

March 19, 2013

Dr. B.L. DiPaolo,
755 Concession Street,
Hamilton, ON

Dear Leo:

Re: **YOUNG, Suzanne #3821**

I saw Suzanne on the 19th of March, 2013 in follow up. This patient had a TAH and BSO on November 26th, 2012. Her hospital course was complicated by having a small bruise on her occiput after her surgery, which she awoke with after the operation. The cause of that was not determined from the hospital record. She subsequently had some loss of hair in the area. She has had some unusual neurological symptoms that have been persisting since all of this happened, and I am not sure I can understand the relationship between the small bruise on her occiput and the subsequent neurological symptomatology.

In addition to that she had a postoperative incisional infection. The good news here is that's now healed up completely and her incision looks quite nice. She is still a bit tender there and I have encouraged her to do some active massage of the area to break down any scar tissue.

Her head is back to normal - her hair has grown in and you really cannot see any evidence of any kind of trauma area. She had an MRI since I last saw her which was normal. She is seeing Dr. Rathbone, a neurologist, in the near future. She has also seen a neuro-ophthalmologist, Dr. Rodriguez, but I don't have his report.

I think that there is a family meeting with Suzanne arranged by the hospital because of her concerns around the query head injury that she experienced postoperatively. However, this is relayed to me through Suzanne and the hospital has not contacted me to have me participate in that discussion. That whole issue is more related to nursing and anesthesia than the actual surgical course.

I do want to talk to Suzanne in more detail about long-term estrogen replacement therapy in view of her relatively young age for surgical menopause. However, I am not sure that this is the right time to embark on that discussion, until we have a better sense of what's going on with her current neurological issues. To that end, I have asked her to return to the office once those issues have been sorted out and we will have a discussion about that issue.

This has certainly been a challenging situation for Suzanne through all of this and I have tried to be supportive throughout her course. I will continue to follow her with you.

Yours sincerely,

D. Small, M.D., F.R.C.S.C.

DS:lmw
Dictated but not read

January 10, 2013

Dr. B.L. DiPaolo,
755 Concession Street,
Hamilton, ON

Dear Dr. DiPaolo:

re: YOUNG, Suzanne Marie #3821

3-821

Suzanne was seen in follow up today. She is now six weeks from her total abdominal hysterectomy and bilateral salpingo-oophorectomy. As I entered the room today, Suzanne began to cry. She is quite upset by how poorly she feels. She was assured that by six weeks her complications would have resolved. She continues to suffer with a wound infection. Apparently she developed cross contamination at one of her CCAC appointments and has developed a new wound infection. There is a slight area of induration once again and she has a pus-like discharge that is quite malodorous during dressing changes. She is also quite upset today about ongoing pain. This is all over her abdomen but particularly bilaterally in the suprapubic region. She also experiences pain with bowel movements. She does have bowel movements daily. Hydromorphone is no longer helping the pain. She continues to suffer from nausea such that she feels she cannot sit up. She also has occasional burning with urination but denies that it feels like a UTI. Apparently at her last visit with CCAC they recommended a belly band to provide support to her abdomen as well as physiotherapy to strengthen her vulva as well as her bladder. She had been bleeding almost daily since the surgery but this apparently stopped four days ago. This is the first four days she has had without vaginal bleeding.

On examination today the patient was lying down and quite tearful. She did calm down when I talked to her. Her abdomen was soft to palpation. There were no masses palpable. She did not have any discrete areas of tenderness or rebound. Her incision still shows an area where they are packing. There is an area of induration adjacent to the site measuring approximately 2 cm in length. There is no surface erythema, heat or other evidence of cellulitis. I did not remove the packing today to assess for purulent discharge.

On speculum examination the vagina appears to be healing well. It was a difficult examination secondary to discomfort as well as vaginal folds but I was able to appreciate an area of granulation tissue approximately 1 cm in diameter. Attempts to access it and cauterize it were unsuccessful secondary to discomfort. On bimanual examination the vault was quite tender but there were no masses nor collections palpable. Overall the vault was supple.

With regards to the vaginal bleeding, I have reassured Suzanne that this is likely secondary to the granulation tissue. Once she is more comfortable we will try to adequately examine her and cauterize this. With regards to the diffuse pain, I do question whether or not constipation may be contributing. She has been on Hydromorphone for quite a while. She is using stool softeners and going daily but this can still help to contribute. As such I will order an x-ray for her today. Her Hydromorphone is no longer helping her pain. She is unable to take Naproxen secondary to severe asthma and Toradol in the past has not been helpful. She has had success in the past with Demerol and so I gave her a new prescription today for Demerol. I also reordered her Ondansetron as she continues to suffer from nausea. As recommended by CCAC, a prescription was given today for a belly band which she can pick up at the pharmacy. I have also ordered another round of Clindamycin 300 mg p.o., q.i.d, and the physiotherapy recommended by CCAC. She does not have drug coverage but apparently CCAC will help to cover this. I also extended her CCAC today as she will continue to need wound packing with this new infection. I will see Suzanne

YOUNG, Suzanne Marie

2

January 10, 2013

back in the clinic again in two weeks' time. I am hopeful that the regimen being implemented today will help her to recover.

Thank you for involving us. We will continue to keep you apprised.

Yours sincerely,
Lauren Smith, M.D., F.R.C.S.C., Locum for

D. Small, M.D., F.R.C.S.C.

LS:lmw
Dictated but not read

February 20, 2013

Dr. B.L. DiPaolo,
755 Concession Street,
Hamilton, ON

Dear Dr. DiPaolo: re; **YOUNG, Suzanne Marie #3-821**

Suzanne was seen in follow up today. She seems to be in much better spirits today. She was even showing evidence of humour. She still complains of persistent headache, unsteadiness and stuttering when excited as well as memory problems but overall she looks better today. I understand she had an MRI of the head completed last week at the Hamilton General Hospital and the results are pending. She is hoping following this that she will have a quick appointment with Dr. Rathbone from neurology.

With regards to the wound infection, CCAC is still seeing her and packing the site. They have told her that the overall dimensions are now decreasing. I understand she has had one set back with a repeat infection. This was apparently diagnosed by the CCAC nurse. She had a refill on her Clindamycin prescription and so she was started with the Clindamycin on her own advice.

When I examined the site today the abdomen is soft and non-tender. There was no evidence of erythema or purulent drainage. I have advised her if they feel the site is becoming infected again that she return to our clinic. I would recommend taking a swab of the site. It is possible that whatever is growing in there is not susceptible to the Clindamycin.

Occupational therapy have recommended that she get abdominal binders as well as a heating pad and cane to help with mobility as well as her abdominal and back pain that she still suffers from following the surgery. A prescription was given was all of these. We will see her back in the clinic in one month's time to reassess her wound healing.

Thank you for involving us. We will continue to keep you apprised.

Yours sincerely,
Lauren Smith, M.D., F.R.C.S.C., Locum for

D. Small, M.D., F.R.C.S.C.

LS:lmw
Dictated but not read

January 23, 2013

Dr. B.L. DiPaolo,
755 Concession Street,
Hamilton, ON

Dear Dr. DiPaolo:

re: **YOUNG, Suzanne Marie #3821**

3-821

Suzanne was seen in follow up today regarding her complicated postoperative course. As you are aware from previous correspondence, she has struggled with the wound infection that continues to require packing from CCAC. Her postoperative course has also been complicated by chronic nausea and headaches which she associates with a bruise and bump obtained on her occiput during her hospital stay.

Suzanne unfortunately is still feeling no better and all of her concerns are largely related to the bruise on her occiput. She summarized these symptoms for me today and they include difficulty with her balance, nausea particularly associated with head movements, chronic daily unremitting headaches as well as blurred vision. She tells me that she has seen an optometrist in regards to this latter symptom and he did not feel it was related to her prescription. In addition to this, her family have noticed difficulties regarding short term memory and stuttering when excited, which is new for her.

I had previously recommended that Suzanne contact yourself to discuss these symptoms further and she tells me she did do this. You were able to arrange for an MRI of her head in short order. I understand she also has a referral pending with Dr. Rathbone from neurology. I am hoping that the consultation as well as the MRI might help to shed light on what's going on with regards to the symptoms she is having.

With regards to her wound, Suzanne continues to see CCAC for packing. They tell her that the site is improving and there is no evidence of infection at this time. She has completed her most recent course of antibiotics. She still complains of abdominal pain but admits it is likely secondary to her poor muscle tone. She is unable to start the physiotherapy ordered secondary to her neurologic problems.

