

Report 3

Name: Benny Bedford

#050122

Date of Operation:

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Department: Neurosurgery

Surgeon: A. Jones, MD

Assistant Surgeon: B. Jones, MD

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS

Ruptured right internal carotid artery bifurcation aneurysm.

POSTOPERATIVE DIAGNOSIS

Same.

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PRIMARY PROCEDURE

CRANIOTOMY FOR ANEURYSM CLIP LIGATION.

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ANESTHESIA

General endotracheal.

PROCEDURE

The patient was taken to the operating room, and following successful endotracheal intubation, IV lines and an arterial catheter were placed. A spinal drain was placed. The patient was given Kefzol, Lasix and mannitol, and the table was turned 90°. The table was flexed slightly. The head was raised 30°. The head had been previously clipped and shaved, and a 3-pin Mayfield head holder was then secured to the head and connected to the operating table via the Mayfield adapter system. The head was turned to the left with the right side up at approximately 45° and extended slightly. At this point, a right pterional skin incision was fashioned with the use of the skin knife and carried down to the periosteum. The hot knife was used to trim the skin flap simultaneously with taking down of the temporalis muscle and fascia. This was placed in a bacitracin-impregnated lap sponge and held on gentle retraction with the use of fish hooks which were connected to the long arm of the Greenberg retractor using rubber bands and large hemoclips. Two holes were fashioned, one 0.5 cm inferior to the superior temporal line and one in the temporal squamosa. The craniotome was then used to fashion a free bone flap, which was placed off the field. Then the sphenoid ridge was rongeuired down, and the dura was opened in a curvilinear fashion with the base anteriorly over the sphenoid ridge. The dura was held on gentle retraction with the use of 4-0 Nurolon suture material. Cotton strips were then placed in the frontotemporal lobe, and the microscope was brought into play. Under microscopic high power vision, the frontal lobe retractor was inserted, and the right optic nerve was visualized. Just lateral to this, the right carotid artery and the aneurysm were seen. The neck was repaired and subsequently clipped. Following this maneuver, the wound was irrigated with lidocaine 1% without epinephrine. This was irrigated out with bacitracin-impregnated saline solution. Upon establishing meticulous hemostasis, self-retaining retractors were removed. The dura was closed

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with 4-0 Nurolon running and locked sutures. The bone flap was secured with 2-0 wire, and the craniotomy button was replaced. The galeal layers were closed with 2 rows of 2-0 Vicryl suture material in interrupted, inverted fashion, and skin wedges were closed with staples. The patient tolerated the procedure without complication, was extubated and moving all extremities in the operating room following completion of the case.

Anne Jones, MD

D:

T:

AJ:

Footnotes

¹ Write out date here per Rule 64.

² Since the doctor dictated “same” here, it is acceptable to either type “same” or retype the full diagnosis as it appears in the heading above.

³ All caps per format.

⁴ Rule 28.

⁵ Rule 27.

⁶ It would also be acceptable to write out “degrees” instead of using the symbol when expressing an angle.

⁷ Rule 6 exception.

⁸ Rule 9.

⁹ Write out the number here to be consistent with the written number earlier in the sentence.

¹⁰ Rule 28.

¹¹ Rule 70.

¹² Rule 27.

¹³ Rule 46.

¹⁴ Rule 46.

¹⁵ Rule 20.