

Memorial Hospital for Cancer and Allied Diseases

Discharge Summary



Service:

Colon-Rectal.

Admission Diagnosis:

Rectal adenocarcinoma.

Admission Date:

02/14/2018.

Discharge Date:

02/17/2018.

Reason for Admission:

· Admitted for surgery.

Brief History:

• The patient is a 50 year old male, diagnosed with rectal adenocarcinoma via rectum biopsy initially in 6/2017. Pathology slides were reviewed at MSKCC on 7/5/2017; which confirmed the diagnosis. The patient was started on chemotherapy with FOLFOX in 7/2017 and completed in 10/2017. The patient completed radiation therapy to pelvis and rectum on 12/14/2017. CT of chest, abdomen, and pelvis on 1/10/2018, showed increased size of left lower lobe nodule probably representing metastatic disease. The surgery was scheduled for the patient on 2/14/2018.

The patient was admitted for scheduled surgery.

The patient has a medical history of hypertension and peripheral neuropathy.

ALLERGIES:

- Dairy-ALL: Diarrhea
- Rag Weed -> itching eyes, sneezing: Other, Rag Weed -> itching eyes, sneezing

Significant Findings Upon Admission:

- Physical Examination: Within normal limits except Mediport in place.
- Laboratory Data Values: Within normal limits.

Operative Procedures:

- Surgery: 2/14/2018: Dr. Weiser, Martin performed robotically (XI Model) assisted procedure, laparoscopic low anterior resection with intersphincteric dissection and handsewn coloanal anastomosis with diverting ileostomy, laparoscopic splenic flexure mobilization and En bloc resection of prostate capsule.
- Pathology: 2/14/2018: Accession #: S18-9513:
- 1. Sigmoid, rectum with intersphincter and prostate capsule: Residual adenocarcinoma exhibiting changes consistent with treatment effect, Lymph Nodes: Number of lymph nodes examined: 13, Number of lymph nodes with metastasis: 1
- 2. Rest other specimens remained benign.

Course and Other Treatment:

• Routine post operative care was rendered. Pain was well controlled with per oral pain medications. Ileostomy and JP drain in place, care was rendered. Ambulation was encouraged. Diet was advanced as tolerated. JP drain was discontinued prior to discharge. The patient was discharged home in stable condition with home health service and ostomy in place.

Discharge Status:

- Patient Condition: Stable.
- Medications: As prescribed.
- Diet: As instructed.
- Physical Activity: As instructed.
- Other: Report: fever, chills, pain, bleeding, nausea/vomiting, constipation/diarrhea, inability to take PO and decreased urine output.
- Follow up with primary physician: Dr. Martin Weiser.

Discharge Diagnosis:

Metastatic colorectal carcinoma status post surgery

Hypertension

Peripheral neuropathy.

Fax to External MDs:

Fax/External CC: LEHNER, GEORGE (ep67950); PUROW, DAVID (ep19687); TOSIELLO, LORRAINE (ep95295)

Electronic Signatures:

Kaur, Sarvjeet (CIC) (Signed 03/14/2018 06:28)

Authored: Department/Service, Admission Diagnosis, Admission Date, Discharge Date, Reason for Admission, Brief History, Allergies,

Significant Findings Upon Admission, Procedures, Course and Other Treatment, Discharge Status, Discharge Diagnosis Weiser, Martin (MD Attending) (Signed 03/14/2018 13:03)

Entered: Admission Date, Discharge Date, Attending Statement, Internal/External CC

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Last Updated: 03/14/2018 13:03 by Weiser, Martin (MD Attending)