**Progress Notes-109**

**Date :25/04/2012**

ProgressNotes :

Surgery: Total glossectomy- mandibulotomy approach+ Bilateral le el i-4 selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done under GA.

Surgeons: Drs KK/SP/Shawn/Kiran/Biswajeet/Rahul/JM

OT notes: Patient under GA. Parts prepped and draped. Horizontal neck crease incision kept. Subplatysmal flaps raised. Mandible preplating done for paramedian mandibulotomy. Mandibulotomy done between the canine and lateral incisor on the left side. Total glossectomy done through mandibulotomy approach.

Bilateral selectie neck dissection leel 1-4 done. On the right side firm to hard nodes suspicious of metastasis found which were adherent to the surrounding soft tissue. Spinal accessory nere, IJ , sternoscleidomastoid muscle presered bilaterally.

Reconstruction done by Free anterolateral thigh flap.

Hemostasis achieed. Tracheostomy done. Portex 7.5 number tracheostomy tube checked, inserted, cuff inflated and fixed with sutures.

**Date :06/06/2012**

ProgressNotes :

Carcinoma tongue T4N0M0

Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012 under GA.

HPR: T4N0M0

TB : plan: RT

wounds healed well, on RT feeds, Tracheostomy tube in place, excoriation around T tube

Adv:Mouth opening exercises, swallowing therapy

To see R.Onco

csb Dr SI

Signed By:Dr. L M Chandra Sekhara Rao

**Date :07/06/2012**

ProgressNotes :

Ca Tongue T4aN0 MO

Post OP

On NG tube feeds.

For adjuvant CTRT

metal TT removed

skin excoriation+

changed to shiley 7.6 fenestrated and paraffin gauze placed

to revert back to Dr.Anoop

Signed By:Deepak Balasubramanian

**Date :14/06/2012**

ProgressNotes :

FEES:-

Left vocal cord restricted.

Pooling of saliva(B/L).

Oral stage affected.

Slight penetration.

Plan:-

VFS(Date will be informed)

**Date :14/08/2012**

ProgressNotes :

Carcinoma tongue T4N0M0

Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012 under GA.

HPR: T4N0M0

(9.8.2012)

Completed adjuvant chemoradiation RT Dose: 6600cGy in 33 fractions.

CSB Dr Iyer-

Change to metallic tube

Review after 1 month

Signed By:Dr. Akshay S. Kudpaje

**Date :25/08/2012**

ProgressNotes :

Carcinoma tongue T4N0M0

Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012 under GA.

HPR: T4N0M0

(9.8.2012)

Completed adjuvant chemoradiation RT Dose: 6600cGy in 33 fractions.

**Date :28/08/2012**

ProgressNotes :

Ca Tongue T4aN0M0, deep margin close.

Stage IV A

Completed adjuvant chemoradiation on 9.8.2012

RT Dose: 6600cGy in 33 fractions.

Received Chemotherapy Dose:Inj Cisplatin 160 mg D1, D22, D43

On Ryles Tube Feeding.

Presented with iblood stained discharge from tracheostomy site 3 days back and irritation aorund that area

OE\_maggots at tracheostomy site

removed

suctioning done

Admit and Iv antibiotics

Signed By:Dr. Akshay S. Kudpaje

**Date :17/09/2012**

ProgressNotes :

Ca Tongue T4aN0M0, deep margin close.

Stage IV A

Completed adjuvant chemoradiation on 9.8.2012

RT Dose: 6600cGy in 33 fractions.

Received Chemotherapy Dose:Inj Cisplatin 160 mg D1, D22, D43

On Ryles Tube Feeding.

Presented with iblood stained discharge from tracheostomy site 3 days back and irritation aorund that area

Had maggots at tracheostomy site for which pt

Signed By:Dr. Akshay S. Kudpaje

**Date :18/09/2012**

ProgressNotes :

Known case of Carcinoma tongue T4aN0M0, deep margin close. S/p Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012 Completed adjuvant chemoradiation on 9.8.2012

The patient had with blood stained discharge from tracheostomy site and irritation around that area. On examination maggots present which was removed and patient admitted for stabilisation and conservative treatment.

Now c/o shrinking of lumen of stoma.

O/E: wound around stome - no maggots, slough and scarring ++.

Seen by Dr. KK:

Ryles tube insertion and Re insertion of tracheostomy tube. Antibiotic

Review after 1 month.

Signed By:Dr.Vidhyadharan.S

**Date :19/10/2012**

ProgressNotes :

Known case of Carcinoma tongue T4aN0M0, deep margin close. S/p Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012 Completed adjuvant chemoradiation on 9.8.2012

Seen by Dr.SI-

Admit on Monday for stabilisation , Decanulation on Monday

Start swallowing therapy on Wednesday to discuss with Meera for the same

Signed By:Dr. Akshay S. Kudpaje

**Date :09/11/2012**

ProgressNotes :

Known case of Carcinoma tongue T4aN0M0,

S/p Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012

Completed adjuvant chemoradiation on 9.8.2012

Swallowing assessment was done on 19-10-2012 with FEES and VFS

FEES- Arytenoid edema, pooling and penetration

VFS- Mild penetration/aspiration/ reduced cough reflex/pooling anterior and lateral vestibule

Because of arytenoid edema and reduced sensation of larynx, advised to continue RT feeds and reassessment after two weeks

Reviewed today

Trach tube(Metal) reinserted due to breathing difficulty

O/e

Severe trismus, using heister jaw opener

Gag+

Neck-stiffness++

Trach tube insitu.

