



**The Vein Institute of Hunterdon**

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PATIENT: David Rycyk  
DATE OF BIRTH: 09/27/1958 (65 year old Male)  
MR# : 31585  
DATE: 01/18/2024 2:00 PM  
VISIT TYPE: Vein  
RENDERING PROVIDER: Samantha Chmiel Towle NP-C

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**PRIMARY CARE PHYSICIAN:** Desai PA-C, Paresh

**HCA PHYSICIAN:** Daniel Kobe MD

**CHIEF COMPLAINT:** Micro-Foam UGS, Procedure Note, Visit Note

**IDENTIFYING DATA:** Mr. Rycyk is a 65 year old male.

**HISTORY OF PRESENT ILLNESS**

**1. Micro-Foam UGS**

Patient was measured for compreflex wraps, his measurements for his left leg are A- 27.00cm B-29.00cm C-36.00 C1- 41.000cm, Right leg A-28.00cm B-27.00cm C-33.00cm C1-40.00cm

**2. Procedure Note**

**3. Visit Note**

Patient with bilateral lower extremity edema that extends into the dorsum of the feet and toes, bilateral hyperpigmentation and aching despite the use of medical compression wraps 20-30 mmHg, elevation and exercise. Symptoms have begun to affect his daily activities. I recommend that he begin using pneumatic compression sleeves daily for 1 hour. He will follow up after using the sleeves daily for 3 months.

Procedure	Test Date
US-Venous Duplex	10/16/2023 12:00:00 AM
Nuclear Stress	10/31/2022 12:00:00 AM
Echo	6/3/2022 12:00:00 AM
Stress Test	6/19/2017 12:00:00 AM

## Cardiac History

### Risk Factors

- 1 Hypertension
- 2 Dyslipidemia
- 3 Family History of CAD [Less than 60 years of age]
- 4 Tobacco Use: Cigar [Tobacco per day: 1 Cigars, Years used: 2.00]

### CARDIOVASCULAR PROCEDURES

#### Echo/MUGA:

<u>Mo</u>	<u>Day</u>	<u>Year</u>	<u>Procedure</u>	<u>Results</u>
5	17	2018	Echo	EF 0.55 (55%), LVEDD 4.8 cm, LVESD 2.3 cm, Ao Root 2.8 cm, LA Diam 4.7 cm, NI LV sz & wall thick. No RWMA. NI diast filling pattern for age. Mild dilated LA. Mild thick trileaflet AV, nl excurs. Mild AS. Vel 2 m/s. MAC. Very sm area calcif cannot r/o vegetation but is very unlikely-most likely d/t MAC. Mild MR.

#### Electrophysiology:

<u>Mo</u>	<u>Day</u>	<u>Year</u>	<u>Procedure</u>	<u>Results</u>
10	4	2022	EKG	sinus tachycardia RBBB
5	26	2022	EKG	sinus rhythm (rapid) RBBB QRS = 153 ms RSR' in V1 V2 S > 30 ms in I V5 V6 marked right-precordial repolarization disturbance secondary to RBBB large negative T in V2 V3 Abnormal ECG
12	6	2021	EKG	Sinus rhythm horizontal axis RBBB QRS = 155 ms RSR' in V1 V2 S > 30 ms in I V5 V6 minor right-precordial repolarization disturbance secondary to RBBB negative T in V3 with flat or low negative T in V2 Borderline ECG no change since 8/21/20
8	21	2020	EKG	Sinus rhythm horizontal axis incomplete RBBB QRS = 125 ms RSR' in V1 R' > R in V1 Borderline ECG slight increase in intraventricular conduction delay since 2/28/19
2	28	2019	EKG	Sinus rhythm Normal ECG

#### Vascular:

<u>Mo</u>	<u>Day</u>	<u>Year</u>	<u>Procedure</u>	<u>Results</u>
5	17	2018	Venous Duplex	Evid L PT ( prox calf to mid calf ) age-indeterminate mostly non-occl DVT. No evid L CF, fem or POP thrombosis. No evid R DVT or B/L superficial vein thrombophlebitis. B/L deep & superficial venous insuff.
9	22	2016	Venous Duplex	R- No dvt,svt. No flow noted in the treated GSV. Evidence of perforating and trib vein reflux. L- No dvt,svt. No flow noted in the treated SSV. Flow noted in the treated segment of the GSV. Flow noted in the treated trib veins in the medial calf. Com fem, fem,gs,perf and trib reflux.
6	22	2016	Venous Duplex	L- No dvt.
5	27	2016	Venous Duplex	R- No dvt. Gsv trib phlebo.
1	5	2016	Venous Duplex	R- No dvt or svt. Cf, sf junct, gsv, and pop reflux >1 second. L- No dvt. Chronic non occlusive gsv prox thigh to mid calf svt. Chronic non occlusive trib prox calf to distal calf svt. Cf, sf junct, gsv, pop, sp junct, ssv, and trib reflux >1 second.

