OPERATION REPORT

DATE OF OPERATION: 2/23/2023

PREOPERATIVE DIAGNOSIS: absent right breast s/p mastectomy and expander removal for infection

POSTOPERATIVE DIAGNOSIS: absent right breast s/p mastectomy and expander removal for infection

OPERATIONS PERFORMED: right breast reconstruction with tissue expander (Allergan style 133 SMX 500 mL expanders placed and filled to 175 mL with injectable saline) with AlloDerm placement and revision of vertical scar (local skin flap advancement and closure over 2 x 10cm)

SURGEON: [redacted]

ASSISTANT: [redacted]

ANESTHESIA: GETA, regional.

COMPLICATIONS: None.

DRAINS: #15-French Bard channel drain x2.

EBL: 30 mL.

OPERATIVE PROCEDURE: The patient was marked in the preoperative holding area in an upright position. SCD stockings were placed. IV antibiotics were given preoperatively. She was brought to the operating room and placed under general anesthesia. Her chest was prepped and draped in sterile fashion. A time out was performed and 10 cc of 1% lidocaine with 1:100,000 was infiltrated into the operative area. A 16 x 20 cm piece of thick perforated AlloDerm had been soaked in antibiotic solution, and based on the patient's chest diameter and prior reconstruction, an Allergan style 133 SMX 500 mL expander was chosen and bathed in Betadine solution. My gloves were changed prior to handling both. The AlloDerm was trimmed to fit around the expanders, and on the posterior aspect of the expander, it was sutured to itself with interrupted 2-0 Vicryl sutures. An incision was made along the vertical limb and the mastectomy skin flap carefully elevated in the pre-pectoral plane. Any thickened scar was released with sharp dissection. Meticulous hemostasis was achieved with Bovie cautery. The pocket was irrigated with copious amounts of antibiotic saline solution and found to be clean. The AlloDerm wrapped expander was then placed in the prepectoral plane and secured to the chest wall through the expander tabs with interrupted 2-0 PDS sutures. The remaining pieces of AlloDerm left from trimming were placed cephalad to the expander and sutured to the chest wall with interrupted 2-0 Vicryl sutures to further fill the void cephalad left by mastectomy. Two #15-French Bard channel drains were placed exiting the lateral chest and secured in place with 2-0 nylon sutures. The air was evacuated from the expanders with the provided butterfly needle, utilizing the magnet to locate the port. A total of 175 mL of injectable saline was injected in the right expander without placing tension on the incisions or on the skin flaps. The skin along the vertical scar was de-epithelialized over a 2 x 10 cm area and the local skin flaps advanced upon each other and closed in multiple layers with 2-0 Vicryl sutures placed in interrupted, buried fashion the in the subcutaneous fat layer, followed by 3-0 Monocryl sutures placed in interrupted, buried fashion in the deep dermis, and finally a 4-0 Monocryl subcuticular stitch was run. For better symmetry, 100 cc was removed from the contralateral expander. Dressings were placed. All counts were correct prior to closure. She was then extubated without issue and taken to the recovery room in stable condition.

02/23/2023 - Admission (Discharged) in AHSP 4-PACU (continued)

Case 994557 (BREAST TISSUE EXPANDER REINSERTION WITH ALLODERM PLACEMENT)

Surgery Information

General Information

Date: 2/23/2023 Time: 0905 Status: [redacted]
Location: [redacted] Room: [redacted] Service [redacted]
Patient class: [redacted] Case classification: [redacted]

Diagnosis Information

Diagnosis
Status post bilateral breast reconstruction
Status post bilateral mastectomy

Panel Information

Panel 1

Surgeon	Role	Service	Start Time	End Time
[redacted]	Primary	Plastics		

Procedure: BREAST TISSUE EXPANDER REINSERTION WITH ALLODERM PLACEMENT [19357 (CPT®)]

Laterality	Wound Class	Incision Closure	Anesthesia	Op Region	Length
Right	I - Clean		General		0

BREAST TISSUE EXPANDER REINSERTION WITH ALLODERM PLACEMENT (Right) - Position 1

Body: [redacted]
Left Arm: **Abducted < 90 Degrees (secured with 4" bias stockinette)** Foam armboard, Foam 1/4", Strap
Right Arm: **Abducted < 90 Degrees (secured with 4" bias stockinette)** Foam armboard, Foam 1/4", Strap
Head: **Aligned with Neck (on pillow)** Cloward foam headrest (pink)
Left Leg: **Flexed at Knees (safety belt across knees)** Pillow, Heel protector
Right Leg: **Flexed at Knees (safety belt across knees)** Pillow, Heel protector
Positioned by: [redacted] PA-C
Time: 0940
Comments: final position verified by surgeon and anesthesiologist. bony prominences padded. lines are cleared.

BREAST TISSUE EXPANDER REINSERTION WITH ALLODERM PLACEMENT (Right) - Position 2

Body: **Supine** Safety belt, Eggcrate mattress
Left Arm: **Abducted < 90 Degrees (secured with 4" bias stockinette)** Foam armboard, Foam 1/4", Strap
Right Arm: **Abducted < 90 Degrees (secured with 4" bias stockinette)** Foam armboard, Foam 1/4", Strap
Head: **Aligned with Neck (on pillow)** Cloward foam headrest (pink)
Left Leg: **Flexed at Knees (safety belt across knees)** Pillow, Heel protector
Right Leg: **Flexed at Knees (safety belt across knees)** Pillow, Heel protector
Positioned by: [redacted]

Notes

Anesthesia Postprocedure Evaluation

[redacted]

Post-Anesthesia Assessment Note

Vital Signs:

Blood Pressure	**127/57**
Heart Rate	**76**
Respiratory Rate	**18**
O2 Saturation (%)	**99**
Temperature	**97.0**

Evaluation:

Level of consciousness sufficient to participate in assessment: yes
Cardiac and hydration status adequate: yes
Respiratory status adequate/airway patent: yes
Pain control adequate: yes
Post-operative nausea and vomiting control adequate: yes
Anesthesia complications: no

Patient awake and verbalizing appropriately, VSS on 6L oxymask. Not complaining of pain or nausea.

[redacted]