

OPERATIVE REPORT

Mackinaw Surgery Center
5400 Mackinaw Road Suite #11
Saginaw, MI 48604

PATIENT: Wall, Richard
MEDICAL RECORD #: 106-85-97
C SN: 116849357
SURGEON: Mark Komocowski, M.D.
DATE OF SERVICE: 08/27/2021
DATE OF BIRTH: 04/25/1970

PREOPERATIVE DIAGNOSES:

1. Gynecomastia, bilateral.
2. Fascial laxity, abdomen.

POSTOPERATIVE DIAGNOSIS:

1. Gynecomastia, bilateral.
2. Fascial laxity, abdomen.

OPERATIVE PROCEDURES:

1. Bilateral breast liposuction.
2. Panniculectomy.

ANESTHESIA:

General.

INDICATIONS FOR PROCEDURE:

The patient was unhappy with the appearance of his breast and the skin laxity of the lower abdomen as a result of weight loss.

SUMMARY OF PROCEDURE:

I spoke with the patient preoperatively. There were no questions regarding the informed consent or surgical procedure itself. While in the standing position, the incision was marked for the abdominoplasty and then while seated the boundaries of the breast which required liposuction was marked. The patient was brought to the operating room. Sequential compression devices were applied prior to induction of general anesthesia. Once the anesthetic was administered, the trunk was prepped with Betadine solution and draped in a sterile fashion. Two puncture sites were marked just below each breast. They were incised and then the infiltrating cannula was used to provide the tumescent solution. The solution was 1 L normal saline, added to it was 1 amp (1 mL) of epinephrine 1:1000 concentration. After waiting 10 minutes, a 5 mm Becker cannula was used to perform liposuction to this area, followed by 5 mm Mercedes tip and a 4 mm Becker cannula. From the right side, 225 cc was removed and from the left using the same technique 275 cc. The pinch test was used to ensure that there was sufficient subcutaneous fat left behind. These sites were then sutured with 4-0 Monocryl.

The incision at the lower abdomen was infiltrated with 0.5% Marcaine with epinephrine in 1:200,000 as well as the periumbilical incision. The umbilicus was tented, incised circumferentially. The dissection was continued down to the rectus fascia. The lower abdominal incision was made with a 10 blade scalpel. Elevation of the flap was performed with a Bell. Once sufficient skin had been removed, the upper incision would meet the new lower incision. The dissection was completed. A #19 French Blake drain was placed through a separate stab incision and secured with 3-0 nylon suture. Closure of the skin flap was

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performed in layers using 3-0 Vicryl, followed by 6 closed suture for the fascia, 3-0 Vicryl again, INSORB staples and a 3-0 Quilt suture for subcuticular closure. The navel was then reintroduced through a new aperture and secured with 4-0 nylon in a half buried horizontal mattress technique. Drain was placed to wall and then bulb suctioned. Steri-Strips were placed over the incisions, followed by Primapore dressing. Around the drain, a Xeroform gauze was placed, again using a Primapore dressing to hold that in position. The navel had a piece of Xeroform gauze placed into it with the tonsil pack secured with Primapore dressing. Drain was placed to wall and then bulb suctioned. He was then placed into his compression garment. Sponge and needle counts were correct x2 as indicated by the circulating nurse. The patient tolerated the procedure and was brought to recovery room in stable condition.

Instructions were provided that he is to wear the compression garment 24 x 7 other than to bathe. Dressings will remain in place until seen next week. An appointment has been scheduled already for Thursday. If any questions arise over the course of weekend, he was instructed to call the office. I spoke to him in the presence of his girlfriend with that instruction. He was sent home with a prescription for Keflex 500 mg tablets one tablet p.o. q.8 hours for 21 days and Norco 5/325 mg tablets one tablet p.o. q.4 hours p.r.n. 30 dispensed, and lastly Valium 5 mg tablets one tablet p.o. t.i.d. for 7 days.

M. Komorowski MD

Mark Komorowski, M.D.

MK/8767/240196

DD: 08/27/2021

DT: 08/28/2021

Mark Komorowski M.D.
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Date	PATIENT	ACCOUNT #
09/09/2021	RICHARD WATT 213 CENTER AVE APT 204 BAY CITY, MI 48708 04/25/1970 Male	WAT677

Vitals

PROBLEMS

Prescribed

Ordered

Injectons

Note

Richard returns today 2 weeks after undergoing liposuction to his chest and a panniculectomy. A drain was left at the time of surgery and now that the output has diminished to less than 30 cc per day it has been removed. There was scant ecchymosis of the chest wall but no evidence of seroma formation. Sutures removed from the abdomen at the navel and it appears to be viable. The incision line of the lower abdomen is intact. No evidence of cellulitis and I have recommended that the patient continue wearing his garment for only daytime use. He is returning to Senagal in a week and I have asked that when he is back in the states that he contact us and schedule a follow-up. I do not believe the heel have any difficulties returning to work as a helicopter pilot.

Electronically signed by

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