NORTH QUEENS SURGICAL CENTER
45-64 Francis Lewis Blvd.
Bayside, NY 11361
Phone: (929) 258-7720 Fax: (929) 258-7722

OPERATIVE REPORT

PATIENT NAME: HAKIME, JAMIL **MEDICAL RECORD #**: 19220

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

DATE OF BIRTH: 12/11/1964

PREOPERATIVE DIAGNOSIS: Right shoulder labral tear.

POSTOPERATIVE DIAGNOSIS:
Right shoulder anterior labral tear
SLAP tear type 1
Partial rotator cuff tear of the supraspinatus tendon
Chondral lesion of the glenoid
Hyperemic bursitis
Multiple adhesions in subacromial compartment
Thickened CA ligament.

PROCEDURES:
1. Right shoulder arthroscopy.
2. Bankart repair.
3. SLAP debridement
4. Rotator cuff debridement of the supraspinatus tendon.
5. Lysis of adhesions
6. Lysis of thickened CA ligament.
7. Coblation chondroplasty of the glenoid.

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

NORTH QUEENS SURGICAL CENTER
45-64 Francis Lewis Blvd.
Bayside, NY 11361
Phone: (929) 258-7720 Fax: (929) 258-7722

OPERATIVE REPORT

PATIENT NAME: HAKIME, JAMIL **MEDICAL RECORD #**: 19220

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

DESCRIPTION OF PROCEDURE: The patient was identified in the preoperative holding area. The operative site was marked and 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 right upper extremity was prepped and draped in the usual sterile fashion. Anatomic landmarks were marked out. A time-out was performed and laterality was confirmed to the right shoulder. A standard posterior portal was made and the arthroscope was introduced into the joint. An anterior portal was made under direct visualization. Upon entering the glenohumeral joint, the articular surface of the humerus was in good condition; however, there was grade 3 chondral wear of the anteroinferior rim of the glenoid. Using the Arthrocare the unstable margins of the chondral lesion were melded down to stable edge taking care not to damage any surrounding tissues. There was a Bankart lesion at approximately 3:30 position of the labrum present. The labrum was probed and noted to be unstable and delaminated from the glenoid rim. There was also a type 1 SLAP tear and fraying of the anterior labrum and superior margin of the labrum. The biceps anchor was stable. The biceps tendon was then pulled into the joint and was noted to be intact but with mild hypertrophic tenosynovitis. The rotator cuff was then evaluated and there was 10% partial rotator cuff tear in the anterior supraspinatus tendon. Using the shaver, the anterior labrum and the SLAP tear was debrided down to a stable rim. Thermal shrinkage was applied using the radiofrequency device. The rotator cuff was also debrided using a shaver and ArthroCare from the articular side. Next, we then turned our attention to the repair of the Bankart lesion. While viewing from the posterior portal, the anteroinferior labrum was freed from the glenoid using an arthroscopic Freer. Once the labrum was mobilized, a shaver was introduced to remove residual fragments and debride from the glenoid rim. A combination of shaver and an arthroscopic rasp was used to clear any bleeding bony bed and prepared the glenoid rim. A 25-degree angle suture lasso was used to pierce the capsule and labrum in one pass. Once ample suture filled the joint, the suture lasso was withdrawn from the anterior portal and a grasper was used to retrieve the monofilament suture. A labral tape suture was then passed around the labrum. A pilot hole was then drilled in the glenoid and then a 2.9 mm PushLock anchor was loaded with the respective suture and impacted into the pilot hole. The remaining suture was cut with an arthroscopic suture cutter. The repair was probed and recreated functional bumper effect of the labrum was noted to be stable. 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 greater 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 identified and was taken down using 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.

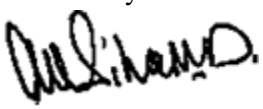
NORTH QUEENS SURGICAL CENTER
45-64 Francis Lewis Blvd.
Bayside, NY 11361
Phone: (929) 258-7720 Fax: (929) 258-7722

OPERATIVE REPORT

PATIENT NAME: HAKIME, JAMIL **MEDICAL RECORD #**: 19220

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

The arm was placed in a sling. The patient was awakened and brought to the recovery room in a satisfactory condition.



09/16/19 12:29 +00:00

Anjani Sinha, M.D.

JOB#: 118177319 PCF: med: vr/js D: 09/14/2019 T: 09/16/2019