



CEDARS-SINAI MEDICAL GROUP

Abrams, Roxann Lynn
MRN: [REDACTED] DOB: [REDACTED] Legal Sex: F
Visit date: [REDACTED]

05/05/2025 - Outside Service in Cedars-Sinai Plastic and Reconstructive Surgery - Los Angeles

Visit Information

Provider Information

Encounter Provider

[REDACTED]

Department

Name	Address	Phone	Fax
Cedars-Sinai Plastic and Reconstructive Surgery - Los Angeles	[REDACTED]	[REDACTED]	[REDACTED]





05/05/2025 - Outside Service in Cedars-Sinai Plastic and Reconstructive Surgery - Los Angeles (continued)

Medication List

Medication List

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Lactobacillus acidophilus 500 million cell CAPS

Instructions:

Oral, Daily, 0 Refill(s)

Entered by: [REDACTED]

Start date: 1/3/2023

Entered on: 3/22/2024

onabotulinumtoxinA 200 units/vial (BOTOX) injection 200 Units

Authorized by: [REDACTED]

Start date: 10/30/2024

Ordered on: 10/30/2024

End date: 10/1/2025

testosterone (TESTIM) 1 % (50 mg/5 gram) gel

Instructions: testosterone

Entered by: [REDACTED]

Entered on: 3/3/2025

onabotulinumtoxinA 100 units/vial (BOTOX) injection 100 Units

Authorized by: [REDACTED]

Start date: 4/1/2025

Ordered on: 3/31/2025

End date: 3/3/2026

onabotulinumtoxinA 100 units/vial (BOTOX) injection 300 Units

Authorized by: [REDACTED]

Start date: 4/1/2025

Ordered on: 4/1/2025

End date: 3/3/2026

0.9% NaCl injection 10 mL

Authorized by: [REDACTED]

Start date: 4/1/2025

Ordered on: 4/1/2025

End date: 3/3/2026

naltrexone (Lotrexone) 4.5 mg CAPS

Instructions: 1 tablet.

Entered by: [REDACTED]

Start date: 6/18/2024

Entered on: 4/28/2025

CRANBERRY PO

Instructions: 0 Refill(s), Supply

Entered by: [REDACTED]

Start date: 1/17/2025

Entered on: 4/28/2025

VITAMIN D PO

Instructions: 10000

Entered by: [REDACTED]

Entered on: 4/28/2025

ALPHA LIPOIC ACID PO

Instructions: 4,500

Entered by: [REDACTED]

Start date: 9/18/2024

Entered on: 4/28/2025

ascorbic acid/collagen hydr (COLLAGEN SKIN RENEWAL PO)

Instructions: COLLAGEN, 2500, Daily, 0 Refill(s), Supply

Entered by: [REDACTED]

Start date: 3/26/2025

Entered on: 4/28/2025

metFORMIN (GLUCOPHAGE XR) 500 mg SR tablet 24 hr



05/05/2025 - Outside Service in Cedars-Sinai Plastic and Reconstructive Surgery - Los Angeles (continued)

Medication List (continued)

Instructions: Take 500 mg by mouth.

Entered by: [REDACTED]

Start date: 4/21/2025

Entered on: 4/28/2025

End date: 4/21/2026

dietary/herbal supplement

Instructions: cucurmin

Entered by: [REDACTED]

Start date: 3/26/2025

Entered on: 4/28/2025

dietary/herbal supplement

Instructions: DMSO

Entered by: [REDACTED]

Start date: 6/18/2024

Entered on: 4/28/2025

dietary/herbal supplement

Instructions: Sulforaphane

Entered by: [REDACTED]

Entered on: 4/28/2025

polyethylene glycol (Miralax) 17 gram/dose oral powder

Instructions: Take 17 grams by mouth daily. Mix in 8 ounces of water and take as directed.

Authorized by: [REDACTED]

Start date: 4/30/2025

Refill: No refills remaining

Ordered on: 4/30/2025

Quantity: 1 Container

suzetrigine (Journavx) 50 mg tablet

Instructions: Take 1 tablet by mouth every 12 hours. Take 100 mg for first dose, then 50 mg for subsequent dose

Authorized by: [REDACTED]

Start date: 4/30/2025

Refill: No refills remaining

Ordered on: 4/30/2025

Quantity: 30 tablet

aspirin 325 mg oral tablet

Instructions: Take 1 tablet by mouth daily.

