

BODYFELT MOUNT STROUP & CHAMBERLAIN

Attorneys at Law

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229 Mohawk Building
222 S.W. Morrison St.
Portland, Oregon 97204-3188
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February 2, 1983

Re: See v. Remington

Mr. James Huegli
Attorney at Law
1200 Standard Plaza
Portland, OR 97204

Enclosed you will find the document(s) listed below for:

Judge's signature Your information Your review
 Filing Recording Response to request
 Your signature Other: _____

Enc: Affidavit Notice of Deposition
 Answer Order
 Check Petition
 Complaint Praecipe
 Confirmation card Reply
 (Please complete & return.) Request
 Cost Bill Response
 Decree Satisfaction of Judgment
 Judgment Sheriff's Return of Service
 Memorandum Writ of Garnishment
 Motion

Other: A copy of a recent report, with enclosures, which
I received from Dr. Perrin.

Action requested:

Please contact this office after review.
 Please acknowledge receipt.
 Take appropriate action.
 Return the above to this office.

BODYFELT, MOUNT, STROUP & CHAMBERLAIN

Peter R. Chamberlain
Peter R. Chamberlain *db*

PRC/sak
Enclosure

EUGENE R. PERRIN, M.D., P.C.
PHYSICIAN AND SURGEON

JAN 24 1983

*Plastic & Reconstructive Surgery
Surgery of the Hand*

January 19, 1983

Peter R. Chamberlain
Bodyfelt, Mount, Stroup
and Chamberlain
214 Mohawk Building
708 S.W. Third Avenue
Portland, Oregon 97204

RE: Teri See

Dear Mr. Chamberlain:

I examined Terri today as planned. She has showed remarkable improvement in the quality of the scars of both legs since my last opportunity to see her in 1980. However, she still has extensive defects which will leave permanent scarring, as you are well aware. Specifically, the right leg shows evidence of massive soft tissue loss in the posterior medial aspect with a well healed oblique scar. The tissues are soft and not sensitive. There is some area of diminished sensory perception over the right knee area, but the sensation of the lower leg and foot is intact. The knee shows full range of motion and is stable. The left leg shows a well healed skin grafted area and the transverse scar where a portion of this area had been previously excised by me. There are no associated sensory defects or significant muscle weakness. She describes difficulty in kneeling, particularly because of the sensitivity of the right knee and is unable to carry on normal running and athletic efforts because of the weakness of the left leg.

Although there has been remarkable improvement since the time of the initial injury there is still a possibility of some further correction to the left leg in an effort to fill in the loss of muscle bulk and skin. This would require a myocutaneous pedicle from the back of the same leg, transferring the muscle mass for bulk only - not for strength. Further staged excisions of the grafted area on the left leg could also be considered in an effort to reduce the involved area. The myocutaneous flap is somewhat involved and would require a period of hospitalization of probably a week to ten days with a prolonged convalescence in the range of one month. It is difficult to estimate overall medical costs involved, but considering current hospital costs

- continued -

January 19, 1983

Page Two

Re: Teri See

a range of \$25,000 to \$30,000 would not be inappropriate. Even if this were done permanent scarring in the area would remain. This would serve to correct the marked depression and shortage of skin in the lower thigh.

I have tentatively scheduled out the afternoon of March 2nd and expect to hear from you prior to that date for any further details of Teri's case and confirmation of the trial date. I am enclosing with this letter a copy of my chart notes and operative note.

Sincerely yours,



Eugene R. Perrin, M.D., P.C.

ERP:bbs
enclosures

HISTORY

... Perrin

RESPONSIBLE: SEE, Darrel

Address: _____
 Ph: _____
 Husband
 Father
 Other

NAME:

SEE, Mrs. Teri
 Deep River, Star Route
 Box 769
 Naselle, Washington 98638 206-465-2558

Employer:
 Address: _____
 Ph: _____

HOUSE: (name)

Address: _____
 Ph: _____

INSURANCE:

First Farwest Grn 82-589, ID 532588454 (Teri)
 Washington, Portland, OR 97205 5-30-80 EA

10/30/80 8-15-80 EA
 12-80

Dr. Chester McLaughlin - Orthopedic Surg
 2000 Box 574 - 1445 SE Exchange
 Astoria, OR 97103 325-0017

Address: _____
 Ph: _____

REFERRED BY:
 Address: _____
 Ph: _____

Address: _____
 Ph: _____

AGNOSIS:

FAMILY HISTORY:

PREVIOUS ILLNESS:

CHIEF COMPLAINT:

CLINICAL HISTORY:

15

It was in Oct 1979 in hunting accident

6mm rifle. Both thighs were involved (inner aspect)

with loss of tissue. Pt. wants evaluation

of defect and is interested in reconstruction

of thigh. To consider eventual staged gait

and provide gracilis muscle transfer.

