

Respiratory Physiology Service



Name: ALEXANDER ATKINSON

DOB: 17-January-1957

Sex: M **Age:** 56.2

Ht: 1.715m

Wt: 68.8kg

BMI: 23.4

CHI: 1701570130

Report to: Cardiac Clinic

Ear Oxygen Saturation Report

Ear Oxygen Saturation (Seated, breathing air)	97.0 %
Other Measurement of Ear Oxygen Saturation	
Comment on Other Measurement	

Spirometry predict methodology: European Community of Coal and Steel (ECCS)

Clinical Details (17-Apr-2013): SMOKER; Beta Blockers;

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Ventilatory Capacity Report

Date			17-Apr-2013		Predicted	Range*
	Value	Value	Value	%Pred		
Ventilatory Capacity						
FEV1 (L)			2.45	75	3.25	2.41 - 4.09
VC (L)			3.75	92	4.08	3.07 - 5.09
FEV1/VC (%)			65.3		77.1	65.2 - 88.9
PEFR (L/Min)						

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: European Community of Coal and Steel (ECCS)

Clinical Details (17-Apr-2013): SMOKER; Beta Blockers;

Ventilatory capacity is within the normal range.

SpO2 = 97%

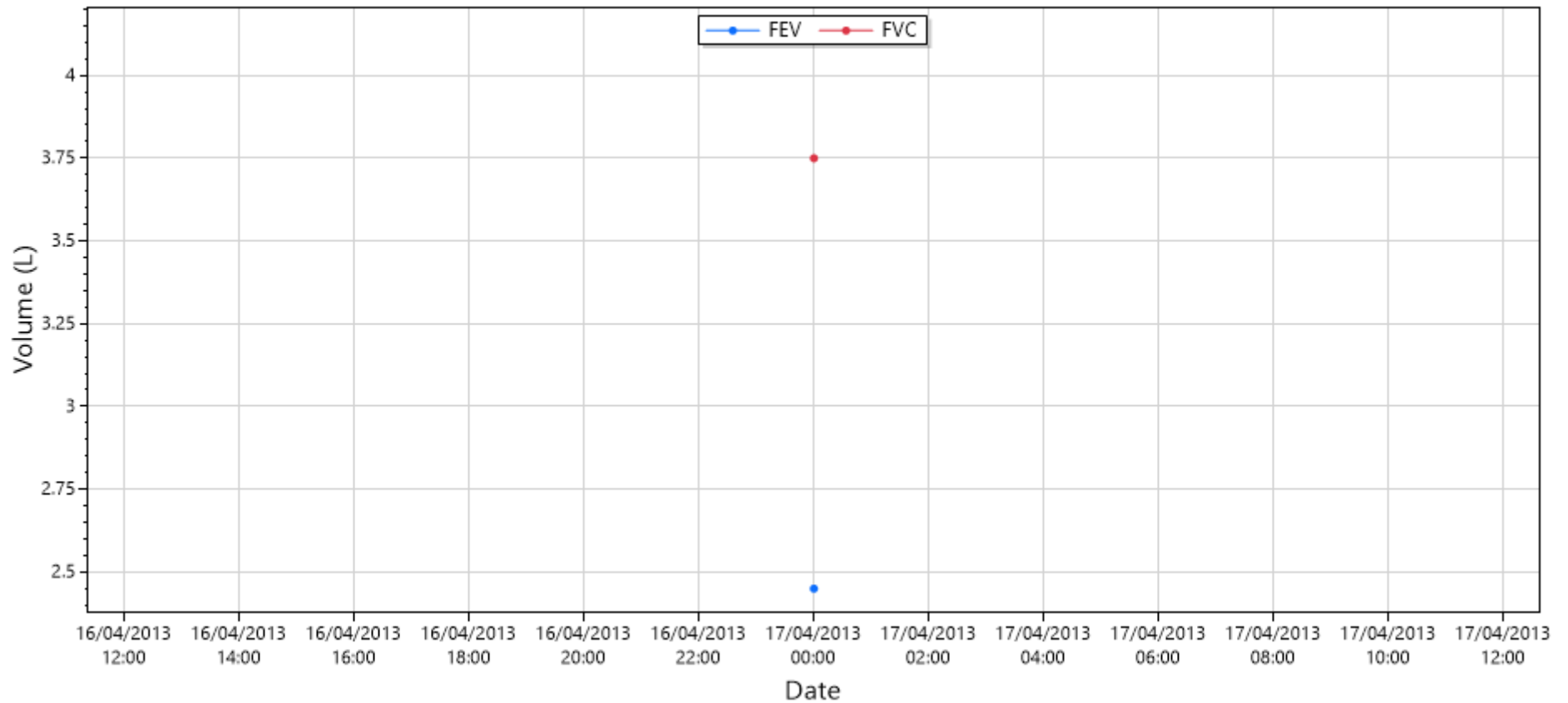
PEFR = 403L/min (Predicted PEFR = 498L/min)

