DATE: ***Surgery Date*** **IMD**
PATIENT: ***Last Name, First Name***
PATIENT ID #: ***6789***
DATE OF BIRTH: ***00-00-0000***
ACCOUNT #: ***12345***
SURGEON: ***Surgeon Name***
FACILITY: ***Facility Name***

PROCEDURE NOTE

SURGEON: *Surgeon Name*

ANESTHESIA: General endotracheal.

PREOPERATIVE DIAGNOSIS: Chronic hyperplastic adenotonsillitis.

POSTOPERATIVE DIAGNOSIS: Chronic hyperplastic adenotonsillitis.

PROCEDURE: Adenotonsillectomy.

ANESTHESIOLOGIST: *Anesthesiologist Name*

ASSISTANT: None.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Less than 50 cc.

FLUIDS: See anesthesia record.

OPERATIVE FINDINGS: Hyperplastic tonsils and adenoids.

BRIEF HISTORY: The patient is a 2-year-old female.

INFORMED CONSENT: I have discussed risks, benefits, side effects, and reasonable alternatives, including possible results of not receiving treatment, potential problems related to recuperation and the likelihood of achieving goals with the patient/caregivers. Informed consent was obtained.

DESCRIPTION OF PROCEDURE: With the patient in the supine position and general endotracheal anesthesia induced. The patient was prepped and draped for the procedure. A Crowe-Davis mouth gag was placed in the oral cavity and opened widely.

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The soft palate was examined for any evidence of a submucosal cleft palate, and none was found. A red rubber catheter was passed through the nostril and brought out through the oral cavity for soft palate retraction. The nasopharynx was examined. An appropriate sized adenoid curette was selected.

With two downward sweeps with the curette, the entire adenoid pad was excised and submitted to pathology in formalin. The nasopharynx was lightly packed with tonsil packs. Attention was then turned to the left tonsil. The left tonsil was grasped with a curved Allis. The tonsil was pulled medially. The superior pole and anterior pillar mucosa were lightly incised and the tonsillar capsule identified

Blunt dissection of fibrous of the tonsillar capsule were performed, staying close to the tonsillar capsule. Feeding blood vessels were individually cauterized in superior to inferior fashion as dissection was carried around the tonsil to this inferior pole. The tonsil was ultimately separated from the tonsillar bed and submitted to pathology in formalin. The tonsillar bed was examined and any oozing sites were lightly cauterized with unipolar suction cautery. Attention was then turned to the right tonsil. In the identical fashion, a right tonsillectomy was performed with the unipolar suction cautery. The nasopharyngeal packs were then removed. The indirect mirror was used to examine the nasopharynx. Several oozing sites were lightly cauterized with the unipolar suction cautery. All operative sites were then thoroughly irrigated and reexamined. No further bleeding was noted.

The patient was then taken to the recovery room in stable condition having tolerated the procedure well.

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Surgeon Name

sn/ab: Doc# 00001028/Job# 63201031
DD: 12/07/2011
DT: 12/07/2011