

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense, P	737918756	xxx-xx-6049	Female	03/13/1953
Address	Phone	E-mail		
3650 SCHAPER AVE ERIE, PA 16508	814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM		
PCP				
Robert W Geiger, DO				

01/03/2023 - Pinecrest Family Practice-UPMC

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE		814-440-4190 (M)	YANNETTELPC@GMAIL.COM	
ERIE PA		814-456-3949 (H)		
16508		888-888-8888 (W)		
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
01/03/2023 02:30:00 PM	01/03/2023 02:45:00 PM	2600165484344
Hospital Area		
Pinecrest Family Practice-UPMC		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Geiger, Robert W, DO at 01/03/2023 02:30 PM

Author : Geiger, Robert W, DO

Service: -

Author Type : Physician

Filed : 01/03/2023 03:17 PM

Encounter Date : 2023-01-03T14:30:00.000

Status : Signed

Editor : Geiger, Robert W, DO (Physician)

Subjective:

Patient ID: Hortense P Barnes is an 69 year old female.

HPI

Assess lump on abdomen

Review of Systems

Constitutional: Negative for fever and malaise/fatigue.

Skin: Negative for rash.

HENT: Negative for congestion and sore throat.

Eyes: Negative for blurred vision and photophobia.

Cardiovascular: Negative for chest pain.

Respiratory: Negative for wheezing and shortness of breath.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.

Gastrointestinal: Positive for **abdominal pain**. Negative for blood in stool, constipation, diarrhea and nausea.

Genitourinary: Positive for **change in urine output**

Heme: Negative for bruises/bleeds easily.

Allergies: Negative for environmental allergies.

Neurological: Negative for tingling and headaches.

Musculoskeletal: Negative for back pain and neck pain.

Objective:

BP (!) 145/88 | Pulse 82 | Temp 98.2 °F (36.8 °C) (Oral) | Resp 16 | Ht 5' 6" (167.6 cm) | Wt 172 lb (78 kg) | SpO2 98% | Breastfeeding No | BMI 27.76 kg/m²

Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane normal.

Left Ear: Tympanic membrane normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

Pupils: Pupils are equal, round, and reactive to light

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat.

Palpations: Abdomen is soft.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Assessment & Plan:

Diagnosis	ICD-10-CM	Plan
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1. Umbilical hernia without obstruction and without gangrene K42.9 CONSULT / REFERRAL TO GENERAL SURGERY

Return if symptoms worsen or fail to improve.

Pt will monitor blood pressures at home for 2-3 weeks and call me with readings. Will set up appt with GS for eval of suspected umbilical hernia.

Electronically signed by Geiger, Robert W, DO at 2023-01-03T20:17:34Z

Nursing Note by Menditto, Michelle M, LPN at 01/03/2023 02:30 PM

Author : Menditto, Michelle M, LPN	Service: -	Author Type : -
Filed : 01/03/2023 02:47 PM	Encounter Date : 2023-01-03T14:30:00.000	Status : Signed
Editor : Menditto, Michelle M, LPN (-)		

Pt here for lump on stomach tender to touch x 1 yr, discuss issues with urination.

Electronically signed by Menditto, Michelle M, LPN at 2023-01-03T19:47:22Z

01/11/2023 - Great Lakes Surgical Associates

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM	
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
01/11/2023 11:30:00 AM	01/11/2023 12:00:00 PM	2600169146057
Hospital Area		
Great Lakes Surgical Associates		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Cain, Sean R, MD at 01/11/2023 11:30 AM

Author : Cain, Sean R, MD

Service: -

Author Type : Physician

Filed : 01/11/2023 12:39 PM

Encounter Date : 2023-01-11T11:30:00.000

Status : Signed

Editor : Cain, Sean R, MD (Physician)

CHIEF COMPLAINT: Epigastric and periumbilical bulge

History of Present Illness: Hortense P Barnes is a 69 year old female Body mass index is 27.21 kg/m². who presents today for a consultation of epigastric and periumbilical bulge. Patient is gravida 5 para 3 reporting history of hypertension, hyperlipidemia, nephrolithiasis, GERD, lumbar degenerative disc disease and spinal stenosis with associated peripheral neuropathy. Patient has undergone:

- 1976 open cholecystectomy
- Tubal ligation
- 2009 TAH-BSO via Pfannenstiel incision -requiring reexploration 2 weeks postoperatively through the same incision

Patient has subsequently undergone:

- December 15, 2017 colonoscopy, Dr. Levy -entire examined colon is normal.
- November 10, 2019 CT abdomen/pelvis - s/p cholecystectomy with CBD 9 mm. Diverticulosis. Fat-containing periumbilical ventral incisional hernia and epigastric hernia
- November 11, 2019 exercise SPECT myocardial perfusion study

She reports that for the past year she has had bulging and tenderness in an epigastric location and has also noted prominence around her umbilicus. Given concern of ventral hernia with progressive symptomatology patient is referred to the office for evaluation and recommendation.

Past Medical History:

Past Medical History:

Diagnosis	Date
• Allergic rhinitis	02/18/2013
• H/O mammogram	01/01/2012
• Migraines	02/18/2013
• Umbilical hernia without obstruction or gangrene	01/03/2023
• Unspecified essential hypertension	

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• BREAST BIOPSY		2004
• CHOLECYSTECTOMY;		1976
• HYSTERECTOMY		2009 2010
• REMOVAL GALLBLADDER		
• SCHEDULE KNEE SURGERY		1976
• urostomy with stent stone removal		2012

Present Medications:

Outpatient Medications Marked as Taking for the 1/11/23 encounter (Office Visit) with Cain, Sean R, MD

Medication	Sig	Dispense	Refill
• amLODIPine (NORVASC) 10 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• atorvastatin (LIPITOR) 20 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1

• carisoprodol (SOMA) 350 mg oral tablet	Take 1 tablet by mouth 2 times a day as needed for muscle spasm Max Daily Amount: 700 mg	30 tablet	0
• ferrous sulfate 325 mg (65 mg iron) oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• gabapentin (NEURONTIN) 300 mg oral capsule	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	180 capsule	1
• HYDROcodone-acetaminophen (NORCO) 7.5-325 mg oral tablet			
• ibuprofen 800 mg oral tablet	Take 1 tablet by mouth 2 times a day with meals	60 tablet	3
• omeprazole (PRILOSEC) 40 mg oral delayed-release capsule	Take 1 capsule by mouth daily	90 capsule	1
• promethazine (PHENERGAN) 25 mg oral tablet	TAKE 1 TABLET BY MOUTH 30 MINUTES PRIOR TO PAIN PILL EVERY 12 HOURS AS DIRECTED		

Allergies:

Allergies

Allergen	Reactions
• Aspirin	Swelling
Other reaction(s): hives	
• Hydrocodone	
Other reaction(s): sick and nausea	
• Seasonal [Environmental Allergens]	

Family History:

Family History

Problem	Relation	Age of Onset
• Diabetes	Biological Mother	
• Heart Failure	Biological Mother	
• Heart Disease	Biological Mother	
• Ca, Prostate	Biological Father	
• Cancer	Biological Father	
• Heart Failure	Biological Father	
• Autoimmune Disease	Sister	
• Stroke	Maternal Grandmother	

Social History:

Social History

Socioeconomic History

• Marital status: Married

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: never used

Substance and Sexual Activity

- Alcohol use: Not Currently
Comment: once in a great while - one drink
- Drug use: No
- Sexual activity: Defer

Review of Systems:
Pertinent positives and negatives are as per HPI, all others negative.

Labs:
Last CBC and Differential:

Lab Results

Component	Value	Date
WBC	6.6	12/09/2021
RBC	5.11 (H)	12/09/2021
HGB	13.3	12/09/2021
HCT	38.7	12/09/2021
MCV	75.7 (L)	12/09/2021
MCH	26.0 (L)	12/09/2021
RDW	15.2 (H)	12/09/2021
MNPLATVOL	7.5	11/10/2019
PLATELETS	199	12/09/2021
NEUTROPHILS	78.4	11/10/2019
LYMPHOCYTES	28.8	12/09/2021
ABSLYMPH	1,901	12/09/2021
MONOCYTES	7.8	12/09/2021
ABSMONO	515	12/09/2021
EOSINOPHILS	0.2	12/09/2021
ABSEOS	13 (L)	12/09/2021
BASOPHILS	0.3	12/09/2021
ABSBASO	20	12/09/2021

Last BMP:

Lab Results

Component	Value	Date
NA	143	12/09/2021
K	3.6	12/09/2021
CL	106	12/09/2021
CO2	28	12/09/2021

ANIONGAP	8	11/10/2019
BUN	17	12/09/2021
SCREAT	1.03 (H)	12/09/2021
GLUCOSE	84	12/09/2021
CA	9.3	12/09/2021
EGFRAA	65	12/09/2021
EGFRNAA	56 (L)	12/09/2021

Last LFT:

Lab Results

Component	Value	Date
AST	15	12/09/2021
ALT	16	12/09/2021
TOTALBILI	0.5	12/09/2021
ALKPHOS	85	12/09/2021

Last Lipase:

Lab Results

Component	Value	Date
LIPASE	61 (L)	11/10/2019

Last Amylase: No results found for: AMYLASE

Last INR: No results found for: INR

Thyroid Studies:

Lab Results

Component	Value	Date
TSH	0.98	11/05/2020
FREET4	1.1	06/12/2018

Physical Examination:

Vital signs:

Vitals:

	01/11/23 1147
BP:	(!) 172/118
Pulse:	79
Temp:	97.1 °F (36.2 °C)
TempSrc:	Temporal
Weight:	168 lb 9.6 oz (76.5 kg)
Height:	5' 6" (167.6 cm)

Body mass index is 27.21 kg/m².

