

REASON FOR VISIT: , This is a cosmetic consultation.,HISTORY OF PRESENT ILLNESS:, The patient is a very pleasant 34-year-old white female who is a nurse in the operating room. She knows me through the operating room and has asked me to possibly perform cosmetic surgery on her. She is very bright and well informed about cosmetic surgery. She has recently had some neck surgery for a re-fusion of her neck and is currently on methadone for chronic pain regarding this. Her current desires are that she obtain a breast augmentation and liposuction of her abdomen, and she came to me mostly because I offer transumbilical breast augmentation. Her breasts are reportedly healthy without any significant problems. Her weight is currently stable.,PAST MEDICAL AND SURGICAL HISTORY: , Negative. Past surgical history is significant for a second anterior cervical fusion and discectomy in 02/05 and in 09/06. She has had no previous cosmetic or aesthetic surgery.,FAMILY HISTORY AND SOCIAL HISTORY:, Significant for Huntington disease in her mother and diabetes in her father. Her brother has an aneurysm. She does occasionally smoke and has been trying to quit recently. She is currently smoking about a pack a day. She drinks about once a week. She is currently a registered nurse, circulator, and scrub technician in the operating room at Hopkins. She has no children.,REVIEW OF SYSTEMS: ,A 12-system review is significant for some musculoskeletal pain, mostly around her neck and thoracic region. She does have occasional rash on her chest and problems with sleep and

anxiety that are related to her chronic pain. She has considered difficult airway due to anterior cervical disk fusion and instability. Her last mammogram was in 2000. She has a size 38C breast.,MEDICATIONS: , Current medications are 5 mg of methadone three times a day and amitriptyline at night as needed.,ALLERGIES: , None.,FINDINGS: , On exam today, the patient has good posture, good physique, good skin tone. She is tanned. Her lower abdomen has some excess adiposity. There is some mild laxity of the lower abdominal skin. Her umbilicus is oval shaped and of adequate caliber for a transumbilical breast augmentation. There was no piercing in that region. Her breasts are C shaped. They are not ptotic. They have good symmetry with no evidence of tubular breast deformity. She has no masses or lesions noted. The nipples are of appropriate size and shape for a woman of her age. Her scar on her neck from her anterior cervical disk fusion is well healed. Hopefully, our scars would be similar to this.,IMPRESSION AND PLAN: , Hypomastia. I think her general physique and body habitus would accommodate about 300 to 350 cubic centimeter implant nicely. This would make her fill out her clothes much better, and I think transumbilical technique in her is a good option. I have discussed with her the other treatment options, and she does not want scars around her breasts if at all possible. I think her lower abdominal skin is of good tone. I think suction lipectomy in this region would bring down her size and accentuate her waist nicely. I am a little concerned about the lower abdominal skin laxity, and I will discuss with her further that in the near

future if this continues to be a problem, she may need a mini tummy tuck. I do think that a liposuction is a reasonable alternative and we could see how much skin tightening she gets after the adiposity is removed. I will try to set this up in the near future. I will try to set this up to get the instrumentation from the instrumentation rep for the transumbilical breast augmentation procedure. Due to her neck issues, we may not be able to perform her surgery but I will check with Dr. X to see if she is comfortable giving her deep sedation and no general anesthetic with her neck being fused.