

RE: Robert Plock
OPERATIVE REPORT
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The skin incision was made, and subperiosteal dissection was performed of the posterior elements of L4, L5, and S1. The transverse process of L5 and the sacral alae were dissected bilaterally. The pedicle screws were placed under fluoroscopic guidance bilaterally. The fracture sites were identified at the pars interarticularis. The high-speed drill was then used to decorticate the posterior elements of L5, S1, and the sacral alae.

At this point, the neurologic monitoring was used to stimulate the pedicle screws. Each of the screws was stimulating within a regional range. The rods were connected, and the torque-counter-torque device was used to tighten down the final construct. A reduction maneuver was performed in order to decompress the neural foramen indirectly and also to re-establish the alignment of the L5 and S1 relationship.

Final x-rays were obtained. The torque-counter-torque device was used to tighten down the final construct. A deep drain was placed. The fascia which was closed with 0 Vicryl, 2-0 Vicryl, and 3-0 Monocryl.

Andrew Park, M.D.
AP/SN/snhsavantmt9/FST-15756134
D: 09/26/13 07:10 P
T: 09/27/13 05:22 P