

Roxbury Institute Surgical Center
450 N. Roxbury Drive #400
Beverly Hills, CA 90210
Phone: 424-394-1610
Fax: 424-394-1628

Patient Name: Anderson, Kimberly
DOB: 10/19/65

Title of Operation:
1. Water-assisted (Klein Pump), Power-assisted (MicroAir), Ultrasonic-assisted (VASER) Liposuction of circumferential thighs
2. MAC

Date of procedure: 11/17/20

Preoperative Diagnosis:

1. Lipedema
2. Localized Adiposity
3. Chronic pain

Postoperative Diagnosis: Same

Indication for Operation: The patient is a 56-year-old female, who presented with history of lipedema with symptoms, who presented with concerns of adipose pain and swelling of the above areas. Examination confirmed Lipedema. Correction of adiposity was discussed in detail. The procedures, alternatives, risks and limitations in this individual case were very carefully discussed with the patient. Risks including bleeding, hematoma, bruising, infection, poor wound healing, scarring, asymmetry, tissue loss, skin rippling, sensory changes, pigmentary changes, and possible need for secondary procedures were specified as per the patient consent forms. All questions were thoroughly answered. The patient verbally demonstrated understanding of these issues and signed a consent form confirming desire to proceed as outlined.

Surgeon(s): Dr. David Amron
Anesthesiologist: Dr. Peter Mendelsohn
Assistant(s): N/A

Procedure in Detail: After consent was entirely reviewed and signed, the patient was marked in a standing position. Both the patient and physician agreed on the treatment areas and planned surgical procedure. Digital photographs were taken preoperatively. The patient was moved to the operating room. The skin of the body was prepped in the usual sterile fashion with chlorhexidine. Patient was placed supine on a sterile operating room table. The patient was monitored for cardiac rate and rhythm, blood pressure, and oxygen saturation continuously through the procedure.

Lidocaine with 1:100,000 epinephrine was injected in small aliquots locally to the right and left inguinal crease, right and left posterior medial thigh, right and left medial thigh, lateral and anterior thigh, right and left lateral hip, right and left gluteal crease. Next,

Roxbury Institute Surgical Center
450 N. Roxbury Drive #400
Beverly Hills, CA 90210
Phone: 424-394-1610
Fax: 424-394-1628

#11 blade stab incisions were used to gain access to the subcutaneous fat layer, with iris scissors used for undermining, and tumescent anesthesia was infiltrated into the treatment areas. The solution mixture contained 1 liter of normal saline 25cc of 2% lidocaine 1cc epinephrine 1:1000 and 10cc of sodium bicarbonate. A total of 7,500cc of tumescent anesthesia solution was used throughout the entire procedure. At the conclusion of the procedure, approximately 3,100cc including 1,400cc of aqueous fluid.

Starting on supine position, the anterior thigh was infiltrated with tumescent solution. Then, the patient was asked to move to the lateral left position where the right circumferential thigh was infiltrated. Patient was also asked to move to the lateral right position where the left circumferential thigh was infiltrated with tumescent. The second step, Vaser, was performed for emulsification of fat and release fibrous tissue. All energy settings and parameters listed in treatment logs. Next, the area was suctioned with a 5mm cannula followed by a 3mm cannula. Finally, the patient was asked to turn prone position where posterior bilateral circumferential thighs were infiltrated with tumescent solution then Vaser was used for emulsification of fat. The incision points were closed with a 5-0 fast gut suture then bacitracin was applied.

The patient's procedure had an abundance of fibrous tissue that was found within the subcutaneous layer that was released and decompressed by a combination of Vaser and mechanically releasing liposuction using PAL. The procedure was completed without complications and was tolerated well. The patient experienced minimal discomfort. The patient was assisted into a compression garment. After a period of monitoring, the patient was discharged home and left the surgical suite with a responsible party in satisfactory condition. A follow-up appointment was scheduled, routine post-operative medications reviewed, and post-operative instructions were reviewed, a copy was given to the patient and responsible party after verifying understanding of discharge instructions.

