

Op Report



Example of Op Report: Your Institution's Report May Look Different

Patient Name	[Redacted]	Account No.	[Redacted]
Document No.	[Redacted]	Medical Record No.	[Redacted]
Physician	[Redacted]	Patient Location	[Redacted]
Report Type	Operative Report		
Date of Birth	[Redacted]		

DATE OF PROCEDURE: [Redacted]

SURGEON: [Redacted]

ASSISTANT: [Redacted]

PREOPERATIVE DIAGNOSES: Left foot fourth and fifth metatarsal open fracture, left foot laceration.

POSTOPERATIVE DIAGNOSES: Left foot fourth and fifth metatarsal open fracture, left foot laceration.

PROCEDURE: Open reduction and internal fixation of left fourth and fifth metatarsal repair of laceration both to the left foot.

PATHOLOGY: None.

ANESTHESIA: General.

ESTIMATED BLOOD LOSS: Less than 50 milliliters.

COMPLICATIONS: None.

INTRAOPERATIVE FINDINGS: Comminuted fracture to the left fifth metatarsal complete extraarticular displaced and a displaced fracture of the fourth metatarsal extraarticular complete as well as laceration to left foot.

INDICATIONS FOR A PROCEDURE: This is a [Redacted] who was seen in the [Redacted] for a left fourth and fifth metatarsal open fracture and laceration. The patient states she was trimming a tree at 1:40 this afternoon, when the patient sustained an injury to her left foot after a branch fell on her foot. The patient immediately came to the emergency room where she was found to have an open fourth and fifth metatarsal fracture. The laceration was also noted to have gross contamination from the environment. The patient was also noted to have significant bleeding at the time of the injury as well as decreased sensation to her fourth and fifth digits. The patient was taken to the OR within the 8-hour mark post-injury. The expected pre, peri and postoperative risks, benefits and potential complications were reviewed. Informed consent was signed freely and the operation took place as follows.

PROCEDURE IN DETAIL: The patient was brought to the operating room, placed in the operating table in supine position. After general endotracheal tube anesthesia, the foot was then

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prepped and draped using aseptic technique. Tourniquet was placed above the left calf, but was not used during the operation. Attention was then directed to the open laceration on the left foot where the laceration was then irrigated extensively and all gross contamination was removed. After irrigating with copious amounts of sterile saline, soft tissue structures were then inspected. The extensor tendons to the lesser digits of both the longus and brevis were found to be intact and of normal working condition. It was noted that 2 cutaneous nerves were found in the operation, the more medial nerve was intact; however, it was significantly injured and devoid of soft tissue coverings. There also was a lateral nerve was found in the laceration. This nerve was severed during the injury. All handling of the soft tissue was done using atraumatic technique with extensive care taken to the distal flap to preserve as much soft tissue and blood supply as possibly be obtained to the flap. Normal healthy bleeding tissue was also experienced throughout the flap. Upon inspection, the area was then again flushed with copious amounts of sterile saline. Intraoperative fluoroscopy was used to confirm fractures to both the fourth and fifth metatarsal.

Next, using 0.062-inch Kirschner wire, the wire was retrograded through the fourth metatarsal head and plantarly exiting the foot proximal to the proximal phalanx. This wire was then retrograded back through the metatarsal shaft and excellent alignment and compression was noted across the fracture site. The same procedure was then done for the fifth metatarsal, taking care to include the comminution in both distal fragments. After adequate reduction of both the fourth and fifth metatarsals using 0.0-inch Kirschner wire, the wires were then bent and cut. The area was then again flushed with copious amounts of sterile saline. At the time of the final irrigation, it was noted that 5 liters of normal saline were used in total for the irrigation. It was also noted at this time that all gross contamination was removed off from the laceration and considering the decrease infection, it also was decided to primarily close the laceration. This was achieved using combination of simple and horizontal mattress of 4-0 nylon sutures. Again, care was taken to use atraumatic technique and to preserve the distal flap as much as possible. Upon completion of the closure, the laceration was then covered with Betadine soaked moistened Owen silk, 4 x 4 gauze and Kerlix. It was noted at this time that the digits were pink and warm to the touch and the laceration margins were viable. Next, a well-padded posterior splint was then applied to the left lower extremity. The patient tolerated the procedure well without complications, was extubated successfully and left the operating room with vital signs stable and vascular status intact to the operative foot. The patient will be admitted for continued IV antibiotic, pain control and will be seen tomorrow morning during rounds.

Dictated by:

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