



Your HEALTH is our MISSION

Naval Medical Center San Diego
34800 Bob Wilson Drive, San Diego, CA, 92134

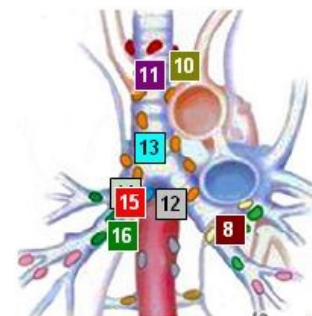


Name: BETTY WILLIS **DOB:** 5/2/1957 **MRN:** 1093295770

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Endobronchial Ultrasound (EBUS) Procedure Report

PATIENT NAME: BETTY WILLIS
DATE OF BIRTH: 5/2/1957
DOD NUMBER: 1093295770
DATE/TIME OF PROCEDURE: 5/29/2019 / 03:29:56 PM
ENDOSCOPIST: CDR Russell Miller, M.D.
FELLOW/RESIDENT: Monson Michael
ADDITIONAL FELLOW(S):
TECHNICIAN: Garcia Nuna
ADDITIONAL TECHNICIAN(S): O'Neal, Asia



PROCEDURE PERFORMED: Directional ultrasound with TBNA, Bronchoscopy, Flexible

INDICATIONS FOR EXAMINATION: Presumed lung cancer

MEDICATIONS: General anesthesia

INSTRUMENTS: #10 7410317 UC180F, #3 2401086 Q190

TECHNICAL DIFFICULTY: No

LIMITATIONS: None, **TOLERANCE:** Good

PROCEDURE TECHNIQUE:

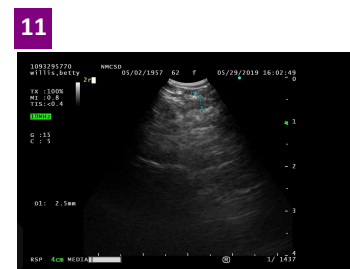
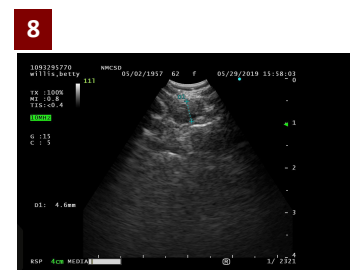
Procedure, risks, benefits, and alternatives were explained to the patient. All questions were answered and informed consent was documented as per institutional protocol. A history and physical were performed and updated in the pre-procedure assessment record. Laboratory studies and radiographs were 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 Q190 video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The laryngeal mask airway was in good position.

VISUALIZATION: Good

FINDINGS: The vocal cords appeared normal. The subglottic space was normal. The trachea was of normal caliber. The carina was sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy were normal; there are no endobronchial lesions, and no secretions. The video bronchoscope was then removed and the UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. All accesable mediastinal and hilar lymph nodes were visualized and measured. Sampling criteria (> 5mm in short axis diameter) was met in the station 7, station 10R, station 11Rs and station 11Ri lymph nodes. Sampling by transbronchial needle aspiration was performed with the Olympus EBUSTBNA 22 gauge needle in lymph nodes which met criteria starting at N3-->N2-->N1. The station 7 lymph node was sampled first with a total 5 biopsies ROSE evaluation yielded malignancy and hence further sampling of nodes was not indicated. All samples were sent for routine cytology and molecular testing as indicated. Following completion of EBUS bronchoscopy, the Q190 video bronchoscope was then re-inserted and after suctioning blood and secretions there was no evidence of active bleeding and the bronchoscope was subsequently removed.

ESTIMATED BLOOD LOSS: None





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COMPLICATIONS: None

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IMPRESSION: Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies and bronchioalveolar lavage.

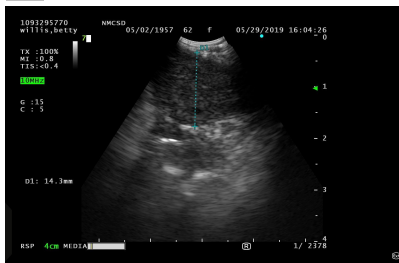
RECOMMENDATIONS

- Will await final pathology results

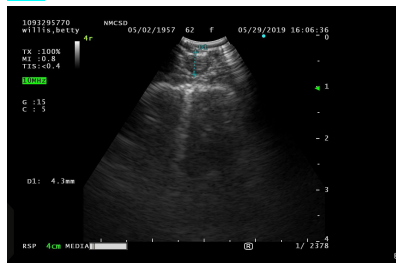
CPT CODE: 31652 bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling / **ICD CODE:**

This electronic signature authenticates all electronic and/or handwritten documentation, including orders, generated by the signer during the episode of care contained in this record.
5/29/2019 05:03:17 PM By Miller Russell CDR

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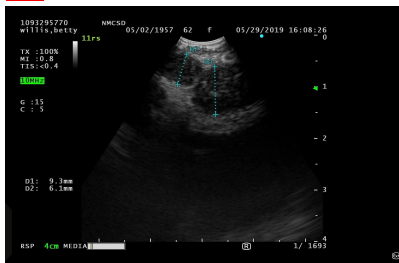
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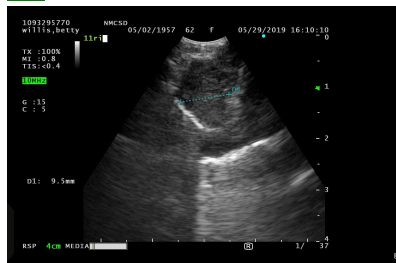
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Patient Name: BETTY WILLIS

MRN: 1093295770



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EBUS-Stage Procedure Report

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