Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_

Pre-Operative Diagnosis: Abdominal Skin Laxity

Localized Adiposity at Abdomen & Flanks

Lower Abdominal Wall Diastasis

Post-Operative Diagnosis: Same

Abdominal & Flanks Symmetry & Skin Tightening Achieved

Correction of Diastasis Achieved

Procedure: Targeted Abdominal & Flanks Tumescent Liposuction

Umbilicoplasty with Transposition

Rectus Fascia Midline Plication, Lower Abdomen

Lipo-Abdominoplasty

Surgeon: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anesthesia: Local w/ Tumescent Lidocaine Infiltration

Fluids: PO water, PO antibiotics

Drains: None

EBL: Minimal

Liposuction Aspirate: \_\_\_\_\_\_\_\_ ml Total, \_\_\_\_\_\_\_ ml Fat

Condition: Stable

Clinical Findings:

This is a \_\_\_\_-year-old female with a pre-operative diagnosis described above who after a discussion of the risks, benefits and expected outcomes of all treatment alternatives, consented to the procedure described above and signed written informed consent.

Description of Procedure:

Prophylactic antibiotics were administered orally prior to surgery in the operative suite. The patient, in the standing position, was marked for cosmetic abdominal wall surgery and photographs were taken.

She was then prepped and draped in the usual sterile fashion for abdominal wall cosmetic surgery, anti-embolic intermittent pneumatic compression stockings were placed on the lower extremities. An adequate level of tumescent local anesthesia was administered to the targeted regions and adequate time was given for the anesthetic to take full effect.

The procedure was initiated with manual liposuction of the superficial and deep subcutaneous fat layers through lower abdominal and flank incisions placed along the bikini line. Liposuction of the abdomen and flanks was performed with 3-mm blunt-tipped cannulas in standard fashion until the desired abdominal wall and flank contours were achieved. Standard safety precautions to prevent cannula injuries were employed and the procedure was carried out uneventfully. The lipoaspirate demonstrated a normal yellow color. The patient was allowed to rest and hydrate at the conclusion of the liposuction phase of the procedure,

The patient was then prepped and draped in the usual sterile fashion for abdominoplasty and antiembolic intermittent pneumatic compression stockings were reconnected. The anesthestic from the liposuction phase of the procedure was tested and determined to be sufficient for the abdominoplasty and no supplemental medications were deemed necessary.

After confirming the surgical markings, an ellipse of loose skin was excised from the midportion of the lower abdominal wall. The subcutaneous tissues were not excised at this time and abdominal wall perforator blood vessels were not transected. An incision was made through the de-epithelialized area in the midline down to the level of the rectus fascia and the subcutaneous tissues were dissected off the fascia in a cranial direction to create a 4-cm wide tunnel exposing the umbilical stalk. The umbilicus was released from the abdominal wall skin with a circumscribing incision and sharp dissection. No hernias were present. The subcutaneous tunnel was advanced slightly beyond the umbilical region to permit adequate transposition of the umbilicus. Redundancy of the rectus fascia and looseness of the rectus muscles in the midline was present in the lower abdomen only and was corrected with midline plication of the fascia with interrupted sutures of 2-0 braided nylon. Hemostasis was confirmed, the dissected areas were irrigated and closure of the abdominal flap incision was carried out in layers. The deep layers were closed with 2-0 braided nylon and 2-0 PDS II. The skin was closed with intradermal running sutures of 4-0 Vicryl. Surgical drains were not considered necessary due to the relatively small area of dissection. The umbilicus was brought through the abdominal wall through a vertical elliptical incision at the anatomic level and sutured in place with interrupted sutures of 4-0 Vicryl and was dressed with antibiotic ointment.

Dressings were placed over the all skin incisions. An appropriately sized compression garment was then applied over the torso. She tolerated the procedure well and was brought to the recovery suite in stable condition.

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Surgeon Date