

# Checklist Surgery report in Trauma and Orthopaedic Surgery

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## Key data

- Team and times
- Diagnoses (code and free text); classification, if applicable.
- Procedures (code+free text): Implants and foreign material (cancellous bone, local antibiotic administration, etc.), specimen collection

## Indication

- Brief medical history incl. therapy alternatives (e.g. exhausted conservative therapy for elective surgery)
- Urgency
- Patient Information
  - planned procedure, treatment options and risks
  - Written, oral, representative, emergency indication

## Preparation

- Positioning of patient: Tourniquet? Positioning aid?
- Sterile disinfection and covering
- Team time-out according to WHO standard: Antibiosis? Type of anaesthesia? Allergies? Pacemaker?

## Access

- Incision: exact localisation and course, if necessary, with proper names
- Preparation Access
  - Tissue layers, pathways, course, mobilisation, presentation
  - Regular or altered access (inflammatory, traumatic avulsion, etc.)
  - Instruments used
- Haemostasis: monopolar, bipolar, ligatures

## General

- Landmarks
- Tissue texture
- Specimen collection (histology, microbiology, pathology) with exact collection site
- Implants with exact name
- Anatomical features
- Problems and complications
- Describe repetitive processes summarized

## Osteosynthesis

- Reduction: closed? open? under vision? under image converter control in several planes? with aids?
- Intramedullary nail osteosynthesis
  - Drill out to size x
  - Locking (dynamic?)
  - End cap? Compression screw?
- Plate osteosynthesis
  - Bending and positioning
  - Drillings and measurements
  - Filling of drill holes: e.g. angular stability? Cancellous bone screws?
  - Additive lag screw? Cerclage?
- Final images and fluoroscopy
  - In x planes? 3D scan?
  - Stability testing with dynamic fluoroscopy?

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## Endoprotheses

- Resection and osteotomies with angles, alignment
- Milling and rasping up to size x
- Trial implant and trial position
- Implantation
  - If necessary, cement with hardening, closure of medullary canal
- Documentation of free mobility without luxation and impingement

## Soft tissue surgery

- Description of situs
  - Macroscopic tissue condition? Vitality?
  - Scattered foreign bodies? Exposed structures?
  - Wound cavity? Size/depth?
  - Fistula? Contact with other compartments?
  - Granulation? Defect size?
- Debridement, fistula installation?
- Disinfection and rinsing
- Wound dressings, temporary/definitive coverage
- Negative pressure wound therapy with suction strength

## Arthroscopy

- Installation of access portals depending on findings
- Arthroscopic walk-around, inspection with palpation hook test
- Description of the visible joint structures (quality and condition of cartilage, tendons, synovia, bones), photo documentation
- Rinsing if necessary
- If necessary, reconstructive procedures with shaver, electrocoagulation, graft

## Retreat

- Rinsing if necessary
- Check for blood dryness
- If necessary, drain insertion: localisation, where drained, type & diameter, suture, check for accidental intracorporeal suture.
- Sign Out (count control)
- Fascia, subcutaneous and skin sutures, each with indication of suture technique, material type and thickness.
- Dressing and immobilisation

## Procedure

- mobilisation procedure with time indication
  - Post-treatment recommendations of DGOU
- Laboratory, wound and radiological checks
- Recommended time for drain and suture traction
- Thrombosis prophylaxis and analgesia
- Antibiotic therapy in consideration of microbiological/histopathological findings
- Follow-up interventions if necessary