

**OPERATIVE REPORT
THE ORTHOPAEDIC SURGERY CENTER**

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

SURGEON: Martin Janout, MD

SURGERY DATE: 01/10/2011

SURGICAL ASSISTANT: None.
PREOPERATIVE DIAGNOSIS: Left volar wrist ganglion.
POSTOPERATIVE DIAGNOSIS: Left volar wrist ganglion.
OPERATIVE PROCEDURE: Left wrist volar ganglion resection.
Tourniquet time: 11 minutes.
Blood loss: Minimal.
Specimen: Left wrist cyst.
Complications: None.

DESCRIPTION OF PROCEDURE: The patient was brought to the OR where general anesthesia was administered. The left upper extremity was prepped and draped in sterile fashion. Tourniquet was inflated. I then made a 2 ½-cm incision over the volar wrist along the radial course of the FCU. I dissected through the deep fascia. The ulnar neurovascular bundle and FCU were retracted ulnarly and the flexor tendons radially. I dissected bluntly down to volar DRUJ capsule. There was a 1 x 1 cm volar wrist ganglion that originated from the DRUJ. Careful hemostasis was obtained around the cyst and the cyst was excised with a portion of the volar DRUJ/ulna carpal capsule. There were also a few loose bodies/joint mice that originated from the distal radial ulnar joint. The cyst was sent for analysis. The edges of the capsule resection were cauterized with bipolar cautery. Intraoperatively there was no instability of the DRUJ. At this point the tourniquet was taken down. There was minimal oozing and the fingers were all well perfused. The wound was irrigated and closed with 4-0 nylon. 20 cc of 0.25% Marcaine plain were injected in the wound for pain control. Sterile dressing was applied followed by a volar splint. The patient was reversed from anesthetic and transferred to PACU in stable condition. There were no complications.

Digitally authenticated by
Martin Janout, MD/sjm R: (01/11/2011) T: (01/13/2011)

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