**Surgery – Nervous System**

1. An infant born at 33 weeks underwent five photocoagulation treatments to both eyes due to retinopathy of prematurity at six months of age. The physician used an operating microscope during these procedures. These treatments occurred once per day for a defined treatment period of five days.
2. Jennifer was admitted to the hospital for an aspiration of two thyroid cysts. Her physician completed this procedure with CT guidance of the needle including interpretation and report.
3. Baby Smith was diagnosed with meningitis. His physician placed a needle through the fontanel at the suture line to obtain a spinal fluid sample on Monday. The needle was withdrawn and the Phyllis fell down on the ice and fractured her leg. The fall also caused severe injury to the muscles and tore several nerves. Her physician completed suturing of two major peripheral nerves in her leg without transposition and shortened the bone. After the surgery she was seen by a physical therapist for ongoing treatment and gait training.area bandaged. The baby required another subdural tap bilaterally on Wednesday. How would you report Wednesday’s service?
4. Dr. Martin performed an excision at the middle cranial fossa for a vascular lesion. This procedure was completed in an intradural fashion with dural repair and graft. His partner, Dr. Sutter, performed an infratemporal approach with decompression of the auditory canal.
5. Phyllis fell down on the ice and fractured her leg. The fall also caused severe injury to the muscles and tore several nerves. Her physician completed suturing of two major peripheral nerves in her leg without transposition and shortened the bone. After the surgery she was seen by a physical therapist for ongoing treatment and gait training.
6. The patient is a 64-year-old female who is undergoing a removal of a previously implanted Medtronic pain pump and catheter due to a possible infection. The back was incised; dissection was carried down to the previously placed catheter. There was evidence of infection with some fat necrosis in which cultures were taken. The intrathecal portion of the catheter was removed. Next the pump pocket was opened with evidence of seroma. The pump was dissected from the anterior fascia. A 7-mm Blake drain was placed in the pump pocket through a stab incision and secured to the skin with interrupted Prolene. The pump pocket was copiously irrigated with saline and closed in two layers.
7. The patient is a 73-year-old gentleman who was noted to have progressive gait instability over the past several months. Magnetic resonance imaging demonstrated a ventriculomegaly. It was recommended that the patient proceed forward with right frontal ventriculoperitoneal shunt placement with Codman programmable valve.
8. MRI reveals patient has cervical stenosis. It was determined he should undergo bilateral cervical laminectomy at C3 through C6 and fusion. The edges of the laminectomy were then cleaned up with a Kerrison and foraminotomies were done at C4, C5, and,,C6. The stenosis is central: a facetectomy is performed by using a burr. Nerve root canals were freed by additional resection of the facet, and compression of the spinal cord was relieved by removal of a tissue overgrowth around the foramen.
9. An extracapsular cataract removal is performed on the right eye by manually using an iris expansion device to expand the pupil. A phacomulsicfication unit was used to remove the nucleus and irrigation and aspiration was used to remove the residual cortex allowing the insertion of the intraocular lens.
10. An infant who has chronic otitis media was placed under general anesthesia and a radial incision was made in the posterior quadrant of the left tympanic membrane. A large amount of mucoid effusion was suctioned and then a ventilating tube was placed in both ears.
11. A craniectomy is being performed on a patient who has Chiari malformation. Once the posterior inferior scalp was removed a C-1 and a partial C-2 laminectomy was then performed. The right cerebellar tonsil was dissected free of the dorsal medulla and a gush of cerebrospinal fluid gave good decompression of the posterior fossa content.
12. Under fluoroscopic guidance an injection of a combination of steroid and analgesic agent is performed on T2-T3, T4-T5, T6-T7 and T8-T9 on the left side into the paravertebral facet joints. The procedure was performed for pain due to thoracic root lesions.
13. An entropian repair is performed on the left lower eyelid in which undermining was performed with scissors of the inferior lid and inferior temporal region. Deep sutures were used to separate the eyelid margin outwardly along with stripping the lateral tarsus to provide firm approximation of the lower lid to the globe.
14. The patient was taken to the procedure room and placed prone and the L4–L5 interspace was identified using fluoroscopy to determine the injection site. The patient was prepped in routine sterile fashion with Betadine and covered in sterile drape. 1% lidocaine was used to anesthetize the skin, subcutaneous tissue, and muscle. Once the proper anesthesia was obtained, a 3 inch, 20 gauge Tuohy needle was inserted and slowly advanced towards the L4-L5 interspace. Using a 6 cc glass syringe and the loss-of-resistance technique the epidural space was identified. After aspiration revealed no blood or cerebrospinal fluid return, the syringes were then changed and 80 mg/ml preservative-free Depo Medrol and 2 cc of 1% methylparaben free lidocaine were injected in slow incremental fashion. After aspiration, all needles were removed intact, the skin was cleaned and a Band-Aid was applied.
15. A 65-year-old patient presented with ectropion of the right lower eyelid. Repair with tarsal wedge excision is performed for correction. Attention was then directed to the left eye. The patient also had an ectropion of the left lower lid which was repaired by suture repair.
16. A 42-year-old patient returns to the hospital neurology clinic for follow-up. He was checked three days prior to this visit where a lumbar puncture was done to find the etology of the patient’s headaches. The headaches have increased in intensity over the past three days. The neurologist examines the patient and finds a CSF leak from the lumbar puncture. A blood patch by epidural injection is performed to repair the leak.