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Ventilatory Capacity Graph



XR Chest

XR Chest

Clinical details

pre assessment for cardiac surgery - MVR (MECHANICAL). PMH: previous drug use on methadone

Report

PA chest x-ray, comparison 01/08/12. Cardiac silhouette has returned to normal, CTR 155/316. Normal vasculature, lung fields are clear and without effusions.

EJRVB/CB

Reporting Radiologist: Prof Edwin JR Van Beek

Report Information

Requestor Walker, Mr W
Requesting Location (RIEOPD3) RIE OPD3 Outpatient Department
Report Identifier 14811059
Sample Date 17/04/2013 11:30:00

Patient & GP Information

UHPI Number	700629263X
CHI Number	1701570130
Episode Number	I0003187746
Surname/Forename	Atkinson, Alexander
Date of Birth	17/01/1957
Sex	Male
Patient Address.	27B FORTINGALL PLACE Perth PH1 2NF
Registered GP	LM Welsh
GP Address.	Victoria Practice,Glover Street Medical Centre,133 Glover Street,Perth PH2 0JB

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Atkinson, Alexander	Episode Number	I0003187746
UHPI Number	700629263X		

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Operation Note Episode/Ref: I0003187746 Mr W Walker 01/08/2013 14:24 Anne Weir	OPERATION NOTE: „DIAGNOSIS: Mitral regurgitation,PROCEDURE: MVR 27 mm Sorin mechanical bileaflet prosthesis, „Date of operation 02 05 13„Other procedures: Ventilation X50.8„SURGEON: Mr Walker„ASSISTANT: Dr Patronis„GA: Dr Dornan„INCISION: Median sternotomy „BYPASS DATA: Ascending aortic arterial inflow, bicaval venous drainage. Trans mitral and aortic root venting. Aortic root St Thomas solution cold multi-dose cardioplegia. Systemic temperature drift to 32oC. Bypass 95 minutes, cross-clamp 70 minutes. „FINDINGS: The left ventricle was dilated with good function. The LA was enlarged and clot free. The heart was in AF. The mitral valve annulus was dilated and the anterior leaflets prolapsing. „PROCEDURE: The chest was opened and the patient heparinised and cannulated for bypass. Perfusion was commenced and on full flow systemic temperature drift was initiated. The left ventricular apical vent was inserted. The aortic cross-clamp was applied. Cardioplegia was delivered to the aortic root with satisfactory arrest of cardiac action. The left atrium was then opened through a vertical atriotomy anterior to the right pulmonary veins. The mitral valve was visualised and the anterior leaflet excised. The posterior leaflet was preserved. The valve was replaced with a size 27mm Sorin mechanical bileaflet prosthesis sutured in place with 2/0 horizontal mattress pledgetted Ethibond sutures with the pledgets placed on the ventricular aspect of the annulus. During the tying down phase, systemic re-warming was initiated. The left atrium was loosely repaired with 3/0 Prolene in two segments and preliminary de-airing was carried out across the left atriotomy. The aortic cross clamp was then released, taking care to de-air the aortic root. Electrical activity returned as sinus rhythm. At normothermia final de-airing was carried out across the atriotomy, which was secured and bypass discontinued without inotropic support. „CLOSURE: Protamine was administered. The bypass cannulae were withdrawn and the Ethibond purse-string sutures used to secure the cannulation sites. The aortic cannulation site was under-run with a pledgetted 3/0 Prolene suture. „Pericardial and mediastinal drains were introduced through inferior stab incisions. One temporary bipolar RV pacing wire was left in situ. The pericardium was loosely approximated with interrupted 3/0 polypropylene and the sternum was closed with wires. Layered absorbable sutures were used for the soft tissues.....W S Walker,Consultant Cardiothoracic Surgeon ww/aw,

Surname/Forename	Atkinson, Alexander	Episode Number	I0003187746
UHPI Number	700629263X		

