Lee v. Lumen Food Corp., et al
Index of Medical Records
Sharon Lee

DOA: 1/8/02

Records Summarized:

Parkview Regional Hospital
Palestine Regional Medical Center
Northwest Regional Hospital

Date	Provider	Complaint	Treatment
1/8/02	Parkview Regional Hospital History & Physical Charles Smith, D.O.	Abnormal uterine bleeding	History: Patient with long history of abnormal uterine bleeding; she has been on multiple birth control pills in an attempt to control the heavy bleeding and cramping with little help; she now states she is passing large clots with severe cramping. Exam: Neck supple; heart rate regular; lungs clear; normal vagina and cervix. Impression: Abnormal uterine bleeding with severe dysmenorrhea (pain) and hypermenorrhea (length of period). Plan: Total abdominal hysterectomy and possible left salpingo oophorectomy.
1/8/02	Parkview Regional Hospital Operative Report Rory Lewis, M.D.	Left wrist pain	Pre and Post-operative Diagnosis: Left wrist dorsal ganglion cyst, symptomatic. Operation: Excision left wrist dorsal ganglion cyst. Procedure: Patient tolerated procedure well and was turned over to Dr. Smith who was scheduled to do a hysterectomy.

Date	Provider	Complaint	Treatment
1/8/02	Parkview Regional Hospital Operative Report Charles Smith, D.O.	Abnormal uterine bleeding	Pre and Post-operative Diagnosis: Hypermenorrhea, dysmenorrhea and pelvic pain. Operation: Abdominal hysterectomy, lysis of adhesions and left salpingo-oophorectomy. Procedure: "The shape of the pelvis was deep and the patient was felt to be at risk for possible enterocele (intestinal prolapse into the vagina) or rectocele (rectal prolapse with protrusion into the vagina) in the future so the cul-de-sac was closed by bringing the uterosacral ligaments into the midline; there was some oozing around the bladder flap and so some Surgicel was put in this area and the peritoneum was then closed over the Surgicel."
1/8/02	Parkview Regional Hospital Radiology Department	Abdominal hysterectomy	Abdominal X-ray: There are 2 drains over the lower abdomen/pelvis; there is an oval shaped structure possibly reflecting a drain reservoir projecting over the lower pelvis; there was some faint radiopaque rows of sutures seen in the lower pelvis. Foreign bodies as described are felt to be related to post surgical drains and sutures; I cannot see any additional foreign matter but clinical correlation is requested as I am uncertain as to what was misplaced in surgery.
1/9/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Subjective: Patient sore; passing gas; hungry. Objective: Afebrile; abdomen soft; dressing dry. Assessment: Stable. Plan: Per orders.
1/10/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Subjective: Patient tolerating regular diet; c/o urinary retention. Objective: Afebrile; abdomen soft. Assessment: Stable. Plan: Per orders.

Date	Provider	Complaint	Treatment
1/11/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Subjective: Patient doing okay; c/o bladder spasms. Objective: Afebrile; abdomen soft; Jackson Pratt drain removed; incision looks good. Assessment: Stable. Plan: Home.
1/11/02	Parkview Regional Hospital Discharge Summary Charles Smith, D.O.	Abdominal hysterectomy	History: Patient with long history of abnormal uterine bleeding, dysmenorrhea (pain) and hypermenorrhea (length of period); she failed conservative management. Hospital Course: Patient underwent total abdominal hysterectomy, lysis of adhesions & left salpingo-oophorectomy on 1/8/02; post-operative course was uncomplicated; she has had normal return of bowel and bladder function, has ambulated well and tolerated regular diet well. She is discharged in stable condition; post-operative instructions were given; to follow-up in office in 4 weeks.
1/12/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Subjective: Patient has episode of decreased pO2, dizziness, nausea & vomiting last p.m. Objective: Afebrile; highest temp 102; BP 95/55; lungs clear-shallow; abdomen with minimal distension; bowel sounds decreased but present; KUB shows increased gas in colon; chest x-ray shows atelectasis vs pneumonia; hemoglobin decreased from 12.8 to 9.3 to now 7.9. Assessment: Atelectasis vs. pneumonia; post op bleed. Plan: Will watch hemoglobin; if continues to drop will consider transfusion; possible laparotomy.

