stabilized, extent of bone erosion, and the patient's response to treatment.

Operative Note 39:

Procedure: Joint Denervation

Indication: Systemic lupus erythematosus (SLE) with joint involvement and chronic severe joint pain that is unresponsive to conservative treatments, necessitating joint denervation for pain relief.

Technique: The patient underwent joint denervation, specifically (specify joint) denervation, under regional or general anesthesia. An incision was made over the affected joint, and the sensory nerves supplying the joint were identified and selectively targeted for ablation or interruption. Care was taken to preserve motor function and joint stability. The incision was closed in layers, and a sterile dressing was applied.

Anesthesia: Regional anesthesia (e.g., spinal or epidural) or general anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint denervated, severity of pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of pain relief, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint denervated, severity of pain, and the patient's response to treatment.

Operative Note 40:

Procedure: Joint Debridement

Indication: Systemic lupus erythematosus (SLE) with joint involvement and intra-articular pathology, such as loose bodies, debris, or inflamed synovium, necessitating joint debridement for pain relief and improved joint function.

Technique: The patient underwent joint debridement, specifically (specify joint) debridement, under regional or general anesthesia. An incision was made over the affected joint, and the joint cavity was carefully explored. Any loose bodies, debris, or inflamed synovium were removed using surgical instruments. The joint was irrigated with sterile saline solution, and hemostasis was achieved. The incision was closed in layers, and a sterile dressing was applied.

Anesthesia: Regional anesthesia (e.g., spinal or epidural) or general anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint debrided, intra-articular pathology, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint debrided, intra-articular pathology, and the patient's response to treatment.

Operative Note 41:

Procedure: Vertebroplasty

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and vertebral compression fractures requiring vertebral augmentation for pain relief and stabilization.

Technique: The patient underwent vertebroplasty, specifically (specify vertebral level) vertebroplasty, under local anesthesia. Using fluoroscopic guidance, a needle was inserted into the affected vertebral body, and bone cement was injected to stabilize the fracture and alleviate pain. The procedure was repeated for additional affected vertebrae as necessary. Hemostasis was achieved, and the needle entry sites were dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and experienced immediate pain relief. The patient was provided with post-procedure instructions for pain management and activity restrictions. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the number of vertebrae treated, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of pain relief, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the number of vertebrae treated, severity of bone pain, and the patient's response to treatment.

Operative Note 42:

Procedure: Radiofrequency Ablation

Indication: Systemic lupus erythematosus (SLE) with severe bone pain due to osteoid osteoma requiring radiofrequency ablation for pain relief and lesion destruction.

Technique: The patient underwent radiofrequency ablation, specifically (specify bone) radiofrequency ablation, under local anesthesia. Using image guidance, a radiofrequency probe was inserted into the affected bone lesion, and thermal energy was delivered to destroy the tumor cells. The probe was then removed, and the entry site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and experienced immediate pain relief. The patient was provided with post-procedure instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the bone lesion treated, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of pain relief, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the bone lesion treated, severity of bone pain, and the patient's response to treatment.

Operative Note 43:

Procedure: Joint Injection

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and joint inflammation requiring therapeutic joint injection for pain relief and inflammation reduction.

Technique: The patient underwent joint injection, specifically (specify joint) injection, under local anesthesia. The affected joint was palpated, and a needle was inserted into the joint space. A combination of local anesthetic and corticosteroid was injected to provide pain relief and reduce inflammation. The needle was removed, and the injection site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and experienced immediate pain relief. The patient was provided with post-procedure instructions for pain management and activity restrictions. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint injected, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of pain relief, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint injected, severity of bone pain, and the patient's response to treatment.

Operative Note 44:

Procedure: Bone Biopsy

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and suspected bone infection or malignancy requiring bone biopsy for diagnostic evaluation.

Technique: The patient underwent bone biopsy, specifically (specify bone) biopsy, under local anesthesia. An incision was made over the affected bone, and a bone biopsy needle was inserted into the bone lesion to obtain a tissue sample. Hemostasis was achieved, and the biopsy site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well. The tissue sample was sent for pathological analysis to determine the underlying cause of bone pain. The patient was provided with post-procedure instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the biopsy results, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for discussion of the biopsy results, further diagnostic evaluation if necessary, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the biopsy results, severity of bone pain, and the patient's response to treatment.

Operative Note 45:

Procedure: Neurolysis

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and nerve compression or entrapment requiring neurolysis for pain relief and improved nerve function.

Technique: The patient underwent neurolysis, specifically (specify nerve) neurolysis, under local anesthesia. The affected nerve was identified, and surgical exploration was performed. Adhesions, scar tissue, or compressing structures were meticulously dissected and released to relieve nerve compression or entrapment. Hemostasis was achieved, and the surgical site was dressed.

Anesthesia: Local anesthesia with lidocaine (X mg).

Complications: None.

Postoperative Course: The patient tolerated the procedure well and experienced immediate pain relief. The patient was provided with post-procedure instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the nerve treated, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of pain relief, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the nerve treated, severity of bone pain, and the patient's response to treatment.

Operative Note 46:

Procedure: Percutaneous Transpedicular Screw Fixation

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and vertebral instability requiring percutaneous transpedicular screw fixation for stabilization and pain relief.

Technique: The patient underwent percutaneous transpedicular screw fixation, specifically (specify vertebral level) percutaneous transpedicular screw fixation, under general anesthesia. Guided by fluoroscopy, pedicle screws were percutaneously inserted into the affected vertebrae. Rods were then connected to the screws to provide stability and alignment. The incisions were closed, and a sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and experienced immediate pain relief. The patient was provided with postoperative instructions for pain management and activity restrictions. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the vertebral level stabilized, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of pain relief, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the vertebral level stabilized, severity of bone pain, and the patient's response to treatment.

Operative Note 47:

Procedure: Total Hip Arthroplasty

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and end-stage hip arthritis requiring total hip arthroplasty for pain relief and improved joint function.

Technique: The patient underwent total hip arthroplasty, specifically (specify side) total hip arthroplasty, under general anesthesia. An incision was made over the hip joint, and the arthritic joint surfaces were exposed. The femoral head and acetabulum were removed, and prosthetic components were inserted. The joint was reconstructed, and stability and range of motion were assessed. The incision was closed in layers, and a sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the side of hip arthroplasty, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the side of hip arthroplasty, severity of bone pain, and the patient's response to treatment.

Operative Note 48:

Procedure: Lumbar Decompression and Fusion

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and spinal instability requiring lumbar decompression and fusion for pain relief and stabilization.

Technique: The patient underwent lumbar decompression and fusion, specifically (specify vertebral levels) decompression and fusion, under general anesthesia. An incision was made over the affected lumbar spine, and the lamina, facet joints, and any compressive structures were removed to relieve nerve compression. Bone graft material and spinal instrumentation were inserted to achieve spinal fusion and stability. The incision was closed in layers, and a sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with pain management and rehabilitation protocols. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the vertebral levels decompressed and fused, severity of bone pain, and the patient's response to treatment.  
Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of pain relief, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the vertebral levels decompressed and fused, severity of bone pain, and the patient's response to treatment.

Operative Note 49:

Procedure: Knee Arthroscopy

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and suspected intra-articular pathology requiring knee arthroscopy for diagnostic evaluation and treatment.

Technique: The patient underwent knee arthroscopy, specifically (specify side) knee arthroscopy, under regional or general anesthesia. Small incisions were made around the knee joint, and an arthroscope was inserted to visualize the joint structures. Any identified pathology, such as loose bodies, cartilage defects, or synovitis, was addressed using surgical instruments. The joint was irrigated with saline solution, and hemostasis was achieved. The incisions were closed, and a sterile dressing was applied.

Anesthesia: Regional anesthesia (e.g., spinal or epidural) or general anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the side of knee arthroscopy, severity of bone pain, and the patient's response to treatment.  
Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of knee function, discussion of the arthroscopic findings, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the side of knee arthroscopy, severity of bone pain, and the patient's response to treatment.

Operative Note 50:

Procedure: Open Reduction and Internal Fixation

Indication: Systemic lupus erythematosus (SLE) with severe bone pain and a displaced fracture requiring open reduction and internal fixation for fracture reduction and stabilization.

Technique: The patient underwent open reduction and internal fixation, specifically (specify bone and fracture location) open reduction and internal fixation, under general anesthesia. An incision was made over the fracture site, and the fracture fragments were repositioned anatomically. The fragments were then fixed using plates, screws, or other appropriate implants. The wound was irrigated, and the incision was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the bone and fracture location, severity of bone pain, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of fracture healing, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the bone and fracture location, severity of bone pain, and the patient's response to treatment.

Operative Note 51:

Procedure: Nephrectomy

Indication: Systemic lupus erythematosus (SLE) with severe renal involvement and refractory complications requiring nephrectomy for disease control and management of complications.

Technique: The patient underwent nephrectomy, specifically (specify side) nephrectomy, under general anesthesia. An incision was made in the appropriate region, and the affected kidney was carefully dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the side of nephrectomy, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by urology or nephrology for assessment of renal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the side of nephrectomy, severity of symptoms, and the patient's response to treatment.

Operative Note 52:

Procedure: Gastrectomy

Indication: Systemic lupus erythematosus (SLE) with severe gastrointestinal involvement and refractory complications requiring gastrectomy for disease control and management of complications.

Technique: The patient underwent gastrectomy, specifically (specify partial or total) gastrectomy, under general anesthesia. An appropriate incision was made, and the stomach was meticulously dissected and removed. The remaining gastrointestinal tract was reconstructed using surgical techniques (e.g., Roux-en-Y reconstruction). Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the extent of gastrectomy, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by gastroenterology or surgery for assessment of gastrointestinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the extent of gastrectomy, severity of symptoms, and the patient's response to treatment.

Operative Note 53:

Procedure: Thoracotomy with Lung Biopsy

Indication: Systemic lupus erythematosus (SLE) with severe pulmonary involvement and diagnostic uncertainty requiring thoracotomy with lung biopsy for accurate diagnosis and treatment planning.

Technique: The patient underwent thoracotomy with lung biopsy, specifically (specify side) thoracotomy with lung biopsy, under general anesthesia. A suitable incision was made in the appropriate region, and the thoracic cavity was accessed. A lung biopsy was performed, and tissue samples were obtained for pathological analysis. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the side of thoracotomy, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by pulmonology or rheumatology for review of biopsy results, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the side of thoracotomy, severity of symptoms, and the patient's response to treatment.

Operative Note 54:

Procedure: Splenectomy

Indication: Systemic lupus erythematosus (SLE) with severe hematological involvement and refractory complications requiring splenectomy for disease control and management of complications.

Technique: The patient underwent splenectomy under general anesthesia. An appropriate incision was made, and the spleen was carefully dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of hematological involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by hematology or rheumatology for assessment of hematological parameters, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of hematological involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 55:

Procedure: Cholecystectomy

Indication: Systemic lupus erythematosus (SLE) with severe gallbladder involvement and refractory complications requiring cholecystectomy for disease control and management of complications.

Technique: The patient underwent cholecystectomy under general anesthesia. An appropriate incision was made, and the gallbladder was carefully dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of gallbladder involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by gastroenterology or rheumatology for assessment of gastrointestinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of gallbladder involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 56:

Procedure: Cardiac Bypass Surgery

Indication: Systemic lupus erythematosus (SLE) with severe cardiovascular involvement and refractory complications requiring cardiac bypass surgery for disease control and management of complications.

Technique: The patient underwent cardiac bypass surgery under general anesthesia. An appropriate incision was made, and the chest was opened to access the heart. The patient was placed on cardiopulmonary bypass, and the diseased coronary arteries were bypassed using grafts (e.g., saphenous vein or internal mammary artery). Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was transferred to the intensive care unit for close monitoring. Postoperative instructions for pain management, wound care, and cardiac rehabilitation were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of cardiovascular involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by cardiology or rheumatology for assessment of cardiac function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of cardiovascular involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 57:

Procedure: Oophorectomy

Indication: Systemic lupus erythematosus (SLE) with severe gynecological involvement and refractory complications requiring oophorectomy for disease control and management of complications.

Technique: The patient underwent oophorectomy, specifically (specify side) oophorectomy, under general anesthesia. An appropriate incision was made, and the ovary was carefully dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the side of oophorectomy, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by gynecology or rheumatology for assessment of gynecological health, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the side of oophorectomy, severity of symptoms, and the patient's response to treatment.

Operative Note 58:

Procedure: Craniotomy

Indication: Systemic lupus erythematosus (SLE) with severe central nervous system involvement and refractory complications requiring craniotomy for disease control and management of complications.

Technique: The patient underwent craniotomy under general anesthesia. An appropriate incision was made, and a bone flap was carefully created to access the intracranial structures. Surgical intervention was performed based on the specific central nervous system pathology, such as tumor resection, hematoma evacuation, or decompression. The bone flap was then repositioned and secured. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was transferred to the intensive care unit for close monitoring. Postoperative instructions for pain management, wound care, and neurological rehabilitation were provided. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of central nervous system involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by neurology or rheumatology for assessment of neurological function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of central nervous system involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 59:

Procedure: Tracheostomy

Indication: Systemic lupus erythematosus (SLE) with severe respiratory involvement and refractory complications requiring tracheostomy for airway management and facilitation of respiratory support.

Technique: The patient underwent tracheostomy under general anesthesia. An appropriate incision was made in the anterior neck, and a tracheostomy tube was inserted into the trachea. The tube was secured, and proper positioning was confirmed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for tracheostomy care and respiratory support. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of respiratory involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by pulmonology or rheumatology for assessment of respiratory function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of respiratory involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 60:

Procedure: Hepatectomy

Indication: Systemic lupus erythematosus (SLE) with severe hepatic involvement and refractory complications requiring hepatectomy for disease control and management of complications.

Technique: The patient underwent hepatectomy, specifically (specify extent) hepatectomy, under general anesthesia. An appropriate incision was made, and the affected liver lobe was meticulously dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the extent of hepatectomy, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by hepatology or rheumatology for assessment of liver function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the extent of hepatectomy, severity of symptoms, and the patient's response to treatment.

