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11/30/1995 12:00:00 AM
GASTRIC ULCER AND GASTRIC PERICARDIAL FISTULA ,
Unsigned
DIS
Report Status :
Unsigned
ADMISSION DATE :
11-30-95
DISCHARGE DATE :
12-29-95
PRINCIPAL DIAGNOSIS :
Gastric ulcer and gastric pericardial fistula , constricting pericarditis , adul
t respiratory distress syndrome , status post gunshot wounds and paraplegia sinc
e 1991 of T4 on down .
The patient has a Greenfield filter in .
He has multiple decubiti on his buttocks and penis .
He had a gastric pull up in 1992 of the stomach into the left thorax and he has
a transverse colostomy and a sinus tract on the abdomen .
ALLERGIES :
Bactrim and Vancomycin .
MEDICATIONS ON ADMISSION :
Albuterol inhaler .
Amphotericin B 40 mg. qday .
Ceftazidime 1 gram intravenous q 8 .
Ciprofloxacin 500 mg. po. q12 .
Cisapride 10 mg. po. qid .
Dakin 's solution 1/4 strength to ulcer of penis .
Benadryl 50 mg. intravenous tid prn .
_____ capsule 1 po. tid .
Lasix prn .
Nystatin swish and swallow tid .
Percocet po. q4 to 6 prn .
Trazodone 50 mg. qhs. multivitamins 1 po. qd .
HISTORY OF PRESENT ILLNESS :
The patient is a 25 year old who has a history of a gunshot wound many years ago
 and has had multiple surgical procedures since then .
Most recently he was admitted to an outside hospital with a drug overdose in adu
lt respiratory distress syndrome and ultimately found to have Candidal pericardi
tis which eventually led to constrictive pericarditis .
He had a pericardial window .
He had a barium swallow and endoscopy and was said not to have gastric or perica
rdial ulcer .
He had previous substernal gastric bypass because of an interruption of his esop
hagus at the time of his gunshot wound .
He had been noted to have an ulcer and ultimately when he stabilized it was our
feeling that he most likely had a gastric pericardial ulcer and he was transferr
ed here for further management .
We discussed the risks with his family .
It was a very high risk in very poor condition and a cachectic malnourished edem
atous individuals who have very high venous pressures and shortness of breath .
The family understood that this was a life saving procedure and only carried wit
h it approximately 50% chance of success .
SPECIAL PROCEDURES AND OPERATIONS :
esophagoscopy , bronchoscopy , pericardectomy , excision of gastric ulcer , repa
ir of gastric ulcer and pectoralis major myocutaneous flap performed on December

4 , 1995 by Dr. Reg Cranka and Dr. Win Shufffyfe .
In lieu of a standard discharge summary given this patient 's complicated h
ospital course and associated illnesses I feel it best to just provide a system
summary concerning this patient 's current status .
1. Neurologic and Psychologic :
The patient is on Nortriptyline for depression .
He is a paraplegic from T4 down .
Otherwise he is awake , alert and appropriate and can respond to questions and c
an move his upper extremities .
The patient however spends most of his time at bedrest due to decubiti ulcer dis
ease .
2. Cardiac :
The patient had constrictive pericarditis that was relieved by his surgical proc
edure .
He had a cardiac catheterization on December 1 , 1995 that showed no complicatio
ns , elevated right atrial pressure and moderate pulmonary hypertension .
The cardiac output was five liters per minute with an index at 2.9 liters per mi
nute per meter 2 which is normal .
A full copy of the cardiac catheterization report is enclosed with his transfer
materials .
The patient also underwent cardiac ultrasound on December 11 , 1995 that showed
abnormal right ventricle wall motion , trace mitral regurgitation , normal left
ventricular size and function with an estimated ejection fraction of 64% .
There is Doppler evidence of tricuspid insufficiency and right atrial dilatation
.
There is trace pulmonary insufficiency .
The right ventricle is dilated and diffusely hypokinetic and there is no evidenc
e of constrictive physiology which was seen on December 6 , 1995 .
A copy of this ultrasound is also found in his records .
The patient is on no specific medications for his cardiac condition .
3. Respiratory :
the patient is status post thoracotomy and has staples and sutures on his chest
.
These may be removed when the incisions are noted to be well healed .
The patient is approximately three weeks following his procedure and several of
these stitches will be removed prior to discharge .
The patient is on oxygen by face mask and his saturations have been remaining no
rmal .
His medications for his respiratory system are Albuterol nebulizer 0.5 mg. 2.5 c
c. q4hours .
3. GI :
The patient has had gastric ulcer repair and also has a colostomy .
The patient has a sinus tract that was studied with a fistulogram on December 25
, 1995 .
This showed no communication with the intestines and was simply a sinus tract .
There is no fistula seen .
Dr. Asha Vengloan of General Surgery consulted on the patient and concluded the
patient does not require any surgical treatment of this problem at the current t
ime and the best treatment for this situation would be to increase the patient &
apos;s nutrition .
The patient takes poorly his po. diet .
However he is able to swallow and tolerate po's .
He just claims to have no appetite and has very poor effort with feeding .
The patient is able to tolerate po. medicines .
4. GU :
The patient has an ulcer on his penis that has been treated with dressing change
s .
It has been noted to be improving .
The patient has a Foley catheter in and when the penile skin is very well healed
his Foley catheter may be removed .

