

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

Operative Note

Signed Jun 16, 2026

[Operative Note by Santiago Lozano-Calderon, MD, PhD at 6/15/2026 3:39 PM](#)

Full Operative

Note

Patient Name: Robert Douth

MRN: 5637158

Date of Surgery: 6/15/2026

Pre-Op Diagnosis Codes:

* Bone lesion [M89.9]

Post-Op Diagnosis Codes:

* Bone lesion [M89.9]

Procedures:

WIDE RESECTION MALIGNANT BONE TUMOR RIGHT PROXIMAL TIBIA,
PROXIMAL TIBIA REPLACEMENT, MEDIAL GASTROCNEMIUS
ROTATIONAL FLAP, COMPLEX WOUND CLOSURE, EXCISION AND
CURETTAGE RIGHT BONE TUMOR

Surgeons and Role:

* Lozano-Calderon, Santiago A, MD, PhD - Primary

Resident: Ryan, Easton Chase, MD

* No surgical staff found *

Anesthesia Attending: Cotten, Joseph Frank, MD, PhD; Gonzalez, Lyndon O,
MD; Perez, Juan L, MD

CRNA: Maher, Susan Schindler, CRNA

Anesthesia Resident: Lach, Maya, MD; Wimbiscus, Mae Anne, MD

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 primary malignant tumor of the right proximal tibia associated to a nonpathologic fracture. The patient has other bone lesions located in both distal femurs with the one in the left distal femur curetted recently and packed with cement confirming absence of malignancy. The patient is coming today for another biopsy and excision and curettage of the lesion located in the right distal diaphyseal femur in addition to a radical resection of the proximal tibia and reconstruction with a proximal tibia replacement in addition to an open reduction and internal fixation of a distal tibia spiral shaft fracture. The patient informed consent in the outpatient setting. Discussed risks included infection, wound complications, changing histological diagnosis and need for additional surgery.

The patient was taken to the operative room. He received the standard cardiovascular monitoring and was then induced under general anesthesia. The patient's airway was managed with endotracheal tube. Foley catheter was used. The patient was maintained in the supine position. He received in the holding area preoperative sciatic and femoral nerve catheters. He was prepped and draped in the usual fashion in two setting draping staged fashion. He received preoperative antibiotics, Ancef 2 g and vancomycin 1 g. 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 and posterior medial to the tibia was performed with a 10 blade. Dissection of the subcutaneous tissues was performed with electrocautery. A medial subvastus approach was performed carefully exposing the distal part of the metadiaphysis. Under fluoroscopy we proceeded to identify the site of the lesion and made a window with a high-speed bur under fluoroscopy. The entirety of the lesion was curetted in its entirety. Frozen pathology confirmed the absence of malignancy. Additional burring and use of aqua mantis was performed to improve local control. And additional curettage and irrigation with peroxide solution was performed. Once the absence of malignancy was confirmed we proceeded to remove the study into the approaches medial parapatellar approach that we extended distally as a posterior medial approach to the tibia. Dissection of the gastrocnemius and the soleus from the anterior preserving the posterior tibial vessels was performed. This dissection was extended into the distal tibia and ankle. Anteriorly the anterior compartment of the tibia was dissected from the shaft maintained in the anterior tibial vascular structures. Dissection of the tibia from the distal femur was performed maintaining the meniscus as part of the margin. The tibiofibular joint was dissected and the septum was removed dissecting the anterior tibial artery and vein from the tibia without any difficulty and preserving the trifurcation.: Distally in the tibia was performed over the

