

ORILLIA SOLDIERS' MEMORIAL HOSPITAL  
OPERATIVE RECORD

*copy*

DS

REG:

UNIT:

cc: ✓ Dr. [REDACTED]

Date of Operation: November 20, 1992

Name of Operation:

Preoperative Diagnosis: Periodontal disease, dental caries

Postoperative Diagnosis: Periodontal disease, gingival hyperplasia secondary to Dilantin therapy.

Surgeon: Dr. [REDACTED]

Anesthetist: Dr. [REDACTED]

Assistants: M. [REDACTED]

Under general anesthesia in the supine position, the patient was draped for an intraoral procedure. 6 inch oral radiographs were taken, teeth were cavitroneed, deep scaled, and prophied. Oral hygiene was poor with an abundant amount of debris supragingivally and subgingivally. Patient presented with moderate to severe generalized gingival hyperplasia secondary to Dilantin therapy. I proceeded to do a generalized full mouth gingivectomy with the use of the electrosurgery unit. Hemostasis was established. He was extubated and returned to the Recovery Room. He will stay in the Recovery Room for a short time and then he will be transferred to the Huronia Regional Centre where I will follow him up.

[REDACTED] DDS

Dict: Nov. 20, 1992  
Trans: Nov. 21, 1992 ds,

M. [REDACTED] D.D.S.  
Dict: Nov. 21, 1992  
Trans: Nov. 21, 1992  
OR 1104

ORILLIA SOLDIERS' MEMORIAL HOSPITAL

OPERATIVE RECORD

REG: SDC  
UNIT: 161361

*copy*

cc. Dr. [REDACTED]

Date of Operation: March 11, 1994

Name of Operation:

Preoperative Diagnosis: Moderate periodontal disease, caries extraction and gingival hyperplasia

Postoperative Diagnosis: Same

Surgeon: Dr. [REDACTED]

Anesthetist: Dr. [REDACTED]

Assistants: [REDACTED]

The patient was brought on an operating table to Operating Room in a supine position. General anesthesia was induced by intravenous route, followed by nasal endotracheal intubation. The patient was maintained on inhalation anesthetic. At this point, he was prepped and draped in the usual manner for intraoral procedure. A complete oral examination was performed. Five intraoral radiographs were taken. His oropharynx was suctioned and a moist throat pack was placed around the intubation tube. Complete Cavitron scaling was done on all teeth, followed by dental cup prophylaxis with fluoride containing paste. At this point, tooth no. 27 was extracted, socket packed with Gelfoam and sutured with 3-0 plain gut suture. All four quadrants revealed moderate to advanced gingival hyperplasia which was electrosurgically excised and cauterized at the same time. Hemostasis was well controlled and established. His oropharynx was again suctioned free of any debris. The throat pack was removed. The patient was awakened, extubated, sent to the Recovery Room followed by transfer to HRC where he will be looked after by me.

[REDACTED] D.D.S.

Dict: March 11, 1994

Trans: March 12, 1994/cj

OR line

ORILLIA SOLDIERS' MEMORIAL HOSPITAL

OPERATIVE NOTE

Name: [REDACTED]

ID: [REDACTED]

Reg: DS

cc. Dr. Hum

Date of Operation: August 16, 1996

Name of Operation:

Preoperative Diagnosis: Gingivitis, gingival hyperplasia, periodontal disease.

Postoperative Diagnosis: Periodontal disease

Surgeon: Dr. [REDACTED]

Anesthetist: Dr. [REDACTED]

Assistant: Dr. [REDACTED]

Under general anesthesia, the patient was intubated by the nasotracheal route. A thorough oral exam was performed. 5 x-rays were taken and the teeth were cavitroneed, scaled, and prophy. The patient presented with gross amounts of gingival hyperplasia in all quadrants. The patient was administered 2.5 cc of .5% Marcaine with 1 in 200,000 Epinephrine. Hyperplastic gingival tissues were moved utilizing electrosurgery technique. Tincture of Myrrh and Benzoin were applied to surgical areas. Peridontally hopeless tooth No. 24 was extracted utilizing forceps, Gelfoam and 3-0 gut suture were placed. The patient was then extubated and sent to Recovery Room in stable and alert condition.

[REDACTED]

*CHANGE TO "CARPULE (1.8cc)"*

Dict: August 16, 1996

Trans: August 19, 1996 ds