Until this time he should be kept on three times daily wet to dry dressing chang
es .
5. Skin :
The patient has multiple decubiti over his body , in particular his perineum and
 buttocks have large decubiti .
Plastic Surgery was consulted Dr. Ca Shuff who saw the patient and decided that
the patient is not a surgical candidate at this point .
These wounds should be treated with three times daily wet to dry dressings .
The patient 's activity should be limited to being up in a chair only for s
everal minutes per day and sit on a special pad that the family has purchased .
6. Infectious Disease :
The patient 's white count at the time of discharge is within normal limits
 .
The patient remains on Fluconazole .
His other antibiotics were discontinued .
His most recent cultures are negative .
The chest X-ray shows no evidence of pneumonia .
7. Pain .
The patient has been very closely with the Pain Service here while admitted .
He has been placed on Oxycodone 10 mg. po. q3hours as needed for pain .
The patient had a PCA and several other medications have been discontinued .
The patient has strong narcotic seeking behavior .
The patient for sleep was given Benadryl 25 to 50 mg. qhs. and was not allowed a
ny increases in his narcotics after weaning him down to just requiring the Oxyco
done .
A complete summary of the patient 's medications are as follows :
Cimetidine 300 mg. intravenous q6hours .
Albuterol nebulizer 0.5 mg. 2.5 cc. q4hours .
Senokot two tablets po. bid or Metamucil one tablespoon po. bid .
Nortriptyline 25 mg. po. qhs .
KCL 40 mEq. po. bid .
Saline wet to dry dressing changes three times daily to penis and pelvis decubit
i , 40% humidified oxygen , Fluconazole 200 mg. po. bid .
Lasix 2.5 mg. intravenous qid .
Prilosec 20 mg. po. qd .
Benadryl 25 to 50 mg. po. qhs prn .
Oxycodone 10 mg. po. q3 hours prn .
Physicians that took care of this patient while at the Ph University Of Medical
Center are as follows :
Admitting Physician and Thoracic Surgeon :
Reg Cranka , M.D.
Consulting General Surgeon was Asha Vengloan , M.D.
Consulting Urology was Ryna Baker , M.D.
Consulting Plastic Surgeon :
Ca Shuff , M.D.
Consulting Cardiologist :
Cealme Maressythe , M.D.
Consulting Cardiac Surgeon :
Win Shufffyfe , M.D.
Infectious Disease Consultant :
Dr. Jesc .
Psychiatry :
Dr. Rencobe and Dr. Saddbeem .
Pain Service :
Dr. Shuff .
In summary this is a 25 year old male with a very complicated history and a pati
ent of Dr. Breunkays 's .
The patient was seen at Ph University Of Medical Center for problem regarding hi
s constrictive pericarditis and underwent a surgical procedure to correct this .

Followup cardiac studies showed there was a resolution of his constrictive peric
arditis .
The patient also had a gastric ulcer repaired at the same time .
Other issues of the patient are chronic and most likely will be followed up in h
ospitals closer to the patient 's home .
If there are any questions regarding his care they should be directed to Dr. Cra
nka 's office at Ph University Of Medical Center and we will be happy to co
ntact any or all of the consultations concerned with Hauth 's care .
Hauth is a very complicated patient and it was our pleasure to provide care for
him at Ph University Of Medical Center .
CA SHUFF , M.D.
DICTATING FOR :
REG CRANKA , M.D.
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12-27-95
TD :
12/27/95
CC :
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