On examination today there were no signs of infection. She has only a small less than 1 cm diameter area still requiring packing. There is no erythema at the site and no malodorous discharge. At her request, I have given her a refill on the Demerol. She feels it is the only thing helping her with regards to her headaches. I am reluctant to continue this prescription in the long-term and I am hoping that her consultation with the neurologist may help shed light. She has accepted a follow up appointment to our clinic in two weeks' time. We will continue to keep you apprised.

Thank you for involving us.

Yours sincerely,
Lauren Smith, M.D., F.R.C.S.C., Locum for

D. Small, M.D., F.R.C.S.C.
LS:lmw
Dictated but not read

HAMILTON HEALTH SCIENCES - DIAGNOSTIC SERVICES REPORT
HAMILTON GENERAL HOSPITAL (905) 527-4322 ext. 46906
237 BARTON STREET EAST, HAMILTON, ON. L8L 2X2

Handwritten mark

This information is directed in confidence solely to the person(s) named below, therefore, this information should be considered strictly confidential. If you receive this report in error, please notify us immediately by telephone. Thank you for your assistance.

YOUNG, SUZANNE MARIE
Unit #: 1109244
Acct #: GX024579/12
Location: GO-DS-MR
Exam Date: 12/02/13

Sex: F Age: 48 DOB: 11/10/1964

Order Num Category/Procedure
1202-0059 MRI/MR HEAD SERIES W/O GAD W/3D

Requisition #: 13-0046118

Report Status: Signed

MR head.

Blurry vision, dizziness.

Multiple acquisition sequences were obtained.

FINDINGS: The structures of the midline are located centrally. There is no hydrocephalus. The gray-white matter distribution is well-preserved. No signs of areas of recent intracranial hemorrhage are seen. There are no acute infarcts. The cerebellar tonsils are at level of the foramen magnum. Incidental note is made of a pineal cyst, which measures 6.9 x 14.4 mm in its largest dimension

Opinion: Unremarkable MRI of the brain. No signs of intracranial tumor lesions or recent ischemic infarcts are seen. The gray-white matter distribution is preserved.

Dictated by: R. Larrazabal, MD
Dictated for: Ramiro A. Larrazabal MD
Signed by: Ramiro A. Larrazabal MD
Date Signed: 13/02/13 1204

CC: Di Paolo, Bruno Livio
Report #: 1302-0587
mne.: DIPA

572-7373

Bruno Livio Di Paolo
200-755 Concession Street
Hamilton, ON L8V 1C4

Ordering Physician's copy
Page 1 of 1

Forwarded Feb 20/13.

SHOPPERS DRUG MART

SHOPPERS DRUG MART #1042 501-503 Plains Rd E. Burlington, ON, L7T2E2
Phone: (905) 632-3365 Fax: (905) 632-6693

URGENT

Date: _____ # Pages: _____

Patient: _____

Date of Birth: _____

ODB number: _____

Doctor: _____

Phone number: _____

Fax number: _____

Please address the following issue(s):

- Name/strength of medication Refills Other
- Directions for use LU Code

Pharmacist's notes

Please indicate a specific # of Tablets. (Narcotic) 600 tablets

Prescriber's notes/comments

- Accept Pharmacist's recommendation as written
- Other (Please give details):

Prescriber signature: _____

Date: _____

Pharmacy use only

Attempt	First	Second	Third
Date			
Time			
Initials			

905-572-1122 905-572-1117 7573

D.R. J. SMALL, MD, FRCSC
M. E. LOOSLEY-MILLMAN, MD, PhD, FRCSC

Obstetricians & Gynecologists

YOUNG, Suzanne Marie 9029
101-695 Plains Road East 10/11/1964 F
Burlington, ON L7T 2E8 H: (905) 333-2744
ON 6427959512 YWSM Ref.: DIPAOLO, B (133454)

date February 20, 2013

R Demerol 2
50 mg po q3h prn

M: @weber
LU: 270

[Signature]
86227

This telecopy is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof you are advised that any dissemination, distribution, or copying of this telecopy is strictly prohibited. Each prescription represents the original of the prescription drug order. The pharmacy addressee noted above is the only intended recipient and there are not others. The original prescription have been invalidated and securely filed and will not be transmitted elsewhere at another time. Designed by MC 2010

St. Joseph's Hospital

50 CHARLTON AVENUE EAST
HAMILTON, ONTARIO L8N 4A6
(905) 522-1155

RADIOLOGY
Ext. 36009

UNIT NO.0000372533 ODR

Patient Name YOUNG,SUZANNE MARIE
695 PLAINS RD E

BURLINGTON, ON L7T2E8
ONTARIO HEALTH NO. 6427-959-512 YW
DOB: 64/10/11 SEX F

EXAM DATE 13/01/10 1452 Check-in No. 3633234 Account # 56189403

ORDERED BY	SMALL,DAVID R	Fax# 905-572-7373
ATTENDING PHYS.	SMALL,DAVID R	Fax# 905-572-7373
FAMILY PHYS.	DIPAULO,BRUNO L	Fax# (905)575-9896
REFERRING PHYS.		Fax#

Chk-in #	Exam
3633234	GR-ABD 2-3 V & CHEST 1 V PANEL

GR-ABDOMEN 3 VIEWS + CHEST 1 PANE

INDICATIONS: 6WKS POST-OP WITH WOUND INFECTION ONGOING ABDO PAIN ?
CONSTIPATION

Comparison: November 29, 2012

Findings: Heart and mediastinum are within normal limits. Lung aeration is normal. Pleural spaces are clear. No aggressive bony changes. No free intra-abdominal air. No evidence of bowel obstruction. No fecal loading. No concerning calcifications.

Summary: No acute abnormality. No interval change. (N)

- DR JUDITH CORET-SIMON
Reading Physician- DR JUDITH CORET-SIMON
Releasing Physician- DR JUDITH CORET-SIMON
Released Date Time- 13/01/10 1554

COMPLETE

JAN 10 2013
[Signature]

Page 1

This report was generated through Powerscribe

DIAGNOSTIC IMAGING

W.S.I.B Yes <input type="checkbox"/> No <input type="checkbox"/> Date of injury: _____ Claim #: _____ SIN #: _____ Employer: _____ Employer Address _____ _____	PATIENT IDENTIFICATION Name: YOUNG, Suzanne Marie 9029 Address: 101-695 Plains Road East 10/11/1964 F Burlington, ON L7T 2E8 H:(905) 333-2744 City/Prov: ON 6427959512 YW Phone: _____ Ref.: DIPAOLLO, B (133454) DOB: _____ Female <input type="checkbox"/> Male <input type="checkbox"/> APPOINTMENT DATE & TIME: _____
--	---

THE PATIENT	IS ALLERGIC TO CONTRAST YES <input type="checkbox"/> NO <input type="checkbox"/>	IS DIABETIC YES <input type="checkbox"/> NO <input type="checkbox"/>	DIABETIC MEDS _____ _____ _____	HAS RENAL FAILURE YES <input type="checkbox"/> NO <input type="checkbox"/> CREATININE DATE _____
--------------------	---	---	--	---

Exam Requested: (please specify body part & Lt./Rt. if required)

AXR → 3 views

Clinical History/Specific Clinical Question

Le wks post-op. Complicated case
 w wound infxn. Ongoing diffuse
 abdo pain & dependent to meds.
 ? constipation

Previous Relevant Imaging? YES NO

What institution/Hospital? _____ Date: _____

US CT Radiograph Nuclear Medicine MRI

Please fax reports of relevant past imaging with request.

URGENT PHONE REPORT:	COPIES TO: Dr Di Paolo
REFERRING PHYSICIAN (please print) Conroy	SIGNATURE: <i>[Signature]</i>

Providing a relevant, succinct clinical history with a specific question to be answered will facilitate us to provide timely, accurate exam results to you and your patient. Relevant history also assists in the:

1. Assessment of priority of this request relative to others
2. Application of the appropriate protocol to maximize quality and utility of the examination.

INCOMPLETE REQUESTS WILL BE RETURNED FOR COMPLETION PRIOR TO THE PATIENT'S EXAM BEING BOOKED/SCHEDULED

FAXED Jan 10/13

S:\FORMS\New Forms\Forms\X-Ray Requisition - New.doc



Hamilton-Wentworth
Community Care Access Centre
Centre d'accès aux soins communautaires

310 Limeridge Road West
Hamilton, Ontario L9C 2V2
Main Telephone: (905) 523-8600

Information & Referral Phone: (905) 528-3600
Evening/Weekend Phone: (905) 528-3827
Information & Referral/Evening Weekend Fax#: (905) 574-1393

REFERRAL FORM

Name:

Address:

YOUNG, Suzanne Marie 9029
101-695 Plains Road East 10/11/1964 F
Burlington, ON L7T 2E8 H:(905) 333-2744
ON 6427959512 YW

Ref.:DIPAOL0, B (133454)

Alternate Phone Number:

MEDICAL INFORMATION

HOSPITAL

Primary Diagnosis:

Postop infxn

Secondary Diagnosis:

Seizure

Chedoke

MUMC

Hamilton General

St. Joseph's

HPH

Other _____

Henderson

Unit/WD

SURGICAL OR OTHER PROCEDURE(S)

TAH - BSO

Contact Person:

Nov 26/12

DATE:

DI 10 MI 01 Y13

MEDICATIONS/RELEVANT MEDICAL INFORMATION

Clindamycin 300mg po QID
x 10 days

Client/Family will be taught treatment protocol

MEDICAL ORDERS

Please confirm the following medical order by signing and returning the form to the Hamilton-Wentworth Community Care Access Centre. If no confirmation received, we will proceed with the order as stated.

