THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center®

Patient Name:	Harrell , Julia	**Gender:**	Female
MRN:	1097138	**Age:**	75
Procedure Date:	3/31/2016		

Proceduralist(s): GEORGIE EAPEN, MD, RUSSELL JASON MILLER, MD (Fellow), LAKSHMI MUDAMBI, MD (Fellow), Justin Wong, 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 LTF VP Endoeye thoracoscope was introduced through the incision and advanced into the pleural space. The 0 degree 2.0mm pleuroscopy telescope was introduced through the incision and advanced into the pleural space. The 0 degree 7.0mm pleuroscopy telescope 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 15 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 sterilely 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 anterior axillary line via a Veress needle technique.

Pleuroscopy:
- The pleura was inspected via the primary port site.

Findings: Extensive adhesions were found throughout the pleura in the left hemithorax. Most of the adhesions that were located in the upper hemithorax were soft and thin. These were taken down using the pleuroscope. Denser, thick adhesions were noted in the lower aspect of the left hemithorax. These were not taken down due to concerns for bleeding. The pareiteal pleura was carefully inspectred and multiple tumor masses were noted involving the entire mid and upper parietal pleura posteriorly. The masses were exophytic, friable and fungating. The visceral pleura overlying the upper lobe was thickened but without obvious tumor nodules.

Biopsy:
- Biopsies of the parietal pleural masses were performed in the mid pleura using a forceps and sent for histopathology examination. Fourteen samples were obtained. Careful inspection of the left pleural space following the biopsies confirmed complete hemostasis at all biopsy sites.

The previously placed

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center®

Patient Name:	Harrell , Julia	**Gender:**	Female
MRN:	1097138	**Age:**	75
Procedure Date:	3/31/2016		

15.5 fr Pleurx catheter was left in place in the pleural space over the diaphragm.
The port site was closed using 3.0 silk sutures. A total of 3 were placed.

Dressing:
- The port sites were dressed with a transparent dressing.

Complications: No immediate complications

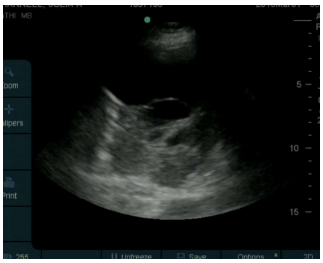
Estimated Blood Loss: Estimated blood loss was minimal.

Post Procedure Diagnosis: - Suspected pleural metastasis.

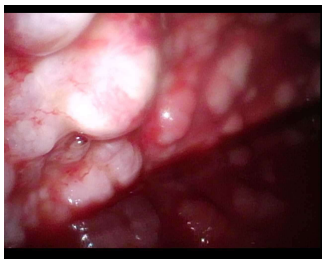
Recommendation: - The patient will be observed post-procedure, until all discharge criteria are met.
- Chest X-ray post-procedure.

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

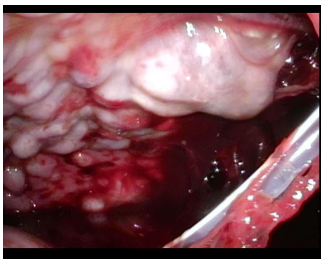
Add'l Images:



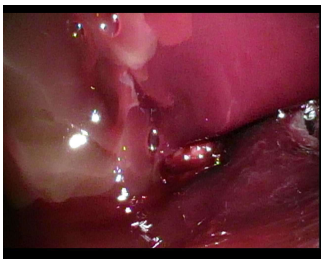
1 Complex left effusion on ultrasound



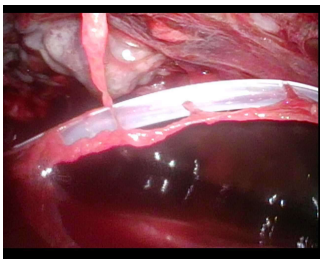
2 Extensive pleural metastatic studding



3 Pleural masses with previously placed TIPC in place



4 Dense adhesions in the lower left hemithorax



5 Fibrinous adhesions encompassing the TIPC

GEORGIE EAPEN, MD
3/31/2016 9:30:03 AM
This report has been signed electronically.

Number of Addenda: 0