

Abdominoplasty Packet

- **Patient copies of post-op instructions are on top of the packet.**
- **If more than one page, staple them together and place one patient label on the first page only.**
- **No need to hole punch patient copies of post-op instructions. Just place instructions inside the chart.**

Pelosi Medical Center
ABDOMINOPLASTY POST-OP INSTRUCTIONS
 with PICO Wound Dressing & Jackson Pratt Care

WHAT TO EXPECT AFTER YOUR PROCEDURE: Do not be alarmed when **blood-tinged fluid** oozes from the small skin puncture wounds. This is a normal result of liposuction and usually stops within one (1) day. Dr. Pelosi leaves these tiny incisions exposed so that the liquid spills out, thereby minimizing bruising. You should cover your bed to avoid staining it from this fluid.

DRESSING: You will have a sterile dressing across your abdominal incision. The incision should be kept dry until it is removed by Dr. Pelosi during your first postoperative office visit. Unless you are instructed otherwise, you may then shower only for one (1) week as we do not want your incision to sit in bath water.

SLEEPING: Rest with your back, head, and neck supported on 3-4 pillows, and with 1-2 pillows under your knees. This position decreases the tension on your abdomen and the incision. **DO NOT** sleep on your stomach. **DO NOT** lie flat.

ACTIVITIES AND EXERCISE: You may walk around the house, but do not over-exert yourself. Avoid lifting heavy objects. **DO NOT** pick up children. Avoid stretching or reaching for the first two (2) weeks following surgery. Avoid stressful exercise for six (6) weeks following surgery (jogging, aerobics, stair master, etc)

GARMENT: Your support garment should be worn 24 hours per day for the first 6 weeks after surgery. After the first 6 weeks, your garment must be worn during your waking hours. You may take it off at bedtime **ONLY**. This garment is to help your skin adhere to the muscle wall. Remember that you want the best result possible.

MEDICATION: You will already have received prescriptions for an antibiotic, pain medication, and medication for possible nausea. Take these medications as prescribed. **DO NOT TAKE ASPIRIN OR IBUPROFEN FOR TWO (2) WEEKS FOLLOWING SURGERY.**

SMOKING: ABSOLUTELY NO SMOKING FOR FOUR (4) WEEKS FOLLOWING SURGERY. Smoking interferes with wound healing.

DIET: During the 1st week after surgery, eat a well-balanced diet but eat lightly. Avoid excessive quantities of gas-producing foods (vegetables, fruits).

FOLLOW UP VISIT: It is important that Dr. Pelosi examine you the day after your procedure. You may call our office to schedule your initial post-op visit.

PICO Wound Dressing Care

What is “Negative Pressure Wound Closure Therapy”?

Negative Pressure Wound Closure Therapy is a system that uses controlled negative pressure (vacuum) to help heal wounds.

Home safety tips: Do not try to service or fix this product. Be careful not to spill liquids on the unit. It must stay dry.

Frequently Asked Questions

How does this therapy feel when in place?

Most patients using this therapy will say it has a non-painful, mild pulling feeling that goes away after a few minutes. The wound may get tender or itchy as it heals. As a rule, this is a good sign. If itching or pain continues to bother you, please call our office.

Will the therapy unit make noise?

- You may hear it rev up once in a while — that’s OK. It is just trying to maintain the pressure. If the green light is flashing, everything is fine.
- A constant buzzing indicates a lost seal, the battery is dead, or the dressing is saturated and needs to be changed.



Can I move around while on the therapy?

The therapy unit is made to let you move about freely. Your doctor will tell you how much movement is appropriate for you.

Can I have a tub bath or shower while using the therapy?

You should take a sponge bath instead of a tub bath or shower. The unit must stay dry. It is hard to keep the therapy unit dry during a tub bath or shower.

How many hours a day does the therapy system need to be on?

For the best treatment, the PICO dressing should stay on at all times. The only time the therapy unit should be off is during scheduled dressing changes. If you notice the therapy unit has stopped working, please refer to the end of this pamphlet. If the therapy unit fails to work, please call the VON to assist you.

What will the dressing look like when the therapy unit is working?

The dressing will pull down against your skin and be warm to the touch. Sometimes you may see some shadowing on the dressing from the drainage of your wound.

How often does the therapy dressing have to be changed?

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ABDOMINOPLASTY POST-OP INSTRUCTIONS
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Usually the dressing will be changed 1 or 2 times a week. Your doctor will work with you to plan when these changes will happen.

Daily tips

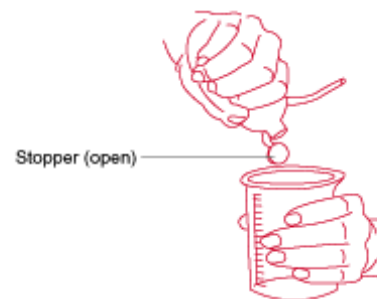
- The therapy unit should remain on at all times, unless otherwise directed by your doctor.
- If the on/off button is turned off by accident, push this same button to turn the therapy unit on. The unit will turn on to the correct settings and therapy will keep going.

Check often

- Is the therapy unit on? You should see a green flashing light.
- Are there any kinks in the tubing?

Notify the doctor right away if:

- You see more redness or notice a smell from the wound.
- The dressing fills rapidly with blood.
- You feel more pain.
- The therapy unit is not working.



How will I know the PICO dressing is working?

| Display | What It Means |
|--|---|
| Green "OK" light flashing | - The therapy unit is working properly. |
| Green "OK" light and orange "battery" light flashing | - Batteries will require changing within 24 hours. |
| Orange "suction" light flashing | - Low suction on dressing. There may be an air leak. Smooth down the dressing and press the orange button to restart your dressing. - Contact our office if the orange light continues to flash. |
| No lights on pump | - The pump has been turned off. Press orange button to restart pump. - The pump may need to be replaced if it does not restart. Contact our office. |

Other things to look for:

| Condition | What to Do |
|--|---|
| Bleeding under dressing | - Turn off the unit. - Apply pressure over dressing. - Call our office. |
| Fever, tenderness, redness, swelling, itching, rash, more warmth in the wound area | - Call our office. |
| Vomiting, upset stomach, loose bowel movements, headache, sore throat, dizziness | - Call our office. |

Care of your Jackson-Pratt (JP) Drain

The JP system is made up of a soft plastic bulb (Fig. 1). At the top of the bulb are a catheter and a drainage outlet with stopper. The other end of the catheter is inserted near your incision to collect drainage. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out fluid that would otherwise collect under the incision. To achieve the best healing results, the bulb should be compressed *at all times* except when you are emptying the drainage. The amount of time you will keep the drain depends upon your surgery and the amount of drainage you are having.

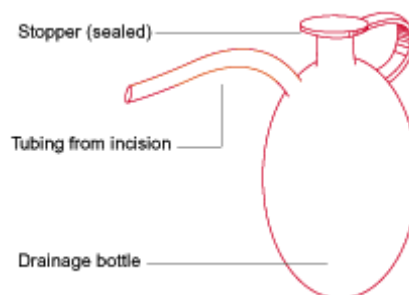


Figure 1

Stripping the Tubing

These steps will help move clots through the tubing and enable the flow of drainage. Do this before you empty and measure your drainage.

1. Wash your hands thoroughly with soap and water. Dry them thoroughly.
2. At the point closest to the insertion site, pinch and hold the tubing between the thumb and forefinger of one hand.
3. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched; slide them down the tubing as far as they will reach. If there is still tubing between the fingers of your lower hand and the bulb, keep the lower fingers pinched and release your upper fingers. Pinch the tubing right below the fingers of your lower hand. Slide them down the tubing as far as they will reach. Repeat until you reach the bulb. You may want to use alcohol swabs to help you slide your fingers down the tubing more easily.
4. Repeat steps as necessary to push clots from the tubing into the bulb. If you are unable to move a clot into the bulb, call the doctor's office.
5. The fluid may leak around the site if a clot is blocking the drainage flow. If there is fluid in the bulb and no leakage at the site, then the drain is working in spite of what appears to be a clot.

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How to Empty Your Jackson Pratt

You will need to empty your JP in the morning and in the evening, or more frequently, if necessary. Follow these steps. Figure 2

1. You will need a container (such as a disposable cup) to empty the fluid from the JP. Prepare a clean area on which to work.
2. Wash your hands thoroughly with soap and water. Dry them thoroughly.
3. Unplug the stopper on top of the JP. The bulb will expand.
4. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
5. Turn the bulb upside down, gently squeeze it, and pour the contents into the container (Fig. 2). Then turn the Jackson Pratt right side up.
7. Squeeze the bulb until your fingers feel the palm of your hand (Fig. 3).
8. Continue to squeeze the bulb while replugging the stopper.
9. Ensure that the bulb remains fully compressed to assure a constant gentle suction.
10. Pin the loop collar of your Jackson Pratt securely to a piece of your clothing. **Do not allow your drains to dangle.**
11. Check the amount of drainage in the container.

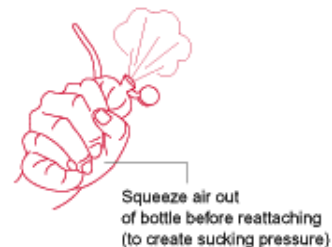


Figure 3

Caring for the Tube Insertion Site

After you empty the drainage, wash your hands again. Check the area around the catheter insertion site. Look for tenderness, swelling, or pus from the insertion site. If you have any of these, or a temperature of 100.4° F, you may have an infection. Call our office. Sometimes the drain causes redness the size of a dime at the insertion site. This is normal. Apply antibiotic ointment around the tubing and dress the wound with a piece of gauze attached by tape.

Problems you may Encounter with the Jackson Pratt Drain

Problem: *The bulb is not compressed.*

Why? The bulb was not compressed completely because it wasn't squeezed tightly enough, the stopper is not closed securely, or the suction catheter was dislodged and is leaking.

What to Do. Squeeze the bulb. If the bulb remains expanded after following the above steps, notify our office.

Problem: *There is no drainage, a sudden decrease in the amount of drainage, drainage on or outside the catheter dressing.*

Why? Sometimes a "string-like" clot clumps the catheter. This can block the flow of drainage.

What to Do. Follow the instructions for tube stripping. If there is no increase in drainage flow, call our office.

Problem: *The Jackson Pratt catheter falls out from the insertion site.*

Why? This rarely happens because the catheter is held in place with sutures. It can occur if the catheter is pulled.

