



• LAPAROSCOPIC HYSTERECTOMY <i>Performed by Lindgren, Leslie Rae (M.D.) at ROS-MAIN1-OR</i>	N/A	6/27/2019
• LAPAROSCOPIC SALPINGO OOPHORECTOMY <i>Performed by Lindgren, Leslie Rae (M.D.) at ROS-MAIN1-OR</i>	Bilateral	6/27/2019
• SHOULDER ARTHROSCOPY <i>Performed by Voigtlander, James Patrick (M.D.) at ROS-MAIN1-OR</i>	Right	7/27/2017

Physical Exam:

BP 112/68 | Ht 5' 7" | Wt 80.5 kg (177 lb 8 oz) | LMP 06/13/2019 | BMI 27.80 kg/m²

Well nourished woman in no apparent distress

Abdomen: no masses, soft, non tender, incisions well healed

External genitalia: no lesions

Vagina: no lesions, normal discharge, cuff intact, not tender

Adnexa: non tender, no masses

Assessment/Plan:

1. Postop visit. 4 weeks s/p TLHBSO

Doing very well, follow up prn

Electronically signed by Lindgren, Leslie Rae (M.D.) on 7/25/2019 5:27 PM

Encounter on 6/26/2019**Progress Notes**

Author	Status	Last Editor	Updated	Created
Lindgren, Leslie Rae (M.D.)	Signed	Lindgren, Leslie Rae (M.D.)	6/26/2019 2:42 PM	6/26/2019 2:38 PM

Gynecology History & Physical / Consult Note

Maya Parmar is a 45 Y old female.

Chief Complaint:

preop

History of Present Illness:

Maya Parmar is a 45 Y female with a long history of endometriosis, severe dysmenorrhea and pelvic pain. She had been managed medically with good results until recently. She is scheduled for a Total laparoscopic hysterectomy ,bilateral salpingo oophorectomy.

Past Medical History / Past Surgical History:**Active Ambulatory Problems**

Diagnosis	Date Noted
• *OTHER MR # EXISTS	
• PELVIC PERITONEUM ENDOMETRIOSIS	04/09/2008
• HYPOTHYROIDISM	07/22/2009
• PREMENSTRUAL DYSPHORIC DISORDER	02/07/2011



• NONTRAUMATIC COMPARTMENT SYNDROME OF LEG.	04/03/2012
• IMPINGEMENT SYNDROME OF RIGHT SHOULDER	01/11/2013
• ADHD, PREDOMINANTLY INATTENTIVE PRESENTATION	09/23/2013
• IRRITABLE BOWEL SYNDROME	01/21/2016
• MEDI-CAL GMC CARE COORDINATION	09/06/2016
• CERVICAL DISC DEGENERATION	02/28/2017
• POSTTRAUMATIC STRESS DISORDER	03/17/2017
• BULIMIA NERVOSA, IN FULL REMISSION	03/17/2017
• CASE / CARE MGMT, CHRONIC PAIN MGMT	07/17/2018
• ADMINISTRATIVE ENCOUNTER FOR LEVEL II PAIN GROUP SERIES	07/17/2018
• CERVICAL RADICULOPATHY	10/05/2018
• FEMALE PELVIC PAIN	10/15/2018
• DYSMENORRHEA	10/15/2018
• ENDOMETRIOSIS	10/15/2018
• IMPINGEMENT SYNDROME OF LEFT SHOULDER	11/16/2018
• ADULT OBSTRUCTIVE SLEEP APNEA, MILD	03/05/2019
• CHRONIC FEMALE PELVIC PAIN	05/21/2019
• GENERALIZED ANXIETY DISORDER	05/30/2019

Additional diagnoses from the Past Medical History section

Diagnosis	Date
• ADHD, PREDOMINANTLY INATTENTIVE PRESENTATION	9/23/2013
• Eating disorder, in remission.	
• FEMALE PELVIC PAIN	1/25/2008
• HYPOTHYROIDISM	7/22/2009
• IMPINGEMENT SYNDROME OF RIGHT SHOULDER	1/11/2013
• IRRITABLE BOWEL SYNDROME	1/21/2016
• PELVIC PERITONEUM ENDOMETRIOSIS	4/9/2008
• PREMENSTRUAL DYSPHORIC DISORDER	
• UNSPECIFIED HYPOTHYROIDISM	

Past Surgical History:

