

Identification:

2/28/2019, 2:40PM

CB, M, Hispanic, DOB: 12/12/1954, Age: 64yo

49 Rosebud Avenue, Flushing, NY, 11355

PMD: Dr. Joseph MaInformant: Self, ReliableReferral: Dr. Sing Chan

Chief Complaint: 1x episode rectal bleeding in December 2018. Found to have cancer. Here today for elective resection.

History of Present Illness: CB is a 64yo male with PMH significant for hypertension, gastric ulcer, and h. pylori. He presented to GI Dr. Sing Chan after experiencing one episode of rectal bleeding in December 2018. Found to have invasive moderately differentiated adenocarcinoma of descending colon on colonoscopy (1/12/2019). CT colonography, PET CT, and Liver MRI were negative for metastatic disease. Denies abdominal pain, change in stool caliber, rectal bleeding, diarrhea, constipation, nausea, vomiting, fever, chills.

Past Medical History: Hypertension, Gastric ulcer, H. pylori, Overactive Bladder, Nephrolithiasis, Rotator Cuff Tear

Past Surgical History: 1) Extracorporeal Shockwave Lithotripsy - Nephrolithiasis 1989, 2) Left Shoulder Arthroscopy 2013

Denies surgical complications, anesthesia-related problems

Allergies: Dust Mite, No known medical allergies, No known food allergies

Medications: Losartan 50mg PO qd, Oxybutynin 5mg PO tid, Tamsulosin 4mg PO qd, Amoxicillin 500mg capsule PO bid, Clarithromycin 500mg tablet PO qd

Social History: Lives with wife. Non-smoker. No EtOH use. No illicit drug use.

Family History: Maternal Aunt, Living: malignant tumor of breast, Non-Hodgkin's lymphoma, Malignant neoplasm of uterus, Diabetes Mellitus

Review of Systems:

General: Denies fever, chills, night sweats, fatigue, weakness, loss of appetite, weight loss

Skin, Hair, Nails: Denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles, rashes, pruritus, change in hair distribution

Head: Denies headache, vertigo, trauma, unconsciousness, coma, fracture

Eyes: Denies corrective lenses, visual disturbances, fatigue, photophobia, pruritus, lacrimation, Last Eye Exam: 10/2018, Dr. Graham

Ears: Denies deafness, pain, discharge, tinnitus, hearing aids

Nose/Sinuses: Denies discharge, epistaxis, obstruction

Mouth/Throat: Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures, Last Dental Exam: 04/2018, Dr. Umagi

Neck: Denies lumps, swelling, stiffness, decreased range of motion

Breast: Denies lumps, nipple discharge, pain

Respiratory: Denies dyspnea, shortness of breath, cough, wheezing, hemoptysis, cyanosis, orthopnea, paroxysmal nocturnal dyspnea

Cardiovascular: Denies chest pain, palpitations, irregular heartbeat, edema, syncope, known heart murmur

Gastrointestinal: Admits change in stool caliber, blood in stool. Denies change in appetite, abdominal pain, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, diarrhea, constipation, hemorrhoids

Genitourinary: Denies change in frequency, urgency, hesitancy, dribbling, nocturia, polyuria, oliguria, dysuria, change in urine color, incontinence, flank pain. Last Prostate Exam, PSA: 09/2018, Dr. Song

Musculoskeletal: Denies muscle pain, joint pain, deformity, swelling, redness, arthritis

Peripheral Vascular: Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, color change  
color change

Hematologic: Denies anemia, easy bruising/bleeding, lymph node enlargement, history of DVT/PE

Endocrine: Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goiter, hirsutism

Neurologic: Denies seizures, loss of consciousness, sensory disturbances, paresthesia, dysesthesia, hyperesthesia, ataxia, loss of strength, change in mental status, memory loss, asymmetric weakness

Psychiatric: Denies feelings of helplessness, feelings of hopelessness, lack of interest in usual activities, suicidal ideation, anxiety

### Physical Exam:

#### Vital Signs:

T 36.9C

BP 118/72

P 79 bpm, regular

RR 16 breaths/min, regular, unlabored

SpO2 99% RA

General Survey: 64yo male, A/O x3. Appears his stated age. Sitting comfortably in bed. No apparent distress.

