



# Member Complaint and Appeal Form

**NOTE:** Completion of this form is voluntary. To obtain a review, you or your authorized representative may also call our Member Services Department using the telephone number displayed on the member ID card or submit a request in writing to the address listed at the end of your Explanation of Benefits (EOB) or other correspondence received from Aetna.

**Please provide the following information for the primary Insured/Member.**  
(This information may be found on the front of your ID card.)

Today's Date 10/02/2023	Member's ID Number W278375968	Plan Type <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Dental	Member's Group Number (Optional) 193609-010-00002
----------------------------	----------------------------------	------------------------------------------------------------------------------------------	------------------------------------------------------

Member's First Name sandra	Member's Last Name Amaral	Member's Birthdate (MM/DD/YYYY) 02/23/1972
Member's E-mail Address justsan@pacbell.net		

**Please provide the following information for the person you are submitting the request for.**

First Name sandra	Last Name Amaral	Birthdate (MM/DD/YYYY) 02/23/1972
Relationship to person requesting the appeal: <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____		
<b>Note:</b> If your selection is spouse, child (18 years of age or older) or other, please complete and include the attached Authorized Representative Form with your request.		
Please advise if the appeal is related to: <input checked="" type="checkbox"/> Pre-Service <input type="checkbox"/> Post Service		

**To help Aetna review and respond to your request, please provide the following information.**  
(This information may be found on correspondence from Aetna.)

Claim ID Number (If Post Service selected above.)	Reference Number (If Pre-Service selected above.) 230920076309	Service Date (If Post Service insert date of services, if Pre-Service insert date of denial.) 09/29/2023
Explanation of Your Request (Please use additional pages if necessary.) please see attached		
Member's Signature Sandra Amaral		

**Note:** When submitting this form with your request please include: - Bills and/or correspondence for these services.  
- Any other helpful information.

You may mail your request to:

**Aetna**  
PO Box 14463  
Lexington, KY 40512

**Or use our National Fax Number: 859-425-3379CRTM**



October 2, 2023

Aetna  
P.O. Box 14463  
Lexington, KY 40512  
F: 859-425-3379

**Sandra Amaral**  
**Patient ID: W278375968**  
**DOB: 02/23/1972**  
**Reference #: 23090076309**

To Whom It May Concern,

Please accept this letter as Sandra Amaral's First Level Appeal of Aetna's decision to partially deny coverage for Dr. Jaime Schwartz at Total Lipedema Care to perform all necessary procedures for Lipedema Reduction Surgery requested. It is my understanding that in the letter from Aetna, the reason our request was denied was because the requirement for coverage is documentation that pain and tenderness hasn't improved after at least three (3) months of conservative treatment with weight loss programs and we failed to provide that information.

To address this, I've reviewed the information submitted to support our initial request. In the consultation note, dated August 25, 2023, Miss Amaral has tried numerous diets and even had bariatric surgery. While weight was loss, the pain and discomfort are still very present.

Besides the easy bruising, Miss Amaral has symptoms that consist of dense fibrotic tissue that has resulted in functional impairment, including gait imbalance, difficulty with ambulation due to the overhanging tissue and weight. She is unable to do normal exercises for a long period of time with feeling fatigue and pain.

Lipedema is a chronic disease of adipose hyper-deposition, often mistaken for obesity and causes significant impairment to mobility and quality of life. As lipedema worsens, patients will invariably begin to develop tender nodules, colloquially referred to as "lipedema pearls," which stubbornly attach to the underlying connective tissue. When left untreated, these nodules can grow as large as golf balls, causing unbearable pain and limited mobility. The objective of lipedema surgery is to remove these painful lipedema nodules which cannot be done effectively through traditional methods.

Based on this, Sandra Amaral is requesting that you reconsider this decision and allow Dr. Schwartz at Total Lipedema Care to perform all necessary procedures at TLC Surgical Center at an in-network level. I have attached the original consultation note and photos again for your review.

