

Progress Note

Printed On Sep 09, 2008

ETOH: None

Occupation: Reverend (not working past year)

Drugs: None

FH: Mother died of lung CA at 80 yo, father died at 52 with CVA, otherwise non-contributory

ROS: Constitutional-No change in wt, appetite, fever, night sweat, weight loss.
HEENT-No change in vision/hearing, cataract, glaucoma, tinnitus, epistaxis, sinusitis, dysphagia, dysphasia, aspiration, regurgitation, neck pain/swelling, thyroid disease

Pulmonary- No symptoms of obstructive or restrictive lung disease. No chronic cough, sputum, or hemoptysis.

Cardiac- No history of hypertension, DM. No symptoms of ischemic or valvular heart disease, congestive heart failure, palpitation, arrhythmia, gout, elevated cholesterol.

GI/GU-See HPI

MSK- No arthralgia, myalgia, bone pain.

Neurologic- No paresis, paresthesia, tremor, seizure. No change in mentation, memory, or personality. No change in balance or coordination

PE: General-WD WN male in NAD A&O

Skin-No rashes, contusions, ecchymoses

Eyes-Sclera and conjunctiva clear, EOMI, PERRLA, fundi-benign

Nares-Clear, no blood, mucous discharge

Oro-Tongue and uvula midline. Mucosal clear and moist. Dentition

Neck/Chest-No cervical or s'clav LN. Thyroid non-palpable.

Lungs-Clear to P&A. No rales, wheezes, ronchi, rubs.

Cor-RRR no murmur, gallop, rub.

Abdomen-Non-distended, non-tender BS+. No guarding, rebound, fluid wave, shifting dullness. No mass, organomegaly.

Back-No bone or CVA tenderness. No sacral or pedal edema.

Extremities-FROM no clubbing, cyanosis. Pedal pulses brisk & symmetric.

Neuro-CN II-XII intact.

Motor symmetric strength, normal bulk & tone

Gait & station normal

Mentation Clear

Affect appropriate

Rectal-Perianal skin is clear. Prostate is mildly enlarged with a 2cm nodule at the right apex. There is no edema or induration of the rectal mucosal.

IMP: 63 yo AA male with T2aN0M0 carcinoma of the prostate with a Gleason Score of 6 and a PSA of 7.04 who desires seed implants.

REC: The patient is an excellent candidate for either seed implants, external beam radiation, or surgery. The patient is strongly motivated to undergo prostate seed implantation. We discussed the side effects and risks with the patient of radiation therapy including, but not limited to, rectal bleeding and

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

FLIPPIN, RICARDO

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impotence. We recommend that the patient have a sizing of his prostate before proceeding with planning for seed implants. An appointment has been made for prostate sizing and we look forward to seeing the patient at that time.

Thank you for referring this nice gentleman with this most unfortunate problem.

/es/ VASTHI J CHRISTENSEN
PGY2
Signed: 01/04/2005 14:53

/es/ RICHARD WHITTINGTON
Radiation Oncologist
Cosigned: 01/04/2005 15:14

01/04/2005 ADDENDUM

STATUS: COMPLETED

Rev Flippin is a 63yo man recently diagnosed with T2a Gleason 3+3=6 PSA 7.04 Ca Prostate. Metastatic W/U not done due to low PSA and Gleason score, not recommended by ACR. He has already done extensive reading on prostate cancer treatment options. He has nocturia x2 and no other sx of BOO. He has no risk factors for proctitis. PMH +HTN, no other significant PMH. Physical findings as described by Dr. Christensen. We discussed treatment options including Surgery, brachytherapy, and small volume ext beam RT. We discussed the bladder and rectal irritative sx and the risk of proctitis associated with interstitial and external RT and contrasted that with the risk of incontinence associated with surgery. We explained the risk of impotence is 45% with brachytherapy, 60% with surgery, and 75% with ext beam RT. We answered his questions and he has decided he wishes to proceed with brachytherapy. We have scheduled in him for treatment planning ultrasound.

