

TCAR

Vascular Surgery Progress Note
* Final Report *



***Not Official

Vascular Surgery Progress Note

Copy***:

Date/Time of Service:



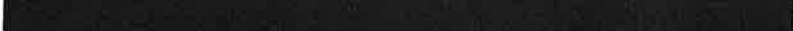
Result Status:

Modified

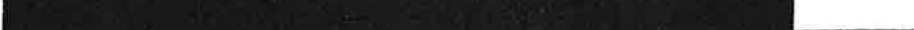
Result Title:

Vascular Surgery

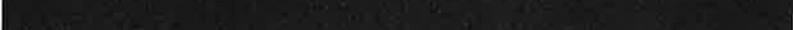
Performed By:



Verified By:



Encounter Info:



*** Final Report ***
Document Contains Addenda



Chief Complaint

consult for carotid artery stenosis. pt states no complaints. pcp:

History of Present Illness

This is a never smoker with past medical history of coronary artery disease, diabetes, hyperlipidemia, hypertension, hypothyroidism, h/o malignancy of the tongue and skin s/p chemo/XRT, and currently being evaluated for prostate cancer. As per patient had duplex which was negative but is scheduled for biopsy. Today presents after being seen in the and noted to have >90% stenosis on CT. is asymptomatic from neurological standpoint. denies history of stroke and TIA. is complaint with 2 baby aspirins daily, statin and has recently began plavix.

Review of Systems

Constitutional

(-) Fevers; (-) Chills; (-) Weight Gain/Loss

ENT

(-) Dizziness; (-) Eye Problems; (-) Ear Problems; (-) Nasal Problems

Cardiovascular

(-) Chest Pain; (-) Palpitations; (-) Claudication; (-) Rest pain

Respiratory

(-) Shortness of Breath; (-) Coughing; (-) Wheezing

Integumentary

(-) Ulcers; (-) Gangrene; (-) Erythema; (-) Discolored feet or hands; (-) Cold feet or hands

Musculoskeletal

(-) Limitation In ROM; (-) Pain in Joints or Limbs

Hematologic/Lymphatic

(-) Bleeding or Bruising Problems; (-) Excessive Clotting;

Endocrine

(-) Diabetes; (-) Fatigue; (-) Intolerance to heat or cold

Neurological

(-) Headaches; (-) Weakness; (-) Numbness; (-) Tingling

Problem List/Past Medical History

Ongoing

- Allergic rhinitis
- Asymptomatic stenosis of left carotid artery
- Chronic renal insufficiency, stage III (moderate)
- Diabetes
- Disorder of soft tissue
- Dysphagia
- Esophagitis, eosinophilic
- GERD (gastroesophageal reflux disease)
- Hepatitis C antibody test
- HLA (hyperlipidemia)
- Hypertensive heart disease without HF (heart failure)
- Hypothyroidism
- Obesity
- Personal history of colonic polyps
- Prostate cancer

Procedure/Surgical History

stent placement /
g-tube/ placed and removed
Polypectomy, NOS
radiation for prostate cancer
implanted 4 gold coils in prostate
egd proc (None)
egc/with biopsy
sugery on tongue/? bx

Medications

Inpatient

No active inpatient medications

Home

- Allegra
- ampicillin



Vascular Surgery Progress Note

* Final Report *

Physical Exam

Vitals & Measurements

T: 36.7 °C (Oral) HR: 76 (PPR) BP: 162/70 HT: 170.18 cm WT: 86.18 kg
BMI: 29.76

CONSTITUTIONAL: Normal appearing and well developed; No distress

NEURO: AAOx3; Sensory/Motor Intact

HEENT: (+) EOMI (+) PERRL (+) Naso/Oropharynx pink and moist

RESPIRATORY: (+) CTA

CV: (+) RRR, + strength, + grip, smile symmetrical, tongue midline, CN intact

SKIN: (-) Edema (-) Rash (-) Pigmentation (-) Ulcer

MUSCULOSKELETAL: (+) Ankle ROM intact

VASCULAR:

lower extremities warm, non edematous, palp DP/PT

Bilateral extracranial carotid artery duplex was performed.

There was mild wall thickening noted at the proximal ICA. The proximal ICA was <50% stenosed. The ECA was <50% stenosed. The vertebral artery was antegrade.

There was severe echolucent plaque at the proximal ICA. The proximal ICA was 70-99% stenosed. The ECA was >50% stenosed. The vertebral artery was antegrade.

Findings:

Right	PSV	EDV	ICA/CCA	Imp
Prox CCA	70.30	8.64		
Dist CCA	71.10	11.00		
Prox. ICA	121.00	22.00	1.70	16 - 49%
Ext Carotid A	144.00	8.21		<50%
Vertebral A	39.30	7.07		Antegrade

Left	PSV	EDV	ICA/CCA	Imp
Prox CCA	85.60	9.97		
Dist CCA	80.30	9.38		
Prox. ICA	321.00	48.70	4.00	70 - 99%
Dist. ICA	75.00	12.60		
Ext Carotid A	284.00			>50%
Vertebral A	49.20	12.90		Antegrade

Assessment/Plan

with left carotid stenosis, asymptomatic. Pt educated on carotid artery disease, as well as surgical intervention with left TCAR on 17

- pt to obtain CTA images from [redacted] and bring to office to be reviewed
- continue ASA, plavix and statin
- will require cardiac clearance with [redacted]
- seen and examined with Dr. [redacted]