6-20-80 - [unclear] - [unclear] ST V - [unclear] 7-15-80

ALLERGIES:

DRUGS:

PREVIOUS SURGERY:

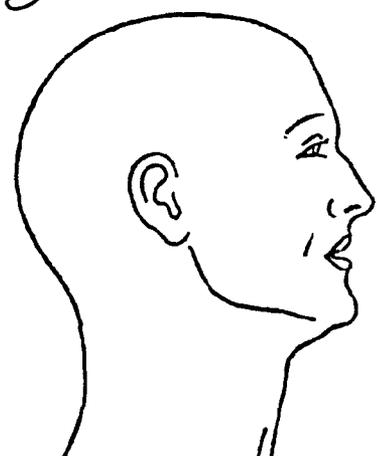
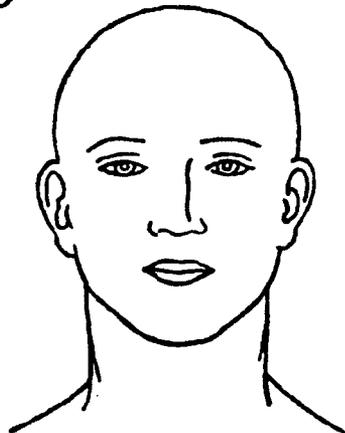
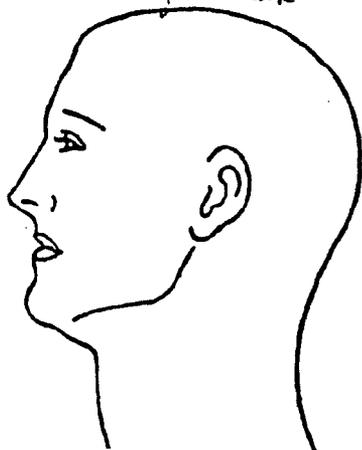
R.O.S.

DATE OF ONSET:

TIME LOSS:

PHOTOS

Date	No.



- Will schedule for surgical revision of both legs
- Gen. exam.

- Schedule - Bilat. Revision of Legs.

JUL 16 1980 Surg @ St. V. - Revision of previous surgery both legs & closure
with local advancement flap.

JUL 25 - Wounds addressed

Ret. exam.

- Wounds a series of sutures removed

Ret. - Exam.

AUG 5 1980 - Wounds healing in - to go to full wt. bearing. Pain
will recede in 2 wks.

AUG 22 1980 cancelled - sick child + also ill / ofr

SEP 16 1980 - Some preparation - skin plate tight - will consider
plastic or X-ray implant

2 pm - Dr. McElroy may want to do something.

Has the marked deformities of both legs with the large depression in the posterior aspect of the right knee and the depressed grafted area on the left anterior thigh. She has some diminished sensation over the left knee area and is unable to kneel because of this. She has resumed full activities, but does not run. The overlying skin has been free of complications. Further reconstruction to fill in the defect would require a myocutaneous pedicle, probably from the hamstring area. ERP:bbs
(Letter to attorney, Peter Chamberlain dictated)

Operative Record

DATE OF SURGERY: 7/16/80

PREOP DIAGNOSIS: Severe scar deformity of the legs bilaterally, post high velocity missile wound.

POSTOP DIAGNOSIS: Same.

OPERATION: Release, scar contracture, and scar division of the lower legs, with local advancement flaps.

SURGEON(S): Dr. E. Perrin

Under satisfactory general anesthesia the legs were prepared and draped in an appropriate manner. A large defect in the left anterior thigh and a much larger defect with soft tissue loss of the medial aspect of the lower right thigh was present. The areas had been resurfaced with skin graft, but contracture was present. After proper positioning the local tissues were infiltrated with a mixture of 1/4% Xylocaine and 1/2% Xylocaine with Adrenalin.

The incisions were made delineating the area of tissue loss. The old skin graft was resected from the medial aspect of the right thigh and local flaps were developed widely for advancement. Muscle insertions were freed and rotated for closure of the deep cavity. The flaps were then advanced and closed with multiple #00 and #000 Vicryl and #4-0 nylon. A partial excision of the grafted area of the right thigh was then done to minimize this defect. The wound was sutured with multiple #4-0 nylon.

Following this, bulky compressive dressings were applied to both areas. A posterior plaster splint was used to immobilize the right knee area. The patient was sent to the R. R. in satisfactory condition. The estimated blood loss was less than 200 cc.

Dictated by E. Perrin, M. D. 7/16/80
Transcribed by md 7/18/80

cc: Dr. E. Perrin

Signature of Surgeon