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OPERATION/PROCEDURE REPORT

Frank
MR #: 00-01-28-26-20
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J Brad Butler, MD*
LOC: PT TYPE: ASU
Adm Date: 05/30/2002
Dis Date: 05/30/2002
Ext Pt ID:

cc: J Brad Butler, MD*
Mark L. McKinstry, MD

DATE OF SURGERY: 05/30/2002

PREOPERATIVE DIAGNOSIS: Right shoulder rotator cuff tear.

POSTOPERATIVE DIAGNOSIS: Right shoulder rotator cuff tear.

OPERATION: Right shoulder arthroscopy, arthroscopic rotator cuff repair.

SURGEON(S): Dr. J. Brad Butler

ASSISTANT(S): Dan Peterson, RN, PA

ANESTHESIOLOGIST: Dr. Bryant Santos

ANESTHESIA TYPE: General.

PROCEDURE: A large delay occurred at the outset of the procedure, and the patient was asleep for 50 to 55 minutes before surgery was initiated due to lack of availability of instrumentation.

The patient was placed in the right lateral decubitus position, and the right upper extremity was prepared and draped in the usual sterile fashion. Glenohumeral joint was distended from a posterior approach and the posterior glenohumeral portal was established. The articular surface of the humeral head demonstrated moderate degenerative change with grade 4 change in the lowermost portion. There was moderate grade 3 change in the glenoid. The glenoid labrum demonstrated moderate degenerative fraying circumferentially, but no significant structural damage. The biceps tendon and biceps anchor were intact. The subscapularis was evaluated and was intact. The rotator cuff was evaluated and a large rotator cuff tear was apparent. The instruments were placed up in the subacromial space with an anterior inflow and direct lateral work portal. Subacromial bursa was resected sufficient to allow visualization and periosteum was removed from the undersurface of the acromion. Due to the large size of the tear and question of ability to repair, subacromial decompression was not performed. The margins of the rotator cuff were freshened and the tear was measured at 3 x 3 cm. The ArthroSew was used to place a side-to-side Surgidac suture converging the margin. Two subsequent #2 Tycron margin-converging sutures were placed after having prepared the greater tuberosity by resecting soft tissue and abrading the

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bone without decorticating it, using an acromionizer bur. Good apposition of the tear was achieved after mobilization in this fashion. A Panalok RC anchor was then placed into the greater tuberosity with good purchase being obtained. The suture limbs were then passed through the anterior and posterior leaflets of the cuff using the Arthrotek suture punch, and the sutures were then tied using a six-finger knot pusher. Sutures were then cut and the repair was inspected. A watertight closure appeared to have been achieved.

A skilled assistant, specifically Mr. Dan Peterson, was required for the procedure to maintain position of the arm and arthroscopic visualization, as two hands were required to manipulate the various suture passing and tying instruments.

One final sweep was made of the subacromial space, and again due to the size of the tear, and concern about long-term viability of the repair, I opted not to proceed with subacromial decompression.

The wounds were closed using nylon suture. Marcaine was injected into the wounds and the subacromial space. Sterile dressing was applied. The patient was transferred to Recovery in stable condition, having tolerated the procedure well.

J Brad Butler, MD*

Dictated by J Brad Butler, MD* 05/30/2002
Transcribed on 06/05/2002 12:35 P by jlg Job # 000006462

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