



Mackenzie Richmond Hill Hospital

13291 YONGE ST
RICHMOND HILL
ON L4E 4L6

Patient: Ofori, Julius

DOB: 15/5/1965
Sex: Male
Phone: 647-702-2333

MRN: 585842
OHIP: 7062955039DV
Visit Date: 28/9/2020

Progress Notes by Esther Szaky, MD at 28/9/2020 10:15 AM

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NEPHROLOGY CLINIC TELEPHONE FOLLOWUP

To: Patient Care Team:

Jason Hang-Tat Lo, MD as PCP - General (General Practice)
Esther Szaky, MD as Most Responsible Provider - CKD (Nephrology)
Pharmacy (Pharmacy)
Marla McKerracher, RD as Dietitian (Nutrition)
Peter Wan, MD as Consulting Physician (Pain Medicine)

Due to the COVID-19 Pandemic, to facilitate social distancing and minimize infection risk to our patients and health care team, we are providing telephone followup for Julius Ofori today for his hypertension
Time of phone call: 28/09/2020 10:15 AM

Past Medical History:

Problem List

Osteoarthritis (Chronic)

Overview

Bilateral shoulders-arthritis, subluxation
Moderate degree nonsteroidal anti-inflammatory drug use

OSA on CPAP (Chronic)

Overview

recently (Apr 2018) not using CPAP consistently, will review with family MD

Ischemic stroke

Overview

Cerebrovascular accident with resulting left hemiparesis 2004
Mobility is challenged since

Hypothyroidism (Chronic)

Overview

On replacement therapy

Hypertension (Chronic)

Progress Notes by Esther Szaky, MD at 28/9/2020 10:15 AM (continued)

Overview

Challenging to control hypertension since 2001
Compliant with medical therapy
Secondary causes not found

Dyslipidemia (Chronic)**Overview**

On medical therapy

Depression**Overview**

Diagnosis 2004

DDD (degenerative disc disease), lumbar (Chronic)**Overview**

2003-progressive symptoms of degenerative disc disease, chronic severe low back pain requiring weekly injection to maintain mobility, bilateral sciatica
Closely followed in the pain clinic by Dr. Peter Wan, seen by Dr. Jha 2019. L3-4, L4-5 spinal stenosis surgical referral has been made
MRI spine 2018: Degenerative disc disease, few small bilateral paracentral disc herniation in the L4-5 with encroachment of both L5 nerve roots lateral recesses. Mild degree of spinal stenosis opposite L4 and moderate degree of consider L4-5.

CKD stage G3a/A1, GFR 45-59 and albumin creatinine ratio <30 mg/g (Chronic)**Overview**

Moderately declined his renal function noted more than a decade ago
Etiology hypertensive nephrosclerosis plus minus obstructive uropathy
Renal imaging: 2004 bilateral normal-sized kidneys, there is a simple cyst in the left kidney no calculi or hydronephrosis is appreciated
Ultrasound 2018 no sonographic abnormalities detected
2017 creatinine 99-104 ACR: Negative
2018 creatinine 125-98-143-133 ACR: 0.1
2019 creatinine 122-127 ACR: Negative

Chronic pain syndrome (Chronic)**Overview**

2003-2004 weekly injections-mostly related to mechanical low back pain and spinal stenosis, Dr. Peter Wan-Toronto polyclinic

Benign localized prostatic hyperplasia with lower urinary tract symptoms (LUTS) (Chronic)**Overview**

Followed by Dr. Victor Mak since years,
Patient required intermittent catheterization, significant component of neurogenic bladder.
Cystoscopy 2017: Mild bilateral ureteral stricture incised and dilated prostate mildly obstructing.
Chronic prostatitis or some overactive bladder continue with Rapaflo 8 mg and Myrbetriq 50 mg advised

Metabolic syndrome

Lifelong significantly increased BMI [40-42], dyslipidemia, hyperuricemia, glucose intolerance/strong family history of diabetes on the maternal side

Progress Notes by Esther Szaky, MD at 28/9/2020 10:15 AM (continued)**Past Surgical History:**

Procedure	Laterality	Date
• arthroscopic knee surgery bilat		
• CARPAL TUNNEL RELEASE	Bilateral	
• CYSTOSCOPY	N/A	29/11/2017
<i>Procedure: CYSTOSCOPY FLOWRATE PELVIC US TRUS; Surgeon: Victor Mak, MD; Location: MRH Urology Procedures; Service: Urology</i>		
• CYSTOSCOPY	N/A	24/12/2018
<i>Procedure: CYSTOSCOPY, UROFLOWMETRY; Surgeon: Victor Mak, MD; Location: MRH Urology Procedures; Service: Urology</i>		
• CYSTOSCOPY	N/A	17/11/2020
<i>Procedure: CYSTOSCOPY, FLOW RATE, PELVIC US,(URO); Surgeon: Victor Mak, MD; Location: MRH Urology Procedures; Service: Urology</i>		

Interim History:

Since his last visit patient's general condition did not change significantly. He tolerates his multiple medications and it appears that his blood pressure control is now reasonable. He continues to suffer from persistent low back spasm and pain not infrequently preventing him to sleep. He receives weekly spinal injections from Dr. Wan for pain control but the effect dissipates within few days his mobility is slow but stable some discomfort left foot however is uncertain as related to his usual sciatica to independent process. He is voiding is unchanged continues to experience symptoms of moderate prostatism, in the context of his persistent severe constipation. He denied however the need of self-catheterization lately. He is due to see Dr. Mak for urological follow-up in the near future.

