## M70.3 Other bursitis of elbow

Operative Note 1: Patient underwent surgical intervention for other bursitis of the elbow. After administering general anesthesia, a sterile field was established. A curvilinear incision was made over the affected area, and the skin and subcutaneous tissues were carefully dissected. The bursa was identified and excised completely. Hemostasis was achieved using electrocautery. The wound was irrigated with sterile saline, and the incision was closed using absorbable sutures. A sterile dressing was applied, and the patient tolerated the procedure well. Postoperative instructions were provided, and the patient was discharged in stable condition.

Operative Note 2: The patient was prepared for surgery, and local anesthesia was administered. A longitudinal incision was made over the elbow region. Dissection was carried down through the subcutaneous tissues until the bursa was visualized. The bursa was carefully excised, ensuring complete removal. Hemostasis was achieved using bipolar cautery. The wound was thoroughly irrigated with saline solution, and the incision was closed using interrupted sutures. A sterile dressing was applied, and the patient was awakened from anesthesia without any complications. Postoperative instructions were given, and the patient was discharged in satisfactory condition.

Operative Note 3: Under general anesthesia, the patient's elbow was prepped and draped in a sterile manner. A transverse incision was made over the site of the bursitis. Sharp dissection was carried out down to the bursa, which was excised in its entirety. Hemostasis was obtained using electrocautery. The wound was irrigated with saline solution and closed with interrupted sutures. A sterile dressing was applied. The patient tolerated the procedure well, and no immediate complications were noted. Postoperatively, the patient was instructed on wound care and discharged home in stable condition.

Operative Note 4: The patient was placed under general anesthesia, and the affected elbow was prepped and draped aseptically. A curvilinear incision was made over the bursal prominence. Careful dissection was performed to expose the bursa. The bursa was then meticulously excised, ensuring complete removal. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and there were no immediate complications. Postoperative instructions were given, and the patient was discharged in satisfactory condition.

Operative Note 5: After administering general anesthesia, the patient's elbow was prepared and draped in a sterile fashion. An elliptical incision was made over the affected bursa. Dissection was carried out, and the bursa was identified and completely excised. Hemostasis was achieved with bipolar electrocautery. The wound was irrigated with normal saline, and meticulous closure was performed using interrupted sutures. A sterile dressing was applied. The patient recovered uneventfully from anesthesia. Postoperative care instructions were provided, and the patient was discharged in stable condition.

Operative Note 6: Under general anesthesia, the elbow was prepped and draped in a sterile manner. A curvilinear incision was made over the bursal prominence. Sharp dissection was performed down to the bursa, which was excised completely. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient emerged from anesthesia without any complications. Postoperative instructions were given, and the patient was discharged home in satisfactory condition.

Operative Note 7: The patient received general anesthesia, and the elbow was aseptically prepped and draped. A transverse incision was made overlying the affected bursa. Dissection was carried out, and the bursa was identified and excised in its entirety. Hemostasis was achieved using electrocautery. The wound was irrigated with sterile saline, and closure was performed with interrupted absorbable sutures. A sterile dressing was applied. The patient recovered from anesthesia smoothly. Postoperative care instructions were provided, and the patient was discharged in stable condition.

Operative Note 8: After induction of general anesthesia, the elbow was prepared and draped in a sterile fashion. An oblique incision was made over the bursa. Sharp dissection was performed, and the bursa was completely excised. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with normal saline, and closure was achieved with interrupted sutures. A sterile dressing was applied. The patient recovered without complications from anesthesia. Postoperative instructions were given, and the patient was discharged home in a satisfactory state.

Operative Note 9: The patient was placed under general anesthesia, and the elbow was prepared and draped in a sterile manner. A longitudinal incision was made over the affected bursa. Dissection was carried out to expose the bursa, which was then excised completely. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and there were no immediate postoperative issues. Postoperative care instructions were provided, and the patient was discharged in stable condition.

Operative Note 10: Under general anesthesia, the elbow was aseptically prepped and draped. A curvilinear incision was made over the bursa. Sharp dissection was performed to expose and excise the bursa completely. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution, and closure was performed using absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia. Postoperative instructions were given, and the patient was discharged in a satisfactory state.

Operative Note 11: After administering general anesthesia, the patient's elbow was prepped and draped in a sterile manner. A midline incision was made over the affected bursa. Careful dissection was performed to expose the bursa, which was completely excised. Hemostasis was achieved using electrocautery. The wound was thoroughly irrigated with saline solution and closed with interrupted sutures. A sterile dressing was applied. The patient recovered well from anesthesia without any immediate complications. Postoperative instructions were provided, and the patient was discharged home in stable condition.

Operative Note 12: The patient received regional anesthesia, and the elbow was aseptically prepped and draped. A radial incision was made overlying the bursal prominence. Sharp dissection was performed, and the bursa was identified and excised in its entirety. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia. Postoperative care instructions were given, and the patient was discharged in satisfactory condition.

Operative Note 13: Under general anesthesia, the elbow was prepared and draped in a sterile fashion. An oblique incision was made over the bursal prominence. Careful dissection was carried out, and the bursa was completely excised. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with normal saline solution and closed with interrupted absorbable sutures. A sterile dressing was applied. The patient emerged from anesthesia without complications. Postoperative instructions were provided, and the patient was discharged home in a stable state.

Operative Note 14: The patient underwent surgical intervention for other bursitis of the elbow. After induction of general anesthesia, a sterile field was established. A curvilinear incision was made over the affected bursa. Dissection was carried out, and the bursa was identified and excised completely. Hemostasis was achieved using electrocautery. The wound was irrigated with sterile saline solution, and the incision was closed using absorbable sutures. A sterile dressing was applied, and the patient tolerated the procedure well. Postoperative instructions were given, and the patient was discharged in stable condition.

Operative Note 15: Under general anesthesia, the elbow was aseptically prepped and draped. A longitudinal incision was made over the bursal prominence. Sharp dissection was performed, and the bursa was excised completely. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with normal saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered without complications from anesthesia. Postoperative instructions were provided, and the patient was discharged home in satisfactory condition.

Operative Note 16: After induction of general anesthesia, the elbow was prepped and draped in a sterile manner. A transverse incision was made over the affected bursa. Careful dissection was performed, and the bursa was identified and completely excised. Hemostasis was achieved with bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with interrupted absorbable sutures. A sterile dressing was applied. The patient emerged from anesthesia without any complications. Postoperative care instructions were given, and the patient was discharged in stable condition.

Operative Note 17: The patient was placed under general anesthesia, and the elbow was prepared and draped in a sterile fashion. A curvilinear incision was made over the bursal prominence. Dissection was carried out down to the bursa, which was excised completely. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and there were no immediate complications. Postoperatively, the patient was instructed on wound care and discharged home in stable condition.

Operative Note 18: Under general anesthesia, the patient's elbow was prepped and draped in a sterile manner. A transverse incision was made over the site of the bursitis. Sharp dissection was carried out to expose the bursa, which was excised completely. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with normal saline, and closure was performed with interrupted sutures. A sterile dressing was applied. The patient recovered from anesthesia without any complications. Postoperative instructions were given, and the patient was discharged in satisfactory condition.

Operative Note 19: After administering general anesthesia, the elbow was prepared and draped aseptically. A curvilinear incision was made over the affected bursa. Sharp dissection was performed down to the bursa, which was excised completely. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and there were no immediate complications. Postoperative care instructions were provided, and the patient was discharged home in stable condition.

Operative Note 20: The patient received general anesthesia, and the elbow was prepped and draped in a sterile manner. An elliptical incision was made over the bursal prominence. Dissection was carried out, and the bursa was completely excised. Hemostasis was achieved using electrocautery. The wound was irrigated with sterile saline, and closure was performed with interrupted sutures. A sterile dressing was applied. The patient recovered well from anesthesia without any immediate complications. Postoperative instructions were given, and the patient was discharged home in a stable state.

Operative Note 21: The patient underwent surgical intervention for other bursitis of the elbow. After induction of general anesthesia with appropriate dosage adjustments based on the patient's weight and medical history, a sterile field was established. A curvilinear incision was made over the affected bursa. Dissection was carried out, and the bursa was identified and excised completely. Hemostasis was achieved using electrocautery. The wound was irrigated with sterile saline solution, and the incision was closed using absorbable sutures. A sterile dressing was applied, and the patient tolerated the procedure well. Postoperative instructions were given, and the patient was discharged in stable condition.

Operative Note 22: Under regional anesthesia, with proper dosage adjustments based on the patient's weight and comorbidities, the elbow was aseptically prepped and draped. A transverse incision was made overlying the bursal prominence. Sharp dissection was performed, and the bursa was completely excised. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia, and there were no immediate postoperative issues. Postoperative care instructions were provided, and the patient was discharged in satisfactory condition.

Operative Note 23: After administering a reduced dosage of general anesthesia, the elbow was prepared and draped in a sterile manner. A midline incision was made over the affected bursa. Careful dissection was performed to expose the bursa, which was completely excised. Hemostasis was achieved using bipolar electrocautery. The wound was thoroughly irrigated with saline solution and closed with interrupted sutures. A sterile dressing was applied. The patient recovered well from anesthesia without any immediate complications. Postoperative instructions were provided, and the patient was discharged home in stable condition.

Operative Note 24: The patient received a modified dosage of general anesthesia, and the elbow was aseptically prepped and draped. A radial incision was made over the bursal prominence. Sharp dissection was performed, and the bursa was identified and excised in its entirety. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia. Postoperative care instructions were given, and the patient was discharged home in satisfactory condition.

Operative Note 25: Under general anesthesia with adjusted dosages considering the patient's age and medical condition, the elbow was prepped and draped in a sterile fashion. An oblique incision was made over the bursal prominence. Careful dissection was carried out, and the bursa was completely excised. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with normal saline solution and closed with interrupted absorbable sutures. A sterile dressing was applied. The patient emerged from anesthesia without complications. Postoperative instructions were provided, and the patient was discharged home in a stable state.

Operative Note 26: After adjusting the anesthesia dosage based on the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. A curvilinear incision was made over the bursal prominence. Dissection was carried out down to the bursa, which was excised completely. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and there were no immediate complications. Postoperatively, the patient was instructed on wound care and discharged home in stable condition.

Operative Note 27: Under regional anesthesia with adjusted dosages according to the patient's weight and comorbidities, the elbow was prepped and draped in a sterile fashion. A curvilinear incision was made over the bursal prominence. Sharp dissection was performed to expose the bursa, which was excised completely. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia, and there were no immediate complications. Postoperative care instructions were provided, and the patient was discharged in satisfactory condition.

Operative Note 28: After administering a reduced dosage of general anesthesia based on the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. An elliptical incision was made over the bursal prominence. Dissection was carried out, and the bursa was completely excised. Hemostasis was achieved using electrocautery. The wound was irrigated with sterile saline, and closure was performed with interrupted sutures. A sterile dressing was applied. The patient recovered well from anesthesia without any immediate complications. Postoperative instructions were given, and the patient was discharged home in a stable state.

Operative Note 29: Under general anesthesia with adjusted dosages to ensure optimal patient safety, the elbow was aseptically prepped and draped. A longitudinal incision was made over the affected bursa. Sharp dissection was performed, and the bursa was excised completely. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with normal saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered without complications from anesthesia. Postoperative instructions were provided, and the patient was discharged home in satisfactory condition.

Operative Note 30: After carefully determining the appropriate anesthesia dosage based on the patient's weight and medical condition, the elbow was prepped and draped in a sterile manner. A transverse incision was made over the site of the bursitis. Dissection was carried out to expose the bursa, which was excised completely. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with interrupted absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia without any complications. Postoperative instructions were given, and the patient was discharged in stable condition.

Operative Note 31: Under general anesthesia, with appropriate adjustments based on the patient's weight and medical history, the elbow was aseptically prepped and draped. A longitudinal incision was made over the affected bursa, revealing significant bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone debridement and curettage were carried out to remove the eroded bone fragments. Hemostasis was achieved using electrocautery. The wound was irrigated with sterile saline solution and closed in layers. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 32: The patient received regional anesthesia, with appropriate dosage adjustments considering the bone erosion and the patient's medical condition. The elbow was prepared and draped in a sterile manner. A curvilinear incision was made over the bursal prominence, exposing bone erosion beneath the bursa. Careful dissection was performed to excise the eroded bursa and address the bone defect. Bone grafting was performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with normal saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 33: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. An oblique incision was made over the affected bursa, revealing extensive bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting was performed to restore the integrity of the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was thoroughly irrigated with saline solution and closed with interrupted sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative instructions were provided.

Operative Note 34: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. A radial incision was made overlying the bursal prominence, revealing significant bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting and bone cement were utilized to reconstruct the eroded area. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 35: After administering general anesthesia, the elbow was prepared and draped in a sterile manner. A transverse incision was made over the affected bursa, exposing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting and internal fixation were employed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with interrupted absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 36: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's medical condition, the elbow was prepped and draped in a sterile fashion. An elliptical incision was made over the bursal prominence, revealing extensive bone erosion. Dissection was carried out to excise the eroded bursa and address the underlying bone defect. Bone grafting and osteosynthesis were performed to reconstruct the eroded area. Hemostasis was obtained using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 37: The patient received regional anesthesia, with appropriate dosage adjustments considering the bone erosion and the patient's weight and medical history. The elbow was prepared and draped in a sterile manner. A transverse incision was made over the site of the bursitis, exposing bone erosion. Dissection was carried out to excise the eroded bursa and address the underlying bone pathology. Bone debridement and augmentation were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed in layers. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 38: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. A curvilinear incision was made over the affected bursa, revealing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting and fixation were utilized to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative instructions were given.

Operative Note 39: After administering regional anesthesia, with appropriate dosage adjustments considering the bone erosion and the patient's weight and medical condition, the elbow was prepped and draped in a sterile fashion. An oblique incision was made over the bursal prominence, exposing bone erosion. Dissection was carried out to excise the eroded bursa and address the underlying bone pathology. Bone grafting and structural reinforcement were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 40: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. A radial incision was made over the affected bursa, revealing significant bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting and bone substitute placement were employed to reconstruct the eroded area. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 81: The patient underwent surgical intervention for other bursitis of the elbow with severe bone pain. After induction of general anesthesia, the elbow was aseptically prepped and draped. A longitudinal incision was made over the affected bursa, revealing significant bone pain upon palpation. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of local anesthetic with corticosteroid was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 82: Under general anesthesia, with adjusted dosages considering the severe bone pain and the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. An oblique incision was made over the affected bursa, revealing significant bone pain and tenderness. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of systemic analgesics was done to relieve bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 83: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A radial incision was made over the affected bursa, exposing severe bone pain upon manipulation. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of local anesthetic and nerve block was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were provided.

Operative Note 84: Under general anesthesia, with adjusted dosages considering the severe bone pain and the patient's weight and medical history, the elbow was aseptically prepped and draped. A curvilinear incision was made over the affected bursa, revealing significant bone pain and tenderness. Sharp dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of analgesics, including opioids, was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 85: After induction of general anesthesia, the elbow was prepared and draped in a sterile manner. A transverse incision was made over the affected bursa, exposing severe bone pain upon palpation. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of systemic analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the recovery area.

Operative Note 86: Under general anesthesia, with adjusted dosages considering the severe bone pain and the patient's weight and medical history, the elbow was aseptically prepped and draped. An oblique incision was made over the affected bursa, revealing significant bone pain and tenderness. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of local anesthetic with corticosteroid was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 87: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A radial incision was made over the affected bursa, exposing severe bone pain upon manipulation. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of local anesthetic and nerve block was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were provided.

Operative Note 88: Under general anesthesia, with adjusted dosages considering the severe bone pain and the patient's weight and medical history, the elbow was aseptically prepped and draped. A curvilinear incision was made over the affected bursa, revealing significant bone pain and tenderness. Sharp dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of analgesics, including opioids, was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 89: After induction of general anesthesia, the elbow was prepared and draped in a sterile manner. A transverse incision was made over the affected bursa, exposing severe bone pain upon palpation. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of systemic analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs) was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the recovery area.

Operative Note 90: Under general anesthesia, with adjusted dosages considering the severe bone pain and the patient's weight and medical history, the elbow was aseptically prepped and draped. An oblique incision was made over the affected bursa, revealing significant bone pain and tenderness. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of local anesthetic with corticosteroid was done to alleviate bone pain. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 41: The patient underwent surgical intervention for other bursitis of the elbow. After induction of general anesthesia, the elbow was aseptically prepped and draped. A curvilinear incision was made over the affected bursa, revealing bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting and internal fixation were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 42: Under general anesthesia, with appropriate dosage adjustments based on the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. A longitudinal incision was made over the affected bursa, exposing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, debridement, and arthroscopic irrigation were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed in layers. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 43: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A radial incision was made over the bursal prominence, revealing bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting and endoscopic debridement were performed to reconstruct the eroded area. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with normal saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 44: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. An oblique incision was made over the affected bursa, revealing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, curettage, and application of bone substitute were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 45: The patient underwent surgical intervention under general anesthesia, with appropriate adjustments based on the bone erosion and the patient's weight and medical condition. The elbow was prepared and draped in a sterile manner. A transverse incision was made over the site of the bursitis, revealing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, osteotomy, and fixation were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with interrupted absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative instructions were provided.

Operative Note 46: Under regional anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and comorbidities, the elbow was prepped and draped in a sterile fashion. A curvilinear incision was made over the affected bursa, revealing bone erosion. Sharp dissection was performed to excise the eroded b ursa and address the underlying bone defect. Bone grafting, resection, and reconstruction were performed to restore the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 47: After administering general anesthesia, the elbow was prepared and draped in a sterile manner. A longitudinal incision was made over the affected bursa, exposing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, debridement, and joint arthroplasty were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed in layers. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 48: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. A radial incision was made over the affected bursa, revealing bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, reconstruction, and application of bone substitute were employed to restore the eroded area. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 49: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. An oblique incision was made over the bursal prominence, exposing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, reconstruction, and arthroscopic debridement were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with normal saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 50: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. A curvilinear incision was made over the affected bursa, revealing bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, reconstruction, and bone cement placement were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 51: The patient underwent surgical intervention for other bursitis of the elbow. After induction of general anesthesia, the elbow was aseptically prepped and draped. A transverse incision was made over the affected bursa, revealing bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, debridement, and reconstruction with a mesh graft were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 52: Under general anesthesia, with appropriate dosage adjustments based on the bone erosion and the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. A curvilinear incision was made over the affected bursa, exposing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, debridement, and application of bone substitute were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed in layers. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 53: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A radial incision was made over the bursal prominence, revealing bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, curettage, and arthroscopic debridement were performed to reconstruct the eroded area. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with normal saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 54: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. An oblique incision was made over the affected bursa, revealing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, reconstruction, and osteosynthesis were employed to restore the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 55: The patient underwent surgical intervention under general anesthesia, with appropriate adjustments based on the bone erosion and the patient's weight and medical condition. The elbow was prepared and draped in a sterile manner. A transverse incision was made over the site of the bursitis, revealing bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, osteotomy, and fixation with plates and screws were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with interrupted absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative instructions were provided.

Operative Note 56: Under regional anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and comorbidities, the elbow was prepped and draped in a sterile fashion. A curvilinear incision was made over the affected bursa, revealing bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, reconstruction, and application of bone substitute were employed to restore the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable suture

Operative Note 57: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. A radial incision was made over the affected bursa, revealing extensive bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, reconstruction, and placement of a bone allograft were performed to restore the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 58: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. An oblique incision was made over the bursal prominence, exposing significant bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, debridement, and placement of a bone substitute were performed to reconstruct the eroded area. Hemostasis was ensured with bipolar electrocautery. The wound was irrigated with normal saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 59: Under general anesthesia, with adjusted dosages considering the bone erosion and the patient's weight and medical history, the elbow was aseptically prepped and draped. A transverse incision was made over the affected bursa, revealing extensive bone erosion. Sharp dissection was performed to excise the eroded bursa and address the underlying bone defect. Bone grafting, reconstruction, and application of a bone cement spacer were employed to restore the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 60: After induction of general anesthesia, the elbow was prepared and draped in a sterile manner. A curvilinear incision was made over the affected bursa, exposing extensive bone erosion. Careful dissection was performed to excise the eroded bursa and address the underlying bone pathology. Bone grafting, reconstruction, and placement of a bone autograft were performed to reconstruct the eroded area. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated with sterile saline solution and closed in layers. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 61: The patient underwent surgical intervention for severe infection in the extreme moving joint of the elbow. After induction of general anesthesia, the elbow was aseptically prepped and draped. A longitudinal incision was made over the infected joint, exposing severe joint destruction. Extensive debridement of infected tissues, including synovium and bone, was performed. Copious irrigation with antimicrobial solution was done to eradicate the infection. A combination of bone grafting and joint fusion was performed to stabilize the joint. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the recovery area in stable condition.

Operative Note 62: Under general anesthesia, with adjusted dosages considering the severe infection and the patient's weight and medical history, the elbow joint was prepared and draped in a sterile manner. An arthrotomy was performed, revealing severe joint destruction and purulent fluid collection. Thorough debridement of necrotic tissues was carried out, and samples were sent for culture and sensitivity testing. The joint was thoroughly irrigated with antibiotic solution. Intra-articular antibiotic beads were placed, and the joint was stabilized using external fixators. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 63: After induction of general anesthesia, the elbow joint was prepped and draped in a sterile fashion. A radial incision was made over the severely infected joint, exposing extensive joint destruction. Aggressive debridement of necrotic tissues, including bone and infected synovium, was performed. Copious irrigation with antibiotic solution was done to eliminate the infection. The joint was temporarily stabilized with external fixators. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the postoperative recovery area.

Operative Note 64: Under general anesthesia, with adjusted dosages considering the severe infection and the patient's weight and medical history, the elbow joint was aseptically prepped and draped. An oblique incision was made over the infected joint, revealing extensive joint destruction and pus formation. Thorough debridement of infected tissues was performed, including the synovium and eroded bone. The joint was meticulously irrigated with antibiotic solution. Bone grafting and joint stabilization with internal fixation were performed. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 65: After induction of general anesthesia, the elbow joint was prepared and draped in a sterile manner. A curvilinear incision was made over the severely infected joint, exposing significant joint destruction and abscess formation. Aggressive debridement of necrotic tissues, including bone and synovium, was carried out. Thorough irrigation with antibiotic solution was performed. The joint was temporarily stabilized with external fixation. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the post-anesthesia care unit.

Operative Note 66: Under general anesthesia, with adjusted dosages considering the severe infection and the patient's weight and medical history, the elbow joint was prepped and draped in a sterile fashion. A transverse incision was made over the infected joint, revealing extensive joint destruction and purulent material. Thorough debridement of necrotic tissues was performed, including bone and infected synovium. Copious irrigation with antibiotic solution was done to eliminate the infection. The joint was temporarily stabilized with an external fixator. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 67: After induction of general anesthesia, the elbow joint was aseptically prepped and draped. A longitudinal incision was made over the severely infected joint, exposing severe joint destruction and purulent fluid collection. Extensive debridement of infected tissues, including bone and synovium, was performed. Copious irrigation with antibiotic solution was done to eliminate the infection. Joint fusion was performed to stabilize the joint. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the recovery area in stable condition.

Operative Note 68: Under general anesthesia, with adjusted dosages considering the severe infection and the patient's weight and medical history, the elbow joint was prepared and draped in a sterile manner. An arthrotomy was performed, revealing severe joint destruction and purulent fluid accumulation. Thorough debridement of necrotic tissues was carried out, and samples were sent for microbiological analysis. The joint was thoroughly irrigated with antimicrobial solution. Intra-articular antibiotic beads were placed, and the joint was stabilized using external fixators. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia.

Operative Note 69: After induction of general anesthesia, the elbow joint was prepped and draped in a sterile fashion. A radial incision was made over the severely infected joint, exposing extensive joint destruction and purulent material. Aggressive debridement of necrotic tissues, including bone and synovium, was performed. Copious irrigation with antibiotic solution was done to eliminate the infection. The joint was temporarily stabilized with external fixators. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the postoperative recovery area.

Operative Note 70: Under general anesthesia, with adjusted dosages considering the severe infection and the patient's weight and medical history, the elbow joint was aseptically prepped and draped. An oblique incision was made over the infected joint, revealing extensive joint destruction and abscess formation. Thorough debridement of necrotic tissues was performed, including the synovium and eroded bone. The joint was meticulously irrigated with antibiotic solution. Joint fusion and stabilization with internal fixation were performed. The wound was closed in layers using absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 71: The patient underwent surgical intervention for other bursitis of the elbow with severe inflammation. After induction of general anesthesia, the elbow was aseptically prepped and draped. A transverse incision was made over the inflamed bursa, revealing significant inflammation and erythema. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative irrigation with saline solution was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 72: Under general anesthesia, with adjusted dosages considering the severe inflammation and the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. An oblique incision was made over the inflamed bursa, revealing extensive inflammation and swelling. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative corticosteroid injection was administered to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 73: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A radial incision was made over the affected bursa, exposing severe inflammation and edema. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative application of anti-inflammatory agents was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were provided.

Operative Note 74: Under general anesthesia, with adjusted dosages considering the severe inflammation and the patient's weight and medical history, the elbow was aseptically prepped and draped. A curvilinear incision was made over the inflamed bursa, revealing significant inflammation and erythema. Sharp dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative irrigation with sterile saline solution containing anti-inflammatory medication was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 75: After induction of general anesthesia, the elbow was prepared and draped in a sterile manner. A transverse incision was made over the inflamed bursa, exposing extensive inflammation and swelling. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative administration of systemic anti-inflammatory medication was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the recovery area.

Operative Note 76: Under general anesthesia, with adjusted dosages considering the severe inflammation and the patient's weight and medical history, the elbow was prepped and draped in a sterile fashion. An oblique incision was made over the affected bursa, revealing severe inflammation and edema. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative application of topical anti-inflammatory gel was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 77: After induction of general anesthesia, the elbow was aseptically prepped and draped. A radial incision was made over the inflamed bursa, exposing significant inflammation and erythema. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative corticosteroid injection was administered to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were given.

Operative Note 78: Under general anesthesia, with adjusted dosages considering the severe inflammation and the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. A curvilinear incision was made over the inflamed bursa, revealing extensive inflammation and swelling. Sharp dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative irrigation with sterile saline solution containing anti-inflammatory medication was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient tolerated the procedure well and was transferred to the recovery area.

Operative Note 79: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A transverse incision was made over the inflamed bursa, exposing severe inflammation and edema. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative application of anti-inflammatory agents was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered well from anesthesia, and postoperative care instructions were provided.

Operative Note 80: Under general anesthesia, with adjusted dosages considering the severe inflammation and the patient's weight and medical history, the elbow was aseptically prepped and draped. An oblique incision was made over the affected bursa, revealing significant inflammation and erythema. Sharp dissection was performed to excise the inflamed bursa and address the underlying pathology. Intraoperative irrigation with sterile saline solution containing anti-inflammatory medication was done to reduce inflammation. The wound was closed with absorbable sutures. A sterile dressing was applied. The patient recovered smoothly from anesthesia.

Operative Note 91: After induction of general anesthesia, the elbow was aseptically prepped and draped. A longitudinal incision was made over the affected bursa, revealing a moderate diagnosis of other bursitis of the elbow. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will require a follow-up appointment in two weeks for wound assessment and further evaluation of symptoms.

Operative Note 92: Under general anesthesia, with adjusted dosages considering the severity of diagnosis and the patient's weight and medical history, the elbow was prepared and draped in a sterile manner. An oblique incision was made over the affected bursa, exposing a mild diagnosis of other bursitis of the elbow. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will be scheduled for a follow-up appointment in four weeks for assessment of healing progress.

Operative Note 93: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A radial incision was made over the affected bursa, revealing a severe diagnosis of other bursitis of the elbow. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will require a follow-up appointment in one week for close monitoring of wound healing and further management.

Operative Note 94: Under general anesthesia, with adjusted dosages considering the severity of diagnosis and the patient's weight and medical history, the elbow was aseptically prepped and draped. A curvilinear incision was made over the affected bursa, exposing a moderate diagnosis of other bursitis of the elbow. Sharp dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will be scheduled for a follow-up appointment in three weeks to assess the response to treatment and address any ongoing symptoms.

Operative Note 95: After induction of general anesthesia, the elbow was prepared and draped in a sterile manner. A transverse incision was made over the affected bursa, revealing a mild diagnosis of other bursitis of the elbow. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will require a follow-up appointment in six weeks for evaluation of pain and functional improvement.

Operative Note 96: Under general anesthesia, with adjusted dosages considering the severity of diagnosis and the patient's weight and medical history, the elbow was aseptically prepped and draped. An oblique incision was made over the affected bursa, exposing a moderate diagnosis of other bursitis of the elbow. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will be scheduled for a follow-up appointment in two weeks for assessment of pain relief and range of motion.

Operative Note 97: After induction of general anesthesia, the elbow was prepped and draped in a sterile fashion. A radial incision was made over the affected bursa, revealing a severe diagnosis of other bursitis of the elbow. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will require a follow-up appointment in one week to evaluate the response to treatment and determine the need for further interventions.

Operative Note 98: Under general anesthesia, with adjusted dosages considering the severity of diagnosis and the patient's weight and medical history, the elbow was aseptically prepped and draped. A curvilinear incision was made over the affected bursa, exposing a moderate diagnosis of other bursitis of the elbow. Sharp dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will be scheduled for a follow-up appointment in three weeks to assess the response to treatment and determine the need for further interventions.

Operative Note 99: After induction of general anesthesia, the elbow was prepared and draped in a sterile manner. A transverse incision was made over the affected bursa, revealing a mild diagnosis of other bursitis of the elbow. Careful dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will require a follow-up appointment in six weeks for evaluation of pain relief and functional improvement.

Operative Note 100: Under general anesthesia, with adjusted dosages considering the severity of diagnosis and the patient's weight and medical history, the elbow was aseptically prepped and draped. An oblique incision was made over the affected bursa, exposing a moderate diagnosis of other bursitis of the elbow. Thorough dissection was performed to excise the inflamed bursa and address the underlying pathology. The wound was closed with absorbable sutures, and a sterile dressing was applied. The patient will be scheduled for a follow-up appointment in two weeks to assess the response to treatment and determine the need for further interventions.

## M70.4 Prepatellar bursitis

Operative Note 1: Patient presented with prepatellar bursitis, exhibiting localized swelling and tenderness over the patella. After administering local anesthesia, a 1 cm incision was made overlying the inflamed bursa. The bursa was then dissected and excised using meticulous technique to avoid damage to surrounding structures. Hemostasis was achieved, and the wound was closed using absorbable sutures. A sterile dressing was applied, and the patient was provided with postoperative care instructions.

Operative Note 2: A patient with chronic prepatellar bursitis underwent an operative intervention. After sterile preparation and draping, a longitudinal incision was made over the prepatellar area. The bursa was meticulously dissected and debrided to remove inflamed tissue. Irrigation with saline solution was performed to ensure thorough cleansing. Hemostasis was obtained, and the wound was closed using interrupted sutures. Postoperatively, a sterile dressing was applied, and the patient was advised to follow up for further evaluation.

Operative Note 3: Patient with prepatellar bursitis underwent an arthroscopic procedure. Under general anesthesia, standard portals were established, and the joint was inspected. The bursa was identified and excised using arthroscopic instruments, ensuring complete removal of inflamed tissue. Hemostasis was achieved, and the portals were closed with sutures. The patient tolerated the procedure well, and a sterile dressing was applied. Postoperative instructions were provided, and the patient was scheduled for a follow-up appointment.

Operative Note 4: A patient with recurrent prepatellar bursitis underwent a bursectomy. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was carefully dissected and excised, ensuring complete removal of the inflamed tissue. Hemostasis was obtained, and the wound was closed in layers using absorbable sutures. The patient tolerated the procedure without complications. A sterile dressing was applied, and the patient was advised to elevate the leg and use ice packs for pain management.

Operative Note 5: A patient with prepatellar bursitis underwent an ultrasound-guided aspiration and corticosteroid injection. The bursa was identified using ultrasound imaging, and aseptic technique was employed. The bursa was aspirated using a 21-gauge needle, and clear fluid was obtained. Following aspiration, a mixture of local anesthetic and corticosteroid was injected into the bursa. The patient tolerated the procedure well without immediate complications. Post-procedure instructions were provided, including rest, elevation, and activity modification.

Operative Note 6: Patient presented with prepatellar bursitis and underwent a minimally invasive bursectomy. After marking the surgical site, a small incision was made, and a trocar was inserted. Using endoscopic visualization, the bursa was carefully dissected and excised. Hemostasis was achieved, and the trocar site was closed using sutures. The patient experienced no intraoperative complications. A sterile dressing was applied, and the patient was discharged with instructions for wound care and a follow-up appointment.

Operative Note 7: A patient with prepatellar bursitis underwent an open bursectomy. After preparing the surgical field, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and removed, ensuring complete excision of the inflamed tissue. Hemostasis was obtained, and the wound was closed in layers using absorbable sutures. The patient tolerated the procedure well, and a sterile dressing was applied. Postoperative instructions were provided, including rest, elevation, and the use of non-steroidal anti-inflammatory drugs for pain control.

Operative Note 8: Patient with chronic prepatellar bursitis underwent a percutaneous drainage procedure. After sterile preparation, a needle was inserted into the bursa under ultrasound guidance. The bursa was aspirated, and cloudy fluid was obtained. The bursa was then flushed with saline to ensure proper drainage. A compression dressing was applied, and the patient was instructed to keep the leg elevated and apply ice packs for pain relief. Follow-up was scheduled to monitor the patient's progress and determine the need for further interventions.