- aspirin 81 mg oral tablet, 162 mg, 2 tab, Oral, Once daily
- Benicar HCT.40 mg-12.5 mg oral tablet, 1 tab, Oral, Once daily, 2 refills
- clopidogrel 75 mg oral tablet, 75 mg, 1 tab, Oral, QAM, 3 refills
- Essential Enzymes, See Instructions
- Flonase 50 mcg/inh nasal spray, 2 spray, IntraNasal, Once daily, 3 refills
- garlic oral capsule, q cap, Oral, Once daily
- Glucometer, See Instructions
- lactase, 500 mg, Oral, X1
- levothyroxine 88 mcg (0.088 mg) oral tablet, See Instructions, 3 refills
- Lipitor 20 mg oral tablet, 20 mg, 1 tab, Oral, Once daily, 3 refills
- Metoprolol Succinate ER 100 mg oral tablet, extended release, 100 mg, 1 tab, Oral, Once daily, 3 refills
- multivitamin, 1 tab, Oral, QAM
- Norvasc 2.5 mg oral tablet, 2.5 mg, 1 tab, Oral, Once daily, 3 refills
- Norvasc 5 mg oral tablet, 5 mg, 1 tab, Oral, Once daily, 3 refills
- One Touch Delica 33G, See Instructions
- PreserVision AREDS 2 oral capsule, See Instructions
- Protonix 40 mg oral delayed release tablet, 40 mg, 1 tab, Oral, Once daily, 3 refills
- SPACER, See Instructions
- Test Strips-Ultra 2, See Instructions, 5 refills

Allergies

NKA

Social History

Alcohol

Denies

Employment/School

Retired


Exercise

Home/Environment

Lives with Significant other. Living situation: Home/Independent. Feels unsafe at home: No. Safe place to go: Yes. Injuries/Abuse/Neglect in household: No. Family/Friends



available for support: Yes. Smoker in household: No. Alcohol abuse in household: No. Substance abuse in household: No. TV/Computer concerns: No. Risks in environment: Pets/Animal exposure.

Lives with Alone, 
no children.

Nutrition/Health

Type of diet: ALL FOOD GROUPS.

Regular, Caffeine intake amount:
3-5 CUPS OF HALF CAF COFFEE.

Type of diet: all 4 food groups.

Regular, Caffeine intake amount: 3
cups daily. Diet restrictions: none.

Screening, Brief Intervention and
Referral for Treatment

No In the past 12 months, have you
used drugs other than those
required for medical reasons. Not
At All Over the last 2 weeks, have
you been bothered by little interest
or pleasure in doing things. Several
Days Over the last 2 weeks, have
you been bothered by feeling
down, depressed, or hopeless.

Never In the past 12 months, how
often do you have a drink
containing alcohol. None In the
past 12 months, how many drinks
containing alcohol do you have on
a typical day. Never In the past 12
months, how often do you have 6
or more drinks on one occasion.

Substance Abuse

Denies

Tobacco

Never smoker
Never smoker
Never smoker
Never smoker
Never smoker
Never smoker

Family History

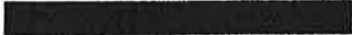
Alcoholism: Father. Negative: Mother,
Sister, Brother, 1st Degree Relative,
Grandfather-Maternal, Grandfather-
Paternal, Grandmother-Maternal and
Grandmother-Paternal.

Anxiety: Negative: Mother, Father,
Sister, Brother, 1st Degree Relative,
Grandfather-Maternal, Grandfather-
Paternal, Grandmother-Maternal and
Grandmother-Paternal.

