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| Date <u>Sept. 3, 1976</u> | Anesthetic began <u>6:20 pm</u> | Ended <u>8:45 pm</u> |
| Surgeon <u>D. Millett, M.D.</u> | Operation began <u>6:45 pm</u> | Ended <u>8:40 pm</u> |
| Assistant <u>C. Kezelo, P.A.</u> | Instrument Nurse <u>K. Martin, ORT</u> | |
| Anesthesiologist <u>D. Goodson, M.D.</u> | Circulating Nurse <u>J. Holland, R.N.</u> | |
| Anesthesia <u>S.A.B.</u> | Sponge Count <u>correct</u> | Specimen to Lab <u>no sw</u> |

PREOPERATIVE DIAGNOSIS:

POSTOPERATIVE DIAGNOSIS:

OPERATION:

PREOPERATIVE SITUATION: This Philippino patient had a week before fallen, sustaining a displaced right subcapital fracture. The patient was brought to the operating room where he was given a satisfactory spinal anesthetic and the right hip manipulated several times, under control of the image intensifier, to reduce the femoral head in relation to the neck. This was adequately accomplished; the leg was then fixed into the traction device with the foot and leg in somewhat of a position of internal rotation, but neutral with regard to abduction and adduction.

WHAT WAS DONE: The lateral thigh was then prepped and draped free in the usual manner for a hip pinning and longitudinal incision was made after the prep, directly over the greater trochanter and extending down the femur. The fascia lata was split sharply with the scalpel, as was the subcutaneous tissue; the vastus lateralis was peeled back near its origin from the base of the trochanter. A drill hole was made and a sample K-wire was inserted. The head and neck appeared in good position. The Deyerle's plate was then slipped over the K-wire and drill holes made up to the level of the fascia for the Deyerle pin. Several pins were placed and shown to be in good position on the image intensifier. The K-wire was then removed and a pin was used in its place. A total of eight pins were placed and they were all in good position at the time of closure. The wound was then irrigated with normal saline and with 1% Neomycin solution. Bleeding was very minimal. The split in the vastus lateralis was repaired with several interrupted #0 chromics. The fascia lata was similarly repaired. The subcutaneous tissue was repaired with #2-0 plain and the skin was closed with a running #4-0 mattress Dermalon stitch. Sterile dressing was then applied. Final check films at the close of the procedure showed that the femoral head was in good position in relation to the neck, was well impacted and was actually impacted with the Deyerle impactor at the time of surgery.

DWM/dlr
d/t 9-14-76

DAVID W. MILLETT, M.D.

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OPERATIVE REPORT

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