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** BLOODLESS **
     PATIENT NO: 220130223
                                                      ADMIT DT/TIME: 4/26/23 08:59 M/R NO: 000815269
NS/RM/BED/ACM: SD 555 B 02
                                                                                                        RESISTANT ORG:
                                                       DISCH DT/TIME:
                                                                                                                 BY: JOMA
    TIENT NAME: ELDER, GWENDOLYN J
                                                                                                                 TITLE:
   MAIL ADDR : 501 TEMPLE AVE APT 7
                                                                                                                SS#: ****1233
   CITY/ST: LONG BEACH CA 90814 PH#: (562)533-1519 MOBILE#: (562)533-1519
PHYSICAL ADDR: 501 TEMPLE AVE APT 7
                                                                                                               NPP: 1.0 7/07/18
     CITY/STATE: LONG BEACH CA 90814 5408
                                                                                               PHONE: (562) 533-1519
     OCCUPATION:
                                                                                  PREF LANGUAGE: EN
                  POB:
                                                               ADMT PHYS: 364- MAGINOT ANDRE
                  DOB: 6/24/1949 ADMT PHYS PHONE: (562) 630-8821 RLG: JW PAR:
                  AGE: 73 Y RACE: BLA ATTEND PHYS: 364- MAGINOT ANDRE MS: M
                  SEX: F REF PHY: 364-MAGINO'I ANDRE PHN: 562 630-8821
     FATHER'S DOB: MOTHER'S DOB:

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MOTHER'
  EMER CONTACT LLDER
  NEAREST RELT: KAREN
                                                                                                   REL: DAUGHTER-IN-LAW
                                                                                       PHONE: (562) 533-1519
           ADDRESS (1)
CITY/STATE: 4 / 1 - 15, 1-45 0000 RESEARCH ID:
       GUARANTOR: ELDER, GWENDOLYN J
                                                                                                   REL: SELF
       ADDRESS 1: 501 TEMPLE AVE APT 7
                                                                                                              PHN: (562) 533-1519
                                                                         SSN: ****1233
       ADDRESS 2:
                                                                                                        MOBILE#: (562)533-1519
   ADDRESS 2: SSN: *****1233 CTY/STE/ZIP: LONG BEACH CA 90814 5408 OCC:
                                                                                                                    AF: USA
  PAYOR NAME 1: APPLECARE HEALTH PLA INS. PLAN ID: AO9FS SRV/TYPE:
       PLAN NAME: APPLECARE/OPTUM/SCAN HLTH MGD MCR IPA: APCRSEL APPLECARE SELEC
bll C/O NAME: APPLECARE HEALTH PLA AUTH #: 647772
                                                                                 CERT-HIC-MBI#: 40037411201
  BILL ADDRESS: PO BOX 6099
                                                      CA 90504 0099 BILL PHONE: (800) 839-2177
CTY/STE/CNTRY: TORRANCE
                                                                                                 GP #: H5425CSNP
  BILLING NAME:
           INSURED: ELDER, GWENDOLYN J
                                                                                              SEX/REL: F SELF
         EMPLOYER: RETIRED
                                                                          MSP:
                                                                                       TRACKING#:
                                                                                        EMP PHONE: ( ) 000-0000
          ADDRESS:
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      CITY/STATE:
                                                                                           ESC:
  PAYOR NAME 2:
                                                                           CALL HIC-MBI#:
       PLAN NAME:
BILL C/O NAME:
BILL ADDRESS:
CTY/STE/CNTRY:
  BILLING NAME:
                                                                                             SEX/REL:
           INSURED:
                                                                                       TRACKING#:
         EMPLOYER:
                                                                                       EMP PHONE: (
          ADDRESS:
                                                                                                     ESC:
                                                                             ______________________________
  SPAN CD/FROM/TO/HOSP:
  PRIOR VISIT: 3/24/23 PRIOR IP FROM/TO/HOSP/DRG:
                                                                 OCCURRENCE CD/DATE OCCURRENCE CD/DATE
  CONDITION CD CONDITION CD
                                                                                     4/20/23
                                                                         11
      _______
   CHIEF COMPLAINT DESCRIPTION: ADMIT DIAGNOSIS CODE:
         VENTRAL HERNIA
   COMMENTS:
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     PATIENT NO: 220130223 ADMIT DT/TIME: 4/26/23 08:59 M/R NO: 000815269
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                                                      DISCH DT/TIME:
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     SICAL ADDR: 501 TEMPLE AVE APT 7 NPP: 1.0 7/07/
CITY/STATE: LONG BEACH CA 90814 5408 PHONE: (562) 533-1519
OCCUPATION: PREF LANGUAGE: EN FC:
POB: ADMT PHYS: 364- MAGINOT ANDRE HSV:
                                                                                                             NPP: 1.0 7/07/18
                 DOB: 6/24/1949 ADMT PHYS PHONE: (562) 630-8821 RLG: JW PAR:
                 AGE: 73 Y RACE: BLA ATTEND PHYS: 364-MAGINOT ANDRE MS: M
SEX: F REF PHY: 364-MAGINOT ANDRE PHN: 562 630-8821 SMK: N
                  PCP PHY: 8888-ROUZROCH SIAMAK PHN: 562 494-8008 VAL: PT: 1
         ETHNICTY: NON FLAG: FATHER'S DOB: MOTHER'S DOB:
_______
 EMER CONTACT: ELDER, ROBERT
                                                                                                 REL: SPOUSE
         ADDRESS:
                                                                                              PHONE: (562) 200-9868
     CITY/STATE:
                                                                         0000
 NEAREST RELT: KAREN
                                                                                                  REL: DAUGHTER-IN-LAW
                                                                                                PHONE: (562) 533-1519
         ADDRESS:
    CITY/STATE:
                                                                      0000 RESEARCH ID:
______
       GUARANTOR: ELDER, GWENDOLYN J
                                                                                                 REL: SELF
       ADDRESS 1: 501 TEMPLE AVE APT 7
                                                                                                           PHN: (562)533-1519
                                                                         SSN: ****1233
                                                                                                      MOBILE#: (562)533-1519
       ADDRESS 2:
   ADDRESS 2: SSN: ****1233 CTY/STE/ZIP: LONG BEACH CA 90814 5408 OCC:
                                                                                                                  AF: USA
  PAYOR NAME 1: APPLECARE HEALTH PLA INS. PLAN ID: AO9FS SRV/TYPE:
       PLAN NAME: APPLECARE/OPTUM/SCAN HLTH MGD MCR IPA: APCRSEL APPLECARE SELEC
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                                                                                CERT-HIC-MBI#: 40037411201
CTY/STE/CNTRY: TORRANCE CA 90504 0099 BILL PHONE: (800) 839-2177
                                                                                                 GP #: H5425CSNP
  BILLING NAME:
           INSURED: ELDER, GWENDOLYN J

