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OPERATIVE REPORT**PATIENT NAME:**~~XXXXXXXXXX~~**CHART #:****DATE OF SURGERY:** 12/21/2012**PREOP DIAGNOSIS:**

1. Contained L5-S1 disk herniation.
2. Contained L5-S1 severe pain, refractory to therapies, with footdrop.

POSTOP DIAGNOSIS:

1. Contained L5-S1 disk herniation.
2. Contained L5-S1 severe pain, refractory to therapies, with footdrop.

PROCEDURE PERFORMED:

1. Open discectomy L5-S1, under fluoroscopic beam confirmation.

SURGEON:

XXXXXXXXXX

ANESTHESIA:

As per Anesthesia group.

ANTIBIOTICS:

Ancef 1 g. Chlorhexidine lavage topically at 6 and 18 hours preoperatively.

CONSENT:

The risks have been discussed. Discussed summary of clinical findings. The patient understands open discectomy. She has a contained herniation and right foot drop. She agrees to proceed. She is in severe pain refractory to injections and medications, physical therapy, and wheelchair.

PROCEDURE:

After risks and benefits had been discussed, the patient agreed to procedure and consent was signed. IV was started on the dorsum of the right hand in sterile technique with alcohol prep, RL at TKO. The patient was taken to the fluoroscopy room and placed in the prone position, with pillows under abdomen to flatten out the lumbar back. Pressure points were padded and monitors placed. EKG x3, blood pressure to right upper extremity, pulse oximetry to left upper extremity. The back was prepped 5 times with alcohol prep, 5 times with Hibiclens prep, and repped with chlorhexidine paint.

Under strict aseptic technique, AP identified the L5-S1 vertebral body, with an oblique tilts to the right approximately 20 degrees and cephalad to the right approximately 20 degrees, then