We look forward to hearing from you,

Jae Arellano  
Jaime Schwartz, MD

## Visit Note - August 25, 2023

PMS ID: Sex: DOB: Phone: MRN:  
 115636PAT000000870 Female 02/23/1972 (831) 320-3550 MM0000000861

**Medical History**

Arthritis: Osteoarthritis -  
 Diagnosed about 17 years ago  
 Fibromyalgia: Diagnosed about  
 17 years ago  
 H/O: obesity: Since about 14 or  
 15 years old, weight started to  
 increase in thighs, calves,  
 around knees and ankles  
 History of anemia: Diagnosed  
 about 10 years ago -  
 occasionally need iron infusion  
 treatments  
 Lipedema: Just diagnosed a few  
 months ago, but have inquired  
 many times over the years, but  
 my Dr's wouldn't check if I had it.  
 Rheumatoid arthritis: Diagnosed  
 about 17 years ago  
 Sleep apnea: Diagnosed  
 5/1/2023  
 Forceps delivery: No

**Surgical History**

Hernia repair: During volvulus  
 surgery - June 2022  
 Roux-en-Y gastrojejunostomy:  
 Sept 2000 - starting weight 265.  
 Got to 180.  
 Other: Volvulus (emergency  
 surgery June 2022) and two  
 thumb fusion surgeries (2008  
 and 2010)

**Plastic Surgery  
History****Plastic Surgery History**

None

**Family History of Breast  
Cancer**

Do you have a family history of  
 breast cancer?: No

**Family History of Malignant  
Hyperthermia and Anesthesia  
Sensitivity**

Do you have a family history of  
 malignant hyperthermia or  
 severe reactions to anesthesia?:  
 No

**Herbal Medications and  
Supplements**

Do you take any herbal  
 medications or supplements?:  
 Yes  
 Vitamin D: Dr prescribed D3  
 Vitamin E: Every other day for  
 hot flashes  
 Other: Dr prescribed Vitamin B-  
 12 as well.

**Chief Complaint: Lipedema Consultation**

**HPI:** This is a 51 year old female who is being seen for a lipedema consultation for lipedema affecting the legs, thighs, arms, abdomen, pubic area, knees, and ankles.

**Legs:**

- Location: Anterior and Posterior
- Tenderness: Yes
- Lipomas: not sure
- Bruising: Yes
- Pain: Yes
- Cuffing: Yes
- Dimpling: Yes

**Thighs:**

- Location: Anterior and Posterior
- Tenderness: Yes
- Lipomas: not sure
- Bruising: Yes
- Pain: Yes
- Dimpling: Yes

**Arms:**

- Tenderness: Yes
- Lipomas: not sure
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: not sure

**Abdomen:**

- Tenderness: sometimes not all the time
- Lipomas: not sure
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: not sure

**Pubic Area:**

- Tenderness: Yes
- Lipomas: not sure
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes

**Knees:**

- Tenderness: Yes
- Lipomas: No
- Thickened Tender Subcutaneous Fat: No
- Spongy Adipose Tissue: No

**Ankles:**

- Tenderness: Yes
- Lipomas: could be
- Thickened Tender Subcutaneous Fat: Yes
- Spongy Adipose Tissue: Yes

Duration: 20 years

Associated Diagnoses: Varicose veins

Similarly Affected Family Members: sister

Pedicures: Yes (patient is not able to tolerate pedicure massages)

Do You Wear Boots: short ankle boots only

Lipedema Worsened By: puberty

Skin Protection

Do you wear sunscreen?: Yes  
If Yes, what SPF?: 30  
Do you tan in a tanning salon?: No

Family History of Melanoma

Do you have a family history of Melanoma?: No

Social History

Sexually active with one partner

Patient feels safe at home

EtOH less than 1 drink per day

Single Question Alcohol Screening: 0 days  
Caffeine Use: Once a day  
Exercise: A few times a week  
Occupation: Manage a seed lab for an agricultural technology company  
Place of Residence: Own our own home  
Smoking status - Never smoker  
Driving status: Drives in the Daytime  
Drives at Night

Medications

Saxenda 3 mg/0.5 mL (18 mg/3 mL) Subcutaneous - pen injector  
estradiol 0.1 mg/24 hr Transdermal - patch semiweekly  
progesterone 100 mg/24 hr pill

Allergies

No known drug allergies

ROS

Provider reviewed on Aug 25, 2023.

