

OPERATIVE NOTE DESCRIPTION- KEY COMPONENTS FOR DONUT MASTOPEXY

Include marking in the upright position

Example: In the pre-operative holding area, ptosis and anticipated asymmetry were again assessed with the patient in the upright position. Bilateral breast skin markings were placed, with close measurement and marking of intended new position of bilateral NACs and extent of skin resection.

Marking of new NAC and de-epithelialization

Example: An [XX] mm areolar circular marker "cookie cutter" used to mark the boundary of the new areola. Incision was made and the skin was scored. A second incision was made around the nipple areolar complex in a [eccentric, concentric] fashion. The skin within this donut was de-epithelialized.

Tumor resection

Example: A curvilinear incision was made within the de-epithelialized zone adjacent to the planned partial mastectomy. Dissection was then performed in the subcutaneous/ anterior mammary fascia plane (as appropriate per cancer) towards the targeted lesion. Circumferential dissection around the targeted lesion was performed. The specimen was removed and oriented. Specimen radiograph confirmed the target and needed margins (or not and margins were taken.) The wound was irrigated, hemostasis was secured and surgical clips/3D implantable marker were placed to mark the tumor bed

Closure of parenchymal defect

Example: Next dissection was performed at the deep layer of the breast along the pectoralis major muscle. Approximately [XX] sq. cm of tissue was dissected along this plane to mobilize the glandular breast tissue to allow for repair of the defect from the partial mastectomy. The defect was then closed in a [side to side, rotational, or purse string] fashion. This allowed for reshaping of the breast mound to repair the defect.

Closure of skin

Example: The skin was then closed using [5-0 gore tex or 3-0 Vicryl] in a purse string fashion to decrease the size of the skin defect. The NAC was then re-approximated using interrupted 3-0 Vicryl and running 4-0 Monocryl.

Optimizing symmetry for contralateral breast procedure (if performed)

Example: The operating table was adjusted to bring the patient into a semi seated position. Temporary skin closure of the (Left) contralateral breast performed with skin staples for reference. Contour was assessed and contralateral markings adjusted as necessary.

Returned to the supine position and direction placed to completing the contralateral procedure for symmetry in much the same fashion with the omission of lumpectomy procedure. Additional (left) breast tissue was excised from upper outer position to improve symmetry with the lumpectomy side. Symmetry confirmed again in the semi upright position prior to final closure of the contralateral breast (similar as above).