

Gender: Female

Age: 72

MRN: 780976

Diagnosis: Cholangiocarcinoma

History and Physical:

Date: 15-Jul-24 | Clinic: HPB & LTX

Patient: Doctor, Ive been having this abdominal pain for the past month, and it radiates to my back. Its getting uncomfortable. And Ive also developed jaundice.

Doctor: I see. When exactly did the jaundice start?

Patient: It started around the same time as the pain so, about a month ago.

Doctor: Understood. Have you noticed any changes in your weight recently?

Patient: Yes, Ive lost around 10 kilograms in just the past 1 to 2 months.

Doctor: Thats quite significant. Well keep that in mind. Your viral markers came back negative as of 27th June. Thats good to know. Do you have any other symptoms?

Patient: No, just the pain and jaundice.

Doctor: Okay. On your current medications are you taking anything regularly?

Patient: Just some painkillers, whenever I really need them.

Doctor: Alright. Lets talk a bit about your lifestyle and background. Are there any financial difficulties you're facing right now?

Patient: Yes, there are some financial strains.

Doctor: Whats your occupation?

Patient: I work as a laborer.

Doctor: And your marital status?

Patient: Im married.

Doctor: Any addictions smoking, alcohol, tobacco?

Patient: I used to smoke a pack a day for the past 10 years, but I quit 3 months ago.

Doctor: Thats a positive step. Do you have any family history of diabetes, high blood pressure, cancer, tuberculosis, asthma, or anything else?

Patient: No, nothing significant.

Doctor: Good. Just a few more questions. Do you ever feel depressed?

Patient: No.

Doctor: Any suicidal thoughts?

Patient: Never.

Doctor: Any history of self-harm or wishing to die?

Patient: No, nothing like that.

Doctor: From a spiritual or religious point of view, do you have any specific practices or needs we should be aware of during your care?

Patient: No, none.

Doctor: And do you have any limitations in communication language, speech, vision, mobility?

Patient: No, I can communicate fine. No impairments at all.

Doctor: Thank you. Lets do a quick systemic examination. Youre conscious, well-oriented, and your Glasgow Coma Scale score is 15/15. Your heart sounds S1 and S2 are normal. Lungs are clear with normal vesicular breath sounds. The abdomen is soft, non-tender, and not distended.

Doctor: Based on all this and your imaging/workup, it appears that were dealing with a Klatskin tumor. Were suspecting a Bismuth Type IV tumor with vascular involvement, affecting both the hepatic artery and portal vein.

Patient: What does that mean for treatment?

Doctor: Well need urgent ERCP (Endoscopic Retrograde Cholangiopancreatography) for

decompression. After that, we'll refer you to Dr. Ahmed Kareem, and also to oncology for potential palliative chemotherapy.

Patient: Okay, I understand.

Doctor: We've provided education about your diagnosis and what to expect. Let's move ahead with scheduling the ERCP procedure as soon as possible.

Date: 19-Jul-24 | Post ERCP Discussion

Doctor: Hello, we've completed your ERCP procedure today. Everything went smoothly, and we've documented all the steps.

Patient: What exactly did you do during the procedure?

Doctor: First, we obtained your consent. You were placed in the prone position, and the scope was passed through your mouth down to the duodenum. Your vitals and oxygen levels were monitored throughout. You were under deep sedation, and thankfully, there were no immediate complications.

Patient: That's a relief.

Doctor: The ERCP findings included a protruding ampulla, and it was a bit challenging to cannulate the common bile duct (CBD). The guide wire initially entered the pancreatic duct (PD) twice, but eventually, we achieved selective cannulation of the CBD after performing a needle-knife precut and biliary sphincterotomy.

Doctor: We inserted two guidewires—one each into the right and left ductal systems. The

cholangiogram revealed a tight stricture that extended from the mid and proximal CBD up to the common hepatic duct and confluence, along with dilated intrahepatic ducts (IHDs).

Patient: Did you take any samples?

Doctor: Yes, we obtained 40 passes for brushing cytology to examine under the microscope. Then we dilated both the right and left ductal strictures using an 8.5 Fr Sohendra dilator.

Doctor: Two plastic biliary stents (PBS) were placed a 7 Fr x 12 cm stent in the right hepatic system, and a 7 Fr x 15 cm stent in the left hepatic system, both of which provided excellent drainage.

Patient: Anything I should be concerned about?

Doctor: During the placement of the second stent, the left-sided stent migrated proximally, but it's something we were keeping an eye on.

Doctor: For now, your post-procedure plan includes:

Nothing by mouth (NPO) for the next 4 hours.

Monitor your vitals every hour for 4 hours.

Administer Ringer Lactate 500 ml IV over 4 hours.

Start Tablet Ciproxin 500 mg, twice daily, for 5 days.

Doctor: If you remain stable, we'll discharge you home soon. Please return for a follow-up in 2 weeks, and don't forget to bring fresh liver function tests (LFTs) for the next visit.

Patient: Got it, doctor. Thank you for the explanation.

Doctor: You're welcome. The procedure was performed by Dr. Usman Aujla, who is a Consultant Gastroenterologist and Hepatologist (FRCP, UK). We'll continue to guide your care step by step.