

Chief Complaint / HPI:

55 year old female with PMH of Hypertension, Type II Diabetes Mellitus, Hyperlipidemia, Schizophrenia, followed and cared for at Creedmoor outpatient facility. PSH of Left breast biopsy Cesarean section, EGD, colonoscopy, Right needle guided localization lumpectomy with right axillary sentinel lymph node biopsy on March 27, 2023. Dr. explained to the patient that she needs a mastectomy, because she has multicentric disease, however she refused and preferred lumpectomies. She presented for her postoperative visit on April 5, 2023. The pathology revealed (A) Right breast needle localization excision. Residual invasive ductal carcinoma after neoadjuvant chemotherapy, present as multiple discontinued foci in background of fibrocystic changes, and with largest focus measuring 2.5 cm. Multiple foci of ductal carcinoma in situ (DCIS), cribriform, nuclear grade 3. One solid papillary carcinoma in situ. Fibrocystic changes with adenosis, usual ductal hyperplasia, columnar cell hyperplasia with mild atypia, and apocrine metaplasia. Multiple microcalcification present in both neoplastic and non-neoplastic tissue. Biopsy site changes. Resection margins positive for invasion on multiple tissue blocks, and also multiple foci of severely cauterized margins showing severely crushed atypical epithelium suspicious of positive margins. Clinical correlation is recommended.

(B) Right breast needle localization excision, #2: Residual invasive ductal carcinoma after neoadjuvant chemotherapy, present as multiple discontinued foci, and with largest focus measuring 1.6 cm (microscopic measurement). Ductal carcinoma in situ, solid, nuclear grade 2. Resection margins positive for invasion on all tissue blocks. (C) Right breast needle localization excision, #3: Residual invasive ductal carcinoma after neoadjuvant chemotherapy, present as multiple discontinued foci, and with largest focus measuring 2.5 cm. One large fatty lymph node with multiple foci of metastatic carcinoma. Focal severely cauterized margin with severely crushed atypical epithelium suspicious of positive margin. Dr. explained to the patient and her assigned case manager that the lumpectomies all of them have positive margins, and that she will need a mastectomy. The patient refused again and our social worker was called in to the clinic to assess the patient's understanding of the severity of the cancer. She presented for another follow up in clinic after a detailed discussion with the team from Creedmore and with our social worker present now she is in agreement for a right mastectomy and deemed competent to make this decision. She denies fever, chills, and the right breast wound site is healed with no drainage noted.

Past Medical History

- Depression
- Diabetes mellitus (HCC)
- Hypertension
- Infiltrating ductal carcinoma of right breast (HCC)
- Postmenopausal
- Schizophrenia (HCC)
- Seizures (HCC)

Past Surgical History:

- | | | |
|--|-------|------------|
| • BREAST BIOPSY | Left | 04/2022 |
| • CESAREAN SECTION | N/A | 1991 |
| • PORTACATH PLACEMENT | Left | 02/2023 |
| • PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD | N/A | 02/19/2019 |
| • PR ESOPHAGOGASTRODUODENOSCOPY TRANSORAL DIAGNOSTIC | N/A | 02/19/2019 |
| • PR MASTECTOMY PARTIAL | Right | 3/27/2023 |

Social History

- | | |
|-----------------------|-------------|
| • Smoking status: | Former |
| Packs/day: | 0.25 |
| Years: | 5.00 |
| Pack years: | 1.25 |
| Types: | Cigarettes |
| Quit date: | 2022 |
| Years since quitting: | 1.3 |
| Passive exposure: | Never |
| • Smokeless tobacco: | Not on file |
| • Alcohol use: | No |

Current Allergies:

- Cogentin [Benztropine]
Reactions: Blurry Vision as per Patient
- Haldol [Haloperidol]
Reactions: Food Poisoning as per Patient

Current Medications:

• acetaminophen (TYLENOL) 325 MG tablet	Take 3 tablets (975 mg total) by mouth every 8 (eight) hours as needed for pain (or fever). Maximum dose 12 tablets/24 hours.
• amoxicillin (AMOXIL) 500 MG capsule	Take 1 capsule (500 mg total) by mouth 3 (three) times a day.
• aspirin (BAYER) 325 MG EC tablet	Take 325 mg by mouth every 6 (six) hours as needed for pain.
• atorvastatin (LIPITOR) 20 MG tablet	Take 20 mg by mouth daily.
• CLOZAPINE PO	Take by mouth.
• dexamethasone (DECADRON) 4 MG tablet	Take 2 tablets by mouth 2 times a day with meals for 3 days. Day before chemo day of chemo and day after
• divalproex (DEPAKOTE) 500 MG DR tablet	Take 500 mg by mouth.
• docusate sodium (COLACE) 100 MG capsule	Take 100 mg by mouth 2 (two) times a day.

• famotidine (PEPCID) 20 MG tablet	Take 20 mg by mouth 2 (two) times a day.
• ferrous sulfate 325 MG tablet	Take 325 mg by mouth 2 (two) times a day.
• ibuprofen (MOTRIN) 400 MG tablet	Take 1 tablet (400 mg total) by mouth every 6 (six) hours as needed for pain.
• insulin glargine (LANTUS) 100 units/mL injection	Inject 30 Units under the skin nightly.
• Iron Combinations (IRON COMPLEX PO)	Take by mouth.
• lisinopril (FOR:PRINIVIL, ZESTRIL) 10 MG tablet	Take 10 mg by mouth daily.
• LISINOPRIL PO	Take by mouth.
• loperamide (IMODIUM) 2 MG capsule	2 tablets(4mg) first loose BM and then 1 tablet (2mg) each additional loose BM up to 8 tablets per day.
• melatonin 5 MG tablet	Take by mouth nightly.
• metFORMIN (GLUCOPHAGE) 1000 MG tablet	Take 1,000 mg by mouth 2 (two) times a day.
• metoprolol (FOR:LOPRESSOR) 25 MG tablet	Take 25 mg by mouth 2 (two) times a day.
• metoprolol (FOR:TOPROL) 50 MG 24 hr tablet	Take 50 mg by mouth daily.
• sitagliptin (JANUVIA) 50 MG tablet	Take 50 mg by mouth daily.

Review of Systems

Constitutional: Negative for activity change, appetite change, chills, diaphoresis, fatigue and fever.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for palpitations. :

Breasts: Right breast well healed three wounds all steri strips and sutures removed.

Physical Exam

Chest:

Breasts:

Right: No swelling, bleeding, inverted nipple, mass, nipple discharge or skin change.

Left: No swelling, bleeding, inverted nipple, mass, nipple discharge, skin change or tenderness.

Lymphadenopathy:

Upper Body:

Right upper body: No axillary adenopathy.

Left upper body: No axillary adenopathy.

Assessment:

55 year old female with Invasive ductal carcinoma of right breast. Scheduled for Right Modified Radical Mastectomy.

Plan:

- Prep for right sided modified radical mastectomy
- NPO after midnight except Lisinopril and Metoprolol with sips of water the morning of the surgery.
- Hold NSAIDS and Aspirin 7 days prior to the procedure.
- Take psych medications as prescribed.
- Insulin- take half dose the evening prior to the procedure. No insulin or oral hypoglycemics the morning of the surgery.
- Type and Screen x 1.
- DVT prophylaxis: SCD's early ambulation, Lovenox.
- GI prophylaxis: Pantoprazole (Protonix).
- Admit to inpatient.