

OPERATIVE NOTE

DATE OF SURGERY: 09/06/2024

PATIENT NAME: Chris Apple-Two

DATE OF BIRTH: 07/02/1980

NHS NUMBER:111

HOSPITAL NUMBER:

PROCEDURE: Medial UKA - Smith & Nephew, Vanguard M Large femur, A Cemented Tibia, Bearing

SURGEON: John Smith, MD Assistant: Hannah Purple

ANAESTHETIST: Hillary Black Technique: General

INDICATION: Osteoarthritis

INCISION: Mid-Vastus

FINDINGS: ACL: Normal, Med. Comp: Partial thickness, Lat. Comp: Non-weight bearing changes, PFJ
Trochlear: Partial thickness, Medial Facet: Partial thickness, Lateral Facet: Partial thickness, FFD: Less than 10

IMPLANTATION TECHNIQUE:

Vanguard M system was used. Osteophytes removed around femur and intercondylar notch. A size Large 2mm spoon attached to extra-medullary jig with size 3 G-clamp, with posterior slope set to 7 degrees. Vertical cut made with reference to medial tibial spine and horizontal cut made with protection of medial collateral ligament. Tibial resection removed and sized for a A component. Intra-medullary femoral rod inserted and connected to the femoral jig set on . Four and 6 mm drill holes completed, Large cutting block inserted and posterior cut made. Posterior bone fragment removed and resection size confirmed against size Large trial femoral component. Medial menisectomy performed preserving the medial collateral ligament fibers. Primary milling completed with a zero spigot. Secondary milling completed with the knee balanced around a size feeler gauge in flexion and extended position, using a size 2 final spigot. Anterior and posterior impingement resection guide used with mill and chisel. A size A tibial template was inserted and pinned in place. The keel slot was prepared with the toothbrush saw. Irrigation to remove all bone fragments. Trial reduction with size A trial tibial component and a size Large femoral component, with a size meniscal bearing was satisfactory with stable bearing movement and no impingement. Trial implants removed and joint washed. Peri-articular injection with: Bupivacaine. Implantation of size A Cemented tibial component and a Large femoral component performed using cement. Trial with a size Large bearing was satisfactory, therefore final reduction with size Large anatomic meniscal bearing. Final reconstruction was satisfactory with stable bearing movement and no impingement. Drain inserted. Wound closure with Vicryl (Deep), Vicryl (FAT). Dressings, wool and crepe bandage.

POST OPERATION PLAN:

Enhanced recovery programme with discharge when safely mobilising.

Thromboprophylaxis: Intermittent Calf Compression, TED Stockings and Direct Thrombin Inhibitor (e.g. Dabigatran), using hospital protocol.

Check x-ray prior to discharge.

Removal of sutures at 10-14 days post-operation

Outpatient appointment in 6 weeks for review.

Notes:

None

Digitally Signed By




Dr Andrew J Price on 06/09/2024 15:37:47


NUFFIELD ORTHOPAEDIC CENTRE


ADDRESS

Tel: 00000 000000

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	REF	3400.50.000	LOT	TJ-908042
Acetabular Shell with Ti-Coat, 50mm				
Acetabular shell				
Use By				
2028-01-11				
(01) 00814703010408 (17) 280111 (10) TJ-908042				
50mm				

	REF	3502.50.032	LOT	OPSK08
Acetabular Insert with E-Link Poly, 32mm Head, Size 50mm				
Non-constrained polyethylene acetabular liner				
Use By				
2021-08-10				
(01) 00814703011672 (17) 210810 (10) OPSK08				
32mm Head, Size 50mm				

	REF	3203.32.350	LOT	7011031106
32mm BIOLOX delta Femoral Head, 12/14 taper, +3.5mm Head Length				
Ceramic femoral head prosthesis				
Use By				
2021-02-06				
(01) 00814703011542 (17) 210206 (10) 7011031106				
+3.5mm Head Length				