

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

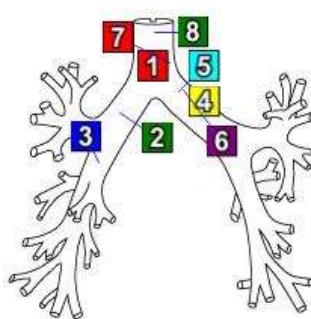
Estimated Blood Loss: Estimated blood loss: none.

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.

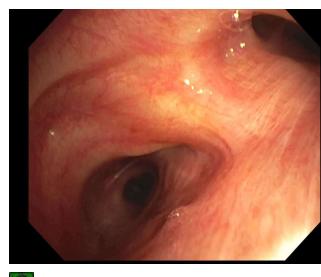
Attending Participation: I was present and participated during the entire procedure, including non-key portions.

Add'l Images:



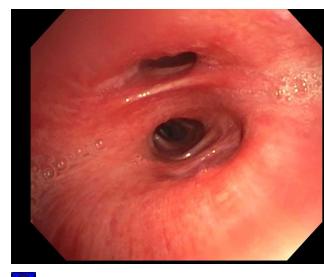
1

Trachea



2

Right mainstem bronchus



3

Bronchus intermediumus

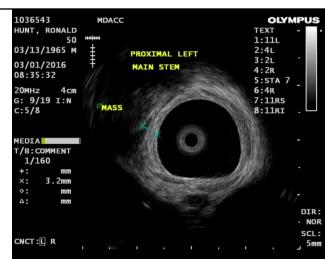
THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~

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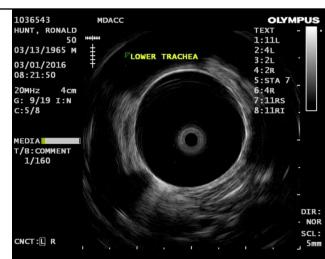
4 Left mainstem bronchus



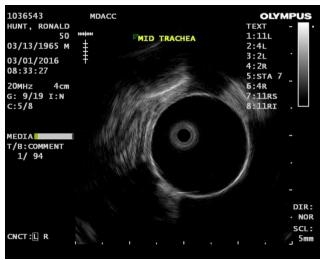
5 Left mainstem bronchus



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