GENERAL APPEARANCE: This is an age appropriate female . Well nourished, well developed in no acute distress.
EYES: Pupils are equal, round, and reactive to light and accommodation. Conjunctiva and lids normal, sclera anicteric.
ENMT: External ears, nose, lips, dentition and oropharynx normal. Hearing appropriate.

UPMC
Great Lakes Surgical Associates
Patient: Barnes, Hortense DOB: 03/13/1953
Admit Date/Date of Service: 01/11/2023 Discharge Date: 01/11/2023

MRN: 737918756 Gender: Female
HAR:

Report Date: 07/29/2024

NECK: Trachea midline, no thyromegaly or thyroid nodules, no JVD.
LYMPHATIC: No axillary, cervical or inguinal lymphadenopathy.
NEUROLOGIC: CN grossly intact, sensation normal. Exam is non-focal and symmetric.
RESPIRATORY: Effort unlabored, clear and symmetric to auscultation bilaterally, equal chest rise.
CARDIOVASCULAR: Regular rate and rhythm no murmur/rub/gallop, extremities without edema.
ABDOMEN: Soft, non-tender, non-distended. No palpable masses or hepatosplenomegaly. Patient complains of tenderness in an epigastric region as well as periumbilical
PSYCHIATRIC: Oriented to person, place, time. Mood and affect normal. Memory appears appropriate.
MUSCULOSKELETAL: No clubbing, cyanosis or edema of extremities. Gait normal. Able to independently transfer on/off exam table.
SKIN: Inspection reveals no rash or wound in visible areas. No induration or fluctuance to palpation.

ASSESSMENT AND PLAN: 69-year-old female with epigastric and periumbilical hernias. I reviewed the anatomy and pathophysiology of gallbladder disease and cholecystectomy including indications/rationale, risks, benefits and alternatives with the patient via utilization of my hand drawn illustration in the office today- provided to the patient (*see scanned document*) correlating with the above imaging.
For further evaluation I have recommended:

- **CT abdomen/pelvis** -

Upon completion the above patient will return to review findings and for surgical recommendation as warranted.

I thank you for the opportunity of participating in her care. Please do not hesitate to contact me if I can be of further assistance. Will keep you informed as to her progress.

Hortense was seen today for new patient.

Diagnoses and all orders for this visit:

Epigastric hernia

- CBC AND PLATELETS (NO DIFFERENTIAL); Future
- COMPREHENSIVE METABOLIC PANEL (CMP); Future
- CT ABDOMEN AND PELVIS WITH CONTRAST; Future
- CBC AND PLATELETS (NO DIFFERENTIAL)
- COMPREHENSIVE METABOLIC PANEL (CMP)

Ventral incisional hernia

- CBC AND PLATELETS (NO DIFFERENTIAL); Future
- COMPREHENSIVE METABOLIC PANEL (CMP); Future
- CT ABDOMEN AND PELVIS WITH CONTRAST; Future
- CBC AND PLATELETS (NO DIFFERENTIAL)
- COMPREHENSIVE METABOLIC PANEL (CMP)

Primary hypertension

Hypercholesterolemia

Lumbar degenerative disc disease

Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present

Gastroesophageal reflux disease, unspecified whether esophagitis present

Chronic migraine without aura without status migrainosus, not intractable

Nephrolithiasis

Electronically signed by Cain, Sean R, MD at 2023-01-11T17:39:28Z

Nursing Note by Newara, Katelyn M at 01/11/2023 11:30 AM

Author : Newara, Katelyn M	Service: -	Author Type : -
Filed : 01/11/2023 11:50 AM	Encounter Date : 2023-01-11T11:30:00.000	Status : Signed
Editor : Newara, Katelyn M (-)		

New Patient

Dx : Umbilical Hernia

Referral Dr. Geiger

Pt reports having 7 1/2 /10 pain in her stomach and has a hard time urinating.

Electronically signed by Newara, Katelyn M at 2023-01-11T16:50:57Z

03/09/2023 - Pinecrest Family Practice-UPMC

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE		814-440-4190 (M)	YANNETTELPC@GMAIL.COM	
ERIE PA		814-456-3949 (H)		
16508		888-888-8888 (W)		
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
03/09/2023 01:00:00 PM	03/09/2023 01:15:00 PM	2600176682614
Hospital Area		
Pinecrest Family Practice-UPMC		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Geiger, Robert W, DO at 03/09/2023 01:00 PM

Author : Geiger, Robert W, DO

Service: -

Author Type : Physician

Filed : 03/09/2023 01:28 PM

Encounter Date : 2023-03-09T13:00:00.000

Status : Signed

Editor : Geiger, Robert W, DO (Physician)

Subjective:

Patient ID: Hortense P Barnes is an 69 year old female.

HPI

Pre op for right TKA

Review of Systems

Constitutional: Negative for fever and malaise/fatigue.

Skin: Negative for rash.

HENT: Negative for congestion and sore throat.

Eyes: Negative for blurred vision and photophobia.

Cardiovascular: Negative for chest pain.

Respiratory: Negative for wheezing and shortness of breath.

Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.

Gastrointestinal: Negative for abdominal pain, constipation, diarrhea and nausea.

Genitourinary: Negative for change in urine output

Heme: Negative for bruises/bleeds easily.

Allergies: Negative for environmental allergies.

Neurological: Negative for tingling.

Musculoskeletal: Positive for joint pain (right knee).

Objective:

BP 134/68 | Pulse 108 | Temp 98 °F (36.7 °C) (Oral) | Ht 5' 6" (167.6 cm) | Wt 170 lb (77.1 kg) | SpO2 98% | BMI 27.44 kg/m²

Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Tympanic membrane normal.

Left Ear: Tympanic membrane normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Eyes:

Pupils: Pupils are equal, round, and reactive to light

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Abdomen is flat.

Palpations: Abdomen is soft.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Assessment & Plan:

Diagnosis		ICD-10-CM	Plan
1.	Pre-op evaluation	Z01.818	
2.	Essential hypertension	I10	
3.	Mixed hyperlipidemia	E78.2	rosuvastatin (CRESTOR) 5 mg oral tablet
4.	Stage 3 chronic kidney disease, unspecified whether stage 3a or 3b CKD (HCC)	N18.30	
5.	Iron deficiency	E61.1	

Return if symptoms worsen or fail to improve.

Will stop atorvastatin as pt notes that it caused LE swelling which resolved when she d/c med. Rx sent in for crestor. Pre op BW shows microcytosis and iron def, admittedly pt has not been taking iron at home. She is agreeable to taking QOD. She is otherwise low risk and cleared for right TKA.

The 10-year ASCVD risk score (Arnett DK, et al., 2019) is: 14.6%

Values used to calculate the score:

- Age: 69 years
- Sex: Female
- Is Non-Hispanic African American: Yes
- Diabetic: No
- Tobacco smoker: No
- Systolic Blood Pressure: 134 mmHg
- Is BP treated: Yes
- HDL Cholesterol: 74 mg/dL
- Total Cholesterol: 239 mg/dL

Electronically signed by Geiger, Robert W, DO at 2023-03-09T18:28:30Z

Nursing Note by Menditto, Michelle M, LPN at 03/09/2023 01:00 PM

Author : Menditto, Michelle M, LPN	Service: -	Author Type : -
Filed : 03/09/2023 01:07 PM	Encounter Date : 2023-03-09T13:00:00.000	Status : Signed
Editor : Menditto, Michelle M, LPN (-)		

Pt here for Surgical Clearance for Rt TKA 3/30/23 with Dr Gage.

Electronically signed by Menditto, Michelle M, LPN at 2023-03-09T18:07:56Z

03/24/2023 - Orthopaedic & Sports Medicine of Erie - UPMC

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM	
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
03/24/2023 02:30:00 PM	03/24/2023 03:00:00 PM	2600165734317
Hospital Area		
Orthopaedic & Sports Medicine of Erie - UPMC		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Cunningham, Sean at 03/24/2023 02:30 PM

Author : Cunningham, Sean

Filed : 03/24/2023 04:44 PM

Editor : Cunningham, Sean (Physician Assistant)

Service: -

Encounter Date : 2023-03-24T14:30:00.000

Author Type : Physician Assistant

Status : Signed

Patient presented initially today for an H&P preoperative appointment for an upcoming right total knee arthroplasty which had been scheduled for 3/30/2023. She is accompanied by her daughter today. They are very concerned as she has been having bouts of vomiting. She previously saw Dr. Cain and notes that there was concern for ulcer versus hiatal hernia and she has a CT scan pending. She states that she gets extremely nauseous and vomiting with anesthesia. She is very concerned about this being exacerbated after surgery with current vomiting and GI issues. She also notes that she recently developed some lower extremity swelling and her PCP had just ordered an echocardiogram.

Discussed her case with Dr. Gage who recommends rescheduling her surgery until after her general surgery evaluation and clearanceThis will also allow time to address if any abnormalities are found on her echocardiogram. Discussed this with the patient and her daughter and they are both in agreement.