17. A 63-year-old woman presented to the eye clinic as a new patient with symptoms of flashing lights and floaters in the right eye for two days duration. The ophthalmologist does a general evaluation of the complete visual system, including dilating her eyes and checking her with the indirect ophthalmoscope, revealing peripheral retinal tear. The physician explains to the patient that if left untreated, there is a high likelihood of retinal detachment. The patient agrees to the procedure. The physician lasers the retinal tear and tells the patient to come back in 24 hours for follow-up.
18. Postoperative Diagnosis: Carpal tunnel syndrome right wrist The patient was brought to the operating room and sedated by anesthesia. After sterile prepping and draping of the right hand, wrist and arm the patient’s area of incision was infiltrated with Xylocaine/Marcaine infiltration. After satisfactory anesthesia an Esmarch bandage was used to exsanguinate the right hand and wrist and used about the distal forearm as a tourniquet. A curvilinear incision was made on the palmar aspect of the right wrist. Dissection was carried out through the skin and subcutaneous tissue. Bleeding was controlled. The median nerve and it branches were identified, retracted, and protected at all times. The ligament was incised from proximal to distal. A thorough decompression was carried out. A neurolysis was carried out. The nerve was found to be flattened and ischemic underneath the transverse carpal ligament. The fascia was closed, the tourniquet was released. A dressing was applied and patient was transferred to recovery room.
19. A 35-year-old man presents to the urgent care center with severe neck pain. The physician examines the patient and makes the diagnosis of cervical nerve impingement and injects an anesthetic agent into the cervical plexus using three injections.
20. A four-year-old with chronic otitis media and fluid buildup in both ears was admitted by her otolaryngologist for a bilateral tympanostomy. The procedure was performed with placement of ventilating tubes. The procedure required general anesthetic due to the patient’s age.
21. The physician performs a right thyroid lobectomy. The patient was prepped and draped. After adequate general anesthesia, the neck was incised on the right side and sharp dissection was then used to cut down onto the strap muscles and sternodcleidomastoid muscles. The strap muscles were separated and transected on the right side. A small thyroid lobe was visualized and dissected free. There was no evidence of a tumor. The wound was closed with 3-0 interrupted Vicryl for the platysma, 4-0 Vicryl for the deep tissues and 6-0 fast absorbing gut for the skin.
22. PROCEDURE: Bilateral lumbar medial branch block under fluoroscopy for the L3, L4, L5 medial branches for the L4-L5, L5-S/1 facets for diagnostic and therapeutic purposes. PROCEDURE: The patient was placed in the prone position on the fluoroscopy table and automated blood pressure cuff and pulse oximeter applied. The skin entry points for approaching the anatomic A 43-year-old patient who suffers from severe intermittent vertigo has been definitively diagnosed with Meniere’s disease. After a year of various treatments, medications, tests, and behavior/lifestyle changes that have failed to lessen the symptoms, she now presents for a transcanal chemical labyrinthotomy to the rightear. Dr. Miller visualizes the tympanic membrane with an operating microscope, cleans the ear canal, and makes a small incision into the tympanic membrane. Gentamicin is delivered into the right ear. The patient is repositioned with the right ear up and monitored by the nurse. The perfusion is repeated to achieve the maximum result. The ear is suctioned, cleaned, and carefully examined for bleeding. The patient tolerated the procedure well and is returned to the recovery area in satisfactory condition. target points of the bilateral segmental medial branches or dorsal ramus of L3, L4, L5 were identified with a 22.5 degree from perpendicular lateral oblique fluoroscopy view and marked. Following thorough Chloraprep preparation of the skin and draping and 1% lidocaine infiltration of the skin entry points and subcutaneous tissues, a 22 gauge 6" spinal needle was placed under fluoroscopic guidance down on the target point for each respective segmental medial branch or dorsal ramus. At each point 1 mL consisting of 0.5% bupivacaine and Depo-Medrol was injected. A total of 80 mg of Depo-Medrol was divided between all six spots.
23. A 43-year-old patient who suffers from severe intermittent vertigo has been definitively diagnosed with Meniere’s disease. After a year of various treatments, medications, tests, and behavior/lifestyle changes that have failed to lessen the symptoms, she now presents for a transcanal chemical labyrinthotomy to the rightear. Dr. Miller visualizes the tympanic membrane with an operating microscope, cleans the ear canal, and makes a small incision into the tympanic membrane. Gentamicin is delivered into the right ear. The patient is repositioned with the right ear up and monitored by the nurse. The perfusion is repeated to achieve the maximum result. The ear is suctioned, cleaned, and carefully examined for bleeding. The patient tolerated the procedure well and is returned to the recovery area in satisfactory condition.
24. Preoperative diagnosis: Bilateral impacted ventilating tube

Postoperative diagnosis: Same

Anesthesia: General

Procedure performed: Removal and replacement of new tubes, bilaterally via tympanostomy

Procedure: Sammie, a 16-year-old patient, was admitted and taken to the operative suite and placed under general anesthesia by inhalation. When adequate sedation was achieved, a 3.8-mm speculum was inserted into the left ear, wax removed, and speculum removed. The impacted tube was then removed. A new site was achieved within the same tympanosclerotic plaque and a new tube placed. The same procedure was repeated to the right ear. Sammie was sent to the recovery suite in stable condition.

1. Dr. Adams completed an anterior discectomy with decompression including osteophytectomy to levels C3–C5.During the same session, he stabilized C3–C5 with anterior cervical interbody fusion. For proper visualization, Dr. Adams used an operating microscope during all phases of the procedure.