Dictation Note (Sample 2)

January 1, 2050

Surgeon:
Assistant:
2nd Assistant:
Pre-operative Diagnosis: Stage 1 Hallux Rigidus
Post-operative Diagnosis: Left 1st metatarsal Youngswick and Cheilectomy
Procedure performed: Decompression osteotomy of left 1st metatarsal head
Anesthesia: General Anesthesia with Mayo block
Hemostasis: 250mmg Hg left ankle tourniquet
Estimated blood loss: Minimal
Prosthetics: Stryker screw set
Injections: 16 cc of 0.5% Marcaine plain
Specimens: None
Complications: None

Description of the Procedure: The patient was brought into the OR suite and placed in the supine position. MAC anesthesia was appropriately induced. The foot was then scrubbed and draped in the usual aseptic manner. A pneumatic ankle tourniquet was placed on the left foot and set to 300 mmHg. Using 16 cc 0.5% Marcaine plain we performed a 1stMTPJ block in the Mayo fashion. A time-out was performed per protocol.

A #10 blade was used to make a dorsal longitudinal skin incision over the 1st metatarsophalangeal joint. Blunt dissection was used through the superficial fascia and surrounding scar tissue of the metatarsal head. The extensor halluces longus and neurovascular structures were identified and retracted for protection. Hemostasis was achieved via Bovie. The1stMTPJ capsule was released with a linear capsulotomy. A McGlamery was used to release adhesion on plantar surface. The medial eminence and cheilectomy of the dorsal osteophyte was performed using a bone saw. An axis guide was inserted on the metatarsal head. The osteotomy was performed using Youngswick technique, the metatarsal head was shifter 2mm laterally and shortened 3mm. C arm fluoroscopy was used for AP and Lateral imagine ensuring metatarsal head positioning. Fixation was accomplished with one 2.5 mm screw perpendicular to the dorsal wing. The 1st metatarsal head was contoured with a rasp. Loose osteophytes were removed with a rongeur.

Patient's surgical site was irrigated with a saline wash. The capsule was closed with a 4-0 vicryl simple interrupted suture. Subcutaneous closed with a 5-0 buried knot suture. The skin was closed with a 5-0 nylon horizontal mattress suture. Tourniquet was deflated and noted a hyperemic response with brisk capillary refill. The incision was then dressed with betadine, Adaptic, 4 x 4 sterile gauze, Kling, and stocking mesh. CAM boot applied on the left foot. The patient was woken without any further complications.

Disposition: Home
Condition: Patient postoperatively stable
Postop Instructions: Able to WB as tolerated in a CAM boot. Keep the foot elevated as much as possible and dressings intact. Start early ROM. Patient to take pain medications as needed. Patient to return to Podiatry clinic for follow up in 1 week.