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10/30/2003 12:00:00 AM

PELVIC MASS

Signed

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Admission Date :

10/30/2003

Report Status :

Signed

Discharge Date :

11/02/2003

PRINCIPAL DIAGNOSIS :

52-YEAR-OLD FEMALE STATUS POST EXPLORATORY LAPAROTOMY AND BILATERAL SALPINGO-OOPHORECTOMY FOR A LEFT ADNEXAL MASS .

HISTORY OF PRESENT ILLNESS :

The patient is a 52-year-old hepatitis C positive female who is status post right lung wedge resection in September 2003 , who on preop CT scan for that procedure , was found to have an incidental pelvic mass .

A follow-up ultrasound revealed a 7.8 cm thick-walled left adnexal mass with a 4 cm mural nodule .

PAST MEDICAL HISTORY :

Hepatitis C , depression , pneumonia .

PAST SURGICAL HISTORY :

Bilateral tubal ligation in 1987 , lung resection in 2003 .

PAST OB / GYN HISTORY :

Normal Paps , mammograms normal .

MEDICATIONS :

Gamma-interferon 0.4 q. week , ribavirin 1000 U x2 , Vivelle patch 0.1 q. week , fluoxetine 50 mg q.d. , Zyprexa 2.5 mg q.d. , Neurontin 900 mg q.d.

ALLERGIES :

Penicillin (rash) .

SOCIAL HISTORY :

Active , travel in 1997 , occasional alcohol , no tobacco .

HOSPITAL COURSE :

The patient was taken to the operating room on the date of admission and underwent an uncomplicated bilateral salpingo-oophorectomy .

Her postop course was notable for a temperature spike of 102.2 on postop day # 1 .

The patient had a mildly productive cough and a PA and lateral chest x-ray revealed bibasilar atelectasis and no evidence of pneumonia .

The patient's lung exam improved after receiving dual neb therapies .

That same night , a faint and erythematous area was noted around the incision .

The patient was started on Ancef .

On postop day # 2 , the patient defervesced and continued to sat 96% and greater on room air .

Her lung exam demonstrated there were no crackles or rhonchi , and her skin incision and erythema around the skin incision had not changed in any meaningful way .

On postop day # 3 , the patient had been febrile for greater than 24 hours and the erythema around the skin incision had improved .

The patient was tolerating p.o.'s , passing flatus , and ambulating without difficulty .

OTHER ISSUES :

The patient was admitted with the preop hematocrit of 25 , likely has anemia of chronic disease related to her hepatitis C or related to the therapy .

The patient's postop hematocrit was 22 and remained stable .

The patient will be discharged on the following medications :

DISCHARGE MEDICATIONS :

Keflex 500 mg q.i.d. x7 days , Percocet 1-2 tabs q.4-6h. p.r.n. pain , ibuprofen 600 mg 1 tab p.o. q.6h. p.r.n. pain , Peri-Colace 1-2 tabs q.d. p.r.n. constipation .

FOLLOW-UP INSTRUCTIONS :

The patient was instructed to call the following numbers regarding any questions and concerns about the care :

(544) 429-8606 on weekdays between the hours of 8:30 a.m. and 5:00 p.m. and (992) 847-0552 , gynecology oncology fellow on-call on weeknights and weekends .

Dictated By :

LU GLOTZKOTE , M.D. KP77

Attending :

NAEELV R. PATCH , M.D. EM14 EG634/339417

Batch :

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