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003187746 Mr W Walker 03/05/2013 20:27 Dr Kahyee Hor	<p>Dr Doctor,,,Many thanks for accepting this patient under your care,,PRINCIPAL DIAGNOSIS/ PROCEDURE,,1. Severe Mitral Regurgitation - Mitral Valve Replacement (Mechanical) on 02/05/2013,,This 56 year old gentleman was referred for MV replacement. He suffers from shortness of breath and associated chest tightness which is brought on by exertion. His symptoms have become progressively worse in the last 6-8 months. He denies any syncope but admits to light-headedness. His background and relevant investigations include:,a) Knwon Severe mitral regurgitation with mild aortic incompetence. Mild AR and mitral stenosis,b) Atrial firbillation on Digoxin and Bisoprolol pre-op,c) Pulmonary oedema in July 2012,d) Previous drug abuse, currently on Methadone. Denies IV drug abuse. Smoker (10 cigarettes/day),e) CCS0, NYHA II,f) Coronary angiography 12/12/12: trivial irregularity of the RCA, ,TREATMENT,,Mr Atkinson had a metallic mitral valve replacement on 02/05/2013 (Sorin). He was admitted to Cardiothoracic ICU post-op for observation and was transferred to ward level care day 1 post-op. His INR is currently subtherapeutic and he requires daily INR check's until this stabalises., ,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,,Follow-up with Cardiology, ,CHANGES TO DRUGS SINCE ADMISSION, ,PREVIOUS ADVERSE DRUG REACTIONS,,Apparently does not tolerate Dihydrocodeine, ,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,,None, ,GP to please consider the following...closely monitor INR., ,Should you need further information please contact...,Mr Walker's Team, Ward 102, RIE, ,Information contained in this letter has been discussed with the patient/carers.,,Yours sincerely....., ,Staff Signature..... PrintName.....,Designation..... Date..... Time.....,Patient/Carer Signature....., ,This is an immediate discharge letter and a further letter may follow.</p>

Surname/Forename	Atkinson, Alexander	Episode Number	I0003187746
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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003187746 Mr W Walker 21/05/2013 10:35 Anne Weir	Dear Dr Compson,,DIAGNOSIS: Mitral Regurgitation ,OPERATION: Mitral Valve Replacement -size 27 mm Sorin valve (02 05 13),Other Procedures: Ventilation X50.8,,This 55 year old gentleman with a known history of severe mitral regurgitation, with mild aortic incompetence had experienced increased shortness of breath with associated chest tightness, worsening over the past six months. His father died after a myocardial infarction in 2010.,,His past medical history was of Barretts Oesophagus, long-standing back pain of uncertain nature, worse at night, and previous drug abuse (Methadone) denying intravenous use, only smoking heroin. In 2010 he was found to be in atrial fibrillation treated with Digoxin/Warfarin therapy. In July 2012 he had pulmonary oedema treated in hospital and in 2009 he underwent laparoscopic cholecystectomy. Angiography on 12th December 2012 showed normal coronary arteries and he was referred for mitral valve replacement.,,Post-operatively, Mr Atkinson's INR was 6.1.,,Mr Atkinson was transferred to Perth Royal infirmary for further convalescence on 9th May 2013. He has been referred for cardiac rehabilitation and his further follow-up will be under the care of Dr Dewhurst.,,Discharge investigation results were: Haemoglobin:110; WCC:7.8; PLT:267; INR:1.6.-On warfarin 4 mgs pre -op for atrial fibrillation .-Target 2.5-3.5 duration lifelong; Urea:2.3; Creatinine:61; Na:136; K:4.5; Cholesterol:6.1; ECG:sinus rhythm 70 beats per minute; Chest X-ray: 06/5/13 -Lung Fields clear; Wound:clean dry and intact with stable sternum ,,Should any wound problems or other concerns arise please contact Nurse Practitioners Jim Delaney; bleep 2016, Daisy Sandeman, bleep 5628; Carole Herpich, bleep 2017 or Gloria Rigby bleep 1053 via the Hospital Switchboard (0131-5361000). ,,Yours sincerely,,,W S Walker,Consultant Cardiothoracic Surgeon,,,cc Dr N Dewhurst, Consultant Cardiologist, Perth Royal Infirmary, PERTH, PH1 1NX,,, Cardiac Rehabilitation Office, Perth Royal Infirmary, PERTH, PH1 1NX