

Note for Russell G. Bann on 11/15/05 - Chart 23779

Surgical Consultation

Time of visit: 24 minutes.

Consultation was requested by Marcus Welby, MD.

Chief Complaint (1/1): This 72 year old male is being seen in consultation regarding hemorrhoids.

Associated signs and symptoms - GI: Patient is experiencing bleeding.

Duration: Condition has existed for an extended amount of time.

Modifying factors - GI: Patient indicates there are no modifying factors.

Quality: Pain is described as burning.

Severity: Severity of condition is worsening.

Allergies: No known medical allergies.

Medication History: None.

Past Medical History: GI Hx: (+) liver disease.

Past Surgical History: No previous surgeries.

Family History: Unremarkable.

Social History: Patient denies smoking, alcohol abuse, illicit drug use and STDs.

Review of Systems: Respiratory: (+) unremarkable, **Psychiatric:** (+) unremarkable, **Neurological:** (+) unremarkable, **Musculoskeletal:** (+) hip pain, **Integumentary:** (+) dry, scaly skin, **Hematologic / Lymphatic:** (+) unremarkable, **Genitourinary:** (+) difficulty emptying, **Gastrointestinal:** (+) constipation, **Eyes:** (+) unremarkable, **Endocrine:** (+) unremarkable, **Ears, Nose, Mouth, Throat:** (+) cough, **Cardiovascular:** (+) unremarkable, **Allergic / Immunologic:** (+) unremarkable.

Physical Exam: BP Sitting: 142/82 Resp: 20 HR: 70 Temp: 98.2 Height: 5 ft. 10 in. Weight: 183 lbs. BMI: 26

General:

Patient is well nourished, non-toxic appearing, with good attention to body habitus, and is in no acute distress. The patient is pleasant and cooperative.

Oriented to person, place and time.

Mood and affect normal, appropriate to situation.

HEENT: Testing of cranial nerves reveals no deficits.

There is no cervical adenopathy, thyroid enlargement, or other neck masses, and no jugular venous distension.

Respiratory: Lungs clear to auscultation with no rales noted.

Respirations are even without use of accessory muscles and no intercostal retractions noted. Breathing is not labored, diaphragmatic, or abdominal.

Chest palpation reveals no abnormal tactile fremitus.

Chest: Heart rate and rhythm are regular, without ectopy, murmurs, or pericardial friction rubs.

Abdomen: Abdomen soft, nontender, bowel sounds present x 4 without palpable masses.

Palpation of liver reveals no abnormalities with respect to size, tenderness or masses.

Examination for hernia is negative.

Rectal: Examination of anus and perineum shows severe internal and external hemorrhoids, external hemorrhoids present at the 2 o'clock position and tenderness with the examination.

Musculoskeletal and Extremities: There is no pain with palpation of the spine or ribs.

Muscle strength is 5/5 for all groups tested.

There were no skeletal deformities.

Patient is ambulatory without assistance.

Peripheral pulses full to palpation, no varicosities, extremities warm with no edema or tenderness.

Skin: The skin is warm and dry, nonjaundiced and without areas of ecchymosis, erythema, infectious, or suspicious skin lesions.

Test Results: No tests to report at this time

Impression: Hemorrhoid, external complex and Hemorrhoid, internal complex.

Plan: Counseling: I have discussed the findings of this examination with the patient. The discussion included a complete verbal explanation of the examination results, diagnosis and planned treatment(s). A schedule for future care needs was explained. He verbalizes understanding of these instructions at this time. If any questions should arise after returning home I have encouraged the patient to feel free to call the office at 515-000-0000.

Follow-up prn persistent anal pain or bleeding.

The patient was instructed to be on a high fiber/fluid diet with a daily fiber supplement.

Orders: **Diagnostic & Lab Orders:** Ordered CBC.

Will request copies of the patient's previous medical records.

