

**All City Family Healthcare Center**

3632 Nostrand Ave.  
Brooklyn, NY 11229  
(718) 332-4409

**Right Knee Arthroscopy Operative Report**

Patient Name: Rose, Adina  
Medical Record Number: 3292874  
Date of Birth: 01/01/1966  
Date of Procedure: 08/25/2022  
Surgeon: Upendra K. Sinha, MD.  
Preoperative Diagnoses: Status post arthroscopic surgery, right knee.  
Recurrent discharge from lateral portal, right knee.  
Postoperative Diagnoses: Status post arthroscopic surgery, right knee.  
Recurrent discharge from lateral portal, right knee.  
Operative Procedure: 29871 Incision and drainage, lateral portal, wound closure with 3-0 nylon.  
Anesthesia: Local with IV sedation.  
Complications: None.

**Intraoperative Findings:**

There appears to be a cyst formation over the lateral portal. The cyst is filled with clear fluid.  
There is evidence of local fat necrosis, which appears to be superficial.  
Joint capsule is intact.  
Aspiration of the knee joint, dry tap.  
Blood sample sent – CBC and differential, sed rate, CRP.  
Regular C&S and also tissue C&S sent to lab  
Cleocin 600 mg IV given after culture.

**Indications for Surgery:**

This is a 56-year-old woman who had right knee arthroscopic surgery about 3 weeks ago. After about one-week post-op, she noticed clear fluid discharge from the lateral portal. We removed the suture, two weeks post-op, no local inflammation was seen, but there was on and off clear fluid discharge. The patient was afebrile, no effusion of the knee joint, very minimal pain. Due to intermittent discharge from the lateral portal, we decided to do I&D.

**Description of Procedure:**

The patient was brought to the operating room, and placed on the operating table. The anesthesiologist administered appropriate anesthesia. The patient's right lower extremity was prepped and draped in the usual standard surgical fashion. A small incision was made over the lateral portal (1.5 cm). Clear fluid

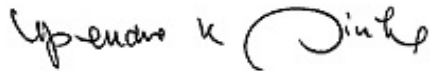
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came out (2 cc). There seemed to be a small cyst formation. There was mild fat necrosis noted. The capsule was intact.

Debridement was done. Specimens for regular C&S and also tissue C&S were taken. IV antibiotics was given. Aspiration of the knee joint was done, dry tap. After thorough irrigation with saline, the wound was closed as usual with 2 stitches of 3-0 nylon. Local vancomycin powder was also applied. A long knee immobilizer was applied. The patient was then weaned from anesthesia, transferred to a postoperative stretcher and brought to the recovery room in satisfactory condition.

A handwritten signature in black ink, appearing to read "U.K. Sinha". The signature is written in a cursive, flowing style with a large loop at the end.

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