

Liposuction 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

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.	___/___/___	___	<p>Pt instructions for all Rx's: Do NOT take day of surgery</p> <table border="1"> <tr> <td>__ Cephalexin</td> <td>500 mg PO</td> <td>BID x 8 days (#16)</td> <td>Begin day before surgery</td> </tr> <tr> <td>__ Doxycycline</td> <td>100 mg PO</td> <td>BID x 8 days (#16)</td> <td>Begin day before surgery</td> </tr> <tr> <td>__ Flexeril</td> <td>10 mg PO</td> <td>TID x 7 days (#21)</td> <td>2 refills</td> </tr> <tr> <td>__ Gabapentin</td> <td>600 mg PO</td> <td>TID x 10 days (#30)</td> <td></td> </tr> <tr> <td>__ Naproxen</td> <td>500 mg PO</td> <td>BID x 15 days (#30)</td> <td></td> </tr> <tr> <td>__ Zofran</td> <td>8 mg PO</td> <td>BID as needed (#10)</td> <td>As needed for nausea</td> </tr> </table> <p>Physician Signature _____</p>	__ 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
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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	___/___/___	___	<p>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.</p> <p>Allergies: _____ LMP: ___/___/___</p>																								
12	Lipo touch-ups: Pt advised to bring in old garment	___/___/___	___	_____																								
13	Total Fee: \$ _____ Deposit Pd: \$ _____	___/___/___	___	_____																								
14	Balance Due: \$ _____ \$ _____ \$ _____	___/___/___ ___/___/___ ___/___/___	___ ___ ___	_____																								

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

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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

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

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																							
<input type="checkbox"/> ETCO ₂	100																						
<input type="checkbox"/> SaO ₂																							
<input type="checkbox"/> NIBP	80																						
<input type="checkbox"/> TEMP																							
<input type="checkbox"/> Other _____	60																						
ET# _____																							
LMA# _____	40																						
↓ Systolic BP																							
↑ Diastolic BP	20																						
• Pulse																							
O Respirations																							
Anesthesia Notes/Complications:																							
Antibiotic: _____ Gm IVPB at _____																		IV Fluid _____ ml					
Patient Position: _____ <input type="checkbox"/> Pressure points checked and padded																		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																					
Monitors	120																					
<input type="checkbox"/> EKG																						
<input type="checkbox"/> ETCO ₂	100																					
<input type="checkbox"/> SaO ₂																						
<input type="checkbox"/> NIBP	80																					
<input type="checkbox"/> TEMP																						
<input type="checkbox"/> Other _____	60																					
ET# _____																						
LMA# _____	40																					
↓ Systolic BP																						
↑ Diastolic BP	20																					
• Pulse																						
O 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

POSTOPERATIVE CARE RECORD

Date:																	
Time	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:
Oxygen (L/min)																	
ECG																	
O ₂ Sat %																	
ETCO ₂																	
Temp																	
Fluids																	
Monitors	220 --																
	200 --																
	180 --																
	160 --																
	140 --																
	120 --																
	100 --																
	80 --																
	60 --																
	40 --																
20 --																	
0 Respirations																	

Postoperative Care and Discharge Plan										
Yes	No	n/a					Medications given Post-op			
			Dressings applied.				Time	Medication	Dose	Route
			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: _____