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Writing Sample 1, surgical procedure.

#	Narration	Visuals
01.	This CD ROM shows two different options for the Open Intraperitoneal Technique Using MedCo ADVANTAGE Mesh.	FADE UP on a graphic screen dominated by two smaller windows, showing the two different animations in progress (no sync audio)
02.	You'll see Option One In the following animation. It shows fixation of the mesh in the intra-abdominal space with a flat edge.	"Option One - fixation with flat edge" appears over the left window
03.	To see the other method, employing a folded lip around the edge, return to the main menu and select the animation for Option Two.	"Option Two - fixation with folded edge" appears over the right window (Note: navigation to Option Two could also be handled directly from this screen) FADE TO BLACK
04.	To begin this procedure, identify the margins of the hernia defect,...	FADE UP on animation still of the hernia defect. Dotted "dimension line" appears to indicate margins of defect.
05.	...and make a midline incision across its entire length.	scalpel enters, makes incision
06.	Dissect the hernia defect away from the surrounding tissue.	scalpel or electrocautery instrument enters and performs dissection
07.	Now enter the peritoneal cavity.	gloved fingers (or retractor) enters and widens opening DISSOLVE TO...
08.	Using careful adhesiolysis, free up any viscera attached to the peritoneum.	closer view, below peritoneum; surgeon frees viscera with fingers or instrument
09.	Measure the defect, and determine the appropriate size for the ADVANTAGE mesh.	calibrated "measurement line" appears, to indicate measurement of defect
10.	The mesh should overlap the outer margins of the defect by 3 to 5 centimeters.	measurement line fades out, and a dotted oval shape appears, approximating the size of the mesh for this defect, as in narration DISSOLVE TO...
11.	Cut the ADVANTAGE mesh to the required size.	ADVANTAGE mesh fresh from package, being cut to size with scissors DISSOLVE TO...

12.	Pre-place PROLENE suture in the mesh, so that the free ends extend out on the PROLENE side, which has blue stripes. Use size 1 or 2 suture, according to preference.	CU top portion of cut mesh, showing the PROLENE side (blue stripes). First suture is placed into mesh matching narration, at the 12:00 o'clock position (suture passes through the mesh from underneath, emerging from top; edges are flat)
13.	Space suture evenly at 8 points around the circumference of the mesh.	Zoom out to show entire cut piece of mesh, matching narration. Mesh now shows suture attached at 8 points, as in illustration. DIP TO BLACK
14.	Next, "parachute" the mesh.	FADE UP on hands holding the piece of mesh as prepared in the preceding steps. Hands form the mesh into a parachute shape.
15.	Insert it through the incision, into the intra-abdominal space, with the blue stripes facing the peritoneum. Place the mesh directly in contact with the viscera, centered on the defect.	CU incision; hands enter and pass the "parachuted" mesh through the incision as described
16.	Now push the suture through abdominal wall, and tie.	Zoom in to CU on a place where suturing will occur. Forceps enter and poke the suture through the tissue; others forceps or fingers tie off the suture. DIP TO BLACK
17.	You also have the option of inserting the mesh without any pre-placed suture. In this case, add suture and fixate after the mesh is in position.	FADE UP on cut piece of mesh being "parachuted" and passed through incision, without any suture attached. DIP TO BLACK
18.	After suturing, the fascia on top of the mesh may be approximated, or left open to avoid tension on the repair.	FADE UP on CU of the fascia over the mesh; the fascia move together, then apart, matching the narration. DISSOLVE TO
19.	Close subcutaneous and deep dermal layers with Coated VICRYL Plus Antibacterial Suture.	Forceps perform suturing of dermal layers matching narration. DISSOLVE TO...
20.	Finally, close the skin with DERMABOND Topical Skin Adhesive.	CU incision with all suturing complete; hands enter with DERMABOND tube and close the skin as per established procedure.
21.	This CD ROM shows two different options for	FADE UP on a graphic screen dominated by

