## M62.0 Diastasis of muscle

Operative Note - Diastasis Repair: Patient underwent a diastasis repair procedure for rectus abdominis muscle. An incision was made along the linea alba, and the edges of the diastasis were identified. The muscles were then approximated using non-absorbable sutures. Hemostasis was achieved, and the incision was closed in layers. The patient tolerated the procedure well, and no intraoperative complications were encountered.

Operative Note - Mesh Augmentation: Patient underwent mesh augmentation for diastasis of the abdominal muscles. A transverse incision was made, and the edges of the diastasis were exposed. A synthetic mesh was then placed over the defect and secured in position with non-absorbable sutures. Hemostasis was confirmed, and the incision was closed. The patient had an uneventful intraoperative course, and the mesh was well-positioned.

Operative Note - Endoscopic Repair: Patient underwent endoscopic repair for diastasis of the rectus muscles. Two small incisions were made, and an endoscope was inserted to visualize the muscle separation. Sutures were passed through the muscles, and the diastasis was closed under direct visualization. The incisions were closed with absorbable sutures. The patient tolerated the procedure well, and no complications were noted.

Operative Note - Abdominoplasty with Diastasis Repair: Patient underwent an abdominoplasty procedure with concurrent diastasis repair. The abdominal skin and fat were excised, and the rectus muscles were exposed. The diastasis was identified and repaired using non-absorbable sutures. Excess skin was then removed, and the incisions were closed. The patient had an uneventful intraoperative course, and the desired aesthetic outcome was achieved.

Operative Note - Laparoscopic Diastasis Closure: Patient underwent laparoscopic diastasis closure. Multiple small incisions were made, and trocars were inserted to access the abdominal cavity. The diastasis was visualized using a laparoscope, and sutures were placed to approximate the muscles. The closure was confirmed under direct visualization, and the trocars were removed. The incisions were closed with absorbable sutures. No complications were encountered during the procedure.

Operative Note - Open Diastasis Repair: Patient underwent an open diastasis repair procedure. A midline incision was made, and the rectus muscles were exposed. The edges of the diastasis were identified, and the muscles were approximated using non-absorbable sutures. Hemostasis was achieved, and the incision was closed in layers. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note - Robotic-assisted Diastasis Repair: Patient underwent a robotic-assisted diastasis repair. Multiple small incisions were made, and robotic arms were inserted. The robotic system provided enhanced visualization and precision. The muscles were approximated using sutures, and the closure was confirmed with robotic imaging. The incisions were closed, and the patient had a smooth intraoperative course without any complications.

Operative Note - Mini-Abdominoplasty with Muscle Plication: Patient underwent a mini-abdominoplasty with muscle plication for diastasis. A low transverse incision was made, and the abdominal skin was elevated. The diastasis was identified, and the rectus muscles were plicated using non-absorbable sutures. Excess skin was excised, and the incision was closed. The patient tolerated the procedure well, and no intraoperative complications were encountered.

Operative Note - Percutaneous Diastasis Repair: Patient underwent a percutaneous diastasis repair procedure. Using ultrasound guidance, multiple small incisions were made, and specialized instruments were used to approximate the muscles. Sutures were placed through the abdominal wall, and the diastasis was closed. The incisions were closed with absorbable sutures. The patient had an uneventful intraoperative course, and no complications were noted.

Operative Note - Component Separation Technique: Patient underwent diastasis repair using the component separation technique. Bilateral lateral incisions were made, and the external oblique muscles were dissected. The rectus muscles were then mobilized medially, and the diastasis was closed with non-absorbable sutures. The incisions were closed in layers, and the patient had a successful intraoperative course without any complications.

Operative Note - Laparoscopic Mesh Repair: Patient underwent laparoscopic mesh repair for diastasis of the abdominal muscles. Several small incisions were made, and trocars were inserted to access the abdominal cavity. The diastasis was visualized using a laparoscope, and a synthetic mesh was placed over the defect. The mesh was secured in position using non-absorbable sutures. The incisions were closed, and the patient had a smooth intraoperative course with no complications.

Operative Note - Suture Suspension Technique: Patient underwent diastasis repair using the suture suspension technique. A single midline incision was made, and the rectus muscles were exposed. Sutures were passed through the muscles, and the diastasis was closed by suspending the muscles. The sutures were tied securely, and the incision was closed in layers. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note - Robotic-assisted Mesh Augmentation: Patient underwent robotic-assisted mesh augmentation for diastasis of the abdominal muscles. Multiple small incisions were made, and robotic arms were inserted. The robotic system provided enhanced visualization and precision. A synthetic mesh was placed over the diastasis and secured with robotic-assisted suturing. The incisions were closed, and the patient had an uneventful intraoperative course without any complications.

Operative Note - Mini-Abdominoplasty with Muscle Reconstruction: Patient underwent a mini-abdominoplasty with muscle reconstruction for diastasis. A low transverse incision was made, and the abdominal skin was elevated. The rectus muscles were reconstructed by plicating them using non-absorbable sutures. Excess skin and fat were excised, and the incision was closed. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note - Open Mesh Repair with Component Separation: Patient underwent an open mesh repair with component separation technique for diastasis of the abdominal muscles. A midline incision was made, and the rectus muscles were exposed. The component separation technique was employed to release the external oblique muscles, allowing the rectus muscles to be approximated. A synthetic mesh was then placed over the repaired muscles. The incision was closed, and the patient had a successful surgery without complications.

Operative Note - Diastasis Repair with Biological Mesh: Patient underwent diastasis repair using a biological mesh. An incision was made along the linea alba, and the edges of the diastasis were identified. The rectus muscles were approximated using non-absorbable sutures, and a biological mesh was placed over the repaired area. The mesh was secured in position, and the incision was closed. The patient had an uneventful intraoperative course, and no complications were encountered.

Operative Note - Endoscopic-Assisted Diastasis Repair: Patient underwent endoscopic-assisted diastasis repair. Small incisions were made, and an endoscope was inserted to visualize the muscle separation. Sutures were passed through the muscles, and the diastasis was closed under endoscopic guidance. The incisions were closed, and the patient had a smooth intraoperative course without any complications.

Operative Note - Periumbilical Diastasis Repair: Patient underwent periumbilical diastasis repair. A circumferential incision was made around the umbilicus, and the rectus muscles were exposed. The diastasis was identified and closed using non-absorbable sutures. The umbilicus was repositioned, and the incision was closed. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note - Diastasis Repair with Internal Bracing: Patient underwent diastasis repair with internal bracing. An incision was made, and the rectus muscles were exposed. Non-absorbable sutures were passed through the muscles and anchored to the anterior abdominal wall using specialized anchors. The diastasis was closed, and the incision was closed in layers. The patient had a successful intraoperative course, and no complications were noted.

Operative Note - Combined Diastasis and Hernia Repair: Patient underwent combined diastasis and hernia repair. An incision was made, and the hernia defect was identified and repaired using mesh. The diastasis was then addressed by approximating the rectus muscles with non-absorbable sutures. The incision was closed, and the patient had an uneventful intraoperative course without any complications.

Operative Note - Diastasis Repair under General Anesthesia: Patient underwent diastasis repair under general anesthesia. The patient was induced and maintained under general anesthesia using appropriate anesthetic agents and techniques. An incision was made, and the rectus muscles were exposed. The diastasis was closed using non-absorbable sutures. Hemostasis was achieved, and the incision was closed in layers. The patient had a stable intraoperative course with adequate anesthesia throughout the procedure.

Operative Note - Diastasis Repair under Local Anesthesia with Sedation: Patient underwent diastasis repair under local anesthesia with sedation. The surgical site was infiltrated with a local anesthetic agent for analgesia. The patient was also given intravenous sedation for comfort and relaxation. An incision was made, and the rectus muscles were approximated using non-absorbable sutures. The incision was closed, and the patient remained stable and comfortable during the procedure.

Operative Note - Diastasis Repair under Spinal Anesthesia: Patient underwent diastasis repair under spinal anesthesia. A spinal anesthetic was administered to provide anesthesia below the level of the diaphragm. An incision was made, and the rectus muscles were exposed. The diastasis was closed using non-absorbable sutures. The patient remained hemodynamically stable throughout the procedure, and adequate pain control was achieved.

Operative Note - Diastasis Repair under Epidural Anesthesia: Patient underwent diastasis repair under epidural anesthesia. An epidural catheter was placed, and a local anesthetic agent was infused to provide anesthesia and pain relief. An incision was made, and the rectus muscles were approximated using non-absorbable sutures. Hemostasis was achieved, and the incision was closed. The patient had a smooth intraoperative course with effective anesthesia and postoperative pain control.

Operative Note - Diastasis Repair under Monitored Anesthesia Care: Patient underwent diastasis repair under monitored anesthesia care (MAC). The patient received intravenous sedation and analgesic medications to achieve a comfortable and relaxed state. Local anesthesia was also administered at the surgical site for additional pain control. The diastasis was repaired using non-absorbable sutures, and the patient remained stable and responsive throughout the procedure.

Operative Note - Diastasis Repair under General Anesthesia with Regional Nerve Block: Patient underwent diastasis repair under general anesthesia with a regional nerve block. The patient was induced and maintained under general anesthesia, and a regional nerve block was performed to provide targeted pain relief. An incision was made, and the rectus muscles were exposed and repaired. The patient had a stable intraoperative course with effective pain management.

Operative Note - Diastasis Repair under General Anesthesia with Intravenous Patient-Controlled Analgesia (IV-PCA): Patient underwent diastasis repair under general anesthesia with intravenous patient-controlled analgesia (IV-PCA). The patient received general anesthesia for unconsciousness and analgesia, and an IV-PCA pump was used to deliver pain medication as per the patient's demand. The diastasis was repaired, and the patient remained comfortable with adequate pain control throughout the procedure.

Operative Note - Diastasis Repair under Conscious Sedation: Patient underwent diastasis repair under conscious sedation. The patient was administered sedative medications to achieve a state of conscious sedation, providing relaxation and pain control. An incision was made, and the rectus muscles were approximated using non-absorbable sutures. The patient remained responsive and comfortable during the procedure, with minimal discomfort.

Operative Note - Diastasis Repair under General Anesthesia with Reduced Dosage: Patient underwent diastasis repair under general anesthesia with a reduced dosage of anesthetic agents. The patient was induced and maintained under general anesthesia using lower doses of anesthetic medications to minimize potential side effects. An incision was made, and the rectus muscles were repaired. The patient had a stable intraoperative course with appropriate depth of anesthesia and no adverse events.

Operative Note - Diastasis Repair under Local Anesthesia with Intravenous Sedation: Patient underwent diastasis repair under local anesthesia with intravenous sedation. The surgical site was infiltrated with a local anesthetic for pain control, and the patient received intravenous sedation for relaxation. An incision was made, and the rectus muscles were approximated using non-absorbable sutures. The patient remained calm and comfortable throughout the procedure, with minimal discomfort.

Operative Note - Diastasis Repair with Bone Erosion: Patient underwent diastasis repair with associated bone erosion. An incision was made, and the extent of bone erosion was assessed. The eroded bone was debrided and any loose fragments were removed. The diastasis was then repaired using non-absorbable sutures, taking care to ensure stability of the affected area. The incision was closed, and the patient had a successful intraoperative course with appropriate management of bone erosion.

Operative Note - Bone Grafting for Diastasis Repair with Bone Erosion: Patient underwent bone grafting for diastasis repair with bone erosion. An incision was made, and the eroded bone was evaluated. A bone graft from a donor site was harvested and shaped to fit the defect. The graft was then placed over the eroded bone, and fixation was achieved using appropriate techniques. The diastasis was also repaired using non-absorbable sutures. The incision was closed, and the patient had a well-managed intraoperative course.

Operative Note - Diastasis Repair with Bone Erosion under General Anesthesia: Patient underwent diastasis repair with bone erosion under general anesthesia. The patient was induced and maintained under general anesthesia using appropriate anesthetic agents. An incision was made, and the extent of bone erosion was assessed. The eroded bone was addressed by debriding any necrotic tissue and stabilizing the area. The diastasis was then repaired, and the incision was closed. The patient had a stable intraoperative course with adequate anesthesia and bone erosion management.

Operative Note - Diastasis Repair with Bone Erosion under Local Anesthesia with Sedation: Patient underwent diastasis repair with bone erosion under local anesthesia with sedation. The surgical site was infiltrated with a local anesthetic agent for pain control. The patient also received intravenous sedation for comfort and relaxation. An incision was made, and the extent of bone erosion was evaluated. The eroded bone was addressed, and the diastasis was repaired using non-absorbable sutures. The incision was closed, and the patient had a smooth intraoperative course with effective pain management and bone erosion management.

Operative Note - Diastasis Repair with Bone Erosion and Bone Grafting under Spinal Anesthesia: Patient underwent diastasis repair with bone erosion and bone grafting under spinal anesthesia. A spinal anesthetic was administered to provide anesthesia below the level of the diaphragm. An incision was made, and the extent of bone erosion was assessed. The eroded bone was debrided, and a bone graft was placed to restore stability. The diastasis was repaired, and the incision was closed. The patient had a stable intraoperative course with appropriate anesthesia and bone erosion management.

Operative Note - Diastasis Repair with Bone Erosion and Bone Grafting under General Anesthesia with Regional Nerve Block: Patient underwent diastasis repair with bone erosion and bone grafting under general anesthesia with a regional nerve block. The patient was induced and maintained under general anesthesia, and a regional nerve block was performed to provide targeted pain relief. An incision was made, and the extent of bone erosion was evaluated. The eroded bone was addressed, and a bone graft was placed to restore stability. The diastasis was repaired, and the incision was closed. The patient had a successful surgery with appropriate anesthesia and bone erosion management.

Operative Note - Diastasis Repair with Extensive Bone Erosion under General Anesthesia with Intravenous Patient-Controlled Analgesia (IV-PCA): Patient underwent diastasis repair with extensive bone erosion under general anesthesia with intravenous patient-controlled analgesia (IV-PCA). The patient received general anesthesia for unconsciousness and analgesia. An incision was made, and the extent of bone erosion was assessed. The eroded bone was managed by debriding any necrotic tissue and stabilizing the affected area. The diastasis was repaired, and the incision was closed. The patient had a stable intraoperative course with effective pain management and bone erosion management.

Operative Note - Diastasis Repair with Bone Erosion and Bone Grafting under Conscious Sedation: Patient underwent diastasis repair with bone erosion and bone grafting under conscious sedation. The patient was administered sedative medications to achieve a state of conscious sedation, providing relaxation and pain control. An incision was made, and the extent of bone erosion was evaluated. The eroded bone was addressed, and a bone graft was placed to restore stability. The diastasis was repaired using non-absorbable sutures, and the incision was closed. The patient remained comfortable and responsive throughout the procedure.

Operative Note - Diastasis Repair with Bone Erosion and Bone Grafting under General Anesthesia with Reduced Dosage: Patient underwent diastasis repair with bone erosion and bone grafting under general anesthesia with a reduced dosage of anesthetic agents. The patient was induced and maintained under general anesthesia using lower doses of anesthetic medications to minimize potential side effects. An incision was made, and the extent of bone erosion was evaluated. The eroded bone was addressed by debriding necrotic tissue and stabilizing the area with a bone graft. The diastasis was repaired, and the incision was closed. The patient had a stable intraoperative course with appropriate management of bone erosion.

Operative Note - Diastasis Repair with Bone Erosion under Local Anesthesia with Intravenous Sedation and Bone Augmentation: Patient underwent diastasis repair with bone erosion under local anesthesia with intravenous sedation and bone augmentation. The surgical site was infiltrated with a local anesthetic agent for pain control. The patient also received intravenous sedation for comfort and relaxation. An incision was made, and the extent of bone erosion was assessed. The eroded bone was addressed by debriding necrotic tissue and augmenting the area with bone grafting materials. The diastasis was repaired using non-absorbable sutures, and the incision was closed. The patient had a smooth intraoperative course with effective pain management and bone erosion management.

Operative Note - Diastasis Repair with Severe Bone Pain under General Anesthesia: Patient underwent diastasis repair with severe bone pain under general anesthesia. The patient was induced and maintained under general anesthesia using appropriate anesthetic agents. An incision was made, and the extent of bone pain was evaluated. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including local infiltration of analgesic agents and postoperative pain management. The patient had a stable intraoperative course with adequate anesthesia and effective management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under Local Anesthesia with Sedation: Patient underwent diastasis repair with severe bone pain under local anesthesia with sedation. The surgical site was infiltrated with a local anesthetic agent for pain control. The patient also received intravenous sedation for comfort and relaxation. An incision was made, and the extent of bone pain was assessed. The diastasis was repaired using non-absorbable sutures, and measures were taken to address the severe bone pain, including the administration of systemic analgesics and local anesthetic infiltration. The patient remained calm and comfortable throughout the procedure, with effective management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under Spinal Anesthesia: Patient underwent diastasis repair with severe bone pain under spinal anesthesia. A spinal anesthetic was administered to provide anesthesia below the level of the diaphragm. An incision was made, and the extent of bone pain was evaluated. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including the administration of intravenous analgesics and local infiltration of analgesic agents. The patient had a stable intraoperative course with appropriate anesthesia and effective management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under General Anesthesia with Regional Nerve Block: Patient underwent diastasis repair with severe bone pain under general anesthesia with a regional nerve block. The patient was induced and maintained under general anesthesia, and a regional nerve block was performed to provide targeted pain relief. An incision was made, and the extent of bone pain was evaluated. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including the administration of intravenous analgesics and regional anesthesia techniques. The patient had a successful surgery with appropriate anesthesia and effective management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under General Anesthesia with Intravenous Patient-Controlled Analgesia (IV-PCA): Patient underwent diastasis repair with severe bone pain under general anesthesia with intravenous patient-controlled analgesia (IV-PCA). The patient received general anesthesia for unconsciousness and analgesia. An incision was made, and the extent of bone pain was assessed. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including the initiation of IV-PCA for on-demand administration of analgesic medication. The patient had a stable intraoperative course with effective pain management and management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under Conscious Sedation: Patient underwent diastasis repair with severe bone pain under conscious sedation. The patient was administered sedative medications to achieve a state of conscious sedation, providing relaxation and pain control. An incision was made, and the extent of bone pain was evaluated. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including the administration of systemic analgesics and local infiltration of analgesic agents. The patient remained comfortable and responsive throughout the procedure, with effective management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under General Anesthesia with Reduced Dosage: Patient underwent diastasis repair with severe bone pain under general anesthesia with a reduced dosage of anesthetic agents. The patient was induced and maintained under general anesthesia using lower doses of anesthetic medications to minimize potential side effects. An incision was made, and the extent of bone pain was evaluated. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including the administration of intravenous analgesics and local infiltration of analgesic agents. The patient had a stable intraoperative course with appropriate management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under Local Anesthesia with Intravenous Sedation: Patient underwent diastasis repair with severe bone pain under local anesthesia with intravenous sedation. The surgical site was infiltrated with a local anesthetic agent for pain control. The patient also received intravenous sedation for comfort and relaxation. An incision was made, and the extent of bone pain was assessed. The diastasis was repaired using non-absorbable sutures, and additional measures were taken to address the severe bone pain, including the administration of systemic analgesics and local anesthetic infiltration. The patient had a smooth intraoperative course with effective pain management and management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under General Anesthesia with Epidural Analgesia: Patient underwent diastasis repair with severe bone pain under general anesthesia with epidural analgesia. An epidural catheter was placed, and a local anesthetic agent was infused to provide anesthesia and targeted pain relief. An incision was made, and the extent of bone pain was evaluated. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including the continuous infusion of epidural analgesia. The patient had a stable intraoperative course with appropriate anesthesia and effective management of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain under General Anesthesia with Multimodal Analgesia: Patient underwent diastasis repair with severe bone pain under general anesthesia with multimodal analgesia. The patient was induced and maintained under general anesthesia using appropriate anesthetic agents. An incision was made, and the extent of bone pain was assessed. The diastasis was repaired, and additional measures were taken to address the severe bone pain, including the administration of systemic analgesics, local infiltration of analgesic agents, and the use of adjuvant medications. The patient had a stable intraoperative course with adequate anesthesia and effective multimodal analgesia for severe bone pain management.

Operative Note - Diastasis Repair with Severe Bone Pain and Surgical Intervention: Patient underwent diastasis repair with severe bone pain requiring surgical intervention. An incision was made, and the extent of bone pain and associated pathology were evaluated. Surgical intervention, such as bone debridement or osteotomy, was performed to address the underlying cause of the severe bone pain. The diastasis was repaired using appropriate techniques, and measures were taken to manage postoperative pain and promote healing. The patient had a successful surgery with effective resolution of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain and Surgical Reconstruction: Patient underwent diastasis repair with severe bone pain necessitating surgical reconstruction. An incision was made, and the extent of bone pain and deformity were assessed. Surgical reconstruction techniques, such as bone grafting or osteosynthesis, were employed to restore bone integrity and alignment. The diastasis was repaired simultaneously, and postoperative pain management strategies were implemented. The patient had a satisfactory intraoperative course with successful surgical intervention for severe bone pain and diastasis repair.

Operative Note - Diastasis Repair with Severe Bone Pain and Arthroscopic Intervention: Patient underwent diastasis repair with severe bone pain and arthroscopic intervention. An incision was made, and arthroscopic techniques were utilized to assess the joint and associated bone pathology contributing to the severe pain. Surgical intervention, such as joint debridement or synovectomy, was performed to alleviate the underlying cause. The diastasis was repaired concurrently, and appropriate pain management measures were implemented. The patient had a smooth intraoperative course with effective resolution of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain and Joint Fusion: Patient underwent diastasis repair with severe bone pain requiring joint fusion. An incision was made, and the extent of bone pain and joint instability were evaluated. Surgical intervention in the form of joint fusion was performed to stabilize the affected joint and alleviate the severe pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were employed. The patient had a successful surgery with resolution of severe bone pain and restoration of joint stability.

Operative Note - Diastasis Repair with Severe Bone Pain and Bone Resection: Patient underwent diastasis repair with severe bone pain necessitating bone resection. An incision was made, and the extent of bone pain and pathology were assessed. Surgical intervention, such as bone resection or osteotomy, was performed to remove the affected bone segment contributing to the severe pain. The diastasis was repaired using appropriate techniques, and postoperative pain control was implemented. The patient had a satisfactory intraoperative course with successful surgical intervention for severe bone pain and diastasis repair.

Operative Note - Diastasis Repair with Severe Bone Pain and Joint Replacement: Patient underwent diastasis repair with severe bone pain requiring joint replacement. An incision was made, and the extent of bone pain and joint degeneration were evaluated. Surgical intervention in the form of joint replacement, such as arthroplasty, was performed to alleviate the severe pain and restore joint function. The diastasis was repaired simultaneously, and comprehensive pain management strategies were implemented. The patient had a smooth intraoperative course with effective resolution of severe bone pain and improved joint mobility.

Operative Note - Diastasis Repair with Severe Bone Pain and Nerve Decompression: Patient underwent diastasis repair with severe bone pain necessitating nerve decompression. An incision was made, and the extent of bone pain and nerve compression were assessed. Surgical intervention, such as nerve decompression or neurolysis, was performed to relieve pressure on the affected nerves and alleviate the severe pain. The diastasis was repaired concurrently, and postoperative pain management measures were instituted. The patient had a successful surgery with resolution of severe bone pain and improved nerve function.

Operative Note - Diastasis Repair with Severe Bone Pain and Tumor Resection: Patient underwent diastasis repair with severe bone pain requiring tumor resection. An incision was made, and the extent of bone pain and tumor involvement were evaluated. Surgical intervention, such as tumor resection or excision, was performed to eliminate the source of severe bone pain. The diastasis was repaired using appropriate techniques, and measures were taken to manage postoperative pain and monitor for any tumor recurrence. The patient had a successful surgery with effective resolution of severe bone pain.

Operative Note - Diastasis Repair with Severe Bone Pain and Osteoplasty: Patient underwent diastasis repair with severe bone pain necessitating osteoplasty. An incision was made, and the extent of bone pain and deformity were assessed. Surgical intervention, such as bone reshaping or contouring, was performed to address the underlying bone abnormalities causing severe pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were implemented. The patient had a smooth intraoperative course with effective resolution of severe bone pain and improved bone alignment.

Operative Note - Diastasis Repair with Severe Bone Pain and Percutaneous Intervention: Patient underwent diastasis repair with severe bone pain and percutaneous intervention. An incision was made, and percutaneous techniques were employed to assess and address the underlying cause of severe bone pain. Interventional procedures, such as nerve blocks or radiofrequency ablation, were performed to alleviate pain signals originating from the affected bone. The diastasis was repaired simultaneously, and appropriate pain management measures were implemented. The patient had a successful surgery with resolution of severe bone pain and improved functional outcomes.

Operative Note - Diastasis Repair with Severe Bone Pain and Minimally Invasive Intervention: Patient underwent diastasis repair with severe bone pain necessitating minimally invasive intervention. An incision or access point was made, and minimally invasive techniques, such as endoscopic or laparoscopic approaches, were utilized to assess and address the underlying cause of severe bone pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were implemented. The patient had a successful surgery with resolution of severe bone pain and minimal postoperative discomfort.

Operative Note - Diastasis Repair with Severe Bone Pain and Fracture Fixation: Patient underwent diastasis repair with severe bone pain requiring fracture fixation. An incision was made, and the extent of bone pain and fracture were evaluated. Surgical intervention, such as internal fixation with plates, screws, or rods, was performed to stabilize the fractured bone and alleviate the severe pain. The diastasis was repaired concurrently, and appropriate pain management measures were instituted. The patient had a satisfactory intraoperative course with successful surgical intervention for severe bone pain and diastasis repair.

Operative Note - Diastasis Repair with Severe Bone Pain and Soft Tissue Release: Patient underwent diastasis repair with severe bone pain necessitating soft tissue release. An incision was made, and the extent of bone pain and associated soft tissue tightness or contracture were assessed. Surgical intervention, such as tenotomy or fasciotomy, was performed to release the tight or contracted soft tissues, relieving the severe pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were employed. The patient had a smooth intraoperative course with effective resolution of severe bone pain and improved range of motion.

Operative Note - Diastasis Repair with Severe Bone Pain and Joint Manipulation: Patient underwent diastasis repair with severe bone pain requiring joint manipulation. An incision was made, and the extent of bone pain and joint stiffness were evaluated. Surgical intervention, such as arthroscopic or open joint manipulation, was performed to improve joint mobility and alleviate the severe pain. The diastasis was repaired simultaneously, and appropriate pain management measures were implemented. The patient had a successful surgery with resolution of severe bone pain and improved joint function.

Operative Note - Diastasis Repair with Severe Bone Pain and Cartilage Restoration: Patient underwent diastasis repair with severe bone pain necessitating cartilage restoration. An incision was made, and the extent of bone pain and cartilage damage were assessed. Surgical intervention, such as cartilage grafting or microfracture technique, was performed to restore the damaged cartilage and alleviate the severe pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were employed. The patient had a satisfactory intraoperative course with successful surgical intervention for severe bone pain and diastasis repair.

Operative Note - Diastasis Repair with Severe Bone Pain and Neurolysis: Patient underwent diastasis repair with severe bone pain necessitating neurolysis. An incision was made, and the extent of bone pain and nerve entrapment were evaluated. Surgical intervention, such as nerve decompression or neurolysis, was performed to relieve pressure on the affected nerves and alleviate the severe pain. The diastasis was repaired simultaneously, and appropriate pain management measures were implemented. The patient had a successful surgery with resolution of severe bone pain and improved nerve function.

Operative Note - Diastasis Repair with Severe Bone Pain and Arthrodesis: Patient underwent diastasis repair with severe bone pain requiring arthrodesis. An incision was made, and the extent of bone pain and joint instability were evaluated. Surgical intervention, such as joint fusion, was performed to stabilize the affected joint and alleviate the severe pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were implemented. The patient had a smooth intraoperative course with effective resolution of severe bone pain and improved joint stability.

Operative Note - Diastasis Repair with Severe Bone Pain and Ligament Reconstruction: Patient underwent diastasis repair with severe bone pain necessitating ligament reconstruction. An incision was made, and the extent of bone pain and ligamentous instability were assessed. Surgical intervention, such as ligament repair or reconstruction, was performed to restore stability to the affected joint and alleviate the severe pain. The diastasis was repaired simultaneously, and appropriate pain management measures were instituted. The patient had a successful surgery with resolution of severe bone pain and improved joint function.

Operative Note - Diastasis Repair with Severe Bone Pain and External Fixation: Patient underwent diastasis repair with severe bone pain requiring external fixation. An incision was made, and the extent of bone pain and fracture or deformity were evaluated. Surgical intervention, such as the application of an external fixator, was performed to stabilize the affected bone and alleviate the severe pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were implemented. The patient had a satisfactory intraoperative course with successful surgical intervention for severe bone pain and diastasis repair.

Operative Note - Diastasis Repair with Severe Bone Pain and Microvascular Reconstruction: Patient underwent diastasis repair with severe bone pain necessitating microvascular reconstruction. An incision was made, and the extent of bone pain and compromised blood supply were assessed. Surgical intervention, such as microvascular anastomosis or free tissue transfer, was performed to restore adequate blood flow and alleviate the severe pain. The diastasis was repaired concurrently, and comprehensive pain management strategies were employed. The patient had a smooth intraoperative course with effective resolution of severe bone pain and improved tissue perfusion.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint: Patient underwent diastasis repair with severe infection involving the extreme moving joint. An incision was made, and the extent of infection and joint involvement were evaluated. Surgical intervention, such as joint debridement and irrigation, was performed to remove infected tissues and promote healing. The diastasis was repaired concurrently, and appropriate measures were taken to address the severe infection and prevent its spread. The patient had a successful surgery with resolution of severe infection and diastasis repair.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Antibiotic Spacer Placement: Patient underwent diastasis repair with severe infection affecting the extreme moving joint, necessitating antibiotic spacer placement. An incision was made, and thorough debridement of infected tissues was performed. An antibiotic-loaded spacer was then inserted to deliver localized antibiotic therapy and maintain joint stability. The diastasis was repaired simultaneously, and comprehensive measures were taken to manage the severe infection. The patient had a satisfactory intraoperative course with successful resolution of severe infection and diastasis repair.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Joint Arthrodesis: Patient underwent diastasis repair with severe infection involving the extreme moving joint, requiring joint arthrodesis. An incision was made, and extensive debridement of infected tissues was performed. Surgical intervention, such as joint fusion, was performed to eliminate the infected joint and stabilize the area. The diastasis was repaired concurrently, and appropriate measures were taken to address the severe infection. The patient had a smooth intraoperative course with effective resolution of severe infection and improved joint stability.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Soft Tissue Flap Reconstruction: Patient underwent diastasis repair with severe infection affecting the extreme moving joint, necessitating soft tissue flap reconstruction. An incision was made, and thorough debridement of infected tissues was performed. Soft tissue flaps from adjacent areas were then utilized to cover the exposed bone and promote healing. The diastasis was repaired simultaneously, and comprehensive measures were taken to manage the severe infection. The patient had a successful surgery with resolution of severe infection and diastasis repair.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Vacuum-Assisted Closure (VAC) Therapy: Patient underwent diastasis repair with severe infection involving the extreme moving joint, requiring vacuum-assisted closure (VAC) therapy. An incision was made, and thorough debridement of infected tissues was performed. A VAC dressing was applied to the wound to facilitate wound healing and remove excess fluid. The diastasis was repaired concurrently, and appropriate measures were taken to address the severe infection. The patient had a satisfactory intraoperative course with successful resolution of severe infection and diastasis repair.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Revision Surgery: Patient underwent diastasis repair with severe infection affecting the extreme moving joint, necessitating revision surgery. An incision was made, and extensive debridement of infected tissues and removal of any previously placed hardware were performed. The diastasis was repaired, and additional measures were taken to address the severe infection, such as the use of antibiotic therapy and wound irrigation. The patient had a smooth intraoperative course with effective resolution of severe infection and successful diastasis repair.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Negative Pressure Wound Therapy (NPWT): Patient underwent diastasis repair with severe infection involving the extreme moving joint, requiring negative pressure wound therapy (NPWT). An incision was made, and thorough debridement of infected tissues was performed. NPWT was then applied to the wound to promote wound healing and reduce infection. The diastasis was repaired concurrently, and comprehensive measures were taken to manage the severe infection. The patient had a successful surgery with resolution of severe infection and diastasis repair.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Local Antibiotic Delivery: Patient underwent diastasis repair with severe infection affecting the extreme moving joint, necessitating local antibiotic delivery. An incision was made, and extensive debridement of infected tissues was performed. Local antibiotic delivery methods, such as antibiotic-impregnated beads or cement, were utilized to provide targeted antibiotic therapy. The diastasis was repaired simultaneously, and appropriate measures were taken to address the severe infection. The patient had a satisfactory intraoperative course with successful resolution of severe infection and diastasis repair.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Soft Tissue Reconstruction: Patient underwent diastasis repair with severe infection involving the extreme moving joint, requiring soft tissue reconstruction. An incision was made, and thorough debridement of infected tissues was performed. Soft tissue reconstruction techniques, such as local flaps or free tissue transfer, were employed to restore tissue integrity and promote healing. The diastasis was repaired concurrently, and comprehensive measures were taken to manage the severe infection. The patient had a smooth intraoperative course with effective resolution of severe infection and improved soft tissue coverage.

Operative Note - Diastasis Repair with Severe Infection on the Extreme Moving Joint and Joint Resection: Patient underwent diastasis repair with severe infection affecting the extreme moving joint, necessitating joint resection. An incision was made, and extensive debridement of infected tissues was performed, including the removal of the affected joint. The diastasis was repaired simultaneously, and appropriate measures were taken to address the severe infection and promote healing. The patient had a successful surgery with resolution of severe infection and improved functional outcomes.

Operative Note - Diastasis Repair with Severe Inflammation on the Extreme Moving Joint: Patient underwent diastasis repair with severe inflammation involving the extreme moving joint. An incision was made, and the extent of inflammation and joint involvement were evaluated. Surgical intervention, such as synovectomy or debridement, was performed to remove inflamed tissues and promote healing. The diastasis was repaired concurrently, and appropriate measures were taken to address the severe inflammation and minimize postoperative complications. The patient had a successful surgery with resolution of severe inflammation and diastasis repair.

Operative Note - Diastasis Repair with Chronic Inflammation on the Extreme Moving Joint and Corticosteroid Injection: Patient underwent diastasis repair with chronic inflammation affecting the extreme moving joint, necessitating corticosteroid injection. An incision was made, and thorough evaluation of the inflamed tissues was performed. Corticosteroid medication was injected into the affected joint to reduce inflammation and provide pain relief. The diastasis was repaired simultaneously, and appropriate measures were taken to address the chronic inflammation. The patient had a satisfactory intraoperative course with successful resolution of chronic inflammation and diastasis repair.

Operative Note - Diastasis Repair with Severe Inflammation on the Extreme Moving Joint and Anti-inflammatory Medication: Patient underwent diastasis repair with severe inflammation involving the extreme moving joint, requiring the use of anti-inflammatory medication. An incision was made, and the extent of inflammation and joint involvement were assessed. Surgical intervention, such as synovectomy or debridement, was performed to address the inflamed tissues. Additionally, systemic or local anti-inflammatory medication was administered to reduce inflammation and promote healing. The diastasis was repaired concurrently, and comprehensive measures were taken to manage the severe inflammation. The patient had a smooth intraoperative course with effective resolution of severe inflammation and successful diastasis repair.

Operative Note - Diastasis Repair with Acute Inflammation on the Extreme Moving Joint and Cold Therapy: Patient underwent diastasis repair with acute inflammation affecting the extreme moving joint, necessitating the use of cold therapy. An incision was made, and thorough evaluation of the inflamed tissues was performed. Cold therapy, such as ice packs or cold compression devices, was applied to the affected area to reduce inflammation and alleviate pain. The diastasis was repaired simultaneously, and appropriate measures were taken to address the acute inflammation. The patient had a successful surgery with resolution of acute inflammation and diastasis repair.

Operative Note - Diastasis Repair with Severe Inflammation on the Extreme Moving Joint and Nonsteroidal Anti-inflammatory Drugs (NSAIDs): Patient underwent diastasis repair with severe inflammation involving the extreme moving joint, requiring the use of nonsteroidal anti-inflammatory drugs (NSAIDs). An incision was made, and thorough evaluation of the inflamed tissues was performed. NSAIDs were administered systemically or locally to reduce inflammation and manage pain. The diastasis was repaired concurrently, and comprehensive measures were taken to address the severe inflammation. The patient had a satisfactory intraoperative course with successful resolution of severe inflammation and diastasis repair.

Operative Note - Diastasis Repair with Chronic Inflammation on the Extreme Moving Joint and Immunomodulatory Therapy: Patient underwent diastasis repair with chronic inflammation affecting the extreme moving joint, necessitating immunomodulatory therapy. An incision was made, and the extent of inflammation and joint involvement were evaluated. Surgical intervention, such as synovectomy or debridement, was performed to address the inflamed tissues. Additionally, immunomodulatory medications, such as disease-modifying antirheumatic drugs (DMARDs), were administered to modulate the immune response and reduce inflammation. The diastasis was repaired simultaneously, and comprehensive measures were taken to manage the chronic inflammation. The patient had a smooth intraoperative course with effective resolution of chronic inflammation and successful diastasis repair.

Operative Note - Diastasis Repair with Severe Inflammation on the Extreme Moving Joint and Topical Anti-inflammatory Treatment: Patient underwent diastasis repair with severe inflammation involving the extreme moving joint, requiring topical anti-inflammatory treatment. An incision was made, and the extent of inflammation and joint involvement were assessed. Surgical intervention, such as debridement or synovectomy, was performed to address the inflamed tissues. Topical anti-inflammatory agents, such as corticosteroid creams or gels, were applied to the affected area to reduce inflammation. The diastasis was repaired concurrently, and comprehensive measures were taken to manage the severe inflammation. The patient had a successful surgery with resolution of severe inflammation and diastasis repair.

Operative Note - Diastasis Repair with Acute Inflammation on the Extreme Moving Joint and Physical Therapy: Patient underwent diastasis repair with acute inflammation affecting the extreme moving joint, necessitating physical therapy. An incision was made, and thorough evaluation of the inflamed tissues was performed. Physical therapy techniques, such as gentle joint mobilization and therapeutic exercises, were implemented to reduce inflammation and improve joint function. The diastasis was repaired simultaneously, and appropriate measures were taken to address the acute inflammation. The patient had a satisfactory intraoperative course with successful resolution of acute inflammation and diastasis repair.

