Appointment Details

Notes

OP Consult

Samantha Halman, MD at 16/12/2021 9:45 AM

Summary: Preop Assessment

INTERNAL MEDICINE PERIOPERATIVE ASSESSMENT CLINIC (IMPAC)
PRE-OPERATIVE ASSESSMENT

Patient Name: Barry Lawrence Friedman
Date of Birth: 6/10/1946 Gender: adult
MRN: 09303520

Referral characteristics

Referral Date: Dec 9, 2021
Surgery Scheduled Date: pending
PAU Clinic Date:

Referring physician: Moloo, Husein, MD
CC: Brian Dressler, MD
CC:

Surgical procedure: ? LAR
Risk category: Moderate Risk

Referral source

	General
	Civic
	Bariatric
	Vascular
x	CAC
	Other

Future plans:

Pending Investigations

	Bloodwork
	Pre-op Troponin
	Radiology:
	Stress test:
	Echocardiogram
	PFTs
	Sleep study
	Consult:
	Other:

Post-Operative Follow Up:

	We will see this pt POD#0
	We will see this pt POD#1
	We will see this pt POD#2
	Call us if you need us to see in hospital

IMPAC MD - send message to admin if Patient requires hospital F/U

History of Current Illness: :

Mr Friedman reports having BRBPR x 4-5 days. He underwent a colonoscopy on Dec 8, 2021 where he was found to have a 2.5 cm lesion with an ulcerated center. The biopsy confirmed invasive adenocarcinoma which the patient was not aware about. I discussed this with him today but he unfortunately had many questions that I could not answer for him. We discussed that he is awaiting staging investigations (including a CT later today) and that this would be telling in terms of future steps. He was very focused on finding out how long it had been there and how quickly it is growing. I told that I unfortunately I could not answer this questions for him. He asked me what 'preventative' things he could do at this time but I explained that there is really nothing to be done from a herbal/natural supplement point of view at this time which he took the time to clarify was my 'personal medical opinion' which I confirmed.

Mr Friedman reports that he is otherwise in a very good state of health. He reports that although he was told he has COPD (baed on tests that we reviewed from 2017 copied below), he has never been SOB. He reports he moved a truck load of things yesterday without any limitations. I asked whether we could walk 2 blocks and he tells me that he routinely walks 10. He has inhalers but very very rarely uses them. He quit smoking in 2017 but previously was rolling his own cigarettes and could not estimate how many per day but told me it was 'enough. Of note, Mr Friedman is not vaccinated and it was extremely clear based on our discussion today and this is not something he will pursue. He is however taking tumeric to keep respiratory infections at bay.

I commented that his BP was a bit high today. He was dismissive of this being an issue and reports that he is understandably nervous. I see a BP was 178/81 on Oct 4, 2021 in ED, another of 135/77 on Dec 8, 2021 at the time of his endoscopy and an average of 168/84 with us today. He denies chest pain or blurred vision. I suspect he has some degree of essential hypertension at baseline although this would not preclude surgery. He does not love the idea of conventional medications.

He has some joint pains in his hands which he reports is from longstanding guitar playing.

Past Medical / Surgical / Anaesthesia History :

Past Medical History:

Past Medical History

Diagnosis	Date
• COPD (chronic obstructive pulmonary disease)	
• Rectal bleeding	
• Wears glasses	

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• COLONOSCOPY / THERAPEUTIC	N/A	8/12/2021
Procedure: COLONOSCOPY / THERAPEUTIC; Surgeon: Alaa Mostafa Kamel Ahmed Rostom, MD; Location: CIV Endoscopy; Service: Gastroenterology		
• TONSILLECTOMY		
• UMBILICAL HERNIA REPAIR		2013

Prior Anesthesia History / Complications: None

SOCIAL HISTORY (including ETOH history):

Quit smoking in 2017 - unable to quantify

ETOH - "Couple shots" once per week and a few beers. Estimates 5-6 drinks per week.

Audit C Calculator: https://www.mdcalc.com/audit-c-alcohol-use

Current Medications

Current Outpatient Medications:
- codeine 30 mg tablet, , Disp: , Rfl:
- diclofenac-misoprostol (ARTHROTEC 50) 50-200 mg-mcg EC tablet, , Disp: , Rfl:
- fluticasone propionate (FLOVENT) 250 mcg/actuation HFA aerosol inhaler, , Disp: , Rfl:
- GINGER ROOT EXTRACT ORAL, Take by mouth., Disp: , Rfl:
- salbutamol (VENTOLIN) 100 mcg/actuation HFA aerosol inhaler, , Disp: , Rfl:
- turmeric root extract (CURCUMIN ACTIVE ORAL), Take by mouth., Disp: , Rfl:

Allergies: No Known Allergies

Physical Exam

Visit Vitals

BP	168/84	Comment: AVERAGE
Pulse	88	
Ht	174 cm (5' 8.5")	
Wt	89.4 kg (197 lb)	
SpO2	98%	
BMI	29.51 kg/m²	
BSA	2.08 m²	

