John Radcliffe
Headley Way, Headington, Oxford OX3 9DU
T: 0300 304 7777 F: 0300 304 7778

Patient information
Sally Smith
DOB: 15 July 1988
Tel: 07321 652693
Email: sally.smith@gmail.com

OPERATION NOTE

Operation date	3 July 2023 at 15:45
Surgeons	Simon Greenland
Anaesthetists	Charles Pelling
Assistants	Rebecca Smith

OP INFO

Procedure name	Breast reduction bilateral
Pre Op diagnosis	Breast hypertrophy
Post Op diagnosis	Unchanged from pre op diagnosis
Comorbidity codes	Diabetes

OP NARRATIVE

Preparation	Surgical checklist completed including site and side. Sterile prep and drape.
Technique	The planned nipple areolar diameter was carefully marked on both sides ensuring correct areolar size and centering. The skin incisions were made and the pedicle deepithelialised. Initial liposuction shaping of lateral and medial breast was performed using 4mm cannula. The pedicle was raised according to pre op plan, and checked for mobility, viability. Careful central resection of the breast parenchyma was achieved by sharp or cutting cautery technique, minimising possible fat necrosis through careful technique. Meticulous haemostasis was performed using diathermy electrocautery and ligaclips for larger vessels All breast tissue removed weighed to ensure symmetry of excision and accounting for asymmetry. The pedicle was rotated into position and inset ensuring viability and sufficient mobility. Chest wall fixation was used, fixing the upper mound to the pectoral fascia. The medial and lateral pillars were then approximated to reconstruct the lower pole. Both sides were treated in this fashion, then checked for size and symmetry and adjusted as necessary. Haemostasis checked again. The NAC was then inset, and the vertical skin closure undertaken. When the skin closure was completed, a final check was done, completing the surgery. Haemostasis: Careful progressive haemostasis was achieved with cautery to small vessels and metal ligaclips or ligation for larger vessels. Complete haemostasis was achieved and checked.
Sutures	Parenchymal Skin flap deep sutures Skin sutures
Volumes excised	Liposuction volume left side 25 mls Liposuction volume right side 300 mls Lower anterior abdomen skin and subcutaneous tissue 85 grams

PRE OP

Patient positioning	Supine, pillow under knees, heel pads, upper body elevated < 30 degrees
Patient warming	Over patient warming device
Anaesthesia type	GA LA infiltration to operative site
Antibiotics	IV dose on induction
Skin preparation	Povidone Iodine
VTE prophylaxis	Below knee compression stockings Clexane Sequential calf compression device

POST OP

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OPERATION NOTE (CONTINUED)

Patient length of stay	Inpatient stay
Post op care	RPAO (Routine Post Anaesthetic Obs)
Position in bed	Supine generally but unrestricted, can move to any position of comfort The patient can begin mobilising and sitting out when oriented and within pain limits
Pain management	Pain medications as per drug chart. Ensure regular non opiate pain medications charted are administered regularly if tolerated. This may lessen opiate medication requirement. Discharge pain medication will be required
Nausea management	Administer charted antiemetics as required. Check for other reasons nausea may be present such as opiate medication administration, hypotension, volume depletion, bleeding, antibiotics. Report PONV to the anaesthetist and surgeon promptly where persistent after treatment
Oxygen requirements	Commence as required
Oral fluids	Commence fluids and diet post op
VTE prophylaxis	Leave compression stockings on except for showering until mobile – usually around 3 days SCD's to be used for the first post operative night, and then until mobilising, for inpatients.
Dressing management	Remove the absorbent pad dressing the morning after surgery, leaving the thin adherent skin dressing in place on the wound.
Compression garments	Showering. Remove the compression garment for showering, pat the dressings dry, then replace the garment
Reportable levels	Airway: Threatened Blood pressure: BP < 90 mmHg or >180mm Hg systolic Blood pressure after facial surgery: BP > 145 mmHg systolic BP < 90 mmHg systolic Oxygen: Sp02 < 90 on room air Pulse: P < 40 or > 120 Respiration: RR < 6 or > 20 Temperature: > 38.5c
Reportable events	Nipple circulation: Concern re nipple circulation. Either pale and cool - or dark and dusky - when compared to normal appearance. Bleeding: From the surgical site Drains: Excessive drainage (e.g. > 50 ml / hour per drain) after the first two hours post op Plaster or dressing: Appears to be excessively tight General: Any other patient concerns or trends Nausea and vomiting: Poorly controlled on antiemetics and distressed or not tolerating fluids Pain: Serious concern about uncontrolled pain Swelling: Excessive at the surgical site

Signature
Simon Greenland

Date
3 July 2023

Diagrams