What to Do. If this does occur, place a fresh bandage over the site and call our office.

Problem: *There is redness greater than the size of a dime, swelling, heat, or pus around the catheter insertion site.*

Why? These may be signs of an infection.

What to Do: Take your temperature. Call our office to notify us of the signs around the insertion site. Let us know if your temperature is 100.4° F or higher. Keep the insertion site clean and dry by washing it with soap and water and then gently patting it dry.

Helpful Hints:

- It is recommended that you safety pin the drainage bottle to your clothing during the day and to your night clothes during the night. Allow enough slack to prevent the tube from being pulled out.
- Be careful not to puncture the tubing/drainage bottle with the safety pin—use the plastic loop collar on the drain to put the pin through.
- Pin the container to your clothing below the level of the tube exit site.
- Be very careful with daily activities so that you do not dislodge the tubing.

If you experience any unusual swelling, discomfort, or develop a fever (temperature of 100.4° or higher), you must call the office at 201-858-1800. If the office is closed, our answering service will take your message and contact Dr. Pelosi who will then return your call.

I acknowledge that I received my post-procedure patient instructions and that they were explained to me.

Patient Signature

Date

Pelosi Medical Center
LIPOSUCTION
POST-OPERATIVE INSTRUCTIONS

Going Home: You should not plan to drive yourself home. We recommend that you have a responsible adult be with you on the day of surgery.

Diet: Resume your usual diet immediately, but eat light meals in the first 48 hours. Drink adequate amounts of water, fruit juices or soft drinks to prevent dehydration. Avoid drinking alcoholic beverages for one week before surgery and 48 hours after surgery.

Activities: Rest quietly immediately after surgery. Do not drive or operate hazardous machinery the rest of the day. Do not make any important personal decisions for 24 hours after surgery. Later in the day or evening you may take a short walk if desired. The day after liposuction surgery you should feel well enough to drive your car and engage in light to moderate physical activities. You may carefully resume exercise and vigorous physical activity 2 to 4 days after surgery. It is suggested that you begin with 25% of your normal work-out and then increase your activity daily as tolerated. Most people can return to a desk job within one to two days after surgery, although one must expect to be sore and easily fatigued for several days.

Post-op Soreness & Swelling: You may take **two Tylenol Extra Strength (Acetaminophen) 500 mg** capsules or tablets three to four times daily as needed after surgery, to help minimize postoperative swelling and any minor post surgery discomfort. If for some reason Tylenol is not acceptable, then notify us at 201-858-1800 so that we can arrange for a suitable substitute. Do not take aspirin, ibuprofen or medications that contain these drugs, such as Bufferin, Anacin, Advil or Nuprin for 3 days after surgery; these can promote bleeding.

Post-Op Garment: After tumescent liposuction a post-op garment is worn in order to hold the absorbent pads in place and to provide mild compression that encourages the drainage of the blood-tinged anesthetic solution. The morning after surgery, when you remove the garment to take a shower, you may experience a brief sensation of dizziness. Feeling lightheaded is similar to what you might experience when standing up too quickly. It is the result of rapid decompression of the legs as the post-op garment is initially removed. Should you feel dizzy, simply sit or lie down until it passes.

Unless instructed otherwise by Dr. Pelosi, beginning the day after surgery, remove the post-op garment daily prior to showering and to wash the garment. For the first morning after surgery you should have someone to help you. The post-op garment should be worn day and night until **all** the drainage has **completely stopped plus an additional 24 hours**. Do not be concerned if you drain for several days. Discontinuing the use of the garment and binder early may result in more prolonged drainage. Typically, patients need to wear the garment for 4 to 6 weeks, although many choose to wear the garment longer because of the comfort it provides. Wearing the post-op garment for more than the minimal number of days provides no significant advantage in terms of the ultimate cosmetic results.

Managing Post-Op Drainage: You should expect a large volume of blood-tinged anesthetic solution to drain from the small incisions during the first 24 to 48 hours following liposuction. In general, the more drainage there is, the less bruising and swelling there will be. During the first 36 hours, you should sit, or lie, on towels. When there is a large amount of drainage, you may want to place a plastic sheet beneath the towel. For the first 24 to 36 hours, bulky super-absorbent pads are worn under the garment. After most of the drainage has stopped, you need only place thin absorbent gauze dressings over the incision sites that continue to drain.

Wound Care & Bathing: Keep the incisions clean. Do not allow scabs to form in the first 72 hours. Shower once or twice daily. Avoid very hot water during the first 48 hours following surgery. First wash your hands, then wash incisions gently with soap and water; afterwards gently pat incisions dry with a clean towel. Apply new absorbent dressings. Incisions that have stopped draining no longer need padding but should be covered with Vaseline or Aquaphor in the first six weeks. Apply sunblock to any exposed incisions in the first twelve (12) months after surgery to prevent hyperpigmentation. **Take antibiotics as directed until the prescription is finished.** Take antibiotics with food. Call our office if you notice signs of infection such as fever, foul smelling drainage, or local redness, swelling, and pain in a treated area. **DO NOT apply ice-packs or a heating pad** to skin overlying the areas treated by liposuction. **DO NOT apply hydrogen peroxide or plastic Band-Aids** to incision sites. **DO NOT soak in a bath, Jacuzzi, swimming pool, or the ocean** for 7 days after surgery.

Common side-effects of tumescent liposuction: **Menstrual irregularities** with premature or delayed onset of monthly menstruation is a common side effect of any significant surgery. **Flushing** of the face, neck and upper chest may occur after liposuction and usually lasts for a day or two. **Slight temperature elevation** during the first 48 hours after surgery is a natural consequence of the body's reaction to surgical trauma. **Bruising** is minimal with tumescent liposuction. Nevertheless, the more extensive the liposuction surgery, the more bruising you can expect. **Pain and swelling** due to an inflammatory reaction to surgical trauma may occur and increase 5 to 10 days after surgery; this is treated with antibiotics and anti-inflammatory drugs. **Itching** of the treated areas several days after surgery may occur as part of the normal healing process. To help relieve the itching, you may try taking Benadryl 25mg capsules/tablets as directed on the packaging. Be aware that Benadryl causes drowsiness. You may also try using oatmeal soap. After 7 days (as long as the incisions are closed), you may soak in a bath with an Oatmeal bath preparation. Benadryl and Oatmeal products may be purchased at most drugstores.

Schedule a follow-up appointment at our office at 1 week after surgery. Please contact Marco Pelosi II/III, MD by telephone (24 hours per day) at **201-858-1800** if you have any urgent questions.

I acknowledge that I received my post-procedure patient instructions and that they were explained to me.

Patient Signature

Date

DVT PATIENT INFORMATION

What is Deep-Vein Thrombosis (DVT)?

DVT occurs when a blood clot forms in one of the large veins, usually in the lower limbs, leading to either partially or completely blocked circulation. The condition may result in health complications, such as a pulmonary embolism (PE) and even death if not diagnosed and treated effectively.

Most common risk factors for DVT:

- Major surgery
- Congestive heart failure or respiratory failure
- Restricted mobility
- Recent injury
- Cancer
- Obesity
- Age over 40 years
- Recent surgery
- Smoking
- Prior family history of venous thromboembolism (VTE)

Signs and Symptoms of DVT:

About half of people with DVT have no symptoms at all. For those who do have symptoms, the following are the most common and can occur in the affected part of the body, typically in the leg or calf region.

- Swelling unrelated to the surgical site,
- Pain or tenderness, unrelated to the surgical site and often worse when standing or walking,
- Redness of the skin,
- Warmth over the affected area.

What is Pulmonary Embolism (PE)?

A pulmonary embolism (PE) is a very serious condition that occurs when a blood clot blocks the artery that carries blood from the heart to the lungs (pulmonary artery). A clot that forms in one part of the body and travels in the bloodstream to another part of the body is called an embolus. PEs often come from the deep leg veins and travel to the lungs through blood circulation.

Signs and Symptoms of PE

- Difficulty breathing;
- Faster than normal heart beat;
- Chest pain or discomfort, which usually worsens with a deep breath or coughing;
- Coughing up blood; or
- Very low blood pressure, lightheadedness, or blacking out.

**** If you develop symptoms of a Pulmonary Embolism, seek emergency medical attention immediately. Dial 911 to be transported to the nearest Emergency Room.***

Patient Signature

Date

PELOSI MEDICAL CENTER

OFFICE SURGERY CHECKLIST

Procedure (Pt 1) _____ Surgery Date/Time: ___/___/___ ___ am/pm

Procedure (Pt 2) _____ Surgery Date/Time: ___/___/___ ___ am/pm

Surgeon MP2 MP3

| # | Task | Date Completed | Initials | Comments |
|----|---|---|-------------------|--|
| 1 | Consultation done | ___/___/___ | ___ | _____ |
| 2 | Signed copy Cosm. Surgery Finan. Agreement given to pt. | ___/___/___ | ___ | _____ |
| 3 | Blood work drawn. Must be drawn within 7 days of date of surgery | ___/___/___ | ___ | Panel: CBC, Comp. Met. Panel, PT/PTT, HIV Screening, Hepatitis B & C Screening Repeat PT/PTT if lab panel results in chart. Repeat Panel if date of lab panel results in chart is not within 7 days of scheduled procedure. |
| 4 | Lab results reviewed by Dr. Pelosi. | ___/___/___ | ___ | _____ |
| 5 | Medical Clearance Needed? <input type="checkbox"/> YES <input type="checkbox"/> NO | ___/___/___ | ___ | _____ |
| 6 | Prescriptions given to patient. | ___/___/___ | ___ | Pt instructions for all Rx's: Do NOT take day of surgery |
| | | | | __ Cephalexin 500 mg PO BID x 8 days (#16) Begin day before surgery |
| | | | | __ Doxycycline 100 mg PO BID x 8 days (#16) Begin day before surgery |
| | | | | __ Flexeril 10 mg PO TID x 7 days (#21) 2 refills |
| | | | | __ Gabapentin 600 mg PO TID x 10 days (#30) |
| | | | | __ Naproxen 500 mg PO BID x 15 days (#30) |
| | | | | __ Zofran 8 mg PO BID as needed (#10) As needed for nausea |
| | | | | Physician Signature _____ |
| 7 | Breast implants ordered Breast implants received | ___/___/___ ___/___/___ | ___ ___ | _____ |
| 8 | Anesthesiologist scheduled | ___/___/___ | ___ | _____ |
| 9 | Surgery date scheduled & confirmed with patient | ___/___/___ | ___ | _____ |
| 10 | COVID PCR test performed within 6 days of surgery | ___/___/___ | ___ | _____ |
| 11 | Pre-op call made to patient | ___/___/___ | ___ | Med. Asst is responsible for calling patient the day before surgery to reinforce pre-op instructions & answer questions. Instruct patient to be NPO 8 hrs prior to scheduled procedure time and to bring in a list of current meds and doses. Allergies: _____ LMP: ___/___/___ |
| 12 | Lipo touch-ups: Pt advised to bring in old garment | ___/___/___ | ___ | _____ |
| 13 | Total Fee: \$ _____ Deposit Pd: \$ _____ | ___/___/___ | ___ | _____ |
| 14 | Balance Due: \$ _____ \$ _____ \$ _____ | ___/___/___ ___/___/___ ___/___/___ | ___ ___ ___ | _____ |

