

Patient Name: Gauthier , Jerry
MRN: 0766102
Procedure Date: 12/30/2015

Gender: Male
Age: 64

Proceduralist(s): Horiana B. Grosu, Pulmonologist, Russell Miller, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Diagnostic

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 10 mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: The laryngeal mask airway is in good position. The vocal cords move normally with breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions. Stump with no evidence of recurrence.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound. A systematic hilar and mediastinal lymph node survey was carried out revealing visible lymph nodes at the following stations.

Lymph Nodes: Lymph node sizing was performed via endobronchial ultrasound for non-small cell lung cancer. Sampling by transbronchial needle aspiration was also performed using an Olympus EBUS-TBNA 22 gauge needle in the left lower paratracheal region (level 4L) and subaortic region (level 5) and sent for routine cytology.

- The 4L (lower paratracheal) node measured 4.6mm by EBUS and 5mm by CT. PET was negative . On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was biopsied using a 22 gauge needle with a total of passes. ROSE preliminary analysis indicates adequate tissue. Five samples with the needle were obtained.

- The 5 (subaortic) node measured 20.7mm by EBUS and 24.1mm by CT. PET was positive . This node was accessed via esophagus and technically challenging biopsy. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was biopsied using a 22 gauge needle with a total of passes. ROSE preliminary analysis indicates malignancy. Eight samples with the needle were obtained.

All samples sent to cytopathology for review

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - The examination was normal.

- Lymph node sizing and sampling was performed.

Recommendation: - Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies. The patient has remained stable and has been transferred in good condition to the post

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Patient Name: Gauthier , Jerry
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Procedure Date: 12/30/2015

Gender: Male
Age: 64

bronchoscopy recovery area, where patient will be observed until discharge criteria is met.
Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.

- Await cytology results.
- CT guide biopsy if ebus non diagnostic

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

Add'l Images:



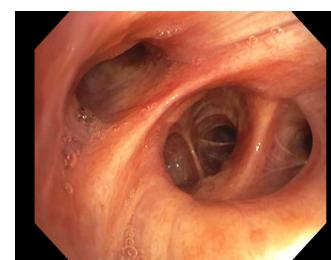
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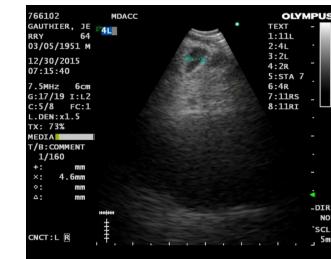
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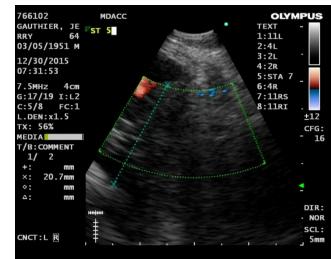
5



6



7



8 station 5 from esophagus



Horiana B. Grosu, Pulmonologist
12/30/2015 8:04:53 AM
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Number of Addenda: 0

Patient Name: Harrell , Julia
MRN: 1097138
Procedure Date: 3/31/2016

Gender: Female
Age: 75

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 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 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 parietal pleura was carefully inspected 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

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Patient Name: Harrell , Julia
MRN: 1097138
Procedure Date: 3/31/2016

Gender: Female
Age: 75

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.

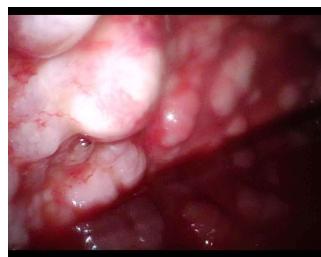
Recommendation: - The patient will be observed post-procedure, until all discharge criteria are met.
- Chest X-ray post-procedure.

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

Add'l Images:



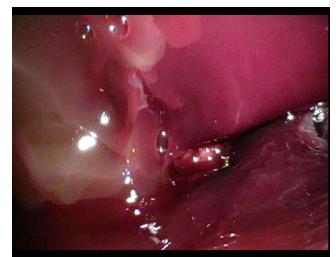
1 Complex left effusion on ultrasound



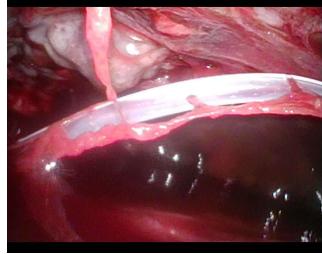
2 Extensive pleural metastatic studding



3 Pleural masses with previously placed TIPC in place



4 Dense adhesions in the lower left hemithorax



5 Fibrous adhesions encompassing the TIPC



GEORGIE EAPEN, MD

3/31/2016 9:30:03 AM

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Number of Addenda: 0

Patient Name: Hinojosa , Delfino
 MRN: 1074654
 Procedure Date: 6/1/2016

Gender: Male
 Age: 50

Proceduralist(s): GEORGIE EAPEN, MD, RUSSELL JASON MILLER, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Lung mass

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The BF-H190 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: The laryngeal mask airway is in good position. The vocal cords move normally with breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions on the left side. A stricture was found in the right bronchus intermedius involving the RLL bronchus. The narrowing appears fibrotic. The airway lumen is nearly occluded. The lesion was not traversed.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound. A systematic hilar and mediastinal lymph node survey was carried out revealing visible lymph nodes at the following stations.

Lymph Nodes: Lymph node sizing was performed via endobronchial ultrasound for non-small cell lung cancer. Sampling by transbronchial needle aspiration was also performed using an Olympus EBUS-TBNA 22 gauge needle in the left pulmonary artery mass and sent for routine cytology.

- The left pulmonary artery mass measured 10.1mm by EBUS and 11mm by CT. PET was positive. On ultrasound the mass was hypoechoic, heterogenous, irregularly shaped with sharp margins and formed part of the wall of the pulmonary artery. There was flow noted in the LPA and also in the RPA to a lesser extent. This mass was biopsied using a 22 gauge needle with a total of passes. ROSE preliminary analysis indicates non diagnostic tissue. Three samples with the needle were obtained.

All samples sent to cytopathology for review

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - Lymph node sizing and sampling was performed.

Recommendation: - Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.
 - Await cytology results.

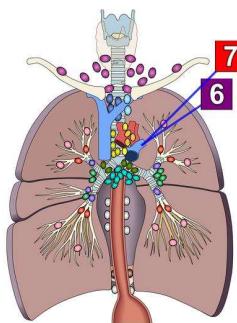
Attending Participation: I was present and participated during the entire procedure, including non-key portions.

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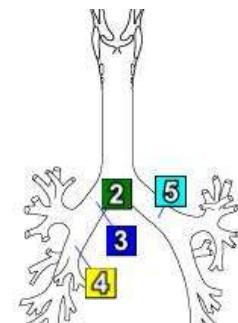
Patient Name: Hinojosa , Delfino
 MRN: 1074654
 Procedure Date: 6/1/2016

Gender: Male
 Age: 50

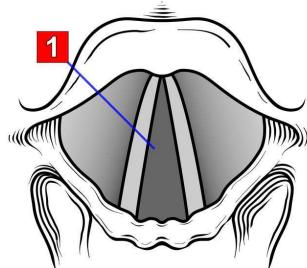
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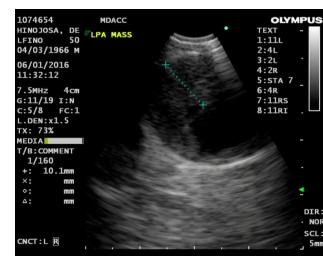
Lung Lymph Nodes Stations



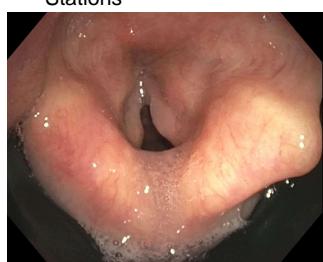
Tracheobronchial Tree



Laryngoscopic View



6 Left Pulmonary Artery : Sampling



1 Glottis



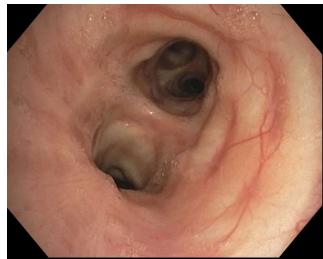
2 Carina



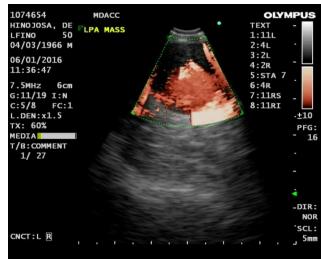
3 Right mainstem bronchus



4 Bronchus intermedius



5 Left mainstem bronchus



7 Main Pulmonary Artery

Report

GEORGIE EAPEN, MD
 6/1/2016 7:36:30 PM

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Number of Addenda: 0

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Patient Name: Hixson , Jean Gender: Female
MRN: 0741465 Age: 43
Procedure Date: 8/5/2015

Proceduralist(s): Horiana B. Grosu, Pulmonologist

Procedure Name: Bronchoscopy

Indications: Multiple pulmonary nodules

Medications:

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The T180 therapeutic video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. Post-XRT changes noted to the vocal cords and aryepiglottic folds. Papilloma is noted through right main stem, bronchus intermedius. Abnormal mucosa noted in the anterolateral aspect of the upper trachea, mainly on the left side with posttreatment changes extending down to the mid trachea. No clear-cut areas of papillomatous growth in the distal airways. Status post endotracheal biopsies at the abnormal papillomatous lesion noted at the superior segment stump, proximal RBI and sital RBI, status post intratracheal injection of 75mg/15 ml of cidofovir at this site.

Findings:

Post treatment

Right Lung Abnormalities: A small barely obstructing (less than 10% obstruction) 8-10 polypoid lesion was found proximally in the bronchus intermedius and in the superior segment of the right lower lobe (B6). Using narrow band imaging for airway examination we found dotted abnormal vessels in the proximal BI and distal BI. These lesions were biopsied.

Complications: No immediate complications

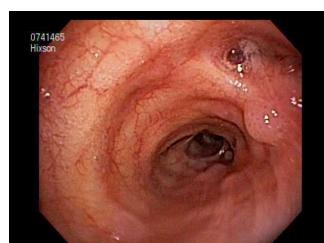
Estimated Blood Loss: Estimated blood loss was minimal.

Post Procedure Diagnosis: - An endobronchial biopsy was performed.

Recommendation: - Follow up in clinic in 3 months.

