

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The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound.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



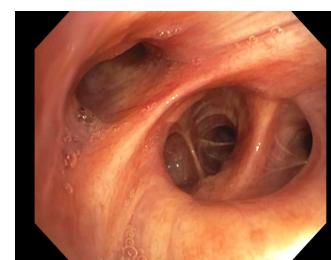
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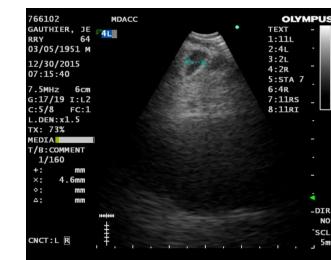
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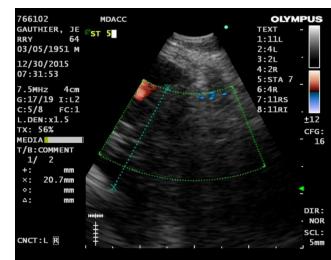
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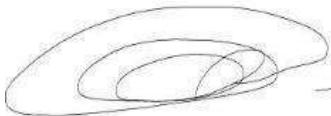
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8 station 5 from esophagus



Horiana B. Grosu, Pulmonologist
12/30/2015 8:04:53 AM
This report has been signed electronically.

Number of Addenda: 0