NORTH QUEENS SURGICAL CENTER
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OPERATIVE REPORT

PATIENT NAME: GUERRIER, ROBERT **MEDICAL RECORD #**: 19215

SURGEON: ANJANI SINHA, M.D.**DATE OF SURGERY**: 09/14/2019

DATE OF BIRTH: 08/13/1977

PREOPERATIVE DIAGNOSIS: Left shoulder rotator cuff tear.

POSTOPERATIVE DIAGNOSIS:
1. Left shoulder partial rotator cuff tear of the supraspinatus tendon
2. Left shoulder SLAP tear type 1
3. Hyperemic bursitis
4. Multiple adhesions in subacromial compartment
5. Thickened CA ligament
6. Hypertrophic synovitis.

PROCEDURES:
1. Left shoulder arthroscopy.
2. Rotator cuff debridement of the supraspinatus tendon
3. SLAP tear debridement.
4. Lysis of adhesions in subacromial space
5. Extensive synovectomy
6. lysis of thickened CA ligament.

SURGEON: Anjani Sinha, M.D.

ASSISTANT: Robert Yuen, PA.

ANESTHESIA: Interscalene nerve block with IV sedation.

ANESTHESIOLOGIST: Dr. Kehar.

ANTIBIOTICS: IV Ancef.

EBL: Minimum.

PREOPERATIVE INDICATIONS: The patient is a 42-year-old male who sustained a left shoulder injury in a motor vehicle accident. He failed all conservative treatment and is now indicated for a left shoulder arthroscopy. The patient understood the risks and benefits of the procedure and wished to proceed.

DESCRIPTION OF PROCEDURE: The patient was identified in the preoperative holding area. The operative site was signed by a surgeon. Informed consent was obtained. The patient was brought to the operating room. He was positioned in a beach chair position and given Ancef intravenously. Adequate anesthesia with IV sedation and interscalene nerve block was achieved. The left upper extremity was prepped and draped in the usual sterile fashion. Anatomic landmarks were marked out. A time-out was

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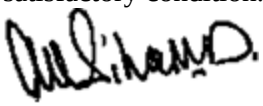
performed and laterality was confirmed to the left shoulder. A standard posterior portal was made and the arthroscope introduced into the joint. An anterior portal was made under direct visualization. The articular surface of the glenoid and the humerus was in good condition. There was mild-to-moderate hypertrophic synovitis. There was type 1 SLAP tear and fraying of the superior margin of the labrum. The biceps anchor was stable. The biceps tendon was then pulled into the joint and noted to be intact but with mild hypertrophic tenosynovitis. The rotator cuff was then evaluated and there was 10% of the partial rotator cuff tear in the anterior supraspinatus tendon. Using the shaver, the SLAP tear was debrided down to a stable rim. Thermal shrinkage was also applied using the radiofrequency device. This was followed by a thorough debridement using a shaver and ArthroCare of the partial rotator cuff tear. An extensive synovectomy was performed using the ArthroCare. We then turned our attention to the subacromial space. A lateral portal was made under direct visualization. There were multiple adhesions, which were restricting the mobility of the rotator cuff. Using a shaver, we performed a lysis of multiple adhesions both anteriorly and posteriorly allowing grater mobility of the rotator cuff. The arm was placed into range of motion and there were no rotator cuffs tears noted from the subacromial surface. A thickened CA ligament was present and taken down with the ArthroCare. Hemostasis was achieved using radiofrequency device with no significant bleeding. Arthroscope and instruments were withdrawn. The portals were closed with buried 3-0 Monocryl. Steri-Strips and dry sterile compressive dressing was applied. The arm was placed in a sling. The patient was awakened and brought to the recovery room in a satisfactory condition.



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Anjani Sinha, M.D.

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