Depression: Negative: Mother, Father,
Sister, Brother, 1st Degree Relative,

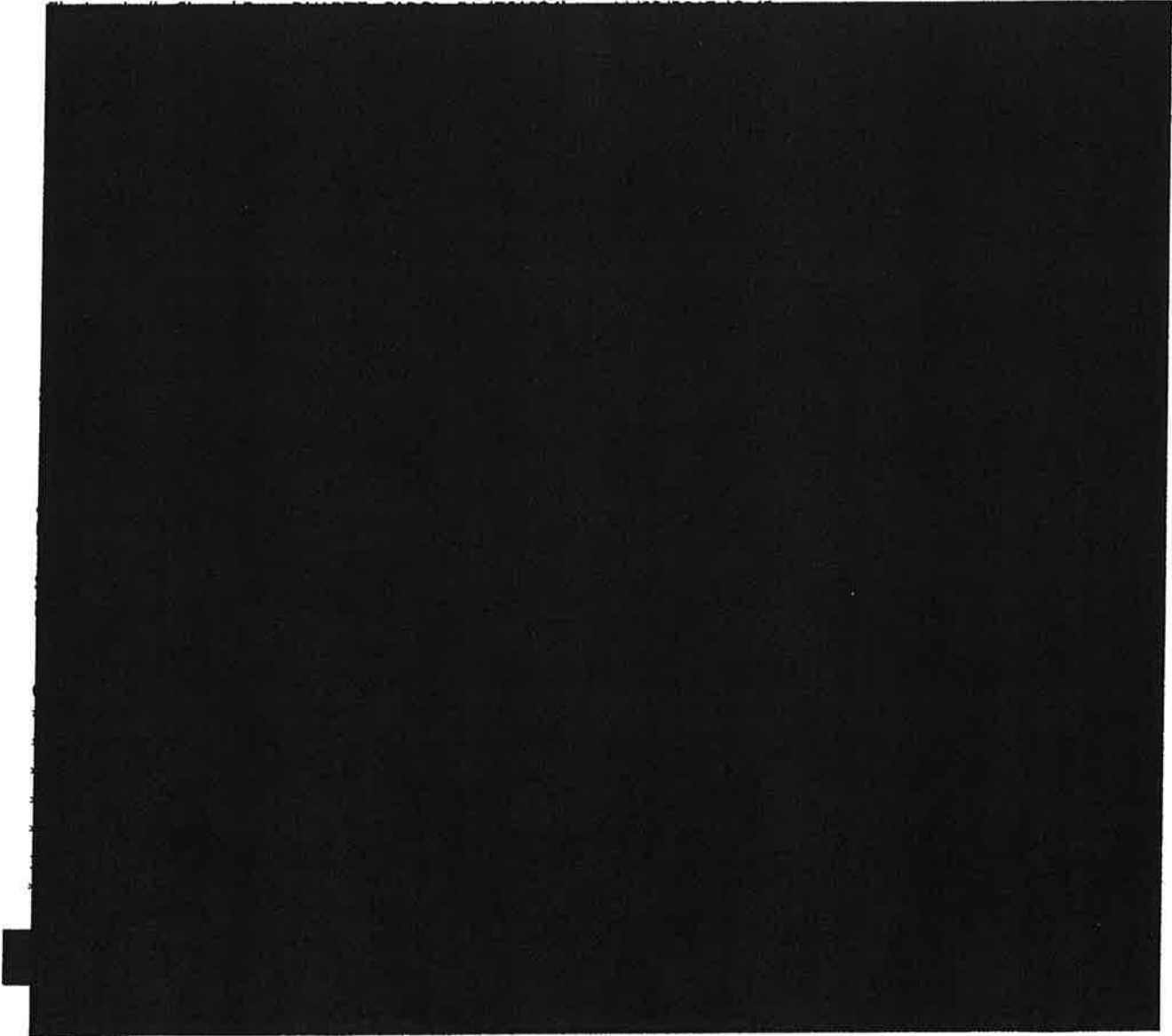


Vascular Surgery Progress Note
* Final Report *



Grandfather-Maternal, Grandfather-Paternal, Grandmother-Maternal and Grandmother-Paternal.
Esophageal cancer.: Cousin.
Stomach cancer.: Aunt, Uncle and Uncle.
Stomach cancer.: Mother.
Stroke: Aunt.
Substance abuse: Negative: Mother, Father, Sister, Brother, 1st Degree Relative, Grandfather-Maternal, Grandfather-Paternal, Grandmother-Maternal and Grandmother-Paternal.
Ulcer: Mother.

Signature Line



Patient:
MRN:

Diagnostic Vascular Laboratory

Patient Type: Outpatient

Carotid Duplex - Bilateral

Introduction

had a Carotid Duplex - Bilateral on . If you have any questions regarding this study please do not hesitate to contact us. The study was done at

Indications

Cerebral Atherosclerosis

Segment	Right					Left				
	PSV	EDV	ICA/CCA	Imp	Plaq	PSV	EDV	ICA/CCA	Imp	Plaq
Prox CCA	70.3	8.64				85.6	9.97			
Dist CCA	71.1	11				80.3	9.38			
Prox. ICA	121	22	1.7	16 - 49%		321	48.7	4	70 - 99%	
Dist. ICA						75	12.6			
Ext Carotid A	144	8.21		<50%		284			>50%	
Vertebral A	39.3	7.07		Antegrade		49.2	12.9		Antegrade	

Impression

Bilateral extracranial carotid artery duplex was performed. There was mild wall thickening noted at the proximal ICA. The proximal ICA was <50% stenosed. The ECA was <50% stenosed. The vertebral artery was antegrade. There was severe echolucent plaque at the proximal ICA. The proximal ICA was 70-99% stenosed. The ECA was >50% stenosed. The vertebral artery was antegrade.

Flowsheet Print Request

Date Range:

All Laboratories View

General Chemistry			
Sodium	132 L	135	135
Potassium	3.9	3.4 L	4.3
Chloride	93 L	96	94 L
Bicarbonate	26	26	29
Glucose Level	151 H	115 H	119 H
BUN	17	15	18
Creatinine	0.96	1.00	1.09
GFR, non African American	78	74	67
GFR, African American	90 *	86 *	77 *
Anion Gap	13	13	12
Calcium	9.0	8.6	9.4
Phosphorus	3.8 H	2.0 L	
Magnesium	2.0	1.9	
General Hematology			
WBC Count	11.41 H	9.90	8.90
RBC Count	4.45 L	4.41 L	4.94
Hemoglobin	13.7 L	13.5 L	15.1
Hematocrit	39.5 L	39.7 L	45.2
MCV	88.8	90.0	91.5
MCH	30.8	30.6	30.6
MCHC	34.7	34.0	33.4
RDW	12.2	12.3	12.6
PLT Count	279	270	301
MPV	8.9	9.0	9.1
N-RBCs auto	0.0	0.0	0.0
Coagulation			
Prothrombin Time			10.4
Prothrombin Time, INR			0.9 *
Prothrombin Time, Comment			TYPICAL THERA
aPTT		32.6	31.4
aPTT, Comment		TYPICAL THERA	TYPICAL THERA

Diagnostic Vascular Laboratory

Patient Type: Outpatient

Carotid Duplex - Left

Introduction

had a Carotid Duplex - Left on . If you have any questions regarding this study please do not hesitate to contact us. This study was performed at the .

Indications

Other specified postprocedural states .