fracture site. The entirety of the specimen was sent for permanent pathology as well as processing and orientation purposes. After explaining the specimen an additional 2 resections of approximately 2 cm were performed to increase the quality of the margin which was initially negative but close. After that we proceeded to takedown the malunion of the fracture in curetted the fracture site we performed an anatomic reduction and secured with 2 cables. At this point we proceeded to prepare the femur with intramedullary reaming under fluoroscopy up to size 17 mm for a 15 mm diameter stem measuring 150 mm in length. The femoral cuts were performed for a size 6 left femur. We reamed the tibial canal up to size 50 mm for 13 mm stem and we proceeded to create reconstruction with an extension piece 140 mm in length polyethylene size 16 and a standard size proximal tibia replacement. With this we obtained excellent reconstruction of the length and instability of the right lower extremity. Please notice that I careful dissection of the popliteal vessel as well as the peroneal nerve, tibial nerve and sciatic nerve were performed at the level of the knee joint. We changed to our second 3 pin layer and proceeded to insert the components without any difficulty. 2 units of cement were used to secure the tibia and 3 were used to secure the femur. Please notice that the patella was also prepped for an asymmetric sized patella 38 this was also cemented without any difficulty. We trialed again the polyethylene size 16 and with that we obtain excellent restoration of length and instability of the right lower extremity. We proceeded then to harvest medial rotational gastrocnemius flap the attaching and from the distal junction with the soleus muscle and proceeded to use it as a rotational flap after dissecting it from the raphae. The lateral head of the gastrocnemius was maintained intact. The soleus was also mobilized and used for primary closure with the anterior compartment of the knee. The rotational flap was used to reinforce the patellar attachment into the prosthesis which was with #2 fiber suture. Please notice that the patellar tendon was the advanced from the proximal anteriorly in conjunction with the fascia of the anterior tibialis muscle and compartment of the leg in order to maintain the length and tension of the extensor mechanism. Reinforcement was performed at the level of the flap and the patellar tendon with interrupted #1 PDS stitches. The deep layers were closed with #1 PDS stitches including the attachment of the vastus medialis into the septum as well as the medial parapatellar approach. Closure of the fascia was performed with 0 PDS as well as the deep subcutaneous layer. Please notice that 219 Blake drains were placed in position. Undermining of the soft tissues and complex wound closure was required over the rotational flap. This required an extensive amount of rearrangement of the local soft tissues in combination with antitensioning stitches and undermining of the skin. This was a very complex wound closure at the level of the skin and subcutaneous tissues. The patient was then placed in incisional VAC with Mepilex silver and a large sponge. 2 JP drains were used as attachments to the 19 Blake drains. The patient was then immobilized in long-leg splint. The patient emerged anesthesia or any difficulty and was found to be neurovascularly intact at the completion of the procedure.

Procedure Findings: Primary bone sarcoma of the tibia chondroblastoma versus chondroblastic osteosarcoma in the right lower extremity.

Estimated Blood Loss: 800 mL

Drains:

Closed/Suction Drain 1 Round Drain Bulb 19 Fr. Anterior;Right Thigh (Active)

Drainage Appearance	Bloody	06/16/26 0930
Status	Self suction	06/16/26 0930
Output (mL)	20 mL	06/16/26 1530

Closed/Suction Drain 2 Round Drain Bulb 19 Fr. Right;Inferior Knee (Active)

Drainage Appearance	Bloody	06/16/26 0930
Status	Self suction	06/16/26 0930
Output (mL)	40 mL	06/16/26 1530

Specimen:

Specimens

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
1	Femur, Right	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD [1015274]	Lozano-Calderon, Santiago A, MD, PhD [1015274]	6/15/26 4:14 PM	Yes

Description: Bone tumor

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
2	Tibia, Right	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD [1015274]	Lozano-Calderon, Santiago A, MD, PhD [1015274]	6/15/26 5:54 PM	Yes

Description: right proximal tibia

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
3	Tibia, Right	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD	Lozano-Calderon, Santiago A, MD, PhD	6/15/26 6:52 PM	Yes

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
				[1015274]	[1015274]		
Description: right tibia true margin- stitch proximal, anterior, medial							

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
4	Tibia, Right	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD [1015274]	Lozano-Calderon, Santiago A, MD, PhD [1015274]	6/15/26 6:57 PM	Yes
Description: right tibia margin #2 stitch proximal, anterior and medial							

ID	Source	Type	Tests	Collected By	Auth By	Collected At	FX?
5	Femur, Right	Musculoskeletal Tissue	• TISSUE EXAM	Lozano-Calderon, Santiago A, MD, PhD [1015274]	Lozano-Calderon, Santiago A, MD, PhD [1015274]	6/15/26 7:02 PM	No
Description: right distal femur							

Additional Information

Comments: Pre-op diagnosis:
Bone lesion left distal femur

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 receive preoperative antibiotics for 24 hours. Drains in place until output is less than 30 cc/day. Splint to be taken down on postoperative day #5 with subsequent transition to locked Bledsoe brace. Follow-up appointment in 2 to 3 weeks for wound check. Incisional VAC for 7 days after surgery.

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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