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How to Empty Your Jackson Pratt

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1. You will need a container (such as a disposable cup) to empty the fluid from the JP. Prepare a clean area on which to work.
2. Wash your hands thoroughly with soap and water. Dry them thoroughly.
3. Unplug the stopper on top of the JP. The bulb will expand.
4. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
5. Turn the bulb upside down, gently squeeze it, and pour the contents into the container (Fig. 2). Then turn the Jackson Pratt right side up.
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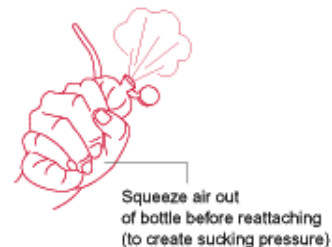


Figure 3

Caring for the Tube Insertion Site

After you empty the drainage, wash your hands again. Check the area around the catheter insertion site. Look for tenderness, swelling, or pus from the insertion site. If you have any of these, or a temperature of 100.4° F, you may have an infection. Call our office. Sometimes the drain causes redness the size of a dime at the insertion site. This is normal. Apply antibiotic ointment around the tubing and dress the wound with a piece of gauze attached by tape.

Problems you may Encounter with the Jackson Pratt Drain

Problem: *The bulb is not compressed.*

Why? The bulb was not compressed completely because it wasn't squeezed tightly enough, the stopper is not closed securely, or the suction catheter was dislodged and is leaking.

What to Do. Squeeze the bulb. If the bulb remains expanded after following the above steps, notify our office.

Problem: *There is no drainage, a sudden decrease in the amount of drainage, drainage on or outside the catheter dressing.*

Why? Sometimes a "string-like" clot clumps the catheter. This can block the flow of drainage.

What to Do. Follow the instructions for tube stripping. If there is no increase in drainage flow, call our office.

Problem: *The Jackson Pratt catheter falls out from the insertion site.*

Why? This rarely happens because the catheter is held in place with sutures. It can occur if the catheter is pulled.

What to Do. If this does occur, place a fresh bandage over the site and call our office.

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Why? These may be signs of an infection.

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Usually the dressing will be changed 1 or 2 times a week. Your doctor will work with you to plan when these changes will happen.

Daily tips

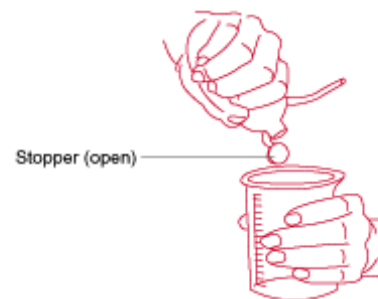
- The therapy unit should remain on at all times, unless otherwise directed by your doctor.
- If the on/off button is turned off by accident, push this same button to turn the therapy unit on. The unit will turn on to the correct settings and therapy will keep going.

Check often

- Is the therapy unit on? You should see a green flashing light.
- Are there any kinks in the tubing?

Notify the doctor right away if:

- You see more redness or notice a smell from the wound.
- The dressing fills rapidly with blood.
- You feel more pain.
- The therapy unit is not working.



How will I know the PICO dressing is working?

| Display | What It Means |
|--|---|
| Green "OK" light flashing | - The therapy unit is working properly. |
| Green "OK" light and orange "battery" light flashing | - Batteries will require changing within 24 hours. |
| Orange "suction" light flashing | - Low suction on dressing. There may be an air leak. Smooth down the dressing and press the orange button to restart your dressing. - Contact our office if the orange light continues to flash. |
| No lights on pump | - The pump has been turned off. Press orange button to restart pump. - The pump may need to be replaced if it does not restart. Contact our office. |

Other things to look for:

| Condition | What to Do |
|--|---|
| Bleeding under dressing | - Turn off the unit. - Apply pressure over dressing. - Call our office. |
| Fever, tenderness, redness, swelling, itching, rash, more warmth in the wound area | - Call our office. |
| Vomiting, upset stomach, loose bowel movements, headache, sore throat, dizziness | - Call our office. |

Care of your Jackson-Pratt (JP) Drain

The JP system is made up of a soft plastic bulb (Fig. 1). At the top of the bulb are a catheter and a drainage outlet with stopper. The other end of the catheter is inserted near your incision to collect drainage. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out fluid that would otherwise collect under the incision. To achieve the best healing results, the bulb should be compressed *at all times* except when you are emptying the drainage. The amount of time you will keep the drain depends upon your surgery and the amount of drainage you are having.

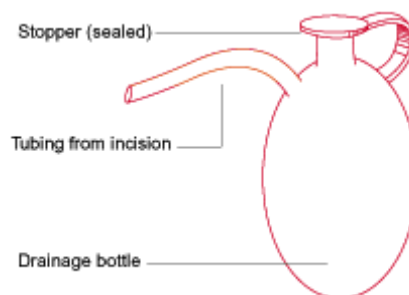


Figure 1

Stripping the Tubing

These steps will help move clots through the tubing and enable the flow of drainage. Do this before you empty and measure your drainage.

1. Wash your hands thoroughly with soap and water. Dry them thoroughly.
2. At the point closest to the insertion site, pinch and hold the tubing between the thumb and forefinger of one hand.
3. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched; slide them down the tubing as far as they will reach. If there is still tubing between the fingers of your lower hand and the bulb, keep the lower fingers pinched and release your upper fingers. Pinch the tubing right below the fingers of your lower hand. Slide them down the tubing as far as they will reach. Repeat until you reach the bulb. You may want to use alcohol swabs to help you slide your fingers down the tubing more easily.
4. Repeat steps as necessary to push clots from the tubing into the bulb. If you are unable to move a clot into the bulb, call the doctor's office.
5. The fluid may leak around the site if a clot is blocking the drainage flow. If there is fluid in the bulb and no leakage at the site, then the drain is working in spite of what appears to be a clot.

Pelosi Medical Center
LIPOSUCTION
POST-OPERATIVE INSTRUCTIONS

Going Home: You should not plan to drive yourself home. We recommend that you have a responsible adult be with you on the day of surgery.

Diet: Resume your usual diet immediately, but eat light meals in the first 48 hours. Drink adequate amounts of water, fruit juices or soft drinks to prevent dehydration. Avoid drinking alcoholic beverages for one week before surgery and 48 hours after surgery.

Activities: Rest quietly immediately after surgery. Do not drive or operate hazardous machinery the rest of the day. Do not make any important personal decisions for 24 hours after surgery. Later in the day or evening you may take a short walk if desired. The day after liposuction surgery you should feel well enough to drive your car and engage in light to moderate physical activities. You may carefully resume exercise and vigorous physical activity 2 to 4 days after surgery. It is suggested that you begin with 25% of your normal work-out and then increase your activity daily as tolerated. Most people can return to a desk job within one to two days after surgery, although one must expect to be sore and easily fatigued for several days.

Post-op Soreness & Swelling: You may take **two Tylenol Extra Strength (Acetaminophen) 500 mg** capsules or tablets three to four times daily as needed after surgery, to help minimize postoperative swelling and any minor post surgery discomfort. If for some reason Tylenol is not acceptable, then notify us at 201-858-1800 so that we can arrange for a suitable substitute. Do not take aspirin, ibuprofen or medications that contain these drugs, such as Bufferin, Anacin, Advil or Nuprin for 3 days after surgery; these can promote bleeding.

Post-Op Garment: After tumescent liposuction a post-op garment is worn in order to hold the absorbent pads in place and to provide mild compression that encourages the drainage of the blood-tinged anesthetic solution. The morning after surgery, when you remove the garment to take a shower, you may experience a brief sensation of dizziness. Feeling lightheaded is similar to what you might experience when standing up too quickly. It is the result of rapid decompression of the legs as the post-op garment is initially removed. Should you feel dizzy, simply sit or lie down until it passes.

Unless instructed otherwise by Dr. Pelosi, beginning the day after surgery, remove the post-op garment daily prior to showering and to wash the garment. For the first morning after surgery you should have someone to help you. The post-op garment should be worn day and night until **all** the drainage has **completely stopped plus an additional 24 hours**. Do not be concerned if you drain for several days. Discontinuing the use of the garment and binder early may result in more prolonged drainage. Typically, patients need to wear the garment for 4 to 6 weeks, although many choose to wear the garment longer because of the comfort it provides. Wearing the post-op garment for more than the minimal number of days provides no significant advantage in terms of the ultimate cosmetic results.

Managing Post-Op Drainage: You should expect a large volume of blood-tinged anesthetic solution to drain from the small incisions during the first 24 to 48 hours following liposuction. In general, the more drainage there is, the less bruising and swelling there will be. During the first 36 hours, you should sit, or lie, on towels. When there is a large amount of drainage, you may want to place a plastic sheet beneath the towel. For the first 24 to 36 hours, bulky super-absorbent pads are worn under the garment. After most of the drainage has stopped, you need only place thin absorbent gauze dressings over the incision sites that continue to drain.

Wound Care & Bathing: Keep the incisions clean. Do not allow scabs to form in the first 72 hours. Shower once or twice daily. Avoid very hot water during the first 48 hours following surgery. First wash your hands, then wash incisions gently with soap and water; afterwards gently pat incisions dry with a clean towel. Apply new absorbent dressings. Incisions that have stopped draining no longer need padding but should be covered with Vaseline or Aquaphor in the first six weeks. Apply sunblock to any exposed incisions in the first twelve (12) months after surgery to prevent hyperpigmentation. **Take antibiotics as directed until the prescription is finished.** Take antibiotics with food. Call our office if you notice signs of infection such as fever, foul smelling drainage, or local redness, swelling, and pain in a treated area. **DO NOT apply ice-packs or a heating pad** to skin overlying the areas treated by liposuction. **DO NOT apply hydrogen peroxide or plastic Band-Aids** to incision sites. **DO NOT soak in a bath, Jacuzzi, swimming pool, or the ocean** for 7 days after surgery.

