

Name: Tom Sielatycki | DOB: 2/7/1967 | MRN: 038787299 | PCP: ALBERT A CABALA, MD

Note From Your Admission on 01/07/22

Op Note by Lindsey Moses, MD at 1/7/2022 7:52 AM HEAD AND NECK SURGERY OPERATIVE REPORT

DATE OF SERVICE: 1/7/2022

PREOPERATIVE DIAGNOSIS: Base of tongue lesion

POSTOPERATIVE DIAGNOSIS: Same

OPERATION PERFORMED: Direct laryngoscopy with biopsies

ATTENDING SURGEON(S): Lindsey Moses, MD

ANESTHESIA: General endotracheal anesthesia.

FLUIDS: 800 mL

SPECIMENS: Right base of tongue, midline base of tongue

DRAINS: none

ESTIMATED BLOOD LOSS: 15 mL

COMPLICATIONS: None apparent.

DISPOSITION: Stable to PACU.

INDICATIONS FOR PROCEDURE: Tom Sielatycki is a 54 y.o. Male with no significant past medical history who presented to the emergency room with one month of progressive dysphagia. CT scan showed two lesions in the tongue, one in the base of tongue/vallecula and one deep in the geniohyoid muscle. He was recommended to undergo direct laryngoscopy with biopsies for further evaluation. Risks, benefits, and alternatives were discussed and he elected to proceed.

FINDINGS: No palpable masses in base of tongue, normal appearing mucosa

PROCEDURE:

The patient was identified and consent was obtained in the preoperative holding area. The patient was then brought back to the operating room and remained supine on the stretcher. General anesthesia was induced and once adequate levels of sedation were achieved the patient was orotracheally intubated. A time out was performed with all team members. The tongue was palpated and no firm or abnormal areas were appreciated. A toothguard was placed and a dedo laryngoscope was used to examine the oral cavity, oropharynx, larynx, and hypopharynx. No mucosal lesions or abnormal findings were noted. The patient was placed in suspension and multiple biopsies were taken from the expected location of the lesion on CT in the right base of tongue. Frozen section analysis showed benign tissue on all specimens. A core biopsy to reach to the pre-epiglottic space was attempted but was not possible given the length and position of the laryngoscope. Hemostasis was achieved with Afrin soaked pledgets and 4% topical lidocaine was applied over the operated area. The laryngoscope was removed, the teeth, lips, and gums were inspected and were without injury. This concluded the procedure. The patient was turned over to anesthesia for post-operative care and wakeup. He was extubated in the operating room and taken to recovery in stable condition.

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Note From Your Admission on 01/07/22

Brief Op Notes by Lindsey Moses, MD at 1/7/2022 7:52 AM

Tom Sielatycki
1/7/2022

Surgery Date: 1/7/2022

Surgery Time: 75 mins

Pre-Op Diagnosis: Base of tongue lesion

Post-Op Diagnosis: same

* No Diagnosis Codes entered *

Procedure(s) (LRB):
TELESCOPIC DIRECT LARYNGOSCOPY WITH BIOPSY (Midline)

Findings: No lesion visualized with dedo or lindhold laryngoscopes, multiple biopsies sent for frozen showed benign tissue

Surgeon(s) and Role:
* Moses, Lindsey, MD - Primary

Anesthesia Type: General

Estimated Blood Loss: Total IntraOp EBL (Operating Room Only): 15 mL

Urine Output: N/A

Drains: none

Complications: none apparent

Fluids: 1800 ml

Implant: * No implants in log *

Specimens removed:

ID	Type	Source	Tests	Collected by	Time
A : Right base of tongue	Pathology	IntraOp Surgical Specimen	INTRAOP SURGICAL PATHOLOGY (DOCUMENT IN FIELDS BELOW)	Moses, Lindsey, MD	1/7/2022 0757
B : Right base of tongue #2	Pathology	IntraOp Surgical Specimen	INTRAOP SURGICAL PATHOLOGY (DOCUMENT IN FIELDS BELOW)	Moses, Lindsey, MD	1/7/2022 0823
C : Midline Base	Pathology	IntraOp Surgical	INTRAOP	Moses, Lindsey,	1/7/2022 0832

of tongue

Specimen

SURGICAL MD
PATHOLOGY
(DOCUMENT IN
FIELDS
BELOW)

D : right base of
tongue #3

Pathology

IntraOp Surgical
Specimen

INTRAOP
SURGICAL MD
PATHOLOGY
(DOCUMENT IN
FIELDS
BELOW)

Moses, Lindsey, 1/7/2022 0849
MD

Condition: Stable

Disposition: Discharge to Home

Plan:

> Routine Post Op

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Name: Tom Sielatycki | DOB: 2/7/1967 | MRN: 038787299 | PCP: ALBERT A CABALA, MD

