



Dr. Michael Chan
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COPIES TO: DR. JASON LO

CONSULT/OPERATIVE REPORT

Date of Visit: 02-December-2020

Name: Lo, Michael

DOB: 10-August-1954

Age: 66

Gender: Male

Health Card #: 12860801

Dear Dr. J. Lo,

REASON FOR REFERRAL: Weight loss.

CLINICAL NOTE: This gentleman has lost over 5 pounds in weight. Except for early satiety, he denies any other GI symptoms. There had been no vomiting.

He last had a colonoscopy done over 10 years ago and it was unremarkable. There is no family history of GI neoplasm.

PROCEDURE NOTE

INDICATION: Rule out GI pathology as the cause of unexplained weight loss.

PROCEDURES: Gastroscopy to duodenum, colonoscopy to terminal ileum.

SEDATION: IV propofol.

ANESTHETIST: Dr. Andy Chan

PROCEDURE NOTE: With the patient in the left lateral decubitus position, gastroscope was introduced per os. No abnormalities were seen in the esophagus, stomach, or duodenum.

Then a digital rectal examination was performed. The colonoscope was introduced and advanced to terminal ileum. The bowel prep was good. No abnormality was seen on the insertion and gradual withdrawal of the colonoscope, particularly, no evidence of any colonic polyps. The patient tolerated the procedure well.

DIAGNOSES: Normal gastroscopy, normal colonoscopy, weight loss NYD.

RECOMMENDATION: If the patient is worried, I could arrange for a CT scan of the chest, abdomen, and pelvis to make sure we are not missing an occult malignancy.

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Otherwise, unless he develops any worrisome lower GI symptoms, he can defer his next colorectal screening for 10 years' time. At which time, he could either have a screening colonoscopy or as presently advocated by Cancer Care Ontario, a FIT test may suffice for colorectal screening in a low risk patient that is asymptomatic.

It is a pleasure to be involved in the care of this patient.

Yours sincerely,

Dr. Michael Chan, MD, FRCS(C)
(DICTATED BUT NOT READ)

MC:ncd/eco

DT: 12/03/2020