PREOPERATIVE DIAGNOSIS: , Breast assymetry, status post previous breast surgery.,POSTOPERATIVE DIAGNOSIS: ,Breast assymetry, status post previous breast surgery.,OPERATION: , Capsulotomy left breast, flat advancement V to Y left breast for correction lower pole defect.,ANESTHESIA:, LMA.,FINDINGS AND PROCEDURE: ,The patient is a 35-year-old female who presents status post multiple breast surgeries with resultant flatness of the lower pole of the left breast. The nipple inframammary fold distance is approximately 1.5 cm shorter than the fuller right breast. The patient has bilateral Mentor-Smooth round moderate projection jell-filled mammary prosthesis, 225 cc.,The patient was marked in the upright position for mobilization of lateral skin flaps and increase in the length of the nipple inframammary fold distance. She was then brought to the operating room and after satisfactory LMA anesthesia had been induced, the patient was prepped and draped in the usual manger. The patient received a gram of Kefzol prior to beginning the procedure. The previous inverted T-scar was excised down to the underlying capsule of the breast implant. The breast was carefully dissected off of the underlying capsule. Care being taken to preserve the vascular supply to the skin and breast flap. When the anterior portion of the breast was dissected free of the underlying capsule, the posterior aspect of the capsule was then dissected off of the underlying pectoralis muscle. A posterior incision was made on the backside of the capsule at the proximate middle portion of the capsule and then reflected inferiorly thereby creating a

superior based capsular flap. The lateral aspects of the capsule were then opened and the inferior edge of the capsule was then sutured to the underside of the inframammary flap with 2-0 Monocryl statures. Care was taken to avoid as much exposure of the implant, as well as damage to the implant. When the flap had been created and advanced, hemostasis was obtained and the area copiously irrigated with a solution of Bacitracin 50,000 units, Kefzol 1 g, gentamicin 80 mg, and 500 cc of saline. The lateral skin both medially and laterally were then completely freed and the vertical incision of the inverted T was then extended the 2 cm and sutured with a trifurcation suture of 2-0 Biosyn. This lengthened the vertical portion of the mastopexy scar to allow for descent of the implant and roundness of the inferior pole of the left breast. The remainder of the inverted T was closed with interrupted sutures of 3 and 2-0 Biosyn and the skin was closed with continuous suture of 5-0 nylon. Bacitracin and a standard breast dressing were applied.,The anesthesia was terminated and the patient was recovered in the operating room. Sponge, instrument, needle count reported as corrected. Estimated blood loss negligible.