Date	Provider	Complaint	Treatment
1/12/02	Parkview Regional Hospital Consultation Report Kenneth Russell, M.D.	Abnormal uterine bleeding	History: Patient with decrease in blood pressure, increase in heart rate, elevated temperature and nausea and vomiting; patient is post-op; she had been doing quite well until the past 24 hours when she began to have more nausea along with vomiting; patient recently had a ganglion cyst removed from her left arm and a hysterectomy. Exam: BP 88/42; pulse 120; respiratory rate 30; generally she is an ill-appearing female in acute distress; decreased breath sounds noted in bases bilaterally and what appears to be dullness in bilateral bases; hyperactive bowel sounds noted; there is tenderness throughout the abdominal area. Impression: Suspected volume depletion; possible sepsis; hypomagnesemia; suspected atelectasis; history of nausea with vomiting; anemia. Plan: IV fluid resuscitation; add additional IV antibiotics and obtain blood cultures, acute abdominal series and chest x-ray; will recheck CBC in 4 hours; if hemoglobin is < 7.5, will transfuse.
1/13/02	Parkview Regional Hospital Progress Notes Kenneth Russell, M.D.	Abdominal hysterectomy	Subjective: Patient is feeling somewhat better. Objective: Lung fields with decreased breath sounds in the bases; cardiac with slightly irregular rate and rhythm; abdomen soft and non-tender; extremities with 1+ pitting edema. Assessment: Weight gain, most likely secondary to interstitial fluid; mild ileus; possible sepsis. Plan: Give Mannitol, Lasix & hep lock IV; discontinue Demerol & increase ambulation; continue IV antibiotics.

Date	Provider	Complaint	Treatment
1/13/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Subjective: Feels better; + BM. Objective: Afebrile; abdomen soft; extremities with some swelling; weight up 10 lbs. since admission. Assessment: Improving. Plan: Per orders.
1/14/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Subjective: + BM. Objective: Afebrile; abdomen soft; still some swelling noted of extremities. Assessment: Improving. Plan: Per orders.

Date	Provider	Complaint	Treatment
1/14/02	Parkview Regional Hospital Addendum to Discharge Summary Charles Smith, D.O.	Abnormal uterine bleeding	History: Patient was prepared for discharge on 1/11/02; however, that day she developed a post-operative fever prior to discharge and her discharge was canceled. She was started on Unasyn; the following day, 1/12/02, the patient had an episode of dizziness with nausea and vomiting; she was made NPO and an abdominal series and CBC were obtained; the abdominal film showed a possible ileus; she developed some shortness of breath with decrease in oxygen saturation. Consultation was obtained with Dr. Russell; due to the patient's post-operative ileus, a nasogastric (NG) tube was placed; patient's x-rays also showed some basilar consolidations and possible pleural effusion in the lungs; Magnesium Citrate was given via NG tube in an attempt to get the bowels functioning; the next day she did have bowel functioning and was feeling better; on 1/14/02, the patient was having bowel function but continued to have some distension of the abdomen that was soft; a repeat abdominal film at that time revealed extensive distension of the small bowel with air fluid levels, possible ileus vs. mechanical obstruction. CT of the abdomen was performed, which showed a blood clot in the cul-de-sac, with a possible partial mechanical small bowel obstruction. This was explained to the patient and she was given the option of continued observation with a liquid diet and ambulation vs. exploratory laparotomy with evacuation of the hematoma. The patient stated she would like to go home; post-operative instructions were given; she was to be followed up in the office in 2 days; if she developed further problems, she would be re-admitted.