Electronically signed by Cunningham, Sean at 2023-03-24T20:44:19Z

Nursing Note by Pacley, Sharhonda D at 03/24/2023 02:30 PM

Author : Pacley, Sharhonda D

Filed : 03/24/2023 02:56 PM

Editor : Pacley, Sharhonda D (-)

Service: -

Encounter Date : 2023-03-24T14:30:00.000

Author Type : -

Status : Signed

2E SP
Patient of Dr Gage in the office today for H& and of Rt TKA surgery to be done on 3/30/23. Hibiclense soap given. Nasal swab and vitals obtained.

Accompanied by her daughter

Electronically signed by Pacley, Sharhonda D at 2023-03-24T18:56:21Z

04/03/2023 - Pinecrest Family Practice-UPMC

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE		814-440-4190 (M)	YANNETTELPC@GMAIL.COM	
ERIE PA		814-456-3949 (H)		
16508		888-888-8888 (W)		
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
04/03/2023 02:30:00 PM	04/03/2023 03:00:00 PM	2600181839263
Hospital Area		
Pinecrest Family Practice-UPMC		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Geiger, Robert W, DO at 04/03/2023 02:30 PM

Author : Geiger, Robert W, DO

Service: -

Author Type : Physician

Filed : 04/03/2023 03:17 PM

Encounter Date : 2023-04-03T14:30:00.000

Status : Signed

Editor : Geiger, Robert W, DO (Physician)

Subjective:

Patient ID: Hortense P Barnes is an 70 year old female.

HPI

Follow up leg edema
Review of Systems
Constitutional: Negative for fever and malaise/fatigue.
Skin: Negative for rash.
HENT: Negative for congestion and sore throat.
Eyes: Negative for blurred vision and photophobia.
Cardiovascular: Negative for chest pain.
Respiratory: Positive for **shortness of breath (with exertion)**. Negative for wheezing.
Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.
Gastrointestinal: Positive for **heartburn** and **nausea**. Negative for abdominal pain, constipation and diarrhea.
Genitourinary: Negative for change in urine output
Heme: Negative for bruises/bleeds easily.
Allergies: Negative for environmental allergies.
Neurological: Negative for tingling and headaches.
Musculoskeletal: Negative for back pain and neck pain.

Objective:

BP 128/82 | Pulse 80 | Temp 97.4 °F (36.3 °C) (Oral) | Resp 18 | Ht 5' 6" (167.6 cm) | Wt 172 lb (78 kg) | SpO2 98% | Breastfeeding No | BMI 27.76 kg/m²

Physical Exam

Constitutional:
Appearance: Normal appearance.
HENT:
Head: Normocephalic and atraumatic.
Right Ear: Tympanic membrane normal.
Left Ear: Tympanic membrane normal.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.

Eyes:
Pupils: Pupils are equal, round, and reactive to light

Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.

Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.

Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.

Musculoskeletal:
General: Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Right lower leg: **Edema (trace)** present.
Left lower leg: **Edema (trace)** present.

Skin:
General: Skin is warm and dry.

Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time

Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

Assessment & Plan:

Diagnosis		ICD-10-CM	Plan
1.	Essential hypertension	I10	
2.	Stage 3 chronic kidney disease, unspecified whether stage 3a or 3b CKD (HCC)	N18.30	
3.	Lower extremity edema	R60.0	
4.	Iron deficiency	E61.1	
5.	DOE (dyspnea on exertion)	R06.09	STRESS TEST WITH MYOCARDIAL PERFUSION
6.	Gastroesophageal reflux disease with esophagitis without hemorrhage	K21.00	
7.	Esophageal dysphagia	R13.19	CONSULT / REFERRAL TO GASTROENTEROLOGY
8.	Multiple thyroid nodules	E04.2	US THYROID/NECK/SOFT TISSUE

Return if symptoms worsen or fail to improve.

We will get stress test as the pt seems to have a new DOE, follow up with results. Refer to GI for EGD as she has been having what looks like esophageal dysphagia. Also, pt is in need of follow up thyroid US as well. Total time spent with pt and daughter, reviewing hx and counseling on disease processes 35 minutes.

Electronically signed by Geiger, Robert W, DO at 2023-04-03T19:17:31Z

Nursing Note by Menditto, Michelle M, LPN at 04/03/2023 02:30 PM

Author : Menditto, Michelle M, LPN	Service: -	Author Type : -
Filed : 04/03/2023 02:47 PM	Encounter Date : 2023-04-03T14:30:00.000	Status : Signed
Editor : Menditto, Michelle M, LPN (-)		

Pt here to discuss multiple issues.

Electronically signed by Menditto, Michelle M, LPN at 2023-04-03T18:47:11Z

04/25/2023 - Great Lakes Surgical Associates

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM	
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
04/25/2023 08:30:00 AM	04/25/2023 09:00:00 AM	2600174408870
Hospital Area		
Great Lakes Surgical Associates		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Trimble, Lisa Alvarez, CRNP at 04/25/2023 08:30 AM

Author : Trimble, Lisa Alvarez, CRNP	Service: -	Author Type : Nurse Practitioner
Filed : 05/11/2023 11:52 AM	Encounter Date : 2023-04-25T08:30:00.000	Status : Signed
Editor : Trimble, Lisa Alvarez, CRNP (Nurse Practitioner)		

Chart reviewed 5/11/23

Electronically signed by Trimble, Lisa Alvarez, CRNP at 2023-05-11T15:52:25Z

Progress Notes by Cain, Sean R, MD at 04/25/2023 08:30 AM

Author : Cain, Sean R, MD	Service: -	Author Type : Physician
Filed : 04/25/2023 11:06 AM	Encounter Date : 2023-04-25T08:30:00.000	Status : Signed
Editor : Cain, Sean R, MD (Physician)		

CHIEF COMPLAINT: Epigastric and periumbilical incisional hernias

History of Present Illness: Hortense P Barnes is a 70 year old female Body mass index is 28.59 kg/m². who presents today for a follow up of epigastric and periumbilical incisional hernias. Patient is gravida 5 para 3 reporting history of hypertension, hyperlipidemia, nephrolithiasis, GERD, lumbar degenerative disc disease and spinal stenosis with associated peripheral neuropathy. Patient has undergone:

- **1976 open cholecystectomy**
- **Tubal ligation**
- **2009 TAH-BSO** via Pfannenstiel incision -requiring reexploration 2 weeks postoperatively through the same incision

Patient has subsequently undergone:

- **December 15, 2017 colonoscopy**, Dr. Levy -entire examined colon is normal.
- **November 10, 2019 CT abdomen/pelvis** - s/p cholecystectomy with CBD 9 mm. Diverticulosis. Fat-containing periumbilical ventral incisional hernia and epigastric hernia
- **November 11, 2019 exercise SPECT myocardial perfusion study**
- **April 24, 2023 exercise SPECT myocardial perfusion study** -LVEF 76%

She reports that for the past year she has had bulging and tenderness in an epigastric location and has also noted prominence around her umbilicus. Given concern of ventral hernia with progressive symptomatology patient was referred to the office for evaluation and recommendation. I arranged for her to undergo:

- **April 21, 2023 CT abdomen/pelvis** -fat-containing epigastric hernia and periumbilical hernia.

Patient returns to review findings and for surgical recommendation as warranted.

Patient reports history of thyroid nodule:

- **August 9, 2009 upper GI** -esophagus is grossly normal in course and caliber. Esophagram was performed during multiple bouts of gagging and vomiting making anatomic evaluation somewhat suboptimal
- **December 23, 2015 thyroid sonogram** -right lobe 4.4 x 1.4 x 2.4 cm. Left lobe 4.7 x 1.5 x 2.1 cm. Isthmus 9 mm. Right lobe: Midpole 5 x 3 x 5 mm cystic lesion. Isthmus: 1.5 x 0.8 x 1.8 cm lesion. Left lobe: Midpole 9 x 6 x 9 mm, inferior 6 x 3 x 4 mm and 6 x 3 x 4 mm nodules
- **February 12, 2016 ultrasound-guided FNA biopsy 1.8 cm isthmus nodule**
 - **Pathology:** Less than optimal-scant cellularity. Negative for malignant cells
- **May 3, 2023 thyroid sonogram** -pending

Patient reports that she is scheduled to undergo evaluation with what sounds by laryngoscopy.

