NovoaMedSpa
A DIVISION OF NOVOA MEDICAL SERVICES, PA

LIPOSUCTION OPERATIVE REPORT

First Name _____ Last Name _____ Date of Procedure ___/___/___

PreOperative Diagnosis: _____

PostOperative Diagnosis: _____

Procedure: Tumescent Liposuction

Physician: Julio C. Novoa, M.D.

Anesthesia: Tumescent Anesthesia (Specific concentration and amount documented on IntraOperative Sheet)

EBL: _____

Complications: _____

Disposition: _____

Procedure:

After signing consent, the patient was taken to the O.R. where he/she was marked in a standing position. A preoperative assessment was completed and no significant discrepancies were detected when compared to the original history and physical examination.

With continuous electrocardiac monitoring and intermittent automatic B.P. 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 scrubbed with hibiclin. In selected areas, small intradermal blebs of local anesthesia were infiltrated and appropriate 3 to 5mm incisions were placed for eventual passage of liposuction cannulas. The immediate next step involved infiltration of local anesthesia, using Tumescent Technique 4450ml of the solution was infiltrated with the aid of a peristaltic pump using standard tumescent anesthetic technique.

After completing the infiltration of local anesthetic solution, liposuction was carried out using standard cannulas. Total volume of aspirate was 2400ml. Total volume of Supranate was 600ml. Total Volume of Infranate was 1800ml. Patient tolerated the procedure well. There were no complications. Estimated blood loss was negligible. Because the incision sites were so small, there were no sutures used.

Immediately postoperative, the wounds were covered with sterile gauze pads and elastic support garments were placed. Next orthostatic blood pressure and pulse measurements were clinically unremarkable.

Patient was transferred to Recovery Room in good condition, and given wound care and postoperative instructions.

NAME	Last	First

Surgeon's Signature

Date