SURGICARE OF BROOKLYN

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Right Ankle Arthroscopy Operative Report

Patient Name:	Charlemagne, Jean Louis
Medical Record Number:	14103
Date of Birth:	07/28/1982
Date of Procedure:	07/30/2022
Surgeon:	Upendra K. Sinha, MD.
Assistant:	Gennadiy Shamalov, P.A.
Preoperative Diagnoses:	Impingement syndrome, right ankle. Post-traumatic chondral damage of the talus, right ankle. Adhesions, stiffness, right ankle.
Postoperative Diagnoses:	M24.173 Chondral damage, right ankle. M65.871 Hypertrophic synovitis, right ankle.
Operative Procedure:	29895 Arthroscopy of ankle. 27626 Major synovectomy (anterior, anteromedial and anterolateral. 29898 Chondroplasty/debridement, talus. 29999 Lysis of adhesions of ankle. 20605 Interarticular injection of ankle.
Anesthesia:	IV sedation.
Estimated Blood Loss:	Minimal.
Complications:	None.
Instrumentation:	None.

Intraoperative Findings:
Chondral damage, talus.
Extensive synovitis, ankle joint.

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.

Ankle Examination Under Anesthesia:
Negative anterior drawer sign.
Positive inversion test.

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.

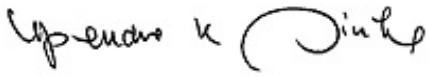
A small curved clamp was used to make the portals and perforate the capsule. No traction was applied. Diagnostic arthroscopic examination of the ankle was done and the above findings were noted.

Chondroplasty of the 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. Lysis of adhesions were performed. 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 a 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.



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