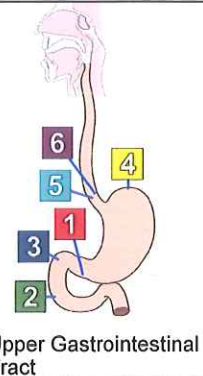


Patient Name:	Thomas Rubens	Procedure Date:	05/30/2014 9:18 AM
MRN:	51924354	Date of Birth:	01/03/1942
Admit Type:	Outpatient	Gender:	Male
Attending MD:	Lauren Gerson, MD		

Pre Procedure H&P and Procedure Note:

Pre-Anesthesia Assessment:

- The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.
- The patient is unable to give consent secondary to the patient being legally incompetent to consent. The alternatives, risks and benefits of the procedure were discussed at length with the patient's guardian. The patient's proxy verbalized understanding of the risks as well as the alternatives and wished to proceed with the procedure.
- Patient identification and proposed procedure were verified prior to the procedure by the physician and the nurse. The procedure was verified in the procedure room.
- Pre-procedure physical examination revealed no contraindications to sedation.
- ASA Grade Assessment: II - A patient with mild systemic disease.
- After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure.
- The anesthesia plan was to use moderate sedation/analgesia (conscious sedation).
- Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives.
- Sedation was administered by an endoscopy nurse. The sedation level attained was moderate.
- The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure.
- The physical status of the patient was re-assessed after the procedure. The patient was alert and awake. The procedure, alternatives and risks including bleeding, perforation, cardiac and respiratory complications were explained. The patient was given the opportunity to ask questions and wished to proceed. After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The was introduced through the mouth, and advanced to the third part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.



Findings:

The middle third of the esophagus was normal.

Patient Name: Thomas Rubens
MRN: 51924354
Admit Type: Outpatient
Attending MD: Lauren Gerson, MD

Procedure Date: 05/30/2014 9:18 AM
Date of Birth: 01/03/1942
Gender: Male

A large, fungating mass with no bleeding and with no stigmata of recent bleeding was found in the lower third of the esophagus from the Z line at 40 cm to 44 cm. The mass measured approximately 4x4 cm and was non-obstructing and not circumferential. Multiple biopsies were taken with a cold forceps for histology.

A 5 cm hiatus hernia was found. The Z-line was 40 cm from the incisors and the hiatus at 45 cm. No ulcerations were present in the hernia sac.

The entire examined stomach was normal. Biopsies were taken with a cold forceps for histology in the antrum.

On retroflexion, the hiatus was patulous. No other lesions were found in the cardia or fundus.

One non-bleeding cratered duodenal ulcer with no stigmata of bleeding was found in the posterior duodenal bulb containing a metal coil from the prior embolization. The lesion was 6 mm in largest dimension. The first, second, and third portions of the duodenum were normal.

Add'l Images:



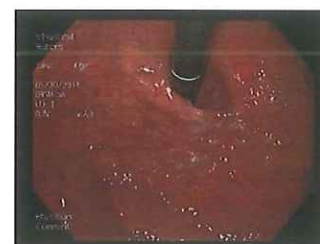
1 Pre-pyloric Stomach



2



3 Duodenal Bulb



4 Gastric Fundus



5 Lower Third of the Esophagus



6 Lower Third of the Esophagus

Post Procedure Diagnosis/Impression:

- 1) 4 cm distal esophageal mass from 40-44 cm, biopsied
- 2) Large 5 cm hiatal hernia from 40-45 cm
- 3) 6 mm posterior bulbar ulceration, likely secondary to prior embolization

Recommendation: 1) Continue PPI therapy once daily before breakfast

Patient Name:	Thomas Rubens	Procedure Date:	05/30/2014 9:18 AM
MRN:	51924354	Date of Birth:	01/03/1942
Admit Type:	Outpatient	Gender:	Male
Attending MD:	Lauren Gerson, MD		

2) Dr. Gerson will call patient and guardian with biopsy results

Lauren Gerson, MD
05/30/2014 10:23:59 AM
This report has been signed electronically.
Number of Addenda: 0
Note Initiated On: 05/30/2014 09:18:47 AM

Instructions for after EGD with Biopsy

Thomas Rubens
Friday, May 30, 2014
Lauren Gerson, MD

1. You will have something to drink before leaving the GI Lab. After your discharge begin with a light bland meal at first then advance as tolerated. Please talk to your physician about any special diet recommendations.
2. You may be sleepy following the procedure. Please do not drive, operate machinery, make critical decisions or do activities that require coordination or balance for 24 hours.
3. Do not drink alcohol, take any sleeping medications or pain medicines for 12 hours after your procedure unless directed by your doctor.
4. During the procedure the doctor put air into your stomach, burping or passing gas from your rectum after the procedure is normal.
5. Getting up and walking around will help you pass any gas and alleviate any discomfort.
6. If you spit up some blood (one teaspoon) this is normal.
7. Go directly to the emergency room if you notice any of the following:

- Chills and/or fever over 101 longer than 4 hours
- Persistent vomiting and unable to keep fluids down
- Severe abdominal pain, other than gas cramps
- Severe chest pain
- Black, tarry stools
- Vomiting Blood - more than a teaspoon - Please contact your doctor or go to the Emergency Room.

For any of these symptoms please go to your local emergency room or California Pacific Medical Center Emergency Services located at 2333 Buchanan Street or Castro and Duboce Streets. (415) 600-3333.

Your doctor recommends these additional instructions:

We are waiting for your pathology results.

If you have any questions on the above instructions, please ask your GI Lab nurse before discharge or call your physician's office.

Nurse Signature

Patient/Designated Responsible Party Signature

You may receive a survey in the mail regarding your visit today. Your feedback is important to us. Thank you for taking the time to complete the survey. It is our goal to provide very good service in all areas and if you have a concern please let us know before you leave today.