Common side-effects of tumescent liposuction: **Menstrual irregularities** with premature or delayed onset of monthly menstruation is a common side effect of any significant surgery. **Flushing** of the face, neck and upper chest may occur after liposuction and usually lasts for a day or two. **Slight temperature elevation** during the first 48 hours after surgery is a natural consequence of the body's reaction to surgical trauma. **Bruising** is minimal with tumescent liposuction. Nevertheless, the more extensive the liposuction surgery, the more bruising you can expect. **Pain and swelling** due to an inflammatory reaction to surgical trauma may occur and increase 5 to 10 days after surgery; this is treated with antibiotics and anti-inflammatory drugs. **Itching** of the treated areas several days after surgery may occur as part of the normal healing process. To help relieve the itching, you may try taking Benadryl 25mg capsules/tablets as directed on the packaging. Be aware that Benadryl causes drowsiness. You may also try using oatmeal soap. After 7 days (as long as the incisions are closed), you may soak in a bath with an Oatmeal bath preparation. Benadryl and Oatmeal products may be purchased at most drugstores.

Schedule a follow-up appointment at our office at 1 week after surgery. Please contact Marco Pelosi II/III, MD by telephone (24 hours per day) at **201-858-1800** if you have any urgent questions.

I acknowledge that I received my post-procedure patient instructions and that they were explained to me.

Patient Signature

Date

DVT PATIENT INFORMATION

What is Deep-Vein Thrombosis (DVT)?

DVT occurs when a blood clot forms in one of the large veins, usually in the lower limbs, leading to either partially or completely blocked circulation. The condition may result in health complications, such as a pulmonary embolism (PE) and even death if not diagnosed and treated effectively.

Most common risk factors for DVT:

- Major surgery
- Congestive heart failure or respiratory failure
- Restricted mobility
- Recent injury
- Cancer
- Obesity
- Age over 40 years
- Recent surgery
- Smoking
- Prior family history of venous thromboembolism (VTE)

Signs and Symptoms of DVT:

About half of people with DVT have no symptoms at all. For those who do have symptoms, the following are the most common and can occur in the affected part of the body, typically in the leg or calf region.

- Swelling unrelated to the surgical site,
- Pain or tenderness, unrelated to the surgical site and often worse when standing or walking,
- Redness of the skin,
- Warmth over the affected area.

What is Pulmonary Embolism (PE)?

A pulmonary embolism (PE) is a very serious condition that occurs when a blood clot blocks the artery that carries blood from the heart to the lungs (pulmonary artery). A clot that forms in one part of the body and travels in the bloodstream to another part of the body is called an embolus. PEs often come from the deep leg veins and travel to the lungs through blood circulation.

Signs and Symptoms of PE

- Difficulty breathing;
- Faster than normal heart beat;
- Chest pain or discomfort, which usually worsens with a deep breath or coughing;
- Coughing up blood; or
- Very low blood pressure, lightheadedness, or blacking out.

**** If you develop symptoms of a Pulmonary Embolism, seek emergency medical attention immediately. Dial 911 to be transported to the nearest Emergency Room.***

Patient Signature

Date

PELOSI MEDICAL CENTER
**Medication Reconciliation/
 Discharge Summary**

Patient Address: _____

| ALLERGIES/SENSITIVITIES (Drugs, Materials, Food, or Environmental Factors) | |
|---|----------|
| <input type="checkbox"/> No known allergies/sensitivities and other reactions to drugs, materials, food, or environmental factors | |
| Allergen | Reaction |
| | |
| | |
| | |

| MEDICATIONS & SUPPLEMENTS | | | | | SURGEON to Indicate: | | |
|---|-----------------|------------|-----------------------------|-----------------|----------------------|------|----|
| Medication List: OTC, Herbals, Vitamins & Supplements | DOSE (Strength) | HOW TAKEN? | FREQUENCY (How often taken) | LAST TIME TAKEN | CONTINUE | | |
| | | | | | YES | HOLD | NO |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

Medication History Verified by RN/MA: _____ Date: _____

If a medication is placed on hold or discontinued, Surgeon to indicate patient follow-up instructions below:

| IN ADDITION TO THE PRESCRIPTIONS BELOW, THE ABOVE MEDICATIONS SHOULD BE CONTINUED AT HOME UNLESS SPECIFIED BY SURGEON TO HOLD OR DISCONTINUE AS CHECKED ABOVE | |
|---|-------|
| SIGNATURE OF SURGEON REVIEWING MEDICATIONS: (REQUIRED) | DATE: |

| PRESCRIPTIONS GIVEN TO PATIENT AT DISCHARGE | | | | | |
|---|-----------------|--------|----------|---------------|----------------------------|
| Mark with "x" | Medication Name | Dose | Route | Frequency | Reason for Medication |
| ___ | Cephalexin | 500 mg | By mouth | 2 times a day | Antibiotic |
| ___ | Cyclobenzaprine | 10 mg | By mouth | 3 times a day | As needed, for muscle pain |
| ___ | Doxycycline | 100 mg | By mouth | 2 times a day | Antibiotic |
| ___ | Gabapentin | 600 mg | By mouth | 3 times a day | As needed, for pain |
| ___ | Naproxen | 500 mg | By mouth | 2 times a day | As needed, for pain |
| ___ | Ondansetron | 8 mg | By mouth | 2 times a day | As needed, for nausea |
| ___ | | | | | |

Procedure(s) Performed: _____

Medications administered during this visit: Ceftriaxone Cephalexin Clindamycin Diazepam Diphenhydramine
 Diprivan Doxycycline Epinephrine Fentanyl Glycopyrrolate Lidocaine Metoclopramide Midazolam
 Ondansetron Oxycodone Sodium Bicarbonate Tranexamic Acid Other _____

Information provided to: Patient _____ (patient signature) Other _____ (name of person)

Discharge Physician/RN Signature: _____ Date: _____ Time: _____

PELOSI MEDICAL CENTER

OFFICE SURGERY PRE-OP HISTORY & PHYSICAL EXAM

CHIEF CONCERN / REQUEST:

PERTINENT PAST MEDICAL & SURGICAL HISTORY AND REVIEW OF SYSTEMS:

PHYSICAL EXAMINATION:

Height _____ Weight _____ lbs Pre-op Exam Vital Signs: BP _____ T _____ HR _____ RESP _____

| WNL | ABN | | COMMENTS |
|-----|-----|--------------------|----------|
| D | D | General appearance | |
| D | D | Mental Status | |
| D | D | Neurological | |
| D | D | Cardiovascular | |
| D | D | Lungs | |
| D | D | Abdomen | |
| D | D | Genitourinary | |
| D | D | Liver | |
| D | D | Extremities | |
| D | D | Integument | |
| D | D | Other | |

| CURRENT MEDICATION | DOSAGE |
|--------------------|--------|
| | |
| | |
| | |

| CURRENT MEDICATION | DOSAGE |
|--------------------|--------|
| | |
| | |
| | |

| ALLERGIES/SENSITIVITIES | | | |
|---|------------------|----------------------|------------------|
| <input type="checkbox"/> No known allergies/sensitivities and other reactions to drugs, materials, food, or environmental factors | | | |
| Allergen/Sensitivity | Type of Reaction | Allergen/Sensitivity | Type of Reaction |
| | | | |

Adverse Reactions to Drugs: No Yes _____

PROVISIONAL DIAGNOSIS:

LETTER OF MEDICAL CLEARANCE NEEDED? _____ YES _____ NO

PHYSICIAN SIGNATURE _____ DATE ____ / ____ / ____

Pelosi Medical Center
VTE RISK FACTOR ASSESSMENT

Date: ___/___/___ Age: _____ Wt (lbs): _____ BMI: _____
 Sex: _____ Ht (in): _____

CHOOSE ALL THAT APPLY

Add 1 Point for Each Risk Factor

Age 41-60 years
 Minor surgery (< 45 min) planned
 Past major surgery within last month
 Visible varicose veins
 History of inflammatory bowel disease
 Swollen legs (current)
 Overweight or obese (BMI > 30)
 Serious infection (< 1 month)
 Lung disease (e.g., emphysema, COPD)
 Heart attack
 Congestive heart failure
 Other risk factors _____

For Women Only:
Add 1 Point for Each Risk Factor

Current use of oral contraceptives or hormone replacement therapy
 Pregnancy or postpartum within last month
 History of unexplained stillborn infant, recurrent spontaneous abortion (> 3), premature birth with toxemia or growth-restricted infant

Add 5 Points Each Risk Factor that applies now or within the past month

Elective hip or knee joint replacement surgery
 Broken hip, pelvis, or leg
 Serious trauma e.g., multiple broken bones due to a fall or car accident
 Spinal cord injury resulting in paralysis
 Experienced a stroke

Add 2 Points for Each Risk Factor

Age 61-74 years
 Planned major surgery (> 45 minutes)
 Previous malignancy (excl skin cancer, but not melanoma)
 Central venous access within last month
 Non-removable plaster cast that kept pt from moving leg within last month
 Confined to a bed for 72 hrs or more

Add 3 Points for Each Risk Factor

Age 75 years or over
 History of blood clots – either DVT or PE
 Family history of blood clots (thrombosis)
 Personal or family history of positive blood test indicating increased risk of blood clotting

TOTAL RISK FACTOR SCORE _____

| Score | Risk Level | Prophylaxis for Surgical Patients |
|-------|------------|---|
| 0-2 | Low | <ul style="list-style-type: none"> • Early ambulation |
| 3-8 | Increasing | <ul style="list-style-type: none"> • Apply antiembolism stockings and intermittent pneumatic compression device • Flex patient's knees to approximately 5° by placing a pillow underneath them • Stage multiple procedures • Provide patient with DTV Patient Information Sheet • Instruct patients who are taking oral contraceptives or hormone replacement therapy to discontinue taking these medications 1 week prior to surgery. |
| > 8 | 18.3% | <ul style="list-style-type: none"> • Not a candidate for office-based surgery |

