RC ___ 220 STATUS: Pvt.

PARKLAND MEMORIAL HOSPITAL

OPERATIVE RECORD

NAME: Governor John Connally

UNIT # 26 36 99

DATE: 11-22-63 Ortho

AGE: W/M RACE:

PRE-OPERATIVE DIAGNOSIS: Comminuted fracture of the right distal radius, open secondary to gunshot wound

POST-OPERATIVE DIAGNOSIS: Same

OPERATION: ~~Debridement of gunshot wound of right wrist,~~ reduction of fracture of the radius BEGAN: 1600 ENDED: 1650

ANESTHETIC: General BEGAN: 1300 ANESTHESIOLOGIST: Giesecke

SURGEON: Dr. Charles Gregory DRAINS:

ASSISTANTS: ~~Drs. Osborne and Parker~~ APPLIANCES:

SCRUB NURSE: Rutherford CIRC. NURSE: Schrader CASTS/SPLINTS:

SPONGE COUNTS: 1ST ______ 2ND ______ DRUGS I.V. FLUIDS AND BLOOD

COMPLICATIONS: None

CONDITION OF PATIENT: Fair

Clinical Evaluation:

Operative Findings:

Description of Operation:

While still under general anesthesia and following a thoracotomy and repair of the chest injury by Dr. Robert Shaw, the right upper extremity was thoroughly prepped in the routine fashion after shaving. He was draped in the routine fashion using stockinette, the only addition was the use of a debridement pan. The wound of entry on the dorsal aspect of the right wrist over the junction of the distal fourth of the radius and shaft was approximately two cm in length and rather oblique with the loss of tissue with some considerable contusion at the margins of it. There was a wound of exit along the volar surface of the wrist about two cm above the flexion crease of the wrist and in the midline. The wound of entrance was carefully excised and developed through the muscles and tendons from the radial side of that bone to the bone itself where the fracture was encountered. It was noted that the tendon of the abductor palmaris brevis was transected, only two small fragments of bone was removed, one approximately one cm in length and consisted of lateral cortex which lay free in the wound and had no soft tissue connections, another much smaller fragment perhaps 3 mm in length was subsequently removed. Small bits of metal were encountered at various levels throughout the wound and these were wherever they were identified and could be picked up were picked up and have been submitted to the Pathology department for identification and examination. Throughout the wound it was not and especially in the superficial layers and to some extent in the tendon and tendon sheaths on the radial side of the arm small fine bits of cloth consistant with fine bits of Mohair. It is our understanding that the patient was wearing a Mohair suit at the time of the injury and this accounts for the deposition of such organic material within the wound. After as careful and complete a debridement as could be carried out and with an apparent integrity of the flexor tendons and the median nerve in the volar side, and after thorough irrigation the wound of exit on the volar surface of the wrist was closed primarily with wire sutures while the wound of entrance on the radial side of the forearm was only partially closed, being left open for the purpose of drainage should any make

TO BE DICTATED BY SURGEON

Drs O & P not witnesses

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DESCRIPTION OF OPERATION (Continued): This is ~~indefiniteness~~ indeferens to the presence of Mohair and organic material deep into the wound which is prone to produce tissue reactions and to encourage infection and this precaution of not closing the wound was taken in correspondance with our experience in that regard.

In view of the urgancy of the Governor's original chest injury it was impossible to definitely ascertain the status of the circulation into the nerve supply to the hand and wrist on the right side. Accordingly, it was determined as best we could at the time of operation and the radial artery was found to be intact and pulsating normally. The integrity of the median nerve and the ulnar nerve is not clearly established but it is presumed to be present. Following closure of the volar wound and partial closure of the radial wound, dry sterile dressings were applied and a long arm cast was then applied with skin tape traction, rubber band variety, attached to the thumb and index finger of the right hand. ~~The righ~~ An attitude of flexon was created at the right elbow, and post operatively the limbus suspended from an overhead frame usingtape traction. The post operative diagnosis for the right forearm remains the same and again I suggest that you incorporate this particular dictation together with other dictations which will be given to you by the surgeons concerned with this patient.

Charles Gregory, M.D.

CG:bl