

Austin Orthopedic & Sports Medicine Center

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OPERATIVE REPORT

Patient:	Linda Park	MRN:	AO-2026-5847
DOB:	09/22/1965	Insurance:	BlueCross BlueShield TX
DOS:	03/20/2026	Member ID:	BCTX-PRK-6614320
Surgeon:	Dr. James Miller, MD	NPI:	2345678901
Facility:	Austin Orthopedic ASC	Claim ID:	CLM-2026-1104

PREOPERATIVE DIAGNOSIS

- Right knee: Medial meniscus tear (ICD-10: M23.211 - Derangement of anterior horn of medial meniscus due to old tear or injury, right knee)
- Left knee: Synovitis, major (ICD-10: M65.862 - Other synovitis and tenosynovitis, left lower leg)

POSTOPERATIVE DIAGNOSIS

- Right knee: Medial meniscus tear, confirmed arthroscopically
- Left knee: Diffuse synovitis with villous hypertrophy, confirmed arthroscopically

PROCEDURES PERFORMED

Procedure 1: Right knee arthroscopic meniscectomy (CPT 29881)

Procedure 2: Left knee arthroscopic synovectomy, major (CPT 29876)

Note: These two procedures were performed on separate anatomical structures (right knee and left knee, respectively) during the same operative session. Each procedure involved a separate sterile prep, separate arthroscopic portal placement, and independent surgical approach.

ANESTHESIA

General anesthesia administered by Dr. Patricia Nguyen, MD (Anesthesiology).

OPERATIVE DETAILS

Procedure 1: Right Knee Arthroscopic Meniscectomy (CPT 29881)

The patient was positioned supine on the operating table. A tourniquet was applied to the right upper thigh and inflated to 275 mmHg. The right knee was prepped and draped in the standard sterile fashion. Standard anterolateral and anteromedial arthroscopic portals were established. Systematic diagnostic arthroscopy of the right knee was performed.

Findings revealed a complex degenerative tear of the posterior horn of the medial meniscus extending to the body. The tear was unstable with a displaced flap. The articular cartilage of the medial femoral condyle showed Grade II chondromalacia. The lateral compartment, patellofemoral compartment, and cruciate ligaments were intact.

The torn meniscal tissue was debrided using a combination of arthroscopic biter and motorized shaver (4.0 mm). A stable, balanced meniscal rim was achieved. The compartment was irrigated thoroughly. Portals were closed with 4-0 nylon sutures. A sterile dressing and knee immobilizer were applied to the **right knee**.

Procedure 2: Left Knee Arthroscopic Synovectomy, Major (CPT 29876)

Attention was then turned to the left knee. A separate tourniquet was applied to the left upper thigh and inflated to 275 mmHg. The left knee was independently prepped and draped in standard sterile fashion. New sterile arthroscopic instruments were used. Standard anterolateral and anteromedial portals were established on the **left knee**.

Diagnostic arthroscopy of the left knee revealed diffuse synovitis with significant villous hypertrophy throughout the suprapatellar pouch, medial gutter, lateral gutter, and intercondylar notch regions. The synovial tissue was markedly inflamed and hypertrophied, consistent with chronic inflammatory synovitis. The menisci and cruciate ligaments were intact bilaterally. Articular cartilage demonstrated Grade I changes on the medial femoral condyle.

A comprehensive synovectomy was performed involving all three compartments and the suprapatellar pouch. The motorized synovial resector (4.5 mm aggressive) was used to systematically remove the hypertrophied synovial tissue. Hemostasis was achieved with electrocautery. Approximately 85% of the pathologic synovium was excised. The joint was irrigated with 3 liters of normal saline. Portals were closed with 4-0 nylon sutures. A sterile dressing and knee immobilizer were applied to the **left knee**.

ESTIMATED BLOOD LOSS

Minimal (less than 50 mL combined for both procedures).

SPECIMENS

1. Right knee: Medial meniscus fragments - sent to pathology.
2. Left knee: Synovial tissue - sent to pathology for inflammatory analysis.

DISPOSITION

The patient tolerated both procedures well and was transferred to the recovery area in stable condition. Bilateral knee immobilizers in place. Weight-bearing as tolerated with crutches. Follow-up in 7 days.

James Miller, MD

Board Certified Orthopedic Surgeon

NPI: 2345678901

Date Signed: 03/20/2026

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