S/P LEFT TCAR

Segment	Left				
	PSV	EDV	ICA/CCA	Imp	Plaq
Prox CCA	104	15.7			
Dist CCA	84.9	19.6	0.98		
Prox. ICA	80.9	16.5	0.98		
Mid. ICA	83.3	16.4			
Dist. ICA	78	17			
Ext Carotid A	208	15.7		Abnormal > 50% stenosis	
Vertebral A	56.6	11			

Impression

Extracranial Carotid artery Duplex Study unilateral(left).

Duplex study showed no evidence of stenosis s/p left TCAR. The external carotid artery was >50 % stenosed. Vertebral artery was antegrade with normal flow.



Report:

History: Carotid

Technique: Initial noncontrast axial head CT was performed from skull base through vertex. CT angiogram of the neck and head was performed from aortic arch to vertex with multiple post processed 2D and 3D reformatted images. 99 mL of Visipaque 320 was administered. NASCET methodology is utilized for stenosis

Findings:


1. Noncontrast CT of head: There is no midline shift or mass effect. Focal areas of hypodensity in the left basal ganglia and corona radiata are suggestive of an infarct of indeterminate age. There is no evidence of acute intracranial hemorrhage. There is mild generalized volume loss with prominence of sulci and ventricles. Evaluation of the posterior fossa is extremely limited due to artifact.

2. CT angiogram of the head: The intracranial internal carotid arteries demonstrate good contrast opacification. Mild scattered wall calcification with mild contour irregularity is noted involving the cavernous ICAs bilaterally, representing atherosclerotic changes. There is no significant focal narrowing of the proximal anterior or middle cerebral arteries on either side. The distal right vertebral artery appears small, likely hypoplastic. Mild tortuosity of vertebrobasilar arteries is seen. There is no significant focal narrowing of the basilar or posterior cerebral arteries.

CT angiogram of the neck: There is a separate origin of the left subclavian artery, left common carotid artery, and brachiocephalic artery from the arch. The common carotid, cervical internal carotid and external carotid arteries are demonstrated bilaterally. Scattered wall calcification is seen in the distal right common carotid artery with focal calcification of the proximal right internal carotid artery close to the origin with mild (approximately 20-30 percent) narrowing. On the left, focal calcification of the distal common carotid artery is seen. There is a focal area of severe (90-99 percent) stenosis at the origin of the left internal carotid artery with a small focal outpouching proximal to this area. The left cervical internal carotid artery is visualized distal to the stenosis and

Impression:

No evidence of acute intracranial hemorrhage, midline shift or mass effect. Foci of hypodensity in left basal ganglia and corona radiata are suggestive of infarct of indeterminate age. Focal area of severe (90-99 percent) narrowing at the origin of the left internal carotid artery as described. Other findings as above



Operative Report



Not Official Copy:

Operative Report

Date/Time of Service:

[Redacted]

Result Status:

Modified

Result Title:

Op Note

Performed By:

[Redacted]

Verified By:

Encounter Info:

[Redacted]

Document Contains Addenda



Date/Time of Surgery

[Redacted] 17

Location

Main OR

Indication for Surgery

[Redacted] never smoker with past medical history of coronary artery disease, diabetes, hyperlipidemia, hypertension, hypothyroidism, h/o malignancy of the tongue and skin s/p chemo/XRT of the left neck. A >90% left carotid stenosis was seen incidentally on CT. [Redacted] is asymptomatic from neurological standpoint [Redacted] denies history of stroke and TIA. [Redacted] is compliant with 2 baby aspirins daily, statin and plavix. [Redacted] is high risk for a carotid endarterectomy due to previous neck radiation, and high, surgically inaccessible carotid bifurcation; thus [Redacted] is a candidate for transcrotid artery stenting.

Preoperative Diagnosis

Left asymptomatic carotid stenosis

Postoperative Diagnosis

Left asymptomatic carotid stenosis

Operation

- 1) Transcarotid artery revascularization of the left carotid artery using a 9x40mm Enroute stent with Silk Road flow reversal system
- 2) Pre-dilatation with 5x20mm maverick balloon

Contrast volume(cc)

40

Fluoro time(min)

5.6

Dose area(mGy/cm2)

24

Flow reversal time(min)

12

Surgeon(s)

[Redacted] MD

Assistant

[Redacted]