Operative Note 9: A patient with acute prepatellar bursitis underwent an aspiration and lavage procedure. After sterile preparation, a needle was inserted into the bursa, and fluid was aspirated. Lavage was performed using sterile saline solution to irrigate the bursa and remove inflammatory debris. The bursa was then aspirated again to ensure proper drainage. A sterile dressing was applied, and the patient was advised to avoid activities that could aggravate the condition.

Operative Note 10: Patient with prepatellar bursitis underwent a minimally invasive bursal debridement. After establishing a sterile field, a small incision was made over the bursa. The bursa was meticulously debrided using arthroscopic instruments, removing inflamed and necrotic tissue. Copious irrigation was performed to ensure thorough cleansing. Hemostasis was obtained, and the wound was closed using absorbable sutures. A sterile dressing was applied, and the patient was advised to follow postoperative instructions, including rest, elevation, and the use of anti-inflammatory medication.

Operative Note 11: Patient presented with chronic prepatellar bursitis and underwent a minimally invasive ultrasound-guided fenestration procedure. After sterile preparation, a needle was inserted into the bursa under ultrasound guidance. Multiple fenestrations were made in the bursa using a scalpel blade, allowing for improved fluid drainage and reduction of inflammation. The bursa was then irrigated with saline solution. A sterile dressing was applied, and the patient was provided with postoperative care instructions.

Operative Note 12: A patient with prepatellar bursitis underwent a minimally invasive radiofrequency ablation (RFA) procedure. After appropriate anesthesia, a needle electrode was inserted into the bursa under ultrasound guidance. Radiofrequency energy was delivered to the bursal lining to achieve controlled cauterization and destruction of the inflamed tissue. The electrode was then removed, and the procedure was repeated as necessary. The patient tolerated the procedure well, and postoperative instructions were given, including pain management and activity modification.

Operative Note 13: Patient with chronic prepatellar bursitis underwent a sclerotherapy procedure. After sterile preparation, a needle was inserted into the bursa under ultrasound guidance. A sclerosing agent, such as sodium morrhuate, was injected into the bursa to promote fibrosis and reduce fluid accumulation. The needle was then removed, and the bursa was compressed using a sterile dressing. The patient was instructed to elevate the leg and apply ice packs for pain relief. Follow-up was scheduled to assess the response to the treatment.

Operative Note 14: A patient with prepatellar bursitis underwent a minimally invasive aspiration and platelet-rich plasma (PRP) injection procedure. After sterile preparation, the bursa was aspirated using a needle, and fluid was collected. Autologous PRP was then prepared from the patient's blood and injected into the bursa to promote healing and reduce inflammation. The needle was removed, and a sterile dressing was applied. The patient was advised on postoperative care, including activity modification and the use of anti-inflammatory medication, if needed.

Operative Note 15: Patient presented with recurrent prepatellar bursitis and underwent a surgical excision with primary closure. After appropriate anesthesia, a curvilinear incision was made over the bursa, and the skin flaps were elevated. The bursa was carefully dissected and completely excised, ensuring removal of the entire inflamed sac. Hemostasis was achieved, and the wound was closed using interrupted sutures. A sterile dressing was applied, and the patient was provided with postoperative care instructions, including wound care and follow-up appointments.

Operative Note 16: A patient with prepatellar bursitis underwent a minimally invasive ultrasound-guided alcohol sclerotherapy procedure. After sterile preparation, a needle was inserted into the bursa under ultrasound guidance. Ethyl alcohol was injected into the bursa to induce chemical inflammation and fibrosis. The needle was removed, and the bursa was compressed using a sterile dressing. The patient was instructed to elevate the leg and apply ice packs for pain relief. Follow-up was scheduled to monitor the response to the treatment.

Operative Note 17: Patient with chronic prepatellar bursitis underwent a minimally invasive arthroscopic bursectomy. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, ensuring complete removal of the inflamed tissue. Hemostasis was achieved, and the portals were closed with sutures. The patient tolerated the procedure well, and a sterile dressing was applied. Postoperative instructions were provided, including rest, elevation, and physical therapy for rehabilitation.

Operative Note 18: A patient with recurrent prepatellar bursitis underwent a percutaneous ethanol injection (PEI) procedure. After sterile preparation, a needle was inserted into the bursa under ultrasound guidance. Ethanol was injected into the bursa to induce chemical sclerosis and reduce fluid accumulation. The needle was removed, and a compression dressing was applied. The patient was advised on postoperative care, including pain management and the need for repeat injections if necessary.

Operative Note 19: Patient with prepatellar bursitis underwent a minimally invasive bursectomy using a radiofrequency ablation (RFA) device. After appropriate anesthesia, the RFA device was inserted into the bursa, and radiofrequency energy was applied to cauterize and remove the inflamed bursal lining. Hemostasis was obtained, and the device was removed. A sterile dressing was applied, and the patient was instructed on postoperative care, including rest, elevation, and the use of non-steroidal anti-inflammatory drugs for pain control.

Operative Note 20: A patient with prepatellar bursitis underwent a minimally invasive arthroscopic bursectomy with synovectomy. Under general anesthesia, standard portals were established, and the arthroscope was introduced into the joint. The bursa and inflamed synovium were identified and meticulously removed using arthroscopic instruments. Hemostasis was achieved, and the portals were closed with sutures. The patient tolerated the procedure well, and a sterile dressing was applied. Postoperative instructions were provided, including rest, elevation, and a rehabilitation program to restore range of motion and strength.

Operative Note 21: Patient presented with prepatellar bursitis and underwent an open bursectomy under local anesthesia. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, ensuring complete removal of the inflamed tissue. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient remained comfortable throughout the procedure under local anesthesia. A sterile dressing was applied, and postoperative instructions were provided, including rest, elevation, and the use of analgesics for pain management.

Operative Note 22: A patient with chronic prepatellar bursitis underwent an arthroscopic bursectomy under spinal anesthesia. After establishing sterile conditions, standard portals were created, and the joint was visualized. The bursa was identified and excised using arthroscopic instruments, ensuring complete removal of the inflamed tissue. Hemostasis was achieved, and the portals were closed with sutures. The patient remained stable throughout the procedure under spinal anesthesia. A sterile dressing was applied, and postoperative care instructions were given.

Operative Note 23: Patient with prepatellar bursitis underwent an open bursectomy under general anesthesia. After appropriate preoperative measures, a curvilinear incision was made over the bursa. The bursa was carefully dissected and completely excised, ensuring removal of the entire inflamed sac. Hemostasis was achieved, and the wound was closed using interrupted sutures. The patient remained stable under general anesthesia throughout the procedure. A sterile dressing was applied, and postoperative instructions were provided for pain management and wound care.

Operative Note 24: A patient with recurrent prepatellar bursitis underwent a percutaneous ethanol injection (PEI) procedure under conscious sedation. After sterile preparation, a needle was inserted into the bursa under ultrasound guidance. Ethanol was injected into the bursa to induce chemical sclerosis. The patient remained comfortable and cooperative under conscious sedation throughout the procedure. The needle was removed, and a compression dressing was applied. The patient was provided with postoperative instructions and discharged with appropriate pain medications.

Operative Note 25: Patient presented with prepatellar bursitis and underwent a minimally invasive bursectomy under monitored anesthesia care (MAC). After sterile preparation, a small incision was made over the bursa. The bursa was meticulously dissected and excised, ensuring complete removal of the inflamed tissue. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient remained calm and comfortable under MAC throughout the procedure. A sterile dressing was applied, and postoperative instructions were given, including pain management and wound care.

Operative Note 26: A patient with prepatellar bursitis underwent an arthroscopic bursectomy under regional anesthesia. After establishing sterile conditions, standard portals were created, and the joint was visualized. The bursa was identified and excised using arthroscopic instruments, ensuring complete removal of the inflamed tissue. Hemostasis was achieved, and the portals were closed with sutures. The patient remained stable and experienced no pain under regional anesthesia throughout the procedure. A sterile dressing was applied, and postoperative care instructions were provided.

Operative Note 27: Patient with chronic prepatellar bursitis underwent an open bursectomy under moderate sedation. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and removed, ensuring complete excision of the inflamed tissue. Hemostasis was obtained, and the wound was closed in layers using absorbable sutures. The patient remained comfortable and relaxed under moderate sedation throughout the procedure. A sterile dressing was applied, and postoperative instructions were given, including pain management and wound care.

Operative Note 28: A patient with prepatellar bursitis underwent a minimally invasive bursectomy under general anesthesia. After appropriate preoperative measures, a small incision was made over the bursa. The bursa was carefully dissected and completely excised, ensuring removal of the entire inflamed sac. Hemostasis was achieved, and the wound was closed using interrupted sutures. The patient remained stable and asleep under general anesthesia throughout the procedure. A sterile dressing was applied, and postoperative instructions were provided for pain management and wound care.

Operative Note 29: Patient presented with prepatellar bursitis and underwent an open bursectomy under regional anesthesia. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, ensuring complete removal of the inflamed tissue. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient remained calm and pain-free under regional anesthesia throughout the procedure. A sterile dressing was applied, and postoperative instructions were provided, including pain management and wound care.

Operative Note 30: A patient with recurrent prepatellar bursitis underwent a percutaneous ethanol injection (PEI) procedure under local anesthesia. After sterile preparation, a needle was inserted into the bursa under ultrasound guidance. Ethanol was injected into the bursa to induce chemical sclerosis. The patient remained comfortable and cooperative under local anesthesia throughout the procedure. The needle was removed, and a compression dressing was applied. The patient was given postoperative instructions and discharged with appropriate pain medications.

Operative Note 31: Patient with prepatellar bursitis and associated bone erosion underwent an open bursectomy with bone debridement. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and attention was then turned to the eroded bone. The eroded areas were debrided using surgical instruments, removing the necrotic and damaged bone tissue. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including weight-bearing restrictions and follow-up imaging to assess bone healing.

Operative Note 32: A patient with chronic prepatellar bursitis and bone erosion underwent an arthroscopic bursectomy with bone grafting. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous debridement of the eroded bone. A bone graft was then harvested and placed over the eroded area to promote bone regeneration. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including immobilization and weight-bearing restrictions.

Operative Note 33: Patient presented with prepatellar bursitis and significant bone erosion requiring surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and attention was then turned to the eroded bone. The eroded areas were carefully debrided, removing the diseased bone tissue. Hemostasis was obtained, and the wound was closed in layers using absorbable sutures. Postoperative instructions were given, emphasizing the need for limited weight-bearing and rehabilitation for optimal recovery.

Operative Note 34: A patient with prepatellar bursitis and extensive bone erosion underwent an open bursectomy with bone grafting and stabilization. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and thorough debridement of the eroded bone was performed. A bone graft was then harvested and secured over the eroded area using appropriate fixation devices. Hemostasis was achieved, and the wound was closed in layers. The patient was provided with postoperative instructions, including weight-bearing restrictions and physical therapy for rehabilitation.

Operative Note 35: Patient with chronic prepatellar bursitis and underlying bone erosion underwent an arthroscopic bursectomy with bone microfracture. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous debridement of the eroded bone. Microfracture technique was utilized to create small channels in the bone, stimulating the formation of new cartilage. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including weight-bearing restrictions and rehabilitation exercises.

Operative Note 36: A patient with prepatellar bursitis and bone erosion underwent an open bursectomy with bone grafting and fixation. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and the eroded bone was thoroughly debrided. A bone graft was then obtained and placed over the eroded area, securing it with appropriate fixation devices. Hemostasis was achieved, and the wound was closed in layers. The patient received postoperative instructions, emphasizing the need for limited weight-bearing and regular follow-up evaluations.

Operative Note 37: Patient presented with prepatellar bursitis and extensive bone erosion requiring surgical intervention. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and the eroded bone was debrided using specialized instruments. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including the need for immobilization and non-weight-bearing activities to facilitate bone healing and prevent further damage.

Operative Note 38: A patient with chronic prepatellar bursitis and underlying bone erosion underwent an arthroscopic bursectomy with bone marrow stimulation. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous debridement of the eroded bone. Bone marrow stimulation techniques, such as microfracture or drilling, were performed to promote the formation of new cartilage. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including weight-bearing restrictions and physical therapy.

Operative Note 39: Patient with prepatellar bursitis and significant bone erosion underwent an open bursectomy with bone grafting and augmentation. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and the eroded bone was thoroughly debrided. A bone graft was then obtained and placed over the eroded area, supported by additional bone augmentation materials. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient was provided with postoperative instructions, including immobilization, restricted weight-bearing, and regular follow-up evaluations.

Operative Note 40: A patient with prepatellar bursitis and extensive bone erosion underwent an arthroscopic bursectomy with bone grafting and fixation. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous debridement of the eroded bone. A bone graft was then obtained and secured over the eroded area using appropriate fixation devices. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, emphasizing the need for limited weight-bearing and physical therapy for optimal recovery.

Operative Note 41: Patient presented with prepatellar bursitis and severe bone pain requiring surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and attention was then turned to the underlying bone. Thorough debridement was performed to remove any diseased or necrotic bone tissue contributing to the severe pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management strategies and referral to a pain specialist for further evaluation and treatment.

Operative Note 42: A patient with chronic prepatellar bursitis and severe bone pain underwent an arthroscopic bursectomy with bone resection. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous resection of the bone in the affected area to alleviate the severe bone pain. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management modalities and physical therapy for rehabilitation.

Operative Note 43: Patient with prepatellar bursitis and associated severe bone pain underwent an open bursectomy with bone curettage. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and the underlying bone was carefully curetted to alleviate the severe pain. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. Postoperative instructions were given, emphasizing the need for pain management strategies, including medication and rehabilitation, to address the severe bone pain.

Operative Note 44: A patient with prepatellar bursitis and severe bone pain underwent an arthroscopic bursectomy with bone microfracture and nerve ablation. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous bone microfracture to promote healing and alleviate the severe bone pain. Nerve ablation was performed to interrupt pain signals. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management strategies and follow-up evaluations.

Operative Note 45: Patient presented with prepatellar bursitis and severe bone pain necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and attention was then turned to the underlying bone. Extensive bone debridement was performed to alleviate the severe bone pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management strategies, such as medication and physical therapy, to address the severe bone pain.

Operative Note 46: A patient with chronic prepatellar bursitis and severe bone pain underwent an open bursectomy with bone grafting and neurolysis. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and the eroded bone was thoroughly debrided. A bone graft was then obtained and placed over the affected area. Neurolysis was performed to relieve the severe bone pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management strategies and rehabilitative measures.

Operative Note 47: Patient with prepatellar bursitis and severe bone pain underwent an arthroscopic bursectomy with bone debridement and nerve decompression. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous debridement of the eroded bone. Nerve decompression was performed to alleviate the severe bone pain. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management modalities and physical therapy for rehabilitation.

Operative Note 48: A patient with prepatellar bursitis and severe bone pain underwent an open bursectomy with bone resection and radiofrequency ablation. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and the underlying bone was resected to alleviate the severe bone pain. Radiofrequency ablation was performed to provide long-term pain relief. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including pain management strategies and referral to a pain specialist for further evaluation and treatment.

Operative Note 49: Patient presented with prepatellar bursitis and severe bone pain requiring surgical intervention. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and attention was then turned to the underlying bone. Thorough debridement was performed to remove any diseased or necrotic bone tissue contributing to the severe pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management strategies and referral to a pain management team for comprehensive care.

Operative Note 50: A patient with chronic prepatellar bursitis and severe bone pain underwent an arthroscopic bursectomy with bone resection and nerve block. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous resection of the bone to alleviate the severe bone pain. Nerve block was performed to provide immediate pain relief. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management strategies and rehabilitation measures.

Operative Note 51: Patient presented with refractory prepatellar bursitis and failed conservative management, necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissue. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. The patient tolerated the procedure well, and postoperative instructions were given, including wound care, pain management, and physical therapy for optimal recovery.

Operative Note 52: A patient with recurrent prepatellar bursitis underwent an arthroscopic bursectomy with surgical lavage. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by thorough irrigation and lavage of the joint to remove inflammatory debris. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including activity modification, pain management, and follow-up evaluations to monitor the patient's progress.

Operative Note 53: Patient presented with chronic prepatellar bursitis and persistent symptoms, warranting surgical intervention. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and attention was then turned to the underlying structures for further evaluation. Intraoperative findings revealed associated synovitis, which was addressed with synovectomy. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including pain management, activity restrictions, and follow-up appointments for ongoing care.

Operative Note 54: A patient with prepatellar bursitis and significant functional impairment underwent an open bursectomy with capsulotomy. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by careful release of the tight joint capsule to improve range of motion. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. The patient was provided with postoperative instructions, including rehabilitation exercises, pain management, and follow-up visits for monitoring and further intervention, if necessary.

Operative Note 55: Patient with chronic prepatellar bursitis and recurrent infections underwent an excision and drainage procedure. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough irrigation and drainage of the infected fluid. Cultures were obtained, and appropriate antibiotics were administered. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including wound care, antibiotic therapy, and regular follow-up to monitor for resolution of the infection.

Operative Note 56: A patient with prepatellar bursitis and severe pain refractory to conservative measures underwent a bursectomy with corticosteroid injection. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, and a corticosteroid solution was injected into the surrounding tissues to alleviate inflammation and pain. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. The patient received postoperative instructions, including pain management, activity modification, and follow-up appointments for ongoing care.

Operative Note 57: Patient presented with recurrent prepatellar bursitis and functional impairment, necessitating surgical intervention. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissue. A tissue flap was then created and transferred to the area to promote healing and prevent recurrence. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative care instructions were provided, emphasizing wound care, pain management, and rehabilitation exercises.

Operative Note 58: A patient with chronic prepatellar bursitis and persistent pain underwent an arthroscopic bursectomy with intra-articular debridement. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous debridement of the intra-articular structures to address any underlying pathology contributing to the pain. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management strategies, activity restrictions, and follow-up evaluations for continued management.

Operative Note 59: Patient presented with prepatellar bursitis and recurrent effusions requiring surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough irrigation and drainage of the accumulated fluid. The joint capsule was also addressed, with a partial synovectomy performed to reduce the likelihood of further effusion. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including wound care, activity modifications, and follow-up appointments for ongoing assessment.

Operative Note 60: A patient with prepatellar bursitis and debilitating pain underwent an open bursectomy with tenotomy. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by careful tenotomy of the involved tendon to relieve tension and alleviate the pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient was provided with postoperative instructions, including pain management strategies, physical therapy, and regular follow-up evaluations to monitor progress and address any further concerns.

Operative Note 61: Patient presented with chronic prepatellar bursitis and persistent symptoms, warranting surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. A biologic scaffold was then applied to promote tissue regeneration and facilitate healing. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. Postoperative instructions were given, including wound care, pain management, and a structured rehabilitation program for optimal recovery.

Operative Note 62: A patient with prepatellar bursitis and functional impairment underwent an arthroscopic bursectomy with patellar tendon repair. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous repair of the damaged patellar tendon using sutures and anchors. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including protected weight-bearing, physical therapy, and regular follow-up evaluations for monitoring and rehabilitation progress.

Operative Note 63: Patient presented with prepatellar bursitis and persistent pain refractory to conservative treatment, necessitating surgical intervention. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. A regenerative medicine technique, such as platelet-rich plasma (PRP) injection, was administered to promote healing and reduce pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including pain management, activity modification, and follow-up appointments for ongoing care.

Operative Note 64: A patient with chronic prepatellar bursitis and recurrent infections underwent an open bursectomy with wound debridement and primary closure. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough irrigation and debridement of the infected tissue. The wound was then carefully closed using sutures, ensuring optimal approximation. Hemostasis was achieved, and a sterile dressing was applied. Postoperative care instructions were provided, including wound care, antibiotic therapy, and regular follow-up to monitor for resolution of the infection.

Operative Note 65: Patient presented with prepatellar bursitis and debilitating pain necessitating surgical intervention. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. A local anesthetic and corticosteroid mixture were injected into the area to provide immediate pain relief. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, emphasizing pain management strategies, activity modifications, and regular follow-up appointments for ongoing care.

Operative Note 66: A patient with prepatellar bursitis and significant functional impairment underwent an arthroscopic bursectomy with synovectomy. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous removal of the inflamed synovial tissue. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including protected weight-bearing, pain management, and a structured rehabilitation program for optimal recovery and restoration of joint function.

Operative Note 67: Patient presented with chronic prepatellar bursitis and severe pain refractory to conservative management, necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. A nerve ablation procedure, such as radiofrequency ablation, was performed to alleviate the severe pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including pain management strategies, activity modifications, and regular follow-up appointments for ongoing care.

Operative Note 68: A patient with prepatellar bursitis and persistent pain underwent an open bursectomy with autologous tissue transfer. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by the transfer of healthy autologous tissue to the area to promote healing and prevent recurrence. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. The patient was provided with postoperative instructions, including wound care, pain management, and a structured rehabilitation program to optimize outcomes.

Operative Note 69: Patient presented with refractory prepatellar bursitis and failed conservative management, necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. A regenerative medicine technique, such as adipose-derived stem cell injection, was administered to promote tissue repair and reduce inflammation. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including pain management, activity modification, and follow-up appointments for ongoing care.

Operative Note 70: A patient with prepatellar bursitis and severe pain underwent an arthroscopic bursectomy with bone erosion repair. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous repair of the eroded bone using bone grafting techniques. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management, protected weight-bearing, and regular follow-up evaluations for monitoring and rehabilitation.

Operative Note 71: A patient with prepatellar bursitis and severe infection involving the extreme moving joint underwent an emergency open bursectomy with joint debridement and irrigation. After appropriate anesthesia, an extensive incision was made over the bursa and the affected joint. The bursa was meticulously dissected and excised, followed by thorough debridement of infected tissues and irrigation with antimicrobial solution. The joint was inspected for any further signs of infection or damage. Hemostasis was achieved, and the wound was closed using sutures. Postoperative care included intravenous antibiotics, wound care, and close monitoring for resolution of the infection.

Operative Note 72: Patient presented with prepatellar bursitis and severe infection involving the extreme moving joint, necessitating urgent surgical intervention. After sterile preparation, an incision was made over the bursa and extended to the joint. The bursa was meticulously dissected and excised, followed by extensive debridement of infected tissues and thorough irrigation with antibiotic solution. Any compromised joint structures were addressed as necessary. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. The patient received postoperative instructions, including intravenous antibiotics, wound care, and close follow-up for ongoing management.

Operative Note 73: A patient with chronic prepatellar bursitis and severe infection involving the extreme moving joint underwent an arthroscopic bursectomy with joint lavage and debridement. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous lavage and debridement of infected tissues. Special attention was given to the affected joint structures. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions included intravenous antibiotics, pain management, and close monitoring for resolution of the infection.

Operative Note 74: Patient presented with prepatellar bursitis and severe infection involving the extreme moving joint, necessitating immediate surgical intervention. After appropriate anesthesia, an incision was made over the bursa and extended to the joint. The bursa was meticulously dissected and excised, followed by thorough debridement of infected tissues and extensive irrigation with antimicrobial solution. Any compromised joint structures were addressed and repaired as necessary. Hemostasis was achieved, and the wound was closed using sutures. Postoperative care included intravenous antibiotics, wound care, and close monitoring for resolution of the infection.

Operative Note 75: A patient with prepatellar bursitis and severe infection involving the extreme moving joint underwent an open bursectomy with joint exploration and debridement. After sterile preparation, an incision was made over the bursa and extended to the joint. The bursa was meticulously dissected and excised, followed by thorough exploration and debridement of infected tissues within the joint. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative care instructions included intravenous antibiotics, wound care, and close monitoring for resolution of the infection.

Operative Note 76: Patient presented with chronic prepatellar bursitis and severe infection involving the extreme moving joint, necessitating surgical intervention. After appropriate anesthesia, an incision was made over the bursa and extended to the joint. The bursa was meticulously dissected and excised, followed by extensive debridement of infected tissues and thorough irrigation with antimicrobial solution. Any compromised joint structures were addressed as necessary. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. The patient received postoperative instructions, including intravenous antibiotics, wound care, pain management, and close follow-up for ongoing management.

Operative Note 77: A patient with prepatellar bursitis and severe infection involving the extreme moving joint underwent an urgent arthroscopic bursectomy with joint washout and debridement. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous irrigation and debridement of infected tissues. Special attention was given to the affected joint structures. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions included intravenous antibiotics, pain management, and close monitoring for resolution of the infection.

Operative Note 78: Patient presented with prepatellar bursitis and severe infection involving the extreme moving joint, necessitating immediate surgical intervention. After appropriate anesthesia, an incision was made over the bursa and extended to the joint. The bursa was meticulously dissected and excised, followed by thorough debridement of infected tissues and extensive irrigation with antimicrobial solution. Any compromised joint structures were addressed and repaired as necessary. Hemostasis was achieved, and the wound was closed using sutures. Postoperative care included intravenous antibiotics, wound care, and close monitoring for resolution of the infection.

Operative Note 79: A patient with chronic prepatellar bursitis and severe infection involving the extreme moving joint underwent an open bursectomy with joint exploration and debridement. After sterile preparation, an incision was made over the bursa and extended to the joint. The bursa was meticulously dissected and excised, followed by thorough exploration and debridement of infected tissues within the joint. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative care instructions included intravenous antibiotics, wound care, pain management, and close monitoring for resolution of the infection.

Operative Note 80: Patient presented with prepatellar bursitis and severe infection involving the extreme moving joint, necessitating urgent surgical intervention. After appropriate anesthesia, an incision was made over the bursa and extended to the joint. The bursa was meticulously dissected and excised, followed by thorough debridement of infected tissues and extensive irrigation with antimicrobial solution. Any compromised joint structures were addressed and repaired as necessary. Hemostasis was achieved, and the wound was closed in layers using absorbable sutures. The patient received postoperative instructions, including intravenous antibiotics, wound care, pain management, and close follow-up for ongoing management.

Operative Note 81: A patient with prepatellar bursitis and severe inflammation underwent an arthroscopic bursectomy with intra-articular corticosteroid injection. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous irrigation of the joint. A corticosteroid solution was then injected into the joint to reduce inflammation and alleviate symptoms. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions included pain management, activity modification, and follow-up evaluations for continued management.

Operative Note 82: Patient presented with chronic prepatellar bursitis and recurrent inflammation necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough irrigation and debridement of the surrounding inflamed tissues. A biologic membrane was applied to the area to reduce inflammation and promote healing. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management strategies, activity modifications, and regular follow-up appointments for ongoing care.

Operative Note 83: A patient with prepatellar bursitis and severe inflammation underwent an open bursectomy with intraoperative anti-inflammatory drug administration. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. An anti-inflammatory medication, such as triamcinolone, was administered directly into the area to reduce inflammation. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient was provided with postoperative instructions, including pain management, activity modification, and follow-up appointments for ongoing care.

Operative Note 84: Patient presented with prepatellar bursitis and severe inflammation refractory to conservative management, necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. An anti-inflammatory foam dressing was applied to the area to reduce inflammation and promote healing. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management strategies, activity modifications, and regular follow-up appointments for ongoing care.

Operative Note 85: A patient with chronic prepatellar bursitis and persistent inflammation underwent an arthroscopic bursectomy with intra-articular anti-inflammatory drug injection. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous irrigation of the joint. An anti-inflammatory medication, such as corticosteroid or hyaluronic acid, was injected into the joint to reduce inflammation. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management, activity modification, and follow-up evaluations for continued management.

Operative Note 86: Patient presented with prepatellar bursitis and severe inflammation refractory to conservative management, necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. An anti-inflammatory medication, such as diclofenac gel, was applied topically to the area to reduce inflammation. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including pain management, activity modification, and regular follow-up appointments for ongoing care.

Operative Note 87: A patient with prepatellar bursitis and severe inflammation refractory to conservative management underwent an open bursectomy with intraoperative anti-inflammatory drug administration. After sterile preparation, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. An anti-inflammatory medication, such as methylprednisolone, was injected directly into the area to reduce inflammation. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient was provided with postoperative instructions, including pain management, activity modification, and follow-up appointments for ongoing care.

Operative Note 88: Patient presented with prepatellar bursitis and severe inflammation refractory to conservative management, necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. A biological scaffold was applied to the area to reduce inflammation and promote tissue healing. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management strategies, activity modifications, and regular follow-up appointments for ongoing care.

Operative Note 89: A patient with chronic prepatellar bursitis and persistent inflammation underwent an arthroscopic bursectomy with intra-articular corticosteroid injection. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous irrigation of the joint. A corticosteroid solution was then injected into the joint to reduce inflammation and alleviate symptoms. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions included pain management, activity modification, and follow-up evaluations for continued management.

Operative Note 90: Patient presented with prepatellar bursitis and severe inflammation refractory to conservative management, necessitating surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding inflamed tissues. An anti-inflammatory medication, such as ibuprofen, was administered systemically to reduce inflammation. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient received postoperative instructions, including pain management, activity modification, and regular follow-up appointments for ongoing care.

Operative Note 91: A patient with prepatellar bursitis and moderate severity of diagnosis underwent an arthroscopic bursectomy with joint lavage and debridement. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous lavage and debridement of the affected area. Any associated joint pathology was addressed as necessary. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management, activity modification, and a follow-up appointment in two weeks for evaluation of the patient's progress.

Operative Note 92: Patient presented with chronic prepatellar bursitis and mild severity of diagnosis, requiring surgical intervention. After appropriate anesthesia, a curvilinear incision was made over the bursa. The bursa was meticulously dissected and excised, followed by thorough debridement of the surrounding tissues. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperative instructions were given, including pain management, activity modification, and a follow-up appointment in four weeks for further assessment of the patient's condition.

Operative Note 93: A patient with prepatellar bursitis and severe severity of diagnosis underwent an open bursectomy with extensive debridement. After sterile preparation, a curvilinear incision was made over the bursa, and the bursa was meticulously dissected and excised. The affected tissues were extensively debrided, and any necrotic or infected material was removed. Hemostasis was achieved, and the wound was closed using sutures. The patient received postoperative instructions, including pain management, activity modification, and a follow-up appointment in one week to assess the healing progress and address any concerns.

Operative Note 94: Patient presented with chronic prepatellar bursitis and moderate severity of diagnosis, necessitating an arthroscopic bursectomy with joint washout and corticosteroid injection. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous irrigation and debridement. A corticosteroid solution was injected into the joint to reduce inflammation. Hemostasis was achieved, and the portals were closed with sutures. The patient was provided with postoperative instructions, including pain management, activity modification, and a follow-up appointment in six weeks to evaluate the response to the treatment.

Operative Note 95: A patient with prepatellar bursitis and mild severity of diagnosis underwent an open bursectomy with debridement. After appropriate anesthesia, a curvilinear incision was made over the bursa, and the bursa was meticulously dissected and excised. The surrounding tissues were debrided, and any inflammatory or necrotic material was removed. Hemostasis was achieved, and the wound was closed using sutures. Postoperative instructions were given, including pain management, activity modification, and a follow-up appointment in three weeks to assess the patient's progress and determine the need for further interventions.

Operative Note 96: Patient presented with chronic prepatellar bursitis and severe severity of diagnosis, requiring an open bursectomy with extensive debridement and biologic membrane application. After sterile preparation, a curvilinear incision was made over the bursa, and the bursa was meticulously dissected and excised. The affected tissues were extensively debrided, and a biologic membrane was applied to aid in the healing process. Hemostasis was achieved, and the wound was closed using sutures. The patient received postoperative instructions, including pain management, activity modification, and a follow-up appointment in two weeks for assessment and further treatment planning.

Operative Note 97: A patient with prepatellar bursitis and mild severity of diagnosis underwent an arthroscopic bursectomy with joint lavage. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous lavage of the joint to remove any inflammatory debris. Hemostasis was achieved, and the portals were closed with sutures. Postoperative care instructions were provided, including pain management, activity modification, and a follow-up appointment in six weeks for evaluation of the patient's condition and consideration of further interventions, if necessary.

Operative Note 98: Patient presented with chronic prepatellar bursitis and moderate severity of diagnosis, necessitating an open bursectomy with debridement and application of a biologic scaffold. After appropriate anesthesia, a curvilinear incision was made over the bursa, and the bursa was meticulously dissected and excised. The affected tissues were debrided, and a biologic scaffold was applied to promote healing and reduce the risk of recurrence. Hemostasis was achieved, and the wound was closed using sutures. The patient received postoperative instructions, including pain management, activity modification, and a follow-up appointment in four weeks for assessment and consideration of further interventions, if required.

Operative Note 99: A patient with prepatellar bursitis and severe severity of diagnosis underwent an arthroscopic bursectomy with extensive debridement and intra-articular corticosteroid injection. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by meticulous debridement of the affected area. A corticosteroid solution was injected into the joint to reduce inflammation and provide symptomatic relief. Hemostasis was achieved, and the portals were closed with sutures. The patient was provided with postoperative instructions, including pain management, activity modification, and a follow-up appointment in three weeks to evaluate the response to treatment and determine the need for further interventions.

Operative Note 100: Patient presented with chronic prepatellar bursitis and mild severity of diagnosis, necessitating an arthroscopic bursectomy with joint washout. Under general anesthesia, standard portals were established, and the arthroscope was inserted into the joint. The bursa was identified and excised using arthroscopic instruments, followed by thorough irrigation and debridement of the joint. Hemostasis was achieved, and the portals were closed with sutures. Postoperative instructions were given, including pain management, activity modification, and a follow-up appointment in eight weeks to assess the patient's progress and determine the need for further interventions.

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## M70.5 Other bursitis of knee

1. Operative Note: Patient underwent a surgical procedure for other bursitis of the knee. A small incision was made over the affected bursa, and the bursa was excised. Hemostasis was achieved, and the incision was closed with sutures. Postoperative care instructions were given, and the patient was discharged in stable condition.

2. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The affected bursa was identified and carefully dissected. A bursectomy was carried out, followed by meticulous hemostasis. The incision was closed using sutures. The patient tolerated the procedure well, and postoperative instructions were provided before discharge.

3. Operative Note: The patient underwent a surgical procedure for other bursitis of the knee. After identifying the affected bursa, it was excised using sharp dissection. Hemostasis was achieved, and the wound was closed with sutures. The patient was informed about postoperative care measures and discharged in a stable condition.

4. Operative Note: Surgical management was undertaken for other bursitis of the knee. A longitudinal incision was made over the bursa, which was then meticulously excised. Hemostasis was ensured, and the incision was closed with sutures. The patient received postoperative instructions and was discharged without any complications.

5. Operative Note: The patient underwent a surgical procedure for other bursitis of the knee. The affected bursa was approached through a small incision, and complete excision was performed. Hemostasis was achieved, and the wound was closed using sutures. The patient was discharged after receiving postoperative care instructions.

6. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The affected bursa was located and completely excised via a surgical incision. Hemostasis was carefully ensured, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient was discharged in stable condition.

7. Operative Note: The patient underwent surgical excision for other bursitis of the knee. An incision was made over the bursa, and the bursa was meticulously dissected and removed. Hemostasis was achieved, and the incision was closed with sutures. The patient received postoperative instructions and was discharged without any complications.

8. Operative Note: Surgical management was performed for other bursitis of the knee. The affected bursa was identified and excised using sharp dissection. Hemostasis was secured, and the incision was closed with sutures. The patient was given postoperative care instructions and discharged in stable condition.

9. Operative Note: A surgical procedure was carried out to address other bursitis of the knee. The bursa was accessed through a small incision and carefully excised. Hemostasis was achieved, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient was discharged without any complications.

10. Operative Note: Surgical intervention was performed to treat other bursitis of the knee. The affected bursa was approached through an incision, and complete excision was performed. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care measures were explained to the patient, who was subsequently discharged in stable condition.

1. Operative Note: The patient underwent surgical excision for other bursitis of the knee. An incision was made, and the affected bursa was identified and carefully dissected. Complete removal of the bursa was achieved, followed by meticulous hemostasis. The incision was closed with sutures. Postoperative care instructions were provided, and the patient was discharged in stable condition.

2. Operative Note: Surgical management was performed to address other bursitis of the knee. The bursa was approached through a small incision, and excision was carried out. Hemostasis was ensured, and the wound was closed using sutures. The patient received postoperative instructions and was discharged without any complications.

3. Operative Note: The patient underwent a surgical procedure for other bursitis of the knee. The affected bursa was identified and carefully excised using sharp dissection. Hemostasis was achieved, and the incision was closed with sutures. Postoperative care measures were discussed, and the patient was discharged in stable condition.

4. Operative Note: Surgical intervention was performed to treat other bursitis of the knee. The affected bursa was accessed through an incision, and meticulous excision was carried out. Hemostasis was secured, and the incision was closed using sutures. The patient was provided with postoperative care instructions and discharged without any complications.

5. Operative Note: A surgical procedure was performed to address other bursitis of the knee. The affected bursa was identified and completely excised through an incision. Hemostasis was ensured, and the wound was closed with sutures. Postoperative care instructions were provided, and the patient was discharged in stable condition.

6. Operative Note: The patient underwent surgical intervention for other bursitis of the knee. An incision was made over the bursa, which was then carefully excised using sharp dissection. Hemostasis was achieved, and the incision was closed with sutures. The patient received postoperative instructions and was discharged without any complications.

7. Operative Note: Surgical management was undertaken to address other bursitis of the knee. The affected bursa was approached through a small incision, and complete excision was performed. Hemostasis was achieved, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient was discharged in stable condition.

8. Operative Note: The patient underwent a surgical procedure for other bursitis of the knee. The affected bursa was identified and excised using sharp dissection. Hemostasis was secured, and the incision was closed with sutures. The patient received postoperative care instructions and was discharged without any complications.

9. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The affected bursa was located and completely excised via a surgical incision. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient was discharged in stable condition.

10. Operative Note: The patient underwent surgical excision for other bursitis of the knee. An incision was made over the bursa, and meticulous dissection was performed to remove the bursa. Hemostasis was achieved, and the incision was closed using sutures. The patient received postoperative instructions and was discharged without any complications.

1. Operative Note: Under general anesthesia, the patient underwent surgical excision for other bursitis of the knee. The affected bursa was identified and carefully dissected. Complete removal was achieved, and meticulous hemostasis was ensured. The incision was closed with sutures. Postoperative care instructions were provided, and the patient recovered smoothly.

2. Operative Note: Local anesthesia with sedation was administered to the patient undergoing surgical management for other bursitis of the knee. The bursa was accessed through a small incision and excised. Hemostasis was ensured, and the wound was closed using sutures. Postoperative instructions were given, and the patient was discharged without complications.

3. Operative Note: Spinal anesthesia was administered to the patient undergoing surgical intervention for other bursitis of the knee. The bursa was approached through an incision, and meticulous excision was performed. Hemostasis was secured, and the incision was closed with sutures. The patient received postoperative care instructions and recovered well.

4. Operative Note: General anesthesia was administered for the surgical procedure addressing other bursitis of the knee. The affected bursa was identified and completely excised through an incision. Hemostasis was ensured, and the wound was closed with sutures. The patient was provided with postoperative care instructions and had an uneventful recovery.

5. Operative Note: Regional anesthesia, combined with conscious sedation, was administered to the patient undergoing surgical management for other bursitis of the knee. The affected bursa was identified and excised through an incision. Hemostasis was achieved, and the incision was closed with sutures. Postoperative instructions were given, and the patient had a smooth recovery.

6. Operative Note: The patient received local anesthesia with intravenous sedation for the surgical procedure addressing other bursitis of the knee. The bursa was accessed through a small incision and meticulously excised. Hemostasis was ensured, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient recovered without complications.

7. Operative Note: General anesthesia was administered to the patient undergoing surgical intervention for other bursitis of the knee. The affected bursa was identified and excised using sharp dissection. Hemostasis was secured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient had a successful recovery.

8. Operative Note: The patient underwent spinal anesthesia with sedation for the surgical procedure addressing other bursitis of the knee. The affected bursa was located and completely excised via an incision. Hemostasis was ensured, and the incision was closed with sutures. Postoperative instructions were provided, and the patient recovered well.

9. Operative Note: Regional anesthesia, combined with monitored anesthesia care, was administered to the patient undergoing surgical management for other bursitis of the knee. The affected bursa was approached through an incision and meticulously excised. Hemostasis was achieved, and the incision was closed using sutures. The patient received postoperative instructions and had a smooth recovery.

10. Operative Note: The patient received general anesthesia with intravenous sedation for the surgical procedure addressing other bursitis of the knee. The bursa was accessed through an incision, and complete excision was performed. Hemostasis was achieved, and the incision was closed with sutures. Postoperative care measures were explained, and the patient had an uneventful recovery

1. Operative Note: The patient underwent surgical excision for other bursitis of the knee with significant bone erosion. After identifying the affected bursa and erosion site, meticulous dissection was performed. Complete removal of the bursa and debridement of eroded bone were achieved. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient was discharged in stable condition.

2. Operative Note: Under general anesthesia, the patient underwent surgical management for other bursitis of the knee with associated bone erosion. The bursa was approached through an incision, and meticulous excision was performed. Debridement of eroded bone was carried out, and meticulous hemostasis was achieved. The wound was closed using sutures. Postoperative instructions were given, and the patient recovered smoothly.

3. Operative Note: Regional anesthesia, combined with conscious sedation, was administered to the patient undergoing surgical intervention for other bursitis of the knee with bone erosion. The affected bursa was identified and carefully excised. Debridement of eroded bone was performed, and meticulous hemostasis was achieved. The incision was closed with sutures, and postoperative care instructions were provided.

4. Operative Note: The patient received general anesthesia for the surgical procedure addressing other bursitis of the knee with bone erosion. The affected bursa was identified and completely excised through an incision. Extensive debridement of eroded bone was performed, and meticulous hemostasis was ensured. The wound was closed with sutures. Postoperative care instructions were given, and the patient had an uneventful recovery.

5. Operative Note: Under spinal anesthesia, the patient underwent surgical excision for other bursitis of the knee with bone erosion. The bursa was approached through an incision, and complete removal was achieved. Extensive debridement of eroded bone was carried out, and meticulous hemostasis was achieved. The incision was closed using sutures. Postoperative instructions were provided, and the patient recovered well.

6. Operative Note: Local anesthesia with sedation was administered to the patient undergoing surgical management for other bursitis of the knee with bone erosion. The affected bursa was identified and excised through an incision. Debridement of eroded bone was performed meticulously, and hemostasis was ensured. The wound was closed with sutures, and postoperative care instructions were provided.

7. Operative Note: The patient underwent surgical intervention for other bursitis of the knee with significant bone erosion. Under general anesthesia, the affected bursa was approached through an incision. Complete excision of the bursa and meticulous debridement of eroded bone were achieved. Hemostasis was ensured, and the wound was closed with sutures. Postoperative care instructions were given, and the patient had a successful recovery.

8. Operative Note: Regional anesthesia, combined with monitored anesthesia care, was administered to the patient undergoing surgical treatment for other bursitis of the knee with bone erosion. The affected bursa was accessed through an incision, and meticulous excision was performed. Debridement of eroded bone was carried out, and hemostasis was secured. The patient received postoperative instructions and had a smooth recovery.

9. Operative Note: The patient received general anesthesia with intravenous sedation for the surgical procedure addressing other bursitis of the knee with bone erosion. The bursa was approached through an incision, and complete excision was performed. Extensive debridement of eroded bone was achieved, and meticulous hemostasis was ensured. Postoperative care measures were explained, and the patient had an uneventful recovery.

10. Operative Note: Spinal anesthesia was administered to the patient undergoing surgical intervention for other bursitis of the knee with bone erosion. The affected bursa was identified and excised through an incision. Debridement of eroded bone was performed meticulously, and hemostasis was secured. The wound was closed using sutures, and postoperative care instructions were provided to the patient.

1. Operative Note: The patient underwent surgical excision for other bursitis of the knee with severe bone pain. After identifying the affected bursa and addressing bone erosion, meticulous dissection was performed. Complete removal of the bursa and debridement of eroded bone were achieved to alleviate the severe bone pain. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient was discharged in stable condition.

2. Operative Note: Under general anesthesia, the patient underwent surgical management for other bursitis of the knee with severe bone pain. The bursa was approached through an incision, and meticulous excision was performed. Debridement of eroded bone was carried out to alleviate the severe bone pain. Meticulous hemostasis was achieved, and the wound was closed using sutures. Postoperative instructions were given, and the patient recovered smoothly.

3. Operative Note: Regional anesthesia, combined with conscious sedation, was administered to the patient undergoing surgical intervention for other bursitis of the knee with severe bone pain. The affected bursa was identified and carefully excised. Debridement of eroded bone was performed to relieve the severe bone pain. Meticulous hemostasis was achieved, and the incision was closed with sutures. Postoperative care instructions were provided.

4. Operative Note: The patient received general anesthesia for the surgical procedure addressing other bursitis of the knee with severe bone pain. The affected bursa was identified and completely excised through an incision. Extensive debridement of eroded bone was performed to alleviate the severe bone pain. Meticulous hemostasis was ensured, and the wound was closed with sutures. Postoperative care instructions were given, and the patient had an uneventful recovery.

5. Operative Note: Under spinal anesthesia, the patient underwent surgical excision for other bursitis of the knee with severe bone pain. The bursa was approached through an incision, and complete removal was achieved. Extensive debridement of eroded bone was carried out to alleviate the severe bone pain. Meticulous hemostasis was achieved, and the incision was closed using sutures. Postoperative instructions were provided, and the patient recovered well.

6. Operative Note: Local anesthesia with sedation was administered to the patient undergoing surgical management for other bursitis of the knee with severe bone pain. The affected bursa was identified and excised through an incision. Debridement of eroded bone was performed meticulously to alleviate the severe bone pain. Hemostasis was ensured, and the wound was closed with sutures. Postoperative care instructions were provided.

7. Operative Note: The patient underwent surgical intervention for other bursitis of the knee with severe bone pain. Under general anesthesia, the affected bursa was approached through an incision. Complete excision of the bursa and meticulous debridement of eroded bone were achieved to relieve the severe bone pain. Hemostasis was ensured, and the wound was closed with sutures. Postoperative care instructions were given, and the patient had a successful recovery.

8. Operative Note: Regional anesthesia, combined with monitored anesthesia care, was administered to the patient undergoing surgical treatment for other bursitis of the knee with severe bone pain. The affected bursa was accessed through an incision, and meticulous excision was performed. Debridement of eroded bone was carried out to alleviate the severe bone pain. Hemostasis was secured, and the incision was closed with sutures. The patient received postoperative instructions and had a smooth recovery.

9. Operative Note: The patient received general anesthesia with intravenous sedation for the surgical procedure addressing other bursitis of the knee with severe bone pain. The bursa was approached through an incision, and complete excision was performed. Extensive debridement of eroded bone was achieved to alleviate the severe bone pain. Meticulous hemostasis was ensured, and the wound was closed with sutures. Postoperative care measures were explained, and the patient had an uneventful recovery.

10. Operative Note: Spinal anesthesia was administered to the patient undergoing surgical intervention for other bursitis of the knee with severe bone pain. The affected bursa was identified and excised through an incision. Debridement of eroded bone was performed meticulously to alleviate the severe bone pain. Hemostasis was secured, and the incision was closed using sutures. Postoperative care instructions were provided to the patient, and they responded well to the procedure.

1. Operative Note: The patient underwent a surgical intervention for severe other bursitis of the knee. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision was performed, removing the bursa completely. Hemostasis was achieved, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient had a successful recovery without any complications.

2. Operative Note: Surgical intervention was performed on the patient with other bursitis of the knee. Under regional anesthesia, an incision was made to expose the affected bursa. Complete excision of the bursa was carried out, ensuring meticulous hemostasis. The wound was closed with sutures. Postoperative instructions were given, and the patient experienced relief from symptoms during the recovery period.

3. Operative Note: A surgical intervention was performed to address other bursitis of the knee. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision was performed, removing the bursa entirely. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient's recovery was uneventful.

4. Operative Note: The patient underwent surgical intervention for other bursitis of the knee. Under spinal anesthesia, an incision was made to expose the affected bursa. Meticulous excision was performed, achieving complete removal of the bursa. Hemostasis was achieved, and the incision was closed using sutures. Postoperative care instructions were given, and the patient showed improvement in symptoms after the procedure.

5. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Careful excision of the bursa was performed, ensuring complete removal. Hemostasis was achieved, and the incision was closed using sutures. Postoperative instructions were provided, and the patient experienced relief from knee pain and inflammation.

6. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee. Under general anesthesia, an incision was made to expose the affected bursa. Meticulous excision was performed, completely removing the bursa. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient's recovery was uneventful, with a significant reduction in knee pain and swelling.

7. Operative Note: Surgical intervention was performed to address severe other bursitis of the knee. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the bursa was carried out, ensuring meticulous hemostasis. The wound was closed with sutures. Postoperative instructions were given, and the patient showed improvement in knee mobility and a reduction in pain.

8. Operative Note: A surgical intervention was performed to treat other bursitis of the knee. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, achieving complete removal. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient experienced relief from knee pain and improved range of motion.

9. Operative Note: The patient underwent surgical intervention for other bursitis of the knee. Under spinal anesthesia, an incision was made to expose the affected bursa. Complete excision of the bursa was performed, ensuring meticulous hemostasis. The wound was closed using sutures. Postoperative instructions were given, and the patient reported a significant reduction in knee pain and improved functionality.

10. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision was performed, achieving complete removal of the bursa. Hemostasis was ensured, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient experienced relief from knee pain and inflammation.

1. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision was performed, completely removing the bursa. Extensive debridement of surrounding tissues was carried out. Hemostasis was achieved, and the wound was closed with sutures. Postoperative care instructions were provided, and the patient's recovery was uneventful.

2. Operative Note: Surgical intervention was performed to address other bursitis of the knee with severe symptoms. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the bursa was performed, along with extensive debridement of eroded bone. Hemostasis was ensured, and the incision was closed with sutures. Postoperative instructions were given, and the patient showed improvement in knee pain and function.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the knee. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Extensive debridement of eroded bone was carried out. Hemostasis was achieved, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient experienced relief from knee pain and swelling.

4. Operative Note: The patient underwent a surgical intervention for chronic other bursitis of the knee. Under spinal anesthesia, an incision was made to expose the affected bursa. Meticulous excision was performed, completely removing the bursa. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative instructions were given, and the patient showed improvement in knee function and decreased pain.

5. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was achieved, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient reported reduced knee pain and improved mobility.

6. Operative Note: The patient underwent surgical intervention for other bursitis of the knee. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision was performed, completely removing the bursa. Adjacent bone erosion was debrided. Hemostasis was ensured, and the wound was closed with sutures. Postoperative care instructions were provided, and the patient experienced relief from knee pain and improved range of motion.

7. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the bursa was carried out, along with meticulous debridement of eroded bone. Hemostasis was achieved, and the incision was closed with sutures. Postoperative instructions were given, and the patient showed improved knee function and reduced pain.

8. Operative Note: A surgical intervention was performed to treat severe other bursitis of the knee. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Adjacent bone erosion was extensively debrided. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient experienced significant relief from knee pain and improved mobility.

9. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee. Under spinal anesthesia, an incision was made to expose the affected bursa. Meticulous excision was performed, completely removing the bursa. Adjacent bone erosion was extensively debrided. Hemostasis was achieved, and the incision was closed using sutures. Postoperative instructions were given, and the patient showed improved knee function and reduced pain.

10. Operative Note: Surgical intervention was performed to address chronic other bursitis of the knee. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Extensive debridement of eroded bone and surrounding tissues was carried out. Hemostasis was achieved, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient experienced reduced knee pain and improved range of motion.

1. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee with severe infection on the extreme moving joint. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision of the infected bursa was performed, along with debridement of eroded bone. Extensive irrigation and thorough cleansing were carried out. Hemostasis was ensured, and the wound was closed with sutures. Intravenous antibiotics were initiated, and postoperative care instructions were provided.

2. Operative Note: Surgical intervention was performed to address other bursitis of the knee with severe infection on the extreme moving joint. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the infected bursa was carried out, along with meticulous debridement of eroded bone. Intense irrigation with antimicrobial solution was performed. Hemostasis was achieved, and the incision was closed using sutures. Intravenous antibiotics were administered, and postoperative care instructions were given.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the knee with severe infection on the extreme moving joint. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision of the infected bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Thorough irrigation with antimicrobial solution was performed. Hemostasis was ensured, and the incision was closed with sutures. Intravenous antibiotics were initiated, and postoperative care instructions were provided.

4. Operative Note: The patient underwent a surgical intervention for chronic other bursitis of the knee with severe infection on the extreme moving joint. Under spinal anesthesia, an incision was made to expose the affected bursa. Complete excision of the infected bursa was performed, along with extensive debridement of eroded bone. Thorough irrigation with antibiotic solution was carried out. Hemostasis was achieved, and the incision was closed using sutures. Intravenous antibiotics were administered, and postoperative care instructions were given.

5. Operative Note: Surgical intervention was performed to address other bursitis of the knee with severe infection on the extreme moving joint. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the infected bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Thorough irrigation with antimicrobial solution was performed. Hemostasis was ensured, and the incision was closed using sutures. Intravenous antibiotics were initiated, and postoperative care instructions were provided.

6. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee with severe infection on the extreme moving joint. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision of the infected bursa was performed, completely removing the source of infection. Debridement of eroded bone and surrounding tissues was carried out. Extensive irrigation with antimicrobial solution was performed. Hemostasis was ensured, and the incision was closed using sutures. Intravenous antibiotics were administered, and postoperative care instructions were given.

7. Operative Note: Surgical intervention was performed to address other bursitis of the knee with severe infection on the extreme moving joint. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the infected bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out meticulously. Thorough irrigation with antimicrobial solution was performed. Hemostasis was achieved, and the incision was closed using sutures. Intravenous antibiotics were initiated, and postoperative care instructions were provided.

8. Operative Note: A surgical intervention was performed to treat other bursitis of the knee with severe infection on the extreme moving joint. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision of the infected bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out meticulously. Thorough irrigation with antimicrobial solution was performed. Hemostasis was ensured, and the incision was closed with sutures. Intravenous antibiotics were administered, and postoperative care instructions were given.

9. Operative Note: The patient underwent a surgical intervention for chronic other bursitis of the knee with severe infection on the extreme moving joint. Under spinal anesthesia, an incision was made to expose the affected bursa. Complete excision of the infected bursa was performed, along with extensive debridement of eroded bone. Thorough irrigation with antibiotic solution was carried out. Hemostasis was achieved, and the incision was closed using sutures. Intravenous antibiotics were initiated, and postoperative care instructions were provided.

10. Operative Note: Surgical intervention was performed to address other bursitis of the knee with severe infection on the extreme moving joint. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the infected bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out meticulously. Thorough irrigation with antimicrobial solution was performed. Hemostasis was ensured, and the incision was closed using sutures. Intravenous antibiotics were initiated, and postoperative care instructions were given.

1. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee with severe inflammation. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision of the inflamed bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient showed reduced knee inflammation and improved mobility.

2. Operative Note: Surgical intervention was performed to address other bursitis of the knee with moderate inflammation. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the inflamed bursa was carried out, along with meticulous debridement of eroded bone. Hemostasis was achieved, and the incision was closed using sutures. Postoperative instructions were given, and the patient demonstrated decreased knee inflammation and improved range of motion.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the knee with mild inflammation. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision of the inflamed bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient experienced relief from knee inflammation and enhanced functionality.

4. Operative Note: The patient underwent a surgical intervention for chronic other bursitis of the knee with severe inflammation. Under spinal anesthesia, an incision was made to expose the affected bursa. Complete excision of the inflamed bursa was performed, along with extensive debridement of eroded bone. Hemostasis was achieved, and the incision was closed using sutures. Postoperative instructions were given, and the patient demonstrated reduced knee inflammation and improved knee function.

5. Operative Note: Surgical intervention was performed to address other bursitis of the knee with moderate inflammation. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the inflamed bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient reported decreased knee inflammation and improved mobility.

6. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee with severe inflammation. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision of the inflamed bursa was performed, completely removing the source of inflammation. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed using sutures. Postoperative care instructions were provided, and the patient showed significant reduction in knee inflammation and improved range of motion.

7. Operative Note: Surgical intervention was performed to address other bursitis of the knee with mild inflammation. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the inflamed bursa was carried out, along with meticulous debridement of eroded bone. Hemostasis was achieved, and the incision was closed using sutures. Postoperative instructions were given, and the patient demonstrated decreased knee inflammation and improved knee function.

8. Operative Note: A surgical intervention was performed to treat other bursitis of the knee with moderate inflammation. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision of the inflamed bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient experienced relief from knee inflammation and improved functionality.

9. Operative Note: The patient underwent a surgical intervention for chronic other bursitis of the knee with severe inflammation. Under spinal anesthesia, an incision was made to expose the affected bursa. Complete excision of the inflamed bursa was performed, along with extensive debridement of eroded bone. Hemostasis was achieved, and the incision was closed using sutures. Postoperative instructions were given, and the patient demonstrated reduced knee inflammation and improved range of motion.

10. Operative Note: Surgical intervention was performed to address other bursitis of the knee with mild inflammation. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the inflamed bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative care instructions were provided, and the patient reported decreased knee inflammation and enhanced mobility.

1. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee. Under general anesthesia, an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Adjacent bone erosion was debrided. Hemostasis was ensured, and the incision was closed with sutures. Postoperative follow-up will be scheduled based on the severity of the diagnosis, with recommendations for physical therapy and anti-inflammatory medications.

2. Operative Note: Surgical intervention was performed to address chronic other bursitis of the knee. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Complete excision of the bursa was carried out, along with debridement of eroded bone. Hemostasis was achieved, and the incision was closed using sutures. Postoperative follow-up will be determined based on the severity of the diagnosis, with possible recommendations for imaging, further evaluations, and a customized rehabilitation program.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the knee. The patient received general anesthesia, and an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative follow-up will be tailored to the severity of the diagnosis, with consideration for pain management, physical therapy, and a gradual return to activities.

4. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee with associated bone erosion. Under spinal anesthesia, an incision was made to expose the affected bursa. Complete excision of the bursa was performed, along with extensive debridement of eroded bone. Hemostasis was achieved, and the incision was closed using sutures. Postoperative follow-up will be determined based on the severity of the diagnosis, with recommendations for imaging, further assessments, and a personalized rehabilitation plan.

5. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative follow-up will be tailored to the severity of the diagnosis, with considerations for pain management, bracing, and targeted physical therapy sessions.

6. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee with significant bone erosion. Under general anesthesia, an incision was made to access the affected bursa. Complete excision of the bursa was performed, along with meticulous debridement of eroded bone. Hemostasis was ensured, and the incision was closed using sutures. Postoperative follow-up will be scheduled based on the severity of the diagnosis, with recommendations for imaging, specialist consultations, and an individualized rehabilitation plan.

7. Operative Note: Surgical intervention was performed to address other bursitis of the knee. The patient received regional anesthesia, and an incision was made to expose the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Adjacent bone erosion was debrided. Hemostasis was achieved, and the incision was closed with sutures. Postoperative follow-up will be determined based on the severity of the diagnosis, with considerations for further evaluations, physical therapy, and appropriate pain management strategies.

8. Operative Note: A surgical intervention was performed to treat other bursitis of the knee with extensive bone erosion. The patient received general anesthesia, and an incision was made to access the affected bursa. Complete excision of the bursa was carried out, along with debridement of eroded bone and surrounding tissues. Hemostasis was ensured, and the incision was closed with sutures. Postoperative follow-up will be scheduled based on the severity of the diagnosis, with recommendations for imaging, specialized consultations, and a comprehensive rehabilitation plan.

9. Operative Note: The patient underwent a surgical intervention for other bursitis of the knee. Under spinal anesthesia, an incision was made to expose the affected bursa. Complete excision of the bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out meticulously. Hemostasis was achieved, and the incision was closed using sutures. Postoperative follow-up will be tailored to the severity of the diagnosis, with considerations for pain management, specialized assessments, and targeted physical therapy interventions.

10. Operative Note: Surgical intervention was performed to address other bursitis of the knee with bone erosion. The patient received local anesthesia with sedation, and an incision was made to access the affected bursa. Meticulous excision of the bursa was performed, ensuring complete removal. Debridement of eroded bone and surrounding tissues was carried out. Hemostasis was ensured, and the incision was closed with sutures. Postoperative follow-up will be determined based on the severity of the diagnosis, with recommendations for imaging, further evaluations, and a customized rehabilitation program.

## M70.6 Trochanteric bursitis

1. Patient presented with complaints of lateral hip pain. Examination revealed tenderness over the greater trochanter. Diagnosis of trochanteric bursitis was made. Patient was counseled on conservative measures including rest, ice, and NSAIDs. Physical therapy was recommended. Follow-up scheduled in two weeks.

2. Operative note: Trochanteric bursa was accessed through a lateral incision. Bursal fluid was aspirated and sent for analysis. Bursa was then injected with a mixture of corticosteroid and local anesthetic. Incision was closed with sutures. Patient tolerated the procedure well and was discharged with instructions for pain management and activity modification.

3. Patient underwent ultrasound-guided trochanteric bursa injection. A 22-gauge needle was used to access the bursa, and a mixture of corticosteroid and anesthetic was injected. The procedure was well-tolerated, and the patient reported immediate relief of pain. Post-injection instructions were provided, and the patient was scheduled for a follow-up visit in two weeks.

4. Trochanteric bursitis was treated with a focused rehabilitation program. Patient was instructed to perform stretching exercises for the hip and gluteal muscles, as well as strengthening exercises for the hip abductors. NSAIDs were prescribed for pain management. Patient was advised to avoid activities that aggravate symptoms. Follow-up appointment scheduled in six weeks.

5. Operative note: Trochanteric bursa was visualized using ultrasound guidance. A 25-gauge needle was inserted into the bursa, and 5 mL of a corticosteroid and local anesthetic mixture was injected. The patient experienced immediate pain relief. Post-injection instructions were given, and the patient was advised to follow up in four weeks for reassessment.

6. Patient underwent minimally invasive trochanteric bursectomy. A small incision was made over the greater trochanter, and the bursa was excised using a combination of sharp dissection and electrocautery. Hemostasis was achieved, and the wound was closed in layers. Postoperative pain management instructions were provided, and the patient was scheduled for a follow-up visit in two weeks.

7. Operative note: Trochanteric bursa was accessed using a lateral approach. The bursa was meticulously debrided using a combination of sharp dissection and suction cautery. Care was taken to preserve surrounding structures. Hemostasis was achieved, and the wound was closed in layers. Postoperative care instructions were given, and the patient was scheduled for a follow-up visit in three weeks.

8. Patient received a platelet-rich plasma (PRP) injection for trochanteric bursitis. After preparing the PRP, it was injected into the bursa using ultrasound guidance. The patient tolerated the procedure well and reported improvement in symptoms over the following weeks. Patient was advised to continue conservative management and scheduled for a follow-up visit in six weeks.

9. Operative note: Trochanteric bursa was accessed using a posterior approach. The bursa was meticulously debrided and irrigated. A hemostatic agent was applied, and the wound was closed in layers. Patient was given postoperative care instructions and prescribed NSAIDs for pain management. Follow-up visit scheduled in four weeks for wound check and assessment of symptom improvement.

10. Patient underwent extracorporeal shockwave therapy (ESWT) for trochanteric bursitis. A focused shockwave was delivered to the affected area using a handheld device. The procedure was well-tolerated, and the patient reported a reduction in pain following treatment. Post-ESWT instructions were provided, and the patient was scheduled for a follow-up visit in six weeks to assess treatment efficacy.

1. Operative note: Trochanteric bursa was accessed via a lateral approach. The bursa was thoroughly irrigated with saline solution to remove inflammatory mediators. A corticosteroid and local anesthetic mixture was then injected into the bursa. The procedure was completed without complications, and the patient reported immediate relief. Post-injection instructions were provided, and a follow-up appointment was scheduled in four weeks.

2. Patient underwent ultrasound-guided needle aspiration of the trochanteric bursa. A 21-gauge needle was used to aspirate the bursal fluid for analysis. The procedure was successful in relieving pain, and the fluid sample was sent for laboratory evaluation. Post-aspiration instructions were given, and the patient was scheduled for a follow-up visit in two weeks to discuss the results.

3. Operative note: Trochanteric bursa was accessed through a minimally invasive endoscopic technique. A small incision was made, and an endoscope was inserted to visualize the bursa. The bursa was debrided using specialized instruments, and the wound was closed with sutures. The patient tolerated the procedure well, and postoperative instructions were provided. Follow-up scheduled in four weeks.

4. Patient received a trochanteric bursa injection of hyaluronic acid. The bursa was accessed using ultrasound guidance, and a viscosupplement was injected to provide lubrication and reduce inflammation. The patient reported improvement in symptoms following the injection. Post-injection care instructions were given, and the patient was scheduled for a follow-up visit in six weeks to assess the long-term benefits.

5. Operative note: Trochanteric bursa was accessed through a lateral approach. The bursa was carefully debrided using a combination of sharp and blunt dissection. Hemostasis was achieved, and the wound was closed with sutures. The patient tolerated the procedure well and was provided with postoperative pain management instructions. Follow-up visit scheduled in three weeks for wound evaluation and symptom assessment.

6. Patient underwent ultrasound-guided trochanteric bursa lavage. A sterile saline solution was infused into the bursa through a needle, and the fluid was then aspirated to remove inflammatory debris. The procedure was successful in reducing pain, and the patient was instructed to continue with conservative measures. Follow-up appointment scheduled in four weeks for further evaluation.

7. Operative note: Trochanteric bursa was accessed using a posterior approach. The bursa was carefully excised using sharp dissection techniques. Hemostasis was achieved, and the wound was closed in layers. Postoperative care instructions were given, and the patient was prescribed analgesics for pain management. Follow-up visit scheduled in two weeks for wound check and assessment of symptom improvement.

8. Patient received a trochanteric bursa injection of platelet-rich plasma (PRP). After preparing the PRP, it was injected into the bursa using ultrasound guidance. The patient reported gradual improvement in symptoms over several weeks. Post-injection instructions were provided, and the patient was scheduled for a follow-up visit in eight weeks for reassessment.

9. Operative note: Trochanteric bursa was accessed using a lateral incision. The bursa was carefully dissected and excised using electrocautery. Hemostasis was achieved, and the wound was closed with absorbable sutures. Postoperative care instructions were given, and the patient was prescribed NSAIDs for pain control. Follow-up visit scheduled in three weeks for wound assessment and symptom evaluation.

10. Patient underwent trochanteric bursa injection of a combination of corticosteroid and hyaluronic acid. The bursa was accessed using ultrasound guidance, and the mixture was injected to reduce inflammation and provide lubrication. The patient reported immediate relief of pain following the procedure. Post-injection instructions were given, and a follow-up appointment was scheduled in six weeks to monitor the response.

1. Operative note: Trochanteric bursa was accessed through a lateral incision under local anesthesia. Bursal fluid was aspirated, and a corticosteroid and local anesthetic mixture was injected into the bursa. The patient tolerated the procedure well without any complications. Post-procedure instructions were provided, and a follow-up visit was scheduled in four weeks to assess the response.

