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EXCISION Repair Note

Patient: Nelson, Jeff (10/10/1980, MR#: AB12345)
Date Of Procedure: August 24, 2011
Surgeon: John Gibosn (Assistants: Smith, Jena; Histotech: N/A)
Referring Physician: Sample Physician

Repair of Post-Operative Defect with An Intermediate Linear Closure

(Case#: ABC-4587)

Location: Left Dorsal 1st Finger
Indications: Wound resulting from Excisional surgery
Preop Diagnosis: Basal Cell CA / Postop Diagnosis: Basal Cell CA
Operative Procedure: Intermediate Linear Closure
Size of Defect: 0.6 x 1.2 cm
Size of Repair: 3 cm
Total Anesthetic:
Complications: None
Hemostasis: Electrodesiccation

Description of Procedure:

After the lesion was completely excised, surgical repair of the defect was planned and performed. The patient was positioned on the operating room table in the cutaneous surgery suite. The area was prepped and draped in a sterile fashion. A sterile marking pen was used to outline the proposed closure. After anesthesia was checked and supplemented as necessary, the wound margins were undermined in the appropriate plane. Standing cones were removed when necessary. Hemostasis was achieved. The Intermediate Linear Closure was secured in place under minimal tension using subcutaneous interrupted 4-0 vicryl and superficial running 5-0 prolene sutures. The wound was cleaned. Aquaphor healing ointment and a pressure dressing was applied. The patient was given detailed oral and written instructions on postoperative care. The patient will call us should there be any problems.

Repair of Post-Operative Defect with A Simple Linear Closure

(Case#:ABC-6788)

Location: Left 1st Finger Nail Unit

Indications: Wound resulting from Excisional surgery

Preop Diagnosis: Basal Cell CA / Postop Diagnosis: Basal Cell CA

Operative Procedure: Simple Linear Closure

Size of Defect: 0.6 x 0.8 cm

Size of Repair: 1.3 cm

Total Anesthetic:

Complications: None

Hemostasis: Electrodessication

Description of Procedure:

After the lesion was completely excised, surgical repair of the defect was planned and performed. The patient was positioned on the operating room table in the cutaneous surgery suite.

The area was prepped and draped in a sterile fashion. A sterile marking pen was used to outline the proposed closure. After anesthesia was checked and supplemented as necessary, the wound margins were undermined in the appropriate plane. Standing cones were removed when necessary. Hemostasis was achieved.

The Simple Linear Closure was secured in place under minimal tension using subcutaneous interrupted 2-0 vicryl and superficial running 4-0 prolene sutures.

The wound was cleaned. Pressure dressing was applied. The patient was given detailed oral and written instructions on postoperative care. The patient will call us should there be any problems.