Pacell planenstid newson one daily
a sterile packing tape.
(cont of previous order)

X-ray results:

FRACTURE INFORMATION

Site:

Type:

Date:

WEIGHT BEARING STATUS

Full:

Partial:

Feather:

DATE: D/ .M/ Y/

Non wt bearing:

MEDICAL SUPERVISION

Family Physician:

Referring Physician: (please print)

Dr. Di Paolo

Signature:

[Signature] Loan for Dr. Smiles

Date:

Time:

Form #102 Sept.1/00

Faxed by:

Date:

FAXED
Jan 13



Hamilton-Wentworth
Community Care Access Centre
Centre d'accès aux soins communautaires

310 Limeridge Road West
Hamilton, Ontario L8C 2V2
Main Telephone: (905) 523-8600

Name:

Address:

YOUNG, Suzanne Marie 9029
101-695 Plains Road East 10/11/1964 F
Burlington, ON L7T 2E8 H:(905) 333-2744
ON 6427959512 YW 289-230-4434
Ref.:DIPAULO, B (133454)

Alternate Phone Number:

Information & Referral Phone: (905) 528-3600
Evening/Weekend Phone: (905) 528-3627
Information & Referral/Evening Weekend Fax#: (905) 574-1393

REFERRAL FORM

MEDICAL INFORMATION

HOSPITAL

Primary Diagnosis: *Post Op CELLULITIS*

Chedoke

MUMC

Secondary Diagnosis:
SEKOMA

Hamilton General

St. Joseph's

HPH

Other _____

Henderson

Unit/WD _____

SURGICAL OR
OTHER PROCEDURE(S)

TARE BSO

Contact Person: *NOV 26/2012*

DATE:
DIP MITZ Y112

MEDICATIONS/RELEVANT MEDICAL INFORMATION

Clindamycin 6 300 mg po Q 12 x 10 days

Client/Family will be taught treatment protocol

MEDICAL ORDERS

Please confirm the following medical order by signing and returning the form to the Hamilton-Wentworth Community Care Access Centre. If no confirmation received, we will proceed with the order as stated.

*Pack Ptannenstiel incision once daily
with sterile packing tape
If you could start today, it would be good*

X-ray results:

Date:

FRACTURE INFORMATION

Site:

Type:

DATE: D/ M/ Y/

WEIGHT BEARING STATUS

Full:

Partial:

Feather:

Non wt bearing:

MEDICAL SUPERVISION

Family Physician:

Referring Physician: (please print)

D.R. Small, MD, FRCSC

Signature:

Small

Date:

Dec 5/12

Form #102 Sept.1/00

Faxed by:

FAXED
Dec 5/12

Date:

Dec 5/2012

Time:

December 27, 2012

Dr. B.L. DiPaolo,
755 Concession Street,
Hamilton, ON

Dear Dr. DiPaolo:

re: YOUNG, Suzanne Marie # 3-821

Suzanne was seen in follow up today for an assessment of her incision. As you are aware, she underwent a total abdominal hysterectomy and bilateral salpingo-oophorectomy on November 26th, 2012. Her postoperative course has been complicated by a wound infection. She is still having pain at the site of the incision. There is an area that continues to drain and CCAC is doing dressing changes and packing. She does occasionally get some purulent discharge from the site but overall feels that the discharge is serous in nature. She most recently was treated with Clindamycin for ten days. She was given a second course but elected not to start until she had this appointment with us. She does still complain of some vaginal bleeding and feels now it is quite malodorous. Others have noticed.

On examination today her incision is actually healing quite well. She does have an area that continues to drain but it is now less than 1 cm in length. The discharge I noted today was only serous. No evidence of purulent discharge. There is also no erythema, heat, or other signs of cellulitis or infection. On speculum examination I saw no evidence of vaginal bleeding or malodorous discharge. I tried to reassure Suzanne today.

Suzanne also continues to complain of persistent headaches and nausea. She tells me that upon waking from her surgery she had a large bump on her head. She feels she sustained the injury while in hospital. I am unclear of the exact source and will discuss this with Dr. Small as he apparently is aware of the situation. Her complaint today surrounds the fact that the site where she previously had the bump on her head she noticed the other day when showering that this is now a bald spot. When she showed me the site on her head, she does have a circular area where there is no hair. It is starting to regrow but there is a definite bald spot. Apparently Dr. Small had previously offered her a consultation to neurology and she would now like to accept this. I will discuss this with him and do have her permission to do so.

From our point of view, I did try to reassure Suzanne that her wound infection is getting better. I have refilled her prescription for Hydromorphone today as she is unable to take Advil secondary to asthma. CCAC will continue to pack the incision. I will see her back in the clinic again in two weeks' time for her six week postoperative visit.

Thank you for involving us in her care. We will continue to keep you apprised.

Yours sincerely,
Lauren Smith, M.D., F.R.C.S.C., Locum for

D. Small, M.D., F.R.C.S.C.

LS:lmw
Dictated but not read

December 12, 2012

Dr. B.L. DiPaolo,
755 Concession Street,
Hamilton, ON

Dear Leo:

Re: **YOUNG, Suzanne #3821**

I saw Suzanne on the 12th of December. Her incision is markedly less red, less tender, and less firm. She is not draining very much serous fluid from the midline seroma. I have removed her packing and repacked it today. I was able to put in about 7 cm of packing. Home Care are seeing her daily. She is still suffering from a lot of nausea. She is having normal bowel movements. Her bowel sounds are normal and her abdomen is soft. Unfortunately her medication plan does not cover Ondenestron which she was using in hospital and was working. I have given her a prescription for Diclectin to see if that helps. She has three more days of antibiotics and I think when she is finished that it should help. She is still having some neck pain. I don't think it is justifying a CT scan which she has requested. As you are aware, I think from prior correspondence, Suzanne had a small raised area on her occiput postoperatively of uncertain etiology. We have discussed this with the anesthetist, nursing staff and recovery room staff and really don't know how this occurred. She relates it to her surgery and is upset that it happened. I am not able to provide a rational explanation for it. At any rate, there is nothing left to feel now and she still has some neck pain but I have suggested some massage therapy, a heating pad and ensuring that she has a comfortable bed and pillow.

I will have her back again in a couple of weeks to reassess her incision.

Yours sincerely,

D. Small, M.D., F.R.C.S.C.

DS:lmw
Dictated but not read

December 4, 2012

Dr. B.L. DiPaolo,
755 Concession Street,
Hamilton, ON

Dear Dr. DiPaolo:

Re: **YOUNG, Suzanne #3821**

This patient underwent surgery for abnormal bilateral ovarian cysts undertaken on the 26th of November, 2012. Final pathology fortunately has shown multiple benign serous cysts of the ovaries, but no evidence of malignancy. Suzanne's postoperative course was marked by a slight delay in return to normal bowel function, as well as having a small bruise on her occiput. She was concerned about how this happened and complained of a headache postoperatively. I really have no idea how this or when this happened. We have reviewed her surgical intraoperative and postoperative care in the hospital with management and appropriate precautions were made according to the documentation in the hospital chart. I explained that I was unable to provide a rational explanation for this. Fortunately it is not appearing to be anything serious. Unfortunately Suzanne has developed an incisional cellulitis with a lot of serous fluid emanating from the incision when seen on the 5th of December. I had seen her on the 4th of December at which time her skin was slightly reddened and warm but there was no obvious collection palpable. She started to drain fluid later that day and I assessed her in the office on the 5th of December. She had quite a large volume of serous fluid coming out. She was already on Clindamycin 300 mg p.o. q.i.d. I have packed the incision and made a referral to the Community Care Access Center. I will continue to follow her.