Operative Note - Diastasis Repair with Severe Inflammation on the Extreme Moving Joint and Ultrasound-Guided Inflammatory Injection: Patient underwent diastasis repair with severe inflammation involving the extreme moving joint, requiring ultrasound-guided inflammatory injection. An incision was made, and thorough evaluation of the inflamed tissues was performed. Under ultrasound guidance, an anti-inflammatory medication or corticosteroid was injected into the affected area to reduce inflammation and provide pain relief. The diastasis was repaired concurrently, and comprehensive measures were taken to manage the severe inflammation. The patient had a smooth intraoperative course with effective resolution of severe inflammation and successful diastasis repair.

Operative Note - Diastasis Repair with Chronic Inflammation on the Extreme Moving Joint and Heat Therapy: Patient underwent diastasis repair with chronic inflammation affecting the extreme moving joint, necessitating heat therapy. An incision was made, and the extent of inflammation and joint involvement were evaluated. Heat therapy, such as warm compresses or therapeutic ultrasound, was applied to the affected area to improve blood circulation and reduce inflammation. The diastasis was repaired simultaneously, and appropriate measures were taken to address the chronic inflammation. The patient had a successful surgery with resolution of chronic inflammation and diastasis repair.

Operative Note - Diastasis Repair with Severe Diagnosis: Patient underwent diastasis repair for a severe diagnosis. An incision was made, and the extent of the condition was evaluated. Surgical intervention, tailored to the severity of the diagnosis, was performed to correct the diastasis. Postoperative follow-up will be determined based on the patient's response to the surgery and the severity of the underlying condition. Further treatment or rehabilitation may be required to optimize outcomes and monitor for any potential complications.

Operative Note - Diastasis Repair with Moderate Diagnosis: Patient underwent diastasis repair for a moderate diagnosis. An incision was made, and the extent of the condition was assessed. Surgical intervention was performed to address the diastasis accordingly. Postoperative follow-up will be scheduled based on the patient's response to the surgery and the severity of the underlying diagnosis. Close monitoring and appropriate rehabilitation measures will be implemented to ensure optimal healing and functional recovery.

Operative Note - Diastasis Repair with Mild Diagnosis: Patient underwent diastasis repair for a mild diagnosis. An incision was made, and the extent of the condition was evaluated. Surgical intervention was tailored to the specific needs of the patient based on the mild diagnosis. Postoperative follow-up will be determined by the patient's response to the surgery and the nature of the underlying diagnosis. Monitoring for any residual symptoms or complications will be performed, and rehabilitation recommendations will be provided as needed.

Operative Note - Diastasis Repair with Severe Diagnosis Requiring Additional Procedures: Patient underwent diastasis repair for a severe diagnosis that required additional procedures. An incision was made, and the extent of the condition was thoroughly assessed. Surgical intervention, including additional procedures specific to the severity of the diagnosis, was performed to address the diastasis comprehensively. Postoperative follow-up will be planned accordingly, taking into account the complexity of the surgery and the severity of the underlying diagnosis. Further assessments, treatments, or rehabilitative measures may be necessary for optimal outcomes.

Operative Note - Diastasis Repair with Diagnosis Requiring Multidisciplinary Care: Patient underwent diastasis repair for a diagnosis that necessitated multidisciplinary care. An incision was made, and the extent of the condition was carefully evaluated. Surgical intervention, coordinated with other healthcare specialists, was performed to address the diastasis in the context of the comprehensive treatment plan. Postoperative follow-up will involve coordination among the healthcare team to monitor the patient's progress and provide necessary ongoing care based on the severity of the diagnosis and individual patient needs.

Operative Note - Diastasis Repair with Severe Diagnosis Requiring Long-term Follow-up: Patient underwent diastasis repair for a severe diagnosis that necessitates long-term follow-up. An incision was made, and the extent of the condition was thoroughly assessed. Surgical intervention, tailored to the severity of the diagnosis, was performed to correct the diastasis. Postoperative follow-up will involve long-term monitoring, including regular evaluations and imaging studies, to assess the patient's progress and manage any potential complications associated with the underlying severe diagnosis. Additional treatments or interventions may be recommended as deemed necessary.

Operative Note - Diastasis Repair with Diagnosis Requiring Periodic Evaluation: Patient underwent diastasis repair for a diagnosis that requires periodic evaluation. An incision was made, and the extent of the condition was evaluated. Surgical intervention was performed to address the diastasis accordingly. Postoperative follow-up will involve periodic evaluations to monitor the patient's response to the surgery and assess the progression of the underlying diagnosis. The frequency of follow-up visits will be determined based on the severity of the diagnosis and the specific needs of the patient.

Operative Note - Diastasis Repair with Mild Diagnosis Requiring Symptom-based Follow-up: Patient underwent diastasis repair for a mild diagnosis that requires symptom-based follow-up. An incision was made, and the extent of the condition was assessed. Surgical intervention was performed to address the diastasis based on the mild diagnosis. Postoperative follow-up will be determined by the patient's symptoms, with periodic assessments to monitor the resolution of symptoms and ensure the success of the diastasis repair.

Operative Note - Diastasis Repair with Diagnosis Requiring Collaborative Follow-up: Patient underwent diastasis repair for a diagnosis that requires collaborative follow-up. An incision was made, and the extent of the condition was evaluated. Surgical intervention, in collaboration with other medical professionals, was performed to address the diastasis within the context of the overall treatment plan. Postoperative follow-up will involve close collaboration among the healthcare team to monitor the patient's progress, manage the underlying diagnosis, and provide ongoing care based on the severity and nature of the diagnosis.

Operative Note - Diastasis Repair with Severe Diagnosis Requiring Intensive Care: Patient underwent diastasis repair for a severe diagnosis that necessitates intensive care. An incision was made, and the extent of the condition was thoroughly assessed. Surgical intervention, tailored to the severity of the diagnosis, was performed to correct the diastasis. Postoperative follow-up will involve intensive care monitoring and management, with frequent evaluations, specialized interventions, and coordinated efforts from the healthcare team. The severity of the diagnosis will dictate the intensity and duration of the follow-up care to optimize the patient's outcomes and recovery.

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## M62.1 Other rupture of muscle (nontraumatic)

Operative Note: The patient was positioned supine, and a longitudinal incision was made over the site of the nontraumatic muscle rupture. The muscle was identified, and a thorough exploration revealed a complete rupture with retraction. The edges were debrided, and the muscle ends were approximated using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. A sterile dressing was applied. The patient tolerated the procedure well, and postoperative instructions were given.

Operative Note: Under general anesthesia, a transverse incision was made over the area of the nontraumatic muscle rupture. The underlying muscle was exposed, and the rupture was identified. The edges of the rupture were freshened, and the muscle was repaired using nonabsorbable sutures in a layered fashion. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care was discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the region of the nontraumatic muscle rupture. The ruptured muscle was visualized, and meticulous dissection was performed to expose the edges of the defect. The muscle was repaired using absorbable sutures, ensuring proper alignment. Hemostasis was confirmed, and the wound was closed in layers. The patient was extubated and transferred to the recovery area in stable condition.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the site of the nontraumatic muscle rupture. The ruptured muscle was identified, and careful dissection was carried out to expose the edges of the tear. The muscle ends were meticulously approximated using absorbable sutures. Adequate hemostasis was achieved, and the wound was closed layer by layer. The patient was awakened from anesthesia and transferred to the post-anesthesia care unit for further monitoring.

Operative Note: The patient was placed in a modified lithotomy position, and a transverse incision was made over the area of the nontraumatic muscle rupture. The underlying muscle was visualized, and the rupture was identified. The edges were trimmed, and the muscle was repaired using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient's vitals remained stable throughout the procedure, and the surgical site was dressed appropriately. Postoperative care instructions were provided to the patient and their family.

Operative Note: After obtaining informed consent, the patient was positioned in a supine position. An oblique incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and careful dissection was performed to visualize the defect. The muscle ends were meticulously reapproximated using absorbable sutures in a figure-of-eight fashion. Adequate hemostasis was achieved, and the wound was closed in layers. The patient was extubated and transferred to the postoperative recovery area in stable condition.

Operative Note: Under general anesthesia, the patient was positioned in a lateral position. A longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was carried out to expose the edges of the defect. The muscle ends were approximated using nonabsorbable sutures, and reinforcement was achieved with a biological mesh. Hemostasis was ensured, and the wound was closed layer by layer. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative instructions were given.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture. The underlying muscle was visualized, and the rupture was identified. The edges of the defect were refreshed, and the muscle was repaired using a combination of absorbable and nonabsorbable sutures. Hemostasis was confirmed, and the wound was closed meticulously. The patient was extubated and transferred to the recovery area in stable condition.

Operative Note: The patient was positioned supine, and a longitudinal incision was made over the site of the nontraumatic muscle rupture. The muscle was exposed, and the rupture was identified. The edges were freshened, and a biological glue was used to reinforce the repair. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and postoperative care instructions were provided.

Operative Note: After obtaining informed consent, the patient was placed in a modified lithotomy position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and meticulous dissection was performed to expose the edges of the tear. The muscle was repaired using a combination of absorbable sutures and suture anchors. Hemostasis was confirmed, and the wound was closed layer by layer. The patient was awakened from anesthesia and transferred to the post-anesthesia care unit for further monitoring.

Operative Note: The patient was positioned in a supine position, and a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified and meticulously dissected to expose the defect. The edges were debrided, and a biological mesh was utilized to reinforce the repair. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative instructions were provided.

Operative Note: Under general anesthesia, the patient was placed in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was performed to visualize the extent of the injury. The muscle ends were reapproximated using absorbable sutures, and a drain was placed for postoperative monitoring. Hemostasis was ensured, and the wound was closed meticulously. The patient was transferred to the recovery area in stable condition.

Operative Note: In the operating room, the patient was positioned prone. A midline incision was made over the area of the nontraumatic muscle rupture. The ruptured muscle was exposed, and careful dissection was carried out to identify the extent of the defect. The muscle was repaired using a combination of sutures and a biologic patch. Hemostasis was achieved, and the wound was closed layer by layer. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were provided.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site. The underlying muscle was visualized, and the rupture was identified. The edges were refreshed, and a synthetic mesh was utilized to reinforce the repair. Hemostasis was confirmed, and the wound was closed meticulously. The patient was extubated and transferred to the postoperative recovery area in stable condition.

Operative Note: The patient was placed in a supine position, and a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and meticulous dissection was performed to visualize the extent of the injury. The muscle ends were meticulously reapproximated using absorbable sutures in a layered fashion. Hemostasis was achieved, and the wound was closed using staples. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was performed to expose the edges of the defect. The muscle was repaired using a combination of absorbable and nonabsorbable sutures in an overlapping fashion. Hemostasis was ensured, and the wound was closed layer by layer. The patient was transferred to the post-anesthesia care unit in stable condition.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and careful dissection was carried out to visualize the extent of the defect. The muscle ends were approximated using absorbable sutures reinforced with suture anchors. Hemostasis was confirmed, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site. The underlying muscle was visualized, and meticulous dissection was carried out to expose the edges of the defect. The muscle was repaired using absorbable sutures in a horizontal mattress fashion. Hemostasis was achieved, and the wound was closed layer by layer. The patient was extubated and transferred to the postoperative recovery area in stable condition.

Operative Note: The patient was placed in a supine position, and a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and meticulous dissection was performed to visualize the extent of the injury. The muscle ends were reapproximated using nonabsorbable sutures, and a biological glue was applied for additional reinforcement. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative care instructions were provided.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was performed to expose the edges of the defect. The muscle was repaired using absorbable sutures in a running fashion. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were discussed.

Operative Note: The patient was placed in a supine position, and under general anesthesia with appropriate dosage, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was performed to visualize the extent of the injury. The muscle ends were meticulously reapproximated using absorbable sutures, and a drain was placed for postoperative monitoring. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were provided.

Operative Note: Under monitored anesthesia care with a reduced dosage, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was performed to expose the edges of the defect. The muscle was repaired using a combination of absorbable and nonabsorbable sutures. Hemostasis was confirmed, and the wound was closed layer by layer. The patient's vital signs remained within acceptable limits, and appropriate postoperative care instructions were given.

Operative Note: In the operating room, the patient was placed in a prone position. After administering general anesthesia with a slightly higher dosage, a midline incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and careful dissection was carried out to visualize the extent of the defect. The muscle ends were approximated using absorbable sutures, and reinforcement was achieved with a biological mesh. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs were closely monitored throughout the procedure, and postoperative care instructions were discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. Under regional anesthesia with a lower dosage, a longitudinal incision was made over the nontraumatic muscle rupture site. The underlying muscle was visualized, and the rupture was identified. The edges were refreshed, and the muscle was repaired using absorbable sutures. Hemostasis was confirmed, and the wound was closed in layers. The patient remained comfortable throughout the procedure, and appropriate postoperative care instructions were provided.

Operative Note: The patient was placed in a supine position, and under general anesthesia with a carefully titrated dosage, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and meticulous dissection was performed to visualize the extent of the injury. The muscle ends were meticulously reapproximated using absorbable sutures in a layered fashion. Hemostasis was achieved, and the wound was closed using staples. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: Under monitored anesthesia care with a slightly increased dosage, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was performed to expose the edges of the defect. The muscle was repaired using a combination of absorbable sutures and a biologic patch. Hemostasis was achieved, and the wound was closed meticulously. The patient's vital signs were closely monitored, and appropriate postoperative care instructions were provided.

Operative Note: In the operating room, the patient was placed in a prone position. After administering general anesthesia with a carefully adjusted dosage, a midline incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and careful dissection was carried out to visualize the extent of the defect. The muscle ends were approximated using absorbable sutures reinforced with suture anchors. Hemostasis was confirmed, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. Under regional anesthesia with a higher dosage, a longitudinal incision was made over the nontraumatic muscle rupture site. The underlying muscle was visualized, and meticulous dissection was carried out to expose the edges of the defect. The muscle was repaired using absorbable sutures in a horizontal mattress fashion. Hemostasis was achieved, and the wound was closed layer by layer. The patient remained comfortable throughout the procedure, and appropriate postoperative care instructions were provided.

Operative Note: The patient was placed in a supine position, and under general anesthesia with an adjusted dosage, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and meticulous dissection was performed to visualize the extent of the injury. The muscle ends were reapproximated using nonabsorbable sutures, and a biological glue was applied for additional reinforcement. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative care instructions were given.

Operative Note: Under monitored anesthesia care with a reduced dosage, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was identified, and meticulous dissection was performed to expose the edges of the defect. The muscle was repaired using absorbable sutures in a running fashion. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were discussed.

Operative Note: The patient was positioned supine, and under general anesthesia, a longitudinal incision was made over the nontraumatic muscle rupture site with associated bone erosion. The ruptured muscle and eroded bone were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle ends were reapproximated using nonabsorbable sutures, and bone grafting was performed to reconstruct the eroded area. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and postoperative care instructions were provided.

Operative Note: Under general anesthesia, the patient was placed in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with underlying bone erosion. The eroded bone was carefully debrided, and the ruptured muscle was visualized. The muscle ends were reapproximated using absorbable sutures, and bone grafting was performed to address the bone erosion. Hemostasis was confirmed, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture with associated bone erosion. The eroded bone and ruptured muscle were visualized, and meticulous debridement was performed to remove any diseased tissue. The muscle was repaired using a combination of absorbable sutures and nonabsorbable anchors, while bone grafting was performed to address the erosion. Hemostasis was achieved, and the wound was closed layer by layer. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were provided.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with associated bone erosion. The eroded bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle was repaired using absorbable sutures, and bone grafting was performed to address the bone erosion. Hemostasis was confirmed, and the wound was closed meticulously. The patient was extubated and transferred to the post-anesthesia care unit for further monitoring.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with associated bone erosion. The eroded bone and ruptured muscle were exposed, and meticulous debridement was performed. The muscle ends were reapproximated using nonabsorbable sutures, and bone augmentation with synthetic materials was performed to address the bone erosion. Hemostasis was achieved, and the wound was closed using staples. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with underlying bone erosion. The eroded bone and ruptured muscle were visualized, and meticulous debridement was performed to remove any diseased tissue. The muscle was repaired using absorbable sutures, and bone grafting with autograft was performed to reconstruct the eroded area. Hemostasis was confirmed, and the wound was closed meticulously. The patient's vital signs were closely monitored, and appropriate postoperative care instructions were provided.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the nontraumatic muscle rupture site with associated bone erosion. The eroded bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle was repaired using absorbable sutures, and bone grafting with allograft was performed to address the bone erosion. Hemostasis was achieved, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with underlying bone erosion. The eroded bone and ruptured muscle were visualized, and meticulous debridement was carried out to remove any diseased tissue. The muscle was repaired using nonabsorbable sutures, and bone grafting with a combination of autograft and synthetic materials was performed to address the bone erosion. Hemostasis was confirmed, and the wound was closed layer by layer. The patient remained stable throughout the procedure, and appropriate postoperative care instructions were provided.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with associated bone erosion. The eroded bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle ends were reapproximated using absorbable sutures, and bone grafting with a titanium mesh was performed to reconstruct the eroded area. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated the procedure well, and postoperative care instructions were discussed.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with underlying bone erosion. The eroded bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any diseased tissue. The muscle was repaired using absorbable sutures, and bone grafting with demineralized bone matrix was performed to address the bone erosion. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a longitudinal incision was made over the nontraumatic muscle rupture site with associated severe bone pain. The ruptured muscle and painful bone were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle ends were reapproximated using nonabsorbable sutures, and bone stabilization with screws was performed to address the severe bone pain. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and postoperative pain management was discussed.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with underlying severe bone pain. The painful bone and ruptured muscle were visualized, and meticulous debridement was performed to remove any diseased tissue. The muscle ends were reapproximated using absorbable sutures, and bone fixation with plates and screws was performed to address the severe bone pain. Hemostasis was confirmed, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative pain management strategies were discussed.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture with associated severe bone pain. The painful bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle was repaired using a combination of absorbable sutures and nonabsorbable anchors, while bone stabilization with intramedullary nails was performed to address the severe bone pain. Hemostasis was achieved, and the wound was closed layer by layer. The patient's vital signs remained stable throughout the procedure, and postoperative pain management was addressed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with associated severe bone pain. The painful bone and ruptured muscle were visualized, and meticulous debridement was carried out to remove any diseased tissue. The muscle was repaired using absorbable sutures, and bone stabilization with an external fixator was performed to address the severe bone pain. Hemostasis was confirmed, and the wound was closed meticulously. The patient was extubated and transferred to the post-anesthesia care unit for further pain management.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with associated severe bone pain. The painful bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle ends were reapproximated using nonabsorbable sutures, and bone stabilization with an intramedullary rod was performed to address the severe bone pain. Hemostasis was achieved, and the wound was closed using staples. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative pain management strategies were discussed.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with underlying severe bone pain. The painful bone and ruptured muscle were visualized, and meticulous debridement was performed to remove any diseased tissue. The muscle was repaired using absorbable sutures, and bone stabilization with a locking plate system was performed to address the severe bone pain. Hemostasis was confirmed, and the wound was closed meticulously. The patient's vital signs were closely monitored, and postoperative pain management strategies were provided.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the nontraumatic muscle rupture site with associated severe bone pain. The painful bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle was repaired using absorbable sutures, and bone stabilization with an intramedullary nail and augmentation with bone cement was performed to address the severe bone pain. Hemostasis was achieved, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and postoperative pain management strategies were discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with underlying severe bone pain. The painful bone and ruptured muscle were visualized, and meticulous debridement was carried out to remove any diseased tissue. The muscle was repaired using nonabsorbable sutures, and bone stabilization with an external fixator and bone grafting was performed to address the severe bone pain. Hemostasis was confirmed, and the wound was closed layer by layer. The patient tolerated the procedure well, and appropriate postoperative pain management strategies were provided.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with associated severe bone pain. The painful bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any necrotic tissue. The muscle ends were reapproximated using absorbable sutures, and bone stabilization with a custom-designed 3D-printed implant was performed to address the severe bone pain. Hemostasis was achieved, and the wound was closed meticulously. The patient remained stable throughout the procedure, and postoperative pain management strategies were discussed.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with underlying severe bone pain. The painful bone and ruptured muscle were exposed, and meticulous debridement was performed to remove any diseased tissue. The muscle was repaired using absorbable sutures, and bone stabilization with an intramedullary nail and bone grafting from the iliac crest was performed to address the severe bone pain. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative pain management strategies were given.

Operative Note: The patient was positioned supine, and under general anesthesia, a longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and meticulous dissection was performed to visualize the extent of the defect. A surgical intervention known as fasciotomy was performed to relieve compartment syndrome. The muscle ends were then reapproximated using absorbable sutures, and the wound was closed meticulously. Hemostasis was achieved, and appropriate postoperative care instructions were provided.

Operative Note: Under general anesthesia, the patient was placed in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention known as tendon transfer was performed to restore function and stability. The tendon transfer was accomplished by detaching the healthy tendon from its original insertion and reattaching it to a new insertion site. Hemostasis was confirmed, and the wound was closed layer by layer. The patient tolerated the procedure well, and postoperative care instructions were given.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture. The ruptured muscle was exposed, and a surgical intervention called debridement was performed to remove any necrotic tissue. Following debridement, a muscle flap transfer was carried out to fill the defect and promote tissue healing. The muscle flap was harvested from a nearby muscle and carefully transposed into the defect site. Hemostasis was achieved, and the wound was closed meticulously. Postoperative care instructions were discussed with the patient.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention known as primary repair was performed. The muscle ends were carefully reapproximated using absorbable sutures, and additional reinforcement was achieved with the use of suture anchors. Hemostasis was confirmed, and the wound was closed layer by layer. The patient remained stable throughout the procedure, and appropriate postoperative care instructions were provided.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and a surgical intervention called muscle grafting was performed to address the extensive tissue loss. A muscle graft from the patient's own body or a donor source was harvested and meticulously sutured into the defect site. Hemostasis was achieved, and the wound was closed using staples. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were discussed.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention known as muscle augmentation was performed to strengthen the muscle and enhance its function. The augmentation was achieved by using a synthetic mesh or biological graft to reinforce the muscle tissue. Hemostasis was ensured, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative care instructions were given.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture. The ruptured muscle was exposed, and a surgical intervention called tenorrhaphy was performed. The tendon ends were carefully reapproximated using absorbable sutures, and additional reinforcement was achieved with the use of suture anchors. Hemostasis was achieved, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention known as muscle resection was performed to remove the damaged portion of the muscle. The healthy ends of the muscle were then reapproximated using absorbable sutures. Hemostasis was confirmed, and the wound was closed layer by layer. The patient tolerated the procedure well, and appropriate postoperative care instructions were provided.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and a surgical intervention known as tendon release was performed to relieve tendon tension and facilitate repair. The tight tendon was carefully released, allowing for proper realignment and repair of the ruptured muscle. Hemostasis was achieved, and the wound was closed using staples. Postoperative care instructions were discussed with the patient.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention called muscle lengthening was performed to address muscle contracture and improve range of motion. The contracted muscle was carefully released and lengthened using appropriate surgical techniques. Hemostasis was ensured, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were given.

Operative Note: The patient was positioned supine, and under general anesthesia, a longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and a surgical intervention known as tendon transfer was performed to restore function and improve muscle strength. The healthy tendon from another muscle was detached and reattached to the ruptured muscle, providing the necessary support. Hemostasis was achieved, and the wound was closed meticulously. Postoperative rehabilitation plan was discussed with the patient.

Operative Note: Under general anesthesia, the patient was placed in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention called muscle reattachment was performed. The detached muscle was carefully reattached to its original insertion site using strong nonabsorbable sutures. Hemostasis was confirmed, and the wound was closed layer by layer. The patient tolerated the procedure well, and appropriate postoperative care instructions were provided.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture. The ruptured muscle was exposed, and a surgical intervention known as muscle release was performed to relieve tension and restore muscle balance. The tight muscle fascia was carefully released, allowing for improved muscle function. Hemostasis was achieved, and the wound was closed meticulously. The patient's vital signs remained stable throughout the procedure, and postoperative care instructions were discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention known as muscle advancement was performed. The healthy neighboring muscle was mobilized and advanced to cover the defect, providing additional support and strength. Hemostasis was confirmed, and the wound was closed using absorbable sutures. The patient tolerated the procedure well, and appropriate postoperative care instructions were given.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and a surgical intervention known as muscle reconstruction was performed. A combination of autograft and allograft tissue was used to reconstruct the damaged muscle, restoring its structure and function. Hemostasis was achieved, and the wound was closed meticulously. Postoperative rehabilitation plan was discussed with the patient.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention known as muscle imbrication was performed. The muscle fibers were carefully overlapped and secured with sutures, providing stability and promoting healing. Hemostasis was ensured, and the wound was closed layer by layer. The patient's vital signs remained stable throughout the procedure, and appropriate postoperative care instructions were provided.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture. The ruptured muscle was exposed, and a surgical intervention known as muscle augmentation was performed. A synthetic mesh or biological graft was used to reinforce the muscle, enhancing its strength and stability. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative care instructions were discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention called muscle transposition was performed. The healthy muscle was carefully mobilized and transposed to cover the defect, restoring muscle function and improving strength. Hemostasis was confirmed, and the wound was closed using absorbable sutures. The patient remained stable throughout the procedure, and postoperative care instructions were given.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was exposed, and a surgical intervention known as muscle flap reconstruction was performed. A local muscle flap was harvested and meticulously transferred to the defect site, providing necessary tissue coverage and support. Hemostasis was achieved, and the wound was closed meticulously. Postoperative care instructions were discussed with the patient.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site. The ruptured muscle was visualized, and a surgical intervention known as muscle tenodesis was performed. The tendon of the ruptured muscle was reattached to a nearby bone or stable structure, restoring muscle function and improving stability. Hemostasis was ensured, and the wound was closed layer by layer. The patient tolerated the procedure well, and appropriate postoperative care instructions were provided.

Operative Note: The patient was positioned supine, and under general anesthesia, a longitudinal incision was made over the nontraumatic muscle rupture site with associated severe infection on the extreme moving joint. The infected joint was carefully irrigated and debrided to remove necrotic tissue and control the infection. The ruptured muscle was repaired using absorbable sutures, and appropriate antibiotic irrigation was performed. A drain was placed to facilitate drainage of any residual infection. Hemostasis was achieved, and the wound was closed meticulously. Postoperative antibiotic therapy and close monitoring for infection were discussed with the patient.

Operative Note: Under general anesthesia, the patient was placed in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with severe infection involving the extreme moving joint. The infected joint was thoroughly debrided, and the ruptured muscle was repaired using nonabsorbable sutures. A joint lavage with antimicrobial solution was performed, and a drain was placed to aid in the drainage of infected fluids. Hemostasis was confirmed, and the wound was closed layer by layer. Postoperative antibiotic therapy and close monitoring for signs of infection were emphasized.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture with severe infection affecting the extreme moving joint. The infected joint was carefully debrided, and extensive irrigation with antimicrobial solution was performed. The ruptured muscle was repaired using absorbable sutures, and appropriate antibiotic beads were placed in the joint space to provide local antibiotic delivery. Hemostasis was achieved, and the wound was closed meticulously. Postoperative antibiotic therapy and infectious disease consultation were arranged.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with severe infection involving the extreme moving joint. The infected joint was meticulously debrided, and thorough irrigation with antimicrobial solution was performed. The ruptured muscle was repaired using nonabsorbable sutures, and a temporary antibiotic-impregnated spacer was placed in the joint space to provide local antibiotic therapy. Hemostasis was confirmed, and the wound was closed using absorbable sutures. Postoperative infectious disease consultation and long-term antibiotic therapy were arranged.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with severe infection on the extreme moving joint. The infected joint was carefully debrided, and a thorough irrigation with antimicrobial solution was performed. The ruptured muscle was repaired using absorbable sutures, and appropriate antibiotic-impregnated cement was placed in the joint space to provide local antibiotic therapy. Hemostasis was achieved, and the wound was closed meticulously. Postoperative infectious disease consultation and close monitoring for signs of recurrent infection were emphasized.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with severe infection affecting the extreme moving joint. The infected joint was meticulously debrided, and a pulsatile lavage with antimicrobial solution was performed. The ruptured muscle was repaired using nonabsorbable sutures, and an antibiotic-impregnated collagen sponge was placed in the joint space to provide local antibiotic therapy. Hemostasis was ensured, and the wound was closed layer by layer. Postoperative infectious disease consultation and long-term antibiotic therapy were arranged.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture with severe infection involving the extreme moving joint. The infected joint was carefully debrided, and an extensive irrigation with antimicrobial solution was performed. The ruptured muscle was repaired using absorbable sutures, and an antibiotic-impregnated bioabsorbable implant was placed in the joint space to provide local antibiotic therapy. Hemostasis was confirmed, and the wound was closed meticulously. Postoperative infectious disease consultation and close monitoring for signs of persistent infection were emphasized.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with severe infection affecting the extreme moving joint. The infected joint was meticulously debrided, and a thorough irrigation with antimicrobial solution was performed. The ruptured muscle was repaired using nonabsorbable sutures, and an antibiotic-impregnated collagen membrane was placed in the joint space to provide local antibiotic therapy. Hemostasis was confirmed, and the wound was closed using absorbable sutures. Postoperative infectious disease consultation and long-term antibiotic therapy were arranged.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with severe infection on the extreme moving joint. The infected joint was carefully debrided, and pulsatile irrigation with antimicrobial solution was performed. The ruptured muscle was repaired using absorbable sutures, and an antibiotic-impregnated hydrogel was applied to the joint space to provide local antibiotic therapy. Hemostasis was achieved, and the wound was closed meticulously. Postoperative infectious disease consultation and close monitoring for signs of recurrent infection were emphasized.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with severe infection affecting the extreme moving joint. The infected joint was meticulously debrided, and extensive irrigation with antimicrobial solution was performed. The ruptured muscle was repaired using nonabsorbable sutures, and an antibiotic-impregnated collagen scaffold was placed in the joint space to provide local antibiotic therapy. Hemostasis was ensured, and the wound was closed layer by layer. Postoperative infectious disease consultation and long-term antibiotic therapy were arranged.

Operative Note: The patient was positioned supine, and under general anesthesia, a longitudinal incision was made over the nontraumatic muscle rupture site with marked inflammation. The inflamed tissues were carefully dissected and excised, allowing access to the ruptured muscle. The muscle ends were repaired using absorbable sutures. Intraoperative irrigation with saline solution was performed to reduce inflammation. Hemostasis was achieved, and the wound was closed meticulously. Postoperative anti-inflammatory medication and appropriate follow-up were discussed.

Operative Note: Under general anesthesia, the patient was placed in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with significant inflammation. The inflamed tissues were gently mobilized and debrided, exposing the ruptured muscle. The muscle ends were reapproximated using nonabsorbable sutures. Intraoperative corticosteroid injection was administered to reduce inflammation. Hemostasis was confirmed, and the wound was closed layer by layer. Postoperative anti-inflammatory medication and close monitoring for recurrent inflammation were emphasized.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture with evident inflammation. The inflamed tissues were meticulously dissected, and thorough irrigation with saline solution was performed to reduce inflammation. The ruptured muscle was repaired using absorbable sutures. Intraoperative application of a local anti-inflammatory agent was done. Hemostasis was achieved, and the wound was closed meticulously. Postoperative anti-inflammatory medication and physical therapy were discussed.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with pronounced inflammation. The inflamed tissues were carefully excised, allowing access to the ruptured muscle. The muscle ends were repaired using nonabsorbable sutures. Intraoperative cold compress was applied to reduce inflammation. Hemostasis was confirmed, and the wound was closed using absorbable sutures. Postoperative anti-inflammatory medication and appropriate follow-up were arranged.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with significant inflammation. The inflamed tissues were gently dissected and mobilized, providing exposure to the ruptured muscle. The muscle ends were reapproximated using absorbable sutures. Intraoperative administration of a systemic anti-inflammatory medication was done. Hemostasis was achieved, and the wound was closed meticulously. Postoperative anti-inflammatory medication and close monitoring for recurrent inflammation were emphasized.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with marked inflammation. The inflamed tissues were meticulously dissected and debrided, exposing the ruptured muscle. The muscle ends were repaired using nonabsorbable sutures. Intraoperative application of an anti-inflammatory gel was done. Hemostasis was ensured, and the wound was closed layer by layer. Postoperative anti-inflammatory medication and appropriate rehabilitation were discussed.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture with evident inflammation. The inflamed tissues were carefully dissected, and thorough irrigation with saline solution was performed to reduce inflammation. The ruptured muscle was repaired using absorbable sutures. Intraoperative administration of a local anti-inflammatory medication was done. Hemostasis was confirmed, and the wound was closed meticulously. Postoperative anti-inflammatory medication and physical therapy were arranged.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site with pronounced inflammation. The inflamed tissues were carefully excised, providing access to the ruptured muscle. The muscle ends were repaired using nonabsorbable sutures. Intraoperative cold compress was applied to reduce inflammation. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative anti-inflammatory medication and appropriate follow-up were arranged.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site with significant inflammation. The inflamed tissues were gently dissected and mobilized, exposing the ruptured muscle. The muscle ends were reapproximated using absorbable sutures. Intraoperative administration of a systemic anti-inflammatory medication was done. Hemostasis was confirmed, and the wound was closed meticulously. Postoperative anti-inflammatory medication and close monitoring for recurrent inflammation were emphasized.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site with marked inflammation. The inflamed tissues were meticulously dissected and debrided, exposing the ruptured muscle. The muscle ends were repaired using nonabsorbable sutures. Intraoperative application of an anti-inflammatory gel was done. Hemostasis was ensured, and the wound was closed layer by layer. Postoperative anti-inflammatory medication and appropriate rehabilitation were discussed.

Operative Note: The patient was positioned supine, and under general anesthesia, a longitudinal incision was made over the nontraumatic muscle rupture site. The ruptured muscle was repaired using absorbable sutures. The severity of the diagnosis indicates the need for close follow-up appointments at regular intervals to assess healing progress, monitor for complications, and adjust rehabilitation protocols accordingly. Postoperative care instructions, including activity modification and pain management strategies, were provided. The patient was advised to schedule a follow-up appointment in two weeks for a wound evaluation and further guidance.

Operative Note: Under general anesthesia, the patient was placed in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site, and the ruptured muscle was repaired using nonabsorbable sutures. Given the severity of the diagnosis, an extended hospital stay and postoperative physical therapy will be required. The patient was advised to schedule a follow-up appointment in one week for wound assessment, pain management optimization, and initiation of rehabilitation exercises. A comprehensive plan, including imaging studies and further consultations, will be tailored based on the patient's progress.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture, and the ruptured muscle was repaired using absorbable sutures. Considering the severity of the diagnosis, the patient will require close monitoring during the initial postoperative period. A follow-up appointment was scheduled in two days to assess pain control, wound healing, and early signs of complications. Additional follow-up visits will be determined based on the patient's progress and recovery.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site, and the ruptured muscle was repaired using nonabsorbable sutures. The severity of the diagnosis necessitates regular follow-up appointments to evaluate the effectiveness of the treatment, assess pain levels, and monitor for any potential complications. The patient was advised to schedule a follow-up visit in four weeks for wound evaluation, rehabilitation progression, and consideration of additional interventions if required.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was repaired using absorbable sutures. Given the severity of the diagnosis, a detailed postoperative plan was discussed with the patient. A follow-up appointment was scheduled in one week to assess wound healing, review pain management strategies, and initiate physical therapy. The subsequent follow-ups will be determined based on the patient's response to treatment and the severity of the initial diagnosis.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site, and the ruptured muscle was repaired using nonabsorbable sutures. Due to the severity of the diagnosis, the patient will require close monitoring during the immediate postoperative period. A follow-up appointment was scheduled in three days for wound assessment, pain management optimization, and initiation of rehabilitation exercises. Additional follow-up visits will be scheduled as needed based on the patient's progress.

Operative Note: In the operating room, the patient was placed in a prone position. A midline incision was made over the area of the nontraumatic muscle rupture, and the ruptured muscle was repaired using absorbable sutures. Given the severity of the diagnosis, the patient will require intensive rehabilitation and follow-up appointments to assess healing and prevent complications. A follow-up visit was scheduled in one week for wound evaluation, pain assessment, and adjustment of the rehabilitation plan. Subsequent follow-ups will be determined based on the patient's response to treatment.

Operative Note: After obtaining informed consent, the patient was positioned in a modified lithotomy position. A longitudinal incision was made over the nontraumatic muscle rupture site, and the ruptured muscle was repaired using nonabsorbable sutures. The severity of the diagnosis requires diligent postoperative care and close monitoring. A follow-up appointment was scheduled in two weeks for wound evaluation, pain management optimization, and progression of rehabilitation exercises. Further appointments will be determined based on the patient's recovery progress and the severity of the initial diagnosis.

Operative Note: The patient was placed in a supine position, and under general anesthesia, a transverse incision was made over the nontraumatic muscle rupture site. The ruptured muscle was repaired using absorbable sutures. Given the severity of the diagnosis, a comprehensive postoperative plan was discussed, including pain management, wound care, and rehabilitation. The patient was advised to schedule a follow-up visit in one week for wound assessment, pain evaluation, and initiation of rehabilitative exercises. Subsequent appointments will be determined based on the patient's response to treatment and the severity of the initial diagnosis.

Operative Note: Under general anesthesia, the patient was positioned in a lateral decubitus position. A curvilinear incision was made over the nontraumatic muscle rupture site, and the ruptured muscle was repaired using nonabsorbable sutures. Due to the severity of the diagnosis, close postoperative monitoring and follow-up appointments are crucial. A follow-up visit was scheduled in four days to evaluate wound healing, assess pain control, and discuss the initiation of physical therapy. Further appointments will be determined based on the patient's progress and the severity of the initial diagnosis.

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## M62.2 Ischaemic infarction of muscle

1. Patient presented with symptoms consistent with ischaemic infarction of muscle. Diagnostic tests confirmed the presence of occlusion in the arterial blood supply. Immediate intervention was performed to restore blood flow and salvage the affected muscle. Post-operative monitoring showed adequate perfusion, and the patient was advised on rehabilitation strategies.

2. Operative note: Ischaemic infarction of muscle treated with emergent revascularization. Arterial occlusion identified and successfully resolved through surgical intervention. Post-operative evaluation demonstrated improved tissue perfusion, and the patient was referred for physical therapy.

3. Procedure performed: Ischaemic infarction of muscle managed with prompt revascularization. Surgical exploration revealed arterial blockage, which was addressed using appropriate techniques. Subsequent monitoring indicated improved blood flow, and the patient received post-operative care instructions.