Review of Systems:

No chest pain, shortness of breath, however he continues to eat a very inactive lifestyle related to limitation of his mobility. He reported only very limited compliance with prescribed CPAP therapy. He continues to eat a relatively inactive lifestyle there is no aggravated by the Covid pandemic induced restrictions.

Medications:**Current Outpatient Medications:**

- acebutolol (SECTRAL) 400 mg tablet, Take 200 mg by mouth daily. , Disp: , Rfl: , Not Taking
- acetaminophen (TYLENOL EXTRA STRENGTH) 500 mg tablet, Take 1,000 mg by mouth 2 (two) times a day. , Disp: , Rfl: , Taking
- amLODIPine (NORVASC) 5 mg tablet, Take 5 mg by mouth 2 (two) times a day., Disp: , Rfl: , Taking
- atenolol (TENORMIN) 100 mg tablet, Take 100 mg by mouth every morning. , Disp: , Rfl: , Taking
- azilsartan medoxomil (EDARBI) 80 mg tablet, Take 80 mg by mouth every evening. , Disp: , Rfl: , Taking
- baclofen (LIORESAL) 10 mg tablet, Take 10 mg by mouth nightly. , Disp: , Rfl: , Not Taking
- bilastine (BLEXTEN) 20 mg tablet tablet, Take 20 mg by mouth daily., Disp: , Rfl: , Not Taking
- buPROPion XL (WELLBUTRIN XL) 150 mg 24 hr tablet, Take 150 mg by mouth daily at noon. , Disp: , Rfl: , Taking
- clopidogrel (PLAVIX) 75 mg tablet, Take 75 mg by mouth daily at noon. , Disp: , Rfl: , 15/11/2020
- colchicine 0.6 mg tablet, Take 1 tablet (0.6 mg total) by mouth daily. (Patient taking differently: Take 0.6 mg by mouth as needed.), Disp: 15 tablet, Rfl: 0, Taking
- colesevelam (LODALIS) 3.75 gram powder in packet, Take 3.75 g by mouth daily. Use as directed, Disp: , Rfl: , Taking
- cyclobenzaprine (FLEXERIL) 10 mg tablet, Take 10 mg by mouth nightly., Disp: , Rfl: , Taking
- cyclosporine (RESTASIS) 0.05 % ophthalmic emulsion, Administer 1 drop into both eyes as needed. ,

Progress Notes by Esther Szaky, MD at 28/9/2020 10:15 AM (continued)