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

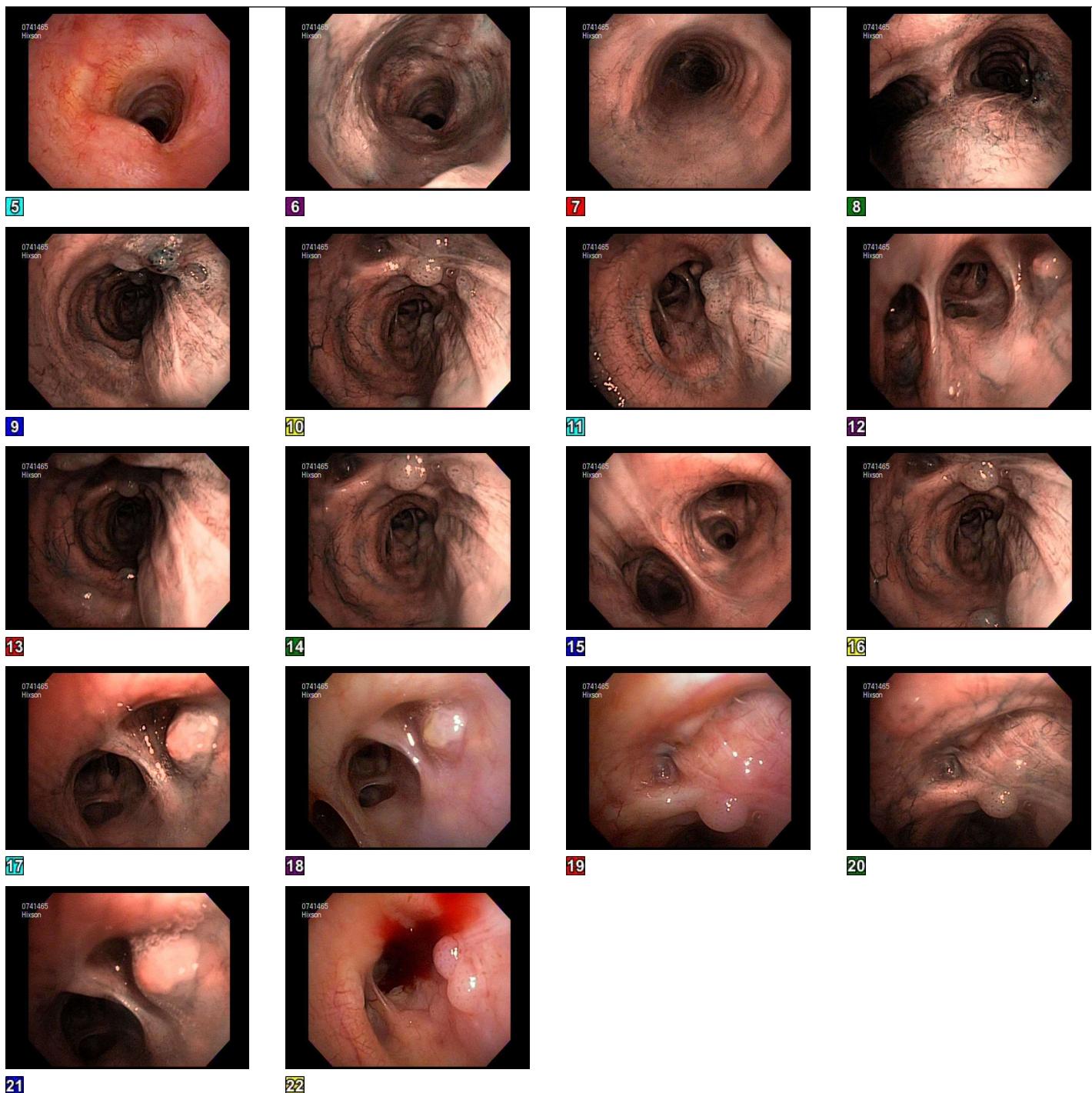
Add'l Images:



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Patient Name: Hixson , Jean
MRN: 0741465
Procedure Date: 8/5/2015

Gender: Female
Age: 43



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Patient Name: Hixson , Jean

Gender:

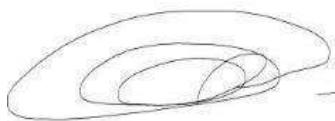
Female

MRN: 0741465

Age:

43

Procedure Date: 8/5/2015



Horiana B. Grosu, Pulmonologist

8/5/2015 11:57:50 AM

This report has been signed electronically.

Number of Addenda: 0

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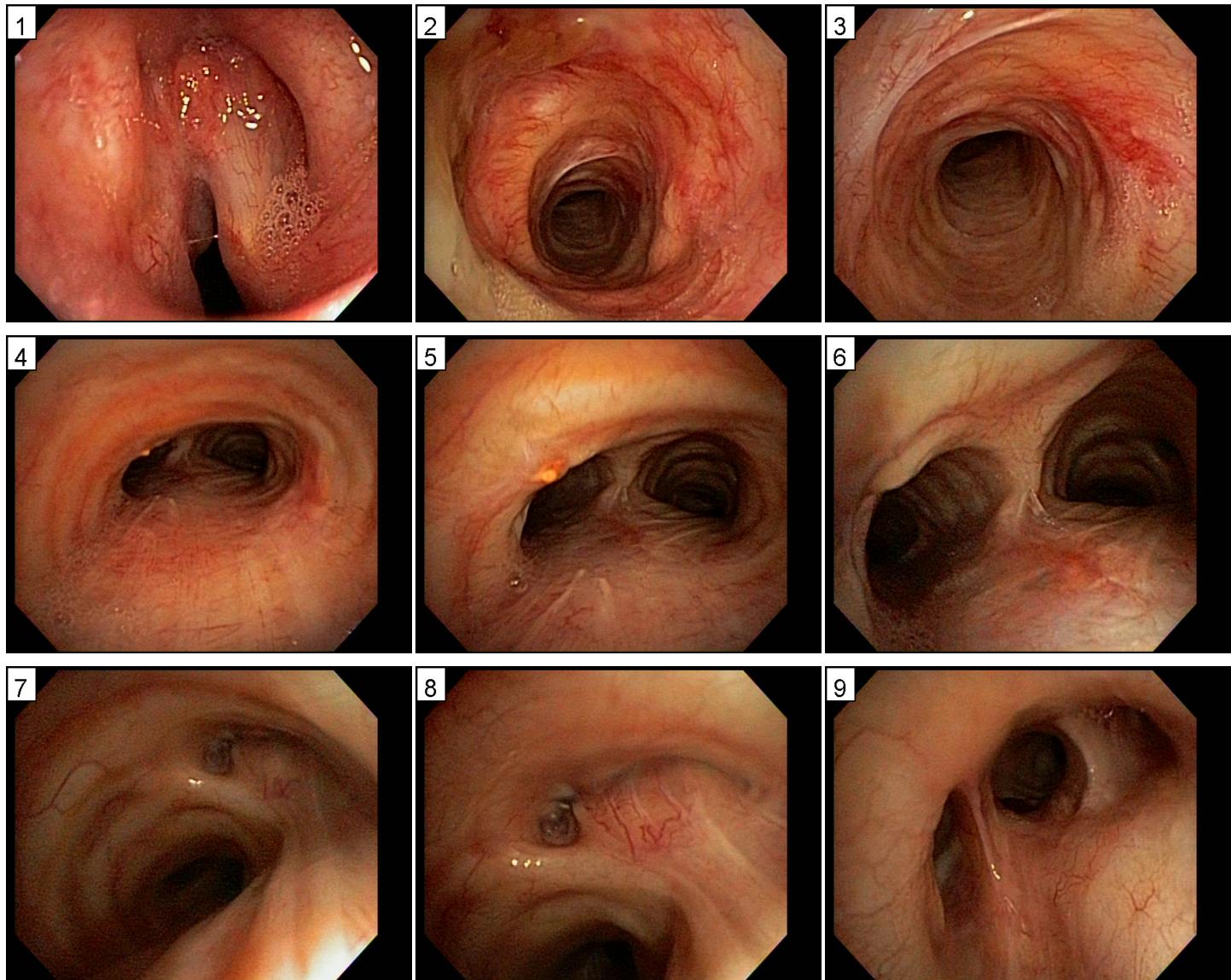
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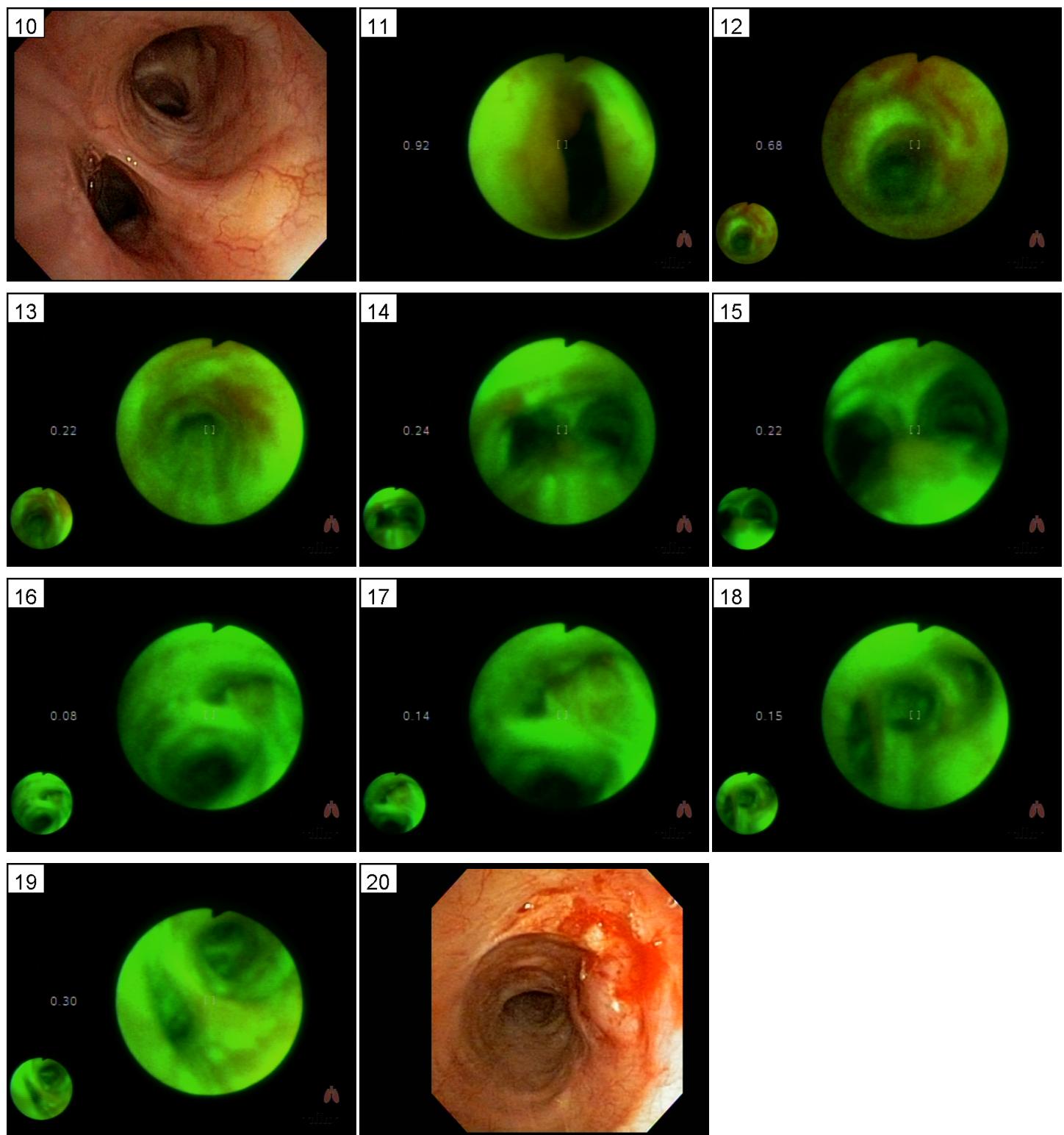
Bronchoscopy Image Report

Patient:
Patient ID:
Procedure Date:

JEAN H HIXSON
MRN-741465
03/05/2014

Attending Physician: Carlos Jimenez, M.D.





Version 1, electronically signed by Mr. Lee Taylor, CPFT on 03/05/2014 at 12:13 PM.

Patient Name: Hixson , Jean
MRN: 0741465
Procedure Date: 2/3/2016

Gender: Female
Age: 43

Proceduralist(s): Georgie Eapen, Russell Miller, MD (Fellow), Kha Dinh, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Trachea mass, Right mainstem mass, Diagnostic

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 10 mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the right nostril and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: The bronchoscopy was performed through the right nostril via a face mask. Extensive post treatment changes noted in the larynx with supraglottic edema and narrowing extending from the aryepiglottic folds to the true vocal cords. The vocal cords are somewhat mobile, but limited in extent of mobility particularly on the left. The subglottic space showed evidence of post treatment changes and extensive post treatment fibrotic scarring was noted throughout the trachea without evidence of significant airway narrowing or concentric stricture. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Right and left lungs were explored segmentally and subsegmentally. Papillomatous lesions were found in the RML bronchus, the RMS bronchus and in the right lateral aspect of the lower trachea. Endobronchial biopsies were performed at all three sites using a forceps and sent for histopathology examination labeled separately. Five samples were obtained from each site. The visible lesions were all completely excised. Cryotherapy was performed at all three sites for destruction of abnormal tissue. The freezing duration was 60 seconds and the thawing duration was 60 seconds and a total of 3 cycles performed at all three sites. Post-treatment findings: cryotherapy changes were present.