Follow-up: **Scheduling:** Patient will be scheduled at his convenience for excision in the next few weeks.

cc: Marcus Welby, MD

Prescriptions:

Benefiber Dosage: Sig: BID Dispense: Refills: 0 Allow Generic: Yes

Proctocream HC 2.5% Dosage: 0.5% cream Sig: QID prn Dispense: 1 Refills: 0 Allow Generic: Yes

Anusol hc suppositories Dosage: 25 mg suppository Sig: BID Dispense: 20 Refills: 5 Allow Generic: Yes

Patient Instructions:

Patient given information about hemorrhoids and anal fissures, including symptoms and treatment

Patient given information about fiber

John Smith, M.D.

Billing Statement - Tuesday, November 15, 2005

Provider: John Smith, M.D.
Patient: Russell G. Bann, Chart 23779
1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Diagnoses

1. 455.5 External Hemorrhoids With Other Complication
2. 455.2 Internal Hemorrhoids With Other Complication

Treatments

1. 99000 Handling And/Or Conveyance Of Specimen For Transfer From The Physician's Office To A Laboratory
Related Diagnoses:
Modifiers:
Units:
2. 99202 Office or other outpatient visit - new patient - 20 min.
Related Diagnoses:
Modifiers:
Units:

Referring Physician: Marcus Welby, MD
Date Last Seen: 07/26/2004

John Smith, M.D.
DEA#:

Name: Russell Bann
DOB: 10/14/1933
Addr: 1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Date: 11/15/05

Anusol hc suppositories

BID

X _____ X _____
Substitution Permitted Dispense as written

Refills: 5
Disp: 20
Allow Generic: Yes

John Smith, M.D.
DEA#:

Name: Russell Bann
DOB: 10/14/1933
Addr: 1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Date: 11/15/05

Proctocream HC 2.5%

QID prn

X _____ X _____
Substitution Permitted Dispense as written

Refills: 0
Disp: 1
Allow Generic: Yes

John Smith, M.D.
DEA#:

Name: Russell Bann
DOB: 10/14/1933
Addr: 1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Date: 11/15/05

Benefiber

BID

X _____ X _____
Substitution Permitted Dispense as written

Refills: 0
Disp:
Allow Generic: Yes

Fiber

Fiber is what gives strength and structure to plants. Dietary fiber is undigested plant residue that passes almost intact through the digestive system. Fiber is important to add bulk to bowel movements and keep food substances moving through the intestinal tract properly. Fiber holds water and softens the stool, making it easier to pass. Modifying your diet to increase your fiber intake has long-term health benefits. It reduces constipation, which may cause or aggravate hemorrhoids and diverticular disease. Fiber can also lessen diarrhea by absorbing excess water in the intestinal tract. Fiber helps to lower cholesterol and decreases your risk of developing colon cancer. Most grains, beans, and vegetables contain fiber.

There are two kinds of fiber: *Soluble* and *Insoluble*. **Soluble** fiber (oats, beans, strawberries, and peas) lower cholesterol (lowering your risk of heart disease) and help control blood sugar levels. **Insoluble** fiber (whole grains, cereals, apple skin, corn, and carrots) may prevent constipation and decrease the risk of developing certain types of cancer. Most fiber sources contain both kinds of fiber in varying amounts; both assist with digestion and are important for optimal bowel function and weight maintenance.

Foods that are high in fiber are excellent sources of complex carbohydrates, vitamins, and minerals essential for a healthy body. Fruits and vegetables are not only naturally high in fiber, vitamin A and C, but are low in calories and contain no cholesterol. Some fruits and vegetables are good sources of other essential nutrients such as potassium, folic acid, and iron.

According to the National Cancer Institute and many nutrition experts, we should eat 20-35 grams of fiber daily. Most Americans average 10-15 grams of fiber. This means you may need to double or triple your fiber intake. Replace foods high in fat and calories with high-fiber foods such as fruits and vegetables. Replace whole grain breads, such as wheat, rye or pumpernickel, for white bread or rolls. Substitute bran for bread crumbs in casseroles and meat loaf. Eat whole grain pasta, brown rice, and bran cereals. Beans and peas are especially high in fiber.

