

PREOPERATIVE DIAGNOSIS:, Mass, left knee.,POSTOPERATIVE DIAGNOSIS: , Lipoma, left knee.,PROCEDURE PERFORMED: ,Excision of lipoma, left knee.,ANESTHESIA: , Local with sedation.,COMPLICATIONS: ,None.,ESTIMATED BLOOD LOSS: , Minimal.,GROSS FINDINGS: , A 4 cm mass of adipose tissue most likely representing a lipoma was found in the patient's anteromedial left knee.,HISTORY:, The patient is a 35-year-old female with history of lump on her right knee for the past, what she reports to be six years. She states it had grow in size over the last six months, rarely causes her any discomfort or pain, denies any neurovascular complaints of her right lower extremity. She denies any other lumps or bumps on her body. She wishes to have this removed for cosmetic reasons.,PROCEDURE: , After all potential risks, benefits, and complications of the procedure were discussed with the patient, informed consent was obtained. She was transferred from the Preoperative Care Unit to Operating Suite #1. She was transferred from the gurney to the operating table. All bony prominences were well padded. A well padded tourniquet was applied to her right thigh. Anesthesia then administered some sedation, which she tolerated well. Her right lower extremity was then sterilely prepped and draped in normal fashion. Next, a rubber Esmarch was used to exsanguinate her right lower extremity.,Next, approximately 20 cc of 0.25% Marcaine with 1% lidocaine were used to locally anesthetize her anterior medial right knee in location of the mass. Next, a #15 blade

Bard-Parker scalpel was utilized to make an approximately 3 cm vertical incision over the soft tissue mass upon incising the skin and the subcutaneous tissue readily and there was the aforementioned fatty tissue mass. This was easily excised with blunt dissection. Examination of the wound then revealed a second piece of fatty tissue, which resembled a lipoma measuring approximately 1.5 cm x 2 cm. This was then also excised utilizing Littler scissors. Hemostasis was obtained. The wound was then copiously irrigated after this all the underlying bone tissue was removed. #2-0 Vicryl interrupted subcutaneous sutures were then placed and the skin was reapproximated utilizing #4-0 horizontal mattress nylon sutures. Sterile dressings was applied of Adaptic, 4x4s, and Kerlix as well as an Ace wrap. Sedation was reversed. Tourniquet was deflated. The patient was transferred from the operating table to the gurney and to the Postoperative Care Unit in stable condition. Her prognosis for this is good.