Date	Provider	Complaint	Treatment
1/15/02	Parkview Regional Hospital Progress Notes Kenneth Russell, M.D.	Abdominal hysterectomy	Subjective: Patient is alert; is somewhat depressed. Objective: After evaluation, it is obvious the patient has at least a partial small bowel bowel obstruction, whether this is secondary to hematoma or whether this is secondary to other, it is unsure; I had a long discussion with Dr. Smith today; patient was given the option of staying and letting Dr. Smith open her up vs. simply going home; patient demands to go home at this point in time; risks and benefits have been given. Assessment: Ileus; decreased oral intake. Plan: Patient fully understands that she needs to increase her oral intake; risks and benefits have been given of not doing so; she accepts this at this point in time; will defer that to Dr. Smith.
1/15/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Subjective: Bowels working. Objective: Afebrile; abdomen soft; good bowel sounds; less edema of extremities. Assessment: Stable. Plan: Small bowel follow through; if okay, home.
1/15/02	Parkview Regional Hospital Progress Notes Charles Smith, D.O.	Abdominal hysterectomy	Objective: Small bowel CT scan-___ blood clot in cul-de-sac & possible partial mechanical bowel obstruction; explained options to patient; patient wants to go home. Plan: Instructed in full liquid diet; will ___ daily & will re-admit if problems develop.

Date	Provider	Complaint	Treatment
1/18/02	Palestine Regional Medical Center History and Physical Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	History: Patient arrived to the ED at 0400 on the morning of admission c/o repetitive vomiting since the evening of 1/17/02 & increasing lower abdominal pain and continuous watery stools. She underwent total abdominal hysterectomy and left salpingo-oophorectomy in Mexia on 1/8/02; on 3rd or 4th postop day she began having nausea, vomiting, fever, bladder spasms and drop in hemoglobin down to 7.7; she states she was diagnosed with an ileus; she initially improved but when she was about to be discharged she again had nausea and vomiting and was again diagnosed with an ileus; states a CT scan was done but she never heard the findings; she stated she strongly wanted to go home, as she was very dissatisfied with the nursing care. Despite the concern about ileus and constipation, she was having 10 or more watery stools per day; she has not eaten any solid food since surgery; she has noted an odorous vaginal discharge. Patient lives in Buffalo with her mother; she is a registered nurse who used to work at Palestine Regional Medical Center over a year ago but for the past year has been a med-surg nurse at Parkview in Mexia. Exam: Abdomen moderately tender in both lower quadrants, right > left; bowel sounds are present but extremely sluggish; when examining the vagina, the cuff appears to be partially open; there is a watery yellow-gray exudate over the cuff surrounded by a linear margin of erythema; bimanual exam reveals a firm fairly fixed mass posterior and superior to the vaginal cuff. Abdominal pelvic CT done; I have been told there are 1-2 abscesses in the pelvis.

Date	Provider	Complaint	Treatment
1/18/02	Palestine Regional Medical Center History and Physical Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	(Continued) Assessment: Postoperative pelvic abscess; appears to be walled off; she does not have an acute surgical abdomen at this time; she has secondary vomiting and watery diarrhea with hypokalemia. Plan: Admission; broad spectrum antibiotics; will review CT with radiologist; if IV antibiotics do not take care of the problem, she may require surgical exploration and drainage.
1/19/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	Subjective: Patient feels much better today; has had no vomiting or diarrhea since admission. Objective: Lungs are clear; is very mildly tender to abdominal palpation. Reviewed x-ray and CT films from Parkview brought in by family members; on 1/15/02, abdominal x-ray and CT showed a partial small bowel obstruction, the same fluid collections in the pelvis that we had seen were evident at that time; we have certainly seen complete resolution of her partial small bowel obstruction by the time of this admission. Assessment: Pelvic abscess or infected hematoma with secondary ileus and partial small bowel obstruction and repetitive vomiting; certainly seems to be responding to IV antibiotics; actually her small bowel obstruction had already resolved by this admission; she has been afebrile and her white blood count is declining; she has had resolution of vomiting and diarrhea; her appetite is returning and overall clinically she looks to be responding to conservative management. Plan: Continue IV antibiotics; advance clear liquid diet; if she continues to do well, will advance her to solid diet tomorrow; will repeat CT in 2-3 days.

