Kinetix Surgery Center
5651 Sepulveda Blvd. # 101
Sherman Oaks, CA 91411
Tel (818) 442-9696 Fax (818) 698-8312
www.kinetixsc.com

OPERATIVE REPORT

Patricia BUSH

PREOPERATIVE DIAGNOSIS:
Left knee meniscal tear.

POSTOPERATIVE DIAGNOSES:
1. Left knee meniscal tear.
2. Left knee chondromalacia.

ATTENDING SURGEON:
Edwin Haronian, M.D.

ASSISTANT:
None.

ANESTHESIOLOGIST:
Murlikrishna Kannan, M.D.

TYPE OF ANESTHESIA:
General with local.

PROCEDURES:
1. Left knee diagnostic arthroscopy.
2. Partial medial meniscectomy.
3. Partial synovectomy patellofemoral compartment.
4. Partial synovectomy medial knee compartment.
5. Partial synovectomy lateral knee compartment.
6. Chondroplasty patella.
7. Chondroplasty lateral femoral condyle.
8. Chondroplasty medial femoral condyle.
9. Injection of left knee with lidocaine for postop comfort.
10. Application of a brace.

INDICATIONS: The patient presented to my office complaining of knee pain. The patient had conservative treatment that failed to provide improvement. The condition, risks, benefits and alternatives were discussed with the patient. The patient was informed that operative intervention is associated with certain risks such as infection, bleeding, neuro-vascular injury, loss of limb, loss of life,

anesthetic, medical, and other unforeseen complications. Other associated risks include but not limited to CRPS, RSD, recurrence of disease, worsening pain, swelling, injury to remote body parts from positioning, loss of teeth from intubation, deafness and blindness from anesthesia complications, fractures, DVT, PE, CVA, MI, and arthrofibrosis. The patient verbalized understanding and informed consent was signed.

DESCRIPTION OF THE PROCEDURE: The patient was brought into the room and placed supine on the operating table anesthetized by the anesthesiologist. Prophylactic antibiotics were provided. A proximal thigh tourniquet was applied to 250 mmHg pressure prior to the operation. The left lower extremity was draped in a routine sterile fashion. Two portals were made in a parapatellar location. The arthroscope was introduced initially through the lateral portal.

Tracking of the patella was evaluated. The patellar tracking was normal. The condition of the patellar cartilage was evaluated as well. The patellar cartilage revealed grade II chondromalacia. A chondroplasty was performed. Synovitis was encountered and resected in the patellofemoral compartment. The intercondylar groove did reveal some minor fibrillation. A chondroplasty was performed.

We directed our attention to the medial compartment. Synovitis was encountered and resected using a full radius shaver. The medial meniscus was inspected next. The medial meniscus did reveal some minor fibrillation. A partial medial meniscectomy was performed. The medial femoral condyle and medial tibial plateau cartilage was evaluated. The medial femoral condyle revealed some minor fibrillation. A chondroplasty was performed. Overall, the condition of the knee was relatively well maintained.

We directed our attention to the notch. The ACL and the PCL were evaluated and the ACL and the PCL were noted to be intact.

We directed our attention to the lateral compartment. Partial synovectomy was performed using a full radius shaver. The lateral meniscus was inspected next. The lateral meniscus did reveal some minor fibrillation. The lateral femoral condyle and tibial plateau cartilage was evaluated. Chondroplasty of the lateral femoral condyle was performed based on minor fibrillation.

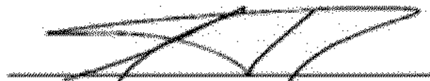
Copious irrigation with saline was performed to remove debris from the procedure and to reduce chance of infection.

The arthroscope was removed. The knee was injected with lidocaine without epinephrine for post-op comfort. The subcutaneous tissue was closed using interrupted sub-cuticular sutures followed with Benzoin and Steri-Strips.

Sterile dressing was applied to the wound and a knee brace was applied. The patient was then awakened, extubated, taken from the operating room to the recovery room in stable condition. There were no complications to the procedure and the patient tolerated the procedure well.

Patient Name: Patricia BUSH
Date of Birth: 3/10/1961
MR#: 20052853
Claim#: 18-138707
Date of Injury: 11/10/2018
Procedure Date: 12/3/2019

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-9 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.



Edwin Haronian, M.D.

Dictated: 12/6/2019
Transcribed: 12/9/2019
Signed: 12/15/2019

cc: (Autofax)
Law Offices of Natalia Foley
8306 Wilshire Blvd, #115
Beverly Hills, CA 90211

(Autofax)
AdminSure
3380 Shelby Street
Ontario, CA 91764

Patient Name: Patricia BUSH
Date of Birth: 3/10/1961
MR#: 20052853
Claim#: 18-138707
Date of Injury: 11/10/2018
Procedure Date: 12/3/2019