2. Patient underwent trochanteric bursa injection under conscious sedation. A moderate dose of intravenous sedative and analgesic was administered to ensure patient comfort during the procedure. The bursa was accessed using ultrasound guidance, and a mixture of corticosteroid and local anesthetic was injected. The patient remained stable throughout the procedure, and post-injection instructions were given.

3. Operative note: Trochanteric bursa was accessed through a lateral approach under general anesthesia. The patient was intubated, and a general anesthetic was administered. The bursa was injected with a corticosteroid and local anesthetic mixture. The patient's vital signs remained stable throughout the procedure, and there were no intraoperative complications. Postoperative care instructions were provided, and a follow-up visit was scheduled in six weeks.

4. Patient underwent trochanteric bursa lavage under spinal anesthesia. A single-shot spinal anesthetic was administered, and the bursa was accessed using ultrasound guidance. Sterile saline solution was infused and then aspirated to cleanse the bursa. The patient reported immediate relief of pain following the procedure. Post-lavage instructions were given, and a follow-up appointment was scheduled in four weeks.

5. Operative note: Trochanteric bursa was accessed through a lateral incision under regional anesthesia. A nerve block was performed to provide localized anesthesia. The bursa was injected with a corticosteroid and local anesthetic solution. The patient remained comfortable throughout the procedure, and there were no complications. Post-injection instructions were given, and a follow-up visit was scheduled in six weeks.

6. Patient underwent trochanteric bursa injection under monitored anesthesia care (MAC). The patient was sedated using intravenous medications and monitored closely throughout the procedure. The bursa was accessed using ultrasound guidance, and a mixture of corticosteroid and local anesthetic was injected. The patient's vital signs were stable, and post-injection instructions were provided.

7. Operative note: Trochanteric bursa was accessed through a lateral approach under local anesthesia with sedation. The patient received a combination of local anesthetic and intravenous sedation for comfort. The bursa was injected with a corticosteroid and local anesthetic solution. The patient tolerated the procedure well, and post-injection instructions were given. Follow-up visit scheduled in four weeks.

8. Patient underwent trochanteric bursa injection under general anesthesia with lighter sedation. The patient was intubated and maintained on a lighter plane of anesthesia for the procedure. The bursa was injected with a corticosteroid and local anesthetic mixture. The patient's vital signs remained stable, and there were no intraoperative complications. Postoperative care instructions were provided, and a follow-up visit was scheduled in six weeks.

9. Operative note: Trochanteric bursa was accessed through a lateral incision under local anesthesia with intravenous analgesia. The patient received a local anesthetic injection at the surgical site, supplemented with intravenous pain medications. The bursa was injected with a corticosteroid and local anesthetic solution. The patient was comfortable throughout the procedure, and post-injection instructions were given. Follow-up visit scheduled in four weeks.

10. Patient underwent trochanteric bursa aspiration and injection under spinal anesthesia. A spinal anesthetic was administered to provide anesthesia from the waist down. Bursal fluid was aspirated, and a corticosteroid and local anesthetic mixture was injected. The patient experienced no discomfort during the procedure, and post-procedure instructions were provided. A follow-up appointment was scheduled in six weeks.

1. Operative note: Trochanteric bursa was accessed through a lateral incision. Intraoperative findings revealed significant bone erosion of the greater trochanter. The bursa was debrided, and bone irregularities were smoothed using a high-speed burr. A corticosteroid and local anesthetic mixture was injected into the bursa. The wound was closed, and postoperative care instructions were provided. Follow-up visit scheduled in six weeks for assessment of bone healing and symptom improvement.

2. Patient underwent trochanteric bursa injection under ultrasound guidance. Imaging revealed evidence of bone erosion at the greater trochanter. A corticosteroid and local anesthetic were injected into the bursa to alleviate inflammation and pain. Post-injection instructions were given, including activity modification. The patient was scheduled for a follow-up visit in four weeks to assess the response to treatment and monitor bone erosion progression.

3. Operative note: Trochanteric bursa was accessed through a lateral approach. Intraoperative examination confirmed extensive bone erosion at the site. The bursa was debrided, and meticulous care was taken to preserve the remaining healthy bone. A corticosteroid and local anesthetic mixture was injected, and the wound was closed. Postoperative instructions were provided, emphasizing the importance of rehabilitation and follow-up evaluations.

4. Patient underwent trochanteric bursa injection under fluoroscopic guidance. Imaging revealed significant bone erosion of the greater trochanter. A mixture of corticosteroid and local anesthetic was injected into the bursa to address inflammation and alleviate pain. The patient was educated about bone erosion management and given post-injection care instructions. A follow-up appointment was scheduled in six weeks to assess the response and monitor bone erosion progression.

5. Operative note: Trochanteric bursa was accessed through a lateral incision. Intraoperative evaluation revealed substantial bone erosion of the greater trochanter. The bursa was debrided, and bone irregularities were smoothed using specialized instruments. A corticosteroid and local anesthetic mixture was injected. The wound was closed, and postoperative care instructions were provided. Follow-up visit scheduled in eight weeks for assessment of bone healing and symptom resolution.

6. Patient underwent trochanteric bursa injection with evidence of bone erosion observed on imaging. A combination of corticosteroid and local anesthetic was injected into the bursa to target inflammation and alleviate pain. Post-injection instructions were given, including the use of assistive devices and modifications in daily activities. The patient was advised to follow up in six weeks for a reassessment of bone erosion and treatment response.

7. Operative note: Trochanteric bursa was accessed through a lateral approach. Intraoperative examination revealed notable bone erosion at the greater trochanter. The bursa was carefully debrided, and measures were taken to smoothen the eroded bone surface. A corticosteroid and local anesthetic mixture was injected into the bursa. The wound was closed, and postoperative instructions were provided. Follow-up visit scheduled in four weeks to evaluate bone healing and symptom improvement.

8. Patient underwent trochanteric bursa injection under ultrasound guidance. Imaging revealed significant bone erosion at the greater trochanter. A mixture of corticosteroid and local anesthetic was injected into the bursa to address inflammation and pain. Post-injection instructions were given, emphasizing the importance of gentle weight-bearing and rehabilitation exercises. The patient was scheduled for a follow-up visit in six weeks to assess bone erosion progression and treatment response.

9. Operative note: Trochanteric bursa was accessed through a lateral incision. Intraoperative evaluation identified extensive bone erosion at the greater trochanter. The bursa was meticulously debrided, and the eroded bone edges were smoothed to promote healing. A corticosteroid and local anesthetic mixture was injected into the bursa. The wound was closed, and postoperative care instructions were provided. Follow-up visit scheduled in eight weeks to monitor bone erosion healing and symptom resolution.

10. Patient received trochanteric bursa injection with evidence of bone erosion noted on imaging studies. A combination of corticosteroid and local anesthetic was injected into the bursa to address inflammation and pain. Post-injection instructions were given, emphasizing the importance of weight-bearing modifications and physical therapy. The patient was advised to follow up in six weeks for a reassessment of bone erosion progression and treatment response.

1. Operative note: Trochanteric bursa was accessed through a lateral incision. The patient presented with severe bone pain at the greater trochanter. The bursa was thoroughly debrided, and a mixture of corticosteroid and local anesthetic was injected into the bursa. The patient reported immediate relief of severe bone pain following the procedure. Postoperative instructions were provided, and a follow-up visit was scheduled in four weeks to assess the resolution of bone pain.

2. Patient underwent trochanteric bursa injection under ultrasound guidance. Severe bone pain at the greater trochanter was reported. A combination of corticosteroid and local anesthetic was injected into the bursa to alleviate inflammation and relieve severe bone pain. Post-injection instructions were given, including pain management strategies. The patient was scheduled for a follow-up visit in six weeks to assess the response and monitor the severity of bone pain.

3. Operative note: Trochanteric bursa was accessed through a lateral approach. The patient presented with severe bone pain localized to the greater trochanter. The bursa was carefully debrided, and a corticosteroid and local anesthetic mixture was injected into the bursa. The patient experienced significant relief from severe bone pain postoperatively. Postoperative care instructions were provided, and a follow-up visit was scheduled in eight weeks to evaluate bone pain resolution.

4. Patient underwent trochanteric bursa injection under fluoroscopic guidance. Severe bone pain at the greater trochanter was documented. A mixture of corticosteroid and local anesthetic was injected into the bursa to address inflammation and alleviate severe bone pain. The patient was educated about pain management strategies and provided with post-injection care instructions. A follow-up appointment was scheduled in four weeks to assess the response and monitor the severity of bone pain.

5. Operative note: Trochanteric bursa was accessed through a lateral incision. Severe bone pain at the greater trochanter was reported by the patient. The bursa was meticulously debrided, and a corticosteroid and local anesthetic mixture was injected into the bursa. The patient experienced immediate relief from severe bone pain following the procedure. Postoperative care instructions were provided, and a follow-up visit was scheduled in six weeks to assess bone pain resolution.

6. Patient underwent trochanteric bursa injection under ultrasound guidance. Severe bone pain at the greater trochanter was observed. A combination of corticosteroid and local anesthetic was injected into the bursa to address inflammation and alleviate severe bone pain. Post-injection instructions were given, including pain management strategies and activity modification. The patient was scheduled for a follow-up visit in four weeks to assess the response and monitor the severity of bone pain.

7. Operative note: Trochanteric bursa was accessed through a lateral approach. The patient presented with severe bone pain localized to the greater trochanter. The bursa was debrided, and a corticosteroid and local anesthetic mixture was injected into the bursa. The patient reported significant relief from severe bone pain postoperatively. Postoperative care instructions were provided, emphasizing pain management strategies. A follow-up visit was scheduled in six weeks to evaluate bone pain resolution.

8. Patient underwent trochanteric bursa injection with severe bone pain noted on examination. A combination of corticosteroid and local anesthetic was injected into the bursa to address inflammation and alleviate severe bone pain. Post-injection instructions were given, including the use of pain medications and activity modification. The patient was advised to follow up in four weeks for a reassessment of bone pain severity and treatment response.

9. Operative note: Trochanteric bursa was accessed through a lateral incision. The patient presented with severe bone pain at the greater trochanter. The bursa was carefully debrided, and a mixture of corticosteroid and local anesthetic was injected into the bursa. The patient experienced immediate relief from severe bone pain following the procedure. Postoperative care instructions were provided, and a follow-up visit was scheduled in eight weeks to assess bone pain resolution.

10. Patient received trochanteric bursa injection with severe bone pain documented on preoperative evaluation. A combination of corticosteroid and local anesthetic was injected into the bursa to address inflammation and alleviate severe bone pain. Post-injection instructions were given, emphasizing the importance of pain management and rehabilitation exercises. The patient was advised to follow up in six weeks for a reassessment of bone pain severity and treatment response.

1. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia. The patient presented with severe bone pain and failed conservative management. A lateral approach was utilized to access the bursa. The bursa was excised, and meticulous care was taken to address underlying bone erosion. The wound was closed, and postoperative care instructions were provided. A follow-up visit was scheduled in six weeks to assess surgical site healing and pain relief.

2. Patient underwent trochanteric bursa surgical intervention with severe bone pain unresponsive to non-surgical treatments. A lateral incision was made to access the bursa. The bursa was excised, and any associated bone irregularities were addressed. The surgical site was closed, and postoperative pain management strategies were implemented. The patient was scheduled for a follow-up visit in four weeks to evaluate surgical outcomes and pain relief.

3. Operative note: Trochanteric bursa surgical intervention was performed to address severe bone pain refractory to conservative measures. Under general anesthesia, a lateral approach was employed to access the bursa. The bursa was excised, and careful attention was given to address any underlying bone erosion. Closure was performed, and postoperative instructions were provided. A follow-up appointment was scheduled in six weeks to assess surgical site healing and pain resolution.

4. Patient underwent trochanteric bursa surgical intervention due to severe bone pain resistant to conservative treatment. A surgical approach was used to access the bursa. The bursa was excised, and attention was given to address any bone erosion or irregularities. The wound was closed, and postoperative pain management was initiated. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes and pain relief.

5. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia. The patient experienced severe bone pain and failed non-operative interventions. A lateral incision was made to access the bursa. The bursa was excised, and bone debridement was performed to address underlying erosion. The incision was closed, and postoperative care instructions were given. A follow-up visit was scheduled in six weeks to evaluate surgical site healing and pain reduction.

6. Patient underwent trochanteric bursa surgical intervention for severe bone pain that did not respond to conservative treatments. An incision was made to access the bursa, followed by excision of the bursa and meticulous debridement of bone erosions. The surgical site was closed, and postoperative pain management was initiated. The patient was advised to follow up in four weeks for a reassessment of surgical outcomes and pain relief.

7. Operative note: Trochanteric bursa surgical intervention was performed to address severe bone pain unresponsive to conservative measures. A lateral approach was employed, and the bursa was excised. Attention was given to address underlying bone erosion and irregularities. The incision was closed, and postoperative instructions were provided. A follow-up appointment was scheduled in six weeks to evaluate surgical site healing and pain resolution.

8. Patient underwent trochanteric bursa surgical intervention due to severe bone pain that did not improve with non-surgical interventions. A surgical approach was used to access the bursa, followed by excision of the bursa and thorough bone debridement. The wound was closed, and postoperative pain management strategies were implemented. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes and pain relief.

9. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia. The patient presented with severe bone pain refractory to conservative treatment. A lateral incision was made, and the bursa was excised. Bone irregularities were addressed, and the wound was closed. Postoperative care instructions were given, and a follow-up visit was scheduled in six weeks to assess surgical site healing and pain reduction.

10. Patient underwent trochanteric bursa surgical intervention for severe bone pain that did not respond to non-surgical approaches. An incision was made to access the bursa, followed by excision of the bursa and meticulous bone debridement. The surgical site was closed, and postoperative pain management was initiated. The patient was advised to follow up in four weeks for a reassessment of surgical outcomes and pain relief.

1. Operative note: Trochanteric bursa surgical intervention was performed under spinal anesthesia. The patient presented with severe bone pain and significant functional impairment. A lateral approach was utilized, and the bursa was excised. Bone erosions were carefully addressed, and the wound was closed. Postoperative pain management and rehabilitation instructions were provided. A follow-up visit was scheduled in six weeks to evaluate surgical site healing and functional recovery.

2. Patient underwent trochanteric bursa surgical intervention for severe bone pain unresponsive to conservative measures. A surgical approach was used to access the bursa. The bursa was excised, and bone irregularities were addressed. Postoperative pain management and physical therapy were initiated. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes, pain relief, and functional improvement.

3. Operative note: Trochanteric bursa surgical intervention was performed to alleviate severe bone pain. General anesthesia was administered. A lateral incision was made, and the bursa was excised. Attention was given to address bone erosions and irregularities. The wound was closed, and postoperative care instructions were provided. A follow-up appointment was scheduled in six weeks to assess surgical site healing, pain resolution, and functional recovery.

4. Patient underwent trochanteric bursa surgical intervention under local anesthesia for severe bone pain that significantly impacted daily activities. An incision was made to access the bursa, followed by excision of the bursa and meticulous bone debridement. The wound was closed, and postoperative pain management strategies were implemented. The patient was advised to follow up in four weeks for a reassessment of surgical outcomes, pain relief, and functional improvement.

5. Operative note: Trochanteric bursa surgical intervention was performed under spinal anesthesia to address severe bone pain and functional limitations. A lateral approach was employed, and the bursa was excised. Bone erosions were carefully addressed, and the wound was closed. Postoperative pain management and rehabilitation plans were discussed. A follow-up visit was scheduled in six weeks to evaluate surgical site healing, pain reduction, and functional recovery.

6. Patient underwent trochanteric bursa surgical intervention for severe bone pain that persisted despite conservative treatments. A surgical approach was used to access the bursa, followed by excision of the bursa and thorough bone debridement. The surgical site was closed, and postoperative pain management strategies were implemented. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes, pain relief, and functional improvement.

7. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address severe bone pain and functional impairment. A lateral incision was made, and the bursa was excised. Attention was given to address bone erosions and irregularities. The wound was closed, and postoperative care instructions were provided. A follow-up appointment was scheduled in six weeks to evaluate surgical site healing, pain resolution, and functional recovery.

8. Patient underwent trochanteric bursa surgical intervention for severe bone pain that did not improve with non-surgical interventions. A surgical approach was used to access the bursa, followed by excision of the bursa and meticulous bone debridement. The wound was closed, and postoperative pain management and rehabilitation plans were implemented. The patient was advised to follow up in four weeks for a reassessment of surgical outcomes, pain relief, and functional improvement.

9. Operative note: Trochanteric bursa surgical intervention was performed under spinal anesthesia to address severe bone pain and functional limitations. A lateral incision was made, and the bursa was excised. Bone erosions were carefully addressed, and the wound was closed. Postoperative pain management and rehabilitation instructions were provided. A follow-up visit was scheduled in six weeks to evaluate surgical site healing, pain reduction, and functional recovery.

10. Patient underwent trochanteric bursa surgical intervention for severe bone pain that significantly impacted daily activities. An incision was made to access the bursa, followed by excision of the bursa and meticulous bone debridement. The wound was closed, and postoperative pain management and physical therapy were initiated. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes, pain relief, and functional improvement.

1. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia due to severe infection affecting the extreme moving joint. A lateral approach was utilized, and the infected bursa was excised. Extensive debridement of the surrounding tissues was performed, followed by irrigation with antimicrobial solutions. The wound was closed, and appropriate systemic antibiotics were initiated. Postoperative care instructions and infectious disease consult were provided. Close monitoring and follow-up visits were scheduled to ensure resolution of the severe infection.

2. Patient underwent trochanteric bursa surgical intervention for severe infection involving the extreme moving joint. A surgical approach was used to access the infected bursa. Complete excision of the bursa and thorough debridement of infected tissues were performed. Copious irrigation with antimicrobial solutions was done. The wound was closed, and intravenous antibiotics were initiated. The patient was scheduled for frequent follow-up visits to monitor infection control and joint function.

3. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia due to severe infection in the extreme moving joint. A lateral incision was made, and the infected bursa was excised. Extensive debridement of necrotic tissues was performed, and the joint was thoroughly irrigated with antimicrobial solutions. The wound was closed, and intravenous antibiotics were started. Close postoperative monitoring and infectious disease consultation were arranged to ensure effective resolution of the severe joint infection.

4. Patient underwent trochanteric bursa surgical intervention for severe infection involving the extreme moving joint. A surgical approach was used to access the infected bursa, followed by complete excision and debridement of infected tissues. The joint was meticulously irrigated with antimicrobial solutions. The wound was closed, and intravenous antibiotics were administered. Close follow-up visits were scheduled to monitor infection resolution and joint function restoration.

5. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address a severe infection affecting the extreme moving joint. A lateral approach was employed, and the infected bursa was excised. Thorough debridement of necrotic tissues and irrigation with antimicrobial solutions were performed. The wound was closed, and appropriate systemic antibiotics were initiated. Close postoperative monitoring and consultation with infectious disease specialists were arranged to ensure successful resolution of the severe joint infection.

6. Patient underwent trochanteric bursa surgical intervention for severe infection involving the extreme moving joint. The infected bursa was excised using a surgical approach, and extensive debridement of infected tissues was performed. The joint was irrigated with antimicrobial solutions to achieve thorough cleansing. The wound was closed, and intravenous antibiotics were administered. Frequent follow-up visits were scheduled to monitor infection control and joint function restoration.

7. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia due to a severe infection affecting the extreme moving joint. A lateral incision was made, and the infected bursa was excised. Thorough debridement of necrotic tissues and meticulous irrigation with antimicrobial solutions were performed. The wound was closed, and intravenous antibiotics were initiated. Close postoperative monitoring and collaboration with infectious disease specialists were planned to ensure successful resolution of the severe joint infection.

8. Patient underwent trochanteric bursa surgical intervention for severe infection involving the extreme moving joint. A surgical approach was utilized, and the infected bursa was excised. Extensive debridement of infected tissues was performed, and the joint was irrigated with antimicrobial solutions. The wound was closed, and appropriate intravenous antibiotics were administered. Regular follow-up visits were scheduled to monitor infection control and assess joint recovery.

9. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia due to a severe infection affecting the extreme moving joint. A lateral incision was made, and the infected bursa was excised. Extensive debridement and irrigation with antimicrobial solutions were carried out to address the infection. The wound was closed, and systemic antibiotics were initiated. Close postoperative monitoring and infectious disease consultation were arranged to ensure successful resolution of the severe joint infection.

10. Patient underwent trochanteric bursa surgical intervention for severe infection involving the extreme moving joint. The infected bursa was excised using a surgical approach, and thorough debridement of infected tissues was performed. The joint was irrigated with antimicrobial solutions for effective cleansing. The wound was closed, and appropriate systemic antibiotics were started. Frequent follow-up visits were scheduled to monitor infection control and evaluate joint function recovery.

1. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia. The patient presented with severe inflammation in the extreme moving joint. A lateral approach was utilized, and the inflamed bursa was excised. Careful attention was given to address surrounding inflamed tissues. The wound was closed, and postoperative care instructions were provided. A follow-up visit was scheduled in six weeks to assess surgical site healing and inflammation reduction.

2. Patient underwent trochanteric bursa surgical intervention for severe inflammation affecting the extreme moving joint. A surgical approach was used to access the inflamed bursa. The bursa was excised, and meticulous debridement of inflamed tissues was performed. The wound was closed, and postoperative care, including anti-inflammatory measures, was initiated. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes and inflammation reduction.

3. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address severe inflammation in the extreme moving joint. A lateral incision was made, and the inflamed bursa was excised. Attention was given to address inflamed tissues and promote inflammation reduction. The wound was closed, and postoperative care instructions were provided. A follow-up appointment was scheduled in six weeks to evaluate surgical site healing and inflammation resolution.

4. Patient underwent trochanteric bursa surgical intervention for severe inflammation that affected the extreme moving joint. A surgical approach was used to access the inflamed bursa, followed by excision of the bursa and thorough debridement of inflamed tissues. The wound was closed, and postoperative care measures were initiated to reduce inflammation. The patient was advised to follow up in four weeks for a reassessment of surgical outcomes and inflammation reduction.

5. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address severe inflammation in the extreme moving joint. A lateral approach was employed, and the inflamed bursa was excised. Careful attention was given to address surrounding inflamed tissues and promote inflammation reduction. The incision was closed, and postoperative instructions were given. A follow-up visit was scheduled in six weeks to evaluate surgical site healing and inflammation resolution.

6. Patient underwent trochanteric bursa surgical intervention for severe inflammation affecting the extreme moving joint. An incision was made to access the inflamed bursa, followed by excision of the bursa and meticulous debridement of inflamed tissues. The surgical site was closed, and postoperative care measures, including anti-inflammatory interventions, were initiated. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes and inflammation reduction.

7. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address severe inflammation in the extreme moving joint. A lateral incision was made, and the inflamed bursa was excised. Attention was given to address inflamed tissues and promote inflammation reduction. The wound was closed, and postoperative care instructions were provided. A follow-up appointment was scheduled in six weeks to evaluate surgical site healing and inflammation resolution.

8. Patient underwent trochanteric bursa surgical intervention for severe inflammation that affected the extreme moving joint. A surgical approach was used to access the inflamed bursa, followed by excision of the bursa and thorough debridement of inflamed tissues. The wound was closed, and postoperative care measures were initiated to reduce inflammation. The patient was advised to follow up in four weeks for a reassessment of surgical outcomes and inflammation reduction.

9. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address severe inflammation in the extreme moving joint. A lateral approach was employed, and the inflamed bursa was excised. Careful attention was given to address surrounding inflamed tissues and promote inflammation reduction. The incision was closed, and postoperative instructions were given. A follow-up visit was scheduled in six weeks to evaluate surgical site healing and inflammation resolution.

10. Patient underwent trochanteric bursa surgical intervention for severe inflammation affecting the extreme moving joint. An incision was made to access the inflamed bursa, followed by excision of the bursa and meticulous debridement of inflamed tissues. The surgical site was closed, and postoperative care measures, including anti-inflammatory interventions, were initiated. The patient was scheduled for a follow-up visit in four weeks to assess surgical outcomes and inflammation reduction.

1. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia. The patient presented with a severe diagnosis of trochanteric bursitis. A lateral approach was utilized, and the bursa was excised. Careful attention was given to address any associated bone erosions. The wound was closed, and postoperative care instructions were provided. A follow-up visit was scheduled in two weeks for close monitoring and assessment of the severity of the diagnosis.

2. Patient underwent trochanteric bursa surgical intervention for a moderate diagnosis of trochanteric bursitis. A surgical approach was used to access the bursa, followed by excision of the bursa and meticulous debridement. The wound was closed, and postoperative care measures were initiated. The patient was advised to follow up in four weeks for a reassessment of the severity of the diagnosis and response to treatment.

3. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address a mild diagnosis of trochanteric bursitis. A lateral incision was made, and the bursa was excised. Attention was given to address any associated bone erosions. The wound was closed, and postoperative care instructions were provided. A follow-up appointment was scheduled in six weeks to assess the severity of the diagnosis and evaluate treatment outcomes.

4. Patient underwent trochanteric bursa surgical intervention for a severe diagnosis of trochanteric bursitis. A surgical approach was used to access the bursa, followed by excision of the bursa and thorough debridement. The wound was closed, and postoperative care measures, including pain management and physical therapy, were initiated. The patient was scheduled for a follow-up visit in two weeks to closely monitor the severity of the diagnosis and assess treatment response.

5. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address a moderate diagnosis of trochanteric bursitis. A lateral approach was employed, and the bursa was excised. Careful attention was given to address any associated bone erosions and inflammation. The incision was closed, and postoperative care instructions were provided. The patient's follow-up schedule was determined based on the severity of the diagnosis and individual treatment response.

6. Patient underwent trochanteric bursa surgical intervention for a mild diagnosis of trochanteric bursitis. An incision was made to access the bursa, followed by excision of the bursa and meticulous debridement. The surgical site was closed, and postoperative care measures were initiated. The patient's follow-up visits were planned based on the severity of the diagnosis and individual treatment response.

7. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address a severe diagnosis of trochanteric bursitis. A lateral incision was made, and the bursa was excised. Attention was given to address any associated bone erosions and inflammation. The wound was closed, and postoperative care instructions were provided. The patient's follow-up appointment was scheduled based on the severity of the diagnosis and treatment response.

8. Patient underwent trochanteric bursa surgical intervention for a moderate diagnosis of trochanteric bursitis. A surgical approach was used to access the bursa, followed by excision of the bursa and thorough debridement. The wound was closed, and postoperative care measures, including pain management and physical therapy, were initiated. The patient's follow-up visits were determined based on the severity of the diagnosis and individual treatment response.

9. Operative note: Trochanteric bursa surgical intervention was performed under general anesthesia to address a mild diagnosis of trochanteric bursitis. A lateral approach was employed, and the bursa was excised. Careful attention was given to address any associated bone erosions and inflammation. The incision was closed, and postoperative care instructions were provided. The patient's follow-up schedule was determined based on the severity of the diagnosis and individual treatment response.

10. Patient underwent trochanteric bursa surgical intervention for a severe diagnosis of trochanteric bursitis. An incision was made to access the bursa, followed by excision of the bursa and meticulous debridement. The surgical site was closed, and postoperative care measures, including pain management and physical therapy, were initiated. The patient's follow-up visits were planned based on the severity of the diagnosis and individual treatment response.

## M70.7 Other bursitis of hip

1. Operative Note: Patient underwent a surgical intervention for other bursitis of the hip. The affected bursa was accessed through a small incision, and meticulous dissection was performed. The inflamed bursa was excised completely, ensuring adequate margins. Hemostasis was achieved, and the wound was closed in layers. Postoperative care instructions were provided, including pain management and physical therapy. The patient tolerated the procedure well, and no immediate complications were noted.

2. Operative Note: A surgical procedure was performed to address other bursitis of the hip. An incision was made over the affected area, and careful dissection was carried out. The inflamed bursa was carefully excised, and meticulous hemostasis was achieved. The wound was closed using absorbable sutures, and a sterile dressing was applied. The patient was educated on postoperative care, including activity restrictions and medication usage. No intraoperative complications were encountered.

3. Operative Note: Surgical intervention was performed to address other bursitis of the hip. An incision was made, and the inflamed bursa was visualized. The bursa was meticulously excised, and the surrounding tissues were inspected for any signs of pathology. Hemostasis was achieved, and the wound was closed using sutures. The patient was advised regarding pain management and the importance of postoperative rehabilitation. The procedure was uneventful, and the patient tolerated it well.

4. Operative Note: The patient underwent surgery to address other bursitis of the hip. A small incision was made, and careful dissection was performed to access the inflamed bursa. The bursa was completely removed, ensuring clear margins. Hemostasis was obtained, and the wound was closed in layers. Postoperatively, the patient was provided with instructions for pain control and rehabilitation. The procedure was uneventful, and no complications were observed.

5. Operative Note: Surgery was performed to treat other bursitis of the hip. The affected bursa was accessed through a well-placed incision. Careful dissection allowed visualization of the inflamed bursa, which was excised completely. Hemostasis was achieved, and the wound was closed meticulously. Postoperatively, the patient was advised on pain management and referred for physical therapy. The procedure was uncomplicated, and the patient tolerated it well.

6. Operative Note: An operative procedure was performed to address other bursitis of the hip. A small incision was made over the affected area, and meticulous dissection was carried out to access the inflamed bursa. The bursa was excised completely, and meticulous hemostasis was achieved. The wound was closed using sutures, and a sterile dressing was applied. The patient was instructed on postoperative care, including pain management and activity restrictions. No intraoperative complications were encountered.

7. Operative Note: Surgical intervention was performed to address other bursitis of the hip. The inflamed bursa was accessed through a small incision, and careful dissection was performed. The bursa was excised completely, ensuring clear margins. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was educated on pain management and referred for physical therapy. The procedure was uneventful, and the patient's condition was stable.

8. Operative Note: The patient underwent surgery for other bursitis of the hip. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. The bursa was completely excised, and thorough hemostasis was achieved. The wound was closed in layers, and a sterile dressing was applied. The patient was given postoperative instructions, including pain management and rehabilitation. The procedure was without complications, and the patient tolerated it well.

9. Operative Note: Surgical intervention was performed to address other bursitis of the hip. The affected bursa was accessed through a small incision, and meticulous dissection was carried out. The inflamed bursa was excised completely, ensuring adequate margins. Hemostasis was achieved, and the wound was closed using sutures. The patient was provided with postoperative care instructions, including pain management and activity modifications. The procedure was uneventful, and no immediate complications were noted.

10. Operative Note: A surgical procedure was performed to treat other bursitis of the hip. An incision was made, and careful dissection allowed access to the inflamed bursa. The bursa was completely excised, and meticulous hemostasis was obtained. The wound was closed using absorbable sutures, and appropriate wound care was provided. The patient was advised on postoperative pain management and referred for rehabilitation. The procedure was performed without any complications, and the patient's recovery was unremarkable.

1. Operative Note: The patient underwent a surgical procedure to address other bursitis of the hip. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. The bursa was completely excised, ensuring clear margins. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management and provided with a referral for physical therapy. The procedure was uneventful, and the patient tolerated it well.

2. Operative Note: Surgery was performed to address other bursitis of the hip. An incision was made, and careful dissection was performed to visualize the inflamed bursa. The bursa was excised completely, and meticulous hemostasis was achieved. The wound was closed using absorbable sutures, and a sterile dressing was applied. Postoperatively, the patient was advised on pain control and referred for rehabilitation. The procedure was uncomplicated, and the patient's condition was stable.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the hip. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, with attention to clear margins. Hemostasis was secured, and the wound was closed in layers. The patient was educated on postoperative care, including pain management and the importance of gradual return to activities. No intraoperative complications were encountered.

4. Operative Note: Surgical intervention was performed for other bursitis of the hip. An incision was made, and careful dissection was carried out to visualize the inflamed bursa. Complete excision of the bursa was performed, ensuring clear margins. Hemostasis was obtained, and the wound was closed using absorbable sutures. Postoperatively, the patient was provided with instructions for pain control and referred for physical therapy. The procedure was uneventful, and no complications were noted.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip. A small incision was made, and meticulous dissection was performed to access the inflamed bursa. Complete excision of the bursa was achieved, ensuring clear margins. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management and referred for rehabilitation. The procedure was uneventful, and the patient tolerated it well.

6. Operative Note: Surgical intervention was performed to treat other bursitis of the hip. An incision was made, and careful dissection allowed visualization of the inflamed bursa. Complete excision of the bursa was achieved, and meticulous hemostasis was ensured. The wound was closed using sutures, and a sterile dressing was applied. The patient was advised on postoperative care, including pain management and activity modifications. No intraoperative complications were encountered.

7. Operative Note: Surgery was performed to address other bursitis of the hip. The affected bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, ensuring adequate margins. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was educated on pain management and referred for physical therapy. The procedure was uneventful, and the patient's condition was stable.

8. Operative Note: A surgical procedure was performed to treat other bursitis of the hip. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was performed, and thorough hemostasis was achieved. The wound was closed in layers, and a sterile dressing was applied. The patient was given postoperative instructions, including pain management and rehabilitation. The procedure was without complications, and the patient tolerated it well.

9. Operative Note: Surgical intervention was performed to address other bursitis of the hip. The inflamed bursa was accessed through a small incision, and careful dissection was performed. Complete excision of the bursa was achieved, ensuring clear margins. Hemostasis was achieved, and the wound was closed using sutures. The patient was provided with postoperative care instructions, including pain management and activity restrictions. The procedure was uneventful, and no immediate complications were noted.

10. Operative Note: The patient underwent surgery for other bursitis of the hip. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was performed, and meticulous hemostasis was obtained. The wound was closed using absorbable sutures, and appropriate wound care was provided. The patient was advised on postoperative pain management and referred for rehabilitation. The procedure was performed without any complications, and the patient's recovery was unremarkable.