#### Other:

<u>Mo</u>	<u>Day</u>	<u>Year</u>	<u>Procedure</u>	<u>Results</u>
6	7	2016	Other	Ugs of L gsv.

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5

25

2016

Other

Evlt and ugs of L ssv.

5

24

2016

Other

Evlt of L gsv and ugs of L trib.

PAST MEDICAL/SURGICAL HISTORY (Reviewed, updated)

Disease/Disorder	Onset Date	Management	Date
Essential hypertension	10/05/2016	back surgery	1989
Restless leg syndrome		Varicose Vein Removal	06/2016
		Arthroscopic Knee Surgery	
		Discectomy-L4L5-1989	
		Back	
		Knee arthroscopy right	
Hypertension			
Peripheral venous insufficiency	20160524		
Polymyalgia			
sleep apnea			
Venous thrombosis	20180508		
Polymyalgia rheumatica	03/06/2018		
High Blood Pressure			
Varicose Veins			
		Knee replacement, total	05/11/2023

ALLERGIES/INTOLERANCES: TRAMADOL - nauseated

Social History (Reviewed, updated)

Tobacco use reviewed.

Preferred language is English.

Education/Employment/Occupation

Employment	History	Status	Retired	Restrictions
		full-time		

Marital Status/Family/Social Support

Marital status: Married

Tobacco use status: Ex-cigar smoker.

Smoking status: Former smoker.

Tobacco Screening

Patient has used tobacco.

Smoking Status

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
Cigar	Former smoker	1 Cigars	2.00	0.40	0.40

Cessation - most recent history

Enc Date	Type	Date Quit	Longest Tobacco Free	Cessation Method
06/24/2023	Cigar	01/01/2013		

Tobacco Cessation Information - most recent information

Date	Completed By	Order	Status	Tobacco Cessation Information
08/27/2020	Juliana Dibella - HFP	Tobacco cessation counseling	completed	Smoking cessation education

Alcohol

There is a history of alcohol use.

Type: Hard liquor. consumed occasionally.

Caffeine

The patient uses caffeine: Decaff coffee and Decaff tea. - 2 cups a day.

Lifestyle

None activity level. Not physically active. Exercise includes walking.

Diet

fair

The patient reports there are animals in the home.

Sleep Patterns

Patient has no changes to sleep patterns.

Home Environment/Safety

The patient is not at risk for falls.

ADVANCE DIRECTIVES:

Reviewed

Family History

(Reviewed, updated)

Relationship	Family Member Name	Deceased	Age at Death	Condition	Onset Age	Cause of Death
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Rycyk, David      09/27/1958

		No family history of Macular degeneration	N
		No family history of Glaucoma	N
		No family history of hypercalcemia	N
		Family History of Arthritis	
		Family History of High Blood Pressure	
Father		hypertension	N
Father	Y	Heart Attack	Y
Father	Y		N
Grandfather	Y	Heart Attack	N
Grandmother		stroke	N
Mother		dementia	N

**REVIEW OF SYSTEMS** CONST - Negative for activity change. RESP - Negative for dyspnea. VASC - Negative for claudication, edema, pain, ulcer, varicose veins, thrombophlebitis, leg swelling, raynaud's, erythema. ENDO - Negative for darkening skin. NEURO - Negative for decreased sensation, numbness in extremities, paresthesias. PSYCH - Negative for self-consciousness. DERM - Negative for hyperpigmentation, rash, sensitive hands/feet, skin sores. M/S - Negative for muscle cramps. HEMAT - Negative for thromboembolic events, thrombocytopenia, acute anemia, easy bleeding, easy bruising.

## VITAL SIGNS

Time	BP	Position	Side	Site	HR	Rhythm	Resp	Height In	Weight Lb	Temp F	BMI
4:01 PM	122/80	sitting	left	brachia	70	regular		71.00	264.00		36.82

## PHYSICAL EXAM

Exam	Findings	Details
Vasc	Pos	Left Swelling, Left Hyper Pigmented, Left Hemosiderin Deposits, Left Lipodermato Sclerosis, Left Corona Phlebectasia.

