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OPERATIVE REPORT

PATIENT NAME: ANDERSON, TIFFANY

MR #: 15267

SURGEON: GARY MURATA, M.D.

DATE: 09/22/2008

PREOPERATIVE DIAGNOSIS:

Lateral meniscus tear, right knee.

POSTOPERATIVE DIAGNOSES:

- 1. Complex tear lateral meniscus.
- 2. Grade II chondromalacia of medial femoral condyle.

PROCEDURES PERFORMED:

- 1. Arthroscopy of the right knee with partial lateral meniscectomy, CPT code 29881.
- 2. Chondroplasty of the medial femoral condyle, CPT code 29877.

FINDINGS:

- 1. Complex tear lateral meniscus.
- 2. Grade II chondromalacia of medial femoral condyle.

INDICATIONS FOR THE PROCEDURE: Severe pain and locking about the right knee.

DESCRIPTION OF THE PROCEDURE: The patient was brought to the operating room. The patient was placed under general anesthesia. The patient was given 1 g of Ancef, as she has a history of heart murmur. The right lower extremity was then sterilely prepped and draped. Evaluation of the right knee under anesthesia revealed full range of motion. No effusion. No laxity. The left lower extremity was then sterilely prepped and draped. Standard arthroscopic portals were used.

Patellofemoral joint appeared to be normal. No subluxation of the patella was seen. No chondromalacia noted. The medial gutter was normal. The medial compartment was probed. Medial meniscus was normal. However, there was area of grade II chondromalacia about the central weightbearing area of the medial femoral condyle with the small unstable articular flaps, which were debrided. The size of this lesion was approximately 1.5 cm in diameter. No exposed bone was seen. No chondromalacia was noted about the medial tibial plateau.

The intercondylar notch was seen. Anterior cruciate ligament was normal. The knee was placed in a figure-of-four position and a complex tear of the lateral meniscus was seen including a horizontal cleavage tear and radial tear through the junction between the anterior horn and the mid-horn of the meniscus. Approximately 30% of the meniscus was excised leaving a stable rim. Careful contouring of the meniscus was performed in the junction between the medial horn of the meniscus and the anterior horn. No chondromalacia was seen about the lateral compartment. The remaining lateral meniscus after partial meniscectomy was noted to have no instability.

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The intercondylar notch was seen. The popliteus recess appeared to be normal. Posteromedial recess was also normal. The knee was irrigated and drained. A 20 cc of 0.25% Marcaine with 5 mg of Duramorph was injected intra-articularly. The portal sites were closed with 4-0 nylon sutures. Sterile dressing and Ace wrap was applied to the left lower extremity. No complications occurred. Sponge and needle counts were correct. Estimated blood loss was minimal. The patient was awakened and taken to the recovery room in stable condition.

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GARY MURATA, M.D.

JOB #: 62072

GM: AAP/AKR

DD: 09/22/2008

DT: 09/23/2008