neurovascular bundle. We took a picture of this. We then turned the cannula once again 180 degrees away from that neurovascular bundle to protect it and then we came laterally, brought in a skin hook from the lateral aspect of the portal, came across, following it with the camera, then placed it into the aponeurosis on the medial aspect of the lower leg and then drew it across from medial to lateral, transecting the gastroc aponeurosis. We then dorsiflexed and plantar flexed the ankle, and we were able to see the muscle belly underneath this and that we had adequate release of the aponeurosis. We then removed the hook blade and the light source. Adequate pictures had been taken. We then removed the cannula. We inspected and released a few more of the bands medially, fibers that were from the aponeurosis and then closed with the paratenon reapproximated utilizing 3-0 Vicryl, 4-0 Vicryl for subcutaneous tissue reapproximation, and then 4-0 Prolene for skin reapproximation with a simple suture technique both medially and laterally. Antibiotic ointment, Adaptic, 4x4's, cast padding, and a posterior splint were applied to the left leg. The pneumatic thigh tourniquet had not been needed throughout the surgery. General anesthesia was ceased. The patient was taken from the operating room to the recovery room with vital signs stable and vascular status intact. Following a period of postoperative monitoring, the patient will be discharged home with her husband.

David W. Gear, D.P.M.

DMG/ttv
DD: 12/31/14
DT: 1/2/15

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