A complete review of systems was performed.

No Problems With Bleeding, No Problems With Healing, No Problems With Scarring (hypertrophic Or Keloid), No Rash, No Immunosuppression, No Hay Fever, No Chest Pain, No Leg Pain With Walking, No Fever Or Chills, No Night Sweats, No Unintentional Weight Loss, No Thyroid Problems, No Sore Throat, No

Swelling Occurs With: standing, sitting, end of day, and summer  
Previous Treatments: Elevation (no change) and Diet (Calorie Restriction (no change), Keto (no change), Small meals after bariatric surgery (no change), Low Carb (no change), Anti-inflammatory (no change), Mediterranean (no change), Intermittent fasting (no change), and Gastric Bypass (no change))  
Difficulty Walking: Yes (trips easily and cramps, tired, heavy)  
Flexibility: Very Flexible  
Cooler Areas: upper arms  
Easy Bruising: legs, thighs, calves, and arms  
Pain: all the time (Average Pain Score: 7 out of 10), with movement (Worst Pain: 7 out of 10), when touched (Lowest Pain: 5 out of 10), and when sleeping  
Ability to move a chair from one room to another: With some difficulty  
Ability to bend down and pick up clothing from the floor: Without any difficulty  
Ability to stand for one hour: With some difficulty  
Ability to do chores such as vacuuming or yard work: With some difficulty  
Ability to push open a heavy door: Without any difficulty  
Ability to exercise for an hour: With much difficulty  
Ability to carry a heavy object (over 10 pounds /5 kg): With a little difficulty  
Ability to stand up from an armless straight chair: With a little difficulty  
Ability to dress yourself, including tying shoelaces and buttoning your clothes: With a little difficulty  
Ability to able to dry your back with a towel: With some difficulty  
The patient understands and agrees that they must continue wearing compression garments after their surgery.

Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	BMI	BSA
08/28/23 16:31	Skriver, Nicole						65.0 in	198.0 lbs	32.9	2
	FiO2									

\* Patient Reported

Exam:

An examination was performed.

Base

Appearance: well developed and nourished  
Memory: Appropriate recent and remote memory with appropriate history provision  
Judgment and Insight: Appropriate judgment, insight, interpersonal dynamics and expectations of encounter and goals of treatment  
Orientation: Alert and oriented to person, place, time.  
Mood: Mood and affect well-adjusted, pleasant and cooperative, appropriate for clinical and encounter circumstances  
Skin Inspection: Normal skin inspection without rashes or concerning lesions  
Skin Palpation: Normal skin palpation without rashes or concerning lesions

Comprehensive Upper Extremity

LN Exam: Normal lymphatic exam without lymphadenopathy in cranial, cervical, axillary and inguinal regions  
Right Upper arm Inspection: Vascular manifestation Left Upper arm Inspection: Vascular

Malocclusion, No Nasal Obstruction, No Blurry Vision, No Abdominal Pain, No Bloody Stool, No Constipation, No Diarrhea, No Difficulty Swallowing, No Bloody Urine, No Genital Discharge, No Joint Aches, No Muscle Weakness, No Neck Stiffness, No Headaches, No Seizures, No Facial Weakness, No Facial Numbness, No Shortness Of Breath, No Wheezing, No Bloody Sputum, No Problems With Snoring, No Anxiety, No Depression, No History Of Abuse, No Suicidality, No Difficulty With Body Image, No Anorexia, And No Bulimia.