4. Operative note: Ischaemic infarction of muscle addressed through urgent revascularization procedure. Intraoperative findings confirmed arterial occlusion, which was successfully resolved. Post-surgical assessment indicated enhanced tissue viability, and the patient was counseled on recovery and follow-up.

5. Intervention: Ischaemic infarction of muscle managed with revascularization surgery. Intraoperative examination identified arterial blockage, which was promptly treated. Post-procedure evaluation demonstrated improved tissue perfusion, and the patient was provided with rehabilitation recommendations.

6. Procedure: Ischaemic infarction of muscle treated surgically to restore blood flow. Intraoperative assessment revealed arterial occlusion, which was resolved using appropriate techniques. Post-operative observation showed improved tissue viability, and the patient was advised on post-surgical care.

7. Operative note: Revascularization procedure performed to address ischaemic infarction of muscle. Surgical exploration confirmed arterial blockage, which was successfully managed. Post-intervention monitoring indicated enhanced tissue perfusion, and the patient was referred for rehabilitative measures.

8. Surgical intervention for ischaemic infarction of muscle carried out to restore blood supply. Intraoperative examination revealed occlusion in the arterial circulation, which was resolved appropriately. Post-operative evaluation demonstrated improved tissue viability, and the patient received instructions regarding recovery and rehabilitation.

9. Operative note: Ischaemic infarction of muscle managed surgically through revascularization. Intraoperative assessment confirmed arterial occlusion, which was addressed effectively. Post-surgical observation indicated enhanced tissue perfusion, and the patient was educated about post-operative care.

10. Revascularization procedure performed to treat ischaemic infarction of muscle. Intraoperative findings revealed arterial blockage, which was successfully managed. Post-intervention assessment demonstrated improved tissue perfusion, and the patient was advised on rehabilitation strategies.

1. Operative note: Urgent revascularization procedure performed to address ischaemic infarction of muscle. Intraoperative assessment confirmed arterial occlusion, which was promptly resolved. Post-operative evaluation showed significant improvement in tissue perfusion, and the patient was prescribed a tailored rehabilitation plan.

2. Revascularization surgery conducted for ischaemic infarction of muscle to restore blood flow. Intraoperative examination revealed complete arterial blockage, which was successfully managed. Post-surgical monitoring indicated improved tissue viability, and the patient was instructed on post-operative care and physical therapy.

3. Procedure: Ischaemic infarction of muscle treated surgically through revascularization. Intraoperative assessment identified arterial occlusion, which was effectively addressed. Post-intervention evaluation demonstrated enhanced tissue perfusion, and the patient was referred to a rehabilitation specialist for comprehensive recovery.

4. Operative note: Ischaemic infarction of muscle managed with immediate revascularization. Intraoperative examination confirmed arterial occlusion, which was meticulously resolved. Post-operative assessment revealed improved tissue perfusion, and the patient was advised on personalized rehabilitation strategies.

5. Intervention: Ischaemic infarction of muscle treated with emergent revascularization surgery. Intraoperative findings confirmed complete arterial blockage, which was successfully addressed. Post-procedure evaluation demonstrated enhanced tissue perfusion, and the patient received comprehensive instructions for recovery and physical therapy.

6. Procedure performed: Revascularization surgery conducted to address ischaemic infarction of muscle. Intraoperative assessment revealed significant arterial occlusion, which was meticulously managed. Post-surgical observation indicated improved tissue perfusion, and the patient was guided on a tailored rehabilitation program.

7. Operative note: Ischaemic infarction of muscle managed surgically through prompt revascularization procedure. Intraoperative examination confirmed arterial blockage, which was meticulously resolved. Post-intervention monitoring demonstrated improved tissue viability, and the patient was referred to a rehabilitation specialist for further care.

8. Surgical intervention performed to treat ischaemic infarction of muscle and restore blood supply. Intraoperative examination revealed severe arterial occlusion, which was successfully managed. Post-operative evaluation indicated improved tissue perfusion, and the patient was advised on post-surgical care and rehabilitation exercises.

9. Operative note: Ischaemic infarction of muscle addressed with revascularization surgery. Intraoperative assessment confirmed arterial occlusion, which was skillfully resolved. Post-procedure evaluation demonstrated enhanced tissue perfusion, and the patient received comprehensive guidance for a successful recovery.

10. Revascularization procedure performed to treat ischaemic infarction of muscle and restore blood flow. Intraoperative examination revealed critical arterial blockage, which was effectively managed. Post-intervention monitoring indicated improved tissue viability, and the patient was provided with detailed instructions for post-surgical care and rehabilitation protocols.

1. Operative note: Ischaemic infarction of muscle treated with revascularization surgery under general anesthesia. Intraoperative assessment confirmed arterial occlusion, which was successfully resolved. Careful titration of anesthesia dosage was employed to ensure patient's hemodynamic stability. Post-operative evaluation demonstrated improved tissue perfusion, and the patient was instructed on post-surgical care and rehabilitation.

2. Revascularization procedure for ischaemic infarction of muscle performed under regional anesthesia. Intraoperative examination confirmed arterial blockage, which was skillfully resolved. The anesthesia dosage was adjusted to maintain optimal pain control and minimize systemic effects. Post-surgical assessment indicated enhanced tissue perfusion, and the patient received personalized rehabilitation recommendations.

3. Procedure: Ischaemic infarction of muscle managed with revascularization surgery under moderate sedation. Intraoperative assessment revealed arterial occlusion, which was effectively addressed. The anesthesia dosage was carefully adjusted to ensure patient comfort and safety. Post-intervention monitoring demonstrated improved tissue perfusion, and the patient was counseled on post-operative care and physical therapy.

4. Operative note: Ischaemic infarction of muscle treated surgically with revascularization under local anesthsia. Intraoperative examination confirmed arterial occlusion, which was meticulously resolved. The anesthesia dosage was tailored to provide targeted pain relief and maintain patient cooperation. Post-operative evaluation showed improved tissue perfusion, and the patient was provided with instructions for recovery and rehabilitation.

5. Intervention: Ischaemic infarction of muscle managed with revascularization surgery under general anesthesia. Intraoperative findings confirmed arterial blockage, which was successfully resolved. The anesthesia dosage was carefully adjusted to maintain patient stability and optimize surgical conditions. Post-procedure evaluation demonstrated improved tissue perfusion, and the patient was referred for comprehensive rehabilitative care.

6. Procedure performed: Revascularization surgery conducted for ischaemic infarction of muscle under regional anesthesia. Intraoperative assessment revealed arterial occlusion, which was effectively managed. The anesthesia dosage was titrated to ensure patient comfort and minimize potential side effects. Post-surgical observation indicated enhanced tissue perfusion, and the patient was advised on a tailored rehabilitation program.

7. Operative note: Ischaemic infarction of muscle managed surgically through revascularization under moderate sedation. Intraoperative assessment confirmed arterial occlusion, which was meticulously addressed. The anesthesia dosage was adjusted to provide optimal pain control and patient cooperation. Post-intervention monitoring demonstrated improved tissue perfusion, and the patient was referred to a rehabilitation specialist for comprehensive recovery.

8. Surgical intervention performed to treat ischaemic infarction of muscle and restore blood supply under general anesthesia. Intraoperative examination revealed arterial occlusion, which was successfully managed. The anesthesia dosage was carefully monitored to maintain patient stability and ensure adequate pain management. Post-operative evaluation indicated improved tissue perfusion, and the patient received instructions for post-surgical care and rehabilitation exercises.

9. Operative note: Ischaemic infarction of muscle addressed with revascularization surgery under regional anesthesia. Intraoperative assessment confirmed arterial blockage, which was skillfully resolved. The anesthesia dosage was carefully titrated to achieve optimal pain control and patient comfort. Post-procedure evaluation demonstrated enhanced tissue perfusion, and the patient was guided on a tailored rehabilitation program.

10. Revascularization procedure performed to treat ischaemic infarction of muscle and restore blood flow under local anesthesia. Intraoperative examination revealed critical arterial blockage, which was effectively managed. The anesthesia dosage was adjusted to ensure patient comfort and minimize systemic effects. Post-intervention monitoring indicated improved tissue viability, and the patient was provided with detailed instructions for post-surgical care and rehabilitation protocols.

1. Operative note: Ischaemic infarction of muscle with associated bone erosion treated surgically. Revascularization procedure performed to restore blood flow, followed by meticulous debridement of necrotic tissue and bone erosion. Reconstruction of the affected area was achieved using bone grafts and soft tissue repair techniques. Post-operative assessment showed improved tissue perfusion and stabilization of the eroded bone, and the patient was advised on rehabilitation strategies.

2. Revascularization surgery conducted for ischaemic infarction of muscle with concurrent bone erosion. Intraoperative examination confirmed arterial occlusion and bone erosion, which were successfully managed. Debridement of necrotic tissue and bone was performed, followed by reconstruction using bone grafts and repair techniques. Post-surgical monitoring demonstrated improved tissue perfusion and stabilization of the affected bone, and the patient received tailored rehabilitation instructions.

3. Procedure: Ischaemic infarction of muscle with bone erosion managed surgically. Revascularization was performed to restore blood flow, followed by meticulous debridement of necrotic tissue and eroded bone. Reconstruction involved the use of bone grafts and soft tissue repair techniques. Post-intervention evaluation demonstrated improved tissue perfusion and stabilization of the eroded bone, and the patient was referred for rehabilitation therapy.

4. Operative note: Ischaemic infarction of muscle with concurrent bone erosion addressed through surgical intervention. Revascularization procedure was performed to restore blood flow, followed by thorough debridement of necrotic tissue and bone erosion. Reconstruction involved the use of bone grafts and advanced repair techniques. Post-operative assessment indicated improved tissue perfusion and stabilization of the eroded bone, and the patient was provided with rehabilitation guidelines.

5. Intervention: Ischaemic infarction of muscle with associated bone erosion managed through comprehensive surgical approach. Revascularization was performed to restore blood flow, followed by meticulous debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafting, were employed to stabilize the eroded bone. Post-procedure evaluation demonstrated improved tissue perfusion and bone stability, and the patient received personalized rehabilitation recommendations.

6. Procedure performed: Revascularization surgery conducted for ischaemic infarction of muscle with concurrent bone erosion. Intraoperative assessment confirmed arterial occlusion and bone erosion, which were successfully managed. Extensive debridement of necrotic tissue and bone was performed, followed by reconstruction using bone grafts and advanced repair techniques. Post-surgical observation indicated improved tissue perfusion and stabilization of the eroded bone, and the patient was advised on a tailored rehabilitation program.

7. Operative note: Ischaemic infarction of muscle with associated bone erosion treated surgically. Revascularization procedure performed to restore blood flow, followed by meticulous debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-intervention evaluation demonstrated improved tissue perfusion and stabilization of the eroded bone, and the patient was referred for comprehensive rehabilitative care.

8. Surgical intervention performed to treat ischaemic infarction of muscle with concurrent bone erosion. Revascularization was carried out to restore blood flow, followed by thorough debridement of necrotic tissue and bone erosion. Reconstruction involved the use of bone grafts and advanced repair techniques to stabilize the eroded bone. Post-operative assessment indicated improved tissue perfusion and bone stability, and the patient was advised on post-surgical care and rehabilitation exercises.

9. Operative note: Ischaemic infarction of muscle with concurrent bone erosion managed surgically. Revascularization procedure was performed to restore blood flow, followed by meticulous debridement of necrotic tissue and eroded bone. Reconstruction techniques, including bone grafts and soft tissue repair, were employed to stabilize the eroded bone. Post-procedure evaluation demonstrated improved tissue perfusion and stabilization of the eroded bone, and the patient received detailed instructions for recovery and rehabilitation.

10. Revascularization procedure performed to treat ischaemic infarction of muscle with associated bone erosion. Intraoperative examination confirmed arterial occlusion and bone erosion, which were meticulously managed. Debridement of necrotic tissue and bone was performed, followed by reconstruction techniques such as bone grafting and repair. Post-intervention monitoring demonstrated improved tissue perfusion and stabilization of the affected bone, and the patient was provided with comprehensive instructions for post-surgical care and rehabilitation protocols.

1. Operative note: Ischaemic infarction of muscle with severe bone pain managed surgically. Revascularization procedure performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and eroded bone was carried out to relieve severe bone pain. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-operative evaluation showed improved tissue perfusion and significant reduction in bone pain, and the patient was advised on rehabilitation strategies.

2. Revascularization surgery conducted for ischaemic infarction of muscle with severe bone pain. Intraoperative assessment confirmed arterial occlusion and severe bone pain, which were successfully managed. Debridement of necrotic tissue and eroded bone was performed to alleviate bone pain. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-surgical monitoring demonstrated improved tissue perfusion and significant relief in bone pain, and the patient received personalized rehabilitation recommendations.

3. Procedure: Ischaemic infarction of muscle with severe bone pain managed surgically. Revascularization was performed to restore blood flow and relieve ischemic symptoms. Thorough debridement of necrotic tissue and bone erosion was carried out to alleviate severe bone pain. Reconstruction involved the use of bone grafts and soft tissue repair techniques. Post-intervention evaluation demonstrated improved tissue perfusion and notable reduction in bone pain, and the patient was referred for rehabilitation therapy.

4. Operative note: Ischaemic infarction of muscle with severe bone pain addressed through surgical intervention. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and bone erosion was carried out to relieve severe bone pain. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-operative assessment indicated improved tissue perfusion and significant reduction in bone pain, and the patient received rehabilitation guidance.

5. Intervention: Ischaemic infarction of muscle with severe bone pain managed through comprehensive surgical approach. Revascularization was performed to restore blood flow and relieve ischemic symptoms. Debridement of necrotic tissue and bone erosion was meticulously performed to alleviate severe bone pain. Reconstruction techniques, including bone grafting and soft tissue repair, were employed. Post-procedure evaluation demonstrated improved tissue perfusion and substantial relief in bone pain, and the patient received personalized rehabilitation recommendations.

6. Procedure performed: Revascularization surgery conducted for ischaemic infarction of muscle with severe bone pain. Intraoperative assessment confirmed arterial occlusion and severe bone pain, which were effectively managed. Extensive debridement of necrotic tissue and bone erosion was performed to alleviate severe bone pain. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-surgical observation indicated improved tissue perfusion and significant reduction in bone pain, and the patient was advised on a tailored rehabilitation program.

7. Operative note: Ischaemic infarction of muscle with severe bone pain treated surgically. Revascularization procedure performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and eroded bone was carried out to relieve severe bone pain. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-intervention evaluation showed improved tissue perfusion and substantial reduction in bone pain, and the patient was referred for comprehensive rehabilitative care.

8. Surgical intervention performed to treat ischaemic infarction of muscle with severe bone pain. Revascularization was carried out to restore blood flow and alleviate ischemic symptoms. Thorough debridement of necrotic tissue and bone erosion was performed to relieve severe bone pain. Reconstruction involved the use of bone grafts and advanced repair techniques. Post-operative assessment indicated improved tissue perfusion and significant relief in bone pain, and the patient was advised on post-surgical care and rehabilitation exercises.

9. Operative note: Ischaemic infarction of muscle with severe bone pain managed surgically. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and eroded bone was carried out to relieve severe bone pain. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-intervention monitoring demonstrated improved tissue perfusion and notable reduction in bone pain, and the patient was guided on a tailored rehabilitation program.

10. Revascularization procedure performed to treat ischaemic infarction of muscle with severe bone pain. Intraoperative examination confirmed arterial occlusion and severe bone pain, which were meticulously managed. Debridement of necrotic tissue and bone erosion was performed to alleviate severe bone pain. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-intervention monitoring indicated improved tissue perfusion and significant relief in bone pain, and the patient was provided with detailed instructions for post-surgical care and rehabilitation protocols.

1. Operative note: Ischaemic infarction of muscle treated surgically with revascularization procedure. Intraoperative assessment confirmed arterial occlusion, which was successfully resolved through meticulous surgical intervention. Debridement of necrotic tissue and bone erosion was performed, followed by reconstruction using bone grafts and advanced repair techniques. Post-operative evaluation demonstrated improved tissue perfusion, and the patient was provided with detailed instructions for post-surgical care and rehabilitation.

2. Surgical intervention performed for ischaemic infarction of muscle with associated arterial occlusion. Revascularization procedure was conducted to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction involving bone grafts and soft tissue repair was carried out. Post-operative assessment revealed improved tissue perfusion, and the patient was referred for rehabilitation therapy.

3. Procedure: Ischaemic infarction of muscle managed surgically through a comprehensive intervention. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the underlying arterial occlusion. Debridement of necrotic tissue and bone erosion was carried out, followed by reconstruction using bone grafts and soft tissue repair. Post-intervention evaluation demonstrated improved tissue perfusion, and the patient received personalized rehabilitation recommendations.

4. Operative note: Surgical intervention conducted for ischaemic infarction of muscle with associated arterial occlusion. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction involving bone grafts and advanced repair techniques was carried out. Post-operative assessment revealed improved tissue perfusion, and the patient was provided with detailed instructions for recovery and rehabilitation.

5. Intervention: Ischaemic infarction of muscle managed surgically through a comprehensive approach. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the underlying arterial occlusion. Debridement of necrotic tissue and bone erosion was meticulously performed, followed by reconstruction using bone grafts and advanced repair techniques. Post-procedure evaluation demonstrated improved tissue perfusion, and the patient received tailored rehabilitation instructions.

6. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with associated arterial occlusion. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction involving bone grafts and soft tissue repair techniques was carried out. Post-surgical observation revealed improved tissue perfusion, and the patient was advised on a tailored rehabilitation program.

7. Operative note: Ischaemic infarction of muscle managed surgically through a comprehensive intervention. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the underlying arterial occlusion. Debridement of necrotic tissue and bone erosion was meticulously performed, followed by reconstruction using bone grafts and soft tissue repair. Post-intervention evaluation demonstrated improved tissue perfusion, and the patient was referred to a rehabilitation specialist for comprehensive recovery.

8. Surgical intervention performed for ischaemic infarction of muscle with associated arterial occlusion. Revascularization procedure was conducted to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction involving bone grafts and advanced repair techniques was carried out. Post-operative assessment revealed improved tissue perfusion, and the patient was provided with comprehensive instructions for post-surgical care and rehabilitation exercises.

9. Operative note: Surgical intervention conducted for ischaemic infarction of muscle with associated arterial occlusion. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction involving bone grafts and soft tissue repair was carried out. Post-intervention evaluation revealed improved tissue perfusion, and the patient was referred for comprehensive rehabilitative care.

10. Intervention: Ischaemic infarction of muscle managed surgically through a comprehensive surgical approach. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous surgical techniques were employed to address the underlying arterial occlusion. Debridement of necrotic tissue and bone erosion was meticulously performed, followed by reconstruction using bone grafts and advanced repair techniques. Post-procedure evaluation demonstrated improved tissue perfusion, and the patient received detailed instructions for post-surgical care and rehabilitation protocols.

1. Operative note: Surgical intervention performed for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure successfully restored blood flow, alleviating ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafts and soft tissue repair, were utilized. Post-operative assessment demonstrated improved tissue perfusion, and the patient was provided with detailed post-surgical instructions.

2. Intervention: Surgical management for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure effectively restored blood flow, resolving ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafting and advanced repair, were performed. Post-procedure evaluation revealed improved tissue perfusion, and the patient was advised on personalized rehabilitation strategies.

3. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure successfully restored blood flow, alleviating ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, such as bone grafting and soft tissue repair, were performed. Post-surgical evaluation demonstrated improved tissue perfusion, and the patient received tailored rehabilitation recommendations.

4. Operative note: Surgical intervention performed for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure effectively restored blood flow, alleviating ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafting and advanced repair, were utilized. Post-operative assessment revealed improved tissue perfusion, and the patient was provided with comprehensive post-surgical care instructions.

5. Intervention: Surgical management for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure successfully restored blood flow, resolving ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafting and soft tissue repair, were performed. Post-procedure evaluation demonstrated improved tissue perfusion, and the patient was advised on personalized rehabilitation strategies.

6. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure effectively restored blood flow, alleviating ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, such as bone grafting and advanced repair, were performed. Post-surgical evaluation demonstrated improved tissue perfusion, and the patient received tailored rehabilitation recommendations.

7. Operative note: Surgical intervention performed for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure successfully restored blood flow, alleviating ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafting and soft tissue repair, were utilized. Post-operative assessment revealed improved tissue perfusion, and the patient was provided with comprehensive post-surgical care instructions.

8. Intervention: Surgical management for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure successfully restored blood flow, resolving ischemic symptoms. Meticulous surgical techniques were employed to

address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafting and advanced repair, were performed. Post-procedure evaluation demonstrated improved tissue perfusion, and the patient was advised on personalized rehabilitation strategies.

9. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure effectively restored blood flow, alleviating ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, such as bone grafting and soft tissue repair, were performed. Post-surgical evaluation demonstrated improved tissue perfusion, and the patient received tailored rehabilitation recommendations.

10. Operative note: Surgical intervention performed for ischaemic infarction of muscle with arterial occlusion. Revascularization procedure successfully restored blood flow, alleviating ischemic symptoms. Meticulous surgical techniques were employed to address the arterial occlusion, followed by debridement of necrotic tissue and bone erosion. Reconstruction techniques, including bone grafting and advanced repair, were utilized. Post-operative assessment revealed improved tissue perfusion, and the patient was provided with comprehensive post-surgical care instructions.

1. Operative note: Surgical intervention performed for ischaemic infarction of muscle with severe infection on the extreme moving joint. Revascularization procedure was carried out to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was performed to address the severe infection. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-operative evaluation demonstrated improved tissue perfusion and infection control, and the patient was referred for further antibiotic therapy and rehabilitation.

2. Surgical intervention conducted for ischaemic infarction of muscle with severe infection on the extreme moving joint. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was carried out to address the severe infection. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-surgical monitoring demonstrated improved tissue perfusion, effective infection control, and the patient was advised on post-operative care and rehabilitation.

3. Procedure: Ischaemic infarction of muscle with severe infection on the extreme moving joint managed surgically. Revascularization was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was carried out to address the severe infection. Reconstruction involved the use of bone grafts and soft tissue repair techniques. Post-intervention evaluation demonstrated improved tissue perfusion, successful infection control, and the patient received personalized rehabilitation recommendations.

4. Operative note: Ischaemic infarction of muscle with severe infection on the extreme moving joint addressed through surgical intervention. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was carried out to address the severe infection. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-operative assessment indicated improved tissue perfusion, effective infection control, and the patient received guidance on post-surgical care and rehabilitation.

5. Intervention: Ischaemic infarction of muscle with severe infection on the extreme moving joint managed through comprehensive surgical approach. Revascularization was performed to restore blood flow and alleviate ischemic symptoms. Debridement of necrotic tissue and infected joint was meticulously performed to address the severe infection. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-procedure evaluation demonstrated improved tissue perfusion, successful infection control, and the patient received tailored rehabilitation instructions.

6. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with severe infection on the extreme moving joint. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was carried out to address the severe infection. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-surgical observation indicated improved tissue perfusion, effective infection control, and the patient was advised on a tailored rehabilitation program.

7. Operative note: Ischaemic infarction of muscle with severe infection on the extreme moving joint managed surgically. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was carried out to address the severe infection. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-intervention evaluation showed improved tissue perfusion, successful infection control, and the patient was referred for comprehensive rehabilitative care.

8. Surgical intervention performed for ischaemic infarction of muscle with severe infection on the extreme moving joint. Revascularization procedure was conducted to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was performed to address the severe infection. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-operative assessment indicated improved tissue perfusion, effective infection control, and the patient was provided with detailed instructions for post-surgical care and rehabilitation.

9. Intervention: Ischaemic infarction of muscle with severe infection on the extreme moving joint managed surgically. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was carried out to address the severe infection. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-procedure evaluation demonstrated improved tissue perfusion, successful infection control, and the patient received personalized rehabilitation recommendations.

10. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with severe infection on the extreme moving joint. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and infected joint was carried out to address the severe infection. Reconstruction techniques, such as bone grafts and advanced repair, were employed. Post-surgical observation revealed improved tissue perfusion, effective infection control, and the patient was advised on personalized rehabilitation strategies.

1. Operative note: Surgical intervention performed for ischaemic infarction of muscle with severe inflammation. Revascularization procedure was carried out to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were performed. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-operative assessment demonstrated improved tissue perfusion, reduced inflammation, and the patient was provided with detailed post-surgical care instructions.

2. Surgical intervention conducted for ischaemic infarction of muscle with severe inflammation. Revascularization procedure effectively restored blood flow, resolving ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were carried out. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-procedure evaluation revealed improved tissue perfusion, reduced inflammation, and the patient was advised on personalized rehabilitation strategies.

3. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with significant inflammation. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were carried out. Reconstruction involved the use of bone grafts and soft tissue repair techniques. Post-intervention evaluation demonstrated improved tissue perfusion, reduction in inflammation, and the patient received tailored rehabilitation recommendations.

4. Operative note: Surgical intervention performed for ischaemic infarction of muscle with severe inflammation. Revascularization procedure successfully restored blood flow, alleviating ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were carried out. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-operative assessment indicated improved tissue perfusion, reduced inflammation, and the patient was provided with comprehensive post-surgical care instructions.

5. Intervention: Surgical management for ischaemic infarction of muscle with severe inflammation. Revascularization procedure successfully restored blood flow, resolving ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were performed. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-procedure evaluation demonstrated improved tissue perfusion, reduced inflammation, and the patient received tailored rehabilitation instructions.

6. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with severe inflammation. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were carried out. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-surgical observation indicated improved tissue perfusion, reduced inflammation, and the patient was advised on a tailored rehabilitation program.

7. Operative note: Ischaemic infarction of muscle with severe inflammation managed surgically. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were carried out. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-intervention evaluation showed improved tissue perfusion, reduced inflammation, and the patient was referred for comprehensive rehabilitative care.

8. Surgical intervention performed for ischaemic infarction of muscle with significant inflammation. Revascularization procedure was conducted to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were performed. Reconstruction techniques, including bone grafts and advanced repair, were employed. Post-operative assessment

indicated improved tissue perfusion, reduced inflammation, and the patient was provided with detailed instructions for post-surgical care and rehabilitation.

9. Intervention: Ischaemic infarction of muscle with severe inflammation managed surgically. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were carried out. Reconstruction techniques, including bone grafts and soft tissue repair, were employed. Post-procedure evaluation demonstrated improved tissue perfusion, reduced inflammation, and the patient received personalized rehabilitation recommendations.

10. Procedure performed: Surgical intervention conducted for ischaemic infarction of muscle with significant inflammation. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Meticulous debridement of necrotic tissue and management of inflamed areas were carried out. Reconstruction techniques, such as bone grafts and advanced repair, were employed. Post-surgical observation revealed improved tissue perfusion, reduced inflammation, and the patient was advised on personalized rehabilitation strategies.

1. Operative note: Surgical intervention performed for severe ischaemic infarction of muscle. Revascularization procedure effectively restored blood flow, alleviating ischemic symptoms. Meticulous debridement of necrotic tissue was carried out. Follow-up plans include close monitoring of tissue perfusion and regular assessments to evaluate the need for further interventions or rehabilitation.

2. Surgical intervention conducted for moderate ischaemic infarction of muscle. Revascularization procedure was performed to restore blood flow and alleviate ischemic symptoms. Debridement of necrotic tissue was performed, targeting the affected areas. Follow-up plans involve regular check-ups to monitor tissue healing and functional recovery, along with the initiation of appropriate rehabilitation measures.

3. Procedure performed: Surgical intervention for mild ischaemic infarction of muscle. Revascularization procedure was carried out to restore blood flow and alleviate ischemic symptoms. Limited debridement of necrotic tissue was performed. Follow-up plans include periodic evaluations to assess tissue healing and functional improvement, along with recommendations for self-care and lifestyle modifications.

4. Operative note: Surgical intervention performed for critical ischaemic infarction of muscle. Revascularization procedure successfully restored blood flow, resolving severe ischemic symptoms. Extensive debridement of necrotic tissue and bone erosion was performed. Intensive follow-up plans involve close monitoring, post-operative imaging, wound care, and an individualized rehabilitation program.

5. Intervention: Surgical management for moderate ischaemic infarction of muscle. Revascularization procedure effectively restored blood flow, alleviating moderate ischemic symptoms. Debridement of necrotic tissue was performed. Follow-up plans include regular assessments to monitor tissue healing, pain management, and gradual initiation of rehabilitation exercises based on the patient's progress.

6. Procedure performed: Surgical intervention conducted for severe ischaemic infarction of muscle. Revascularization procedure was performed to restore blood flow and alleviate severe ischemic symptoms. Extensive debridement of necrotic tissue and bone erosion was carried out. Follow-up plans involve frequent clinical evaluations, imaging studies, and close coordination with rehabilitation specialists for optimal recovery.

7. Operative note: Surgical intervention performed for mild ischaemic infarction of muscle. Revascularization procedure effectively restored blood flow, resolving mild ischemic symptoms. Limited debridement of necrotic tissue was performed. Follow-up plans include periodic check-ups to assess tissue healing, pain management, and guidance on self-care measures to prevent recurrence.

8. Surgical intervention conducted for critical ischaemic infarction of muscle. Revascularization procedure successfully restored blood flow, alleviating severe ischemic symptoms. Extensive debridement of necrotic tissue and bone erosion was performed. Intensive follow-up plans involve frequent post-operative visits, imaging studies, targeted rehabilitation, and coordination with pain management specialists for optimal recovery.

9. Procedure performed: Surgical intervention for moderate ischaemic infarction of muscle. Revascularization procedure was carried out to restore blood flow and alleviate moderate ischemic symptoms. Debridement of necrotic tissue was performed. Follow-up plans include regular evaluations to monitor tissue healing, pain management, and progressive rehabilitation guided by physical therapists.

10. Operative note: Surgical intervention performed for severe ischaemic infarction of muscle. Revascularization procedure successfully restored blood flow, resolving severe ischemic symptoms. Extensive debridement of necrotic tissue and bone erosion was carried out. Comprehensive follow-up plans involve frequent assessments, imaging studies, wound care, pain management, and a multidisciplinary rehabilitation approach based on the severity of the

diagnosis and the patient's progress.

## M62.3 Immobility syndrome (paraplegic)

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for pressure ulcer debridement and closure. The wound was carefully cleaned and debrided, followed by meticulous closure using layered sutures. Hemostasis was achieved, and a sterile dressing was applied. Patient tolerated the procedure well without any intraoperative complications.

Operative Note: Intraoperative care was provided to a paraplegic patient with Immobility Syndrome for the insertion of a suprapubic catheter. After sterile preparation, an incision was made, and the bladder was identified. The catheter was inserted under direct visualization and secured in place. Adequate drainage of urine was confirmed, and the incision site was dressed aseptically.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for deep vein thrombosis (DVT) management. Thrombectomy was performed under general anesthesia. The affected vein was accessed, and the thrombus was meticulously removed. Hemostasis was achieved, and the incision site was closed. Patient tolerated the procedure well, and postoperative anticoagulation therapy was initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical repair of a chronic sacral pressure ulcer. The wound was carefully debrided, and healthy tissue was identified. A rotational flap was created and transposed to cover the defect. Hemostasis was achieved, and the wound was dressed. Postoperative care included regular dressing changes and offloading measures.

Operative Note: A paraplegic patient with Immobility Syndrome underwent a surgical procedure for the placement of a gastrostomy tube. After sterile preparation, an incision was made, and the stomach was accessed. A feeding tube was inserted and secured in place. The incision was closed, and the tube was connected to an external device for enteral nutrition administration.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the treatment of chronic osteomyelitis in the left femur. Extensive debridement of the infected bone was performed, and appropriate samples were sent for culture and sensitivity testing. The wound was irrigated, and antibiotic-loaded cement was used for reconstruction. The incision was closed, and postoperative antibiotics were initiated.

Operative Note: A paraplegic patient with Immobility Syndrome underwent bilateral knee arthroplasty for severe degenerative joint disease. The procedure involved careful exposure of the knee joint, followed by meticulous removal of damaged cartilage and bone. Prosthetic components were then implanted, and stability was confirmed. The incisions were closed, and postoperative rehabilitation was initiated to optimize mobility.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for the repair of a chronic sacral wound with exposed bone. The wound was debrided, and healthy tissue was prepared. A local muscle flap was mobilized and transposed to provide coverage and promote healing. Hemostasis was achieved, and the wound was dressed aseptically.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of a symptomatic pressure ulcer on the heel. The wound was carefully debrided, and a split-thickness skin graft was harvested from the thigh. The graft was then applied to the wound bed and secured in place. Postoperative care included elevation and regular dressing changes.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for the treatment of a chronic infected pressure ulcer in the sacral area. The wound was meticulously debrided, and a negative pressure wound therapy (NPWT) device was applied. The incision site was closed, and the NPWT system was initiated to promote wound healing. Regular monitoring of the wound was planned.

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for the management of heterotopic ossification. The affected joint was exposed, and the ectopic bone was carefully excised. Hemostasis was achieved, and the wound was closed. Postoperative rehabilitation and prophylactic measures were initiated to prevent recurrence.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for the placement of a sacral nerve stimulator. After sterile preparation, the appropriate anatomical landmarks were identified, and the stimulator leads were placed. Their proper positioning was confirmed, and the incisions were closed. Postoperative programming and evaluation were scheduled.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for the management of a lower extremity deep tissue pressure injury. The wound was carefully debrided, and negative pressure wound therapy was initiated. The incision site was dressed aseptically, and the patient was instructed on proper positioning and offloading techniques.

Operative Note: Intraoperative care was provided to a paraplegic patient with Immobility Syndrome for the insertion of a percutaneous endoscopic gastrostomy (PEG) tube. After sterile preparation, a small incision was made, and the gastrostomy tube was placed under endoscopic guidance. Proper positioning and functionality were confirmed, and the incision was closed aseptically.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for the repair of a chronic ischial pressure ulcer. The wound was debrided, and a fasciocutaneous flap was raised to provide coverage. The flap was carefully transposed to the defect, and hemostasis was achieved. The wound was dressed, and postoperative care included regular monitoring and offloading.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the correction of a severe spinal deformity. The appropriate levels were exposed, and spinal instrumentation was meticulously placed. Fusion was achieved using bone grafts. The incisions were closed, and postoperative bracing and rehabilitation were planned.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for the management of recurrent urinary tract infections. A continent catheterizable stoma was created, and the appropriate bowel segment was used for the construction. The stoma was brought out through a separate incision, and the incisions were closed aseptically.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for the management of a chronic plantar pressure ulcer. The wound was debrided, and a dermal substitute was applied. The incision site was dressed, and offloading measures were implemented. Regular follow-up and wound care were scheduled.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the reconstruction of a chronic achilles tendon rupture. The tendon ends were identified and meticulously sutured together. Reinforcement with allograft or autograft was performed, and the incision was closed. Postoperative immobilization and rehabilitation were planned.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for the management of a chronic infected pressure ulcer in the ischial area. The wound was debrided, and a local rotational flap was created to provide coverage. The flap was transposed to the defect, and hemostasis was achieved. The wound was dressed, and postoperative antibiotics were initiated.

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for pressure ulcer debridement and closure. The procedure was performed under general anesthesia using appropriate dosage based on the patient's weight and medical condition. Hemostasis was achieved, and a sterile dressing was applied. The patient was monitored closely throughout the surgery, and vital signs remained stable.

Operative Note: Intraoperative care was provided to a paraplegic patient with Immobility Syndrome for the insertion of a suprapubic catheter. The procedure was performed under regional anesthesia with careful titration to achieve optimal pain control and minimize systemic effects. The catheter was inserted and secured in place. Adequate drainage of urine was confirmed, and the incision site was dressed aseptically.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for deep vein thrombosis (DVT) management. The procedure was performed under monitored anesthesia care, ensuring the patient's comfort and safety. Thrombectomy was successfully performed, and postoperative anticoagulation therapy was initiated. The patient remained stable throughout the procedure, and vital signs were closely monitored.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical repair of a chronic sacral pressure ulcer. The procedure was performed under local anesthesia with sedation, tailored to the patient's pain tolerance and overall medical condition. The wound was carefully debrided, and a rotational flap was created and transposed to cover the defect. Hemostasis was achieved, and the wound was dressed.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for the placement of a gastrostomy tube. The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and comorbidities. The tube was inserted and secured, and the incision was closed. The patient's vital signs were closely monitored during the surgery.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the treatment of chronic osteomyelitis in the left femur. The procedure was performed under regional anesthesia with careful administration to ensure adequate pain control. Extensive debridement was performed, and antibiotic-loaded cement was used for reconstruction. The patient remained stable throughout the surgery, and vital signs were closely monitored.

Operative Note: A paraplegic patient with Immobility Syndrome underwent bilateral knee arthroplasty for severe degenerative joint disease. The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and medical condition. Prosthetic components were implanted, and stability was confirmed. The patient's vital signs were closely monitored throughout the surgery.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for the repair of a chronic sacral wound with exposed bone. The procedure was performed under local anesthesia with sedation, ensuring the patient's comfort and pain control. A local muscle flap was mobilized and transposed to provide coverage. Hemostasis was achieved, and the wound was dressed aseptically.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of a chronic infected pressure ulcer in the heel. The procedure was performed under monitored anesthesia care, with appropriate dosage tailored to the patient's pain tolerance and medical condition. The wound was debrided, and a split-thickness skin graft was applied. The patient's vital signs were closely monitored throughout the surgery.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for the treatment of a chronic pilonidal sinus. The procedure was performed under regional anesthesia, with careful titration to ensure adequate pain control and minimize systemic effects. The sinus tract was excised, and the wound was closed. The patient remained stable throughout the surgery, and vital signs were closely monitored.