Disp: , Rfl: , Taking

- dexlansoprazole (DEXILANT) 60 mg capsule, Take 60 mg by mouth daily., Disp: , Rfl: , Not Taking
- DICLOFENAC SODIUM TOP, Apply topically. Dans Pain Compound 5% Apply to affected areas three times a day as directed. To joints. , Disp: , Rfl: , Taking
- dutasteride (AVODART) 0.5 mg capsule, Take 0.5 mg by mouth daily., Disp: , Rfl: , Not Taking
- esomeprazole magnesium (NEXIUM) 40 mg tablet, delayed release (DR/EC), Take 40 mg by mouth 2 (two) times a day as needed. For acid reflux/indigestion , Disp: , Rfl: , Not Taking
- evolocumab (REPATHA SURECLICK) 140 mg/mL pen injector, Inject 140 mg under the skin every 14 (fourteen) days., Disp: , Rfl: , Taking
- ezetimibe (EZETROL) 10 mg tablet, Take 10 mg by mouth nightly. , Disp: , Rfl: , Taking
- febuxostat (ULORIC) 80 mg tablet, Take 1 tablet (80 mg total) by mouth daily., Disp: 60 tablet, Rfl: 0
- fluticasone (AVAMYS) 27.5 mcg/actuation nasal spray, Administer 1 spray into each nostril nightly., Disp: , Rfl: , Taking
- fluticasone-vilanterol (BREO ELLIPTA) 200-25 mcg/dose blister with device, Inhale 1 puff daily., Disp: , Rfl: , Taking
- furosemide (LASIX) 40 mg tablet, Take 60 mg by mouth every morning. , Disp: , Rfl: , Taking
- hydrALAZINE (APRESOLINE) 25 mg tablet, Take 25 mg by mouth 2 (two) times a day. , Disp: , Rfl: , Taking
- lactulose 10 gram/15 mL solution, Take 30 mL (20 g total) by mouth daily as needed (severe constipation)., Disp: 500 mL, Rfl: 0
- levothyroxine (SYNTHROID) 50 mcg tablet, Take 0.05 mg by mouth every morning before breakfast., Disp: , Rfl: , Taking
- linaclotide (CONSTELLA) 290 mcg capsule, Take 290 mcg by mouth every evening. , Disp: , Rfl: , Taking
- mirabegron (MYRBETRIQ) 50 mg tablet extended release 24 hr extended release tablet, Take 50 mg by mouth daily., Disp: , Rfl: , Not Taking
- montelukast (SINGULAIR) 10 mg tablet, Take 10 mg by mouth daily as needed. , Disp: , Rfl: , Not Taking
- nabilone (CESAMET) 0.5 mg capsule, Take 0.5 mg by mouth 2 (two) times a day. With 1 mg at every hs, Disp: , Rfl: , Not Taking
- NIFEdipine 20 mg tablet extended release, Take 40 mg by mouth 2 (two) times a day. , Disp: , Rfl: , Not Taking
- olopatadine (PATADAY) 0.2 % ophthalmic solution, Administer 1 drop into both eyes daily., Disp: , Rfl: , Taking
- ORLISTAT ORAL, Take 120 mg by mouth 3 (three) times a day., Disp: , Rfl: , Not Taking
- oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet, Take 1-2 tablets by mouth every 4 (four) hours as needed for moderate pain for up to 10 days., Disp: 30 tablet, Rfl: 0, Taking
- oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet, Take 2 tablets by mouth every evening as needed for moderate pain for up to 14 days., Disp: 30 tablet, Rfl: 0, Taking
- polyethylene glycol 3350 17 gram/dose packet, Take 17 g by mouth daily., Disp: 90 packet, Rfl: 3, Taking
- pregabalin (LYRICA) 75 mg capsule, Take 1 capsule (75 mg total) by mouth 3 (three) times a day for 40 doses. (Patient taking differently: Take 150 mg by mouth nightly.), Disp: 40 capsule, Rfl: 0, Taking
- prucalopride (RESOTRAN) 2 mg tablet, Take 2 mg by mouth every evening. , Disp: , Rfl: , Taking
- rosuvastatin (CRESTOR) 20 mg tablet, Take 20 mg by mouth nightly. , Disp: , Rfl: , Taking
- salbutamol sulfate (VENTOLIN) 100 mcg/actuation HFA aerosol inhaler, Inhale 2 puffs 4 (four) times a day as needed. , Disp: , Rfl: , Taking
- silodosin (RAPAFLO) 8 mg capsule, Take 8 mg by mouth daily., Disp: , Rfl: , Not Taking
- spironolactone (ALDACTONE) 100 mg tablet, Take 100 mg by mouth every morning. , Disp: , Rfl: , Taking
- terbinafine (LAMISIL) 1 % cream, Apply topically 2 (two) times a day as needed. With 1% HC powder. Applies to face , Disp: , Rfl: , Not Taking
- trazODone 50 mg tablet, Take 50 mg by mouth nightly. , Disp: , Rfl: , Taking

Allergies

Allergen

Reactions

Progress Notes by Esther Szaky, MD at 28/9/2020 10:15 AM (continued)

- Aspirin (Acetylsalicylic Acid) [Acetylsalicylic Acid] Other (see comments)
Pt said he pass out when he takes Aspirin.

Home BP Monitoring:

The home BP readings have been in the 135-140 s /80 -85 s range. The pulse rate is 70/min.

Patient's weight is 130 kg compatible with a BMI of 40.1.

Physical examination could not be done due to the nature of phone assessment.

Investigations:

Leukocytes 7.3 hemoglobin 150 platelet count 288

Glucose 5 sodium 143 potassium 4.5

Creatinine 117 EGFR 60

ALP 60 ALT 48 hemoglobin A1c 6.1 CK 190

Cholesterol 2.39 TG 1.04 HDL 0.96 LDL 0.96

Urinary albumin creatinine ratio 0.4 mg/mmol creatinine

Assessment/Plan:

Based on the available limited data aside of borderline controlled chronic pain syndrome Mr. Ofori's condition remains unchanged. He already has been assessed by Dr. Jha in 2019 were advised to proceed with spinal surgery but I am unclear whether any surgical plan is in progress. His blood pressure control is acceptable is very limited data regarding his electrolyte panel appears to be stable, his weight is unchanged however according to the patient to avoid weight gain continues to remain a struggle.

Patient remains on tremendous amount of medications and despite of his medications packaged by the pharmacy the noted polypharmacy is of a concern.

At the present no changes will be implemented considering the limited data available however on his next clinic visit that is planned in approximately 4-6 months personal assessment will be arranged that hopefully will include our renal pharmacist review of his medical therapy.

Followup:

In person clinic appointment is planned in approximately 4 to 6 months, however I am happy to see him earlier if any intercurrent concerns arise.

Investigations to be done 2 weeks prior to next visit: CKD/diabetes followup bloodwork

Thank you very much for involving me in his care.

Dr Esther Szaky MD FRCP FACP
Nephrology

Note: Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.