

THE SURGERY CENTER AT DORAL
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OPERATIVE REPORT

PATIENT NAME: GARCIA CORDON DE LEAL,
MARIA MERCEDES
MEDICAL RECORD#: 15193
DATE OF BIRTH: 08/11/1965
PHYSICIAN: ALEJANDRO BADIA, M.D.
DATE OF SURGERY: 02/09/2021

portal and then when squeezing the trigger, the patch was deployed. Its guidewire was placed in the greater tuberosity to hold it in place, and the introducer was removed.

Through the same portal, the introducer of the bone staples was inserted, which would put slight tension on the patch and then secured it down to the greater tuberosity. Two separate staples were used. A cannula was then inserted and the tendon patch staples were deployed. The periphery of the patch was secured to the native diseased rotator cuff using multiple bioabsorbable staples. At this point, we confirmed that the patch was laid down well onto the supraspinatus including the portion of the infraspinatus and this would adhere and essentially augment the tendon.

Once the patch was inserted, we confirmed that there was significant subacromial impingement. The coracoacromial ligament was removed using combination of radiofrequency ablation and then the acromioplasty was done using the shaver. We completed the subacromial bursectomy.

We now turned our attention to the autologous conditioned plasma injection. Preoperatively, using aseptic technique, 10cc of blood was drawn via venipuncture. This was spun down in a centrifuge for 5 minutes to separate the plasma. The platelet layer was reconstituted into the plasma and 4ccs were drawn up in a separate syringe. A spinal needle was positioned at the edge of the newly repaired cuff and the autologous conditioned plasma was injected.

The portals were closed now with 3-0 Vicryl Rapide. Mastisol and Steri-Strips were applied followed by shoulder dressing. The patient was placed into a sling and brought to recovery room in good condition. There were no complications or specimens.



Alejandro Badia, M.D.