

**Global Care Medical Center**

100 Main St
Alfred NY 14802
(607) 555-1234

**Ambulatory Surgery
Face Sheet****PATIENT INFORMATION:**

NAME:	PITTS, Sally	PATIENT NUMBER:	ASUCase008
ADDRESS:	24 Truman Avenue	DATE OF BIRTH:	03-15-YYYY
CITY:	Paris	AGE:	24
STATE:	NY	GENDER:	Female
ZIP CODE:	14753	ORGAN DONOR:	N
TELEPHONE:	555-555-9982	DATE OF ADMISSION:	07-21-YYYY

ADMITTING INFORMATION:

SURGEON:	Frank Bowser, M.D.	SERVICE:	Gynecology
PRIMARY CARE PROVIDER:	Jack Frost, M.D.	FINANCIAL CLASS:	Blue Cross (BC)

CODES**ADMITTING DIAGNOSIS:** Ovarian cyst, left**FIRST-LISTED DIAGNOSIS:** Left ovarian cyst**SECONDARY DIAGNOSES:****FIRST-LISTED PROCEDURE:** Operative laparoscopy with left ovarian cystectomy**SECONDARY PROCEDURES:****SURGEON'S SIGNATURE**

Reviewed and Approved: Frank Bowser MD ATP-B-S:02:1001261385: Frank Bowser MD (Signed: 7/21/YYYY 2:20:44 PM EST)

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**Consent for Operation(s) and/or
Procedure(s) and Anesthesia****PERMISSION.** I hereby authorize Dr. Frank Bowser, M.D., or associates of his/her choice at theGlobal Care Medical Center (the "Hospital") to perform upon Sally Pitts

the following operation(s) and/or procedure(s):

Operative laparoscopy with left ovarian cystectomy

including such photography, videotaping, televising or other observation of the operation(s)/procedure(s) as may be purposeful for the advance of medical knowledge and/or education, with the understanding that the patient's identity will remain anonymous.

EXPLANATION OF PROCEDURE, RISKS, BENEFITS, ALTERNATIVES. Dr. Frank Bowser, M.D.

has fully explained to me the nature and purposes of the operation(s)/procedures named above and has also informed me of expected benefits and complications, attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment. I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

UNFORESEEN CONDITIONS. I understand that during the course of the operation(s) or procedure(s), unforeseen conditions may arise which necessitate procedures in addition to or different from those contemplated. I, therefore, consent to the performance of additional operations and procedures which the above-named physician or his/her associates or assistants may consider necessary.

ANESTHESIA. I further consent to the administration of such anesthesia as may be considered necessary by the above-named physician or his/her associates or assistants. I recognize that there are always risks to life and health associated with anesthesia. Such risks have been fully explained to me and I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

SPECIMENS. Any organs or tissues surgically removed may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with accustomed practice and applicable State laws and/or regulations.

NO GUARANTEES. I acknowledge that no guarantees or assurances have been made to me concerning the operation(s) or procedure(s) described above.

MEDICAL DEVICE TRACKING. I hereby authorize the release of my Social Security number to the manufacturer of the medical device(s) I receive, if applicable, in accordance with federal law and regulations which may be used to help locate me if a need arises with regard to this medical device. I release The Global Care Medical Center from any liability that might result from the release of this information.*

UNDERSTANDING OF THIS FORM. I confirm that I have read this form, fully understand its contents, and that all blank spaces above have been completed prior to my signing. I have crossed out any paragraphs above that do not pertain to me.

Patient/Relative/Guardian*

Sally PittsSally Pitts

Signature

Print Name

Relationship, if other than patient signed: _____

Witness: _____

Signature

Print Name

Date: _____

07-21-YYYY

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incompetent to sign.

PHYSICIAN'S CERTIFICATION. I hereby certify that I have explained the nature, purpose, benefits, risks of and alternatives to the operation(s)/ procedure(s), have offered to answer any questions and have fully answered all such questions. I believe that the patient (relative/guardian) fully understands what I have explained and answered.

PHYSICIAN:

Reviewed and Approved: Frank Bowser MD ATP-B-S:02:1001261385: Frank Bowser
MD (Signed: 7/21/YYYY 2:20:44 PM EST)

Signature

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**Ambulatory Surgery
Operative Report****PATIENT INFORMATION:**

NAME: PITTS, Sally PATIENT NUMBER: ASUCase008
DATE OF SURGERY: 07-21-YYYY
SURGEON: Frank Bowser, M.D. ASSISTANT SURGEON: Sunny Morning, MD

PREOPERATIVE DIAGNOSIS: Persistent left ovarian cyst.

