

Plastic Surgery – Sample Note, Blepharoplasty

Patient Name: Jeffrey Rogers
MRN: 4555
Note Status: Finalized

Procedure Date: 05/30/2011 10:00:00
Account #: 22233
Attending MD: Thomas C. Paine MD

Providers:

Thomas C. Paine, MD (Doctor)

Referring MD:

James Edwards, MD

Procedure:

Bilateral Upper Eyelid Blepharoplasty with Excessive Skin Weighing Down Lid

Patient Profile:

The patient is a 52 year old male. Refer to note in patient chart for documentation of history and physical. I went over in detail the potential risks and complications of the surgery discussing bruising, bleeding, damage to blood vessels or nerves, hypertrophic scarring, infection, reaction to anesthesia or medication which could include seizure, cardiac or respiratory compromise or arrest, stroke, and other serious complications up to and including death.

Pre-OP Diagnosis:

Eyelid ptosis

Post-OP Diagnosis:

Eyelid ptosis

Anesthesia:

General

Findings:

No Unusual Findings

Description of Procedure:

Position/Prep/Drape:

- The patient was positioned on the operating table in the supine position and prepped and draped in the usual sterile fashion.

Markings and Incision:

- Tissue to be excised was marked out in an elliptical fashion with the patient awake and in the upright position. A sterile marker and calipers were used to ensure symmetry. Marking of the inferior border of the ellipse began as a single point in the lid crease at the highest point of the lid arch and then followed the curve of the lid medially and laterally, with the lateral extension being placed in an existing skin line and ending at the orbital rim. The upper lid was then gently pinched with the eyes shut to determine the superior border of the ellipse and marked accordingly. Care was taken to make adjustments for any lid fold asymmetry. A total of 2 mL of 1% lidocaine with epinephrine was infiltrated into each upper eyelid.

Beginning on the right, the skin was incised along the markings using a #15 blade.

Procedure Details:

- Upper eyelid skin was excised using Wescott scissors. An incision was made through the orbicularis oculi at the superior excisional margin and the pre-aponeurotic fat pads were identified by placing gentle pressure on the upper eyelid. A conservative amount of fat was removed from the medial and central pockets, with special attention paid to maintaining the interpad septum. Meticulous hemostasis was maintained using electrocautery. The incision was irrigated thoroughly with normal saline solution. Excess orbicularis oculi was resected with scissors beveling away from the levator insertion. The same procedure was carried out in a like manner on the opposite side, paying special attention to symmetry. The wounds were closed in a single layer using 6-0 Prolene simple running sutures and steri-strips and skin adhesive and then dressed with ophthalmic antibiotic ointment.

Sponge / Instrument / Needle Counts:

- All final counts were correct.

EBL:

- Estimated blood loss: None

Patient to Recovery Room:

- The patient tolerated the procedure well and was brought to the recovery room in excellent condition. The procedure results were discussed with the patient's family.

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Complications:

None

Post-OP Plan:

POST-OPERATIVE / RECOVERY ORDERS:

- Per standing orders.

DISCHARGE INSTRUCTIONS:

- Follow-Up:

* With Plastic Surgeon in 5 days.

- Activity:

* May return to usual activities as able with the following restriction: No vigorous exercise for 3 weeks.

CPT Code(s):

15823, 50, Blepharoplasty, upper eyelid; with excessive skin weighting down lid

ICD9 Code(s):

374.30, Ptosis of eyelid, unspecified

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E-Signed by: Thomas C. Paine, MD

Thomas C. Paine, MD

Signed Date: 05/30/2011 10:35:08

Number of Addenda: 0

This report has been signed electronically.

Note initiated on 05/30/2011 10:00:00