# SURGICARE OF BROOKLYN

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## **Left Shoulder Arthroscopy Operative Report**

Patient Name: Mskhvilidze, Revaz

Medical Record Number: 14929

Date of Birth: 08/21/1984

Date of Procedure: 08/18/2022

Surgeon: Upendra K. Sinha, MD.

Assistant: Joshua Leonardo, P.A.

Preoperative Diagnosis: Status post open excision of lateral end of clavicle with wound

dehiscence (3 weeks post-op).

Postoperative Diagnoses: Status post open excision of lateral end of clavicle with wound

dehiscence (3 weeks post-op).

Operative Procedure: 29823 Extensive debridement and irrigation (tissue C&S sent).

97607 Application of wound vac (PICO – Smith & Nephew).

Position: Semi-beach chair.

Complications: None.

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

Indications: The patient had open excision of lateral end of the clavicle (left side) about three weeks ago. The patient had developed wound dehiscence. The first debridement was done in the office but it was not adequate. So, a decision was made to perform this procedure in the OR.

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

The patient was brought to the operating room. The patient was placed in a beach chair position. The patient's left upper extremity was prepped and draped in the usual standard aseptic surgical fashion. A time out was done.

Extensive debridement and irrigation was done. Tissue sample was sent to the lab for C&S. Overall, the wound looked good. There was some local tissue necrosis which was not deep. The skin margin was edematous and slightly red. This was excised. The wound was left open. The wound was less than 2 cm deep.

A wound vac (PICO - Smith & Nephew) was applied. The patient is taking Clindamycin 600 mg twice a day for the last one week. We will wait for the culture and sensitivity report before changing the antibiotics. At the present time, there does not seem to be any need for IV antibiotics.

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.

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

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