Emily Yeung
Rotation 8: Surgery, QHC
Mid Site Evaluation

Identification:
- Date: 10/08/19
- Time: 1:20 PM
- Name: NM
- Sex: F
- Race: Caucasian
- Age: 47
- Marital status: Single
- Address: Surgery, QHC

Informant:
- Source of history: Patient, reliable

Referral Source: Self

Chief Complaint:
- "Pulp in rectal area x 6 months"

Present Illness:
47 y/o female smoker from Creedmoor group home with PMHx schizophrenia, seizure disorder, GERD, hemorrhoids presents to proctology clinic c/o "pulp in rectal area x 6 months". Patient states that she has been experiencing a "lump that falls out" with rectal pain and bleeding whenever she has bowel movements for the past 6 months but is getting progressively worse. She reports being able to push it back in but when she stands up, it comes back out. Patient tried taking stool softeners with little improvement. Admits to constipation, previous spotty rectal bleeding, having one bowel movement daily. Denies any fever, chills, N/V/D, abdominal pain, dysuria, hematuria, back pain, dizziness, LOC, current rectal bleeding, FHx colon cancer.

Past Medical History:
- Schizophrenia
- Seizure disorder
- GERD
- Hemorrhoids
- Patient denies any childhood illnesses.

Past Surgical History:
- No significant past surgical history.
- Denies past transfusions, injuries, hospitalizations.

Medications:
- Clozapine 50mg tab, 1 tab PO QHS
- Fluoxetine 20mg cap, 1 tab PO QD
- Ranitidine 150mg tab, 1 tab PO QHS
- Stool softener 100mg cap, 3 cap PO QD

- Topiramate 50mg tab, 1 tab PO BID

Allergies:
- NKDA.
- Denies any other food or environmental allergies.

Family History:
- Patient states she has no family.

Social History:
- Current everyday smoker, ½ PPD x 20 years.
- Denies drinking caffeine or alcohol at present.
- Sleeps 7 hours per day, on average.
- Denies exercising regularly.
- Single, lives at Creedmoor group home.
- Occupation: unemployed.
- Denies being sexually active currently, any past or current STIs.

ROS
- General
    - Denies any recent weight gain/loss, fever, chills, night sweats, loss of appetite. fatigue.
- Skin, hair and nails
    - Denies any discoloration, moles, pruritus, changes in hair distribution, excessive dryness/sweating, change in hair/skin texture, lacerations.
- Head
    - Denies headache, vertigo, lightheadedness, head trauma, facial swelling.
- Eyes
    - Denies photophobia, pruritus, blurring, diplopia, lacrimation, other visual disturbances. Does not wear glasses. Last eye exam many years ago.
- Ears
    - Denies any deafness, pain, discharge.
- Nose/Sinuses
    - Denies any epistaxis, obstruction, discharge, congestion.
- Mouth and throat
    - Denies any dry mouth/lips, bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, use of dentures. Last dental exam many years ago.
- Neck
    - Denies localized swelling/lumps, stiffness/decreased range of motion.
- Breast
    - Denies any lumps, nipple discharge, pain.
- Pulmonary system
    - Denies any cough, SOB, wheezing, hemoptysis, cyanosis, orthopnea, PND, choking, chest tightness, stridor.
- Cardiovascular system
    - Denies any chest pain, palpitations, irregular heartbeat, syncope, heart murmur, edema.
- Gastrointestinal system

    - Admits to heartburn, rectal pain, prior rectal bleeding, occasional constipation.
    - Denies any N/V/D, indigestion, flatulence, diarrhea, jaundice, anal bleeding, curret rectal bleeding, loss of appetite, bloating.
    - Has one BM every other day.
- Genitourinary system
    - Denies any frequency, polyuria, urgency, nocturia, hematuria, oliguria, dysuria, incontinence, flank pain.
- Menstrual and Obstetrical
    - Age of menarche = 12
    - LMP = 10/02/19
    - G0P0. Last GYN visit many years ago.
- Nervous system
    - Denies headaches, sensory disturbances, ataxia, change in cognition, loss of strength, weakness, LOC.
- Musculoskeletal system
    - Denies joint/muscle pain, deformity, erythema, edema, tenderness, arthritis.
- Peripheral vascular system
    - Denies any peripheral edema, intermittent claudication, varicose veins.
- Hematologic system
    - Denies any easy bruising, bleeding, lymph node enlargement, blood transfusions.
- Endocrine system
    - Denies any polyuria, polydipsia, polyphagia, goiter, excessive sweating, Hirsutism, heat intolerance.
- Psychiatric
    - Admits to schizophrenia. Sees outpatient psychiatrist.