	the Open Intraperitoneal Technique Using MedCo ADVANTAGE Mesh.	two smaller windows, showing the two different animations in progress (no sync audio)
22.	You'll see Option Two In the following animation. It shows fixation in the intra-abdominal space with a folded lip around the edge of the mesh.	"Option Two - fixation with folded edge" appears over the right window
23.	To see the other method, employing a flat edge, return to the main menu and select the animation for Option One.	"Option One - fixation with flat edge" appears over the left window (Note: navigation to Option Two could also be handled directly from this screen) FADE TO BLACK
24.	To begin this procedure, identify the margins of the hernia defect,...	FADE UP on animation still of the hernia defect. Dotted "dimension line" appears to indicate margins of defect.
25.	...and make a midline incision across its entire length.	scalpel enters, makes incision
26.	Dissect the hernia defect away from the surrounding tissue.	scalpel or electrocautery instrument enters and performs dissection
27.	Now enter the peritoneal cavity.	gloved fingers (or retractor) enters and widens opening DISSOLVE TO...
28.	Using careful adhesiolysis, free up any viscera attached to the peritoneum.	closer view, below peritoneum; surgeon frees viscera with fingers or instrument
29.	Measure the defect, and determine the appropriate size for the ADVANTAGE mesh.	calibrated "measurement line" appears, to indicate measurement of defect
30.	The mesh should overlap the outer margins of the defect by 3 to 5 centimeters.	measurement line fades out, and a dotted oval shape appears, approximating the size of the mesh for this defect, as in narration DISSOLVE TO...
31.	Cut the ADVANTAGE mesh to the required size.	ADVANTAGE mesh fresh from package, being cut to size with scissors DISSOLVE TO...
32.	Pre-place PROLENE suture in the mesh, so that the free ends extend out from the ORC side; out the back in this animation.	CU top portion of cut mesh, showing the PROLENE side (blue stripes). First suture is placed into mesh matching narration, at the 12:00 o'clock position. Suture passes down from top of mesh to area underneath (opposite

		of Option 1 method)
33.	Attach suture at four points: the 12 o'clock, 3 o'clock, 6 o'clock, and 9 o'clock positions. Use size 1 or 2 suture, according to preference.	Zoom out to show four sutures in place, matching narration.
34.	Space the sutures 1 centimeter apart... and at least 6.5 millimeters from the edge of the mesh. Some surgeons place the sutures one centimeter from the edge.	Dimension lines and measurements appear to show spacing of sutures, matching narration. DIP TO BLACK
35.	Next, "parachute" the mesh.	FADE UP on hands holding the piece of mesh as prepared in the preceding steps. Hands form the mesh into a parachute shape.
36.	Insert it through the incision, into the intra-abdominal space, with the blue stripes facing the peritoneum. Place the mesh directly in contact with the viscera, centered on the defect.	CU incision; hands enter and pass the "parachuted" mesh through the incision as described
37.	Use the suture to create a folded lip around the circumference of the mesh. This will make it easier to place the remaining tacks and sutures.	Zoom to closer image, showing the edge of the mesh on one side. Tension on a suture (and additional pressure from a finger and/or an instrument?) fold the edge of the mesh over, creating the folded lip
38.	This method of fixation helps avoid dislodging, wrinkling, curling of the mesh edges, or herniation of the bowel between the sutures.	Text bullets appear, listing advantages of this method, matching narration
39.	Fixate with additional PROLENE suture around the circumference of the mesh at the remaining hour positions: 1, 2, 4, 5, 7, 8, 10 and 11 o'clock.	Zoom out to wider shot, showing the entire incision. Additional sutures appear, matching narration
40.	After suturing, the fascia on top of the mesh may be approximated, or left open to avoid tension on the repair.	FADE UP on CU of the fascia over the mesh; the fascia move together, then apart, matching the narration. DISSOLVE TO
41.	Close subcutaneous and deep dermal layers with Coated VICRYL Plus Antibacterial Suture.	Forceps perform suturing of dermal layers matching narration. DISSOLVE TO...
42.	Finally, close the skin with DERMABOND Topical Skin Adhesive.	CU incision with all suturing complete; hands enter with DERMABOND tube and close the skin as per established procedure.