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<b>Patient Name:</b>	Franklin Cook	<b>MRN:</b>	18983
<b>Date of Birth:</b>	2/13/1944	<b>Age:</b>	70
<b>Gender:</b>	Male	<b>Note Status:</b>	Supervisor Override
<b>Attending MD:</b>	Stephen Schroeder, MD	<b>Procedure Date:</b>	1/14/2015

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**Surgical Staff:** Stephen Schroeder, MD

**Procedure:**

Right Foot: Hammertoe Correction of Fourth Toe  
Left Foot: Lengthening of Extensor Digitorum Longus Tendon  
Right Foot: Hammertoe Correction of Fifth Toe

**Patient Profile:**

This is a 70 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:**

Hammertoe, Hammertoe

**Post-OP Diagnosis:**

Hammertoe, Hammertoe

**Anesthesia:**

Anesthesia Administered:  
MAC with regional by surgeon - Ankle block right 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). A tourniquet was applied before the sterile prep. The tourniquet was inflated to 250 mmHg.

Attention was directed to the 5th toe where 2 converging linear incisions were created over the PIP joint from distal medial to plantar lateral excising the calus. As this was deepened through skin and subcutaneous to, care was taken to identify and preserve vessels and nerves in the field. The island of tissue was removed. Careful dissection brought me to the PIP joint which was opened with a transverse capsular incision exposing the head of the proximal phalanx. A sagittal saw was used to resect the bone and rough edges were smoothed with a bur and rongeur. The area was irrigated thoroughly with normal saline. This was stabilized with a 62 K wire. The capsule was repaired with 4-0 Vicryl and the skin was closed with 4-0 nylon.

Attention was now directed over the fifth MTP joint where there was noted to be a skin contracture. A Z-plasty was performed in the standard fashion with 45° angles on the arms and 15 mm in length. Through this same incision and dissection brought me to the extensor tendon which was very tight. This was lengthened in a Z fashion. The joint capsule was also tight so I dissected to it and released dorsally medially and laterally which allowed the toe to sit down flat. The site was irrigated with normal saline. The tendon was repaired with 4-0 Vicryl. The arms of the Z-plasty were rotated and tacked down in the standard fashion with 4-0 nylon.

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Attention was directed to the 4th toe where a linear incisions was created over the PIP joint. As this was deepened through skin and subcutaneous to, care was taken to identify and preserve vessels and nerves in the field. Careful dissection brought me to the PIP joint which was opened with a transverse capsular incision exposing the head of the proximal phalanx. A sagittal saw was used to resect the bone and rough edges were smoothed with a bur and rongeur. The area was irrigated thoroughly with normal saline. This was stabilized with a 62 K wire. The capsule was repaired with 4-0 Vicryl and the skin was closed with 4-0 nylon. The toe was still elevated and contracted at the fourth MP joint.

Attention was now directed over the fourth MTP joint where there was noted to be a contracture. Then a small incision was created over the joint. Careful Dissection brought me to the extensor tendon which was very tight. This was lengthened in a Z fashion. The joint capsule was also tight so I dissected to it and released dorsally medially and laterally which allowed the toe to sit down flat. The site was irrigated with normal saline. The tendon was repaired with 4-0 Vicryl. The K wire was next driven across the fourth MP joint holding the toe in proper alignment. Skin was closed 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, RT, Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less

28285, T8, Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)

28285, T9, Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)

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

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

**Diagnosis Code(s):**

--- Professional ---

727.81, Contracture of tendon (sheath)

718.47, Contracture of joint, ankle and foot

735.4, Other hammer toe (acquired)

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





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**Gender:** Male  
**Attending MD:** Stephen Schroeder, MD

**MRN:** 18983  
**Age:** 70  
**Note Status:** Supervisor Override  
**Procedure Date:** 1/14/2015

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Stephen Schroeder, M.D.

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Stephen Schroeder, MD  
1/14/2015 4:32:08 PM

This report has been signed electronically.

**Number of Addenda:** 0

**Comorbidities**

None

**Note Initiated On:**

**MRN:** 18983

**Procedure Date:** 1/14/2015 11:47:17 AM

**Estimated Blood Loss:**

Estimated blood loss was minimal.