



ULTIMATE BARIATRICS OF TEXAS

6860 North Dallas Pkwy, Plano, TX 75024

Tel: 469-305-7171 Fax: 469-212-1548

Patient Name: George Hewitt
Patient DOB: 12-12-1979
Patient Sex: Male
Visit Date: 03-06-2016

Chief Complaint/HPI

Patient presents with [bariatric consultation](#).

Patient is a [36 year\(s\)](#) year old [male](#) who presents for evaluation for bariatric surgery. He has a BMI of [44](#). He is motivated to attempt surgical weight loss because he has been overweight for over 10 years and wants to lose weight slowly and be more active and be healthier. He is mainly affected physically by her weight. When he loses weight he always regains it and he always gains back more weight than he has lost. At one time, he lost 25 pounds and gained the weight back in about six months. He has done numerous commercial weight loss programs including Weight Watcher's for six months in 2002 and 2004 with a 10 to 25-pound weight loss. He is on Fastin from one month previously [He has a history of comorbidities as mentioned above. He now wishes to proceed with surgical weight loss.](#)

History

MEDICAL HISTORY: Patient has [diabetes](#), [hyperlipidemia](#) and [peripheral vascular disease](#).

SURGICAL HISTORY: Patient has [cholecystectomy](#) in 2010.

FAMILY HISTORY: Father has [osteoarthritis](#).

SOCIAL HISTORY: Patient is [current every day smoker](#), smoking [2 pack/day](#), alcohol consumption is [social](#) and [no illicit iv drug abuse](#).

PSYCHIATRIC HISTORY: Patient has [no psychiatric history](#).

HEALTH MAINTENANCE:

Last PSA: [29 February, 2016](#).

Last DEXA: [29 February, 2016](#).

Last EKG: [29 February, 2016](#).

Last TSH: [28 February, 2016](#).

Last Cholesterol: [01 March, 2016](#).

Current Medications

[Adipex P 37.5mg Capsule, take 1 capsule \(37.5mg\) by oral route once daily before breakfast](#)

[Fastin 30mg Capsule](#)

[Metformin Hydrochloride 500mg Tablet](#)

[Wellbutrin 75mg Tablet, take 1 tablet \(75mg\) by oral route 3 times per day](#)

[Atorvastatin Calcium 20mg Tablet](#)

Allergies

Patient is allergic to [Sulfacetamide](#).

Patient is allergic to [Penicillin](#).

Problem List

[Diabetes \(250.00\)](#)

[Hypertension/High BP \(401.9\)](#)

[OBESITY, UNSPECIFIED \(278.00\)](#)

ROS

CONSTITUTIONAL: Patient complained of no constitutional symptoms.

EYES: Patient complained of no eye symptoms.

EARS: Patient complained of no ear symptoms.

NOSE: Patient complained of no nasal symptoms.

SINUSES: Patient complained of no sinus symptoms.

THROAT: Patient complained of no throat symptoms.

RESPIRATORY: Patient complained of no respiratory symptoms.

CV: Patient complained of no CV symptoms.

GI: Patient complained of no GI symptoms.

GU: Patient complained of no GU symptoms.

NEUROLOGICAL: Patient complained of no neurological symptoms.

SKIN: Patient complained of no skin symptoms.

ENDOCRINE: Patient complained of no endocrine symptoms.

PSYCHIATRIC: Patient complained of no psychiatric symptoms.

MUSCULOSKELETAL: Patient complained of no musculoskeletal symptoms.

Vital Signs

Height: 67 in.

Weight: 280 lbs

BMI: 43.8

BP systolic: 140 mmHg.

BP diastolic: 95 mmHg.

PHYSICAL EXAM:

This is a pleasant male in no acute distress.

Alert and oriented x 3.

HEENT: Normocephalic, atraumatic. Extraocular muscles intact, nonicteric sclerae.

Chest is clear.

Abdomen is obese, soft, nontender and nondistended.

Extremities show no edema, clubbing or cyanosis.

Assessment

We have gone over the different bariatric procedures with him in great detail, including the risks, benefits and alternatives.

The patient understands and is willing to proceed.

This is a 36-year-old male with a BMI of 44 who is interested in the Lap-Band as opposed to gastric bypass. We will be asking for a letter of medical necessity. He will also need an EKG and clearance for surgery. He will also see my nutritionist and social worker and once this is completed, we will submit this to his insurance company for approval.

Treatment Plan

He will attend the support group meeting, and will go through the multidisciplinary work up. He will be scheduled for surgery following completion of his workup.

Plan

Lab

EXERCISE STRESS TEST

CMP

ECHOCARDIOGRAM

CBC W/DIFF

Today's Medication

Meridia 15mg Capsule is Prescribed, Take 1 tablet PO qd

Recommendation

In order to reduce the amount of fat around the liver and spleen, a preoperative liquid diet must be followed 7-14 days before gastric bypass surgery. If this diet is not followed, then surgery may be delayed or cancelled intra-operatively

(during the procedure). I can't stress enough how important it is to follow the pre-op diet. You've likely waited 6 months to a year to get approved and on the operating table. Follow your pre-op diet. A large liver prevents your surgeon from visualizing certain anatomy during the procedure. If the liver is too large, it then becomes unsafe to perform your gastric bypass surgery. Surgery, may then be cancelled and rescheduled to a later date. The 1-2 week pre-op diet will include the following elements: Protein shakes or meal replacement shakes will be the diet's primary component. Only sugar-free beverages are allowed (sugar substitutes are okay). No caffeinated or carbonated beverages are permitted. Soup broth with no solid pieces of food may be consumed. V8 and vegetable juice are acceptable. Extremely thin cream of wheat or cream of rice may also be eaten. One or two daily servings of lean meat and/or vegetables might be okay, but only if they are approved by your surgeon or registered dietician. All beverages and liquids should be sipped very slowly. Beverages should not be consumed with meals, and the patient should wait at least 30 minutes after a meal before consuming any type of liquid.

Follow Up

Patient is advised to follow up in 1 week.

Health Education

BARIATRIC SURGERY

The visit was electronically signed off by Steven Coleman, MD on 03/06/2016 02:28:22 PM