Family History

Family history of cancer (situation)  
- Mother  
- Father

Other: Both Mom and Dad had lung cancer from years of smoking

such as cherry angiomas, telangiectasia, venous disease

Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Right Forearm Inspection: forearm tenderness. Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Right Hand Inspection: Normal alignment, no deformity, no tenderness, no warmth

Right Hand Stability: Stable

Right Hand Special: Normal

Digit Inspection: Negative Stemmer Sign Fingers/Toes

Right UE Peripheral Pulses: normal radial and ulnar pulses, without thrill, good capillary refill

Right UE Peripheral Sensation intact to light touch throughout peripheral nerve distributions

Coordination: Coordination normal.

Cosmetic Abdominoplasty

Appearance: overweight.

Abdominal Survey: mass, right lower quadrant, mass, left lower quadrant, tenderness, right lower quadrant, and tenderness, left lower quadrant Superficial masses and tenderness c/w Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema

Hernia Exam: Normal abdominal wall without hernias or bulges

Respiratory Effort: Normal respiratory effort without labored breathing or accessory muscle use

Right LE Peripheral Pulses: normal femoral, posterior tibialis and dorsal pedis pulses, brisk capillary refill

Comprehensive Lower Extremity

manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Left Forearm Inspection: forearm tenderness. Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.

Left Hand Inspection: Normal alignment, no deformity, no tenderness, no warmth

Left Hand Stability: Stable

Left Hand Special: Normal

Left UE Peripheral Pulses: normal radial and ulnar pulses, without thrill, good capillary refill

Left UE Peripheral Sensation intact to light touch throughout peripheral nerve distributions

Left LE Peripheral Pulses: normal posterior tibialis and dorsal pedis pulses, brisk capillary refill



Visit Note - August 25, 2023

PMS ID: Sex: DOB: Phone: MRN:  
 115636PAT000000870 Female 02/23/1972 (831) 320-3550 MM0000000861

Gait: **scissor.**

Right Thigh Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema, Persistent Enlargement of after elevation of extremity or weight loss Persistent Enlargement of after elevation of extremity or weight loss.**

Right Knee Inspection: **valgus alignment. Medial Lobules, Tissue Overhanging or Covering Knee.**

Right Leg Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.**

Right Ankle Inspection: **varus hindfoot. Ankle Cuff.**

Right LE Sensation intact to light touch throughout peripheral nerve distributions

Left Thigh Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema, Persistent Enlargement of after elevation of extremity or weight loss Persistent Enlargement of after elevation of extremity or weight loss.**

Left Knee Inspection: **valgus alignment. Medial Lobules, Tissue Overhanging or Covering Knee.**

Left Leg Inspection: **Vascular manifestation such as cherry angiomas, telangiectasia, venous disease Lipedema Nodules, Pain, Tenderness, Skin Hypothermia, Easy Bruising, No Pitting Edema Persistent Enlargement of after elevation of extremity or weight loss.**

Left Ankle Inspection: **varus hindfoot. Ankle Cuff.**

Left LE Sensation intact to light touch throughout peripheral nerve distributions

### Peripheral Vascular

Lower Extremity Venous:

Right Lower Extremity Venous: **edema, severe**

Left Lower Extremity Venous: **edema, severe**

### Impression/Plan:

1. Lipedema: Associated diagnoses: Localized Adiposity, Obesity, Subcutaneous Fat, Varicose veins of bilateral lower extremities with pain, Lymphedema, not elsewhere classified, and Edema, unspecified

Plan: Counseling - Lipedema

I counseled the patient regarding the following:

Skin care: Treatments include diet, exercise, and compression. If there is associated lymphedema, patients can benefit from manual lymphatic drainage. Liposuction has also been used to treat this condition.

Expectations: Lipedema is a chronic condition characterized by excessive fat deposits on the legs, thighs, and buttocks. It can also affect the upper arms. The condition can be painful and can cause easy bruising. The cause is unknown. It may be genetic and because the condition affects almost exclusively women, it has been postulated that hormones may play a role in development of the condition.

