NORTHEAST GEORGIA MEDICAL CENTER

OPERATIVE REPORT

PATIENT NAME: [redacted]
AGE: 52 SEX: F [redacted]
ADMITTED: 01/17/2013
DISCHARGED:
TEST DATE:
REQ #: [redacted]

HOSPITAL #: [redacted]
LOCATION: SSS
ATTENDING PHYSICIAN
Weiss, David
CONSULTING PHYSICIAN

DATE OF SERVICE: January 17, 2013

PREOPERATIVE DIAGNOSIS: Left greater than right sacroiliac joint dysfunction.

POSTOPERATIVE DIAGNOSIS: Left greater than right sacroiliac joint dysfunction.

PROCEDURE PERFORMED: Right and left sacroiliac joint percutaneous screw fixation (two 8.0 cannulated titanium Asnis screws on each side) under fluoroscopic visualization with neuromuscular monitoring.

SURGEON: Dr. DAVID WEISS

ASSISTANT: None.

ANESTHESIA: General by endotracheal intubation.

DESCRIPTION OF PROCEDURE: The patient was first seen in the preoperative area by Vicki Sims of Gainesville Physical Therapy. She underwent manipulation so as to feel "balanced and in place" regarding both SI joints. The patient was then brought to the operative suite. General anesthesia was then administered with the patient in the gurney, and the patient was intubated. The leads were then placed for neuromuscular monitoring in the lower extremities. The patient was then rolled over onto chest rolls on a radiolucent bed. Her back was then prepped and draped sterilely. C-arm was then set up for, first, lateral x-ray where the ala overlapped on each side and where the greater sag foramen outlined was close to overlapping on each side. X-rays were also available for AP, Ferguson, and inlet views.

Attention was first directed to the right side. On the lateral x-ray, the lateral projections on the skin of the outline of the posterior border of the sacrum and the superior endplate of S1 were both marked. Next, a small skin incision was made approximately 1.5 cm posterior to and caudal to the intersection of these 2 lines. A guide pin was then inserted essentially in transverse manner through the skin incision towards the ileum and sacrum. First on the lateral view, entry point was determined to be approximately 1 cm below the ala of the sacrum and slightly posterior to center of the AP dimension of the sacrum. On the inlet view, the pin was positioned so as to be between the anterior and posterior cortices. On the Ferguson outlet view, the guide pin was positioned so as to advance upon the level of the S1 foramen. The pin was then advanced and again checked on all views. It appeared to be good. It was advanced approximately 50 mm. Neuromuscular stimulation at this point showed no response to the 20 mA level. A 50 mm length 8.0 diameter titanium Asnis screw was then advanced first by power and then by hand. Adequate purchase was obtained. Oblique Ferguson views were taken. Stimulation at this point with the screw in place showed a response at 17 mA, which was felt to be a safe level.