All City Family Healthcare Center
3632 Nostrand Ave.
Brooklyn, NY 11229
(718) 332-4409

OPERATIVE REPORT

PATIENT NAME: Kim, Choong Hyo **MEDICAL RECORD #**: 3095631

SURGEON: Anjani Sinha, M.D. **DATE OF SURGERY**: 02/13/2020

DATE OF BIRTH: 07/09/1994

PREOPERATIVE DIAGNOSIS: Left knee meniscus tears.

POSTOPERATIVE DIAGNOSES:

1. Left knee medial and lateral meniscus tears.
2. Chondral lesions, multiple compartments.
3. Extensive hypertrophic synovitis.

PROCEDURES:

1. Left knee arthroscopy.
2. Partial medial and lateral meniscectomies.
3. Coblation arthroplasty, medial compartment.
4. Extensive synovectomy.
5. Abrasion arthroplasty, lateral compartment.

ASSISTANT: David Davydov, P.A.

ANESTHESIA: LMA.

ANESTHESIOLOGIST: Dov Ginsberg, M.D.

EBL: Minimal.

ANTIBIOTICS: IV Ancef.

SECOND ASSISTANT: Due to the complexity of the procedure and for optimal patient care, a physician assistant was needed for successful completion of all the procedures performed.

PROCEDURE IN DETAIL: The patient was identified in the preoperative holding area. The operative site was signed by the surgeon. Informed consent was obtained. The patient was brought to the operating room and positioned supine on the OR table. The patient was given Ancef intravenously. Adequate anesthesia with LMA was achieved. The left lower extremity was prepped and draped in the usual sterile fashion. A time-out was performed and laterality was confirmed to the left knee. Standard anterolateral and anteromedial portals were made through

which the arthroscope and instruments were introduced. A diagnostic arthroscopy has begun. There was extensive hypertrophic synovitis throughout the joint. The medial compartment showed tearing and fraying of the anterior horn of the medial meniscus. Using a 4.2-mm shaver, we performed a partial medial meniscectomy down to a smooth and stable rim. There was a grade 3 chondral lesion on the medial femoral condyle; using the shaver, we performed a thorough debridement of the chondral lesion encountered. However, there were unstable margins remaining and a Coblation arthroplasty had to be performed to stabilize these margins; using an ArthroCare wand and its plasma field, we melted the unstable margins down to a smooth and stable surface with minimal damage to the surrounding tissue. Once this was accomplished, we performed an extensive synovectomy to address the extensive hypertrophic synovitis encountered in the medial compartment. Next, we assessed the ACL, which was noted to be stable with a negative anterior drawer sign. We then turned our attention to the lateral compartment and there was extensive hypertrophic synovitis throughout the compartment. There was tearing of the junction of the anterior horn and body of the lateral meniscus; using the shaver, we performed a partial lateral meniscectomy, down to a stable surface. There was a grade 3 chondral lesion encountered on the lateral tibial plateau; using the shaver, an abrasion arthroplasty was performed, down to the bleeding bone. Once this was accomplished, We used the shaver to perform an extensive synovectomy to address the extensive hypertrophic synovitis encountered within the lateral compartment. We then accessed the patellofemoral compartment and there was a chondral lesion encountered on the undersurface of the patella, the trochlea groove was normal; using the shaver we debrided the chondral lesion encountered, down to a stable surface. Once this was done, we used the shaver to perform an extensive synovectomy removing the extensive hypertrophic synovitis encountered in the patellofemoral compartment. The articular surfaces were normal. The arthroscope and instruments were then withdrawn. The portals were closed with buried 3-0 Monocryl. Marcaine 0.5% was injected into the portal sites intra-articularly. Steri-Strips and dry sterile compressive dressings were applied. The patient was awakened and brought to the recovery room in satisfactory condition.

Anjani Sinha, M.D.