/es/ RICHARD WHITTINGTON
Radiation Oncologist
Signed: 01/04/2005 15:21

LOCAL TITLE: NURSE - SURGERY CLINIC*
STANDARD TITLE: NURSING OUTPATIENT E & M NOTE
DATE OF NOTE: DEC 29, 2004@12:58 ENTRY DATE: DEC 29, 2004@12:58:13
AUTHOR: MARTINEZ,DAMARIS EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: FLIPPIN,RICARDO CHALMUS [REDACTED]
Age: 63 Sex: MALE
Allergies:
Patient has answered NKA

CLINIC:
Vascular

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FLIPPIN, RICARDO
[REDACTED]

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Seeds: 79 total.
Scrubbed: Drs. Kao, Dorsey
Urology/ cystoscopy: Schwab, Malkowicz
Needles: 20
Planned dose: 160 Gy to prostate.

Patient was prepped, scrubbed and anesthetized without difficulty. Ultrasound probe was introduced and proper positioning verified. Needles preloaded with iodine seeds were then introduced as per plan derived from most recent sizing US. Cytoscopy by Urology performed after implantation of seeds revealed no seeds in the bladder. Followup monitoring by Radiation Safety also found no seeds lying outside of patient. The entire procedure was completed without difficulty or complication. Anesthetized was reversed and patient taken to the Recovery Room in satisfactory condition.

Gary D. Kao, MD, PhD

/es/ GARY D KAO

MD

Signed: 05/09/2005 11:13

LOCAL TITLE: DISCHARGE INSTRUCTIONS
STANDARD TITLE: PHYSICIAN EDUCATION DISCHARGE NOTE
DATE OF NOTE: MAY 09, 2005@10:58 ENTRY DATE: MAY 09, 2005@10:58:21
AUTHOR: SCHWAB,C WILLIAM EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PHILADELPHIA VETERANS AFFAIRS MEDICAL CENTER

PATIENT DISCHARGE INSTRUCTIONS

FLIPPIN, RICARDO C

Date of Admission: May 9, 2005
Date of Discharge: may 10, 2005
Type of Discharge: Regular - Discharge to Home
Discharge Disposition: Home

List of all diagnoses treated during this admission:

Admitting Diagnosis: prostate ca
Principal Diagnosis: same
Other Diagnoses: HTN

Operative Procedures: cysto/brachytherapy

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Dec. 14. 2006 10:54AM

No. 6917 P. 2

JP

PROGRESS NOTES		PHYSICIAN'S ORDER		DATE SCHEDULED & CLERK'S INITIALS
DIAGNOSIS:		LABS: <input type="checkbox"/> CBC/DIFF. <input type="checkbox"/> CEA		8-16-06
DATE: 8-16/06 DR.: WINSTON DR.: <u>ARNOLD</u>		<input type="checkbox"/> CHEM 7 <input type="checkbox"/> HEPATIC FUNCTION		
PAIN SYMPTOMS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO LOCATION: <u>Rectum</u>		<input type="checkbox"/> GGT <input type="checkbox"/> LDH		Flex. Sig
SCALE 0-10: <u>1/10</u>		FILMS: <input type="checkbox"/> CT ABD/PELVIS		10/5/06
PAIN LEVEL ACCEPTABLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> CT CHEST		@ 10 ⁰⁰
CHARACTER: <u>dull - aches</u>		<input type="checkbox"/> PET SCAN		
FREQUENCY: <u>constant rectal</u>		<input type="checkbox"/> COLONOSCOPY		Mailed out
DURATION: <u>March</u>				info
INTERVENTION: <u>hypocosture 108/</u>		<u>flex sig</u>		
WT: <u>109.9</u> Bp: <u>180</u>		<u>Sigmoid</u>		
<u>Here for evaluation of rectal</u>				11-15-06
<u>spain. PT had colonoscopy - 7/11/06</u>				
<u>CT scans done C. BALBRACH, MD</u>				ICD9 211.3
<u>C/D rectal pain</u>				CPT 45160
<u>Exam: exam</u>				Nov. 27, 2006
<u>no obvious p. N. sign</u>				@ 3 ³⁰ #11
<u>PT could not tolerate</u>				
<u>in the exam.</u>				Called pt
I SPENT APPROX. _____ MINUTES WITH THE		<div style="text-align: center;"> <p>INVANZ (ertaperem sodium) N/M</p> <p>Schedule Transal / hour hepatic of rectal and other</p> </div>		
PATIENT, MAJORITY OF WHICH OVER 50% WAS SPECIFICALLY				
COUNSELING REGARDING DIAGNOSIS, TREATMENT OPTIONS, RATIONALE, RISK AND BENEFITS OF EACH				Mailed out
AND THE PROGNOSIS. WE ALSO DISCUSSED:				info
				11-20-06
PATIENT TO RETURN: <u>flex sig</u>		<input type="checkbox"/> T+S <input type="checkbox"/> UNITS		Recall pt to
				12/5/06 @ 3 ⁰⁰
				called pt