Increasing fiber in your diet can be an important step toward better health and a longer life. The list below gives you some specific suggestions:

Fruits: 2 servings daily ~ 6 grams of fiber (apples, oranges, strawberries or bananas)

Vegetables: 3 servings daily ~ 6 grams of fiber (asparagus, carrots, broccoli, and corn)

Legumes: 1 serving daily in place of meat ~ 4 grams of fiber (navy beans, lentils, chick peas)

Seeds: a small handful ~ 3 grams of fiber (sunflower seeds)

Whole grain breads and cereals: 6 servings daily ~ 12 grams fiber (wheat/oat bran cereals, whole grain pastas and crackers, wheat muffins/toast, corn tortillas)

Appearances can be deceiving. People believe that lettuce and celery have a high fiber content, when they are actually relatively low in fiber. Cherries and fruit juices are also low in fiber. Animal products, such as meat, cheese, milk, and eggs, have no fiber. Products made with processed grains (French or Italian bread, macaroni, biscuits, pancakes, cakes, and pie crust) are also low in fiber. When you shop, read the labels on prepared foods to determine whether whole grains are used. Foods rich in fiber are low in calories and fat, and fill you up more. High fiber foods are healthy for you and taste good. Be sure to eat a variety of them.

The best way to increase fiber in your diet is to eat high-fiber foods at each meal and for snacks. Cooking does not reduce the fiber content in most foods, however, the fiber content of fruits and vegetables is reduced when they are peeled. The following are recommendations for planning high-fiber meals:

Breakfast:

- *Choose cereals high in fiber and low in fat and sugar
- *Eat fruit or add fruit to your cereal (fresh and dried fruit, such as prunes)
- *Mix fresh fruit or bran into low-fat yogurt
- *Select whole grain breads

Lunch/Dinner:

- *Add cut up vegetables to sandwiches, use whole grain bread
- *Include beans in your green salad

- *Select bean or vegetable soups
- *Add bran cereal to ground meat
- *Eat a piece of fruit with lunch and dinner

Dessert/Snacks:

- *Blend shakes with fruit, skim milk, and bran
- *Whole grain crackers, low fat bran muffins or air-popped corn
- *Dried fruits
- *Fresh fruits or vegetables and dried fruits

Adding fiber to your diet can also be accomplished by taking a fiber supplement. Any fiber supplement is fine -- some of the more popular ones include Citrucel, Metamucil, Psyllium, Benefiber, and FiberCon. These work naturally with your body to help restore and maintain regular bowel function, unlike harsh chemical laxatives. Fiber supplements are available in sugar-free and sodium-free forms. They come in dissolvable powders, tablets, and wafers. Whichever form you choose, begin by taking one dose per day with an extra glass of water or your favorite beverage. You can gradually increase the number of doses per day over a 1-2 week period, allowing your body time to adjust, up to a maximum of three doses per day. For some individuals a rapid increase in fiber intake may result in gastrointestinal discomfort. If minor gas or bloating occurs, reduce the amount of fiber you take until your system adjusts or try another brand of fiber.

Rich Sources of Fiber (>= 4 grams per serving)

Apple or Pear with skin (medium)	4 grams
Artichoke	4 grams
Brussel Sprouts, Peas (1/2 cup)	4 grams
Spinach (1 cup)	4 grams
Baked potato w/skin (medium)	5 grams
Kidney,Lima,Pinto Beans (1/2 cup)	6 grams
Raspberries (1 cup)	6 grams
Wheat bran (3 tblsp)	6 grams
Blackberries, Boysenberries (1 cup)	7 grams
Navy Beans (1/2 cup)	7 grams
Lentils (1/2 cup)	8 grams
Bran cereal (1/3 cup)	10 grams

Moderate Sources of Fiber (1-3 grams per serving)

Banana, Peach, Nectarine (medium)	2 grams
Carrots (1/2 cup)	2 grams
Cherries (1 cup)	2 grams
Corn, Green beans (1/2 cup)	2 grams
Broccoli (1/2 cup)	3 grams
Prunes (5)	3 grams
Orange, Grapefruit (medium)	3 grams
Strawberries, Blueberries (1/2 cup)	3 grams
Oat Bran (3 tblsp)	3 grams
Wheat Cereal (1/3 cup)	3 grams

John Smith, M.D.