Yours sincerely,

D. Small, M.D., F.R.C.S.C.

DS:lmw

Dictated but not read

Gamma-Dynacare

Medical Laboratories

115 Midair Court, Brampton, Ontario L6T 5M3
TEL: (905) 790-3000 RESULT INQUIRY (905) 790-3030

PATIENT
YOUNG, SUZANNE MARIE
695 PLAINS RD E 101
BURLINGTON
ONTARIO
L7T 2E8

PHONE: 905-333-2744
SITE: INCISIONAL

COLLECTION TIME
2012/12/06 N/A

LAB NUMBER AON 50-53221256 STATUS FINAL

SERVICE DATE 2012/12/06 REPORT DATE 2012/12/09

HEALTH NUMBER
6427959512 YW

DATE OF BIRTH
1964/10/11

SEX F AGE 48 Y

CHART
9029 3821

CLIENT
DR. D.R. SMALL
FONTBONNE BLDG
4TH FLR-301 JAMES ST. S.
HAMILTON, ON
L8P 3B6

AON
530 A

PHONE: 905-572-1122

CODES

M I C R O B I O L O G Y

OTHER CULTURE

SOURCE: INCISIONAL

MICROSCOPY: No WBC
Few Gram positive cocci

CULTURE: (1) A heavy growth of Enterococcus
(2) A moderate growth of Staphylococcus epidermidis

Copy Sent to DR. B.L. DI PAOLO

DEC 10 2012

- CONFIRMED BY OTHER TEST H - HEMOLYZED I - INSUFFICIENT QUANTITY K - ICTERIC
- LIPEMIC R - REPEATED T - TELEPHONED

LABORATORY REPORT
RESULT INQUIRY

044 06/11 (REPO-LAB-02)

PAGE 1 OF 1 2012/12/09 14:32:17

(905) 790-3030 1-800-565-5721

SHOPPERS DRUG MART

SHOPPERS DRUG MART #1042 501-503 Plains Rd E. Burlington, ON, L7T2E2
Phone: (905) 632-3365 Fax: (905) 632-6693

Date: _____

Pages: _____

Patient: _____

Date of Birth: _____

Doctor: _____

Phone number: _____

Fax number: 9-572-7373

Please address the following issue(s):

Name/strength of medication

Refills

Other

Directions for use

LU Code

Pharmacist's notes

Does pt qualify for L.O code?

Please see following sheet.

She does not

Prescriber's notes/comments

Accept Pharmacist's recommendation as written

Other (Please give details):

qualify for LU code.

Prescriber signature: _____

[Signature]

Date: _____

Pharmacy use only

First

Second

Third

Date

Time

Initials

FOR Suzanne Young
ADDRESS _____
DATE Dec 10 2012

Order section 4mg

1 q4h prn nausea

m: 30

q: x1

1/6 by David

[Signature]

REPEAT _____

TIMES EVERY _____

DAYS _____

Old No. _____

David A. Small

M.D.

Received by: _____

Address: _____

Date Filled by: _____

Phone: (905) 572-1122

SD990 - Rx BLANKS (05/02)

URGENT



This telecopy is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof you are advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. Each prescription represents the original of the prescription drug order. The pharmacy addressee noted above is the only intended recipient and there are not others. The original prescription have been invalidated and securely filed and will not be transmitted elsewhere at another time. Designed by MC 2010

Limited Use Note(s)

Reason For Use Code		Clinical Criteria
New Search		
215	For the treatment of emesis in cancer patients receiving highly emetogenic chemotherapy. LU Authorization Period: 1 year.	
216	For patients receiving intravenous chemotherapy or radiation therapy who have not experienced adequate control with other available anti-emetics. LU Authorization Period: 1 year.	
217	For patients receiving intravenous chemotherapy or radiation therapy who experience intolerable side effects with other anti-emetics. LU Authorization Period: 1 year.	
218	For the treatment of emesis in patients receiving radiation therapy which consists of single fraction treatment to the abdominal cavity, hemi-body irradiation and total body irradiation. NOTE: The therapeutic value of Ondansetron Hydrochloride more than 24 hours after the last dose of chemotherapy is unproven. LU Authorization Period: 1 year.	
Back		New Search

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Mon., Dec. 10/12

Re: Suzanne Young 3-821

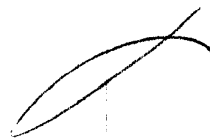
Wants a prescription phoned in for an antinausea medicine.

Pharmacy: Shopper's 905-632-3365

Rx Ondansetron 4mg #30 oral

See visit

Home Care has covered for visit.



SHOPPERS DRUG MART

SHOPPERS DRUG MART #1042 501-503 Plains Rd E. Burlington, ON, L7T2E2
Phone: (905) 632-3365 Fax: (905) 632-6693

Date: _____ # Pages: _____

URGENT

905-572-1122 905-572-1117

D.R. J. SMALL, MD, FRCSC
M. E. LOOSLEY-MILLMAN, MD, PhD, FRCSC
Obstetricians & Gynecologists

4th FLOOR - FONTBOINE BUILDING
301 JAMES STREET SOUTH
HAMILTON, ONTARIO L8P 3B6

for Suzanne Young

date Dec 4/2012

R Cindamycin 300 mg Fill

1 po QID for 10 days

Hydromorphone 4mg

1 po Q4h prn pain 10q
(#30) THREE DSUNTE
case 57287.

DEC 05 2012

Patient: Suzanne Young

Date of Birth: Oct 11, 1964 ODB number: _____

Doctor: _____

Phone number: 905-572-1122

Fax number: 905-572-7373

Please address the following issue(s):
 Name/strength of medication Refills Other

Directions for use LU Code

Pharmacist's notes
Please provide patients health card #

Prescriber's notes/comments HC 6427959512 XN

- Accept Pharmacist's recommendation as written
- Other (Please give detail(s):

Prescriber signature: _____

Date: _____

Pharmacy use only
First Second Third
Date Time Initials


57287

This telecopy is confidential and is intended to be received by the addressee only. If the reader is not the intended recipient thereof you are advised that any dissemination, distribution, or copying of this facsimile is strictly prohibited. Each prescription represents the original of the prescription drug order. The pharmacy addressee noted above is the only intended recipient and there are not others. The original prescription have been invalidated and securely filed and will not be transmitted elsewhere at another time. Designed by MC 2010

3-821.

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM
ST. JOSEPH'S HOSPITAL - SERVICE OF ANATOMICAL PATHOLOGY
50 Charlton Avenue E. Hamilton, Ontario L8N 4A6

Run Date: 30/11/12

(905) 521-6012

David Richard Johnson Small
SJH-4th Floor Fontbonne Bldg
Inter-Hospital Truck

SURGICAL PATHOLOGY REPORT

Specimen No.: 12: SJ17444

Procedure Date: 26/11/12 Status: SOUT

Name: YOUNG, SUZANNE MARIE

Date Received: 26/11/12 Time: 1256

Sex: F Age: 48 D.O.B.: 11/10/64

Status: ADM IN Location: JI-7MS

Account #: J0011612512

Medical Record #: J000372533

Health Card #: 6427959512-YW

Patient's Home Phone: (905) 333-2744

Requesting Physician: Small, David Richard Joh

COPIES TO

Chart Copy
Di Paolo, Bruno Livio
Small, David Richard Johnson

DEC 03 2012

SOURCE OF SPECIMEN

- A. Fallopian tube - Left and ovary
- B. Uterus and Cervix - Right fallopian tube and ovary and fibroid

CLINICAL HISTORY

Ovarian cyst

FROZEN SECTION

BENIGN SMALL SIMPLE EPITHELIAL CYSTS

Pathologist: Dr. S. Salama

GROSS DESCRIPTION

The patient demographics and specimen identification on the requisition correspond to that on the specimen container.

A. The specimen consists of a fallopian tube with attached ovary together weighing 40 gm. The fallopian tube measures 5 cm. in length x 0.7 cm. diameter and at one end there is a metal clip. There are two paratubal cysts present each 1 cm. in diameter. The attached ovary has multiple multilocular cysts on the outer and inner surface. These measure up to 2 cm. in diameter and are filled with clear fluid. Also present is a corpus luteum. A section from the cyst were submitted for frozen section and now submitted in block 1.

Further representative sections are submitted as follows;

Block 2 fallopian tube and fimbriated end.

** CONTINUED ON NEXT PAGE ** ANATOMIC PATHOLOGY REPORT
Date fields on this report in the format DD/MM/YY

P. DOCA

Run Date: 30/11/12

Specimen No.: 12: SJ17444

Name: YOUNG, SUZANNE MARIE

GROSS DESCRIPTION

(Continued)

Block 3 fallopian tube with peritubal cyst.
Block 4-7 ovary with cyst.

