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Plastic Surgery
Operative Note

> Name: Arcwelder, Abby
> MRN: 10007679
> DOB: 3/27/1980
> Age: 35 y.o.
> Gender: female

> Note ID: 10224 10007679 02/03/2016 5:58 PM
> Universe: Reconstructive Breast
> Pathway: Macromastia

> Date: 7/3/2015

> Facility: Wellness Hospital

> Surgeon: Breast Surgeon, MD, FACS

> Assistants: Greg Help, MD; John Assist, MD

> Pre-Operative Diagnosis
1. Bilateral macromastia (ICD-10 N62).

> Post-Operative Diagnosis
1. Bilateral macromastia (ICD-10 N62).

> Operative Procedure
1. Bilateral reduction mammaplasty (CPT 19318-50).

> Anesthesia: General, with endotracheal intubation.

> ASA: II

> Surgical Wound Classification: I (Clean)

> Indication for Procedure

Ms. Arcwelder is a 35 y.o. female with symptomatic macromastia. She is being taken to surgery today for bilateral reduction mammaplasty. Indication, alternatives, risks, benefits, and expected results of the proposed procedure were discussed with the patient. Written consent was obtained. She was eager to proceed with surgery.

> Description of Procedure

Surgical markings were made in the preoperative area with the patient in standing position.
A Wise skin pattern was designed.
Nipple-areola pedicle location: supero-medial.
Nipple-areola pedicle width: 7 cm.

Mrs. Arcwelder was taken to the operating room and placed supine on the operating table. Bilateral lower-extremity PAS hoses were applied. General anesthesia was induced and the airway secured. A Foley catheter was not placed. A lower-body forced-air warming blanket was applied. The upper extremities were secured to padded armrests with Kerlix. The head of the bed was elevated to near-90 degrees and the patient's position was assessed for symmetry and safety. No issues were identified and the bed was flattened. Intravenous Cefazolin was given for perioperative antibiotic coverage. The patient's chest and upper abdomen were prepped and draped in the standard surgical fashion. A formal time-out was performed in the room.

The areolas were marked with a 45 mm cookie cutter. Epinephrine solution 1:100,000 was used to infiltrate the skin along the planned incisions. All skin incisions were made. The dermo-glandular pedicles were de-epithelialized. Incisions were taken down to the chest wall, preserving the pectoralis fascia. The dissection was extended cephalad to the level of the clavicles, creating superior skin flaps. The resection of breast tissue followed from medial to lateral on both sides, preserving the dermo-glandular pedicles for the nipples. The specimens were weighed and sent for pathological evaluation.

The breast skin flaps were draped around the dermo-glandular pedicles and the skin was temporarily closed with staples. The head of the bed was elevated to near-90 degrees. The breast mounds were inspected. Corrections were made as needed until the desired shape, volume, and symmetry of the breasts were achieved. The areolas were then marked on the skin with a 42 mm cookie cutter. The bed was flattened.

The breasts were re-opened and copiously irrigated with warm normal saline. Hemostasis was revised. The breast skin flaps were draped around the dermo-glandular pedicles once again. The breasts were then closed in layers. The superficial fascial system was reapproximated with interrupted 2-0 Vicryl sutures. The skin was closed with 3-0 Vicryl deep dermal sutures and running 2 -0 deep dermal barbed sutures. The marked areolar positions were incised and the intervening skin resected, allowing the nipple-areola complexes to be exteriorized. The areolas were sutured to the surrounding skin with 3-0 Vicryl deep dermal sutures, followed by running 4-0 Monocryl sutures. The skin was cleaned and dried. Biological sealant was applied to all skin incisions and allowed to fully dry before covering with ABD pads. The drains were connected to bulb suction. A brassiere was fit to the patient.

Ms. Arcwelder tolerated the procedure well and was transferred to the recovery room extubated and in good condition. At the end of the case, the sponge, needle and instrument counts were correct. I was present throughout the entire procedure.

> Complications: None.

> Drains: None.

> Pathology Specimens

1. Left breast tissue.

2. Right breast tissue.

> Left Breast Tissue Removed: 650 g.

> Right Breast Tissue Removed: 651 g.

> Estimated Blood Loss: 100 ml.

> Urine Output: not measured.

> IV Fluids Given: 2,000 ml.

> Blood Products Given: None.

> Duration of Procedure: 2 h, 35 min.