

Patient Name: Taylor , Robert**Gender:** Male**MRN:** 1213911**Age:** 67**Procedure Date:** 12/2/2015**Proceduralist(s):** Horiana B. Grosu, Pulmonologist, Russell Miller, MD (Fellow), Lakshmi Mudambi, MD (Fellow), Surya Palakuru, MD (Fellow)**Procedure Name:** Pleuroscopy**Indications:** Pleural effusion**Medications:** Monitored Anesthesia Care**Procedure Description:** Pre-Anesthesia Assessment:

- ASA Grade Assessment: III - A patient with severe systemic disease.
- Procedure, risks, benefits, and alternatives were explained to the patient. All questions were answered and informed consent was documented as per institutional protocol. A history and physical were performed and updated in the preprocedure assessment record. Laboratory studies and radiographs were reviewed. A time-out was performed prior to the intervention. The site was sterile prepped and the pleuroscopy was performed. The 10.0mm integrated pleuroscope was introduced through the incision and advanced into the pleural space.

Findings: Local Anesthesia:

- The pleural entry site was identified by means of the ultrasound and entry sites were infiltrated with a 20 mL solution of 1% lidocaine.

Incision:

- The patient was placed on the standard operating table in the lateral decubitus position and sites of compression were well padded. The patient was steriley prepped with chlorhexidine gluconate (Chloraprep) and draped in the usual fashion. A 10 mm reusable primary port was placed on the left side at the 6th mid-axillary line via a Veress needle technique.

Pleuroscopy:

- The pleura was inspected via the primary port site.

Findings: There were multiple areas with visible tumor studding, including the parietal pleura, visceral pleura and the lung. Left lower lobe did not appear completely expanded and was atelectatic. 1700 cc of amber color fluid was removed.

Biopsy:

- Biopsies of a tumor studding were performed in the pleural space over the diaphragm using a forceps and sent for histopathology examination. 11 were obtained.

A 15.5 fr Pleurx catheter was placed in the pleural space over the diaphragm..

Dressing:

- The port sites were dressed with a transparent dressing.

Complications: No immediate complications**Estimated Blood Loss:** Estimated blood loss was minimal.**Post Procedure Diagnosis:** - Suspected pleural metastasis.**Recommendation:** - The patient will be observed post-procedure, until all discharge criteria are met.
- Chest X-ray post-procedure.

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Attending Participation: I was present and participated during the entire procedure, including non-key portions.

Add'l Images:



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Horiana B. Grosu, Pulmonologist

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This report has been signed electronically.

Number of Addenda: 0