



COLONOSCOPY PROCEDURE REPORT

PROCEDURE DATE: 2021-12-08

ENDOSCOPIST: Alaa Rostom

ASSISTANT:

PRIORITY: Urgent

PROCEDURE PERFORMED: Colonoscopy to terminal ileum.

INDICATION(S): Rectal bleeding.

PATIENT HISTORY: This is a 75-year-old gentleman who is healthy but started developing rectal bleeding approximately 3 months ago. This eventually led him to present to the emergency department which led to the referral for evaluation here with colonoscopy

The patient describes essentially formed stool with blood all around. This is painless he does not notice any tearing sensation or any prolapsing of tissue per se. The bleeding is intermittent comes and goes but can be associated with actual significant blood and clots but once again he does not have a bowel movement that just blood it is all associated with bowel movement suggesting a distal left colon source

The patient's appetite and weight have remained stable. He has no abdominal pain nausea vomiting or dyspepsia.

Directed examination today reveals a well looking gentleman. His abdomen was soft nontender with no clear masses or organomegaly.

The rectal examination was essentially normal I could not feel anything except for a small hypertrophied anal papilla

MEDICATIONS: 1. Midazolam 2 mg IV
2. Fentanyl 50 mcg IV

GIVEN BY: Nurse

LEVEL OF SEDATION: Conscious

BOWEL PREP QUALITY: Adequate (0) ()

PROCEDURAL FINDINGS:

DRE: Performed and revealed normal rectal exam.

The patient requested low level of sedation so we started with 15 to and repeatedly asked if he needed more sedation during the procedure

The terminal ileum was normal. The right colon was assessed twice and was normal.

The colon itself was normal there were few small left-sided diverticuli but in the rectum at the level of the first rectal fold posteriorly slightly to the left there was a 2.5 cm excavated mass with heaped up edges pathognomonic of rectal cancer multiple biopsies were taken and photographs were taken to document the location as well as the distance from the anus canal by imaging.

RETROFLEXION: 1. no abnormalities.
2. As described above.

TECHNICAL Standard:

DIFFICULTY:

SPECIMENS Rectum

COLLECTED:

IMPRESSION: Colonoscopy to terminal ileum revealing:
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RECOMMENDATIONS: This gentleman has a rectal cancer approximately 2.5 cm with a ulcerated center. I have sent off the CT chest abdomen pelvis and MRI pelvis as well as a CEA and referred the patient to the cancer assessment clinic under colorectal surgery.

**TIMES OF
EXAMINATION:**

Procedure 1 Start:

