

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

IMD

PROCEDURE NOTE

SURGEON: *Surgeon Name*

ANESTHESIA: General via mask.

PREOPERATIVE DIAGNOSIS: Chronic mucoid effusion.

POSTOPERATIVE DIAGNOSIS: Chronic mucoid effusion.

PROCEDURE: Bilateral myringotomy and placement of Paparella ear tubes.

ANESTHESIOLOGIST: *Anesthesiologist Name*

ASSISTANT: None.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: Minimal.

FLUIDS: See anesthesia record.

OPERATIVE FINDINGS: Bilateral scant mucoid effusion.

BRIEF HISTORY: The patient is a 14-month-old white female with chronic mucoid effusion, requiring multiple medical managements. She just completed some antibiotics. The risks, benefits, and alternatives of the above procedure were explained to the patient's parents, who agreed to proceed.

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.

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DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and comfortably placed in the supine position on the operating room table. General anesthesia was induced via mask inhalation by the anesthesia staff. The patient was positioned and draped in the standard fashion for PE tube placement.

The left ear was addressed first, using the operating microscope. A wax loop was used to remove cerumen. The external auditory canal speculum was gently inserted into the external auditory canal. The tympanic membrane was easily visualized. The anterior-inferior quadrant of the tympanic membrane was identified. A radial incision was made using a myringotomy blade. The middle ear effusion was suctioned out using a suction device. The ear tube was carefully positioned using alligator forceps and was properly seated using an ear pick. Eardrops were then placed in the external auditory canal and retained with a cotton swab. After completion of the left ear, the right ear was completed in a similar fashion with similar findings.

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

Surgeon Name

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