Date	Provider	Complaint	Treatment
1/20/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	Subjective: Patient feels much better today; she is hungry and would like to eat; she had one bowel movement which was loose, but there was some formed stool present; she is ambulating without difficulty. Objective: Abdomen soft, not distended and very minimally tender to abdominal palpation in the right lower quadrant. Assessment: Clinically appears to continue to improve although her white blood count did not decrease further from yesterday. Plan: Advance to regular diet; change IV to heparin lock and discontinue Morphine; continue IV antibiotics; will repeat CT in 2 days.
1/21/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	Subjective: The patient feels well; she ate some regular diet throughout the day yesterday with no nausea or vomiting; she is still passing gas but has not had another bowel movement; she feels like she is having some mild gas pains; patient states she feels like she is having some urinary frequency, like her bladder will not hold as much. Objective: Abdomen is soft and does not appear distended; she is minimally tender to deep palpation. Assessment: Overall doing well on IV antibiotics; her bladder symptoms may be due to compression by the pelvic mass. Plan: After next voiding, will get in and out cath for residual; otherwise continue same management; will repeat lab and CT tomorrow.

Date	Provider	Complaint	Treatment
1/22/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	Subjective: The patient was doing well until sometime during the night, when she began to have nausea; this morning she began to have repeated vomiting; late this morning she appears weak and lethargic, although still oriented. Objective: Lungs clear; abdomen is soft but significantly more tender to deep palpation in the right lower quadrant; bowel sounds are rare. Patient's white blood count is increasing again; CT scan is worrisome, showing multiple dilated loops of small bowel; the larger mass high in the pelvis is larger; the gallbladder is more distended and gallstones are again evidenced. Assessment: Appears to be suddenly developing a partial small bowel obstruction, very likely due to the larger mass high in the pelvis; I believe this is a hematoma, although abscess is still considered; cholelithiasis. Plan: Have reviewed the case and films with radiologist and Dr. Rodriguez, a general surgeon; will decompress the bowel with an NG tube, give IV fluid hydration and transfuse because I believe she is still significantly anemic; will attempt to drain the larger mass percutaneously tomorrow after she is rehydrated and her bowel has decompressed somewhat.

Date	Provider	Complaint	Treatment
1/23/02	Palestine Regional Medical Center Consultation Report Dirk Rodriguez, M.D.	Abdominal pain and vomiting	Consultation Diagnoses: Postoperative intraabdominal fluid collection; postoperative ileus with possible bowel obstruction; extrinsic mass effect on the bladder by this intraabdominal mass. Consultation Recommendations: NG decompression with IV fluid resuscitation; CT scan-directed drainage of this fluid-filled collection; transfusion. Exam: No bowel sounds heard; no distension noted; white blood count is slightly elevated; films show the presence of an ileus with multiple fluid-filled loops of bowel; she has a 6 centimeter intraabdominal mass that in comparison to another CT scan shows an increase in size; it is compressing the bladder and appears to be compressing the small bowel. Plan: Have discussed findings with the patient and she understands all this; she understands she has about a 15-25% chance of requiring repeat intraabdominal surgery if this is a septic process.
1/23/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	Subjective: The patient has felt much better since the placement of the NG tube. Objective: Abdomen is soft but less distended; mildly to moderately tender in the right lower quadrant; bowel sounds are fairly normal. Patient completed transfusion of 2 units of packed cells yesterday; hemoglobin is up to 11.2 today. Assessment: Status post partial small bowel obstruction, due to what I believe to be a pelvic or intra-abdominal hematoma, vs. abscess. Plan: Is scheduled to go down this morning for attempted percutaneous drainage of the fluid collection.

Date	Provider	Complaint	Treatment
1/23/02	Palestine Regional Medical Center Progress Note Dirk Rodriguez, M.D.	Abdominal pain, repetitive vomiting, diarrhea	Subjective: The patient states Dr. Smith used some type of solution during surgery to try and help with bleeding; this may have been fibrin glue or some other type of hemostatic agent. Objective: Drainage of mass via CT was unsuccessful. Assessment: Suspect she has a walled off hematoma that is causing her ileus, possibly the source of her drop in blood count and producing the urgency. Plan: I have explained by recommendation for surgery; has agreed to proceed; will also place a central line.