PELOSI MEDICAL CENTER

PHYSICIAN PERIOPERATIVE ORDERS

PRE-OPERATIVE

Enter 'x' next to medication & circle prescribing dose

| | |
|---|--|
| <input type="checkbox"/> DiphenHYDRAMINE 25 / 50 mg PO x 1 <input type="checkbox"/> Diazepam 10 / 20 mg PO x 1 <input type="checkbox"/> FentaNYL 50 / 75 / 100 mcg IM x 1 <input type="checkbox"/> Midazolam 2 / 4 / 6 / 8 mg IM x 1 <input type="checkbox"/> OxyCODONE 5/325 / 10/650 mg PO x 1 | <input type="checkbox"/> CefTRIAxone 1 gm (< 79 kg) 2 gm (≥ 79 kg) 3 gm (≥ 120 kg) IV Piggyback x 1 <input type="checkbox"/> Clindamycin 600 mg (< 70 kg) 900 mg (≥ 70 kg) IV Piggyback x 1 <input type="checkbox"/> Cephalexin 500 / 1000 mg PO x 1 <input type="checkbox"/> Doxycycline 100 / 200 mg PO x 1 |
|---|--|

- Apply ECG, NIBP, & Pulse Oximeter monitors during procedure
- Urine pregnancy test (n/a if female > 55 yrs old or if post-hysterectomy)
- Apply Norm-o-temp heating pad. Set temperature to _____ ° F (no greater than 104° F)

Additional pre-operative orders: _____

INTRA-OPERATIVE

Tumescent Anesthetic Solution - Use 1000ml bags of 0.9% NaCl

| Bag # | Lidocaine (mg) | Epinephrine (mg) | Sodium Bicarbonate 8.4% (ml) | Tranexamic Acid (mg) | | Bag # | Lidocaine (mg) | Epinephrine (mg) | Sodium Bicarbonate 8.4% (ml) |
|-------|----------------|------------------|------------------------------|----------------------|--|-------|----------------|------------------|------------------------------|
| 1 | | | 10 | | | 6 | | | 10 |
| 2 | | | 10 | | | 7 | | | 10 |
| 3 | | | 10 | | | 8 | | | 10 |
| 4 | | | 10 | | | 9 | | | 10 |
| 5 | | | 10 | | | 10 | | | 10 |

Apply thromboembolic stockings and Intermittent Pneumatic Compression Device set at **40mm Hg**

Additional intra-operative orders: _____

POST-OPERATIVE

- Discontinue IV when discharge criteria are met
- Remove Foley catheter

Additional post-operative orders: _____

PHYSICIAN SIGNATURE _____ DATE/TIME: ____ / ____ / ____ : ____

ADDITIONAL ORDERS:

PHYSICIAN SIGNATURE _____ DATE/TIME: ____ / ____ / ____ : ____

Pelosi Medical Center
ABDOMINOPLASTY
INFORMED CONSENT

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you of abdominoplasty surgery, its risks as well as alternative treatments.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Pelosi II/Pelosi III.

INTRODUCTION

Abdominoplasty combined with liposuction is a surgical procedure to remove excess skin and fatty tissue from the middle and lower abdomen and to tighten muscles of the abdominal wall. Abdominoplasty is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have been able to maintain their weight loss.

There are a variety of different techniques used by surgeons for abdominoplasty. Abdominoplasty can be combined with other forms of body-contouring surgery including liposuction or performed at the same time with other elective surgeries.

ALTERNATIVE TREATMENTS

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Suction assisted lipectomy surgery may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat.

RISKS of ABDOMINOPLASTY SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with abdominoplasty. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your surgeon to make sure you understand all possible consequences of combined abdominoplasty and liposuction.

Bleeding - It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

Infection - Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in skin sensation - Diminished (or loss of) skin sensation in the lower abdominal area may not totally resolve after abdominoplasty.

Skin contour irregularities - Contour irregularities and depressions may occur after combined liposuction with abdominoplasty. Visible and palpable wrinkling of skin can occur.

Skin scarring - Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. Additional treatments including surgery may be necessary to treat abnormal scarring.

Surgical anesthesia - Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Asymmetry - Symmetrical body appearance may not result from abdominoplasty. Factors such as skin tone, fatty deposits, bony prominence, and muscle tone may contribute to normal asymmetry in body features.

Delayed healing - Wound disruption or delayed wound healing is possible. Some areas of the abdomen may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications.

Allergic reactions - In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions, which are more serious, may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Patient Initials _____

Pelosi Medical Center
ABDOMINOPLASTY
INFORMED CONSENT

Pulmonary complications - Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli) and partial collapse of the lungs after general anesthesia. Should either of these complications occur, you may require hospitalization and additional treatment. Pulmonary emboli can be life-threatening or fatal in some circumstances.

Seroma - Fluid accumulations infrequently occur in between the skin and the abdominal wall. Should this problem occur, it may require additional procedures for drainage of fluid.

Umbilicus - Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur.

Long term effects- Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to abdominoplasty.

Pain - Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after abdominoplasty.

Other - You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

ADDITIONAL SURGERY

Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with abdominoplasty. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained.

HEALTH INSURANCE

Most health insurance companies exclude coverage for cosmetic surgical operations such as abdominoplasty or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possibly outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

**Pelosi Medical Center
ABDOMINOPLASTY
INFORMED CONSENT**

1. I hereby authorize Dr. Pelosi II/ Pelosi III and such assistants as may be selected to perform the following procedure or treatment:

I have received the following information sheet:

INFORMED-CONSENT ABDOMINOPLASTY SURGERY

- 2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
- 3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
- 4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
- 5. I consent to allow the surgeon, associate surgeon, and staff to photograph or video me before, during and after the operation. The photographs, videos, tapes and digital media shall be the property of the surgeon and may be used for teaching, marketing, publication or scientific research purposes. If my surgery has been scheduled during a training course held by Drs. Marco A. Pelosi, I agree to allow physicians attending the training course to observe and participate in my surgery under the direct supervision of Drs. Marco A. Pelosi.
- 6. I agree to routine pre-operative blood tests, including a test for HIV (AIDS).
- 7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
- 8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
- 9. **THE FOLLOWING HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:**
 - a. **THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN**
 - b. **THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT**
 - c. **THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED**

I consent to the treatment or procedure and the above listed items 1 - 9. I am satisfied with the explanation.

_____/_____/_____
Patient Signature Date Witness Signature Date Surgeon Signature Date

Pelosi Medical Center

LIPOSUCTION & FAT TRANSFER CONSENT

HEIGHT: ___ft ___in. WEIGHT: _____lbs

I authorize Dr. Pelosi and associate surgeons to perform tumescent liposuction surgery with/without autologous fat transfer (AFT) on the following area(s):

I understand that if I gain excessive weight since previous assessments and the day of surgery, the physician reserves the right to change the areas to be treated if the planned areas would result in too much surgery.

I have read all of the information supplied to me in the Liposuction Patient Information Booklet and agree to comply with all instructions given therein. I have had adequate opportunity to consult with the surgeon and his associates regarding the material contained in the Patient Information Booklet and I understand all of the information contained therein.

I hereby consent to be recorded, photographed, videotaped or filmed by Dr. Marco A. Pelosi II/III before, during and after surgery for purposes of teaching, scientific research, marketing, or broadcast (print, web, digital display, and all other forms of media).

I agree that such recording, articles, photographs, films, audio or video and/or any reproduction of same in any form are the property of Drs. Pelosi and I understand that I will not receive payment from any party. I hereby release Drs. Pelosi, the Pelosi Medical Center, their officers, agents, employees and medical societies affiliated with Drs. Pelosi from any and all claims, demands, costs, and liability that may arise from the use of these recordings, photographs, videotapes, or films and/or any reproductions of same in any form as described above, arising out of being recorded, photographed, videotaped or filmed.

I understand that the images may be seen by members of the general public, in addition to physicians, scientists, and medical researchers that regularly use these materials in their professional education. I understand that these photographs, video or film will be used without identifying information such as my name and that a refusal to consent will in no way affect the medical care I will receive.

If my surgery has been scheduled by mutual agreement during a training course held by Drs. Pelosi, I agree to allow physicians attending the training course to participate in my surgery under the direct and strict supervision of Drs. Pelosi.

Liposuction is associated with certain expected temporary side effects including soreness, inflammation, bruising, swelling, numbness, minor irregularity of the skin, cutaneous necrosis, and fat embolism. Some of these effects can take several months to resolve. Scars, pigment changes, or an irregularity that persists for more than six months may or may not be correctable by a second procedure. Lidocaine toxicity, although rare, may occur as a complication of liposuction surgery, and may result in seizures, respiratory depression, and cardiac effects, and may require hospitalization for treatment. Any surgery may involve risks of more serious and unexpected problems. Although rare, examples of such complications include blood clots, excessive bleeding, scarring, infection, seroma (temporary accumulation of fluid under the skin), injury to other tissues, the need to use skin grafts, allergic or toxic reactions to drugs, and death.

AFT is associated with temporary side effects similar to liposuction surgery and risks of infection, fat necrosis and skin contour irregularities. There is also a tendency for the volume of fat injected to decrease by one third to one half over the course of the first three months following surgery.

Fat Transfer to Breasts: Fat transfer has been used to improve the appearance of breasts reconstructed after cancer treatment, to improve the appearance of breast deformities, and to enlarge breasts for cosmetic purposes. While there is limited information regarding the long-term implications of such procedures, there are some potential concerns especially with regard to breast cancer detection. Since the transferred fat may become firm and cause lumps, it may be necessary to have radiological studies (mammogram, ultrasound, or MRI) performed (which may or may not be covered by your health insurance) to be sure these lumps are not due to cancer. It is also possible that the firmness may make it more difficult for your or your doctor to examine the breasts. It is also possible that a biopsy may be needed if there is concern about any abnormal findings in your breasts. However, there is no reason to believe that fat transfer procedures may cause breast cancer.

The surgeon and/or staff have explained the nature, purpose, possible alternative methods of treatment, the risks involved, and possible complications associated with liposuction surgery. I acknowledge that no guarantee has been made as to the results and that a fifty (50) percent cosmetic improvement is typical. I know that liposuction should not be done if a woman is pregnant; I have no reason to suspect that I might be pregnant.