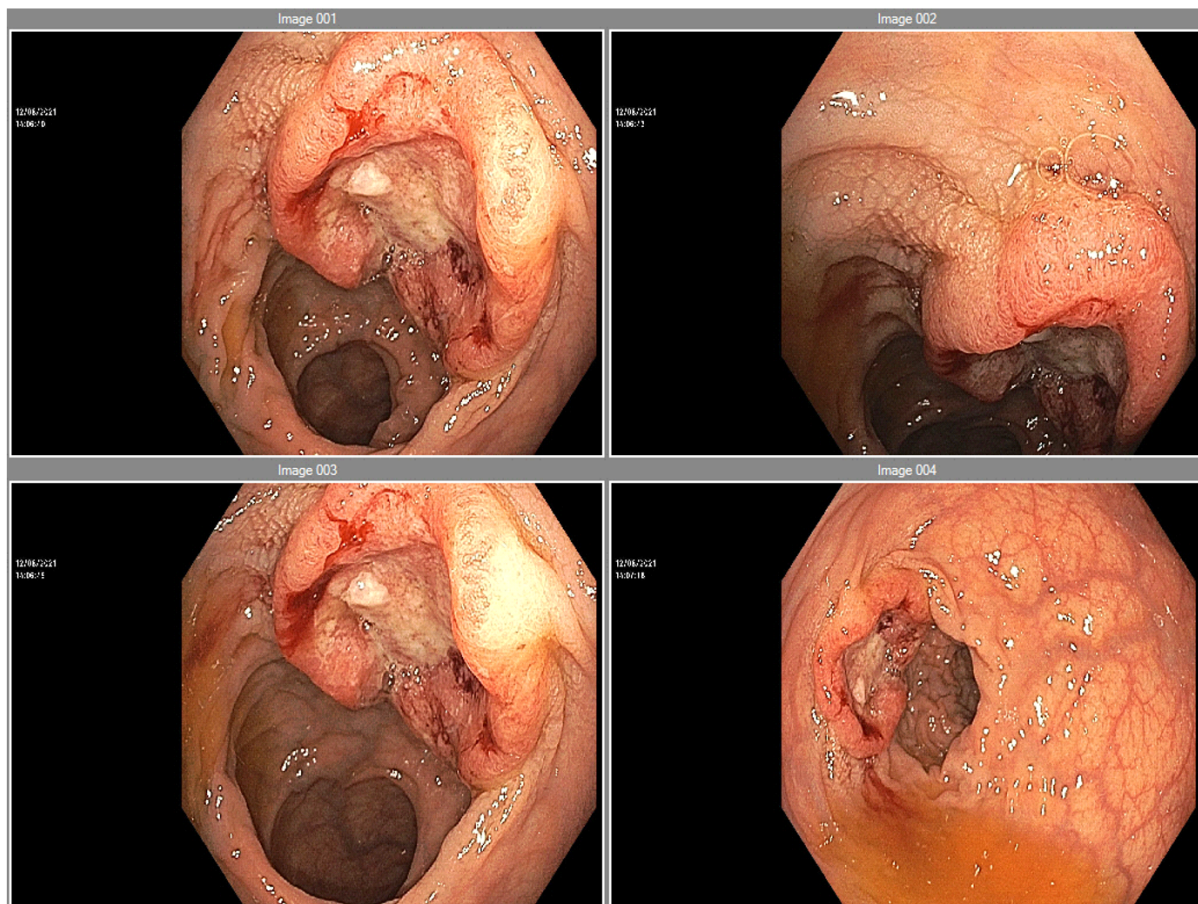
Procedure 1 End:

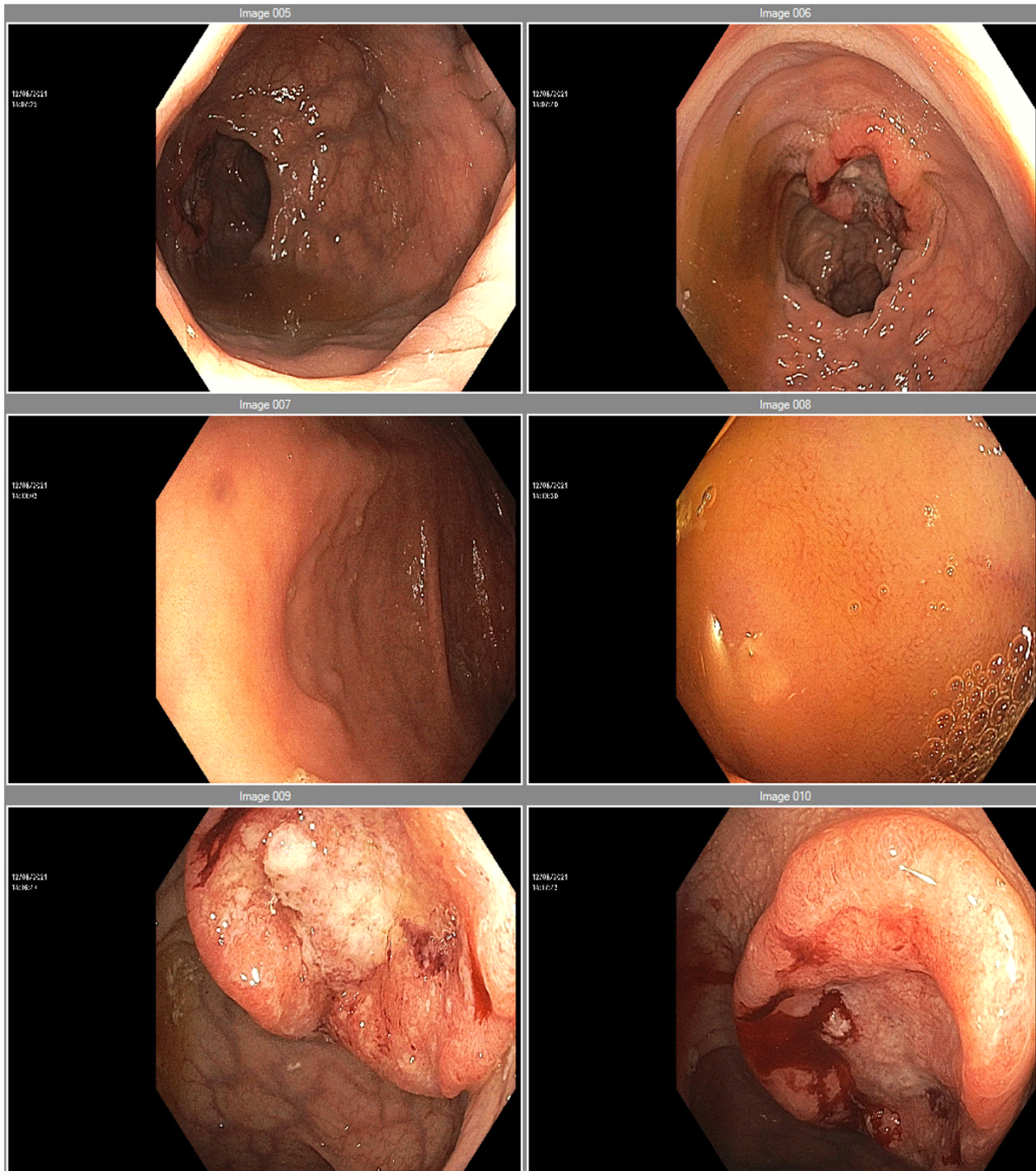
Withdrawal Time:

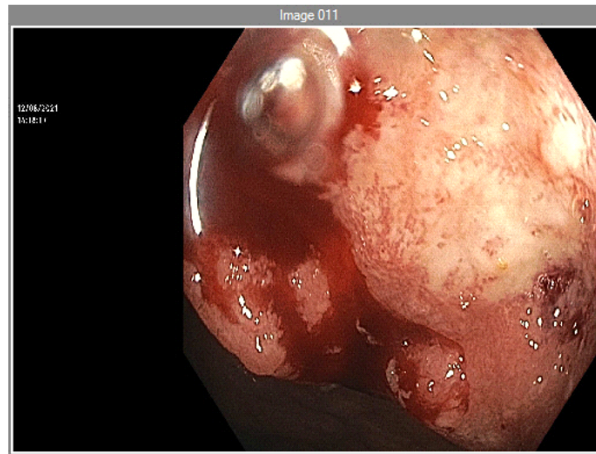
Cecal/Ileum Intubation Time:

Time Change Reason:

UNPLANNED EVENTS/INTERVENTIONS: There were no complications.







PROCEDURE: TECHNICAL DESCRIPTION

Informed consent was obtained for the procedure. The patient was placed in the left lateral decubitus position. Blood pressure and oxygen monitoring were maintained throughout the procedure. adult colonoscope was introduced through the anus and navigated through the colon until terminal ileum was reached. The extent of insertion was photo documented (displayed above). The colonoscope was slowly withdrawn visualizing all areas well.

Office Notes: ()

REPORT COMPLETED BY: Alaa Rostom/

REPORT REVIEWED BY: Alaa Rostom

CC: BRIAN DRESSLER, M.D.

"Despite undergoing this colonoscopy, the patient should undergo appropriate investigations if new bowel symptoms develop. Colonoscopy has a recognized miss rate for both polyps and cancer, and new lesions can also develop between screening exams."