Authorized by: [REDACTED]

Start date: 4/30/2025

Refill: No refills remaining

Ordered on: 4/30/2025

Quantity: 30 tablet

Stopped in Visit

None



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Operative & Anesthesia Notes

Operative Report

[REDACTED]



Providence Health and Services Oregon and California
Outside Information

Physician
Plastic Surgery

Procedures
Signed

Date of Service: 05/06/25 1326
Note Received: 05/12/25 1502

Signed

PROVIDENCE CEDARS SINAI TARZANA MED CTR
18321 CLARK STREET
TARZANA, CA 91356
818-881-0800

Operative Report

Patient: [REDACTED]
Admitting: [REDACTED]
MR #: 20020710911
LOC: JVCPCT PT TYPE: Account #: 50953705402
Adm Date: 05/05/2025 DOB: [REDACTED]

DATE OF SURGERY: 05/05/2025

ATTENDING SURGEON: [REDACTED]

FIRST ASSISTANT: [REDACTED]

SECOND ASSISTANT: [REDACTED]

PREOPERATIVE DIAGNOSES:

1. Breast deformity.
2. History of breast cancer.

POSTOPERATIVE DIAGNOSES:

1. Breast deformity.
2. History of breast cancer.



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Operative & Anesthesia Notes (continued)

PROCEDURES PERFORMED:

1. Revision right breast reconstruction with alignment of nipple-areolar complex.
2. Revision bilateral breast reconstruction with fat grafting, 150 mL in total.
3. Left breast revision reconstruction with Neo pocket formation for bottoming out.
4. Left flank scar revision with excision and closure.
5. Bilateral implant exchange to permanent implant, Mentor right side 750 mL, reference #350-5750BC, left side 800 mL, reference #350-5800BC.

INDICATIONS FOR THE PROCEDURE: Ms. Abrams has several reconstructive asymmetries that she would like addressed. We will plan to do that today.

DESCRIPTION OF PROCEDURE: The patient was brought to the operating room and placed in supine position. General anesthesia was induced. The patient was prepped and draped in sterile fashion. Tumescent fluid was instilled into the designated areas including the lower extremities as well as the flank regions and abdomen. After allowing sufficient time for vasoconstriction, liposuction technique was used to harvest usable fat and process the fat appropriately.

Attention was then paid to the right breast. Previous inframammary-type incision was made. Excision of the medial aspect in order to prove the boxiness of the breast was excised. Dissection proceeded to the level of the capsule and then careful dissection then proceeded cephalad in order to elevate the skin above and including above the nipple. This allowed for mobility of the actual skin and care was taken to preserve its blood supply. Due to the previous surgeries to this breast, an infrared camera was then used with the aid of indocyanine green to test the viability of the skin and appeared to be well perfused. Upon doing this, the capsule was opened and the pocket was inspected. Lateral popcorn capsulorrhaphy technique was used in order to tighten the pocket laterally. Upon doing this, sizers were placed. Superior capsulotomy was performed and dissected appropriately. It appeared that on the right side at 750 mL would achieve the goal volume. Prior to placing the implant, DMSO was injected and instilled into the pocket. Upon removal of this, the implant was then placed into the pocket and the capsule appropriately closed. The skin was re-draped and the nipple was medialized. A tacking suture to the capsule was performed at the edge of the nipple-areolar complex in order to keep it from migrating laterally. Upon doing this, the skin was re-draped and closed in multiple layers. Attention was paid to the opposite breast. Previous incision was made. Dissection proceed to the level of the capsule. The capsule was opened. Dissection then proceeded, it appeared to be bottoming out. Therefore, the old gutter was obliterated with Bovie



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Operative & Anesthesia Notes (continued)

electrocautery. A posteriorly-based neopocket then was created in order to create a new inframammary fold that matched the opposite side. A combination of PDS and Vicryl sutures were used in order to tack this into appropriate place. A sizer was placed and appeared to have good symmetry and a 100 mL implant was then chosen as it matched the volumes more appropriately. The pocket was irrigated with DMSO. In addition, prior to that, antibiotics were irrigated. The implant was then placed. The capsule was closed. The skin was redraped. Closure proceeded in a multilayered fashion. Fat grafting was instilled over the sizers prior to the placement of the implants. A total of 150 mL was feathered throughout both breasts. Upon completion of this, stab incisions, then attention was paid to the left flank. There was some excess tissue at this location. An ellipse was created in order to remove this. Dissection proceeded to remove all the adiposity and this was then appropriately removed. At the completion of this, there was good achievement of the goal set at this procedure. Due to the inflammatory benefits these sutures were then used as well in closure. Sterile dressings were applied.

Dictated By: [REDACTED]

Transcribed On: 05/06/2025 20:16 by SAM Job #: [REDACTED]

Receipt Code: [REDACTED]

Electronically signed by [REDACTED]

[Hospital Encounter on 5/5/2025](#) Note shared with patient in the original system

Received From: Providence Health and Services Oregon and California

Electronically signed by [REDACTED]



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After Visit Summary

No documentation.

End of Report