_____/_____/_____
Patient Signature Date Witness Signature Date Surgeon Signature Date

Pelosi Medical Center
CIGARETTE SMOKING ATTESTATION

All procedures in cosmetic surgery are performed to improve form and, in some cases, function. Our goal as cosmetic surgeons is to achieve improvement with minimal scarring. Unfortunately, smoking and secondary smoke affect wound healing in a potentially devastating way. Please be honest with us about your exposure to smoke so we can take good care of you and prevent problems and complications with your procedure.

Any exposure to smoke either directly or indirectly can result in poor wound healing, delayed wound healing, skin loss requiring skin grafting, increased risk of wound infection, and loss of skin and deeper tissues, all due to decreased blood supply to those areas. The reduced blood flow to skin wound edges can cause skin to break down and scab. This will negatively affect the quality and nature of the scar (there is an increased risk of hypertrophic or keloid scarring). This is true for any surgical procedures requiring incisions (even skin lesion removal and liposuction).

The following is a partial list of cosmetic procedures and the impact that smoking or inhaling second-hand smoke may have on wound healing. It is not intended to be a complete list of procedures or all possible complications. Because of these potential complications, the immediate stopping of smoking at least 4 weeks before the surgeries and postoperative abstinence for life, or for at least 4-6 weeks postoperative, is advised.

Breast Implants (Reconstruction, Tissue Expanders, and Augmentation): There is an increased risk of delayed wound healing, capsular contracture, and implant infection with the possibility of extrusion.

Breast Reduction and Breast Lift (Mastopexy): There can be delayed wound healing resulting in unsightly scarring and skin loss and potential nipple loss requiring skin graft. In all cases of patients who smoke or are exposed to smoke, wounds do not heal in the normal length of time. Wound healing can be prolonged as long as 3-4 months.

Abdominoplasty: Smoking or exposure to smoke will decrease the ability of the skin to heal properly resulting in unsightly scarring, higher risk for infection, and skin loss sometimes requiring a skin graft. Slow wound healing (months instead of weeks), skin loss resulting in scabbing and prolonged need for dressing changes, and infection (usually requiring antibiotics and sometimes another surgery to drain the infection) are all complications that can occur if you smoke or are exposed to second-hand smoke. If you have either stopped smoking very recently or have been unable to stop completely, you must accept these risks if you wish to proceed with surgery.

Liposuction and Fat Transfer: There is an associated increased risk of skin complications with *liposuction* (postoperative pain, inflammation, infection, bruising, swelling, loss of sensation in the skin, skin irregularities, skin necrosis, fat embolism, seroma, scarring, changes in skin coloration, etc.) and *fat transfer* (infection, fat necrosis, skin irregularities, and decrease in the retention of injected fat, etc.) in smokers.

Patient Initials

_____ I have read and understand the Patient Information on Cigarette Smoking and Cosmetic Surgery and I have had all of my questions regarding this form answered to my full satisfaction by my surgeon prior to my operation today.

IF YOU HAVE NEVER SMOKED CIGARETTES:

_____ I attest that I have never smoked cigarettes.

IF YOU ARE A PREVIOUS OR CURRENT SMOKER:

_____ I attest that I (have/have not) _____ quit cigarette smoking or refrained from cigarette smoking for at least four (4) weeks prior to my surgery today.

_____ I have been advised by my surgeon to refrain from cigarette smoking for at least six (6) weeks after my surgery today and preferably to quit smoking permanently.

Print Name: _____ **Signature:** _____ **Date:** ____/____/____

PELOSI MEDICAL CENTER

ANESTHESIA CONSENT

TO THE PATIENT: *You have the right, as a patient, to be informed about your condition and the recommended anesthesia/analgesia to be used so that you may make the decision whether or not to receive the anesthesia/analgesia after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the anesthesia/analgesia.*

I voluntarily request that anesthesia care (analgesia) as indicated below be administered to me (the patient). I understand it will be administered by an anesthesia provider and/or other practitioner, and such other health care providers as necessary. Perioperative means the period shortly before, during and shortly after the procedure.

I understand that anesthesia/analgesia involves additional risks and hazards but I request the use of anesthetics/analgesia for the relief and protection from pain during the planned and additional procedures. I realize the type of anesthesia/analgesia may have to be changed possibly without explanation to me.

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also understand that other complications may occur. Those complications include but are not limited to:

Check planned anesthesia/analgesia method(s) and have the patient/other legally responsible person initial.

- _____ LOCAL ANESTHESIA/ANALGESIA and/or TUMESCENT ANESTHESIA - drowsiness, allergic reaction, nausea and vomiting, nervousness, apprehension, euphoria, confusion, dizziness, blurred or double vision, generalized muscle twitching, seizures, respiratory depression, bradycardia, peripheral vasodilation, hypotension, depressed myocardial contractility, depressed cardiac conduction.
- _____ REGIONAL BLOCK ANESTHESIA/ANALGESIA - nerve damage; persistent pain; bleeding/hematoma; infection; medical necessity to convert to general anesthesia; brain damage.
- _____ MONITORED ANESTHESIA CARE (MAC) or SEDATION/ANALGESIA - memory dysfunction/memory loss; medical necessity to convert to general anesthesia; permanent organ damage; brain damage, and the need to be transferred to a hospital.

Additional comments/risks:

I understand that no promises have been made to me as to the result of anesthesia/analgesia methods.

I have been given an opportunity to ask questions about my anesthesia/analgesia methods, the procedures to be used, the risks and hazards involved, and alternative forms of anesthesia/analgesia. I believe that I have sufficient information to give this informed consent.

| | | | | | |
|----------------------------|----------------------|----------------------------|----------------------|----------------------------|----------------------|
| _____ Patient Signature | _____ / / Date | _____ Witness Signature | _____ / / Date | _____ Surgeon Signature | _____ / / Date |
|----------------------------|----------------------|----------------------------|----------------------|----------------------------|----------------------|

PELOSI MEDICAL CENTER

ANESTHESIA PERIOPERATIVE EVALUATION

| Date | Time | NPO Since | Ht | Wt | ALLERGIES | | |
|--|---------------------|-----------|-----|---|-----------|----------|---------------------|
| MEDICAL HISTORY | | | | MEDICATION RECONCILIATION FORM REVIEWED <input type="checkbox"/> | | AIRWAY | |
| COVID-19 PCR test result present <input type="checkbox"/> COVID-19 screening done <input type="checkbox"/> | | | | MONITOR TESTED & ANESTHESIA CART CHECKED <input type="checkbox"/> | | TEETH | |
| SURGICAL HISTORY | | | | | | | |
| ANESTHESIA HISTORY | | | | | | | |
| | | HISTORY | | EVALUATION | | PHYSICAL | |
| SYSTEM REVIEW | Cardiovascular | WNL | | | | | |
| | Pulmonary | WNL | | | | | |
| | GU/GYN | WNL | | | | | |
| | Gastrointestinal | WNL | | | | | |
| | Hematologic | WNL | | | | | |
| | Endocrine/Metabolic | WNL | | | | | |
| | Musculoskeletal | WNL | | | | | |
| | Neurologic | WNL | | | | | |
| | CXR | WNL | ECG | WNL | BMP | WNL | Hgb _____ Hct _____ |
| | PLAN OF CARE | | | | | | |
| ASA Classification: I II III IV <input type="checkbox"/> Local <input type="checkbox"/> Conscious Sedation | | | | | | | |
| <input type="checkbox"/> Anesthesia risks, options, benefits discussed with patient | | | | | | | |
| Comments: _____ | | | | | | | |
| POST ANESTHESIA CARE NOTE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

PHYSICIAN SIGNATURE

PELOSI MEDICAL CENTER

PREOPERATIVE CARE RECORD

| Immediate Preoperative Evaluation | | | | | |
|---|-----|--|-----|-----------|---------|
| Procedure Date: ____/____/____ | | Driver's Name/Phone: | | | |
| Arrival Time: ____:____ | | Last time patient ate/drank: ____:____ <input type="checkbox"/> today <input type="checkbox"/> yesterday Describe intake: | | | |
| Pt ID verified: Yes / No | | Urine Pregnancy Test result __ (neg.) __ (pos.) __ (n/a: age > 55 or hysterectomy) | | | |
| Vital Signs: | BP: | HR: | RR: | TEMP: ° F | Wt: lbs |
| Pre-Op Meds Taken: | | | | | |
| Pain Scale Score: ____ (0 – 10) | | | | | |
| If pain, onset ____/____/____. ____ AM/PM | | | | | |
| Location: _____ | | | | | |

| Patient Medical/Surgical History | | | | | |
|--|----|---|-----|----|----------------------------|
| Yes | No | | Yes | No | |
| | | Recent skin injuries | | | Sleep apnea |
| | | Rash | | | Snoring |
| | | MRSA (Methicillin-resistant staph aureus) | | | Positive HIV test |
| | | Skin infection | | | Gastrointestinal problems |
| | | Bleeding disorder | | | Liver problems |
| | | Blood clots | | | Hepatitis |
| | | Unusual reaction to anesthesia | | | Kidney problems |
| | | Serious back or nerve injury | | | Diabetes |
| | | Smoker: <input type="checkbox"/> Past <input type="checkbox"/> Current # packs/day ____ | | | Hypoglycemia |
| | | Chronic cough | | | Breast implants |
| | | Lung problems | | | Glaucoma |
| | | Heart problems | | | Drugs/Substance Use: _____ |
| | | Palpitations | | | _____ |
| | | Hypertension | | | _____ |
| Past Surgeries/Comments: _____ _____ | | | | | |

| Pre-op Documentation Present | | | Belongings/Valuables | | |
|------------------------------|----|-------------------------------------|----------------------|----|---|
| Yes | No | | Yes | No | |
| | | Completed History & Physical Exam | | | Hearing Aid |
| | | Signed Informed Consent | | | Eyeglasses |
| | | Lab Results (reviewed by physician) | | | Contact lenses |
| | | | | | Dental appliances |
| | | | | | Jewelry, cash, or other valuables |
| | | | | | If yes to above, Patient Valuables form (no. 063) completed |

| Preoperative Teaching | | |
|-----------------------|----|---|
| Yes | No | |
| | | Patient positioning during procedure |
| | | Local anesthetic infiltration procedure |
| | | Surgical procedure |
| | | Pain control |
| | | Other: |

RN/Surgical Technician Signature: _____

Pelosi Medical Center

OPERATING ROOM RECORD

| | | | |
|--------------------|---------------------|--------------------------|--------------------|
| Date: ___/___/___ | Time in OR: _____ : | Surg. Start: _____ : | Surg. End: _____ : |
| Surgeon: | Anesthesiologist: | Surgical Technician # 1: | RN: |
| Surgeon Assistant: | | Surgical Technician # 2: | |