All samples sent to pathology for review

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - A stricture was found in the trachea. The narrowing appears fibrotic.
- Nodular mucosa was visualized in the trachea.
- An endobronchial biopsy was performed followed by cryotherapy at all sites.

Recommendation: - Technically successful flexible bronchoscopy with endobronchial biopsies and cryodestruction of endoluminal tumor. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.
- Await pathology results.

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

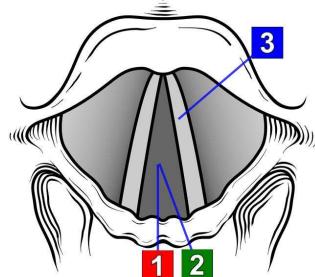
Patient Name: Hixson , Jean
 MRN: 0741465
 Procedure Date: 2/3/2016

Gender: Female
 Age: 43

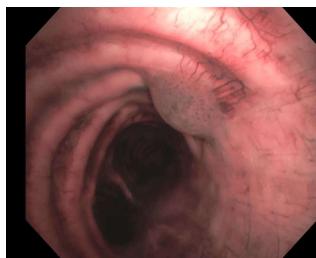
Add'l Images:



Tracheobronchial Tree



Laryngoscopic View



5 Nodular mucosa; Trachea papilloma



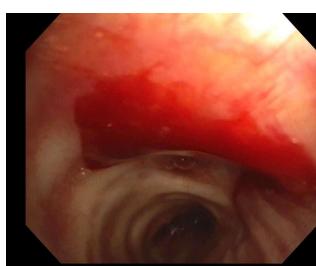
10 Right middle lobe bronchus : Nodular mucosa papilloma



12 Right middle lobe bronchus : Nodular mucosa, Endobronchial biopsy



13 Right mainstem bronchus : Nodular mucosa papilloma



14 Right mainstem bronchus : Endobronchial biopsy, Nodular mucosa



15 Trachea : Papilloma post Endobronchial biopsy



16 Trachea : Cryotherapy



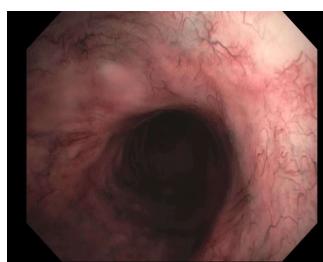
1 Glottis



2 Glottis NBI



3 Vocal cords



4 Subglottic tracheal wall



6 Carina



7 Right mainstem bronchus papilloma



8 Right mainstem bronchus papilloma

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Patient Name: Hixson , Jean

MRN: 0741465

Procedure Date: 2/3/2016

Gender:

Female

Age:

43



9 Bronchus intermedius



11 Left mainstem bronchus

A handwritten signature in black ink, appearing to read "Georgie Eapen".

Georgie Eapen,

2/3/2016 9:43:00 AM

This report has been signed electronically.

Number of Addenda: 0

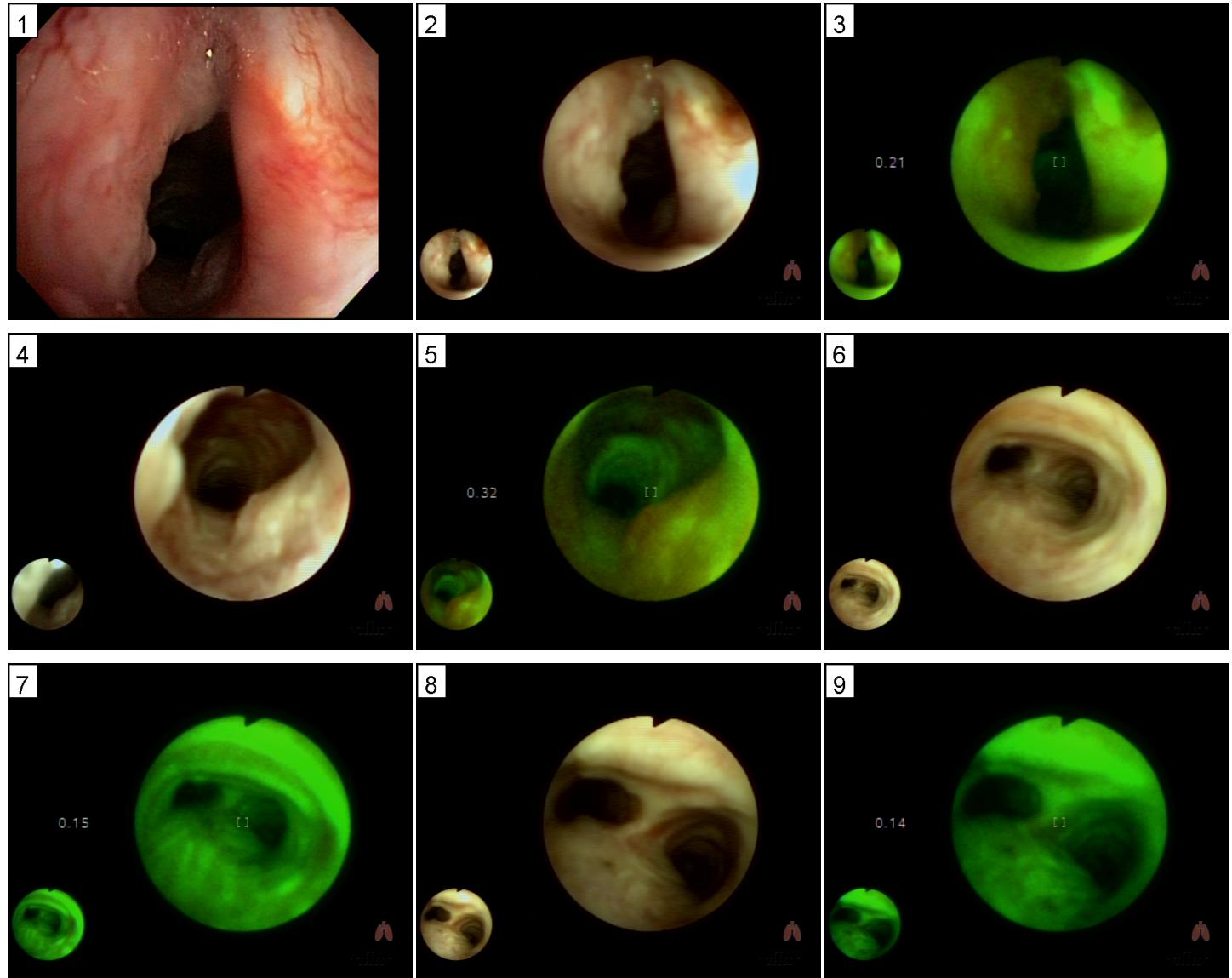
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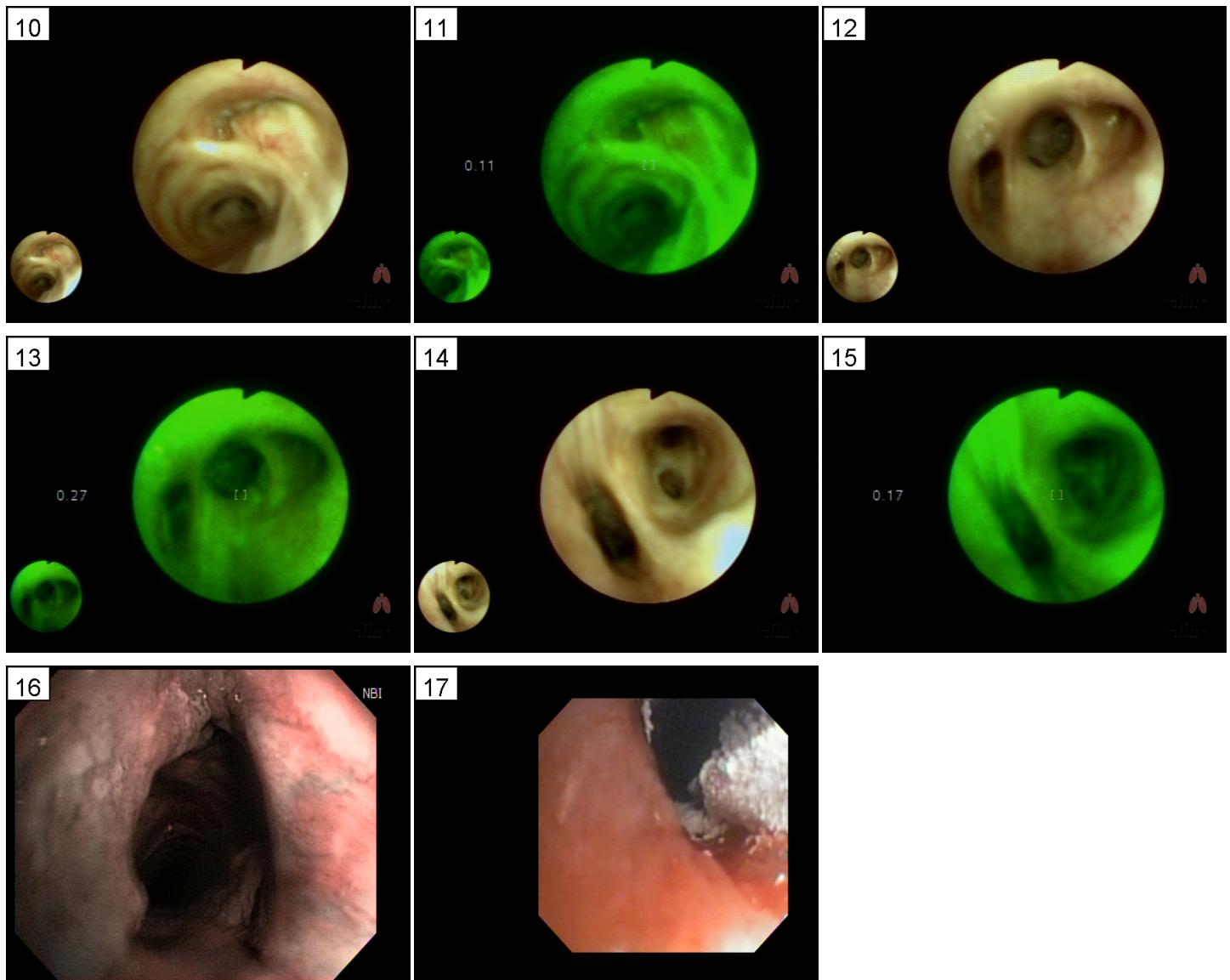
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Bronchoscopy Image Report

Patient: JEAN H HIXSON
Patient ID: MRN-741465
Procedure Date: 09/17/2014

Attending Physician: Georgie Eapen, M.D.





Version 1, electronically signed by Ms. Leslie Kumpf on 09/17/2014 at 09:16 AM.

Patient Name: Hunt , Ronald
 MRN: 1036543
 Procedure Date: 3/1/2016

Gender: Male
 Age: 50

Proceduralist(s): CARLOS JIMENEZ, MD, RUSSELL JASON MILLER, MD (Fellow), Justin Wong, MD (Fellow)

Requesting Physician: LINUS HO, MD, BORIS SEPESI, MD

Procedure Name: Bronchoscopy

Indications: Esophageal cancer, Malignant airway disease

Medications: General Anesthesia, Controlled mechanical ventilation was used. 2% Lidocaine, tracheobronchial tree 6 mL, See the Anesthesia note for documentation of the administered medications

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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the tracheostomy and advanced to the tracheobronchial tree. The T180 therapeutic video bronchoscope was introduced through the tracheostomy and advanced to the tracheobronchial tree. The UM-BS20-26R 20MHz radial probe was introduced through the working channel of the bronchoscope and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: The tracheal stoma is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions.