Date	Provider	Complaint	Treatment
1/24/02	Palestine Regional Medical Center Operative Report Dirk Rodriguez, M.D.	Abdominal pain and vomiting	Preop Diagnoses: Intraabdominal hematomas from a separate hysterectomy and left salpingo-oophorectomy performed at Parkview Regional Hospital; small bowel obstruction. Postop Diagnoses: Intraabdominal hematomas from a separate hysterectomy and left salpingo-oophorectomy performed at Parkview Regional Hospital; small bowel obstruction; enlarged right ovarian cyst, likely reactive. Operation: Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy. Indication and Judgement: Patient underwent abdominal hysterectomy in early January by Dr. Smith in Mexia; she had no conflict with Dr. Smith, however, due to nursing and care issues, she requested transfer to Palestine Regional Medical Center; patient underwent conservative surgical care without success; patient was brought to OR for exploration. Findings: Dense adhesions from prior surgeries noted, most of them collecting down in the pelvis; there was a right perirectal hematoma; there was a large right paracecal hematoma which had drawn in the omentum of the transverse colon, the small bowel as well as the appendix and the right tube and ovary which were left behind from the prior surgery; the right ovary had a very large 4-6 cm cyst which was drawn into the inflammatory process and could not be separated from it.
1/23/02	Palestine Regional Medical Center Progress Note Dirk Rodriguez, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: The patient is doing well; she has had a tough time with some itching and was in pain but apparently got the PCA adjusted; she had a vasovagal symptom early today but we have picked up on her volume. Plan: Will leave in ICU for today and transfer out tomorrow.

Date	Provider	Complaint	Treatment
1/25/02	Palestine Regional Medical Center Progress Note Dirk Rodriguez, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: The patient is doing well; NG tube has been removed; color looks good; spirits appear good as well. Objective: She has a few bowel sounds; abdomen soft; lab work looks good; tolerating TPN (Total Parenteral Nutrition). Plan: Will reduce maintenance IV; will leave Foley cath in place due to the inflammation in that area; will transfer to the floor; and will increase her physical activity.
1/25/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: The patient is doing much better today; she started diuresing today, putting out 200-400 cc's per hour of urine. Objective: NG tube has been discontinued; abdomen is soft and not distended. Assessment: Doing well postoperatively; she is now mobilizing her third space fluid; she really seems to be turning the corner. Plan: She is on TPN; Dr. Rodriguez plans to start clear liquids this evening.
1/26/02	Palestine Regional Medical Center Progress Note Don Jackson, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: The patient seems in better spirits today; she has been up walking around the unit but still somewhat in a weakened state. Objective: Lungs clear bilaterally; abdomen soft with hypoactive bowel sounds. Assessment: Patient is progressing well; has had good urine output. Plan: Will transfuse 2 units of packed cells; continue ambulation; will give Dulcolax to stimulate bowel function.

Date	Provider	Complaint	Treatment
1/27/02	Palestine Regional Medical Center Progress Note Don Jackson, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: The patient had a fairly uneventful night; she passed gas and had a small bowel movement; patient was nauseated while ingesting a clear liquid diet; she has now received Zofran and Phenergan and is feeling better; patient's color clearly looks better. Objective: Lungs clear bilaterally; abdomen soft with hypoactive bowel sounds. Assessment: Patient is overall doing well. Plan: Will place patient back on ice chips today; she will be up and ambulating later today; will allow her to shower; will continue TPN; will discontinue the Foley cath.
1/27/02	Palestine Regional Medical Center Progress Note Robert Blackwell, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: The patient does not look very good today; she had a fairly rough night; she had an episode of nausea and vomiting this morning and she is back to NPO. Objective: Abdomen soft with hypoactive bowel sounds. Assessment: Clinically patient does not look much improved from yesterday but on paper she seems to be doing better. Plan: Continue to agree with the management by Dr. Jackson; patient is requesting estrogen replacement; will place on Estradiol per patch.

