**DTRAX**

OPERATIVE PROCEDURE

DATE OF SURGERY: 05/20/2016

PREOPERATIVE DIAGNOSIS: C4-C5 adjuvant segment disease with C4-C5 instability.

POSTOPERATIVE DIAGNOSIS: C4-C5 adjuvant segment disease with C4-C5 instability.

SURGEON: Dr. Amit Bhandarkar.

ASSISTANT: Jennifer.

BLOOD LOSS: scant

COMPLICATIONS: None.

IMPLANT: DTRAX

Surgical procedure:

1. Posterior cervical fusion C4 5

2. Use of intraoperative facet spacer at C4 5

3. Use of allograft for fusion

4. Use of C-arm guidance for placement of Dtrax spacer.

In the preoperative area patient was reassessed on the risk associated with the procedure was again re-explained to the patient. After explaining everything and upper talking he details about the risk involved the procedure #1 being infection, #2 being clot formation #3 being dislodgment of the device #4 being a basal penetration #5 pseudoarthrosis all were explained to the patient the patient agreed for the procedure and verbalized understanding of all the risks. Patient was also explained the possibility of temporary and permanent nerve damage.

Patient was taken to the OR and was identified by the head nurse and anesthetist. His relevant studies were put on display. He was then anesthetized general anesthesia was administered to him. He was also catheterized and was then positioned prone on a Jackson table all his bony prominences were padded padded. Neuro monitoring lines for the hold onto him. A baseline was then carried out which showed normal baseline. An incision i was made at the midline and carried through the subcutaneous tissue and the fascia. Hemostat was used to spread the fascia paraspinal muscles laterally. The surgical site was adequately visualized with the naked eye. Identification of the level was confirmed by steinman pin and lateral view on fluoroscopy. A probe was advanced again next to the bony elements. A decorticate was introduced to the muscle subperiosteally from the posterior lamina out to the midportion of the facet joint. Decortication of the lateral muscle was then performed using a bone cutting instrument.

A tube was advanced over the probe and the probe was removed. A rasp was and once again used to use for additional decortication. A cervical cage was packed with bone graft and inserted into the joint. Graft material was placed over the prepared bony surfaces on the lateral masses to promote fusion. Paraspinal muscle subcutaneous tissue and skin with closed in layers with sutures. A sterile dressing and external immobiliztion in the form of collar was applied. The patient was flipped to the supine position and was then extubated. Patient tolerated the procedure really well and was taken to the PACU where he moved all his extremity and his pain wasn't intolerable limit.