

Operative Report

From: CSHS CDR [cdr@cshs.org]  
Sent: Saturday, December 12, 2009 10:51 AM  
To: ....., M.D.  
Subject: Results for XXXXXXXXXX(050166066), Operative Report

FINAL VERIFIED REPORT

PATIENT: XXXXXXXXXXXXX  
C.-S. MEDICAL CENTER  
MED REC: 050166066  
DICTATOR: ....., M.D.

OPERATION REPORT

DATE OF OPERATION: 11/13/2009  
PREOPERATIVE DIAGNOSIS: Right nipple mass, possible tubular adenoma.  
POSTOPERATIVE DIAGNOSIS: Pending.  
OPERATION(S) PERFORMED: Excision of right nipple mass.  
SURGEON: ....., M.D.  
ASSISTANT:  
ANESTHESIOLOGIST: , M.D.  
ANESTHESIA: Local standby.

BACKGROUND: Indications for surgery: The patient presented with a mass underneath her right nipple, initially seen also by me and by dermatology. Dr. David did a punch biopsy that showed it to be a possible tubular adenoma. The mass itself though occupied approximately the 1:30 position of her right nipple and was somewhat tender to touch.

OPERATIVE FINDINGS: That of what appeared to be a rubbery soft mass that was removed along with a wedge of her nipple.

OPERATIVE PROCEDURE: The patient was brought to the operating room and prepped and draped in a supine position in sterile manner. Prior to any of the procedure, a timeout was performed in the usual fashion to identify the patient, the side, the position, allergic to sulfa but she was given 1 gram of Ancef and that everyone was aware of what their duties were in the OR.

An incision was made in a lollypop type from straight incision from the areolar edge to the nipple and then around the mass itself. This was done after 1% lidocaine was mixed with 0.5% Marcaine and used to perform a field block on the right breast everything under the nipple there.

Incisions were then made. The mass was totally excised and sent to pathology. Then all bleeding points were controlled with fine-point coagulation.

The nipple was then reconstructed using 4-0 Vicryl for the deeper layers to bring the nipple so that it was everted, and then the skin was closed with buried subcuticular stitches of 4-0 Vicryl. Two sponge and needle counts were reported as correct. A light pressure dressing was applied, and the operation terminated.

The patient tolerated the procedure well.

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surgeon....., M.D.

JHS/MEDQ/395504099 D: 11/13/2009 T: 11/14/2009 JOB#: 925383

- cc: Paul XXXXXXX, M.D.
- William J. XXXXXXX, M.D.
- C NoelXXXXXXXXXX M.D.
- Robert XXXXXXX M.D.
- David C. XXXXXXX M.D.

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Addendum by ..... entered 12/12/2009 10:31  
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Pathology concordance