

**Patient Name:** Lopez , Aide  
**MRN:** 2030955  
**Procedure Date:** 6/1/2016

**Gender:** Female  
**Age:** 65

**Proceduralist(s):** HORIANA B. GROSU, MD, RUSSELL JASON MILLER, MD (Fellow), MACARENA RODRIGUEZ VIAL, MD (Fellow), Lilit Sargsyan, 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 30 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 right side at the 5th mid-axillary line via a Veress needle technique.

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

Findings: There was nodularity of the lung , mosly in the lower lobe . Pleura looked normal with excessive fat and white fibrinous strands rapping around entire pleura and lung. Small studding seen on the pleura ? fat vs studding . There appeared to be a mass in the posterior aspect close to the spine however very vascular and could not be biopsied via pleuroscopy.  
2000 cc of mily fluid was removed and sent for analysis.

Biopsy:  
- Biopsies of a mucosal abnormality 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:** - Pleural adhesions.

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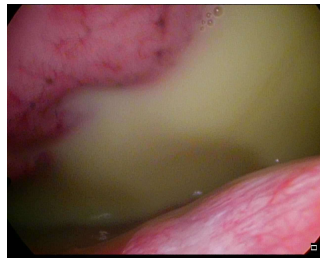
**Recommendation:** - The patient will be observed post-procedure, until all discharge criteria are met.  
 - Chest X-ray post-procedure.

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

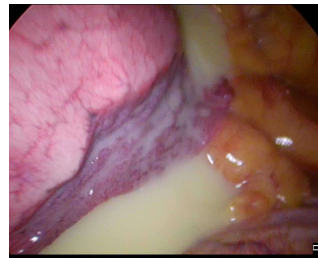
**Add'l Images:**



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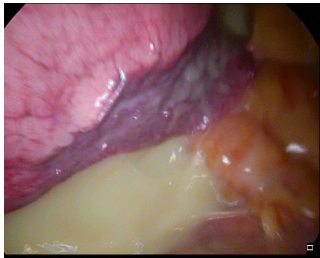
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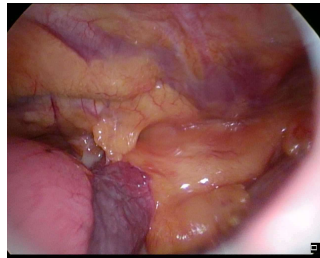
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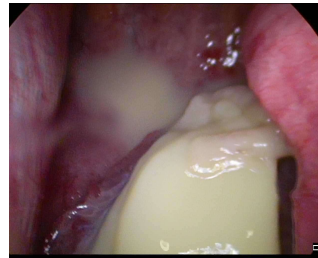
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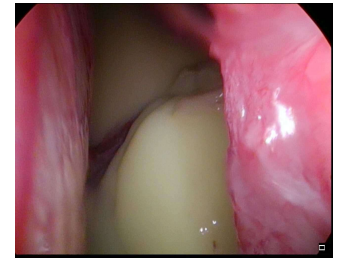
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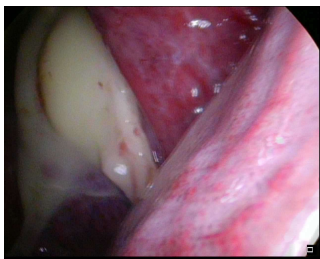
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7 white thick adhesions



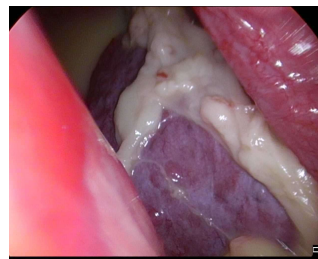
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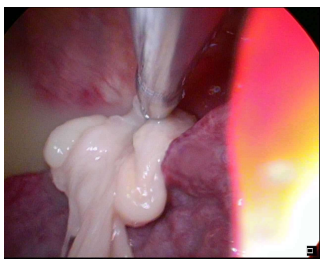
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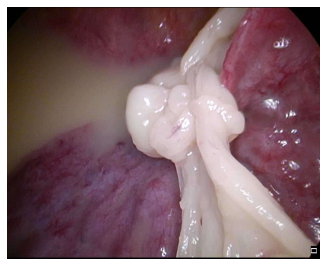
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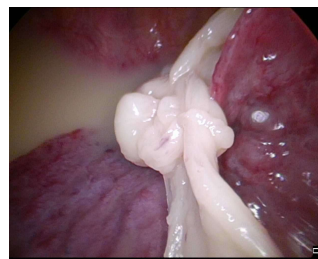
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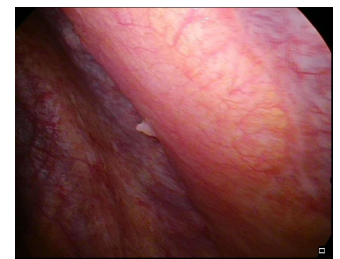
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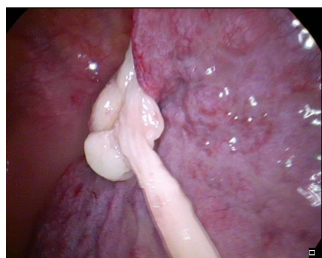
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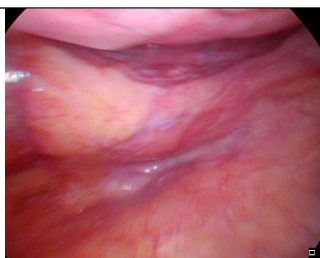
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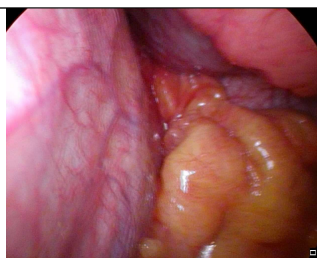
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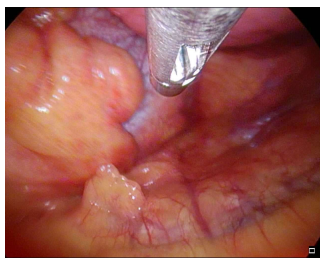
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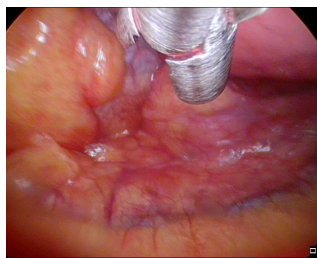
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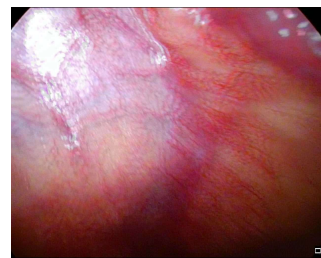
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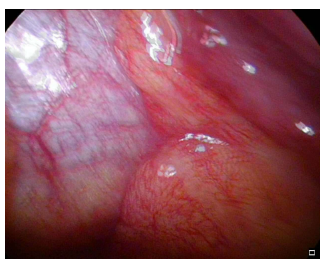
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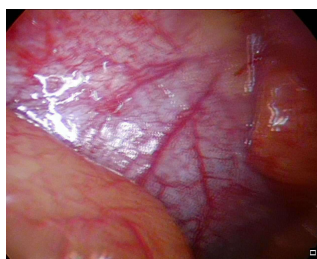
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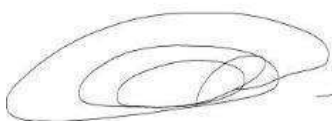
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26



27 mass



HORIANA B. GROSU, MD  
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This report has been signed electronically.

**Number of Addenda:** 0