Operative Note 1:
Spinal procedures, fusions, spinal instrumentation, arthrodesis

Preoperative diagnoses
1. Lumbar spinal stenosis at the L2-L3, L3-L4, L4-L5, L5-S1 levels
2. Lumbar degenerative disk disease L2-L3, L3-L4, L4-L5, L5-S1 levels
3. Bilateral lumbar radiculopathy
4. Grade I spondylolisthesis L4-L5 level with instability

Postoperative diagnoses
1. Lumbar spinal stenosis at the L2-L3, L3-L4, L4-L5, L5-S1 levels
2. Lumbar degenerative disk disease L2-L3, L3-L4, L4-L5, L5-S1 levels
3. Bilateral lumbar radiculopathy
4. Grade I spondylolisthesis L4-L5 level with instability

Procedures performed
1. Posterior lumbar interbody fusion L2-L3.
2. Posterior lumbar interbody fusion L3-L4 level-additional level
3. Posterior lumbar interbody fusion L4-L5 level-additional level
4. Posterior lumbar interbody fusion L5-S1 level-additional level
5. Anterior spinal instrumentation with intervertebral cage placement L2-L3 level
6. Anterior spinal instrumentation with intervertebral cage placement L3-L4 level additional level
7. Anterior spinal instrumentation with intervertebral cage placement L4-L5 level additional level
8. Anterior spinal instrumentation with intervertebral cage placement L5-S1 level additional level
9. Posterior lumbar laminectomy L2 level with bilateral foraminotomies and medial subarticular facetectomy
10. Posterior lumbar laminectomy L3 level with bilateral foraminotomies and medial subarticular facetectomies- additional level
11. Posterior lumbar laminectomy L4 with bilateral foraminotomies and medial subarticular facetectomies- additional level
Operative Note 12:
Lower extremity debridement, wound VAC

Preoperative diagnosis
Right lower extremity compartment syndrome, status post fasciotomy

Postoperative diagnosis
Right lower extremity compartment syndrome, status post fasciotomy

Procedure performed
Irrigation debridement and wound VAC change to the right lower extremity

Operative findings
Nonviable anterior compartment, nonviable lateral compartment and nonviable deep posterior compartment. We also found copious amounts of purulent exudates coming from his compartments. Two specimens were sent.

Description of procedure
The patient is a 28 year old gentleman who was involved in a traumatic incident resulting in a traumatic knee dislocation as well as popliteal artery injury and compartment syndrome to his right lower extremity. Revascularization and fasciotomies had already been performed during previous surgeries and he comes to the operating room today for repeat irrigation and debridement and wound VAC change to the fasciotomy wound. All treatment options for this patient’s condition were discussed with the patient and the family who decided that operative intervention was the best treatment for him, therefore all risks and benefits of the procedure were explained to the patient and family and informed consent was obtained.

The patient was brought back to the operating room on the 23rd of October 2010 where general endotracheal anesthesia was induced and a gram of Ancef was administered. The right lower extremity was prepped and draped in the usual sterile fashion. A time out was done confirming the operative site. We began the procedure by removing the previous wound VAC. We immediately noticed upon removal of the wound VAC there was copious amounts of purulent exudates and foul smell coming from the wound. Upon further exploration it was obvious that the entire anterior compartment, the entire lateral compartment and parts of the deep posterior compartment were dead. We determined that these muscle compartments were dead by the pale color of the muscle, the failure of the muscle to react to manual or Bovie stimulation, the friable nature of the muscle and the non-bleeding nature of the muscle as well. Therefore we continued to debride all three of these compartments. We did find that the superficial posterior compartment appeared to be viable and was responding to Bovie stimulation, was pink and had good bleeding. Therefore we did not debride the superficial posterior compartment.