

~~Amelia Caporaso~~

DOB: 03/13/1984.

PREOPERATIVE MEDICAL CLEARANCE CONSULTATION

Physician consulting for: Ted Rothenstein

Surgery: Jaw wiring for weight loss.

10/30/2007

HISTORY OF PRESENT ILLNESS:

23-year-old female who has been "obese" her whole life with a pre-pregnancy weight at 195 pounds, has had difficulty with weight her whole life, and has been on many diets presents for preoperative clearance, stating that she can go on a liquid diet for six months. She presents with no preoperative blood work or assessment of her thyroid function. She has no symptoms of hypothyroidism to include intolerance to cold and she is three months status post delivery of a healthy child. This child is bottle-fed. She is not breast-feeding.

PAST MEDICAL HISTORY:

Negative.

ALLERGIES:

1. Penicillin.

MEDICATIONS:

None.

HOSPITALIZATIONS:

None, except for childbirth.

SURGERIES:

None.

SOCIAL HISTORY:

She smokes a pack per day. She does not drink. She is a homemaker and she is married.

HEALTH MAINTENANCE:

Last tetanus shot was up to date in 2005. Pap smear in 2007. Mammogram apparently in 2007 also.

This patient denies respiratory or GI complaints. She, on Medical Intake History, denies any difficulties. See our Intake History Form for further details, but in general she denies chest pain, chest pressure, shortness of breath, PND, orthopnea. She has no GI or GU complaints at this time. She has no antecedent or concurrent illness.

O:
T-99. P-76. BP-106/78. WT-209.8 pounds. HT-66-1/5 inches. BMI-Just under 33. Alert and pleasant. In no acute distress. HEENT is without focus. Neck without JVD, bruits, thyromegaly, or thyroid masses. Carotids are 2+ and full. Lungs - Clear to auscultation over all fields. Heart - S1, S2 regular rate and rhythm without murmurs, rubs, gallops, or ectopy. PMI is not displaced. Abdomen is soft, flat, and mildly obese. Nontender. Normoactive bowel sounds without rebound, guarding, masses, or organomegaly. Extremities are without edema. Skin is without rash. Neurologically she is nonfocal. GYN exam was deferred. Breast exam was deferred.

IMPRESSION:

1. Essentially well with BMI of 33. Patient presents for consideration of jaw wiring surgery for weight loss and that will be over six months. She apparently will be on a liquid diet intermittently during this period of time and I think currently she is likely healthy for that procedure and liquid diet; however, I would like to know baseline hemoglobin, hematocrit, electrolytes, and also, I do think she needs a TSH and FBS before we proceed ruling out at least thyroid disease as contributing to her excessive weight.

P:
1. Blood work ordered as above. Otherwise, I think she is again, well enough to proceed with surgery, and final disposition based on results of testing. Results and copy of this letter will be forwarded to Dr. Rothenstein for his edification.

cc: Ted Rothenstein

David J. Scarpelli M.D.
DJS/TK:hmf/1315253/168825


STONY BROOK FAMILY PRACTICE OFFICE NOTE

YORK HOSPITAL CLINICAL LABORATORY

David B. Jones, M.D., Director York, PA. 17403 (717)851-2511

Printed: 11/01/07
0454

FINAL REPORT FOR: DAVID J SCARPELLI MD

0001636

STONY BROOK FAMILY MEDICI 4222 LINCOLN HIGHWAY
YORK PA 174060000

Consult/RES:

~~COMMISSIONER, AFRICA~~ (00000)000168825 23 YRS F
SSN: 231-31-~~XXXX~~ Phone: (717)676-~~XXXX~~ FN: 144305638
DOR: 03/13/~~XXXX~~

PHYSICIAN
QGA SCARPELLI, DAVID J
OPR O CHART#

ELECTROLYTES

Date: 10/31/07
Time: 0733

Units Reference >60f

eGFR-CF

CHEMISTRY

Date: 10/31/07
Time: 0733

Units Reference
mg/dL (72-110) 85
GLUCOSE 10/31/07 0733
GLUCOSE Fasting

Date: 10/31/07
Time: 0733
Units Reference

-- ROUTINE --
BILIRUBIN, TOTAL mg/dL (0.3-1.2) 0.4
ALK PHOS U/L (40-110) 64
ALT U/L (10-60) 25
AST U/L (10-42) 20
TOTAL PROTEIN g/dL (6.00-8.00) 5.71L
ALBUMIN g/dL (3.50-4.80) 3.37L
CALCIUM mg/dL (8.5-10.4) 8.9

Legend:

L - Low, f = Footnote

eGFR-CF (04/11/07 -- Current)

GFR NOTES:

Estimated Glomerular Filtration Rate (eGFR)
African American Female (AAF) NORMAL (>60)
Caucasian Female (CF) NORMAL (>60)

eGFR units of measurement are ml/min/1.73m². In the following clinical settings the eGFR calculation may be inaccurate and creatinine clearance may be appropriate: extremes of age (<18 or >80 yrs) or body size, severe malnutrition or obesity, diseases of skeletal muscle, paraplegia or quadriplegia, strict vegetarian diet, rapidly changing kidney function, or prior to dosing drugs with significant toxicity that are excreted by the kidney. Decreased eGFR for >3 months to levels of 30-59 (moderate) is classified as stage 3; 15-29 (severe), stage 4; <15, kidney failure.

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YORK PA 174060000

Consult/RES:

~~CONFIDENTIAL~~, ~~ADDRESS~~ ~~XXXXX~~ (00000)000168825 23 YRS F QGA **PHYSICIAN**
SSN: 231-31-~~XXXX~~ Phone: (717)676-~~XXXX~~ FN: 144305638 **SCARPELLI, DAVID J**
DOB: 03/13/~~XXXX~~ **OPR O CHART#**

CHEMISTRY

Date: 10/31/07
Time: 0733

Units Reference

-- ENDOCRINOLOGY --

FREE T4	ng/dL (0.6-1.6)	1.0
TSH	uIU/mL (0.30-5.00)	1.85

** End of Report **

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