## FUTURE APPOINTMENTS

Date and Time	Reason	Resource
05-06-2024 11:00 AM	Vein OV	Chmiel-Towle, Samantha
02-26-2024 09:00 AM	Office Visit 30 Min	Dr. Kobe
02-26-2024 11:00 AM	Vein OV	Chmiel-Towle, Samantha

## IMPRESSION AND PLAN

01. Venous insufficiency (I87.2): 3 month Left VI scan and POV with Sam., US Venous Lower Extrem Unilat Venous Insufficiency left leg to be performed on: 04/18/2024
02. Varicose veins of left lower extremity with pain (I83.812)

## ORDERS

Status	Dx Code	Timeframe	Approx Due Date	Follow Up Orders
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ordered 187.2 3 Months 04/18/2024 US Venous Lower Extrem Unilat Venous Insufficiency left leg

#### FINAL MEDICATION LIST

Name	Generic Name	Directions
B12 5,000 mcg-100 mcg sublingual lozenge	cyanocobalamin/cobamamide	
carisoprodol 350 mg tablet	carisoprodol	take 1 tablet by oral route 3 times every day and at bedtime
duloxetine 60 mg capsule,delayed release	duloxetine HCl	take 1 capsule by oral route every day
ibuprofen 800 mg tablet	ibuprofen	as needed
magnesium 400 mg (as magnesium oxide) tablet	magnesium oxide	
methocarbamol 750 mg tablet	methocarbamol	take 1 tablet by oral route 3 times every day
olmesartan 20 mg tablet	olmesartan medoxomil	take 1 tablet by oral route every day
pregabalin 200 mg capsule	pregabalin	take 1 capsule by oral route every day
Repatha SureClick 140 mg/mL subcutaneous pen injector	evolocumab	INJECT 1 PEN UNDER THE SKIN (SUBCUTANEOUS INJECTION) EVERY 2 WEEKS INTO THIGH, ABDOMEN, OR UPPER ARM
Repatha Syringe 140 mg/mL subcutaneous syringe	evolocumab	inject 1 milliliter by subcutaneous route every 2 weeks in the abdomen, thigh, or outer area of upper arm (rotate sites)
tadalafil 20 mg tablet	tadalafil	take 1 tablet by oral route 1 hour prior to sexual activity.
TAMSULOSIN 0.4MG CAPSULES	tamsulosin HCl	TAKE 1 CAPSULE BY MOUTH EVERY DAY 30 MINUTES AFTER THE SAME MEAL
tizanidine 4 mg tablet	tizanidine HCl	take 1 tablet by oral route every 6 - 8 hours as needed not to exceed 3 doses in 24 hours
Vitamin B-2 25 mg tablet	riboflavin (vitamin B2)	

#### Medications reviewed

Counseling / educational factors reviewed.

#### COUNSELING / EDUCATIONAL FACTORS

Counseling / educational factors reviewed.

#### PROBLEM LIST

Problem Description	Onset Date	Chronic	Note
Acute nonintractable headache, unspecified headache type	08/26/2021	N	
Atypical chest pain	01/08/2024	N	
Chronic venous insufficiency	03/21/2019	N	
Enlarged prostate	02/18/2022	N	
Essential (primary) hypertension	11/18/2016	N	
History of right foot drop	08/03/2018	N	
Hyperparathyroidism	02/26/2019	Y	
Hypertensive heart disease without congestive heart failure	11/18/2016	Y	PROBLEM UPDATED from Hypertensive heart disease without congestive heart failure (disorder)
Impaired fasting glycaemia	10/05/2016	Y	
Mixed hyperlipidemia	02/28/2019	N	

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Neuropathy	12/20/2021	N
Obesity (BMI 30-39.9)	03/21/2019	Y
OSA on CPAP	08/03/2018	Y
PAD (peripheral artery disease)	09/23/2019	N
Pain	08/21/2020	N
Pain, joint, knee, left	12/20/2021	N
Polymyalgia	10/04/2022	N
Polymyalgia rheumatica	03/06/2018	N
RBBB (right bundle branch block)	12/06/2021	N
Varicose veins of left lower extremity with pain	01/10/2024	N
Venous insufficiency	01/10/2024	N
Venous insufficiency (chronic) (peripheral)	11/05/2020	N
Venous thrombosis	05/08/2018	N

Electronically signed by: Samantha Chmiel-Towle NP-C 01/18/2024 @ 4:34 PM



Rendering Provider: Samantha Chmiel Towle NP-C  
I was available at the time of service and agree with the plan of care.



Glen Tonnessen MD

Document Generated by: Samantha Chmiel-Towle NP-C 01/19/2024

Hunterdon Cardiovascular Associates - Clinton

Desai PA-C, Paresb

Enterprise Chart Status: Opted In