Past Medical History:

Past Medical History:

Diagnosis	Date
• Allergic rhinitis	02/18/2013
• Epigastric hernia	01/11/2023
• H/O mammogram	01/01/2012
• Migraines	02/18/2013
• Periumbilical mass	01/11/2023
• Umbilical hernia without obstruction or gangrene	01/03/2023
• Unspecified essential hypertension	

Past Surgical History:

UPMC			Report Date: 07/29/2024
Great Lakes Surgical Associates			
Patient: Barnes, Hortense	DOB: 03/13/1953	MRN: 737918756	Gender: Female
Admit Date/Date of Service: 04/25/2023	Discharge Date: 04/25/2023	HAR:	

Past Surgical History:

Procedure	Laterality	Date
• BREAST BIOPSY		2004
• CHOLECYSTECTOMY;		1976
• HYSTERECTOMY		2009 2010
• REMOVAL GALLBLADDER		
• SCHEDULE KNEE SURGERY		1976
• urostomy with stent stone removal		2012

Present Medications:

Outpatient Medications Marked as Taking for the 4/25/23 encounter
(Office Visit) with Cain, Sean R, MD

Medication	Sig	Dispense	Refill
• amLODIPine (NORVASC) 10 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• carisoprodoL (SOMA) 350 mg oral tablet	Take 1 tablet by mouth 2 times a day as needed for muscle spasm Max Daily Amount: 700 mg	30 tablet	0
• ferrous sulfate 325 mg (65 mg iron) oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• gabapentin (NEURONTIN) 300 mg oral capsule	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	180 capsule	1
• HYDROcodone-acetaminophen (NORCO) 7.5-325 mg oral tablet			
• ibuprofen 800 mg oral tablet	Take 1 tablet by mouth 2 times a day with meals	60 tablet	3
• omeprazole (PRILOSEC) 40 mg oral delayed-release capsule	Take 1 capsule by mouth daily	90 capsule	1
• promethazine (PHENERGAN) 25 mg oral tablet	TAKE 1 TABLET BY MOUTH 30 MINUTES PRIOR TO PAIN PILL EVERY 12 HOURS AS DIRECTED		
• rosuvastatin (CRESTOR) 5 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1

Allergies:

Allergies

Allergen	Reactions
• Aspirin	Swelling
Other reaction(s): hives	
• Hydrocodone	
Other reaction(s): sick and nausea	
• Seasonal [Environmental Allergens]	

Family History:

Family History

Problem	Relation	Age of Onset
<ul style="list-style-type: none">Diabetes	Biological Mother	
<ul style="list-style-type: none">Heart Failure	Biological Mother	
<ul style="list-style-type: none">Heart Disease	Biological Mother	
<ul style="list-style-type: none">Ca, Prostate	Biological Father	
<ul style="list-style-type: none">Cancer	Biological Father	
<ul style="list-style-type: none">Heart Failure	Biological Father	
<ul style="list-style-type: none">Autoimmune Disease	Sister	
<ul style="list-style-type: none">Stroke	Maternal Grandmother	

Social History:
Social History

Socioeconomic History	
<ul style="list-style-type: none">Marital status:	Married
Tobacco Use	
<ul style="list-style-type: none">Smoking status:	Never
<ul style="list-style-type: none">Smokeless tobacco:	Never
Vaping Use	
<ul style="list-style-type: none">Vaping Use:	never used
Substance and Sexual Activity	
<ul style="list-style-type: none">Alcohol use:	Not Currently
<i>Comment: once in a great while - one drink</i>	
<ul style="list-style-type: none">Drug use:	No
<ul style="list-style-type: none">Sexual activity:	Defer

Review of Systems:
Pertinent positives and negatives are as per HPI, all others negative.

Labs:
Last CBC and Differential:

Lab Results

Component	Value	Date
WBC	4.2	03/02/2023
RBC	5.08	03/02/2023
HGB	12.9	03/02/2023
HCT	38.3	03/02/2023
MCV	75.4 (L)	03/02/2023
MCH	25.4 (L)	03/02/2023
RDW	15.0	03/02/2023
MNPLATVOL	7.5	11/10/2019
PLATELETS	209	03/02/2023

NEUTROPHILS	78.4	11/10/2019
LYMPHOCYTES	36.0	03/02/2023
ABSLYMPH	1,512	03/02/2023
MONOCYTES	6.4	03/02/2023
ABSMONO	269	03/02/2023
EOSINOPHILS	1.2	03/02/2023
ABSEOS	50	03/02/2023
BASOPHILS	0.7	03/02/2023
ABSBASO	29	03/02/2023

Last BMP:

Lab Results

Component	Value	Date
NA	146	03/02/2023
K	3.8	03/02/2023
CL	109	03/02/2023
CO2	26	03/02/2023
ANIONGAP	8	11/10/2019
BUN	17	03/02/2023
SCREAT	1.18 (H)	03/02/2023
GLUCOSE	108	03/02/2023
CA	9.3	03/02/2023
EGFRAA	65	12/09/2021
EGFRNAA	50 (L)	03/02/2023

Last LFT:

Lab Results

Component	Value	Date
AST	19	03/02/2023
ALT	19	03/02/2023
TOTALBILI	0.4	03/02/2023
ALKPHOS	92	03/02/2023

Last Lipase:

Lab Results

Component	Value	Date
LIPASE	61 (L)	11/10/2019

Last Amylase: No results found for: AMYLASE

Last INR:

Lab Results

Component	Value	Date
INR	0.9	03/02/2023

Thyroid Studies:

Lab Results

Component	Value	Date
TSH	0.98	11/05/2020
FREET4	1.1	06/12/2018

Physical Examination:

Vital signs:

Vitals:

	04/25/23 0905
BP:	(!) 168/102
Pulse:	93
Temp:	97.4 °F (36.3 °C)
TempSrc:	Temporal
SpO2:	97%
Weight:	171 lb 12.8 oz (77.9 kg)
Height:	5' 5" (165.1 cm)

Body mass index is 28.59 kg/m².

GENERAL APPEARANCE: This is an age appropriate female . Well nourished, well developed in no acute distress.
EYES: Pupils are equal, round, and reactive to light and accommodation. Conjunctiva and lids normal, sclera anicteric.
ENMT: External ears, nose, lips, dentition and oropharynx normal. Hearing appropriate.
NECK: Trachea midline, no thyromegaly or thyroid nodules, no JVD.
LYMPHATIC: No axillary, cervical or inguinal lymphadenopathy.
NEUROLOGIC: CN grossly intact, sensation normal. Exam is non-focal and symmetric.
RESPIRATORY: Effort unlabored, clear and symmetric to auscultation bilaterally, equal chest rise.
CARDIOVASCULAR: Regular rate and rhythm no murmur/rub/gallop, extremities without edema.
ABDOMEN: Soft, non-tender, non-distended. No palpable masses or hepatosplenomegaly. No hernias appreciated.
PSYCHIATRIC: Oriented to person, place, time. Mood and affect normal. Memory appears appropriate.
MUSCULOSKELETAL: No clubbing, cyanosis or edema of extremities. Gait normal. Able to independently transfer on/off exam table.
SKIN: Inspection reveals no rash or wound in visible areas. No induration or fluctuance to palpation.

ASSESSMENT AND PLAN:-year-old female with epigastric and periumbilical ventral incisional hernia

- **November 10, 2019 CT abdomen/pelvis** - s/p cholecystectomy with CBD 9 mm. Diverticulosis. Fat-containing periumbilical ventral incisional hernia and epigastric hernia
- **April 21, 2023 CT abdomen/pelvis** -fat-containing epigastric hernia and periumbilical hernia.

We discussed proceeding with repair with mesh. I reviewed the anatomy and pathophysiology ofabdominal wall/hernia and herniorrhaphy with meshincluding indications/rationale, risks, benefits and alternatives with the patient via utilization of my hand drawn illustration in the office today- provided to the patient (*see scanned document*) correlating with the above imaging.

The patient is to be scheduled for an open incisional/ventral hernia repair, possible retrorectus technique with meshreinforcement, possible component separation technique with abdominal reconstruction (CST/AWR) and mesh reinforcement and possible laparoscopic assistance. The indications, rationale, risks, benefits, and alternatives to the procedure have been explained to the patient. The risks include (but not limied to) the risk of bowel injury, infection, bleeding, acute/chronic pain and recurrence of the hernia. With retrorectus technique and CST/AWR there is possillility of abdominal wall numbness. In the event of a bowel injury the procedure may need to be altered because of the risk of infection. In cases of mesh infection, the mesh most commonly will require removal necessitating additional surgery. The patient expresses understanding of the procedure and its risks, and consents to proceed.

I thank you for the opportunity of participating inher care. Please do not hesitate to contact me if I can be of further assistance. Will keep you informed as to her progress.

Greater than 50% of a 25 minute visit today was face to face counseling and education regarding the patient`s primary diagnosis.

Hortense was seen today for establish care.

Diagnoses and all orders for this visit:

Epigastric hernia
- SCHEDULE GENERAL SURGERY

- XR EXAM CHEST 2 VIEWS; Future
- ECG 12 LEAD WITH INTERPRETATION; Future
- CBC AND PLATELETS (NO DIFFERENTIAL); Future
- BASIC METABOLIC PANEL; Future
- CBC AND PLATELETS (NO DIFFERENTIAL)
- BASIC METABOLIC PANEL
- ECG 12 LEAD WITH INTERPRETATION

Ventral incisional hernia

- SCHEDULE GENERAL SURGERY
- XR EXAM CHEST 2 VIEWS; Future
- ECG 12 LEAD WITH INTERPRETATION; Future
- CBC AND PLATELETS (NO DIFFERENTIAL); Future
- BASIC METABOLIC PANEL; Future
- CBC AND PLATELETS (NO DIFFERENTIAL)
- BASIC METABOLIC PANEL
- ECG 12 LEAD WITH INTERPRETATION

Primary hypertension

Hypercholesterolemia

Lumbar degenerative disc disease

Spinal stenosis of lumbar region, unspecified whether neurogenic claudication present

Gastroesophageal reflux disease, unspecified whether esophagitis present

Chronic migraine without aura without status migrainosus, not intractable

Nephrolithiasis

Thyroid nodule

Osteoarthritis of knee, unspecified laterality, unspecified osteoarthritis type

Electronically signed by Cain, Sean R, MD at 2023-04-25T15:06:21Z

Addendum Note by Poole, Susan L at 04/25/2023 08:30 AM

Author : Poole, Susan L	Service: -	Author Type : -
Filed : 05/08/2023 11:26 AM	Encounter Date : 2023-04-25T08:30:00.000	Status : Signed
Editor : Poole, Susan L (-)		