Operative Report

Anesthesia

local/sedation

Estimated Blood Loss

10cc

Complications

none

Technique

The patient was brought to the operating room and placed in the supine position on the operating table. All appropriate lines were placed. The patient was then given a squeaky toy in [redacted] right hand to assess neurologic status throughout the case. The left neck was prepped and draped in usual sterile fashion, as well as the right groin for femoral vein access. At this point 1% lidocaine and 0.25% Marcaine were infiltrated in the skin and subcutaneous tissues just proximal to the clavicle. A transverse 4 cm incision was made. This was deepened through the subcutaneous tissues with electrocautery. The incision was further deepened through the subcutaneous tissues and the sternoclavicular head of the sternocleidomastoid muscle was split until the carotid sheath was exposed. The jugular vein was retracted laterally and approximately 3 cm of the common carotid artery was isolated and circumferentially dissected with Silastic vessel loops being placed around the proximal end. A 5-0 Prolene pursestring stitch was placed in anticipation for the puncture. Next, venous access was obtained. The right common femoral vein was accessed under ultrasound guidance using a standard Seldinger technique after infiltrating 1% lidocaine and 0.25% Marcaine into the overlying skin. A micropuncture needle was advanced into the femoral vein followed by the wire and the micropuncture sheath. Next, a 0.035 Glidewire was advanced into the common femoral vein and an 8 French TCAR Enroute venous return sheath was advanced into the common femoral vein. Blood was aspirated from the line and the sheath was flushed with heparinized saline. The patient was then heparinized with 8000 units of intravenous heparin after allowing a few minutes for it to circulate and ensuring ACT was maintained above 220 for the duration of the case. A micropuncture access was used to access the common carotid artery followed by advancing the micropuncture wire. Next, the micropuncture sheath was placed 3 cm into the common carotid artery. Angiography was performed confirming the greater than 90% stenosis of the internal carotid artery just at the bifurcation with a patent external carotid artery. Under fluoroscopic guidance, a stiff, short, J-wire was advanced through the sheath just up to the carotid bifurcation and the 8 French TCAR arterial sheath was advanced into the common carotid artery and sutured to the skin. The side port was allowed to backbleed. It was then flushed and the Enroute retrograde flow device was attached to the venous outflow, ensuring that all air was evacuated. At this point, a repeat angiogram was performed to obtain the appropriate angles in preparation for stent placement. TCAR time-out was performed ensuring the patient's ACT was above 220. Blood pressures were maintained with MAP above 100mmHg and the flow reversal system was then placed on the high setting with the common carotid artery being clamped to occlude the proximal inflow. The patient's neurologic status was checked and noted to be intact. The lesion was then crossed with a 0.014 wire and a 5x20mm Maverick balloon was advanced over the wire and dilatation was performed. The 9 x 40 mm Enroute stent was advanced across the wire and deployed. Following this, a completion angiogram of the carotid stent demonstrated brisk filling, with no significant narrowing. The blood pressure was normalized and the common carotid artery was unclamped. The flow reversal system was then disconnected. An intracranial angiogram was also performed demonstrating brisk filling of the left side of the brain with maintenance of the intracranial circulation. The sheath was removed from the common carotid artery and the preplaced pursestring stitch was cinched to achieve hemostasis. The heparin was reversed with 40 units of protamine and the incision was irrigated with antibiotic solution and closed with interrupted 3-0 Vicryl sutures and 4-0 Monocryl for the skin. Dermabond and sterile dressings were applied. The sheath was then removed from the common femoral vein and manual pressure was held to achieve hemostasis. The patient tolerated the procedure well. [redacted] neurologic status remained intact. [redacted] was then taken to the recovery room in stable condition without complication.

This procedure was performed in conjunction with the SVS VQI TCAR surveillance project. [redacted]

Attending Attestation

Vascular Procedure
* Final Report *



Not Official Copy: Vascular Procedure
Date/Time of Service: [Redacted]
Result Status: Final
Result Title: Carotid Artery Stent Procedure Note
Performed By: [Redacted]
Verified By: [Redacted]
Encounter Info: [Redacted]

* Final Report *

Carotid Artery Stent Procedure Note



Assessment

Carotid Artery Stent Procedure Indication

Elective Procedure.

Procedure Date and Time



History and Risk Factors

Pre procedure NIH Stroke Scale Score 0.
Pre procedure Modified Rankin Score 0.
Neurologic Event(s) prior to Elective procedure?: No.
Examiner Certified: Yes.

Procedure Indications and Anatomic Variables

Carotid Duplex Ultrasound:: Yes.
Carotid Duplex Ultrasound within 2 months of current procedure?: Yes, [Redacted]
Peak Systolic Velocity:: Left 321 cm/sec.
End Diastolic Velocity:: Left 49 cm/sec.
ICA/CCA Ratio:: Left 4.
Fibromuscular Dysplasia of Carotid Artery:: No.
Aortic Arch Type:: Type 2.
Bovine Arch:: No.
Spontaneous Carotid Artery Dissection:: No.

Fluoro Time and Percent Stenosis

Fluoro Time; 5.6 minutes.
Cumulative Air Kerma; 20 mGy.
Dose Area Product; 308 uGy-M2.
Preprocedure Percent Stenosis by Angiography; 90 %.
Final Percent Stenosis; 0 %.

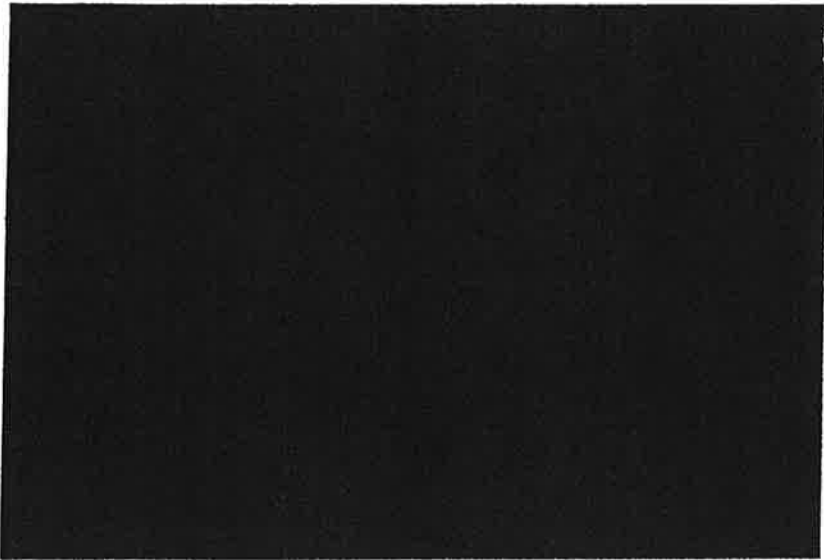
Lesions and Devices



Vascular Procedure
* Final Report *



Lesion: Lesion Length 20 mm, Minimum Luminal Diameter .5 mm, Diameter of Distal (Non-tapered) ICA for NASCET : 5 mm, Final Minimum Luminal Diameter 5 mm, Visible Thrombus Present No, Ulceration No, Calcification None, Postdilation Performed No.