B. The specimen consists of a uterus with attached cervix weighing 216 gm. and measuring 13 x 8 x 5 cm. On the anterior serosal surface there is a serosal nodule 0.5 cm. in diameter present. The ectocervix measures 4.8 x 4.5 cm. and has a round os 1 x 0.5 cm. The endocervical canal measures 5.5 cm. in length. The endometrial cavity is lined by tan endometrium 0.5 cm. in thickness. The myometrium measures 3 cm. in thickness and there are some small intramural nodules up to 0.3 cm. and some adenomyosis.

Representative sections are submitted as follows;

Block 1 serosal nodule.
Block 2 anterior cervix.
Block 3 posterior cervix.
Block 4,5 anterior uterus.
Block 6-8 posterior uterus.

Also included in the specimen container is a nodular portion of pink tan tissue weighing 12 gm. and measuring 3.5 x 2.5 x 2.2 cm. Cut section has a white whorled appearance. Representative section submitted in blocks 9 and 10.

Also included in the specimen container is a fallopian tube with attached cystic ovary weighing 43 gm. The fallopian tube measures 7 cm. in length x 0.5 cm. diameter and there are multiple peritubal cysts present measuring up to 3 cm. and two fimbrial-like adhesions 2 x 0.2 cm. and 3 x 0.5 cm. The attached multicystic ovary measures 5 x 4.5 x 3.5 cm. Cut section reveals multiple clear fluid filled cysts with smooth inner linings. Representative sections from the fallopian tube are submitted in blocks 11 and 12 and representative sections from the cystic ovary in blocks 13-16.

Grossed By: BROWNE, LEANNE
Transcribed: ALMEIDAA

DIAGNOSIS

- A. Left Fallopian Tube And Ovary:
- Multiple serous cysts or cystadenomas of the ovary.
 - Focal fibrous serosal adhesions of the ovarian surface.
 - Unremarkable fallopian tube.
- B. Uterus And Cervix, Right Fallopian Tube And Ovary, Fibroid:
- Small leiomyomata uteri/fibroids.
 - Focal adenomyosis of the uterine wall.

** CONTINUED ON NEXT PAGE ** ANATOMIC PATHOLOGY REPORT
Date fields on this report in the format DD/MM/YY

P. DOCA

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM
ST. JOSEPH'S HOSPITAL - SERVICE OF ANATOMICAL PATHOLOGY

Run Date: 30/11/12

50 Charlton Avenue E. Hamilton, Ontario L8N 4A6
(905) 521-6012

Specimen No.: 12: SJ17444

Name: YOUNG, SUZANNE MARIE

DIAGNOSIS

(Continued)

- Benign secretory endometrium.
- Mild chronic cervicitis.
- Unremarkable fallopian tube with simple paratubal Hydavid.
- Multiple serous cysts or cystadenomas of the ovary.

SS/aa

Preliminary Electronically Signed

Dr. S. Salama (Pathologist) 29/11/12

Final Electronically Signed

Dr. S. Salama (Pathologist) 29/11/12

** END OF REPORT **

Date fields on this report in the format DD/MM/YY

ANATOMICAL PATHOLOGY REPORT

P. DOCA

5-821

**HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM
ST. JOSEPH'S HOSPITAL - SERVICE OF ANATOMICAL PATHOLOGY**

50 Charlton Avenue E. Hamilton, Ontario L8N 4A6

Run Date: 30/11/12

(905) 521-6012

David Richard Johnson Small
SJH-4th Floor Fontbonne Bldg
Inter-Hospital Truck

CYTOPATHOLOGY REPORT

Specimen No.: 12:CJ5577	Procedure Date: 26/11/12	Status: SOUT
Name: YOUNG, SUZANNE MARIE	Date Received: 27/11/12	Time: 1136
Sex: F	Age: 48	D.O.B.: 11/10/64
Patient's Home Phone: (905)333-2744	Status: ADM IN	Location: JI-7MS
	Account #: J0011612512	
	Medical Record #: J000372533	
	Health Card #: 6427959512-YW	
	Requesting Physician: Small, David Richard Joh	

COPIES TO

Chart Copy
Di Paolo, Bruno Livio
Small, David Richard Johnson

SOURCE OF SPECIMEN

PERITONEAL WASH

SPECIMEN DESCRIPTION

10 mL of bloody, red specimen received.

CLINICAL HISTORY

Ovarian cyst.

DIAGNOSIS

Rare cluster of atypical cells of undetermined origin in a background of mesothelial cells and histiocytes. Please note that there are additional specimens on this patient, 12:SJ17444.

DEC 03 2012

Preliminary Electronically Authenticated

WEN-YU LEE (Cytotech) 28/11/12

Final Electronically Signed

Dr. A. Abdel-Mesih (PATHOLOGIST) 29/11/12

** END OF REPORT **	CYTOPATHOLOGY REPORT
Date fields on this report in the format DD/MM/YY	
	<small>P.DOC/CA</small>

St. Joseph's Hospital

50 CHARLTON AVENUE EAST
HAMILTON, ONTARIO L8N 4A6
(905) 522-1155

RADIOLOGY
Ext. 36009

3-821

UNIT NO. 0000372533 7MS-G702-02

Patient Name YOUNG, SUZANNE MARIE
695 PLAINS RD E

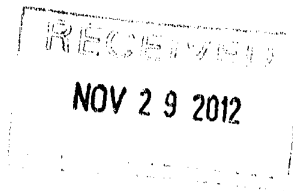
BURLINGTON, ON L7T2E8
ONTARIO HEALTH NO. 6427-959-512 YW
DOB: 64/10/11 SEX F

EXAM DATE 12/11/29 1115 Check-in No. 3601904 Account # 11612512

ORDERED BY SMALL, DAVID R
ATTENDING PHYS. SMALL, DAVID R
FAMILY PHYS. DIPAOLO, BRUNO L
REFERRING PHYS.

Fax# 905-572-7373
Fax# 905-572-7373
Fax# 905-575-9896
Fax#

Chk-in # Exam
3601904 GR-ABD 2-3 V & CHEST 1 V PANEL



Chest:

Normal examination.

Abdomen:

No free intraperitoneal air. No surgical clips and no radiopaque calculus.

Bowel gas pattern is unremarkable.

Incidental note of degenerative disc and facet disease at L4-L5.

Summary:

No abnormality in the chest or abdomen.

- DR DAVID WOODS
Reading Physician- DR DAVID WOODS
Releasing Physician- DR DAVID WOODS
Released Date Time- 12/11/29 1424

COMPLETE

Page 1

This report was generated through Powerscribe

DIAGNOSTIC IMAGING

St. Joseph's Healthcare, Hamilton
Charlton Campus
50 Charlton Avenue East
Hamilton, Ontario L8N 4A6

3-821

Date Format is MM/DD/YYYY

Patient Name: YOUNG, SUZANNE M
DOB: 10/11/1964
Admission Date: 11/26/2012
Discharge Date:
Dictated By: DAVID R SMALL
Dictating For:
Attending Physician: DAVID SMALL

MRN: 372533
Account #: 11612512
Patient Type/Svc: I/P/GYN
Location: 7MS
Room / Bed: G702/02
Procedure Date: 11/26/2012

Operative Report - Charlton Campus

SURGEON(S): Dr. D. Small
ASSISTANT(S):
ANESTHETIST: Dr. F. Baxter
ANESTHESIA: General

NOV 27 2012

PREOPERATIVE DIAGNOSIS: Bilateral ovarian cysts.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION: TOTAL ABDOMINAL HYSTERECTOMY AND BILATERAL SALPINGO-OOPHORECTOMY.

PROCEDURE: Surgical pause was undertaken. Prophylactic antibiotics were administered as well as thromboprophylaxis. General anesthesia was administered by Dr. Baxter with endotracheal intubation.

The patient's body mass index was 41.

Her pannus was retracted cephalad and a Pfannenstiel incision made above her skin fold. This was opened transversely using cautery, cauterizing bleeding points when encountered. Fascia was then freed up from the rectus muscle, opened transversely, and the rectus was then divided and the parietal peritoneum was opened. Peritoneal washings were taken and submitted for cytology. The patient had palpably normal upper abdomen. She was placed in Trendelenburg. A deep Balfour retractor was placed. The bowel was packed with a moist sponge.

The ovaries had bilateral cysts on them, multiple. There were probably 20-30 in all, rather unusual in appearance. The patient had requested photographs and this was undertaken.

We decided to remove her ovaries separately and submit one for frozen section as we proceeded with the rest of the surgery. We started on the left side. The round ligament was opened. The broad ligament was then skeletonized and a hole was placed in the broad ligament to isolate the infundibulopelvic ligament. This was then clamped, cut and doubly ligated. The ureter was well below where we were operating. We then amputated the specimen from the uterus with a clamp medially and submitted this for frozen section. This ultimately came back benign sometime later.

