**Progress Notes -105**

**Date :01/11/2019**

ProgressNotes :

74 years old gentleman hailing from maldives

came with c/o

growth in the oral cavity since 9 months

was evaluated elsewhere and has presented to us for further management

DM, HTN, DLP

on Rx

t+ s+ reformed

o/e KPS 90

oral cavity

mouth opening 2 fingers

lower alveolus- and left upper alveous is edentulous

rest of the teeth- carious / t stained

Large UP growth involving the left RMT, upper and lower GBS, alveolus and posterior BM, reaching posteriorly upto the Left TLS

jus approaching the FOM medially

no palpable neck nodes

HPR done outside- Atypical squamous cell s/o CIS

imp cT4aN0Mx- Ca left RMT

CSB Dr Deepak B

MRI Head and neck

CT chest

PAC Ix

PAC

Signed By:Dr. Akali Nisha Rajarattansingh

**Date :07/11/2019**

ProgressNotes :

Left RMT WLE + segmental mandibulectomy + upper alveolectomy + left SND I,IIa,III and IV + Left PMMC under GA

findings : Edentulous mandible ,Left RMT lesion extending anteriorly till premolar medially extending to corresponding FOM mucosa and postero-superiorly obliterating upper GBS.

surgeons : Dr DB/Dr Yogesh /Dr Shruti /Dr Dhanya

Procedure : Patient taken under GA. PPD. a horizontal neck crease incision marked and continued in left angle spilt. Incision taken as marked in incremental fashion from below up masseter muscle lifted off mandible to expose sigmoid notch . At the buccal mucosa 1cm wide margin taken and continued into soft issue beyond buccinator postero superiorly behind upper alveolus to pedicle mucosa and soft tissue on upper alveouls above and mandible below. medially mucosal cut taken on hard palate continued down to anteriorpillar and tonsilalr area and anteriorly along tongue and floor of mouth till the sublingual space .Facial vessels identified and ligated and lower border of mandible freed . bony cut taken at sigmoid notch ,anteriorly at the canine and along the posterior upper alveolus .An En block specimen of WLE + segmental mandibulectomy +upper alveolectomy excised oriented and sent for HPR.

A horizontal neck crease incision taken , subplatysmal flaps raised in the neck anterior and posterior border of SCM delineated , Left SND I ,IIa, III and IV completed , SCM . SAN and IJV preserved .

Hemostasis achieved . RVD secure

Reconstruction Notes :

PMMC flap marked with skin paddle size 8cmX 6cm .the skin incised around the skin paddle by bevelling radially and dissection extended till pectoralis major muscle.Skin paddle tacke with pectoralis mucle with surures the incision is extended along anterior axillary fold to preserve the skin terriotory for DP flap. Skin then elveated till clavicle . Inferiorly skin elevate to expose lateral border of pectoralis major muscle .The Pectoralis muscle then freed along side sternum, Dissection done along the lateral border of muscle and continued in the intermucular palne. Inferiorlly rectus muscle sheath included in the flap. Dissection continued in the intermuscular plane and vascular pedicle identified .With pedicle under view humeral attachment divided. Supraclavicular tunnel made and flap delivered in the neck . Flap inset done .RVD secured. Hemostasis achieved . Donor site closed primarily in layers .Patient tolerated the procedure well

**Date :15/11/2019**

ProgressNotes :

K/C/O Left RMT

S/P WLE + segmental mandibulectomy + upper alveolectomy + left SND I,IIa,III and IV + Left PMMC under GA .

H/O Type 2 DM, HTN, DLP

Parkinson's disease x (?)8yrs.

O/E

-Patient was conscious, oriented and stable.

-On NGT feeds.

OPME:

-Lip: seal present.

-Tongue: Restricted movements.

-Palate: couldn't be checked.

-Gag: couldn't be checked.

Laryngeal elevation: Incomplete.

Voice and speech: couldn't be checked.

Tried with blend diet,

-Right side placement done.

-Thick blend was difficult to swallow so made it thin.

-Patient tolerated well.

-Minimal anterior spillage noted.

-No post swallow cough noted.

-No signs of penetration/ aspiration noted.

Impresion: Clinically normal swallow.

Plan:

-Start on oral feeds(thin blend) gradually increase the quantity.

-Right side placement to be done.

-Multiple swallow advised.

-Continue NGT feeds also.

-NGT removal once the oral intake is adequate.

-Maintain oral hygiene.

-Maintain adequate upright posture while feeding.

-Monitor for fever spikes or respiratory distress.

-Review SOS.

Done and entered by: S.Chandhini

**Date :27/11/2019**

ProgressNotes :

wounds healed well

taking orally

prov report T2

waiting for bone

pt wants to go home and come back. has already bought ticket 30 nov

asked to come after 1 month

Signed By:Dr. Deepak Balasubram