Radial probe US was introduced through the working channel to examine airway. US probe was positioned at the proximal left main stem bronchus take off, distal and mid portions of the trachea. Esophageal tumor was observed infiltrating the adventia of the posterior wall of the left main stem bronchus. The esophageal mass was visualized at 3.2 mm from the left main stem lumen.

Complications: No immediate complications

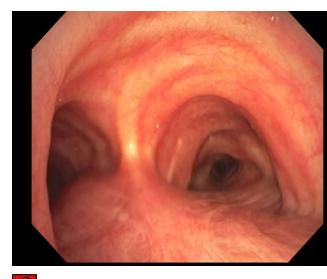
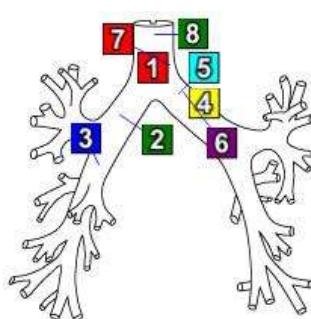
Estimated Blood Loss: Estimated blood loss: none.

Post Procedure Diagnosis: - Adventia of the posterior wall of left main stem bronchus affected by esophageal mass.
 - No specimens collected.

Recommendation: - The patient will be observed post-procedure, until all discharge criteria are met.
 - Follow up with primary physician as previously scheduled.

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

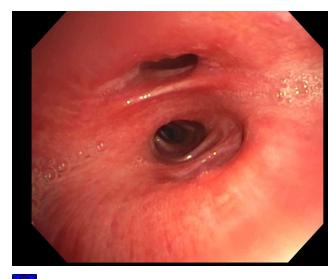
Add'l Images:



1 Trachea



2 Right mainstem bronchus



3 Bronchus intermedius

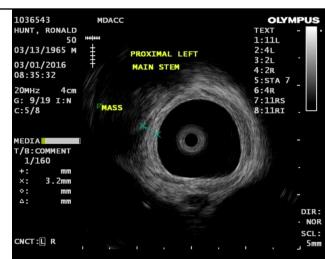
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Patient Name: Hunt , Ronald
 MRN: 1036543
 Procedure Date: 3/1/2016

Gender: Male
 Age: 50



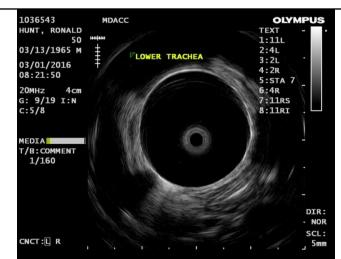
4 Left mainstem bronchus



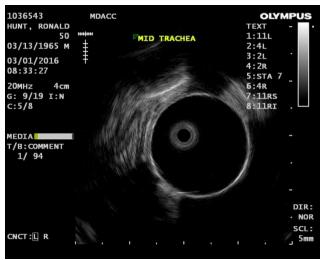
5 Left mainstem bronchus



6 Left mainstem bronchus



7 Trachea



8 Trachea

CARLOS JIMENEZ

CARLOS JIMENEZ, MD
 3/1/2016 9:04:15 AM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Kaufmann , Debra
MRN: 1173031
Procedure Date: 8/17/2015

Gender: Female
Age: 61

Proceduralist(s): Georgie Eapen, Russell Miller, MD (Fellow), Lakshmi Mudambi, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Hilar mass

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 8 mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The patient tolerated the procedure well.

Findings:

The laryngeal mask airway is in normal position. The vocal cords move normally with breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions except for extrinsic compression in the LUL posterior segment, and no secretions.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound. A systematic hilar and mediastinal lymph node survey was carried out revealing visible lymph nodes at the following stations.

Lymph Nodes: Lymph node sizing was performed via endobronchial ultrasound. Sampling was also performed using an Olympus EBUS-TBNA 22 gauge needle and sent for routine cytology.

- The LUL mass measured 24.2mm by EBUS and 24mm by CT. PET was not available. On ultrasound the mass was hypoechoic, heterogenous, irregularly shaped with sharp margins. There were several vessels surrounding the mass and obstructing the needle trajectory. A small window of safe needle trajectory was seen and this mass was biopsied using a 22 gauge needle with a total of 1 pass. ROSE preliminary analysis indicates atypical cells, but there was brisk bleeding following the first needle pass and as such further passes under ultrasound were not carried out. An esophageal approach was attempted but we could not clearly visualize the mass. The EBUS scope was withdrawn and a therapeutic scope was inserted and a conventional TBNA was attempted in the area of compression at the LUL posterior segment, but the return was bloody and no additional passes were done.

Patient Name: Kaufmann , Debra
 MRN: 1173031
 Procedure Date: 8/17/2015

Gender: Female
 Age: 61

All samples sent to cytopathology for review

Complications: No immediate complications

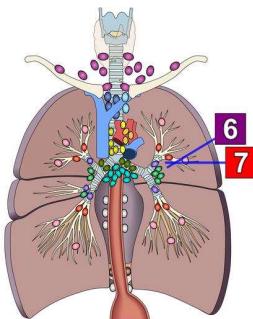
Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - The examination was normal.
 - Lymph node sizing and sampling was performed.

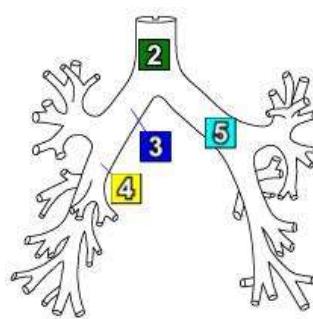
Recommendation: - Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies.
 The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met.
 Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.
 - Await cytology results.

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

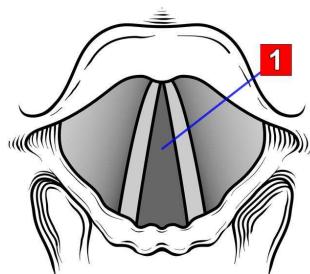
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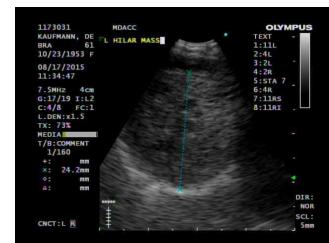
Lung Lymph Nodes Stations



Tracheobronchial Tree



Laryngoscopic View



6 Left Superior Lobe : Mass Size/Sampling



1 Glottis



2 Trachea



3 Right mainstem bronchus



4 Bronchus intermedius



5 Left mainstem bronchus



7 Left Superior Lobe

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Cancer Center®

Patient Name: Kaufmann , Debra

MRN: 1173031

Procedure Date: 8/17/2015

Gender:

Female

Age:

61



Georgie Eapen,
8/17/2015 12:42:30 PM

This report has been signed electronically.

