Operative & Anesthesia Notes

Operative Report

[redacted]

OPERATION REPORT

DATE OF OPERATION: 8/9/2023

PREOPERATIVE DIAGNOSIS: Acquired absence of bilateral breasts status post mastectomy and tissue expander reconstruction.

POSTOPERATIVE DIAGNOSIS: Acquired absence of bilateral breasts status post mastectomy and tissue expander reconstruction.

OPERATIONS PERFORMED: bilateral breast tissue expander to implant exchange (Allergan style SCX 700 on the right and SCF 605 on the left), with bilateral breast fat grafting (100 mL grafted to each breast; inner thighs and lateral chest (bilateral) as donor site).

SURGEON: [redacted]

ASSISTANT: [redacted]

ANESTHESIA: General endotracheal anesthesia.

COMPLICATIONS: None.

DRAINS: None.

EBL: 100 mL.

OPERATIVE PROCEDURE: The patient was marked in the preoperative holding area in an upright position. SCD stockings were placed. She was brought to the operating room and placed under general anesthesia. IV antibiotics were given preoperatively. She was carefully padded in position and she was prepped with Betadine and draped in the usual sterile fashion. After a timeout was performed, 10 mL of 1% lidocaine with 1:100,000 epinephrine was infiltrated and small access incisions were made with the tip of an 11 blade. Tumescent solution comprised of 1 L of lactated Ringer's with 1 amp of 1:1,000 epinephrine was infiltrated into the subcutaneous fat layer of the areas. After the tumescent solution had taken effect, power-assisted liposuction was utilized to harvest the fat into the Revolve system and the fat was rinsed with warm lactated Ringer's and transferred to 3 mL syringes for grafting. The access incisions were then closed with 4-0 Monocryl subcuticular stitches and dressed with bacitracin and Band-Aids and a total of 10 mL of 0.25% plain Marcaine was injected into the donor sites. 4 cm inframammary fold incisions were made with a 15 blade, and the underlying subcutaneous fat was divided until the integrated acellular dermal matrix was encountered. The acellular dermal matrix was then divided in oblique fashion and the underlying tissue expanders were deflated and removed. With the aid of a lighted retractor, selective capsulotomies were performed. Meticulous hemostasis was achieved throughout the case with Bovie cautery. The pockets were irrigated with antibiotic-containing saline solution and a Sizer was placed and the patient placed in upright seated position. It was determined that Allergan style SCX 700 (on right) and SCF 605 (on the left) smooth round silicone implant(s) would be the best match for the desired appearance, and so these were opened and bathed in Betadine solution. After the sizers had been removed, the pockets were irrigated once again with a saline antibiotic solution and the implants were placed (in their respective pockets) utilizing the Keller funnel and the no-touch technique. The acellular dermal matrix, then repaired to itself with figure-of-eight 2-0 Vicryl sutures and the Scarpa's fascia was aligned with 2-0 Vicryl sutures as well. Skin closure was achieved (after small transverse ellipses were excised along the incisions for improved

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contour) with 3-0 Monocryl sutures placed in interrupted, buried fashion in the deep dermis followed by a 4-0 Monocryl subcuticular stitch. The fat grafting was performed through small access incisions made with the tip of an 11 blade. Utilizing micro cannulas to place the fat in small aliquots throughout the subcutaneous fat layer of the breast. A total of 100 mL was grafted in the each breast. The patient was placed in upright seated position multiple times throughout the procedure in order to ensure the best symmetry possible. The access incisions were closed with 5-0 fast-absorbing chromic gut sutures and dressed with bacitracin and Band-Aids. All counts were correct prior to closure. She was extubated without issue and taken to the recovery room in stable condition. The inframammary fold incisions were dressed with Steri-Strips, Telfa, and paper tape.

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