Addended by: POOLE, SUSAN L on: 5/8/2023 11:26 AM

Modules accepted: Orders

Electronically signed by Poole, Susan L at 2023-05-08T15:26:21Z

Nursing Note by Young, Jonnique K at 04/25/2023 08:30 AM

Author : Young, Jonnique K	Service: -	Author Type : -
Filed : 04/25/2023 09:06 AM	Encounter Date : 2023-04-25T08:30:00.000	Status : Signed
Editor : Young, Jonnique K (-)		

Established Care

Epigastric & Periumbilical bulge

Review CT ABD

Electronically signed by Young, Jonnique K at 2023-04-25T13:06:42Z

05/30/2023 - Great Lakes Surgical Associates

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM	
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
05/30/2023 09:30:00 AM	05/30/2023 10:00:00 AM	2600188807743
Hospital Area		
Great Lakes Surgical Associates		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Adamaszek, Sara Christine, PA-C at 05/30/2023 09:30 AM

Author : Adamaszek, Sara Christine, PA-C Service: - Author Type : Physician Assistant
 Filed : 05/30/2023 10:09 AM Encounter Date : 2023-05-30T09:30:00.000 Status : Signed
 Editor : Adamaszek, Sara Christine, PA-C (Physician Assistant)

CHIEF COMPLAINT: Post-operative visit

History of Present Illness: Hortense is a 70 year old female who presents today for an evaluation S/P 1. Open reduction/repair incarcerated epigastric hernia (3 cm) with small Ventralex ST mesh (4.3 cm) in preperitoneal space, underlay fashion and 2. Open repair periumbilical ventral incisional hernia (3 cm) with small Ventralex ST mesh (4.3 cm) in preperitoneal space, underlay fashion on 5/15/23 with Dr. Cain.

Patient states that she did well after the procedure and experienced little discomfort. She took Tramadol, as prescribed, and did very well. She continues to wear her abdominal binder when she is doing any kind of strenuous activity. She did notice a small amount of redness along her epigastric incision and she also had a little bit of bleeding from her umbilical keyhole incision on Friday. This only lasted a few minutes and she has not had another episode since. She is tolerating a regular diet and denies changes to her bowel or bladder habits. Patient denies fever or associated chills.

I reviewed the allergies, medications, and patient medical/surgical/family/social history in patient electronic chart.

Past Medical History:

Diagnosis	Date
• Allergic rhinitis	02/18/2013
• Epigastric hernia	01/11/2023
• H/O mammogram	01/01/2012
• Migraines	02/18/2013
• Periumbilical mass	01/11/2023
• Umbilical hernia without obstruction or gangrene	01/03/2023
• Unspecified essential hypertension	

Past Surgical History:

Procedure	Laterality	Date
• BREAST BIOPSY		01/01/2004
• CHOLECYSTECTOMY;		01/01/1976
• EPIGASTRIC HERNIA REPAIR, REPAIR VENTRAL HERNIA		05/15/2023
<i>Dr.Cain</i>		
• HYSTERECTOMY		2009 2010
• REMOVAL GALLBLADDER		
• SCHEDULE KNEE SURGERY		01/01/1976
• urostomy with stent stone removal		01/01/2012

No outpatient medications have been marked as taking for the 5/30/23 encounter (Appointment) with Adamaszek, Sara Christine, PA-C.

Allergies

Allergen	Reactions
• Aspirin	Swelling
<i>Other reaction(s): hives</i>	

UPMC			Report Date: 07/29/2024
Great Lakes Surgical Associates			
Patient: Barnes, Hortense	DOB: 03/13/1953	MRN: 737918756	Gender: Female
Admit Date/Date of Service: 05/30/2023	Discharge Date: 05/30/2023	HAR:	

- Hydrocodone
Other reaction(s): sick and nausea
- Seasonal [Environmental Allergens]

Review of Systems:

I reviewed a 10 + point review of systems, which was completed by the patient. All pertinent positives were noted, and all others reviewed and noted as negative. ROS performance scan as part of the electronic medical record.

Physical Examination:

GENERAL APPEARANCE: This is an age appropriate female. Well nourished, well developed in no acute distress.
RESPIRATORY: Effort unlabored, clear and symmetric to auscultation bilaterally, equal chest rise.
CARDIOVASCULAR: Regular rate and rhythm
ABDOMEN: Soft, non-distended. No hernias appreciated with valsalva.
MUSCULOSKELETAL: Gait normal. Able to independently transfer on/off exam table.
PSYCHIATRIC: Mood and affect normal. Memory appears appropriate.
SKIN: Inspection reveals no rash or wound in visible areas. The epigastric and periumbilical incisions are approximated without signs of induration, cellulitis, erythema or fluctuance to palpation. Patient has a small amount of erythema along the inferior aspect of the epigastric incision. The erythema is located right along the fold where the binder sits.

ASSESSMENT AND PLAN : Hortense is a 70 year old female who presents today for an evaluation S/P 1. Open reduction/repair incarcerated epigastric hernia (3 cm) with small Ventralex ST mesh (4.3 cm) in preperitoneal space, underlay fashion and 2. Open repair periumbilical ventral incisional hernia (3 cm) with small Ventralex ST mesh (4.3 cm) in preperitoneal space, underlay fashion on 5/15/23 with Dr. Cain.

- Operative report reviewed
- Hernia prevention and education reviewed
- Mild erythema located directly where the abdominal binder folds on her epigastric incision. Told patient to continue to wear abdominal binder only when she is doing activities. Wash incisions with just soap and water.
- Education regarding scar remodeling was given.
- Monitor incision for signs and symptoms concerning for wound infection
- Pain Control: over the counter pain medications if needed.
- Activity: as tolerated
- All questions and concerns were addressed at this time
- Patient was encouraged to call our office with any additional questions or concerns
- Signs and symptoms that warrant follow-up visit with office were reviewed
- Return to this office prn

This patient was seen independently by myself, however; DrFallon was immediately available in the clinic suite if assistance was needed.

There are no diagnoses linked to this encounter.

Sara C. Adamaszek PA-C

Electronically signed by Adamaszek, Sara Christine, PA-C at 2023-05-30T14:09:27Z

Nursing Note by Gourley, Jennifer L at 05/30/2023 09:30 AM

Author : Gourley, Jennifer L	Service: -	Author Type : -
Filed : 05/30/2023 09:29 AM	Encounter Date : 2023-05-30T09:30:00.000	Status : Signed
Editor : Gourley, Jennifer L (-)		

Post op
Patient here post ventral hernia repair on 5/15

Electronically signed by Gourley, Jennifer L at 2023-05-30T13:29:54Z

06/21/2023 - Bayfront Digestive Disease

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM	
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
06/21/2023 10:30:00 AM	06/21/2023 11:00:00 AM	2600183000294
Hospital Area		
Bayfront Digestive Disease		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Levy, David J, MD at 06/21/2023 10:30 AM

Author : Levy, David J, MD	Service: -	Author Type : Physician
Filed : 06/21/2023 11:38 AM	Encounter Date : 2023-06-21T10:30:00.000	Status : Signed
Editor : Levy, David J, MD (Physician)		

Chief Complaint:
Dysphagia thyroid nodule

History:
Hortense P Barnes is a 70 year old female here for follow up evaluation.Hortense for further evaluations she has been having some issues with swallowing which she feels that things can go down sluggishly or feels some tightness in her throat as well and her chest in addition she does have a goiter with some nodules and one of the nodules apparently is larger than it had been and needs to be biopsied which will in all likelihood be done by Dr. Sean Cain but the patient needs to be hooked up with an endocrinologist as well she did have a colonoscopy by me in 2017 that was unremarkable and there is no other additional written risk factors needs a repeat 2027

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill
• amLODIPine (NORVASC) 10 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• B6-folic-B12-coffee-phosphatid (NEURIVA PLUS BRAIN PERFORMANCE) 1.7 mg-400 mcg- 2.4 mcg oral capsule	Take by mouth		
• biotin 1 mg oral capsule	Take by mouth		
• carisoprodol (SOMA) 350 mg oral tablet	Take 1 tablet by mouth 2 times a day as needed for muscle spasm Max Daily Amount: 700 mg	30 tablet	0
• cholecalciferol, vitamin D3, 25 mcg (1,000 unit) oral capsule	Take 25 micrograms by mouth		
• collagen, bovine, (TRIPLE HELIX COLLAGEN) 100 % top powder	See Instructions, 05/03/23 14:43:00 EDT, use weekly, Instructions Replace Required Details		
• ELDERBERRY FRUIT ORAL	Take by mouth		
• ferrous sulfate 325 mg (65 mg iron) oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• ferrous sulfate 325 mg (65 mg iron) oral tablet	Take 325 mg by mouth		
• gabapentin (NEURONTIN) 300 mg oral capsule	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	180 capsule	1
• ibuprofen 800 mg oral tablet	Take 1 tablet by mouth 2 times a day with meals	60 tablet	3
• magnesium citrate 100 mg oral capsule	Take 100 mg by mouth		
• omeprazole (PRILOSEC) 40 mg oral delayed-release capsule	Take 1 capsule by mouth daily	90 capsule	1
• omeprazole (PRILOSEC) 40 mg oral delayed-release capsule	Take 40 mg by mouth		
• POTASSIUM GLUCONATE ORAL	Take by mouth		
• promethazine (PHENERGAN) 25 mg oral tablet	TAKE 1 TABLET BY MOUTH 30 MINUTES PRIOR TO PAIN PILL EVERY 12 HOURS AS DIRECTED		
• rosuvastatin (CRESTOR) 5 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1

- HYDROcodone-acetaminophen (NORCO) 7.5-325 mg oral tablet

No facility-administered medications prior to visit.