Number of Addenda: 0

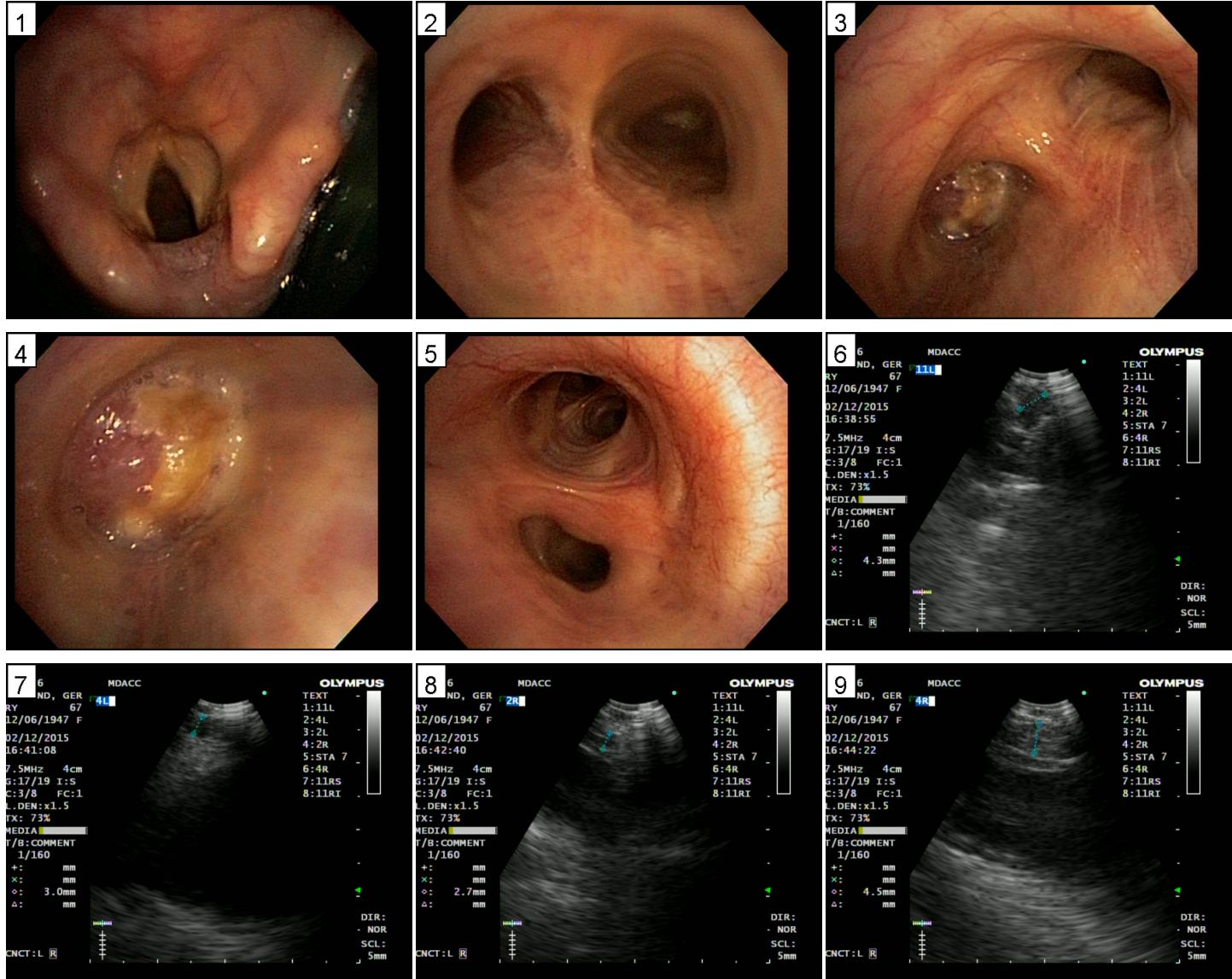
THE UNIVERSITY OF TEXAS

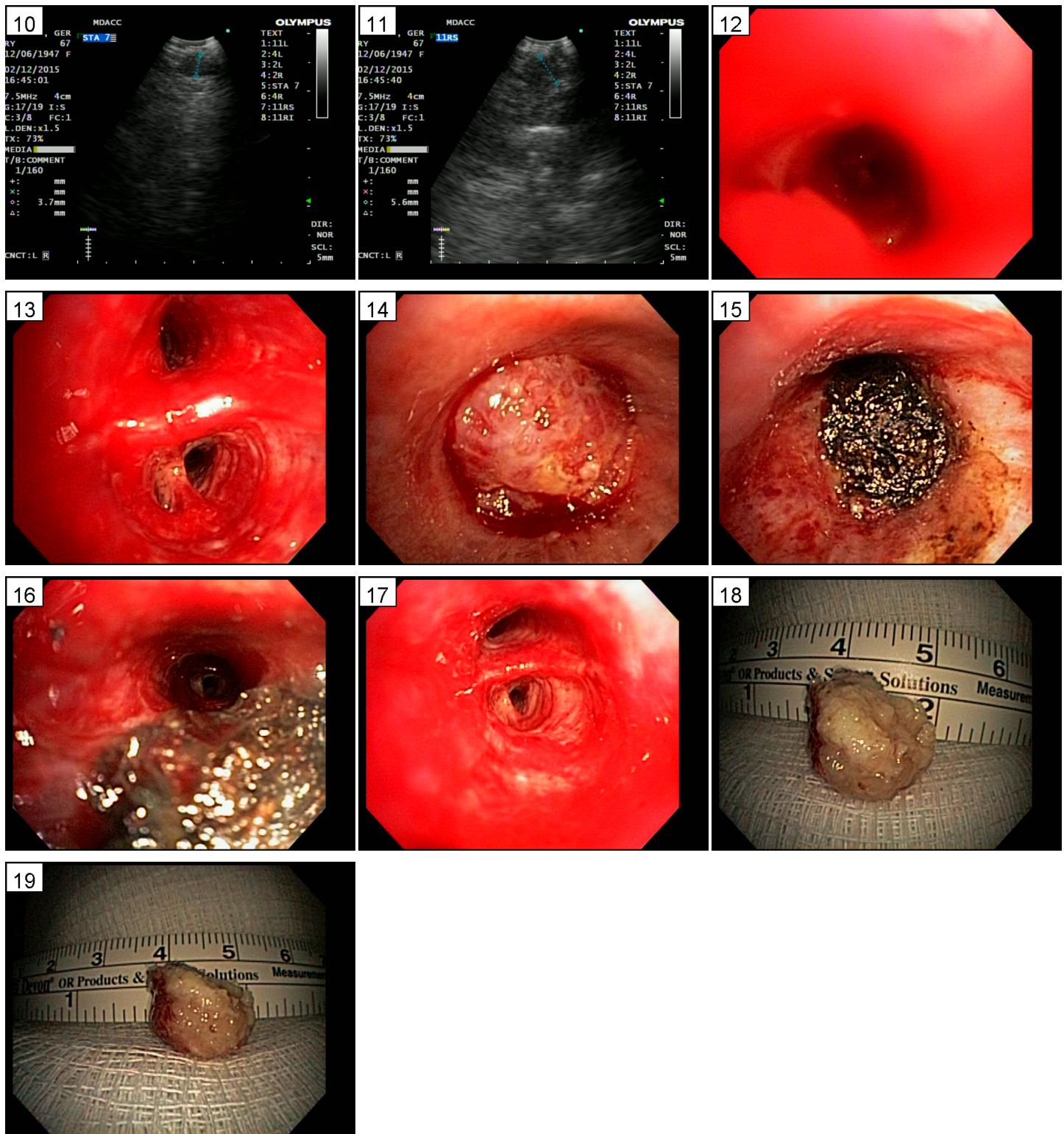
MD Anderson ~~Cancer Center~~

Bronchoscopy Image Report

Patient: GERRY G LEGRAND
Patient ID: MRN-873906
Procedure Date: 02/12/2015

Attending Physician: Georgie Eapen, M.D.





Version 1, electronically signed by Mr. Lee Taylor, CPFT on 02/12/2015 at 05:37 PM.

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 steriley 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 milky 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.

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

Gender: Female
Age: 65

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.

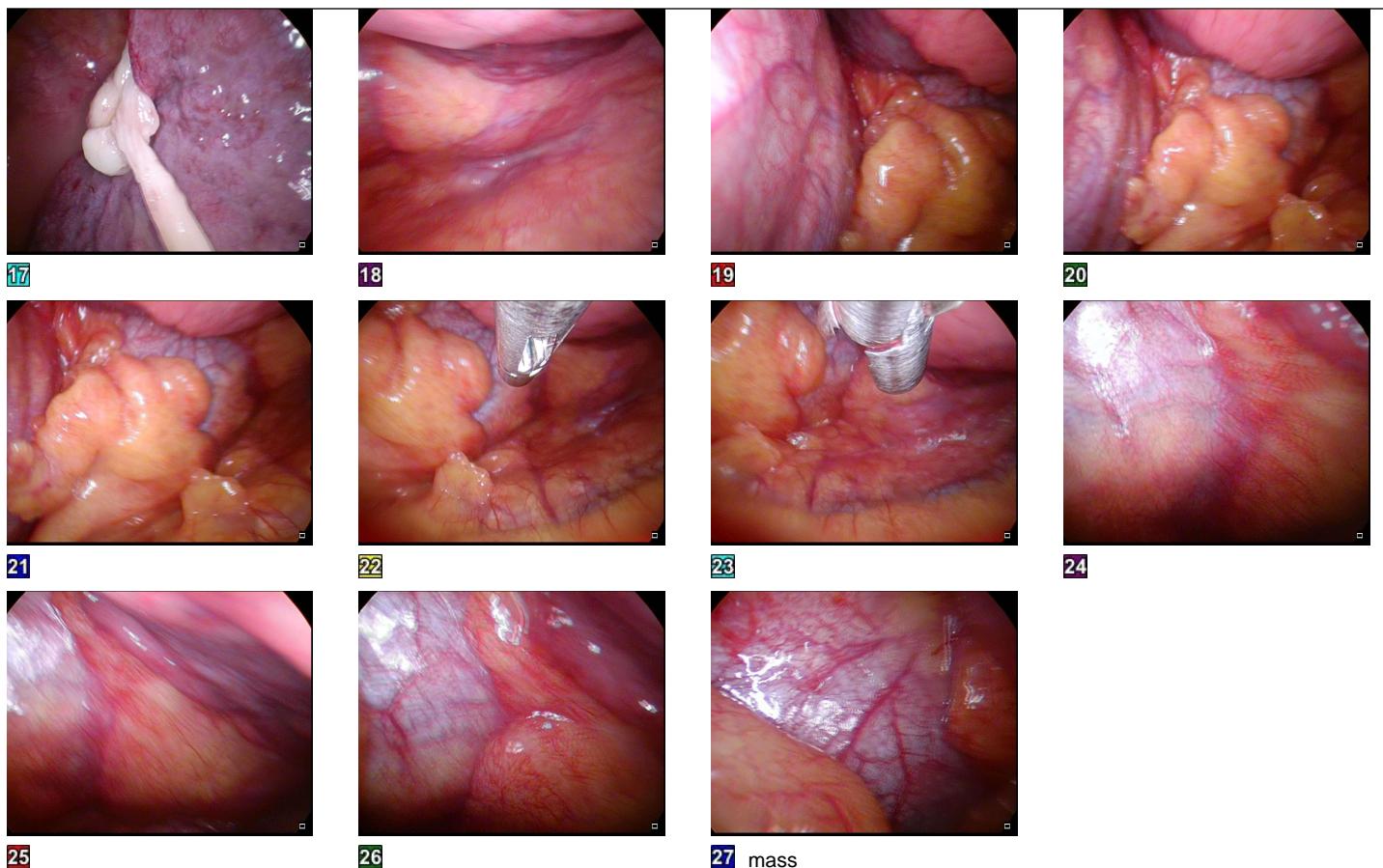
Add'l Images:



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

Gender: Female
Age: 65



HORIANA B. GROSU, MD
6/1/2016 4:09:40 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Mireles , Marsalino
MRN: 1130354
Procedure Date: 11/18/2015

Gender: Male
Age: 71

Proceduralist(s): David Ost, Pulmonologist, Charles Hebenstreit, MD (Fellow), Macarena Rodriguez Vial, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Metastatic cancer of lung, Hemoptysis

Medications:

Procedure Description: Pre-Anesthesia Assessment:

- A History and Physical has been performed. Patient meds and allergies have been reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient's parent. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified prior to the procedure by the physician, the nurse and the technician in the procedure room. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway. Respiratory Examination: clear to auscultation. CV Examination: RRR, no murmurs, no S3 or S4. ASA Grade Assessment: III - A patient with severe systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use general anesthesia. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.

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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree of both lungs. The T180 therapeutic video bronchoscope was introduced through the and advanced to the. The procedure was accomplished without difficulty.

Findings: Left Lung Abnormalities: A partially obstructing (about 40% obstructed) airway abnormality was found in the left lower lobe. Coagulation for tumor destruction using an electrocautery snare was successful. Upon completion LLL was 100% open.

Right Lung Abnormalities: A nearly obstructing (greater than 90% obstructed) airway abnormality was found in the right lower lobe. Coagulation for tissue destruction using argon plasma at 0.3 liters/minute and 25 watts, an electrocautery probe and an electrocautery snare was successful. Upon completion both the LLL and RLL entrances were 100% open. There was residual tumor in the RLL anterior and lateral basal segments that was old and not amenable to intervention because it extended into the periphery. The RLL superior segment, RLL medial basal, and RLL posterior segment were opened 100%. Therapeutic aspiration performed at the end of the procedure for retained blood and secretions with good hemostasis.

Complications: No immediate complications

Estimated Blood Loss: Estimated blood loss was minimal.

Post Procedure Diagnosis: - Metastatic renal cell with left lower lobe entrance and right lower lobe entrance endobronchial tumors.
- Hemoptysis
- Partially obstructing (about 40% obstructed) airway abnormality in the left lower lobe.

Patient Name: Mireles , Marsalino
MRN: 1130354
Procedure Date: 11/18/2015

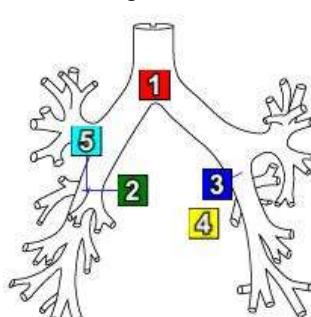
Gender: Male
Age: 71

- Nearly obstructing (greater than 90% obstructed) airway abnormality in the right lower lobe.
- No specimens collected.

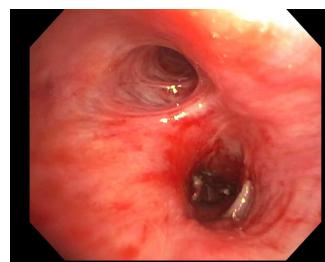
Recommendation:
- Follow up with bronchoscopist in one week.
- Follow up with referring physician as previously scheduled.

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

Add'l Images:



Tracheobronchial Tree



4 Tracheobronchial tree

5 Right middle lobe

A handwritten signature in black ink, appearing to read "David Ost, Pulmonologist".

David Ost, Pulmonologist
11/18/2015 3:11:51 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Power , Richard
MRN: 0409413
Procedure Date: 8/3/2015

Gender: Male
Age: 70

Proceduralist(s): Horiana B. Grosu, Pulmonologist, Russell Miller, MD (Fellow), Lakshmi Mudambi, 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 7.0mm pleuroscopy telescope was introduced through the incision and advanced into the pleural space. The 0 degree 4.0mm 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 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 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 7th anterior axillary line via a Veress needle technique.

Pleuroscopy:

- The pleura was inspected via the primary port site.

Findings: there was exetenssive pleural studding throught, no pus pockets seen, thick adhesions throught.

Biopsy:

- Biopsies of adhesions were performed in the upper pleura using a forceps and sent for histopathology examination. Five samples were obtained. five more were sent for cultures.

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Patient Name: Power , Richard
MRN: 0409413
Procedure Date: 8/3/2015

Gender: Male
Age: 70

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

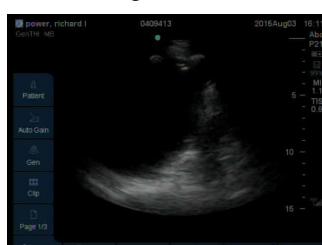
Estimated Blood Loss: Estimated blood loss was minimal.