Hemorrhoids and Anal Fissures

Hemorrhoids are swollen blood vessels at the anus. They are classified as *internal* (inside the anus) and *external* (outside the anus). They occur in both men and women, and usually begin between the ages of 20 and 50 years old.

Hemorrhoids are common in pregnant and obese individuals. Straining to have bowel movements, standing or sitting for prolonged periods, or lifting heavy objects can cause swelling and pressure at the anus, leading to a hemorrhoidal 'flare-up'. Both diarrhea and constipation can irritate hemorrhoids, as can certain foods (red wine, acidic or spicy foods). Hormonal changes during a woman's menstrual cycle can aggravate hemorrhoids also.

Symptoms include bleeding, anal pain or irritation, itching, or a lump at the anus (due to prolapse or protrusion of the hemorrhoid). Severe pain can occur if the blood within a hemorrhoid clots and cannot drain (thrombosed hemorrhoid). These sometimes require a minor office procedure to remove the clot and eliminate the pain. A doctor should be informed if bleeding is present. Hemorrhoids occasionally bleed enough to cause anemia (low blood count). Bleeding that does not stop following treatment for hemorrhoids merits further investigation (sigmoidoscopy or colonoscopy), because rectal bleeding can be a symptom of **colon cancer**.

Anal fissure is a tear of the anal skin, usually caused by passing hard stools. They cause painful bowel movements and can bleed. If severe or untreated, these can lead to incontinence (unintended passage of stool).

Treatment: *High fiber diet with ample fluid intake (6-8 glasses of water daily).

*Fiber supplement 1-3 times a day (absorbs water, stool stays soft and is easier to pass).

*Respond promptly to your urge to have a bowel movement, delaying can cause constipation.

*Avoid straining with bowel movements, try relaxing the anal area instead.

*Stool softeners or laxatives to prevent constipation.

*TUCKS pads or baby wipes to wipe after bowel movements (prevent chaffing and irritation).

*Ice packs to decrease swelling (for acute periods of inflammation).

*Warm sitz baths (in bath tub or specially made 'bath' that fits on the toilet) or moist, warm compresses to the anal area for 10-15 minutes three or four times a day.

*Rest supine as much as possible when not active.

*Mild exercise (walking or swimming) daily.

*Avoid heavy lifting and prolonged standing or sitting.

Medications: Medications, such as creams, gels, ointments, and/or suppositories, may be prescribed to lubricate, relieve pain and swelling, and to heal. Talk with your physician about what might be right for you.

Problematic hemorrhoids are not 'cured' without banding or surgery, but often can be well managed with appropriate medical therapy, dietary and lifestyle modifications. People with hemorrhoids are at risk of 'flare-ups' while traveling due to their change in activity level (prolonged sitting in a car or on an airplane), and changes in food and water. Because of this, it is recommended that you take hemorrhoidal medications with you when you travel.

John Smith, M.D.

11/15/05

Marcus Welby, M.D.
1025 Ashworth Road, Suite 222
West Des Moines, IA 50265

Dear Dr. Welby:

Russell Bann was seen in my office for follow-up following your initial referral. Thank you again for allowing me to participate in the care of your patients. In an attempt to provide your patients with quality patient care through improved communication, the following represents my notes from their last office visit:

Surgical Consultation

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Patient Instructions:

Patient given information about hemorrhoids and anal fissures, including symptoms and treatment

Patient given information about fiber

If I may be of any further assistance in the care of this patient, please let me know.

Sincerely,

John Smith, M.D.