MSP: TRACKING#:
                                                                                            SEX/REL: F SELF
         EMPLOYER: RETIRED
     ADDRESS: 4/26(23
                                                                                      EMP PHONE: ( ) 000-0000
                                                             0000
PAYOR NAME 2:

PLAN NAME:

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PAYOR NAME:

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PAYOR NAME:

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  SPAN CD/FROM/TO/HOSP:
  PRIOR VISIT: 3/24/23 PRIOR IP FROM/TO/HOSP/DRG:
  CONDITION CD CONDITION CD, OCCURRENCE CD/DATE OCCURRENCE, CD/DATE
                                                                 K42g 4/20/23
     12 K439
   CHIEF COMPLAINT DESCRIPTION:
                                                                  ADMIT DIAGNOSIS CODE:
         VENTRAL HERNIA
  COMMENTS:
 ORIGINAL-B.O COPY 2- COPY 3-
                                                                                                              COPY 4-
```

2 of 4 11/8/2023, 12:49 PM

Daylight Time) Generated by: NARY HOUR

3700 East South Street Lakewood, CA 90712 (562)531-2550

## SIGNED

Patient Name: ELDER, GWENDOLYN J ( 3W 0332 A )

\_\_\_\_\_\_\_

Report Name	LAK-Operative Report-Dictated	Dictation Date/Time	04/26/2023 13:39:00
Dictating Physician	MAGINOT, ANDRE	Transcription Date/Time	04/26/2023 14:29:00
Medical Record Number	815269	Document ID	292158912
Account Number	220130223	Admit Date	04/26/2023 08:59:00
Date Of Birth	06/24/1949	Discharge Date	04/27/2023 14:53:00

and draped in the usual manner. There is a large subcutaneous mass, I cut down over this in a vertical manner. This is few inches above the umbilicus. As I carried down, it became obvious that we had a big hernia or massive tissue and we dissected this all the way around and removed the sac, reduced the small and large bowel from this hernia and now we had a significant hole in a thin abdominal wall. This seemed to want to close in a transverse manner rather than vertically and therefore, I took a looped #1 PDS with wide stitches to pull this tissue together and had a primary closure of the abdominal wall. We then reinforced by clearing off the anterior surface of the fascia circumferentially with a 2-3 cm polypropylene mesh with interrupted sutures to this area. Subsequent to this, I examined the rest of the abdominal wall and now it was clear that there was an umbilical hernia and a lax abdominal wall also. I made a transverse infraumbilical incision, elevated the umbilicus and again dissected out what was probably a 2-3 cm hole in the abdominal wall and umbilical hernia and we closed it in a transverse manner in the same way as we closed the ventral hernia. With this completed, we assured hemostasis. Mesh was placed into both hernias with interrupted tacking sutures and then having assured hemostasis, we closed with running Vicryls and staples for skin. Patient tolerated both procedures well. Anesthesiologist went on to do a TAP block. The patient tolerated the procedure well.

https://physicianportal.etenet.com/PhysicianPortal/Default.aspx

11/8/2023, 12:49 PM

Date and Time Generated. The Iviay To 2023 T0:43:32 GMT-0700 (Pacific Daylight Time)
Generated by: NARY HOUR

3700 East South Street Lakewood, CA 90712 (562)531-2550

SIGNED

Patient Name: ELDER, GWENDOLYN J ( 3W 0332 A )

LAK-Operative Report-Dictated	Dictation Date/Time	04/26/2023 13:39:00
MAGINOT, ANDRE	Transcription Date/Time	04/26/2023 14:29:00
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220130223	Admit Date	04/26/2023 08:59:00
06/24/1949	Discharge Date	04/27/2023 14:53:00
	MAGINOT, ANDRE 815269 220130223	MAGINOT, ANDRE Transcription Date/Time 815269 Document ID 220130223 Admit Date

ANDRE E. MAGINOT, MD

TR:AEM/ANT

DD:04/26/2023 13:39 CDT

DT:04/26/2023 14:29 CDT

Dictation ID: 292158912/Confirmation #: 11667151

Authenticated and Edited by ANDRE E MAGINOT MD [00364] on 04/26/2023 at

15:19:46

**End of Report** 

SIGNED

**End of Report**