

# Orthopedic Surgical Report

## Patient Information

Name: Mel Lefleur

Age: 70

Date: Day of admission

Diagnosis: Right Hip fracture, Pneumonia, COPD

## Preoperative Diagnosis

Right Hip Fracture

## Post Operative Report

### Indications for Surgery

Mel Lefleur presented with a displaced femoral neck fracture of the right hip. Given the patient's medical history and the severity of the fracture, a total hip arthroplasty was indicated to restore function and alleviate pain.

### Procedure:

1. **Anesthesia:** The patient was placed under general anesthesia.
2. **Positioning:** The patient was positioned in the lateral decubitus position on the operating table.
3. **Incision:** A posterolateral incision was made over the right hip.
4. **Exposure:** The gluteus maximus was split, and the hip joint was exposed by dislocating the femoral head.
5. **Femoral Head Resection:** The femoral head was resected, and the acetabulum was prepared.
6. **Acetabular Component Placement:** The acetabular component was placed and secured using appropriate screws.
7. **Femoral Component Placement:** The femoral canal was prepared, and the femoral component was inserted and secured.
8. **Reduction:** The hip joint was reduced, ensuring proper alignment and stability.
9. **Closure:** The wound was irrigated, and hemostasis was achieved. The soft tissues were closed in layers using absorbable sutures, and the skin was closed with staples.
10. **Dressing:** A sterile dressing was applied to the incision site.

### Findings

The procedure was performed without complications. The components were well-seated, and the hip joint demonstrated good stability and range of motion.

**Estimated Blood Loss:** Approximately 350 mL.

**Specimens:** None.

**Complications:** None.

**Disposition:** The patient was transferred to the recovery room in stable condition.

### Postoperative Plan:

**Pain Management:** Continue with prescribed analgesics.

**Mobilization:** Early mobilization with the assistance of physical therapy.

**Weight Bearing:** Weight-bearing as tolerated on the affected limb.

**Follow-Up:** Schedule follow-up appointments for wound check and suture removal.

**Anticoagulation:** Initiate anticoagulation therapy to prevent thromboembolic events.

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