Operative Note 61:

Procedure: Laminectomy

Indication: Systemic lupus erythematosus (SLE) with severe spinal involvement and refractory complications requiring laminectomy for disease control and management of complications.

Technique: The patient underwent laminectomy, specifically (specify spinal level) laminectomy, under general anesthesia. An appropriate incision was made over the affected spinal region, and the laminae were carefully removed to decompress the spinal cord and nerve roots. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the spinal level involved, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of spinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the spinal level involved, severity of symptoms, and the patient's response to treatment.

Operative Note 62:

Procedure: Colon Resection

Indication: Systemic lupus erythematosus (SLE) with severe gastrointestinal involvement and refractory complications requiring colon resection for disease control and management of complications.

Technique: The patient underwent colon resection under general anesthesia. An appropriate incision was made, and the affected segment of the colon was meticulously dissected and removed. The remaining healthy colon was anastomosed using surgical techniques (e.g., end-to-end or end-to-side anastomosis). Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the extent of colon resection, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by gastroenterology or rheumatology for assessment of gastrointestinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the extent of colon resection, severity of symptoms, and the patient's response to treatment.

Operative Note 63:

Procedure: Total Abdominal Hysterectomy

Indication: Systemic lupus erythematosus (SLE) with severe gynecological involvement and refractory complications requiring total abdominal hysterectomy for disease control and management of complications.

Technique: The patient underwent total abdominal hysterectomy under general anesthesia. An appropriate incision was made, and the uterus and cervix were carefully dissected and removed. Bilateral salpingo-oophorectomy was performed as well. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of gynecological involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by gynecology or rheumatology for assessment of gynecological health, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of gynecological involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 64:

Procedure: Amputation

Indication: Systemic lupus erythematosus (SLE) with severe peripheral vascular involvement and refractory complications requiring amputation for disease control and management of complications.

Technique: The patient underwent amputation, specifically (specify level) amputation, under general anesthesia. An appropriate incision was made at the predetermined level, and the affected limb was meticulously dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, wound care, and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the level of amputation, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of prosthetic fitting, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the level of amputation, severity of symptoms, and the patient's response to treatment.

Operative Note 65:

Procedure: Nephrectomy

Indication: Systemic lupus erythematosus (SLE) with severe renal involvement and refractory complications requiring nephrectomy for disease control and management of complications.

Technique: The patient underwent nephrectomy, specifically (specify side) nephrectomy, under general anesthesia. An appropriate incision was made, and the affected kidney was meticulously dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the side of nephrectomy, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by nephrology or rheumatology for assessment of renal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the side of nephrectomy, severity of symptoms, and the patient's response to treatment.

Operative Note 66:

Procedure: Pulmonary Decortication

Indication: Systemic lupus erythematosus (SLE) with severe pulmonary involvement and refractory complications requiring pulmonary decortication for disease control and management of complications.

Technique: The patient underwent pulmonary decortication under general anesthesia. An appropriate incision was made, and the pleural space was accessed. The fibrinous and inflammatory material causing pulmonary restriction was carefully removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and respiratory therapy. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of pulmonary involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by pulmonology or rheumatology for assessment of pulmonary function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of pulmonary involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 67:

Procedure: Limb Salvage Surgery

Indication: Systemic lupus erythematosus (SLE) with severe musculoskeletal involvement and refractory complications requiring limb salvage surgery for disease control and management of complications.

Technique: The patient underwent limb salvage surgery under general anesthesia. An appropriate incision was made, and extensive debridement of the affected limb was performed. Soft tissue reconstruction and bone grafting were carried out to preserve limb function. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, wound care, and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of musculoskeletal involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of limb function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of musculoskeletal involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 68:

Procedure: Cholecystectomy

Indication: Systemic lupus erythematosus (SLE) with severe gastrointestinal involvement and refractory complications requiring cholecystectomy for disease control and management of complications.

Technique: The patient underwent cholecystectomy under general anesthesia. An appropriate incision was made, and the gallbladder was carefully dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of gastrointestinal involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by gastroenterology or rheumatology for assessment of gastrointestinal function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of gastrointestinal involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 69:

Procedure: Splenectomy

Indication: Systemic lupus erythematosus (SLE) with severe hematological involvement and refractory complications requiring splenectomy for disease control and management of complications.

Technique: The patient underwent splenectomy under general anesthesia. An appropriate incision was made, and the spleen was meticulously dissected and removed. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of hematological involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by hematology or rheumatology for assessment of hematological parameters, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of hematological involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 70:

Procedure: Cardiac Bypass Surgery

Indication: Systemic lupus erythematosus (SLE) with severe cardiovascular involvement and refractory complications requiring cardiac bypass surgery for disease control and management of complications.

Technique: The patient underwent cardiac bypass surgery under general anesthesia. An appropriate incision was made, and the bypass procedure was performed using suitable grafts (e.g., saphenous vein or internal mammary artery). Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for cardiac rehabilitation and recovery. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the severity of cardiovascular involvement, severity of symptoms, and the patient's response to treatment.

Follow-up: The patient will be followed up by cardiology or rheumatology for assessment of cardiac function, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of cardiovascular involvement, severity of symptoms, and the patient's response to treatment.

Operative Note 71:

Procedure: Joint Debridement and Irrigation

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., hip, shoulder) and refractory complications requiring joint debridement and irrigation for infection control and management of complications.

Technique: The patient underwent joint debridement and irrigation under general anesthesia. An appropriate incision was made over the affected joint, and meticulous debridement of necrotic tissue and infected material was performed. The joint was thoroughly irrigated with antimicrobial solutions. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 72:

Procedure: Joint Exploration with Arthrotomy

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., knee, elbow) and refractory complications requiring joint exploration with arthrotomy for infection control and management of complications.

Technique: The patient underwent joint exploration with arthrotomy under general anesthesia. An appropriate incision was made over the affected joint, and the joint capsule was opened. Thorough exploration of the joint was performed, assessing for any signs of infection, abscess formation, or necrotic tissue. Debridement of infected material was carried out, and appropriate irrigation with antimicrobial solutions was performed. Hemostasis was achieved, and the joint capsule was closed. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 73:

Procedure: Joint Drainage and Abscess Excision

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., ankle, wrist) and refractory complications requiring joint drainage and abscess excision for infection control and management of complications.

Technique: The patient underwent joint drainage and abscess excision under general anesthesia. An appropriate incision was made over the affected joint, and the abscess cavity was carefully opened. Pus and infected material were drained, and the abscess cavity was thoroughly irrigated with antimicrobial solutions. Necrotic tissue was debrided as necessary. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 74:

Procedure: Joint Arthrodesis

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., ankle, wrist) and refractory complications requiring joint arthrodesis for infection control and management of complications.

Technique: The patient underwent joint arthrodesis under general anesthesia. An appropriate incision was made over the affected joint, and the joint surfaces were meticulously prepared for fusion. The joint was stabilized with screws, plates, or other fixation devices. Additional bone grafting was performed as necessary to promote fusion. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, immobilization, and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint fusion, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 75:

Procedure: Joint Resection Arthroplasty

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., shoulder, hip) and refractory complications requiring joint resection arthroplasty for infection control and management of complications.

Technique: The patient underwent joint resection arthroplasty under general anesthesia. An appropriate incision was made over the affected joint, and the joint surfaces were meticulously resected to remove the infected and necrotic tissue. The joint was thoroughly irrigated with antimicrobial solutions. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 76:

Procedure: Joint Lavage and Antibiotic Spacer Placement

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., knee, elbow) and refractory complications requiring joint lavage and antibiotic spacer placement for infection control and management of complications.

Technique: The patient underwent joint lavage and antibiotic spacer placement under general anesthesia. An appropriate incision was made over the affected joint, and the joint was thoroughly irrigated with antimicrobial solutions to remove the infected material. An antibiotic spacer was then inserted to provide local antibiotic delivery and maintain joint space. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 77:

Procedure: Joint Debridement with Soft Tissue Reconstruction

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., ankle, wrist) and refractory complications requiring joint debridement with soft tissue reconstruction for infection control and management of complications.

Technique: The patient underwent joint debridement with soft tissue reconstruction under general anesthesia. An appropriate incision was made over the affected joint, and meticulous debridement of necrotic tissue and infected material was performed. Soft tissue reconstruction was carried out to restore the integrity of surrounding structures. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 78:

Procedure: Joint Fusion with External Fixation

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., shoulder, hip) and refractory complications requiring joint fusion with external fixation for infection control and management of complications.

Technique: The patient underwent joint fusion with external fixation under general anesthesia. An appropriate incision was made over the affected joint, and the joint surfaces were meticulously prepared for fusion. External fixation devices were applied to provide stability and facilitate bone fusion. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint fusion, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 79:

Procedure: Joint Resection and Arthroplasty

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., knee, elbow) and refractory complications requiring joint resection and arthroplasty for infection control and management of complications.

Technique: The patient underwent joint resection and arthroplasty under general anesthesia. An appropriate incision was made over the affected joint, and the joint surfaces were meticulously resected to remove the infected and necrotic tissue. An artificial joint prosthesis was then implanted to restore joint function. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 80:

Procedure: Joint Salvage with Debridement and Local Antibiotic Delivery

Indication: Systemic lupus erythematosus (SLE) with severe infection involving the extreme moving joint (e.g., ankle, wrist) and refractory complications requiring joint salvage with debridement and local antibiotic delivery for infection control and management of complications.

Technique: The patient underwent joint salvage with debridement and local antibiotic delivery under general anesthesia. An appropriate incision was made over the affected joint, and meticulous debridement of necrotic tissue and infected material was performed. Local antibiotic delivery was accomplished using antibiotic-loaded bone cement, beads, or other suitable methods. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, antibiotic therapy, and joint immobilization. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of infection, and the patient's response to treatment.

Follow-up: The patient will be followed up by orthopedics or rheumatology for assessment of joint function, monitoring of infection control, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of infection, and the patient's response to treatment.

Operative Note 81:

Procedure: Synovectomy

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe joint inflammation and refractory complications necessitating synovectomy for inflammation control and management of complications.

Technique: The patient underwent synovectomy under general anesthesia. An appropriate incision was made over the affected joint, and the synovial tissue was carefully excised to reduce inflammation and alleviate symptoms. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, immobilization, and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of joint inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of inflammation, and the patient's response to treatment.

Operative Note 82:

Procedure: Bursectomy

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe bursa inflammation and refractory complications necessitating bursectomy for inflammation control and management of complications.

Technique: The patient underwent bursectomy under general anesthesia. An appropriate incision was made over the affected bursa, and the inflamed bursal tissue was meticulously excised to alleviate symptoms and reduce inflammation. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the site of bursectomy, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the site of bursectomy, severity of inflammation, and the patient's response to treatment.

Operative Note 83:

Procedure: Tendon Release

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe tendon inflammation and refractory complications necessitating tendon release for inflammation control and management of complications.

Technique: The patient underwent tendon release under general anesthesia. An appropriate incision was made over the affected tendon, and careful release of the tendon was performed to alleviate symptoms and reduce inflammation. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, immobilization, and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the site of tendon release, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the site of tendon release, severity of inflammation, and the patient's response to treatment.

Operative Note 84:

Procedure: Biopsy with Inflammation Assessment

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe inflammation and refractory complications necessitating biopsy for inflammation assessment and management of complications.

Technique: The patient underwent biopsy with inflammation assessment under local anesthesia. An appropriate incision or needle insertion was made at the site of inflammation, and tissue samples were obtained for histopathological evaluation. Special staining and immunohistochemistry were performed to assess the level of inflammation. Hemostasis was achieved, and the incision was closed with sutures or the needle insertion site was covered with a sterile dressing.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the biopsy results, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the biopsy results, severity of inflammation, and the patient's response to treatment.

Operative Note 85:

Procedure: Debridement and Inflammation Control

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe inflammation and refractory complications necessitating debridement for inflammation control and management of complications.

Technique: The patient underwent debridement and inflammation control under general anesthesia. An appropriate incision was made at the site of inflammation, and meticulous debridement of necrotic tissue, foreign bodies, and infected material was performed. The area was thoroughly irrigated with antimicrobial solutions to control inflammation. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the site of debridement, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the site of debridement, severity of inflammation, and the patient's response to treatment.

Operative Note 86:

Procedure: Drainage and Inflammation Control

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe inflammation and refractory complications necessitating drainage for inflammation control and management of complications.

Technique: The patient underwent drainage and inflammation control under local or general anesthesia, depending on the location and severity of inflammation. An appropriate incision was made at the site of inflammation, and a drain was inserted to evacuate fluid, pus, or inflammatory exudate. The area was thoroughly irrigated with antimicrobial solutions to control inflammation. Hemostasis was achieved, and the incision was closed with sutures or the drain site was secured with a sterile dressing.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the site of drainage, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the site of drainage, severity of inflammation, and the patient's response to treatment.

Operative Note 87:

Procedure: Joint Lavage and Inflammation Control

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe joint inflammation and refractory complications necessitating joint lavage for inflammation control and management of complications.

Technique: The patient underwent joint lavage and inflammation control under general anesthesia. An appropriate incision or arthroscopic portals were made to access the affected joint, and the joint cavity was irrigated with sterile saline solution to remove inflammatory debris, inflammatory mediators, and infected material. The joint surfaces were inspected for any abnormalities. Hemostasis was achieved, and the incision was closed or the arthroscopic portals were sutured.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, joint immobilization, and rehabilitation. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the joint involved, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of joint inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the joint involved, severity of inflammation, and the patient's response to treatment.

Operative Note 88:

Procedure: Organ Biopsy for Inflammation Assessment

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe inflammation and refractory complications necessitating organ biopsy for inflammation assessment and management of complications.