Post Procedure Diagnosis: - Pleural 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:



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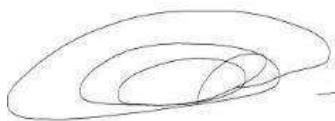
Patient Name: Power , Richard

Gender: Male

MRN: 0409413

Age: 70

Procedure Date: 8/3/2015



Horiana B. Grosu, Pulmonologist

8/3/2015 5:08:42 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Rodriguez , Maria
MRN: 0726853
Procedure Date: 4/4/2016

Gender: Female
Age: 65

Proceduralist(s): GEORGIE EAPEN, MD, RUSSELL JASON MILLER, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Mediastinal adenopathy, Diagnostic

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 10 mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The black bronchial tube 12.00-11.00 was introduced through the mouth and advanced to the tracheobronchial tree. The 0 degree 4.0mm rigid telescope was introduced through the mouth and advanced to the tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. The T180 therapeutic video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. The patient tolerated the procedure well. The XPS 3000 microdebrider was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. The ERBE APC VIO 300D unit was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree.

Findings: The vocal cords move normally with breathing. The subglottic space is normal. The trachea is of normal caliber proximally. The tracheobronchial tree was examined to at least the first subsegmental level. A mixed obstruction consisting of extrinsic compression and endoluminal tumor infiltration was found in the distal third of the trachea arising from the right lateral aspect and extending to involve the main carina and both mainstem bronchi for a distance of about a centimeter. The airway lumen is about 75% occluded in the lower trachea. The mass involving the main carina was large and endobronchial, friable, infiltrative and submucosal. The carinal mass was partially resected using the electrocautery snare and sent to pathology for review. This resulted in 60% recanalization of the distal airway at the level of the main carina. Endobronchial biopsies were performed in the lower trachea and at the carina using a cup forceps and sent for histopathology examination. Five samples were obtained. The microdebrider was then used to resect additional tumor in the lower trachea and the airway was partially recanalized to about 50% of normal. Tumor ablation was performed in the trachea, at the carina, in the left mainstem bronchus of the lung and in the right mainstem bronchus of the lung using an Argon Plasma Coagulation (APC). The post-procedure lumen size was 70% of normal. Given the residual obstruction and the extent of endoluminal disease, we elected to place a silicone Y stent to maintain airway patency pending treatment. A 14-10-10mm Novatec stent was selected and customized to 6 cm (tracheal length) and 1cm in each mainstem limb. The silicone stent was placed in the trachea, at the carina, in the left mainstem bronchus of the lung and in the right mainstem bronchus of the lung using a dedicated stent deployer under direct vision. The post-stent lumen size was 90% of normal. The stent was not blocking orifices of any other airways. The final stent placement was in the desired location.

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - Mediastinal adenopathy

Recommendation: - Technically successful rigid bronchoscopy with endobronchial biopsies, tumor debulking and stent placement. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.

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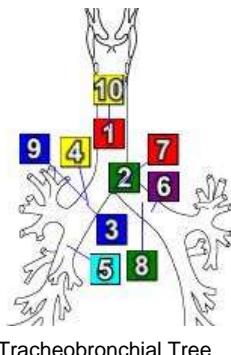
Patient Name: Rodriguez , Maria
MRN: 0726853
Procedure Date: 4/4/2016

Gender: Female
Age: 65

- Await pathology results.

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

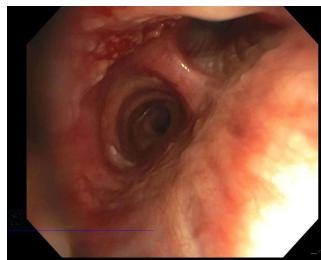
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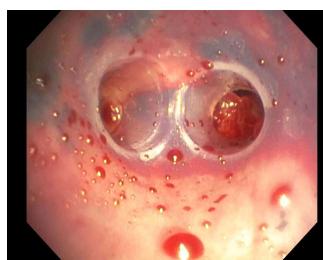
1 Trachea : Mass,
Endobronchial biopsy,
Extrinsic compression,
Laser/Plasma Ablation



2 Carina : Endobronchial
biopsy, Excision,
Laser/Plasma Ablation



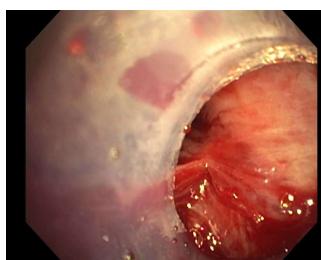
3 Right mainstem
bronchus : Mass



7 Carina : Stent placement



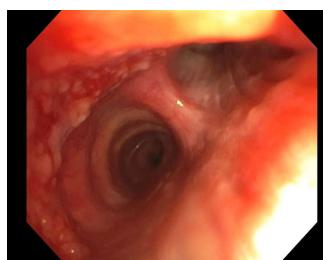
8 Left mainstem bronchus :
Stent placement



9 Right mainstem
bronchus : Stent
placement



10 Trachea : Stent
placement



4 Right mainstem bronchus



5 Bronchus intermedius



6 Left mainstem bronchus

GEORGIE EAPEN, MD
4/4/2016 4:48:02 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Taylor , Robert
MRN: 1213911
Procedure Date: 12/2/2015

Gender: Male
Age: 67

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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Patient Name: Taylor , Robert
MRN: 1213911
Procedure Date: 12/2/2015

Gender: Male
Age: 67

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



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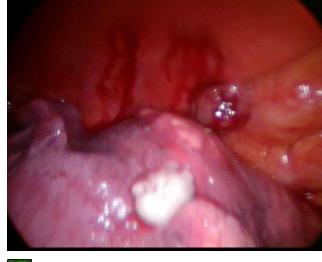
11



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15



16

Patient Name: Taylor , Robert

MRN: 1213911

Procedure Date: 12/2/2015

Gender:

Male

Age:

67



17



18



19



20

Horiana B. Grosu, Pulmonologist

12/2/2015 8:47:52 AM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Corder , Diana
MRN: 1258600
Procedure Date: 3/2/2016

Gender: Female
Age: 75

Proceduralist(s): CARLOS JIMENEZ, MD, RUSSELL JASON MILLER, MD (Fellow), Justin Wong, MD (Fellow)

Requesting Physician: AMY HASSAN, MD

Procedure Name: Bronchoscopy

Indications: Known lung cancer of the right lower lobe, Malignant airway disease, Evaluate for mediastinal staging

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 9 mL, Controlled mechanical ventilation was used. See the Anesthesia note for documentation of the administered medications

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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The black bronchial tube 12.00-11.00 was introduced through the mouth and advanced to the tracheobronchial tree. The 0 degree 4.0mm rigid optic was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. The T180 therapeutic video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree.

Findings: Larynx: The larynx is normal.

Trachea/Carina Abnormalities: There was no evidence of significant pathology.

Left Lung Abnormalities: There was no evidence of significant pathology.

Right Lung Abnormalities: A nearly obstructing (greater than 90% obstructed) mass was found proximally in the apical segment of the right upper lobe (B1). The mass was endobronchial. The lesion was not traversed. A nearly obstructing (greater than 90% obstructed) mass was found proximally in the bronchus intermedius. The mass was large and endobronchial. The lesion was successfully traversed and distal airway was observed.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish the ultrasound examination.

Lymph Nodes: Lymph node sizing was performed via endobronchial ultrasound for non-small cell lung cancer. Sampling by transbronchial needle aspiration was also performed using an Olympus EBUS-TBNA needle in the left upper paratracheal region (level 2L), right lower paratracheal region (level 4R), subcarinal mediastinum (level 7) and left interlobar region (level 11L) and sent for histopathology examination.

- The 11L (interlobar) ROSE preliminary analysis indicates adequate tissue. Five samples with the needle were obtained.

- The 4L (lower paratracheal) Sampling was not done.

Patient Name: Corder , Diana

Gender: Female

MRN: 1258600

Age: 75

Procedure Date: 3/2/2016

-
- The 2L (upper paratracheal) ROSE preliminary analysis indicates non-diagnostic tissue. Five samples with the needle were obtained.
 - The 2R (upper paratracheal) Sampling was not done.
 - The 4R (lower paratracheal) ROSE preliminary analysis indicates adequate tissue. Five samples with the needle were obtained.
 - The 7 (subcarinal) ROSE preliminary analysis indicates adequate tissue. Five samples with the needle were obtained.
 - Stations 11Rs and 11Ri were not sampled since primary tumor was invading them.

Samples sent to Histopathology for review.

The right bronchus intermedius endobronchial tumor was excised mechanically with rigid bronchoscopy and rigid suction. Post removal of endobronchial mass, the right middle lobe bronchus was patent, but the left lower lobe bronchi was observed occluded at the subsegmental level due to malignant disease. Aportion of the endobronchial tumor observed arising from the apical segment of the right upper lobe, occluding the lumen of the right upper lobe bronchus was also removed using biopsy forceps. The anterior and posterior segmental bronchi of the right upper lobe are patent, but the apical segmental bronchi remains completely occluded.

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis:

- Known lung cancer of the right lower lobe
- An endobronchial mass was found in the apical segment of the right upper lobe (B1). This lesion is malignant.
- An endobronchial mass was found in the bronchus intermedius. This lesion is malignant.
- Lymph node sizing and sampling was performed.
- The lesions on the bronchus intermedius and right upper lobe were excised.

Recommendation:

- Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.

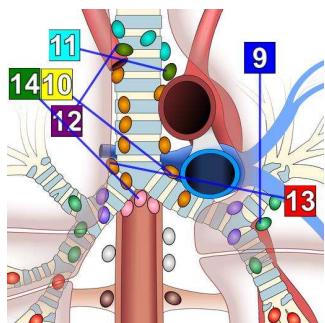
Attending Participation: I was present and participated during the entire procedure, including non-key portions.

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Cancer Center

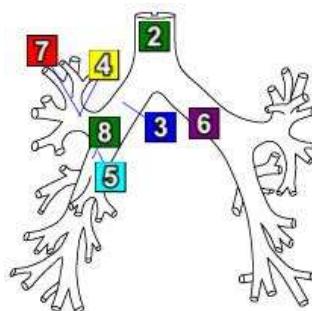
Patient Name: Corder , Diana
 MRN: 1258600
 Procedure Date: 3/2/2016

Gender: Female
 Age: 75

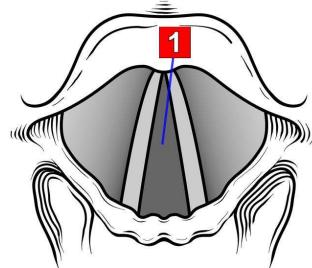
Add'l Images:



Mediastinal Lymph Node Stations



Tracheobronchial Tree



Laryngoscopic View



1 Glottis



2 Trachea



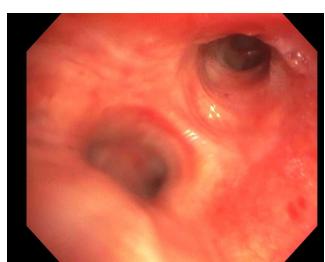
3 Right mainstem bronchus



4 Right upper lobe



5 Bronchus intermedius



6 Left mainstem bronchus



7 Right upper lobe



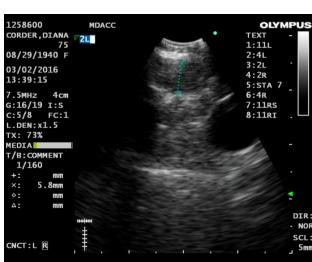
8 Bronchus intermedius



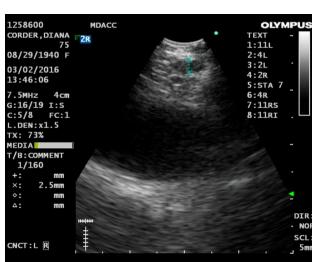
9 11L, Interlobar (left) ; CT 8.6 cm, PET (-)



10 4L, Lower Paratracheal (left) ; CT 6.8 mm, PET (-)



11 2L, Upper Paratracheal (left) ; CT not seen, PET (-)



12 2R, Upper Paratracheal (right)



13 4R, Lower Paratracheal (right)

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Patient Name: Corder , Diana

MRN: 1258600

Procedure Date: 3/2/2016

Gender:

Female

Age:

75



14 7, Subcarinal

CAJIMENEZ

CARLOS JIMENEZ, MD

3/2/2016 3:48:03 PM

This report has been signed electronically.

