

Catheterization Lab – Sample Note, Lower Extremity Arteriography

Patient Name: Jeffrey Rogers
MRN: 4555
Note Status: Finalized

Procedure Date: 05/30/2008 10:00:00
Account #: 22233
Attending MD: Thomas C. Paine MD

Providers:

Thomas C. Paine, MD (Doctor)

Referring MD:

James Edwards, MD

Procedure:

Lower Extremity Arteriography and Percutaneous Peripheral Arterial Intervention

Indications:

Non-healing right lower leg ulcer(s).

Pertinent Medications:

Acetylsalicylate (Aspirin) 81 mg PO daily

Warfarin (Coumadin) 10 mg PO daily

Pre-Procedure Assessment:

History and Physical has been performed. Patient meds and allergies have been reviewed.

The risks and benefits of the procedure and the sedation options and risks were discussed with the patient.

All questions were answered and informed consent was obtained.

Adequacy/Tolerance:

The quality of the study was adequate.

The patient tolerated the procedure well.

Procedure Medications:

Midazolam (Versed) 2 mg IV total dose.

Fentanyl (Sublimaze) 50 mcg IV total dose.

Lidocaine 1% 20 mL, local infiltration total dose.

Description of Procedure:

Approach:

- Right femoral artery approach. Access method: Percutaneous needle puncture.

Arteriography

- The infrarenal abdominal aorta was cannulated and injected.
- The right superficial femoral artery was cannulated and injected.

Devices Used

- Sheaths utilized: Size: 6.0 Fr. Length: Short. Flexor Type: Introducer.
- Catheters utilized: Type: Pigtail. Size: 6.0 Fr.
- Atherectomy device: Silver Hawk Plaque Excision System. Diameter: 3.5 mm. Length: 30 mm.

Findings/Interventions:

-- Right Femoral Artery Approach --

Lower Extremity Arteriography Injections

- The pigtail catheter was advanced into the infrarenal abdominal aorta and an injection of contrast was performed. The pigtail catheter was advanced into the right superficial femoral artery and an injection of contrast was performed to better visualize distal vasculature.

Lower Extremity Arteriography

- Aorta

There were no obstructing lesions in the infrarenal abdominal aorta.

- Left Lower Extremity

The left proximal common iliac artery was ectatic/dilated to a maximum diameter of 3 mm. There was a minimal diffuse atherosclerotic stenosis from the left proximal external iliac to the proximal superficial femoral artery.

- Right Lower Extremity

There was a minimal diffuse atherosclerotic stenosis from the right proximal common iliac to the distal superficial femoral artery. There was an 80 to 90% diffuse atherosclerotic stenosis in the right

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Distal popliteal artery. Atherectomy was performed with the SilverHawk atherectomy device on the right popliteal artery. Post-procedure stenosis was 10%.

Complications:

No immediate complications.

Impression:

Severe right lower extremity artery atherosclerotic vascular disease.

Successful atherectomy of the right distal popliteal artery.

Minimal stenosis of the left proximal external iliac to the proximal superficial femoral artery.

Minimal stenosis of the right proximal common iliac to the distal superficial femoral artery.

The left proximal common iliac artery was ectatic/dilated.

CPT Code(s):

35493, Transluminal peripheral atherectomy, percutaneous; femoral-popliteal

36246, Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family

75630, Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation

75992, Transluminal atherectomy, peripheral artery, radiological supervision and interpretation

75774, Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)

ICD Code(s):

440.23, Atherosclerosis of native arteries of the extremities with ulceration

707.12, Ulcer of calf

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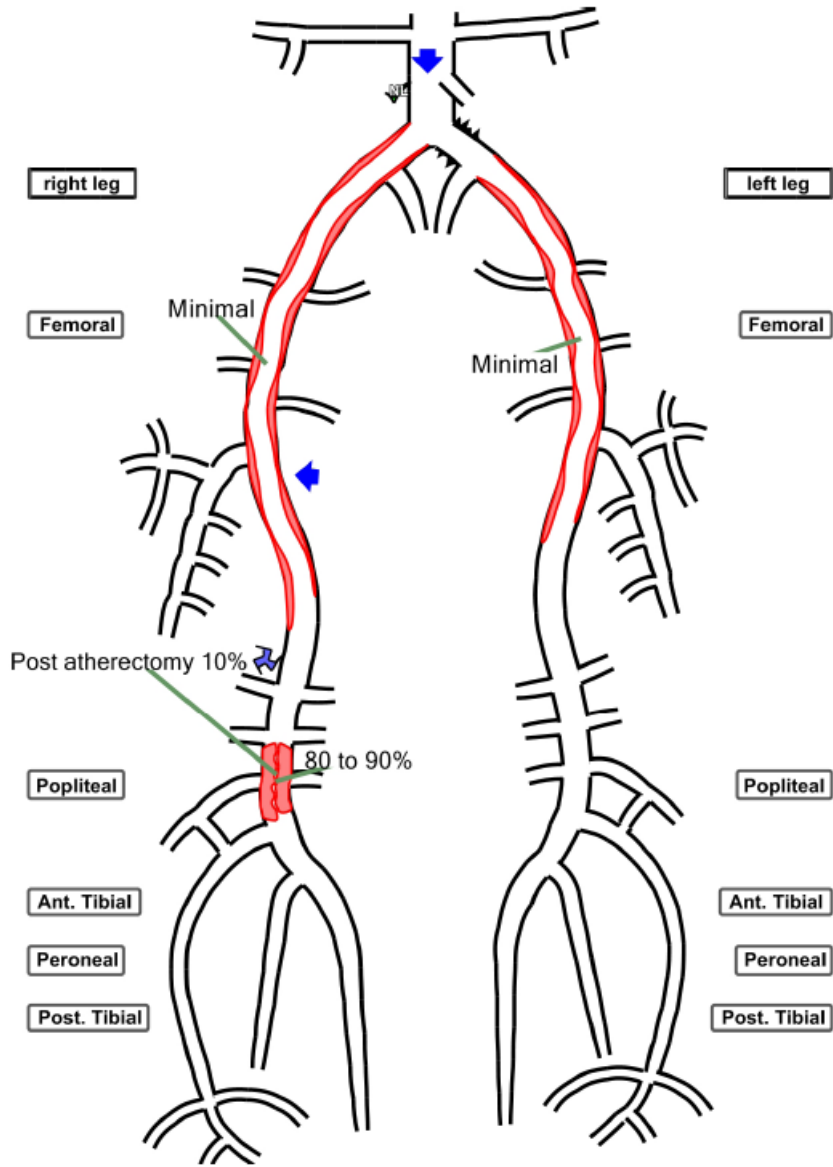
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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

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DocuDiagram:



E-Signed by: Thomas C. Paine, MD

Thomas C. Paine, MD
Signed Date: 05/30/2008 10:35:08
Number of Addenda: 0
This report has been signed electronically.
Note initiated on" 05/30/2008 10:00:00

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