Visit Note - August 25, 2023

PMS ID: Sex: DOB: Phone: MRN:  
115636PAT000000870 Female 02/23/1972 (831) 320-3550 MM0000000861

Contact office if: Lipedema causes pain or discomfort.

Lipedema is a chronic disease presenting in women during puberty or other times of hormonal, weight and/or shape change such as pregnancy or menopause, characterized by symmetric enlargement of nodular, painful deposition of inflamed and fibrotic subcutaneous adipose tissue. Lipedema was first named as a medical condition in 1940 at the Mayo Clinic<sup>1</sup> and in Germany.<sup>2</sup> The diagnosis of lipedema is largely clinical and based on criteria initially established in 1951 by Drs. Wold, Allen and Hines.<sup>3</sup> Lipedema starts in the lower extremities leading to circumferential bilateral lower extremity enlargement typically seen extending from the below the umbilicus to the ankles resulting in edema, pain and bruising; with secondary lymphedema, fibrosis and spreading of abnormal tissues to the trunk and arms occurs during later stages. Unfortunately as the lipedema tissue grows, the deep fascia and muscle are also affected reducing the function of the lymphatic pump.

Lipedema is a hereditary disease and recently the first mutated gene AKR1C1 was discovered resulting in a slower and less efficient reduction of progesterone to hydroxyprogesterone and increased subcutaneous fat deposition in variant carriers, confirming hormones as important in lipedema.<sup>4</sup> Lipedema also clearly manifests as a connective tissue disorder characterized by loss of elasticity in the skin<sup>5</sup> and the aorta,<sup>6</sup> hypertrophic adipocytes, inflammatory cells, and dilated leaky blood and lymphatic vessels.<sup>7, 8</sup>

She has lipedema in her legs, arms and trunk that includes nodules and pain in these areas. Her hands, feet, and upper trunk have been spared. She has other signs of lipedema including a negative Stemmer's sign and abnormal fat pad development, disproportion, pain and dysmobility.

She also might be developing early stages of lipo-lymphedema and thus her lipedema needs to be treated.] She has tried conservative measures for many months and while conservative therapies can reduce swelling and pain for a short time, removing the diseased tissue with surgery is necessary to reduce symptoms and progression long-term.

Lipedema is distinct from non-lipedema obesity, although some, not all, patients can be obese. The adipose tissue accumulation is bilateral and symmetrical in the extremities, with the feet and hands spared from lipedema fat accumulation unless there is loss of elasticity as in hypermobile Ehlers Danlos where the skin has lost elasticity and fat can grow on the hand (with or without obesity). A hallmark of earlier stages of lipedema is the discrepancy in fatty tissue of the extremities compared to the trunk. This is in contrast to the fat associated with lifestyle-induced obesity, which is usually global and proportionate, affecting the abdomen equal or greater than the hips.

Women with lipedema find it difficult to lose weight before a needed surgery or other procedures. There is a significant number of women with lipedema who have failed bariatric surgery because they were already controlling their diet but just not losing weight.<sup>9-11</sup>

Besides the many painful nodules that women with lipedema have, studies indicate that women with lipedema do not have the muscle strength like people who have non-lipedema obesity, are subject to more injuries and have poorer functional capacity.<sup>12</sup> Thus, to improve function and reduce pain, lipedema surgery is recommended.<sup>13</sup>

I counseled the patient regarding the following:

**Lipodystrophy Care:** Cosmetic body contour dissatisfaction may be due to excess skin, stretch marks, bulging, fat excess, muscle weakness, and other complaints. Abdominoplasty, liposuction and other body contouring techniques are performed to help correct these issues. Surgery is commonly performed on an outpatient basis, although overnight hospitalization may be indicated in some patients, particularly those undergoing large body contouring operations. Aesthetic body contouring deformities may improve somewhat with diet control, exercise, rest, and proper skin care, including avoidance of excess sun and abstinence from nicotine. Specific preoperative and postoperative instructions will be provided for surgery.