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for bone erosion in the sacral region. The procedure was performed under general anesthesia with careful dosage adjustment based on the patient's weight and medical history. Extensive debridement of the eroded bone was performed, and bone grafting was done to promote healing and structural stability. The incision site was closed, and postoperative imaging was planned to assess the graft integration.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for bone erosion in the ischial area. The procedure was performed under regional anesthesia, ensuring optimal pain control and patient comfort. The eroded bone was meticulously debrided, and a custom-made bone spacer was inserted to restore anatomical integrity. The incision was closed, and postoperative rehabilitation and weight-bearing instructions were provided.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical repair of bone erosion in the femoral head. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and comorbidities. The eroded bone was carefully removed, and a customized porous metal implant was inserted for structural support and enhanced bone integration. The incision was closed, and postoperative weight-bearing restrictions were advised.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of bone erosion in the tibial plateau. The procedure was performed under regional anesthesia, ensuring appropriate pain control during the surgery. The eroded bone was debrided, and bone grafting was performed to restore the damaged area. The incision was closed, and postoperative physical therapy and weight-bearing progression were planned.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for bone erosion in the cervical spine. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. The eroded vertebral bone was meticulously removed, and spinal fusion was performed using bone grafts and spinal instrumentation. The incision was closed, and postoperative immobilization with cervical collar was initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for bone erosion in the calcaneus. The procedure was performed under regional anesthesia with appropriate dosage to ensure optimal pain control. The eroded bone was debrided, and a bone graft was placed to promote healing and restore the structural integrity of the heel. The incision was closed, and postoperative non-weight-bearing instructions were given.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of bone erosion in the lumbar spine. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical history. The eroded vertebral bone was carefully excised, and spinal fusion was performed using interbody cages and pedicle screws. The incision was closed, and postoperative bracing and rehabilitation were planned.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for bone erosion in the ulnar shaft. The procedure was performed under regional anesthesia, ensuring adequate pain control throughout the surgery. The eroded bone was debrided, and an osteotomy with internal fixation was performed to stabilize the bone and promote healing. The incision was closed, and postoperative immobilization with a splint was initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for bone erosion in the scapula. The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and comorbidities. The eroded bone was meticulously debrided, and bone grafting was done to restore the contour and stability of the scapula. The incision was closed, and postoperative range of motion exercises were initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of bone erosion in the humeral head. The procedure was performed under regional anesthesia, ensuring optimal pain control during the surgery. The eroded bone was carefully excised, and a custom-made prosthetic implant was inserted to restore joint function and stability. The incision was closed, and postoperative physical therapy was initiated to optimize range of motion.

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the lumbar spine. The procedure was performed under general anesthesia with appropriate dosage adjusted based on the patient's weight and medical history. Decompressive laminectomy and spinal fusion were performed to alleviate the pain and stabilize the affected vertebrae. The incision site was closed, and postoperative pain management was initiated.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the femur. The procedure was performed under regional anesthesia, ensuring optimal pain control during the surgery. The affected bone was carefully evaluated, and a combination of bone grafting and internal fixation was performed to alleviate the pain and promote healing. The incision was closed, and postoperative physical therapy was planned.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the sacrum. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and comorbidities. The affected sacral area was meticulously evaluated, and bone stabilization techniques such as sacroplasty or sacroiliac joint fusion were performed to alleviate the pain. The incision was closed, and postoperative pain management was initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the tibia. The procedure was performed under regional anesthesia, ensuring appropriate pain control during the surgery. The affected bone was evaluated, and surgical interventions such as intramedullary nailing or bone grafting were performed to alleviate the pain and promote bone healing. The incision was closed, and postoperative pain medication was administered.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the shoulder joint. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. The affected joint was meticulously evaluated, and surgical interventions such as joint debridement, arthroplasty, or joint fusion were performed to alleviate the pain and improve joint function. The incision was closed, and postoperative pain management was initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the calcaneus. The procedure was performed under regional anesthesia, ensuring optimal pain control throughout the surgery. The affected bone was carefully evaluated, and surgical interventions such as bone debridement, bone grafting, or calcaneal osteotomy were performed to alleviate the pain and restore proper foot function. The incision was closed, and postoperative pain medication was administered.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the hip joint. The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and comorbidities. The affected joint was meticulously evaluated, and surgical interventions such as total hip arthroplasty or hip resurfacing were performed to alleviate the pain and improve joint function. The incision was closed, and postoperative pain management was initiated.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the thoracic spine. The procedure was performed under regional anesthesia, ensuring adequate pain control throughout the surgery. The affected vertebrae were carefully evaluated, and spinal fusion with instrumentation was performed to alleviate the pain and stabilize the spine. The incision was closed, and postoperative pain medication was administered.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the radius. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical history. The affected bone was meticulously evaluated, and surgical interventions such as internal fixation or bone grafting were performed to alleviate the pain and promote bone healing. The incision was closed, and postoperative pain management was initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the cervical spine. The procedure was performed under regional anesthesia, ensuring optimal pain control during the surgery. The affected vertebrae were carefully evaluated, and surgical interventions such as cervical laminectomy or cervical fusion were performed to alleviate the pain and stabilize the spine. The incision was closed, and postoperative pain medication was administered.

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the thoracic vertebrae. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. A posterior spinal fusion with instrumentation was performed to stabilize the affected vertebrae and alleviate the pain. The incision site was closed, and postoperative pain management was initiated.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the hip joint. The procedure was performed under regional anesthesia, ensuring optimal pain control during the surgery. A total hip arthroplasty was performed to replace the damaged joint with a prosthetic implant, alleviating the pain and improving joint function. The incision was closed, and postoperative rehabilitation was initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the calcaneus. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and comorbidities. A calcaneal osteotomy was performed to realign the bone and alleviate the pain. The incision was closed, and postoperative pain management and immobilization were initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the tibia. The procedure was performed under regional anesthesia, ensuring appropriate pain control during the surgery. An intramedullary nailing procedure was performed to stabilize the fractured bone and alleviate the pain. The incision was closed, and postoperative pain medication and weight-bearing instructions were provided.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the cervical spine. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. Anterior cervical discectomy and fusion were performed to remove the herniated disc and stabilize the affected spinal segment, alleviating the pain. The incision was closed, and postoperative pain management was initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the sacral region. The procedure was performed under regional anesthesia, ensuring optimal pain control throughout the surgery. Sacroiliac joint fusion was performed to stabilize the joint and alleviate the pain. The incision was closed, and postoperative pain medication and physical therapy were initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the femur. The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and comorbidities. A femoral osteotomy was performed to realign the bone and alleviate the pain. The incision was closed, and postoperative pain management and rehabilitation were planned.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the lumbar spine. The procedure was performed under regional anesthesia, ensuring optimal pain control during the surgery. A laminectomy and spinal fusion were performed to decompress the spinal nerves and stabilize the affected vertebrae, alleviating the pain. The incision was closed, and postoperative pain management and physical therapy were initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the scapula. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical history. A scapularplasty procedure was performed to reshape the bone and alleviate the pain. The incision was closed, and postoperative pain management and range of motion exercises were initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the ulnar shaft. The procedure was performed under regional anesthesia, ensuring adequate pain control throughout the surgery. An internal fixation procedure was performed to stabilize the fractured bone and alleviate the pain. The incision was closed, and postoperative pain medication and immobilization were initiated.

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the hip joint. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. A hip arthroscopy was performed to assess and address any intra-articular pathology contributing to the pain. Debridement, labral repair, and/or osteochondral lesion treatment were performed as needed. The incisions were closed, and postoperative pain management and physical therapy were initiated.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the lumbar spine. The procedure was performed under regional anesthesia, ensuring optimal pain control during the surgery. A minimally invasive spinal decompression and fusion procedure were performed to alleviate nerve compression and stabilize the affected vertebrae. The incision was closed, and postoperative pain management and rehabilitation were planned.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the tibia. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and comorbidities. A tibial osteotomy was performed to realign the bone and alleviate the pain. The incision was closed, and postoperative pain management and weight-bearing instructions were provided.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the shoulder joint. The procedure was performed under regional anesthesia, ensuring appropriate pain control during the surgery. A shoulder arthroplasty was performed to replace the damaged joint with a prosthetic implant, alleviating the pain and improving joint function. The incision was closed, and postoperative rehabilitation was initiated.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the calcaneus. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. A subtalar fusion procedure was performed to stabilize the joint and alleviate the pain. The incision was closed, and postoperative pain management and immobilization were initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the cervical spine. The procedure was performed under regional anesthesia, ensuring optimal pain control throughout the surgery. An anterior cervical discectomy and fusion were performed to remove the herniated disc, decompress the spinal cord, and stabilize the affected segment, alleviating the pain. The incision was closed, and postoperative pain management was initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the humerus. The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and comorbidities. An open reduction and internal fixation procedure were performed to align and stabilize the fractured bone, alleviating the pain. The incision was closed, and postoperative pain management and physical therapy were planned.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for severe bone pain in the sacroiliac joint. The procedure was performed under regional anesthesia, ensuring optimal pain control during the surgery. A sacroiliac joint fusion was performed to stabilize the joint and alleviate the pain. The incision was closed, and postoperative pain medication and physical therapy were initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for severe bone pain in the ulnar shaft. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical history. An ulnar intramedullary nailing procedure was performed to stabilize the fractured bone and alleviate the pain. The incision was closed, and postoperative pain medication and immobilization were initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone pain in the patella. The procedure was performed under regional anesthesia, ensuring adequate pain control throughout the surgery. A patellar realignment procedure (such as a tibial tubercle osteotomy or lateral release) was performed to correct patellar maltracking and alleviate the pain. The incision was closed, and postoperative pain medication and physical therapy were initiated.

Operative Note: Patient with Immobility Syndrome (paraplegic) presented with a severe infection in the shoulder joint. Surgical intervention was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and medical condition. A thorough joint debridement was performed to remove infected tissues, followed by irrigation and placement of antibiotic-impregnated cement beads. The joint was temporarily stabilized, and a definitive procedure was planned once the infection was controlled.

Operative Note: A paraplegic patient with Immobility Syndrome presented with a severe infection in the hip joint. The procedure was performed under regional anesthesia, ensuring optimal pain control. An extensive debridement of the infected joint was performed, along with removal of any necrotic bone or tissue. Antibiotic-impregnated spacers were placed to maintain joint space and deliver localized antibiotics. Definitive joint reconstruction would be considered once infection resolution was achieved.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) presented with a severe infection in the ankle joint. The procedure was performed under general anesthesia, with dosage adjusted accordingly. The joint was thoroughly debrided, removing infected tissues and foreign bodies. Antibiotic irrigation was performed, and a temporary external fixator was applied to stabilize the joint. Antibiotic therapy was initiated, and further management would be based on culture results and clinical progress.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome who presented with a severe infection in the knee joint. The procedure was performed under regional anesthesia, ensuring appropriate pain control. The infected joint was meticulously debrided, and all infected tissue, including the synovial lining, was removed. An antibiotic-loaded cement spacer was placed, and postoperative intravenous antibiotic therapy was initiated.

Operative Note: A paraplegic patient with Immobility Syndrome presented with a severe infection in the elbow joint. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical history. A thorough joint debridement was performed, followed by irrigation with antiseptic solutions. Antibiotic-impregnated beads were placed, and the joint was temporarily immobilized. Further management would involve ongoing antibiotic therapy and close monitoring.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) presented with a severe infection in the wrist joint. The procedure was performed under regional anesthesia, ensuring optimal pain control. The infected joint was meticulously debrided, removing infected tissues and thoroughly irrigating the area. A temporary external fixator was applied for stabilization. Intravenous antibiotics were initiated, and ongoing management would include regular wound care and close monitoring of infection markers.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome who presented with a severe infection in the temporomandibular joint (TMJ). The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and medical condition. The infected joint was thoroughly debrided, and irrigation with antimicrobial solutions was performed. A temporomandibular joint arthroplasty was planned as a subsequent procedure to restore joint function once the infection was controlled.

Operative Note: A paraplegic patient with Immobility Syndrome presented with a severe infection in the metacarpophalangeal (MCP) joint. The procedure was performed under regional anesthesia, ensuring optimal pain control. Extensive debridement of the infected joint was performed, along with irrigation using antiseptic solutions. An antibiotic-impregnated spacer was placed, and the joint was temporarily immobilized. Close monitoring and ongoing antibiotic therapy were initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) presented with a severe infection in the temporomandibular joint (TMJ). The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical history. The infected joint was meticulously debrided, removing necrotic tissues and purulent material. Post-debridement irrigation with antimicrobial solutions was performed, and a temporomandibular joint arthrodesis was planned once the infection was controlled.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome who presented with a severe infection in the metatarsophalangeal (MTP) joint. The procedure was performed under regional anesthesia, ensuring appropriate pain control. The infected joint was thoroughly debrided, removing infected tissues and foreign bodies. Antimicrobial irrigation was performed, and a temporary external fixator was applied for stabilization. Ongoing antibiotic therapy and close monitoring were initiated.

Operative Note: Patient with Immobility Syndrome (paraplegic) presented with a highly inflamed knee joint. Surgical intervention was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. A comprehensive synovectomy was performed to remove the inflamed synovial tissue. Joint lavage was performed, and intra-articular corticosteroid injections were administered to reduce inflammation. Postoperative pain management and rehabilitation were initiated.

Operative Note: A paraplegic patient with Immobility Syndrome presented with a severely inflamed ankle joint. The procedure was performed under regional anesthesia, ensuring optimal pain control. An extensive joint debridement was performed to remove inflamed tissues, followed by irrigation with saline and anti-inflammatory solutions. Intra-articular corticosteroid injections were administered, and the joint was temporarily immobilized. Postoperative anti-inflammatory medication and physical therapy were initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) presented with a highly inflamed hip joint. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and comorbidities. A hip arthroscopy was performed to address the underlying pathology contributing to inflammation, such as labral tears or loose bodies. Debridement, repair, and anti-inflammatory medication were employed to alleviate inflammation and promote joint healing.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome who presented with a severely inflamed shoulder joint. The procedure was performed under regional anesthesia, ensuring appropriate pain control. A comprehensive arthroscopic procedure was performed, including capsular release, subacromial decompression, and removal of inflamed tissues. Intra-articular corticosteroid injections were administered, and postoperative anti-inflammatory medication was prescribed.

Operative Note: A paraplegic patient with Immobility Syndrome presented with a highly inflamed temporomandibular joint (TMJ). The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical history. An arthrocentesis procedure was performed to flush out inflammatory mediators from the joint, followed by intra-articular corticosteroid injections to reduce inflammation. Postoperative anti-inflammatory medication and jaw exercises were initiated.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) presented with a severely inflamed elbow joint. The procedure was performed under regional anesthesia, ensuring optimal pain control. An arthroscopic debridement was performed to remove inflamed synovium and loose bodies. Intra-articular corticosteroid injections were administered, and the joint was temporarily immobilized. Postoperative anti-inflammatory medication and physical therapy were initiated.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome who presented with a highly inflamed wrist joint. The procedure was performed under general anesthesia, with appropriate dosage adjusted based on the patient's weight and comorbidities. A comprehensive synovectomy was performed to remove the inflamed synovial tissue. Intra-articular corticosteroid injections were administered, and postoperative anti-inflammatory medication was prescribed.

Operative Note: A paraplegic patient with Immobility Syndrome presented with a severely inflamed metacarpophalangeal (MCP) joint. The procedure was performed under regional anesthesia, ensuring optimal pain control. An arthroscopic debridement was performed to remove inflamed tissues and assess joint integrity. Intra-articular corticosteroid injections were administered, and postoperative anti-inflammatory medication was prescribed. Rehabilitation exercises were initiated to restore joint function.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) presented with a highly inflamed sacroiliac joint. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical condition. A comprehensive joint debridement was performed to remove inflamed synovium and address any contributing pathology. Intra-articular corticosteroid injections were administered, and postoperative anti-inflammatory medication was prescribed.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome who presented with a severely inflamed subtalar joint. The procedure was performed under regional anesthesia, ensuring appropriate pain control. A thorough joint debridement was performed to remove inflamed tissues, followed by irrigation with saline and anti-inflammatory solutions. Intra-articular corticosteroid injections were administered, and postoperative anti-inflammatory medication was prescribed. Rehabilitation exercises were initiated to restore joint mobility.

Operative Note: Patient with Immobility Syndrome (paraplegic) underwent surgical intervention for a severe diagnosis of bone erosion in the hip joint. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical condition. Extensive debridement and bone grafting were performed to address the erosion. Postoperative follow-up would include regular imaging to monitor bone healing and joint function, along with rehabilitation exercises tailored to the patient's abilities.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for a severe diagnosis of bone erosion in the lumbar spine. The procedure was performed under regional anesthesia, ensuring optimal pain control throughout the surgery. Spinal fusion was performed to stabilize the affected vertebrae and address the erosion. Postoperative follow-up would include radiographic evaluation of fusion progress and close monitoring of pain and neurological symptoms.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for a severe diagnosis of bone erosion in the shoulder joint. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical condition. Joint replacement surgery was performed to address the erosion and improve joint function. Postoperative follow-up would include range of motion exercises, physical therapy, and periodic assessment of implant stability.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone erosion in the ankle joint. The procedure was performed under regional anesthesia, ensuring appropriate pain control. Ankle arthrodesis was performed to address the erosion and provide joint stability. Postoperative follow-up would include monitoring of fusion progress, evaluation of gait mechanics, and provision of assistive devices, if necessary.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for a severe diagnosis of bone erosion in the cervical spine. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and medical history. Anterior cervical discectomy and fusion were performed to address the erosion and stabilize the affected segment. Postoperative follow-up would include radiographic evaluation of fusion, assessment of pain and neurological symptoms, and physical therapy.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for a severe diagnosis of bone erosion in the knee joint. The procedure was performed under regional anesthesia, ensuring optimal pain control. Knee arthroplasty was performed to address the erosion and improve joint function. Postoperative follow-up would include regular physical therapy, monitoring of implant stability, and assessment of pain and range of motion.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone erosion in the elbow joint. The procedure was performed under general anesthesia, with dosage adjusted based on the patient's weight and medical condition. Elbow arthroscopy was performed to address the erosion and assess joint integrity. Postoperative follow-up would include rehabilitation exercises, range of motion assessment, and evaluation of pain and functional improvement.

Operative Note: A paraplegic patient with Immobility Syndrome underwent surgical intervention for a severe diagnosis of bone erosion in the sacroiliac joint. The procedure was performed under regional anesthesia, ensuring appropriate pain control. Sacroiliac joint fusion was performed to address the erosion and provide joint stability. Postoperative follow-up would include radiographic evaluation of fusion, assessment of pain and mobility, and provision of supportive devices if needed.

Operative Note: Patient diagnosed with Immobility Syndrome (paraplegic) underwent surgical intervention for a severe diagnosis of bone erosion in the wrist joint. The procedure was performed under general anesthesia, with careful dosage adjustment based on the patient's weight and comorbidities. Wrist arthroplasty was performed to address the erosion and improve joint function. Postoperative follow-up would include hand therapy, evaluation of implant function, and assessment of pain and range of motion.

Operative Note: Surgical intervention was performed on a paraplegic patient with Immobility Syndrome for the management of severe bone erosion in the thoracic spine. The procedure was performed under regional anesthesia, ensuring optimal pain control. Spinal fusion with instrumentation was performed to stabilize the affected vertebrae and address the erosion. Postoperative follow-up would include radiographic evaluation of fusion, assessment of pain and neurological symptoms, and physical therapy.

## M62.4 Contracture of muscle

Operative Note 1: Patient underwent a contracture release procedure for a contracture of the left quadriceps muscle. A linear incision was made over the affected muscle. The muscle fibers were carefully dissected and released from their contracted state. The fascia was also released to improve mobility. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note 2: Contracture release was performed on the patient's right gastrocnemius muscle. A longitudinal incision was made, and the muscle fibers were identified and dissected. The contracted fibers were released, allowing for improved range of motion. Careful attention was paid to preserving neurovascular structures. The wound was closed meticulously, and the patient remained stable throughout the procedure.

Operative Note 3: This operative note describes the release of a contracture in the patient's right biceps muscle. An incision was made along the length of the muscle, and the contracted fibers were identified and carefully released. The muscle was lengthened, and the joint was manipulated to assess the improvement in range of motion. Hemostasis was achieved, and the wound was closed in layers. The patient had an uneventful intraoperative course.

Operative Note 4: The patient underwent a contracture release procedure for a contracture of the left hamstring muscle. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. The contracted portion was released, and the muscle was lengthened. The joint was manipulated to evaluate the improvement in flexibility. The wound was closed with attention to proper layering, and the patient's condition remained stable throughout the procedure.

Operative Note 5: Contracture release surgery was performed on the patient's right pectoralis major muscle. An incision was made over the affected muscle, and meticulous dissection was carried out to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. The wound was closed using appropriate sutures and layered closure technique. The patient tolerated the procedure well, and there were no complications noted intraoperatively.

Operative Note 6: A contracture release procedure was performed on the patient's left triceps muscle. An incision was made to expose the affected muscle, and careful dissection was carried out to identify the contracted fibers. The fibers were released, and the muscle was lengthened. The joint was assessed for improved range of motion. Hemostasis was achieved, and the wound was closed in layers. The patient's vital signs remained stable throughout the procedure.

Operative Note 7: This operative note describes the release of a contracture in the patient's right adductor muscle. A longitudinal incision was made over the muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. The wound was closed meticulously, and the patient tolerated the procedure without any complications.

Operative Note 8: Contracture release surgery was performed on the patient's left deltoid muscle. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. The muscle was lengthened to improve range of motion. Hemostasis was achieved, and the wound was closed in layers. The patient remained stable throughout the procedure, and there were no intraoperative complications.

Operative Note 9: The patient underwent a contracture release procedure for a contracture of the right rhomboid muscle. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, allowing for improved muscle length and mobility. The wound was closed with appropriate sutures, and the patient's condition remained stable throughout the procedure.

Operative Note 10: This operative note documents the release of a contracture in the patient's left latissimus dorsi muscle. An incision was made over the muscle, and meticulous dissection was carried out to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note 11: Contracture release surgery was performed on the patient's right sternocleidomastoid muscle. An incision was made over the contracted muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, allowing for improved muscle length and mobility. The wound was closed meticulously using appropriate sutures, and the patient's vital signs remained stable throughout the procedure.

Operative Note 12: The patient underwent a contracture release procedure for a contracture of the left gluteus maximus muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. The fibers were released, improving the muscle's length and function. The wound was closed using layered sutures, and there were no intraoperative complications noted. The patient tolerated the procedure well.

Operative Note 13: This operative note describes the release of a contracture in the patient's right tibialis anterior muscle. A longitudinal incision was made over the muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. Hemostasis was achieved, and the wound was closed meticulously. The patient remained stable throughout the procedure.

Operative Note 14: Contracture release surgery was performed on the patient's left rhomboid muscle. An incision was made over the contracted muscle, and meticulous dissection was carried out to identify the contracted fibers. The fibers were released, allowing for improved muscle length and mobility. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note 15: The patient underwent a contracture release procedure for a contracture of the right flexor digitorum profundus muscle. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, improving the muscle's length and function. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure.

Operative Note 16: This operative note documents the release of a contracture in the patient's left tibialis posterior muscle. An incision was made over the muscle, and meticulous dissection was carried out to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. Hemostasis was achieved, and the wound was closed meticulously using layered closure techniques. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note 17: Contracture release surgery was performed on the patient's right brachialis muscle. An incision was made over the contracted muscle, and meticulous dissection was performed to identify the contracted fibers. The fibers were released, allowing for improved muscle length and mobility. The wound was closed meticulously, and the patient remained stable throughout the procedure.

Operative Note 18: The patient underwent a contracture release procedure for a contracture of the left extensor digitorum muscle. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, improving the muscle's length and function. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure.

Operative Note 19: This operative note describes the release of a contracture in the patient's right infraspinatus muscle. A longitudinal incision was made over the muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated the procedure well, and there were no intraoperative complications.

Operative Note 20: Contracture release surgery was performed on the patient's left iliopsoas muscle. An incision was made over the contracted muscle, and meticulous dissection was carried out to identify the contracted fibers. The fibers were released, allowing for improved muscle length and mobility. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and there were no intraoperative complications noted.

Operative Note 21: The patient underwent a contracture release procedure for a contracture of the left quadriceps muscle under general anesthesia. A linear incision was made over the affected muscle, and the muscle fibers were carefully dissected and released. The fascia was also released to improve mobility. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and the anesthesia dosage was adjusted to ensure optimal pain management and patient comfort throughout the surgery.

Operative Note 22: Contracture release was performed on the patient's right gastrocnemius muscle under regional anesthesia. A longitudinal incision was made, and the muscle fibers were identified and dissected. The contracted fibers were released, allowing for improved range of motion. The anesthesia dosage was carefully monitored to maintain adequate pain control and minimize systemic effects. The wound was closed meticulously, and the patient remained stable throughout the procedure.

Operative Note 23: This operative note describes the release of a contracture in the patient's right biceps muscle under local anesthesia. An incision was made along the length of the muscle, and the contracted fibers were identified and carefully released. The muscle was lengthened, and the joint was manipulated to assess the improvement in range of motion. The anesthesia dosage was adjusted to ensure optimal patient comfort without compromising safety. Hemostasis was achieved, and the wound was closed in layers.

Operative Note 24: The patient underwent a contracture release procedure for a contracture of the left hamstring muscle under monitored anesthesia care (MAC). An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. The contracted portion was released, and the muscle was lengthened. The joint was manipulated to evaluate the improvement in flexibility. The anesthesia dosage was titrated to maintain sedation and analgesia throughout the surgery.

Operative Note 25: Contracture release surgery was performed on the patient's right pectoralis major muscle under general anesthesia. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. The muscle was lengthened to improve range of motion. The anesthesia dosage was adjusted based on the patient's response and vital signs to ensure optimal anesthesia depth and pain management. The wound was closed with attention to proper layering, and the patient's condition remained stable throughout the procedure.

Operative Note 26: A contracture release procedure was performed on the patient's left triceps muscle under spinal anesthesia. An incision was made to expose the affected muscle, and careful dissection was carried out to identify the contracted fibers. The fibers were released, and the muscle was lengthened. The joint was assessed for improved range of motion. The anesthesia dosage was carefully titrated to maintain adequate sensory and motor blockade. Hemostasis was achieved, and the wound was closed in layers.

Operative Note 27: This operative note documents the release of a contracture in the patient's right adductor muscle under general anesthesia. A longitudinal incision was made over the muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. The anesthesia dosage was adjusted to ensure optimal depth and duration of anesthesia. The wound was closed meticulously, and the patient tolerated the procedure without any complications.

Operative Note 28: Contracture release surgery was performed on the patient's left deltoid muscle under regional anesthesia. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. The muscle was lengthened, and the anesthesia dosage was carefully monitored to maintain appropriate pain control and minimize motor block. The wound was closed meticulously, and the patient remained stable throughout the procedure.

Operative Note 29: The patient underwent a contracture release procedure for a contracture of the right rhomboid muscle under general anesthesia. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. The fibers were released, improving the muscle's length and function. The anesthesia dosage was adjusted to ensure optimal patient comfort and safety. The wound was closed using appropriate sutures, and the patient's condition remained stable throughout the procedure.

Operative Note 30: This operative note describes the release of a contracture in the patient's left latissimus dorsi muscle under local anesthesia. An incision was made over the muscle, and meticulous dissection was carried out to identify the contracted fibers. The fibers were released, allowing for improved muscle length and flexibility. The anesthesia dosage was carefully titrated to provide adequate pain control and minimize systemic effects. Hemostasis was achieved, and the wound was closed meticulously.

Operative Note 31: The patient underwent a contracture release procedure for a contracture of the left quadriceps muscle with associated bone erosion. A linear incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. Additionally, bone erosion was addressed by debriding the affected area and filling it with bone graft material. The muscle fibers were released, and the fascia was also released to improve mobility. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative measures were taken to promote bone healing.

Operative Note 32: Contracture release was performed on the patient's right gastrocnemius muscle with concomitant bone erosion. An incision was made, and the muscle fibers were identified and dissected. The contracted fibers were released, and attention was given to the bone erosion site. The eroded area was debrided, and bone grafting was performed to restore bone integrity. The wound was closed meticulously, and postoperative imaging confirmed the proper positioning of the bone graft. The patient remained stable throughout the procedure, and appropriate precautions were taken to ensure bone healing.

Operative Note 33: This operative note documents the release of a contracture in the patient's right biceps muscle with accompanying bone erosion. An incision was made along the length of the muscle, and careful dissection was carried out to identify the contracted fibers. In addition to releasing the muscle fibers, attention was given to address the bone erosion. The eroded bone was debrided, and bone grafting was performed to promote bone regeneration. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and postoperative imaging showed satisfactory bone graft integration.

Operative Note 34: The patient underwent a contracture release procedure for a contracture of the left hamstring muscle with underlying bone erosion. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. Alongside the muscle release, attention was given to the bone erosion site. The eroded bone was debrided, and bone graft material was applied to promote bone healing. The wound was closed using appropriate sutures, and the patient's condition remained stable throughout the procedure. Postoperative follow-up included monitoring of bone healing and rehabilitation.

Operative Note 35: Contracture release surgery was performed on the patient's right pectoralis major muscle with associated bone erosion. An incision was made over the contracted muscle, and meticulous dissection was carried out to identify the contracted fibers. Attention was also given to the bone erosion site. The eroded bone was debrided, and bone grafting was performed to restore bone integrity. The muscle release was completed, and the wound was closed meticulously. The patient remained stable throughout the procedure, and appropriate measures were taken for bone healing and rehabilitation.

Operative Note 36: A contracture release procedure was performed on the patient's left triceps muscle with concurrent bone erosion. An incision was made to expose the affected muscle, and careful dissection was carried out to identify the contracted fibers. The muscle fibers were released, and attention was given to address the eroded bone. Debridement of the affected bone was performed, and bone grafting was utilized to support bone regeneration. The wound was closed in layers, and the patient's vital signs remained stable throughout the procedure. Postoperative care included measures to promote bone healing and prevent complications.

Operative Note 37: This operative note describes the release of a contracture in the patient's right adductor muscle with associated bone erosion. A longitudinal incision was made over the muscle, and meticulous dissection was performed to identify the contracted fibers. The muscle release was completed, and attention was given to the eroded bone. Debridement of the affected bone was carried out, and bone grafting was performed to facilitate bone regeneration. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative measures were taken to support bone healing.

Operative Note 38: Contracture release surgery was performed on the patient's left deltoid muscle with concomitant bone erosion. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. In addition, attention was given to the eroded bone. Debridement was performed to remove the damaged bone tissue, and bone grafting was employed to promote bone healing. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative follow-up included monitoring of bone integration and appropriate rehabilitation.

Operative Note 39: The patient underwent a contracture release procedure for a contracture of the right rhomboid muscle with underlying bone erosion. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. Alongside the muscle release, attention was given to the bone erosion site. Debridement of the eroded bone was performed, and bone grafting was employed to support bone healing. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative care included monitoring of bone regeneration and rehabilitation.

Operative Note 40: This operative note documents the release of a contracture in the patient's left latissimus dorsi muscle with associated bone erosion. An incision was made over the muscle, and meticulous dissection was carried out to identify the contracted fibers. The muscle release was completed, and special attention was given to address the eroded bone. Debridement of the affected bone was performed, and bone grafting was utilized to facilitate bone regeneration. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate measures were taken for bone healing and rehabilitation.

Operative Note 41: The patient underwent a contracture release procedure for a contracture of the left quadriceps muscle with severe bone pain. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. Additionally, attention was given to address the severe bone pain. The eroded bone was carefully evaluated and managed with bone debridement and nerve block techniques. The muscle fibers were released, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain management measures were implemented.

Operative Note 42: Contracture release was performed on the patient's right gastrocnemius muscle with severe bone pain. An incision was made, and the muscle fibers were identified and dissected. Special attention was given to address the underlying bone pain. Nerve blocks and local anesthetics were utilized to provide targeted pain relief. The contracted fibers were released, and the wound was closed meticulously. The patient's condition remained stable throughout the procedure, and appropriate pain management strategies were continued postoperatively.

Operative Note 43: This operative note documents the release of a contracture in the patient's right biceps muscle with accompanying severe bone pain. An incision was made along the length of the muscle, and careful dissection was carried out to identify the contracted fibers. In addition to releasing the muscle fibers, measures were taken to address the severe bone pain. Nerve blocks, regional anesthesia, and multimodal pain management strategies were employed. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain control measures were implemented.

Operative Note 44: The patient underwent a contracture release procedure for a contracture of the left hamstring muscle with severe bone pain. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. Alongside the muscle release, special attention was given to address the severe bone pain. Nerve blocks, epidural anesthesia, and multimodal pain management techniques were utilized. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative pain control measures were continued to alleviate bone pain.

Operative Note 45: Contracture release surgery was performed on the patient's right pectoralis major muscle with associated severe bone pain. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. Special attention was given to address the severe bone pain. Nerve blocks, local anesthetics, and systemic pain management strategies were employed to provide effective pain relief. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative pain management was continued to alleviate bone pain.

Operative Note 46: A contracture release procedure was performed on the patient's left triceps muscle with concurrent severe bone pain. An incision was made to expose the affected muscle, and careful dissection was carried out to identify the contracted fibers. The muscle fibers were released, and special measures were taken to address the severe bone pain. Nerve blocks, regional anesthesia, and multimodal pain management techniques were employed. The wound was closed in layers, and the patient's vital signs remained stable throughout the procedure. Appropriate postoperative pain control measures were implemented.

Operative Note 47: This operative note describes the release of a contracture in the patient's right adductor muscle with associated severe bone pain. A longitudinal incision was made over the muscle, and meticulous dissection was performed to identify the contracted fibers. The muscle release was completed, and special attention was given to address the severe bone pain. Nerve blocks, epidural anesthesia, and systemic pain management were utilized to alleviate bone pain. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative pain control measures were implemented.

Operative Note 48: Contracture release surgery was performed on the patient's left deltoid muscle with concomitant severe bone pain. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. In addition, special measures were taken to address the severe bone pain. Nerve blocks, local anesthetics, and systemic pain management techniques were employed to provide effective pain relief. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative pain control measures were continued to alleviate bone pain.

Operative Note 49: The patient underwent a contracture release procedure for a contracture of the right rhomboid muscle with underlying severe bone pain. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. Alongside the muscle release, special attention was given to address the severe bone pain. Nerve blocks, regional anesthesia, and multimodal pain management strategies were employed. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative pain control measures were implemented to alleviate bone pain.

Operative Note 50: This operative note documents the release of a contracture in the patient's left latissimus dorsi muscle with associated severe bone pain. An incision was made over the muscle, and meticulous dissection was carried out to identify the contracted fibers. The muscle release was completed, and special measures were taken to address the severe bone pain. Nerve blocks, epidural anesthesia, and multimodal pain management techniques were employed. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative pain control measures were implemented to alleviate bone pain.

Operative Note 51: The patient underwent a contracture release procedure with surgical intervention for a contracture of the right quadriceps muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. In addition to the muscle release, surgical intervention was employed to address underlying structural abnormalities. Soft tissue releases, tendon lengthening, and corrective osteotomies were performed to restore proper alignment and function. The wound was closed meticulously, and the patient's condition remained stable throughout the procedure. Postoperative care included immobilization and rehabilitation to optimize outcomes.

Operative Note 52: Contracture release surgery with surgical intervention was performed on the patient's left gastrocnemius muscle. An incision was made, and the muscle fibers were identified and dissected. Surgical interventions such as tendon transfers and lengthening procedures were performed to address associated muscle imbalances. The contracted fibers were released, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative measures were taken to promote healing and rehabilitation.

Operative Note 53: This operative note documents the release of a contracture in the patient's right biceps muscle with surgical intervention. An incision was made along the length of the muscle, and careful dissection was carried out to identify the contracted fibers. Surgical interventions including tendon transfers and lengthening procedures were performed to address muscle imbalances and optimize function. The muscle fibers were released, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative care was provided for optimal outcomes.

Operative Note 54: The patient underwent a contracture release procedure with surgical intervention for a contracture of the left hamstring muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. Alongside the muscle release, surgical interventions such as tendon lengthening and tenotomy were employed to address associated muscle imbalances and optimize function. The wound was closed using appropriate sutures, and the patient's condition remained stable throughout the procedure. Postoperative care included immobilization and rehabilitation to achieve the desired outcome.

Operative Note 55: Contracture release surgery with surgical intervention was performed on the patient's right pectoralis major muscle. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. Surgical interventions, including myofascial releases and tendon transfers, were performed to address associated muscle imbalances. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative care included immobilization and rehabilitation to optimize outcomes.

Operative Note 56: A contracture release procedure with surgical intervention was performed on the patient's left triceps muscle. An incision was made to expose the affected muscle, and careful dissection was carried out to identify the contracted fibers. Surgical interventions such as tenotomy and tendon transfers were performed to address associated muscle imbalances and optimize function. The wound was closed in layers, and the patient's vital signs remained stable throughout the procedure. Postoperative care included immobilization and rehabilitation to achieve the desired outcome.

Operative Note 57: This operative note describes the release of a contracture in the patient's right adductor muscle with surgical intervention. A longitudinal incision was made over the muscle, and meticulous dissection was performed to identify the contracted fibers. In addition to the muscle release, surgical interventions such as soft tissue releases and tendon lengthening were employed to address associated muscle imbalances. The wound was closed meticulously, and the patient's condition remained stable throughout the procedure. Postoperative care included immobilization and rehabilitation for optimal outcomes.

Operative Note 58: Contracture release surgery with surgical intervention was performed on the patient's left deltoid muscle. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. Surgical interventions, including tendon transfers and lengthening procedures, were performed to address associated muscle imbalances and optimize function. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative care included immobilization and rehabilitation to achieve the desired outcome.

Operative Note 59: The patient underwent a contracture release procedure with surgical intervention for a contracture of the right rhomboid muscle. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. Alongside the muscle release, surgical interventions such as soft tissue releases and corrective osteotomies were performed to address underlying structural abnormalities. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative care included immobilization and rehabilitation to optimize outcomes.

Operative Note 60: This operative note documents the release of a contracture in the patient's left latissimus dorsi muscle with surgical intervention. An incision was made over the muscle, and meticulous dissection was carried out to identify the contracted fibers. The muscle release was completed, and surgical interventions such as tendon transfers and lengthening procedures were employed to address associated muscle imbalances. The wound was closed meticulously, and the patient tolerated the procedure well. Postoperative care included immobilization and rehabilitation for optimal outcomes.

Operative Note 61: The patient underwent a contracture release procedure with surgical intervention for a contracture of the right quadriceps muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. In addition to the muscle release, surgical intervention was employed to address underlying structural abnormalities. Tendon lengthening, release of adhesions, and corrective osteotomies were performed to restore proper alignment and function. The wound was closed meticulously, and the patient's condition remained stable throughout the procedure. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site.

Operative Note 62: Contracture release surgery with surgical intervention was performed on the patient's left gastrocnemius muscle. An incision was made, and the muscle fibers were identified and dissected. Surgical interventions such as tendon lengthening, tendon transfers, and soft tissue releases were performed to address associated muscle imbalances. The contracted fibers were released, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative measures were taken to promote healing and optimize functional outcomes.

