

LUKE Hi, I'm Luke Balsamo. I'm an orthopedic surgeon who specializes in orthopaedic oncology, work for Atlantic
BALSAMO: Orthopedics in Virginia Beach. The case today is a 73-year-old male presented with a large, 17 centimeter soft tissue mass on his left deltoid. He'd had this present for some time, but had ignored it because his wife had been ill. And he didn't want to deal with it.

The workup consisted of physical exam and imaging to include an MRI scan that showed a large, fatty lesion in the deltoid muscle itself. There were no areas of the lesion that were non-fat. And we diagnosed as a lipoma. Since it was so large, he decided to have it excised at that point.

So today we're going to look at this case. And we're going to narrate a excision of the case. And then we're going talk about his post-operative course.

So the patient is in the operating room. They are being prepped for surgery. Their head is to your right. Their arm is to your left. You can see their elbow there. Here they are in a seated position. An incision is being made over the deltoid itself. And they're [INAUDIBLE] out a piece of skin that is going to be redundant when we are complete with the surgery.

The goal of the surgery is to take out the entire lesion. We know this is a benign lesion, and so we don't need to get wide margins. What we're doing here is exposing the lesion and freeing it from its fascial attachments. The cautery is being used to minimize blood loss. The lesion is becoming more apparent as we are moving the deltoid off to the side, being careful to preserve any neurovascular structures that we come upon, mainly, the axillary nerve in this case.

The dissection is proceeding closer to the humerus in the shoulder. There is some finger dissection and instrument dissection that we use to remove this lesion completely. This is where we are going to remove the lesion. It has been freed of all its attachments to the deltoid. And this is the last remnant of connection that's left.

Now we've freed the lesion, and we've moved it to the back table. And it is now being sent to pathology for examination. With any of these large lesions, we put a drain in place because we've created a large, empty space that the body would like to fill up with fluid. And the drain prevents that. Sutures to close the skin together, and then closing the skin over the top of that. The drain stayed in place for two days and was removed without difficulty.

He spent the night in the hospital, had very little pain, went home the next day. His deltoid was functioning well. Back in the office, in the next week or so, he had no pain. He was healing up very well. And his recovery today has been uneventful. He is very happy that he doesn't have a large mass on his shoulder anymore.