1. Operative Note: The patient underwent a surgical procedure to address other bursitis of the hip under general anesthesia. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, ensuring clear margins. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control and referred for physical therapy. The procedure was uneventful, and the patient tolerated it well.

2. Operative Note: Surgery was performed to address other bursitis of the hip under spinal anesthesia. An incision was made, and careful dissection was performed to visualize the inflamed bursa. Complete excision of the bursa was performed, ensuring clear margins. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was instructed on pain management and referred for rehabilitation. The procedure was uncomplicated, and the patient's condition was stable.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the hip under local anesthesia with sedation. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, ensuring adequate margins. Hemostasis was achieved, and the wound was closed using sutures. The patient was educated on postoperative care, including pain management and the importance of gradual return to activities. No intraoperative complications were encountered.

4. Operative Note: Surgical intervention was performed for other bursitis of the hip under regional anesthesia. An incision was made, and careful dissection allowed visualization of the inflamed bursa. Complete excision of the bursa was achieved, ensuring clear margins. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control and referred for physical therapy. The procedure was uneventful, and no complications were noted.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip under general anesthesia. A small incision was made, and meticulous dissection was performed to access the inflamed bursa. Complete excision of the bursa was achieved, ensuring clear margins. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management and referred for rehabilitation. The procedure was uneventful, and the patient tolerated it well.

6. Operative Note: Surgical intervention was performed to treat other bursitis of the hip under local anesthesia with sedation. An incision was made, and careful dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and meticulous hemostasis was ensured. The wound was closed using sutures, and a sterile dressing was applied. The patient was advised on postoperative care, including pain management and activity modifications. No intraoperative complications were encountered.

7. Operative Note: Surgery was performed to address other bursitis of the hip under spinal anesthesia. The affected bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, ensuring adequate margins. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was educated on pain management and referred for physical therapy. The procedure was uneventful, and the patient's condition was stable.

8. Operative Note: A surgical procedure was performed to treat other bursitis of the hip under regional anesthesia. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was performed, and thorough hemostasis was achieved. The wound was closed in layers, and a sterile dressing was applied. The patient was given postoperative instructions, including pain management and rehabilitation. The procedure was without complications, and the patient tolerated it well.

9. Operative Note: Surgical intervention was performed to address other bursitis of the hip under general anesthesia with lighter dosage. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, ensuring clear margins. Hemostasis was achieved, and the wound was closed using sutures. The patient was provided with postoperative care instructions, including pain management and activity restrictions. The procedure was uneventful, and no immediate complications were noted.

10. Operative Note: The patient underwent surgery for other bursitis of the hip under local anesthesia with sedation. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was performed, and meticulous hemostasis was obtained. The wound was closed using absorbable sutures, and appropriate wound care was provided. The patient was advised on postoperative pain management and referred for rehabilitation. The procedure was performed without any complications, and the patient's recovery was unremarkable.

1. Operative Note: The patient underwent a surgical procedure to address other bursitis of the hip with associated bone erosion. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa and the eroded bone. Complete excision of the bursa was achieved, and the eroded bone was debrided and smoothed. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control, weight-bearing restrictions, and rehabilitation. The procedure was uneventful, and the patient tolerated it well.

2. Operative Note: Surgery was performed to address other bursitis of the hip with underlying bone erosion. An incision was made, and careful dissection was performed to visualize the inflamed bursa and the eroded bone. Complete excision of the bursa was achieved, and bone grafting was performed to repair the eroded area. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was instructed on pain management, weight-bearing limitations, and referred for physical therapy. The procedure was uncomplicated, and the patient's condition was stable.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the hip with bone erosion. The inflamed bursa and the eroded bone were accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and the eroded bone was addressed with bone grafting and stabilization. Hemostasis was ensured, and the wound was closed in layers. The patient was educated on postoperative care, including pain management, restricted weight-bearing, and the need for follow-up imaging. No intraoperative complications were encountered.

4. Operative Note: Surgical intervention was performed for other bursitis of the hip with significant bone erosion. An incision was made, and careful dissection allowed visualization of the inflamed bursa and the eroded bone. Complete excision of the bursa was achieved, and bone augmentation was performed to address the erosion. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control, protected weight-bearing, and referred for rehabilitation. The procedure was uneventful, and no complications were noted.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip with extensive bone erosion. A small incision was made, and meticulous dissection was performed to access the inflamed bursa and the eroded bone. Complete excision of the bursa was achieved, and bone grafting was performed to reconstruct the eroded area. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management, non-weight-bearing precautions, and referred for rehabilitation. The procedure was uneventful, and the patient tolerated it well.

6. Operative Note: Surgical intervention was performed to treat other bursitis of the hip with underlying bone erosion. An incision was made, and careful dissection allowed access to the inflamed bursa and the eroded bone. Complete excision of the bursa was achieved, and bone debridement and contouring were performed to address the erosion. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient was provided with postoperative care instructions, including pain management, restricted weight-bearing, and the importance of follow-up imaging. The procedure was uneventful, and no immediate complications were noted.

7. Operative Note: Surgery was performed to address other bursitis of the hip with associated bone erosion. The affected bursa and the eroded bone were accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and bone grafting was performed to restore the eroded area. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was educated on pain management, protected weight-bearing, and referred for physical therapy. The procedure was uneventful, and the patient's condition was stable.

8. Operative Note: A surgical procedure was performed to treat other bursitis of the hip with significant bone erosion. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa and the eroded bone. Complete excision of the bursa was achieved, and bone grafting was performed to address the erosion and promote healing. Hemostasis was achieved, and the wound was closed in layers. The patient was given postoperative instructions, including pain management, restricted weight-bearing, and the need for close monitoring of bone healing. The procedure was without complications, and the patient tolerated it well.

9. Operative Note: Surgical intervention was performed to address other bursitis of the hip with bone erosion under general anesthesia. The inflamed bursa and the eroded bone were accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and the eroded bone was debrided and contoured to improve stability. Hemostasis was ensured, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control, restricted weight-bearing, and referred for rehabilitation. The procedure was uneventful, and no immediate complications were noted.

10. Operative Note: The patient underwent surgery for other bursitis of the hip with bone erosion under regional anesthesia. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa and the eroded bone. Complete excision of the bursa was achieved, and bone grafting was performed to restore the eroded area and promote healing. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management, weight-bearing precautions, and referred for physical therapy. The procedure was performed without any complications, and the patient's recovery was unremarkable.

1. Operative Note: The patient underwent a surgical procedure to address other bursitis of the hip with severe bone pain. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, providing relief from the underlying bone pain. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control, including the use of analgesic medications. The procedure was uneventful, and the patient tolerated it well.

2. Operative Note: Surgery was performed to address other bursitis of the hip with severe bone pain. An incision was made, and careful dissection was performed to visualize the inflamed bursa. Complete excision of the bursa was achieved, alleviating the severe bone pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was instructed on pain management techniques and referred for physical therapy. The procedure was uncomplicated, and the patient's condition was stable.

3. Operative Note: A surgical intervention was performed to treat other bursitis of the hip with associated severe bone pain. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, providing relief from the severe bone pain. Hemostasis was ensured, and the wound was closed in layers. The patient was educated on postoperative care, including pain management strategies and the importance of rehabilitation. No intraoperative complications were encountered.

4. Operative Note: Surgical intervention was performed for other bursitis of the hip with significant bone pain. An incision was made, and careful dissection allowed visualization of the inflamed bursa. Complete excision of the bursa was achieved, alleviating the severe bone pain. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control and referred for physical therapy. The procedure was uneventful, and no complications were noted.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip with severe bone pain. A small incision was made, and meticulous dissection was performed to access the inflamed bursa. Complete excision of the bursa was achieved, providing relief from the severe bone pain. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques, including the use of non-steroidal anti-inflammatory drugs. The procedure was uneventful, and the patient tolerated it well.

6. Operative Note: Surgical intervention was performed to treat other bursitis of the hip with underlying severe bone pain. An incision was made, and careful dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, relieving the severe bone pain. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient was provided with postoperative care instructions, including pain management strategies and the importance of gradual return to activities. No intraoperative complications were encountered.

7. Operative Note: Surgery was performed to address other bursitis of the hip with severe bone pain. The affected bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, providing relief from the severe bone pain. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was educated on pain management techniques, including the use of heat therapy and analgesic medications. The procedure was uneventful, and the patient's condition was stable.

8. Operative Note: A surgical procedure was performed to treat other bursitis of the hip with significant bone pain. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, relieving the severe bone pain. Hemostasis was ensured, and the wound was closed in layers. The patient was given postoperative instructions, including pain management strategies and the importance of rest and elevation. The procedure was without complications, and the patient tolerated it well.

9. Operative Note: Surgical intervention was performed to address other bursitis of the hip with severe bone pain under general anesthesia. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, providing relief from the severe bone pain. Hemostasis was ensured, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control, including the use of prescribed analgesic medications. The procedure was uneventful, and no immediate complications were noted.

10. Operative Note: The patient underwent surgery for other bursitis of the hip with severe bone pain under regional anesthesia. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, providing relief from the severe bone pain. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques, including the use of ice packs and prescribed pain medications. The procedure was performed without any complications, and the patient's recovery was unremarkable.

1. Operative Note: A surgical intervention was performed to address other bursitis of the hip. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and thorough irrigation was performed to ensure proper cleansing. Hemostasis was obtained, and the wound was closed using sutures. The patient was provided with postoperative instructions, including pain management and the need for follow-up appointments. The procedure was uneventful, and the patient tolerated it well.

2. Operative Note: Surgery was performed to address other bursitis of the hip. An incision was made, and careful dissection was performed to visualize the inflamed bursa. Complete excision of the bursa was achieved, and meticulous debridement was carried out to remove any necrotic tissue. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was instructed on pain management, weight-bearing limitations, and referred for physical therapy. The procedure was uncomplicated, and the patient's condition was stable.

3. Operative Note: A surgical procedure was performed to treat other bursitis of the hip. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and additional debridement was performed to address any associated pathology. Hemostasis was ensured, and the wound was closed in layers. The patient was educated on postoperative care, including pain management, restricted weight-bearing, and the importance of rehabilitation. No intraoperative complications were encountered.

4. Operative Note: Surgical intervention was performed for other bursitis of the hip. An incision was made, and careful dissection allowed visualization of the inflamed bursa. Complete excision of the bursa was achieved, and meticulous debridement was performed to ensure removal of all affected tissue. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control and referred for physical therapy. The procedure was uneventful, and no complications were noted.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip. A small incision was made, and meticulous dissection was performed to access the inflamed bursa. Complete excision of the bursa was achieved, and thorough irrigation was performed to reduce the risk of infection. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management, non-weight-bearing precautions, and referred for rehabilitation. The procedure was uneventful, and the patient tolerated it well.

6. Operative Note: Surgical intervention was performed to treat other bursitis of the hip. An incision was made, and careful dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and additional procedures were performed to address associated pathology, including osteochondral defects. Hemostasis was achieved, and the wound was closed using absorbable sutures. The patient was provided with postoperative care instructions, including pain management, restricted weight-bearing, and the need for close monitoring. The procedure was without complications, and the patient tolerated it well.

7. Operative Note: Surgery was performed to address other bursitis of the hip with underlying pathology. The affected bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and concomitant procedures were performed to address bone erosion and repair soft tissue structures. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was educated on pain management, weight-bearing precautions, and referred for physical therapy. The procedure was uneventful, and the patient's condition was stable.

8. Operative Note: A surgical procedure was performed to treat other bursitis of the hip with associated pathology. The inflamed bursa was accessed through a well-placed incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and additional procedures were performed to address intra-articular pathology and restore joint function. Hemostasis was ensured, and the wound was closed in layers. The patient was given postoperative instructions, including pain management, restricted weight-bearing, and the need for close follow-up. The procedure was performed without any complications, and the patient's recovery was unremarkable.

9. Operative Note: Surgical intervention was performed to address other bursitis of the hip with underlying pathology. An incision was made, and careful dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and concurrent procedures were performed to address associated impingement and labral tears. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques, weight-bearing limitations, and referred for comprehensive rehabilitation. The procedure was uneventful, and no immediate complications were noted.

10. Operative Note: The patient underwent surgery for other bursitis of the hip with associated pathology. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and additional procedures were performed to address structural abnormalities and restore joint integrity. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management, weight-bearing precautions, and referred for an individualized rehabilitation program. The procedure was performed without any complications, and the patient's recovery was uneventful.

1. Operative Note: A surgical intervention was performed to address other bursitis of the hip. An incision was made, and meticulous dissection was performed to visualize the inflamed bursa. Complete excision of the bursa was achieved, and extensive debridement was performed to remove any necrotic tissue. Hemostasis was obtained, and the wound was closed using absorbable sutures. Postoperatively, the patient was provided with instructions for pain management and referred for physical therapy. The procedure was uneventful, and the patient's condition was stable.

2. Operative Note: Surgery was performed to treat other bursitis of the hip. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and thorough irrigation was performed to reduce the risk of infection. Hemostasis was ensured, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques and referred for rehabilitation. The procedure was uncomplicated, and the patient tolerated it well.

3. Operative Note: A surgical procedure was performed to address other bursitis of the hip. The affected bursa was accessed through a well-placed incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and additional procedures were performed to address any associated labral tears. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control, weight-bearing restrictions, and referred for physical therapy. The procedure was uneventful, and the patient's condition was stable.

4. Operative Note: Surgical intervention was performed for other bursitis of the hip. An incision was made, and careful dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and meticulous debridement was performed to remove any damaged tissue. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management, weight-bearing limitations, and referred for rehabilitation. The procedure was without complications, and the patient's recovery was unremarkable.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip. A small incision was made, and meticulous dissection was performed to access the inflamed bursa. Complete excision of the bursa was achieved, and additional procedures were performed to address any associated impingement. Hemostasis was obtained, and the wound was closed using absorbable sutures. Postoperatively, the patient was educated on pain management techniques, restricted weight-bearing, and the importance of rehabilitation. No intraoperative complications were encountered.

6. Operative Note: Surgical intervention was performed to treat other bursitis of the hip. An incision was made, and careful dissection allowed visualization of the inflamed bursa. Complete excision of the bursa was achieved, and meticulous debridement was performed to remove any necrotic tissue. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control and referred for physical therapy. The procedure was uneventful, and no complications were noted.

7. Operative Note: Surgery was performed to address other bursitis of the hip with underlying pathology. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and additional procedures were performed to address bone erosion and restore joint function. Hemostasis was ensured, and the wound was closed in layers. The patient was given postoperative instructions, including pain management, restricted weight-bearing, and the need for close monitoring. The procedure was performed without any complications, and the patient's recovery was unremarkable.

8. Operative Note: A surgical procedure was performed to treat other bursitis of the hip with associated pathology. An incision was made, and careful dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and additional procedures were performed to address intra-articular pathology and repair soft tissue structures. Hemostasis was ensured, and the wound was closed using sutures. The patient was provided with postoperative instructions, including pain management, restricted weight-bearing, and the need for close follow-up. The procedure was without complications, and the patient tolerated it well.

9. Operative Note: Surgical intervention was performed to address other bursitis of the hip with underlying pathology. The affected bursa was accessed through a well-placed incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and additional procedures were performed to address structural abnormalities and restore joint integrity. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques, weight-bearing precautions, and referred for comprehensive rehabilitation. The procedure was uneventful, and no immediate complications were noted.

10. Operative Note: The patient underwent surgery for other bursitis of the hip with associated pathology. A well-placed incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and additional procedures were performed to address impingement and repair labral tears. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management, weight-bearing precautions, and referred for an individualized rehabilitation program. The procedure was performed without any complications, and the patient's recovery was uneventful.

1. Operative Note: A surgical intervention was performed to address other bursitis of the hip with severe infection on the extremely moving joint. An incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the infected bursa was achieved, and extensive irrigation with antimicrobial solution was performed. Debridement of necrotic tissue was carried out, and cultures were obtained for further evaluation. Hemostasis was achieved, and a drain was placed. The wound was closed using sutures. The patient was started on broad-spectrum antibiotics and closely monitored postoperatively. The procedure was challenging due to the severe infection, but adequate control was achieved.

2. Operative Note: Surgery was performed to treat other bursitis of the hip with severe infection on the extremely moving joint. An incision was made, and meticulous dissection allowed visualization of the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and thorough debridement was performed to remove infected tissue and promote wound healing. Copious irrigation with antibiotic solution was done. Hemostasis was ensured, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on appropriate intravenous antibiotics and closely monitored for signs of systemic infection. The procedure was challenging due to the extent of the infection, but adequate control was achieved.

3. Operative Note: A surgical procedure was performed to address other bursitis of the hip with severe infection on the extremely moving joint. The inflamed and infected bursa was accessed through a well-placed incision, and meticulous dissection was carried out. Complete excision of the infected bursa was achieved, and extensive debridement was performed to remove necrotic and infected tissue. The joint was thoroughly irrigated with antimicrobial solution. Hemostasis was obtained, and a closed suction drain was placed. The wound was closed in layers. The patient was started on intravenous antibiotics, and appropriate wound care was instituted. The procedure was technically demanding due to the severe infection, but successfully managed.

4. Operative Note: Surgical intervention was performed to address other bursitis of the hip with severe infection involving the extremely moving joint. An incision was made, and meticulous dissection allowed access to the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and thorough debridement was performed to remove necrotic tissue and control the infection. Copious irrigation with antimicrobial solution was carried out. Hemostasis was ensured, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on intravenous antibiotics and closely monitored for signs of systemic infection. The procedure was technically challenging due to the severe infection, but managed effectively.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip with severe infection on the extremely moving joint. A carefully planned incision was made, and meticulous dissection was performed to access the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and extensive debridement was performed to remove infected tissue and promote healing. Copious irrigation with antimicrobial solution was performed. Hemostasis was achieved, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on intravenous antibiotics and closely monitored for signs of sepsis. The procedure was technically demanding due to the severity of the infection, but managed effectively.

6. Operative Note: Surgical intervention was performed for other bursitis of the hip with severe infection involving the extremely moving joint. An incision was made, and meticulous dissection was performed to access the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and extensive debridement was performed to remove necrotic and infected tissue. The joint was thoroughly irrigated with antimicrobial solution. Hemostasis was obtained, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on intravenous antibiotics and closely monitored for signs of systemic infection. The procedure was technically challenging due to the severe infection, but managed effectively.

7. Operative Note: A surgical procedure was performed to treat other bursitis of the hip with severe infection on the extremely moving joint. An incision was made, and meticulous dissection allowed access to the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and thorough debridement was performed to remove infected tissue and control the infection. The joint was lavaged with antimicrobial solution. Hemostasis was achieved, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on intravenous antibiotics and closely monitored for signs of systemic infection. The procedure was technically demanding due to the severity of the infection, but managed effectively.

8. Operative Note: Surgery was performed to address other bursitis of the hip with severe infection on the extremely moving joint. An incision was made, and meticulous dissection was performed to access the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and extensive debridement was performed to remove necrotic tissue and control the infection. The joint was thoroughly irrigated with antimicrobial solution. Hemostasis was ensured, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on intravenous antibiotics and closely monitored for signs of systemic infection. The procedure was technically challenging due to the severe infection, but managed effectively.

9. Operative Note: A surgical intervention was performed to address other bursitis of the hip with severe infection on the extremely moving joint. An incision was made, and meticulous dissection allowed access to the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and extensive debridement was performed to remove necrotic tissue and control the infection. Copious irrigation with antimicrobial solution was carried out. Hemostasis was achieved, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on intravenous antibiotics and closely monitored for signs of systemic infection. The procedure was technically demanding due to the severity of the infection, but managed effectively.

10. Operative Note: Surgical intervention was performed to address other bursitis of the hip with severe infection involving the extremely moving joint. An incision was made, and meticulous dissection was performed to access the inflamed and infected bursa. Complete excision of the infected bursa was achieved, and thorough debridement was performed to remove necrotic tissue and control the infection. The joint was thoroughly irrigated with antimicrobial solution. Hemostasis was obtained, and a closed suction drain was placed. The wound was closed using sutures. The patient was started on intravenous antibiotics and closely monitored for signs of systemic infection. The procedure was technically challenging due to the severe infection, but managed effectively.

1. Operative Note: A surgical intervention was performed to address other bursitis of the hip with severe inflammation. An incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and thorough debridement was performed to remove necrotic tissue. Hemostasis was ensured, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain management and referred for physical therapy. The procedure was uneventful, and the patient's condition improved following surgery.

2. Operative Note: Surgery was performed to treat other bursitis of the hip with moderate inflammation. The inflamed bursa was accessed through a small incision, and meticulous dissection was carried out. Partial excision of the bursa was achieved, and careful debridement was performed to remove inflamed tissue. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques and referred for rehabilitation. The procedure was successful in reducing inflammation and relieving symptoms.

3. Operative Note: A surgical procedure was performed to address other bursitis of the hip with mild inflammation. The affected bursa was accessed through a well-placed incision, and careful dissection was carried out. Partial excision of the bursa was achieved, and minimal debridement was performed to address the inflamed tissue. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain control and referred for physical therapy. The procedure was successful in reducing inflammation and improving the patient's condition.

4. Operative Note: Surgical intervention was performed to address other bursitis of the hip with severe inflammation. An incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and extensive debridement was performed to remove necrotic tissue. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain management, weight-bearing restrictions, and referred for physical therapy. The procedure successfully addressed the severe inflammation, and the patient experienced symptomatic relief.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip with moderate inflammation. A small incision was made, and meticulous dissection was performed to access the inflamed bursa. Partial excision of the bursa was achieved, and careful debridement was performed to remove inflamed tissue. Hemostasis was achieved, and the wound was closed using absorbable sutures. Postoperatively, the patient was educated on pain management techniques, restricted weight-bearing, and the importance of rehabilitation. The procedure successfully reduced inflammation and improved the patient's symptoms.

6. Operative Note: Surgical intervention was performed to address other bursitis of the hip with mild inflammation. An incision was made, and careful dissection allowed access to the inflamed bursa. Partial excision of the bursa was achieved, and minimal debridement was performed to address the inflamed tissue. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques, weight-bearing precautions, and referred for physical therapy. The procedure successfully reduced inflammation and improved the patient's condition.

7. Operative Note: A surgical procedure was performed to treat other bursitis of the hip with severe inflammation. The inflamed bursa was accessed through a well-placed incision, and meticulous dissection was carried out. Complete excision of the bursa was achieved, and extensive debridement was performed to remove inflamed tissue. Hemostasis was ensured, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain management techniques, weight-bearing restrictions, and referred for rehabilitation. The procedure successfully addressed the severe inflammation, resulting in improved symptoms.

8. Operative Note: Surgery was performed to address other bursitis of the hip with moderate inflammation. An incision was made, and meticulous dissection allowed access to the inflamed bursa. Partial excision of the bursa was achieved, and careful debridement was performed to remove inflamed tissue. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain management and referred for physical therapy. The procedure effectively reduced inflammation and improved the patient's condition.

9. Operative Note: A surgical intervention was performed to address other bursitis of the hip with mild inflammation. The affected bursa was accessed through a well-placed incision, and careful dissection was carried out. Partial excision of the bursa was achieved, and minimal debridement was performed to address the inflamed tissue. Hemostasis was obtained, and the wound was closed using sutures. Postoperatively, the patient was instructed on pain control techniques and referred for rehabilitation. The procedure successfully reduced inflammation and improved the patient's condition.

10. Operative Note: Surgical intervention was performed to address other bursitis of the hip with severe inflammation. An incision was made, and meticulous dissection allowed access to the inflamed bursa. Complete excision of the bursa was achieved, and extensive debridement was performed to remove inflamed tissue. Hemostasis was achieved, and the wound was closed using sutures. Postoperatively, the patient was provided with instructions for pain management, weight-bearing restrictions, and referred for physical therapy. The procedure successfully addressed the severe inflammation, resulting in significant symptomatic relief.

1. Operative Note: A surgical intervention was performed to address other bursitis of the hip. The inflamed bursa was excised, and meticulous debridement was performed. Hemostasis was achieved, and the wound was closed. Follow-up appointments were scheduled at one week and one month to monitor the patient's progress, assess pain levels, and evaluate the need for physical therapy. The patient was advised to continue pain management strategies and adhere to weight-bearing restrictions.

2. Operative Note: Surgery was performed to treat other bursitis of the hip. Complete excision of the inflamed bursa was achieved, followed by thorough debridement. Hemostasis was ensured, and the wound was closed. Postoperative care included scheduled follow-up appointments at two weeks and six weeks for wound evaluation, pain assessment, and consideration of further imaging studies if required. The patient was instructed to adhere to a rehabilitation program and continue pain management as prescribed.

3. Operative Note: A surgical procedure was performed to address other bursitis of the hip. The affected bursa was excised, and extensive debridement was carried out. Hemostasis was obtained, and the wound was closed. The patient was scheduled for follow-up visits at two weeks, six weeks, and three months to monitor healing progress, assess pain levels, and determine the need for physical therapy or further interventions. Pain management strategies and weight-bearing restrictions were emphasized during postoperative care.

4. Operative Note: Surgical intervention was performed to address other bursitis of the hip. Complete excision of the inflamed bursa was achieved, followed by meticulous debridement. Hemostasis was achieved, and the wound was closed. The patient's postoperative follow-up plan included appointments at one week, four weeks, and three months to evaluate wound healing, assess pain levels, and discuss the need for additional interventions such as injections or physical therapy. Pain management strategies and weight-bearing restrictions were reviewed.

5. Operative Note: The patient underwent surgery to address other bursitis of the hip. The inflamed bursa was excised, and thorough debridement was performed. Hemostasis was ensured, and the wound was closed. Follow-up visits were scheduled at two weeks and six weeks to assess wound healing, evaluate pain levels, and determine the need for further interventions or imaging studies. The patient was instructed to adhere to pain management techniques and adhere to weight-bearing restrictions during the recovery period.

6. Operative Note: Surgical intervention was performed for other bursitis of the hip. Complete excision of the inflamed bursa was achieved, followed by meticulous debridement. Hemostasis was obtained, and the wound was closed. Postoperative care included follow-up appointments at one week, four weeks, and three months to assess wound healing, monitor pain levels, and discuss the need for additional interventions such as injections or physical therapy. Pain management strategies and weight-bearing restrictions were emphasized during the recovery period.

7. Operative Note: A surgical procedure was performed to treat other bursitis of the hip. The affected bursa was excised, and extensive debridement was performed. Hemostasis was achieved, and the wound was closed. The patient's postoperative follow-up plan included appointments at two weeks, six weeks, and three months to evaluate wound healing, assess pain levels, and discuss the need for further interventions or imaging studies. Pain management strategies and weight-bearing restrictions were reviewed.

8. Operative Note: Surgery was performed to address other bursitis of the hip. Complete excision of the inflamed bursa was achieved, followed by meticulous debridement. Hemostasis was ensured, and the wound was closed. The patient's postoperative follow-up plan included appointments at one week, four weeks, and three months to assess wound healing, monitor pain levels, and determine the need for additional interventions such as injections or physical therapy. Pain management strategies and weight-bearing restrictions were emphasized during the recovery period.

9. Operative Note: Surgical intervention was performed for other bursitis of the hip. The inflamed bursa was excised, and thorough debridement was performed. Hemostasis was obtained, and the wound was closed. Follow-up visits were scheduled at two weeks and six weeks to assess wound healing, evaluate pain levels, and determine the need for further interventions or imaging studies. The patient was instructed to adhere to pain management techniques and weight-bearing restrictions during the recovery period.

10. Operative Note: The patient underwent surgery to address other bursitis of the hip. Complete excision of the inflamed bursa was achieved, followed by meticulous debridement. Hemostasis was achieved, and the wound was closed. The patient's postoperative follow-up plan included appointments at one week, four weeks, and three months to evaluate wound healing, monitor pain levels, and discuss the need for additional interventions such as injections or physical therapy. Pain management strategies and weight-bearing restrictions were emphasized during the recovery period.

## M70.8 Other soft tissue disorders related to use, overuse and pressure

1. Operative Note - Soft Tissue Biopsy: A 2 cm incision was made over the affected area. Soft tissue was carefully dissected, and a biopsy sample was obtained. Hemostasis was achieved using electrocautery. The incision was closed with absorbable sutures. Specimen was sent for histopathological analysis.

2. Operative Note - Lipoma Excision: A 3 cm elliptical incision was made over the lipoma. Subcutaneous tissue was dissected, and the lipoma was identified and excised with surrounding capsule. Hemostasis was achieved with bipolar electrocautery. Closure was performed in layers using absorbable sutures.

3. Operative Note - Ganglion Cyst Removal: A 2 cm incision was made over the cyst. The cyst wall was identified, dissected, and excised in its entirety. Hemostasis was ensured with bipolar electrocautery. The wound was closed using absorbable sutures. The excised cyst was sent for pathological examination.

4. Operative Note - Soft Tissue Debridement: A 4 cm incision was made to access the necrotic soft tissue. Careful debridement was performed, removing all devitalized tissue. Copious irrigation with sterile saline was done. Hemostasis was achieved using electrocautery. The wound was dressed and a sterile bandage was applied.

5. Operative Note - Dupuytren's Contracture Release: A zigzag incision was made over the contracted area of the hand. The contracted palmar fascia was identified, dissected, and released. Full extension of the finger was achieved. The wound was closed with absorbable sutures. A bulky dressing and splint were applied for immobilization.

6. Operative Note - Soft Tissue Abscess Drainage: A 2 cm incision was made over the fluctuant abscess. Pus was drained under aseptic conditions. The abscess cavity was thoroughly irrigated with antiseptic solution. A drain was inserted and secured. The wound was packed with sterile gauze. Antibiotics were administered per protocol.

7. Operative Note - Soft Tissue Foreign Body Removal: A 1 cm incision was made over the suspected foreign body site. Soft tissue was dissected, and a foreign body (wood splinter) was located and carefully removed. Hemostasis was achieved using electrocautery. The wound was closed with non-absorbable sutures. Postoperative wound care instructions were given.

8. Operative Note - Soft Tissue Hematoma Evacuation: A 3 cm incision was made over the hematoma. The hematoma was evacuated, and active bleeding vessels were ligated. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated and closed in layers with absorbable sutures. A sterile dressing was applied.

9. Operative Note - Soft Tissue Sarcoma Resection: A wide excision was performed, encompassing the tumor with adequate margins. The tumor was carefully dissected, ensuring preservation of nearby structures. Hemostasis was achieved using a combination of bipolar electrocautery and ligatures. Closure was performed in layers with absorbable sutures. Specimen was sent for histopathological examination.

10. Operative Note - Soft Tissue Reconstruction: A 6 cm defect was reconstructed using a local advancement flap. The flap was designed, elevated, and transposed to cover the defect. Hemostasis was achieved using electrocautery. Closure was performed with absorbable sutures. A pressure dressing was applied. Postoperative care included immobilization and regular wound monitoring.

1. Operative Note - Soft Tissue Hemorrhage Control: A 4 cm incision was made to access the site of active bleeding. The bleeding vessel was identified, isolated, and ligated. Hemostasis was confirmed. The wound was irrigated with saline and closed in layers using absorbable sutures. A sterile dressing was applied.

2. Operative Note - Soft Tissue Scar Revision: A 3 cm incision was made along the scar line. The scar tissue was carefully excised, and healthy tissue edges were approximated. Closure was performed using meticulous suturing technique. The wound was dressed with sterile strips and a non-adherent dressing.

3. Operative Note - Soft Tissue Seroma Drainage: A 2 cm incision was made over the seroma. The seroma cavity was identified and drained under sterile conditions. A drain was inserted and secured. The wound was closed with absorbable sutures. Appropriate dressing and compression were applied.

4. Operative Note - Soft Tissue Hemangioma Resection: A 4 cm elliptical incision was made encompassing the hemangioma. The lesion was carefully dissected and excised, ensuring complete removal. Hemostasis was achieved using bipolar electrocautery. The wound was closed in layers using absorbable sutures. Postoperative wound care instructions were provided.

5. Operative Note - Soft Tissue Lymphedema Reduction: Multiple small incisions were made in the affected area. Liposuction was performed to remove excess fatty tissue and reduce lymphedema. Hemostasis was achieved using electrocautery. The incisions were closed with absorbable sutures. Compression garments were applied postoperatively.

6. Operative Note - Soft Tissue Necrotizing Fasciitis Debridement: Extensive debridement was performed to remove necrotic fascial tissue. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and ligatures. The wound was packed with sterile dressings. Broad-spectrum antibiotics were administered.

7. Operative Note - Soft Tissue Dermoid Cyst Excision: A 3 cm incision was made over the cyst. The cyst wall was carefully dissected and excised, ensuring complete removal. Hemostasis was achieved using bipolar electrocautery. The wound was closed in layers with absorbable sutures. Postoperative care instructions were provided.

8. Operative Note - Soft Tissue Hematoma Evacuation and Vessel Repair: A 5 cm incision was made over the hematoma. The hematoma was evacuated, and the injured vessel was identified and repaired. Hemostasis was confirmed. The wound was irrigated and closed in layers with absorbable sutures. A sterile dressing was applied.

9. Operative Note - Soft Tissue Granuloma Excision: A 2 cm incision was made over the granuloma. The lesion was carefully dissected and excised with surrounding healthy tissue. Hemostasis was achieved using electrocautery. The wound was closed with absorbable sutures. Postoperative wound care instructions were given.

10. Operative Note - Soft Tissue Synovial Cyst Excision: A 4 cm incision was made over the synovial cyst. The cyst was identified, dissected, and excised, ensuring complete removal. Hemostasis was achieved with bipolar electrocautery. The wound was closed in layers using absorbable sutures. Postoperative care included immobilization and regular follow-up.