Allergies

Allergen	Reactions
<ul style="list-style-type: none">• Aspirin <i>Other reaction(s): hives</i>	Swelling
<ul style="list-style-type: none">• Environmental Allergens	Unknown Reaction
<ul style="list-style-type: none">• Hydrocodone <i>Other reaction(s): sick and nausea</i>	

Patient Active Problem List

Diagnosis
<ul style="list-style-type: none">• HTN (hypertension)• Migraines• Allergic rhinitis• OA (osteoarthritis) of knee• Thyroid nodule• DDD (degenerative disc disease), lumbar• Encounter for screening colonoscopy• GERD (gastroesophageal reflux disease)• Kidney stones• S/P cholecystectomy• Sickle-cell anemia (HCC)

Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none">• Allergic rhinitis	02/18/2013
<ul style="list-style-type: none">• Epigastric hernia	01/11/2023
<ul style="list-style-type: none">• H/O mammogram	01/01/2012
<ul style="list-style-type: none">• Migraines	02/18/2013
<ul style="list-style-type: none">• Periumbilical mass	01/11/2023
<ul style="list-style-type: none">• Umbilical hernia without obstruction or gangrene	01/03/2023
<ul style="list-style-type: none">• Unspecified essential hypertension	

Social History

Socioeconomic History

• Marital status: Married

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: never used

Substance and Sexual Activity

- Alcohol use: Not Currently
Comment: once in a great while - one drink
- Drug use: No
- Sexual activity: Defer

Review of Systems: I reviewed a 10 + point Review of Systems, which was completed by the patient. All pertinent positives were noted and all others reviewed and noted as negative.

Physical Exam:

Vitals:

	06/21/23 1045
BP:	(!) 140/94
Pulse:	76
SpO2:	99%
Weight:	163 lb (73.9 kg)
Height:	5' 6" (167.6 cm)

GEN: Alert and oriented x3. Appears well, in no apparent distress.
HEENT: PERRLA. Conjunctiva are pink.
NECK: Supple without JVD or thyroid enlargement. No lymphadenopathy.
MOUTH/THROAT: Tongue is papillated, gag intact.
LUNGS: Clear to percussion and auscultation without rales or rhonchi.
CARDIAC: Regular, rate, and rhythm. No murmur, click or rub.
ABD: Abdomen is soft non tender, without guarding, mass, rebound or organomegaly.
Rectal exam: Deferred.
SKIN: No visible skin lesions.
Extremities: Without CCE. No joint deformities.
Neurologic: Cranial nerves II through XII grossly intact.

Impression:

Orders Placed This Encounter

- CONSULT / REFERRAL TO ENDOCRINOLOGY
- EGD

Her for an upper endoscopy and dilation she is currently on omeprazole 40 mg a day says it may have helped her stomach feel little bit better but does not appear to have cleared up her swallowing issue so we will check that out further with our upper endoscopy
No follow-ups on file.

Electronically signed by Levy, David J, MD at 2023-06-21T15:38:14Z

Nursing Note by Belluomini, Joyce at 06/21/2023 10:30 AM

Patient referred by Dr. Geiger for Esophageal dysphagia.

Room 2

Electronically signed by Belluomini, Joyce at 2023-06-21T15:38:14Z

09/22/2023 - Pinecrest Family Practice-UPMC

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE		814-440-4190 (M)	YANNETTELPC@GMAIL.COM	
ERIE PA		814-456-3949 (H)		
16508		888-888-8888 (W)		
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
09/22/2023 01:15:00 PM	09/22/2023 01:30:00 PM	2600207983336
Hospital Area		
Pinecrest Family Practice-UPMC		

Primary Coverage

Group Number	Subscriber ID

Nursing Note by Higley, Marlie A at 09/22/2023 01:15 PM

Author : Higley, Marlie A	Service: -	Author Type : -
Filed : 09/22/2023 01:38 PM	Encounter Date : 2023-09-22T13:15:00.000	Status : Signed
Editor : Higley, Marlie A (-)		

Hortense in office today for a nurse visit flu vaccine administration.
Administered in (L) arm, patient tolerated it well.

Electronically signed by Higley, Marlie A at 2023-09-22T17:38:22Z

02/19/2024 - Pinecrest Family Practice-UPMC

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM	
PCP				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
02/19/2024 11:00:00 AM	02/19/2024 11:30:00 AM	2600228264289
Hospital Area		
Pinecrest Family Practice-UPMC		

Primary Coverage

Group Number	Subscriber ID

Lab

Component	Value	Unit	Reference Range	Flag	Date
Glucose	92	mg/dL	65 - 99 mg/dL		04/05/2024 10:02 AM
Blood Urea Nitrogen	14	mg/dL	7 - 25 mg/dL		04/05/2024 10:02 AM
Creatinine	1.3	mg/dL	0.60 - 1.00 mg/dL	High	04/05/2024 10:02 AM
eGFR	44	mL/min/1.73m2	> OR = 60	Low	04/05/2024 10:02 AM
BUN/CREATININE RATIO	11	(calc)	6 - 22 (calc)		04/05/2024 10:02 AM
Sodium(Na)	144	mmol/L	135 - 146 mmol/L		04/05/2024 10:02 AM
Potassium(K)	4.0	mmol/L	3.5 - 5.3 mmol/L		04/05/2024 10:02 AM
Chloride(Cl)	106	mmol/L	98 - 110 mmol/L		04/05/2024 10:02 AM
Carbon Dioxide(CO2)	32	mmol/L	20 - 32 mmol/L		04/05/2024 10:02 AM
Calcium(Ca)	10.1	mg/dL	8.6 - 10.4 mg/dL		04/05/2024 10:02 AM
TOTAL PROTEIN	7.5	g/dL	6.1 - 8.1 g/dL		04/05/2024 10:02 AM
Albumin	4.6	g/dL	3.6 - 5.1 g/dL		04/05/2024 10:02 AM
Globulin	2.9	g/dL (calc)	1.9 - 3.7 g/dL (calc)		04/05/2024 10:02 AM
Albumin/Globulin Ratio	1.6	(calc)	1.0 - 2.5 (calc)		04/05/2024 10:02 AM
Total Bilirubin	0.6	mg/dL	0.2 - 1.2 mg/dL		04/05/2024 10:02 AM
Alkaline Phosphatase	82	U/L	37 - 153 U/L		04/05/2024 10:02 AM
Aspartate Aminot.(AST)	17	U/L	10 - 35 U/L		04/05/2024 10:02 AM
Alanine Aminotrans(ALT)	15	U/L	6 - 29 U/L		04/05/2024 10:02 AM
WBC	4.1	Thousand/uL	3.8 - 10.8 Thousand/uL		04/05/2024 10:02 AM
RBC	5.43	Million/uL	3.80 - 5.10 Million/uL	High	04/05/2024 10:02 AM
Hgb	14.1	g/dL	11.7 - 15.5 g/dL		04/05/2024 10:02 AM
Hematocrit(HCT)	41.8	%	35.0 - 45.0 %		04/05/2024 10:02 AM
MCV	77.0	fL	80.0 - 100.0 fL	Low	04/05/2024 10:02 AM
MCH	26.0	pg	27.0 - 33.0 pg	Low	04/05/2024 10:02 AM
MCHC	33.7	g/dL	32.0 - 36.0 g/dL		04/05/2024 10:02 AM
RDW	15.2	%	11.0 - 15.0 %	High	04/05/2024 10:02 AM
PLATELET COUNT	224	Thousand/uL	140 - 400 Thousand/uL		04/05/2024 10:02 AM
MPV	9.8	fL	7.5 - 12.5 fL		04/05/2024 10:02 AM
ABS Neutrophils	2042	cells/uL	1,500 - 7,800 cells/uL		04/05/2024 10:02 AM
ABS Lymphocytes	1587	cells/uL	850 - 3,900 cells/uL		04/05/2024 10:02 AM
ABS Monocytes	381	cells/uL	200 - 950 cells/uL		04/05/2024 10:02 AM
ABS Eosinophils	62	cells/uL	15 - 500 cells/uL		04/05/2024 10:02 AM
ABS Basophils	29	cells/uL	0 - 200 cells/uL		04/05/2024 10:02 AM
TOTAL NEUTROPHILS, %	49.8	%			04/05/2024 10:02 AM
Lymphocytes	38.7	%			04/05/2024 10:02 AM
Monocytes	9.3	%			04/05/2024 10:02 AM
Eosinophils	1.5	%			04/05/2024 10:02 AM

Basophils	0.7	%			04/05/2024 10:02 AM
Cholesterol	235	mg/dL	<200	High	04/05/2024 10:02 AM
HDL Cholesterol	69	mg/dL	> OR = 50		04/05/2024 10:02 AM
Triglyceride	189	mg/dL	<150	High	04/05/2024 10:02 AM
Low Density Lipoprotein	133	mg/dL (calc)		High	04/05/2024 10:02 AM
CHOLESTEROL/HDL RATIO	3.4	(calc)	<5.0		04/05/2024 10:02 AM
NON-HDL CHOLESTEROL	166	mg/dL (calc)	<130	High	04/05/2024 10:02 AM

Progress Notes by Geiger, Robert W, DO at 02/19/2024 11:00 AM

Author : Geiger, Robert W, DO	Service: -	Author Type : Physician
Filed : 02/19/2024 11:39 AM	Encounter Date : 2024-02-19T11:00:00.000	Status : Signed
Editor : Geiger, Robert W, DO (Physician)		

Subjective:

Patient ID: Hortense P Barnes is an 70 year old female.