Technique: The patient underwent organ biopsy for inflammation assessment under local or general anesthesia, depending on the organ involved and the extent of inflammation. An appropriate incision or needle insertion was made to obtain tissue samples for histopathological evaluation. Special staining and immunohistochemistry were performed to assess the level of inflammation. Hemostasis was achieved, and the incision was closed with sutures or the needle insertion site was covered with a sterile dressing.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the biopsy results, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the biopsy results, severity of inflammation, and the patient's response to treatment.

Operative Note 89:

Procedure: Lymph Node Excision for Inflammation Control

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe inflammation and refractory complications necessitating lymph node excision for inflammation control and management of complications.

Technique: The patient underwent lymph node excision for inflammation control under general anesthesia. An appropriate incision was made over the affected lymph node, and the lymph node was carefully excised to reduce inflammation and alleviate symptoms. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the site of lymph node excision, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the site of lymph node excision, severity of inflammation, and the patient's response to treatment.

Operative Note 90:

Procedure: Pericardial Window Creation for Inflammation Control

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe inflammation and refractory complications necessitating pericardial window creation for inflammation control and management of complications.

Technique: The patient underwent pericardial window creation for inflammation control under general anesthesia. An appropriate incision was made to access the pericardial space, and a window was created in the pericardium to relieve inflammation and prevent pericardial effusion. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and wound care. The patient will undergo regular follow-up, with the frequency and duration of follow-up visits determined based on the pericardial window's effectiveness in inflammation control, severity of inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by cardiology or the appropriate specialist for evaluation of inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the pericardial window's effectiveness in inflammation control, severity of inflammation, and the patient's response to treatment.

Operative Note 91:

Procedure: Synovectomy and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe joint inflammation and refractory complications necessitating synovectomy for inflammation control and management of complications. Follow-up visits will be determined based on the severity of joint involvement.

Technique: The patient underwent synovectomy under general anesthesia. An appropriate incision or arthroscopic portals were made to access the affected joint, and the synovial tissue was excised to reduce inflammation and alleviate symptoms. Hemostasis was achieved, and the incision was closed or the arthroscopic portals were sutured.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, joint immobilization, and rehabilitation. The frequency and duration of follow-up visits will be determined based on the severity of joint involvement, extent of synovial inflammation, and the patient's response to treatment.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of joint inflammation, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of joint involvement, extent of synovial inflammation, and the patient's response to treatment.

Operative Note 92:

Procedure: Plasmapheresis and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe organ dysfunction and refractory complications necessitating plasmapheresis for inflammation control and management of complications. Follow-up visits will be determined based on the severity of organ involvement and response to plasmapheresis.

Technique: The patient underwent plasmapheresis under local or general anesthesia, depending on the case. Blood was withdrawn, and the plasma was separated and discarded. Fresh frozen plasma or albumin was transfused to replace the discarded plasma. The procedure was repeated as needed to reduce inflammation and manage complications.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for fluid intake, medication management, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of organ involvement, response to plasmapheresis, and the patient's overall condition.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of organ involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of organ involvement, response to plasmapheresis, and the patient's overall condition.

Operative Note 93:

Procedure: Immunosuppressive Therapy and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe systemic symptoms and refractory complications necessitating immunosuppressive therapy for inflammation control and management of complications. Follow-up visits will be determined based on the severity of systemic involvement and response to immunosuppressive therapy.

Technique: The patient received immunosuppressive therapy, including administration of corticosteroids and other immunosuppressive medications. The dosage and frequency of medications were tailored to the patient's specific needs, taking into consideration the severity of systemic involvement, disease activity, and response to treatment.

Anesthesia: Not applicable.

Complications: None.

Postoperative Course: The patient tolerated the therapy well and was provided with postoperative instructions for medication management, symptom monitoring, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of systemic involvement, response to immunosuppressive therapy, and the patient's overall condition.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of systemic involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of systemic involvement, response to immunosuppressive therapy, and the patient's overall condition.

Operative Note 94:

Procedure: Nephrectomy and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe kidney dysfunction and refractory complications necessitating nephrectomy for inflammation control and management of complications. Follow-up visits will be determined based on the severity of kidney involvement and response to nephrectomy.

Technique: The patient underwent nephrectomy under general anesthesia. An appropriate incision was made to access the affected kidney, and the kidney was carefully excised to alleviate symptoms and prevent further complications. Hemostasis was achieved, and the surgical site was closed in layers. A sterile dressing was applied.

Anesthesia: General anesthesia with endotracheal intubation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management, fluid intake, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of kidney involvement, response to nephrectomy, and the patient's overall condition.

Follow-up: The patient will be followed up by nephrology or the appropriate specialist for evaluation of kidney involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of kidney involvement, response to nephrectomy, and the patient's overall condition.

Operative Note 95:

Procedure: Intravenous Immunoglobulin (IVIG) Therapy and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe systemic inflammation and refractory complications necessitating intravenous immunoglobulin (IVIG) therapy for inflammation control and management of complications. Follow-up visits will be determined based on the severity of systemic involvement and response to IVIG therapy.

Technique: The patient received IVIG therapy, with the dosage and frequency tailored to the severity of systemic involvement, disease activity, and response to treatment. IVIG was administered intravenously over a specified period of time, as per the standard protocol.

Anesthesia: Not applicable.

Complications: None.

Postoperative Course: The patient tolerated the therapy well and was provided with postoperative instructions for monitoring for any adverse reactions, medication management, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of systemic involvement, response to IVIG therapy, and the patient's overall condition.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of systemic involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of systemic involvement, response to IVIG therapy, and the patient's overall condition.

Operative Note 96:

Procedure: Pulmonary Function Testing and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe lung dysfunction and refractory complications necessitating pulmonary function testing for inflammation control and management of complications. Follow-up visits will be determined based on the severity of lung involvement and response to treatment.

Technique: The patient underwent pulmonary function testing to assess lung function and evaluate the severity of respiratory involvement. Various parameters, such as spirometry, lung volumes, and gas diffusion capacity, were measured to determine the extent of pulmonary dysfunction.

Anesthesia: Not applicable.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for monitoring respiratory symptoms, medication management, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of lung involvement, results of pulmonary function testing, and the patient's overall condition.

Follow-up: The patient will be followed up by pulmonology or the appropriate specialist for evaluation of lung involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of lung involvement, results of pulmonary function testing, and the patient's overall condition.

Operative Note 97:

Procedure: Endoscopy and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe gastrointestinal symptoms and refractory complications necessitating endoscopy for inflammation control and management of complications. Follow-up visits will be determined based on the severity of gastrointestinal involvement and response to endoscopy.

Technique: The patient underwent endoscopy under local or general anesthesia, depending on the case. An endoscope was inserted through the appropriate orifice (e.g., mouth or anus) to visualize the gastrointestinal tract and identify any abnormalities, such as ulcers, inflammation, or bleeding. Biopsies were taken as necessary for further evaluation.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for dietary modifications, medication management, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of gastrointestinal involvement, endoscopy findings, and the patient's overall condition.

Follow-up: The patient will be followed up by gastroenterology or the appropriate specialist for evaluation of gastrointestinal involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of gastrointestinal involvement, endoscopy findings, and the patient's overall condition.

Operative Note 98:

Procedure: Electroencephalogram (EEG) and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe neurological symptoms and refractory complications necessitating electroencephalogram (EEG) for inflammation control and management of complications. Follow-up visits will be determined based on the severity of neurological involvement and response to treatment.

Technique: The patient underwent EEG to record and analyze the electrical activity of the brain. Electrodes were placed on the scalp, and the patient's brain waves were recorded under various conditions, such as with eyes closed, during sleep, or during specific tasks.

Anesthesia: Not applicable.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for medication management, symptom monitoring, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of neurological involvement, EEG findings, and the patient's overall condition.

Follow-up: The patient will be followed up by neurology or the appropriate specialist for evaluation of neurological involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of neurological involvement, EEG findings, and the patient's overall condition.

Operative Note 99:

Procedure: Ophthalmologic Evaluation and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe ocular symptoms and refractory complications necessitating ophthalmologic evaluation for inflammation control and management of complications. Follow-up visits will be determined based on the severity of ocular involvement and response to treatment.

Technique: The patient underwent a comprehensive ophthalmologic evaluation, including visual acuity assessment, intraocular pressure measurement, and examination of the anterior and posterior segments of the eye. Additional tests, such as optical coherence tomography or fluorescein angiography, were performed as needed.

Anesthesia: Not applicable.

Complications: None.

Postoperative Course: The patient tolerated the evaluation well and was provided with postoperative instructions for medication management, eye care, and follow-up visits. The frequency and duration of follow-up visits will be determined based on the severity of ocular involvement, ophthalmologic evaluation findings, and the patient's overall condition.

Follow-up: The patient will be followed up by ophthalmology or the appropriate specialist for evaluation of ocular involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of ocular involvement, ophthalmologic evaluation findings, and the patient's overall condition.

Operative Note 100:

Procedure: Cardiac Catheterization and Follow-up Determination

Indication: Systemic lupus erythematosus (SLE) with organ or system involvement, including severe cardiovascular symptoms and refractory complications necessitating cardiac catheterization for inflammation control and management of complications. Follow-up visits will be determined based on the severity of cardiovascular involvement and response to treatment.

Technique: The patient underwent cardiac catheterization under local anesthesia. A catheter was inserted into a blood vessel and advanced to the heart. Various diagnostic tests, such as angiography, ventriculography, or hemodynamic measurements, were performed to assess cardiac function and identify any abnormalities.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for medication management, cardiac monitoring, and follow-up care. The frequency and duration of follow-up visits will be determined based on the severity of cardiovascular involvement, cardiac catheterization findings, and the patient's overall condition.

Follow-up: The patient will be followed up by cardiology or the appropriate specialist for evaluation of cardiovascular involvement, monitoring of disease activity, and management of SLE-related complications. The frequency and duration of follow-up visits will be determined based on the severity of cardiovascular involvement, cardiac catheterization findings, and the patient's overall condition.

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## M32.8 Other forms of systemic lupus erythematosus

Operative Note 1:

Procedure: Skin Biopsy and Histopathological Examination

Indication: Other forms of systemic lupus erythematosus, presenting with cutaneous manifestations and suspected lupus-specific skin lesions requiring a skin biopsy for diagnosis confirmation. Histopathological examination will aid in determining the underlying pathology.

Technique: The patient underwent a skin biopsy under local anesthesia. A representative skin sample was obtained from the affected area, following standard sterile techniques. The sample was sent for histopathological examination to assess for lupus-specific findings, such as interface dermatitis, basement membrane changes, and presence of immunoglobulin deposits.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care and pain management. The histopathological results will guide further management and treatment decisions.

Follow-up: The patient will be followed up by dermatology or the appropriate specialist for evaluation of cutaneous involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of cutaneous involvement and the patient's overall condition.

Operative Note 2:

Procedure: Joint Aspiration and Synovial Fluid Analysis

Indication: Other forms of systemic lupus erythematosus with joint involvement and suspected synovitis necessitating joint aspiration for diagnostic purposes. Synovial fluid analysis will help assess inflammation, rule out infection, and guide treatment decisions.

Technique: The patient underwent joint aspiration under local anesthesia. The affected joint was prepared in a sterile manner, and a needle was inserted into the joint space. Synovial fluid was aspirated, and multiple samples were collected for analysis, including cell count, Gram stain, culture, crystal examination, and inflammatory markers.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and joint care. The synovial fluid analysis results will aid in the diagnosis and subsequent management of joint involvement.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of joint involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of joint involvement and the patient's overall condition.

Operative Note 3:

Procedure: Renal Biopsy and Histopathological Examination

Indication: Other forms of systemic lupus erythematosus with kidney involvement and suspected lupus nephritis requiring a renal biopsy for diagnostic confirmation and determination of disease severity.

Technique: The patient underwent a renal biopsy under local or general anesthesia, depending on the case. A biopsy needle was percutaneously inserted into the kidney, guided by ultrasound or other imaging modalities. Multiple tissue samples were obtained for histopathological examination to assess the presence and extent of renal involvement, such as glomerular changes, tubulointerstitial inflammation, and immune complex deposition.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and monitoring for any signs of complications. The histopathological examination results will guide treatment decisions and determine the severity of renal involvement.

Follow-up: The patient will be followed up by nephrology or the appropriate specialist for evaluation of renal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of renal involvement and the patient's overall condition.

Operative Note 4:

Procedure: Lumbar Puncture and Cerebrospinal Fluid Analysis

Indication: Other forms of systemic lupus erythematosus with suspected central nervous system involvement requiring a lumbar puncture for cerebrospinal fluid analysis. The procedure aims to assess for inflammatory markers, rule out infection, and aid in diagnosis and treatment decisions.

Technique: The patient underwent a lumbar puncture under local anesthesia. The lumbar region was prepared in a sterile manner, and a needle was inserted into the subarachnoid space to collect cerebrospinal fluid. Multiple samples were obtained for analysis, including cell count, protein and glucose levels, cytology, and testing for infectious agents.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for rest, hydration, and monitoring for any signs of complications. The cerebrospinal fluid analysis results will help determine the extent of central nervous system involvement and guide further management.

Follow-up: The patient will be followed up by neurology or the appropriate specialist for evaluation of central nervous system involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of central nervous system involvement and the patient's overall condition.

Operative Note 5:

Procedure: Gastrointestinal Endoscopy and Biopsy

Indication: Other forms of systemic lupus erythematosus with gastrointestinal symptoms and suspected gastrointestinal involvement requiring endoscopy for evaluation and biopsy to aid in diagnosis and treatment decisions.

Technique: The patient underwent gastrointestinal endoscopy under local or general anesthesia, depending on the case. An endoscope was inserted through the appropriate orifice (e.g., mouth or anus) to visualize the gastrointestinal tract and identify any abnormalities, such as ulcers, inflammation, or bleeding. Biopsies were taken from suspicious areas for further histopathological examination.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for dietary modifications, medication management, and monitoring for any signs of complications. The biopsy results will aid in confirming gastrointestinal involvement and guide subsequent management.

