

**LIPOSUCTION/FAT TRANSFER
OPERATIVE REPORT**

Birthdate: ____/____/____ MR #: _____

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 Supranatant 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: _____