

Mons Pubis Lift (Monsplasty) Operative Report

Patient Name: _____

Birthdate: ____/____/____ MR #: _____

Date of Procedure: _____ Surgeon/Assistant: _____

Anesthesia/Anesthesiologist: _____

Height/Weight/Parity: ____ft__ in / ____ lbs / _____

Fluid Intake: _____ ml EBL: _____ ml Drains: None Other _____

Antibiotics: None Yes _____ Oral Intravenous

Pre-Operative Diagnosis: Mons Pubis Laxity Hypertrophy Ptosis

Primary Procedure Revisionary Procedure

Post-Operative Diagnosis: Same

Procedure: Mons Pubis Lift (Monsplasty)
 Mons Pubis Liposuction
 Other: _____

Condition: _____

Clinical Findings:

This is a ____year-old female with a preoperative diagnosis described above requesting elective cosmetic surgery and presenting with mons pubis anatomy as described above. After a discussion of the risks, benefits and expected outcomes of the procedures described above and of all treatment alternatives, she signed a statement of written informed consent.

Description of Procedure:

- The patient was brought to the operating room and kept awake because she requested local anesthesia.
- The patient was brought to the operating room and placed under an adequate level of anesthesia.

She was then prepped and draped in the usual sterile fashion for monsplasty with anti-embolic stockings & sequential compression stockings applied.

- Liposuction was not performed
- Liposuction was performed of Mons pubis Labia majora (see Liposuction Operative Report for details)

The mons pubis was exposed, inspected and marked for incision.
The marked area was injected with a dilute solution of lidocaine and epinephrine for anesthesia and hemostasis.
Incisions were made using sharp dissection, electro-surgical dissection.

The dissection was carried down to the level of the Scarpa fascia Rectus abdominis fascia.

The marked tissue was excised and hemostasis was achieved with absorbable sutures electrocautery other: _____.

Meticulously-placed, interrupted and running sutures of _____ were used to align and approximate the edges of the remaining tissue in a cosmetic and hemostatic fashion to achieve the desired lifting effect. Hemostasis was confirmed at all surgical sites.

- A surgical drain was not placed. A surgical drain was placed.

The incision was dressed with DermaBond Steri Strips. The patient tolerated the procedure well and was brought to the recovery room in stable condition.

Surgeon Signature Date