Number of Addenda: 0

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 steriley 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 reddish 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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Patient Name: Entzinger , Lori
MRN: 2029520
Procedure Date: 5/23/2016

Gender: Female
Age: 56

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.

Add'l Images:



1



2 Small raised lesions on diaphragmatic pleura.



3 Chest wall parietal pleura.



4 Apex



5



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

Number of Addenda: 0

Patient Name: Carey , Cloyd D
MRN: 0919342
Procedure Date: 6/3/2016

Gender: Male
Age: 70

Proceduralist(s): GEORGIE EAPEN, MD, RUSSELL JASON MILLER, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Chronic cough, Shortness of breath

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 10 mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The 0 degree 4.0mm rigid optic was introduced through the mouth and advanced to the tracheobronchial tree. The BF-Q190 slim video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. The BF-1TH190 therapeutic video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: Patient was brought to the bronchoscopy suite, where a timeout was performed and the radiographic reviewed prior to the procedure. Intravenous sedation was administered under the direction of Dr. Sarkis, once patient was adequately sedated and neuromuscular blockade had been provided, he was intubated without difficulty using the Dumon Orange striped bronchoscope. Oropharyngeal landmarks were visualized, with extensive redundant soft tissue in the oropharynx. The vocal cords visualized appeared to be moving normally. Chronic inflammatory changes were noted in the tracheal mucosa, with dynamic airway collapse noted. The main carina was architecturally distorted, with a fibrotic stricture noted to be stretching from the posterior wall of the right mainstem bronchus and tethering the anteromedial aspect of the main carina. Right and left lungs were explored segmentally and subsegmentally using the Q190 video bronchoscope introduced through the rigid bronchoscope. Exploration of the left lung revealed chronic inflammatory changes in the bronchial mucosa, with dynamic airway collapse that resulted in less than 50% occlusion of the airway lumen with respirations. Exploration of the right lung revealed the previously placed stent in place with 90% obstruction of the right middle lobe bronchus from what appeared to be bronchial mucosal edema and granulation tissue. The stent was also heavily coated with thick mucopurulent secretions. The right lower lobe bronchus appeared to be patent. Given the findings, particularly the degree of obstruction of the right middle lobe bronchus and the exuberant granulation tissue noted, we elected to remove the stent currently in place. This was done en bloc using forceps without difficulty. Following the removal of the stent, the reconstructed right bronchus intermedius was carefully examined and was noted to have dynamic airway collapse though the degree of luminal obstruction is estimated at less than 50%. The weblike fibrotic stricture arising from the posterior aspect of the right mainstem bronchus and tethering the anteromedial aspect of the main carina was divided using electrocautery knife. This resulted in some freeing of the stricture, but the dynamic airway collapse continued to bring the tissues into apposition during respirations. The diode laser was used to fulgurate the abutting tissue with the intent to discourage additional stricture formation. Once a space had been developed, cryotherapy was used at the edges, also to discourage restenosis. Given the fact that the luminal obstruction during respiration was less than 50%, and there was evidence of granulation tissue formation, we elected not to place a stent at this point in time. The plan will be to bring him back for airway examination in 2 weeks to decide if silicone stent would be appropriate.

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - Chronic cough
- A stricture was found in the right mainstem bronchus. The narrowing appears fibrotic.

Patient Name: Carey , Cloyd D
 MRN: 0919342
 Procedure Date: 6/3/2016

Gender: Male
 Age: 70

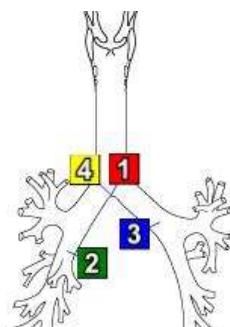
This was excised

- A stent is located in the bronchus intermedius. This was removed en bloc.
- Chronic mucosal inflammation was visualized in the right mainstem bronchus.
- Luminal obstruction in the right mainstem and right bronchus medius is estimated at about 30% post-stent removal.

Recommendation: - Technically successful rigid bronchoscopy with stent removal and stricture resection. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the pulmonary clinic in 2 weeks has been recommended.

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

Add'l Images:



Tracheobronchial Tree



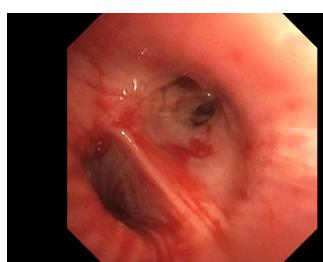
1 Carina : Stricture, Stent



2 Bronchus intermedius : Inflammation, Stent



4 Carina : post stricture resection and stent removal.



3 Left mainstem bronchus

GEORGIE EAPEN, MD
 6/3/2016 12:35:57 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name:	Drake Davis , Debbie	Gender:	Female
MRN:	1175306	Age:	49
Procedure Date:	12/14/2015		

Proceduralist(s): Horiana B. Grosu, Pulmonologist, Russell Miller, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Nodule of lung, Lung fistula

Medications: 2% Lidocaine, tracheobronchial tree 10 mL, Conscious Sedation as documented per the nursing and medication record

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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The T180 therapeutic video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: The nasopharynx/oropharynx appears normal. The larynx appears normal. The vocal cords move normally with phonation and breathing. The subglottic space is normal. The trachea is of normal caliber , trachea with white patches on posterior membrane. Endobronchial bx done for path and cultures. . The carina is sharp but inflamed, left main narrowed 40%. . The tracheobronchial tree was examined to at least the first subsegmental level. There are no endobronchial lesions. There was a fistula seen on the medial aspect of the right main stem, approx 1 cm in size draining pus.

Bronchoalveolar lavage was performed in the RUL posterior segment (B2) of the lung and sent for cell count and differential, routine cytology and microbiology analysis. 80 mL of fluid were instilled. 40 mL were returned. The return was purulent.

Using radial probe ultrasound the right upper lobe (posterior segment mass was visualized and under fluoroscopic guidance needle bx x 3 were done.

TBNA were performed in the posterior segment of the right upper lobe using needle biopsy and sent for histopathology examination. The procedure was guided by fluoroscopy. Three biopsy samples were obtained.

Hemostasis at all biopsy sites was achieved.

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis:

- The examination was normal.
- Bronchoalveolar lavage was performed.
- Transbronchial lung biopsies were performed.

Recommendation:

- Chest X-ray post-procedure.
- The patient will be observed post-procedure, until all discharge criteria are met.
- Await BAL and biopsy results.

Patient Name: Drake Davis , Debbie
MRN: 1175306
Procedure Date: 12/14/2015

Gender: Female
Age: 49

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

Add'l Images:



1



2



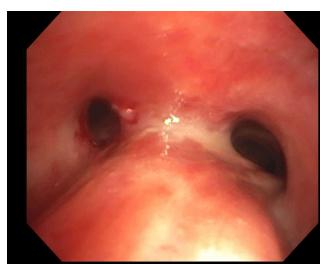
3 fistula



4



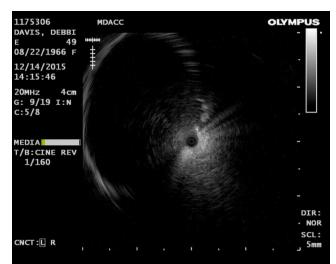
5



6



7 white patches on post wall of trachea



8 RUL mass

Horiana B. Grosu, Pulmonologist

12/14/2015 3:20:06 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Drake Davis , Debbie
MRN: 1175306
Procedure Date: 4/25/2016

Gender: Female
Age: 49

Proceduralist(s): HORIANA B. GROSU, MD, Shaiji Asokan, RN

Procedure Name: Bronchoscopy

Indications: Infiltrate

Medications: 2% Lidocaine, tracheobronchial tree 10 mL, Conscious Sedation as documented per the nursing and medication record

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Y0057 ultra thin pediatric video bronchoscope was introduced through the right nostril and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: The oropharynx appears normal. The larynx appears normal. The vocal cords move normally with phonation and breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. There was 40% stenosis of the left main, no fistula seen, no endobronchial lesions seen. On the right the fistula on the medial aspect of the right main stem was seen but no bubbling seen, was very small and closed. Even with flushed saline this fistula appeared closed. There were secretions seen bilaterally , small amount. Washings sent for microbiology.

Complications: No immediate complications

Estimated Blood Loss: Estimated blood loss: none.

Post Procedure Diagnosis: - Infiltrate
- The examination was normal, fistulas appear closed .
- Washings sent for microbiology

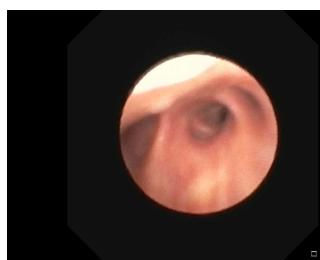
Recommendation: - The patient will be observed post-procedure, until all discharge criteria are met.
- Await washing results.

Attending Participation: I personally performed the entire procedure without the assistance of a fellow, resident or surgical assistant.

Add'l Images:



1



2



3



4 old fistula medial aspect of right main

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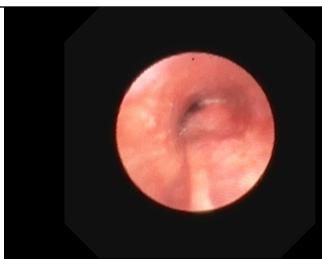
**MD Anderson
~~Cancer Center~~**

Patient Name: Drake Davis , Debbie
MRN: 1175306
Procedure Date: 4/25/2016

Gender: Female
Age: 49



5



6



7



HORIANA B. GROSU, MD

4/25/2016 3:14:22 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Feld , Rochelle
MRN: 1186924
Procedure Date: 9/17/2015

Gender: Female
Age: 63

Proceduralist(s): Georgie Eapen, Russell Miller, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Right upper lobe mass, Diagnostic

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 10 mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The patient tolerated the procedure well.

Findings: The laryngeal mask airway is in normal position. The vocal cords move normally with breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions except as outlined below, and no secretions. Evidence of previous surgery was found in the left mainstem bronchus. The bronchial stump is well healed.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound. A systematic hilar and mediastinal lymph node survey was carried out revealing visible lymph nodes at the following stations.

Lymph Nodes: Lymph node sizing was performed via endobronchial ultrasound. Sampling was also performed using an Olympus EBUS-TBNA 22 gauge needle and sent for routine cytology.

- The 4R (lower paratracheal) node measured 1.9mm by EBUS and 2.4mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was not biopsied due to benign ultrasound characteristics and size criteria.

- The 7 (subcarinal) node measured 5.4mm by EBUS and 4.8mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was biopsied using a 22 gauge needle with a total of 5 passes. ROSE preliminary analysis indicates adequate tissue.

- The 10R (hilar) node measured 3.4mm by EBUS and 0.1mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was not biopsied due to benign ultrasound characteristics and size criteria.

Patient Name: Feld , Rochelle

Gender:

Female

MRN: 1186924

Age:

63

Procedure Date: 9/17/2015

- The 11Rs node measured 7.3mm by EBUS and 5.4mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was biopsied using a 22 gauge needle with a total of 5 passes. ROSE preliminary analysis indicates adequate tissue.

- The right upper lobe mass measured 19mm by EBUS and 22mm by CT. PET was positive. On ultrasound the mass was hypoechoic, heterogenous, irregularly shaped with sharp margins. This mass was biopsied using a 22 gauge needle with a total of 8 passes. ROSE preliminary analysis indicates malignancy.