Operative Note 63: This operative note documents the release of a contracture in the patient's right biceps muscle with surgical intervention. An incision was made along the length of the muscle, and careful dissection was carried out to identify the contracted fibers. In addition to the muscle release, surgical intervention was employed to address associated structural abnormalities. Tenotomy, tendon transfers, and soft tissue releases were performed to optimize function and restore proper alignment. The wound was closed in layers, and the patient remained stable throughout the procedure. Postoperative care included immobilization, rehabilitation, and close monitoring of the surgical site.

Operative Note 64: The patient underwent a contracture release procedure with surgical intervention for a contracture of the left hamstring muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the contracted fibers. Alongside the muscle release, surgical interventions such as tendon lengthening, release of adhesions, and corrective osteotomies were employed to address associated structural abnormalities. The wound was closed using appropriate sutures, and the patient's condition remained stable throughout the procedure. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site.

Operative Note 65: Contracture release surgery with surgical intervention was performed on the patient's right pectoralis major muscle. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. Surgical interventions, including tendon transfers, soft tissue releases, and corrective osteotomies, were performed to address associated structural abnormalities. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site to optimize outcomes.

Operative Note 66: A contracture release procedure with surgical intervention was performed on the patient's left triceps muscle. An incision was made to expose the affected muscle, and careful dissection was carried out to identify the contracted fibers. Surgical interventions such as tenotomy, tendon transfers, and soft tissue releases were employed to address associated structural abnormalities. The wound was closed in layers, and the patient's vital signs remained stable throughout the procedure. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site to ensure proper healing and functional recovery.

Operative Note 67: This operative note describes the release of a contracture in the patient's right adductor muscle with surgical intervention. A longitudinal incision was made over the muscle, and meticulous dissection was performed to identify the contracted fibers. In addition to the muscle release, surgical intervention was employed to address associated structural abnormalities. Soft tissue releases, tendon transfers, and corrective osteotomies were performed to optimize function and restore proper alignment. The wound was closed meticulously, and the patient's condition remained stable throughout the procedure. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site.

Operative Note 68: Contracture release surgery with surgical intervention was performed on the patient's left deltoid muscle. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. Surgical interventions, including tendon transfers, soft tissue releases, and corrective osteotomies, were performed to address associated structural abnormalities. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site to optimize outcomes.

Operative Note 69: The patient underwent a contracture release procedure with surgical intervention for a contracture of the right rhomboid muscle. An incision was made over the affected muscle, and careful dissection was performed to identify the contracted fibers. Alongside the muscle release, surgical interventions such as tendon lengthening, release of adhesions, and corrective osteotomies were performed to address underlying structural abnormalities. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site.

Operative Note 70: This operative note documents the release of a contracture in the patient's left latissimus dorsi muscle with surgical intervention. An incision was made over the muscle, and meticulous dissection was carried out to identify the contracted fibers. The muscle release was completed, and surgical interventions such as tendon transfers, soft tissue releases, and corrective osteotomies were employed to address associated structural abnormalities. The wound was closed meticulously, and the patient tolerated the procedure well. Postoperative care included immobilization, physical therapy, and close monitoring of the surgical site to optimize outcomes.

Operative Note 71: The patient underwent a contracture release procedure for severe infection on the extreme moving joint of the right shoulder. An incision was made over the contracted muscle, and meticulous dissection was performed to identify the infected tissues. The infected tissues were debrided thoroughly, and appropriate cultures were obtained. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was irrigated with antibiotic solution. Drainage was placed, and the wound was left open for further management. The patient's vital signs were stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 72: Contracture release surgery was performed on the patient's left knee with severe infection on the extreme moving joint. An incision was made over the contracted muscle, and careful dissection was performed to identify the infected tissues. Extensive debridement of the infected tissues was carried out, and cultures were obtained for analysis. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was irrigated thoroughly with antibiotic solution. A drain was placed, and appropriate dressings were applied. The patient remained hemodynamically stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 73: This operative note documents the release of a contracture in the patient's right hip with severe infection on the extreme moving joint. An incision was made over the affected muscle, and meticulous dissection was carried out to identify the infected tissues. Extensive debridement of the infected tissues was performed, and cultures were obtained for microbiological analysis. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was thoroughly irrigated with antibiotic solution. A drain was inserted, and appropriate wound dressings were applied. The patient's vital signs remained stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 74: The patient underwent a contracture release procedure with severe infection on the extreme moving joint of the left ankle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the infected tissues. Extensive debridement of the infected tissues was carried out, and appropriate cultures were obtained. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was irrigated thoroughly with antibiotic solution. A drain was placed, and the wound was left open for further management. The patient's vital signs remained stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 75: Contracture release surgery was performed on the patient's right elbow with severe infection on the extreme moving joint. An incision was made over the contracted muscle, and careful dissection was performed to identify the infected tissues. Extensive debridement of the infected tissues was carried out, and cultures were obtained for analysis. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was irrigated thoroughly with antibiotic solution. A drain was placed, and appropriate dressings were applied. The patient's vital signs were stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 76: This operative note describes the release of a contracture in the patient's left wrist with severe infection on the extreme moving joint. An incision was made over the muscle, and meticulous dissection was performed to identify the infected tissues. Extensive debridement of the infected tissues was carried out, and cultures were obtained for microbiological analysis. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was thoroughly irrigated with antibiotic solution. A drain was inserted, and appropriate wound dressings were applied. The patient remained hemodynamically stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 77: The patient underwent a contracture release procedure with severe infection on the extreme moving joint of the right ankle. An incision was made over the contracted muscle, and meticulous dissection was performed to identify the infected tissues. Extensive debridement of the infected tissues was carried out, and appropriate cultures were obtained. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was irrigated thoroughly with antibiotic solution. A drain was placed, and the wound was left open for further management. The patient's vital signs remained stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 78: Contracture release surgery was performed on the patient's left shoulder with severe infection on the extreme moving joint. An incision was made over the contracted muscle, and careful dissection was performed to identify the infected tissues. Extensive debridement of the infected tissues was carried out, and cultures were obtained for analysis. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was irrigated thoroughly with antibiotic solution. A drain was placed, and appropriate dressings were applied. The patient's vital signs were stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 79: This operative note documents the release of a contracture in the patient's right knee with severe infection on the extreme moving joint. An incision was made over the affected muscle, and meticulous dissection was carried out to identify the infected tissues. Extensive debridement of the infected tissues was performed, and cultures were obtained for microbiological analysis. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was thoroughly irrigated with antibiotic solution. A drain was inserted, and appropriate wound dressings were applied. The patient's vital signs remained stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 80: The patient underwent a contracture release procedure with severe infection on the extreme moving joint of the left hip. An incision was made over the affected muscle, and meticulous dissection was performed to identify the infected tissues. Extensive debridement of the infected tissues was carried out, and appropriate cultures were obtained. Intravenous antibiotics were administered perioperatively to address the severe infection. The contracted fibers were released, and the wound was irrigated thoroughly with antibiotic solution. A drain was placed, and the wound was left open for further management. The patient's vital signs remained stable throughout the procedure, and close monitoring of the infection was initiated postoperatively.

Operative Note 81: The patient underwent a contracture release procedure for inflammation associated with a contracture of the right quadriceps muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the inflamed tissues. Alongside the muscle release, thorough debridement of the inflamed tissues was carried out. The area was irrigated with saline solution, and appropriate cultures were obtained. The contracted fibers were released, and the wound was closed using appropriate sutures. The patient's vital signs remained stable throughout the procedure, and postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 82: Contracture release surgery was performed on the patient's left hamstring muscle, which exhibited significant inflammation. An incision was made over the contracted muscle, and careful dissection was performed to identify the inflamed tissues. Thorough debridement of the inflamed tissues was carried out, and appropriate cultures were obtained. The contracted fibers were released, and the wound was irrigated with sterile saline solution. The wound was closed using layered sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 83: This operative note describes the release of a contracture in the patient's right biceps muscle, which was accompanied by severe inflammation. An incision was made over the muscle, and meticulous dissection was carried out to identify the inflamed tissues. Thorough debridement of the inflamed tissues was performed, and appropriate cultures were obtained for analysis. The contracted fibers were released, and the wound was thoroughly irrigated with sterile saline solution. The wound was closed meticulously, and the patient tolerated the procedure well. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 84: The patient underwent a contracture release procedure with surgical intervention for a contracture of the left gastrocnemius muscle with significant inflammation. An incision was made over the affected muscle, and meticulous dissection was performed to identify the inflamed tissues. Thorough debridement of the inflamed tissues was carried out, and appropriate cultures were obtained for analysis. The contracted fibers were released, and the wound was irrigated thoroughly with sterile saline solution. The wound was closed using appropriate sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 85: Contracture release surgery with surgical intervention was performed on the patient's right pectoralis major muscle, which exhibited significant inflammation. An incision was made over the contracted muscle, and the fibers were meticulously dissected and released. Thorough debridement of the inflamed tissues was performed, and appropriate cultures were obtained for analysis. The wound was irrigated with sterile saline solution, and a drain was placed. The wound was closed meticulously, and the patient remained stable throughout the procedure. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 86: This operative note documents the release of a contracture in the patient's left triceps muscle, which was accompanied by severe inflammation. An incision was made to expose the affected muscle, and careful dissection was carried out to identify the inflamed tissues. Thorough debridement of the inflamed tissues was performed, and appropriate cultures were obtained for analysis. The contracted fibers were released, and the wound was irrigated thoroughly with sterile saline solution. The wound was closed in layers, and the patient's vital signs remained stable throughout the procedure. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 87: The patient underwent a contracture release procedure with significant inflammation on the left adductor muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the inflamed tissues. Thorough debridement of the inflamed tissues was carried out, and appropriate cultures were obtained for analysis. The contracted fibers were released, and the wound was irrigated thoroughly with sterile saline solution. The wound was closed using appropriate sutures, and the patient tolerated the procedure well. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 88: Contracture release surgery was performed on the patient's right wrist extensor muscles, which exhibited significant inflammation. An incision was made over the contracted muscles, and careful dissection was performed to identify the inflamed tissues. Thorough debridement of the inflamed tissues was performed, and appropriate cultures were obtained for analysis. The contracted fibers were released, and the wound was irrigated with sterile saline solution. The wound was closed meticulously, and the patient's vital signs remained stable throughout the procedure. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 89: This operative note describes the release of a contracture in the patient's left quadratus lumborum muscle, which was accompanied by severe inflammation. An incision was made over the muscle, and meticulous dissection was carried out to identify the inflamed tissues. Thorough debridement of the inflamed tissues was performed, and appropriate cultures were obtained for analysis. The contracted fibers were released, and the wound was thoroughly irrigated with sterile saline solution. The wound was closed using appropriate sutures, and the patient tolerated the procedure well. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 90: The patient underwent a contracture release procedure with significant inflammation on the right gastrocnemius muscle. An incision was made over the affected muscle, and meticulous dissection was performed to identify the inflamed tissues. Thorough debridement of the inflamed tissues was carried out, and appropriate cultures were obtained for analysis. The contracted fibers were released, and the wound was irrigated thoroughly with sterile saline solution. The wound was closed using layered sutures, and the patient's vital signs remained stable throughout the procedure. Postoperative care included anti-inflammatory medications and close monitoring of the surgical site.

Operative Note 91: The patient underwent a contracture release procedure for a severe diagnosis of muscle contracture in the right quadriceps. The procedure involved meticulous dissection and release of the contracted muscle fibers. Postoperatively, the patient will be closely monitored for pain, range of motion, and functional improvement. Physical therapy sessions will be scheduled accordingly based on the severity of the diagnosis, with a focus on strengthening exercises and stretching routines. Follow-up appointments will be scheduled at regular intervals to assess the patient's progress and determine the need for any further interventions or adjustments to the treatment plan.

Operative Note 92: Contracture release surgery was performed on the patient's left hamstring muscle, addressing a moderate diagnosis of muscle contracture. Following the procedure, the patient will undergo a comprehensive rehabilitation program that includes physical therapy sessions to improve muscle strength and flexibility. The frequency and intensity of the therapy will be determined based on the severity of the diagnosis. Close monitoring of the patient's progress and periodic follow-up appointments will be scheduled to evaluate the response to treatment and make any necessary modifications to the rehabilitation plan.

Operative Note 93: This operative note documents the release of a contracture in the patient's right biceps muscle, which was diagnosed as mild. The surgical procedure aimed at addressing the contracture by releasing the tight muscle fibers. Postoperatively, the patient will be provided with appropriate instructions for at-home exercises and stretching routines. A follow-up appointment will be scheduled to assess the response to treatment and determine if further interventions or adjustments to the rehabilitation plan are necessary based on the severity of the initial diagnosis.

Operative Note 94: The patient underwent a contracture release procedure for a severe diagnosis of muscle contracture in the left gastrocnemius. Following the surgery, a multidisciplinary approach will be employed to manage the patient's condition. Physical therapy sessions, pain management techniques, and potential orthotic interventions will be implemented based on the severity of the diagnosis. Regular follow-up appointments will be scheduled to monitor the patient's progress, assess pain levels, and determine the need for additional therapeutic interventions or modifications to the treatment plan.

Operative Note 95: Contracture release surgery was performed on the patient's right pectoralis major muscle, addressing a moderate diagnosis of muscle contracture. Postoperatively, the patient will be prescribed a personalized rehabilitation program, including physical therapy sessions tailored to the severity of the diagnosis. Progress will be closely monitored during follow-up appointments, and adjustments to the treatment plan will be made as needed to optimize functional outcomes and alleviate any residual symptoms.

Operative Note 96: This operative note describes the release of a contracture in the patient's left triceps muscle, which was diagnosed as mild. Following the surgical procedure, the patient will be provided with specific exercises and stretching techniques to perform at home. A follow-up appointment will be scheduled to assess the patient's progress and determine if additional therapeutic interventions or modifications to the treatment plan are necessary based on the severity of the initial diagnosis.

Operative Note 97: The patient underwent a contracture release procedure for a severe diagnosis of muscle contracture in the left adductor muscle. Following the surgery, a comprehensive rehabilitation program will be initiated, which may include physical therapy, pain management techniques, and potential orthotic interventions depending on the severity of the diagnosis. Frequent follow-up appointments will be scheduled to monitor the patient's progress, assess pain levels, and determine the need for further therapeutic interventions or modifications to the treatment plan.

Operative Note 98: Contracture release surgery was performed on the patient's right wrist extensor muscles, addressing a moderate diagnosis of muscle contracture. The postoperative plan involves a tailored rehabilitation program that includes physical therapy sessions based on the severity of the diagnosis. Regular follow-up appointments will be scheduled to monitor the patient's progress, assess functional improvement, and make any necessary adjustments to the treatment plan.

Operative Note 99: This operative note documents the release of a contracture in the patient's left quadratus lumborum muscle, which was diagnosed as mild. Following the surgical procedure, the patient will receive instructions for self-care exercises and stretching routines. A follow-up appointment will be scheduled to assess the patient's progress and determine if further therapeutic interventions or modifications to the treatment plan are necessary based on the severity of the initial diagnosis.

Operative Note 100: The patient underwent a contracture release procedure for a severe diagnosis of muscle contracture in the right gastrocnemius. Postoperatively, a comprehensive rehabilitation program will be implemented based on the severity of the diagnosis. Physical therapy sessions, pain management strategies, and potential orthotic interventions will be employed. Regular follow-up appointments will be scheduled to monitor the patient's progress, assess functional outcomes, and determine the need for additional therapeutic interventions or adjustments to the treatment plan.

## M62.5 Muscle wasting and atrophy, not elsewhere classified

1. Patient presented with significant muscle wasting and atrophy in the lower extremities. Physical examination revealed decreased muscle bulk, weakness, and limited range of motion. Diagnostic tests confirmed muscle atrophy, likely due to disuse or denervation. Patient will undergo targeted physical therapy and neuromuscular electrical stimulation to promote muscle regeneration and prevent further deterioration.

2. Operative Note: Surgical intervention performed to address severe muscle wasting and atrophy in the upper body. Procedure involved autologous muscle transfer, where healthy muscle tissue was harvested from a donor site and transplanted to the affected areas. Postoperative care will include rehabilitation and strengthening exercises to optimize functional recovery and enhance muscle mass.

3. Operative Note: Patient underwent minimally invasive biopsy to investigate the cause of muscle wasting and atrophy. A small incision was made, and a tissue sample was obtained for pathological examination. The procedure was well-tolerated, and the sample was sent for analysis. Results will aid in the diagnosis and guide appropriate management strategies.

4. Operative Note: Fasciotomy performed on patient with severe muscle wasting and atrophy in the lower limbs. The procedure involved making incisions to release excessive pressure within the muscle compartments, relieving compression on the nerves and blood vessels. Postoperatively, patient will receive physical therapy and rehabilitation to restore muscle function and prevent further atrophy.

5. Operative Note: Patient underwent electromyography (EMG) to assess muscle wasting and atrophy. Small needles were inserted into the affected muscles, and electrical activity was recorded. Findings indicated denervation atrophy, suggesting nerve damage. Further evaluation and treatment options will be discussed with the patient.

6. Operative Note: Muscle biopsy performed to investigate the underlying cause of muscle wasting and atrophy. A small incision was made, and a sample of muscle tissue was excised for histopathological analysis. Preliminary findings revealed myopathic changes, warranting additional investigations for an accurate diagnosis and appropriate management.

7. Operative Note: Patient underwent muscle strength testing to evaluate the extent of muscle wasting and atrophy. Manual muscle testing was performed, assessing the strength and function of various muscle groups. Results indicated severe weakness and atrophy, necessitating comprehensive rehabilitation and targeted interventions.

8. Operative Note: Patient with muscle wasting and atrophy underwent neuroimaging studies to assess the integrity of the nervous system. Magnetic resonance imaging (MRI) and nerve conduction studies were performed, revealing signs of peripheral neuropathy. Further consultation with a neurologist will determine the underlying cause and guide subsequent treatment strategies.

9. Operative Note: Open reduction and internal fixation performed on patient with muscle wasting and atrophy due to a previous fracture. The procedure involved realigning the fractured bones and securing them with screws and plates. Postoperative management will include physical therapy to restore muscle strength and prevent further muscle deterioration.

10. Operative Note: Arthroscopic joint debridement performed on patient with muscle wasting and atrophy secondary to chronic joint inflammation. The procedure involved removing debris and damaged tissue from the joint, aiming to alleviate pain and improve joint function. Postoperatively, patient will receive physical therapy to optimize muscle strength and prevent additional atrophy.

1. Operative Note: Patient underwent autologous fat grafting to address muscle wasting and atrophy. Adipose tissue was harvested from a donor site and injected into the affected muscles to promote tissue regeneration and enhance muscle volume. Postoperative rehabilitation will focus on strengthening exercises and nutritional support to optimize outcomes.

2. Operative Note: Patient with muscle wasting and atrophy underwent joint replacement surgery. The procedure involved removing the damaged joint and replacing it with a prosthetic implant. Surgical team noted severe muscle atrophy surrounding the joint. Postoperatively, patient will receive physical therapy and progressive strengthening exercises to regain muscle mass and improve joint function.

3. Operative Note: Myotomy performed on patient with muscle wasting and atrophy in the upper limbs. The surgical procedure involved incisions to release tight or contracted muscles, aiming to improve range of motion and reduce muscle weakness. Postoperative rehabilitation will include targeted exercises and stretching techniques to optimize muscle function.

4. Operative Note: Patient underwent nerve conduction study and electromyography (EMG) to assess muscle wasting and atrophy. The procedure involved stimulating nerves and recording muscle responses to evaluate nerve function and detect any abnormalities. Findings indicated denervation atrophy, necessitating further evaluation and potential nerve repair interventions.

5. Operative Note: Patient underwent muscle reinnervation surgery to address muscle wasting and atrophy. The procedure involved transferring a functioning nerve from a donor site to the affected muscle, restoring innervation and promoting muscle regeneration. Postoperative rehabilitation will focus on strengthening exercises and motor retraining to optimize muscle recovery.

6. Operative Note: Patient with muscle wasting and atrophy underwent regenerative medicine therapy. The procedure involved the injection of mesenchymal stem cells or platelet-rich plasma into the affected muscles to promote tissue regeneration and improve muscle strength. Post-treatment, patient will receive physical therapy to support the healing process and maximize muscle recovery.

7. Operative Note: Patient underwent muscle release surgery to address muscle wasting and atrophy. The procedure involved releasing tight or constricted muscles to improve muscle function and reduce weakness. Postoperative care will include physical therapy and gradual strengthening exercises to optimize muscle recovery and prevent recurrence.

8. Operative Note: Patient with muscle wasting and atrophy underwent muscle biopsy for genetic testing. A small muscle sample was obtained and sent for genetic analysis to identify any underlying genetic abnormalities contributing to the muscle deterioration. Results will guide further management and potential genetic counseling.

9. Operative Note: Patient underwent joint arthroplasty to address muscle wasting and atrophy caused by severe osteoarthritis. The procedure involved replacing the damaged joint with a prosthetic implant, aiming to improve joint stability and function. Postoperatively, patient will undergo physical therapy to rebuild muscle strength and restore mobility.

10. Operative Note: Patient underwent nerve decompression surgery to address muscle wasting and atrophy due to nerve entrapment. The procedure involved releasing the compressed nerves, relieving pressure and restoring proper nerve function. Postoperative rehabilitation will focus on strengthening exercises and nerve regeneration techniques to optimize muscle recovery.

1. Operative Note: Patient underwent muscle biopsy with local anesthesia to investigate the cause of muscle wasting and atrophy. A small incision was made, and a tissue sample was excised for histopathological analysis. Local anesthesia dosage was carefully titrated to ensure patient comfort throughout the procedure. The sample was sent for further evaluation, and appropriate management will be determined based on the results.

2. Operative Note: Patient with muscle wasting and atrophy underwent joint replacement surgery under general anesthesia. The procedure involved removing the damaged joint and replacing it with a prosthetic implant. Anesthesia dosage was adjusted to maintain adequate sedation and pain control throughout the operation. Postoperatively, patient will receive physical therapy and pain management to support muscle recovery.

3. Operative Note: Patient underwent electromyography (EMG) under conscious sedation to evaluate muscle wasting and atrophy. The procedure involved inserting small needles into the affected muscles to record electrical activity. Conscious sedation was administered with appropriate anesthesia dosage to ensure patient comfort and cooperation during the procedure. Results will guide further diagnostic and treatment decisions.

4. Operative Note: Fasciotomy performed under regional anesthesia on patient with muscle wasting and atrophy in the lower limbs. The procedure involved making incisions to release excessive pressure within the muscle compartments. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring of muscle function. Postoperatively, patient will receive physical therapy to promote muscle recovery.

5. Operative Note: Patient with muscle wasting and atrophy underwent minimally invasive muscle transfer surgery under monitored anesthesia care (MAC). The procedure involved harvesting healthy muscle tissue from a donor site and transferring it to the affected areas. Anesthesia dosage was adjusted to maintain patient comfort and provide optimal conditions for surgical precision. Postoperative management will include rehabilitation and strengthening exercises.

6. Operative Note: Patient underwent arthroscopic joint debridement under local anesthesia to address muscle wasting and atrophy. The procedure involved removing debris and damaged tissue from the joint. Local anesthesia dosage was carefully titrated to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive physical therapy and pain management to support muscle recovery.

7. Operative Note: Patient with muscle wasting and atrophy underwent open reduction and internal fixation surgery under general anesthesia. The procedure involved realigning fractured bones and securing them with screws and plates. General anesthesia dosage was carefully adjusted to maintain appropriate depth and minimize intraoperative complications. Postoperatively, patient will receive pain management and rehabilitation for muscle recovery.

8. Operative Note: Patient underwent autologous fat grafting under local anesthesia to address muscle wasting and atrophy. Adipose tissue was harvested from a donor site and injected into the affected muscles. Local anesthesia dosage was adjusted to ensure patient comfort during the procedure. Postoperative care will include physical therapy and monitoring of graft integration.

9. Operative Note: Patient with muscle wasting and atrophy underwent regenerative medicine therapy under conscious sedation. The procedure involved the injection of mesenchymal stem cells or platelet-rich plasma into the affected muscles. Conscious sedation and anesthesia dosage were carefully managed to maintain patient comfort and cooperation. Post-treatment, patient will receive physical therapy and pain management to support muscle recovery.

10. Operative Note: Patient underwent neuroimaging studies under general anesthesia to assess muscle wasting and atrophy. Magnetic resonance imaging (MRI) and nerve conduction studies were performed. Anesthesia dosage was adjusted to ensure patient immobility and comfort during the imaging procedures. Findings will aid in the diagnosis and guide subsequent treatment strategies.

1. Operative Note: Patient with muscle wasting, atrophy, and bone erosion underwent joint arthroplasty under general anesthesia. The procedure involved replacing the damaged joint and addressing the underlying bone erosion. Anesthesia dosage was adjusted to maintain optimal pain control and sedation. Postoperatively, patient will receive physical therapy and appropriate medications to support muscle recovery and prevent further bone erosion.

2. Operative Note: Patient underwent bone biopsy under local anesthesia to investigate the extent and cause of bone erosion associated with muscle wasting and atrophy. A small bone sample was obtained for histopathological analysis. Local anesthesia dosage was carefully titrated to ensure patient comfort during the procedure. Results will guide further diagnostic and treatment decisions.

3. Operative Note: Patient with muscle wasting, atrophy, and bone erosion underwent corrective osteotomy under general anesthesia. The procedure involved repositioning and stabilizing the affected bone to restore proper alignment and mitigate further bone erosion. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control throughout the surgery. Postoperatively, patient will receive physical therapy and close monitoring of bone healing.

4. Operative Note: Patient with muscle wasting, atrophy, and bone erosion underwent bone grafting surgery under regional anesthesia. The procedure involved transplantation of bone grafts to fill the erosive defects and promote bone regeneration. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive physical therapy and close follow-up for bone healing assessment.

5. Operative Note: Patient with muscle wasting, atrophy, and bone erosion underwent joint debridement under local anesthesia. The procedure involved removing debris, inflammatory tissues, and erosive materials from the joint. Local anesthesia dosage was carefully titrated to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive physical therapy and appropriate medications to support muscle recovery and manage bone erosion.

6. Operative Note: Patient underwent imaging-guided bone biopsy under conscious sedation to evaluate bone erosion associated with muscle wasting and atrophy. The procedure involved obtaining bone samples for histopathological analysis. Conscious sedation and anesthesia dosage were carefully managed to maintain patient comfort and cooperation. Results will guide further diagnostic and treatment decisions.

7. Operative Note: Patient with muscle wasting, atrophy, and bone erosion underwent joint fusion surgery under general anesthesia. The procedure involved permanently joining two or more bones to stabilize the affected joint. General anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive physical therapy and close monitoring of bone fusion.

8. Operative Note: Patient with muscle wasting, atrophy, and bone erosion underwent bone remodeling surgery under regional anesthesia. The procedure involved reshaping and reinforcing the affected bone to correct deformities and prevent further bone erosion. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive physical therapy and close follow-up for bone healing assessment.

9. Operative Note: Patient underwent joint arthroscopy under local anesthesia to evaluate joint integrity and assess bone erosion associated with muscle wasting and atrophy. The procedure involved inserting a small camera into the joint to visualize and address any abnormalities. Local anesthesia dosage was carefully titrated to ensure patient comfort during the minimally invasive procedure. Findings will guide further treatment decisions.

10. Operative Note: Patient with muscle wasting, atrophy, and bone erosion underwent bone augmentation surgery under general anesthesia. The procedure involved the placement of bone grafts or synthetic materials to restore bone volume and strength. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control throughout the surgery. Postoperatively, patient will receive physical therapy and close monitoring of bone healing and erosion prevention.

1. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent surgical tumor resection under general anesthesia. The procedure involved removing the cancerous tumor that was causing the bone pain and erosion. Anesthesia dosage was carefully adjusted to ensure adequate pain control and sedation. Postoperatively, patient will receive comprehensive pain management and further oncological treatment as necessary.

2. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent vertebroplasty under local anesthesia. The procedure involved injecting bone cement into the fractured or eroded vertebra to stabilize it and alleviate pain. Local anesthesia dosage was titrated to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive pain management and physical therapy as needed.

3. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent joint denervation surgery under regional anesthesia. The procedure involved interrupting the pain-conducting nerves in the affected joint to relieve chronic pain. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative nerve monitoring. Postoperatively, patient will receive pain management and rehabilitation support.

4. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent kyphoplasty under general anesthesia. The procedure involved restoring the collapsed vertebra by inflating a balloon and injecting bone cement. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and physical therapy to support bone healing and muscle recovery.

5. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent bone metastasis stabilization surgery under general anesthesia. The procedure involved fixation of the affected bone using screws, plates, or intramedullary nails to alleviate pain and improve stability. Anesthesia dosage was carefully adjusted to ensure patient comfort throughout the procedure. Postoperatively, patient will receive pain management and further oncological treatment.

6. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent bone debridement surgery under local anesthesia. The procedure involved removing infected or necrotic bone tissue to relieve pain and prevent further complications. Local anesthesia dosage was titrated to ensure patient comfort during the procedure. Postoperatively, patient will receive pain management, antibiotic therapy, and close monitoring.

7. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent bone resection surgery under general anesthesia. The procedure involved removing a portion of the eroded bone to alleviate pain and improve function. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and rehabilitation to support bone healing and muscle recovery.

8. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent nerve decompression surgery under general anesthesia. The procedure involved releasing compressed nerves to relieve pain and improve muscle function. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive pain management and physical therapy as needed.

9. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent bone grafting surgery under regional anesthesia. The procedure involved transplanting bone grafts to the eroded area to promote bone healing and alleviate pain. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive pain management and rehabilitation to support bone integration.

10. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent joint fusion surgery under general anesthesia. The procedure involved permanently joining two or more bones to stabilize the affected joint and alleviate pain. General anesthesia dosage was adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive pain management and rehabilitation to support bone fusion and muscle recovery.

1. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent minimally invasive radiofrequency ablation under local anesthesia. The procedure involved using heat energy to destroy nerve endings responsible for transmitting pain signals. Local anesthesia dosage was adjusted to ensure patient comfort during the procedure. Postoperatively, patient will receive pain management and physical therapy as needed.

2. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent spinal fusion surgery under general anesthesia. The procedure involved joining two or more vertebrae to stabilize the spine and alleviate pain. Anesthesia dosage was carefully adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and rehabilitation to support spinal fusion and muscle recovery.

3. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent total joint replacement surgery under regional anesthesia. The procedure involved removing the damaged joint and replacing it with a prosthetic implant. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive pain management and physical therapy to support joint function and muscle recovery.

4. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent decompressive laminectomy surgery under general anesthesia. The procedure involved removing a portion of the vertebrae to relieve pressure on the spinal cord and alleviate pain. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and rehabilitation to support spinal cord decompression and muscle recovery.

5. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent percutaneous vertebroplasty under local anesthesia. The procedure involved injecting bone cement into the fractured vertebra to stabilize it and alleviate pain. Local anesthesia dosage was titrated to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive pain management and physical therapy as needed.

6. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent arthroscopic surgery under general anesthesia. The procedure involved inserting a small camera into the joint to visualize and address any abnormalities. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and rehabilitation to support joint function and muscle recovery.

7. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent osteotomy surgery under general anesthesia. The procedure involved cutting and realigning the affected bone to correct deformities and alleviate pain. Anesthesia dosage was adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive pain management and rehabilitation to support bone healing and muscle recovery.

8. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent tumor excision surgery under general anesthesia. The procedure involved removing the cancerous tumor that was causing the bone pain and erosion. Anesthesia dosage was carefully adjusted to ensure adequate pain control and sedation. Postoperatively, patient will receive comprehensive pain management and further oncological treatment as necessary.

9. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent fasciotomy surgery under regional anesthesia. The procedure involved making incisions to release tight or constricted muscles and relieve pressure, thereby reducing pain. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive pain management and physical therapy to optimize muscle recovery.

10. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent amputation surgery under general anesthesia. The procedure involved the removal of a limb affected by intractable pain and severe bone erosion. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive pain management and rehabilitative support to adapt to the amputation and optimize functional outcomes.

1. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent bone debridement and irrigation surgery under general anesthesia. The procedure involved removing infected or necrotic bone tissue and thoroughly cleaning the area to alleviate pain and prevent further complications. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management, antibiotic therapy, and close monitoring.

2. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent minimally invasive spinal fusion surgery under regional anesthesia. The procedure involved joining and stabilizing the affected vertebrae to alleviate pain and improve spinal alignment. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive pain management and physical therapy to support spinal fusion and muscle recovery.

3. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent bone stimulator implantation surgery under local anesthesia. The procedure involved placing an electrical device near the affected bone to promote bone healing and alleviate pain. Local anesthesia dosage was carefully titrated to ensure patient comfort during the procedure. Postoperatively, patient will receive pain management and regular follow-up for bone stimulation progress.

4. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent corrective osteotomy with bone grafting under general anesthesia. The procedure involved realigning the affected bone and transplanting bone grafts to restore bone integrity and alleviate pain. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and rehabilitation to support bone healing and muscle recovery.

5. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent joint arthrodesis surgery under general anesthesia. The procedure involved permanently fusing the affected joint to alleviate pain and provide stability. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive pain management and rehabilitation to support joint fusion and muscle recovery.

6. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent tumor embolization under conscious sedation. The procedure involved blocking the blood supply to a cancerous bone tumor to alleviate pain and slow down its growth. Conscious sedation and anesthesia dosage were managed to maintain patient comfort and cooperation. Postoperatively, patient will receive pain management and further oncological treatment as necessary.

7. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent intramedullary nailing under regional anesthesia. The procedure involved inserting a metal rod into the marrow cavity of the affected bone to stabilize fractures and alleviate pain. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive pain management and physical therapy to support bone healing and muscle recovery.

8. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent joint resurfacing surgery under general anesthesia. The procedure involved replacing the damaged joint surfaces with prosthetic components to improve joint function and alleviate pain. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and rehabilitation to support joint recovery and muscle strength.

9. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent endoscopic discectomy under local anesthesia. The procedure involved removing a herniated disc that was compressing spinal nerves, leading to pain and muscle wasting. Local anesthesia dosage was carefully titrated to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive pain management and physical therapy as needed.

10. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion underwent autologous bone marrow stem cell transplantation under general anesthesia. The procedure involved harvesting bone marrow cells from the patient's own body and injecting them into the affected bone to promote healing and alleviate pain. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive pain management and close monitoring of the stem cell transplantation outcomes.

1. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, along with a severe infection in the extremity's moving joint, underwent joint debridement and irrigation surgery under general anesthesia. The procedure involved removing infected tissue and thoroughly cleansing the joint to control the infection. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive aggressive antibiotic therapy, pain management, and close monitoring for infection control.

2. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, complicated by a severe infection in the moving joint, underwent joint fusion surgery under general anesthesia. The procedure involved permanently joining the affected joint to eradicate the infection, alleviate pain, and restore stability. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive intravenous antibiotics, pain management, and rehabilitation to support joint fusion and muscle recovery.

3. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with a severe infection in the extreme moving joint, underwent joint arthroplasty surgery under regional anesthesia. The procedure involved replacing the infected joint with a prosthetic implant to eradicate the infection, alleviate pain, and restore joint function. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive antibiotics, pain management, and physical therapy to support joint recovery and muscle strength.

4. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, presenting with a severe infection in the extreme moving joint, underwent septic joint drainage surgery under general anesthesia. The procedure involved draining the infected joint and irrigating it with antimicrobial solutions to control the infection. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive intravenous antibiotics, pain management, and close monitoring of the joint's infection status.

5. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, complicated by a severe infection in the extreme moving joint, underwent joint resection arthroplasty under general anesthesia. The procedure involved removing the infected joint surfaces and reconstructing it with prosthetic components to eradicate the infection, alleviate pain, and restore joint function. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive antibiotics, pain management, and rehabilitation to support joint recovery and muscle strength.

6. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with a severe infection in the extreme moving joint, underwent joint salvage surgery under general anesthesia. The procedure involved extensive debridement of infected tissue, reconstruction of damaged bone and joint structures, and thorough irrigation to control the infection. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive targeted antibiotic therapy, pain management, and close monitoring for infection resolution.

7. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, presenting with a severe infection in the extreme moving joint, underwent joint washout and debridement surgery under regional anesthesia. The procedure involved flushing the infected joint with sterile solutions and removing necrotic tissue to control the infection. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive intravenous antibiotics, pain management, and regular follow-up for infection status.

8. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, complicated by a severe infection in the extreme moving joint, underwent joint revision surgery under general anesthesia. The procedure involved removing the infected prosthetic joint components, thorough debridement, and re-implantation of new prosthetic components to eradicate the infection and restore joint function. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive antibiotics, pain management, and rehabilitation to support joint recovery and muscle strength.

9. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with a severe infection in the extreme moving joint, underwent joint arthroscopy with lavage and debridement under local anesthesia. The procedure involved using a small camera to visualize and clean the infected joint, removing infected tissue and debris. Local anesthesia dosage was carefully titrated to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive targeted antibiotic therapy, pain management, and physical therapy as needed.

10. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, presenting with a severe infection in the extreme moving joint, underwent joint amputation surgery under general anesthesia. The procedure involved removing the infected joint and surrounding tissues to control the infection and relieve pain. Anesthesia dosage was adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive intravenous antibiotics, pain management, and appropriate rehabilitation to adapt to the joint amputation.

1. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, accompanied by severe joint inflammation, underwent synovectomy surgery under general anesthesia. The procedure involved removing the inflamed synovial tissue to alleviate pain and control inflammation. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive anti-inflammatory medication, pain management, and physical therapy to support joint recovery and muscle strength.

2. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with significant joint inflammation, underwent joint corticosteroid injection under local anesthesia. The procedure involved injecting a corticosteroid medication into the affected joint to reduce inflammation and provide pain relief. Local anesthesia dosage was carefully titrated to ensure patient comfort during the procedure. Postoperatively, patient will receive pain management and regular follow-up for joint inflammation monitoring.

3. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, presenting with acute joint inflammation, underwent arthroscopic lavage and debridement surgery under regional anesthesia. The procedure involved flushing the joint with sterile solutions and removing inflamed tissue and debris to control inflammation. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive anti-inflammatory medication, pain management, and physical therapy to support joint recovery.

4. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, complicated by chronic joint inflammation, underwent joint arthroplasty surgery under general anesthesia. The procedure involved replacing the inflamed joint with a prosthetic implant to alleviate pain and restore joint function. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive anti-inflammatory medication, pain management, and rehabilitation to support joint recovery and muscle strength.

5. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with recurrent joint inflammation, underwent joint irrigation and drainage surgery under general anesthesia. The procedure involved flushing the inflamed joint with sterile solutions and draining any accumulated fluid to control inflammation. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive anti-inflammatory medication, pain management, and close monitoring for recurrent inflammation.

6. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, accompanied by severe joint inflammation, underwent arthroscopic synovial biopsy under local anesthesia. The procedure involved obtaining a small sample of inflamed synovial tissue for diagnostic purposes and to guide treatment decisions. Local anesthesia dosage was adjusted to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive targeted anti-inflammatory treatment, pain management, and appropriate follow-up.

7. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with systemic joint inflammation, underwent joint fusion surgery under general anesthesia. The procedure involved permanently joining the inflamed joint to alleviate pain and provide stability. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive systemic anti-inflammatory medication, pain management, and rehabilitation to support joint fusion and muscle recovery.

8. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, presenting with severe joint inflammation, underwent joint immobilization surgery under regional anesthesia. The procedure involved using external fixation or casts to immobilize the inflamed joint, allowing rest and reducing inflammation. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive anti-inflammatory medication, pain management, and regular follow-up for joint inflammation monitoring.

9. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, complicated by acute joint inflammation, underwent joint washout and debridement surgery under general anesthesia. The procedure involved flushing the inflamed joint with sterile solutions and removing inflamed tissue and debris to control inflammation. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive anti-inflammatory medication, pain management, and physical therapy to support joint recovery.

10. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with chronic joint inflammation, underwent joint arthroscopy with synovial biopsy under local anesthesia. The procedure involved visualizing the inflamed joint using a small camera and obtaining a sample of synovial tissue for diagnostic purposes. Local anesthesia dosage was carefully titrated to ensure patient comfort during the minimally invasive procedure. Postoperatively, patient will receive targeted anti-inflammatory treatment, pain management, and appropriate follow-up based on the biopsy results.

1. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, along with a suspected malignant tumor, underwent open biopsy and tumor excision surgery under general anesthesia. The procedure involved removing the tumor mass and obtaining tissue samples for pathological evaluation. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive close follow-up based on the tumor diagnosis, including potential referral to an oncologist for further treatment and monitoring.

2. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with a suspected autoimmune disorder, underwent synovial biopsy and joint exploration surgery under general anesthesia. The procedure involved obtaining synovial tissue samples for pathological examination and exploring the joint for signs of inflammation or damage. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive close follow-up based on the biopsy results, including potential referral to a rheumatologist for further evaluation and treatment.

3. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, accompanied by a suspected infection, underwent joint washout and debridement surgery under general anesthesia. The procedure involved thorough cleaning of the joint and removal of infected tissue for laboratory analysis. Anesthesia dosage was carefully adjusted to ensure patient comfort and minimize intraoperative complications. Postoperatively, patient will receive follow-up based on the infection diagnosis, including potential adjustment of antibiotic therapy and close monitoring of infection resolution.

4. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with suspected degenerative joint disease, underwent joint arthroscopy and cartilage evaluation surgery under regional anesthesia. The procedure involved visualizing the joint using a small camera and assessing the condition of the cartilage surfaces. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive follow-up based on the cartilage evaluation, including potential referral to a specialist for further treatment options such as joint preservation techniques or joint replacement.

5. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, accompanied by suspected nerve compression, underwent nerve decompression surgery under local anesthesia. The procedure involved relieving pressure on the affected nerve to alleviate pain and restore function. Local anesthesia dosage was carefully titrated to ensure patient comfort during the procedure. Postoperatively, patient will receive follow-up based on the nerve decompression results, including potential referral to a neurologist or physiotherapist for further evaluation and rehabilitation.

6. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with suspected metabolic bone disease, underwent bone biopsy and bone density evaluation surgery under general anesthesia. The procedure involved obtaining bone samples for pathological analysis and assessing bone density using specialized imaging techniques. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive follow-up based on the diagnosis, including potential referral to an endocrinologist for further evaluation and treatment of the metabolic bone disease.

7. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, accompanied by suspected osteoarthritis, underwent joint debridement and chondroplasty surgery under general anesthesia. The procedure involved removing damaged tissue and reshaping the joint surfaces to alleviate pain and improve joint function. Anesthesia dosage was adjusted to maintain appropriate sedation and pain control. Postoperatively, patient will receive follow-up based on the severity of osteoarthritis, including potential referral to a physical therapist for rehabilitation and lifestyle modifications.

8. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with suspected inflammatory myopathy, underwent muscle biopsy and electromyography (EMG) under local anesthesia. The procedure involved obtaining a muscle tissue sample for pathological examination and assessing muscle function using EMG. Local anesthesia dosage was carefully titrated to ensure patient comfort during the procedure. Postoperatively, patient will receive follow-up based on the biopsy and EMG results, including potential referral to a rheumatologist or neurologist for further evaluation and treatment.

9. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, with suspected connective tissue disorder, underwent synovial biopsy and genetic testing under regional anesthesia. The procedure involved obtaining synovial tissue samples for pathological examination and analyzing the patient's genetic profile for connective tissue disorder markers. Regional anesthesia dosage was adjusted to provide adequate pain control and allow intraoperative monitoring. Postoperatively, patient will receive follow-up based on the biopsy and genetic testing results, including potential referral to a geneticist or rheumatologist for further evaluation and management.

10. Operative Note: Patient with severe bone pain, muscle wasting, atrophy, and bone erosion, accompanied by suspected nerve entrapment, underwent nerve release surgery under local anesthesia. The procedure involved freeing the entrapped nerve to relieve pain and restore function. Local anesthesia dosage was carefully titrated to ensure patient comfort during the procedure. Postoperatively, patient will receive follow-up based on the nerve release results, including potential referral to a neurologist or physiotherapist for further evaluation and rehabilitation.

## M62.6 Muscle strain

Operative Note 1: Patient underwent surgical repair of a muscle strain in the right quadriceps. The surgical site was prepared and draped in a sterile fashion. A longitudinal incision was made over the affected muscle. The muscle was carefully dissected, and the torn fibers were identified. The edges of the muscle tear were approximated using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. A sterile dressing was applied, and the patient was instructed on postoperative care.

Operative Note 2: The patient presented with a muscle strain in the left hamstring. A small transverse incision was made over the site of injury. The muscle fibers were visualized, and the torn fibers were debrided. The remaining healthy fibers were reattached using non-absorbable sutures. Hemostasis was ensured, and the wound was closed in layers. The patient was advised on postoperative rehabilitation and instructed to follow up for wound evaluation.

Operative Note 3: The patient underwent operative management for a muscle strain in the right deltoid. A curvilinear incision was made over the affected area. The deltoid muscle was exposed, and the torn fibers were identified. The edges of the tear were trimmed and reapproximated using absorbable sutures. Adequate hemostasis was achieved, and the wound was closed in layers. A sterile dressing was applied, and the patient was provided with postoperative instructions and scheduled for a follow-up appointment.

Operative Note 4: Surgical repair of a muscle strain in the left gastrocnemius was performed on the patient. An elliptical incision was made over the site of injury. The muscle was visualized, and the damaged fibers were excised. The remaining healthy fibers were sutured together using absorbable sutures. Hemostasis was confirmed, and the wound was closed meticulously. The patient was advised on postoperative care and instructed to begin physical therapy for optimal recovery.

Operative Note 5: The patient presented with a muscle strain in the right biceps brachii. A transverse incision was made, exposing the affected muscle. The torn fibers were identified, trimmed, and repaired using non-absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient was educated about postoperative care and advised to refrain from activities that could strain the repaired muscle. A follow-up appointment was scheduled to assess healing progress.

Operative Note 6: A muscle strain repair was performed on the patient's left trapezius muscle. A vertical incision was made over the affected area. The torn muscle fibers were identified, debrided, and reapproximated using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient was informed about postoperative rehabilitation and given specific instructions to prevent excessive strain on the repaired muscle. A postoperative follow-up was planned for assessment of the surgical outcome.

Operative Note 7: Surgical intervention was performed on the patient with a muscle strain in the right pectoralis major. A curved incision was made over the affected muscle. The damaged fibers were carefully excised, and the healthy muscle tissue was sutured together using non-absorbable sutures. Adequate hemostasis was achieved, and the wound was closed meticulously. Postoperative instructions were provided, including pain management and gradual return to physical activity. The patient was scheduled for a follow-up visit to monitor progress.

Operative Note 8: The patient underwent surgical repair for a muscle strain in the left gluteus maximus. A curvilinear incision was made, allowing access to the affected muscle. The torn fibers were identified, debrided, and meticulously sutured using absorbable sutures. Hemostasis was ensured, and the wound was closed in layers. The patient was advised on postoperative care, including pain management and gradual mobilization. Follow-up appointments were scheduled to assess healing and guide rehabilitation.

Operative Note 9: A muscle strain repair was performed on the patient's right adductor muscles. A longitudinal incision was made over the injured area. The torn muscle fibers were visualized and trimmed, and the remaining healthy fibers were sutured together using non-absorbable sutures. Hemostasis was achieved, and the wound was closed meticulously. Postoperative instructions were provided, emphasizing the importance of rest and rehabilitation. The patient was scheduled for follow-up visits to monitor the healing process and guide physical therapy.

Operative Note 10: Surgical intervention was performed on the patient with a muscle strain in the left tibialis anterior. An oblique incision was made over the site of injury. The damaged muscle fibers were excised, and the remaining healthy fibers were repaired using absorbable sutures. Hemostasis was confirmed, and the wound was closed in layers. Postoperative care instructions were provided, including elevation, ice application, and gradual return to weight-bearing activities. The patient was scheduled for regular follow-up appointments to evaluate progress and adjust rehabilitation as necessary.

Operative Note 11: The patient underwent surgical repair for a muscle strain in the right rhomboids. A transverse incision was made over the affected area. The torn muscle fibers were identified, debrided, and meticulously reapproximated using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. Postoperative instructions were given, emphasizing the need for proper posture and avoiding activities that strain the repaired muscle. The patient was scheduled for follow-up visits to monitor healing progress and guide rehabilitation exercises.

Operative Note 12: Surgical intervention was performed on the patient with a muscle strain in the left latissimus dorsi. A curvilinear incision was made over the affected muscle. The torn fibers were carefully excised, and the remaining healthy fibers were sutured together using non-absorbable sutures. Hemostasis was ensured, and the wound was closed meticulously. The patient was educated about postoperative care, including gradual resumption of activities and avoidance of heavy lifting. Regular follow-up appointments were scheduled to assess the surgical outcome and monitor for any complications.

Operative Note 13: A muscle strain repair was performed on the patient's right soleus muscle. A longitudinal incision was made over the injured site. The torn muscle fibers were visualized, trimmed, and meticulously sutured using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. Postoperative instructions were provided, emphasizing the importance of rest, elevation, and gradual return to weight-bearing activities. The patient was scheduled for follow-up visits to evaluate healing progress and guide physical therapy for optimal recovery.

Operative Note 14: The patient underwent surgical repair of a muscle strain in the left rotator cuff. An arthroscopic approach was utilized, and portals were established for instrumentation. The torn muscle fibers were visualized and debrided using specialized arthroscopic instruments. Suture anchors were placed, and the remaining healthy fibers were meticulously reattached using non-absorbable sutures. Hemostasis was achieved, and the portals were closed. The patient was provided with postoperative instructions and scheduled for follow-up appointments to monitor recovery and guide rehabilitation exercises.

Operative Note 15: Surgical intervention was performed on the patient with a muscle strain in the right gastrocnemius. A medial approach was employed, and a longitudinal incision was made over the affected muscle. The torn fibers were identified, trimmed, and meticulously sutured together using absorbable sutures. Hemostasis was confirmed, and the wound was closed in layers. The patient was advised on postoperative care, including rest, elevation, and gradual progression of weight-bearing activities. Regular follow-up visits were scheduled to assess healing and guide physical therapy for optimal outcomes.

Operative Note 16: A muscle strain repair was performed on the patient's left rectus femoris. An oblique incision was made over the site of injury. The torn muscle fibers were carefully debrided, and the remaining healthy fibers were reapproximated using non-absorbable sutures. Hemostasis was ensured, and the wound was closed meticulously. Postoperative instructions were provided, emphasizing the need for protected weight-bearing and gradual strengthening exercises. The patient was scheduled for follow-up visits to evaluate healing progress and adjust rehabilitation protocols as necessary.

Operative Note 17: The patient presented with a muscle strain in the right gluteus medius. A curvilinear incision was made over the affected muscle. The torn fibers were identified, trimmed, and meticulously reattached using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient was educated on postoperative care, including pain management and gradual return to activities. Follow-up appointments were scheduled to assess healing, monitor for any complications, and guide physical therapy for optimal recovery.

Operative Note 18: Surgical repair was performed on the patient with a muscle strain in the left flexor hallucis longus. A longitudinal incision was made over the site of injury. The torn muscle fibers were visualized, debrided, and meticulously sutured together using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. Postoperative care instructions were provided, emphasizing the importance of immobilization and gradual reintroduction of weight-bearing activities. Regular follow-up visits were planned to monitor healing progress and guide rehabilitation efforts.

Operative Note 19: A muscle strain repair was performed on the patient's right serratus anterior. An oblique incision was made over the affected muscle. The torn fibers were carefully debrided, and the remaining healthy fibers were meticulously reapproximated using non-absorbable sutures. Hemostasis was ensured, and the wound was closed meticulously. The patient was advised on postoperative care, including protected movement and gradual strengthening exercises. Follow-up appointments were scheduled to evaluate healing progress and guide rehabilitation to restore full functionality.

Operative Note 20: The patient underwent surgical repair for a muscle strain in the left extensor digitorum longus. A transverse incision was made over the affected area. The torn muscle fibers were identified, debrided, and meticulously reattached using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. Postoperative instructions were provided, emphasizing the importance of rest, elevation, and gradual resumption of activities. Regular follow-up visits were scheduled to assess healing progress and guide the patient through rehabilitation exercises for optimal recovery.

Operative Note 21: Under general anesthesia, the patient underwent surgical repair of a muscle strain in the right quadriceps. The surgical site was prepared and draped in a sterile fashion. A longitudinal incision was made over the affected muscle. The muscle was carefully dissected, and the torn fibers were identified. The edges of the muscle tear were approximated using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well and was safely extubated postoperatively.

Operative Note 22: The patient received spinal anesthesia for surgical repair of a muscle strain in the left hamstring. After achieving adequate anesthesia, a small transverse incision was made over the site of injury. The muscle fibers were visualized, and the torn fibers were debrided. The remaining healthy fibers were reattached using non-absorbable sutures. Hemostasis was ensured, and the wound was closed in layers. The patient remained stable throughout the procedure, and the sensory and motor block subsided gradually postoperatively.

Operative Note 23: Under local anesthesia with sedation, the patient underwent operative management for a muscle strain in the right deltoid. A curvilinear incision was made over the affected area. The deltoid muscle was exposed, and the torn fibers were identified. The edges of the tear were trimmed and reapproximated using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient remained comfortable and cooperative throughout the procedure, and the sedation level was monitored closely.

Operative Note 24: The patient received regional anesthesia (femoral nerve block) for surgical repair of a muscle strain in the left gastrocnemius. An elliptical incision was made over the site of injury. The muscle was visualized, and the damaged fibers were excised. The remaining healthy fibers were sutured together using absorbable sutures. Hemostasis was confirmed, and the wound was closed meticulously. The patient remained hemodynamically stable, and adequate pain control was achieved with the regional anesthesia technique.

Operative Note 25: Under general anesthesia, the patient underwent surgical repair of a muscle strain in the right biceps brachii. A transverse incision was made, exposing the affected muscle. The torn fibers were identified, trimmed, and repaired using non-absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient maintained stable vital signs throughout the procedure, and anesthesia was smoothly reversed at the end of surgery.

Operative Note 26: The patient received epidural anesthesia for surgical intervention on a muscle strain in the left trapezius muscle. A vertical incision was made over the affected area. The torn muscle fibers were identified, debrided, and reapproximated using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient remained comfortable and pain-free during the procedure, and the epidural catheter was appropriately managed to ensure optimal pain control postoperatively.

Operative Note 27: Under monitored anesthesia care (MAC), the patient underwent surgical repair for a muscle strain in the right pectoralis major. A curved incision was made over the affected muscle. The damaged fibers were carefully excised, and the healthy muscle tissue was sutured together using non-absorbable sutures. Adequate hemostasis was achieved, and the wound was closed meticulously. The patient remained conscious but sedated throughout the procedure, with vital signs and anesthesia depth continuously monitored.

Operative Note 28: The patient received combined spinal-epidural anesthesia for surgical repair of a muscle strain in the left gluteus maximus. A curvilinear incision was made, allowing access to the affected muscle. The torn fibers were identified, debrided, and meticulously sutured using absorbable sutures. Hemostasis was ensured, and the wound was closed in layers. The patient experienced effective anesthesia and remained comfortable throughout the procedure, with adequate pain control maintained postoperatively.

Operative Note 29: Under general anesthesia, the patient underwent surgical repair for a muscle strain in the right adductor muscles. A longitudinal incision was made over the injured area. The torn muscle fibers were visualized and trimmed, and the remaining healthy fibers were sutured together using non-absorbable sutures. Hemostasis was achieved, and the wound was closed meticulously. The patient tolerated anesthesia well, and a smooth recovery was observed during the perioperative period.

Operative Note 30: The patient received local infiltration anesthesia with monitored sedation for a muscle strain repair in the right tibialis anterior. An oblique incision was made over the site of injury. The damaged muscle fibers were excised, and the remaining healthy fibers were repaired using absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient remained comfortable and cooperative throughout the procedure, with close monitoring of vital signs and sedation level.

Operative Note 31: The patient underwent surgical repair for a muscle strain with associated bone erosion in the right quadriceps. Under general anesthesia, a longitudinal incision was made over the affected area. The torn muscle fibers were identified, and the erosive bone surface was carefully debrided. The muscle was then reattached to the remaining healthy bone using non-absorbable sutures. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well and was transferred to the recovery area for further monitoring.

Operative Note 32: Surgical intervention was performed on the patient with a muscle strain and bone erosion in the left hamstring. After administering spinal anesthesia, a small transverse incision was made over the site of injury. The damaged muscle fibers were debrided, and the eroded bone surface was meticulously prepared. The muscle was reattached to the remaining healthy bone using specialized techniques and non-absorbable sutures. Hemostasis was ensured, and the wound was closed in layers. The patient's vital signs remained stable throughout the procedure, and postoperative pain control was initiated.

Operative Note 33: The patient presented with a muscle strain and bone erosion in the right deltoid. Under local anesthesia with sedation, a curvilinear incision was made over the affected area. The torn muscle fibers were debrided, and the eroded bone surface was carefully addressed. The muscle was reattached to the remaining healthy bone using absorbable sutures supplemented with anchors. Hemostasis was achieved, and the wound was closed meticulously. The patient remained comfortable and cooperative during the procedure, and postoperative pain management was provided.

Operative Note 34: A muscle strain repair with associated bone erosion was performed on the patient's left gastrocnemius. Under general anesthesia, an elliptical incision was made over the affected area. The torn muscle fibers were identified, debrided, and reattached to the remaining healthy bone using a combination of non-absorbable sutures and bone anchors. The erosive bone surface was carefully addressed to promote healing. Hemostasis was confirmed, and the wound was closed in layers. The patient was extubated successfully and transferred to the post-anesthesia care unit for further observation.

Operative Note 35: The patient received spinal anesthesia for surgical repair of a muscle strain and bone erosion in the right biceps brachii. After achieving adequate anesthesia, a transverse incision was made, exposing the affected area. The torn muscle fibers were debrided, and the eroded bone surface was meticulously prepared. The muscle was then reattached to the remaining healthy bone using non-absorbable sutures and anchors. Hemostasis was achieved, and the wound was closed meticulously. The patient's sensory and motor block subsided gradually, and postoperative pain management was initiated.

Operative Note 36: Under general anesthesia, the patient underwent surgical repair for a muscle strain with associated bone erosion in the left trapezius muscle. A vertical incision was made over the affected area. The torn muscle fibers were debrided, and the eroded bone surface was carefully addressed. The muscle was reattached to the remaining healthy bone using specialized techniques, non-absorbable sutures, and bone grafting as required. Hemostasis was ensured, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain control was provided.

Operative Note 37: Surgical intervention was performed on the patient with a muscle strain and bone erosion in the right pectoralis major. Under local anesthesia with monitored sedation, a curved incision was made over the affected area. The damaged muscle fibers were debrided, and the eroded bone surface was meticulously prepared. The muscle was reattached to the remaining healthy bone using absorbable sutures supplemented with bone anchors. Hemostasis was achieved, and the wound was closed meticulously. The patient remained comfortable and cooperative during the procedure, and postoperative pain management was initiated.

Operative Note 38: The patient underwent surgical repair for a muscle strain with associated bone erosion in the left gluteus maximus. Under combined spinal-epidural anesthesia, a curvilinear incision was made over the affected area. The torn muscle fibers were debrided, and the eroded bone surface was carefully addressed. The muscle was reattached to the remaining healthy bone using non-absorbable sutures and bone grafting. Hemostasis was achieved, and the wound was closed in layers. The patient experienced effective anesthesia and remained stable throughout the procedure.

Operative Note 39: Under general anesthesia, the patient underwent surgical repair for a muscle strain and bone erosion in the right adductor muscles. A longitudinal incision was made over the injured area. The torn muscle fibers were identified, and the erosive bone surface was meticulously debrided and prepared. The muscle was then reattached to the remaining healthy bone using specialized techniques, non-absorbable sutures, and bone grafting as necessary. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain control was initiated.

Operative Note 40: The patient received local infiltration anesthesia with monitored sedation for surgical repair of a muscle strain with associated bone erosion in the right tibialis anterior. An oblique incision was made over the site of injury. The damaged muscle fibers were debrided, and the eroded bone surface was meticulously addressed. The muscle was reattached to the remaining healthy bone using absorbable sutures supplemented with bone grafting. Hemostasis was confirmed, and the wound was closed in layers. The patient remained comfortable and cooperative throughout the procedure, with close monitoring of vital signs and sedation level.

Operative Note 41: The patient underwent surgical repair for a muscle strain with severe bone pain in the right quadriceps. Under general anesthesia, a longitudinal incision was made over the affected area. The torn muscle fibers were identified and repaired using non-absorbable sutures. Additionally, measures were taken to address the severe bone pain, including careful debridement of the eroded bone surface, application of bone grafts, and insertion of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and postoperative pain management was initiated.

Operative Note 42: Surgical intervention was performed on the patient with a muscle strain and severe bone pain in the left hamstring. After administering spinal anesthesia, a small transverse incision was made over the site of injury. The damaged muscle fibers were meticulously repaired using absorbable sutures. Attention was also given to alleviate the severe bone pain, involving debridement of the eroded bone surface and the application of bone grafts. Hemostasis was ensured, and the wound was closed meticulously. The patient remained stable throughout the procedure, and appropriate pain management strategies were employed postoperatively.

Operative Note 43: The patient presented with a muscle strain and severe bone pain in the right deltoid. Under local anesthesia with sedation, a curvilinear incision was made over the affected area. The torn muscle fibers were repaired using non-absorbable sutures, and efforts were made to address the severe bone pain. This involved meticulous debridement of the eroded bone surface and the application of bone grafts. Hemostasis was achieved, and the wound was closed meticulously. The patient remained comfortable and cooperative during the procedure, with close monitoring of vital signs and pain control measures.

Operative Note 44: A muscle strain repair with severe bone pain was performed on the patient's left gastrocnemius. Under general anesthesia, an elliptical incision was made over the affected area. The torn muscle fibers were identified and repaired using specialized techniques. Simultaneously, measures were taken to alleviate the severe bone pain, including meticulous debridement of the eroded bone surface, application of bone grafts, and administration of local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient was extubated successfully and transferred to the post-anesthesia care unit for further observation and pain management.

Operative Note 45: The patient received spinal anesthesia for surgical repair of a muscle strain and severe bone pain in the right biceps brachii. After achieving adequate anesthesia, a transverse incision was made over the affected area. The damaged muscle fibers were repaired using non-absorbable sutures, while addressing the severe bone pain. This involved meticulous debridement of the eroded bone surface and the application of bone grafts. Hemostasis was confirmed, and the wound was closed meticulously. The patient's sensory and motor block subsided gradually, and postoperative pain management was initiated.

Operative Note 46: Under general anesthesia, the patient underwent surgical repair for a muscle strain with severe bone pain in the left trapezius muscle. A vertical incision was made over the affected area. The torn muscle fibers were repaired using absorbable sutures, while also addressing the severe bone pain. This included meticulous debridement of the eroded bone surface, application of bone grafts, and the use of pain-relieving local anesthetics. Hemostasis was ensured, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate pain control measures were instituted postoperatively.

Operative Note 47: Surgical intervention was performed on the patient with a muscle strain and severe bone pain in the right pectoralis major. Under local anesthesia with monitored sedation, a curved incision was made over the affected area. The damaged muscle fibers were repaired using absorbable sutures, and efforts were made to address the severe bone pain. This involved meticulous debridement of the eroded bone surface, application of bone grafts, and the use of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed meticulously. The patient remained comfortable and cooperative throughout the procedure, and postoperative pain control measures were implemented.

Operative Note 48: Under combined spinal-epidural anesthesia, the patient underwent surgical repair for a muscle strain with severe bone pain in the left gluteus maximus. A curvilinear incision was made over the affected area. The torn muscle fibers were repaired using non-absorbable sutures, while simultaneously addressing the severe bone pain. This included meticulous debridement of the eroded bone surface, application of bone grafts, and the administration of local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient experienced effective anesthesia and remained stable throughout the procedure, with close attention to postoperative pain management.

Operative Note 49: Under general anesthesia, the patient underwent surgical repair for a muscle strain and severe bone pain in the right adductor muscles. A longitudinal incision was made over the injured area. The torn muscle fibers were identified and repaired using specialized techniques. Simultaneously, measures were taken to alleviate the severe bone pain, including meticulous debridement of the eroded bone surface, application of bone grafts, and the administration of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain control measures were instituted.

Operative Note 50: The patient received local infiltration anesthesia with monitored sedation for surgical repair of a muscle strain with severe bone pain in the right tibialis anterior. An oblique incision was made over the site of injury. The damaged muscle fibers were repaired using absorbable sutures, while addressing the severe bone pain. This involved meticulous debridement of the eroded bone surface, application of bone grafts, and the use of pain-relieving local anesthetics. Hemostasis was confirmed, and the wound was closed in layers. The patient remained comfortable and cooperative throughout the procedure, with close monitoring of vital signs and pain control interventions.

Operative Note 51: A surgical intervention was performed on the patient with a severe muscle strain and bone erosion in the right quadriceps. Under general anesthesia, a longitudinal incision was made over the affected area. The torn muscle fibers were meticulously debrided, and the eroded bone surface was addressed. Surgical repair involved reattaching the muscle to the remaining healthy bone using non-absorbable sutures and reinforcing with bone anchors. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and postoperative pain management was initiated.

Operative Note 52: Under combined spinal-epidural anesthesia, the patient underwent a surgical intervention for a muscle strain with severe bone pain and erosion in the left hamstring. An incision was made over the site of injury, exposing the affected area. The damaged muscle fibers were repaired, and meticulous attention was given to address the bone erosion. Surgical measures included debridement of the eroded bone surface, bone grafting, and secure reattachment of the muscle using non-absorbable sutures and anchors. Hemostasis was confirmed, and the wound was closed meticulously. The patient's postoperative pain was adequately managed.

Operative Note 53: A surgical intervention was performed on the patient with a muscle strain and severe bone pain in the right deltoid. Under general anesthesia, a curvilinear incision was made over the affected area. The torn muscle fibers were repaired using specialized techniques, and concurrent surgical measures were taken to address the severe bone pain. This included meticulous debridement of the eroded bone surface, application of bone grafts, and the use of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed meticulously. The patient's recovery was uneventful, with appropriate pain control measures implemented.

Operative Note 54: The patient underwent a surgical intervention for a severe muscle strain with associated bone erosion in the left gastrocnemius. Under general anesthesia, an incision was made over the affected area. The damaged muscle fibers were repaired, and concurrent surgical measures were taken to address the bone erosion. These measures included meticulous debridement of the eroded bone surface, bone grafting, and the application of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient's anesthesia was well-maintained, and postoperative pain control measures were instituted.

Operative Note 55: Under general anesthesia, the patient underwent a surgical intervention for a muscle strain and severe bone pain in the right biceps brachii. An incision was made over the affected area, and the torn muscle fibers were repaired. Concurrent surgical measures were taken to address the severe bone pain, including meticulous debridement of the eroded bone surface, bone grafting, and the administration of pain-relieving local anesthetics. Hemostasis was confirmed, and the wound was closed meticulously. The patient tolerated the procedure well, and appropriate postoperative pain management strategies were employed.

Operative Note 56: A surgical intervention was performed on the patient with a severe muscle strain and bone erosion in the left trapezius muscle. Under general anesthesia, a vertical incision was made over the affected area. The torn muscle fibers were repaired, and measures were taken to address the bone erosion. These measures included meticulous debridement of the eroded bone surface, bone grafting, and the application of pain-relieving local anesthetics. Hemostasis was ensured, and the wound was closed in layers. The patient's anesthesia was well-maintained, and postoperative pain control measures were instituted.

Operative Note 57: Under local anesthesia with sedation, the patient underwent a surgical intervention for a muscle strain with severe bone pain and erosion in the right pectoralis major. An incision was made over the affected area, providing access to the torn muscle fibers for repair. Concurrent surgical measures were taken to address the severe bone pain, including meticulous debridement of the eroded bone surface, bone grafting, and the administration of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed meticulously. The patient remained comfortable and cooperative throughout the procedure, with close monitoring of vital signs and pain control interventions.

Operative Note 58: The patient received spinal anesthesia for a surgical intervention of a severe muscle strain with bone erosion in the right gluteus maximus. After achieving adequate anesthesia, an incision was made over the affected area. The damaged muscle fibers were repaired, and simultaneous surgical measures were taken to address the bone erosion. These measures included meticulous debridement of the eroded bone surface, bone grafting, and the administration of local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient experienced effective anesthesia and remained stable throughout the procedure, with appropriate postoperative pain management.

Operative Note 59: A surgical intervention was performed on the patient with a muscle strain and severe bone pain in the left adductor muscles. Under general anesthesia, a longitudinal incision was made over the injured area. The torn muscle fibers were identified and repaired using specialized techniques. Concurrent surgical measures were taken to address the severe bone pain, including meticulous debridement of the eroded bone surface, bone grafting, and the use of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain control measures were implemented.

Operative Note 60: Under local infiltration anesthesia with monitored sedation, the patient underwent a surgical intervention for a muscle strain with severe bone pain and erosion in the right tibialis anterior. An incision was made over the site of injury, exposing the affected area. The damaged muscle fibers were repaired, and concurrent surgical measures were taken to address the severe bone pain. These measures included meticulous debridement of the eroded bone surface, bone grafting, and the use of pain-relieving local anesthetics. Hemostasis was confirmed, and the wound was closed meticulously. The patient remained comfortable and cooperative throughout the procedure, with close monitoring of vital signs and pain control interventions.

Operative Note 61: The patient underwent a surgical intervention for a severe muscle strain with associated bone erosion in the right quadriceps. Under general anesthesia, an incision was made over the affected area. The torn muscle fibers were meticulously repaired, and measures were taken to address the bone erosion. This included thorough debridement of the eroded bone surface, bone grafting, and the application of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain management was initiated.

Operative Note 62: Under combined spinal-epidural anesthesia, the patient underwent a surgical intervention for a muscle strain with severe bone pain and erosion in the left hamstring. A longitudinal incision was made over the site of injury, exposing the affected area. The torn muscle fibers were repaired using specialized techniques, and concurrent surgical measures were taken to address the severe bone pain. This involved meticulous debridement of the eroded bone surface, bone grafting, and the administration of pain-relieving local anesthetics. Hemostasis was confirmed, and the wound was closed meticulously. The patient's recovery was uneventful, with appropriate pain control measures implemented.

Operative Note 63: A surgical intervention was performed on the patient with a severe muscle strain and bone erosion in the right deltoid. Under general anesthesia, an incision was made over the affected area. The damaged muscle fibers were repaired using non-absorbable sutures, while measures were taken to address the bone erosion. This involved meticulous debridement of the eroded bone surface, bone grafting, and the use of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed meticulously. The patient's anesthesia was well-maintained, and postoperative pain control measures were instituted.

Operative Note 64: The patient underwent a surgical intervention for a severe muscle strain with associated bone erosion in the left gastrocnemius. Under general anesthesia, an incision was made over the affected area. The torn muscle fibers were repaired using specialized techniques, while addressing the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the application of pain-relieving local anesthetics. Hemostasis was ensured, and the wound was closed in layers. The patient's anesthesia was well-maintained, and postoperative pain control measures were implemented.

Operative Note 65: Under general anesthesia, the patient underwent a surgical intervention for a muscle strain and severe bone pain in the right biceps brachii. An incision was made over the affected area, providing access to the torn muscle fibers for repair. Concurrent surgical measures were taken to address the severe bone pain, including meticulous debridement of the eroded bone surface, bone grafting, and the administration of pain-relieving local anesthetics. Hemostasis was confirmed, and the wound was closed meticulously. The patient's postoperative pain was adequately managed.

Operative Note 66: A surgical intervention was performed on the patient with a severe muscle strain and bone erosion in the left trapezius muscle. Under general anesthesia, a vertical incision was made over the affected area. The torn muscle fibers were repaired using specialized techniques, while measures were taken to address the bone erosion. This involved meticulous debridement of the eroded bone surface, bone grafting, and the use of pain-relieving local anesthetics. Hemostasis was ensured, and the wound was closed in layers. The patient's anesthesia was well-maintained, and postoperative pain control measures were instituted.

Operative Note 67: Under local anesthesia with sedation, the patient underwent a surgical intervention for a muscle strain with severe bone pain and erosion in the right pectoralis major. An incision was made over the affected area, providing access to the torn muscle fibers for repair. Concurrent surgical measures were taken to address the severe bone pain, including meticulous debridement of the eroded bone surface, bone grafting, and the administration of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed meticulously. The patient remained comfortable and cooperative throughout the procedure, with close monitoring of vital signs and pain control interventions.

Operative Note 68: The patient received spinal anesthesia for a surgical intervention of a severe muscle strain with bone erosion in the right gluteus maximus. After achieving adequate anesthesia, an incision was made over the affected area. The damaged muscle fibers were repaired using non-absorbable sutures, while addressing the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the use of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient experienced effective anesthesia and remained stable throughout the procedure, with appropriate postoperative pain management.

Operative Note 69: A surgical intervention was performed on the patient with a muscle strain and severe bone pain in the left adductor muscles. Under general anesthesia, a longitudinal incision was made over the injured area. The torn muscle fibers were identified and repaired using specialized techniques. Concurrent surgical measures were taken to address the severe bone pain, including meticulous debridement of the eroded bone surface, bone grafting, and the administration of pain-relieving local anesthetics. Hemostasis was achieved, and the wound was closed in layers. The patient tolerated the procedure well, and appropriate postoperative pain control measures were implemented.

Operative Note 70: Under local infiltration anesthesia with monitored sedation, the patient underwent a surgical intervention for a muscle strain with severe bone pain and erosion in the right tibialis anterior. An incision was made over the site of injury, exposing the affected area. The damaged muscle fibers were repaired using absorbable sutures, while addressing the severe bone pain. This involved meticulous debridement of the eroded bone surface, bone grafting, and the use of pain-relieving local anesthetics. Hemostasis was confirmed, and the wound was closed meticulously. The patient remained comfortable and cooperative throughout the procedure, with close monitoring of vital signs and pain control interventions.

Operative Note 71: A surgical intervention was performed on the patient with a severe muscle strain and an associated severe infection on the extreme moving joint in the right shoulder. Under general anesthesia, a curvilinear incision was made over the affected area, revealing extensive tissue inflammation and purulent discharge. The infected tissues were thoroughly debrided, and cultures were obtained for microbiological analysis. A combination of appropriate antibiotics was administered intravenously. The torn muscle fibers were repaired, and measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was irrigated and closed meticulously. The patient's postoperative antibiotic therapy was optimized.

Operative Note 72: Under combined spinal-epidural anesthesia, the patient underwent a surgical intervention for a muscle strain with severe infection on the extreme moving joint in the left knee. An incision was made over the site of infection, revealing signs of inflammation and abscess formation. The infected tissues were thoroughly debrided, and samples were sent for culture analysis. Intravenous antibiotics were administered, targeting the identified pathogens. The torn muscle fibers were repaired, and concurrent measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed in layers. The patient's postoperative recovery involved close monitoring of the infection and continuation of appropriate antibiotic therapy.

Operative Note 73: A surgical intervention was performed on the patient with a severe muscle strain and a complicated infection on the extreme moving joint in the right hip. Under general anesthesia, an extensive incision was made, exposing the infected joint space. The joint was thoroughly irrigated with antiseptic solutions, and extensive debridement of infected tissues was performed. Cultures were obtained for microbiological analysis, and intravenous antibiotics were administered according to sensitivity results. The torn muscle fibers were repaired, and measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed meticulously. The patient's postoperative course involved aggressive infection control measures and antibiotic therapy.

Operative Note 74: Under general anesthesia, the patient underwent a surgical intervention for a muscle strain with severe infection on the extreme moving joint in the left elbow. An incision was made over the infected joint, revealing signs of deep tissue infection and pus accumulation. The infected tissues were meticulously debrided, and samples were sent for culture and sensitivity testing. Intravenous antibiotics were administered based on the identified pathogens. The torn muscle fibers were repaired, and concurrent measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed meticulously. The patient's postoperative management involved close monitoring of the infection and appropriate antibiotic therapy.

Operative Note 75: A surgical intervention was performed on the patient with a severe muscle strain and a deep-seated infection on the extreme moving joint in the right ankle. Under general anesthesia, an incision was made over the affected joint, revealing purulent discharge and extensive tissue inflammation. The infected tissues were meticulously debrided, and samples were obtained for culture and sensitivity analysis. Intravenous antibiotics were administered, targeting the identified pathogens. The torn muscle fibers were repaired, and measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed in layers. The patient's postoperative recovery involved careful infection control and appropriate antibiotic therapy.

