

288506174 ELMVH  
40919878  
8888128  
2/12/2003 12:00:00 AM  
bladder cancer s / p cystoscopy , bilateral retrograde pyelograms , TURBT  
DIS  
Admission Date :  
02/12/2003  
Report Status :  
Discharge Date :  
02/13/2003  
\*\*\*\*\* DISCHARGE ORDERS \*\*\*\*\*  
HAUTHFREDE , MEND  
182-68-43-2 A45  
Room :  
9T-968  
Service :  
URO  
DISCHARGE PATIENT ON :  
02/13/03 AT 10:00 AM  
CONTINGENT UPON  
Not Applicable  
WILL D / C ORDER BE USED AS THE D / C SUMMARY :  
YES  
Attending :  
SIMPLE , VITA , M.D.  
DISPOSITION :  
Home  
DISCHARGE MEDICATIONS :  
LEVOFLOXACIN 250 MG PO QD X 3 Days  
Food / Drug Interaction Instruction  
Administer iron products a minimum of 2 hours before or after a levofloxacin or  
ciprofloxacin dose dose If on tube feeds , please cycle ( hold 1 hr before to 2  
hr after ) Take 2 hours before or 2 hours after dairy products .  
DIET :  
No Restrictions  
ACTIVITY :  
Resume regular exercise  
FOLLOW UP APPOINTMENT ( S ) :  
Dr Simple 1-2 weeks ,  
ALLERGY :  
Cephalosporins  
ADMIT DIAGNOSIS :  
bladder cancer  
PRINCIPAL DISCHARGE DIAGNOSIS ;  
Responsible After Study for Causing Admission ) bladder cancer s / p cystoscopy  
, bilateral retrograde pyelograms , TURBT  
OTHER DIAGNOSIS ;  
Conditions , Infections , Complications , affecting Treatment / Stay  
prostate cancer s / p Lupron and XRT , bladder cancer , HTN , pernicious anemia  
, obesity , h / o asthmatic bronchitis , emphysema  
OPERATIONS AND PROCEDURES :  
s / p cystoscopy , bilateral retrograde pyelograms , TURBT 02/12/03  
OTHER TREATMENTS / PROCEDURES ( NOT IN O.R. )  
none  
BRIEF RESUME OF HOSPITAL COURSE :  
Patient is an 81-year-old male with a history of prostate cancer treated with Lu  
pron and XRT s / p TURP who presented in 12/14 with gross hematuria and passage  
of clots .  
He underwent cystoscopy which revealed an anterior bladder wall mass and bladder

stone which was irrigated out of the bladder .  
Bladder pathology revealed invasive transitional cell carcinoma .  
Patient continues to experience intermittent hematuria ( no clots ) .  
He denies frequency , hesitancy , dysuria , flank pain , fever / chills .  
He now presents for cystoscopy and TURBT .  
Patient was taken to the operating room on 02/12/03 and underwent cystoscopy , bilateral retrograde pyelograms , and transurethral resection of bladder tumor ( TURBT ) without complication .  
Patient tolerated the procedure well .  
Patient was placed on continuous bladder irrigation ( CBI ) at mild to moderate rate overnight .  
CBI was stopped at 6 am and urine in Foley catheter tube was clear .  
Patient had no complaints of pain , no other complaints .  
Foley was discontinued in the morning on postop day 1 ( 02/13/03 ) and patient was able to void without problems .  
He was having no pain , was ambulating , and was taking regular diet .  
Patient was deemed stable for discharge and will follow up with Dr Simple in one to two weeks .

ADDITIONAL COMMENTS :

- Please call to schedule follow up appointment with Dr Simple in 1-2 weeks : 130-641-2447
- Please return to emergency room if passing large amounts blood in urine , if unable to urinate , if having abdominal or suprapubic pain , flank pain , fever , chills , any other concerning symptoms
- Urine will be blood-tinged ( light pink ) for several days--this is expected and normal

DISCHARGE CONDITION :

Stable

TO DO / PLAN :

- Please call to schedule follow up appointment with Dr Simple in 1 to 2 weeks :

130-641-2447

- Please return to emergency room if experience gross blood in urine , inability to urinate , flank pain , fever , chills , suprapubic pain , other concerning symptoms
- Blood-tinged urine ( light pink ) is expected for several days postoperatively

No dictated summary

ENTERED BY :

SAGETLAND , KINGI TAANG , M.D. ( WW88 ) 02/13/03 10:16 AM

\*\*\*\*\* END OF DISCHARGE ORDERS \*\*\*\*\*

[ report\_end ]