IV: NS RL _____ ml bag started with ___ gauge catheter in _____ by _____

TUMESCENT ANESTHESIA

| Bag #: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | TOTALS |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|--------|
| Normal Saline (0.9%) | 1000 ml | 1000 ml | 1000 ml | 1000 ml | 1000 ml | 1000 ml | 1000 ml | 1000 ml | |
| Sodium Bicarbonate | 10 mEq | 10 mEq | 10 mEq | 10 mEq | 10 mEq | 10 mEq | 10 mEq | 10 mEq | |
| Epinephrine (mg) | | | | | | | | | |
| Tranexamic Acid (mg) | | | | | | | | | |
| Lidocaine (mg) | (A) | | | | | | | | |
| mls of bag infiltrated | (B) | | | | | | | | |
| Initial mls in bag | (C) | | | | | | | | |
| Lidocaine mg infiltrated | Ax(B/C) | | | | | | | | |

ESU: Ground Pad placed on _____ **Machine:** Ellman Covidien Cutting: _____ Coagulation: _____

2-Way 16 Fr Foley Catheter inserted pre-op: Yes No

Skin Prep Used: Betadine Scrub Betadine Solution Hibiclens Solution

Pre-op Dx:

Post-op Dx:

Procedure(s) Performed:

Counts: **Sharps** correct incorrect **Instrument** correct incorrect n/a
Sponge/Lap Pad correct incorrect n/a

Surgical Checklist Completed: Signature: _____

Intraoperative Notes:

Intake

Total Volume IV Fluid Infused _____ ml

Total Tumescent Anesthetic Solution _____ ml

Output

Voided..... x _____

Foley Cath _____ ml

Total Volume Aspirated _____ ml

- Total Infranatant Fluid _____ ml

Total Supranatant Fat _____ ml

Total Weight Supranatant Fat (*Total Supranatant Fat ÷ 480*) = _____ lb

Fat Transfer to _____ ml

Fat Transfer to _____ ml

Fat Transfer to _____ ml

Patient recovered in OR at _____ :

PHYSICIAN SIGNATURE: _____

PELOSI MEDICAL CENTER
ANESTHESIA RECORD

| | | | | |
|--|-------------------|----------------|--------------|-----------------|
| Date: | Anesthesia Start: | Surgery Start: | Surgery End: | Anesthesia End: |
| Surgery: | Surgeon: | | | Ht: |
| | | Wt: | | |
| Time | : | : | : | : |
| Diazepam (mg PO) | : | : | : | : |
| Diphenhydramine (mg PO) | : | : | : | : |
| Oxycodone (mg PO) | : | : | : | : |
| Midazolam (mg IM / IV) | : | : | : | : |
| Fentanyl (mcg IM / IV) | : | : | : | : |
| Glycopyrrolate (mg IM / IV) | : | : | : | : |
| Metoclopramide (mg IM / IV) | : | : | : | : |
| Ondansetron (mg IM / IV) | : | : | : | : |
| Propofol (mcg/kg/min IV) | : | : | : | : |
| Oxygen (L/min) | : | : | : | : |
| ECG | : | : | : | : |
| O ₂ Sat % | : | : | : | : |
| ETCO ₂ | : | : | : | : |
| Temp | : | : | : | : |
| Fluids | : | : | : | : |
| Pre-Sedation | 220 | | | |
| BP: | 200 | | | |
| Pulse: | 180 | | | |
| RR: | 160 | | | |
| SaO ₂ : | 140 | | | |
| Monitors | 120 | | | |
| <input type="checkbox"/> EKG | 100 | | | |
| <input type="checkbox"/> ETCO ₂ | 80 | | | |
| <input type="checkbox"/> SaO ₂ | 60 | | | |
| <input type="checkbox"/> NIBP | 40 | | | |
| <input type="checkbox"/> TEMP | 20 | | | |
| <input type="checkbox"/> Other _____ | | | | |
| ET# _____ | | | | |
| LMA# _____ | | | | |
| ↓ Systolic BP | | | | |
| ↑ Diastolic BP | | | | |
| • Pulse | | | | |
| ○ Respirations | | | | |

Anesthesia Notes/Complications:

Antibiotic: _____ Gm IVPB at _____

Patient Position: _____ Pressure points checked and padded

IV Fluid _____ ml
 EBL _____ ml
 Urine _____ ml

Signature: _____

PELOSI MEDICAL CENTER
ANESTHESIA RECORD

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------|----------------|--------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----------|------------------|---|
| Date: | Anesthesia Start: | Surgery Start: | Surgery End: | Anesthesia End: | | | | | | | | | | | | | | | | | | | |
| Surgery: | | Surgeon: | | Ht: | | | | | | | | | | | | | | | | | | | |
| | | | | Wt: | | | | | | | | | | | | | | | | | | | |
| Time | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : |
| Diazepam (mg PO) | | | | | | | | | | | | | | | | | | | | | | | |
| Diphenhydramine (mg PO) | | | | | | | | | | | | | | | | | | | | | | | |
| Oxycodone (mg PO) | | | | | | | | | | | | | | | | | | | | | | | |
| Midazolam (mg IM / IV) | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Fentanyl (mcg IM / IV) | | | | | | | | | | | | | | | | | | | | | | | |
| Glycopyrrolate (mg IM / IV) | | | | | | | | | | | | | | | | | | | | | | | |
| Metoclopramide (mg IM / IV) | | | | | | | | | | | | | | | | | | | | | | | |
| Ondansetron (mg IM / IV) | | | | | | | | | | | | | | | | | | | | | | | |
| Propofol (mcg/kg/min IV) | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Oxygen (L/min) | | | | | | | | | | | | | | | | | | | | | | | |
| ECG | | | | | | | | | | | | | | | | | | | | | | | |
| O ₂ Sat % | | | | | | | | | | | | | | | | | | | | | | | |
| ETCO ₂ | | | | | | | | | | | | | | | | | | | | | | | |
| Temp | | | | | | | | | | | | | | | | | | | | | | | |
| Fluids | | | | | | | | | | | | | | | | | | | | | | | |
| Pre-Sedation | 220 | | | | | | | | | | | | | | | | | | | | | | |
| BP: | 200 | | | | | | | | | | | | | | | | | | | | | | |
| Pulse: | 180 | | | | | | | | | | | | | | | | | | | | | | |
| RR: | 160 | | | | | | | | | | | | | | | | | | | | | | |
| SaO ₂ : | 140 | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | |
| Monitors | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> EKG | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> ETCO ₂ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SaO ₂ | 100 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> NIBP | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> TEMP | 80 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other _____ | 60 | | | | | | | | | | | | | | | | | | | | | | |
| ET# _____ | | | | | | | | | | | | | | | | | | | | | | | |
| LMA# _____ | 40 | | | | | | | | | | | | | | | | | | | | | | |
| ↓ Systolic BP | | | | | | | | | | | | | | | | | | | | | | | |
| ↑ Diastolic BP | 20 | | | | | | | | | | | | | | | | | | | | | | |
| • Pulse | | | | | | | | | | | | | | | | | | | | | | | |
| • Respirations | | | | | | | | | | | | | | | | | | | | | | | |
| Anesthesia Notes/Complications: Antibiotic: _____ Gm IVPB at _____ Patient Position: _____ <input type="checkbox"/> Pressure points checked and padded | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | IV Fluid | _____ ml | | |
| | | | | | | | | | | | | | | | | | | | | EBL | _____ ml | | |
| | | | | | | | | | | | | | | | | | | | | Urine | _____ ml | | |
| | | | | | | | | | | | | | | | | | | | | | | Signature: _____ | |

PELOSI MEDICAL CENTER

POSTOPERATIVE CARE RECORD

| | | | | | | | | | | | | | | | | | |
|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | | | | | | | | | | |
| Time | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : | : |
| Oxygen (L/min) | | | | | | | | | | | | | | | | | |
| ECG | | | | | | | | | | | | | | | | | |
| O ₂ Sat % | | | | | | | | | | | | | | | | | |
| ETCO ₂ | | | | | | | | | | | | | | | | | |
| Temp | | | | | | | | | | | | | | | | | |
| Fluids | | | | | | | | | | | | | | | | | |
| Monitors <input type="checkbox"/> EKG <input type="checkbox"/> SaO ₂ <input type="checkbox"/> NIBP <input type="checkbox"/> TEMP <input type="checkbox"/> Other _____ ET# _____ LMA# _____ ↓ Systolic BP ↑ Diastolic BP • Pulse O Respirations | 220 -- | | | | | | | | | | | | | | | | |
| | 200 -- | | | | | | | | | | | | | | | | |
| | 180 -- | | | | | | | | | | | | | | | | |
| | 160 -- | | | | | | | | | | | | | | | | |
| | 140 -- | | | | | | | | | | | | | | | | |
| | 120 -- | | | | | | | | | | | | | | | | |
| | 100 -- | | | | | | | | | | | | | | | | |
| | 80 -- | | | | | | | | | | | | | | | | |
| | 60 -- | | | | | | | | | | | | | | | | |
| | 40 -- | | | | | | | | | | | | | | | | |
| 20 -- | | | | | | | | | | | | | | | | | |

| Postoperative Care and Discharge Plan | | | | | | | | | | |
|--|--------------|---|--|--------------------------|---|----------------------------------|---------------------------------------|--------------------------------|------|-------|
| Yes | No | n/a | | | | | Medications given Post-op | | | |
| | | | | | | | Time | Medication | Dose | Route |
| | | | Dressings applied. | | | | | | | |
| | | | Compression garment(s) applied: Type _____ size _____ | | | | | | | |
| | | | IV access discontinued with cannula intact & no redness or edema noted. | | | | | | | |
| | | | Foley catheter removed. | | | | | | | |
| | | | Patient given written discharge instructions. A copy remains in the chart. | | | | Signature of MD/RN administering meds | | | |
| | | | A responsible adult is present to take the patient home. | | | | | | | |
| 1. Consciousness | | 3. Respiratory | | 5. Circulation | | 7. Pain | | 9. Oral Intake | | |
| Conscious, fully awake | 2 | Deep breaths & cough freely | 2 | BP +/- 20% of baseline | 2 | Pain free | 2 | Tolerates fluids w/o PONV | 2 | |
| Arousable when spoken to | 1 | Dyspnea | 1 | BP +/- 50% of baseline | 1 | Mild pain | 1 | Minimal nausea and no vomiting | 1 | |
| Not responsive | 0 | Requiring assistive ventilation | 0 | BP > +/- 50% of baseline | 0 | Unusual or excruciating pain | 0 | Nausea and vomiting | 0 | |
| 2. Activity | | 4. Oxygenation | | 6. Dressing | | 8. Ambulation | | 10. Urine Output | | |
| Moves 4 extremities | 2 | Room air sats >92% | 2 | Dry | 2 | Able to ambulate appropriately | 2 | Voided | 2 | |
| Moves 2 extremities | 1 | O ₂ to maintain sats >90% | 1 | Wet but stationary | 1 | Dizziness or vertigo when erect | 1 | Has not voided | 0 | |
| Cannot move extremities | 0 | O ₂ sats <90% despite O ₂ | 0 | Wet but growing | 0 | Dizziness or vertigo when supine | 0 | | | |
| Total Aldrete Score: _____ Score must be 18 – 20 to meet discharge criteria | | | | | | | | | | |
| Time | Notes | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Discharged from Center at ____ : ____ to _____

