

**Patient Name:** Entzminger , Lori  
**MRN:** 2029520  
**Procedure Date:** 5/23/2016

**Gender:** Female  
**Age:** 56

**Proceduralist(s):** ROBERTO F. CASAL, LAKSHMI MUDAMBI, MD (Fellow), RUSSELL JASON MILLER, 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 0 degree 2.0mm pleuroscopy telescope was introduced through the incision and advanced into the pleural space. The 50 degree 7.0mm pleuroscopy optic was introduced through the incision and advanced into the pleural space. 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.

**Findings:** Local Anesthesia:  
- The pleural entry site was identified by means of the ultrasound and entry sites were infiltrated with a 19 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 6th anterior axillary line via a Veress needle technique.

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

Findings: Serous pleural effusion was found. 3000 ML were suctioned out. Small white and redish raised lesions on the diaphragmatic parietal pleura were seen and biopsied. The visceral pleura looked normal. The chest wall (parietal) pleura was hyperemic and had some areas of brownish decoloration. All three lobes collapsed easily. Suction was applied and all lobes also RE\_EXPANDED easily (see video).

Biopsy:  
- Biopsies of a nodule were performed in the pleural space over the diaphragm using a forceps and sent for histopathology examination. Three samples were obtained. Biopsies were also performed over the brownish lesions on the chest wall pleura.

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

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**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:** - Exudative pleural effusion, mostly normal pleura except for small lesions on diaphragm.  
[Dx Certainty] [Cause]

**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. I personally performed the entire procedure.

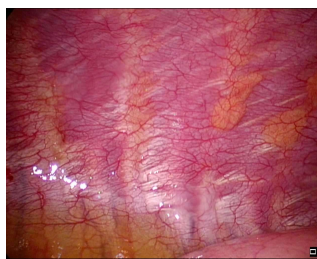
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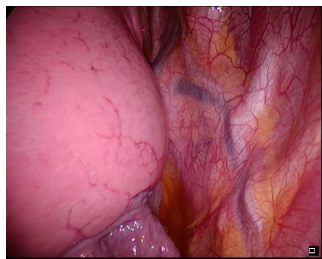
2 Small raised lesions on diaphragmatic pleura.



3 Chest wall parietal pleura.



4 Apex



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ROBERTO F. CASAL,  
5/23/2016 4:52:39 PM

**Number of Addenda:** 0