

BROWN, Kathryn (id #988218, dob: 03/03/1978)**Encounter Date: 02/24/2023****Patient****Name** LOMAS, KATHRYN (44yo, F) ID# 988218 **Appt. Date/Time** 02/24/2023 11:00AM**DOB** 03/03/1978 **Service Dept.** PV_Flower Mound**Provider** ELLEN BECKER, AGNP-C**Insurance** Med Primary: BCBS-IL (PPO)
Insurance # : BHP829222727
Policy/Group # : 7NUS00
Prescription: check now**Chief Complaint**

None recorded.

Patient's Care Team**Primary Care Provider:** ELIZABETH PARCH DO: 4951 LONG PRAIRIE RD STE 120, FLOWER MOUND, TX 75028, Ph (972) 691-9190, Fax (682) 236-0038**Patient's Pharmacies****CVS 16847 IN TARGET (ERX): 5959 LONG PRAIRIE RD, FLOWER MOUND, TX 75028, Ph (972) 874-6709, Fax (214) 222-9345****Vitals**

None recorded.

Measurements

None recorded.

Allergies

Allergies not reviewed (last reviewed 01/24/2023)

NKDA

Medications

Medications not reviewed (last reviewed 01/24/2023)

albuterol sulfate HFA 90 mcg/actuation aerosol inhaler 07/09/22 filled

amoxicillin 500 mg capsule 03/10/22 filled
TAKE 1 CAPSULE BY MOUTH 3 TIMES A DAY UNTIL GONE

azithromycin 250 mg tablet 07/09/22 filled

dexAMETHasone 6 mg tablet 07/09/22 filled

tizANidine 2 mg tablet 09/02/22 filled
TAKE 1 TABLET BY MOUTH AT BEDTIME AS NEEDED FOR MUSCLE SPASMS.

ZyrTEC 01/24/23 entered

Problems**Reviewed Problems**

- Onychomycosis - Onset: 01/24/2023
- Peripheral arterial occlusive disease - Onset: 01/24/2023
- Varicose veins of lower extremity - Onset: 01/24/2023
- Varicose veins of lower extremity - Onset: 02/27/2023, Bilateral
- Peripheral venous insufficiency - Onset: 01/24/2023
- Foot callus - Onset: 01/24/2023
- Pain in toe - Onset: 01/24/2023
- Hereditary lymphedema - Onset: 01/24/2023

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• Lipedema - Onset: 01/24/2023

Family History

Family History not reviewed (last reviewed 01/24/2023)

Father	- Peripheral arterial disease
Mother	- Peripheral arterial disease
Brother	- Peripheral arterial disease
Maternal Grandmother	- Peripheral arterial disease
Paternal Grandfather	- Peripheral arterial disease

Social History

Social History not reviewed (last reviewed 01/24/2023)

Activities of Daily Living

Do you have difficulty walking or climbing stairs?: No

Are you able to walk?: Yes: walks without restrictions

Education and Occupation

Are you currently employed?: Yes

What is your occupation?: manager

Substance Use

Do you or have you ever used any other forms of tobacco or nicotine?: No

Has tobacco cessation counseling been provided?: Yes

Surgical History

Surgical History not reviewed (last reviewed 01/24/2023)

- Abdominoplasty
- Cholecystectomy
- Gastric bypass for obesity

Past Medical History

Past Medical History not reviewed (last reviewed 01/24/2023)

Asthma: Y

Screening

None recorded.

ROS

ROS as noted in the HPI

Physical Exam

None recorded.

Procedure Documentation

Ultrasound Guided Sclerotherapy - Unilateral:

Procedure: Left Lower Extremity Ultrasound Guided Sclerotherapy

Pre-procedure diagnosis: Varicose veins with other complications

Post-procedure diagnosis: same

The procedure, potential risks and benefits, possible alternatives, the likelihood of success, possible problems related to recovery, and possible results of non-treatment were discussed with the patient. All questions were answered and the patient wishes to proceed. Informed consent was obtained. Post procedure instructions were discussed and the patient expressed verbal understanding. Post procedure instruction handout was given to the patient. Time out was performed.

Procedure Summary: The patient's left leg was prepped with alcohol. The incompetent varicosities were evaluated with ultrasound and appropriate access points were marked. An image was acquired and archived in the PACS system. Using direct ultrasound guidance and foam technique, 1.5% Sodium Tetradecol was mixed with room air and injected into the varicosities. This procedure was repeated for each incompetent varicose vein. A total of 8 separate access sites were utilized during this session to treat the individual incompetent varicose veins. This session required a total of 8ml of foam. 20-30mmHg compression stockings were applied.

