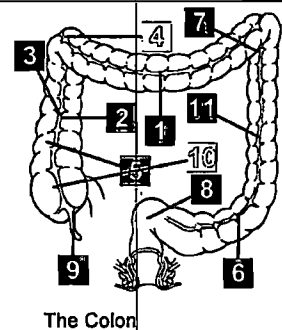


Patient Name: [REDACTED]
MRN: [REDACTED]
Date of Birth: [REDACTED]
Attending MD: John A Dumot, DO

Procedure Date: [REDACTED]
Account Number: [REDACTED]
Site: Ahuja Procedure Room 1

Procedure: Colonoscopy
Indications: High risk colon cancer surveillance Personal history of colonic polyps
Comorbidities:
Hypertension, Asthma, Cerebral Palsy
Patient Profile: This is a 50 year old male
Providers: John A Dumot, DO (Doctor)
Referring MD: Lori Kmiec Posk, MD
Requesting Provider: John A Dumot, DO
Medicines: Fentanyl IV 200 mcgs, O2 per Nasal Cannula 2 Ls, Valium IV 10 mgs
Complications: No immediate complications

Procedure: Pre-Anesthesia Assessment
- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient is competent. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified by the physician in the pre-procedure area. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Prophylactic Antibiotics: The patient does not require prophylactic antibiotics. Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents. ASA Grade Assessment: III - A patient with severe systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use moderate sedation / analgesia (conscious sedation). Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The pediatric long colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice & ileocecal valve. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was excellent.



The Colon

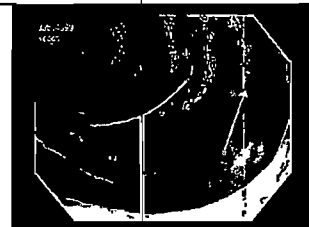
Findings:

The perianal and digital rectal examinations were normal.

Patient Name: [REDACTED]
MRN: [REDACTED]
Date of Birth: [REDACTED]
Attending MD: John A. Dumot, DO

Procedure Date: 11/12/2016 2:11 PM
Account Number: [REDACTED]
Site: Ahuja Procedure Room 1

A few small-mouthed diverticula were found in the sigmoid colon



6 Sigmoid Colon Diverticulum

Three sessile polyps were found in the transverse colon and in the ascending colon. The polyps were small in size. These polyps were removed with a cold snare. Resection and retrieval were complete. Estimated blood loss was minimal.

The exam was otherwise without abnormality on direct and retroflexion views.

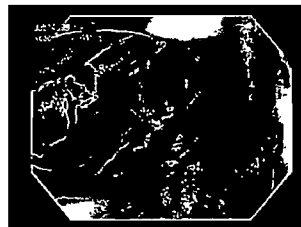
Add'l Images:



1 Transverse Colon



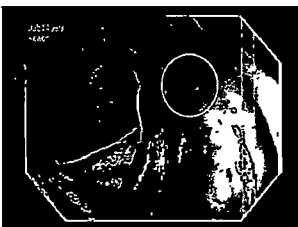
2 Ascending Colon



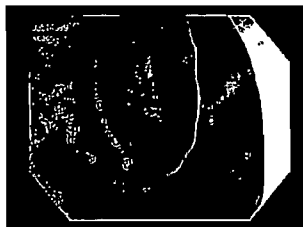
3 Ascending Colon Post Procedure Transverse colon, Ascending colon Polypectomy - Multiple Polyps Same Metho



4 Hepatic Flexure



5 Ascending Colon



7 Descending Colon



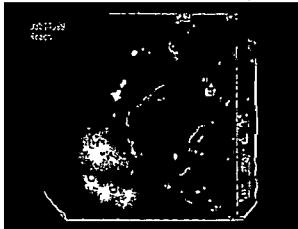
8 Sigmoid Colon



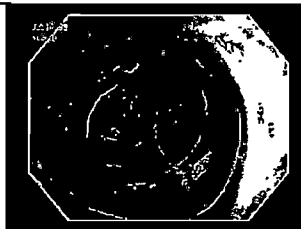
9 Appendiceal Orifice

Patient Name: [REDACTED]
MRN: 00544000
Date of Birth: 1/22/1962
Attending MD: John A. Dumot, DO

Procedure Date: [REDACTED]
Account Number: [REDACTED]
Site: Ahuja Procedure Room 1



10 Cecum



11 Descending Colon

Impression:

- Diverticulosis in the sigmoid colon.
- Three small polyps in the transverse colon and in the ascending colon Resected and retrieved.
- The examination was otherwise normal on direct and retroflexion views

Recommendation: - Repeat colonoscopy in 5 years for surveillance

Attending Participation:

I personally performed the entire procedure.

John A. Dumot

John A. Dumot, DO
7/1/2013 3:38.42 PM

Number of Addenda: 0

Note Initiated On: 7/1/2013 2:47.24 PM

Estimated Blood Loss:

Estimated blood loss was minimal