1. Operative Note - Soft Tissue Biopsy under Local Anesthesia: A 2 cm incision was made over the affected area after administering local anesthesia with lidocaine. Soft tissue was carefully dissected, and a biopsy sample was obtained. Hemostasis was achieved using electrocautery. The incision was closed with absorbable sutures. Specimen was sent for histopathological analysis. Patient tolerated the procedure well under local anesthesia.

2. Operative Note - Lipoma Excision under Regional Anesthesia: After administering regional anesthesia with a brachial plexus block, a 3 cm elliptical incision was made over the lipoma. Subcutaneous tissue was dissected, and the lipoma was identified and excised with surrounding capsule. Hemostasis was achieved with bipolar electrocautery. Closure was performed in layers using absorbable sutures. The patient remained comfortable throughout the procedure under regional anesthesia.

3. Operative Note - Ganglion Cyst Removal under General Anesthesia: After induction of general anesthesia, a 2 cm incision was made over the cyst. The cyst wall was identified, dissected, and excised in its entirety. Hemostasis was ensured with bipolar electrocautery. The wound was closed using absorbable sutures. The patient was safely maintained under general anesthesia throughout the procedure.

4. Operative Note - Soft Tissue Debridement under Moderate Sedation: Following administration of moderate sedation with a combination of intravenous medications, a 4 cm incision was made to access the necrotic soft tissue. Careful debridement was performed, removing all devitalized tissue. Copious irrigation with sterile saline was done. Hemostasis was achieved using electrocautery. The patient remained calm and comfortable under moderate sedation.

5. Operative Note - Dupuytren's Contracture Release under Local Anesthesia with Sedation: A zigzag incision was made over the contracted area of the hand after administering local anesthesia with lidocaine. The contracted palmar fascia was identified, dissected, and released. Full extension of the finger was achieved. The wound was closed with absorbable sutures. The patient was kept comfortable under local anesthesia with sedation.

6. Operative Note - Soft Tissue Abscess Drainage under Local Anesthesia: Following administration of local anesthesia with lidocaine, a 2 cm incision was made over the fluctuant abscess. Pus was drained under aseptic conditions. The abscess cavity was thoroughly irrigated with antiseptic solution. A drain was inserted and secured. The wound was packed with sterile gauze. The patient experienced minimal discomfort under local anesthesia.

7. Operative Note - Soft Tissue Foreign Body Removal under General Anesthesia: After induction of general anesthesia, a 1 cm incision was made over the suspected foreign body site. Soft tissue was dissected, and a foreign body (wood splinter) was located and carefully removed. Hemostasis was achieved using electrocautery. The wound was closed with non-absorbable sutures. The procedure was safely performed under general anesthesia.

8. Operative Note - Soft Tissue Hematoma Evacuation under Spinal Anesthesia: After administering spinal anesthesia, a 3 cm incision was made over the hematoma. The hematoma was evacuated, and active bleeding vessels were ligated. Hemostasis was achieved using bipolar electrocautery. The wound was irrigated and closed in layers with absorbable sutures. The patient remained comfortable under spinal anesthesia.

9. Operative Note - Soft Tissue Sarcoma Resection under General Anesthesia with Epidural Analgesia: Following induction of general anesthesia and placement of an epidural catheter, a wide excision was performed, encompassing the tumor with adequate margins. The tumor was carefully dissected, ensuring preservation of nearby structures. Hemostasis was achieved using a combination of bipolar electrocautery and ligatures. Closure was performed in layers with absorbable sutures. The patient received effective pain control through epidural analgesia.

10. Operative Note - Soft Tissue Reconstruction under Local Anesthesia with Intravenous Sedation: After administering local anesthesia with lidocaine and providing intravenous sedation, a 6 cm defect was reconstructed using a local advancement flap. The flap was designed, elevated, and transposed to cover the defect. Hemostasis was achieved using electrocautery. Closure was performed with absorbable sutures. The patient was comfortable and relaxed throughout the procedure.

1. Operative Note - Soft Tissue Biopsy with Bone Erosion: A 2 cm incision was made over the area of suspected soft tissue pathology with associated bone erosion. Soft tissue was carefully dissected, and a biopsy sample was obtained. Hemostasis was achieved using electrocautery. The incision was closed with absorbable sutures. Specimen was sent for histopathological analysis, and imaging was obtained to evaluate the extent of bone erosion.

2. Operative Note - Soft Tissue Infection with Adjacent Bone Erosion Debridement: A 4 cm incision was made to access the infected soft tissue and underlying bone erosion. Extensive debridement was performed to remove necrotic tissue and clear the infection. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and bone wax for any bleeding from the eroded bone. The wound was closed in layers using absorbable sutures.

3. Operative Note - Soft Tissue Tumor Excision with Bone Erosion: A wide excision was performed to remove the soft tissue tumor, including the involved area of bone erosion. The tumor was carefully dissected, ensuring clear margins. Hemostasis was achieved using bipolar electrocautery and bone wax. The wound was closed in layers with absorbable sutures. The excised specimen and bone samples were sent for further analysis.

4. Operative Note - Soft Tissue Sarcoma Resection with Bone Erosion: A comprehensive resection was carried out to remove the soft tissue sarcoma, which extended into the adjacent bone causing erosion. The tumor was meticulously dissected, preserving critical structures. Hemostasis was achieved using a combination of bipolar electrocautery, ligatures, and bone wax. Closure was performed in layers with absorbable sutures. The patient's bone erosion and soft tissue tumor were successfully addressed.

5. Operative Note - Soft Tissue Abscess Drainage with Adjacent Bone Erosion: Following administration of local anesthesia, a 3 cm incision was made over the fluctuant abscess with associated bone erosion. Pus was drained under aseptic conditions, and the abscess cavity was thoroughly irrigated. Bone erosion was carefully inspected and any exposed bone was covered with soft tissue flaps. The wound was packed with sterile gauze. Appropriate antibiotics were administered.

6. Operative Note - Soft Tissue Inflammatory Disorder Excision with Bone Erosion: A 4 cm incision was made over the affected area with associated bone erosion. The inflamed soft tissue was excised, and meticulous care was taken to address the underlying bone erosion. Hemostasis was achieved using electrocautery and bone wax. The wound was closed in layers using absorbable sutures. The patient's bone erosion and inflammatory disorder were managed effectively.

7. Operative Note - Soft Tissue Hematoma Evacuation with Bone Erosion: Following administration of local anesthesia, a 3 cm incision was made over the hematoma with associated bone erosion. The hematoma was evacuated, and active bleeding vessels were controlled. The eroded bone was carefully inspected, and hemostasis was achieved using bone wax and pressure dressing. The wound was closed in layers using absorbable sutures.

8. Operative Note - Soft Tissue Granuloma Excision with Adjacent Bone Erosion: A 2 cm incision was made over the granuloma with associated bone erosion. The granuloma was meticulously excised, and bone erosion was addressed with careful debridement and bone wax application. Hemostasis was achieved using electrocautery. The wound was closed with absorbable sutures. Postoperative imaging confirmed successful resolution of the granuloma and bone erosion.

9. Operative Note - Soft Tissue Rheumatoid Nodule Excision with Bone Erosion: A 2 cm incision was made over the rheumatoid nodule with associated bone erosion. The nodule was excised, ensuring complete removal. Bone erosion was carefully evaluated and addressed with bone grafting and stabilization. Hemostasis was achieved using electrocautery. The wound was closed in layers with absorbable sutures. The patient's rheumatoid nodule and bone erosion were effectively managed.

10. Operative Note - Soft Tissue Infection Debridement with Bone Erosion: A 4 cm incision was made to access the infected soft tissue and underlying bone erosion. Extensive debridement was performed to remove necrotic tissue and clear the infection. Bone erosion was carefully evaluated and addressed with debridement, bone grafting, and application of antibiotic-impregnated bone cement. Hemostasis was achieved using electrocautery. The wound was closed in layers using absorbable sutures.

1. Operative Note - Soft Tissue Tumor Resection with Severe Bone Pain: A wide excision was performed to remove the soft tissue tumor causing severe bone pain. The tumor was carefully dissected, ensuring clear margins. Adjacent bone involvement was noted and addressed with meticulous bone debridement. Hemostasis was achieved using bipolar electrocautery and bone wax. The wound was closed in layers with absorbable sutures. Postoperatively, the patient reported significant relief from the severe bone pain.

2. Operative Note - Soft Tissue Infection Debridement with Severe Bone Pain: A 5 cm incision was made to access the infected soft tissue with severe bone pain. Extensive debridement was performed to remove necrotic tissue and clear the infection. Severe bone pain was managed by addressing any underlying bone involvement, including debridement and bone stabilization. The wound was irrigated and closed in layers using absorbable sutures. The patient experienced notable improvement in severe bone pain postoperatively.

3. Operative Note - Soft Tissue Hematoma Evacuation with Severe Bone Pain: Following administration of local anesthesia, a 3 cm incision was made over the hematoma with severe bone pain. The hematoma was evacuated, and active bleeding vessels were controlled. Severe bone pain was managed through careful evaluation of the underlying bone involvement and appropriate bone stabilization. The wound was closed in layers using absorbable sutures. The patient reported relief from severe bone pain after the procedure.

4. Operative Note - Soft Tissue Biopsy with Severe Bone Pain: A 2 cm incision was made over the area of suspected soft tissue pathology with severe bone pain. Soft tissue was carefully dissected, and a biopsy sample was obtained. Evaluation of the bone involvement was conducted to identify the cause of severe bone pain. Hemostasis was achieved using electrocautery. The incision was closed with absorbable sutures. Postoperatively, the patient's severe bone pain was further investigated.

5. Operative Note - Soft Tissue Foreign Body Removal with Severe Bone Pain: Following administration of local anesthesia, a 2 cm incision was made over the site of suspected soft tissue foreign body with severe bone pain. Soft tissue was dissected, and the foreign body (metal fragment) was located and carefully removed. Evaluation of the adjacent bone involvement was performed to address the severe bone pain. The wound was closed with non-absorbable sutures. The patient experienced relief from severe bone pain postoperatively.

6. Operative Note - Soft Tissue Synovial Cyst Excision with Severe Bone Pain: A 4 cm incision was made over the synovial cyst with severe bone pain. The cyst was identified, dissected, and excised, ensuring complete removal. Evaluation of the adjacent bone involvement was conducted to address the severe bone pain. Hemostasis was achieved with bipolar electrocautery. The wound was closed in layers using absorbable sutures. The patient reported significant improvement in severe bone pain after the procedure.

7. Operative Note - Soft Tissue Necrotizing Fasciitis Debridement with Severe Bone Pain: Extensive debridement was performed to remove necrotic fascial tissue causing severe bone pain. Evaluation of the underlying bone involvement was conducted, including debridement and bone stabilization to address the severe bone pain. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and ligatures. The wound was packed with sterile dressings. Postoperatively, the patient experienced relief from severe bone pain.

8. Operative Note - Soft Tissue Scar Revision with Severe Bone Pain: A 3 cm incision was made over the scarred soft tissue with severe bone pain. Scar tissue was carefully excised and revised. Evaluation of the underlying bone involvement was performed, addressing any contributing factors to the severe bone pain. Hemostasis was achieved using electrocautery. The wound was closed in layers with absorbable sutures. The patient reported significant reduction in severe bone pain postoperatively.

9. Operative Note - Soft Tissue Osteomyelitis Debridement with Severe Bone Pain: Following administration of local anesthesia, a 4 cm incision was made over the infected soft tissue with severe bone pain. Extensive debridement was performed to remove infected tissue and address the underlying osteomyelitis causing severe bone pain. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and bone wax. The wound was closed in layers using absorbable sutures. The patient experienced relief from severe bone pain postoperatively.

10. Operative Note - Soft Tissue Neuroma Excision with Severe Bone Pain: A 2 cm incision was made over the neuroma with severe bone pain. The neuroma was identified, dissected, and excised, ensuring complete removal. Evaluation of the adjacent bone involvement was conducted to address the severe bone pain. Hemostasis was achieved using bipolar electrocautery. The wound was closed with absorbable sutures. The patient reported notable improvement in severe bone pain after the procedure.

1. Operative Note - Soft Tissue Tumor Resection with Surgical Intervention: A wide excision was performed to remove the soft tissue tumor. Surgical intervention involved meticulous dissection to ensure complete tumor removal and clear margins. Hemostasis was achieved using bipolar electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue tumor was successfully managed through surgical intervention.

2. Operative Note - Soft Tissue Infection Debridement with Surgical Intervention: A 6 cm incision was made to access the infected soft tissue. Surgical intervention involved extensive debridement to remove necrotic tissue and clear the infection. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers using absorbable sutures. The patient's soft tissue infection was effectively addressed through surgical intervention.

3. Operative Note - Soft Tissue Reconstruction with Surgical Intervention: Following trauma, a 10 cm defect in the soft tissue required surgical intervention for reconstruction. A local flap was designed and elevated to cover the defect. Vascular anastomosis was performed to ensure adequate blood supply. The flap was sutured into place, and hemostasis was achieved using electrocautery and ligatures. The patient's soft tissue defect was successfully reconstructed through surgical intervention.

4. Operative Note - Soft Tissue Abscess Drainage with Surgical Intervention: Following administration of local anesthesia, a 4 cm incision was made to access the fluctuant abscess. Surgical intervention involved careful drainage of the abscess under aseptic conditions. Copious irrigation with antiseptic solution was done. A drain was inserted and secured. The wound was closed with non-absorbable sutures. The patient's soft tissue abscess was effectively managed through surgical intervention.

5. Operative Note - Soft Tissue Hematoma Evacuation with Surgical Intervention: After administering local anesthesia, a 5 cm incision was made to access the hematoma. Surgical intervention involved careful evacuation of the hematoma, ensuring complete removal. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers using absorbable sutures. The patient's soft tissue hematoma was successfully addressed through surgical intervention.

6. Operative Note - Soft Tissue Sarcoma Resection with Surgical Intervention: A comprehensive resection was performed to remove the soft tissue sarcoma. Surgical intervention involved meticulous dissection to achieve clear margins. Adjacent structures were carefully preserved. Hemostasis was achieved using bipolar electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue sarcoma was effectively managed through surgical intervention.

7. Operative Note - Soft Tissue Biopsy with Surgical Intervention: A 3 cm incision was made over the area of suspected soft tissue pathology. Surgical intervention involved obtaining a biopsy sample for further analysis. Hemostasis was achieved using electrocautery and ligatures. The incision was closed with absorbable sutures. The patient's soft tissue pathology was investigated through surgical intervention.

8. Operative Note - Soft Tissue Reconstruction with Flap Surgery: Following trauma, a large soft tissue defect required flap surgery for reconstruction. A pedicled flap was harvested from the nearby region and transferred to cover the defect. Vascular anastomosis was performed to ensure flap viability. The flap was sutured into place, and hemostasis was achieved using electrocautery and ligatures. The patient's soft tissue defect was successfully reconstructed through flap surgery.

9. Operative Note - Soft Tissue Foreign Body Removal with Surgical Intervention: Following administration of local anesthesia, a 2 cm incision was made over the site of suspected soft tissue foreign body. Surgical intervention involved careful dissection and removal of the foreign body. Hemostasis was achieved using electrocautery and ligatures. The wound was closed with non-absorbable sutures. The patient's soft tissue foreign body was effectively managed through surgical intervention.

10. Operative Note - Soft Tissue Inflammatory Disorder Excision with Surgical Intervention: A 4 cm incision was made over the area affected by the inflammatory disorder. Surgical intervention involved excising the inflamed soft tissue. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers using absorbable sutures. The patient's soft tissue inflammatory disorder was successfully managed through surgical intervention.

1. Operative Note - Soft Tissue Revision Surgery: A 5 cm incision was made over the previously operated soft tissue site. Surgical intervention involved revising the previous surgical procedure to address persistent symptoms and complications. Extensive dissection and tissue rearrangement were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue was successfully revised through surgical intervention.

2. Operative Note - Soft Tissue Augmentation with Surgical Intervention: A 3 cm incision was made over the area requiring soft tissue augmentation. Surgical intervention involved the placement of a soft tissue implant to enhance volume and contour. The implant was carefully positioned and secured. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue augmentation was successfully performed through surgical intervention.

3. Operative Note - Soft Tissue Flap Reconstruction Surgery: Following a traumatic injury resulting in soft tissue loss, surgical intervention involved flap reconstruction. A local or regional flap was designed and elevated to cover the defect. Vascular anastomosis was performed to ensure adequate blood supply. The flap was meticulously sutured into place. Hemostasis was achieved using electrocautery and ligatures. The patient's soft tissue defect was effectively reconstructed through flap surgery.

4. Operative Note - Soft Tissue Release Surgery: A 4 cm incision was made over the area with restricted soft tissue mobility. Surgical intervention involved releasing the tight soft tissue structures to improve range of motion. Meticulous dissection and careful release of adhesions were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue mobility was successfully improved through surgical intervention.

5. Operative Note - Soft Tissue Excision and Resurfacing Surgery: A 6 cm incision was made over the area of soft tissue abnormality. Surgical intervention involved the excision of the abnormal tissue followed by resurfacing with healthy tissue. Meticulous dissection and excision were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue abnormality was successfully addressed through surgical excision and resurfacing.

6. Operative Note - Soft Tissue Repair with Surgical Intervention: Following a traumatic injury, a 3 cm laceration in the soft tissue required surgical intervention for repair. Surgical intervention involved meticulous wound exploration, debridement, and layered closure using non-absorbable sutures. Hemostasis was achieved using electrocautery and ligatures. The wound was dressed with sterile dressings. The patient's soft tissue laceration was successfully repaired through surgical intervention.

7. Operative Note - Soft Tissue Recession Surgery: A 2 cm incision was made over the area with excessive soft tissue bulk. Surgical intervention involved the removal of excess tissue to achieve a more balanced contour. Meticulous dissection and tissue excision were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue recession was successfully achieved through surgical intervention.

8. Operative Note - Soft Tissue Suture Removal: Following a previous surgical procedure, surgical intervention involved the removal of non-absorbable sutures from the soft tissue. The sutures were carefully located and removed using sterile instruments. Hemostasis was ensured, and the wound was inspected for any signs of infection or complications. The patient's soft tissue sutures were successfully removed through surgical intervention.

9. Operative Note - Soft Tissue Scar Revision Surgery: A 4 cm incision was made over the scarred soft tissue. Surgical intervention involved revising the scar to improve its appearance and functionality. Meticulous dissection and scar tissue excision were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue scar was successfully revised through surgical intervention.

10. Operative Note - Soft Tissue Reduction Surgery: Following a diagnosis of soft tissue hypertrophy, surgical intervention involved reducing the excessive tissue volume. Meticulous dissection and tissue excision were performed to achieve the desired reduction. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's soft tissue hypertrophy was successfully managed through surgical reduction.

1. Operative Note - Soft Tissue Debridement for Severe Joint Infection: A 5 cm incision was made to access the soft tissue surrounding the extreme moving joint with severe infection. Surgical intervention involved extensive debridement of necrotic and infected tissue, ensuring thorough cleansing of the joint space. Copious irrigation with antiseptic solution was performed. The wound was left open for subsequent wound care. The patient's severe joint infection was addressed through surgical debridement.

2. Operative Note - Soft Tissue Abscess Drainage with Severe Joint Infection: Following administration of local anesthesia, a 4 cm incision was made over the area of soft tissue abscess adjacent to the extreme moving joint with severe infection. Surgical intervention involved careful drainage of the abscess, ensuring complete removal of purulent material. Copious irrigation with antiseptic solution was done. A drain was inserted and secured. The wound was left open for further management. The patient's severe joint infection and abscess were effectively addressed through surgical drainage.

3. Operative Note - Soft Tissue Necrotizing Fasciitis Debridement with Severe Joint Infection: Extensive debridement was performed to remove necrotic fascial tissue surrounding the extreme moving joint with severe infection. Surgical intervention involved meticulous dissection and removal of infected tissue, including exploration of the joint space. Copious irrigation with antiseptic solution was performed. Hemostasis was achieved using electrocautery and ligatures. The wound was left open for subsequent wound care. The patient's severe joint infection and necrotizing fasciitis were managed through surgical debridement.

4. Operative Note - Soft Tissue Sinus Tract Excision with Severe Joint Infection: A sinus tract was identified over the soft tissue near the extreme moving joint with severe infection. Surgical intervention involved excising the sinus tract, ensuring complete removal and exploration of the underlying joint structures. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and ligatures. The wound was left open for further management. The patient's severe joint infection and sinus tract were successfully addressed through surgical excision.

5. Operative Note - Soft Tissue Flap Reconstruction for Severe Joint Infection: Following a severe joint infection resulting in soft tissue loss, surgical intervention involved flap reconstruction. A regional or microvascular flap was designed and elevated to cover the defect, including the joint area. Vascular anastomosis was performed to ensure adequate blood supply. The flap was meticulously sutured into place. Hemostasis was achieved using electrocautery and ligatures. The patient's severe joint infection and soft tissue defect were effectively managed through surgical flap reconstruction.

6. Operative Note - Soft Tissue Biopsy for Severe Joint Infection: A 3 cm incision was made over the soft tissue adjacent to the extreme moving joint with severe infection. Surgical intervention involved obtaining a biopsy sample for culture and sensitivity analysis. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and ligatures. The incision was closed with absorbable sutures. The patient's severe joint infection was further investigated through surgical biopsy.

7. Operative Note - Soft Tissue Elevation and Drainage for Severe Joint Infection: A 6 cm incision was made to access the soft tissue with severe infection surrounding the extreme moving joint. Surgical intervention involved careful elevation of the affected soft tissue and subsequent drainage of purulent material. Copious irrigation with antiseptic solution was performed. Hemostasis was achieved using electrocautery and ligatures. The wound was left open for subsequent wound care. The patient's severe joint infection and soft tissue abscess were addressed through surgical elevation and drainage.

8. Operative Note - Soft Tissue Cyst Excision with Severe Joint Infection: A cyst was identified over the soft tissue near the extreme moving joint with severe infection. Surgical intervention involved excising the cyst, ensuring complete removal and exploration of the joint space. Copious irrigation with antiseptic solution was done. Hemostasis was achieved using electrocautery and ligatures. The wound was left open for further management. The patient's severe joint infection and cyst were successfully addressed through surgical excision.

9. Operative Note - Soft Tissue Washout for Severe Joint Infection: Following administration of local anesthesia, a 4 cm incision was made over the soft tissue surrounding the extreme moving joint with severe infection. Surgical intervention involved thorough washout of the infected soft tissue and joint space using a sterile solution. Copious irrigation was performed to flush out debris and bacteria. Hemostasis was achieved using electrocautery and ligatures. The wound was left open for subsequent wound care. The patient's severe joint infection was managed through surgical washout.

10. Operative Note - Soft Tissue Reconstruction with Severe Joint Infection: After controlling the severe joint infection, surgical intervention involved soft tissue reconstruction. A local or regional flap was designed and elevated to cover the defect, including the joint area. Vascular anastomosis was performed to ensure adequate blood supply. The flap was meticulously sutured into place. Hemostasis was achieved using electrocautery and ligatures. The patient's severe joint infection and soft tissue defect were successfully managed through surgical reconstruction.

1. Operative Note - Soft Tissue Debridement for Inflammatory Lesion: A 5 cm incision was made to access the inflamed soft tissue lesion. Surgical intervention involved meticulous debridement of necrotic and inflamed tissue, ensuring complete removal. Copious irrigation with sterile saline was performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's inflammatory lesion was effectively addressed through surgical debridement.

2. Operative Note - Soft Tissue Biopsy for Inflammatory Disorder: A 3 cm incision was made over the area affected by the inflammatory disorder. Surgical intervention involved obtaining a biopsy sample for histopathological analysis. Hemostasis was achieved using electrocautery and ligatures. The incision was closed with absorbable sutures. The patient's inflammatory disorder was investigated through surgical biopsy.

3. Operative Note - Soft Tissue Excision for Severe Inflammation: A 6 cm incision was made to access the soft tissue with severe inflammation. Surgical intervention involved excising the inflamed tissue, ensuring clear margins. Hemostasis was achieved using bipolar electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's severe inflammation was effectively managed through surgical excision.

4. Operative Note - Soft Tissue Flap Reconstruction for Inflammatory Defect: Following inflammation-induced tissue loss, surgical intervention involved flap reconstruction. A local or regional flap was designed and elevated to cover the defect caused by inflammation. The flap was meticulously sutured into place, and hemostasis was achieved using electrocautery and ligatures. The patient's inflammatory defect was successfully addressed through surgical flap reconstruction.

5. Operative Note - Soft Tissue Release for Inflammatory Contracture: A 4 cm incision was made over the area with inflammatory contracture. Surgical intervention involved releasing the tight soft tissue structures to restore mobility. Meticulous dissection and careful release of adhesions were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's inflammatory contracture was successfully managed through surgical release.

6. Operative Note - Soft Tissue Washout for Acute Inflammation: Following administration of local anesthesia, a 4 cm incision was made over the acutely inflamed soft tissue. Surgical intervention involved thorough washout of the inflamed tissue using a sterile solution. Copious irrigation was performed to reduce inflammation and remove debris. Hemostasis was achieved using electrocautery and ligatures. The wound was left open for subsequent wound care. The patient's acute inflammation was managed through surgical washout.

7. Operative Note - Soft Tissue Reduction Surgery for Chronic Inflammation: A 5 cm incision was made over the area affected by chronic inflammation. Surgical intervention involved reducing the excessive soft tissue bulk to alleviate chronic inflammatory symptoms. Meticulous dissection and tissue excision were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's chronic inflammation was successfully addressed through surgical reduction.

8. Operative Note - Soft Tissue Resurfacing for Inflammatory Ulcer: Following inflammation-induced ulceration, surgical intervention involved resurfacing the ulcerated soft tissue. Debridement of necrotic tissue was performed, and the healthy tissue was prepared for resurfacing. A graft or flap was meticulously sutured into place, ensuring adequate blood supply. Hemostasis was achieved using electrocautery and ligatures. The patient's inflammatory ulcer was effectively managed through surgical resurfacing.

9. Operative Note - Soft Tissue Revision Surgery for Inflammatory Scarring: A 3 cm incision was made over the area of inflammatory scarring. Surgical intervention involved revising the scar to improve its appearance and functionality. Meticulous dissection and scar tissue excision were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's inflammatory scarring was successfully revised through surgical intervention.

10. Operative Note - Soft Tissue Repair for Inflammatory Laceration: Following a traumatic injury with associated inflammation, surgical intervention involved repairing the soft tissue laceration. Meticulous wound exploration, debridement, and layered closure using non-absorbable sutures were performed. Hemostasis was achieved using electrocautery and ligatures. The wound was dressed with sterile dressings. The patient's inflammatory laceration was successfully repaired through surgical intervention.

1. Operative Note - Soft Tissue Excision for Severe Lesion: A 5 cm incision was made over the site of the severe soft tissue lesion. Surgical intervention involved meticulous excision of the lesion, ensuring clear margins. Hemostasis was achieved using electrocautery and ligatures. The wound was closed in layers with absorbable sutures. The patient's postoperative follow-up will depend on the histopathological analysis of the excised tissue and the severity of the diagnosis.

2. Operative Note - Soft Tissue Debridement for Extensive Infection: Following a thorough debridement of extensive soft tissue infection, the wound was irrigated with antiseptic solution and left open for further management. The patient's postoperative follow-up will depend on the response to the debridement, resolution of infection, and the severity of any underlying conditions.

3. Operative Note - Soft Tissue Reconstruction for Severe Defect: A regional or microvascular flap was used to reconstruct the severe soft tissue defect. The flap was meticulously sutured into place, ensuring adequate blood supply. The patient's postoperative follow-up will depend on the successful integration of the flap, wound healing progress, and the severity of any associated complications.

4. Operative Note - Soft Tissue Biopsy for Suspicious Malignancy: A biopsy sample was obtained from the soft tissue suspected of malignancy. The patient's postoperative follow-up will depend on the histopathological analysis results, which will determine the severity of the diagnosis and guide further management and treatment options.

5. Operative Note - Soft Tissue Reduction for Chronic Overuse Syndrome: Surgical intervention involved reducing the excessive soft tissue bulk caused by chronic overuse syndrome. The patient's postoperative follow-up will depend on the resolution of symptoms, functional improvement, and the severity of any residual symptoms or complications.

6. Operative Note - Soft Tissue Revision for Recurrent Hernia: Surgical intervention involved revising the recurrent soft tissue hernia. The patient's postoperative follow-up will depend on the successful repair, resolution of symptoms, and the severity of any complications or recurrences.

7. Operative Note - Soft Tissue Release for Severe Contracture: Surgical intervention involved releasing the severe soft tissue contracture. The patient's postoperative follow-up will depend on the restoration of range of motion, functional improvement, and the severity of any residual contracture or complications.

8. Operative Note - Soft Tissue Repair for Traumatic Avulsion: Surgical intervention involved repairing the traumatic soft tissue avulsion. The patient's postoperative follow-up will depend on the successful reattachment of the avulsed tissue, wound healing progress, and the severity of any associated injuries or complications.

9. Operative Note - Soft Tissue Reconstruction for Extensive Skin Loss: Surgical intervention involved reconstructing the soft tissue with extensive skin loss. The patient's postoperative follow-up will depend on the successful integration of the reconstruction, wound healing progress, and the severity of any complications or additional treatments required.

10. Operative Note - Soft Tissue Resurfacing for Chronic Ulcer: Surgical intervention involved resurfacing the chronic soft tissue ulcer. The patient's postoperative follow-up will depend on the successful healing of the ulcer, resolution of symptoms, and the severity of any residual ulceration or complications.

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## M70.9 Unspecified soft tissue disorder related to use, overuse and pressure

Operative Note 1: Patient underwent exploratory surgery for an unspecified soft tissue disorder. A midline incision was made, and the soft tissue was dissected to expose the affected area. The diseased tissue was excised, and hemostasis was achieved. The wound was irrigated and closed in layers. The specimen was sent for histopathological analysis. The patient tolerated the procedure well, and no immediate complications were observed.

Operative Note 2: Surgical intervention was performed for an unspecified soft tissue disorder. A lateral approach was used to access the affected site. The diseased tissue was meticulously excised, ensuring clear margins. Hemostasis was achieved using electrocautery. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for further evaluation. The patient's postoperative recovery was uneventful.

Operative Note 3: An unspecified soft tissue disorder necessitated surgical intervention. An oblique incision was made to expose the affected area. The diseased tissue was excised, and meticulous hemostasis was obtained. Closure was performed in layers after thorough irrigation. A drain was placed to prevent fluid accumulation. The excised tissue was sent for pathological analysis. The patient's postoperative course was uncomplicated.

Operative Note 4: For an unspecified soft tissue disorder, the patient underwent surgical treatment. A transverse incision was made to access the affected site. Careful dissection allowed exposure of the diseased tissue. The affected tissue was excised, ensuring clear margins. Hemostasis was achieved using sutures and electrocautery. The wound was closed layer by layer and dressed appropriately. The patient's recovery was satisfactory without any immediate complications.

Operative Note 5: Surgical intervention was performed to address an unspecified soft tissue disorder. A vertical incision was made to gain access to the affected area. The diseased tissue was excised meticulously, ensuring complete removal. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated and closed in layers. The specimen was submitted for histopathological analysis. The patient tolerated the procedure well, and no immediate postoperative issues were noted.

Operative Note 6: An unspecified soft tissue disorder prompted surgical intervention. A curvilinear incision was made to expose the affected region. The diseased tissue was excised with clear margins. Hemostasis was achieved using electrocautery and local hemostatic agents. The wound was irrigated thoroughly and closed meticulously in layers. The excised tissue was sent for pathological examination. The patient's recovery was uneventful without any immediate complications.

Operative Note 7: Patient underwent surgical intervention for an unspecified soft tissue disorder. An elliptical incision was made, allowing exposure of the affected area. The diseased tissue was meticulously excised, ensuring complete removal. Hemostasis was achieved using sutures and hemostatic agents. The wound was irrigated and closed layer by layer. The specimen was sent for histopathological evaluation. The patient's immediate postoperative period was unremarkable.

Operative Note 8: For an unspecified soft tissue disorder, surgical intervention was performed. A longitudinal incision was made, providing access to the affected region. The diseased tissue was excised with clear margins, ensuring complete removal. Hemostasis was achieved using sutures and bipolar cautery. The wound was thoroughly irrigated and closed in layers. The excised tissue was submitted for further analysis. The patient's recovery was smooth without any immediate complications.

Operative Note 9: Surgical intervention was performed to address an unspecified soft tissue disorder. A transverse curved incision was made to expose the affected area. The diseased tissue was meticulously excised, ensuring complete clearance. Hemostasis was achieved using bipolar cautery and sutures. The wound was irrigated and closed in layers. The excised tissue was sent for histopathological examination. The patient tolerated the procedure well, with no immediate postoperative issues.

Operative Note 10: An unspecified soft tissue disorder necessitated surgical intervention. A paramedian incision was made to access the affected region. The diseased tissue was excised meticulously, ensuring clear margins. Hemostasis was achieved using electrocautery and sutures. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for further analysis. The patient's immediate postoperative course was uneventful.

Operative Note 11: Patient underwent surgical intervention for an unspecified soft tissue disorder. A curvilinear incision was made to expose the affected area. The diseased tissue was excised meticulously, ensuring complete removal. Hemostasis was achieved using electrocautery and ligatures. The wound was irrigated and closed in layers. The excised tissue was sent for histopathological analysis. The patient's immediate postoperative recovery was uncomplicated, with no signs of complications.

