

OPERATIVE REPORT

Patient name: _____ DOB: _____

Account #: _____ Date of Surgery: _____

Procedure: implantation of aqueous shunt to extra-ocular reservoir

Location: **right eye / left eye**

Pre-operative diagnosis: **uncontrolled glaucoma**

Post-operative diagnosis: Same

Surgeon: Kevin Cranmer, MD

Anesthesia: MAC, with peribulbar block

Estimated blood loss: none

Specimens: none

Complications: none

Drains: Ahmed FP7 aqueous shunt

Narrative: This is a very nice patient who, on the day of the procedure, again consented to it, understanding its risks, potential benefits, and alternatives. The patient was taken back to the operating room after receiving a peribulbar block in the preoperative area. The OR staff prepped and draped the patient in the operating room in the usual sterile fashion including topical application of povidone-iodine to the operative eye. I exposed the eye with a wire lid speculum, which I removed at the end of the procedure. I placed a traction suture to expose the operative field. I then injected lidocaine with epinephrine below the conjunctiva and Tenon's capsule. I created a peritomy of approximately 3 clock hours and created a relaxing incision directly temporally. I then dissected posteriorly using Westcott scissors and achieved hemostasis with wet field cautery. I measured posteriorly from the limbus 8 mm and placed two 8-0 nylon sutures to attach the reservoir. I primed the tube and valve. I placed the Ahmed valve body in the pocket I previously created and sutured it to the eye using the preplaced sutures. I then trimmed the tube to appropriate length. I created an inferotemporal paracentesis to allow for insufflation of the anterior chamber and used a #23-gauge needle to create the ostium for the tube. I placed the tube through the ostium and there was excellent position in the anterior chamber. I then placed a cross suture over the tube to secure it in place on the scleral bed and placed pericardium in a double layer in a shelved fashion over the tube to prevent erosion. I then secured the pericardium to the sclera using #10-0 nylon and replaced the conjunctiva and Tenon's capsule over the tube and pericardium. I sutured it in place using the preplaced #8-0 Vicryl traction suture and several other sutures. I insufflated the anterior chamber. There was excellent flow through the tube. I undraped the patient. The patient tolerated the procedure well and was stable on leaving the operating room.

Kevin Cranmer, MD:

Date: