

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: MAC plus local.

PREOPERATIVE DIAGNOSIS: Left breast cancer.

POSTOPERATIVE DIAGNOSIS: Left breast cancer.

PROCEDURES:

1. Right subclavian PowerPort insertion, 36561.
2. Interpretation of fluoroscopy for port placement, 77001.

BRIEF HISTORY: This 51-year-old black female who recently underwent a left modified radical mastectomy and a right simple mastectomy by me for a left breast cancer. She now presents for port placement.

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: The patient was taken to the operating room and placed under monitored anesthesia care. Both sides of the neck and chest were prepped and draped. 1% Lidocaine was injected underneath the angle of the clavicle. The vein was easily cannulated and J wire inserted under fluoroscopic guidance. A subcutaneous pocket was created, the dilator/sheath combination was inserted. I removed the dilator and guide wire and positioned the tubing under fluoroscopic guidance to the level of the superior vena cava and right atrial junction. The catheter was cut to the appropriate length. The locking device and port were attached. The port was sutured to the chest wall with interrupted 3-0 PDS. The port was accessed and had excellent flow dynamics. I irrigated the pocket confirming hemostasis. The incision was closed with interrupted 3-0 Vicryl and 4-0 Monocryl. The wound was cleaned and dried and Dermabond applied.

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Estimated blood loss was less than 5 cc. There were no complications. All counts were correct. Fluoroscopy was used to position the catheter tip at the level of the superior vena cava in the right atrial junction.

She was taken to the recovery room in stable condition.

Surgeon Name

sn/ab: Doc# 00001254/Job# 63201264
DD: 12/27/2011
DT: 12/28/2011