Follow-up: The patient will be followed up by gastroenterology or the appropriate specialist for evaluation of gastrointestinal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of gastrointestinal involvement and the patient's overall condition.

Operative Note 6:

Procedure: Bronchoscopy and Bronchoalveolar Lavage

Indication: Other forms of systemic lupus erythematosus with respiratory symptoms and suspected lung involvement requiring bronchoscopy for evaluation and bronchoalveolar lavage for diagnostic purposes and management decisions.

Technique: The patient underwent bronchoscopy under local or general anesthesia, depending on the case. A flexible bronchoscope was inserted through the airway to visualize the bronchial tree and collect samples for analysis. Bronchoalveolar lavage was performed to obtain fluid for cell count, differential analysis, cultures, and evaluation of inflammatory markers.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for respiratory care, medication management, and monitoring for any signs of complications. The bronchoalveolar lavage results will help assess the extent of lung involvement and guide further management.

Follow-up: The patient will be followed up by pulmonology or the appropriate specialist for evaluation of lung involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of lung involvement and the patient's overall condition.

Operative Note 7:

Procedure: Lymph Node Biopsy and Histopathological Examination

Indication: Other forms of systemic lupus erythematosus with lymphadenopathy and suspected lymph node involvement requiring a lymph node biopsy for diagnostic confirmation and determination of disease severity.

Technique: The patient underwent a lymph node biopsy under local or general anesthesia, depending on the case. An incision was made over the affected lymph node, and a sample was obtained for histopathological examination. Multiple samples were collected if necessary to assess lymph node architecture, presence of immune cell infiltrates, and other specific findings.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care and pain management. The histopathological examination results will aid in the diagnosis, staging, and subsequent management of lymph node involvement.

Follow-up: The patient will be followed up by hematology/oncology or the appropriate specialist for evaluation of lymph node involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of lymph node involvement and the patient's overall condition.

Operative Note 8:

Procedure: Muscle Biopsy and Histopathological Examination

Indication: Other forms of systemic lupus erythematosus with muscle weakness, myalgia, and suspected myositis requiring a muscle biopsy for diagnostic confirmation and determination of disease severity.

Technique: The patient underwent a muscle biopsy under local or general anesthesia, depending on the case. An incision was made over the affected muscle, and a sample was obtained for histopathological examination. Multiple samples were collected if necessary to assess for muscle fiber abnormalities, inflammation, and presence of immune cell infiltrates.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care and pain management. The histopathological examination results will aid in the diagnosis, staging, and subsequent management of muscle involvement.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of muscle involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of muscle involvement and the patient's overall condition.

Operative Note 9:

Procedure: Bone Marrow Biopsy and Aspiration

Indication: Other forms of systemic lupus erythematosus with suspected hematologic involvement requiring a bone marrow biopsy and aspiration for diagnostic confirmation and determination of disease severity.

Technique: The patient underwent a bone marrow biopsy and aspiration under local or general anesthesia, depending on the case. A bone marrow needle was inserted into the bone, usually the posterior iliac crest, to obtain a bone marrow sample. Multiple samples were collected for histopathological examination, cytogenetics, and flow cytometry analysis.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and monitoring for any signs of complications. The bone marrow examination results will aid in the diagnosis, staging, and subsequent management of hematologic involvement.

Follow-up: The patient will be followed up by hematology/oncology or the appropriate specialist for evaluation of hematologic involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of hematologic involvement and the patient's overall condition.

Operative Note 10:

Procedure: Ophthalmic Examination and Retinal Evaluation

Indication: Other forms of systemic lupus erythematosus with ocular symptoms and suspected ocular involvement requiring an ophthalmic examination and retinal evaluation for diagnosis and management decisions.

Technique: The patient underwent an ophthalmic examination under local anesthesia. Visual acuity, intraocular pressure, and ocular structures were assessed using various ophthalmic instruments. A retinal evaluation, including fundus photography, fluorescein angiography, or optical coherence tomography, was performed to evaluate the retina for any lupus-specific findings, such as retinal vasculitis or cotton-wool spots.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for eye care and monitoring for any signs of complications. The ophthalmic examination and retinal evaluation results will aid in the diagnosis, monitoring, and management of ocular involvement.

Follow-up: The patient will be followed up by ophthalmology or the appropriate specialist for evaluation of ocular involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of ocular involvement and the patient's overall condition.

Operative Note 11:

Procedure: Cardiac Evaluation and Echocardiography

Indication: Other forms of systemic lupus erythematosus with suspected cardiac involvement requiring a comprehensive cardiac evaluation and echocardiography to assess cardiac function, morphology, and detect any lupus-related cardiac abnormalities.

Technique: The patient underwent a cardiac evaluation and transthoracic echocardiography under local anesthesia. Standard cardiac imaging views were obtained to evaluate cardiac chambers, valves, and overall cardiac function. Doppler assessment was performed to assess blood flow velocities and detect any abnormalities.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for cardiac care and monitoring for any signs of complications. The echocardiography results will aid in the diagnosis, monitoring, and management of cardiac involvement.

Follow-up: The patient will be followed up by cardiology or the appropriate specialist for evaluation of cardiac involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of cardiac involvement and the patient's overall condition.

Operative Note 12:

Procedure: Neurological Evaluation and Magnetic Resonance Imaging (MRI)

Indication: Other forms of systemic lupus erythematosus with suspected neurological involvement requiring a comprehensive neurological evaluation and MRI to assess for any central nervous system abnormalities.

Technique: The patient underwent a neurological evaluation and brain/spinal cord MRI under local or general anesthesia, depending on the case. A detailed neurological examination was performed, and MRI scans were obtained to evaluate the brain and spinal cord for any lupus-related neurologic manifestations, such as demyelination, infarcts, or vasculitis.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for neurological care and monitoring for any signs of complications. The MRI results will aid in the diagnosis, monitoring, and management of neurological involvement.

Follow-up: The patient will be followed up by neurology or the appropriate specialist for evaluation of neurological involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of neurological involvement and the patient's overall condition.

Operative Note 13:

Procedure: Lung Function Testing and Pulmonary Function Tests (PFTs)

Indication: Other forms of systemic lupus erythematosus with respiratory symptoms and suspected lung involvement requiring lung function testing and pulmonary function tests (PFTs) to assess lung capacity, airflow, and detect any lupus-related pulmonary abnormalities.

Technique: The patient underwent lung function testing and PFTs under local anesthesia. Spirometry, lung volume measurement, and diffusion capacity tests were performed to evaluate lung function and detect any restrictive or obstructive patterns.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for respiratory care and monitoring for any signs of complications. The PFT results will aid in the diagnosis, monitoring, and management of pulmonary involvement.

Follow-up: The patient will be followed up by pulmonology or the appropriate specialist for evaluation of pulmonary involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of pulmonary involvement and the patient's overall condition.

Operative Note 14:

Procedure: Thyroid Evaluation and Thyroid Function Tests

Indication: Other forms of systemic lupus erythematosus with suspected thyroid involvement requiring a comprehensive thyroid evaluation and thyroid function tests to assess thyroid function, detect any autoimmune thyroid disease, and determine the need for thyroid hormone replacement therapy.

Technique: The patient underwent a thyroid evaluation and thyroid function tests under local anesthesia. Thyroid palpation was performed to assess the size and texture of the thyroid gland. Blood samples were collected to measure thyroid hormone levels (TSH, free T3, free T4), thyroid autoantibodies (TPO antibodies), and thyroid-stimulating immunoglobulin (TSI) if necessary.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for thyroid care and monitoring for any signs of complications. The thyroid function test results will aid in the diagnosis, monitoring, and management of thyroid involvement.

Follow-up: The patient will be followed up by endocrinology or the appropriate specialist for evaluation of thyroid involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of thyroid involvement and the patient's overall condition.

Operative Note 15:

Procedure: Kidney Biopsy and Histopathological Examination

Indication: Other forms of systemic lupus erythematosus with suspected renal involvement requiring a kidney biopsy and histopathological examination for diagnostic confirmation, determination of disease severity, and treatment decisions.

Technique: The patient underwent a kidney biopsy under local or general anesthesia, depending on the case. A percutaneous or open surgical approach was used to obtain a renal tissue sample. Multiple samples were collected from different renal compartments for histopathological examination, including assessment of glomerular, tubular, and interstitial changes.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for renal care and monitoring for any signs of complications. The histopathological examination results will aid in the diagnosis, staging, and subsequent management of renal involvement.

Follow-up: The patient will be followed up by nephrology or the appropriate specialist for evaluation of renal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of renal involvement and the patient's overall condition.

Operative Note 16:

Procedure: Skin Biopsy and Histopathological Examination

Indication: Other forms of systemic lupus erythematosus with cutaneous manifestations and suspected skin involvement requiring a skin biopsy and histopathological examination for diagnostic confirmation, determination of disease severity, and treatment decisions.

Technique: The patient underwent a skin biopsy under local anesthesia. A representative skin lesion was selected, and a sample was obtained for histopathological examination. Multiple samples were collected if necessary to assess for characteristic lupus-specific skin findings, such as interface dermatitis, epidermal changes, and immune cell infiltrates.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care and monitoring for any signs of complications. The histopathological examination results will aid in the diagnosis, staging, and subsequent management of cutaneous involvement.

Follow-up: The patient will be followed up by dermatology or the appropriate specialist for evaluation of cutaneous involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of cutaneous involvement and the patient's overall condition.

Operative Note 17:

Procedure: Salivary Gland Biopsy and Histopathological Examination

Indication: Other forms of systemic lupus erythematosus with sicca syndrome and suspected salivary gland involvement requiring a salivary gland biopsy for diagnostic confirmation, determination of disease severity, and treatment decisions.

Technique: The patient underwent a salivary gland biopsy under local anesthesia. An incision was made over the affected salivary gland, and a sample was obtained for histopathological examination. Multiple samples were collected if necessary to assess for lymphocytic infiltrates, fibrosis, and other specific findings.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care and monitoring for any signs of complications. The histopathological examination results will aid in the diagnosis, staging, and subsequent management of salivary gland involvement.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of salivary gland involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of salivary gland involvement and the patient's overall condition.

Operative Note 18:

Procedure: Gastrointestinal Endoscopy and Biopsy

Indication: Other forms of systemic lupus erythematosus with gastrointestinal symptoms and suspected gastrointestinal involvement requiring a gastrointestinal endoscopy and biopsy for diagnostic confirmation, determination of disease severity, and treatment decisions.

Technique: The patient underwent a gastrointestinal endoscopy under local or general anesthesia, depending on the case. An endoscope was inserted through the mouth or anus to visualize the gastrointestinal tract. Biopsy samples were obtained from suspicious areas, such as the esophagus, stomach, or intestines, for histopathological examination.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for gastrointestinal care and monitoring for any signs of complications. The biopsy results will aid in the diagnosis, staging, and subsequent management of gastrointestinal involvement.

Follow-up: The patient will be followed up by gastroenterology or the appropriate specialist for evaluation of gastrointestinal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of gastrointestinal involvement and the patient's overall condition.

Operative Note 19:

Procedure: Vascular Imaging and Angiography

Indication: Other forms of systemic lupus erythematosus with suspected vascular involvement requiring vascular imaging and angiography to assess the vascular system, detect any vasculitis or other vascular abnormalities, and determine appropriate treatment options.

Technique: The patient underwent vascular imaging and angiography under local or general anesthesia, depending on the case. Various imaging modalities, such as computed tomography angiography (CTA) or magnetic resonance angiography (MRA), were used to visualize the blood vessels. If necessary, catheter-based angiography was performed to obtain detailed images of specific vascular territories.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for vascular care and monitoring for any signs of complications. The vascular imaging and angiography results will aid in the diagnosis, monitoring, and management of vascular involvement.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of vascular involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of vascular involvement and the patient's overall condition.

Operative Note 20:

Procedure: Hepatic Function Assessment and Liver Biopsy

Indication: Other forms of systemic lupus erythematosus with suspected liver involvement requiring a comprehensive hepatic function assessment and liver biopsy for diagnostic confirmation, determination of disease severity, and treatment decisions.

Technique: The patient underwent hepatic function assessment, including liver enzyme tests, bilirubin levels, and liver imaging (such as ultrasound or CT scan), followed by a liver biopsy under local or general anesthesia, depending on the case. A percutaneous or surgical approach was used to obtain a liver tissue sample for histopathological examination.

Anesthesia: Local or general anesthesia, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for liver care and monitoring for any signs of complications. The liver biopsy results will aid in the diagnosis, staging, and subsequent management of liver involvement.

Follow-up: The patient will be followed up by hepatology or the appropriate specialist for evaluation of liver involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of liver involvement and the patient's overall condition.

Operative Note 21:

Procedure: Ophthalmic Examination and Retinal Imaging

Indication: Other forms of systemic lupus erythematosus with suspected ocular involvement requiring an ophthalmic examination and retinal imaging to assess for any lupus-related ocular manifestations, such as retinal vasculitis or macular abnormalities.

Technique: The patient underwent an ophthalmic examination and retinal imaging under local anesthesia. Visual acuity, intraocular pressure, and fundus examination were performed. Retinal imaging techniques, including optical coherence tomography (OCT) and fluorescein angiography, were used to assess the retinal layers and detect any abnormalities.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for ocular care and monitoring for any signs of complications. The ophthalmic examination and retinal imaging results will aid in the diagnosis, monitoring, and management of ocular involvement.

Follow-up: The patient will be followed up by ophthalmology or the appropriate specialist for evaluation of ocular involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of ocular involvement and the patient's overall condition.

Operative Note 22:

Procedure: Musculoskeletal Ultrasound and Joint Aspiration

Indication: Other forms of systemic lupus erythematosus with suspected joint involvement requiring musculoskeletal ultrasound and joint aspiration to assess joint inflammation, detect synovitis, and analyze synovial fluid for diagnostic confirmation and treatment decisions.

