

# York Central Hospital

PATIENT: [REDACTED]  
DT. SEEN: 2005/05/16  
DOB: 1958/10/08

HRN: 999999  
PT ID:  
SEX: F

COPIES: DR. G. [REDACTED], DR. P. POON

## PREOPERATIVE CONSULTATION REPORT

Thank you very much for asking me to see this 46 year old lady. She was seen in the office May 16, 2005 at Dr. M [REDACTED]'s request. Thank you very much for your notes which are most helpful and most appreciated.

This patient is morbidly obese. She used to weight almost 500 lbs. She currently weighs 335 lbs. The patient underwent gastric bypass and stapling by Dr. M [REDACTED] in London, ON. This was complicated by massive ventral hernia which required mesh prosthesis for repair. This was complicated by large hematoma and subsequently seroma. She had a drain left in place for some time afterwards. She also wore a harness for a while. About a year after her hernia repair, she noticed what she thought was a recurrence. She did see a surgeon in Markham who said that she should just live with this.

She has also noticed another lump on her right flank over the past 4-5 months. It has gotten a little bit bigger. She feels that the main central hernia has enlarged. She feels a tearing sensation. There is some nausea and vomiting but that is secondary to the gastric bypass. The patient initially lost 200 lbs and regained 60. Currently she has lost another 60 lbs in the past 2 months with Dr. Poon's metabolic diet. There was a history of sleep apnea preoperatively but she no longer has that. The patient has hyperparathyroidism thought to be secondary to the bypass. She also has iron deficiency anemia secondary to the bypass. She has iron injections.

Past medical history also includes fibromyalgia. There is some history of diarrhea. She is allergic to mold and Penicillin. Medications include Wellbutrin SR 150 mg daily, Zoloft 50 mg daily, Lasix 40 mg bid, and Pantoloc 40 mg bid.

Family history is positive for cancer of the kidney, bone and leukemia. There is a family history of gallstones, ulcer, and hernia. The patient does not smoke. She does not drink alcohol. She is not employed.

On examination, she remains morbidly obese. Her chest was clear and heart sounds were normal with no murmur. There is a 7 x 7 cm mobile but somewhat firm nontender mass in the right flank. She has a long abdominal scar which is in the upper abdomen. Her umbilicus is quite low. There is a central protrusion. This is quite diffuse. There is diffuse tenderness around this. It is perhaps more so on the left side than the right.

When she is getting up from a supine position, there is a bulge. I cannot feel any bowel within this. It does not feel reducible. I cannot feel a fascial defect when she is recumbent. There is no obvious cough impulse which suggests hernia.