

HERVEY BAY HOSPITAL**SPECIALIST CLINICS - ORTHOPAEDICS**

Dictated: 12.08.05

Typed: 13.08.05

SC/ph

File Note**RE: P446 - HBH UR**

P446 has been reviewed in Orthopaedic Outpatients Clinic today about his left knee where he had a fracture of the tibial plateau which was openly reduced and internally fixed last year. He now has no symptoms; clinically, he has slight valgus on that side, he has a range of movement from 0-125°, which is similar on each side. He has no joint line tenderness. X-rays today reveal that his fracture is fully united. I have discussed activity with him, including restriction against excessive physical activity and have discussed his prognosis. He is to be reviewed again in twelve month's time with an x-ray then.

Yours sincerely

Dr Scott Crawford
Director of Orthopaedics
The Prince Charles Hospital

Date signed:



MEDICAL TYPING

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Email:
File Number:
Our Ref: MND/mf
Your Ref:

Queensland Health

OPERATION NOTE

NAME: P446

HBH UR:

DATE: 24.05.04

PLACE: Hervey Bay Hospital

OPERATION: Open reduction and internal fixation fracture tibial plateau. Left.

SURGEON: Dr Morgan N Naidoo

ASSISTANT: Dr D Krishna

ANAESTHETIST: Dr Adel Tanius / Dr G Fitch

ANAESTHETIC: GA with Laryngeal Mask.

INSTRUMENT

NURSE: RNE Willimott

THEATRE

ORDERLY: Daryl Bartel

POSITION: Supine on a gel pad on a padded operating table.
Padded lateral thigh and foot supports to position lower limb in 45° of hip and 90° of knee flexion. Gel pads to right knee ankle
Upper limbs positioned on a padded arm support with gel pads to elbows.
Brachial plexus, median, radial and ulnar nerves protected from traction/pressure.

TOURNIQUET: Large Zimmer low pressure tourniquet cuff with Webril underpadding applied to left thigh.

The limb was exsanguinated with an Esmarch bandage and cuff inflated to 300mmHg. Cuff pressure was regulated with ATS 750 Tourniquet System

On: 1600

Off: 1810

Tourniquet released after wound closure and dressings

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OPERATION NOTES

OP DATE: 24.05.04

P446
HBH UR:

CALF MUSCLE

STIMULATOR: Biomec calf muscle stimulator applied to right calf.

DIATHERMY: Megadyne Mega 2000 TM reusable patient return electrode on operating table.
Valleylab Force 300 Electrosurgical Unit with hand controlled diathermy forceps.

SKIN PREP: Alcoholic Betadine

PATHOLOGY: Comminuted displaced fracture of the medial tibial plateau
A lateral subluxation of the knee. No neurovascular injury.
Medial and lateral meniscus intact.
Anterior part of the ACL avulsed with a bone fragment from the tibia.
Haemarthrosis

**PROCEDURE/
OPERATIVE
TECHNIQUE:**

Standard anterior midline incision with partial medial parapatellar capsular incision.
Haemarthrosis evacuated and joint lavaged
Medial subperiosteal sleeve elevated from medial tibial plateau
Depressed tibial plateau fragments elevated and transfixed with a 1.6mm Kirschner wire.
Pro-osteon inserted to support depressed fragment
Tibial fragment reduced and internally fixed with a proximal tibial plate and screws
ACL with the bone fragment was attached to the tibia via drill holes.

Joint and wound was lavaged with Saline and Keflin.
1gm of Keflin was given intravenously.

DRAIN: 10F Exudrain

CLOSURE: The meniscotibial ligament was repaired with 1 Vicryl.
The capsule, lateral retinaculum and fascia were closed with 1 Vicryl and subcutaneous tissue with a continuous suture of 0 Monocryl.
The skin was closed with staples.

DRESSINGS: Alcoholic Betadine, Sofra-Tulle, Combined Pad, Webril underpadding and crepe bandage.

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OPERATION NOTES

OP DATE: 24.05 04

P446
HBH UR:

POST-OPERATIVE

ORDERS:

- 1 Routine post-operative observations and care.
- 2 Elevate left leg on a pillow.
- 3 Routine physiotherapy Mobilise non weight-bearing.
- 4 Medication:
 - (i) Keflin 1gm IVI x 4 doses.
 - (ii) Clexane 40mg subcutaneously daily until discharge and then Aspirin 150mg orally daily with meals until the 6th postoperative week.
 - (iii) Patient analgesia as per Anaesthetist's sheet.
 - (iv) Other medication as per Medication Sheet.
- 5 Intravenous fluids:
As per Fluid Order Sheet.
- 6 Check x-ray, Hb, U/E

Dr Morgan N NAIDOO
Consultant Orthopaedic Surgeon



MEDICAL TYPING

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Queensland Health

OPERATION NOTE

NAME: P446

HBH UR: 043983

DATE: 02.06.04

PLACE: Hervey Bay Hospital

OPERATION: EUA and screw fixation tibial plateau. Left.

SURGEON: Dr Morgan N Naidoo

ASSISTANT: Dr D Krishna

ANAESTHETIST: Dr Ian Cripwell / Dr L Kochman

ANAESTHETIC: GA with femoral nerve block

INSTRUMENT

NURSE: RN J Dunlop

THEATRE

ORDERLY: Daryl Bartel

POSITION: Supine on a gel pad on a padded operating table.
Upper limbs positioned on a padded arm support with gel pads to elbows.
Brachial plexus, median, radial and ulnar nerves protected from traction/
pressure

TOURNIQUET: Large Zimmer low pressure tourniquet cuff with Webril underpadding applied
to left thigh.
The limb was exsanguinated with an Esmarch bandage and cuff inflated to
300mmHg.
Cuff pressure was regulated with ATS 750 Tourniquet System.

On: 1230

Off: 1316

Tourniquet released after wound closure and dressings.

/2

OPERATION NOTES

OP DATE: 02.06 04

P446
HBH UR:

SKIN PREP: Alcoholic Betadine

PATHOLOGY: Surgical wound healed well No evidence of infection.
Knee was stable to examination under anaesthesia

Lachman	-ve	Posterior draw	-ve
Pivot shift	-ve	Varus stress	-ve
Anterior draw	-ve	Valgus stress	-ve

There was about 1cm of splaying of the lateral tibial plateau on measuring the AP simultaneous views of both knees.

This was confirmed on fluoroscopy.

Two screws inserted into tibial plateau percutaneously.

CLOSURE: Skin closed with staples

DRESSINGS: Primapore

POST-OPERATIVE

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As per Fluid Order Sheet.
- 6 Check x-ray, Hb, U/E.

Dr Morgan N NAIDOO
Consultant Orthopaedic Surgeon


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