

Operative report on russell jones



**ASSIGN
BUSTER**

OPERATIVE REPORT Jones, Russell 8004320 Kurt Brockton, MD May 17, 2013

SURGEON: Kurt Brockton, MD PREOPERATIVE DIAGNOSIS 1. Primary hyperparathyroidism. 2. History of lung cancer. POSTOPERATIVE DIAGNOSIS 1. Primary hyperparathyroidism. 2. History of lung cancer. PROCEDURE Subtotal parathyroid resection. ANESTHESIA General. PROCEDURE IN DETAIL

With the patient in the supine position after adequate prepping and draping of the neck, a standard collar incision was made. Hemostasis was obtained with a cautery. The platysma muscle was elevated from the underlying strap muscles to the thyroid notch superiorly and the sternal notch inferiorly.

Strap muscles were dissected free of the midline. The right thyroid lobe was exposed. The middle thyroid vein was divided between three 0 silk ties. The gland was reflected anteromedially. Upon reflection of the gland there appeared to be an enlarged parathyroid gland attached to the lateral aspect of the lower pole. The gland was reflected more anteriorly, and the right upper gland was found posterior to the middle portion of the gland. The left thyroid gland was exposed, and the middle thyroid vein was divided between three 0 silk ties. The gland was reflected anteromedially.

A right lower gland was found attached to or adjacent to the lateral aspect of the lower pole corresponding to the position of the lower gland on the right side. The gland was reflected more anteromedially, and the right upper gland was found on the posterior side of the midportion of the thyroid gland but not as medial as the one on the right side. Biopsies were taken of the left upper, left lower, and right upper glands. The right lower gland was removed in toto. The path report revealed the right lower gland to be an adenoma, and the remainder of the glands appeared normal.

Only a small amount of parathyroid tissue was seen in the left upper gland, but the cut surface appeared to be parathyroid and bled as it would do. Hemostasis was obtained with a cautery where necessary. Some Surgical was placed over the cut end of the left upper gland. Strap muscles were then closed with 3-0 Vicryl, the OPERATIVE REPORT Patient Name: Jones, Russell Hospital No. : 8004320 May 17, 2013 Page 2 subcutaneous and platysma with 3-0 Vicryl, and the skin with skin staples. A dressing was applied. The patient tolerated the procedure well and was sent to the recovery room in stable condition. Kurt Brockton, MD