Example 1:

From Letter to: ████████ ████████
I operated on Jan at ████████████████ on 04.02.2021 and the following is a copy of my findings.

Operation: Left knee diagnostic arthroscopy and partial medial and lateral meniscectomy with medial femoral condyle chondroplasty

Surgeon: ████████████

Anaesthetist: ████████████

Anaesthetic: General anaesthetic + local anaesthetic

Procedure:
Patient positioned supine on a regular table. Leg cleaned and draped in the usual fashion. Pre-operative antibiotics given. Tourniquet applied to 350mmHg for 15 minutes.

A standard anterolateral portal was utilised as a diagnostic portal. This revealed normal suprapatellar pouch, Grade IV chondromalacia of the patellofemoral joint, normal medial gutter, complex medial meniscal tear and a chondral flap of the medial femoral condyle with Grade IV chondromalacia of the medial compartment, normal intercondylar notch, complex lateral meniscal tear with Grade I chondromalacia of the lateral compartment and normal lateral gutter. A partial medial and lateral meniscectomy was then performed with standard anteromedial portals utilising a 4mm shaver. Probing revealed stability of the meniscus. Wounds were then washed out and closed with hypafix. Dressed with dry dressings.
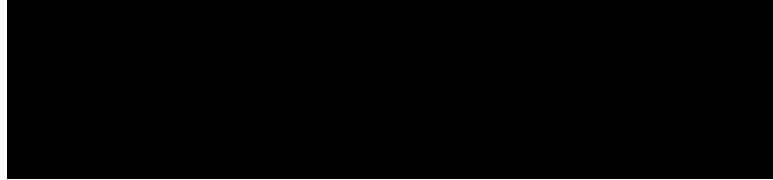
Post-op:
Patient to be discharged when comfortable. Weight bearing as tolerated with crutches. Clinic review in two weeks. He is to remove the outer dressing in three days but is to leave the OpSite and keep the wound dry until seen by us.
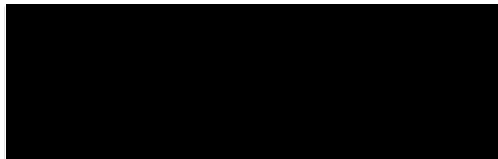
Example 2:

ELECTRONIC TRANSMISSION

To: **Other**

From: ████████████████████████████████
              ████████████████████████████████
              ████████████████████████████████

Pages: **2 pages, including this one.**

Re: ████████████████████████████
Date Of Birth
Age
Address
Mobile Phone
NHI Number   ████████████████████████████

There is 1 note attached to this document for the above patient:

02.02.2021   Operation

Sent by ██████████████
15 February 2021, 11:29am

From Letter to: ███████████
 I operated on ███████████
At ███████████ on 02/02/21
and the following is a copy of my findings:

Operation

Pre-Op Diagnosis:
Right knee ACL rupture, full thickness, nothing left of the graft, Grade 3 Lachman.

Findings:
Posterior horn medial meniscal tear suitable for repair. Inner diameter lateral meniscal tear not suitable for repair.
 Chondral surfaces intact.

Operation Title:
1. Right knee hamstrings ACL reconstruction
2. Medial meniscal repair
3. Partial lateral meniscectomy.

Operation Procedure:
General, local, sterile. IV antibiotics. Proximal medial tibial incision, taking down to the pes ansurinus. Gracilis and tendinosis harvested and taken to the back table and prepared for a graft. 8mm at the top, 9mm at the bottom, 100mm long 5 strand hamstring. Knee scope, medial meniscus repaired, rasp followed by the J&J Truefit meniscal repair set. Two anchors, 14 to prevent neurovascular injury. Partial lateral meniscectomy, preservation 80%. Notch cleaned out, overtop position at 2 o'clock for right knee. Selected guidewire inserted via the medial portal, followed by the 8 depth, 28 total tunnel, 42.

45° angle device to find the tibial footprint. Confirmed an extension to the isometric place followed by the 9 reamer. Cleaning of tunnels, passage of lead searcher, passage of graft, Arthrex TightRope secured at the top end. Size 9 graft inserted in the tibia. Restored normal Lachmans, good position and tension of the graft Good meniscal repair achieved. Irrigation, closure, 0 Vicryl, 3 0 Monocryl, local anaesthetic, sterile dressings.

Post-Op Management:
Two doses antibiotics, standard ACL rehab.

<u>Option 3:</u>

[REDACTED]

16 February 2021

[REDACTED]

Dear [REDACTED]

Re: [REDACTED]

Operation Note for ACC surgery performed at [REDACTED] **on Tuesday 16 February 2021.**

SURGEON: [REDACTED]   **ANAESTHETIST:** [REDACTED]

OPERATION: Open debridement of lateral gutter left ankle replacement with removal of loose ossicle from fibula, and mobilise scarred superficial peroneal nerve

INDICATIONS:

I reviewed [REDACTED] His pain is isolated to the anterolateral corner of his ankle; we marked this out. He also describes what he calls nerve pain which he has mentioned consistently since his original surgery. I changed the plan from open debridement of the ankle with a liner exchange through the anterior central wound, to debriding just the lateral gutter where he is tender, through an old anterolateral arthrotomy scar. I also undertook to sort out any nerve pain if possible but explained to Keith that this is potentially very difficult.

PROCEDURE:

Under anaesthetic, patient positioned supine, sandbag under the buttock, prepped and draped above knee. The old anterolateral scar was carefully incised through skin and extended about 2cm proximally. In the virgin tissue proximally, a large superficial peroneal nerve was found running right through the scar tissue. This was very carefully mobilised with sharp and blunt dissection without damaging the nerve. The nerve sat about 8-10mm anterior to the spot under the scar where he was very tender and I think tethering of the nerve and scar tissue has also been contributing to his pain.

The nerve was then gently retracted and the joint capsule opened. Some old synovitis in the lateral gutter was all removed. The deep surface of the fibula was debrided down through the joint taking care not to scratch the side of the prosthesis, until there was a 1-2mm gap the whole way back without any impingement. At this stage I noticed that there was slight mobility at the anterior edge of the fibula and there was a small mobile but tethered fracture in the anterior edge of the lateral malleolus which was excised. Once this was removed, the syndesmosis moved fairly normally and all sharp edges were debrided. Thorough washout of the joint with Gentamycin and saline, then closure of the capsule with 1 Vicryl, protecting the nerve, skin with 2/0 Vicryl and subcuticular continuous 3/0 Rapide Vicryl. Marcain and adrenaline injected. Dressing, pressure bandage and post-op shoe applied.

Post Op Instructions:
- Weight bear as able
- Home tomorrow
- Elevate at home
- Follow up in 2 weeks.

Kind regards
Yours sincerely

███████████

Notice of discharge:
I had to add in nerve debridement as it was tethered in the wound, hence the addition of NRV06 code.

Copy to: ████████████████████████