



Patient Name:	Franklin Cook	MRN:	18983
Date of Birth:	2/13/1944	Age:	71
Gender:	Male	Note Status:	Finalized
Attending MD:	Stephen Schroeder, MD	Procedure Date:	3/4/2015

Surgical Staff: Stephen Schroeder, MD, Aaron Even, MD (Anesthesia Staff)

Procedure:

Left Foot: Hammertoe Correction of Second Toe
Left Foot: Lengthening of Extensor Digitorum Longus Tendon to the 2nd toe
Left Foot: Excision of Deep Soft Tissue Forefoot (less than 3 cm) Tumor (less than 1.5 cm)
Left foot rotational flap closure.

Patient Profile:

This is a 71 year old male. Refer to note in patient chart for documentation of history and physical. The patient has failed previous conservative treatment. Surgery is recommended. The alternatives, risks and benefits of surgery were discussed with the patient. The patient verbalized understanding of the risks as well as the alternatives to surgery. The patient wished to proceed with operative intervention. A signed and witnessed informed consent was placed on the chart. Prior to initiation of the procedure, a time-out was performed: patient identification and proposed procedure were verified by the surgeon in the pre-op area. The operative site was verified by the patient and marked by the surgeon.

Pre-OP Diagnosis:

2nd Hammertoe, Extensor digitorum longus contracture, Benign deep soft tissue tumor of the foot (Mucoid Cyst)

Post-OP Diagnosis:

2nd Hammertoe, Extensor digitorum longus contracture, Benign deep soft tissue tumor of the foot (Mucoid Cyst)

Anesthesia:

Anesthesia Administered:
MAC with regional by surgeon - Ankle block left ankle nerve(s) - 20 mL 0.5% bupivacaine (Marcaine, Sensorcaine).

Findings:

Deformity:
- The flexion deformity of the proximal interphalangeal joint was fixed and involved the fourth toe and fifth toe.

Description of Procedure:

Patient Positioning:

- The patient was placed in the supine position on the standard operating table. Compression stockings were placed. All body parts were well padded and protected to make sure there were no pressure points. The surgical area was prepped and draped in the appropriate sterile fashion with Chloraprep and chlorhexidine (Hibiclens). An ankle tourniquet was applied before the sterile prep. The tourniquet was inflated to 250 mmHg.

The procedure began by taking a small linear incision on the dorsal aspect of the foot above the second metatarsal. As this was deepened through skin and subcutaneous tissue, care was taken to identify and preserve vessels and nerves in the field. Careful dissection brought me to the extensor tendon which was lengthened in a Z fashion. The site was irrigated thoroughly with normal saline, saphenous tissue was closed with 4-0 Vicryl and then the skin was closed with 4-0 nylon. The fourth MP joint was noted to lay down nicely at this point. The PIP joint still had a contracture however.

The next part of the procedure began by excising the growth on the dorsal aspect of the second toe. This was consistent with a mucoid cyst. As the incision was deepened through skin and subcutaneous tissue, care was taken to identify and preserve vessels and nerves in the field. Careful dissection brought me to the origin of the cyst which was the IP joint. It was excised off the bony surface exposing underlying bone spurs as well as atypical material within the joint.



Patient Name:	Franklin Cook	MRN:	18983
Date of Birth:	2/13/1944	Age:	71
Gender:	Male	Note Status:	Finalized
Attending MD:	Stephen Schroeder, MD	Procedure Date:	3/4/2015

At this stage, a flap was elevated on the dorsal aspect of the toe by excising a wedge dorsally encompassing the cystic area and then extending the incision proximal along the dorsal aspect of the toe. This was elevated off of the deep fascia with care to leave vessels intact. This also gave access to the underlying atypical IP joint and PIP joint. The head of the middle phalanx was resected with a sagittal saw. Attention was next directed to the PIP joint which was exposed and resected with a sagittal saw. The rough edges were smoothed. The site was irrigated thoroughly with normal saline before the toe was stabilized with a 62 K wire which was then placed across the MP joint. The joint capsule was repaired with 4-0 Vicryl. The dorsal skin flap was next rotated into place without tension and sutured down with 4-0 nylon.

The incisions were dressed using Xeroform covered and 4 x 4 gauze which was wrapped with Kerlix. The tourniquet was removed and immediate hyperemia was noted to the end of the toes. The patient tolerated the procedure and anesthesia well and was taken to postop recovery with vital signs stable and in good condition. They were given appropriate written and verbal postop instructions as well as prescription for pain medication. Followup will be in 5 days.

Complications:

No Immediate Complications.

Post-OP Plan:

POST-OPERATIVE / RECOVERY ORDERS:

- Per standing orders.

DISCHARGE ORDERS:

- Disposition:

- Discharge patient to home today.

Procedure Code(s):

--- Professional ---

14040, 59,LT, Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less

28285, T1, Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)

28045, LT, Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm

28270, LT, Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)

Diagnosis Code(s):

--- Professional ---

215.3, Other benign neoplasm of connective and other soft tissue of lower limb, including hip

735.4, Other hammer toe (acquired)

728.85, Spasm of muscle

CPT © 2014 American Medical Association. All rights reserved.

The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

Stephen Schroeder, M.D.

Stephen Schroeder, MD
3/4/2015 10:36:53 AM



Orthopedics

Patient Name:	Franklin Cook	MRN:	18983
Date of Birth:	2/13/1944	Age:	71
Gender:	Male	Note Status:	Finalized
Attending MD:	Stephen Schroeder, MD	Procedure Date:	3/4/2015

This report has been signed electronically.

Number of Addenda: 0

Implant List:

K-Wire

Note Initiated On:

MRN: 18983

Procedure Date: 3/4/2015 9:05:29 AM

Estimated Blood Loss:

Estimated blood loss was minimal.