We then removed the right adnexa in a similar fashion, although on the right side we first secured the uteroovarian pedicle and then isolated, clamped, cut and doubly ligated the infundibulopelvic. Again, ureter on the right was identified well below where we were operating.

PHYSICIAN'S OFFICE COPY

Note is made of the fact that exposure throughout the procedure was exceedingly difficult due to the patient's body mass index.

The vesicouterine fold was then incised. There was a large fibroid on the left side of the uterus at the level of the isthmus. This made things a little bit more difficult to see. We made sure the bladder was reflected as inferiorly as we could, and then secured the uterine artery below the fibroid. On the right side, the anatomy was normal. The uterine arteries were secured. In order to aid in visualization of the cervix, we elected to remove the fibroid separately. An incision was made along the length of the fibroid and it was shelled out from the surrounding cervical stroma.

We then pushed the bladder further down. The cervix was quite long - probably about 6 cm in length. We took multiple bites on either side and still were not at the level of the vagina. We then circumscribed the cervix using cautery to enter the anterior and posterior fornices of the vagina. We then shelled out the cervix from the vagina. The vault apex was then closed with interrupted figure-of-eight sutures.

There were a couple of bleeding areas on the right uterosacral ligament which were then oversewn. We thought that we had good hemostasis at that point, but after removal of the pack, we reinspected things and there was some bleeding from the left uterine pedicle. This was clamped again and the pedicle was oversewn.

At that point, there did not appear to be any bleeding.

The pelvis was lavaged with warm water again and reinspected with no bleeding noted.

Again, exposure and visualization was quite challenging. The bladder was falling into the surgical space despite the deep Balfour and retraction and the bowel posteriorly was likewise obscuring things. Nevertheless, we were happy with hemostasis at this point.

We then rechecked the infundibulopelvic pedicles bilaterally and they were dry.

Ureters were palpably normal.

The packs and retractor was removed. The bowel was tucked into the pelvis. Parietal peritoneum was closed with 0 Vicryl suture. #1 Vicryl was used for fascia. Interrupted 3-0 plain was used for fat and subcuticular 3-0 Vicryl for skin. All counts were correct. The patient was stable through the course of the procedure. She was awakened, extubated and transported to Recovery in good condition.

David Small, MD

Name: YOUNG, SUZANNE M
Operative Report - Charlton Campus

PHYSICIAN'S
OFFICE
COPY

MR#: 372533
Page 2 of 3

JDoc #: 1487106

Dictated but Not Read

*This document will be reviewed by the attending physician/staff,
as per Hospital Policy 009-MED, and any corrections will be forwarded.*

D. D/T: 11/26/2012 12:56:24,DS; T. D/T: 11/27/2012 02:46:03,se
Doc #: 1487106; Job #: 879704

c.c.: David Small, MD
Bruno Dipaolo, MD

Name: YOUNG, SUZANNE M
Operative Report - Charlton Campus

PHYSICIAN'S
OFFICE
COPY

MR#: 372533
Page 3 of 3

JDoc #: 1487106

St. Joseph's

Healthcare & Hamilton

BOOKING REQUEST FORM

Resource Unit

BUJ COR END
 KOR MPR PAC

Admission Venue:

Inpatient Outpatient Same Day Admit

Patient Information

Name YOUNG, SUZANNE MARIE **Gender** F **MRN** 0000372533 **HCN** 6427959512 YW
Address 695 PLAINS RD E - 101 **Home #** (905)333-2744 **Preferred Contact Number During Business Hours** Home
 BURLINGTON, ON **Work #** (905)681-7744
 L7T-2E8 **Mobile #**
DOB (YYYY/MM/DD) 1964-10-11 **Age (years):** 48 **Other #**
Preferred Date/Time of PAAU Appointment **PAAU Details**
PAAU Consultation Anesthesia Consultation Acute Pain Service (APS) To Be Seen By: Patient Exempt Reason:
Alternate Contact **Best Time to Contact Alternate Contact?**

Case Details

Practitioner SMALL, DAVID R **Requested Date** 2012-11-26 **Requested Time** 10:30
Procedure(s) **Decision To Treat Date** 2012-10-17
 1. HYSTERECTOMY ABDOMINAL WITH SALPINGOOPHERECTOMY BILATERAL **Body Site:** Bilateral **Responsibility For Payment:** OHIP Approved
Notes:

Special Equipment/Implants: **Other Clinical Information:**
Estimated Duration 130 mins **Increase to Case Duration Required?** No Yes **Reason**
Actual Duration 180 mins
Referring Physician Dr. DiPaolo **Family Physician** Dr. DiPaolo **Midwife**
Referral Source **Surgical Priority** SCHED - Scheduled Procedure
Urgent Procedure **Indication**
Will Surgery/Procedure Involve Brain, Pituitary, Spinal Cord, Retina or Optic Nerves Sites? No Yes
Has Creutzfeldt-Jakob Disease (CJD) Pre-Operative Risk Assessment Tool Been Completed? No Yes
Diagnostic Imaging: Does the Patient Have Any Relevant Previous Films? No Yes **Location:** SJH
Diagnostic Imaging: Is Fluoroscopy Required? No Yes

Additional Information

Pre-Operative Diagnosis OTHER GYNECOLOGICAL DIAGNOSES **Diagnosis Description** ovarian cysts, PCOS,
Anesthesia Type General Anesthetic **Beds Required** **Same Day Admit Surgical** ELOS 3
Does this procedure qualify for CCO Funding? No Yes Undetermined

Additional Obstetrical Information

Gravida Para **Abortus** **Gestational Age** **EDB** **Bishop Score** **VBAC** No Yes

Additional CIRT Information

Date of Referral **Scheduled Recall Procedure** **Reason for Colonoscopy**

Patient Alerts and Allergies

Mandatory Alerts and Allergies:
Non-Mandatory Alerts and Allergies:
 Other Allergies

CONSENT TO TREATMENT

YOUNG, Suzanne Marie 9029
101-695 Plains Road East 10/11/1964 F
Burlington, ON L7T 2E8 H:(905) 333-2744
ON 6427959512 YW
Ref.:DIPAULO, B (133454)

I, Suzanne Young hereby consent to the following treatment, investigative procedure or operation:

Total abdominal hysterectomy
Bilateral salpingo-oophorectomy

_____ to be performed by _____ their delegate and by other physicians and health practitioners whose assistance he/she requires. If there are any unexpected conditions or problems during treatment, I consent to such additional treatments which in the opinion of the Health Practitioner performing the procedure(s) may be necessary to maintain my life.

I consent to the administration of anesthetic medication by or under the supervision of a member of the medical staff who has privileges at St. Joseph's Healthcare Hamilton.

I acknowledge that the Health Practitioner has explained the nature of the above treatment or procedure, its expected benefits, material risks and side-effects, alternative courses of action and the likely consequences of not having this treatment.

I understand that St. Joseph's Healthcare Hamilton (SJHH) is a teaching hospital and agree to have supervised health practitioners-in-training participate in my treatment and care.

I give consent to the videotaping, photography and use of other images for teaching and research purposes. I understand that if any such images can identify me, my expressed consent will be obtained prior to using such images for external teaching or research purposes. yes _____ (initials) / no _____ (initials)

I have had the opportunity to ask questions about the proposed treatment and have had my questions answered to my satisfaction. I declare that I have read this form and understand it.

Suzanne Young
Signature of Patient

Print Name of Patient

Signature of Substitute Decision Maker

Print Name of Substitute Decision Maker

Relationship to Patient

Date (yyyy/mm/dd)

STATEMENT BY HEALTH PRACTITIONER

I declare that I have explained the nature of the treatment, procedure or operation, its expected benefits, material risks and side effects, alternative courses of action, the likely consequences of not having the treatment and answered all related questions to the Patient and/or Patient's Substitute Decision Maker.

Signature of Health Practitioner _____
Print Name of Health Practitioner _____
Date (yyyy/mm/dd)

ADMINISTRATION OF BLOOD/BLOOD PRODUCTS

I acknowledge that the Health Practitioner has explained the nature of a blood transfusion(s) and/or administration of blood/blood products, the expected benefits, material risks and side-effects, alternative courses of action and the likely consequences of not having this treatment. I understand that information provided to me and the answers I received to my questions.

CONSENT FOR BLOOD or BLOOD PRODUCTS

I agree to the administration of blood or blood products during the course of my treatment.

Suzanne Young
Signature of Patient/Substitute Decision Maker _____
Date (yyyy/mm/dd)

REFUSAL OF BLOOD or BLOOD PRODUCTS

I hereby refuse consent to the administration of blood or blood products and release and hold harmless the Health Practitioner(s), Hospital and its employees from any liability resulting from the failure to administer or continue to administer blood or blood products(s).