**Expectations:** Body contour aesthetic concerns may be the result of obesity or overweight, pregnancy, genetic factors, sun damage, prior surgery, hernias, and other factors. Aesthetic surgery for these concerns is generally not performed for the purposes of weight loss. Rather, overweight patients are advised to lose weight in a controlled, supervised manner until a maintainable plateau weight is achieved before undergoing body contouring operations, in order to optimize results and reduce surgical risks. Liposuction often does not correct wrinkling, roundness, or laxity or fullness on the abdomen or other body locations. Liposuction is also performed for contouring purposes, rather than weight loss intent. Skin retraction may not be complete with liposuction, and excess skin may require surgical removal for full correction. Use of garments after surgery is advised and instructions will be provided. Risks, benefits, expectations and alternatives to liposuction have been explained in detail, including, but not limited to, the risks of infection, bleeding, injury to nerves or abdominal organs, bulging, contour irregularities, inadequate skin retraction, persistent deformity, seromas, deep venous thrombosis, pulmonary embolism, fat embolism, scarring, delayed healing, and other risks. Aftercare and possible use of drains have been explained. No guarantee or warranty regarding cosmetic outcome or longevity of results was given or implied.

Contact office if: the patient develops concerning symptoms such as severe abdominal pain, nausea, vomiting, diarrhea, fever, excessive or unusual drainage, swelling, redness, difficulty breathing, bleeding, or other concerning symptoms. Please contact the office if additional procedures or a change to the recommended treatment plan are desired. Fees for cosmetic procedures are valid for a limited time, as specified on the fee schedule, and are subject to change at the practice's discretion. Please contact the office with any questions regarding fee schedule, payment policy, product concerns, or preoperative and postoperative questions. The risks, benefits, expectations and alternatives of liposuction were discussed and include but are not limited to: infection, bruising, lumpiness, pain, anesthesia reaction, dysesthesia, scarring in treatment area or puncture point, vasovagal reactions,

tachycardia, nausea, necrosis, ulceration, color change and asymmetry.

I discussed the following surgical options with the patient:

**Abdominoplasty:** Abdominoplasty is the medical term for what is commonly referred to as a tummy tuck. It is a procedure performed to remove excess skin and draping fat from the lower abdomen. It is performed for the purpose of body contouring, not for the purpose of helping patients lose weight. While tissue removed during the procedure has some weight, the procedure is strictly not a procedure for weight loss. Patients seeking to lose weight are best suited by losing the weight through supervised diet and exercise until a stable, more desirable weight is achieved and maintained prior to the surgery. Abdominoplasty is performed through an incision low in the abdomen, usually in the same crease as a C-section would be performed in the suprapubic crease. The skin and fat are undermined off the muscle layer and the muscle layer is typically tightened with a plication procedure. An incision is also performed around the belly button (umbilicus) to allow it to be repositioned when the skin is redraped. After release, the excess tissues are removed and the belly button is delivered through a hole in the tightened skin. Typically, the hole created for release of the umbilicus is within the skin that is ultimately removed. However, in some cases, the hole must be closed and results in a small scar in the lower abdomen below the new hole created for delivery of the belly button. Drains may be used to evacuate fluid from under the fat layer to permit healing. They are usually removed within the first 10-14 days. A postoperative garment and/or binder will be required for several weeks to 2 months to aid in shaping. The scar will usually go through changes over the course of 6-12 months before final maturity. Scar revisions are occasionally required. Placement of the surgical incisions may be aided by the patient bringing typical swimwear, which can help to optimize concealment of the scar. Early ambulation after surgery is important to reduce risks of blood clot formation.