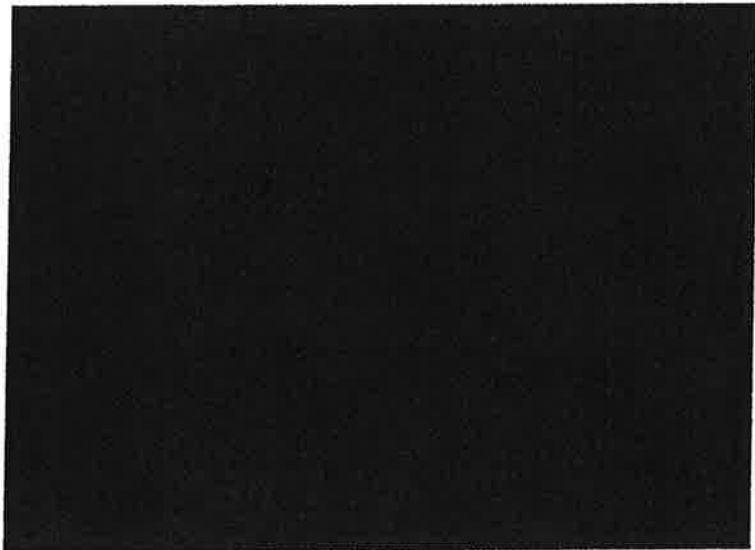
Inpatient Clinical Summary
* Final Report *



Not Official Copy: Inpatient Clinical Summary
Date/Time of Service: [Redacted]
Result Status: Modified
Result Title: Inpatient Clinical Summary
Performed By: [Redacted]
Verified By: [Redacted]
Encounter Info: [Redacted]

* Final Report *

Inpatient Clinical Summary (Verified)



Inpatient Clinical Summary
* Final Report *





PATIENT SPECIFIC DATA

Code Status: Full Code

Preferred Language: .English

VISIT INFORMATION

Admission Date: 

Discharge Date: 



DIAGNOSIS

Carotid stenosis, left

PATIENT HISTORY

Problems

Active

- Esophagitis, eosinophilic
- Dysphagia
- Allergic rhinitis
- Personal history of colonic polyps
- GERD (gastroesophageal reflux disease)
- Asymptomatic stenosis of left carotid artery
- Prostate cancer
- Hypothyroidism
- Diabetes
- Obesity
- HLD (hyperlipidemia)
- Chronic renal insufficiency, stage III (moderate)
- Hypertensive heart disease without HF (heart failure)
- Disorder of soft tissue
- Hepatitis C antibody test

Procedures

TCAR-Trans Carotid Artery Revascularization (Left) )

Immunizations

No Immunizations Documented This Visit



Inpatient Clinical Summary
* Final Report *



Smoking Status
Never smoker

Allergies
NKA

MEDICATIONS:

New Medications



oxyCODONE (oxyCODONE 5 mg oral tablet) 1 tab(s) Oral Every 6 hours as needed Pain (Moderate to severe) for 3 Days. Maximum Dose: 40mg/day; May cause drowsiness; Potentially Habit Forming. Refills: 0.

Taking For: Pain Control

Last Dose: _____ Next Dose: _____

Medications to Continue Taking That Have Changed

None

Medications to Continue with No Changes

Other Medications

amLODIPine (Norvasc 2.5 mg oral tablet) 1 tab(s) Oral Once daily for 90 Days. the total dose is 7.5 mg per day. Refills: 3.

Taking For: Cardiovascular

Last Dose: _____ Next Dose: _____

amLODIPine (Norvasc 5 mg oral tablet) 1 tab(s) Oral Once daily for 90 Days. Refills: 3.

Last Dose: _____ Next Dose: _____

aspirin (aspirin 81 mg oral tablet) 2 tab(s) Oral Once daily. Refills: 0.

Last Dose: _____ Next Dose: _____

atorvastatin (Lipitor 20 mg oral tablet) 1 tab(s) Oral Once daily. Refills: 3.

Last Dose: _____ Next Dose: _____

clopidogrel (clopidogrel 75 mg oral tablet) 1 tab(s) Oral Every Morning for 90 Days. Refills: 3.

Last Dose: _____ Next Dose: _____



Inpatient Clinical Summary
* Final Report *



fexofenadine (Allegra) 180 Milligram Once daily.
Last Dose: _____ Next Dose: _____

hydrochlorothiazide-olmesartan (Benicar HCT 40 mg-12.5 mg oral tablet) 1 tab(s) Oral Once daily. Refills: 2.
Last Dose: _____ Next Dose: _____

levothyroxine (levothyroxine 88 mcg (0.088 mg) oral tablet) TAKE ONE TABLET BY MOUTH ONCE A DAY. Refills: 3.
Last Dose: _____ Next Dose: _____

metoprolol (Metoprolol Succinate ER 100 mg oral tablet, extended release) 1 tab(s) Oral Once daily. Refills: 3.
Last Dose: _____ Next Dose: _____

pantoprazole (Protonix 40 mg oral delayed release tablet) 1 tab(s) Oral Once daily. TAKE 1 TAB ONCE DAILY 12 HRS
APART FROM PLAVIX ON EMPTY STOMACH. Refills: 3.
Last Dose: _____ Next Dose: _____

No Longer Take the Following Medications

garlic (garlic oral capsule) q cap Oral Once daily.

multivitamin 1 tab(s) Oral Every Morning.

multivitamin with minerals (PreserVision AREDS 2 oral capsule) 2 cap Oral Once daily.