The patient tolerated the procedure well with no evidence of immediate complication. The patient was released to return home in satisfactory condition and will follow-up as needed.

Procedure performed by ELLEN BECKER, AGNP-C.

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Assessment / Plan

1. Varicose veins of lower extremity- Bilateral -

Patient presents for ultrasound guided sclerotherapy of symptomatic varicose veins, which are causing functional impairment. Symptoms have persisted despite a trial of conservative therapy for three months.

Veins to be treated:

Left thigh varicose tributaries: 3.1mm diameter, 0.6s reflux

Left calf varicose tributaries: 3.1mm diameter, 0.8s reflux

The above veins were injected with 1.5% foamed Sodium Tetradecol using ultrasound guidance.

The procedure was performed by a licensed non-physician provider pursuant to the delegation of, and under the direct supervision of, the attending physician. Non-physician provider has been trained to perform this procedure and has significant experience in performing this procedure. The patient's initial history, physical examination, diagnosis, and treatment plan were performed and developed by the attending physician on 1/23/23.

The patient tolerated the procedure well. The patient will follow up as needed.

I83.893: Varicose veins of bilateral lower extremities with other complications

2. Peripheral venous insufficiency

I87.2: Venous insufficiency (chronic) (peripheral)

Return to Office

- Precision Vascular for US Sclerotherapy at PV_Flower Mound on 03/01/2023 at 03:30 PM
- Precision Vascular for US Sclerotherapy at PV_Flower Mound on 03/29/2023 at 03:00 PM

Encounter Sign-Off

Encounter signed-off by JOSEPH HAGMAN, MD, 02/27/2023.

Encounter performed and documented by ELLEN BECKER, AGNP-C

Encounter reviewed & signed by JOSEPH HAGMAN, MD on 02/27/2023 at 1:45pm

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and normal dentition.

Neck: Neck: trachea midline.

Lungs: Auscultation: respirations unlabored.

Cardiovascular: Jugular Venous Distention No jugular venous distention.

Musculoskeletal:: Functional Exam Ambulating normally; **muscle weakness.** Capillary Refill Capillary refill < 2 seconds.

Neurologic: Sensation: grossly intact. Orientation Alert and Oriented x 3.

Skin: Right Lower Extremity: no varicosities, telangiectasias, ulcerations, corona phlebectatica, reticular veins, or skin changes and edema. Left Lower Extremity: no varicosities, telangiectasias, ulcerations, reticular veins, skin changes, or corona phlebectatica and edema.

Pulse Exam of Foot: Left Pulses present: dorsalis pedis 2+ palpable. Right Pulses present: dorsalis pedis 2+ palpable.

Assessment / Plan

Venous insufficiency

This is a 44 year old female who presents for evaluation of symptomatic varicose veins on both legs causing edema, aching and pain. These symptoms are interfering with the patient's daily living activities, such as patients symptoms are worse later in the day, has to take frequent breaks from household chores to elevate the legs for symptomatic relief. Patient has failed conservative compression stockings (20-30 mmHg) for over 3 months.

Venous Exam

RIGHT LEG:

Varicose Veins: NOT PRESENT
Reticular Veins: PRESENT
Telangiectasias: PRESENT
Edema: Trace
Hyperpigmentation: not present
Lipodermatosclerosis: not present
Dermatitis: not present
Corona phlebectatica: not present
Atrophie blanche: not present
Ulcer(s): not present

LEFT LEG:

Varicose Veins: NOT PRESENT
Reticular Veins: PRESENT
Telangiectasias: PRESENT
Edema: Trace
Hyperpigmentation: not present
Lipodermatosclerosis: not present
Dermatitis: not present
Corona phlebectatica: not present
Atrophie blanche: not present
Ulcer(s): not present

CEAP:

RIGHT LEG: Clinical Classification: C3: Edema
LEFT LEG: Clinical Classification: C3: Edema

