

Patient Name: Power , Richard

MRN: 0409413

Procedure Date: 8/3/2015

Gender: Male

Age: 70

Proceduralist(s): Horia 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 sterilely prepped with chlorhexidine gluconate (Chloraprep) and draped in the usual fashion. A 10 mm reusable primary port was placed on the left side at the 7th anterior axillary line via a Veress needle technique.

Pleuroscopy:

- The pleura was inspected via the primary port site.

Findings: there was extensive pleural studding throughout, no pus pockets seen, thick adhesions throughout.

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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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

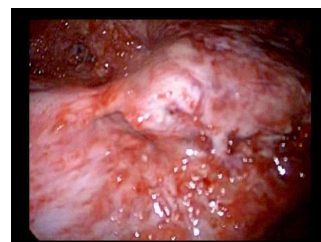
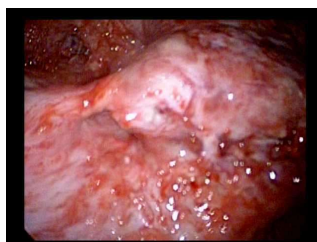
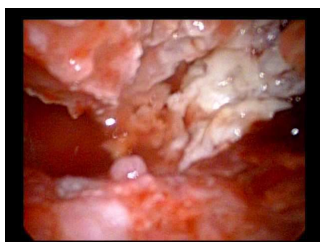
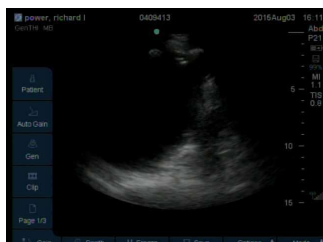
Estimated Blood Loss: Estimated blood loss was minimal.

Post Procedure Diagnosis: - Pleural metastasis.

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

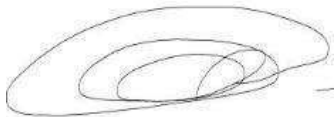
Attending Participation: I was present and participated during the entire procedure, including non-key portions.

Add'l Images:



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Horia B. Grosu, Pulmonologist
8/3/2015 5:08:42 PM

This report has been signed electronically.

Number of Addenda: 0