All samples sent to cytopathology for review.

Fluoroscopically guided transbronchial brushings were obtained in the right upper lobe of the lung and sent for routine cytology. Two samples were obtained.

Transbronchial biopsies were performed in the RUL apical segment (B1) of the lung using forceps and sent for histopathology examination. The procedure was guided by fluoroscopy. Five biopsy passes were performed. Five biopsy samples were obtained.

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - The examination was normal.

- Evidence of previous surgery was found in the left mainstem bronchus.
- Transbronchial lung biopsies were performed.
- Lymph node sizing and sampling was performed.
- Fluoroscopically guided transbronchial brushings were obtained.

Recommendation: - Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies.

The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.

- Await cytology results.

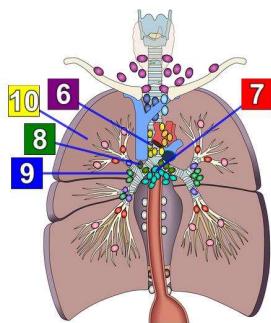
Attending Participation: I was present and participated during the entire procedure, including non-key portions.

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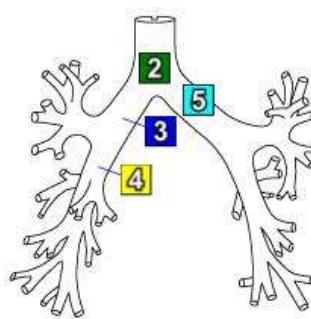
Patient Name: Feld , Rochelle
 MRN: 1186924
 Procedure Date: 9/17/2015

Gender: Female
 Age: 63

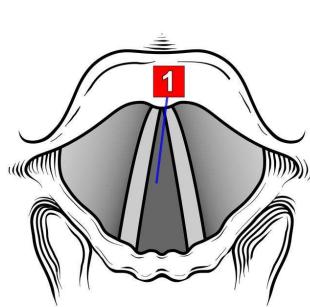
Add'l Images:



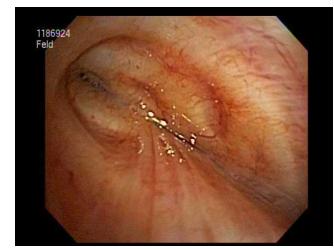
Lung Lymph Nodes Stations



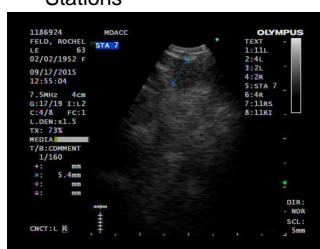
Tracheobronchial Tree



Laryngoscopic View



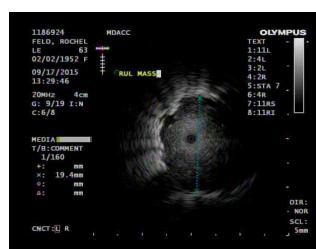
5 Left mainstem bronchus :
 Evidence of previous surgery



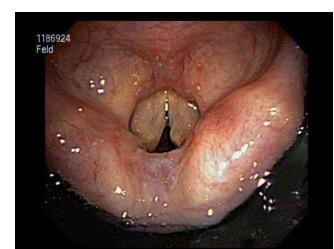
7 7 : Lymph Node Size/Sampling



9 11R : Lymph Node Size/Sampling



10 Right Superior Lobe :
 Transbronchial Biopsy



1 Glottis



2 Trachea



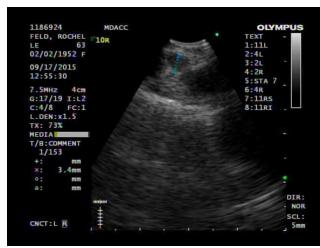
3 Right mainstem bronchus



4 Bronchus intermedius



6 4R, Lower Paratracheal (right)



8 10R

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**MD Anderson
~~Cancer Center~~**

Patient Name: Feld , Rochelle

Gender:

Female

MRN: 1186924

Age:

63

Procedure Date: 9/17/2015



Georgie Eapen,
9/17/2015 2:49:17 PM

This report has been signed electronically.

Number of Addenda: 0

Patient Name: Franklin , Mary
 MRN: 0686384
 Procedure Date: 2/18/2016

Gender: Female
 Age: 70

Proceduralist(s): CARLOS JIMENEZ, MD, RUSSELL JASON MILLER, MD (Fellow)
 Requesting Physician: MARINA GEORGE, MD, ERMINIA MASSARELLI, MD
 Procedure Name: Bronchoscopy
 Indications: Collapsed left lung, lef main stem airway stent occlusion. Airway stent placed on 01/27/2016
 Medications: General Anesthesia, Jet ventilation was used. 2% Lidocaine, tracheobronchial tree 2 mL, See the Anesthesia note for documentation of the administered medications
 Procedure Description: Pre-Anesthesia Assessment:

- ASA Grade Assessment: III - A patient with severe systemic disease.
- ECOG performance status: 3

 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth and advanced to the trachea. The T180 therapeutic video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. Patient was enrolled on protocol 2010-0990 comparing normal saline vs. 4.2% bicarbonate solution to clear mucus obstruction in airway stent lumen.
 Findings: Larynx: The larynx is normal.
 Trachea/Carina Abnormalities: There was no evidence of significant pathology.
 Right Lung Abnormalities: There was no evidence of significant pathology.
 Left Lung Abnormalities: A stent was found in the left mainstem bronchus (14 mm X 4 cm Microvasive). The stent lumen is completely obstructed by a blot clot and clear retained secretions. The clot was successfully removed, with no significant bleeding after instilling 10 cc of agent A. There was no residual obstruction of the stent lumen. A nearly completely obstructing (greater than 90% obstructed) airway abnormality was found in the left lower lobe, due to malignant extrinsec compression and submucosal infiltration of the segmental bronchi. A completely obstructing airway abnormality was found in the left lower lobe caused by malignant disease. Airway stent is covering the left upper lobe take off.
 Complications: No immediate complications
 Estimated Blood Loss: Estimated blood loss: none.
 Post Procedure Diagnosis:

- Collapsed left lung
- A stent is located in the left mainstem bronchus. The lumen is completely obstructed. Stent lumen completely patent after 10 cc of agent A.
- A blood clot was found in the left mainstem bronchus.
- Nearly completely obstructing (greater than 90% obstructed) airway abnormality in the left lower lobe.
- Completely obstructing airway abnormality in the left lower lobe.
- No specimens collected.

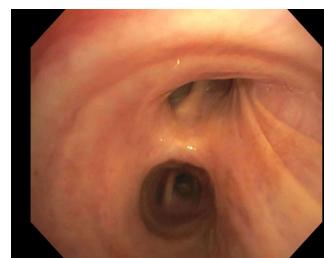
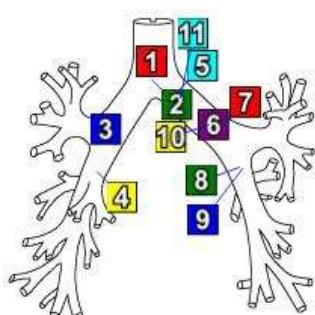
 Recommendation:
 Attending Participation: I was present and participated during the entire procedure, including non-key portions.

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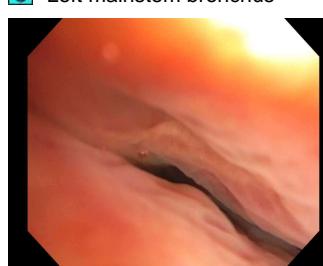
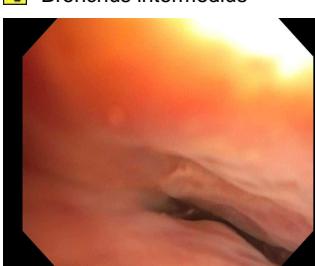
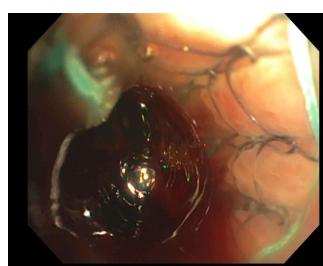
Patient Name: Franklin , Mary
MRN: 0686384
Procedure Date: 2/18/2016

Gender: Female
Age: 70

Add'l Images:



Tracheobronchial Tree



CARLOS JIMENEZ

CARLOS JIMENEZ, MD
2/18/2016 6:01:11 PM

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Number of Addenda: 0

Patient Name: Franklin , Mary
 MRN: 0686384
 Procedure Date: 1/27/2016

Gender: Female
 Age: 70

Proceduralist(s): Georgie Eapen, Russell Miller, MD (Fellow), Erik Vakil, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Lung collapse, Left upper lobe mass, Diagnostic

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 10 mL

Procedure Description: 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. 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. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The patient tolerated the procedure well.

Findings: The laryngeal mask airway is in good position. The vocal cords move normally with breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal on the right side. Extrinsic compression was found in the left mainstem bronchus, with both the LUL and LLL bronchus greater than 90% occluded. We were able to navigate beyond the obstruction using gentle dilation and it became clear that the LUL bronchus was obliterated by tumor, but the basal segments of the LLL were noted to be extrinsically compressed but patent. Given her symptomatology, we elected to place a stent into the LLL in an effort to bridge her to the planned radiation therapy. The lesion was successfully traversed after the intervention. A 4 cm (length) 14 mm (diameter) Microvasive bronchial, self-expanding, covered stent was placed in the left mainstem bronchus extending distally into the LLL bronchus over a wire under direct vision. The post-stent lumen size was 60% of normal. The stent blocked the orifice of the LUL bronchus that was obliterated in any event. The final stent placement was in the desired location.

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - Lung collapse
 - Extrinsic compression was found in the left mainstem bronchus secondary to posterior mass effect.
 - SEMS placed into the LMS with partial recanalization of the LMS.
 - No specimens collected.

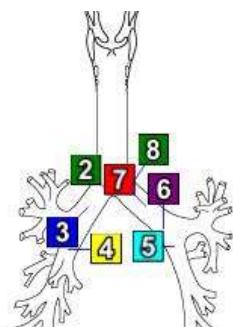
Recommendation: - Technically successful flexible bronchoscopy with endobronchial stent placement. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service has been recommended.
 - Follow up in 6-8 weeks following XRT for possible stent removal..

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

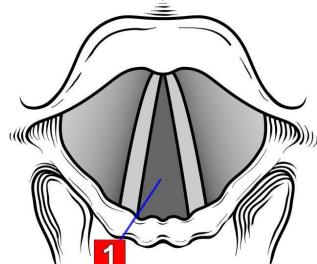
Patient Name: Franklin , Mary
MRN: 0686384
Procedure Date: 1/27/2016

Gender: Female
Age: 70

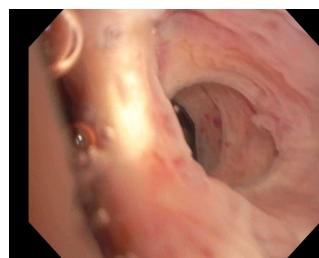
Add'l Images:



Tracheobronchial Tree



Laryngoscopic View



5 Left lower lobe bronchus : Extrinsic Compression



6 Left mainstem bronchus : Extrinsic Compression, Stent placement



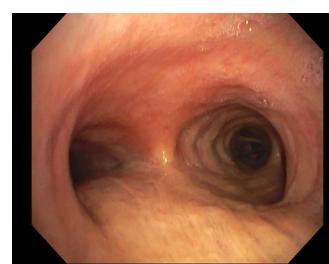
7 Left mainstem bronchus : Stent placement, Extrinsic Compression



8 Stent placement



1 Glottis



2 Carina



3 Right mainstem bronchus



4 Bronchus intermedius



Georgie Eapen,
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Number of Addenda: 0