Samaritan Regional Health System			PROCEDURE			
1025 Center Street Asbland, Ohio 44805-4098						
Patient Name	Patient Control No.	Sex F	Age 41	Room No.	MR No. 172-920	
From: Attending Physician Dale R Thomae, D.O.		To: Consulting Physician Dale R Thomae, D.O.			Date 04/14/2009	

PROCEDURE:

Colonoscopy.

PREOPERATIVE DIAGNOSIS:

History of sigmoid colon cancer, status post resection.

Elevated carcinoembryonic antigen.

POSTPROCEDURE DIAGNOSIS:

Normal colon to cecum. Anastomosis at 15 cm without recurrent tumor.

SEDATION:

Versed 7.5 mg IV, Demerol 50 mg IV.

PROCEDURE SUMMARY:

After informed consent was obtained, Sheila was brought into the endoscopy lab and felt to be appropriate candidate for IV moderate sedation, ASA class 1. Once time out was performed, she was placed on noninvasive monitoring device. Once sedated, the Olympus CL-180Q colonoscope inserted into the rectum after digital exam was performed. Digital exam revealed normal rectal tone and no mass. Once inserted, the colonoscope was advanced a distance of 90 cm to the cecum. The terminal ileum was not entered. The ileocecal valve was identified. Retroflexed views of the cecum were normal. Prep was adequate. Upon slow and careful withdraw of the colonoscope, cecum, ascending colon, hepatic flexure, transverse colon, splenic flexure, descending colon was normal. Sigmoid colon was normal. Anastomosis at 15 cm was without evidence of recurrent tumor and no evidence of stricture. Retroflexed views of the rectum were normal. No polyp, mass, or AV malformation were noted throughout the colon. She was taken at termination of procedure to recover on post-recovery unit. Will followup for repeat colonoscopy in 3 years.

DOB: 09/01/1967

Electronically Signed by Dale R Thomae, D.O. 04/20/2009 10:01

Dale R Thomae, D.O.

DRT/BAM

D: 04/14/200911:37 A T: 04/15/2009 7:17 A

Doc #: 267466

cc: Christopher Boyd, MD

Paul A Masci, MD Dale R Thomae, D.O. Ext Imaging
Ext Procedures
Ext Cardiac
Ext Cinical Documents
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Ext H&P
Sub Category
Initials: DM Date: 10/22/07