# SURGICARE OF BROOKLYN

313 43rd St.
Brooklyn, NY 11232
Phone: (201) 549-9998 – Fax: (646) 585-4468

## Left Ankle Arthroscopy Operative Report

| | |
|---|---|
| Patient Name: | Lugo, Ivette |
| Medical Record Number: | |
| Date of Birth: | 08/06/1971 |
| Date of Procedure: | 10/11/2022 |
| Surgeon: | Upendra K. Sinha, MD. |
| Assistant: | Gennadiy Shamalov, P.A. |
| Preoperative Diagnoses: | Impingement syndrome, left ankle.<br>Post-traumatic synovitis, left ankle.<br>Rule out chondral damage, left ankle.<br>Bone edema, talus and calcaneus, left ankle. |
| Postoperative Diagnoses: | M25.872 Impingement syndrome, left ankle.<br>M65.872 Hypertrophic synovitis, left ankle.<br>M24.10 Chondral damage, lower tibia, left ankle. |
| Operative Procedure: | 29895 Arthroscopy of ankle.<br>27626 Major synovectomy of ankle.<br>29877 Chondroplasty/debridement, long tibia.<br>20605 Interarticular injection of ankle. |
| Anesthesia: | IV sedation. |
| Estimated Blood Loss: | Minimal. |
| Complications: | None. |
| Instrumentation: | None. |

**Intraoperative Findings:**
Hypertrophic synovitis.
Impingement, lateral and medial gutter.
Chondral damage, lower tibia.

**Indications for Surgery:**
Indications: After failing a course of nonoperative therapy, the patient elected to undergo the above procedures. The risks and possible complications of the surgery were discussed in detail with the patient. These risks include, but are not limited to continued pain, infection, vascular injury, nerve injury and/or possibly death. The patient expressed an understanding of the risks and possible benefits of the procedure and was also made aware of the alternatives to surgery.

An informed consent was obtained, and was checked immediately preop.

**Description of Procedure:**
The patient was brought to the operating room and placed on the operating table. The anesthesiologist administered appropriate anesthesia. Under anesthesia, the surgical site was prepped and draped in the usual sterile manner. Using arthroscopic visualization, the anterolateral and anteromedial portals were identified and the skin was marked. The anteromedial portal was made just medial to the tibialis tendon and the anterolateral portal was made lateral to the extensor digitorum tendon. Around 15 ml of saline was injected into the joint.

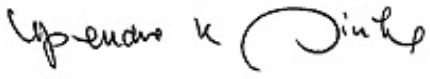
A small curved clamp was used to make the portals and perforate the capsule. No traction was applied. Diagnostic arthroscopic examination of the ankle was done and the above findings were noted. There were no loose bodies.

Chondroplasty of the tibia and talus was done using a shaver and micro-frequency ablader. There was also hypertrophic synovitis of the anterolateral and anteromedial gutters present which was excised with a shaver and ablader. Thorough irrigation of the area was done.

A mixture of Depo-Medrol, Toradol and 0.25% Marcaine was given to the patient for pain control.

The ankle was evaluated once again. No unstable lesions remained. Hemostasis was maintained throughout the procedure. All the instruments were removed. The incisions were closed using 3-0 nylon suture. A sterile dressing was placed. The patient was weaned from anesthesia, and brought to the recovery room in satisfactory condition.

**Physician Assistant:**
Throughout the procedure, I was assisted by physician assistant, licensed in the State of New York. He assisted in positioning the patient on the operating room table as well as transferring the patient from the operating room table to the recovery room stretcher. He assisted me during the actual procedure with positioning of the patient's extremity to allow for ease of arthroscopic access to all areas of the joint. The presence of physician assistant as my operating assistant was medically necessary to ensure the utmost safety of the patient in the operative, interim and postoperative period.



U.K. Sinha, MD, MS (Ortho), FAAOS
Board Certified Orthopedic Surgeon