Contact Your Physician Prior to Taking the Following Medications

None

VITAL SIGNS:

Height: 170 cm

Weight: 84.8 kg

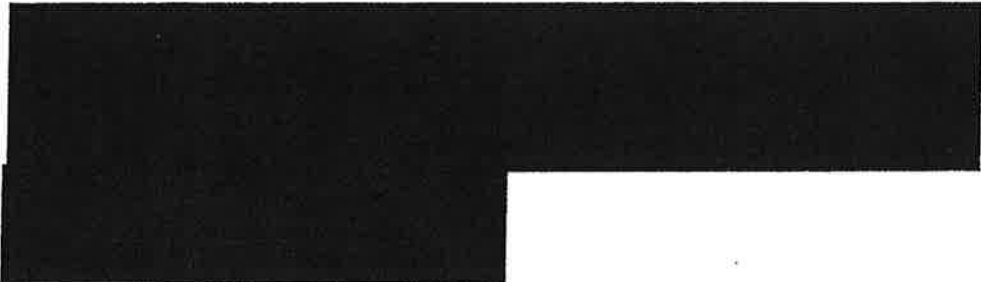
Blood Pressure: 127 mmHG/69 mmHG

Body Mass Index:

LVEF Reading:

DISCHARGE ORDERS:


Order Name Order Details




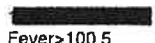
Inpatient Clinical Summary
*** Final Report ***

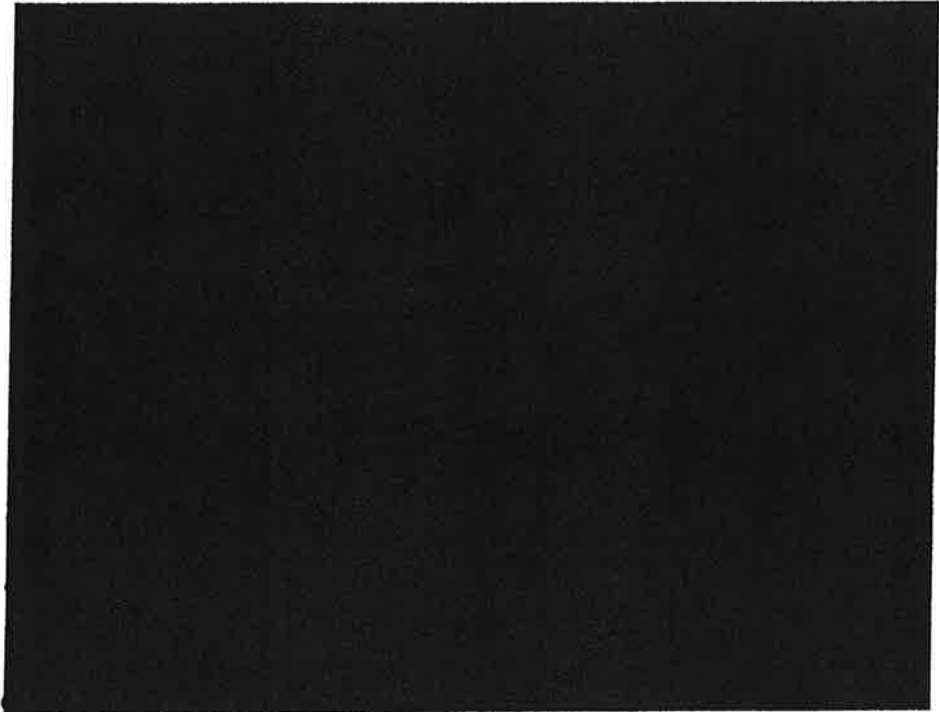


Surg Incision/Site (Closed) Dressing Management  Cleanse incision daily

Surgical Incision/Site Infection Prevention , Inspect wound/incision daily | Wash hands prior to touching wound | Avoid wound care around pets

Surgical Incision/Site Infection Prevention  No lotions/powders/baths or pool swims | Leave incision uncovered if no

