

INPATIENT PROGRESS NOTES

Ph(H)  
Ph(B)  
Catholic, nec

PENSIONER

DATE AND STAFF CATEGORY	PROGRESS NOTES ALL NOTES MUST BE CONCISE AND RELEVANT
10 May 03	SURGERY / J. PATEL
GSSAM	46 yr old male patient -
	chronic renal failure on chronic
	haemodialysis - with H/O reflux esophagitis
	replacement - EGD on 23-4-03. Noticed
	to have a 1.5 cm friable esophageal
	nodule and erosive gastritis.
	Biopsy revealed Barrett's esophagus
	with high grade dysplasia and invasive
	adenocarcinoma.
	CT Scan demonstrates a small
	mass (1.5cm) at GE junction extending
	into the stomach at the lesser
	curvature side. No evidence of
	paraesophageal, paraesophageal or celiac
	lymphadenopathy. No evidence of
	hepatic metastases or malignant
	ascites.
	Other <del>relevant</del> relevant past history
	is H/O peritonitis from peritoneal
	dialysis.
	Ass: Adenocarcinoma GE junction
	sec. to Barrett's with no
	clinical evidence of metastases.

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Plan Esophagogastricectomy either by Transhiatal approach or by left thoracoabdominal approach on 19-5-03.

Disease procedure and alternatives discussed with patient & his mother in detail. If we can not get adequate length of the stomach to reach cervical esophagus may have to use thoracoabdominal approach. This all explained in detail. Procedure of feeding jejunostomy for nutrition discussed. All possible complications including anastomotic leak, bleeding, sepsis and even death discussed. Written consent obtained.

REF:

1. check Hemoglobin on Thursday 15.5.03 - if below 9 Transfuse on 17.5.03

2. GET COMPLETE BLOOD WORK INCLUDING FBC, LYTES & UETS ON 17.5.03

3. TYPE & CROSS 4 UNITS OF PRBCS TO BE AVAILABLE FOR SURGERY ON 19.5.03

Exhibit No.: (98)

In-patient Progress Note re: James Phillips for 10/05/2003

2 pages

(W) - P. MACH

(D) - G. DIETM

29/6/05

Bundaberg Hospital Commission of Inquiry