Anesthesia Postprocedure Evaluation - Encounter Notes

Sara Levey, MD at 1/7/2022 9:40 AM

Anesthesia Post-Procedure Evaluation Note

Patient Name: Tom Sielatycki

Procedure Date: 1/7/2022

Physician: Primary: Moses, Lindsey, MD

Location: UH OPERATING ROOMS

Scheduled Procedure: TELESCOPIC DIRECT LARYNGOSCOPY WITH BIOPSY (Midline)

Anesthesia Type: General

Last vitals

BP

(!) 164/102 (01/07/22 0930)

Temp

36.9 °C (98.4 °F) (01/07/22 0927)

Pulse

92 (01/07/22 0930)

Resp

16 (01/07/22 0930)

SpO2

100 % (01/07/22 0930)

Pain

Numeric Pain Rating: Little/Small pain (1-3) (01/07/22 0927)

Patient location during evaluation: UH PACU

Patient able to participate? Yes

Patient recovered from Anesthesia? Yes

Level of consciousness: Patient has returned to baseline status

Airway patency: Patent

Respiratory status: Spontaneous Ventilation

Cardiovascular status: Stable

Hydration status: Euvolemic

PONV: None

Post-Procedure Evaluation Assessment of cardiovascular, respiratory, mental functions, temperature, pain, PONV, and hydration is complete.

Sara Levey, MD

Name: Tom Sielatycki | DOB: 2/7/1967 | MRN: 038787299 | PCP: ALBERT A CABALA, MD

Note From Your Admission on 01/07/22

Consults signed by Schechtman, Samuel Andrew, MD at 1/7/2022 8:26 AM

Re: Sielatycki, Thomas
 Reg No: 038787299
 DOB: 02/07/1967
 Date of Service: 01/07/2022

MICHIGAN MEDICINE

Department of Anesthesiology

Preoperative Evaluation

SURGERY INFORMATION:

Admit Type: OP; Surgery Date: 01/07/2022 07:30; Service: OTO; Surgeon: Moses, Lindsey; Procedure/Operation: MIDLINE TELESCOPIC DIRECT LARYNGOSCOPY WITH BIOPSY ; Surgical Diagnosis: Base of tongue lesion; Surgical Facility: UH

HISTORY:

HPI: 54 yo M w/ Base of tongue lesion presenting for MIDLINE TELESCOPIC DIRECT LARYNGOSCOPY WITH BIOPSY
 ; Social History: TOBACCO: Tobacco Use: None, ALCOHOL: Alcohol Consumption: 2-3 times a week (3) points.?? # of alcohol drinks per day: 3 or 4 (1) point.?? # of times 6 or more drinks in one occasion: Less than Monthly (1) point. - Total Points: 5; Beta Blocker Continued: N/A - Not on daily scheduled beta blocker; Medications: esomeprazole (NEXIUM), pravastatin (PRAVACHOL)

ALLERGIES: MiChart: Allergen: NO KNOWN ALLERGIES;

PAST SURGICAL HISTORY: Colonoscopy

ANESTHESIA HISTORY: Prev Anesthetic Problem: (None); Family Hx of Anesth Problem: (None)

CARDIAC:

Functional Capacity: Moderate; Symptoms: Dyspnea on Exertion; Hypertension: (None); CAD: (None); Family Hx CAD: (None); Congestive Heart Failure: (None); MI: (None); Cardiac/Other: Hyperlipidemia

PULMONARY:

Symptoms: SOB; URI/Pneumonia: (None); Asthma: (None); COPD: (None); Snoring: Yes; Sleep Apnea: Prescribed BIPAP / CPAP but not using it; Stop Bang Total: 3 - OSA - Intermediate Risk; Pulmonary /Other: (None); COVID Status: Negative (date of result)??1/5/2022

GI / GU / GYN: Sign and Sx: REFLUX: Freq: on PPI, #Ododysphagia. FO laryngoscopy performed in ED on 1/4/22: Mild fullness of the right BoT. Normal vocal fold motion bilaterally., Dysphagia, REFLUX: Freq: Infrequently?? Symptoms: Asymptomatic, controlled by medications; Liver Disease: (None); GI - Other: GERD; Renal Failure: (None); GU - Other: None; LNMP: NA; Pregnant: No; GYN - Benign: (None); NPO Status: Solids > 8 hours and clear liquids > 2 hours

ENDOCRINE / NEURO / PAIN:

Diabetes: (None); Endo - Other: (None); Neuro Symptoms: (None); TIA or Stroke: (None); Other - Neuro: (None); Seizure: (None); Psychiatric Disorder: (None); Chronic Pain: No; Chronic Steroid Use: (None); Pain Score: 0 - None

MS / HEME / ONC:

Inflammatory Arthritis: (None); Other-MS: (None); Bleeding Diathesis: (None); Other - Heme: (None); Anticoagulation: (None); Malignancy: (Unknown), Lesion in the base of tongue highly suspicious for malignancy. Adjacent smaller enhancing lesion in the region of the geniohyoid.

