Patient Information

Patient Name	Sex	DOB	SSN
[redacted]	Male	10/26/1943	xxx-xx-9999

Discharge Summaries signed by Daniel A Galvez Lima, MD at 4/14/2016 6:12 PM

Author: Daniel A Galvez Lima, MD | Service: (none) | Author Type: Resident
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The Johns Hopkins Hospital
600 N. Wolfe St.
Baltimore, MD 21287

Johns Hopkins Hospital Discharge Summary:
General Information:
-

Name: [redacted]
Address: 601 N CAROLINE STREET, SU
UNKNOWN, FO 77777
Phone: (410) 955-8032
04/12/2016
DOB: 10/26/1943
Race: All Other Races
Acute Care
Gender: Male

History: 3-631-64-21
Admitted: 04/06/2016

Discharged:

Length of Stay: 6 d
Service: Surgery,

Discharge Location:

Provider Information:
Discharge Attending: Dr Christopher Wolfgang
Tel No: 410-502-4194.

Condition on Discharge:
Good.

Diagnoses/Problems (Detailed):
pancreatic neuroendocrine tumor

PMHx:
-CAD
-HTN
-Paroxysmal Afib s/p ablation 2011
-Aortic Regurg
-HLD
-IPMN
-Prostate cancer
-Benign lung nodule
-Pericarditis-2012/2013-steroid treatment x6 months
-Squamous cell skin cancer

PSHx:
-CABGx1 (LIMA to LAD)-11/98
-PCI 5/09 (DES to distal RCA)
-s/p radical prostatectomy-99'
-s/p laproscopic small bowel resection, 28cm-2012.

Procedures:
Robotic distal pancreatectomy and splenectomy.

Brief History, Major Findings, and Hospital Course:
[redacted] is a 72 y/o M with a history of prostate CA s/p prostatectomy, NET
s/p SBR, BCC, SCC, HLD, and MI s/p CABG who presents for surgical management of
a pancreatic cyst, detected incidental to a scan in 2012 for a small bowel
carcinoid. Subsequent workup revealed multiple cystic lesions in the pancreas.
He presented to our hospital for scheduled surgical intervention on 4/6/16. The
same day he underwent a robotic laparoscopic distal pancreatectomy and
splenectomy. Procedure with no complications and well tolerated by the patient.
He was transferred to the WICU in stable condition for close monitoring. On 4/7
he was transferred to the regular nursing floor. NGT and JP drain were removed
and his diet advanced progressively with adequate tolerance. He was
transitioned from a PCA to PO meds with good response. On the dya of discharge
his labs and vitals remained stable and he was cleared for discharge to local

housing with appropriate recommendations and follow up instructions to be seen
in clinic on 04/20/2016 by Dr Christopher Wolfgang prior to returning home.

Disposition on Discharge:
Discharge/Referral To:
- Local Housing.

Allergies/Intolerances:
Allergies:
No Known Allergies: Active

Pathology Reports:
1. DISTAL PANCREAS (DISTAL PANCREATECTOMY):

SPECIMEN TYPE:
Partial pancreatectomy (Pancreatic tail)

SITE OF ORIGIN:
Pancreas

TUMOR SITE:
Pancreatic tail

HISTOLOGIC TYPE:
Two Well differentiated pancreatic neuroendocrine tumors (islet cell tumors,
PanNETs)

TUMOR SIZES:
Tumor 1: 1.2 cm; Tumor 2 : 0.4 cm

TUMOR GRADE:
BOTH are Grade 1 (0-1 mitoses per HPF and Ki-67 <2)
Ki-67 index of <1% (Both lesions)

TUMOR FOCALITY
Multifocal (Two foci of PanNETs)

LYMPH NODES (Includes all parts):
All 13 lymph nodes are negative for tumor

LYMPH VASCULAR INVASION
Not identified

PERINEURAL INVASION
Absent

EXTENT OF INVASION (7th Edition AJCC)
PRIMARY TUMOR (pT):
Tumor is confined to pancreas

PRIMARY TUMOR
pT1: Tumors limited to pancreas,
<2 cm in greatest dimension

REGIONAL LYMPH NODES:
pNO: No regional lymph node metastasis

DISTANT METASTASIS (M):
pMO: No distant metastasis

MARGINS:
Margins uninvolved by invasive tumor/PanNET

ADDITIONAL PATHOLOGIC FINDINGS:
Multifocal ductal precursor lesions including multifocal incipient intraductal
papillary mucinous neoplasms (largest 0.6cm) and multifocal pancreatic
intraepithelial neoplasia (PanINs). The highest grade incipient IPMN is
intermediate grade, and the highest grade PanIN lesion is PanIN-2. These are
multifocal and involve many of the duct profiles. Chronic pancreatitis Scar,
PanIN

TUMOR: A REPRESENTATIVE TUMOR BLOCK IS: 1X

NORMAL: A REPRESENTATIVE NORMAL BLOCK IS: 1B

NOTE: This is an unusual case in that there are lesions with two distinct
directions of origin. There are two PanNETs in a background of multi-focal
ductal precursor lesions (incipient IPMNs and PanINs). The PanNETs are
low-grade and immunolabeling reveals that they express synaptophysin, have a

low Ki-67 labeling index (<1%), and they do not express insulin, glucagon or somatostatin. The two PanNETs are occuring in a patient with a history of a carcinoid tumor. Although the two PanNETs morphologically are consistent with pancreatic origin, we will attempt to obtain the patient's previous carcinoid and compare the lesions.

2. SPLEEN (SPLENECTOMY): HISTOLOGICALLY UNREMARKABLE SPLEEN.

RALPH HARVEY HRUBAN, M.D. RHH*.

