

Operative Report

Patient: BLAYK,BONZE ANNE ROSE
DOB/Age: 05/01/1956 62
Admission Date: 09/19/18

Account Number: A00088518428
Medical Record#: M000597460

Provider: Deidre M Blake MD

DATE OF OPERATION: 09/19/18 - ROOM #436

DATE OF BIRTH: 05/01/56

ATTENDING SURGEON: Deidre Blake, MD

ANESTHESIOLOGIST: Dr. Robelo.

ANESTHESIA: General.

PRE-OP DIAGNOSIS: Left closed fracture dislocation of the shoulder.

POST-OP DIAGNOSIS: Left closed fracture dislocation of the shoulder.

OPERATIVE PROCEDURE: Left closed reduction of the shoulder dislocation under anesthesia.

COMPLICATIONS: None.

ESTIMATED BLOOD LOSS: None.

BRIEF HISTORY//INDICATIONS: Ms. Blayk is a 62-year-old transgender female who was involved in an altercation with police early this a.m. She was found to have a left shoulder fracture dislocation. I was consulted for orthopedic care and felt this should be urgently addressed. Initially, upon discussing this with the patient, she agreed to proceed with closed reduction under anesthesia. Upon attempting to consent the patient, she became irrational and agitated. She did not demonstrate understanding of the true nature of her injury. She did not admit that this is a limb-threatening injury. She did not understand that she was at risk of neurovascular chronic complications if she did not proceed with the reduction. I felt the risk of leaving the shoulder dislocated was much higher than proceeding with a 2-physician consent for closed reduction under anesthesia. It is my best medical recommendation to proceed. Dr. Stallone, Dr. Robelo, and I signed the consent form.

Risks of the procedure include but are not limited to failure of reduction, intraoperative fracture, damage to nearby structures, recurrent dislocation, anesthesia complications. I decided to proceed in the patient's best interest.

INTRAOPERATIVE FINDINGS: Intraoperatively, the patient clearly had a left shoulder fracture dislocation. This was easily reduced with general anesthesia and gentle reduction maneuver.

Operative Report
BLAYK, BONZE ANNE ROSE
18

A00088518428 M000597460

09/19/

DESCRIPTION OF PROCEDURE: Ms. Blayk was identified in the ICU. Two-physician consent was endorsed to proceed with a closed reduction under anesthesia. The patient was brought to the operating room and placed under general anesthesia without complication. Preop time-out was made to correctly identify the patient, side, site, and procedure. No perioperative antibiotics were necessary. A gentle traction reduction maneuver was placed on the left upper extremity. A visible and palpable reduction of the humeral head into the glenoid was observed. AP and C-arm views of the left shoulder were obtained and showed that the reduction was successful. The patient's left upper extremity was placed in a sling. The patient's anesthesia was reversed without difficulty. She was taken to the PACU in stable condition. Intended weightbearing will be nonweightbearing in the sling at all times, left upper extremity.

Clearly, due to the patient's schizophrenia and aggressive delusional state, she will be at a high risk of recurrent dislocation. I plan to see her in the a.m. and we will obtain new x-rays to ensure continued reduction of this dislocation.

157691/806503536/CPS #: 9248599

<Electronically signed by Deidre M Blake MD> 09/21/18 0637

Deidre M Blake MD
Dictated Date/Time: 09/19/18 2019

Transcribed Date/Time 09/19/18 2220

Copy to:

CC: Deidre M Blake MD

This report is only to be considered final once signed by the Provider(s) as displayed in the "<Electronically Signed by >" field (s). Absence of a signature indicates the report is in a draft status and still needs to be finalized. In the event this document was created by someone other than the signing Provider, the individual initiating the document will be listed in the "Entered by:" or "Dictated by:" fields.