THE OHIO STATE UNIVERSITY HEALTH SYSTEM

COLON & RECTAL SURGERY
PROGRESS NOTES AND ORDERS

ADDRESSOGRAPH

MRN [REDACTED] 66
 FLIPPIN, RICARDO C 66
 66 29 1841
 ARNOLD, MARK W
 66 14 66
 M81 K21
 PTH [REDACTED]

Progress Note

Printed On Sep 09, 2008

/es/ Amit Maity, MD, PhD

Signed: 08/13/2008 16:12

08/19/2008 ADDENDUM

STATUS: COMPLETED

Information pertaining to 1151 claims process and the right to file an administrative tort claim has been mailed to the veteran. POC information for follow up questions has been provided.

/es/ SUSANN M KIRLIN

RISK MANAGER

Signed: 08/19/2008 11:39

LOCAL TITLE: RADIATION ONCOLOGY TELEPHONE NOTE

STANDARD TITLE: RADIATION ONCOLOGY TELEPHONE ENCOUNTER NOTE

DATE OF NOTE: JUL 15, 2008@16:23

ENTRY DATE: JUL 15, 2008@16:23:36

AUTHOR: MASLOW, JOEL

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** RADIATION ONCOLOGY TELEPHONE NOTE Has ADDENDA ***

Mr. Flippin was contacted at work to discuss his treatment and potential complications from this treatment.

He was treated in May 2005 and had a D90 calculated as 66.64%. Per Mr Flippin he developed bowel problems and thought that he had radiation proctitis and presented to the CLarksburg VAMC and was then transferred to Ohio State Univ for treatment for radation proctitics. The long course of treatment resulted in job loss and he stated he was bed-ridden for 6 months.

We discussed the fact that his case and others were being reviewed and that we would request that he come out to Philadelphia once independent review of treatment options were completed likely in 6-8 weeks or hopefully earlier. He asked whether the seeds from his prostate brachytherapy were causative for his rectal symptoms and this was stated as posisble and that his case including seed placement would be discussed at his visit.

/es/ JOEL MASLOW, MD

MD

Signed: 07/15/2008 16:31

07/23/2008 ADDENDUM

STATUS: COMPLETED

Information pertaining to 1151 claims process and the right to file an

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DEPARTMENT OF VETERANS AFFAIRS
VA Medical Center
University and Woodland Avenues
Philadelphia, PA 19104

In Reply Refer To: [REDACTED]

August 15, 2008

Richard C. Flippin
[REDACTED]

Charleston WV 25311

Dear Mr. Flippin,

Recently a letter was sent to notify you that the care you received for prostate cancer at the Philadelphia VA Medical Center was being reviewed. As part of the follow up to assess your treatment, a follow-up CT scan was performed. The results of the CT scan indicate that the treatment you received did not meet VA's high standard of care. You recently were notified by telephone of this result and this letter is being sent to confirm that conversation. We have also advised your VA primary care physician of this fact, and we will send him/her a copy of this letter.

If you have any further questions, please call Pamela Devine, RN, in the Radiation Oncology Department at (215) [REDACTED] to set up a time for your visit.

Included in this packet is information regarding the filing of administrative claims and benefits for which you may be eligible. If you have questions about the benefits or claims, please call Sue Kirlin, RN, Risk Manager, at (215) [REDACTED] or toll free at (800) [REDACTED], extension [REDACTED] or [REDACTED].

I apologize for any inconvenience, or concerns this may cause regarding the care that you received at the Philadelphia VA Medical Center.

Sincerely,


RICHARD S. CITRON, FACHE
Medical Center Director