

## **Fifth Avenue Surgery Center**

1049 5th Avenue  
New York NY 10028

### **Right Knee Arthroscopy Operative Report**

Patient Name: Vargas, Luz

Medical Record Number: 3340766

Date of Birth: 06/01/1996

Date of Procedure: 09/01/2022

Surgeon: Upendra K. Sinha, MD.

Assistant: Gennadiy Shamalov, P.A.

Preoperative Diagnosis: Recurrent dislocation of the patella, right knee.

Postoperative Diagnoses: Recurrent dislocation of the patella, right knee.

Operative Procedure: Medial patellofemoral ligament reconstruction with Gracilis allograft (Arthrex).

Anesthesia: Regional with IV sedation.

Position: Supine.

Estimated Blood Loss: Minimal.

Complications: None.

Instrumentation: Total length of allograft 200 mm, diameter 4 mm, two anchors in patella, one anchor in the medial femoral condyle. The graft was placed extracapsular. A C-arm was also used to verify the anchor placement in the patella and also to confirm the isometric point in the medial femoral condyle. A special guide was also used to verify the isometric point.

**Brief History:** This young patient has recurrent patellar dislocation of the right knee. She had undergone arthroscopic surgery of the right knee in 2021. Apprehension sign is positive. There is significant lateral laxity. The angle is normal. There is no patella alta. There is no notch dysplasia, no genu valgum. There is normal range of motion of the knee.

#### **Indications for Surgery:**

All the major and minor complications, risks and benefits and all other options were explained in detail to the patient. The patient elected to undergo the above procedure.

#### **Description of Procedure:**

Under general anesthesia and after prepping and draping in the normal fashion, a small incision was made over the medial border of the patella. After entering through the skin, superficial fascia and the deep fascia, the medial border of the patella was exposed. Two parallel guide wires were inserted in the middle

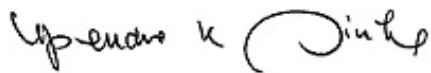
of the patella. A guide-pin was inserted. X-rays were taken to confirm this. A 4-0 reamer was used over the guide pin. Then pre-sutured both limbs of the Gracilis allograft was inserted into the hole in the patella and fixed with two anchors (Arthrex). A C-arm was brought in. In a lateral view, isometric point was selected with the help of a special guide. The guide pin was inserted. A small skin incision was made in this area. The guide pin was inserted through the lateral femoral canal. This was reamed with a 7-mm reamer up to the depth of 25 mm. The allograft was retrieved through this second incision (extracapsular) and then fixed with 6/20 anchor. Extra care was taken to avoid any over-tightening of the graft.

The patella became very stable. There was excellent range of motion of the knee. The wound was closed in layers as usual. A long knee brace with hinges was applied, which was fixed to an angle of 30-degrees.

The patient was then weaned from anesthesia, transferred to a postoperative stretcher 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.



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