POSTOPERATIVE DIAGNOSIS: Persistent left ovarian cyst.

PROCEDURES: Operative laparoscopy with left cystectomy.

OPERATIVE PROCEDURES AND PATHOLOGICAL FINDINGS:

Indications: The patient is a 25-year-old white female, gravida 1, para 1, with persistent ovarian cyst throughout her recent pregnancy. On ultrasound the cyst was measured to 6.4 x 5.1 x 4.8 cm. Postpartum the cyst was still present; therefore, laparoscopy was planned.

Findings: Examination under anesthesia revealed a smooth, regular mass in the posterior cul-de-sac and uterus that was anteverted and normal in size. Laparoscopy revealed a normal-appearing right adnexa and uterus, however, the left adnexa was significant for a 6 x 5 cm cyst with a smooth white capsule adjacent to the distal end of the left ovary. The fimbriated end of the tube was adherent along the capsule of the cyst.

DESCRIPTION OF PROCEDURE:

The patient was taken to the operating room and general anesthesia was induced. The patient was placed in the dorsal lithotomy position. The perineum was prepped and bladder catheterized. Examination under anesthesia performed with the above findings noted. Anterior and posterior speculums were placed. The anterior lip of the cervix was grasped with a single-tooth tenaculum. The Rubin cannula was inserted. The abdomen was prepped and draped in sterile fashion. An infraumbilical incision was made and the Veress needle inserted. Abdomen was distended with CO2. A laparoscopic 10 mm trocar was inserted and intra-abdominal placement was confirmed. A second incision was made suprapubically in the midline and another 10 mm trocar was placed under direct visualization. A probe was inserted and the pelvis and abdomen explored with the above-noted findings. In addition, there was a normal-appearing appendix. A third port was placed in the lower right quadrant with a 5 mm trocar inserted under direct visualization. Using the Babcocks to elevate the left cyst, a needle cyst aspirator was placed into the cyst and approximately 40 cc of clear to serous-appearing fluid was obtained. The cyst was deflated and no abnormalities along the cyst wall were noted. Using a laser on continuous watt, set at 15, a 1.5 cm incision was made along the cyst. The cyst wall was grasped with a grasper and using traction, the cyst wall was pulled in its entirety from the ovary. A 3 mm area of tissue was still adhered to the ovary containing the vessel and this was cauterized using bipolar and lysed. There was no bleeding at the bed of the cyst. The cyst wall was removed and sent to pathology. The pelvis was irrigated with 100 cc normal saline and again good hemostasis was noted. The abdomen was deflated; instruments were removed. The incisions were closed with buried subcuticular stitches of 4-0 Vicryl. Instruments were removed from the vagina. Anesthesia was reversed and patient was sent to Recovery in satisfactory condition. Estimated blood loss was negligible.

SURGEON'S SIGNATURE

FB:ycg

DD:07-21-YYYY DT: 07-23-YYYY

Reviewed and Approved: Frank Bowser MD ATP-B-S:02:1001261385:

Frank Bowser MD (Signed: 7/21/YYYY 2:20:44 PM EST)

Frank Bowser, M.D.

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**AMBULATORY SURGERY
LABORATORY DATA**

PATIENT NAME:	PITTS, Sally	PATIENT NUMBER:	ASUCase008
LOCATION:	ASU	ASU PHYSICIAN:	Frank Bowser, M.D.
DATE:	07-25-YYYY	SPECIMEN:	Blood

Test	Result	Flag	Reference
Glucose	105		82-115 mg/dl
BUN	15		8-25 mg/dl
Creatinine	1.0		0.9-1.4 mg/dl
Sodium	138		135-145 mmol/L
Potassium	3.7		3.6-5.0 mmol/L
Chloride	101		99-110 mmol/L
CO2	23		21-31 mmol/L
Calcium	8.8		8.6-10.2 mg/dl
WBC	9.9		4.5-11.0 thous/UL
RBC	4.5		5.2-5.4 mill/UL
HGB	11.9		11.7-16.1 g/dl
HCT	38		35.0-47.0 %
Platelets	175		140-400 thous/UL
PT	12.0		11.0-13.0 seconds

** END OF REPORT **