

DOB: 07/14/1951

PT ID: [REDACTED]

**PREMIUM SURGERY CENTER**

5319 Hoag Drive

Elyria, OH 44035

Tel (440) 930-6050 Fax (440) 930-6018

**OPERATIVE REPORT**

PATIENT NAME: [REDACTED]

MRN: [REDACTED]

SURGEON: James Lisi, MD

DATE: 05/12/2011

**PREOPERATIVE DIAGNOSIS**

History of adenomatous polyps

**POSTOPERATIVE DIAGNOSIS**

- 1 Two diminutive sessile polyps removed and retrieved
- 2 Few scattered diverticula of the sigmoid colon

**SURGEON:**

James Lisi, MD

**ANESTHESIA:**

MAC, Robinul 0.2 mg IV

**COMPLICATIONS**

None

**WITHDRAWAL TIME**

11 minutes, 50 seconds

**CLINICAL NOTE** The indications, outcomes, and potential risks of bleeding, perforation, reaction to anesthesia, and infection were discussed in detail with the patient with alternate strategies discussed and all questions answered to the patient's satisfaction with informed consent obtained

**DESCRIPTION OF PROCEDURE**

The patient was placed in the left lateral decubitus position, given IV anesthesia. The colonoscope was passed via the rectum under direct visualization to the ileocecal valve and cecum, which were adequately visualized and appeared normal. Photograph was obtained of the appendiceal orifice. The prep was adequate. Panoratically, the ascending colon, hepatic flexure, transverse colon, splenic flexure, descending colon were visualized and appeared normal with no polyps, inflammation, angiodysplasia, or diverticula. The sigmoid colon demonstrated the presence of a diminutive sessile polyp at 40 cm removed via cold forceps in toto, as well as few scattered diverticular orifices. No inflammation or vascular abnormalities of the sigmoid colon. Mucosal vascular pattern and arborization throughout appeared normal. The rectum with retroflexed views demonstrated grade 2 noninflamed internal hemorrhoids and there was the presence of a diminutive sessile polyp at 10 cm removed via cold forceps in toto. The colonoscope withdrawn. The patient tolerated the procedure well and left the endoscopy unit in satisfactory condition.

**IMPRESSION** As above, with recommendation at this point being that of repeat colonoscopy in three years. Results discussed with the wife.

Update HM  
m

PATIENT NAME: [REDACTED]

MRN: [REDACTED]

SURGEON: James Lisi, MD

DATE: 05/12/2011

James Lisi, MD

JL to  
JOB# 17341591

DD 5/12/2011  
DT 5/12/2011

cc Mark Meacham MD  
3724 Center Road  
Brunswick OH 44212