Name: Robert Doutch | DOB: 6/17/1951 | MRN: 5637158 | PCP: Karen M Fanucci, MD | Legal Name: Robert Doutch

Operative Note

Signed Jun 12, 2026

Operative Note by Santiago Lozano-Calderon, MD, PhD at 6/11/2026 12:47 PM

Full Operative Note

Patient Name: Robert Doutch

MRN: 5637158

Date of Surgery: 6/11/2026

Pre-Op Diagnosis Codes:
* Pathological fracture of right tibia, unspecified pathological cause, initial encounter [M84.461A]

Post-Op Diagnosis Codes:
* Pathological fracture of right tibia, unspecified pathological cause, initial encounter [M84.461A]

Procedures:
EXCISION & CURRATAGE BONE TUMOR LEFT FEMUR CEMENT PACKING
PROPHYLACTIC PLATE FIXATION

Surgeons and Role:
* Lozano-Calderon, Santiago A, MD, PhD - Primary

Resident: Kim, Matthew, MD

* No surgical staff found *

Anesthesia Attending: Chen, Yuefan, MD
Anesthesia Resident: Cerda Woldarsky, Ivo H, MD, MS

Anesthesia Type: General

ASA Code: III

Description of Procedure: The patient is a 74-year-old male known to my service for a diagnosis of high-grade chondrosarcoma on the right proximal tibia associated to unknown pathologic fracture distally. The patient has current coexistent lesions in the left distal femur and right proximal femur of apparent cartilaginous nature through or less likely metastatic disease. The patient is coming today to the OR for excision and curettage with biopsy of the lesion in the left distal femur with possible distal replacement pending the results of the biopsy intraoperatively. The patient informed consent in the inpatient setting. Discussed risk included infection, wound complications, changing histological diagnosis and need for additional surgery.

The patient was taken to operative room. He received the standard cardiovascular monitoring and was then induced under general anesthesia. The patient's airway was managed with a laryngeal mask. The patient received a nerve block in the adductor canal. The patient was maintained in the supine position. The patient was prepped and draped in the usual fashion and a timeout was performed to confirm the patient's identity, laterality and procedures to be performed. The patient received preoperative antibiotics, Ancef 2 g. Foley catheter was inserted. No compression boot was used in the contralateral lower extremity given the presence of a cast. The patient was prepped and draped in the usual fashion and a timeout was performed to confirm the patient's identity, laterality and procedures to be performed.

A longitudinal incision following the anterior approach to the knee was performed with a 10 blade. Dissection of the subcutaneous tissues was carried with electrocautery. A medial subvastus approach was performed exposing the distal part of the left femur. Under fluoroscopy we localized the lesion and proceeded to make a window with a high-speed bur. Curetting of the lesion was performed and frozen samples were sent confirming the absence of sarcoma or metastatic disease. Additional curetting was performed sending multiple samples for permanent pathology. High-speed burring of the entirety of the lesion was performed with a Legend bone-cutting high-speed bur. The entirety of the cavity was bordered under fluoroscopy. The curettage portion was performed protecting the entirety of the surrounding tissues avoiding contamination during this part of the curettage and high-speed burring. Additional local control was performed with peroxide solution in addition to use of aqua mantis at 160 degrees of temperature. Cementation was performed under fluoroscopy. A distal metaphyseal plate was used to protect the bone prophylactically. This was an 8 hole plate that was secured proximally with one nonlocking 4.5 millimeters screw at two 5.0 mm locking screws. Distally the plate was secured with 1 nonlocking 3.5 millimeter screw measuring 80 mm in length and a series of additional 4 locking 3.5 millimeter screws of different lengths. Excellent position of the hardware was confirmed under fluoroscopy in the AP and lateral views. Excellent packing of the lesion was also observed. There was no contamination of the surgical field.

Satisfactory hemostasis was obtained. Additional irrigation with peroxide solution was performed. Aristra 5 g were applied over the surgical bed. Closure was performed by layers using #1 PDS for the deep layers as well as the fascial layers and 0 PDS for the deep subcutaneous layer and 2-0 PDS for the superficial 1. Closure was performed with a staples. Dry dressing with Xeroform, 4 x 4's and Tegaderms was provided to the patient. The patient emerged for anesthesia or any complication and was subsequently transferred to recovery. There were no complications during the case

Procedure Findings: Benign neoplasm with fibrous tissue in the left distal femur. No evidence of sarcoma or evidence of metastatic disease in frozen pathology.

Estimated Blood Loss: 50 mL

Specimen:

Specimens

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
1	Knee, Left	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD [1015274]	Lozano-Calderon, Santiago A, MD, PhD [1015274]	6/11/26 12:50 PM	Yes

Description: soft tissue mass

Method: Excision

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
2	Femur, Left	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD [1015274]	Lozano-Calderon, Santiago A, MD, PhD [1015274]	6/11/26 1:12 PM	Yes

Description: Bone Tumor Left Femur

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
3	Femur, Left	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD [1015274]	Lozano-Calderon, Santiago A, MD, PhD [1015274]	6/11/26 1:16 PM	No

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?

Description: Bone Tumor Left Femur

Additional Information

Comments: Pre-op diagnosis:
pathologic fracture of the right tibia

Is there concern for infection at the time of the procedure?: No

Disposition: PACU - hemodynamically stable.
Condition: stable

I was present for the entire procedure.

Was a qualified resident available to first-assist?: Yes

Plan: The patient is going to be admitted in preparation also for his surgery in the right lower extremity. Medications for pain control. Ancef 1 g every 8 hours for 24 hours. DVT prophylaxis with Lovenox 40 mg once a day. No restrictions in terms of weightbearing. Wound check this upcoming Monday when the patient is in the operative room for the surgery in the right lower extremity. Cast to be bivalved in the postop area.

Attestation statement: I was attending surgeon for the surgical case and I was scrubbed in during the case in its entirety.

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