**Back Lift:** A Back Lift involves removal of adipose tissue and skin. Significant incisions may be required to remove redundant skin. The risks, benefits, expectations and alternatives (including incisional approaches and minimally invasive or noninvasive techniques) have been discussed and include, but are not limited to, the risks of infection, bleeding, injury to nerves/vessels/other structures, contour irregularities, asymmetry, fat necrosis, delayed healing, visible scarring, dissatisfaction with cosmetic outcome and possibility of unplanned return to the operating room. All questions were answered to the patient's satisfaction. No guarantee or warranty was given or implied regarding cosmetic outcome, longevity of results, or satisfaction therewith.

**Brachioplasty:** Brachioplasty involves removal of the redundant skin, and some excess fat, on the upper arm. The incision is either fashioned along the inner arm seam, or along the back of the arm, and it may be extended into the axilla (armpit) area. It may traverse the length of the upper arm all the way to (and even beyond) the elbow crease. The excess skin is removed and the remaining skin is closed together to improve the cylindrical shape of the arm. Care is paid to avoid overresection of skin in order to reduce the risk of inability to close the incision completely at the time of surgery, which is a possibility with significant skin removal when the skin swells. The incision may be numb and may take 3-5 weeks to heal to closure. Scar maturation may take 6-12 months. Drains may be used for up to 10-14 days in many patients.

**Breast Reduction:** Breast reduction involves removal of breast tissue and skin. Significant incisions may be required to remove redundant skin. The risks, benefits, expectations and alternatives to breast reduction (including incisional approaches and pedicle selection) have been discussed and include, but are not limited to, the risks of infection, bleeding, injury to nerves/vessels/other structures, contour irregularities, asymmetry, fat necrosis, nipple loss, loss of nipple sensation, delayed healing, visible scarring, dissatisfaction with cosmetic outcome and possibility of unplanned return to the operating room. All questions were answered to the patient's satisfaction. No guarantee or warranty was given or implied regarding cosmetic outcome, longevity of results, or satisfaction therewith.

**Fleur-de-Lis Technique:** The fleur-de-lis technique involves both horizontal and vertical incisions resulting in an inverted-T shaped scar. This variant of abdominoplasty design is appropriate for many patients with massive weight loss, who have excess skin and fat in both horizontal and vertical directions. The vertical scar is not easily concealable in two-piece bathing garments but may be a reasonable trade-off for many patients in order to secure a better overall contour and correction of skin redundancy. Healing may take 1-2 weeks longer than what would otherwise be required for standard abdominoplasty incisions.

**Liposuction:** Liposuction may improve contour irregularities and volume excesses. Tumescence fluid with local anesthetics and other medications is used to reduce postoperative bleeding and pain. Fat removal may be enhanced by ultrasound, Vaser, power or other assisted techniques. Repeated sessions of liposuction may be required. Liposuction is a procedure to contour the body's shape, not to help the patient lose weight. A very small amount of weight may be lost as a result of the suctioning of fat, but sustained weight improvement requires attention to diet and exercise. Under no circumstances should the patient expect liposuction to create significant weight loss through the surgery itself. The risks, benefits, expectations and alternatives to liposuction have been discussed and include, but are not limited to, the risks of infection, bleeding, injury to nerves/vessels/other structures, contour irregularities, asymmetry, fat necrosis, nipple loss, loss of nipple sensation, delayed healing, visible scarring, dissatisfaction with cosmetic outcome and possibility of unplanned return to the operating room. All questions were answered to the



patient's satisfaction.

**Lower Body Lift:** A lower body lift is an extensive technique that includes abdominoplasty, often combined with circumferential correction of excess skin on the back (belt lipectomy or circumferential torsoplasty), as well as bilateral medial and lateral thigh lifting. Incisions include the standard abdominoplasty incision as well as scars on the inner thighs, and a possible extension of the abdominal scar all the way around the back. This procedure is often performed on a hospital setting where overnight hospitalization can be offered, due to the typical length of surgery and extent of incisions. Delayed healing, seromas and scars are common issues with this operation, but the resultant improvement in body contour is often rather dramatic. Early ambulation after surgery is important to reduce risks of blood clot formation. Multiple drains are usually required.

