ST ROSE DOMINICAN HOSPITALS
ROSE DE LIMA CAMPUS

peroneal nerve was dissected away from the overlying fascia and then this fascia was incised using Metz scissors proximally about 6-7 cm completely decompressing the superficial peroneal nerve. The dissection then carried distally and the nerve was freed up making sure that there was no perineural fibrosis or other fascial bands compressing the nerve distally. Once this was done, the area was injected with 0.25% Marcaine and closed in layered fashion using 5-0 PDS and running 5-0 nylon sutures. The leg was then bandaged in standard fashion. The tourniquet was deflated and the patient was awakened from anesthesia and taken to the recovery room in stable condition. She tolerated the procedure well.

Timothy Tollestrup, M.D.