Operative Note 12: Surgical treatment was performed for an unspecified soft tissue disorder. An oblique incision was made to access the affected site. The diseased tissue was carefully excised, ensuring negative margins. Hemostasis was achieved using bipolar cautery and sutures. The wound was irrigated and closed layer by layer. The excised tissue was sent for pathological examination. The patient tolerated the procedure well, and no immediate postoperative issues were observed.

Operative Note 13: An unspecified soft tissue disorder required surgical intervention. A midline vertical incision was made to expose the affected area. The diseased tissue was meticulously excised with clear margins. Hemostasis was achieved using electrocautery and hemostatic agents. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for histopathological evaluation. The patient's immediate recovery was uneventful, without any complications.

Operative Note 14: Surgical intervention was performed for an unspecified soft tissue disorder. A transverse curved incision was made, providing access to the affected region. The diseased tissue was excised meticulously, ensuring complete removal. Hemostasis was achieved using bipolar cautery and sutures. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was smooth without any immediate complications.

Operative Note 15: For an unspecified soft tissue disorder, surgical intervention was performed. A medial incision was made to access the affected site. The diseased tissue was excised meticulously with clear margins. Hemostasis was achieved using bipolar cautery and ligatures. The wound was irrigated and closed layer by layer. The excised tissue was submitted for histopathological examination. The patient's immediate postoperative period was unremarkable.

Operative Note 16: An unspecified soft tissue disorder necessitated surgical intervention. A transverse incision was made, allowing exposure of the affected area. The diseased tissue was meticulously excised, ensuring complete removal. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated and closed in layers. The excised tissue was sent for histopathological evaluation. The patient's immediate postoperative course was uneventful.

Operative Note 17: Patient underwent surgical intervention for an unspecified soft tissue disorder. A paramedian incision was made to access the affected region. The diseased tissue was meticulously excised with clear margins. Hemostasis was achieved using bipolar cautery and ligatures. The wound was thoroughly irrigated and closed layer by layer. The excised tissue was sent for histopathological analysis. The patient tolerated the procedure well, with no immediate postoperative complications.

Operative Note 18: Surgical intervention was performed to address an unspecified soft tissue disorder. A curvilinear incision was made to expose the affected area. The diseased tissue was excised meticulously, ensuring complete removal. Hemostasis was achieved using sutures and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for pathological examination. The patient's recovery was uneventful without any immediate complications.

Operative Note 19: For an unspecified soft tissue disorder, surgical intervention was performed. An oblique incision was made to gain access to the affected site. The diseased tissue was meticulously excised, ensuring clear margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was thoroughly irrigated and closed layer by layer. The excised tissue was submitted for further analysis. The patient's recovery was satisfactory without any immediate complications.

Operative Note 20: Surgical intervention was performed to address an unspecified soft tissue disorder. A longitudinal incision was made, providing access to the affected region. The diseased tissue was excised with clear margins, ensuring complete removal. Hemostasis was achieved using sutures and electrocautery. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for histopathological examination. The patient tolerated the procedure well, and no immediate postoperative issues were noted.

Operative Note 21: Patient underwent surgical intervention for an unspecified soft tissue disorder. Under general anesthesia with endotracheal intubation, a midline incision was made to expose the affected area. The diseased tissue was meticulously excised, ensuring clear margins. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated and closed in layers. The excised tissue was sent for histopathological analysis. The patient's postoperative recovery was uneventful with appropriate anesthesia dosage.

Operative Note 22: Surgical treatment was performed for an unspecified soft tissue disorder. The patient received regional anesthesia via a nerve block. A curvilinear incision was made to access the affected site. The diseased tissue was carefully excised with clear margins. Hemostasis was achieved using bipolar cautery and sutures. The wound was irrigated and closed layer by layer. The excised tissue was sent for pathological examination. The patient's immediate postoperative course was uneventful with the appropriate anesthesia dosage.

Operative Note 23: An unspecified soft tissue disorder required surgical intervention. The patient received conscious sedation and local anesthesia. An oblique incision was made to expose the affected region. The diseased tissue was meticulously excised, ensuring complete removal. Hemostasis was achieved using electrocautery and local hemostatic agents. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for histopathological evaluation. The patient's recovery was uneventful with appropriate anesthesia dosage.

Operative Note 24: Surgical intervention was performed for an unspecified soft tissue disorder. The patient received general anesthesia with balanced anesthesia techniques. A transverse incision was made, providing access to the affected region. The diseased tissue was excised meticulously, ensuring complete removal. Hemostasis was achieved using bipolar cautery and sutures. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was smooth without any immediate complications and appropriate anesthesia dosage.

Operative Note 25: For an unspecified soft tissue disorder, surgical intervention was performed. The patient received spinal anesthesia. A medial incision was made to access the affected site. The diseased tissue was excised meticulously with clear margins. Hemostasis was achieved using bipolar cautery and ligatures. The wound was irrigated and closed layer by layer. The excised tissue was submitted for histopathological examination. The patient's immediate postoperative period was unremarkable with appropriate anesthesia dosage.

Operative Note 26: An unspecified soft tissue disorder necessitated surgical intervention. The patient received local anesthesia with sedation. A paramedian incision was made to access the affected region. The diseased tissue was meticulously excised with clear margins. Hemostasis was achieved using bipolar cautery and ligatures. The wound was thoroughly irrigated and closed layer by layer. The excised tissue was sent for histopathological analysis. The patient tolerated the procedure well, with no immediate postoperative complications and appropriate anesthesia dosage.

Operative Note 27: Patient underwent surgical intervention for an unspecified soft tissue disorder. General anesthesia was administered via inhalation. A curvilinear incision was made to expose the affected area. The diseased tissue was excised meticulously, ensuring complete removal. Hemostasis was achieved using sutures and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for histopathological evaluation. The patient's recovery was uneventful without any immediate complications and appropriate anesthesia dosage.

Operative Note 28: Surgical intervention was performed to address an unspecified soft tissue disorder. The patient received regional anesthesia via epidural block. A transverse curved incision was made to expose the affected area. The diseased tissue was meticulously excised, ensuring complete clearance. Hemostasis was achieved using bipolar cautery and sutures. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was satisfactory without any immediate complications and appropriate anesthesia dosage.

Operative Note 29: For an unspecified soft tissue disorder, surgical intervention was performed. The patient received local anesthesia with intravenous sedation. An oblique incision was made to gain access to the affected site. The diseased tissue was excised meticulously, ensuring clear margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated and closed in layers. The excised tissue was sent for pathological examination. The patient's recovery was smooth without any immediate complications and appropriate anesthesia dosage.

Operative Note 30: Surgical intervention was performed to address an unspecified soft tissue disorder. The patient received general anesthesia with total intravenous anesthesia (TIVA). A longitudinal incision was made, providing access to the affected region. The diseased tissue was excised with clear margins, ensuring complete removal. Hemostasis was achieved using sutures and electrocautery. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for histopathological examination. The patient tolerated the procedure well, and no immediate postoperative issues were noted with appropriate anesthesia dosage.

Operative Note 31: Patient underwent surgical intervention for an unspecified soft tissue disorder with associated bone erosion. A midline incision was made to expose the affected area. Significant bone erosion was noted, and thorough debridement of the affected bone was performed. The diseased soft tissue was excised, ensuring clear margins. Hemostasis was achieved using electrocautery and bone wax. The wound was irrigated and closed in layers. The excised tissue and bone fragments were sent for histopathological analysis. The patient's immediate postoperative course was uneventful.

Operative Note 32: Surgical treatment was performed for an unspecified soft tissue disorder with bone erosion. Under general anesthesia, a lateral approach was used to access the affected site. Extensive bone erosion was observed, requiring meticulous debridement. The diseased tissue was excised with clear margins, and the affected bone was smoothed. Hemostasis was achieved using electrocautery and bone substitutes. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for pathological examination. The patient's recovery was satisfactory without any immediate complications.

Operative Note 33: An unspecified soft tissue disorder with bone erosion necessitated surgical intervention. A transverse incision was made to expose the affected region. Extensive bone erosion was noted, requiring careful debridement. The diseased tissue was excised meticulously, ensuring clear margins. Hemostasis was achieved using bone wax and electrocautery. The wound was irrigated thoroughly and closed layer by layer. The excised tissue and bone fragments were sent for histopathological evaluation. The patient tolerated the procedure well, with appropriate measures taken for bone erosion.

Operative Note 34: Surgical intervention was performed to address an unspecified soft tissue disorder with bone erosion. A paramedian incision was made to access the affected area. Severe bone erosion was observed, necessitating meticulous debridement. The diseased tissue was excised with clear margins, and the eroded bone surfaces were smoothed. Hemostasis was achieved using bone substitutes and sutures. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for further analysis. The patient's recovery was uneventful with appropriate measures taken for bone erosion.

Operative Note 35: For an unspecified soft tissue disorder with bone erosion, surgical intervention was performed. A curvilinear incision was made to expose the affected area. Extensive bone erosion was noted, necessitating thorough debridement. The diseased tissue was meticulously excised with clear margins, and the eroded bone was reshaped and smoothed. Hemostasis was achieved using bone wax and electrocautery. The wound was irrigated and closed layer by layer. The excised tissue and bone fragments were submitted for histopathological examination. The patient's immediate postoperative course was unremarkable, with appropriate measures taken for bone erosion.

Operative Note 36: An unspecified soft tissue disorder with bone erosion prompted surgical intervention. Under general anesthesia, a vertical incision was made to access the affected region. Significant bone erosion was observed and thoroughly debrided. The diseased tissue was excised meticulously, ensuring negative margins. Hemostasis was achieved using bone substitutes and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for pathological analysis. The patient tolerated the procedure well, with appropriate management of bone erosion.

Operative Note 37: Patient underwent surgical intervention for an unspecified soft tissue disorder with associated bone erosion. The surgical approach involved a transverse curved incision to expose the affected area. Extensive bone erosion was encountered, necessitating meticulous debridement. The diseased tissue was excised with clear margins, and the eroded bone surfaces were smoothed. Hemostasis was achieved using bone wax and sutures. The wound was thoroughly irrigated and closed in layers. The excised tissue and bone fragments were sent for further analysis. The patient's recovery was uneventful, with appropriate measures taken for bone erosion.

Operative Note 38: Surgical intervention was performed to address an unspecified soft tissue disorder with bone erosion. The patient received general anesthesia. A medial incision was made to access the affected site. Severe bone erosion was observed, necessitating meticulous debridement. The diseased tissue was excised with clear margins, and the eroded bone surfaces were reshaped. Hemostasis was achieved using bone substitutes and electrocautery. The wound was irrigated and closed layer by layer. The excised tissue and bone fragments were sent for histopathological examination. The patient's immediate postoperative course was unremarkable, with appropriate management of bone erosion.

Operative Note 39: For an unspecified soft tissue disorder with bone erosion, surgical intervention was performed. The patient received regional anesthesia via nerve block. An oblique incision was made to expose the affected region. Extensive bone erosion was noted, necessitating thorough debridement. The diseased tissue was meticulously excised with clear margins, and the eroded bone surfaces were smoothed. Hemostasis was achieved using bone wax and bipolar cautery. The wound was irrigated and closed in layers. The excised tissue and bone fragments were submitted for histopathological evaluation. The patient's recovery was uneventful, with appropriate measures taken for bone erosion.

Operative Note 40: An unspecified soft tissue disorder with bone erosion necessitated surgical intervention. The patient received general anesthesia with endotracheal intubation. A paramedian incision was made to access the affected region. Significant bone erosion was observed, requiring meticulous debridement. The diseased tissue was excised with clear margins, and the eroded bone was reshaped. Hemostasis was achieved using bone substitutes and sutures. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for further analysis. The patient's recovery was satisfactory, with appropriate measures taken for bone erosion.

Operative Note 41: Patient underwent surgical intervention for an unspecified soft tissue disorder with severe bone pain. A midline incision was made to expose the affected area. Extensive bone erosion and necrosis were noted, contributing to the severe pain. Thorough debridement of the diseased tissue and eroded bone was performed. Hemostasis was achieved using bone wax and electrocautery. The wound was irrigated and closed in layers. The excised tissue and bone fragments were sent for histopathological analysis. The patient's immediate postoperative course showed relief from severe bone pain.

Operative Note 42: Surgical treatment was performed for an unspecified soft tissue disorder with severe bone pain. Under general anesthesia, a lateral approach was used to access the affected site. Severe bone erosion and inflammation were observed, contributing to the patient's pain. Meticulous debridement of the diseased tissue and eroded bone was carried out. Hemostasis was achieved using bone substitutes and sutures. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for pathological examination. The patient experienced significant relief from severe bone pain postoperatively.

Operative Note 43: An unspecified soft tissue disorder with severe bone pain necessitated surgical intervention. A transverse incision was made to expose the affected region. Extensive bone erosion and associated nerve compression were noted, contributing to the severe pain. The diseased tissue was meticulously excised with clear margins, and the eroded bone surfaces were smoothed. Hemostasis was achieved using bone wax and bipolar cautery. The wound was irrigated and closed layer by layer. The excised tissue and bone fragments were sent for histopathological evaluation. The patient's recovery was satisfactory, with significant relief from severe bone pain.

Operative Note 44: Surgical intervention was performed to address an unspecified soft tissue disorder with severe bone pain. A paramedian incision was made to access the affected area. Severe bone erosion and inflammation were observed, causing debilitating pain for the patient. Thorough debridement of the diseased tissue and eroded bone was performed. Hemostasis was achieved using bone substitutes and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for further analysis. The patient experienced significant relief from severe bone pain postoperatively.

Operative Note 45: For an unspecified soft tissue disorder with severe bone pain, surgical intervention was performed. A curvilinear incision was made to expose the affected area. Severe bone erosion and necrosis were noted, contributing to the intense pain experienced by the patient. Meticulous debridement of the diseased tissue and eroded bone was carried out. Hemostasis was achieved using bone wax and sutures. The wound was irrigated and closed layer by layer. The excised tissue and bone fragments were submitted for histopathological examination. The patient reported significant relief from severe bone pain following the surgery.

Operative Note 46: An unspecified soft tissue disorder with severe bone pain prompted surgical intervention. The patient received general anesthesia with total intravenous anesthesia (TIVA). A longitudinal incision was made to access the affected region. Severe bone erosion and associated nerve compression were observed, contributing to the severe pain. The diseased tissue was excised with clear margins, and the eroded bone was reshaped. Hemostasis was achieved using bone substitutes and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for histopathological examination. The patient's immediate postoperative course showed significant relief from severe bone pain.

Operative Note 47: Patient underwent surgical intervention for an unspecified soft tissue disorder with severe bone pain. General anesthesia was administered via inhalation. A vertical incision was made to expose the affected area. Severe bone erosion and necrosis were noted, causing significant pain for the patient. Thorough debridement of the diseased tissue and eroded bone was performed. Hemostasis was achieved using bone wax and sutures. The wound was irrigated thoroughly and closed in layers. The excised tissue and bone fragments were sent for further analysis. The patient experienced substantial relief from severe bone pain following the surgery.

Operative Note 48: Surgical intervention was performed to address an unspecified soft tissue disorder with severe bone pain. The patient received regional anesthesia via epidural block. An oblique incision was made to expose the affected region. Severe bone erosion and associated nerve compression were observed, contributing to the severe pain. The diseased tissue was meticulously excised with clear margins, and the eroded bone surfaces were smoothed. Hemostasis was achieved using bone wax and bipolar cautery. The wound was irrigated and closed in layers. The excised tissue and bone fragments were sent for histopathological evaluation. The patient experienced significant relief from severe bone pain postoperatively.

Operative Note 49: For an unspecified soft tissue disorder with severe bone pain, surgical intervention was performed. The patient received local anesthesia with intravenous sedation. A medial incision was made to access the affected region. Severe bone erosion and inflammation were noted, causing intense pain for the patient. Meticulous debridement of the diseased tissue and eroded bone was carried out. Hemostasis was achieved using bone substitutes and sutures. The wound was irrigated and closed in layers. The excised tissue and bone fragments were sent for pathological examination. The patient reported substantial relief from severe bone pain following the surgery.

Operative Note 50: An unspecified soft tissue disorder with severe bone pain necessitated surgical intervention. The patient received general anesthesia with endotracheal intubation. A transverse curved incision was made to expose the affected area. Severe bone erosion and necrosis were observed, contributing to the severe pain experienced by the patient. The diseased tissue was excised with clear margins, and the eroded bone surfaces were reshaped. Hemostasis was achieved using bone wax and electrocautery. The wound was irrigated and closed layer by layer. The excised tissue and bone fragments were sent for further analysis. The patient's immediate postoperative course showed significant relief from severe bone pain.

Operative Note 51: A surgical intervention was performed for the management of an unspecified soft tissue disorder. The patient received general anesthesia. A midline incision was made to access the affected area. Thorough exploration revealed extensive soft tissue involvement. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated and closed in layers. The excised tissue was sent for pathological examination. The patient's immediate postoperative course was unremarkable with appropriate measures taken during the surgical intervention.

Operative Note 52: Surgical intervention was undertaken to address an unspecified soft tissue disorder. The patient received regional anesthesia. A longitudinal incision was made to expose the affected region. The diseased soft tissue was meticulously excised, ensuring negative margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was satisfactory without any immediate complications, and the surgical intervention was successful in addressing the soft tissue disorder.

Operative Note 53: For the treatment of an unspecified soft tissue disorder, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. An oblique incision was made to expose the affected area. Thorough exploration revealed extensive involvement of the soft tissue. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for histopathological examination. The patient's immediate postoperative course was uneventful, and the surgical intervention effectively addressed the soft tissue disorder.

Operative Note 54: Surgical intervention was carried out to address an unspecified soft tissue disorder. The patient received local anesthesia with intravenous sedation. A transverse incision was made to access the affected region. Thorough exploration revealed extensive involvement of the soft tissue. The diseased tissue was meticulously excised with clear margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was thoroughly irrigated and closed layer by layer. The excised tissue was sent for pathological examination. The patient tolerated the procedure well, and the surgical intervention successfully treated the soft tissue disorder.

Operative Note 55: An unspecified soft tissue disorder necessitated a surgical intervention. The patient received general anesthesia with total intravenous anesthesia (TIVA). A paramedian incision was made to expose the affected area. Thorough exploration revealed extensive involvement of the soft tissue. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using sutures and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was unremarkable, and the surgical intervention effectively addressed the soft tissue disorder.

Operative Note 56: For the management of an unspecified soft tissue disorder, a surgical intervention was performed. The patient received general anesthesia. A curvilinear incision was made to access the affected region. Thorough exploration revealed extensive involvement of the soft tissue. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated thoroughly and closed layer by layer. The excised tissue was sent for histopathological examination. The patient's immediate postoperative course was uncomplicated, and the surgical intervention effectively treated the soft tissue disorder.

Operative Note 57: Surgical intervention was performed for the treatment of an unspecified soft tissue disorder. The patient received regional anesthesia via nerve block. A medial incision was made to expose the affected area. Thorough exploration revealed extensive involvement of the soft tissue. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated and closed in layers. The excised tissue was sent for pathological examination. The patient's recovery was uneventful, and the surgical intervention successfully managed the soft tissue disorder.

Operative Note 58: An unspecified soft tissue disorder necessitated a surgical intervention. The patient received general anesthesia with endotracheal intubation. A transverse curved incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for further analysis. The patient's immediate postoperative course was unremarkable, and the surgical intervention effectively treated the soft tissue disorder.

Operative Note 59: For the management of an unspecified soft tissue disorder, a surgical intervention was performed. The patient received general anesthesia. A paramedian incision was made to access the affected region. Thorough exploration revealed extensive involvement of the soft tissue. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using sutures and electrocautery. The wound was irrigated thoroughly and closed layer by layer. The excised tissue was sent for histopathological examination. The patient's recovery was satisfactory, and the surgical intervention effectively addressed the soft tissue disorder.

Operative Note 60: Surgical intervention was performed to address an unspecified soft tissue disorder. The patient received local anesthesia with intravenous sedation. An oblique incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for pathological examination. The patient's immediate postoperative course was uneventful, and the surgical intervention successfully treated the soft tissue disorder.

Operative Note 61: A surgical intervention was performed to address an unspecified soft tissue disorder. The patient received general anesthesia. A midline incision was made to access the affected area. Thorough exploration revealed extensive involvement of the soft tissue with deep-seated structures. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using electrocautery and sutures. The wound was thoroughly irrigated and closed in layers. The excised tissue was sent for histopathological examination. The patient's immediate postoperative course was uneventful, and the surgical intervention effectively managed the soft tissue disorder.

Operative Note 62: Surgical intervention was undertaken for the treatment of an unspecified soft tissue disorder. The patient received regional anesthesia. A longitudinal incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue with adjacent structures. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was satisfactory without any immediate complications, and the surgical intervention successfully addressed the soft tissue disorder.

Operative Note 63: For the management of an unspecified soft tissue disorder, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. An oblique incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue with underlying structures. Meticulous excision of the diseased tissue was carried out, ensuring clear margins. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated thoroughly and closed layer by layer. The excised tissue was sent for histopathological examination. The patient's immediate postoperative course was unremarkable, and the surgical intervention effectively treated the soft tissue disorder.

Operative Note 64: Surgical intervention was performed to address an unspecified soft tissue disorder. The patient received local anesthesia with intravenous sedation. A transverse incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue with surrounding structures. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for pathological examination. The patient tolerated the procedure well, and the surgical intervention successfully managed the soft tissue disorder.

Operative Note 65: An unspecified soft tissue disorder necessitated a surgical intervention. The patient received general anesthesia with total intravenous anesthesia (TIVA). A paramedian incision was made to access the affected area. Thorough exploration revealed extensive involvement of the soft tissue with deep-seated structures. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using sutures and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was unremarkable, and the surgical intervention effectively addressed the soft tissue disorder.

Operative Note 66: For the management of an unspecified soft tissue disorder, a surgical intervention was performed. The patient received regional anesthesia via nerve block. A medial incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue with adjacent structures. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated and closed in layers. The excised tissue was sent for histopathological examination. The patient's recovery was uneventful, and the surgical intervention effectively managed the soft tissue disorder.

Operative Note 67: Surgical intervention was performed to address an unspecified soft tissue disorder. The patient received general anesthesia. A curvilinear incision was made to access the affected area. Thorough exploration revealed extensive involvement of the soft tissue with underlying structures. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using electrocautery and sutures. The wound was irrigated thoroughly and closed layer by layer. The excised tissue was sent for further analysis. The patient's immediate postoperative course was uncomplicated, and the surgical intervention effectively treated the soft tissue disorder.

Operative Note 68: An unspecified soft tissue disorder necessitated a surgical intervention. The patient received local anesthesia with intravenous sedation. A transverse curved incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue with adjacent structures. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for pathological examination. The patient's immediate postoperative course was unremarkable, and the surgical intervention effectively treated the soft tissue disorder.

Operative Note 69: Surgical intervention was performed for the treatment of an unspecified soft tissue disorder. The patient received general anesthesia with endotracheal intubation. A paramedian incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue with deep-seated structures. Meticulous excision of the diseased tissue was performed, ensuring clear margins. Hemostasis was achieved using sutures and electrocautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for histopathological examination. The patient's recovery was satisfactory, and the surgical intervention effectively addressed the soft tissue disorder.

Operative Note 70: For the management of an unspecified soft tissue disorder, a surgical intervention was performed. The patient received regional anesthesia. A longitudinal incision was made to expose the affected region. Thorough exploration revealed extensive involvement of the soft tissue with surrounding structures. Meticulous excision of the diseased tissue was performed, ensuring negative margins. Hemostasis was achieved using sutures and bipolar cautery. The wound was irrigated thoroughly and closed in layers. The excised tissue was sent for further analysis. The patient's recovery was uneventful, and the surgical intervention effectively managed the soft tissue disorder.

Operative Note 71: A surgical intervention was performed for the management of an unspecified soft tissue disorder with severe infection involving the extreme moving joint. The patient received general anesthesia. An extended longitudinal incision was made to access the affected joint. Thorough exploration revealed severe infection with extensive soft tissue involvement. Meticulous debridement of the infected tissue was carried out, followed by irrigation with antibiotic solution. The joint was stabilized, and a drain was placed. The wound was closed in layers. The excised tissue was sent for microbiological analysis. Postoperatively, appropriate antibiotic therapy was initiated to manage the severe infection.

Operative Note 72: Surgical intervention was undertaken to address an unspecified soft tissue disorder with severe infection on the extreme moving joint. The patient received regional anesthesia. A modified hockey stick incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement and purulent discharge. Extensive debridement of the infected tissue was performed, ensuring clear margins. Copious irrigation with antibiotic solution was done. The joint was stabilized, and a drain was placed. The wound was closed layer by layer. The excised tissue and drain fluid were sent for culture and sensitivity testing. The patient was started on appropriate antibiotic therapy postoperatively to manage the severe infection.

Operative Note 73: For the management of an unspecified soft tissue disorder with severe infection on the extreme moving joint, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with abscess formation. Meticulous debridement of the infected tissue was performed, ensuring negative margins. The joint was irrigated with antibiotic solution. Drainage was achieved, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for microbiological analysis. The patient received appropriate antibiotic therapy to manage the severe infection.

Operative Note 74: Surgical intervention was performed to address an unspecified soft tissue disorder with severe infection on the extreme moving joint. The patient received local anesthesia with intravenous sedation. An oblique incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with pus formation. Meticulous debridement of the infected tissue was performed, ensuring clear margins. Copious irrigation with antibiotic solution was carried out. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for culture and sensitivity testing. Postoperatively, the patient received appropriate antibiotic therapy to manage the severe infection.

Operative Note 75: An unspecified soft tissue disorder with severe infection on the extreme moving joint necessitated a surgical intervention. The patient received general anesthesia with total intravenous anesthesia (TIVA). A transverse incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement with purulent discharge. Meticulous debridement of the infected tissue was performed, ensuring negative margins. The joint was irrigated with antibiotic solution. A drain was placed to facilitate drainage. The wound was closed layer by layer. The excised tissue and drain fluid were sent for microbiological analysis. The patient was started on appropriate antibiotic therapy postoperatively to manage the severe infection.

Operative Note 76: For the management of an unspecified soft tissue disorder with severe infection on the extreme moving joint, a surgical intervention was performed. The patient received regional anesthesia via nerve block. A medial incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with abscess formation. Meticulous debridement of the infected tissue was carried out, ensuring clear margins. The joint was thoroughly irrigated with antibiotic solution. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for culture and sensitivity testing. The patient received appropriate antibiotic therapy to manage the severe infection.

Operative Note 77: Surgical intervention was performed to address an unspecified soft tissue disorder with severe infection on the extreme moving joint. The patient received general anesthesia. A paramedian incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with purulent discharge. Meticulous debridement of the infected tissue was performed, ensuring negative margins. The joint was irrigated thoroughly with antibiotic solution. A drain was placed for drainage. The wound was closed layer by layer. The excised tissue and drain fluid were sent for microbiological analysis. The patient was started on appropriate antibiotic therapy postoperatively to manage the severe infection.

Operative Note 78: An unspecified soft tissue disorder with severe infection on the extreme moving joint necessitated a surgical intervention. The patient received local anesthesia with intravenous sedation. A transverse curved incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with pus formation. Meticulous debridement of the infected tissue was performed, ensuring clear margins. The joint was irrigated with antibiotic solution. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for culture and sensitivity testing. Postoperatively, the patient received appropriate antibiotic therapy to manage the severe infection.

Operative Note 79: For the management of an unspecified soft tissue disorder with severe infection on the extreme moving joint, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. An oblique incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with abscess formation. Meticulous debridement of the infected tissue was performed, ensuring negative margins. The joint was thoroughly irrigated with antibiotic solution. A drain was placed to facilitate drainage. The wound was closed in layers. The excised tissue and drain fluid were sent for culture and sensitivity testing. The patient was started on appropriate antibiotic therapy postoperatively to manage the severe infection.

Operative Note 80: Surgical intervention was performed to address an unspecified soft tissue disorder with severe infection on the extreme moving joint. The patient received local anesthesia with intravenous sedation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with purulent discharge. Meticulous debridement of the infected tissue was performed, ensuring clear margins. The joint was irrigated thoroughly with antibiotic solution. A drain was placed for adequate drainage. The wound was closed in layers. The excised tissue and drain fluid were sent for microbiological analysis. The patient received appropriate antibiotic therapy to manage the severe infection.

Operative Note 81: A surgical intervention was performed for the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received general anesthesia. An extended longitudinal incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was carried out, followed by irrigation with anti-inflammatory solution. The joint was stabilized, and a drain was placed. The wound was closed in layers. The excised tissue was sent for further analysis. Postoperatively, appropriate anti-inflammatory therapy was initiated to manage the severe inflammation.

Operative Note 82: Surgical intervention was undertaken to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received regional anesthesia. A modified hockey stick incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with significant inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. Copious irrigation with anti-inflammatory solution was done. The joint was stabilized, and a drain was placed. The wound was closed layer by layer. The excised tissue and drain fluid were sent for further analysis. The patient was started on appropriate anti-inflammatory therapy postoperatively to manage the severe inflammation.

Operative Note 83: For the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring negative margins. The joint was irrigated with anti-inflammatory solution. Drainage was achieved, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient received appropriate anti-inflammatory therapy to manage the severe inflammation.

Operative Note 84: Surgical intervention was performed to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received local anesthesia with intravenous sedation. An oblique incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with significant inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. Copious irrigation with anti-inflammatory solution was carried out. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. Postoperatively, the patient received appropriate anti-inflammatory therapy to manage the severe inflammation.

Operative Note 85: An unspecified soft tissue disorder with severe inflammation on the extreme moving joint necessitated a surgical intervention. The patient received general anesthesia with total intravenous anesthesia (TIVA). A transverse incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. The joint was irrigated with anti-inflammatory solution. A drain was placed to facilitate drainage. The wound was closed layer by layer. The excised tissue and drain fluid were sent for further analysis. The patient was started on appropriate anti-inflammatory therapy postoperatively to manage the severe inflammation.

Operative Note 86: For the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint, a surgical intervention was performed. The patient received regional anesthesia via nerve block. A medial incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with significant inflammation. Meticulous debridement of the inflamed tissue was carried out, ensuring clear margins. The joint was thoroughly irrigated with anti-inflammatory solution. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient received appropriate anti-inflammatory therapy to manage the severe inflammation.

Operative Note 87: Surgical intervention was performed to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received general anesthesia. A paramedian incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring negative margins. The joint was irrigated thoroughly with anti-inflammatory solution. A drain was placed for adequate drainage. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient received appropriate anti-inflammatory therapy to manage the severe inflammation.

Operative Note 88: An unspecified soft tissue disorder with severe inflammation on the extreme moving joint necessitated a surgical intervention. The patient received local anesthesia with intravenous sedation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with significant inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. The joint was irrigated thoroughly with anti-inflammatory solution. A drain was placed for adequate drainage. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient received appropriate anti-inflammatory therapy to manage the severe inflammation.

Operative Note 89: For the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. An oblique incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring negative margins. The joint was irrigated with anti-inflammatory solution. Drainage was achieved, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient received appropriate anti-inflammatory therapy to manage the severe inflammation.

Operative Note 90: Surgical intervention was performed to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received local anesthesia with intravenous sedation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. The joint was irrigated thoroughly with anti-inflammatory solution. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. Postoperatively, the patient received appropriate anti-inflammatory therapy to manage the severe inflammation.

Operative Note 91: A surgical intervention was performed for the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received general anesthesia. An extended longitudinal incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was carried out, followed by irrigation with anti-inflammatory solution. The joint was stabilized, and a drain was placed. The wound was closed in layers. The excised tissue was sent for further analysis. Postoperatively, the patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 92: Surgical intervention was undertaken to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received regional anesthesia. A modified hockey stick incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with significant inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. Copious irrigation with anti-inflammatory solution was done. The joint was stabilized, and a drain was placed. The wound was closed layer by layer. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 93: For the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring negative margins. The joint was irrigated with anti-inflammatory solution. Drainage was achieved, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 94: Surgical intervention was performed to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received local anesthesia with intravenous sedation. An oblique incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with significant inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. Copious irrigation with anti-inflammatory solution was carried out. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 95: An unspecified soft tissue disorder with severe inflammation on the extreme moving joint necessitated a surgical intervention. The patient received general anesthesia with total intravenous anesthesia (TIVA). A transverse incision was made to access the affected joint. Thorough exploration revealed significant soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. The joint was irrigated with anti-inflammatory solution. A drain was placed to facilitate drainage. The wound was closed layer by layer. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 96: For the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint, a surgical intervention was performed. The patient received regional anesthesia via nerve block. A medial incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with significant inflammation. Meticulous debridement of the inflamed tissue was carried out, ensuring clear margins. The joint was thoroughly irrigated with anti-inflammatory solution. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 97: Surgical intervention was performed to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received local anesthesia with intravenous sedation. A paramedian incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring negative margins. The joint was irrigated thoroughly with anti-inflammatory solution. A drain was placed for adequate drainage. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 98: An unspecified soft tissue disorder with severe inflammation on the extreme moving joint necessitated a surgical intervention. The patient received local anesthesia with intravenous sedation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. The joint was irrigated thoroughly with anti-inflammatory solution. A drain was placed for adequate drainage. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 99: For the management of an unspecified soft tissue disorder with severe inflammation on the extreme moving joint, a surgical intervention was performed. The patient received general anesthesia with endotracheal intubation. An oblique incision was made to expose the affected joint. Thorough exploration revealed extensive soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring negative margins. The joint was irrigated with anti-inflammatory solution. Drainage was achieved, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. The patient's follow-up will depend on the severity of the diagnosis and response to treatment.

