Operative & Anesthesia Notes

Operative Report

[redacted] **MD at 11/22/2022 1630**

PATIENT: ABRAMS, ROXANN LYNN
MED REC: [redacted]
CEDARS-SINAI MEDICAL CENTER DICTATOR: [redacted] M.D.

OPERATION REPORT

DATE OF OPERATION: 11/22/2022

PREOPERATIVE DIAGNOSIS: Right breast infection, status post mastectomy and expander reconstruction.

POSTOPERATIVE DIAGNOSIS: Right breast abscess, status post mastectomy reconstruction.

OPERATIONS PERFORMED: Right breast implant and AlloDerm removal with washout.

SURGEON: [redacted] M.D.

ASSISTANT: [redacted] PA-C (most qualified surgical assistant present)

ANESTHESIA: [redacted]

COMPLICATIONS: None.

DRAINS: #19-French Bard channel drain x1.

EBL: 20 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. She was given IV clindamycin preoperatively. Her chest was prepped with Betadine and draped in the usual sterile fashion. After a timeout was performed, the inframammary fold incision was incised over 6 cm with a 15 blade. Upon incision, purulent drainage was encountered in the amount of approximately 300 mL, which was foul smelling and opaque. This was cultured and sent to microbiology. The remaining drainage was evacuated and the expander was deflated and removed and the entirety of the AlloDerm was excised. Blunt curettage was performed over the interior of the mastectomy pocket to further remove exudate. A pulse lavage solution was utilized to irrigate the area copiously with Betadine irrigation as well. A #19-French Bard channel drain was placed exiting the lateral chest and secured in place with a 2-0 nylon suture. After irrigation was performed, the

skin edges were reapproximated with 3-0 Monocryl sutures in the deep dermis followed by horizontal mattress 4-0 Prolene sutures. The incision was dressed with bacitracin, Telfa, and paper tape and the patient was placed in a postoperative bra with fluff dressings. All counts were correct prior to closure. She was extubated without issue and taken to the recovery room in stable condition. Regional Anesthesia was present at the end of the case for postoperative blocks for comfort.

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[redacted] M.D.

[redacted] D: 11/22/2022 T: 11/22/2022 JOB#: [redacted]

cc:[redacted] PA-C

Electronically signed by [redacted] MD at 11/29/22 1421