Discharge Medications:
-lecarnidipine: Take 7.5 mg by mouth 2 (two) times daily (You were on this medication at HOME.)

-acetaminophen (Tylenol): 1000mg tablet, take one tablet by mouth as needed every 6-8 hours for pain.

Do NOT exceed 4000mg in any 24 hour period.

-aspirin: Take 81 mg by mouth daily (You were on this medication at HOME.)

-atorvastatin: Take 10 mg by mouth daily (You were on this medication at HOME.)

-bisoprolol: Take 1.25 mg by mouth daily (You were on this medication at HOME.)

-candesartan: Take 8 mg by mouth 2 times daily (You were on this medication at HOME.)

-cholecalciferol: Take 1,000 units by mouth daily (You were on this medication at HOME.)

-docusate (Colace): 100mg tablet, take one tablet by mouth twice daily while on narcotic pain medication to prevent constipation

disp#60
refills zero

-omeprazole: Take 20 mg by mouth 2 times a day (You were on this medication
at HOME.)

-oxyCODONE: 5mg tablet, take one to two tablets by mouth as needed every 4-6
hours for pain.

Disp#30
refills zero

-Senna: 187mg tablet, take one tablet by mouth at bedtime daily while on
narcotic pain medication to prevent constipation.

disp#30
refills zero .

Discharge Instructions:
Special:
Stitches/staples to be removed: Not required and If present, they will be
removed at your follow up appointment.

Discharge Diet:
You are on: Regular.

Diet Instructions: Please remember to stay well hydrated.
Remember to supplement your diet with ensure or glucernia shakes, or the
similar to promote adequate caloric intake and to promote wound healing.

Discharge Instructions:
Activities: Resume normal activity as you can tolerate, Walking is encouraged
Restrictions: No driving for 4-6 weeks after surgery, No driving while on pain
medication, No alcohol, No contact sports, No sexual intercourse until approved

by your doctor, No swimming, Avoid straining and strenuous activity until
cleared by your surgeon, no lifting greater than 10lbs for the next 6-8 weeks,
or until cleared by a physician. No tub bathing or hot tub use until cleared by
a physician.

Treatment and Care:
Personal and Incision Care: You may shower Pat your wound dry. Do NOT rub. Do
NOT scrub or soak wound in tubs or pools until directed by your surgeon .

Upon discharge.

Medication Education:
Informational handouts given for all newly prescribed discharge medications.

ExitCare handouts provided during this hospitalization:
Fall Prevention and Home Safety, Easy-to-Read
ExitCare, 210147013

Education Handouts:
Education Handout Constipation handout, Falls, preventing at home, Medication
List, Hand washing
Education Handout Signs & Symptoms of Infection (English)

When to call your Doctor:
For life threatening symptoms such as shortness of breath, chest pain and signs
of stroke (such as sudden numbness or weakness of the face, arm or leg
especially on one side of the body, sudden confusion trouble speaking or
understanding, sudden trouble seeing in one or both eyes, sudden trouble
walking, dizziness, loss of balance or coordination, sudden severe headache
with no known cause) call 911 or go to the nearest Emergency Room.

During office hours call your surgeon's office and For non-life threatening

emergencies, after hours, weekends or holidays call 410-955-5000 or
410-955-6070 and ask for provider on call for Cameron Blue Service.

When to call your Doctor:
Call your Doctor if You have a temperature over 101F, You have redness,
swelling, pus, drainage and foul smell from your wound, incision or drain site,
Severe pain not relieved by your pain medication, Severe or persistent nausea
and/or vomiting, You have constipation or diarrhea.

Follow-up Care:
Follow-up Appointment(s):
Follow-up appointment(s) scheduled at discharge: Please keep the appointments
listed below, so your doctor can check your progress and answer your questions.
(Obtain a referral(s) from your primary provider if needed).:
Statement
Selected

Provider's Name: Dr Christopher Wolfgang
Date/Time: Apr 20 2016 8:45AM
Tel. No.: 410-502-4194
Comments: Please call to confirm this appt. JHOC 8th Floor.
601 N Caroline St
Baltimore MD 21287

***** Special *****
Stitches/staples to be removed
. Not required
. If present, they will be removed at your follow up appointment..

Referring Physician(s):
Current Referring Physician(s):

Provider	Phone	Fax
Address		
NO PCP (PT HAS NO PCP)	410-955-5000	
PT HAS NO PCP 1800 ORLEANS ST BALTIMORE, Maryland, 21287		

Attending Note:

Electronic Signatures:
Galvez Lima, Daniel Alejandro (MD) (Signed 04/09/2016 12:23)
Authored: Johns Hopkins Hospital Discharge Summary, Condition on Discharge, Diagnoses/Problems, Procedures, Brief History, Major Findings, and Hospital Course, Allergies/Intolerances, Discharge Medications, Referring Physician(s)
Morse, Samantha (PA-C) (Signed 04/12/2016 08:02)
Authored: Johns Hopkins Hospital Discharge Summary, Diagnoses/Problems, Brief History, Major Findings, and Hospital Course, Disposition on Discharge, Pathology Reports, Discharge Medications, Discharge Instructions, Follow-up Care, Referring Physician(s), Completion
Wolfgang, Christopher (MD) (Signed 04/14/2016 18:11)
Authored: Johns Hopkins Hospital Discharge Summary, Disposition on Discharge, Discharge Medications, Follow-up Care, Referring Physician(s), Attending Section

Last Updated: 04/14/2016 18:11 by Wolfgang, Christopher (MD)