

Name: Azra Altindere | DOB: 11/15/1984 | MRN: 8341518 | PCP: Ernesto J Villegas, MD | Legal Name: Azra Altindere

COLONOSCOPY

Collected on September 15, 2023 9:49 AM

Lab tests

Results

COLONOSCOPY REPORT

Value

Rush University Medical Center
Gastroenterology

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Patient Name: Azra Altindere Procedure Date: 9/15/2023 9:49 AM
MRN: 8341518 Account Number: 100218488690
Date of Birth: 11/15/1984 Admit Type: Outpatient
Gender: Female Attending MD: Meghan Barrett-englert ,
MD,
Instrument Name: CF HQ190L 2314707

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Procedure: Colonoscopy
Indications: Generalized abdominal pain, Hematochezia
Patient Profile: This is a 38 year old female. Refer to note
in patient chart for documentation of history

and physical presenting with hematochezia
Providers: Meghan Barrett-englert, MD (Doctor) ,

Jannette Aguilar (Nurse)
Referring MD: Ernesto J. Villegas
Medicines: Monitored Anesthesia Care
Complications: No immediate complications.
Estimated Blood Loss: Estimated blood loss was minimal.

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Procedure: Pre-Anesthesia Assessment:
- Prior to the procedure, a History and
Physical was performed, and patient
medications and allergies were reviewed. The
patient is competent. The risks and benefits
of the procedure and the sedation options and

risks were discussed with the patient. All
questions were answered and informed consent

was obtained. Patient identification and
proposed procedure were verified by the
physician in the pre-procedure area. Mental
Status Examination: alert and oriented.
Airway Examination: normal oropharyngeal
airway and neck mobility. Respiratory

Examination: clear to auscultation. CV
Examination: normal. Prophylactic
Antibiotics: The patient does not require
prophylactic antibiotics. Prior
Anticoagulants: The patient has taken no
anticoagulant or antiplatelet agents. ASA
Grade Assessment: II - A patient with mild
systemic disease. After reviewing the risks
and benefits, the patient was deemed in
satisfactory condition to undergo the
procedure. The anesthesia plan was to use
monitored anesthesia care (MAC). Immediately
prior to administration of medications, the
patient was re-assessed for adequacy to
receive sedatives. The heart rate,
respiratory rate, oxygen saturations, blood
pressure, adequacy of pulmonary ventilation,
and response to care were monitored
throughout the procedure. The physical status
of the patient was re-assessed after the
procedure.

I have discussed the risks, benefits, and
alternatives to colonoscopy with the patient,
who demonstrated understanding, including but

not limited to the risks of bleeding,
infection, pain, death, as well as the risks
of anesthesia and perforation all leading to
prolonged hospitalization, surgical
intervention, or even death. I also
specifically mentioned the miss rate of
colonoscopy of 5-10% in the best of all
circumstances. All questions were answered to

the patient's satisfaction. The patient
elected to proceed with colonoscopy with

intervention (i.e. polypectomy, biopsy,
control of bleeding, etc.) as indicated.
After I obtained informed consent, the scope
was passed under direct vision. Throughout
the procedure, the patient's blood pressure,
pulse, and oxygen saturations were monitored

continuously. The CF HQ190L 2314707 was introduced through the anus and advanced to the terminal ileum. Retroflexion was performed in the rectum. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was evaluated using the

BBPS (Boston Bowel Preparation Scale) with scores of: Right Colon = 3, Transverse Colon = 3 and Left Colon = 3 (entire mucosa seen well with no residual staining, small fragments of stool or opaque liquid). The total BBPS score equals 9.

Scope Withdrawal Time 0 hours 11 minutes 54 seconds

Moderate Sedation:

Moderate (conscious) sedation was personally administered by an anesthesia professional. The following parameters were monitored: oxygen saturation, heart rate, blood pressure, and response to care.

Findings:

Hemorrhoids were found on perianal exam.

The terminal ileum appeared normal.

Retroflexion in the right colon was performed.

The co

lon (entire examined portion) appeared normal.

External hemorrhoids were found during digital exam and during endoscopy.

The hemorrhoids were large.

Impression/Specimen(s) Obtained: - Hemorrhoids found on perianal exam.

- The examined portion of the ileum was normal.

- The entire examined colon is normal.

- External hemorrhoids (likely source of bleeding). Topical lidocaine applied to assist with noted rectal pain prior to procedure.

- No specimens collected.

Recommendation: - Patient has a contact number available for emergencies. The signs and symptoms of

potential delayed complications were discussed with the patient. Return to normal activities tomorrow. Written discharge

instructions were provided to the patient.

- Discharge patient to home (ambulatory).
- Repeat colonoscopy at 45 years old for screening purposes.
- Bleeding likely related to large external hemorrhoid. Discuss with outpatient GI doctor

use of annusol, witz hazel, sitz bathes, stool softeners, and/or doughnut cushion to help with hemorrhoids

Attending Participation:

I person
ally performed the entire procedure.

Meghan Barrett-englert, MD

9/15/2023 10:33:12 AM

Number of Addenda: 0

Note Initiated On: 9/15/2023 9:49 AM

Ordering provider: Ernesto Villegas, MD

Collection date: September 15, 2023 9:49 AM

Result date: September 15, 2023

Result status: Final

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