

Medical Specialty:Cosmetic / Plastic Surgery

Sample Name: Lipectomy - Breast

Description: Suction-assisted lipectomy of the breast with removal of 350 cc of breast tissue from both sides and two mastopexies.

(Medical Transcription Sample Report)

PREOPERATIVE DIAGNOSISMammary hypertrophy with breast ptosis.POSTOPERATIVE
DIAGNOSISMammary hypertrophy with breast ptosis.OPERATIONSuction-assisted lipectomy of the breast
with removal of 350 cc of breast tissue from both sides and two mastopexies.ANESTHESIA
General endotracheal anesthesia.PROCEDUREThe patient was placed in the supine position. Under effects of
general endotracheal anesthesia, markings were made preoperatively for the mastopexy. An eccentric circle
was drawn around the nipple and a wedge drawn from the inferior border of the areola to the inframammary
fold. A stab incision was made bilaterally and tumescent infiltration of anesthesia, lactated ringers with 1 cc of
epinephrine to 1000 cc of lactated ringers was infused with a tumescent blunt needle. 200 cc was infiltrated on
each side. This was followed by power-assisted liposuction and manual liposuction with removal of 350 cc of
supernatant fat from both sides utilizing a radial tunneling technique with a 4-mm cannula. This was followed
by the epithelialization of skin between the inner circle corresponding to the diameter of the areola 4 cm
diameter and the outer eccentric circle with a tangent at the 6 o'clock position. This would result in an
elevation of the nipple-areolar complex with transposition. The epithelialization of the wedge inferiorly
equalized the circumference distance between the inner circle and the outer circle. Hemostasis was achieved
with electrocautery. After the epithelialization was performed on both sides, nipple-areolar complex was
transposed to new nipple position and the wedge was closed with transposition of the nipple-areolar complex
beneath the transposed nipple. Closure was performed with interrupted 3-0 PDS suture on deep subcutaneous
tissue and dermal skin closure with running subcuticular 4-0 Monocryl suture. Dermabond was applied
followed by Adaptic and Kerlix in the suturing spaces supportive mildly compressive dressing. The patient
tolerated the procedure well. The patient was returned to recovery room in satisfactory condition.