## **Surgical Procedure Note**

Male

Patient Name:Blake RussellMRN:98028392052Date of Birth:03/24/1967Admit Type:InpatientAge:56Room:OR 1

Surgeon: Graham Anderson, MD
Anesthesiologist: Lauren Frascone, MD

**Procedure:** Lumbar Spinal Fusion (L4-L5)

**Patient Profile:** Mr. Blake Russell is a 56-year-old male scheduled for a lumbar spinal fusion procedure from L4 to L5 due to lumbar degenerative disk disease. He has a medical history of diabetes and hypertension, which are pertinent comorbidities requiring vigilant management during the surgical intervention.

**Procedure Date**: 10/16/2023

Medications: ACE Inhibitors, Beta Blockers

## **Preoperative Diagnosis:**

Gender:

Lumbar degenerative disc disease Spondylolisthesis at L4-L5

**Procedure:** The patient was brought to the operating room, and after obtaining informed consent, the patient was placed in the prone position on the operating table. Appropriate monitoring lines and anesthesia were established.

## **Operative Technique:**

A midline incision was made over the lumbar spine, extending from the L3 to the L5 vertebral levels.

Subperiosteal dissection was performed to expose the L4 and L5 vertebrae and their corresponding transverse processes.

Pedicle screws were placed in the L4 and L5 vertebral bodies under fluoroscopic guidance.

The intervertebral disc at the L4-L5 level was completely removed, and the endplates were prepared for fusion.

A bone graft, obtained from the patient's iliac crest, was placed within the disc space to promote fusion.

A titanium interbody cage filled with additional bone graft material was inserted into the L4-L5 disc space.

The rod connectors were attached to the previously placed pedicle screws, and the rods were contoured to achieve proper alignment and stability.

Final tightening of all screws and connectors was performed to secure the construct.

Hemostasis was achieved, and the wound was thoroughly irrigated.

The incision was closed in layers, and a sterile dressing was applied.