Revised Venous Clinical Severity Score

PAIN - LEFT: None (0) **RIGHT:** None (0)
VARICOSE VEINS - LEFT: Few (1) **RIGHT:** Few (1)
EDEMA - LEFT: Above ankle, below knee (2) **RIGHT:** Above ankle, below knee (2)
PIGMENTATION - LEFT: None (0) **RIGHT:** None (0)
INFLAMMATION - LEFT: None (0) **RIGHT:** None (0)
INDURATION - LEFT: None (0) **RIGHT:** None (0)
NUMBER OF ACTIVE ULCERS - LEFT: None (0) **RIGHT:** None (0)
ACTIVE ULCER DURATION - LEFT: NA (0) **RIGHT:** NA (0)
ACTIVE ULCER SIZE - LEFT: NA (0) **RIGHT:** NA (0)
USE OF COMPRESSION THERAPY - LEFT: Most days (2) **RIGHT:** Most days (2)

TOTAL SCORE: LEFT: 5 RIGHT: 5

PLAN: All risks, benefits, goals and alternatives and reasonable expectations were discussed for at least 20 minutes. All risks were discussed, including, but not limited to hyperpigmentation, skin necrosis, recurrence/progression of the disease/symptoms, infection,

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deep vein thrombosis, superficial venous thrombosis, trapped blood and all other possible complications. All questions were answered to patient satisfaction. Patient understands and wishes to proceed..

Clinical Notes: Patient needs bilateral venous ultrasound mapping, then proceed with ablations/treatments as indicated for symptomatic varicosities as previous treatments have failed.

Patient will need Right RFA SSV (36475), Varithena R Calf AAGSV (36465) AND L AAGSV (36465), Right VV UGS x 2 (36471), Left VV UGS x1 (36471) and

Bilateral VGS x 3 for superficial varicosities/reticular veins.

Follow Up: 2 - 3 Days Reason:continue treatment protocol . Patient was educated on the risks and complications of peripheral vascular disease including importance of not smoking, applying lotion daily, the value of exercise and walking to improve circulation, their risk for ulceration, partial amputation and limb loss, the discomfort associated with the disease and need for further evaluation/consultation with vascular specialist.

1. Varicose veins of lower extremity

I83.893: Varicose veins of bilateral lower extremities with other complications

I83.891: Varicose veins of right lower extremity with other complications

I83.892: Varicose veins of left lower extremity with other complications

2. Peripheral venous insufficiency

I87.2: Venous insufficiency (chronic) (peripheral)

3. Peripheral arterial occlusive disease

I73.9: Peripheral vascular disease, unspecified

4. Pain in toe

M79.676: Pain in unspecified toe(s)

5. Hereditary lymphedema -

Patient continues to have bilateral lower extremity edema with skin changes. The edema extends into the hips, abdominal area, and arms. The patients' measurements have not improved with compression, elevation and exercise over the last four weeks. I recommend a lymphedema pump to help this patient manage their condition as conservative therapies have failed.

We will refer to BioTab (pneumatic compression device company) for further evaluation

Q82.0: Hereditary lymphedema

6. Lipedema -

Patient does have hereditary lipedema. We will see if the lymphedema pumps with help patient.

R60.9: Edema, unspecified

7. Body mass index 25-29 - overweight

Z68.25: Body mass index [BMI] 25.0-25.9, adult

• BODY MASS INDEX: CARE INSTRUCTIONS

Return to Office

- Precision Vascular for RF Ablation at PV_Flower Mound on 02/15/2023 at 03:00 PM
- Precision Vascular for Varithena at PV_Flower Mound on 02/16/2023 at 03:00 PM
- Precision Vascular for Varithena at PV_Flower Mound on 02/22/2023 at 03:00 PM
- Precision Vascular for US Sclerotherapy at PV_Flower Mound on 03/08/2023 at 03:00 PM
- Precision Vascular for US Sclerotherapy at PV_Flower Mound on 03/09/2023 at 03:00 PM
- Precision Vascular for US Sclerotherapy at PV_Flower Mound on 03/29/2023 at 03:00 PM

Amendment Sign-Off

Encounter signed-off by JOSEPH HAGMAN, MD, 04/13/2023.

Encounter performed by JOSEPH HAGMAN, MD

Encounter scribed for JOSEPH HAGMAN, MD by ELLEN BECKER, AGNP-C

Encounter signed by ELLEN BECKER, AGNP-C as scribe at 01/24/2023 at 1:52pm

Encounter reviewed & signed by ELLEN BECKER, AGNP-C on 01/24/2023 at 1:52pm

Amendment closed by ELLEN BECKER, AGNP-C on 02/06/2023 at 3:50pm

Amendment closed by JOSEPH HAGMAN, MD on 04/13/2023 at 10:57am

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