

9-17-08 Pre-surgery

AMBULATORY SURGERY CENTER OF STOCKTON

2388 N. California Street

Stockton, CA 95204

Tel: (209) 944-9100 Fax: (209) 944-9307

HISTORY & PHYSICAL REPORT

PATIENT NAME: ANDERSON, TIFFANY

MR #:

SURGEON: GARY MURATA, M.D.

DATE: 09/17/2008

E-FILED

The patient is scheduled for surgery at Ambulatory Surgery Center of Stockton on September 22, 2008.

CHIEF COMPLAINT: Right knee discomfort.

HISTORY OF PRESENT ILLNESS: The patient is a 38-year-old female who has a chief complaint of pain and swelling about the right knee since June 2008. The patient works as a Vector Control Worker. She has noted pain about the right knee after repetitive climbing, squatting, and walking. Subsequent MRI shows a tear of the lateral meniscus. Because of continued pain and swelling, she wishes to proceed with arthroscopic surgery. She has had partial relief taking ibuprofen 2400 mg per day.

PAST MEDICAL HISTORY:

MEDICAL: No active medical problem. No history of heart disease, pulmonary problems, hypertension, asthma, or ulcers. She does have a history of a cardiac murmur.

SURGICAL: Negative.

MEDICATIONS: Ibuprofen on occasional basis, aspirin on occasional basis, and Xanax once per day.

ALLERGIES: The patient has no known allergies to medications.

SOCIAL HISTORY: The patient does not smoke or drink alcohol.

FAMILY HISTORY: Significant for heavy menstrual bleeding.

REVIEW OF SYSTEMS: No recent cold, cough, chest pain, shortness of breath, or weight loss.

PHYSICAL EXAMINATION:

GENERAL: The patient is alert and oriented.

VITAL SIGNS: Blood pressure is 130/80. Temperature 97.5. Pulse 72. Respirations 16.

HEENT: Atraumatic.

NECK: Nontender.

CHEST: Clear.

HEART: She has a history of cardiac murmur and I actually hear a grade I systolic ejection murmur, and therefore 1 g of Ancef will be ordered on call to the operating room.

ABDOMEN: Soft and nontender.

9-17-08 17c-2m
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GENTILIA: Refused.

RECTAL: Refused.

EXTREMITIES: About the right knee, she has a slight effusion. She is tender along the anterolateral joint line with good range of motion. No laxity. Negative Lachman sign.

I have reviewed her MRI, which shows a horizontal cleavage tear of the lateral meniscus with intersection of the tear about the inferior meniscus.

PLAN: Arthroscopic surgery of left knee.

The risks, outcome, and complications of surgery were discussed. Complications, which were discussed included death, myocardial infarct, stroke, pneumonia, infection, bleeding, nerve injury, deep venous thrombosis, and failure of the procedure to provide relief of pain, swelling, or stiffness of the knee. A CBC and EKG will be obtained prior to surgery.

X

GARY MURATA, M.D.

JOB #: 57643
GM: SPS/AKR
DD: 09/17/2008
DT: 09/18/2008