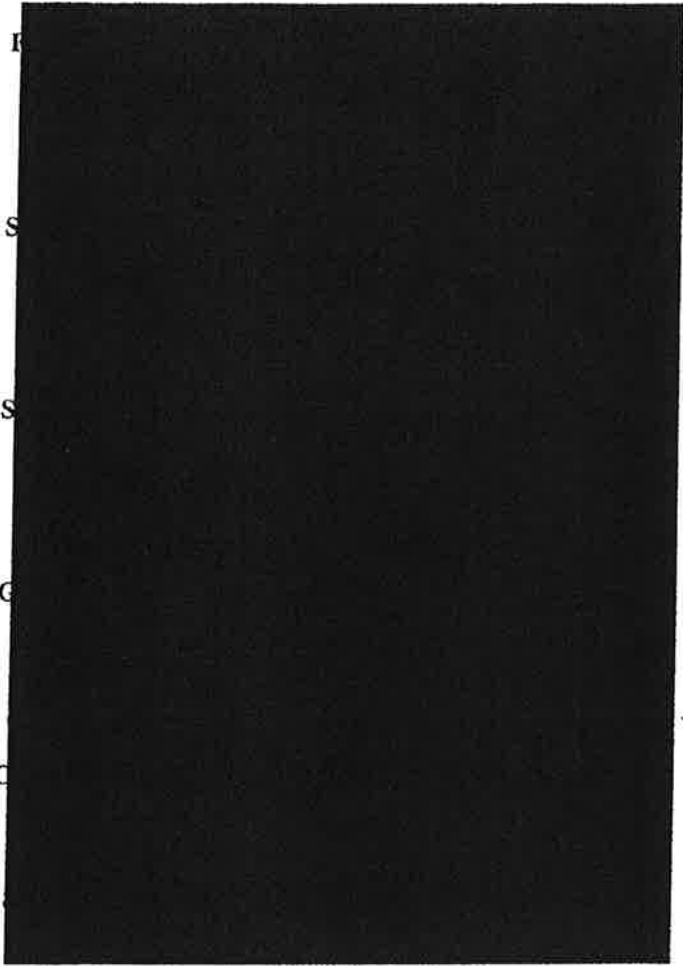
Surgical Incision/Site: When to Notify Provider  Call MD if red/swollen/pain/drainage | Call MD/Medical Attention if Fever > 100.5



Call to schedule appointment

Future Appointments





ADDITIONAL DISCHARGE INFORMATION

Discharged To: Home Independently - 01

Treatment/Services: None

Devices and Equipment: None

Community Resources: None

Outpatient Treatment: Medical Follow-Up

Patient/Family Transitional Instruction:

Home Medications Returned to Patient: N/A

Prescriptions Given To Patient:

Medication Leaflets given to Patient:

Discharge Instructions given to Patient: Preventing Deep Vein Thrombosis After Surgery; Managing Post-Op Pain at Home: Non-Medication Relief; Managing Post-Op Pain at Home: Medications; Having Carotid Angioplasty and Stenting; Carotid Angioplasty and Stenting; Carotid Artery Problems: Stroke; Carotid Artery



Inpatient Clinical Summary
* Final Report *



Problems: Blockage; Carotid Artery Problems: Surgery for TIAs; After Carotid Artery Stenting: In the Hospital; After Carotid Artery Surgery: At Home; Eating Heart-Healthy Food: Using the DASH Plan; Using an Incentive Spirometer

Conditions on discharge: Stable

Pain control: Over the counter medication

Indication for each discharge medication: NA

Patient/Family Transitional Instruction:

HOSPITAL COURSE INFORMATION

Reason for hospitalization: Left carotid artery stenosis

Operations or procedures: Left transcrotid artery revascularization

Physician discharge note: [REDACTED] presented for left transcrotid artery revascularization on [REDACTED]. Surgery was uncomplicated, patient tolerated anesthesia and recovered adequately. Post-operatively [REDACTED] blood pressure was managed with Cardene drip in the immediate post-op period then with PRN hydralazine. On the next day [REDACTED] BP was well controlled the a-line was removed, [REDACTED] home meds were resumed, [REDACTED] pain was well controlled and pt was discharged home.

Wound care instructions were given: keep incision clean and dry.

Follow up in clinic in 7 days.

LABORATORY VALUES AND RESULTS:

Laboratory or Other Results This Visit (last charted value for your [REDACTED] visit)

Chemistry

- Sodium: 132 mmol/L -- Normal range between (135 and 146)
- Potassium: 3.9 mmol/L -- Normal range between (3.5 and 5.1)
- Chloride: 93 mmol/L -- Normal range between (96 and 107)
- Bicarbonate: 26 mmol/L -- Normal range between (21 and 31)
- Glucose Level: 151 mg/dL -- Normal range between (70 and 99)
- BUN: 17 mg/dL -- Normal range between (5 and 20)
- Creatinine: 0.96 mg/dL -- Normal range between (0.50 and 1.20)
- Calcium: 9.0 mg/dL -- Normal range between (8.6 and 10.2)
- Phosphorus: 3.8 mg/dL -- Normal range between (2.3 and 3.7)
- Magnesium: 2.0 mg/dL -- Normal range between (1.6 and 2.6)



Inpatient Clinical Summary

* Final Report *

GFR, non African American: 78

GFR, African American: 90

Anion Gap: 13 mmol/L -- Normal range between (9 and 18)

Hematology

WBC Count: 11.41 K/uL -- Normal range between (4.80 and 10.80)

RBC Count: 4.45 M/uL -- Normal range between (4.70 and 6.10)

Hemoglobin: 13.7 g/dL -- Normal range between (14.0 and 18.0)

Hematocrit: 39.5 % -- Normal range between (42.0 and 52.0)

MCV: 88.8 fL -- Normal range between (80.0 and 97.0)

MCH: 30.8 pg -- Normal range between (27.0 and 31.0)

MCHC: 34.7 g/dL -- Normal range between (33.0 and 37.0)

RDW: 12.2 % -- Normal range between (11.2 and 14.8)

PLT Count: 279 K/uL -- Normal range between (150 and 350)

MPV: 8.9 fL -- Normal range between (8.0 and 12.0)

N-RBCs auto: 0.0 /100WBC

aPTT: 32.6 sec -- Normal range between (22.2 and 36.0)

aPTT, Comment: TYPICAL THERAPEUTIC RANGE OF APTT WHEN HEPARIN IS USED TO TREAT DVT/PE IS 65-101 SECONDS (APPROXIMATELY EQUAL TO 0.3 TO 0.7 U/ML ANTI-Xa ACTIVITY).