The tendon sheath of the extensor hallucis brevis tendon was incised proximally and distally. The tender was retracted upward with a Kelly clamp and excised en bloc removing about a 2cm piece of the tendon. This exposed the deep peroneal nerve underneath, which was also covered by a layer of tight fascia. The fascia was carefully opened and divided proximally and distally, fully decompressing the deep peroneal nerve. It was noted that at the point where the extensor hallucis brevis tendon had crossed the nerve that there was an obvious change in the caliber of the nerve with hour glassing present indicating significant compression. Once this was done, the wound was injected with 0.25% Marcaine and closed using interrupted 5-0 PDS and a running 5-0 nylon suture.

The wounds were bandaged in standard 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 W. TOLLESTRUP, M.D.
Dictated, not edited.

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