Signature of Patient/Substitute Decision Maker _____
Date (yyyy/mm/dd)

DOCTOR'S ORDERS

When writing orders **DO NOT USE:**

U = unit ♦ SC = subcut ♦ CC/cc = ml/ml ♦ µg = mcg ♦ MS = morphine/morphine sulphate ♦ MgSO4 = magnesium sulphate ♦
 10.0 mg = 10 mg ♦ .1mg = 0.1mg ♦ qd/od = daily ♦ qod = every other day ♦ > = greater than ♦ < = less than ♦ @ = at ♦
 OS/OD/OU = left eye, right eye or both eyes ♦ AS/AD/AU = left ear, right ear or both ears

REVIEW ALLERGIES

YOUNG, Suzanne Marie 9029
 101-695 Plains Road East 10/11/1964 F
 Burlington, ON L7T 2E8 H:(905) 333-2744
 ON 6427959512 YW
 Ref.: DIPAULO, B (133454)

ORDER WRITTEN			
DATE	2/11/12	N. N.S. 2/11/12	
TIME		MS, Sp + Suen, byts, BUN, unk.	
ORDERS TRANSCRIBED		Ca 125	
DATE		All - Penicillin	
TIME		Clindamycin 900 mg IV prn op in OR	
SIGNATURE/DISCIPLINE		Hydral 1000 units SC. chas pcy	
TRANSCRIPTION CHECKED BY		PCA pot op	
DATE			
TIME			
SIGNATURE/DISCIPLINE		PRINTED NAME	COUNTERSIGNATURE
		Y. Young	

ORDER WRITTEN			
DATE			
TIME			
ORDERS TRANSCRIBED			
DATE			
TIME			
SIGNATURE/DISCIPLINE			
TRANSCRIPTION CHECKED BY			
DATE			
TIME			
SIGNATURE/DISCIPLINE		PRINTED NAME	COUNTERSIGNATURE

ORDER WRITTEN			
DATE			
TIME			
ORDERS TRANSCRIBED			
DATE			
TIME			
SIGNATURE/DISCIPLINE			
TRANSCRIPTION CHECKED BY			
DATE			
TIME			
SIGNATURE/DISCIPLINE		PRINTED NAME	COUNTERSIGNATURE

3-821

REPORT DATE
15/11/12

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM
St. Joseph's Hospital
50 Charlton Ave. E., Hamilton, Ontario, L8N 4A6
(905) 522-4941

PAGE 1

Small, David Richard Johnson
SJH-4th Floor Fontbonne Bldg
Inter-Hospital Truck

905-572-1122

Copies To: Di Paolo, Bruno Livio

Patient's Name: YOUNG, SUZANNE MARIE
Unit Number : J000372533
Patient's Home Phone: (905)333-2744
Family Doctor : Di Paolo, Bruno Livio

DOB: 11/10/64
Account Number: J0056105944

Sex: F
HIN: 6427959512
Location: JO-PAT

Specimen Report Status: COMPLETE

Specimen: 1411:C00806R Collected: 14/11/12 - 0745

Submitted by: Small, David Richard Johnson
Received: 14/11/12 - 0905

Ordered: L, CREAT, UREA
Comments: OR NOV 26

Test	Result	Flag	Reference
*** CLINICAL CHEMISTRY ***			
> UREA	5.4		3.0-6.5 mmol/L
> CREATININE	65		50-100 umol/L
> SODIUM	138		135-145 mmol/L
> POTASSIUM	3.4	L	3.5-5.0 mmol/L
> CHLORIDE	102		98-107 mmol/L
> TOTAL CO2	23		22-30 mmol/L
> AC GAP	13		5-17 mmol/L

Specimen Report Status: COMPLETE

Specimen: 1411:C00809R Collected: 14/11/12 - 0745

Submitted by: Small, David Richard Johnson
Received: 14/11/12 - 0905

Ordered: CA125
Comments: OR NOV 26

Test	Result	Flag	Reference
*** MISCELLANEOUS CHEMISTRY TESTS ****			
> CA125	17		<= 35 U/mL HEN

Specimen Report Status: COMPLETE

Specimen: 1411:H00550R Collected: 14/11/12 - 0745

Submitted by: Small, David Richard Johnson
Received: 14/11/12 - 0905

Ordered: CBC
Comments: OR NOV 26

NOV 16 2012

Test	Result	Flag	Reference
*** COMPLETE BLOOD COUNT ***			
> LKCS	6.8		4.0-11.0 x10 ⁹ /L
> ERCS	4.34		3.8-5.8 x10 ¹² /L
> **HB**	137		115-165 g/L

HEN - PERFORMED AT JURAVINSKI HOSPITAL AND CANCER CENTRE 711 Concession St.,
Hamilton On, L8V 1C3 905-527-4322 ext 42055

\$ Symbol following a result indicates test was referred out - Address available upon request
> Symbol prefixing the test name indicates a new result for this reporting
Date fields on this report in the format DD/MM/YY

** CONTINUED ON NEXT PAGE **

REPORT DATE
15/11/12

HAMILTON REGIONAL LABORATORY MEDICINE PROGRAM
St. Joseph's Hospital
50 Charlton Ave. E., Hamilton, Ontario, L8N 4A6
(905) 522-4941

PAGE 2

Patient's Name: **YOUNG, SUZANNE MARIE**
Report Doctor : Small, David Richard Johnson

HIN: 6427959512

Acct#: J0056105944

(Continued)

Specimen: 1411:H00550R Collected: 14/11/12 - 0745

(Continued)

Test	Result	Flag	Reference
------	--------	------	-----------

*** COMPLETE BLOOD COUNT *** (Continued)

> **HCT**	0.399		0.370-0.470
> MCV	92.0		82-99 fL
> MCH	31.5		27-32 pg
> MCHC	342		300-350 g/L
> RDW	13.2		11.5-15.0 %
> **PLT**	300		150-400 x10 ⁹ /L
> MPV	7.5		7.4-10.4 fL
<i>AUTO DIFF</i>			
> ABSOLUTE NEUTS	4.1		2.0-7.5 x10 ⁹ /L
> ABSOLUTE LYMPHS	2.1		1.5-4.0 x10 ⁹ /L
> ABSOLUTE MONOS	0.4		0.2-0.8 x10 ⁹ /L
> ABSOLUTE EOS	0.1		0.0-0.4 x10 ⁹ /L
> ABSOLUTE BASOS	0.0		0.0-0.1 x10 ⁹ /L
> SMEAR EXAMINE	Blood film not made		

Specimen Report Status: **COMPLETE**

Specimen: 1411:BB00061R Collected: 14/11/12 - 0745

Submitted by: Small, David Richard Johnson
Received: 14/11/12 - 0941

Ordered: GROUP & SCREEN, ABO & RH CONF.

Comments: OR NOV 26
PRE-OP SPECIMEN? YES
OR Date 12/11/26
OR Time 10.30
Trans Last 3 Months? NO
Pregnant Now? No
Preg last 3 months? NO

Test	Results
------	---------

*** TRANSFUSION MEDICINE ***

> GS EXPIRY	NOV 29
<i>GROUP & SCREEN</i>	
> ABO GROUP & RH	O NEG
> AB SCREEN INTERPRETATION	Negative

NOV 16 2012

§ Symbol following a result indicates test was referred out - Address available upon request
> Symbol prefixing the test name indicates a new result for this reporting
Date fields on this report in the format DD/MM/YY

*** END OF REPORT ***

YOUNG, Suzanne Marie 9029
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Burlington, ON L7T 2E8 H:(905) 333-2744
ON 6427959512 YW

Ref.: DIPAULO, B (133454)

PROGRESS NOTES

PARITAL STATUS DATE OF BIRTH
M | W | D | SEP



ENARCHE G P A L

RUG
ALLERGIES

PAGE #:
CHART #:

DATE / VITAL SIGNS

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PLANS

Mar 19th

FGYNE

B.P. 2013.

H T W T B M I
P T

Had MRI last month.

Saw a neuroophthalmologist (Dr. Amelio Rodriguez)
Seeing Dr. Rathbone Thursday on James S.

Re mesim - you just finished.

B.P.