HPI

Follow up blood pressure
Review of Systems
Constitutional: Negative for fever and malaise/fatigue.
Skin: Negative for itching and rash.
HENT: Negative for congestion and sore throat.
Eyes: Negative for blurred vision and photophobia.
Cardiovascular: Negative for chest pain and palpitations.
Respiratory: Negative for wheezing and shortness of breath.
Psychiatric/Behavioral: Negative for depression. The patientis not nervous/anxious.
Gastrointestinal: Negative for abdominal pain, constipation, diarrhea and nausea.
Genitourinary: Negative for change in urine output
Heme: Negative forbruises/bleeds easily.
Allergies: Negative forenvironmental allergies.
Neurological: Negative for dizziness and tingling.
Musculoskeletal: Negative for back pain and neck pain.

Objective:

BP 136/80 | Pulse 76 | Temp 98.1 °F (36.7 °C) (Oral) | Resp 18 | Ht 5' 6" (167.6 cm) | Wt 164 lb (74.4 kg) | SpO2 98% | Breastfeeding No | BMI 26.47 kg/m²

Physical Exam

Constitutional:
Appearance: Normal appearance.
HENT:
Head: Normocephalic and atraumatic.
Right Ear: Tympanic membrane and ear canal normal.
Left Ear: Tympanic membrane and ear canal normal.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Eyes:
Pupils: Pupils are equal, round, and reactive to light
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Abdomen is flat.
Palpations: Abdomen is soft.
Musculoskeletal:
General: Normal range of motion.
Cervical back: Normal range of motion and neck supple.

Skin:
General: Skin is warm and dry.

Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time

Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

Assessment & Plan:

	Diagnosis	ICD-10-CM	Plan
1.	Essential hypertension	I10	CBC (INCLUDES DIFFERENTIAL AND PLATELETS)
2.	Gastroesophageal reflux disease with esophagitis without hemorrhage	K21.00	
3.	Stage 3 chronic kidney disease, unspecified whether stage 3a or 3b CKD (HCC)	N18.30	COMPREHENSIVE METABOLIC PANEL (CMP)
4.	DDD (degenerative disc disease), lumbar	M51.36	
5.	Mixed hyperlipidemia	E78.2	LIPID PANEL
6.	Healthcare maintenance	Z00.00	CONSULT / REFERRAL TO GYNECOLOGY BI MAMMOGRAM DIGITAL SCREENING WITH TOMOSYNTHESIS BILATERAL

Return in about 6 months (around 8/19/2024).

Will update fasting blood work as above. Will refer to urogyn for incontinence sx. No refills needed.

Electronically signed by Geiger, Robert W, DO at 2024-02-19T16:39:50Z

Nursing Note by Menditto, Michelle M, LPN at 02/19/2024 11:00 AM

Author : Menditto, Michelle M, LPN	Service: -	Author Type : -
Filed : 02/19/2024 11:10 AM	Encounter Date : 2024-02-19T11:00:00.000	Status : Signed
Editor : Menditto, Michelle M, LPN (-)		

Pt here for check up c/o cramps legs/feet/groin.

Electronically signed by Menditto, Michelle M, LPN at 2024-02-19T16:10:47Z

05/22/2024 - Bayfront Digestive Disease

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTELPC@GMAIL.COM	
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
05/22/2024 10:30:00 AM	05/22/2024 11:00:00 AM	2600227674405
Hospital Area		
Bayfront Digestive Disease		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Levy, David J, MD at 05/22/2024 10:30 AM

Author : Levy, David J, MD

Service: -

Author Type : Physician

Filed : 05/22/2024 11:04 AM

Encounter Date : 2024-05-22T10:30:00.000

Status : Signed

Editor : Levy, David J, MD (Physician)

Chief Complaint:
Dysphagia reflux

History:
Hortense P Barnes is a 71 year old female here for follow up evaluation. Hortense back in the office a patient who has gastroesophageal reflux disease and associated esophageal dysmotility she is currently on pantoprazole 40 mg a day but has been having some more difficulty recently with swallowing feels that food goes down but then kind of sticks similar problem to what she had last year.

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill
• amLODIPine (NORVASC) 10 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• B6-folic-B12-coffee-phosphatid (NEURIVA PLUS BRAIN PERFORMANCE) 1.7 mg-400 mcg- 2.4 mcg oral capsule	Take by mouth		
• biotin 1 mg oral capsule	Take by mouth		
• carisoprodoL (SOMA) 350 mg oral tablet	Take 1 tablet by mouth 2 times a day as needed for muscle spasm Max Daily Amount: 700 mg	30 tablet	0
• cholecalciferol, vitamin D3, 25 mcg (1,000 unit) oral capsule	Take 25 micrograms by mouth		
• collagen, bovine, (TRIPLE HELIX COLLAGEN) 100 % top powder	See Instructions, 05/03/23 14:43:00 EDT, use weekly, Instructions Replace Required Details		
• ELDERBERRY FRUIT ORAL	Take by mouth		
• ferrous sulfate 325 mg (65 mg iron) oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• gabapentin (NEURONTIN) 300 mg oral capsule	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	180 capsule	1
• HYDROcodone-acetaminophen (NORCO) 7.5-325 mg oral tablet			
• ibuprofen 800 mg oral tablet	Take 1 tablet by mouth 2 times a day with meals	60 tablet	3
• magnesium citrate 100 mg oral capsule	Take 100 mg by mouth		
• omeprazole (PRILOSEC) 40 mg oral delayed-release capsule	Take 1 capsule by mouth daily	90 capsule	1
• POTASSIUM GLUCONATE ORAL	Take by mouth		
• promethazine (PHENERGAN) 25 mg oral tablet	TAKE 1 TABLET BY MOUTH 30 MINUTES PRIOR TO PAIN PILL EVERY 12 HOURS AS DIRECTED		
• rosuvastatin (CRESTOR) 5 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• ferrous sulfate 325 mg (65 mg iron) oral tablet	Take 325 mg by mouth		

- pantoprazole (PROTONIX) 40 mg oral delayed-release tablet
- Take 1 tablet by mouth daily

30 tablet

0

No facility-administered medications prior to visit.

Allergies

Allergen	Reactions
<ul style="list-style-type: none">• Aspirin <div>Other reaction(s): hives</div>	Swelling
<ul style="list-style-type: none">• Environmental Allergens	Unknown Reaction
<ul style="list-style-type: none">• Hydrocodone <div>Other reaction(s): sick and nausea</div>	

Patient Active Problem List

Diagnosis
<ul style="list-style-type: none">• HTN (hypertension)• Migraines• Allergic rhinitis• OA (osteoarthritis) of knee• Thyroid nodule• DDD (degenerative disc disease), lumbar• Encounter for screening colonoscopy• GERD (gastroesophageal reflux disease)• Kidney stones• S/P cholecystectomy• Sickle-cell anemia (HCC)

Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none">• Allergic rhinitis	02/18/2013
<ul style="list-style-type: none">• Epigastric hernia	01/11/2023
<ul style="list-style-type: none">• H/O mammogram	01/01/2012
<ul style="list-style-type: none">• Migraines	02/18/2013
<ul style="list-style-type: none">• Periumbilical mass	01/11/2023
<ul style="list-style-type: none">• Umbilical hernia without obstruction or gangrene	01/03/2023
<ul style="list-style-type: none">• Unspecified essential hypertension	

Social History

Socioeconomic History
<ul style="list-style-type: none">• Marital status: Married

Tobacco Use

• Smoking status:

Never

• Smokeless tobacco:

Never

Vaping Use

• Vaping status:

never used

Substance and Sexual Activity

• Alcohol use:

Not Currently

Comment:

once in a great while - one drink

• Drug use:

No

• Sexual activity:

Defer

Review of Systems: I reviewed a 10 + point Review of Systems, which was completed by the patient. All pertinent positives were noted and all others reviewed and noted as negative.

Physical Exam:

Vitals:

05/22/24 1044

BP:

130/68

Pulse:

78

Weight:

164 lb (74.4 kg)

Height:

5' 6" (167.6 cm)

GEN: Alert and oriented x3. Appears well, in no apparent distress.
HEENT: PERRLA. Conjunctiva are pink.
NECK: Supple without JVD or thyroid enlargement. No lymphadenopathy.
MOUTH/THROAT: Tongue is papillated, gag intact.
LUNGS: Clear to percussion and auscultation without rales or rhonchi.
CARDIAC: Regular, rate, and rhythm. No murmur, click or rub.
ABD: Abdomen is soft non tender, without guarding, mass, rebound or organomegaly.
Rectal exam: Deferred.
SKIN: No visible skin lesions.
Extremities: Without CCE. No joint deformities.
Neurologic: Cranial nerves II through XII grossly intact.

Impression:

No orders of the defined types were placed in this encounter.

Going to schedule her for an upper endoscopy and dilation and then further recommendations to follow see whether or not she needs to have her medication optimized and try to get the dilation to last longer than it did in the previous year
No follow-ups on file.

