



# Lodi Outpatient Surgical Center

Marklin E. Brown, Administrator

Norman D. King, M.D., Medical Director

## OPERATIVE REPORT

PATIENT: Don Meidinger

DATE: June 21, 1989

SURGEON: Clarence Leary, M.D.

PREOPERATIVE DIAGNOSIS: 1. Tear of the posterior horn of the medial meniscus.

POSTOPERATIVE DIAGNOSIS: 1. Tear of the posterior horn of the medial meniscus.

OPERATION PERFORMED: 1. Arthroscopy right knee.

PROCEDURE: Under general anesthesia, the tourniquet was applied. The leg was exsanguinated, and the tourniquet inflated to 300 mm of Mercury. The patient's knee was prepped and draped in the usual fashion. Through a superior medial portal 60 cc of normal saline were instilled into the joint. In the upper level of the inferior pole of the patella just lateral to the patellar tendon portal was made for insertion of the scope. The scope was inserted and on visualization of the medial side of the joint the femoral condyle appeared to be quite normal. There was slight increase in synovial reaction, but there was a ragged tear in the posterior portion of the medial meniscus. This was about two-third the way back and extended over a quarter of the entire leading edge of the meniscus. The medial portal was made and a probe was inserted. There were no flap tears. The periphery was well-attached and it was deemed to be an isolated ragged tear of the medial meniscus. With a combination of basket forceps and shaver, the medial cartilage was trimmed down to what appeared to be normal articular meniscal tissue. The knee was manipulated. The entire leading edge of the meniscus was identified and found to be intact. The scope was directed up to the infrapatellar area and this appeared normal. The cruciates were normal. The scope was then placed in the medial portal and the lateral aspect of the joint was inspected. There were no tears. The instruments were removed. Three subcuticular 3-0 Vicryl sutures were used, one for each portal. 15 cc of 1/2% Xylocaine was instilled into the joint. Sterile dressing was applied.

The patient withstood the procedure well, then returned to Recovery in satisfactory condition.

CLARENCE LEARY, M.D.

bn

RECEIVED  
OCT 18 1989

521 South Ham Lane, Suite F, Lodi, California 95242 • (209) 333-0905