Oral trial done with thin liquid-penetration+ cough+

Blend tried using JET feed- Tolerated/no cough/required multiple swallow

Adv

Continue oral trial Thick blend)as advised using JET feed

Initiate cough after each swallow

Trach Inner tube cleaning

Review after one week in swallowing clinic

Signed By:Bibitha K B

**Date :13/11/2012**

ProgressNotes :

s/b Dr Janhvi

shown to Dr SI

Known case of Carcinoma tongue T4aN0M0,

S/p Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012

Completed adjuvant chemoradiation on 9.8.2012

Swallowing assessment was done on 19-10-2012 with FEES and VFS

FEES- Arytenoid edema, pooling and penetration

VFS- Mild penetration/aspiration/ reduced cough reflex/pooling anterior and lateral vestibule

Because of arytenoid edema and reduced sensation of larynx, advised to continue RT feeds and is undergoing swallowing therapy

He was admitted for trial of decannulation, which he did not tolerate

O/e -

Trach tube insitu.

oral cavity- healing well

adv-

Try swallowing retaining the tracheostomy tube

Decannulation difficult.

r/w after 1month

Signed By:Dr. Akshay S. Kudpaje

**Date :13/12/2012**

ProgressNotes :

SEEN IN SWALLOWING CLINIC

fees: Arytenoid edema (Rt>Lt)

VC mobile (Rt reduced)

B/L pooling in PFS

Slight laryngeal penetration

VFS done with thick & thin barium

Oral stage : delayed

With head tilted back: penetration & apiration present.

Multiple swallow

Advice:

Start semi-solid/ thickened liquid diet with cuff

Multiple Swallow.

**Date :18/12/2012**

ProgressNotes :

Reviewed

Plan

To change metal trach tube to shely's

Start swallowing therapy after changing the tube

Given date for attending swallowing clinic(Dec 27th)

Signed By:Meera Priya C. S

**Date :27/12/2012**

ProgressNotes :

SWALLOWING THERAPY DONE WITH SHYLES CUFFED TRACH TUBE

adv: pt adviced to take thick blend diet with cuffed trach

mutiple swallows

Signed By:Meera Priya C. S

**Date :10/01/2013**

ProgressNotes :

Reviewed in swallowing clinic (Dr.JK)

Pt is taking thick blend diet with inflated cuff

VFS done with thin barium with inflated cuff

Peneteration+

Occasional aspiration

Poor cough reflex

Adv

Increase oral intake

Start thick liquid also with inflated cuff

Initiate cough after each swallow

**Date :24/01/2013**

ProgressNotes :

Please see previous progress notes

Reviewed (Dr.JK)

Taking semi solids and liquids

Swallowing well(Able to swallow with inflated and deflated cuff)

Chest clear

Plan

RT removal and in view of poor cough reflex in last VFS, oral feeds should be with inflated cuff

Review on feb 14th

Signed By:Bibitha K B

**Date :14/02/2013**

ProgressNotes :

VFS

VFS done with cuff deflate

Aspiration with thich and thin barium

Advise

To continue semisolid diet with cuff inflated & non fenestrated tube.

Review on March 14.

**Date :15/03/2013**

ProgressNotes :

Taking semisolid diet.

Recommendation:

Continue the same.

Review on April 11

Signed By:Meera Priya C. S

**Date :11/04/2013**

ProgressNotes :

Pt is taking semi solid diet + liquid diet

Mouth opening-inadequate

Chest Xray-Nl

Adv

To continue same

Review after one month for trach tube removal

**Date :09/05/2013**

ProgressNotes :

swallowing normal

airway adequate

FIT FOR TRACHEOSTOMY REMOVAL

Referred to H & N- admission for decannulation

Signed By:Meera Priya C. S

**Date :23/05/2013**

ProgressNotes :

TRACHEOSTOMY NOT COMPLETELY CLOSED

Secretions +

Quantity of oral intake fairly adequate

Adv: Increase the quantity of oral intake

Reviw SOS

Signed By:Meera Priya C. S

**Date :06/06/2013**

ProgressNotes :

tracheostomy not completely closed

secretion + but reduced

quantity of oral intake adequate

neck stretching exercise explained

Adv: to continue oral intake

neck stretching exercises

Review SOS

Signed By:Meera Priya C. S

**Date :23/08/2013**

ProgressNotes :

tracheostomy completely closed

secretions + but reduced

quantity of oral intake adequate

weight gain of 5kg

taking blend diet using head back technique

plan:to continue oral trial

neck stretching exercise

review sos

Signed By:Meera Priya C. S

**Date :13/09/2013**

ProgressNotes :

Known case of Carcinoma tongue T4aN0M0,

S/p Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012

Completed adjuvant chemoradiation on 9.8.2012

c/o dysphagia & breathing difficulty

mild stridor

difficult intubation

plan for tracheostomy

next week

Signed By:Dr. Venkatesan R.

**Date :29/11/2013**

ProgressNotes :

Known case of Carcinoma tongue T4aN0M0,

S/p Total glossectomy- mandibulotomy approach+ Bilateral level I-IV selectie neck dissection + tracheostomy+ Free ALT flap reconstruction done on 24-04-2012

Completed adjuvant chemoradiation on 9.8.2012

o/e: mild stridor

scopy: edematous b/l arytenoids

vocal cords not visualised properly

adv:

shorrt course of steroids.

Service :

29/11/2013

Flexible/rigid Laryngoscopy

Signed By:Dr.Vidhyadharan.S