OPERATIVE REPORT

PREOPERATIVE DIAGNOSIS: Painful stent on the left with irritation due to it over limiting the patient's motion and creating discomfort for her.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION: Removal of the existing implant stent in the subtalar joint and replacing with a small stent to allow for just a little bit more nature motion for her particular case.

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: A #5 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, local anesthetic was administered to the left foot proximal to the surgical site. The left foot was prepped and draped in normal sterile fashion. Next, attention was directed to the left foot which was elevated and exsanguinated, utilizing an Esmarch bandage. The pneumatic ankle tourniquet was inflated to 250-mmHg pressure.

Next, attention was directed to the lateral aspect of the foot where over the sinus tarsi the previous scar was noted. We made an incision through this in an oblique manner, following the previous surgical scar. We then did sharp and blunt dissection down into the sinus tarsi. We were able to identify the hardware and then remove this following appropriate technique. We then placed a guide pin and following appropriate tech, we placed a #5 HyProCure stent into the implant. We flushed with copious amounts of sterile saline. We took intraoperative fluoroscopy. We took the joint through a range of motion. We were happy with the improved motion that we were able to note while she was under general anesthesia from both the ankle and the subtalar joint and forefoot to rearfoot presentation. We then again flushed with copious

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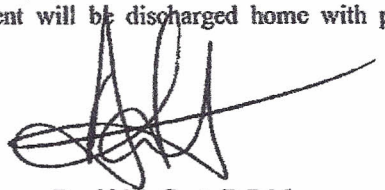
amounts of sterile saline and closed utilizing 3-0 Vicryl for deep tissue reapproximation, 4-0 Vicryl for subcutaneous tissue reapproximation, and then 4-0 Prolene for skin reapproximation in simple suture technique. Antibiotic ointment, Adaptic, 4x4's, cast padding, and a posterior splint were applied to the left leg and ankle and foot. General anesthesia was ceased. The patient was taken from the operating room to the recovery room with vital signs stable and vascular status intact. No complications of surgery or anesthesia had occurred. Following a period of postoperative monitoring, the patient will be discharged home with postoperative instructions in both written and oral form.



David M. Gent, D.P.M.

DMG/ttv
DD: 9/4/15
DT: 9/5/15

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