

E37S24054

COLONOSCOPY PROCEDURE
ENDOSCOPY CENTER OF NORTHERN OHIO, LLC
DIGESTIVE DISEASE CONSULTANTS
1299 INDUSTRIAL PARKWAY NORTH, STE 110
BRUNSWICK, OH 44212-6366

Patient Name: [REDACTED]
Date of Birth: 12/17/1948
Record Number: [REDACTED]
Date: 01/23/2012 / Time: 7:15 am
Instruments: Olympus PCF-H180AL video colonoscope
Referring Physician: Mark Lang MD
Endoscopist: DAVID B. MYERS, M.D.

Procedure Performed:
Colonoscopy with cold biopsy
Colonoscopy with hot biopsy

Indications for Exam:
History of colon polyps

Consent:
Informed consent was obtained after the risks, including but not limited to, bleeding, infection, perforation, allergic reactions, missed lesions and possible need for surgery were explained

Medication:
Versed 6mg IV and Demerd 125mg IV

Procedure Technique:
Informed consent was obtained from the patient after explaining all the risks, including but not limited to (perforation, bleeding, infection and adverse effects to the medicine), benefits and alternatives to the procedure which the patient appeared to understand and so stated. The patient was connected to the monitoring devices and placed in the left lateral position. Continuous oxygen was provided with a nasal cannula and IV medicine administered thru and indwelling cannula. After adequate conscious sedation was achieved, a digital exam was performed and the colonoscope introduced in to the rectum and advanced under direct visualization to the cecum. The cecum was identified by visual landmarks. The scope was subsequently removed slowly while carefully examining the color, texture, anatomy, and integrity of the mucosa on the way out. In the rectum, the scope was retroflexed to evaluate for internal hemorrhoids and anorectal pathology. The patient was subsequently transferred to the recovery area in satisfactory condition.

Findings:
3mm benign-appearing rectal polyp; removed via hot biopsy.
Diffuse and extensive diverticulosis; most notable in the sigmoid; one orifice in the descending colon somewhat erythematous; biopsies taken to r/o diverticular colitis.
Suboptimal bowel prep; estimated 85% of the colonic mucosa visualized.

Endoscopic Diagnosis:
As above.

Recommendations:

- 1- Follow-up on biopsy specimens
- 2- High fiber diet
- 3- Return to my office in 8 weeks
- 4- CBC w/ diff

David B. Myers, MD

01/23/2012 7:46 am