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3/7/2002 12:00:00 AM

Discharge Summary

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Report Status :

Signed

DISCHARGE SUMMARY NAME :

JESCOBEJESC , SON

UNIT NUMBER :

485-03-93

ADMISSION DATE :

03/07/2002

DISCHARGE DATE :

03/13/2002

PRIMARY DIAGNOSIS :

Wound infection .

ASSOCIATED DIAGNOSIS :

None .

PRINCIPAL PROCEDURES :

Incision and drainage of wound infection on 3/7/02 .

Abdominal pelvic CT scan on 3/10/02 .

Fistulogram on 3/11/02 .

Intravenous antibiotics .

HISTORY OF PRESENT ILLNESS :

The patient is a 79-year-old man status postradical cystoprostatectomy with ileal loop for locally invasive prostate cancer .

This operation was performed 2/11/02 by Dr. Doje Para .

The postoperative course was complicated by atrial fibrillation with transfer to the Cardiac Step-Down Unit .

This transfer occurred around postoperative day 8 for anticoagulation and amiodarone load .

The anticoagulation was stopped due to concern for postoperative bleeding .

The patient complained of fevers .

The patient presented to the emergency room on 3/7/02 , complaining of fevers since Monday 3/2/02 .

He developed erythema around the wound on Wednesday and was seen by Dr. Para , who started Keflex and obtained a CT scan which demonstrated a fluid collection at the site of erythema .

The fevers continued as high as 102.5 degrees F with chills on the morning of admission .

He was draining pus from the wound site with subsequent relief of discomfort at the site .

PAST MEDICAL HISTORY :

Hypertension , atrial fibrillation , gout .

PAST SURGICAL HISTORY :

Cystoprostatectomy , bilateral inguinal hernia repair .

MEDICATIONS ON ADMISSION :

Keflex 500 mg qid .

ALLERGIES :

No known drug allergies .

PHYSICAL EXAMINATION ON ADMISSION :

On presentation , temperature 99.3 degrees F , other vital signs were within normal limits .

He was in no acute distress , non-toxic .

Cardiovascular :

Regular rate and rhythm .

Pulmonary :

Clear to auscultation bilaterally .

Abdomen soft and there was wound erythema with three areas of dehiscence draining foul-smelling , purulent fluid .

The fascia appeared intact by probing .

The stoma was pink and functional .

The wound was a midline incision for his radical cystoprostatectomy .

LABORATORY DATA :

White blood cell count 16.9 , hematocrit 32.2 , platelet count 418 , sodium 131 , potassium 3.4 , chloride 102 , bicarbonate 21.4 , BUN27 , creatinine 1.4 , glucose 150 .

RADIOLOGIC STUDIES :

CT scan 3/5/02 :

A fluid collection external to the fascia consistent with site of erythema .

HOSPITAL COURSE :

The patient was admitted to Urology .

After the wound was further opened , he was started on ampicillin , Gentamicin , and Flagyl antibiotics and he was placed on a bid dressing change and packing .

On hospital day 2 , the patient had no complaints .

He was afebrile with stable vital signs and good urine output .

The wound erythema was improving and the wound was packed twice a day .

Wound cultures remained negative at that time .

We continued his ampicillin , Gentamicin , and Flagyl .

By hospital day 4 , he remained afebrile throughout his hospital course .

The wound cultures demonstrated gram-positive cocci in clusters and gram-negative rods .

Blood cultures remained negative .

The patient was continued on antibiotics and we obtained a CT scan to check for an enterocutaneous fistula .

We discontinued his Flagyl on that day .

We contacted the patient 's primary care physician , Dr. Aslinke _____ , regarding his cardiac medication management .

We agreed that he should resume his atenolol .

He was started on 2.5 mg PO qd .

He was continued on his dressing changes .

We changed the dressings tid instead of bid for continued drainage .

The CT scan that was obtained on 3/10/02 demonstrated no connection between bowel and the wound .

The drainage had been decreasing and the patient continued to be afebrile .

On the following day , 3/11/02 , a fistulogram was obtained which was negative for a fistula from the bowel to the wound .

The patient was continued on ampicillin and Gentamicin .

He remained afebrile with stable vital signs .

He was comfortable and erythema continued to decrease with improvement in the appearance of the wound .

In consultation with Infectious Disease , it was agreed to discharge the patient on Augmentin for coverage .

We obtained sensitivities of his wound bacteria .

His intravenous antibiotics were discontinued .

He remained afebrile with daily improvement in the appearance of his wound .

On hospital day 7 , the patient remained afebrile with stable vital signs .

His wound demonstrated no erythema with moderate dark drainage .

The patient will be discharged with WH and continued dressing changes bid .

DISCHARGE INSTRUCTIONS :

1. The patient will be sent home on 7 days of Augmentin PO .

2. The patient will have follow-up with Dr. Para in three weeks .

MEDICATIONS ON DISCHARGE :

Percocet as needed for pain .

Norvasc 2.5 mg PO qd .

Augmentin 500/125 1 tab PO tid x 7 days .

LAKO C SCARVTWI , M.D.

Dictating for :

Electronically Signed

DOJE EED PARA , M.D.

04/21/2002 10:49

DOJE EED PARA , M.D.

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cc :

DOJE EED PARA , M.D.

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