

OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Painful subluxing subtalar joint, left foot.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURE: Subtalar joint reduction with stenting.

SURGEON: David M. Gent, D.P.M.

ANESTHESIA: General with local.
David J. Bobiak, CRNA/ARNP

HEMOSTASIS: Ankle pneumatic tourniquet.

ESTIMATED BLOOD LOSS: Minimal.

MATERIALS: #6 Hyprocure subtalar joint stent.

PATHOLOGY: None.

CONDITION: Stable.

DESCRIPTION OF PROCEDURE: The patient was brought into the operating room and placed on the operating table in the supine position. Following general anesthesia, a local anesthetic was administered to the left foot proximal to the surgical site and into the subtalar joint. Next, the left foot was draped and prepped in the normal sterile fashion and an ankle pneumatic tourniquet was placed about the left ankle. Next, attention was directed to the left foot, which was elevated and exsanguinated utilizing an Esmarch bandage, and the pneumatic ankle tourniquet was inflated to 250 mmHg.

Attention was directed to the left foot, where we had previously identified the location of the sinus tarsi just distal to the lateral malleolus. We made an oblique incision corresponding to the skin tension line that allowed for us to use sharp and blunt dissection down into the sinus tarsi with the skin edges reflected proximally and distally, exposing the sinus tarsi. We were able to then go into the sinus tarsi with tenotomy scissors and release the cervical ligament and ligament structures that impede the placement of the stent. We then manipulated the foot. We used intraoperative fluoroscopy to get appropriate alignment. We placed a guide pin through the sinus tarsi and into the sinus canal. We followed this with placement of various sizers to assess the correct positioning of the joint and the size of the implant to give the best improvement. Following this, we then found that a #6 would be the best most correcting implant without being too large. We then called for a #6 Hyprocure subtalar joint stent, which was placed over the

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