Procedure	Laterality	Date
• ARTHROSCOPY SHOULDER W DECOMPRESSION <i>Performed by Voigtlander, James Patrick (M.D.) at FOL-ASU-OR</i>	Left	4/16/2019
• ARTHROSCOPY SHOULDER W PARTIAL ACROMIOPLASTY <i>Performed by Voigtlander, James Patrick (M.D.) at FOL-ASU-OR</i>		1/11/2013
• DIAGNOSTIC LAPAROSCOPY <i>Laparoscopy, Diagnostic-endometriosis</i>		4/2008
• FASCIOTOMY <i>Performed by VOIGTLANDER, JAMES PATRICK (M.D.) at FOL-ASU-OR</i>		5/17/2012
• SHOULDER ARTHROSCOPY <i>Performed by Voigtlander, James Patrick (M.D.) at ROS-MAIN1-OR</i>	Right	7/27/2017

Allergies:

Ibuprofen; Penicillins class; Adhesive tape; Amoxicillin; and Chlorhexidine

**Active Medication:**

Outpatient Medications Marked as Taking for the 6/26/19 encounter (Pre-Op) with Lindgren, Leslie Rae (M.D.)

Medication

- oxyCODONE (ROXICODONE) 5 mg Oral Tab
- Ondansetron (ZOFRAN) 4 mg Oral Tab
- Estrogens-methylTESTOSTERone (EEMT HS) 0.625-1.25 mg Oral Tab

Social History:

Social History

Tobacco Use

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Not Currently
- Drug use: No

Family History:

Family History

Problem	Relation	Age of Onset
• Diabetes MOTHER SIDE	Other	
• Osteoporosis	Mother	
• Endometriosis	Mother	
• Thyroid Cancer	Father	
• Breast Cancer	None	
• Ovarian Cancer	None	
• Cervical Cancer	None	
• Uterine Cancer	None	
• Colon Cancer	None	
• Heart Disease	None	

None pertinent, reviewed with patient.

OB History

Gravida	Para	Term	Preterm	AB	Living
3	2	2	0	1	2
SAB	TAB	Ectopic	Multiple		
0	1	0	0		

Review of Systems:

Constitutional: Oriented and no fever, unexpected weight loss/gain, or fatigue

Cardiovascular: No chest pain, irregular heart beat, hypertension, or clots in legs or lungs

Respiratory: No wheezing, coughing, or shortness of breath

Musculoskeletal: No muscle pain or swollen joints

Neurologic: No numbness, headaches, or weakness

**Vitals:**

BP 119/75 (Site: Left arm, Position: Sitting, Cuff Size: Large adult) | Pulse 83 | Temp 96.9 °F (36.1 °C) (Oral) | Resp 16 | Ht 5' 7" | Wt 82.6 kg (182 lb) | BMI 28.51 kg/m²

Physical Exam:

Constitutional: Oriented, well developed, well nourished, no acute distress

Neck: Supple, no thyromegaly or adenopathy

Respiratory: Clear to auscultation, normal respirations

Cardiovascular: Heart has regular rate and rhythm, no murmur

Abdomen: Nontender, no masses or distention, no hepatosplenomegaly

Vulva: No lesions

Vagina: No Unusual Discharge or Erythema

Cervix: No lesions, discharge or erythema, no cervical motion tenderness

Uterus: Normal Size, Shape, and Contour; Nontender

Adnexa: no masses or tenderness

Perineum, Anus and Rectum: No lesions; confirms bimanual

Recent Labs:

Basename	Value	Date/Time
• HGB	13.5	06/21/2019
• WBC COUNT	9.8	06/21/2019

Recent Labs

	06/21/19 0818
BHCG	<1

Review of Other Relevant Data/Labs:

none

Assessment and Plan: 1. Preop visit. scheduled for Total Laparoscopic hysterectomy, bilateral salpingo oophorectomy possible laparotomy for endometriosis.
2. Consent: We have discussed alternative options such as OCP'S, IUD and endometrial ablation, but she wants definitive therapy. We discussed risks of bleeding, infection and damage to the surrounding organs. She understands that if the procedure cannot be performed Laparoscopically she will need a laparotomy. All of her questions were answered and consent was printed and given to her
3. Postop pain: ibuprofen, tylenol, oxycodone gabapentin
4. Postop nausea: emend, zofran scop
5. Postop bowel management: mineral oil, miralax
6. Postop disposition: home
7. Ovaries: She does want her ovaries to be removed. We had a long discussion about surgical menopause. Will start estratest postop