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Department of Medical Services
Bundaberg District Health Service
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

FILED

Reviewed on ward

Telephone No: 4150 2213
Fax No: 4150 2219

GASTROSCOPY REPORT

Date: 23 April 2003
Name James PHILLIPS
Referring Doctor Peter J Miach
Director of Medicine
Bundaberg Base Hospital
Sedation: By Anaesthetist

Findings: The instrument was inserted to the duodenum. There was Grade C reflux oesophagitis extending from the gastro-oesophageal junction to approximately 25cm. In addition there was a 1.5cm nodule at 32cm which has a concerning appearance. It was friable, bled easily on touching. Multiple biopsies were taken. There was also moderate erosive gastritis. A HUT test was taken.

Recommendations: I am concerned about the appearances of the oesophageal nodule. If the biopsies are negative he should be put on a double strength proton pump inhibitor and be rebooked for an endoscopy in six weeks time. If the biopsies are positive he will need surgical assessment and consideration for oesophagectomy.

Follow up: With Dr Miach in approximately ten days time.

Mark Appleyard
Visiting Gastroenterologist

(Dictated, checked by e-mail but not signed)

Copy: Dr J Evans Aberdovy Clinic

Helicobacter pylori negative on test done in Day Surgery Unit.

QHB.0004.0099.00083

2003 04 23 11:11

QUEENSLAND HEALTH PATHOLOGY AND SCIENTIFIC SERVICES

QHPS Bundaberg Hospital
 P O Box 14
 Bundaberg, QLD 4670
 PH 07 41529530
 FX 07 41513539

Patient Location	Staff Specialists (BNH)	UR No	BN034546	IS	NON
Consultant	Miach, Peter (BNH)	Name	PHILLIPS		
Req. Officer	Dr Mark Appleyard	Given Name	James Edward	Sex	M
	Bundaberg Hospital Bourbon St Bundaberg QLD 4670				

Collected ??:?? 23-Apr-03 Lab No 13512-1012

Histopathology Report **Biopsy No:**

HISTORY

Oesophageal nodule ?Ca

MACROSCOPIC

Oesophageal Nodule: The specimen consists of five (5) pieces of pale tan and brownish tissue measuring up to 4mm in maximal dimension. Blocked in toto (1A)

CR(WD)AD

MICROSCOPIC:

Oesophageal Nodule: The biopsies consist of pieces of squamous epithelium and pieces of glandular mucosa containing goblet cells in keeping with Barrett's oesophagus. There is high grade glandular dysplasia and evidence of invasive poorly differentiated adenocarcinoma. The squamous mucosa shows some inflammatory changes but it shows no evidence of dysplasia.

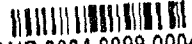
SUMMARY:

Oesophageal Biopsies: Poorly differentiated invasive adenocarcinoma associated with Barrett's oesophagus.

Reported by
 Dr A Dettrick / Dr L Francis
 QHPS-RBHC
 Reported 28/4/03
 SNOMED CODES
 T-56000 M-81403
 [GH]

29/ 7/23/103
 7/23/103

ANATOMICAL PATHOLOGY


 QHB.0004.0099.00044

Dr N Buxton Director of Pathology Tel 07 49207301	Dr H Krause Staff Pathologist Tel 07 49207303	Please discard any previous ANATOMICAL PATHOLOGY report of the same page number printed before 10:37 01 May 2003
		Page 1 of 1 Report 2

GENERIC CONSENT

G. PATIENT CONSENT

I acknowledge that:
The doctor has explained my medical condition and the proposed procedure. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes

The doctor has explained other relevant treatment options and their associated risks. The doctor has explained my prognosis and the risks of not having the procedure

I have been given a Patient Information Sheet on Anaesthesia. The doctor has explained the risks of anaesthesia and the factors that increase the risks of anaesthesia

I was able to ask questions and raise concerns with the doctor about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand that the procedure may include a blood transfusion

I understand that a doctor other than the Consultant Surgeon may conduct the procedure. I understand this could be a doctor undergoing further training.

I understand that if organs or tissues are removed during the surgery, that these may be retained for tests for a period of time and then disposed of sensitively by the hospital

The doctor has explained to me that if immediate life-threatening events happen during the procedure, they will be treated accordingly

I understand that no guarantee has been made that the procedure will improve the condition, and that the procedure may make my condition worse.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE.**

Name of Patient/ Substitute decision maker and relationship James Phillips

Signature J. James E Phillips

Date 10/15/03

Substitute Decision Maker Under the Powers of Attorney Act 1998 and/ or the Guardianship and Administration Act 2000 If the patient is an adult and unable to give consent, an authorised decision-maker must give consent on the patient's behalf

H. INTERPRETER'S STATEMENT

I have given a translation in (state the patient's language here) of the consent form and any verbal and written information given to the patient/ parent or guardian/ substitute decision maker by the doctor

Name of Interpreter

Signature

Date

I. ADVANCE HEALTH DIRECTIVE

The patient has an Advance Health Directive/ Enduring Power of Attorney and will provide the doctor with a copy on admission yes no

J. DOCTOR'S STATEMENT

- I have explained
- the patient's condition
 - need for treatment
 - the procedure and the risks
 - relevant treatment options and their risks
 - likely consequences if those risks occur
 - the significant risks and problems specific to this patient.

I have given the patient/ substitute decision-maker an opportunity to

- ask questions about any of the above matters
- raise any other concerns

which I have answered as fully as possible


I am of the opinion that the patient/ substitute decision-maker understood the above information

Name of Doctor J. PATEL

Signature J. Patel

Date 10/15/03



 Queensland Government
 Queensland Health
GENERIC CONSENT

A. INTERPRETER/ CULTURAL NEEDS

An Interpreter Service is required yes no
 If yes, is a qualified Interpreter present yes no
 A Cultural Support Person is required yes no
 If yes, is a Cultural Support Person present yes no

B. CONDITION AND PROCEDURE

The doctor has explained that I have the following condition *(Doctor to document in patient's own words)*

Esophageal Cancer

This condition requires the following procedure:
(Doctor to document)

Esophagegogastrectomy
 Either by

- Abdominal & Left Neck Incision
 or - By Abdominal & Left Chest Incision

C. ANAESTHETIC

See "About your anaesthetic" information sheet for information about the anaesthetic and the risks involved. If you have any concerns, talk these over with your anaesthetist. If you have not been given an information sheet, please ask for one.

D. GENERAL RISKS OF A PROCEDURE

They include

- (a) Small areas of the lungs may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- (b) Clots in the legs (deep vein thrombosis or DVT) with pain and swelling. Rarely part of this clot may break off and go to the lungs which can be fatal.
- (c) A heart attack because of strain on the heart or a stroke.
- (d) Death is possible due to the procedure.
- (e) Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- (f) Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

E. RISKS OF THIS PROCEDURE

There are some risks/ complications, which may happen specifically with this type of surgery

♦ They include *(Doctor to document)*

- (a) Bleeding
- (b) Infection
- (c) Poor Healing
- (d) Anaesthesia & Breathing
- (e) Chest Infection & Pneumonia
- (f) Blood Clot
- (g) Poor Wound Healing
- (h) Possible Death
- (i)
- (j)
- (k)

F. SIGNIFICANT RISKS AND RELEVANT TREATMENT OPTIONS

The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur.

The doctor has also explained relevant treatment options as well as the risks of not having the procedure.

(Doctor to document in space provided. Continue in Medical Record if necessary. Cross out if not applicable.)

PROCEDURAL CONSENT FORM