

**Patient:** [REDACTED] **Date of Encounter:** October 10, 2024 **Provider:** [REDACTED]

**Chief Complaint:** Right lower quadrant pain

**History of Present Illness:**

This 52-year-old male patient presents for evaluation of right lower quadrant pain, fever, and leukocytosis. The pain began approximately 7 days after the patient underwent an appendectomy on October 3, 2024. The patient reports constant, throbbing pain associated with nausea and decreased appetite. He has tried over-the-counter pain medications with minimal relief.

**Past Medical History:**

- Appendectomy (October 3, 2024)
- hypertension

**Surgical History:**

- Appendectomy (October 3, 2024)

**Medications:**

- Ibuprofen 400mg every 6 hours as needed for pain

**Allergies:**

- No known drug allergies

**Physical Exam:**

**Vital Signs:** Temperature: 100.8°F (38.2°C), Heart Rate: 90 bpm, Respiratory Rate: 16 breaths/min, Blood Pressure: 120/80 mmHg **General:** Appears uncomfortable, in mild

distress. **Abdomen:** Tenderness to palpation in the right lower quadrant. No palpable masses. No guarding. **Surgical Incision:** Well-healing, no signs of erythema or purulent drainage.

### **Results:**

- **Computed Tomography (CT) of the abdomen and pelvis:** A heterogeneous, cystic fluid collection is identified in the right lower quadrant with an enhancing inflamed wall and adjacent fat stranding. Findings are consistent with an abscess.
- **White blood cell count:** Elevated (14,000 cells/ $\mu$ L)

### **Assessment:**

- Abdominal abscess, post-appendectomy

### **Plan:**

After reviewing the patient's clinical presentation and imaging findings, the decision was made to proceed with CT-guided percutaneous drainage of the abscess. The procedure was performed today. A drainage catheter was placed, and a small amount of serosanguinous fluid was returned. The patient will be monitored closely for response to treatment.

### **Instructions:**

- The patient was instructed on proper wound care and drain management.
- He was advised to continue taking ibuprofen for pain control and to monitor his temperature.
- He was instructed to return to the clinic or emergency department immediately if he experiences increased pain, fever, chills, or drainage from the incision site.

- Follow-up appointment scheduled for October 17, 2024, to assess clinical progress and for possible drain removal.

**Prognosis:**

With timely drainage and appropriate management, the prognosis for recovery from this post-operative abscess is excellent.