OPERATIVE REPORT

Patient name:_____ DOB:_____

Account #:_____ Date of Surgery:_____

Procedure:	Repair of **entropion / ectropion**, extensive, by tarsal strip
Location:	**Right lower eyelid / left lower eyelid**
Pre-operative diagnosis:	Senile **entropion / ectropion**
Post-operative diagnosis:	Same
Surgeon:	Kevin Cranmer, MD
Anesthesia:	MAC, with local and infra-orbital block
Estimated blood loss:	1cc
Specimens:	None
Complications:	None
Drains:	None

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. I placed local anesthesia at the lateral canthus both internally and externally. I placed an infraorbital block to provide regional anesthesia. I then marked the extent of the lateral canthus of the upper eyelid. OR staff prepped and draped the patient in the usual sterile fashion. I clamped the lateral canthus with a mosquito clamp for approximately 30 seconds to provide hemostasis and then incised laterally with a #15-blade. I used Stevens scissors to create the canthotomy and cantholysis. The lower eyelid was freely mobile following this procedure. I then created the tarsal strip. Using scissors, I severed the superior margin of the lower eyelid and dissected the skin from the anterior aspect of the tarsal strip. I cauterized the conjunctiva posteriorly to prevent cyst formation and then severed several millimeters of the tarsal strip after drawing it laterally and measuring appropriately. I then created a pocket at the medial aspect of the lateral orbital rim and secured the tarsal strip in good position with the 4-0 Vicryl. After tying the Vicryl, I compared with the contralateral eyelid and there was excellent symmetry and the eyelid malposition had resolved. I then reconstructed the lateral canthus using 5-0 chromic, being careful to place the new lateral canthus at the position of the marks, so there was good cosmesis. I then closed the skin with 5-0 chromic. OR staff applied antibiotic ointment to the skin and ocular surface. The patient tolerated the procedure well and was stable on leaving the operating room.

Kevin Cranmer, MD: **Date:**