H T W T B M I
P T

ALESSE[®]

levonorgestrel 100 µg ethinyl estradiol 20 µg



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PROGRESS NOTES



YOUNG, Suzanne Marie 9029
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 ON 6427959512 YW

MARITAL STATUS DATE OF BIRTH
 S | M | W | D | SEP
 MENARCHE G P A L
 DRUG ALLERGIES

Ref.: DIPAULO, B (133454)

PLANS

Jan 10 2013

23.01.13

B.P.
 WT ±
 P. T. °

PT still feeling a better.
 Complaints: concerns largely related to ? HI suffered in Nov. These include
 ⇒ difficulty w balance, blurred vision (assessed by optometrist → φ 20 glasses - Rx), nausea esp w head mnts
 ⇒ chronic, daily, unremitting h/a
 ⇒ family also notes probs regarding short-term memory o stuttering (new) when excited

PT ultimately contacted FD + MRI head arranged for next wk!! Also has referral @ w Dr Rathbone (neuro)

B.P.
 WT ±
 P. T. °

WET wound, ongoing packing & improving φ mtn (completed last). Still clo abd pain but ? 2° poor muscle tone unable to do physio 2° neuro probs.
 φ signs intxn today φ odor φ erythema

Rx for demerol re: h/a 'only thing helping' offered R-TC in 2 vs 4 wks. PT opted for 2/52

X Smith

(nitrofurantoin monohydrate/macrocrystals)
MacroBID®
 An "Uncomplicated" Choice
 100 mg BID with food for seven days¹

Demonstrated
87.2%
 clinical cure rate²

Open-label, randomized trial: nitrofurantoin MR 100mg bid (n=178), co-trimoxazole 960mg bid (n=181), or trimethoprim 200mg bid (n=179) for 7 days.
 Clinical cure rates: co-trimoxazole 84.5%, trimethoprim 86.5%.



MacroBID is indicated for the treatment of acute uncomplicated urinary tract infections, e.g., cystitis, when due to susceptible strains of *E. coli* and *Staphylococcus saprophyticus*.¹

Most frequent adverse events¹

> Nausea	8%
> Headache	6%
> Flatulence	1.5%

¹Product Monograph "J Antimicrob Chemother 1994;33 Suppl A 121-129

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CHART # PG # 1994-FORMEDUC-20 URBAN KOUA, MARKHAM, ONTARIO L3R 1G9

DATE / VITAL SIGNS

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PLANS

Formedic

Feb 20 2013

FGYNE

Suzanne Jung

B.P.
WT
P. T.

BP 120/80 (R) 1318 hr

Had MRI => done last wk @ General Results P

CCAE still packing ongoing drainage

? Infx @ jaw. Had MRI on Clinda. restarted jaw

Dx by CCAC n: address & parent dx!

abdo soft, NT. Apparently tiny in size - & erythematous

Pt's mood better today! Humor! Still c/o h/a, unsteadiness, & shivering when walked along a memory probs but does look better.

Rx for ease, abdo binder, heating pad (recommended by OT 2° abdo back pain) given. RTC 1/2 to assess wound healing

Sant

(nitrofurantoin monohydrate/macrocrystals)
MacroBID[®]
An "Uncomplicated" Choice
100 mg BID with food for seven days¹

Demonstrated
87.2%
clinical cure rate²

Open-label, randomized trial: nitrofurantoin MR 100mg bid (n=178), co-trimoxazole 960mg bid (n=181), or trimethoprim 200mg bid (n=179) for 7 days. Clinical cure rates: co-trimoxazole 94.5%, trimethoprim 86.5%.



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¹Product Monograph: J Antimicrob Chemother 1994;33 Suppl A 121-129

²McNeil J. A randomised trial of MacroBID (nitrofurantoin MR) compared with trimethoprim 200mg bid (n=179) for 7 days. Clinical cure rates: co-trimoxazole 94.5%, trimethoprim 86.5%.

ALZA Canada, a division of Alza Corporation, Toronto, Canada

PAAB



PRINTED IN CANADA

Jan 10/13
B.P.
WT ±
P. T. °

- Belly band
- Clinda
- Physio
- Ondansetron
- Demerol

RTC 2/52

PT (+) tearful today. Still ϕ well. Apparently developed 2nd wave when from cross-contamination. Slightly indurated again w/ pus - dk pain all over abdo.

BM daily.

CCAC recommended belly band & Physio.

PVB stopped 4d ago. lot time!

OTE: abdo soft & masses are band incision shows ϕ erythema/heat or evidence of cellulitis

Slight area of induration adjacent to area of packing. ϕ major but pack ϕ removed

B.P.
WT ±
P. T. °

Spec: healing well.

(+) granulation tissue but unable to adequately access 2° pt discomfort. Bimodal \Rightarrow vault tender but ϕ masses or collections, esp

~~AXR~~ (2) ? Pain 2° constipation \Rightarrow chronic myomorph use! ϕ helpful anymore. Can't take Naproxen. Tylenol ϕ help. Demerol helped in past. Rx given. CCAC extended. Clinda & 10d ordered



Smart with the most dispensed triphasic formulation in Canada

Please refer to prescribing information for cautions and patient selection criteria.

BERLEX CANADA INC.

RTC 2/52
TRIQUILAR®

levonorgestrel and ethinyl estradiol tablets
21 and 28-day packs

Refer to Triquilar and "Triphasil" - both triphasic products containing levonorgestrel/ethinyl estradiol. References: 1. Triquilar Product Monograph. Berlex Canada Inc. 1995. 2. IMS HEALTH, CompuScript January to December 2000 Monthly growth



YOUNG, Suzanne Marie 9029

IESS NOTES



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R: ON 6427959512 YW

MARITAL STATUS DATE OF BIRTH
S | M | W | D | SEP

MENARCHE G P A L
DRUG ALLERGIES

Ref.: DIPAOLLO, B (133454)

DATE / VITAL SIGNS

SUBJECTIVE

OBJECTIVE

ASSESSMENT

Dec 27
2012

FGYNE ✓ incision / vag odour.

BP - 130/80 CxL. 13ac hR.

B.P.
WT ±
P. T.

⊕ bald spot ⊕ ? concussion

Pt still having pain @ incision. CCAC doing
dsg as ongoing drainage at site
→ massive serous. Took clinda + rod
but hasn't rpted. c/o PVB → malodorous

Also c/o persistent h/c + nausea from
? head injury in hospital ?? Pt noted
when shaving the other day she has
a bald spot where the bump was!!
regrowing. Pt would like to see neuro
(Dr Small had ~~been~~ mentioned previously).
Sp sound 4w post-concussion. "Would
like sx on record". Will DW Dr Small
→ have pt's permission

B.P.
WT ±
P. T.

o/b: menses heavy well. <1cm area
still ~~drain~~ draining. ⊕ purulent
⊕ erythema or heat
Spec: ⊕ malodorous d/c or PVB seen
Pt reassured

Plan: Refill for hydromorphone. To discuss
HI w Dr Small. PTC 2/12 for
low back postop. CCAC to cont.

[Signature]



Smart with the
most dispensed triphasic
formulation in Canada

Please refer to prescribing information for
cautions and patient selection criteria.

BERLEX CANADA INC.

TRIQUILAR®

levonorgestrel and ethinyl estradiol tablets
21 and 28-day packs

* Refers to Triquilar and "Triphasil" —
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References: 1. Triquilar Product
Monograph. Berlex Canada Inc. 1995
2. IMS HEALTH, CompuScript January to
December 2000 Monthly growth



CHART# PG # 1994 FORMEDIC® 20 TORBAY ROAD, MARKHAM, ONTARIO L3R 1G6 APPROVED BY FORMEDIC'S PHYSICIAN ADVISORY BOARD 08PNLE®



YOUNG, Suzanne Marie 9029

101-695 Plains Road East 10/11/1964 F
Burlington, ON L7T 2E8 H:(905) 333-2744
ON 6427959512 YW

Ref.:DIPAULO, B (133454)

MARITAL STATUS DATE OF BIRTH

NARCHE G P A L
UG
ERGIES

Oct 17 Postop (Oct 1)

B.P.
H T P
W T T
S M I

BP - 110/70 OKL.

DICTATED

Dec 4/2012 & d plo

"Should hurt
Head hurt"

Her talked to Amy Bell yesterday.

6/5 Minimal swelling on scalp
Inc of wren / red
of wren BSV Also soft.

Pa chloride 300 @ 10 x 10

B.P.
H T P
W T T
S M I

See 1 wk.
Newly, refusal of st parent

Dec 5th 2012 FGUNE
post-op 9 days.
BP: 120/70 OKL.

DATE / VITAL SIGNS

SUBJECTIVE

OBJECTIVE

ASSESSMENT

PLANS



B.P.
H T P
W T
B M

Incision made after
sedation
↓ ↓ drainage

Re-packed

Place over drain, cover with

Repeat hydroxychloroquine 400mg (400)

Nausea ++. Antidote not given. Try to
Treat with 10 mg
On bleed + 3 more days

Healed after 2 weeks of antibiotics

See again 27/12:

Continue to

B.P.
H T P
W T
B M

(No. 40 headache)

Re-examined
Does still have Hx
Seems well
Tender post-itch marks
& slight bruise left
around
set marked

