OPERATIVE REPORT
THE ORTHOPAEDIC SURGERY CENTER

Northwest Orthopaedic Specialists
601 West 5th Avenue, Suite 500
Spokane, WA 99204

SURGEON: Khalid Shirzad, MD **SURGERY DATE:** 08/31/2011

SURGICAL ASSISTANT: None.

PREOPERATIVE DIAGNOSIS: Left anterior ankle pain and impingement.

POSTOPERATIVE DIAGNOSIS: Left anterior ankle pain and impingement.

OPERATIVE PROCEDURE: Left ankle arthroscopy with extensive debridement (29898).

Anesthesia: General.
Blood loss: Less than 10 cc.
Tourniquet time: 41 minutes.
Specimens removed: None.
Complications: None apparent.

DESCRIPTION OF FINDINGS: Synovitis and scarring along the anterolateral gutter with thickening of the anterior inferior tibiofibular ligament.

DESCRIPTION OF PROCEDURE: is a 51-year-old female with long-standing complaints of ankle pain. She pinpointed the pain to the anterolateral area of the ankle joint. An MRI was obtained and it did show potential sprain of the anterior inferior tibiofibular ligament with the possibility of causing anterior impingement. We had a discussion with regards to treatment options including both operative and nonoperative management, and it was her decision to proceed with operative treatment. A discussion was held with regards to risks and benefits of surgery including numbness, infection, need for further surgery, injury to blood vessels, nerves and tendons. She was in agreement with this plan and consent was obtained.

She was seen in the preoperative area and the surgical site was marked. She was brought to the operating room where she was positioned and placed under general anesthesia with an LMA. She received 1 gram of Ancef for prophylactic antibiotics. All bony prominences were well padded. Onto the left lower extremity a well-padded thigh tourniquet was applied. The left lower extremity was then prepped and draped in standard sterile fashion. A surgical time out was held with regards to the patient, procedure, and surgical site; all were in agreement. The anteromedial portal was identified just medial to the tibialis anterior. The level was identified with a 22-gauge needle. Once we were satisfied with the positioning, a small incision was made and then a nick and spread technique was utilized to gain entry into the ankle joint. The camera was then inserted into the anterior portion of the ankle joint. Next, the heel strap, which had been applied for noninvasive traction, was then pulled using body weight and a waist belt strap. The inflow was then turned on and the ankle was evaluated under direct visualization. The spinal needle was placed into the area of the anterolateral portal, taking care to avoid the superficial peroneal nerve. The spinal needle was then used as outflow and the joint was evaluated. The medial gutter and the medial talar dome were assessed and there were no deformities noted. She did have a small chondral flap tear over the central portion of the talus. The