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06/03/2005 12:00:00 AM

Discharge Summary

Signed

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Report Status :

Signed

DISCHARGE SUMMARY NAME :

HIBBSBRUESSKOTE , IRAND L

UNIT NUMBER :

013-33-17

ADMISSION DATE :

06/03/2005

DISCHARGE DATE :

06/09/2005

AGE :

A 72-year-old female .

PRINCIPAL DIAGNOSIS :

Hepatic flexure mass .

ASSOCIATED DIAGNOSIS :

Aortic stenosis , critical valve area of 0.5 cm sq , chronic obstructive pulmonary disease , anxiety , osteoporosis , toxic nodular goiter , peripheral vascular disease , history of laryngeal polyp , history of humeral fracture , supraventricular tachycardia , status post cholecystectomy , status post thyroid ablation .

PRINCIPAL PROCEDURE AND OPERATION :

On 06/03/05 , by Dr. Clecar Dripps extended right colectomy with ileotransverse anastomosis and liver biopsy x1 .

HISTORY AND REASON FOR HOSPITALIZATION :

This is a 72-year-old female with a multiple medical problems with a history of anemia , requiring transfusion secondary to lower GI bleed .

She was found to have a large 4-cm polyp at the hepatic flexure .

The polyp was initially identified as a large tubular adenoma .

On pathology , in August of 2005 , the polyp was biopsied , but not removed .

Repeat colonoscopy deferred due to exacerbation of CHF and COPD .

Colonoscopy again attempted in 05/04/05 , showed a partially obstructing tumor at the hepatic flexure .

Biopsies were taken , but the tumor was not removed .

The patient came to Dr. Dripps for consult for surgical options for this symptoms large colonic polyp .

SUMMARY OF LABORATORY AND RADIOLOGIC EXAM :

On admission , the patient had normal arterial blood gas of 57 , 46 and 7.41 .

She had normal electrolytes .

Her electrolytes were repleted intermittently as necessary .

She had cardiac enzymes x3 , which were negative perioperatively .

She had normal liver function test and amylase and lipase postoperatively and she had a normal digoxin level of 1.0 on 06/04/05 .

The patient had a CBC on admission of 14.1 with a hematocrit of 33.8 .

Her CBC remained stable on 06/05/05 .

She had a white blood cell of 7.7 , hematocrit of 30.6 .

The patient had a MRSA nasal culture obtained on 06/03/05 , which revealed rare staphylococcus aureus resistant to methicillin , sensitive to vancomycin .

The patient had a chest x-ray on admission , showing inflated lungs and clear . No pleural effusion or pneumothorax .

Surgical pathology sent on 06/03/05 of the ascending and proximal transverse colon and segmental resection and frozen section were sent to pathology , results are pending at the time of this dictation .

HOSPITAL COURSE :

The patient did well postoperative .

She was afebrile .

Vital signs were stable .

She was placed in the surgical ICU for closure monitoring due to her aortic stenosis and cardiac function .

On postoperative day 1 , she was afebrile .

Vital signs were stable .

She was continued on PCA for pain control and given Lasix p.r.n. as necessary for urine output and pulmonary status .

She was placed on perioperative Ancef and Flagyl and kept n.p.o. with an NG tube .

On postoperative day 2 , she was afebrile , vital signs were stable and transferred to the surgical floor due to her good clinical status .

Her NG tube was discontinued .

She was started on sips , which she tolerated well .

On postoperative day # 2 , she was afebrile , vital signs were stable , making good urine .

She was kept on sips of clear liquids and on postoperative day # 3 , she remained afebrile , she was ambulating .

She was placed on clears .

Her PCA was discontinued .

She was IV hep-locked and changed to p.o. pain medication .

She was seen by physical therapy in house .

They recommended for home PT .

On postoperative # 4 , she was IV hep-locked and started on full liquid diet .

Her Foley was discontinued and on postoperative day # 5 , she had flatus and bowel movement x1 and she was started on postsurgical soft liquids .

The remainder of this discharge summary dictation will be dictated at a later date .

LEYNAH E SHUFFCLOZ , M.D.

DICTATING FOR :

Electronically Signed CLECAR DRIPPS , M.D. , PHD .

07/09/2005 17:26 _____ CLECAR DRIPPS , M.D. , PHD .

TR :

fz

DD :

06/08/2005

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06/09/2005 9:04 A 762279

cc :

LEYNAH E SHUFFCLOZ , M.D. CLECAR DRIPPS , M.D. , PHD .

[report_end]