Operative Note 100: Surgical intervention was performed to address an unspecified soft tissue disorder with severe inflammation on the extreme moving joint. The patient received local anesthesia with intravenous sedation. A curvilinear incision was made to access the affected joint. Thorough exploration revealed extensive soft tissue involvement with marked inflammation. Meticulous debridement of the inflamed tissue was performed, ensuring clear margins. The joint was irrigated thoroughly with anti-inflammatory solution. Drainage was established, and a drain was placed. The wound was closed in layers. The excised tissue and drain fluid were sent for further analysis. Postoperatively, the patient's follow-up will depend on the severity of the diagnosis and response to treatment.

## M71.0 Abscess of bursa

Operative Note 1: Patient presented with a bursa abscess in the left elbow. After administration of general anesthesia, a curvilinear incision was made over the affected area. The abscess cavity was identified, drained, and thoroughly irrigated with sterile saline. Necrotic tissue was debrided, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. Postoperative instructions regarding wound care and antibiotic therapy were provided to the patient.

Operative Note 2: An abscess of the prepatellar bursa was diagnosed in the right knee. Under sterile conditions, a midline incision was made, and the abscess cavity was identified. Pus was drained, and copious irrigation with normal saline was performed. Any necrotic tissue was meticulously debrided, and a closed suction drain was inserted. The wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and advised on wound care and follow-up appointments.

Operative Note 3: A bursa abscess was identified in the left shoulder region. After appropriate anesthesia was administered, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Debridement of necrotic tissue was performed, and a closed suction drain was inserted. The wound was closed using absorbable sutures in layers. The patient received postoperative instructions regarding wound care and was prescribed a course of antibiotics.

Operative Note 4: The patient presented with a bursa abscess in the right hip. After obtaining informed consent and administering anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Necrotic tissue was debrided, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care and prescribed a suitable antibiotic regimen.

Operative Note 5: A bursa abscess was diagnosed in the left ankle region. Under sterile conditions and adequate anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Debridement of necrotic tissue was carried out, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care and provided with a prescription for antibiotics.

Operative Note 6: A bursa abscess was identified in the right hand. After administering anesthesia, a transverse incision was made over the abscess site. Pus was drained, and the cavity was irrigated using sterile saline. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed meticulously using absorbable sutures. Postoperative instructions regarding wound care and a course of antibiotics were provided to the patient.

Operative Note 7: Patient presented with a bursa abscess in the left heel. After appropriate anesthesia was administered, an elliptical incision was made over the abscess. The abscess was drained, and the cavity was thoroughly irrigated with sterile saline. Debridement of necrotic tissue was performed, and a closed suction drain was inserted. The wound was closed in layers using absorbable sutures. The patient was advised on postoperative wound care and prescribed antibiotics.

Operative Note 8: An abscess of the olecranon bursa was diagnosed in the right elbow. Under sterile conditions, a curved incision was made, and the abscess was identified. Pus was drained, and extensive irrigation with normal saline was performed. Debridement of necrotic tissue was carried out, and a closed suction drain was inserted. The wound was closed in layers using interrupted non-absorbable sutures. The patient was given instructions on postoperative wound care and prescribed antibiotics.

Operative Note 9: A bursa abscess was found in the right knee. After appropriate anesthesia, a vertical incision was made over the abscess. Drainage of pus was achieved, and the abscess cavity was irrigated with sterile saline. Necrotic tissue was debrided, and a closed suction drain was placed. The wound was meticulously closed in layers using absorbable sutures. The patient was provided with postoperative instructions regarding wound care and prescribed a suitable antibiotic regimen.

Operative Note 10: Patient presented with a bursa abscess in the left wrist. After administration of anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was performed. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care and prescribed a course of antibiotics.

Operative Note 11: A bursa abscess was diagnosed in the right scapular region. After obtaining informed consent and administering anesthesia, an incision was made over the abscess. Pus was drained, and thorough irrigation with sterile saline was carried out. Necrotic tissue was debrided, and a closed suction drain was placed. The wound was closed meticulously using absorbable sutures. The patient received postoperative instructions regarding wound care and was prescribed a suitable antibiotic regimen.

Operative Note 12: A bursa abscess was identified in the left thigh. Under sterile conditions and adequate anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Debridement of necrotic tissue was carried out, and a closed suction drain was inserted. The wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care and provided with a prescription for antibiotics.

Operative Note 13: Patient presented with a bursa abscess in the right shoulder region. After appropriate anesthesia was administered, a curvilinear incision was made over the abscess. The abscess was drained, and the cavity was thoroughly irrigated with sterile saline. Debridement of necrotic tissue was performed, and a closed suction drain was inserted. The wound was closed meticulously using absorbable sutures. Postoperatively, the patient was given instructions on wound care and prescribed antibiotics.

Operative Note 14: An abscess of the ischial bursa was diagnosed in the left buttock. Under sterile conditions, an incision was made, and the abscess was identified. Pus was drained, and extensive irrigation with normal saline was performed. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed in layers using interrupted non-absorbable sutures. The patient was given instructions on postoperative wound care and prescribed antibiotics.

Operative Note 15: A bursa abscess was identified in the right ankle region. After obtaining informed consent and administering anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Necrotic tissue was meticulously debrided, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care and prescribed a course of antibiotics.

Operative Note 16: A bursa abscess was diagnosed in the left hip. After appropriate anesthesia was administered, a transverse incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Debridement of necrotic tissue was performed, and a closed suction drain was inserted. The wound was closed using absorbable sutures in layers. Postoperative instructions regarding wound care and a course of antibiotics were provided to the patient.

Operative Note 17: Patient presented with a bursa abscess in the right wrist. After administering anesthesia, an elliptical incision was made over the abscess. The abscess was drained, and the cavity was thoroughly irrigated with sterile saline. Debridement of necrotic tissue was performed, and a closed suction drain was inserted. The wound was closed in layers using absorbable sutures. The patient was advised on postoperative wound care and prescribed antibiotics.

Operative Note 18: An abscess of the subacromial bursa was diagnosed in the left shoulder. Under sterile conditions, a curved incision was made, and the abscess was identified. Pus was drained, and extensive irrigation with normal saline was performed. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed in layers using interrupted non-absorbable sutures. The patient was given instructions on postoperative wound care and prescribed antibiotics.

Operative Note 19: A bursa abscess was identified in the right hand. After obtaining informed consent and administering anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Debridement of necrotic tissue was carried out, and a closed suction drain was inserted. The wound was closed meticulously using absorbable sutures. The patient received postoperative instructions regarding wound care and was prescribed a suitable antibiotic regimen.

Operative Note 20: Patient presented with a bursa abscess in the left patellar region. After appropriate anesthesia was administered, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was performed. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care and prescribed a course of antibiotics.

Operative Note 21: Patient presented with a bursa abscess in the left elbow. After administering local anesthesia, a curvilinear incision was made over the affected area. The abscess cavity was identified, drained, and thoroughly irrigated with sterile saline. Necrotic tissue was debrided, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. Postoperative instructions regarding wound care and antibiotic therapy were provided to the patient.

Operative Note 22: An abscess of the prepatellar bursa was diagnosed in the right knee. Under regional anesthesia, a midline incision was made, and the abscess cavity was identified. Pus was drained, and copious irrigation with normal saline was performed. Any necrotic tissue was meticulously debrided, and a closed suction drain was inserted. The wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and advised on wound care and follow-up appointments.

Operative Note 23: A bursa abscess was identified in the left shoulder region. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Debridement of necrotic tissue was performed, and a closed suction drain was inserted. The wound was closed using absorbable sutures in layers. The patient received postoperative instructions regarding wound care and was prescribed a suitable antibiotic regimen.

Operative Note 24: The patient presented with a bursa abscess in the right hip. After obtaining informed consent and administering general anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Necrotic tissue was debrided, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care and prescribed a suitable antibiotic regimen.

Operative Note 25: A bursa abscess was diagnosed in the left ankle region. Under local anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Debridement of necrotic tissue was carried out, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care and provided with a prescription for antibiotics.

Operative Note 26: A bursa abscess was found in the right hand. After administering regional anesthesia, a transverse incision was made over the abscess site. Pus was drained, and the cavity was irrigated using sterile saline. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed meticulously using absorbable sutures. Postoperative instructions regarding wound care and a course of antibiotics were provided to the patient.

Operative Note 27: Patient presented with a bursa abscess in the left heel. After administering local anesthesia, an elliptical incision was made over the abscess. The abscess was drained, and the cavity was thoroughly irrigated with sterile saline. Debridement of necrotic tissue was performed, and a closed suction drain was inserted. The wound was closed in layers using absorbable sutures. The patient was advised on postoperative wound care and prescribed antibiotics.

Operative Note 28: An abscess of the olecranon bursa was diagnosed in the right elbow. Under regional anesthesia, a curved incision was made, and the abscess was identified. Pus was drained, and extensive irrigation with normal saline was performed. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed in layers using interrupted non-absorbable sutures. The patient was given instructions on postoperative wound care and prescribed antibiotics.

Operative Note 29: A bursa abscess was identified in the right knee. After obtaining informed consent and administering general anesthesia, a vertical incision was made over the abscess. Drainage of pus was achieved, and the abscess cavity was irrigated with sterile saline. Necrotic tissue was meticulously debrided, and a closed suction drain was placed. The wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care and prescribed a suitable antibiotic regimen.

Operative Note 30: Patient presented with a bursa abscess in the left wrist. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was performed. Necrotic tissue was debrided, and a closed suction drain was inserted. The wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care and prescribed a course of antibiotics.

Operative Note 31: A bursa abscess with bone erosion was identified in the left shoulder region. After administering general anesthesia, a curvilinear incision was made over the affected area. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue and bone erosion was carried out. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. Postoperative instructions regarding wound care, antibiotic therapy, and appropriate management of bone erosion were provided to the patient.

Operative Note 32: An abscess of the prepatellar bursa with bone erosion was diagnosed in the right knee. Under regional anesthesia, a midline incision was made, and the abscess cavity was identified. Pus was drained, and copious irrigation with normal saline was performed. Extensive debridement of necrotic tissue and bone erosion was carried out. A closed suction drain was inserted, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and advised on wound care, as well as appropriate measures for managing bone erosion.

Operative Note 33: A bursa abscess with bone erosion was identified in the left elbow. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Extensive debridement of necrotic tissue and bone erosion was performed. A closed suction drain was inserted, and the wound was closed using absorbable sutures in layers. The patient received postoperative instructions regarding wound care, antibiotic therapy, and management of bone erosion.

Operative Note 34: The patient presented with a bursa abscess with bone erosion in the right hip. After obtaining informed consent and administering general anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Extensive debridement of necrotic tissue and bone erosion was performed. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care, prescribed a suitable antibiotic regimen, and provided with appropriate measures for managing bone erosion.

Operative Note 35: A bursa abscess with bone erosion was diagnosed in the left ankle region. Under local anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue and bone erosion was carried out. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care, prescribed antibiotics, and provided with appropriate measures for managing bone erosion.

Operative Note 36: A bursa abscess with bone erosion was found in the right hand. After administering regional anesthesia, a transverse incision was made over the abscess site. Pus was drained, and the cavity was irrigated using sterile saline. Extensive debridement of necrotic tissue and bone erosion was performed. A closed suction drain was inserted, and the wound was closed meticulously using absorbable sutures. Postoperative instructions regarding wound care, antibiotic therapy, and management of bone erosion were provided to the patient.

Operative Note 37: Patient presented with a bursa abscess with bone erosion in the left heel. After administering local anesthesia, an elliptical incision was made over the abscess. The abscess was drained, and the cavity was thoroughly irrigated with sterile saline. Extensive debridement of necrotic tissue and bone erosion was performed. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. The patient was advised on postoperative wound care, prescribed antibiotics, and provided with appropriate measures for managing bone erosion.

Operative Note 38: An abscess of the olecranon bursa with bone erosion was diagnosed in the right elbow. Under regional anesthesia, a curved incision was made, and the abscess was identified. Pus was drained, and extensive irrigation with normal saline was performed. Extensive debridement of necrotic tissue and bone erosion was carried out. A closed suction drain was inserted, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was given instructions on postoperative wound care, prescribed antibiotics, and provided with appropriate measures for managing bone erosion.

Operative Note 39: A bursa abscess with bone erosion was identified in the right knee. After obtaining informed consent and administering general anesthesia, a vertical incision was made over the abscess. Drainage of pus was achieved, and the abscess cavity was irrigated with sterile saline. Extensive debridement of necrotic tissue and bone erosion was performed. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care, prescribed a suitable antibiotic regimen, and provided with appropriate measures for managing bone erosion.

Operative Note 40: Patient presented with a bursa abscess with bone erosion in the left wrist. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue and bone erosion was carried out. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care, prescribed a course of antibiotics, and provided with appropriate measures for managing bone erosion.

Operative Note 41: A bursa abscess with severe bone pain was identified in the left shoulder region. After administering general anesthesia, a curvilinear incision was made over the affected area. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was managed intraoperatively with appropriate analgesics. Postoperative instructions regarding wound care, antibiotic therapy, and pain management were provided.

Operative Note 42: An abscess of the prepatellar bursa with severe bone pain was diagnosed in the right knee. Under regional anesthesia, a midline incision was made, and the abscess cavity was identified. Pus was drained, and copious irrigation with normal saline was performed. Extensive debridement of necrotic tissue was carried out. A closed suction drain was inserted, and the wound was closed in layers using interrupted non-absorbable sutures. Intraoperative measures were taken to manage the patient's severe bone pain. The patient was prescribed postoperative antibiotics and given instructions on wound care and pain management.

Operative Note 43: A bursa abscess with severe bone pain was identified in the left elbow. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Extensive debridement of necrotic tissue was performed. A closed suction drain was inserted, and the wound was closed using absorbable sutures in layers. The patient's severe bone pain was effectively managed with appropriate analgesics during the procedure. Postoperative instructions regarding wound care, antibiotic therapy, and pain management were provided.

Operative Note 44: The patient presented with a bursa abscess with severe bone pain in the right hip. After obtaining informed consent and administering general anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Extensive debridement of necrotic tissue was performed. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. Intraoperative measures were taken to manage the patient's severe bone pain. Postoperatively, the patient was given instructions on wound care, prescribed a suitable antibiotic regimen, and provided with appropriate pain management options.

Operative Note 45: A bursa abscess with severe bone pain was diagnosed in the left ankle region. Under local anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics during the procedure. Postoperatively, the patient was given instructions on wound care, prescribed antibiotics, and provided with pain management strategies.

Operative Note 46: A bursa abscess with severe bone pain was found in the right hand. After administering regional anesthesia, a transverse incision was made over the abscess site. Pus was drained, and the cavity was irrigated using sterile saline. Extensive debridement of necrotic tissue was performed. A closed suction drain was inserted, and the wound was closed meticulously using absorbable sutures. Intraoperatively, measures were taken to manage the patient's severe bone pain. Postoperative instructions regarding wound care, antibiotic therapy, and pain management were provided to the patient.

Operative Note 47: Patient presented with a bursa abscess with severe bone pain in the left heel. After administering local anesthesia, an elliptical incision was made over the abscess. The abscess was drained, and the cavity was thoroughly irrigated with sterile saline. Extensive debridement of necrotic tissue was performed. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics intraoperatively. Postoperatively, the patient received instructions on wound care, prescribed antibiotics, and provided with pain management options.

Operative Note 48: An abscess of the olecranon bursa with severe bone pain was diagnosed in the right elbow. Under regional anesthesia, a curved incision was made, and the abscess was identified. Pus was drained, and extensive irrigation with normal saline was performed. Extensive debridement of necrotic tissue was carried out. A closed suction drain was inserted, and the wound was closed in layers using interrupted non-absorbable sutures. Intraoperative measures were taken to manage the patient's severe bone pain. The patient was given instructions on postoperative wound care, prescribed antibiotics, and provided with pain management strategies.

Operative Note 49: A bursa abscess with severe bone pain was identified in the right knee. After obtaining informed consent and administering general anesthesia, a vertical incision was made over the abscess. Drainage of pus was achieved, and the abscess cavity was irrigated with sterile saline. Extensive debridement of necrotic tissue was performed. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. Intraoperative measures were taken to manage the patient's severe bone pain. The patient was given postoperative instructions on wound care, prescribed a suitable antibiotic regimen, and provided with pain management options.

Operative Note 50: Patient presented with a bursa abscess with severe bone pain in the left wrist. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. Intraoperatively, the patient's severe bone pain was effectively managed with appropriate analgesics. Postoperatively, the patient was given instructions on wound care, prescribed a course of antibiotics, and provided with pain management strategies.

Operative Note 51: A bursa abscess with severe bone pain was identified in the left shoulder region. After administering general anesthesia, a curvilinear incision was made over the affected area. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics. Postoperative instructions regarding wound care, antibiotic therapy, and pain management were provided.

Operative Note 52: An abscess of the prepatellar bursa with severe bone pain was diagnosed in the right knee. Under regional anesthesia, a midline incision was made, and the abscess cavity was identified. Pus was drained, and copious irrigation with normal saline was performed. Extensive debridement of necrotic tissue was carried out. During the procedure, a surgical intervention was performed to address the underlying cause of the abscess and alleviate the severe bone pain. A closed suction drain was inserted, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 53: A bursa abscess with severe bone pain was identified in the left elbow. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and alleviate the severe bone pain. A closed suction drain was inserted, and the wound was closed using absorbable sutures in layers. The patient received postoperative instructions regarding wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 54: The patient presented with a bursa abscess with severe bone pain in the right hip. After obtaining informed consent and administering general anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was undertaken to address the underlying cause of the abscess and relieve the severe bone pain. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care, prescribed a suitable antibiotic regimen, and provided with pain management options and rehabilitation plan.

Operative Note 55: A bursa abscess with severe bone pain was diagnosed in the left ankle region. Under local anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and alleviate the severe bone pain. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics. Postoperatively, the patient was given instructions on wound care, prescribed antibiotics, and provided with pain management strategies and rehabilitation guidance.

Operative Note 56: A bursa abscess with severe bone pain was found in the right hand. After administering regional anesthesia, a transverse incision was made over the abscess site. Pus was drained, and the cavity was irrigated using sterile saline. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and alleviate the severe bone pain. A closed suction drain was inserted, and the wound was closed meticulously using absorbable sutures. Postoperatively, the patient received instructions on wound care, antibiotic therapy, pain management, and rehabilitation to ensure optimal recovery.

Operative Note 57: A bursa abscess with severe bone pain was identified in the right knee. Under regional anesthesia, a vertical incision was made over the abscess. Pus was drained, and extensive irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and alleviate the severe bone pain. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. The patient was given postoperative instructions on wound care, prescribed a suitable antibiotic regimen, and provided with pain management options and rehabilitation recommendations.

Operative Note 58: Patient presented with a bursa abscess with severe bone pain in the left wrist. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and alleviate the severe bone pain. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. Intraoperative measures were taken to ensure adequate pain control. Postoperatively, the patient was given instructions on wound care, prescribed a course of antibiotics, and provided with pain management strategies and rehabilitation guidance.

Operative Note 59: A bursa abscess with severe bone pain was identified in the right hip joint. After obtaining informed consent and administering general anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was undertaken to address the underlying cause of the abscess and relieve the severe bone pain. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. The patient was provided with postoperative instructions regarding wound care, prescribed appropriate antibiotic therapy, and given pain management strategies and rehabilitation recommendations.

Operative Note 60: A bursa abscess with severe bone pain was diagnosed in the left ankle. After administering regional anesthesia, an incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and alleviate the severe bone pain. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics. Postoperatively, the patient was given instructions on wound care, prescribed antibiotics, and provided with pain management strategies and rehabilitation guidance.

Operative Note 61: A bursa abscess with severe bone pain was identified in the right shoulder region. After obtaining informed consent and administering general anesthesia, a curvilinear incision was made over the affected area. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess. Bone erosion was observed and addressed during the procedure. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics. Postoperative instructions regarding wound care, antibiotic therapy, and pain management were provided.

Operative Note 62: An abscess of the prepatellar bursa with severe bone pain was diagnosed in the left knee. Under regional anesthesia, a midline incision was made, and the abscess cavity was identified. Pus was drained, and copious irrigation with normal saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and manage the bone erosion. A closed suction drain was inserted, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 63: A bursa abscess with severe bone pain was identified in the left elbow. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess and manage the bone erosion. A closed suction drain was inserted, and the wound was closed using absorbable sutures in layers. The patient received postoperative instructions regarding wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 64: The patient presented with a bursa abscess with severe bone pain and significant bone erosion in the right hip. After obtaining informed consent and administering general anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was undertaken to address the underlying cause of the abscess, manage the bone erosion, and restore stability. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care, prescribed a suitable antibiotic regimen, and provided with pain management options and rehabilitation plan.

Operative Note 65: A bursa abscess with severe bone pain was diagnosed in the left ankle region. Under local anesthesia, an incision was made to access the abscess. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess, manage the bone erosion, and stabilize the joint. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics. Postoperatively, the patient was given instructions on wound care, prescribed antibiotics, and provided with pain management strategies and rehabilitation guidance.

Operative Note 66: A bursa abscess with severe bone pain was found in the right hand. After administering regional anesthesia, a transverse incision was made over the abscess site. Pus was drained, and the cavity was irrigated using sterile saline. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess, manage the bone erosion, and restore normal hand function. A closed suction drain was inserted, and the wound was closed meticulously using absorbable sutures. Postoperatively, the patient received instructions on wound care, antibiotic therapy, pain management, and rehabilitation to ensure optimal recovery.

Operative Note 67: A bursa abscess with severe bone pain was identified in the left shoulder region. Under regional anesthesia, a curvilinear incision was made over the affected area. The abscess cavity was drained, and thorough irrigation with sterile saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess, manage the bone erosion, and restore stability and range of motion. A closed suction drain was inserted, and the wound was closed in layers using absorbable sutures. The patient's severe bone pain was effectively managed with appropriate analgesics. Postoperative instructions regarding wound care, antibiotic therapy, pain management, and rehabilitation were provided.

Operative Note 68: An abscess of the prepatellar bursa with severe bone pain was diagnosed in the right knee. Under regional anesthesia, a midline incision was made, and the abscess cavity was identified. Pus was drained, and copious irrigation with normal saline was performed. Extensive debridement of necrotic tissue was carried out. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess, manage the bone erosion, and reconstruct the damaged structures. A closed suction drain was inserted, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 69: A bursa abscess with severe bone pain was identified in the left elbow. After administering regional anesthesia, an oblique incision was made over the abscess. The abscess was drained, and thorough irrigation with sterile saline was carried out. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the underlying cause of the abscess, manage the bone erosion, and restore normal joint function. A closed suction drain was inserted, and the wound was closed using absorbable sutures in layers. The patient received postoperative instructions regarding wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 70: The patient presented with a bursa abscess with severe bone pain and significant bone erosion in the right hip. After obtaining informed consent and administering general anesthesia, an incision was made over the abscess. Drainage of pus was achieved, followed by extensive irrigation with sterile saline. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was undertaken to address the underlying cause of the abscess, manage the bone erosion, and restore stability. A closed suction drain was placed, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was given instructions on wound care, prescribed a suitable antibiotic regimen, and provided with pain management options and rehabilitation plan.

Operative Note 71: The patient presented with a severe infection in the right shoulder joint, causing extreme pain and limited range of motion. After obtaining informed consent and administering general anesthesia, a curvilinear incision was made over the affected area. The infected joint was thoroughly irrigated with antimicrobial solution, and the abscess was drained. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the underlying infection and restore joint function. Antibiotic beads were placed, and the wound was closed in layers using absorbable sutures. Postoperative instructions were provided, including wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 72: A severe infection with extreme joint involvement was identified in the left knee. Under regional anesthesia, a midline incision was made, and the infected joint was exposed. The joint was thoroughly irrigated with antibiotic solution, and pus was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint stability. Antibiotic-impregnated cement was used, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 73: The patient presented with a severe infection in the right elbow joint, causing extreme pain and restricted movement. After administering regional anesthesia, an oblique incision was made over the infected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed using absorbable sutures in layers. Postoperative instructions were provided, including wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 74: A severe infection with extreme joint involvement was diagnosed in the right hip joint. After obtaining informed consent and administering general anesthesia, an incision was made over the infected joint. Thorough irrigation with antimicrobial solution was performed, and pus was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was undertaken to address the severe infection and restore joint stability. Antibiotic-impregnated cement was utilized, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was prescribed antibiotics and provided with instructions on wound care, pain management, and rehabilitation.

Operative Note 75: A severe infection with extreme joint involvement was identified in the left ankle joint. Under regional anesthesia, an incision was made to access the infected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient received instructions on wound care, prescribed antibiotics, and provided with pain management strategies and rehabilitation guidance.

Operative Note 76: A severe infection with extreme joint involvement was diagnosed in the right wrist joint. After administering regional anesthesia, a transverse incision was made over the infected joint. The joint was thoroughly irrigated with antimicrobial solution, and pus was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint stability. Antibiotic-impregnated cement was used, and the wound was closed meticulously using absorbable sutures. Postoperatively, the patient received instructions on wound care, antibiotic therapy, pain management, and rehabilitation to ensure optimal recovery.

Operative Note 77: A severe infection with extreme joint involvement was identified in the left shoulder joint. After obtaining informed consent and administering general anesthesia, a curvilinear incision was made over the affected area. The infected joint was thoroughly irrigated with antimicrobial solution, and the abscess was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed in layers using absorbable sutures. The patient's extreme pain was effectively managed with appropriate analgesics. Postoperative instructions regarding wound care, antibiotic therapy, pain management, and rehabilitation were provided.

Operative Note 78: A severe infection with extreme joint involvement was diagnosed in the right knee joint. Under regional anesthesia, a midline incision was made, and the infected joint was exposed. The joint was thoroughly irrigated with antibiotic solution, and pus was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint stability. Antibiotic-impregnated cement was used, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 79: The patient presented with a severe infection in the right elbow joint, causing extreme pain and limited mobility. After administering regional anesthesia, an oblique incision was made over the infected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed using absorbable sutures in layers. The patient received postoperative instructions regarding wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 80: A severe infection with extreme joint involvement was identified in the left hip joint. After obtaining informed consent and administering general anesthesia, an incision was made over the infected joint. Thorough irrigation with antimicrobial solution was performed, and pus was drained. Extensive debridement of necrotic tissue and infected bursa were carried out. Intraoperatively, a surgical intervention was undertaken to address the severe infection and restore joint stability. Antibiotic-impregnated cement was utilized, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was prescribed antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 81: The patient presented with a severe infection and intense inflammatory response in the right shoulder joint, causing extreme pain and limited range of motion. After obtaining informed consent and administering general anesthesia, a curvilinear incision was made over the affected area. The inflamed joint was thoroughly irrigated with anti-inflammatory solution, and the abscess was drained. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed in layers using absorbable sutures. Postoperative instructions were provided, including wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 82: A severe infection with intense inflammatory response was identified in the left knee joint. Under regional anesthesia, a midline incision was made, and the inflamed joint was exposed. The joint was thoroughly irrigated with anti-inflammatory solution, and pus was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint stability. Antibiotic-impregnated cement was used, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 83: The patient presented with a severe infection and significant inflammation in the right elbow joint. After administering regional anesthesia, an oblique incision was made over the inflamed joint. Thorough irrigation with anti-inflammatory solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed using absorbable sutures in layers. Postoperative instructions were provided, including wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 84: A severe infection with intense inflammation was diagnosed in the left hip joint. After obtaining informed consent and administering general anesthesia, an incision was made over the inflamed joint. Thorough irrigation with anti-inflammatory solution was performed, and pus was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was undertaken to address the severe infection, manage the inflammation, and restore joint stability. Antibiotic-impregnated cement was utilized, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was prescribed antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 85: A severe infection with intense inflammatory response was identified in the left ankle joint. Under regional anesthesia, an incision was made to access the inflamed joint. Thorough irrigation with anti-inflammatory solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient received instructions on wound care, prescribed antibiotics, and provided with pain management strategies and rehabilitation guidance.

Operative Note 86: A severe infection with intense inflammation was identified in the right wrist joint. After administering regional anesthesia, a transverse incision was made over the inflamed joint. The joint was thoroughly irrigated with anti-inflammatory solution, and pus was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint stability. Antibiotic-impregnated cement was used, and the wound was closed meticulously using absorbable sutures. Postoperatively, the patient received instructions on wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 87: The patient presented with a severe infection and intense inflammatory response in the right shoulder joint, causing extreme pain and limited mobility. After obtaining informed consent and administering general anesthesia, a curvilinear incision was made over the affected area. The inflamed joint was thoroughly irrigated with anti-inflammatory solution, and the abscess was drained. Extensive debridement of necrotic tissue was performed. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed in layers using absorbable sutures. The patient's extreme pain was effectively managed with appropriate analgesics. Postoperative instructions regarding wound care, antibiotic therapy, pain management, and rehabilitation were provided.

Operative Note 88: A severe infection with intense inflammatory response was diagnosed in the left knee joint. Under regional anesthesia, a midline incision was made, and the inflamed joint was exposed. The joint was thoroughly irrigated with anti-inflammatory solution, and pus was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint stability. Antibiotic-impregnated cement was used, and the wound was closed in layers using interrupted non-absorbable sutures. The patient was prescribed postoperative antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 89: The patient presented with a severe infection and significant inflammation in the right elbow joint. After administering regional anesthesia, an oblique incision was made over the inflamed joint. Thorough irrigation with anti-inflammatory solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, manage the inflammation, and restore joint function. Antibiotic-impregnated beads were placed, and the wound was closed using absorbable sutures in layers. Postoperative instructions were provided, including wound care, antibiotic therapy, pain management, and rehabilitation.

Operative Note 90: A severe infection with intense inflammation was identified in the left hip joint. After obtaining informed consent and administering general anesthesia, an incision was made over the inflamed joint. Thorough irrigation with anti-inflammatory solution was performed, and pus was drained. Extensive debridement of necrotic tissue and inflamed bursa were carried out. Intraoperatively, a surgical intervention was undertaken to address the severe infection, manage the inflammation, and restore joint stability. Antibiotic-impregnated cement was utilized, and the wound was closed in layers using absorbable sutures. Postoperatively, the patient was prescribed antibiotics and given instructions on wound care, pain management, and rehabilitation.

Operative Note 91: A severe infection with extensive necrotic tissue was diagnosed in the right knee joint. Under general anesthesia, a midline incision was made, and the infected joint was exposed. Thorough irrigation with antimicrobial solution was performed, and the necrotic tissue and infected bursa were debrided. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint stability. Antibiotic-impregnated cement was used, and the wound was closed in layers using absorbable sutures. The patient was closely monitored postoperatively, and follow-up visits were scheduled based on the severity of the infection and the patient's response to treatment.

Operative Note 92: The patient presented with a severe infection and extensive bone erosion in the left hip joint. After obtaining informed consent and administering general anesthesia, an incision was made over the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection and restore joint stability. Antibiotic-impregnated beads were placed, and the wound was closed meticulously using absorbable sutures. Postoperatively, the patient's follow-up plan was determined based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 93: A severe infection with significant bone erosion was identified in the right shoulder joint. After obtaining informed consent and administering general anesthesia, a curvilinear incision was made over the affected area. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated cement and bone grafting were utilized, and the wound was closed meticulously using absorbable sutures. The patient's postoperative follow-up plan was determined based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 94: A severe infection with extensive bone erosion was diagnosed in the left ankle joint. Under regional anesthesia, an incision was made to access the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated cement and bone grafting were utilized, and the wound was closed using absorbable sutures. The patient's postoperative follow-up plan was tailored based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 95: A severe infection with extensive bone erosion was identified in the right elbow joint. After administering regional anesthesia, an oblique incision was made over the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated beads and bone grafting were utilized, and the wound was closed meticulously using absorbable sutures. The patient's postoperative follow-up plan was determined based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 96: The patient presented with a severe infection and extensive bone erosion in the left wrist joint. After administering regional anesthesia, a transverse incision was made over the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated cement and bone grafting were utilized, and the wound was closed meticulously using absorbable sutures. The patient's postoperative follow-up plan was tailored based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 97: A severe infection with extensive bone erosion was diagnosed in the right hip joint. After obtaining informed consent and administering general anesthesia, an incision was made over the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated cement and bone grafting were utilized, and the wound was closed in layers using absorbable sutures. The patient's postoperative follow-up plan was determined based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 98: A severe infection with extensive bone erosion was identified in the left shoulder joint. After obtaining informed consent and administering general anesthesia, a curvilinear incision was made over the affected area. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated cement and bone grafting were utilized, and the wound was closed meticulously using absorbable sutures. The patient's postoperative follow-up plan was determined based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 99: A severe infection with significant bone erosion was diagnosed in the right ankle joint. Under regional anesthesia, an incision was made to access the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated cement and bone grafting were utilized, and the wound was closed using absorbable sutures. The patient's postoperative follow-up plan was tailored based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 100: A severe infection with extensive bone erosion was identified in the left elbow joint. After administering regional anesthesia, an oblique incision was made over the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated beads and bone grafting were utilized, and the wound was closed meticulously using absorbable sutures. The patient's postoperative follow-up plan was determined based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.

Operative Note 103: The patient presented with a severe infection and extensive bone erosion in the right wrist joint. After administering regional anesthesia, a transverse incision was made over the affected joint. Thorough irrigation with antimicrobial solution was performed, and the abscess was drained. Extensive debridement of necrotic tissue, infected bursa, and eroded bone was carried out. Intraoperatively, a surgical intervention was performed to address the severe infection, stabilize the joint, and address the bone erosion. Antibiotic-impregnated cement and bone grafting were utilized, and the wound was closed meticulously using absorbable sutures. The patient's postoperative follow-up plan was tailored based on the severity of the infection, the extent of bone erosion, and the need for further interventions or rehabilitation.