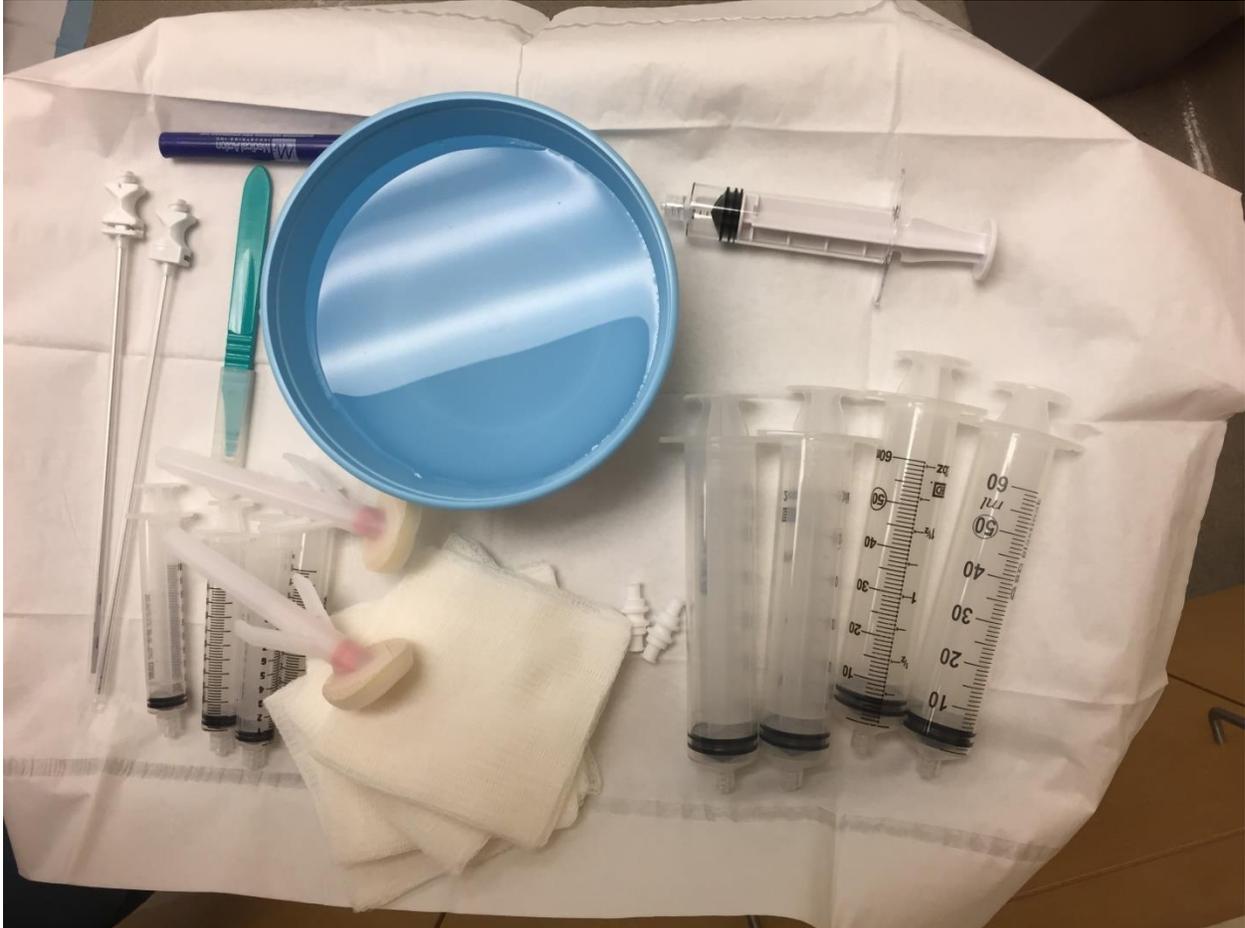


Back Table Set Up



Back Table Set Up

Other Possible Items

IV poles with clips and draps

Absorbent Pads on Table and/or Floor

Small 1cc Syringes and 20 Gauge Needle for Reinjection

Lipogems Notes from First Case

Possible draping patient using 2 IV poles so they don't have to watch

Sterile drape over patient waist to protect sterility

Need 2 basins. Probably get away with using 1.

3000cc saline bag for "the wash" is preferable for greater pressure over multiple smaller bags. Bags better than containers.

Mix lido w/epi and Saline

40ml of lidocaine mixed with Epi 1:100,000

Add 400cc saline (need 500cc bag for this)

DO NOT USE Lactated ringers

Lidocaine injection patient 1.5 cc each side or 3.0 total to numb.

Tumescence : Use 60cc syringe of lido w/epi and saline mix each side. Put needle in first without syringe on it is easier. Put 180cc per side. Lower injections are more uncomfortable for patients. Possibly stay above belt line. Possible sickening feeling. Possibly have patients take Valium. Wait 20 minutes after injecting initial side to proceed with aspiration. Nausea goes away after about 8 minutes.

Waste bag is sometimes loosely connected to lipogems container. Make sure connection is good. Put saline bag on IV pole, connect to lipogems container on the yellow side and let fill with saline. Get air out. Turn upside down unclamp and let fill. This let's pressure and air escape. Then close clamp.

(both clamps are closed when shaking)

Aspirate: use vacuLoK syringe. Inject pull back plunger and lock to create 6lbs negative pressure. Fill . Unscrew from needle. Unlock vacutainer. Transfer to 60cc syringe. Let 60cc decant on back table basin in between aspirations. Repeat until 60cc is full. Squirt decanted oil and lidocaine down the drain. Goal is to get 2 60cc fat after getting rid of decanted content. Decanting isn't necessary but helps you see how much actual fat was harvested. After can clean patient and tegaderm. KEEP the COUPLERS for LATER use!!!!

Lipogems : screw in 60cc syringe , don't over tighten cause it can break, clamp top, unclamp bottoms, inject fat.

Clamp bottom and shake 20-30seconds.

Open bottom. Open top. Let rinse. Shut bottom and watch settle. Open top and let flow.

Close both. Shake. Let settle a second. Open both and let flow. Should be clearing up by now.

Close both. Shake. Let settle a second. Open both and let flow. Close both. And watch the magic.

Invert container. Use 10cc syringe on top and bottom. Unclamp saline clamp and pull saline into lower syringe.

Close clamp. Inject saline back into container and the fat will be pushed into the upper syringe. Repeat as needed.

Can also decant these smaller 10cc syringes to get rid of additional unwanted saline.

Use COUPLER that we saved and transfer into smaller 1ml syringe. Used 22 gauge needle to reinject. 20 gauge better. Injected 10ccs per knee into a single compartment. Into the future 7-8cc is better unless you want to aspirate. Motion leg after to mix.

5-5-5 rule to Explain to Patient

5 days expect sore or swelling

5 weeks expect to start feeling good

5 months is as good as you will feel

No nsoids until about 6 weeks

Keep ab binder on 1 week as much as possible.

Knee may have itchy feeling. Benedyl OK.

Do not use cold therapy or cold pack for first few days.