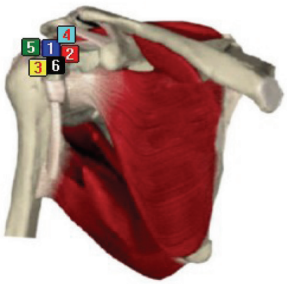
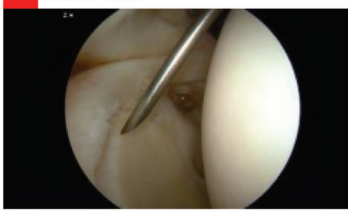
Procedure Report SLAP Repair

EndoSoft Surgery Center
135 Broadway
Schenectady, NY 12144

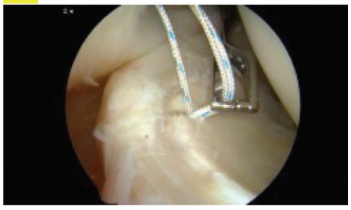


Patient Name:	Mary Doe
Date of Birth:	09/15/1950
Record Number:	0159834
Date / Time of Procedure:	02/24/2024, 07:56:49
Referring Physician:	Frank Black, MD
Surgeon:	Debbie Doe, MD
Anesthesiologist:	James Smyths, MD

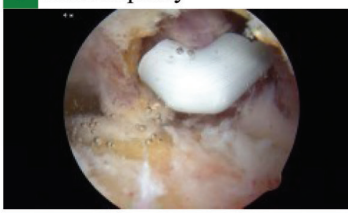
1 SLAP tear



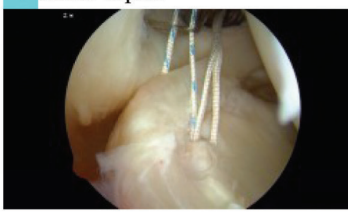
2 SLAP repair



3 Acromioplasty



4 SLAP repair



PREOPERATIVE DIAGNOSIS: Complete rupture of rotator cuff.

POSTOPERATIVE DIAGNOSIS: Complete rupture of rotator cuff.

PROCEDURE PERFORMED: Shoulder rotator cuff repair.

ALLERGIES: None

INDICATIONS FOR EXAMINATION: Shoulder pain refractory to conservative pain treatment.

PATIENT POSITION: Modified beach chair position.

EXAMINATION UNDER ANESTHESIA: Full range of motion.

PROCEDURE TECHNIQUE: Risks and benefits were clearly explained to the patient and the consent form was signed. The patient was put in the modified beach chair position with the shoulder site well exposed and the landmarks of clavicle head, acromion were marked for procedure orientation.

After the patient was prepped, draped and anesthesia satisfied (regional block + general anesthesia), the ports were positioned at back and up, size at 6mm each; normal saline in-filled to distend the space for vision, arthroscope inserted through the back port.

The attention was focused on the glenoid humeral joint, SLAP lesions: the superior labral was found partially detached from the bone and partial SLAP tear was found at the very front of the shoulder, the socket was stable, the long head of the biceps tendon was healthy but there was a bit of fraying of the rotator cuff but not significant damage.

The shaver was applied to remove some of the frayed and degenerative-looking tissue at the very top of the shoulder and then cleaned up some of the soft tissue near the boney attachment where the labral was supposed to be attached to. Holes were drilled on the bone and anchors were used for attachment of the detached labral socket, nice and stable to the bone.

Next, the attention was on the upper rotator ruff area and AC joint: subacromial space: the bursa was found inflamed and thickened with a reddish appearance followed by a clearing out of the frayed soft tissue for a clear view of the acromion; a great big spurs were demonstrated followed by power burr used to remove the bone spur. Meantime a suction on the hand piece to remove the bone debris yielding the acromion a nice, flat smooth structure from all different perspectives. The decompression was done.

There was not any articular cartilage remaining on the AC joint. A large sized bicep tendon tear was noticed, but not appearing to be terribly retracted. The inflamed bursa tissue was removed to expose the proximal humerus, and the greater tuberosity where the rotator cuff, followed by a double row fixation applied for the repair. The clavicle was with arthritis changes of spur and the spur was reamed with same too burr, 1-1.2 cm was resected and thus space expanded.

Dressing routinely and the operation was done without complications.

FINDINGS: At the glenoid humeral joint the superior labral was found partially detached from the bone and partial SLAP tear was found at the very front of the shoulder, the socket was stable, the long head of the biceps tendon was healthy but there was a bit of fraying of the rotator cuff but not significant damage. The long head of biceps tendon looks healthy, at the rotator cuff area and the AC joint, the subacromonial space bursitis was detected.

Signature: _____ Debbie Doe, MD

ICD 10 Codes: M75.120 Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic

CPT Code: 29827 Arthroscopy, shoulder, surgical; with rotator cuff repair.