Skin: Warm and moist, good turgor. Arthroscopic surgery scars on left shoulder. Nonicteric. No lesions, tattoos.

Nails: No clubbing, erythema, swelling, lesions. Capillary refill <2s throughout.

Hair: Average quantity and distribution.

Head: Normocephalic, atraumatic. Nontender to palpation throughout.

Mouth/Throat: Pink, moist mucosa. No masses, lesions, erythema. Good dentition. Uvula midline.

Neck: Trachea midline. No masses, lesions, scars. Supple, nontender to palpation. Full range of motion. No palpable lymphadenopathy.

Chest: Symmetrical. No deformities. No paradoxical respirations or accessory muscle use. Respirations unlabored. LAT to AP diameter 2:1. Nontender to palpation.

Lungs: Clear to auscultation bilaterally. No wheezing, rales, rhonchi.

Cardiovascular: S1 and S2 normal. RRR. No murmurs, gallops, rubs.

Abdomen: Soft, nontender, non-distended. No scars, striae, caput medusa, or abdominal pulsations. BS present in all four quadrants. No bruits over aortic/renal/iliac/femoral arteries. No masses, guarding, rebound tenderness, CVAT.

Anus, Rectum, Prostate: <sup>stool</sup> Stool brown and grossly negative for blood. No perirectal lesions/fissures. External sphincter tone intact. Rectal vault without masses. Prostate nontender to palpation, not enlarged.

Peripheral Vascular: Extremities symmetric in color, size, and temperature. Pulses are 2+ bilaterally. No clubbing, cyanosis, or edema. No stasis changes or ulcerations.

#### Diagnostic Imaging/Procedures:

Colonoscopy 1/12/2019, Dr. Sing Chan: Obstructing mass in the descending colon, unable to pass with a scope.

Pathology: Invasive moderately differentiated adenocarcinoma.

CT Colonography 1/13/2019: 1.5cm polyp in the hepatic flexure.

PET CT 1/13/2019: 1.5cm polyp in hepatic flexure is PET negative.

Liver MRI 1/13/2019: No metastatic disease.

Negative Stress Test 2/10/2019

Echocardiogram WNL 2/10/2019

Colonoscopy 2/20/2019, Dr. Foglia: One 15 mm polyp at the hepatic flexure, removed with a hot snare. Resected and retrieved. Clips (MR conditional) were placed. (Pathology: Hepatic flexure polyp (snare polypectomy): Tubulovillous adenoma, completely excised.)

Malignant tumor in the proximal sigmoid colon. Tattooed at ~ 27cm from anal verge on withdrawal.

Assessment: CB is a 64yo male with PMH significant for hypertension, gastric ulcer, and h. pylori diagnosed with invasive moderately differentiated adenocarcinoma of descending colon.

Plan:

1. Adenocarcinoma of descending colon

- Scheduled for Laparoscopic Left Hemicolectomy with Dr. Foglia today, 2/28/2019, at 4PM
- Anesthesia will evaluate the patient preoperatively. Plan for antibiotic prophylaxis and DVT prophylaxis.
- Cont. NPO
- ERAS protocol
- Acetaminophen 500mg PO, take 2 tablets one-time morning of surgery with Ensure
- Gabapentin 300mg capsule PO, one-time morning of surgery with Ensure

2. Hypertension

- Cont. Losartan 50mg PO qd

3. Overactive Bladder

- Cont. Oxybutynin 5mg PO tid
- Cont. Tamsulosin 4mg PO qd

4. Disposition

- Following surgery, plan for PACU and then for floor

/s/ Daniel DeMarco, PA-S  
Physician Assistant Student

*Wrote on Board Room clipboard  
It will be helpful*