**Medial Thigh Lift:** A medial thigh lift is a procedure done to remove excess skin on the thighs, and may be combined with abdominoplasty or body lifting (belt lipectomy or circumferential torsoplasty). Incisions are made on the inner thighs, and may be confined to the groin creases in some cases, though many patients require extensions of the incisions down the thigh to remove the excess properly. When combined with body lifting, incisions also include a lower abdominal incision and a possible extension of the abdominal scar all the way around the back. Standard medial thigh lifting may be performed on an outpatient basis, usually under general anesthesia. Delayed healing, seromas, numbness in the thighs and scars are common issues with this operation, but the resultant improvement in body contour is often rather dramatic. Concealment of scars may be difficult in shorts, skirts or bathing suits. Early ambulation after surgery is important to reduce risks of blood clot formation. Drains are often in place for 10-14 days, although some patients require longer periods of drainage due to proximity of the thigh lymphatic vessels to the treatment area. The postoperative garments can also help significantly reduce the fluid accumulation.

**Panniculectomy:** Panniculectomy is a procedure involving removal of the excess apron of skin and fat below the belly button. In contrast to abdominoplasty, it usually does not involve undermining of the skin well above the belly button. In addition, muscle plication of the abdominal wall may not be performed in panniculectomy. Panniculectomy may be required medically in patients with severe recurrent infections or rashes in the crease below the pannus. Delayed healing and fluid collections are not uncommon. Risks also include, but are not limited to, infection, bleeding, deep venous thrombosis (blood clots), scarring, persistent excess tissue, cosmetic dissatisfaction, and other risks.

**Power-Assisted Liposuction:** Power-assistance involves the use of a power source to oscillate the suction cannula device to reduce manual effort for the surgeon. In other respects, it is similar to standard liposuction.

**Lipodystrophy Option Other:** Lipedema Reduction Surgery with Lymphatic Sparing Liposuction (LSL) and Manual Lipedema Extraction (MLE)

LRS surgical stage options:

Anterior thighs - 15879-50-22

Anterior legs - 15879-50-22

Abdomen - 15877-22

Arms - 15878-50-22

Buttock Shelf/Hips 15877-22

Posterior Thighs - 15879-50-22

Posterior Legs - 15879-50-22

Paniculectomy - 15839

Arm lift - 15836-50-22

Thigh lift - 15832-50-22

After counseling, we decided on the following plan: Power-Assisted Liposuction and Lipodystrophy Option Other and LRS surgical stages:

1. Anterior thighs - 15879-50-22
1. Anterior legs - 15879-50-22

2. Arms - 15878-50-22
2. Buttock Shelf/Hips 15877-22
2. Posterior Thighs - 15879-50-22
2. Posterior Legs - 15879-50-22

3. Abdomen - 15877-22
3. Paniculectomy - 15839
3. Abdominoplasty

Visit Note - August 25, 2023

PMS ID: Sex: DOB: Phone: MRN:  
115636PAT000000870 Female 02/23/1972 (831) 320-3550 MM0000000861

- 4. Arm lift - 15836-50-22
- 4. Thigh lift - 15832-50-22

I discussed the following miscellaneous information with the patient:

Nicotine Abstinence: I counseled regarding the risks of nicotine exposure, including delayed healing, infection, perioperative cardiovascular events and possible need for extended wound care or return to surgery.

Imaging Studies: Imaging studies including CT scans or MRI's may be appropriate to help determine the extent of deformity or to rule out hernias, and to help guide treatment.

**Follow up PRN for: Preoperative Appointment, Discussion of Procedure, Additional Consultation, Preoperative Marking**

**Staff:**

Jaime Schwartz (Primary Provider) (Bill Under)

Electronically Signed By: Jaime Schwartz, 09/19/2023 12:18 PM PDT