GENERAL: Looks generally well, NAD. No gait aids
CHEST: Lungs clear to bases, no crackles, no wheeze
CVS: S1 S2 N, no murmurs, S3/4. I did not assess his JVP
ABDO: Differed
EXT: Trace edema to ankles

Investigations

Lab Results

Component	Value	Date
WBC	7.9	04/10/2021
HGB	133	04/10/2021
MCV	92.8	04/10/2021
LABPLAT	318	04/10/2021
NA	140	04/10/2021
K	4.5	04/10/2021
UREA	8.6	04/10/2021
CREATININE	102 (H)	04/10/2021

Lab Results

Component	Value	Date
BILITOT	11	04/10/2021
AST	22	04/10/2021
ALT	19	04/10/2021
LABGGT	24	04/10/2021
ALKPHOS	74	04/10/2021

There is no additional bloodwork in clinical viewer from 2018 onward

Other Investigations:

PFTS (May 2017): Spirometry shows a **FEV1/FVC ratio of 49%** with a **FEV1 of 1.65 L or 51% predicted** and a FVC of 3.37 L or 74% predicted. There is **significant reversibility** presents with an increase in FEV1 of 240 mL and 15% relative change.The total lung capacity is 96% predicted and the residual volume is 141% predicted. The diffusion capacity is within normal range at 70% predicted.IMPRESSION: There is evidence of **moderate airflow obstruction with significant reversibility.** Given the history provided, this could be consistent with COPD since there can be significant bronchodilation in a small percentage of patients with COPD. Alternatively this could be consistent with asthma.

Cardiac Risk Major Determinants (BOLD = Revised Cardiac Index):

	High risk		Moderate risk		Minor risk
	Severe aortic stenosis		**Compensated CHF**	x	Poorly controlled HTN
	Other severe valve dz		Stable angina		Dyslipidemia
	Unstable angina		**Ischemic heart disease**		Abnormal EKG
	MI < 3 mo go		Peripheral vascular dz		Diabetes (NO insulin)
	Decompensated CHF		**Diabetes (on insulin)**		High pre-op BNP
	Serious arrhythmia		Metabolic syndrome		
	Previous stroke/TIA		**Creatinine > 177**		

Modifying/Positive Cardiac RF:

	Recent major surgery		
	Recent CABG < 5 yrs		
	Recent angiogram < 3 years:	Drug-eluting stent	
		Bare metal stent	

Angiogram date and results: NA
Recent stress test date and results: NA
Recent cardiac investigations: NA
Exercise tolerance or ASA class: The patient is able to do 4 METS.

Respiratory Risk:

x	Age 51-80 (3pnts)		Poor functional capacity (dependent)
	Age > 80 (16pnts)		Respiratory muscle weakness (e.g. GBS)
	Preop sats 91-95% (8pnts)		Previous prolonged intubation
	Preop sats < 90% (24pnts)		**Positive screening for OSA or Dx OSA**
	Resp infection in last month (17pnts)		Snoring
	Preop Hgb < 100 (11pnts)		Tired
	Emergency surgery (8pnts)		Observed apnea
	Upper abdo surgery (15 pnts)	x	Pressure
	Intrathoracic surgery (24pts)		BMI > 35
x	Surgery 2 - 3 hours (16 pnts)	x	Age > 50
	Surgery > 3 hours (23 pnts)		Neck circumference > 40 cm

	x Gender (male)
0-25 points: Low risk: 1.6% pulm complication rate	Compliant with CPAP
26-44 points: Int risk: 13.3% pulm complication rate	Current smoker (pack-year)
45-123 points: High risk: 42.1% pulm complication rate	Other risks:

NB: Risk calculators
Gupta Pneumonia Risk Calculator: http://www.surgicalriskcalculator.com/postoperative-pneumonica-risk-calculator
Gupta Respiratory Failure Risk Calculator: https://qxmd.com/calculate/postoperative-repiratory-failure-risk-calculator

Thrombosis/Bleeding Risk Factors:

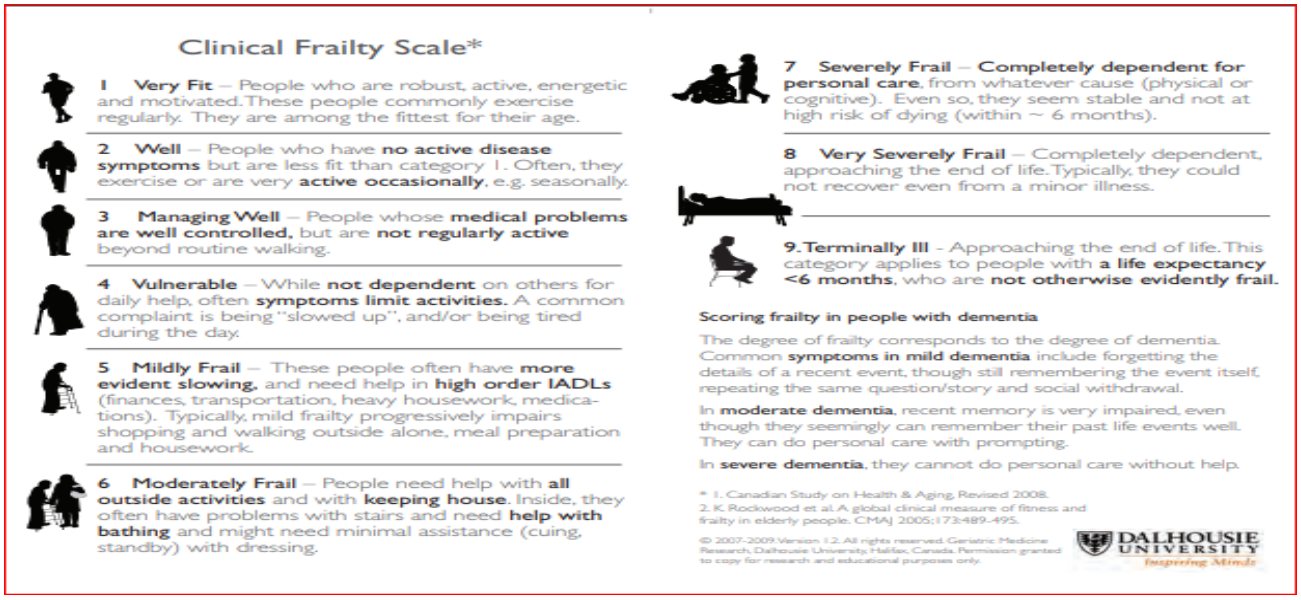
- [ ] Previous DVT/PE
- [ ] Pro-coagulation factors:
- [x] Current cancer
- [ ] History of cancer
- [ ] CHADS2 score = https://www.mdcalc.com/chads2-score-atrial-fibrillation-stroke-risk
- [ ] HASBLED score = https://www.mdcalc.comhas-bled-score-major-bleeding-risk
- [ ] Other:

Diabetes Risk Factors:

Average glucometer readings: NA

Frailty Risk:

Frailty Score: 2



Clinical Frailty Scale*

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 **Managing Well** – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 **Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 **Mildly Frail** – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. **Terminally Ill** - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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Renal Failure (Kheterpal et al. Anesthesiology 2009; 110:505-515)

- [x] Age > 56
- [x] Male
- [ ] Active CHF
- [ ] Ascites
- [x] Hypertension
- [ ] Emergency surgery
- [ ] Increased cardiac risk
- [ ] Long duration surgery
- [ ] Anticipated hemodynamic instability
- [ ] Poor ASA status
- [ ] High risk surgery
- [ ] Anticipated contrast use

x	Intraperitoneal surgery	x	COPD
	Preop Cr > 106 umol/L		EF < 40%
	Diabetes		Peripheral vascular disease
			Cerebrovascular disease

Hazard ratio: 0-2=1, 3=3.1, 4=8.5, 5=15.4, 6=46.2

Delirium Risk

x	Age > 65		Presence of infection
	Cognitive impairment at baseline		Psychotropic drug use
	Functional impairment or dependence		Institutional residence
	Poor vision and/or hearing		Prior stroke
	ETOH abuse		Lower level of education
	Electrolyte anomalies		
	MOCA on file:		Mini-Cog in clinic today:
	Score		Score
	Date:		

Summary

x	No contraindications to OR
	Needs optimization prior to OR
	Please fax us at 613-737-8688 or email at IMPAC@toh.ca when OR date available

Recommendations

1. Cardiovascular risk: The RCRI is maximally 1/6 for surgery type which places the risk of MACE ~ 6 %. As per CCS guidelines, this patient should have an EKG in PACU and TnI monitoring daily x 72h (or until discharge, if occurs earlier). Please consult the medicine service if positive as per MINS algorithm.

2. Respiratory risk: the patient's respiratory risk is increased based on his COPD diagnosis (confirmed by PFTs) but he is quite good from a functional capacity perspective. I've recommended that they remain as active as possible leading up to surgery. I've counseled them on the importance of early post-operative mobilize to prevent atelectasis (sitting better than lying, walking better than sitting). I would obviously recommend that this patient be vaccinated against COVID19 but he is not interested in this.

3. Medication mngt: I asked the patient to avoid natural supplements prior to surgery (tumeric can thin the blood, for example) and avoid the Arthrotec (misoprostol component) 3 day before surgery.

4. Hypertension: his BP target should be < 140/90. There could certainly be an element of anxiety with the medical appointments. If his BP remains elevated post-operatively, I would recommend initiating amlodipine 2.5 mg daily and titrating up if the patient is amendable.

FOLLOW-UP: None - if any issues are identified on further pre-op labs from a medical perspective, please message me and I will review with patient on the phone.

RESIDENT NAME AND PGY LEVEL: NA

IMPAC ATTENDING PHYSICIAN: Dr Samantha Halman, MD, FRCPC, MMED

DATE: 16/12/2021

PLEASE NOTE THAT I HAVE ROUTED THIS NOTE TO THE REFERRING PROVIDER AND PCP (IF AVAILABLE) VIA THE CHART REVIEW FEATURE.