Date	Provider	Complaint	Treatment
1/28/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: Yesterday the patient had an episode of emesis in the morning after taking clear liquids; she was made NPO and has had no further nausea or vomiting; she had a bowel movement this morning. Objective: Abdomen soft with active bowel sounds. Assessment: Patient is progressing well; has had good urine output. Plan: I am concerned the patient seemed to have a setback yesterday, but she has done well NPO; it may be time to gradually advance her diet a little bit if Dr. Rodriguez thinks it is appropriate.
1/28/02	Palestine Regional Medical Center Progress Note Dirk Rodriguez, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: The patient is doing better; she was hungry and ate a regular diet because she wanted to; she has been passing gas and having bowel movements; she threw up later this afternoon but it was liquid, not her food. Objective: Abdomen soft with good bowel sounds. Assessment: I had an extensive conversation with the patient regarding the findings of her operation. Plan: Will leave her on TPN until she can tolerate a regular diet.
1/29/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: Patient is still having some nausea and vomiting; at lunch she was actually able to keep down solid food; she is having frequent watery stools, about 10 so far. Objective: Abdomen soft, not distended and minimally tender. Plan: The dietitian is adjusting the patient's diet to try to help her keep down solid food; her TPN is being tapered.

Date	Provider	Complaint	Treatment
1/29/02	Palestine Regional Medical Center Progress Note Dirk Rodriguez, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: Patient is doing a little bit better; she is tired of being her; she has had a little nausea. Plan: Will taper TPN and allow her to have small meals.
1/30/02	Palestine Regional Medical Center Progress Note Stephen Bates, M.D.	Exploratory laparotomy; lysis of adhesions; drainage of postoperative intra-abdominal hematomas; right salpingo-oophorectomy	Subjective: Patient is doing better; she will throw up after a meal, particularly if it is a large meal, but she handled the small meals well; she is tired of being here and we will let her go home; she has bowel activity and the diarrhea is going away. Objective: Abdomen soft with active bowel sounds; lungs clear. Plan: Patient is c/o some dyspnea; will send home on Prilosec.
1/30/02	Palestine Regional Medical Center History and Physical Stephen Bates, M.D.	Abdominal pain, repetitive vomiting, diarrhea	Admission Diagnoses: Intra-abdominal postoperative hematoma after TAH/BSO at Parkview in Mexia; intra-abdominal postoperative adhesions resulting in a postoperative bowel obstruction; persistent anemia; malnutrition secondary to postoperative inanition (condition of being empty). Therapeutic Procedures Performed: Abdominal CT scan with attempted percutaneous intra-abdominal fluid collection drainage; exploratory laparotomy with lysis of adhesions and extraction of right ovary with large ovarian cyst and extraction and drainage of intra-abdominal hematomas (the appendix was not removed). Plan: Keep wound dry and clean with soap and water; resume regular diet and follow up in 1-2 weeks.

Date	Provider	Complaint	Treatment
1/28/03	Northwest Regional Hospital Operative Report Juan Villarreal, M.D.	Pelvic pain	Preoperative Diagnosis: Pelvic pain; dyspareunia (painful intercourse); peritoneal adhesions. Postoperative Diagnosis: Pelvic pain; dyspareunia (painful intercourse); peritoneal adhesions; foreign body in the pelvis. Name of Procedure: Exploratory laparotomy; lysis of adhesions; removal of foreign body in peritoneal cavity; vaginectomy. Specimens: Some foreign bodies were found in the peritoneal cavity attached to the vaginal cuff consisting of what appeared to be suture material and staples. Procedure: We took the incision down to the fascia where we encountered numerous interrupted figure-of-eight sutures if permanent suture material; these had to be individually removed....the patient had been positioned in a frog-leg position and we were able to introduce an EEA dilator into the vagina and push up and visualize the vaginal cuff; of note, there was a staple lime on the right side where some vascular staples had been laid...on the vaginal cuff there were not visible staples...we were able to palpate around the vaginal mucosa on the inside and were not able to feel any distinct staples or any other foreign bodies at the apex of the vagina.
1/30/03	Northwest Regional Hospital Discharge Summary Juan Villarreal, M.D.	Pelvic pain	Admit Diagnosis: Pelvic pain; dyspareunia (painful intercourse); peritoneal adhesions. Procedure Performed: Exploratory laparotomy; lysis of adhesions; removal of foreign bodies in peritoneal cavity from pervious surgery. Hospital Course: Patient is doing well postop; she is tolerating diet and ambulating. Plan: Discharge home; no heavy lifting, strenuous activity or anything in the vagina; follow up in 2 weeks.

History:

Exam:

Impression:

Plan: