Standard Form 516
Rev. August 1956
Bureau of the Budget
Circular A—52

U. S. GOVERNMENT PRINTING OFFICE 1957—[illegible]

CLINICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS

Vaginal trauma

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
Dr. M.B. Miller	Dr. Mujica		
ANESTHETIST	**ANESTHETIC**		**TIME BEGAN** 1000
CPT D. Hines/CPT Avila	Ketamine & Robinul		**TIME ENDED** 1105
SURGICAL NURSE	**INSTRUMENT NURSE**	**TIME OPERATION BEGAN**	**TIME OPERATION COMPLETED**
CPT Davis/SSG James*		1035	1055

OPERATIVE DIAGNOSES	DRAINS (Kind and number)	SPONGE COUNT VERIFIED
Same		

*SP Winrich/SSG Mills

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

Culture for GC

OPERATION PERFORMED

Medical photography and examination under anesthesia

DESCRIPTION OF OPERATION (Type(s) of sutures used, gross findings, etc.)	MAJOR	MINOR	DATE OF OPERATION
INDICATIONS FOR PROCEDURE: The patient is an	X		12 Dec 86

eight year old female child with moderate vaginal trauma noted on pelvic examination at the time of admission for possible urinary tract infection.

DESCRIPTION OF PROCEDURE: After appropriate counselling, the patient was taken to the Operating Room and after induction of anesthesia was placed in the low lithotomy position. She was then draped and photography was obtained of the external perineum, labia and introitus. Toluidine blue was then applied and similar pictures were obtained. The findings at this time were a laceration lateral to the left labia, multiple introital lacerations, a periurethral laceration and at the time of examination of the vagina abrasions of the vaginal mucosa. Approximately 2 cm of the vaginal vault could be visualized easily without stretching of the perineum or mechanical dilatation or instrumentation. Following this a nasal speculum was introduced in the vaginal vault where the abraded vaginal mucosa could be more easily identified. Subsequently a small Patterson speculum was placed into the vagina. Her cervix was observed as was the rest of the vaginal vault with no additional findings. A culture was obtained and additional pictures of the vaginal vault were obtained. An examination was then performed under anesthesia. The anterior vaginal mucosa was without evidence of masses or tenderness. The uterus was palpable and premenarchal in size and shape without evidence of masses. There

SIGNATURE OF SURGEON	DATE
M. Bradley Miller, CPT, MC	12 Dec 86

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility).	REGISTER NO.	WARD NO.
TROUPE, BEVERLY L. DAU-A-SP4 01 49868 10 92 DACH, FORT HOOD, TEXAS	560 792	4EP

18 Dec 86/mh

OPERATION REPORT
Standard Form 516
[illegible]

CLINICAL RECORD

Report on _____
or
Continuation of S. F. 516 - Page 2
(Strike out one line) (Specify type of examination or data)

(Sign and date)

were no adnexal masses. The rectovaginal septum was intact without evidence of masses or injury and there were no perirectal injuries noted. Following photography and examination under anesthesia, the patient was allowed to awake in the Operating Room and was transferred to the Recovery Room in a stable and satisfactory condition. The estimated blood loss was none. Fluid replacement was 120 cc of D5 ½ normal.

M. BRADLEY MILLER, CPT, MC

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give Name—last, first, middle, grade, date hospital or medical facility)

TROUPE, BEVERLY L.
01 49568 10 92
DAC-A-3P4
EACH, FORT HOOD, TEXAS

REGISTER NO. 56[illegible]702

WARD NO. 4EP

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS