

DATE AND STAFF CATEGORY

PROGRESS NOTES  
ALL NOTES MUST BE CONCISE AND RELEVANT

20/12/04

1635

Queensland Health Pathology Service  
Transfusion Medicine

Queensland Health Pathology Service  
Transfusion Medicine

Bundaberg Hospital

Bundaberg Hospital

PRODUCT No. 4770095

PRODUCT No. 4770240

PRODUCT GROUP 0 Positive

PRODUCT GROUP 0 Positive

PRODUCT TYPE Red Cells (42)

PRODUCT TYPE Red Cells (42)

Unit for

Unit for

UR No BN007900

UR No BN007900

SURNAME KEMPS

SURNAME KEMPS

GIVEN NAMES Gerard W

GIVEN NAMES Gerard W

DATE OF BIRTH

DATE OF BIRTH

HOSPITAL BNH WARD Surgica\*

HOSPITAL BNH WARD Surgica\*

PATIENT GROUP 0 Positive

PATIENT GROUP 0 Positive

DATE 20-Dec-04

DATE 20-Dec-04

INITIALS mab25 10-00 22-Dec-20

INITIALS mab25 10-00 22-Dec-20

20/12/4

ATHANASIOU

1700

Surgical Note

Post oesophagectomy

Has had ↓ BP, ↑ HR, significant drainage from wound below ac & low urine output

Suggestive of post op bleed. likely from stomach bed.

10 units packed cells given → Hb remains ~ 70

Abdo has become more distended

P - needs return to OT

- discussed this w family consent obtained

20/12/04

1745

Queensland Health Pathology Service  
Transfusion Medicine

Bundaberg Hospital

PRODUCT No. 4707539

PRODUCT GROUP 0 Positive

PRODUCT TYPE Red Cells (42)

Unit for

UR No BN007900

SURNAME KEMPS

GIVEN NAMES Gerard W

DATE OF BIRTH

HOSPITAL BNH

WARD Surgica\*

PATIENT GROUP 0 Positive

DATE 20-Dec-04

INITIALS mab25 10-00 22-Dec-20

*[Handwritten signature]*

BUNDABERG HOSPITAL

BUNDABERG HOSPITAL  
KEMPS  
GERARD W  
UP  
Ph (H)  
Ph (B)  
Catholic, nec

SEX M  
UR NO 007900

**SURGEON'S REPORT**

RETIRE

DATE: 20/12/04

DIAGNOSIS & OPERATION PERFORMED: Post Esophago Gastrectomy, Packed bleed  
Spl. Cap, Rt. Thoraco tunc - Splenectomy.

SURGEON: PATEL ASSISTANT: KARUNAWANAN ANAESTHETIST: RAJ

DETAILS OF OPERATION:  Notification Correct Count

INDICATIONS FOR SURGERY -

Pt underwent Esophago Gastrectomy by  
Ivor-Lewis approach in the morning. Emergent  
Noticed to have increased sanguinous drainage  
from abd drain - Received transfusion  
4 hours postop pt. became hypotensive,  
abd. distension and now with f  
drainage from Rt chest tube.

FINDING AT SURGERY -

At laparotomy - massive hemoperitoneum  
noted (3lit) evacuated. No active  
bleeding site noted in the area of  
surgical dissection. Bright red large  
amount of blood appeared to be  
coming from esophageal hiatus. Incision  
converted to Lt. Thoraco abdominal.  
Appeared to be aortic bleed from  
the hiatus. no bleeding source  
identified. Incision closed after  
32hr chest tube & 8hr drain.

Pt. turned over to Rt Lt. lateral decubitus  
Rt chest opened. Mediastinum checked  
in fact - stomach identified, no  
gross bleeding noted.

Thoracic descending aorta secured enlarged.  
C. haemorrhage extending down Lt. Retroperitoneum  
Not clipped.

OPERATION RECORD

~~POST-OPERATIVE ORDERS:~~

Site from discussed with family through  
the mid part of the procedure.

Extremity now discussed,  
chest incision closed in layers.

Pt. to ice for supportive & comfort care.  
Family signed NFR form.

Steele

SURGEONS SIGNATURE: \_\_\_\_\_

PRODUCT LIABILITY LABELS

BUNDABERG HOSPITAL

SURGEON'S REPORT

BUNDABERG HOSPITAL SEX UR NO  
KEMPS M 007900  
GERARD W

Ph(H)  
Ph(B)  
Catholic, nec  
M  
RETIRED

DATE: 20/12/04

DIAGNOSIS & OPERATION PERFORMED:

IVOL-LEWIS ESOPHAGECTOMY  
→ RESECTION TUMOR AT G.O.J.

SURGEON: PATEL ASSISTANT: KARUNANATHAN ANAESTHETIST: BERENS

DETAILS OF OPERATION:  Notification Correct Count

GA, IV ABS, IDC ~~PERITONEAL~~

1. ABDOMEN MIDLINE SUPRACUMBILICAR INCISION

PERITONEAL CAVITY ENTERED

STOMACH MOBILISED

OMENTUM DIVIDED DISTAL TO GASTROEPIPLOIC ARTERY

SHORT GASTRICS CLIPPED & DIVIDED; OMENTAL VESSELS TIED

GREATER CURVATURE MOBILISED 2-0 DE

LESSER SAC ENTERED & LESSER CURVE MOBILISED

2ND (L) GASTRIC IDENTIFIED & TIED 2-0 DEXON

DUODENUM 'Kocherised'; PYLOROMYOTOMY → CLOSED 3-0 DEXON IN 2 LAYER

BWNT DISSECTION G.O.J & DISTAL ESOPHAGUS.

IRRIGATION, Oozing from PANCREATIC BED.

→ PACKED 5 min → BLEEDING SETTLED.

CLOSURE ABDOMEN c̄ 0-NOVAFIL, STAPLES.

DRAIN INSERTED.

1. CHEST (R) (L) LATERAL POSITION c̄ LAT FLEXION.

INCISION THROUGH (R) 7<sup>th</sup> RIB SPACE; RIBS RETRACTED

PNEURAL CAVITY ENTERED & (R) WNG DEFLATED

DIVISION MEDIASTINAL PLEURA

ESOPHAGEAL VESSELS CLIPPED & DIVIDED

ESOPHAGUS MOBILISED DISTALLY

STOMACH DELIVERED THROUGH HIATUS INTO CHEST

DIVISION ESOPHAGUS TRANSECTED @ DISTAL 1/3.

STOMACH DIVIDED PROXIMAL 1/3 c̄ GIA

STAPLER

STOMACH & ESOPHAGUS ORIENTATED / ALIGNED

OPERATION RECORD

~~ESOPHAGUS~~ INCISION STOMACH PROXIMALLY AND

POST-OPERATIVE ORDERS:

ANASTOMOSIS ESOPHAGUS TO STOMACH

EEA STAPLER:  $\rightarrow$  GOOD SIZED LUMEN

CLOSURE STOMACH  $\bar{c}$  TIA STAPLER.

DIAPHRAGMATIC HIATUS CHECKED ~~LIVER~~ ~~BLADDER~~.

$\hookrightarrow$  ADEQUATE SIZED OPENING

IRRIGATION & HAEMOSTASIS.

(R) LUNG REINFLATED

~~CLOSURE WAS DONE~~ ~~STAPLER~~ ~~TO~~

APPLY 0-NOVAFIL APPROXIMATION SUTURES  $\times 3$

2 LAYER CLOSURE 0-NOVAFIL

STAPLES TO SKIN. CHEST DRAIN

INSERTED

POST-OP

ICU.

IV ABS / IV FWIDS

KEEP u/o  $> 50$  ml/h.

NBM. / TPN

GG SWALLOWS 24/12/14

CXR ~~MEM.~~

SURGEONS SIGNATURE:

PRODUCT LIABILITY LABELS