Physician Signature: _____

PELOSI MEDICAL CENTER

LIPOSUCTION/FAT TRANSFER OPERATIVE REPORT

DATE OF PROCEDURE: ___/___/___

TUMESCENT LIPOSUCTION

Area(s) Treated With Liposuction:

| | | | |
|--|---|-----------------------------------|---|
| <input type="checkbox"/> Chin, Jowls, Neck | <input type="checkbox"/> Arms | <input type="checkbox"/> Waist | <input type="checkbox"/> Thighs, Anterior |
| <input type="checkbox"/> Back | <input type="checkbox"/> Breasts | <input type="checkbox"/> Buttocks | <input type="checkbox"/> Thighs, Inner |
| <input type="checkbox"/> Axillary Extensions | <input type="checkbox"/> Abdomen, Upper | <input type="checkbox"/> Hips | <input type="checkbox"/> Thighs, Outer |
| <input type="checkbox"/> Presacral | <input type="checkbox"/> Abdomen, Lower | <input type="checkbox"/> Knees | <input type="checkbox"/> Ankles |
| <input type="checkbox"/> Flanks | <input type="checkbox"/> Mons Pubis | <input type="checkbox"/> Calves | <input type="checkbox"/> Other: |

After a discussion of the risks, benefits and expected outcomes of all treatment alternatives, the procedure was explained to the patient and a written informed consent was obtained. The patient was escorted to the OR where a preoperative assessment was completed and no significant discrepancies were noted when compared with the original preoperative history and physical examination. Intravenous access **was** / **was not** started in a peripheral vein. With continuous cardiac monitoring and intermittent non-invasive blood pressure monitoring, the patient was positioned comfortably so as to permit infiltration of local anesthetic and liposuction with optimal exposure of treated areas. The targeted areas were prepared and draped in the usual sterile fashion for cosmetic surgery.

In the selected areas, local anesthesia was infiltrated using standard tumescent technique delivered through a spinal needle via a **peristaltic pump** / **syringe**. If fat transfer was planned, these areas were also treated with anesthetic infiltration, but with less fluid volume. After allowing adequate time for the local anesthesia to take full effect, liposuction of the selected area(s) was carried out using standard liposuction techniques with **suction pump** / **syringe**. Standard sterile low vacuum pressure fat harvesting **was** / **was not** performed:

| | | | |
|---|--|---|---|
| <input type="checkbox"/> Pre-liposuction laser | <input type="checkbox"/> Manual Disruption | <input type="checkbox"/> Manual Liposuction | <input type="checkbox"/> Post-Liposuction Laser |
| <input type="checkbox"/> Pre-liposuction Vaser Ultrasound | <input type="checkbox"/> Power-assisted Disruption | <input type="checkbox"/> Power-assisted Liposuction | <input type="checkbox"/> Other |

Total Aspirate _____ ml Total Supernatant Fat _____ ml Estimated Blood loss _____ ml

FAT TRANSFER

Area(s) Treated With Fat Transfer:

| | | |
|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Face | <input type="checkbox"/> Scar | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Breasts | <input type="checkbox"/> Hands | <input type="checkbox"/> Lipofilling: _____ |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Labia | <input type="checkbox"/> Liposhifting: _____ |
| <input type="checkbox"/> Hips | <input type="checkbox"/> Mons Pubis | |

The aspirated fat was collected in a sterile container (_____ cc). The harvested fat was transferred to sterile syringes. The fat was separated from the tumescent solution using standard techniques, The fat was used as a filler to the designated area(s) listed above utilizing fat transfer cannulas. Fat centrifugation **was** / **was not done**. Platelet rich plasma (PRP) **was** / **was not added** to the fat. Antibiotics **were** / **were not added**.

IMMEDIATE POSTOPERATIVE COURSE

The patient tolerated the procedure well. There were no complications. Absorbent dressings were applied to the treated areas and a garment was placed. Orthostatic blood pressure and pulse measurements were clinically unremarkable during and immediately after the procedure. The patient was discharged to home ambulatory and in good condition. The patient was given wound care and post-operative instructions.

Comments: _____

PHYSICIAN SIGNATURE: _____

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Date of Procedure: _____

Surgeon/Assistant: _____

Anesthesia/Anesthesiologist: _____

EBL: _____ ml Drains: _____

The patient consented verbally and in writing to the procedures described below.

Liposuction under tumescent local anesthesia was performed prior to the abdominoplasty per the Liposuction Operative Note. The patient was then prepped and draped in the usual sterile fashion for abdominoplasty and an intermittent pneumatic compression device was applied to the lower extremities. Prophylactic antibiotics were administered (orally/ intravenously). Surgical markings were made on the skin of the abdominal wall to define the incision lines. An adequate level of anesthesia was confirmed.

The skin and subcutaneous fat were incised with a scalpel to expose Scarpa's fascia/ the rectus fascia beneath the marked incision lines. Undermining was carried out in this plane to mobilize the flap using blunt and sharp dissection and the excess tissue was excised. Scar tissue was/ was not present in the tissues that were undermined. Hemostasis was achieved with Bovie electrocautery and suturing with Vicryl No. 2-0 as necessary.

The excised tissue flap included a previous abdominoplasty scar.

The excised tissue flap included the umbilicus. The umbilicus was excised for aesthetic reasons due to its color and skin texture. Umbilical excision was done with care taken to avoid peritoneal entry and was carried out uneventfully. The umbilical stump was reinforced with mattress sutures of PDS II No. 0.

The excised tissue flap did not include the umbilicus.

A circumferential skin incision was made around the umbilical skin and the umbilical stalk was mobilized from the surround abdominal wall skin, fat and rectus fascia with blunt and sharp dissection. A small amount of fat was left on the umbilical stalk to maximize blood supply to this structure.

Excess skin and fat from the lower abdomen were excised below the level of the umbilicus. The umbilicus was not dissected at all.

No umbilical hernia was present.

A small/ large, non-incarcerated/ incarcerated umbilical hernia was noted and repaired in standard fashion with mattress sutures of PDS II No. 0.

The rectus fascia of the upper abdomen demonstrated minimal diastasis and was considered to be best addressed indirectly by a transverse rectus fascia plication line along the lower abdominal wall employing the TULUA technique. Therefore, undermining of the abdominal flap to expose the upper abdomen rectus fascia was not necessary.

The rectus fascia of the upper abdomen demonstrated a significant diastasis. Therefore selective central undermining of the abdominal flap was carried out to expose the entire diastasis and it's borders while preserving the majority of the perforator blood vessels. The diastasis was repaired by rectus fascia plication using Maxon No. 0 running and interrupted sutures. Excellent approximation was achieved. Hemostasis was confirmed.

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The rectus fascia of the lower abdomen demonstrated minimal/ significant diastasis and was repaired employing a transverse / vertical rectus fascia plication line. The plication was carried out in 2 layers with Maxon No. 0 running sutures. Excellent approximation was achieved. Hemostasis was confirmed.

The abdominal flap was placed on traction and excess skin and fat tissue was removed sharply to achieve an aesthetic contour along the incision line. The flap was then closed in layers beginning with Scarpa's fascia which was closed with PDS II No. 0 interrupted sutures and Quill PDO No. 2 running sutures. The subcutaneous layers were closed with Quill PDO No. 0 running sutures. Excellent skin-to-skin apposition was achieved. No additional suturing was needed.

A surgical drain was not required. A Jackson-Pratt closed-suction surgical drain was placed prior to flap closure and exited through the main incision line. It was sutured into place with suture material from the flap closure.

No umbilicoplasty was performed.

A transposition umbilicoplasty was performed. The desired position was marked anatomically on the skin of the abdominal flap. A circular window of skin and fat was made at this site with sharp dissection to expose the umbilical stalk. Hemostasis was confirmed. The umbilical stalk was delivered through this incision and sutured in place with subcutaneous interrupted sutures of Vicryl No. 2-0. The umbilical skin was fixed to the flap with running sutures of Biosyn No. 4-0.

An open neo-umbilicoplasty was performed. The desired position was marked anatomically on the skin of the abdominal flap. A circular window of skin and fat was made at this site with sharp dissection to expose the rectus fascia. Hemostasis was confirmed. The skin along the edges of the window was sutured to the rectus fascia with multiple interrupted sutures of Biosyn No. 2-0 placed circumferentially to create the desired contour. A partial thickness skin graft was harvested from the excised tissue flap and sutured into place to cover the rectus fascia at the center of the neoumbilicus.

A closed neo-umbilicoplasty was performed prior to flap closure. The desired position was marked anatomically on the skin of the abdominal flap and on the rectus fascia. A cruciate incision was made through the fat of the flap undersurface at this position to expose a small area of dermis and to create four flaps of fat. A suture of PDS No. 2-0 was placed through the dermis and through the rectus fascia at the site of the planned umbilical center, but not yet tied. At the corner of each flap of subcutaneous flap, a suture of Biosyn No. 2-0 was passed then sutured to the dermis off-center from the umbilical center slightly, the to the rectus fascia off center slightly. Hemostasis was confirmed. All of the sutures were then tied to create the desired umbilical cup.

Dressings were placed over all incision lines including Dermabond Steri-Strips. A compression garment was then applied. This concluded the procedure. The patient tolerated the procedure well and was in stable condition at the conclusion of the procedure.

Surgeon Signature

Date