Total tumescent given: 7,500cc
Total volume aspirated: 3,100cc
Aqueous fluid: 1,400cc

David Amron, M.D.
November 17, 2020

Roxbury Institute Surgical Center
450 N. Roxbury Drive #400
Beverly Hills, CA 90210
Phone: 424-394-1610
Fax: 424-394-1628

Patient Name:
Anderson, Kembel
DOB: 10/19/1965

Title of Operation:
1. Water-assisted (Klein), Power-assisted (MicroAir), Ultrasonic-assisted (VASER)
Liposuction of circumferential calves and ankles and upper arms
2. MAC

Date of procedure: 10/22/20

Preoperative Diagnosis:

1. Lipedema
2. Localized Adiposity
3. Chronic pain

Postoperative Diagnosis: Same

Indication for Operation: The patient is a 55-year-old female, who presented with history of lipedema with symptoms, who presented with concerns of adipose pain and swelling of the above areas. Examination confirmed Lipedema. Correction of adiposity was discussed in detail. The procedures, alternatives, risks and limitations in this individual case were very carefully discussed with the patient. Risks including bleeding, hematoma, bruising, infection, poor wound healing, scarring, asymmetry, tissue loss, skin rippling, sensory changes, pigmentary changes, and possible need for secondary procedures were specified as per the patient consent forms. All questions were thoroughly answered. The patient verbally demonstrated understanding of these issues and signed a consent form confirming desire to proceed as outlined.

Surgeon(s): Dr. David Amron

Anesthesiologist: Dr. Peter Mendelsohn

Assistant(s): N/A

Procedure in Detail: After consent was entirely reviewed and signed, the patient was marked in a standing position. Both the patient and physician agreed on the treatment areas and planned surgical procedure. Digital photographs were taken preoperatively. The patient was moved to the operating room. The skin of the body was prepped in the usual sterile fashion with chlorhexidine. Patient was placed supine on a sterile operating room table. The patient was monitored for cardiac rate and rhythm, blood pressure, and oxygen saturation continuously through the procedure.

Lidocaine with 1:100,000 epinephrine was injected in small aliquots locally to left and right lateral knee, medial knee, and anterior knee. The left and right lateral ankle, medial ankle and anterior ankle were injected as well. Next, #11 blade stab incisions

Roxbury Institute Surgical Center
450 N. Roxbury Drive #400
Beverly Hills, CA 90210
Phone: 424-394-1610
Fax: 424-394-1628

were used to gain access to the subcutaneous fat layer, with iris scissors used for undermining, and tumescent anesthesia was infiltrated into the treatment areas. The solution mixture contained 1 liter of normal saline 25cc of 2% lidocaine 1cc epinephrine 1:1000 and 10cc of sodium bicarbonate. A total of 6,500 of tumescent anesthesia solution was used throughout the entire procedure. At the conclusion of the procedure, approximately 4500cc including 2,400cc of aqueous fluid.

Starting on the patient's left side, the patient was laying on her right side, the left calf was infiltrated with tumescent solution. Then, the patient was asked to move the left leg forward where the right medial calf was infiltrated. The second step, Vaser, was performed for emulsification of fat and release fibrous tissue. All energy settings and parameters listed in treatment logs. Next, the area was suctioned with a 4mm cannula followed by a 3mm cannula. The patient was then asked to turn on her left side where the right lateral calf and the medial left calf were infiltrated. Finally, the patient was asked to move to supine position where anterior calves were liposuction with a 3mm spatula. The incision points were closed with a 5-0 fast gut suture then bacitracin was applied.

Her right arm was then placed in a ninety degree angle and her lateral elbow and lateral armpit were injected. A stab incision were made and then infiltrated. Vaser was used to emulsify fat and break up the abundance of fibrous tissue. The upper arm was then liposuctioned with PAL. The last step was for the patient to move on her right side where her left arm was injected and incised as the right arm. Vaser was used to emulsify fat and break up the abundance of fibrosis tissue and PAL was used to suction the fat.

The patient's procedure had an abundance of fibrous tissue that was found within the subcutaneous layer that was released and decompressed by a combination of Vaser and mechanically releasing liposuction using PAL. The procedure was completed without complications and was tolerated well. The patient experienced minimal discomfort. The patient was assisted into a compression garment. After a period of monitoring, the patient was discharged home and left the surgical suite with a responsible party in satisfactory condition. A follow-up appointment was scheduled, routine post-operative medications reviewed, and post-operative instructions were reviewed, a copy was given to the patient and responsible party after verifying understanding of discharge instructions.

Total tumescent given: 6,500cc
Total volume aspirated: 4,500cc
Aqueous fluid: 2,400cc

~~David Armon, M.D.~~
~~October 22, 2020~~