**PROGRESS NOTE**

### PROBLEM:

Morbid obesity.

### SUBJECTIVE:

The patient was previously seen on April 21, 2010 for an upper endoscopy prior to proceeding with gastric bypass surgery. Endoscopy of the esophagus revealed low segment Barrett’s esophagus and mild gastritis from which biopsies were obtained. Pathology findings identified evidence consistent with Barrett’s esophagus and H. pylori infection but no dysplasia. The patient has completed appropriate oral antibiotics without difficulty.

He presents today voicing no GI-related complaints without nausea, vomiting or abdominal pain.

### REVIEW OF SYSTEMS:

The patient’s review of systems questionnaire was reviewed and there are no additional pertinent positives.

### PHYSICAL EXAM:

**VITAL SIGNS:** Blood pressure is 132/81. Temperature is 97.3. Current weight is 330 pounds.

**LUNGS:** Clear to auscultation and percussion.

**CARDIO:** S1, S2 within normal limits, without gallops or murmurs.

**ABDOMEN:** Soft and nontender without organomegaly, mass or ascites.

### ASSESSMENT:

1. Barrett’s esophagus without associated dysplasia.
2. H. pylori gastritis status post Prevpac therapy.
3. Morbid obesity currently undergoing bariatric evaluation for gastric bypass surgery by Dr. Green.

### PLAN:

The patient will be scheduled for a repeat EGD in one year for surveillance purposes of Barrett’s esophagus. From a GI standpoint, we recommend to proceed with bariatric surgery. However, he will need to continue daily PPI administration to maximize acid reduction. Otherwise, there are no additional recommendations.