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PARKLAND MEMORIAL HOSPITAL

OPERATIVE RECORD

DATE: Nov. 22, 1963

Connolly, John B. 3

R M: 220

STATUS: Pvt.

NAME: Connolly, John
Other Individuals and Organizations
Involved or Interviewed
UNIT # 263699
A #24842

AGE:

RACE: W/M

PRE-OPERATIVE DIAGNOSIS: Gunshot Wound, Right Chest, Right Wrist, Left Thigh

POST-OPERATIVE DIAGNOSIS: Same

OPERATION: Exploration and Debridement of (*See below)
Gunshot Wound of Left Thigh

BEGAN: 16:00 ENDED: 16:20

ANESTHETIC: General BEGAN: 13:00

ANESTHESIOLOGIST: Dr. Geisecke

SURGEON: Dr. Shires

DRAINS:

ASSISTANTS: Drs. McClelland, Baxter and Patman

APPLIANCES:

SCRUB NURSE: Oliver CIRC. NURSE: Deming and Schroder

CASTS/SPLINTS:

SPONGE COUNTS: 1ST Correct, PS
2ND

DRUGS

I.V. FLUIDS AND BLOOD

COMPLICATIONS: *This portion of the operation is involved only with the operation on the left thigh. The chest injury has been dictated by Dr. Shaw, the orthopedic injury to the arm by Dr. Gregory.
CONDITION OF PATIENT:

Clinical Evaluation: There was a 1 cm. punctate missile wound over the juncture of the middle and lower third, medial aspect, of the left thigh. X-rays of the thigh and leg revealed a bullet fragment which was imbedded in the body of the femur in the distal third. The leg was prepared with PhisoHex and I.O. Prep and was draped in the usual fashion.

Operative Findings: Following this the missile wound was excised and the bullet tract was explored. The missile wound was seen to course through the subcutaneous fat and into the vastus medialis. The necrotic fat and muscle were debrided down to the region of the femur. The direction of the missile wound was judged not to be in the course of

Description of Operation: the femoral vessel, since the wound was distal and anterior to Hunter's canal. Following complete debridement of the wound and irrigation with saline, the wound was felt to be adequately debrided enough so that three simple through-and-through, stainless steel Aloy #28 wire sutures were used encompassing skin, subcutaneous tissue, and muscle fascia on both sides. Following this a sterile dressing was applied. The dorsalis pedis and posterior tibial pulses in both legs were quite good. The thoracic procedure had been completed at this time, the debridement of the compound fracture in the arm was still in progress at the time this soft tissue injury repair was completed.

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