General Survey:

- Medium build female, disheveled, poorly groomed, looks stated age of 47 years, breathing unlabored. A/O x3.

Vital Signs:

	10/08/19 1:20PM
Blood Pressure	100/92, bilateral arms, sitting
Heart Rate	100 bpm, regular
Respiratory Rate	18 breaths per min, unlabored
O2 Sat	95%, room air
Temperature	98.6°F, orally

- Height: 5 ft 3 inches
- Weight: 176 lbs.
- BMI: 31.2

Physical Examination:

- General appearance: alert, well developed, disheveled, NAD.
- Skin: no suspicious lesions, warm and dry, moist, no rash.
- HEENT: normocephalic, atraumatic, no scalp lesions.
- Nails: no clubbing, capillary refill <2 seconds throughout.
- Eyes: sclera non-icteric, no conjunctival pallor.
- Throat: clear, no erythema or exudates, uvula midline.
- Chest: symmetrical, no deformities, trauma. Respirations unlabored. No use of accessory muscles noted. Lat to AP diameter 2:1.
- Lungs: clear to auscultation and percussion bilaterally, no wheezes, rales, rhonchi.
- Heart: RRR, S1 and S2 are normal, no murmurs.
- Abdomen: soft, non-tender, BS present in all 4 quadrants. No guarding or rigidity, no hepatosplenomegaly, no hernias, masses palpable.
- Rectal: no active bleeding/discharge/external hemorrhoids, +complete rectal prolapse
- Back: no CVA tenderness, spine nontender to palpation.
- Peripheral vascular: extremities unremarkable in color, size, temperature. Pulses are 2+ bilaterally in upper and lower extremities.
- Psychiatry: anxious but cooperative with exam, fair eye contact, speech clear.

Lab Results & Radiological Studies

- None indicated at present

Assessment: 47 y/o female smoker with PMHx schizophrenia, seizure disorder, GERD, hemorrhoids presents to proctology clinic c/o "pulp in rectal area x 6 months". S/sx consistent with complete rectal prolapse. Will schedule for Altemeier perineal rectosigmoidectomy on 10/18/19.

1. Complete rectal prolapse
   - Appreciated on physical exam
   - Pt c/o "pulp that sticks out constantly" causing her rectal pain
   - Schizophrenic patients have higher risk of developing rectal prolapse at an earlier age

Plan:

1. Complete rectal prolapse
   - Will obtain pre-surgical labs for surgical clearance
     - CBC and differential, BMP, HepB surface antibody, HepC antibody, thyroid panel, lipid panel, HgA1c, HIV Ag/Ab screen
   - Scheduled for Altemeier perineal rectosigmoidectomy on 10/18/19
   - Pt educated on minimizing straining to prevent worsening of prolapse/bleeding
   - Continue Stool softener 100mg cap, 3 cap PO QD

2. Schizophrenia
   - Currently well controlled on Clozapine and Fluoxetine
   - Continue Clozapine 50mg tab, 1 tab PO QHS
   - Continue Fluoxetine 20mg cap, 1 tab PO QD

3. Seizure disorder
   - Currently well controlled on Topiramate
   - Continue Topiramate 50mg tab, 1 tab PO BID

4. GERD
- Currently asymptomatic on Ranitidine
- Continue Ranitidine 150mg tab, 1 tab PO QHS

5. Smoker
- Counseled pt on smoking cessation
- Start nicotine gum 4mg, apply 1 each to mouth/throat prn for smoking cessation

Patient Education:
- Complete rectal prolapse
    - Rectal prolapse occurs when rectum (last part of large intestine) loses normal attachments inside the body, causing it to telescope through anus
    - Risk factors include chronic constipation
    - Most common treatment is Altemeier procedure, which is performed through the anus with no abdominal incision
    - The rectum intentionally prolapses outside, is completely cut out with the remaining colon sewn to the anus
    - This allows for shorter hospital stay
    - Risks/complications include bleeding, infection, lack of healing, urinary retention, blood clots, worsening constipation