



St Rose Dominican Hospital-San Martin Campus
 8280 West Warm Springs Road
 Las Vegas, NV 89113
 Facility Phone #:

NAME: ERICSON, CARL D
 MR #: 590750
 Account Number: 32571895
 Patient Location: SRDHM ANGL
 Sex D.O.B. Age: M 11/06/61 49 years
 Physician: DEMARTINI, PAUL D. MD
 Adm.-Disch.: 06/23/11-06/23/11

I n t e r v e n t i o n a l R a d i o l o g y

Exam Date/Time: 06/23/11 1:08:53 PM Procedure: **IR Ins Tunnel CV Dev w Port over 5yrs** Accession Number: 13-IR-11-005698 Ordering Physician:

IR Ins Tunnel CV Dev w Port over 5yrs

Patient Name: ERICSON, CARL D
 Patient Medical Record Number: 590750

Account Number: 13-IR-11-005698 Exam: IR Ins Tunnel CVAD
 w Port
 Exam Date and 6/23/2011 Ordering ~~Cohen, Andrew M~~
 Time: 1:08:53 PM PDT Physician:

Report

EXAM: Right Internal Jugular Power-Port Catheter Placement With
 Ultrasound and Fluoroscopic Guidance 06/23/11 1020 hours

HISTORY: The patient requires central venous access for medication.

PROCEDURE: A time-out was performed to confirm the correct patient, procedure and site. Following informed consent, the patient's right neck and right upper chest were prepped in the usual sterile fashion. All elements of maximum sterile barrier technique were utilized. Pre procedure antibiotic. Moderate intravenous conscious sedation was given using Versed and Fentanyl. Conscious sedation was given by a trained nurse who monitored the patient with pulse oximeter, EKG and blood pressure monitoring. I personally supervised the conscious sedation. Intraprocedure time 45 minutes.

Under ultrasound guidance, a 19-gauge needle was placed into the right internal jugular vein. The internal jugular vein is widely patent. Over a 0.018 guide wire, dilatation of a subcutaneous tract up to 5F and over a 0.035 guide wire, dilatation of a subcutaneous tract up to 6F with placement of a 6F vascular sheath with the tip in the superior vena cava. Placement was confirmed with fluoroscopy.

Using sharp and blunt dissection a subcutaneous pouch was produced overlying the patient's right chest. The catheter tubing was then tunneled from the incision site overlying the anterior chest to the previously placed vascular sheath within the right internal jugular vein. The tubing was then placed through the sheath with the tip in the superior vena cava. The sheath was then removed. The infusion port device was then connected to the tubing and secured in place. The cord was then aspirated and flushed to document adequate connection of the tubing to the port device. The port device was then placed within the previously produced subcutaneous pouch. Hemostasis was secured at both the venous entry site within the right internal jugular vein as well as the operative site. The incision was closed with 4-0 Vicryl running subcuticular stitch. 4-0 Vicryl was also used to close the small incision overlying the venous access site. Ultrasound image documented.

e=Corrected	*=Comment	H=High	L=Low
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The wound was then dressed in a sterile fashion with a sterile bandage applied. Fluoroscopy time two minutes.

IMPRESSION: 1. Successful ultrasonographic and fluoroscopically guided Power-Port placement via the right internal jugular approach. The vein is widely patent.

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2. The port was working well at the time of placement.
3. The port was flushed with saline.
4. The patient tolerated the procedure well. There were no immediate complications.
5. The internal jugular vein is widely patent.

Job 92814
 jcb

*** F I N A L ***
 Dictated by: Zwerdinger MD, Steven C
 Signed by: Zwerdinger MD, Steven C
 ** Electronic Signature **
 Transcribed by: JB, T: 06/23/2011 14:54,S: 06/23/2011 16:01

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