FACILITY:

PATIENT:

DATE OF BIRTH

MEDICAL RECORD NUMBER:

DATE OF PROCEDURE:

ATTENDING:

ASSISTANT:

PREOPERATIVE DIAGNOSIS:

POSTOPERATIVE DIAGNOSIS:

PROCEDURE: Minimally Invasive Sacroiliac Joint Fusion, [Left/Right], with Fluoroscopy

INDICATION:

ANESTHESIA:

TECHNIQUE:

A description of the procedure and its risks, benefits, and alternatives, were provided to the patient, and informed consent was obtained prior to procedure commencement. Preoperative antibiotics were given to the patient within the appropriate time interval. The patient was taken to the operating room and carefully placed in the prone position on chest rolls, one placed transverse across the chest area and the other transverse across the upper pelvis/abdominal area. All areas of the body were supported and padded appropriately. The lumbar dorsum and buttocks were prepped with a 2% chlorhexidine gluconate and 70% isopropyl alcohol solution and draped in sterile fashion. All necessary instruments and imaging were present. A timeout was convened. At this point, fluoroscopy was brought onto the field and used to identify the sacroiliac joint in anteroposterior view. An oblique view of the sacroiliac joint was then performed to create a window at the midpoint of the joint between the anterior sacroiliac joint border and posterior sacroiliac joint border. The skin and subcutaneous tissue overlying this area was anesthetized with lidocaine 1% with a 25-gauge needle. The guide pin was then advanced into the joint space. A turn to lateral with fluoroscopy was utilized to ensure appropriate depth while advanced the pin with the mallet. When the appropriate depth was obtained, a 2cm vertical incision was made superior and inferior to the joint pin. The C-arm was turned to the lateral view and the joint finder was placed over the guide pin and advanced to the appropriate position with the mallet. The working cannula retractor was then placed over the joint finder under oblique fluoroscopy to ensure appropriate entry into the joint space. Lateral fluoroscopy was then utilized to advance the working cannula into the sacroiliac joint to the appropriate position and depth. The joint finder and guide pin were then removed. The drill was then utilized in the lateral view on fluoroscopy to remove cartilage to gain access to the subchondral bone of the sacrum and the ilium. It was advanced until it reached the rim of the working cannula. The broach was then used to prepare a triangular groove into both the sacrum and ilium for insertion of the stabilization grafts. A collagen sponge was then placed into the prepared space and the stabilization graft was placed. This was done both superiorly and inferiorly into the sacroiliac joint. The cannulated retractor was removed. The incisions were irrigated with saline and hemostasis achieved. The incision was then closed with 3-0 Vicryl and 4-0 Monocryl. Dermabond was then applied to the incision and after dry, gauze and a Tegaderm were applied.

ESTIMATED BLOOD LOSS: 15cc

FINDINGS:

SPECIMEN:

IMPLANTS: Omnia Medical PSIF Machined Allograft