Technique: The patient underwent musculoskeletal ultrasound and joint aspiration under local anesthesia. Ultrasound imaging was performed to visualize the joint structures and identify areas of inflammation. Joint aspiration was then performed using a sterile technique to obtain synovial fluid for analysis, including cell count, culture, and examination for crystals.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for joint care and monitoring for any signs of complications. The musculoskeletal ultrasound and joint aspiration results will aid in the diagnosis, monitoring, and management of joint involvement.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of joint involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of joint involvement and the patient's overall condition.

Operative Note 23:

Procedure: Endocrine Evaluation and Hormone Replacement Therapy

Indication: Other forms of systemic lupus erythematosus with suspected endocrine involvement requiring a comprehensive endocrine evaluation and hormone replacement therapy to assess hormonal imbalances and restore hormonal levels to normal.

Technique: The patient underwent an endocrine evaluation under local anesthesia. Blood samples were collected to measure hormone levels, including thyroid hormones, cortisol, and sex hormones. Based on the evaluation, hormone replacement therapy was initiated to restore hormonal balance.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for endocrine care and monitoring for any signs of complications. The endocrine evaluation results and hormone replacement therapy will aid in the diagnosis, monitoring, and management of endocrine involvement.

Follow-up: The patient will be followed up by endocrinology or the appropriate specialist for evaluation of endocrine involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of endocrine involvement and the patient's overall condition.

Operative Note 24:

Procedure: Pulmonary Function Tests and Bronchoscopy

Indication: Other forms of systemic lupus erythematosus with suspected pulmonary involvement requiring pulmonary function tests and bronchoscopy to assess lung function, detect any pulmonary abnormalities, and obtain lung tissue samples for histopathological examination.

Technique: The patient underwent pulmonary function tests and bronchoscopy under local or general anesthesia, depending on the case. Pulmonary function tests, including spirometry and diffusion capacity testing, were performed to assess lung function. Bronchoscopy was then performed using a flexible bronchoscope to visualize the airways and collect lung tissue samples for histopathological examination.

Anesthesia: Local or general anesthesia with varying dosages based on patient comfort and cooperation, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pulmonary care and monitoring for any signs of complications. The pulmonary function test results and bronchoscopy findings will aid in the diagnosis, monitoring, and management of pulmonary involvement.

Follow-up: The patient will be followed up by pulmonology or the appropriate specialist for evaluation of pulmonary involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of pulmonary involvement and the patient's overall condition.

Operative Note 25:

Procedure: Neurological Evaluation and Brain Imaging

Indication: Other forms of systemic lupus erythematosus with suspected neurological involvement requiring a comprehensive neurological evaluation and brain imaging to assess for any lupus-related neurological manifestations, such as central nervous system vasculitis or demyelination.

Technique: The patient underwent a neurological evaluation and brain imaging under local or general anesthesia, depending on the case. The neurological evaluation included a detailed history, physical examination, and neuroimaging techniques such as magnetic resonance imaging (MRI) or computed tomography (CT) scan to assess the brain structure and detect any abnormalities.

Anesthesia: Local or general anesthesia with varying dosages based on patient comfort and cooperation, depending on the case.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for neurological care and monitoring for any signs of complications. The neurological evaluation and brain imaging results will aid in the diagnosis, monitoring, and management of neurological involvement.

Follow-up: The patient will be followed up by neurology or the appropriate specialist for evaluation of neurological involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of neurological involvement and the patient's overall condition.

Operative Note 26:

Procedure: Renal Biopsy

Indication: Other forms of systemic lupus erythematosus with suspected renal involvement requiring a renal biopsy for diagnostic confirmation, determination of disease severity, and treatment decisions.

Technique: The patient underwent a renal biopsy under local or general anesthesia, depending on the case. A percutaneous or surgical approach was used to obtain renal tissue samples for histopathological examination.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for renal care and monitoring for any signs of complications. The renal biopsy results will aid in the diagnosis, staging, and subsequent management of renal involvement.

Follow-up: The patient will be followed up by nephrology or the appropriate specialist for evaluation of renal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of renal involvement and the patient's overall condition.

Operative Note 27:

Procedure: Dermatological Examination and Skin Biopsy

Indication: Other forms of systemic lupus erythematosus with suspected cutaneous involvement requiring a dermatological examination and skin biopsy for diagnostic confirmation and determination of disease severity.

Technique: The patient underwent a dermatological examination and skin biopsy under local anesthesia. The skin lesions were thoroughly examined, and one or more skin biopsy samples were obtained for histopathological examination.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for skin care and monitoring for any signs of complications. The dermatological examination and skin biopsy results will aid in the diagnosis, staging, and subsequent management of cutaneous involvement.

Follow-up: The patient will be followed up by dermatology or the appropriate specialist for evaluation of cutaneous involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of cutaneous involvement and the patient's overall condition.

Operative Note 28:

Procedure: Cardiac Evaluation and Electrophysiological Study

Indication: Other forms of systemic lupus erythematosus with suspected cardiac involvement requiring a comprehensive cardiac evaluation and electrophysiological study to assess cardiac function, detect any arrhythmias, and determine appropriate treatment options.

Technique: The patient underwent a cardiac evaluation and electrophysiological study under local or general anesthesia, depending on the case. The evaluation included electrocardiogram (ECG), echocardiogram, and cardiac stress tests. An electrophysiological study was then performed to assess the electrical activity of the heart.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for cardiac care and monitoring for any signs of complications. The cardiac evaluation and electrophysiological study results will aid in the diagnosis, monitoring, and management of cardiac involvement.

Follow-up: The patient will be followed up by cardiology or the appropriate specialist for evaluation of cardiac involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of cardiac involvement and the patient's overall condition.

Operative Note 29:

Procedure: Hematological Evaluation and Bone Marrow Biopsy

Indication: Other forms of systemic lupus erythematosus with suspected hematological involvement requiring a comprehensive hematological evaluation and bone marrow biopsy for diagnostic confirmation and determination of disease severity.

Technique: The patient underwent a hematological evaluation and bone marrow biopsy under local or general anesthesia, depending on the case. Blood samples were collected for complete blood count, peripheral blood smear examination, and specific hematological markers. Bone marrow aspiration and biopsy were then performed to assess the bone marrow morphology and detect any abnormalities.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for hematological care and monitoring for any signs of complications. The hematological evaluation and bone marrow biopsy results will aid in the diagnosis, staging, and subsequent management of hematological involvement.

Follow-up: The patient will be followed up by hematology or the appropriate specialist for evaluation of hematological involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of hematological involvement and the patient's overall condition.

Operative Note 30:

Procedure: Gastrointestinal Evaluation and Endoscopy

Indication: Other forms of systemic lupus erythematosus with suspected gastrointestinal involvement requiring a comprehensive gastrointestinal evaluation and endoscopy to assess gastrointestinal function, detect any mucosal abnormalities, and obtain tissue samples for histopathological examination.

Technique: The patient underwent a gastrointestinal evaluation and endoscopy under local or general anesthesia, depending on the case. The evaluation included a detailed history, physical examination, and endoscopic techniques such as upper gastrointestinal endoscopy or colonoscopy. Tissue samples were obtained using biopsy forceps for histopathological examination.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for gastrointestinal care and monitoring for any signs of complications. The gastrointestinal evaluation and endoscopy results will aid in the diagnosis, monitoring, and management of gastrointestinal involvement.

Follow-up: The patient will be followed up by gastroenterology or the appropriate specialist for evaluation of gastrointestinal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of gastrointestinal involvement and the patient's overall condition.

Operative Note 31:

Procedure: Rheumatological Evaluation and Radiographic Imaging

Indication: Other forms of systemic lupus erythematosus with suspected joint involvement and bone erosion requiring a rheumatological evaluation and radiographic imaging to assess joint damage and determine appropriate treatment options.

Technique: The patient underwent a rheumatological evaluation and radiographic imaging under local anesthesia. A comprehensive assessment of joint function, range of motion, and tender/swollen joints was performed. Radiographic imaging, such as X-rays or magnetic resonance imaging (MRI), was utilized to evaluate joint erosions and damage.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for joint care and monitoring for any signs of complications. The rheumatological evaluation and radiographic imaging results will aid in the diagnosis, staging, and subsequent management of joint involvement and bone erosion.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of joint involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of joint involvement, bone erosion, and the patient's overall condition.

Operative Note 32:

Procedure: Maxillofacial Assessment and Dental Imaging

Indication: Other forms of systemic lupus erythematosus with suspected maxillofacial involvement and bone erosion requiring a comprehensive maxillofacial assessment and dental imaging to evaluate the extent of maxillofacial manifestations and bone loss.

Technique: The patient underwent a maxillofacial assessment and dental imaging under local anesthesia. Clinical examination, including inspection of the oral cavity, jaw, and facial bones, was performed. Dental imaging techniques, such as panoramic X-ray or cone beam computed tomography (CBCT), were used to assess bone erosion and evaluate dental structures.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for oral care and monitoring for any signs of complications. The maxillofacial assessment and dental imaging results will aid in the diagnosis, staging, and subsequent management of maxillofacial involvement and bone erosion.

Follow-up: The patient will be followed up by oral and maxillofacial surgery or the appropriate specialist for evaluation of maxillofacial involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of maxillofacial involvement, bone erosion, and the patient's overall condition.

Operative Note 33:

Procedure: Orthopedic Evaluation and Joint Arthroscopy

Indication: Other forms of systemic lupus erythematosus with suspected joint involvement and bone erosion requiring an orthopedic evaluation and joint arthroscopy to assess joint damage, evaluate synovial inflammation, and perform therapeutic interventions if necessary.

Technique: The patient underwent an orthopedic evaluation and joint arthroscopy under local or general anesthesia, depending on the case. The joint(s) of concern were assessed for range of motion, stability, and signs of inflammation. Arthroscopy was performed using a small camera inserted through a small incision to visualize the joint, assess cartilage and bone erosion, and address any identified issues.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for joint care and monitoring for any signs of complications. The orthopedic evaluation and joint arthroscopy results will aid in the diagnosis, staging, and subsequent management of joint involvement, bone erosion, and synovial inflammation.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of joint involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of joint involvement, bone erosion, and the patient's overall condition.

Operative Note 34:

Procedure: Spinal Evaluation and Magnetic Resonance Imaging (MRI)

Indication: Other forms of systemic lupus erythematosus with suspected spinal involvement and bone erosion requiring a comprehensive spinal evaluation and MRI to assess the extent of spinal manifestations and bone erosion.

Technique: The patient underwent a spinal evaluation and MRI under local or general anesthesia, depending on the case. A thorough neurological examination was conducted, assessing motor function, sensation, and reflexes. MRI was performed to visualize the spinal cord, nerve roots, and surrounding structures, identifying any abnormalities or bone erosion.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for spinal care and monitoring for any signs of complications. The spinal evaluation and MRI results will aid in the diagnosis, staging, and subsequent management of spinal involvement and bone erosion.

Follow-up: The patient will be followed up by neurosurgery, orthopedics, or the appropriate specialist for evaluation of spinal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of spinal involvement, bone erosion, and the patient's overall condition.

Operative Note 35:

Procedure: Podiatric Evaluation and Foot Radiography

Indication: Other forms of systemic lupus erythematosus with suspected foot involvement and bone erosion requiring a podiatric evaluation and foot radiography to assess the extent of foot manifestations, detect bone erosion, and determine appropriate treatment options.

Technique: The patient underwent a podiatric evaluation and foot radiography under local anesthesia. The feet were examined for deformities, joint tenderness, and signs of inflammation. Foot radiographs, including weight-bearing views, were obtained to evaluate the bone structure, joint alignment, and identify any bone erosion.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for foot care and monitoring for any signs of complications. The podiatric evaluation and foot radiography results will aid in the diagnosis, staging, and subsequent management of foot involvement and bone erosion.

Follow-up: The patient will be followed up by podiatry or the appropriate specialist for evaluation of foot involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of foot involvement, bone erosion, and the patient's overall condition.

Operative Note 36:

Procedure: Ophthalmological Evaluation and Optical Coherence Tomography (OCT)

Indication: Other forms of systemic lupus erythematosus with suspected ocular involvement and bone erosion requiring an ophthalmological evaluation and optical coherence tomography (OCT) to assess the extent of ocular manifestations and detect any structural abnormalities.

Technique: The patient underwent an ophthalmological evaluation and OCT under local anesthesia. A comprehensive examination of the ocular structures, including the retina and optic nerve, was performed. OCT was utilized to obtain high-resolution cross-sectional images, allowing for detailed assessment of the retinal layers and detection of any bone erosion or structural changes.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for eye care and monitoring for any signs of complications. The ophthalmological evaluation and OCT results will aid in the diagnosis, staging, and subsequent management of ocular involvement and bone erosion.

Follow-up: The patient will be followed up by ophthalmology or the appropriate specialist for evaluation of ocular involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of ocular involvement, bone erosion, and the patient's overall condition.

Operative Note 37:

Procedure: Dermatological Evaluation and Skin Biopsy

Indication: Other forms of systemic lupus erythematosus with suspected cutaneous involvement and skin manifestations requiring a dermatological evaluation and skin biopsy to assess the extent of cutaneous manifestations and obtain tissue samples for histopathological examination.

Technique: The patient underwent a dermatological evaluation and skin biopsy under local anesthesia. A thorough examination of the skin was performed, assessing the presence of rashes, lesions, or other abnormalities. Skin biopsy was performed by obtaining a small tissue sample for histopathological examination.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for skin care and monitoring for any signs of complications. The dermatological evaluation and skin biopsy results will aid in the diagnosis, staging, and subsequent management of cutaneous involvement and bone erosion.

Follow-up: The patient will be followed up by dermatology or the appropriate specialist for evaluation of cutaneous involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of cutaneous involvement, bone erosion, and the patient's overall condition.

Operative Note 38:

Procedure: Nephrological Evaluation and Renal Biopsy

Indication: Other forms of systemic lupus erythematosus with suspected renal involvement and renal dysfunction requiring a nephrological evaluation and renal biopsy to assess the extent of renal manifestations, determine the level of renal impairment, and guide appropriate treatment strategies.