Electronically signed by Levy, David J, MD at 2024-05-22T15:04:56Z

Nursing Note by Smith, Jesse T at 05/22/2024 10:30 AM

Author : Smith, Jesse T

Service: -

Author Type : -

Filed : 05/22/2024 10:47 AM

Encounter Date : 2024-05-22T10:30:00.000

Status : Signed

Editor : Smith, Jesse T (-)

ROOM 1
Pt is here to address dysphagia.

06/04/2024 - UPMC Magee-Womens Center for Bladder and Pelvic Health

Patient Demographics

Name	Patient ID	SSN	Gender Identity	Birth Date
Barnes, Hortense,P	737918756	xxx-xx-6049	Female	03/13/1953
Address		Phone	E-mail	
3650 SCHAPER AVE ERIE PA 16508		814-440-4190 (M) 814-456-3949 (H) 888-888-8888 (W)	YANNETTE LPC@GMAIL.COM	
PCP				
Robert W Geiger, DO				

Admission Information

Attending Provider		Admitting Provider
Admission Date/Time	Discharge Date/Time	Encounter#
06/04/2024 02:00:00 PM	06/04/2024 02:30:00 PM	2600231940333
Hospital Area		
UPMC Magee-Womens Center for Bladder and Pelvic Health		

Primary Coverage

Group Number	Subscriber ID

Progress Notes by Napoe, Gnankang Sarah, MD at 06/04/2024 02:00 PM

Author : Napoe, Gnankang Sarah, MD

Service: -

Author Type : Physician

Filed : 06/04/2024 03:05 PM

Encounter Date : 2024-06-04T14:00:00.000

Status : Signed

Editor : Napoe, Gnankang Sarah, MD (Physician)

Urogynecology and Pelvic Reconstructive Surgery
New Patient Consultation

Referring Provider: Geiger, Robert W, DO
3535 PINE AVENUE
ERIE, PA 16504
Primary Care Provider: Robert W. Geiger
Date of Service: 6/4/2024
Chief Complaint: New Patient Referral

History of Present Illness: Ms. Hortense P Barnes is a 71 year old G4P3 who presents in consultation at the request of Dr.Geiger for evaluation of difficulty voiding. She reports she has trouble urinating. She now has to stand up to empty her bladder and this has been ongoing for 2 years. She feels pain in her groin and hip as if she "did a split and pulled something"
She voids 3 times per day. She wakes up at night not due to the need to urinate but because she takes care of her husband.
She denies urinary incontinence
She denies vaginal bulge.
She is not sexually active.
She denies vaginal dryness.
She had a total abdominal hysterectomy-bilateral salpingo-oophorectomy for fibroids about 12 years ago.

Past Medical History:

Past Medical History:

Diagnosis	Date
• Allergic rhinitis	02/18/2013
• Epigastric hernia	01/11/2023
• H/O mammogram	01/01/2012
• Migraines	02/18/2013
• Periumbilical mass	01/11/2023
• Umbilical hernia without obstruction or gangrene	01/03/2023
• Unspecified essential hypertension	

Past Surgical History: She has a past surgical history that includes urostomy with stent stone removal (01/01/2012); schedule knee surgery (01/01/1976); cholecystectomy; (01/01/1976); removal gallbladder; breast biopsy (01/01/2004); hysterectomy (2009 2010); and EPIGASTRIC HERNIA REPAIR, REPAIR VENTRAL HERNIA (05/15/2023).

Obstetrical History:
OB History

No obstetric history on file.

Medications:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• amLODIPine (NORVASC) 10 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• B6-folic-B12-coffee-phosphatid (NEURIVA PLUS BRAIN PERFORMANCE) 1.7 mg-400 mcg- 2.4 mcg oral capsule	Take by mouth		
• biotin 1 mg oral capsule	Take by mouth		

• carisoprodoL (SOMA) 350 mg oral tablet	Take 1 tablet by mouth 2 times a day as needed for muscle spasm Max Daily Amount: 700 mg	30 tablet	0
• cholecalciferol, vitamin D3, 25 mcg (1,000 unit) oral capsule	Take 25 micrograms by mouth		
• collagen, bovine, (TRIPLE HELIX COLLAGEN) 100 % top powder	See Instructions, 05/03/23 14:43:00 EDT, use weekly, Instructions Replace Required Details		
• gabapentin (NEURONTIN) 300 mg oral capsule	TAKE 1 CAPSULE BY MOUTH TWICE DAILY	180 capsule	1
• HYDROcodone-acetaminophen (NORCO) 7.5-325 mg oral tablet			
• ibuprofen 800 mg oral tablet	Take 1 tablet by mouth 2 times a day with meals	60 tablet	3
• omeprazole (PRILOSEC) 40 mg oral delayed-release capsule	Take 1 capsule by mouth daily	90 capsule	1
• POTASSIUM GLUCONATE ORAL	Take by mouth		
• promethazine (PHENERGAN) 25 mg oral tablet	TAKE 1 TABLET BY MOUTH 30 MINUTES PRIOR TO PAIN PILL EVERY 12 HOURS AS DIRECTED		
• rosuvastatin (CRESTOR) 5 mg oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• ELDERBERRY FRUIT ORAL	Take by mouth		
• ferrous sulfate 325 mg (65 mg iron) oral tablet	Take 1 tablet by mouth daily	90 tablet	1
• magnesium citrate 100 mg oral capsule	Take 100 mg by mouth		
• pantoprazole (PROTONIX) 40 mg oral delayed-release tablet	Take 1 tablet by mouth daily	30 tablet	0

Allergies: Patient is allergic to aspirin, environmental allergens, and hydrocodone.

Social History:

Patient reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not currently use alcohol. She reports that she does not use drugs.

Family History: family history includes Autoimmune Disease in her sister; Ca, Prostate in her biological father; Cancer in her biological father; Diabetes in her biological mother; Heart Disease in her biological mother; Heart Failure in her biological father and biological mother; Stroke in her maternal grandmother.

Review of Systems

Physical Exam: BP 126/82 | Pulse 67 | Ht 5' 6" (167.6 cm) | Wt 162 lb 6.4 oz (73.7 kg) | SpO2 98% | BMI 26.21 kg/m²

General Appearance: Well-appearing, no acute distress
Psychiatric: Alert and oriented, normal affect
HEENT: Normocephalic, atraumatic
Skin: No rashes or lesions
C/V: Normal peripheral perfusion
Lungs: Respiratory effort normal
Abdomen: Soft, non-tender, non-distended

Genitourinary Exam:

Stress test: negative supine cough stress test with a volume of 5 mL.

External Genitalia: Normal external genitals, urethral meatus, perineum.

Urethra: No masses, tenderness or scarring

Bladder: No masses, tenderness, or distention

Vulva:/Perineum: Normal

Vagina: Severely atrophic, no prolapse

Cervix: surgically absent

Uterus: surgically absent

Adnexa/Parametria: No masses, tenderness, or nodularity

Perineal Sensation: Normal

Rectal Exam: Deferred

Levator tenderness: absent

PVR by ultrasound: **5 mL**

Procedures

A chaperone was present for the physical exam.

Assessment/Plan: Ms. Barnes is a 71 year old with:

1. Levator spasm

2. Postmenopausal atrophic vaginitis

Levator spasm

We discussed that her exam shows tight and tender musculature of the pelvic floor. This condition is called levator spasm. It can be triggered by any painful or traumatic pelvic event, such as a severe UTI, pelvic surgery, or other chronic pain conditions. In many cases, the cause is unknown. The symptoms may range from urinary frequency, urgency to pelvic pressure or pain. The best treatment for this is pelvic floor physical therapy. PT referral and contact list provided

Vaginal atrophy

She is asymptomatic so will continue with expectant management. We discussed the availability of estrogen cream should she have any symptom of genitourinary syndrome of menopause.

Follow up: 4 months with PA

Total time (face-to-face and non-face-to-face) spent on today's visit was 45 minutes. This included preparation for the visit (i.e. reviewing test results), performance of a medically appropriate history and examination, and orders for medications, tests or other procedures. This time is exclusive of procedures performed and time spent teaching.

Gnankang Sarah Napoe, MD, MS

Urogynecology and Reconstructive Pelvic Surgery

Department of Obstetrics, Gynecology and Reproductive Sciences

Medications prescribed this visit:

New Prescriptions

No medications on file

Orders Placed This Encounter

- CONSULT / REFERRAL TO WOMENS REHABILITATION

Order Specific Question: Pelvic Pain

Answer: Muscle Spasm

Order Specific Question: Rx: Pt Evaluation & Treatment for:

Answer: PT Evaluation and Treatment

Electronically signed by Napoe, Gnankang Sarah, MD at 2024-06-04T19:05:57Z

Nursing Note by Samluk, Tina M at 06/04/2024 02:00 PM

Author : Samluk, Tina M

Service: -

Author Type : -

UPMC
UPMC Magee-Womens Center for Bladder and Pelvic Health
Patient: Barnes, Hortense DOB: 03/13/1953
Admit Date/Date of Service: 06/04/2024 Discharge Date: 06/04/2024

Report Date: 07/29/2024

MRN: 737918756 Gender: Female
HAR:

Patient is here as a New Patient Referral
Patient is experiencing urinary issues - patient states that she has to stand to urinate and when she sits it feels as though it stops urination.
Patient states this has been an issues for about two years.

Electronically signed by Samluk, Tina M at 2024-06-04T18:23:51Z