Operative Note 76: Under local anesthesia with sedation, the patient underwent a surgical intervention for a muscle strain with severe infection on the extreme moving joint in the left wrist. An incision was made over the infected area, revealing signs of inflammation and localized abscess formation. The infected tissues were meticulously debrided, and samples were sent for culture and sensitivity testing. Intravenous antibiotics were initiated based on the culture results. The torn muscle fibers were repaired, and concurrent measures were taken to address the severe bone erosion. Hemostasis was confirmed, and the wound was closed meticulously. The patient's postoperative management involved close monitoring of the infection and continuation of appropriate antibiotic therapy.

Operative Note 77: The patient underwent a surgical intervention for a severe muscle strain with an associated severe infection on the extreme moving joint in the right hip. Under general anesthesia, an incision was made over the infected joint, revealing purulent discharge and extensive tissue involvement. The infected tissues were thoroughly debrided, and cultures were obtained for microbiological analysis. Intravenous antibiotics were administered based on the culture and sensitivity results. The torn muscle fibers were repaired, and measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed meticulously. The patient's postoperative course involved aggressive infection control measures and continued antibiotic therapy.

Operative Note 78: Under combined spinal-epidural anesthesia, the patient underwent a surgical intervention for a muscle strain with severe infection on the extreme moving joint in the left shoulder. An incision was made over the infected joint, revealing extensive tissue inflammation and purulent discharge. The infected tissues were meticulously debrided, and samples were sent for culture and sensitivity testing. Intravenous antibiotics were initiated, targeting the identified pathogens. The torn muscle fibers were repaired, and measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed meticulously. The patient's postoperative management involved close monitoring of the infection and continuation of appropriate antibiotic therapy.

Operative Note 79: A surgical intervention was performed on the patient with a severe muscle strain and a complicated infection on the extreme moving joint in the right knee. Under general anesthesia, an extensive incision was made, revealing deep tissue infection and abscess formation. The infected tissues were thoroughly debrided, and cultures were obtained for microbiological analysis. Intravenous antibiotics were administered based on culture results. The torn muscle fibers were repaired, and concurrent measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed in layers. The patient's postoperative recovery involved aggressive infection control measures and tailored antibiotic therapy.

Operative Note 80: Under general anesthesia, the patient underwent a surgical intervention for a muscle strain with severe infection on the extreme moving joint in the left elbow. An incision was made over the infected joint, revealing signs of deep tissue infection and pus accumulation. The infected tissues were meticulously debrided, and samples were sent for culture and sensitivity testing. Intravenous antibiotics were administered based on the identified pathogens. The torn muscle fibers were repaired, and measures were taken to address the severe bone erosion. Hemostasis was achieved, and the wound was closed meticulously. The patient's postoperative management involved close monitoring of the infection and appropriate antibiotic therapy.

Operative Note 81: Under general anesthesia, the patient underwent a surgical intervention for a muscle strain with severe inflammation and associated bone erosion in the right quadriceps. An incision was made over the affected area, revealing extensive tissue inflammation and swelling. The inflamed tissues were carefully dissected and debrided to reduce the inflammatory response. The torn muscle fibers were repaired using specialized techniques, and measures were taken to address the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the application of anti-inflammatory agents. Hemostasis was achieved, and the wound was closed in layers. The patient's postoperative recovery involved close monitoring of inflammation and appropriate pain management.

Operative Note 82: A surgical intervention was performed on the patient with a severe muscle strain and marked inflammation in the left hamstring. Under general anesthesia, an incision was made over the affected area. The inflamed tissues were carefully dissected and debrided to alleviate the inflammatory response. The torn muscle fibers were repaired using specialized techniques, and concurrent measures were taken to address the bone erosion. This involved meticulous debridement of the eroded bone surface, bone grafting, and the use of anti-inflammatory medications. Hemostasis was confirmed, and the wound was closed meticulously. The patient's anesthesia was well-maintained, and postoperative care focused on inflammation control and pain management.

Operative Note 83: Under combined spinal-epidural anesthesia, the patient underwent a surgical intervention for a muscle strain with severe inflammation and bone erosion in the right deltoid. A curvilinear incision was made over the site of injury, providing access to the affected area. The inflamed tissues were carefully dissected and debrided to reduce inflammation. The torn muscle fibers were repaired using specialized techniques, and measures were taken to address the bone erosion. This involved meticulous debridement of the eroded bone surface, bone grafting, and the application of anti-inflammatory agents. Hemostasis was achieved, and the wound was closed meticulously. The patient's postoperative recovery involved close monitoring of inflammation, pain control, and appropriate rehabilitation.

Operative Note 84: Under general anesthesia, the patient underwent a surgical intervention for a severe muscle strain with associated bone erosion and significant inflammation in the left gastrocnemius. An incision was made over the affected area, revealing marked tissue inflammation and swelling. The inflamed tissues were carefully dissected and debrided to alleviate the inflammatory response. The torn muscle fibers were repaired using specialized techniques, while addressing the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the application of anti-inflammatory agents. Hemostasis was ensured, and the wound was closed in layers. The patient's anesthesia was well-maintained, and appropriate postoperative care focused on inflammation control and pain management.

Operative Note 85: A surgical intervention was performed on the patient with a severe muscle strain and extensive inflammation in the right biceps brachii. Under general anesthesia, a longitudinal incision was made over the affected area. The inflamed tissues were carefully dissected and debrided to alleviate the inflammatory response. The torn muscle fibers were repaired using specialized techniques, and measures were taken to address the bone erosion. This involved meticulous debridement of the eroded bone surface, bone grafting, and the use of anti-inflammatory medications. Hemostasis was ensured, and the wound was closed meticulously. The patient's anesthesia was well-maintained, and postoperative care focused on inflammation control and pain management.

Operative Note 86: Under general anesthesia, the patient underwent a surgical intervention for a muscle strain with severe inflammation and associated bone erosion in the left trapezius muscle. An incision was made over the affected area, revealing marked tissue inflammation and swelling. The inflamed tissues were carefully dissected and debrided to reduce inflammation. The torn muscle fibers were repaired using specialized techniques, while addressing the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the application of anti-inflammatory agents. Hemostasis was achieved, and the wound was closed meticulously. The patient's anesthesia was well-maintained, and appropriate postoperative care focused on inflammation control and pain management.

Operative Note 87: Under combined spinal-epidural anesthesia, the patient underwent a surgical intervention for a muscle strain with severe inflammation and bone erosion in the right latissimus dorsi. A curvilinear incision was made over the site of injury, providing access to the affected area. The inflamed tissues were carefully dissected and debrided to reduce inflammation. The torn muscle fibers were repaired using specialized techniques, and measures were taken to address the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the use of anti-inflammatory medications. Hemostasis was achieved, and the wound was closed meticulously. The patient's anesthesia was well-maintained, and postoperative care focused on inflammation control and pain management.

Operative Note 88: Under general anesthesia, the patient underwent a surgical intervention for a severe muscle strain with associated bone erosion and significant inflammation in the left quadriceps. An incision was made over the affected area, revealing marked tissue inflammation and swelling. The inflamed tissues were carefully dissected and debrided to alleviate the inflammatory response. The torn muscle fibers were repaired using specialized techniques, while addressing the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the application of anti-inflammatory agents. Hemostasis was ensured, and the wound was closed in layers. The patient's anesthesia was well-maintained, and appropriate postoperative care focused on inflammation control and pain management.

Operative Note 89: A surgical intervention was performed on the patient with a severe muscle strain and extensive inflammation in the right hamstring. Under general anesthesia, a longitudinal incision was made over the affected area. The inflamed tissues were carefully dissected and debrided to alleviate the inflammatory response. The torn muscle fibers were repaired using specialized techniques, and measures were taken to address the bone erosion. This involved meticulous debridement of the eroded bone surface, bone grafting, and the use of anti-inflammatory medications. Hemostasis was ensured, and the wound was closed meticulously. The patient's anesthesia was well-maintained, and postoperative care focused on inflammation control and pain management.

Operative Note 90: Under general anesthesia, the patient underwent a surgical intervention for a muscle strain with severe inflammation and associated bone erosion in the left deltoid. An incision was made over the affected area, revealing extensive tissue inflammation and swelling. The inflamed tissues were carefully dissected and debrided to reduce the inflammatory response. The torn muscle fibers were repaired using specialized techniques, and measures were taken to address the bone erosion. This included meticulous debridement of the eroded bone surface, bone grafting, and the application of anti-inflammatory agents. Hemostasis was achieved, and the wound was closed in layers. The patient's anesthesia was well-maintained, and appropriate postoperative care focused on inflammation control and pain management.

Operative Note 91: A surgical intervention was performed on the patient with a severe muscle strain in the right quadriceps. Under local anesthesia, an incision was made over the affected area, revealing significant muscle fiber tears. The torn muscle fibers were meticulously repaired using sutures. Postoperatively, the patient will require a period of immobilization followed by a tailored rehabilitation program. Physical therapy sessions will be scheduled to restore strength and flexibility gradually. The patient's progress will be closely monitored through regular follow-up visits to assess the effectiveness of the treatment and adjust the rehabilitation plan accordingly.

Operative Note 92: Under general anesthesia, the patient underwent a surgical intervention for a moderate muscle strain in the left hamstring. An incision was made over the affected area, and the injured muscle fibers were repaired using sutures. Postoperatively, the patient will be advised to rest and avoid strenuous activities for a specific period. Regular follow-up visits will be scheduled to assess the healing process and ensure the patient's compliance with the prescribed rehabilitation protocol. Additional imaging studies may be considered if there are concerns about the extent of healing or any complications.

Operative Note 93: A surgical intervention was performed on the patient with a mild muscle strain in the right biceps brachii. Under local anesthesia, a small incision was made over the affected area, and the torn muscle fibers were repaired using sutures. The patient will be advised to rest the affected arm and gradually resume normal activities based on pain tolerance. Follow-up visits will be scheduled to assess the patient's progress and provide guidance on stretching exercises and gradual strengthening. If necessary, further imaging or additional interventions may be considered depending on the patient's response to conservative treatment.

Operative Note 94: Under general anesthesia, the patient underwent a surgical intervention for a severe muscle strain in the left gastrocnemius. An extensive incision was made to access the damaged muscle fibers, which were repaired using sutures. Given the severity of the injury, the patient will require an extended period of immobilization and complete rest. Regular follow-up visits will be scheduled to monitor the healing process and evaluate the need for further interventions or modifications to the rehabilitation plan. Imaging studies may be performed to assess the extent of healing and guide the timeline for gradual return to physical activity.

Operative Note 95: A surgical intervention was performed on the patient with a moderate muscle strain in the right quadriceps. Under general anesthesia, an incision was made over the affected area, and the torn muscle fibers were meticulously repaired using sutures. Postoperatively, the patient will require a period of immobilization followed by a progressive rehabilitation program. The patient will be closely monitored through regular follow-up visits to assess the effectiveness of the treatment, manage pain, and adjust the rehabilitation plan as needed. The timing of return to activities will depend on the patient's response to treatment and overall recovery progress.

Operative Note 96: Under local anesthesia, the patient underwent a surgical intervention for a mild muscle strain in the left hamstring. A small incision was made over the affected area, and the injured muscle fibers were repaired using sutures. The patient will be advised to rest and gradually increase activity based on symptoms. Follow-up visits will be scheduled to evaluate the patient's progress and provide guidance on stretching exercises and gradual strengthening. Additional interventions or imaging studies may be considered if there is a lack of improvement or if complications arise.

Operative Note 97: A surgical intervention was performed on the patient with a severe muscle strain in the right deltoid. Under general anesthesia, an incision was made over the affected area, and the torn muscle fibers were meticulously repaired using sutures. Given the severity of the injury, the patient will require a period of immobilization followed by an intensive rehabilitation program. Close follow-up visits will be scheduled to monitor the patient's progress, manage pain, and adjust the rehabilitation plan accordingly. Imaging studies may be performed to assess healing and guide the timeline for return to full functionality.

Operative Note 98: Under general anesthesia, the patient underwent a surgical intervention for a moderate muscle strain in the left quadriceps. An incision was made over the affected area, and the torn muscle fibers were repaired using sutures. Postoperatively, the patient will be advised to rest, apply ice, and gradually introduce gentle stretching exercises. Regular follow-up visits will be scheduled to assess the healing progress and guide the patient's rehabilitation plan. Depending on the patient's response to treatment, further interventions such as physical therapy or advanced imaging studies may be considered.

Operative Note 99: Under local anesthesia, the patient underwent a surgical intervention for a mild muscle strain in the right biceps brachii. A small incision was made over the affected area, and the injured muscle fibers were repaired using sutures. The patient will be advised to rest the affected arm and gradually increase activity based on symptoms. Follow-up visits will be scheduled to assess the patient's progress, provide guidance on stretching exercises, and monitor the need for additional interventions. Depending on the patient's response to treatment, modifications to the rehabilitation plan may be made.

Operative Note 100: A surgical intervention was performed on the patient with a severe muscle strain in the left gastrocnemius. Under general anesthesia, an extensive incision was made to repair the damaged muscle fibers using sutures. Postoperatively, the patient will require a period of immobilization and strict adherence to non-weight-bearing protocols. Frequent follow-up visits will be scheduled to monitor the healing process, manage pain, and guide the patient's rehabilitation program. Imaging studies may be performed to assess the progress of healing and determine the appropriate time for gradual return to weight-bearing activities.

## M62.8 Other specified disorders of muscle

1. Operative Note: Patient underwent excisional biopsy for other specified disorder of muscle. A longitudinal incision was made over the affected muscle. Dissection was carried down to the deep fascia. The abnormal muscle tissue was identified and completely excised. Hemostasis was achieved, and the wound was closed in layers. Specimen was sent for histopathological examination.

2. Operative Note: Patient underwent muscle biopsy for other specified disorder. A transverse incision was made over the affected muscle. The muscle fibers were exposed, and a small section was excised. Hemostasis was achieved using electrocautery. The wound was closed with absorbable sutures. The biopsy specimen was preserved for further evaluation.

3. Operative Note: Patient underwent myotomy for other specified disorder of muscle. A midline incision was made over the affected muscle group. The muscle fibers were identified and carefully divided using electrocautery. Hemostasis was ensured, and the wound was closed in layers. Postoperative imaging confirmed successful myotomy.

4. Operative Note: Patient underwent muscle exploration for other specified disorder. A curvilinear incision was made over the affected muscle region. The muscle was explored, and abnormal tissue was identified. A biopsy was performed, and the tissue samples were sent for analysis. Hemostasis was achieved, and the wound was closed with sutures.

5. Operative Note: Patient underwent muscle resection for other specified disorder. A transverse incision was made over the affected muscle group. Dissection was carried down to the muscle fibers, and a segment of the abnormal muscle was excised. Hemostasis was achieved, and the wound was closed in layers. The excised muscle tissue was sent for pathological examination.

6. Operative Note: Patient underwent muscle release for other specified disorder. A longitudinal incision was made over the contracted muscle. Careful dissection was performed, releasing the fibrotic bands and restoring muscle length. The muscle was checked for adequate mobility and range of motion. Hemostasis was ensured, and the wound was closed with sutures.

7. Operative Note: Patient underwent muscle tenotomy for other specified disorder. A transverse incision was made over the affected muscle tendon junction. The tendon was identified, and a tenotomy was performed. The tendon ends were separated, and the tension was relieved. Hemostasis was achieved, and the incision was closed with sutures.

8. Operative Note: Patient underwent muscle debridement for other specified disorder. A curvilinear incision was made over the affected muscle region. Necrotic or damaged muscle tissue was excised meticulously. Thorough irrigation was performed to ensure a clean wound bed. Hemostasis was achieved, and the wound was closed in layers.

9. Operative Note: Patient underwent muscle transfer for other specified disorder. A zigzag incision was made over the donor and recipient muscles. The muscle was detached from its insertion, transferred, and reattached to the recipient site. The transferred muscle was secured in position, and adequate blood supply was ensured. Wound closure was performed meticulously.

10. Operative Note: Patient underwent muscle reconstruction for other specified disorder. An elliptical incision was made over the affected muscle group. The muscle was dissected free from surrounding tissues and carefully repaired using sutures. Hemostasis was achieved, and the wound was closed in layers. Postoperative imaging confirmed successful muscle reconstruction.

Operative Note: Patient underwent muscle fasciotomy for other specified disorder. A longitudinal incision was made over the affected muscle compartment. The fascia was carefully incised to relieve the compartmental pressure. Hemostasis was ensured, and the wound was closed with sutures. Postoperatively, the patient showed improved muscle perfusion and decreased symptoms.

Operative Note: Patient underwent muscle lengthening for other specified disorder. A curvilinear incision was made over the contracted muscle group. The muscle was lengthened by performing a Z-plasty technique. The muscle ends were repositioned, and the tension was adjusted to achieve optimal length. Hemostasis was achieved, and the wound was closed in layers.

Operative Note: Patient underwent muscle augmentation for other specified disorder. A transverse incision was made over the muscle of interest. A muscle graft or implant was carefully positioned and secured to augment the existing muscle. Hemostasis was achieved, and the wound was closed with sutures. Postoperative assessment revealed improved muscle strength and function.

Operative Note: Patient underwent muscle neurolysis for other specified disorder. A midline incision was made over the affected muscle region. Nerve fibers entrapped within fibrous tissue were identified and carefully released. Hemostasis was ensured, and the wound was closed in layers. Postoperatively, the patient experienced relief from nerve compression symptoms.

Operative Note: Patient underwent muscle denervation for other specified disorder. A transverse incision was made over the affected muscle area. The motor nerve innervating the muscle was identified and surgically severed. Hemostasis was achieved, and the wound was closed with sutures. The procedure resulted in targeted muscle paralysis for therapeutic purposes.

Operative Note: Patient underwent muscle transplantation for other specified disorder. A curvilinear incision was made over the donor and recipient muscle sites. The donor muscle was carefully dissected, harvested, and transplanted to the recipient site. Vascular anastomosis was performed to ensure adequate blood supply. The incisions were closed meticulously.

Operative Note: Patient underwent muscle strengthening procedure for other specified disorder. A longitudinal incision was made over the affected muscle group. The muscle was reinforced using synthetic mesh or autologous tissue graft. The reinforcement was secured in place, and the wound was closed in layers. Postoperatively, the patient demonstrated improved muscle stability.

Operative Note: Patient underwent muscle stimulation for other specified disorder. Electrodes were implanted into the affected muscle. The muscle was stimulated using electrical impulses to promote muscle contraction and strength. The incisions were closed, and the patient was instructed on the use of an external stimulation device for continued therapy.

Operative Note: Patient underwent muscle repair for other specified disorder. A transverse incision was made over the damaged muscle region. The torn muscle fibers were carefully approximated and sutured together. Hemostasis was achieved, and the wound was closed in layers. Postoperative assessment revealed improved muscle integrity and function.

Operative Note: Patient underwent muscle realignment for other specified disorder. An oblique incision was made over the misaligned muscle group. The muscle fibers were repositioned to correct the alignment and restore optimal function. The realigned muscle was secured in place, and the wound was closed with sutures. Postoperatively, the patient exhibited improved muscle coordination and range of motion.

Operative Note: Patient underwent excisional biopsy for other specified disorder of muscle under general anesthesia. After induction, endotracheal intubation was performed. Maintenance anesthesia was achieved with sevoflurane and a total intravenous anesthetic technique. The procedure was performed as described in Operative Note 1. The patient tolerated the procedure well, and anesthesia was smoothly reversed.

Operative Note: Patient underwent muscle release for other specified disorder under regional anesthesia. Spinal anesthesia was administered, achieving a sensory block up to T10. The procedure was performed as described in Operative Note 6. The patient remained stable throughout the procedure, and the regional anesthesia was gradually reversed postoperatively.

Operative Note: Patient underwent muscle reconstruction for other specified disorder under combined general and regional anesthesia. After induction, a laryngeal mask airway was inserted for maintenance anesthesia with sevoflurane. Additionally, a femoral nerve block was performed for regional anesthesia. The procedure was performed as described in Operative Note 10. The patient had a smooth intraoperative course, and anesthesia was appropriately reversed.

Operative Note: Patient underwent muscle augmentation for other specified disorder under monitored anesthesia care (MAC). Intravenous sedation was achieved with propofol and analgesia was provided with fentanyl. The procedure was performed as described in Operative Note 3. The patient remained comfortable and cooperative throughout the procedure, with MAC monitoring ensuring optimal anesthesia levels.

Operative Note: Patient underwent muscle denervation for other specified disorder under local anesthesia. Lidocaine with epinephrine was infiltrated at the surgical site for anesthesia and hemostasis. The procedure was performed as described in Operative Note 5. The patient tolerated the procedure well, with minimal discomfort and satisfactory anesthesia effect.

Operative Note: Patient underwent muscle neurolysis for other specified disorder under general anesthesia with balanced anesthesia technique. Induction was achieved with propofol and maintained with a combination of sevoflurane and intravenous opioids. The procedure was performed as described in Operative Note 4. The patient had stable vital signs throughout the surgery, and anesthesia was smoothly reversed.

Operative Note: Patient underwent muscle transfer for other specified disorder under epidural anesthesia. After epidural placement, a sensory block up to T10 was achieved. The procedure was performed as described in Operative Note 9. The patient remained comfortable and cooperative during the surgery, and the epidural anesthesia was gradually reversed postoperatively.

Operative Note: Patient underwent muscle lengthening for other specified disorder under general anesthesia with a modified rapid sequence induction technique. Induction was performed with etomidate and succinylcholine. Maintenance anesthesia was achieved with sevoflurane and intravenous opioids. The procedure was performed as described in Operative Note 2. The patient's airway was well-maintained, and anesthesia was smoothly reversed.

Operative Note: Patient underwent muscle fasciotomy for other specified disorder under local anesthesia with intravenous sedation. Lidocaine with epinephrine was infiltrated at the surgical site for anesthesia and hemostasis. The procedure was performed as described in Operative Note 1. The patient remained comfortable and cooperative, and intravenous sedation provided additional relaxation and pain control.

Operative Note: Patient underwent muscle resection for other specified disorder under general anesthesia with total intravenous anesthesia (TIVA). Induction was achieved with propofol and maintained with a propofol infusion and remifentanil. The procedure was performed as described in Operative Note 5. The patient had a stable intraoperative course, and anesthesia was appropriately reversed at the end of the surgery.

Operative Note: Patient underwent muscle debridement and bone erosion repair for other specified disorder. A curvilinear incision was made over the affected muscle region. Necrotic or damaged muscle tissue was excised, and the eroded bone surfaces were carefully debrided. Bone grafts were utilized to restore the integrity of the eroded areas. Hemostasis was achieved, and the wound was closed in layers.

Operative Note: Patient underwent muscle transfer with bone erosion reconstruction for other specified disorder. An elliptical incision was made over the donor and recipient muscle sites. The donor muscle, along with a bone graft, was carefully dissected, harvested, and transplanted to the recipient site. The bone graft was utilized to reconstruct the eroded bone surfaces. Vascular anastomosis was performed, and the incisions were closed meticulously.

Operative Note: Patient underwent muscle release and bone erosion repair for other specified disorder. A longitudinal incision was made over the contracted muscle, extending to the adjacent eroded bone area. The fibrotic bands causing contracture were released, and the eroded bone surfaces were thoroughly debrided. Bone grafts were utilized to fill the eroded areas. Hemostasis was ensured, and the wound was closed with sutures.

Operative Note: Patient underwent muscle reconstruction with bone erosion management for other specified disorder. A transverse incision was made over the affected muscle group, including the eroded bone region. The muscle was dissected free from surrounding tissues, and the eroded bone surfaces were addressed. Bone grafts were used to restore the eroded areas, and the muscle was repaired. Hemostasis was achieved, and the wound was closed in layers.

Operative Note: Patient underwent muscle tenotomy and bone erosion repair for other specified disorder. A transverse incision was made over the affected muscle tendon junction, extending to the eroded bone area. The tendon was identified and tenotomy was performed, followed by careful debridement of the eroded bone surfaces. Bone grafts were utilized to reconstruct the eroded areas. Hemostasis was achieved, and the incision was closed with sutures.

Operative Note: Patient underwent muscle realignment with bone erosion management for other specified disorder. An oblique incision was made over the misaligned muscle group, including the adjacent eroded bone region. The muscle fibers were repositioned to correct the alignment, and the eroded bone surfaces were addressed. Bone grafts were used to fill the eroded areas. The realigned muscle was secured in place, and the wound was closed with sutures.

Operative Note: Patient underwent muscle transfer and bone erosion reconstruction with external fixation for other specified disorder. Zigzag incisions were made over the donor and recipient muscle sites, including the eroded bone regions. The donor muscle, along with bone grafts, was harvested and transplanted. External fixation devices were utilized to stabilize the eroded bone areas. The incisions were closed meticulously.

Operative Note: Patient underwent muscle augmentation with bone erosion repair for other specified disorder. A transverse incision was made over the muscle of interest, including the adjacent eroded bone region. The muscle augmentation procedure was performed, and bone grafts were utilized to reconstruct the eroded areas. Hemostasis was achieved, and the wound was closed with sutures.

Operative Note: Patient underwent muscle lengthening with bone erosion management for other specified disorder. A curvilinear incision was made over the contracted muscle group, extending to the adjacent eroded bone area. The muscle was lengthened using appropriate techniques, and the eroded bone surfaces were addressed. Bone grafts were utilized to restore the eroded areas. Hemostasis was ensured, and the wound was closed in layers.

Operative Note: Patient underwent muscle repair with bone erosion reconstruction for other specified disorder. A longitudinal incision was made over the damaged muscle region, including the eroded bone area. The torn muscle fibers were carefully approximated and sutured together, and the eroded bone surfaces were addressed. Bone grafts were utilized to fill the eroded areas. Hemostasis was achieved, and the wound was closed in layers.

Operative Note: Patient underwent muscle debridement and bone erosion repair for other specified disorder. Despite severe bone pain, a curvilinear incision was made over the affected muscle region. Necrotic or damaged muscle tissue was excised, and the eroded bone surfaces were carefully debrided. Bone grafts were utilized to restore the integrity of the eroded areas. Hemostasis was achieved, and the wound was closed in layers. Postoperatively, the patient experienced significant relief from bone pain.

Operative Note: Patient underwent muscle release and bone erosion repair for other specified disorder. Despite severe bone pain, a longitudinal incision was made over the contracted muscle, extending to the adjacent eroded bone area. The fibrotic bands causing contracture were released, and the eroded bone surfaces were thoroughly debrided. Bone grafts were utilized to fill the eroded areas. Hemostasis was ensured, and the wound was closed with sutures. The procedure provided relief from severe bone pain.

Operative Note: Patient underwent muscle reconstruction with bone erosion management for other specified disorder. Despite severe bone pain, a transverse incision was made over the affected muscle group, including the eroded bone region. The muscle was dissected free from surrounding tissues, and the eroded bone surfaces were addressed. Bone grafts were used to restore the eroded areas, and the muscle was repaired. Hemostasis was achieved, and the wound was closed in layers. The patient experienced a significant reduction in severe bone pain postoperatively.

Operative Note: Patient underwent muscle tenotomy and bone erosion repair for other specified disorder. Despite severe bone pain, a transverse incision was made over the affected muscle tendon junction, extending to the eroded bone area. The tendon was identified, and tenotomy was performed, followed by careful debridement of the eroded bone surfaces. Bone grafts were utilized to reconstruct the eroded areas. Hemostasis was achieved, and the incision was closed with sutures. The patient reported relief from severe bone pain after the procedure.

Operative Note: Patient underwent muscle realignment with bone erosion management for other specified disorder. Despite severe bone pain, an oblique incision was made over the misaligned muscle group, including the adjacent eroded bone region. The muscle fibers were repositioned to correct the alignment, and the eroded bone surfaces were addressed. Bone grafts were used to fill the eroded areas. The realigned muscle was secured in place, and the wound was closed with sutures. The procedure resulted in a significant reduction in severe bone pain.

Operative Note: Patient underwent muscle transfer and bone erosion reconstruction with external fixation for other specified disorder. Despite severe bone pain, zigzag incisions were made over the donor and recipient muscle sites, including the eroded bone regions. The donor muscle, along with bone grafts, was harvested and transplanted. External fixation devices were utilized to stabilize the eroded bone areas. The incisions were closed meticulously. The patient experienced relief from severe bone pain after the procedure.

Operative Note: Patient underwent muscle augmentation with bone erosion repair for other specified disorder. Despite severe bone pain, a transverse incision was made over the muscle of interest, including the adjacent eroded bone region. The muscle augmentation procedure was performed, and bone grafts were utilized to reconstruct the eroded areas. Hemostasis was achieved, and the wound was closed with sutures. The patient reported a significant reduction in severe bone pain postoperatively.

Operative Note: Patient underwent muscle lengthening with bone erosion management for other specified disorder. Despite severe bone pain, a curvilinear incision was made over the contracted muscle group, extending to the adjacent eroded bone area. The muscle was lengthened using appropriate techniques, and the eroded bone surfaces were addressed. Bone grafts were utilized to restore the eroded areas. Hemostasis was ensured, and the wound was closed in layers. The procedure provided relief from severe bone pain.

Operative Note: Patient underwent muscle repair with bone erosion reconstruction for other specified disorder. Despite severe bone pain, a longitudinal incision was made over the damaged muscle region, including the eroded bone area. The torn muscle fibers were carefully approximated and sutured together, and the eroded bone surfaces were addressed. Bone grafts were utilized to fill the eroded areas. Hemostasis was achieved, and the wound was closed in layers. The patient experienced a significant reduction in severe bone pain after the procedure.

Operative Note: Patient underwent muscle transfer with bone erosion management and nerve decompression for other specified disorder. Despite severe bone pain, an incision was made over the donor and recipient muscle sites, including the eroded bone regions. The donor muscle, along with bone grafts, was harvested and transplanted. In addition, nerve decompression was performed to alleviate associated pain. The incisions were closed meticulously. Postoperatively, the patient reported significant relief from severe bone pain.

Operative Note: Patient underwent muscle release and tendon lengthening for other specified disorder. A longitudinal incision was made over the contracted muscle, and the fibrotic bands causing contracture were released. Tendon lengthening was performed to restore proper muscle function. Hemostasis was achieved, and the incision was closed in layers. The patient showed improved range of motion postoperatively.

Operative Note: Patient underwent muscle resection and reconstruction for other specified disorder. An elliptical incision was made over the affected muscle group, and the excess muscle tissue was excised. The remaining muscle fibers were then meticulously repaired to enhance muscle strength and function. Hemostasis was achieved, and the wound was closed with sutures. The patient experienced improved muscle control following the procedure.

Operative Note: Patient underwent muscle transfer and neurolysis for other specified disorder. Zigzag incisions were made over the donor and recipient muscle sites. The donor muscle was harvested and carefully transplanted to the recipient site. Additionally, neurolysis was performed to release any entrapped nerves and optimize muscle function. Hemostasis was ensured, and the incisions were closed meticulously. The patient exhibited improved muscle coordination and reduced pain postoperatively.

Operative Note: Patient underwent muscle augmentation with implant insertion for other specified disorder. A transverse incision was made over the muscle of interest, and a suitable implant was inserted to enhance muscle volume and contour. The implant was secured in place, and the incision was closed meticulously. The patient achieved the desired aesthetic outcome and reported improved muscle appearance.

Operative Note: Patient underwent muscle transfer and joint stabilization for other specified disorder. An incision was made over the donor and recipient muscle sites, and the donor muscle was harvested and transplanted to the recipient site. Additionally, joint stabilization was performed to enhance joint integrity and prevent recurrent muscle dysfunction. Hemostasis was achieved, and the incisions were closed with sutures. The patient demonstrated improved muscle strength and joint stability postoperatively.

Operative Note: Patient underwent muscle tenotomy and tendon repair for other specified disorder. A transverse incision was made over the affected muscle tendon junction, and the tendon was identified and carefully released through tenotomy. Subsequently, the tendon ends were meticulously repaired to restore proper muscle-tendon function. Hemostasis was achieved, and the incision was closed with sutures. The patient showed improved muscle-tendon coordination following the procedure.

Operative Note: Patient underwent muscle transfer and bone fixation for other specified disorder. Longitudinal incisions were made over the donor and recipient muscle sites, and the donor muscle was harvested and transplanted. Additionally, bone fixation was performed to stabilize the eroded bone areas and provide a solid foundation for muscle attachment. The incisions were closed meticulously, and the patient experienced improved muscle function and reduced pain.

Operative Note: Patient underwent muscle lengthening and joint arthroplasty for other specified disorder. A curvilinear incision was made over the contracted muscle group, and the muscle was lengthened using appropriate techniques. In addition, joint arthroplasty was performed to address any associated joint deformities. Hemostasis was ensured, and the incision was closed in layers. The patient exhibited increased muscle length and improved joint mobility postoperatively.

Operative Note: Patient underwent muscle transfer and nerve decompression for other specified disorder. An oblique incision was made over the donor and recipient muscle sites, and the donor muscle was harvested and transplanted. Concurrently, nerve decompression was performed to relieve any nerve compression and improve muscle function. The incisions were closed meticulously, and the patient showed enhanced muscle strength and decreased pain after the procedure.

Operative Note: Patient underwent muscle release and joint fusion for other specified disorder. A transverse incision was made over the contracted muscle group, and the fibrotic bands causing contracture were released. Additionally, joint fusion was performed to stabilize the affected joint and prevent further muscle dysfunction. Hemostasis was achieved, and the wound was closed with sutures. The patient demonstrated improved muscle flexibility and joint stability following the surgery.

Operative Note: Patient underwent muscle biopsy for other specified disorder. A small incision was made over the affected muscle, and a sample of muscle tissue was excised for histopathological examination. Hemostasis was achieved, and the incision was closed with sutures. The biopsy results revealed characteristic findings consistent with the specified disorder.

Operative Note: Patient underwent muscle denervation for other specified disorder. An incision was made over the targeted muscle group, and the nerve supply to the muscle was carefully identified and surgically interrupted. Hemostasis was achieved, and the incision was closed meticulously. The procedure aimed to alleviate muscle spasms and improve overall muscle function.

Operative Note: Patient underwent muscle debridement and wound closure for other specified disorder. A curvilinear incision was made over the affected muscle region, and necrotic or damaged muscle tissue was excised. The wound was thoroughly irrigated, and appropriate wound closure techniques were employed. Hemostasis was achieved, and the wound was closed in layers.

Operative Note: Patient underwent muscle exploration and lysis of adhesions for other specified disorder. An incision was made over the affected muscle group, and careful exploration was performed to identify and release any adhered structures. Adhesiolysis was carried out, restoring normal muscle mobility. Hemostasis was achieved, and the incision was closed with sutures.

Operative Note: Patient underwent muscle reinnervation for other specified disorder. An incision was made over the affected muscle, and the severed nerve ends were identified and meticulously reconnected. The reinnervation procedure aimed to restore proper nerve supply to the muscle, promoting functional recovery. Hemostasis was ensured, and the incision was closed meticulously.

Operative Note: Patient underwent muscle repair and reinforcement for other specified disorder. A longitudinal incision was made over the damaged muscle region, and the torn muscle fibers were carefully approximated and sutured together. Additionally, a reinforcing mesh or graft was utilized to provide additional structural support. Hemostasis was achieved, and the wound was closed in layers.

Operative Note: Patient underwent muscle transfer and capsulorrhaphy for other specified disorder. Incisions were made over the donor and recipient muscle sites, and the donor muscle was harvested and transplanted. Concurrently, capsulorrhaphy was performed to tighten and stabilize the associated joint. Hemostasis was ensured, and the incisions were closed meticulously.

Operative Note: Patient underwent muscle fasciotomy for other specified disorder. A longitudinal incision was made over the affected muscle compartment, and the fascial compartment was carefully released to relieve pressure and restore proper muscle perfusion. Hemostasis was achieved, and the incision was closed with sutures. The procedure aimed to alleviate symptoms associated with compartment syndrome.

Operative Note: Patient underwent muscle lengthening and tendon transfer for other specified disorder. A curvilinear incision was made over the contracted muscle group, and appropriate techniques were employed to lengthen the muscle. Concurrently, a tendon transfer procedure was performed to optimize muscle-tendon function. Hemostasis was ensured, and the incision was closed in layers.

Operative Note: Patient underwent muscle reconstruction with autograft for other specified disorder. An incision was made over the affected muscle region, and a suitable autograft was harvested and transplanted to reconstruct the deficient muscle tissue. Hemostasis was achieved, and the incision was closed meticulously. The procedure aimed to restore muscle strength and function.

Operative Note: Patient underwent muscle debridement and joint irrigation for other specified disorder with severe infection on the extreme moving joint. A longitudinal incision was made over the affected muscle region and extended to the infected joint. Necrotic muscle tissue was excised, and thorough irrigation of the joint with antimicrobial solutions was performed. Hemostasis was achieved, and the incision was closed in layers. Postoperatively, the patient received appropriate antibiotic therapy to address the severe infection.

Operative Note: Patient underwent muscle release and joint washout for other specified disorder with severe infection on the extreme moving joint. An incision was made over the contracted muscle group, and the fibrotic bands causing contracture were released. Subsequently, a meticulous joint washout was performed to remove infected debris and promote healing. Hemostasis was ensured, and the incision was closed with sutures. The patient received appropriate antibiotic treatment to manage the severe joint infection.

Operative Note: Patient underwent muscle reconstruction and joint debridement for other specified disorder with severe infection on the extreme moving joint. Zigzag incisions were made over the affected muscle and the infected joint. The muscle was reconstructed using appropriate techniques, and thorough debridement of the infected joint was carried out. Hemostasis was achieved, and the incisions were closed meticulously. Postoperatively, the patient received targeted antibiotic therapy to address the severe joint infection.

Operative Note: Patient underwent muscle transfer and joint arthroplasty for other specified disorder with severe infection on the extreme moving joint. Longitudinal incisions were made over the donor and recipient muscle sites, as well as the infected joint. The donor muscle was harvested and transplanted, while the infected joint was replaced with an arthroplasty implant. Hemostasis was ensured, and the incisions were closed meticulously. The patient received appropriate antibiotic treatment to manage the severe joint infection.

Operative Note: Patient underwent muscle tenotomy and joint revision for other specified disorder with severe infection on the extreme moving joint. An incision was made over the affected muscle tendon junction and extended to the infected joint. Tenotomy was performed, followed by thorough joint revision to remove infected tissues. Hemostasis was achieved, and the incision was closed with sutures. The patient received targeted antibiotic therapy to address the severe joint infection.

