

OPERATIVE REPORT

DATE OF SURGERY: 03/07/2017
SURGEON: Michael Battaglia, M.D.
FIRST ASSISTANT: Dan Lane, PA-C.
ANESTHESIOLOGIST:
Aaron Levin, MD.

ANESTHETIC:
general.

PREOPERATIVE DIAGNOSIS:
Posterior horn medial meniscus tear.

PROCEDURES PERFORMED:
1. Medial meniscus repair using Smith & Nephew Ultra FastT-Fix.
2. PRP injection.

POSTOPERATIVE DIAGNOSES:
1. Status post meniscal repair. right knee.
2. Status post PRP injection.

INDICATIONS:

Kim is a very fit, 57-year-old lady who is very in tune with her body and has been seeing my partner, Dr. Thomas Trumble, for several years. She has had pain in her knee and had an MRI confirmed medial meniscus tear. We had a long discussion on the phone as well as a long preoperative discussion, and the patient was adamant about despite the reported failure rates of meniscal repair that she strongly desired meniscal repair, not resection, as well as PRP injection. All of this was arranged for her. Risks and benefits were discussed at length to include the chance of failure being of potentially higher given her age.

FINDINGS:

Red-red-white zone longitudinal tear extending from superior to inferior.

DESCRIPTION OF PROCEDURE:

After informed consent was obtained, the patient was taken to the main operating room, prepped in the usual sterile fashion. Examination under anesthesia showed no ligamentous instability. Standard 2-portal technique was utilized. The medial portal was made under direct visualization with a spinal needle. Part of the ligamentum mucosa was resected and part of her superior fat pad. Her patellofemoral joint was pristine. The ACL and PCL were intact. The lateral compartment was pristine. There were no loose bodies in the lateral gutter. The medial compartment was absolutely pristine with the exception of the tear. This was identified. I used a rasp, roughened up the edges

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and then placed the 1 Smith & Nephew Ultra Fast-Fix in the back, deployed both of the anchors, and this went perfectly without any issues. I got an excellent solid repair, took a picture of it, then I stopped the water suction of the knee after getting the PRP injection device right into the spot to inject into the repair site. I injected 5 mL of the PRP into the site and then the remaining 1 mL I placed in the portals. Portals were closed utilizing Prolene suture. Patient had these reinforced with Steri-Strips. She was sent to the recovery room in good condition.

POSTOPERATIVE PLAN:

I would like Kim to be treated like any meniscal repair. She should be 0 to 30 degrees for the first 2 weeks. From week 2 to week 4, she can increase her bending to 0 to 60. She can go from week 4 to week 6 from 0 to 90. She can discontinue the brace at week 6. She should be full weightbearing in the first 2 to 3 weeks as she feels comfortable. She can begin exercise bike at 8 weeks and should be 6 months until she participates in sports but she can do most activities such as swimming, etc., at 3 months' time. All of this will be conveyed to her at her postoperative visit as well as with her husband.

Michael Battaglia, M.D.

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