Technique: The patient underwent a nephrological evaluation and renal biopsy under local or general anesthesia, depending on the case. A thorough assessment of renal function, including blood tests and urinalysis, was performed. Renal biopsy was conducted using a percutaneous approach to obtain tissue samples for histopathological examination.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for renal care and monitoring for any signs of complications. The nephrological evaluation and renal biopsy results will aid in the diagnosis, staging, and subsequent management of renal involvement and bone erosion.

Follow-up: The patient will be followed up by nephrology or the appropriate specialist for evaluation of renal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of renal involvement, bone erosion, and the patient's overall condition.

Operative Note 39:

Procedure: Cardiac Evaluation and Echocardiography

Indication: Other forms of systemic lupus erythematosus with suspected cardiac involvement requiring a comprehensive cardiac evaluation and echocardiography to assess the extent of cardiac manifestations and detect any structural abnormalities or impairments in cardiac function.

Technique: The patient underwent a cardiac evaluation and echocardiography under local or general anesthesia, depending on the case. A thorough examination of the cardiovascular system was performed, including auscultation, electrocardiography (ECG), and echocardiography. Echocardiography utilized ultrasound to visualize the heart's structures, assess valve function, and measure cardiac performance.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for cardiac care and monitoring for any signs of complications. The cardiac evaluation and echocardiography results will aid in the diagnosis, staging, and subsequent management of cardiac involvement and bone erosion.

Follow-up: The patient will be followed up by cardiology or the appropriate specialist for evaluation of cardiac involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of cardiac involvement, bone erosion, and the patient's overall condition.

Operative Note 40:

Procedure: Gastrointestinal Evaluation and Endoscopy

Indication: Other forms of systemic lupus erythematosus with suspected gastrointestinal involvement requiring a comprehensive gastrointestinal evaluation and endoscopy to assess the extent of gastrointestinal manifestations, detect any mucosal abnormalities, and obtain tissue samples for histopathological examination.

Technique: The patient underwent a gastrointestinal evaluation and endoscopy under local or general anesthesia, depending on the case. The gastrointestinal tract was evaluated using an endoscope, allowing visualization of the esophagus, stomach, and small intestine. Biopsy samples were obtained for histopathological examination.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation, or general anesthesia for cases requiring deeper sedation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for gastrointestinal care and monitoring for any signs of complications. The gastrointestinal evaluation and endoscopy results will aid in the diagnosis, staging, and subsequent management of gastrointestinal involvement and bone erosion.

Follow-up: The patient will be followed up by gastroenterology or the appropriate specialist for evaluation of gastrointestinal involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of gastrointestinal involvement, bone erosion, and the patient's overall condition.

Operative Note 41:

Procedure: Orthopedic Evaluation and Bone Scan

Indication: Other forms of systemic lupus erythematosus with severe bone pain and suspected bone involvement requiring an orthopedic evaluation and bone scan to assess the extent of bone manifestations, identify areas of abnormal bone metabolism, and determine appropriate treatment strategies.

Technique: The patient underwent an orthopedic evaluation and bone scan under local anesthesia. The affected bones were examined for tenderness, swelling, and limited range of motion. A bone scan was performed using radioactive tracers to identify areas of increased or decreased bone metabolism, indicating abnormal bone activity.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for bone care and monitoring for any signs of complications. The orthopedic evaluation and bone scan results will aid in the diagnosis, staging, and subsequent management of bone involvement and severe bone pain.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of bone involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of bone involvement, severity of pain, and the patient's overall condition.

Operative Note 42:

Procedure: Pain Management Consultation and Epidural Steroid Injection

Indication: Other forms of systemic lupus erythematosus with severe bone pain requiring pain management intervention, including a pain management consultation and epidural steroid injection to alleviate pain and improve quality of life.

Technique: The patient underwent a pain management consultation and epidural steroid injection under local anesthesia. A comprehensive assessment of the patient's pain was performed, considering its location, intensity, and impact on daily activities. An epidural steroid injection was administered under fluoroscopic guidance, targeting the affected area to reduce inflammation and alleviate pain.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and monitoring for any signs of complications. The pain management consultation and epidural steroid injection will aid in the management of severe bone pain associated with other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by the pain management team or the appropriate specialist for ongoing pain management, evaluation of treatment effectiveness, and adjustment of pain management strategies as needed. The frequency and duration of follow-up visits will depend on the severity of pain, response to treatment, and the patient's overall condition.

Operative Note 43:

Procedure: Rheumatological Evaluation and Joint Fluid Analysis

Indication: Other forms of systemic lupus erythematosus with severe bone pain and suspected joint involvement requiring a rheumatological evaluation and joint fluid analysis to assess the extent of joint manifestations, determine the presence of inflammation or infection, and guide appropriate treatment strategies.

Technique: The patient underwent a rheumatological evaluation and joint fluid analysis under local anesthesia. The affected joints were examined for tenderness, swelling, and limited range of motion. Joint fluid was aspirated using a sterile technique and sent for laboratory analysis to evaluate the presence of inflammation, infection, or crystals.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for joint care and monitoring for any signs of complications. The rheumatological evaluation and joint fluid analysis results will aid in the diagnosis, staging, and subsequent management of joint involvement and severe bone pain.

Follow-up: The patient will be followed up by rheumatology or the appropriate specialist for evaluation of joint involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of joint involvement, severity of pain, and the patient's overall condition.

Operative Note 44:

Procedure: Radiological Evaluation and Bone X-ray

Indication: Other forms of systemic lupus erythematosus with severe bone pain and suspected bone involvement requiring a radiological evaluation and bone X-ray to assess the extent of bone manifestations, detect any structural abnormalities or fractures, and guide appropriate treatment strategies.

Technique: The patient underwent a radiological evaluation and bone X-ray under local anesthesia. X-ray images of the affected bones were obtained in multiple views to assess bone structure, identify any fractures or erosions, and evaluate the extent of bone involvement.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for bone care and monitoring for any signs of complications. The radiological evaluation and bone X-ray results will aid in the diagnosis, staging, and subsequent management of bone involvement and severe bone pain.

Follow-up: The patient will be followed up by radiology or the appropriate specialist for evaluation of bone involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of bone involvement, severity of pain, and the patient's overall condition.

Operative Note 45:

Procedure: Neurological Evaluation and Magnetic Resonance Imaging (MRI)

Indication: Other forms of systemic lupus erythematosus with severe bone pain and suspected neurological involvement requiring a comprehensive neurological evaluation and magnetic resonance imaging (MRI) to assess the extent of neurological manifestations, detect any structural abnormalities or lesions, and guide appropriate treatment strategies.

Technique: The patient underwent a neurological evaluation and MRI under local anesthesia. A thorough assessment of the patient's neurological function, including sensory and motor abilities, was performed. MRI scans of the brain and spinal cord were obtained to visualize the nervous system structures and identify any abnormalities.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for neurological care and monitoring for any signs of complications. The neurological evaluation and MRI results will aid in the diagnosis, staging, and subsequent management of neurological involvement and severe bone pain.

Follow-up: The patient will be followed up by neurology or the appropriate specialist for evaluation of neurological involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of neurological involvement, severity of pain, and the patient's overall condition.

Operative Note 46:

Procedure: Hematological Evaluation and Bone Marrow Aspiration

Indication: Other forms of systemic lupus erythematosus with severe bone pain and suspected hematological involvement requiring a hematological evaluation and bone marrow aspiration to assess the extent of hematological manifestations, determine the presence of abnormal cell populations, and guide appropriate treatment strategies.

Technique: The patient underwent a hematological evaluation and bone marrow aspiration under local anesthesia. Blood samples were collected for complete blood count (CBC) analysis and bone marrow aspiration was performed to obtain a sample for microscopic examination and specialized testing.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for hematological care and monitoring for any signs of complications. The hematological evaluation and bone marrow aspiration results will aid in the diagnosis, staging, and subsequent management of hematological involvement and severe bone pain.

Follow-up: The patient will be followed up by hematology or the appropriate specialist for evaluation of hematological involvement, monitoring of disease activity, and management of other systemic lupus erythematosus-related complications. The frequency and duration of follow-up visits will depend on the extent of hematological involvement, severity of pain, and the patient's overall condition.

Operative Note 47:

Procedure: Palliative Care Consultation and Pain Medication Adjustment

Indication: Other forms of systemic lupus erythematosus with severe bone pain requiring palliative care intervention, including a palliative care consultation and adjustment of pain medication to optimize pain relief and improve the patient's quality of life.

Technique: The patient underwent a palliative care consultation to assess the severity and impact of the bone pain and to discuss pain management strategies. Based on the evaluation, adjustments were made to the patient's pain medication regimen, including changes in dosage, frequency, or medication type.

Anesthesia: None.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and monitoring for any signs of complications. The palliative care consultation and pain medication adjustment will aid in the management of severe bone pain associated with other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by the palliative care team or the appropriate specialist for ongoing pain management, evaluation of treatment effectiveness, and adjustment of pain management strategies as needed. The frequency and duration of follow-up visits will depend on the severity of pain, response to treatment, and the patient's overall condition.

Operative Note 48:

Procedure: Physical Therapy Evaluation and Pain Rehabilitation Program

Indication: Other forms of systemic lupus erythematosus with severe bone pain requiring a physical therapy evaluation and pain rehabilitation program to address pain management, improve functional abilities, and enhance the patient's overall well-being.

Technique: The patient underwent a physical therapy evaluation to assess the extent of functional limitations and the impact of severe bone pain on daily activities. A customized pain rehabilitation program was developed, including various physical therapy techniques, exercises, and modalities to alleviate pain, enhance mobility, and improve quality of life.

Anesthesia: None.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain rehabilitation and monitoring for any signs of complications. The physical therapy evaluation and pain rehabilitation program will aid in the management of severe bone pain associated with other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by the physical therapy team or the appropriate specialist for ongoing pain management, progress evaluation, and adjustment of the pain rehabilitation program as needed. The frequency and duration of follow-up visits will depend on the severity of pain, functional improvements, and the patient's overall condition.

Operative Note 49:

Procedure: Interventional Radiology Consultation and Radiofrequency Ablation

Indication: Other forms of systemic lupus erythematosus with severe bone pain and suspected nerve involvement requiring an interventional radiology consultation and radiofrequency ablation to target and alleviate pain originating from the affected nerves.

Technique: The patient underwent an interventional radiology consultation to assess the feasibility of radiofrequency ablation for pain relief. Under local anesthesia, radiofrequency waves were used to generate heat and selectively destroy the nerve tissue responsible for transmitting pain signals. The procedure was guided by imaging techniques such as fluoroscopy or ultrasound.

Anesthesia: Local anesthesia with varying dosages based on patient comfort and cooperation.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pain management and monitoring for any signs of complications. The interventional radiology consultation and radiofrequency ablation will aid in the management of severe bone pain associated with other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by interventional radiology or the appropriate specialist for evaluation of pain relief, monitoring for any recurrence of pain, and adjustment of pain management strategies as needed. The frequency and duration of follow-up visits will depend on the severity of pain, response to treatment, and the patient's overall condition.

Operative Note 50:

Procedure: Orthopedic Surgical Intervention and Bone Reconstruction

Indication: Other forms of systemic lupus erythematosus with severe bone pain and extensive bone erosion requiring orthopedic surgical intervention and bone reconstruction to address structural abnormalities, stabilize the affected bones, and relieve pain.

Technique: The patient underwent an orthopedic surgical intervention and bone reconstruction under general anesthesia. The surgical approach and techniques were determined based on the extent of bone involvement and the specific requirements of each case. Bone grafts, implants, or fixation devices were utilized to reconstruct and stabilize the affected bones.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for bone care, pain management, and monitoring for any signs of complications. The orthopedic surgical intervention and bone reconstruction will aid in the management of severe bone pain and restore structural integrity in other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of bone healing, functional recovery, and monitoring for any postoperative complications. The frequency and duration of follow-up visits will depend on the extent of surgical intervention, healing progress, and the patient's overall condition.

Operative Note 51:

Procedure: Nephrectomy

Indication: Other forms of systemic lupus erythematosus with severe renal involvement and non-responsive treatment requiring nephrectomy to alleviate symptoms, prevent further complications, and improve overall renal function.

Technique: The patient underwent a nephrectomy under general anesthesia. A surgical incision was made, and the affected kidney was carefully dissected and removed. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for renal care, pain management, and monitoring for any signs of complications. Nephrectomy will aid in the management of severe renal involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by nephrology or the appropriate specialist for evaluation of renal function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of renal involvement, postoperative recovery, and the patient's overall condition.

Operative Note 52:

Procedure: Cardiac Surgery and Valve Replacement

Indication: Other forms of systemic lupus erythematosus with severe cardiac involvement and significant valvular dysfunction requiring cardiac surgery and valve replacement to improve cardiac function, alleviate symptoms, and prevent further complications.

Technique: The patient underwent cardiac surgery and valve replacement under general anesthesia. The surgical team performed the necessary cardiac procedures, including access to the heart, removal of the diseased valve, and implantation of a prosthetic valve. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for cardiac care, pain management, and monitoring for any signs of complications. Cardiac surgery and valve replacement will aid in the management of severe cardiac involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by cardiology or the appropriate specialist for evaluation of cardiac function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of cardiac involvement, postoperative recovery, and the patient's overall condition.

Operative Note 53:

Procedure: Pulmonary Surgery and Lung Resection

Indication: Other forms of systemic lupus erythematosus with severe pulmonary involvement and localized lung lesions requiring pulmonary surgery and lung resection to remove the affected tissue, improve respiratory function, and alleviate symptoms.

Technique: The patient underwent pulmonary surgery and lung resection under general anesthesia. A thoracotomy was performed, and the affected lung tissue was carefully resected. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pulmonary care, pain management, and monitoring for any signs of complications. Pulmonary surgery and lung resection will aid in the management of severe pulmonary involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by pulmonology or the appropriate specialist for evaluation of pulmonary function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of pulmonary involvement, postoperative recovery, and the patient's overall condition.

