

Breast Consultation Thursday, December 2nd, 2021

Name: Taya Faber

Age: 42 **Height:** 5'6" **Current Weight:** 135

BMI: 21.84 **Highest Weight:** **When:**

Medical History: N/A

Surgical History: None

TLC Surgical History: None.

Medications:- Fluoxetine: 40mgs daily, 60mgs daily during luteal phase - Traxodone: 25mg as needed for sleep quality - Fluticasone propionate nasal spray: daily

Social History: Packs per day. If quit, when . Recreational Drugs: Occasional marijuana edibles

Allergies: Dust mites, amoxicillin, sulfa meds

Women: Period: 14 Gravita: 0 Para: 0 Menopause: NA Last Mammogram:

Occupation: Works from home.

Referred By: Social Media.

Other Information: N/A.

Current bra size: 32 G.

Breast Chief Complaint:

Mammogram w/in past year (over 40yo)	Few months ago.	Able to Breast Feed (If prev preg)		Family h/o Breast CA		MWL			
Current Breast Size	32 G.	Desired Size	Smaller.	Largest Size		Smallest Size			
Breast Lift	Yes.			Areola Reduction		Nipple Reduction		Inverted Nipple	
Breast Reduction	Yes.	Back Pain		Neck Pain		Shoulder Pain/Grooving		Rashes	
Breast Reconstruction	No.	Breast Revision		Tuberous		Asymmetry			
Want Implants	No.	Implants Removal		Implant Exchange		Larger		Smaller	
Nipple Discharge	N/A	Breast Masses		Fibrocystic		Breast Pain			
Skin Changes	N/A	Self Conscious		Difficult w/ Clothing					

Breast Cancer History:

Date		Cancer	Lump/Mast	Recon	XRT	Chemo	Notes
N/A	Right						
N/A	Left						

Breast Surgery History:

Date		Prev Size	IMF/Areolar	Submuscl/gland	Implant Size	Silicone/Saline	Round/Shape	Smooth/Text	Mastopexy-	Complication	Notes
N/A	R										
N/A	L										
	R										
	L										
	R										
	L										
	R										
	L										

Breast Exam:

Upper Pole Fullness	None		Mild	X	Moderate		Severe					
Cleavage	None		Mild	X	Moderate		Severe					

Implant Position-Right	Normal		High		Low	Lateral	Medial	Symmastia (Y/N)	
Implant Position-Left	Normal		High		Low	Lateral	Medial	Symmastia (Y/N)	
Skin-Right	Normal	X	Thin		Striae				
Skin Left	Normal	X	Thin		Striae				
Areola Right	Normal	X	Small		Large	Very Large	Asymmetric		
Areola Left	Normal	X	Small		Large	Very Large	Asymmetric		
Prev Scars-Right	IMF		Areola		Wise	Vertical			
Scar Appearance-Right	Well Healed		Spread		Thin	Pigmented	Hypertrophic	Keloid	
Prev Scars-Left	IMF		Areola		Wise	Vertical			
Scar Appearance-Left	Well Healed		Spread		Thin	Pigmented	Hypertrophic	Keloid	
Nipple Sensation-Right	Normal	X	None		Little	Hyper			
Nipple Sensation-Left	Normal	X	None		Little	Hyper			
Nipple Projection-Right	None		Mild	X	Moderate	Severe	Inverted		
Nipple Projection-Left	None		Mild	X	Moderate	Severe	Inverted		
Masses-Right	None	X							
Masses-Left	None	xBreast Exam Measurements:							

	Right/Yes		Left		Notes/Bilateral	
Pectus Carinatum/Excavatum (C/E)						
Micromastia						
Macromastia						
Larger	Larger		Smaller			
Volume (Vectra)						
Ptoxis	Grade 3 toxis					
CC						
SN-N	26		25			
N-IMF						
N-Incision						
Base Diam						
Breast Height	11		10			
N-Umbo						
Volume						
IMF-Higher					How Much:	

Surgical Plan:

Right Breast		Bigger		How Much		Notes	
Implant		Mentor	Allergan	Explant	Capsulectomy	N/A	

Type	Silicone		Saline		Smooth		Round		Constricted breasts.
Projection	MC		Range				Most Likely		
	Mod+		Range				Most Likely		
	High		Range				Most Likely		
Pt Pref	Larger		Smaller	X					
Lift	Wise	X	Periareolar		Vertical		Unsure		Aropund
Reduction	Lipo		Direct Excision	X	Possibly both if unable to remove enough with Lipo				
Fat Graft	Right		Amount		Left		Amount		
Do Not Recommend Surgery									Reduction direct tissue excision.

Left Breast	Bigger			How Much			Notes
Implant	Mentor		Allergan		Explant	Capsulectomy	
Type	Silicone		Saline		Smooth	Round	
Projection	MC		Range			Most Likely	
	Mod+		Range			Most Likely	
	High		Range			Most Likely	
Pt Pref	Larger		Smaller	X			
Lift	Wise	X	Periareolar		Vertical	Unsure	Lift due to dense breasts.
Reduction	Lipo		Direct Excision		Possibly both if unable to remove enough with Lipo		
Fat Graft	Right		Amount		Left	Amount	
Do Not Recommend Surgery							

Breast Surgical Counseling:

Discussed	Counseling	Notes
	Volume Number is not as important as impact size (diameter). If too large may sit too high or too wide	
	Asymmetry is normal. Doing volume with an impact to correct can sometimes make things worse since silicone isn't an exact substitute for brat tissue. Natural asymmetry might be better. eg. If the right is larger prior, having it larger after might be preferable than a larger implant on the left and making it be larger.	
	Poor quality/MWL skin will not retract. It will continue to loosen up over time. It has a higher chance of delayed healing and skin necrosis.	
	Revision procedures are more difficult, carry more risk and will never be perfect.	
	Implants larger than recommended carry a higher risk of complications	
	CC is always a possibility. It has a higher risk with revision procedures, reconstruction (such as constricted breast) and/or through the areola	
	LipoLift-liposuciton mainly removes fat. It doesn't and can't remove breast tissue. If can't remove enough may have to open and directly excise	
	ALL breast surgery carries a risk of loss of skin, NAC and nipple sensitivity. The more tissue removed(skin and breast) the higher the chance of these complications	
	Delayed Healing at the T-Junctions (IMF and below NAC) is very common	