AIRWAY:

Dentition: Normal; Beard: No; Mouth Opening: >= 3 cm mouth opening; Mallampati Sitting Looking Forward (no phonation): III; Thyroid to Mentum: T to M >= 6 cm; C-Spine: Normal; Existing Airway: None; Neck Anatomy: Thick, obese; Jaw Protrusion: B: Limited, lower incisors can only be advanced to meet the upper incisors; Airway Comments: OTO FLEXIBLE LARYNGOSCOPY: Mild fullness of the right base of tongue. Normal vocal fold motion bilaterally.

LABS/STUDIES:

Labs: 1/4/2022 7:33:00 PM Hemoglobin: 14.9, Platelets: 180, K (Potassium): 4.2, Calcium: 9.5, Glucose: 81, Creatinine: 1.02; Interpretations: STRESS: Date: 8/28/2009?? Study Type: Stress / Dobutamine Echo?? LV Function: Assessed formally (%)??60?? Ischemia: Normal (no ischemia), CT NECK 1-4-2022:

IMPRESSION:

??

1. Lesion in the base of tongue highly suspicious for malignancy.

Adjacent smaller enhancing lesion in the region of the geniohyoid., EKG: Date: 1/8/2013?? Rhythm: Normal Sinus?? Q Waves: None

PHYSICAL EXAM:

Body Mass Index: 26.1; Ideal Body Weight: 89.1; Ideal Body Weight %: 112.0; Height: 77; Weight (kg): 99.8; Temperature (c): 36.6; BP Sys: 128; BP Dias: 69; HR: 68; RR: 18; RAO2 (%): 97; Resp Assist: Room Air; Neurologic: Grossly normal; Lung: Clear??Bilat; Cardiac: S1, S2

ASSESSMENT AND PLAN:

Physical Status: ASA 2; Aspiration Risk: No; Blood Products: (None); Technique: General??ET - THRIVE; Monitors: 5-Lead EKG, Standard; Postop Pain: IV Meds, Oral Meds

Standard Procedure Consent: Risk/benefit of anesthesia and blood product discussed & patient/guardia

Name: Thomas Sielatycki | DOB: 2/7/1967 | MRN: 038787299 | PCP: David B Thrower, DO

CT Neck - Details

Impression

IMPRESSION:

1. Lesion in the base of tongue highly suspicious for malignancy.
Adjacent smaller enhancing lesion in the region of the geniohyoid.

Narrative

Initial Reader: Katherine Bojicic, MD

PROCEDURE: CT NECK W CONTRAST

HISTORY: Neck mass, nonpulsatile. is there soft tissue mass?

COMPARISON: None

TECHNIQUE: University of Michigan CT of the neck performed following the uneventful administration of 125 mL ISOVUE-300 intravenous contrast. Multiplanar reformats were created and reviewed.

FINDINGS:

Head: No intracranial mass effect or midline shift. Basal cisterns are not effaced. Normal vascular enhancement.

Sinus/Orbit/Dentition: Paranasal sinuses, middle ears and mastoids are well aerated. Globes and orbits are within normal limits. No deep caries or periapical lucencies.

Mucosal surface: Irregular lesion in the base of tongue area measuring 1.6 x 1.1 x 1.9 cm (AP by TR by CC) (series 3, #82 and series 900, #76). Peripheral enhancement with central hypoattenuation. The lesion causes effacement of the right vallecular fossa and associated thickening of the epiglottis. Additional enhancing lesion just anterior to the hyoid in the region of the geniohyoid muscle, likely satellite lesion, measuring 1.4 cm in anteroposterior dimension (series 900, #78).

highly suggestive of malignancy

Glands: Normal appearance of the submandibular, sublingual, and parotid glands.

Masticator/Parapharyngeal: Muscles of mastication are unremarkable. Parapharyngeal fat is not displaced.

hepatocellular carcinoma

Retropharyngeal: No retropharyngeal fluid or adenopathy.

Nodes: No lymphadenopathy by size or morphologic criteria.

Larynx: Symmetric vocal cords. No focal mass within the supraglottic, glottic or subglottic larynx. Thyroid, cricoid, arytenoid cartilages are unremarkable. Hyoid is within normal limits.

Thyroid: Normal thyroid without discrete lesion. No lesion within the tracheoesophageal grooves.

Vascular: Normal vascular enhancement without high grade arterial narrowing. Normal venous opacification.

Osseous: No aggressive osseous lesion. Normal bone mineralization and alignment.

Soft tissues: No superficial soft tissue mass or skin lesion.

Lungs: Visualized lung apices are unremarkable.

Result Information

Exam Date	Exam Time	Reading Provider	Pager #	Signing Radiologist	Pager #	Read Date
Jan 4, 2022	22:01	Bojicic, Katherine, MD	23282	Wright, Adam Thomas, MD	17775	Jan 4, 2022