Operative Note 54:

Procedure: Gastrointestinal Surgery and Bowel Resection

Indication: Other forms of systemic lupus erythematosus with severe gastrointestinal involvement and intestinal complications requiring gastrointestinal surgery and bowel resection to remove the affected bowel segment, improve gastrointestinal function, and alleviate symptoms.

Technique: The patient underwent gastrointestinal surgery and bowel resection under general anesthesia. A laparotomy was performed, and the affected bowel segment was carefully resected. The remaining healthy bowel ends were anastomosed, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for gastrointestinal care, pain management, and monitoring for any signs of complications. Gastrointestinal surgery and bowel resection will aid in the management of severe gastrointestinal involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by gastroenterology or the appropriate specialist for evaluation of gastrointestinal function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of gastrointestinal involvement, postoperative recovery, and the patient's overall condition.

Operative Note 55:

Procedure: Ophthalmic Surgery and Retinal Repair

Indication: Other forms of systemic lupus erythematosus with severe ocular involvement and retinal damage requiring ophthalmic surgery and retinal repair to restore visual function, alleviate symptoms, and prevent further vision loss.

Technique: The patient underwent ophthalmic surgery and retinal repair under local or general anesthesia, depending on the specific procedure and patient requirements. The surgical team performed the necessary ophthalmic interventions, including retinal detachment repair, vitrectomy, or other relevant procedures. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Local or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for ophthalmic care, pain management, and monitoring for any signs of complications. Ophthalmic surgery and retinal repair will aid in the management of severe ocular involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by ophthalmology or the appropriate specialist for evaluation of visual acuity, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of ocular involvement, postoperative recovery, and the patient's overall condition.

Operative Note 56:

Procedure: Dermatologic Surgery and Skin Grafting

Indication: Other forms of systemic lupus erythematosus with severe cutaneous involvement and non-healing skin ulcers requiring dermatologic surgery and skin grafting to promote wound healing, improve skin integrity, and alleviate symptoms.

Technique: The patient underwent dermatologic surgery and skin grafting under local or general anesthesia, depending on the extent of the procedure and patient comfort. The surgical team performed excision of non-viable tissue and prepared the wound bed for skin grafting. A suitable skin graft was harvested and meticulously secured to the recipient site. Hemostasis was achieved, and the surgical site was dressed appropriately.

Anesthesia: Local or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care, pain management, and monitoring for any signs of complications. Dermatologic surgery and skin grafting will aid in the management of severe cutaneous involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by dermatology or the appropriate specialist for evaluation of graft viability, wound healing progress, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of cutaneous involvement, postoperative recovery, and the patient's overall condition.

Operative Note 57:

Procedure: Central Nervous System Surgery and Decompression

Indication: Other forms of systemic lupus erythematosus with severe central nervous system involvement and neurological deficits requiring central nervous system surgery and decompression to alleviate pressure on neural structures, improve neurological function, and alleviate symptoms.

Technique: The patient underwent central nervous system surgery and decompression under general anesthesia. A craniotomy or spinal procedure was performed, depending on the location of the neural compression. The surgical team carefully removed the source of compression, relieved pressure on neural structures, and ensured appropriate hemostasis. The surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for neurological care, pain management, and monitoring for any signs of complications. Central nervous system surgery and decompression will aid in the management of severe central nervous system involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by neurology or the appropriate specialist for evaluation of neurological function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of central nervous system involvement, postoperative recovery, and the patient's overall condition.

Operative Note 58:

Procedure: Vascular Surgery and Angioplasty

Indication: Other forms of systemic lupus erythematosus with severe vascular involvement and arterial stenosis requiring vascular surgery and angioplasty to improve blood flow, alleviate symptoms, and prevent further vascular complications.

Technique: The patient underwent vascular surgery and angioplasty under local or general anesthesia, depending on the specific procedure and patient requirements. The surgical team performed the necessary vascular interventions, including angioplasty with or without stent placement. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Local or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for vascular care, pain management, and monitoring for any signs of complications. Vascular surgery and angioplasty will aid in the management of severe vascular involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by vascular surgery or the appropriate specialist for evaluation of blood flow, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of vascular involvement, postoperative recovery, and the patient's overall condition.

Operative Note 59:

Procedure: Hepatic Surgery and Resection

Indication: Other forms of systemic lupus erythematosus with severe hepatic involvement and focal liver lesions requiring hepatic surgery and resection to remove the affected liver tissue, improve hepatic function, and alleviate symptoms.

Technique: The patient underwent hepatic surgery and resection under general anesthesia. A suitable surgical approach was selected based on the location and size of the liver lesions. The surgical team carefully resected the affected liver tissue while ensuring appropriate hemostasis. The surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for hepatic care, pain management, and monitoring for any signs of complications. Hepatic surgery and resection will aid in the management of severe hepatic involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by hepatology or the appropriate specialist for evaluation of hepatic function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of hepatic involvement, postoperative recovery, and the patient's overall condition.

Operative Note 60:

Procedure: Joint Replacement Surgery

Indication: Other forms of systemic lupus erythematosus with severe joint involvement and joint dysfunction requiring joint replacement surgery to improve joint function, alleviate pain, and enhance overall mobility.

Technique: The patient underwent joint replacement surgery under general anesthesia. The surgical team performed the necessary joint procedures, including removal of the diseased joint components and implantation of a prosthetic joint. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for joint care, pain management, and monitoring for any signs of complications. Joint replacement surgery will aid in the management of severe joint involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of joint function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 61:

Procedure: Renal Surgery and Nephrectomy

Indication: Other forms of systemic lupus erythematosus with severe renal involvement and non-functional kidney requiring renal surgery and nephrectomy to remove the affected kidney, improve renal function, and alleviate symptoms.

Technique: The patient underwent renal surgery and nephrectomy under general anesthesia. A suitable surgical approach was chosen based on the location and condition of the affected kidney. The surgical team carefully dissected and removed the non-functional kidney while ensuring appropriate hemostasis. The surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for renal care, pain management, and monitoring for any signs of complications. Renal surgery and nephrectomy will aid in the management of severe renal involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by nephrology or the appropriate specialist for evaluation of renal function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of renal involvement, postoperative recovery, and the patient's overall condition.

Operative Note 62:

Procedure: Pulmonary Surgery and Lobectomy

Indication: Other forms of systemic lupus erythematosus with severe pulmonary involvement and lung nodules requiring pulmonary surgery and lobectomy to remove the affected lung lobe, improve pulmonary function, and alleviate symptoms.

Technique: The patient underwent pulmonary surgery and lobectomy under general anesthesia. A thoracotomy or minimally invasive approach was chosen based on the location and size of the lung nodules. The surgical team carefully resected the affected lung lobe while ensuring appropriate hemostasis. The surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pulmonary care, pain management, and monitoring for any signs of complications. Pulmonary surgery and lobectomy will aid in the management of severe pulmonary involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by pulmonology or the appropriate specialist for evaluation of pulmonary function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of pulmonary involvement, postoperative recovery, and the patient's overall condition.

Operative Note 63:

Procedure: Cardiac Surgery and Valve Replacement

Indication: Other forms of systemic lupus erythematosus with severe cardiac involvement and valvular dysfunction requiring cardiac surgery and valve replacement to improve cardiac function, alleviate symptoms, and enhance overall cardiovascular health.

Technique: The patient underwent cardiac surgery and valve replacement under general anesthesia. The surgical team performed the necessary cardiac procedures, including valve excision and implantation of a prosthetic valve. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for cardiac care, pain management, and monitoring for any signs of complications. Cardiac surgery and valve replacement will aid in the management of severe cardiac involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by cardiology or the appropriate specialist for evaluation of cardiac function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of cardiac involvement, postoperative recovery, and the patient's overall condition.

Operative Note 64:

Procedure: Ophthalmic Surgery and Vitrectomy

Indication: Other forms of systemic lupus erythematosus with severe ophthalmic involvement and vitreous opacities requiring ophthalmic surgery and vitrectomy to improve visual acuity, remove vitreous opacities, and alleviate symptoms.

Technique: The patient underwent ophthalmic surgery and vitrectomy under local or general anesthesia, depending on patient comfort and procedure complexity. The surgical team performed the necessary ophthalmic interventions, including vitreous removal and intraocular lens implantation if indicated. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Local or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for ophthalmic care, pain management, and monitoring for any signs of complications. Ophthalmic surgery and vitrectomy will aid in the management of severe ophthalmic involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by ophthalmology or the appropriate specialist for evaluation of visual acuity, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of ophthalmic involvement, postoperative recovery, and the patient's overall condition.

Operative Note 65:

Procedure: Gastrointestinal Surgery and Resection

Indication: Other forms of systemic lupus erythematosus with severe gastrointestinal involvement and bowel obstruction requiring gastrointestinal surgery and resection to remove the affected bowel segment, improve gastrointestinal function, and alleviate symptoms.

Technique: The patient underwent gastrointestinal surgery and resection under general anesthesia. The surgical team carefully resected the affected bowel segment, ensured appropriate anastomosis, and achieved hemostasis. The surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for gastrointestinal care, pain management, and monitoring for any signs of complications. Gastrointestinal surgery and resection will aid in the management of severe gastrointestinal involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by gastroenterology or the appropriate specialist for evaluation of gastrointestinal function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of gastrointestinal involvement, postoperative recovery, and the patient's overall condition.

Operative Note 66:

Procedure: Neurosurgery and Decompressive Craniectomy

Indication: Other forms of systemic lupus erythematosus with severe central nervous system involvement and increased intracranial pressure requiring neurosurgery and decompressive craniectomy to relieve pressure, prevent further damage, and improve neurological outcomes.

Technique: The patient underwent neurosurgery and decompressive craniectomy under general anesthesia. The surgical team performed a craniectomy, carefully removing a portion of the skull to allow for brain expansion and alleviate intracranial pressure. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for neurologic care, pain management, and monitoring for any signs of complications. Neurosurgery and decompressive craniectomy will aid in the management of severe central nervous system involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by neurology or the appropriate specialist for evaluation of neurological function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of central nervous system involvement, postoperative recovery, and the patient's overall condition.

Operative Note 67:

Procedure: Dermatologic Surgery and Skin Graft

Indication: Other forms of systemic lupus erythematosus with severe cutaneous involvement and non-healing skin ulcers requiring dermatologic surgery and skin graft to promote wound healing, improve skin integrity, and alleviate symptoms.

Technique: The patient underwent dermatologic surgery and skin graft under local or general anesthesia, depending on the extent of the procedure and patient preference. The surgical team debrided the non-healing skin ulcers and performed a skin graft procedure using an autograft or allograft. The graft was secured in place, and appropriate dressings were applied.

Anesthesia: Local or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care, pain management, and monitoring for any signs of complications. Dermatologic surgery and skin graft will aid in the management of severe cutaneous involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by dermatology or the appropriate specialist for evaluation of wound healing, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of cutaneous involvement, postoperative recovery, and the patient's overall condition.

Operative Note 68:

Procedure: Urologic Surgery and Bladder Augmentation

Indication: Other forms of systemic lupus erythematosus with severe urologic involvement and bladder dysfunction requiring urologic surgery and bladder augmentation to improve bladder capacity, enhance urinary function, and alleviate symptoms.

Technique: The patient underwent urologic surgery and bladder augmentation under general anesthesia. The surgical team performed the necessary urologic procedures, including augmentation cystoplasty, to increase bladder capacity. The augmented bladder was constructed using an appropriate biomaterial. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for urologic care, pain management, and monitoring for any signs of complications. Urologic surgery and bladder augmentation will aid in the management of severe urologic involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by urology or the appropriate specialist for evaluation of urinary function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of urologic involvement, postoperative recovery, and the patient's overall condition.

Operative Note 69:

Procedure: Musculoskeletal Surgery and Joint Replacement

Indication: Other forms of systemic lupus erythematosus with severe musculoskeletal involvement and joint destruction requiring musculoskeletal surgery and joint replacement to improve joint function, alleviate pain, and enhance mobility.

Technique: The patient underwent musculoskeletal surgery and joint replacement under general anesthesia. The surgical team performed the necessary procedures, including joint excision and implantation of a prosthetic joint. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for musculoskeletal care, pain management, and monitoring for any signs of complications. Musculoskeletal surgery and joint replacement will aid in the management of severe musculoskeletal involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of joint function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of musculoskeletal involvement, postoperative recovery, and the patient's overall condition.

Operative Note 70:

Procedure: Vascular Surgery and Bypass Procedure

Indication: Other forms of systemic lupus erythematosus with severe vascular involvement and peripheral arterial disease requiring vascular surgery and bypass procedure to restore blood flow, improve limb perfusion, and alleviate symptoms.

Technique: The patient underwent vascular surgery and bypass procedure under general anesthesia. The surgical team performed the necessary vascular interventions, including bypass grafting to bypass the occluded or stenotic blood vessels. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for vascular care, pain management, and monitoring for any signs of complications. Vascular surgery and bypass procedure will aid in the management of severe vascular involvement and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by vascular surgery or the appropriate specialist for evaluation of limb perfusion, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of vascular involvement, postoperative recovery, and the patient's overall condition.

Operative Note 71:

Procedure: Orthopedic Surgery and Joint Debridement

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint requiring orthopedic surgery and joint debridement to remove infected tissue, control the infection, and preserve joint function.

Technique: The patient underwent orthopedic surgery and joint debridement under general anesthesia. The surgical team performed the necessary procedures, including debridement of the infected joint, irrigation with antiseptic solution, and placement of a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wound care, antibiotic therapy, pain management, and monitoring for any signs of complications. Orthopedic surgery and joint debridement will aid in the management of severe infection on the extreme moving joint and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of joint function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 72:

Procedure: Podiatric Surgery and Joint Fusion

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the foot requiring podiatric surgery and joint fusion to eradicate the infection, stabilize the joint, and improve weight-bearing capabilities.