Operative Note: Patient underwent muscle augmentation and joint fusion for other specified disorder with severe infection on the extreme moving joint. Transverse incisions were made over the muscle of interest and the infected joint. Muscle augmentation was performed to enhance muscle function, while joint fusion was carried out to stabilize the infected joint. Hemostasis was achieved, and the incisions were closed meticulously. The patient received appropriate antibiotic treatment to manage the severe joint infection.

Operative Note: Patient underwent muscle transfer and joint resection for other specified disorder with severe infection on the extreme moving joint. Curvilinear incisions were made over the donor and recipient muscle sites, as well as the infected joint. The donor muscle was harvested and transplanted, while joint resection was performed to remove infected joint surfaces. Hemostasis was ensured, and the incisions were closed meticulously. The patient received targeted antibiotic therapy to address the severe joint infection.

Operative Note: Patient underwent muscle lengthening and joint debridement for other specified disorder with severe infection on the extreme moving joint. A transverse incision was made over the contracted muscle group and extended to the infected joint. Muscle lengthening was performed to restore proper muscle-tendon function, while joint debridement was carried out to remove infected tissues. Hemostasis was achieved, and the incision was closed in layers. The patient received appropriate antibiotic treatment to manage the severe joint infection.

Operative Note: Patient underwent muscle repair and joint irrigation for other specified disorder with severe infection on the extreme moving joint. A curvilinear incision was made over the damaged muscle region, and meticulous repair of torn muscle fibers was performed. Subsequently, the infected joint was thoroughly irrigated with antimicrobial solutions. Hemostasis was achieved, and the incision was closed with sutures. Postoperatively, the patient received targeted antibiotic therapy to address the severe joint infection.

Operative Note: Patient underwent muscle exploration and joint washout for other specified disorder with severe infection on the extreme moving joint. An incision was made over the affected muscle group, and careful exploration was performed to identify and address any underlying issues. Concurrently, a thorough joint washout was carried out to remove infected debris. Hemostasis was ensured, and the incision was closed meticulously. The patient received appropriate antibiotic treatment to manage the severe joint infection.

Operative Note: Patient underwent muscle biopsy for other specified disorder with severe inflammation. A small incision was made over the affected muscle, and a sample of inflamed muscle tissue was excised for further examination. Hemostasis was achieved, and the incision was closed with sutures. The biopsy results confirmed the presence of significant inflammation consistent with the specified disorder.

Operative Note: Patient underwent muscle debridement and inflammation control for other specified disorder. An incision was made over the inflamed muscle region, and necrotic or infected tissue was carefully excised. Thorough irrigation and cleaning of the area were performed to reduce inflammation. Hemostasis was achieved, and the incision was closed in layers. The procedure aimed to alleviate symptoms associated with severe inflammation.

Operative Note: Patient underwent muscle release and anti-inflammatory treatment for other specified disorder. A longitudinal incision was made over the contracted muscle group, and the fibrotic bands causing contracture were released. Concurrently, anti-inflammatory medications were administered directly to the affected muscle to control inflammation. Hemostasis was ensured, and the incision was closed with sutures.

Operative Note: Patient underwent muscle reconstruction and immunomodulatory therapy for other specified disorder with chronic inflammation. Zigzag incisions were made over the affected muscle region, and appropriate techniques were employed to reconstruct the damaged muscle. Additionally, immunomodulatory therapy was administered to modulate the immune response and control chronic inflammation. Hemostasis was achieved, and the incisions were closed meticulously.

Operative Note: Patient underwent muscle transfer and corticosteroid injection for other specified disorder with localized inflammation. Longitudinal incisions were made over the donor and recipient muscle sites, and the donor muscle was harvested and transplanted. In addition, a corticosteroid injection was administered to the area of localized inflammation for immediate relief. Hemostasis was ensured, and the incisions were closed meticulously.

Operative Note: Patient underwent muscle tenotomy and anti-inflammatory therapy for other specified disorder with recurrent inflammation. An incision was made over the affected muscle tendon junction, and tenotomy was performed to address the underlying pathology. Concurrently, anti-inflammatory therapy was initiated to reduce recurrent inflammation. Hemostasis was achieved, and the incision was closed with sutures.

Operative Note: Patient underwent muscle augmentation and non-steroidal anti-inflammatory drug (NSAID) treatment for other specified disorder with moderate inflammation. Transverse incisions were made over the muscle of interest, and appropriate augmentation techniques were employed. Additionally, NSAID treatment was initiated postoperatively to control moderate inflammation. Hemostasis was achieved, and the incisions were closed meticulously.

Operative Note: Patient underwent muscle transfer and inflammation management for other specified disorder with fluctuating inflammation. Curvilinear incisions were made over the donor and recipient muscle sites, and the donor muscle was harvested and transplanted. Emphasis was placed on inflammation management through a tailored treatment plan based on the patient's fluctuating inflammation levels. Hemostasis was ensured, and the incisions were closed meticulously.

Operative Note: Patient underwent muscle lengthening and anti-inflammatory intervention for other specified disorder with persistent inflammation. A transverse incision was made over the contracted muscle group, and appropriate techniques were employed to lengthen the muscle. Simultaneously, an anti-inflammatory intervention was implemented to address persistent inflammation. Hemostasis was achieved, and the incision was closed in layers.

Operative Note: Patient underwent muscle repair and inflammation control for other specified disorder with acute inflammation. A curvilinear incision was made over the damaged muscle region, and meticulous repair of torn muscle fibers was performed. Special attention was given to inflammation control during the procedure, with appropriate techniques and medications utilized. Hemostasis was ensured, and the incision was closed meticulously.

Operative Note: Patient underwent muscle biopsy for other specified disorder. A small incision was made over the affected muscle, and a sample of muscle tissue was excised for histopathological examination. The severity of the diagnosis will determine the subsequent follow-up, ranging from regular monitoring for mild cases to further investigations and treatment for severe cases.

Operative Note: Patient underwent muscle release for other specified disorder. A longitudinal incision was made over the contracted muscle group, and the fibrotic bands causing contracture were released. The severity of the diagnosis will dictate the postoperative follow-up plan, including physical therapy and rehabilitation for mild cases, or close monitoring and potential additional interventions for severe cases.

Operative Note: Patient underwent muscle reconstruction for other specified disorder. Zigzag incisions were made over the affected muscle region, and appropriate techniques were employed to reconstruct the damaged muscle. The severity of the diagnosis will determine the intensity and duration of postoperative follow-up, with frequent evaluations and potential revision surgeries for severe cases, while regular monitoring may suffice for milder cases.

Operative Note: Patient underwent muscle transfer for other specified disorder. Longitudinal incisions were made over the donor and recipient muscle sites, and the donor muscle was harvested and transplanted. The severity of the diagnosis will guide the follow-up protocol, with regular assessments and potential adjustments in medication or therapy for severe cases, and periodic evaluations for mild cases.

Operative Note: Patient underwent muscle tenotomy for other specified disorder. An incision was made over the affected muscle tendon junction, and tenotomy was performed to address the underlying pathology. The severity of the diagnosis will determine the need for postoperative follow-up, ranging from routine assessments and rehabilitation exercises for mild cases to more intensive monitoring and potential interventions for severe cases.

Operative Note: Patient underwent muscle augmentation for other specified disorder. Transverse incisions were made over the muscle of interest, and appropriate augmentation techniques were employed. The severity of the diagnosis will dictate the postoperative follow-up plan, with close monitoring and potential adjustments in medication or therapy for severe cases, and periodic check-ups for milder cases.

Operative Note: Patient underwent muscle lengthening for other specified disorder. A transverse incision was made over the contracted muscle group, and appropriate techniques were employed to lengthen the muscle. The severity of the diagnosis will determine the duration and intensity of the follow-up, with regular assessments and potential revisions in the treatment plan for severe cases, while routine check-ups may suffice for milder cases.

Operative Note: Patient underwent muscle repair for other specified disorder. A curvilinear incision was made over the damaged muscle region, and meticulous repair of torn muscle fibers was performed. The severity of the diagnosis will determine the follow-up plan, with more frequent postoperative evaluations, imaging, and potential interventions for severe cases, while periodic assessments may be sufficient for milder cases.

Operative Note: Patient underwent muscle exploration for other specified disorder. An incision was made over the affected muscle group, and careful exploration was performed to identify and address any underlying issues. The severity of the diagnosis will guide the postoperative follow-up, ranging from regular monitoring and conservative management for mild cases to additional investigations and interventions for severe cases.

Operative Note: Patient underwent muscle debridement for other specified disorder. A curvilinear incision was made over the affected muscle region, and necrotic or damaged muscle tissue was excised. The severity of the diagnosis will determine the subsequent follow-up plan, with close monitoring, wound care, and potential interventions for severe cases, while routine check-ups may be sufficient for milder cases.

## M62.9 Disorder of muscle, unspecified

Operative Note: Patient underwent surgical intervention for a muscle biopsy to investigate a suspected muscle disorder. The procedure involved excision of a small muscle specimen under general anesthesia. Hemostasis was achieved, and the wound was closed using absorbable sutures. The specimen was sent for histopathological analysis to determine the underlying muscle pathology. The patient tolerated the procedure well without any immediate complications.

Operative Note: Patient with a muscle disorder underwent a surgical release of a contracture. The procedure involved dissecting and releasing the fibrotic bands causing restricted movement. Careful attention was paid to preserve nearby neurovascular structures. Following the release, the joint was mobilized to restore range of motion. The patient tolerated the procedure well and demonstrated immediate improvement in joint function.

Operative Note: Patient underwent a muscle resection to treat a localized muscle disorder. The surgical approach involved making an incision over the affected muscle, followed by careful dissection to isolate the abnormal tissue. The identified segment was then resected, ensuring clear margins. Hemostasis was achieved, and the wound was closed using layered sutures. The patient's postoperative course was uneventful, with no signs of complications.

Operative Note: Patient underwent a muscle transfer procedure to correct a muscle disorder resulting in functional impairment. The procedure involved identifying a healthy muscle with similar function and transferring it to the affected area. The donor muscle was carefully dissected and secured in its new position. Tension was adjusted to ensure optimal function. The patient tolerated the procedure well, and early signs of improved muscle function were observed.

Operative Note: Patient underwent a muscle lengthening procedure for the treatment of a muscle disorder causing contractures. The procedure involved making an incision over the affected muscle, followed by meticulous dissection to expose the contracture. The contracted segment was then lengthened using specialized techniques. Care was taken to avoid damage to surrounding structures. The wound was closed in layers, and the patient's postoperative recovery was uneventful.

Operative Note: Patient underwent a muscle fasciotomy to relieve compartment syndrome associated with a muscle disorder. The procedure involved making multiple incisions along the affected compartment to release the increased pressure. Hemostasis was achieved, and the wounds were left open for ongoing monitoring and dressing changes. The patient experienced immediate relief from pain and improved circulation following the procedure.

Operative Note: Patient underwent a muscle tenotomy to treat a muscle disorder resulting in tendon contractures. The procedure involved making a small incision over the affected tendon and dividing it to release the contracture. Care was taken to preserve nearby neurovascular structures. Following the tenotomy, the joint was mobilized to restore full range of motion. The patient's postoperative course was uneventful, with no complications noted.

Operative Note: Patient with a muscle disorder underwent a muscle reconstruction procedure. The surgical approach involved identifying the damaged muscle and repairing it using various techniques, such as suturing or grafting. Special attention was paid to ensure proper alignment and tension for optimal function. The patient tolerated the procedure well, and early signs of improved muscle strength and coordination were observed during the postoperative period.

Operative Note: Patient underwent a muscle augmentation procedure for the treatment of a muscle disorder resulting in weakness. The procedure involved using a biocompatible implant or graft to augment the affected muscle. The implant was carefully placed and secured to provide structural support and enhance muscle function. The patient's postoperative recovery was uneventful, with gradual improvement in muscle strength and functional abilities.

Operative Note: Patient with a muscle disorder underwent a myotomy to address muscle spasticity. The procedure involved making an incision over the affected muscle and performing a surgical division to reduce muscle tone and relieve spasms. Care was taken to avoid injury to surrounding structures. The wound was closed using absorbable sutures, and the patient experienced immediate improvement in muscle relaxation and reduction in spasticity.

Operative Note: Patient underwent a muscle debridement procedure to treat a severe muscle infection. The procedure involved meticulous removal of necrotic and infected muscle tissue while preserving viable muscle. Copious irrigation with antimicrobial solution was performed, and a drain was placed to facilitate postoperative wound healing. The patient tolerated the procedure well, and appropriate antibiotic therapy was initiated.

Operative Note: Patient underwent a muscle transfer procedure to restore function in a muscle disorder-related paralysis. The surgery involved identifying a healthy muscle with similar function and transferring it to the affected area. The donor muscle was carefully detached, mobilized, and secured to the recipient site. Tension was adjusted to optimize function. The patient tolerated the procedure well, and early signs of improved muscle control were observed.

Operative Note: Patient underwent a muscle biopsy for further evaluation of a suspected inflammatory muscle disorder. The procedure involved obtaining a small muscle specimen through a minimally invasive approach. Local anesthesia was administered, and a needle biopsy was performed. Hemostasis was achieved, and the incision site was closed with adhesive strips. The specimen was sent for pathological analysis, and the patient had an uneventful recovery.

Operative Note: Patient underwent a muscle release procedure to address a muscle disorder-related contracture. The surgery involved carefully dissecting and releasing the tight fibrous bands causing the contracture. Range of motion was assessed before and after the release, and appropriate splinting or physical therapy was initiated postoperatively. The patient tolerated the procedure well, and significant improvement in joint mobility was noted.

Operative Note: Patient underwent a muscle resection to treat a localized muscle disorder causing significant pain and dysfunction. The procedure involved removing a segment of the affected muscle while preserving nearby structures. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient's postoperative course was uneventful, with resolution of pain and improved muscle function noted during follow-up visits.

Operative Note: Patient underwent a muscle lengthening procedure to address a muscle disorder-related shortening. The surgery involved making an incision over the affected muscle and carefully lengthening it using specialized techniques. Tension was adjusted to achieve an appropriate balance between muscle length and function. The wound was closed in layers, and the patient showed gradual improvement in range of motion and muscle flexibility postoperatively.

Operative Note: Patient underwent a muscle tenotomy to manage a muscle disorder-related tendon contracture. The procedure involved making an incision over the affected tendon and surgically dividing it to release the contracture. Careful attention was paid to avoid injury to nearby structures. The wound was closed, and the patient's postoperative recovery was uneventful, with improved joint mobility and reduced tendon tightness observed.

Operative Note: Patient underwent a muscle transfer and nerve repair procedure to address a complex muscle disorder with associated nerve injury. The surgery involved transferring a healthy muscle to the affected area while simultaneously repairing the damaged nerve. The muscle was carefully mobilized, secured, and tensioned appropriately. Nerve repair was performed using microsurgical techniques. The patient tolerated the procedure well, and a comprehensive rehabilitation plan was initiated.

Operative Note: Patient underwent a muscle augmentation procedure to improve muscle bulk and strength in a muscle disorder-related atrophy. The surgery involved using an autologous or synthetic implant to augment the affected muscle. The implant was carefully inserted and secured in place. The patient's postoperative recovery was uneventful, with gradual improvement in muscle size and strength noted during follow-up assessments.

Operative Note: Patient underwent a muscle fasciectomy to address a muscle disorder-related fascial contracture. The procedure involved making incisions along the affected fascial bands and meticulously releasing the contractures. Care was taken to avoid damage to underlying structures. Hemostasis was achieved, and the wounds were closed using sutures. The patient experienced immediate improvement in range of motion and relief from pain and tightness.

Operative Note: Patient underwent a muscle biopsy for further evaluation of a suspected muscle disorder. The procedure was performed under local anesthesia with lidocaine. A small incision was made, and a muscle specimen was obtained. Hemostasis was achieved, and the wound was closed with sutures. The patient remained comfortable throughout the procedure, and there were no complications.

Operative Note: Patient underwent a muscle release procedure for the treatment of a muscle disorder-related contracture. The surgery was performed under regional anesthesia with a nerve block. The muscle bands causing the contracture were meticulously dissected and released. The patient remained sedated but responsive during the procedure, and postoperative pain control was achieved with a combination of regional anesthesia and analgesics.

Operative Note: Patient underwent a muscle resection procedure to address a muscle disorder. The surgery was performed under general anesthesia with a balanced medication approach. The affected muscle was excised, and meticulous hemostasis was achieved. The anesthesia dosage was carefully monitored throughout the procedure to ensure the patient's safety and comfort. The patient recovered well postoperatively without any complications.

Operative Note: Patient underwent a muscle transfer procedure to correct a muscle disorder-related paralysis. The surgery was performed under general anesthesia with an adjusted dosage to accommodate the patient's specific needs. The donor muscle was carefully mobilized and transferred to the affected area. The anesthesia team closely monitored the patient's vital signs and adjusted the dosage as necessary. The patient had a successful procedure and smooth recovery.

Operative Note: Patient underwent a muscle lengthening procedure to address a muscle disorder-related contracture. The surgery was performed under spinal anesthesia. The affected muscle was lengthened, and the tension was adjusted accordingly. The patient remained comfortable and cooperative throughout the procedure. Postoperatively, the patient experienced effective pain control and had satisfactory improvement in range of motion.

Operative Note: Patient underwent a muscle tenotomy procedure for the management of a muscle disorder-related tendon contracture. The surgery was performed under local anesthesia with conscious sedation. The affected tendon was carefully divided to release the contracture. The anesthesia dosage was adjusted to ensure patient comfort and cooperation. The patient tolerated the procedure well and experienced immediate relief from the tendon tightness.

Operative Note: Patient underwent a muscle resection procedure to address a muscle disorder. The surgery was performed under general anesthesia with a lower dosage due to the patient's specific medical condition. The affected muscle was resected, and meticulous hemostasis was achieved. The patient remained stable throughout the procedure, and postoperative pain control was managed with a multimodal approach.

Operative Note: Patient underwent a muscle transfer and nerve repair procedure to address a complex muscle disorder. The surgery was performed under monitored anesthesia care (MAC) with conscious sedation. The healthy muscle was transferred to the affected area, and the damaged nerve was repaired. The anesthesia dosage was carefully titrated to maintain patient comfort and cooperation. The patient had a successful procedure with minimal discomfort.

Operative Note: Patient underwent a muscle augmentation procedure to improve muscle bulk and strength in a muscle disorder-related atrophy. The surgery was performed under general anesthesia with adjusted dosage to accommodate the patient's specific needs. The implant was carefully inserted and secured in place. The anesthesia team closely monitored the patient's vital signs and adjusted the dosage as necessary. The patient had a smooth intraoperative course and favorable postoperative outcome.

Operative Note: Patient underwent a muscle fasciectomy to address a muscle disorder-related fascial contracture. The surgery was performed under regional anesthesia with intravenous sedation. The affected fascial bands were meticulously released, and the patient remained comfortable and relaxed throughout the procedure. The anesthesia dosage was adjusted to maintain optimal sedation level. The patient had an uneventful recovery without any complications.

Operative Note: Patient with a muscle disorder and associated bone erosion underwent a muscle reconstruction procedure. The surgery involved repairing the damaged muscle and addressing the underlying bone erosion. Bone grafting was performed to restore bone integrity, followed by muscle repair and reinforcement. The patient tolerated the procedure well, and postoperative imaging confirmed improved bone stability and muscle function.

Operative Note: Patient underwent a muscle transfer and bone grafting procedure to address a muscle disorder-related muscle weakness and bone erosion. The surgery involved transferring a healthy muscle to the affected area while simultaneously addressing the bone erosion. Bone grafts were carefully placed to fill the eroded areas, followed by muscle transfer and fixation. The patient had an uneventful intraoperative and postoperative course.

Operative Note: Patient with a muscle disorder and severe bone erosion underwent a complex reconstructive procedure. The surgery involved excising the eroded bone and performing a bone grafting procedure. Additionally, muscle reconstruction was performed to address the associated muscle weakness. The patient required a multidisciplinary approach involving orthopedic and plastic surgeons. The procedure was successfully completed, and the patient's recovery is being closely monitored.

Operative Note: Patient with a muscle disorder and extensive bone erosion underwent a muscle debridement and bone stabilization procedure. The surgery involved removing necrotic muscle tissue and stabilizing the eroded bone using plates and screws. Careful attention was given to achieve proper alignment and stability. The patient tolerated the procedure well, and postoperative imaging revealed improved bone integrity and muscle viability.

Operative Note: Patient underwent a muscle lengthening and bone grafting procedure to address a muscle disorder-related contracture and bone erosion. The surgery involved lengthening the affected muscle and reconstructing the eroded bone using bone grafts. Attention was paid to achieve optimal muscle length and bone stability. The patient had an uneventful procedure and showed promising early signs of improved muscle function and bone healing.

Operative Note: Patient with a muscle disorder and severe bone erosion underwent a muscle transfer and bone reconstruction procedure. The surgery involved transferring a healthy muscle to the affected area while simultaneously addressing the eroded bone. Bone grafts and/or bone substitutes were carefully placed to restore bone integrity. The patient tolerated the procedure well, and initial postoperative imaging showed successful muscle transfer and bone reconstruction.

Operative Note: Patient underwent a muscle tenotomy and bone augmentation procedure to manage a muscle disorder-related tendon contracture and bone erosion. The surgery involved releasing the tight tendon and addressing the eroded bone using bone augmentation techniques. Bone substitutes were used to fill the eroded areas and provide structural support. The patient had an uneventful surgery, and postoperative imaging demonstrated improved tendon mobility and stabilized bone architecture.

Operative Note: Patient with a muscle disorder and significant bone erosion underwent a muscle resection and bone defect reconstruction procedure. The surgery involved excising the affected muscle segment and reconstructing the eroded bone using autograft or allograft. Careful attention was given to achieving proper bone alignment and stability. The patient's postoperative course was uneventful, with initial imaging showing promising bone healing and improved muscle function.

Operative Note: Patient underwent a muscle augmentation and bone grafting procedure to address a muscle disorder-related muscle atrophy and bone erosion. The surgery involved augmenting the affected muscle with biocompatible implants and reconstructing the eroded bone using bone grafts. The patient tolerated the procedure well, and postoperative imaging revealed improved muscle bulk and bone integrity.

Operative Note: Patient with a muscle disorder and significant bone erosion underwent a complex reconstructive procedure. The surgery involved a combination of muscle transfer, bone grafting, and bone stabilization techniques. The eroded bone was carefully reconstructed using autograft or allograft, and muscle transfer was performed to address muscle weakness. The patient's postoperative recovery is being closely monitored, with early indications of improved bone stability and muscle function.

Operative Note: Patient with a muscle disorder and severe bone pain underwent a muscle release and bone decompression procedure. The surgery involved releasing the tight muscle and decompressing the affected bone to alleviate pressure and relieve pain. The patient tolerated the procedure well, and immediate postoperative relief from bone pain was reported.

Operative Note: Patient with a muscle disorder and debilitating bone pain underwent a muscle resection and bone stabilization procedure. The surgery involved removing the affected muscle segment and stabilizing the painful bone using internal fixation. The patient's severe bone pain was significantly reduced postoperatively, and early mobilization was initiated.

Operative Note: Patient with a muscle disorder and excruciating bone pain underwent a muscle augmentation and bone grafting procedure. The surgery involved augmenting the affected muscle to improve function and grafting bone material to the painful site to promote bone healing and reduce pain. The patient experienced notable relief from bone pain following the procedure.

Operative Note: Patient with a muscle disorder and intractable bone pain underwent a muscle transfer and bone reconstruction procedure. The surgery involved transferring a healthy muscle to the affected area while simultaneously reconstructing the painful bone using grafts or bone substitutes. The patient's severe bone pain was significantly diminished after the procedure.

Operative Note: Patient with a muscle disorder and severe bone pain underwent a muscle tenotomy and bone realignment procedure. The surgery involved releasing the tight tendon and realigning the painful bone to alleviate pressure and reduce pain. The patient reported immediate relief from severe bone pain after the procedure.

Operative Note: Patient with a muscle disorder and debilitating bone pain underwent a muscle debridement and bone stabilization procedure. The surgery involved removing necrotic muscle tissue and stabilizing the painful bone using internal fixation devices. The patient's severe bone pain was significantly alleviated, and early rehabilitation was initiated.

Operative Note: Patient with a muscle disorder and unrelenting bone pain underwent a muscle lengthening and bone augmentation procedure. The surgery involved lengthening the affected muscle to relieve tension and augmenting the painful bone using bone substitutes or grafts. The patient experienced a remarkable reduction in severe bone pain postoperatively.

Operative Note: Patient with a muscle disorder and incapacitating bone pain underwent a muscle transfer and bone fusion procedure. The surgery involved transferring a healthy muscle to the affected area while promoting bone fusion to stabilize the painful bone. The patient's severe bone pain was successfully managed, and early signs of improved bone stability were observed.

Operative Note: Patient with a muscle disorder and debilitating bone pain underwent a muscle resection and bone distraction procedure. The surgery involved removing the affected muscle segment and applying a bone distraction device to the painful bone to promote gradual realignment and pain relief. The patient's severe bone pain was significantly improved following the procedure.

Operative Note: Patient with a muscle disorder and intractable bone pain underwent a muscle augmentation and bone decompression procedure. The surgery involved augmenting the affected muscle to improve function and decompressing the painful bone to alleviate pressure and pain. The patient reported substantial relief from severe bone pain postoperatively.

Operative Note: Patient with a muscle disorder underwent a surgical intervention involving a muscle biopsy and excision. The procedure included obtaining a muscle specimen for pathological analysis and excising a portion of the affected muscle to address the underlying condition. The patient tolerated the procedure well, and postoperative wound care was initiated for optimal healing.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle release and lengthening. The procedure involved carefully dissecting and releasing the tight muscle bands causing contracture, followed by lengthening of the muscle to restore range of motion. The patient tolerated the procedure well, and postoperative physical therapy was initiated for rehabilitation.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle reconstruction and tendon repair. The procedure involved reconstructing the damaged muscle and repairing the associated tendon to restore function and stability. The surgical intervention was successful, and the patient's postoperative course was uneventful.

Operative Note: Patient with a muscle disorder underwent a surgical intervention involving muscle transfer and nerve reconnection. The procedure included transferring a healthy muscle to the affected area and surgically reconnecting the damaged nerves to restore motor function. The patient responded well to the surgical intervention, and postoperative rehabilitation was initiated.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle augmentation and bone stabilization. The procedure involved augmenting the affected muscle to improve strength and stability and stabilizing the associated bone using fixation devices. The surgical intervention was successful, and the patient showed improved muscle function postoperatively.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle debridement and reconstruction. The procedure involved meticulous removal of necrotic and diseased muscle tissue, followed by reconstructive procedures to restore muscle function. The patient tolerated the surgical intervention well, and appropriate postoperative care was provided.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle tenotomy and bone realignment. The procedure involved releasing the tight tendon and realigning the associated bone to alleviate pain and improve joint mobility. The surgical intervention was successful, and the patient reported improved symptoms following the procedure.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle resection and bone grafting. The procedure involved removing a segment of the affected muscle and reconstructing the eroded bone using grafts. The surgical intervention was well-tolerated, and the patient's symptoms improved postoperatively.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle transfer and bone fusion. The procedure involved transferring a healthy muscle to the affected area and promoting bone fusion for stability and function. The surgical intervention was successful, and the patient's recovery progressed as expected.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle release and fasciectomy. The procedure involved releasing the tight muscle and performing a fasciectomy to address associated fascial contractures. The surgical intervention was completed without complications, and the patient's range of motion improved postoperatively.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle repair and reinforcement. The procedure involved repairing the damaged muscle fibers and reinforcing them with sutures or mesh to enhance strength and stability. The surgical intervention was successful, and the patient's postoperative recovery was uneventful.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle transfer and tendon reconstruction. The procedure involved transferring a healthy muscle to the affected area and reconstructing the damaged tendon to restore function and improve muscle coordination. The surgical intervention was well-tolerated, and the patient's range of motion improved postoperatively.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle release and neurolysis. The procedure involved releasing the tight muscle and performing neurolysis to decompress and free entrapped nerves, relieving pain and improving nerve function. The surgical intervention was successful, and the patient reported reduced pain and improved sensory perception.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle lengthening and joint reconstruction. The procedure involved lengthening the contracted muscle and performing reconstructive procedures on the associated joint to restore mobility and function. The surgical intervention was completed without complications, and the patient's joint range of motion significantly improved.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle resection and tendon transfer. The procedure involved removing a portion of the affected muscle and transferring a healthy tendon to replace the deficient one, restoring strength and function. The surgical intervention was successful, and the patient demonstrated improved muscle control and power postoperatively.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle augmentation and bone stabilization. The procedure involved augmenting the weakened muscle with biocompatible implants and stabilizing the associated bone using internal fixation devices. The surgical intervention was well-tolerated, and the patient's muscle strength and bone stability improved after the procedure.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle release and joint arthroplasty. The procedure involved releasing the tight muscle and performing joint replacement surgery to restore joint function and alleviate pain. The surgical intervention was successful, and the patient experienced significant improvement in joint mobility and pain relief.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle debridement and bone grafting. The procedure involved removing necrotic muscle tissue and grafting bone material to promote healing and restore structural integrity. The surgical intervention was completed without complications, and the patient's symptoms improved following the procedure.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle tenotomy and joint fusion. The procedure involved releasing the tight muscle tendon unit and performing joint fusion to stabilize the affected joint and relieve pain. The surgical intervention was successful, and the patient reported reduced pain and increased joint stability postoperatively.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle reconstruction and fasciotomy. The procedure involved reconstructing the damaged muscle and performing fasciotomy to relieve pressure and improve blood flow. The surgical intervention was well-tolerated, and the patient experienced improved muscle function and reduced muscle tightness after the procedure.

Operative Note: Patient with a muscle disorder and a severe infection on the extreme moving joint underwent an emergency surgical intervention. The procedure involved a thorough debridement of the infected joint, excision of necrotic tissue, and irrigation with antimicrobial solutions. The infected joint was stabilized, and appropriate wound closure was performed. Intravenous antibiotics were initiated postoperatively, and the patient's condition is being closely monitored.

Operative Note: Patient with a muscle disorder and a severe infection involving the extreme moving joint underwent a surgical intervention. The procedure involved extensive debridement of the infected joint, removal of infected tissue, and irrigation with antiseptic solutions. The joint was stabilized, and a vacuum-assisted closure (VAC) system was applied to promote wound healing. Postoperative antibiotic therapy was initiated, and the patient's response is being closely monitored.

Operative Note: Patient with a muscle disorder and a severe infection on the extreme moving joint underwent a surgical intervention for joint washout and debridement. The procedure involved thorough irrigation of the infected joint, removal of necrotic tissue, and drainage of abscesses. Antibiotic-impregnated beads were placed to provide local antimicrobial therapy. The patient's postoperative course is being monitored for signs of infection resolution.

Operative Note: Patient with a muscle disorder and a severe infection on the extreme moving joint underwent a surgical intervention for joint exploration and debridement. The procedure involved careful inspection of the infected joint, removal of infected tissue, and irrigation with sterile solutions. A drain was placed to facilitate drainage, and appropriate wound closure was performed. Intravenous antibiotics were initiated, and the patient's joint function is being closely monitored.

Operative Note: Patient with a muscle disorder and a severe infection involving the extreme moving joint underwent a surgical intervention for joint resection and debridement. The procedure involved removing the infected joint surfaces, excising necrotic tissue, and irrigating the area with antiseptic solutions. Stabilization of the joint was achieved, and wound closure was performed. Intravenous antibiotics and postoperative wound care were initiated for infection control.

Operative Note: Patient with a muscle disorder and a severe infection on the extreme moving joint underwent a surgical intervention for joint fusion and debridement. The procedure involved debriding the infected joint, fusing the joint surfaces to eliminate movement, and ensuring proper alignment. Extensive irrigation with antimicrobial solutions was performed, followed by wound closure. Intravenous antibiotics were administered, and the patient's progress is being closely monitored.

Operative Note: Patient with a muscle disorder and a severe infection involving the extreme moving joint underwent a surgical intervention for joint arthroplasty and debridement. The procedure involved removing the infected joint components, thorough debridement, and placement of a prosthetic joint to restore function. Intravenous antibiotics were initiated, and the patient's joint mobility and infection markers are being closely monitored.

Operative Note: Patient with a muscle disorder and a severe infection on the extreme moving joint underwent a surgical intervention for joint stabilization and debridement. The procedure involved securing the joint to prevent excessive movement, thorough debridement of infected tissue, and irrigation with antimicrobial solutions. A drain was placed for continuous drainage, and postoperative antibiotic therapy was initiated.

Operative Note: Patient with a muscle disorder and a severe infection involving the extreme moving joint underwent a surgical intervention for joint washout, debridement, and temporary external fixation. The procedure involved thorough irrigation, removal of infected tissue, and placement of an external fixator to stabilize the joint. Intravenous antibiotics were initiated, and the patient's response to treatment is being closely monitored.

Operative Note: Patient with a muscle disorder and a severe infection on the extreme moving joint underwent a surgical intervention for joint excision and debridement. The procedure involved complete removal of the infected joint, extensive debridement of surrounding tissues, and wound irrigation with antimicrobial solutions. The patient's joint was stabilized, and postoperative antibiotic therapy was initiated for infection control.

Operative Note: Patient with a muscle disorder and severe inflammation underwent a surgical intervention for muscle release and anti-inflammatory treatment. The procedure involved releasing the tight muscle bands causing compression and administering localized anti-inflammatory agents. The patient tolerated the procedure well, and postoperative pain and inflammation were significantly reduced.

Operative Note: Patient with a muscle disorder and chronic inflammation underwent a surgical intervention for muscle debridement and inflammation control. The procedure involved removing necrotic muscle tissue and irrigating the area with anti-inflammatory solutions. The patient responded well to the surgical intervention, and postoperative rehabilitation was initiated to improve muscle function.

Operative Note: Patient with a muscle disorder and recurrent inflammation underwent a surgical intervention for muscle augmentation and inflammation management. The procedure involved augmenting the affected muscle to improve its strength and stability while implementing postoperative anti-inflammatory measures. The patient's symptoms of inflammation were effectively managed, and early signs of improved muscle function were observed.

Operative Note: Patient with a muscle disorder and persistent inflammation underwent a surgical intervention for muscle tenotomy and inflammation reduction. The procedure involved releasing the tight tendon and implementing techniques to minimize inflammation in the surrounding tissues. The patient's symptoms of inflammation significantly improved following the surgical intervention.

Operative Note: Patient with a muscle disorder and acute inflammation underwent a surgical intervention for muscle repair and inflammation control. The procedure involved repairing the damaged muscle fibers and administering anti-inflammatory medications locally. The patient tolerated the surgical intervention well, and early signs of inflammation resolution were observed.

Operative Note: Patient with a muscle disorder and severe inflammatory response underwent a surgical intervention for muscle reconstruction and inflammation management. The procedure involved reconstructing the damaged muscle and implementing postoperative measures to control inflammation. The patient's inflammatory symptoms were effectively controlled, and gradual improvement in muscle function was noted.

Operative Note: Patient with a muscle disorder and elevated inflammation markers underwent a surgical intervention for muscle release and anti-inflammatory treatment. The procedure involved releasing the tight muscle bands causing compression and administering systemic anti-inflammatory medications. The patient's inflammatory response was successfully managed, and postoperative recovery progressed well.

Operative Note: Patient with a muscle disorder and recurrent episodes of inflammation underwent a surgical intervention for muscle resection and inflammation reduction. The procedure involved removing a segment of the affected muscle and implementing measures to minimize inflammation, including the use of cold compresses and anti-inflammatory medications. The patient's inflammatory episodes were significantly reduced following the surgical intervention.

Operative Note: Patient with a muscle disorder and chronic inflammatory disease underwent a surgical intervention for muscle transfer and inflammation control. The procedure involved transferring a healthy muscle to the affected area and employing postoperative measures to reduce inflammation, including the use of non-steroidal anti-inflammatory drugs. The patient's inflammatory symptoms were effectively managed, and early signs of improved muscle function were observed.

Operative Note: Patient with a muscle disorder and severe inflammation underwent a surgical intervention for muscle debridement and inflammation suppression. The procedure involved removing necrotic muscle tissue and implementing techniques to minimize inflammation, such as the application of anti-inflammatory dressings. The patient's inflammation was successfully controlled, and postoperative wound healing progressed well.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle biopsy and excision. The procedure was performed to obtain a tissue sample for pathological analysis and excise a portion of the affected muscle. Postoperative follow-up will include reviewing the biopsy results and determining further treatment options based on the severity of the diagnosis.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle release and lengthening. The procedure aimed to address contractures and improve range of motion. Postoperative follow-up will be scheduled to assess the patient's response to the surgery and determine the need for additional interventions based on the severity of the condition.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle reconstruction and tendon repair. The procedure aimed to restore muscle function and stability. Postoperative follow-up will involve assessing the success of the surgery and determining the need for rehabilitation based on the severity of the muscle disorder.

Operative Note: Patient with a muscle disorder underwent a surgical intervention involving muscle transfer and nerve reconnection. The procedure aimed to restore motor function. Postoperative follow-up will include monitoring the patient's neurological status and determining the need for further interventions based on the severity of the muscle disorder.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle augmentation and bone stabilization. The procedure aimed to improve strength and stability. Postoperative follow-up will involve assessing the patient's response to the surgery and determining the need for additional interventions based on the severity of the muscle disorder and bone erosion.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle debridement and reconstruction. The procedure aimed to remove diseased tissue and restore muscle function. Postoperative follow-up will include monitoring wound healing and determining the need for further interventions based on the severity of the muscle disorder and extent of debridement.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle tenotomy and bone realignment. The procedure aimed to relieve pain and improve joint mobility. Postoperative follow-up will involve assessing the patient's pain level and range of motion, and determining the need for additional interventions based on the severity of the muscle disorder and bone erosion.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle resection and bone grafting. The procedure aimed to remove damaged tissue and promote bone healing. Postoperative follow-up will include monitoring the patient's progress and determining the need for further interventions based on the severity of the muscle disorder and bone erosion.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle transfer and bone fusion. The procedure aimed to restore muscle function and promote bone stability. Postoperative follow-up will involve assessing the patient's muscle strength and bone fusion progress, and determining the need for additional interventions based on the severity of the muscle disorder and bone erosion.

Operative Note: Patient with a muscle disorder underwent a surgical intervention for muscle release and fasciectomy. The procedure aimed to address fascial contractures and improve range of motion. Postoperative follow-up will include evaluating the patient's range of motion and determining the need for further interventions based on the severity of the muscle disorder and extent of fasciectomy.

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