



GENERAL SURGERY ASSOCIATES OF TEXAS

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Patient Name: Frank Martin
Patient DOB: 02-15-1961
Patient Sex: Male
Visit Date: 03-07-2016

HPI

55 year old male patient presented in the office due to mass in the inguinal region. This was noticed by the patient 4 days back while taking shower. It gets invisible on lying down and becomes prominent on coughing , straining or standing for long hours. There is no tenderness or erythema.

History

MEDICAL HISTORY: Patient has diabetes and HTN.

SURGICAL HISTORY: Patient has history of no significant past surgical history.

FAMILY HISTORY: Father has has a history of alzheimer's disease.

SOCIAL HISTORY: Patient non-smoker, alcohol consumption is social, no illicit iv drug abuse and patient is school teacher by occupation.

PSYCHIATRIC HISTORY: Patient has no psychiatric history.

HEALTH MAINTENANCE: Never had colonoscopy.

Allergies

No Known Drug Allergies

Current Medications

Benicar 20mg Tablet
Lasix 20mg Tablet
Humalog KwikPen 100unit/ml Pre-Filled Pen Solution for Injection
Januvia 25mg Tablet
Glipizide 10mg Tablet

Problem List

Essential (Primary) Hypertension (I10)
Type 2 Diabetes Mellitus Without Complications (E11.9)

ROS

CONSTITUTIONAL: Patient complained of no constitutional symptoms.

EYES: Patient complained of no eye symptoms.

EARS: Patient complained of no ear symptoms.

NOSE: Patient complained of no nasal symptoms.

SINUSES: Patient complained of no sinus symptoms.

THROAT: Patient complained of no throat symptoms.

RESPIRATORY: Patient complained of no respiratory symptoms.

CV: Patient complained of no CV symptoms.

GI: Patient complained of no GI symptoms.

GU: Patient complained of no GU symptoms.

NEUROLOGICAL: Patient complained of no neurological symptoms.

SKIN: Patient complained of no skin symptoms.

ENDOCRINE: Patient complained of no endocrine symptoms.

PSYCHIATRIC: Patient complained of no psychiatric symptoms.

MUSCULOSKELETAL: Patient complained of no musculoskeletal symptoms.

Vital Signs

Height is 65 in.

Weight is 165 lbs.

BMI is 27.45.

BP Systolic: 120.

BP Diastolic: 80.

Physical Exam

GENERAL: On examination patient is WNWD, in no absolute distress.

HEENT

Normocephalic. Atraumatic. No gross facial abnormalities, edema, facial or sinus tenderness. Sclerae and conjunctivae are clear and normal. PERRLA. EOMI. Oropharynx clear and normal. Tonsils are grossly normal. Mucous membranes moist. Rt ear canal and TM grossly normal. Lt ear canal and TM grossly normal..

NECK: On neck examination supple. No gross abnormalities, edema or thyromegaly. No tenderness. No mass. No JVD. No bruits. No C-spine tenderness. FROM.

LYMPH NODE: On lymph node examination no lymphadenopathy.

CV: On cardiovascular examination s1, s2, regular rate and rhythm, no murmurs, rubs, clicks or gallops.

RESPIRATORY: On thorax and lung examination normal chest expansion, good air movement, lungs clear to auscultation, no rales, rhonchi or wheezing, no respiratory distress.

GI: On abdominal examination inspection reveals inguinal hernia and auscultation reveals normal bowel sounds.

SKIN: On skin examination no gross abnormalities. No grossly abnormal appearing lesions or rash.

NEUROLOGICAL: On neurological examination normal gait. CN II-XII grossly normal. No sensory-motor deficits. No tremors. No nystagmus. DTR 2+ upper and lower extremities.

PSYCHIATRIC: On psychiatric examination well groomed. Appropriately dressed. Normal speech pattern. Normal thought pattern. No gross evidence of depression or abuse.

EXTREMITIES: On extremities examination normal gait. Normal upper and lower extremities, bilaterally. Power 5/5 upper and lower extremities, bilaterally. No nail clubbing or cyanosis. No extremity edema.

Assessment

Inguinal Hernia (K40)

Discussed the option of elective inguinal hernai repair at the patient's earliest. Also discussed with patient to keep an eye and call 911 or the nearest emergency if the patient notices any color change in the swelling or pain.

Plan

Lab

PT

INR

CBC

CMP

BLOOD TYPE

Recommendation

We discussed the several options of conservative treatment modalities the benefits and limitations of each. Also discussed the surgical options with the potential complications and expected recovery course and restrictions.

The appropriate surgical intervention is discussed with patient.

Follow Up

Followup in 1 week.

Health Education

INGUINAL HERNIA

The visit was electronically signed off by Arnold Schwartz, MD on 03/08/2016 05:10:04 PM