Technique: The patient underwent podiatric surgery and joint fusion under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgical team performed the necessary procedures, including joint debridement, removal of infected tissue, and fusion of the affected joint using appropriate fixation devices. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for foot care, antibiotic therapy, pain management, and monitoring for any signs of complications. Podiatric surgery and joint fusion will aid in the management of severe infection on the extreme moving joint of the foot and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by podiatry or the appropriate specialist for evaluation of foot function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 73:

Procedure: Hand Surgery and Drainage of Abscess

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the hand requiring hand surgery and drainage of abscess to remove the purulent material, control the infection, and preserve hand function.

Technique: The patient underwent hand surgery and drainage of abscess under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgical team carefully incised and drained the abscess, irrigated the site with antiseptic solution, and placed a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for hand care, antibiotic therapy, pain management, and monitoring for any signs of complications. Hand surgery and drainage of abscess will aid in the management of severe infection on the extreme moving joint of the hand and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by hand surgery or the appropriate specialist for evaluation of hand function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 74:

Procedure: Shoulder Surgery and Arthroscopic Debridement

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the shoulder requiring shoulder surgery and arthroscopic debridement to remove infected tissue, control the infection, and restore shoulder function.

Technique: The patient underwent shoulder surgery and arthroscopic debridement under general anesthesia. The surgical team performed the necessary procedures, including arthroscopic exploration of the shoulder joint, debridement of the infected tissue, irrigation with antiseptic solution, and placement of a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for shoulder care, antibiotic therapy, pain management, and monitoring for any signs of complications. Shoulder surgery and arthroscopic debridement will aid in the management of severe infection on the extreme moving joint of the shoulder and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of shoulder function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 75:

Procedure: Knee Surgery and Joint Replacement

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the knee requiring knee surgery and joint replacement to eradicate the infection, alleviate pain, and improve knee function.

Technique: The patient underwent knee surgery and joint replacement under general anesthesia. The surgical team performed the necessary procedures, including removal of the infected joint components, debridement of infected tissue, and implantation of a prosthetic knee joint. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for knee care, antibiotic therapy, pain management, and monitoring for any signs of complications. Knee surgery and joint replacement will aid in the management of severe infection on the extreme moving joint of the knee and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of knee function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 76:

Procedure: Spinal Surgery and Abscess Drainage

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the spine requiring spinal surgery and abscess drainage to remove the purulent material, control the infection, and preserve spinal function.

Technique: The patient underwent spinal surgery and abscess drainage under general anesthesia. The surgical team performed the necessary procedures, including decompression of the spinal cord or nerve roots, removal of the abscess, irrigation with antiseptic solution, and placement of a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for spinal care, antibiotic therapy, pain management, and monitoring for any signs of complications. Spinal surgery and abscess drainage will aid in the management of severe infection on the extreme moving joint of the spine and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by neurosurgery or the appropriate specialist for evaluation of spinal function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 77:

Procedure: Hip Surgery and Joint Arthrodesis

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the hip requiring hip surgery and joint arthrodesis to eradicate the infection, stabilize the joint, and improve weight-bearing capabilities.

Technique: The patient underwent hip surgery and joint arthrodesis under general anesthesia. The surgical team performed the necessary procedures, including debridement of the infected joint, removal of the articular cartilage, and fusion of the hip joint using appropriate fixation devices. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for hip care, antibiotic therapy, pain management, and monitoring for any signs of complications. Hip surgery and joint arthrodesis will aid in the management of severe infection on the extreme moving joint of the hip and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of hip function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 78:

Procedure: Elbow Surgery and Abscess Drainage

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the elbow requiring elbow surgery and abscess drainage to remove the purulent material, control the infection, and preserve elbow function.

Technique: The patient underwent elbow surgery and abscess drainage under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgical team carefully incised and drained the abscess, irrigated the site with antiseptic solution, and placed a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for elbow care, antibiotic therapy, pain management, and monitoring for any signs of complications. Elbow surgery and abscess drainage will aid in the management of severe infection on the extreme moving joint of the elbow and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of elbow function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 79:

Procedure: Ankle Surgery and Joint Debridement

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the ankle requiring ankle surgery and joint debridement to remove infected tissue, control the infection, and preserve joint function.

Technique: The patient underwent ankle surgery and joint debridement under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgical team performed the necessary procedures, including debridement of the infected joint, irrigation with antiseptic solution, and placement of a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for ankle care, antibiotic therapy, pain management, and monitoring for any signs of complications. Ankle surgery and joint debridement will aid in the management of severe infection on the extreme moving joint of the ankle and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of ankle function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 80:

Procedure: Wrist Surgery and Abscess Drainage

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the wrist requiring wrist surgery and abscess drainage to remove the purulent material, control the infection, and preserve wrist function.

Technique: The patient underwent wrist surgery and abscess drainage under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgical team carefully incised and drained the abscess, irrigated the site with antiseptic solution, and placed a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wrist care, antibiotic therapy, pain management, and monitoring for any signs of complications. Wrist surgery and abscess drainage will aid in the management of severe infection on the extreme moving joint of the wrist and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of wrist function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 81:

Procedure: Temporomandibular Joint (TMJ) Surgery and Debridement

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the temporomandibular joint (TMJ) requiring TMJ surgery and debridement to remove infected tissue, control the infection, and preserve jaw function.

Technique: The patient underwent TMJ surgery and debridement under general anesthesia. The surgical team performed the necessary procedures, including debridement of the infected joint, irrigation with antiseptic solution, and placement of a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for jaw care, antibiotic therapy, pain management, and monitoring for any signs of complications. TMJ surgery and debridement will aid in the management of severe infection on the extreme moving joint of the TMJ and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by oral and maxillofacial surgery or the appropriate specialist for evaluation of jaw function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 82:

Procedure: Finger Surgery and Abscess Drainage

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the finger requiring finger surgery and abscess drainage to remove the purulent material, control the infection, and preserve finger function.

Technique: The patient underwent finger surgery and abscess drainage under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgical team carefully incised and drained the abscess, irrigated the site with antiseptic solution, and placed a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for finger care, antibiotic therapy, pain management, and monitoring for any signs of complications. Finger surgery and abscess drainage will aid in the management of severe infection on the extreme moving joint of the finger and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by hand surgery or the appropriate specialist for evaluation of finger function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 83:

Procedure: Toe Surgery and Abscess Drainage

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the toe requiring toe surgery and abscess drainage to remove the purulent material, control the infection, and preserve toe function.

Technique: The patient underwent toe surgery and abscess drainage under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgical team carefully incised and drained the abscess, irrigated the site with antiseptic solution, and placed a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements and the specific procedure.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for toe care, antibiotic therapy, pain management, and monitoring for any signs of complications. Toe surgery and abscess drainage will aid in the management of severe infection on the extreme moving joint of the toe and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of toe function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 84:

Procedure: Sternoclavicular Joint Surgery and Debridement

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the sternoclavicular joint requiring sternoclavicular joint surgery and debridement to remove infected tissue, control the infection, and preserve shoulder function.

Technique: The patient underwent sternoclavicular joint surgery and debridement under general anesthesia. The surgical team performed the necessary procedures, including debridement of the infected joint, irrigation with antiseptic solution, and placement of a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for shoulder care, antibiotic therapy, pain management, and monitoring for any signs of complications. Sternoclavicular joint surgery and debridement will aid in the management of severe infection on the extreme moving joint of the sternoclavicular joint and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of shoulder function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 85:

Procedure: Sacroiliac Joint Surgery and Debridement

Indication: Other forms of systemic lupus erythematosus with severe infection on the extreme moving joint of the sacroiliac joint requiring sacroiliac joint surgery and debridement to remove infected tissue, control the infection, and preserve pelvic stability.

Technique: The patient underwent sacroiliac joint surgery and debridement under general anesthesia. The surgical team performed the necessary procedures, including debridement of the infected joint, irrigation with antiseptic solution, and placement of a drain for continuous drainage. Hemostasis was achieved, and the surgical site was closed.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for pelvic care, antibiotic therapy, pain management, and monitoring for any signs of complications. Sacroiliac joint surgery and debridement will aid in the management of severe infection on the extreme moving joint of the sacroiliac joint and other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of pelvic stability, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 86:

Procedure: Elbow Arthroscopy and Synovectomy

Indication: Other forms of systemic lupus erythematosus with varying degrees of inflammation in the elbow joint requiring elbow arthroscopy and synovectomy to reduce inflammation, remove diseased synovium, and improve joint function.

Technique: The patient underwent elbow arthroscopy and synovectomy under general anesthesia. The arthroscope was inserted into the joint, and the surgeon carefully examined the joint surfaces and removed the inflamed synovium. Any loose bodies were also addressed. Hemostasis was achieved, and the joint was thoroughly irrigated before closure.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for elbow care, pain management, and rehabilitation. Elbow arthroscopy and synovectomy will aid in reducing inflammation and improving joint function in other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of elbow function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 87:

Procedure: Hip Joint Arthroplasty

Indication: Other forms of systemic lupus erythematosus with severe inflammation in the hip joint requiring hip joint arthroplasty to address joint damage, alleviate pain, and restore hip function.

Technique: The patient underwent hip joint arthroplasty under general anesthesia. The surgical team performed the necessary procedures, including the removal of the damaged joint surfaces and the placement of a prosthetic hip joint. Soft tissue repair was performed, and the joint stability was assessed before closure.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for hip care, pain management, and rehabilitation. Hip joint arthroplasty will aid in addressing inflammation, relieving pain, and restoring hip function in other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of hip function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 88:

Procedure: Spinal Fusion

Indication: Other forms of systemic lupus erythematosus with inflammation and instability in the spinal column requiring spinal fusion to reduce inflammation, stabilize the spine, and alleviate associated symptoms.

Technique: The patient underwent spinal fusion under general anesthesia. The surgical team carefully accessed the affected area of the spine, prepared the vertebrae for fusion, and placed bone grafts or spinal implants to promote fusion and stability. The surgical site was closed in layers.

Anesthesia: General anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for spinal care, pain management, and rehabilitation. Spinal fusion will aid in reducing inflammation, stabilizing the spine, and alleviating associated symptoms in other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by neurosurgery or the appropriate specialist for evaluation of spinal stability, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of spinal involvement, postoperative recovery, and the patient's overall condition.

Operative Note 89:

Procedure: Wrist Joint Arthroscopy and Debridement

Indication: Other forms of systemic lupus erythematosus with varying degrees of inflammation in the wrist joint requiring wrist joint arthroscopy and debridement to reduce inflammation, remove diseased tissue, and improve joint function.

Technique: The patient underwent wrist joint arthroscopy and debridement under regional or general anesthesia, depending on patient comfort and procedure complexity. The arthroscope was inserted into the joint, and the surgeon carefully examined the joint surfaces and removed the inflamed tissue. Any loose bodies or adhesions were also addressed. Hemostasis was achieved, and the joint was thoroughly irrigated before closure.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for wrist care, pain management, and rehabilitation. Wrist joint arthroscopy and debridement will aid in reducing inflammation and improving joint function in other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of wrist function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 90:

Procedure: Temporomandibular Joint (TMJ) Arthrocentesis

Indication: Other forms of systemic lupus erythematosus with inflammation in the temporomandibular joint (TMJ) requiring TMJ arthrocentesis to reduce inflammation, improve jaw function, and alleviate associated symptoms.

Technique: The patient underwent TMJ arthrocentesis under local or general anesthesia, depending on patient comfort and procedure complexity. The surgeon inserted needles into the TMJ space to irrigate the joint, remove inflammatory mediators, and improve joint mobility. The joint was then irrigated with a sterile solution, and the procedure was completed.

Anesthesia: Local or general anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for jaw care, pain management, and rehabilitation. TMJ arthrocentesis will aid in reducing inflammation, improving jaw function, and alleviating associated symptoms in other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by oral and maxillofacial surgery or the appropriate specialist for evaluation of jaw function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 91:

Procedure: Knee Joint Synovectomy

Indication: Other forms of systemic lupus erythematosus with inflammation in the knee joint requiring knee joint synovectomy to remove inflamed synovium, reduce inflammation, and improve knee function.

Technique: The patient underwent knee joint synovectomy under regional or general anesthesia, depending on patient comfort and procedure complexity. The surgeon carefully accessed the knee joint, removed the diseased synovium, and performed thorough irrigation to ensure proper cleaning of the joint. Hemostasis was achieved, and the joint was closed.

Anesthesia: Regional or general anesthesia with varying dosages based on patient requirements.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and was provided with postoperative instructions for knee care, pain management, and rehabilitation. Knee joint synovectomy will aid in reducing inflammation and improving knee function in other forms of systemic lupus erythematosus.

Follow-up: The patient will be followed up by orthopedics or the appropriate specialist for evaluation of knee function, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of joint involvement, postoperative recovery, and the patient's overall condition.

Operative Note 92:

Procedure: Intercostal Nerve Block

Indication: Other forms of systemic lupus erythematosus with inflammation of the intercostal nerves requiring intercostal nerve block to provide pain relief and improve patient comfort.

Technique: The patient underwent intercostal nerve block under local anesthesia. The physician identified the target intercostal nerve and injected a local anesthetic and steroid medication to provide pain relief and reduce inflammation. The procedure was completed successfully.

Anesthesia: Local anesthesia.

Complications: None.

Postoperative Course: The patient tolerated the procedure well and reported immediate pain relief. Postoperative instructions were provided for pain management and follow-up care. Intercostal nerve block will aid in providing pain relief in other forms of systemic lupus erythematosus with intercostal nerve inflammation.

Follow-up: The patient will be followed up by pain management or the appropriate specialist for evaluation of pain relief, monitoring for any postoperative complications, and adjustment of treatment strategies as needed. The frequency and duration of follow-up visits will depend on the extent of nerve involvement, postoperative recovery, and the patient's overall condition.

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## M32.9 Systemic lupus erythematosus, unspecified