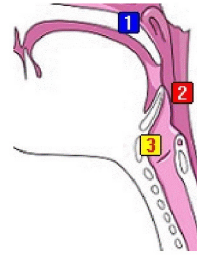


EndoSoft Surgery Center

135 Broadway
Schenectady, NY 12144

Patient Name: Mary Smith
Date of Birth: 09/15/1998
Record Number: 0159876
Date / Time of Procedure: 5/18/2017, 07:56:49
Referring Physician: Frank Black, MD
Surgeon: Debbie Doe, MD



PROCEDURE PERFORMED:

Tonsillectomy

INDICATIONS FOR EXAM:

Acute tonsillitis for 1 month.

Instruments: Laryngoscope-001
Medications: Midazolam, Lidocaine
Extent of Exam: Epiglottis
Limitations: None

PROCEDURE TECHNIQUE:

A standard intubation and general anesthesia induction was applied. The tonsil was grasped in routine fashion with a tenaculum and the TW forceps was first applied to the mucosa above the superior pole of the tonsil. The tissue between the tines of forceps was pinched while simultaneously depressing the “cut”, or right, foot pedal. Once the initial incision was made, the tine of the forceps were placed beneath the mucosa. The forceps were then gently closed and advanced inferiorly in the “cutting” mode. Once the anterior pillar mucosa was incised, the tonsil was retracted medially, further exposing the underlying fascial plane. If any blood vessels had been visually identified, the forceps would have been applied laterally on the vessel and the “coagulation”, or left foot pedal would have been depressed for 3-5 seconds. Once the blood vessels were sealed, the forceps were reapplied medially and used to sever the vessel using the “cut” or right, foot pedal.

After the complete removal of both tonsils, the tonsillar fossae were thoroughly inspected for any evidence of bleeding.

FINDINGS:

Diffuse and bilateral purulent enlargement of both tonsils. Active bleeding noted. Biopsy obtained, results pending. Complete hemostasis achieved with epinephrine injection.

POST PROCEDURE DIAGNOSIS:

Chronic tonsillitis.

RECOMMENDATIONS:

Office Follow-up
Amoxicillin 500mg TID x 10 Days

Signature: _____ Debbie Doe, MD

ICD 10 Code:

Z90.89 Tonsillectomy without adenoidectomy

CPT Code:

42825 <12 Tonsillectomy

