

# Operative report

Business



Please refer to the extensive preoperative history and physical report and consultation.: There is a one centimeter diameter ulcer sinus tract in the central part of the right fore foot. There is an ulceration of a proximately of 6 cms in diameter beneath the medial cuneiform. The forefoot is indurated and arrhythmias, there is calor. The patient was brought into the operating room and placed on the operating table where spinal anesthesia was induced.

The right lower extremity was prepped with bednine solution.

A newmatic ankle tourniquet was placed over Webril padding above the right ankle joint. The leg was evaluated for proximately two minutes and the tourniquet was raised to 275 millimeters of mercury. An S-shaped curved incision through the right plantar fore foot ulceration was made down to abyss cavity where a moderate amount of sanguinopurulent discharge was noted. There was minimal odor noted to the region.

There was mild venus bleeding noted on the edges of the incision. The cavity was probed and found to go deep into the musculatory layer plain between the bone and fascia.

The proximal ulceration abscess cavity was linked to the lateral aspect of the sub cuneiform ulceration. There were a few areas of necrotic tissue noted. These appeared to be tenderness and fibrotic in structure.

The ulceration tract proximately to the ulcer but did not extend proximately pass the ulcer. The ulceration extended distally to the area just proximal to the first metatarsal head. Palpation and probing of the wound indicated no

areas of osteomyelitis or penetration into the bone. No osteitis defects were noted.

No ostitis particals were noted in the discharge.

The area was extensively debreeded and probed. Superficial and anarobic and robic cultures were taken at the proximal and distal sites. Deep anaerobic and aerobic cultures were taken. Necrotic material was submitted to pathology. The area was extensively errogated with 3 liters of bacterial static saline.

The cavity was then probed again and again. No pentration or bony framents were noted. The wound cavity was packed with two sections of one quarter inch new gauges.

The musculatory exposed on the proximal ulceration beneath the medial cuneiform was covered with zero flow. A fluffy dressing was applied around the incision site.

The ankle was padded and tourniquet was released. Blood flow returned immediately to all digits and no blood flow was noted on the outside of the dressings. The patient was transported to post anesthesia recovery. The patient tolerated both the anesthesia and the procedure well with blood loss nill.