

## Note From Your Admission on 01/28/22

### Procedures by Dr. Vanshipal S Puri at 1/28/2022 12:49 PM

#### Procedure Orders

1. Cardiac Catheterization [1234350223] ordered by Vanshipal S Puri, MD at 01/28/22 12:53



### Mercy Heart Institute Cardiac Catheterization Lab Report

PATIENT: Dennis J Geier  
DATE: 1/28/2022  
MRN: 0000108132  
CSN: 306419578  
DOB: 9/20/1954

Performing Physician: Vanshipal Puri, MD, MBA, FACC, FSCAI  
Primary Care Physician: Dwayne O. Walker, MD  
Admitting/Referring provider: Vanshipal S Puri, MD

#### Procedures Performed:

1. Left heart catheterization
2. Selective left and right coronary angiogram
3. Left ventriculography
4. Percutaneous coronary intervention of the left anterior descending artery using 3 Abbott vascular Xience Sierra drug-eluting stents
5. Percutaneous coronary intervention of the circumflex utilizing 2 Abbott vascular Xience Sierra drug-eluting stents
6. Percutaneous coronary intervention of the right coronary artery utilizing 1 Abbott vascular Xience Sierra drug-eluting stent

#### Procedure Findings:

1. Severe multi vessel coronary artery disease
2. Normal left ventricular function with EF estimated at 55-60%
3. Normal left heart hemodynamics

#### Indications:

##### Patient Active Problem List

##### Diagnosis

- Unstable angina (HCC)
- HTN (hypertension)
- Coronary atherosclerosis of native coronary artery
- Other and unspecified hyperlipidemia
- Hyperkalemia
- Paresthesia (periorbital, bilateral arms and legs)
- Acute renal failure (ARF) (HCC)
- Prerenal azotemia
- Precordial pain
- Encounter to establish care
- Coronary artery disease involving native coronary artery of native heart with unstable angina pectoris (HCC)

#### Details:

Dennis J Geier was brought to the cardiac catheterization lab in a fasting state after informed consent was obtained. If the patient was able to provide written consent, it was obtained.

The patient's vitals were monitored through out the procedure. The patient was sedated using the appropriate levels of sedation and ASA guidelines.

The appropriate access site area was prepped and draped in a sterile fashion. The area was anesthetized with 2% lidocaine. Using the modified Seldinger technique, an arterial sheath was introduced into the arterial access site using a single anterior wall puncture. The sheath was flushed and prepped in usual fashion.

Catheters used during the procedure included 5 french TIG 4.0 catheter. The catheters were advanced and removed over a .035" wire, into the appropriate positions. Multiple angiographic views were obtained. An LV gram was obtained.

~The interventional portion of the procedure was completed utilizing a 6 French system. Initially an XB 3.5 guide catheter advanced into the left main coronary ostium. A BMW wire was utilized to engage the initially LAD. A guide extension was also placed. Adjunctive pharmacotherapy aspirin, Brilinta, and Angiomax was initiated. The LAD was predilated with 2.5 mm x 12 mm balloon we subsequently then also used a 3.0 mm x 15 mm balloon. We separately stented the LAD with 3 Abbott vascular Xience 0 drug-eluting stents were started with a 2.5 mm x 38 mm a 2.75 mm x 38 mm and a 3.5 mm x 38 mm these were all inflated to burst pressure. Was postdilated with a 3.0 mm noncompliant a 3.5 mm noncompliant and a 4.0 mm noncompliant in impression. Segments. We then next good placed our attention to the circumflex coronary artery. The BMW wire was advanced into the distal circumflex. The

circumflex was predilated with 3.0 mm x 15 mm trek balloon and we placed 2 stents a 3.0 mm x 18 mm followed by a 3.5 mm x 33 mm and postdilated this with noncompliant balloons. We then finally went to the right coronary. We used a Judkins JR4. We wired with a BMW there it was predilated with a 3.0 will meter by 15 mm. And we stented it with a 3.0 mm x 38 mm Abbott vascular Xience drug-eluting stent. It was postdilated with 3.5 mm x 20 mm noncompliant balloon.

**Findings:**

1. Left main coronary artery was normal. It gave off the left anterior descending artery and left circumflex.
2. Left anterior descending artery has severe atherosclerotic disease. It was moderate in size. It gave off septal perforators and a moderate sized diagonal branch. The LAD covered the entire apex of the left ventricle.  
~99% proximal and 70% mid
3. Left circumflex has severe atherosclerotic disease. It was moderate in size. There was a moderate sized obtuse marginal branch.  
~70% mid
4. Right coronary artery has severe atherosclerotic disease. It was moderate in size and was the dominant artery.  
~70% mid
5. Left ventriculogram showed normal LVEF at 55-60%. Wall motion was normal . There was no significant mitral valve or aortic valve disease noted. LVEDP was normal. There was no gradient noted across the aortic valve during pullback of the catheter.

Ht 5' 8" (1.727 m) | Wt 165 lb 3.2 oz (74.9 kg) | BMI 25.12 kg/m<sup>2</sup>

The access site was controlled with manual pressure and/or appropriate closure device.

**Moderate Conscious Sedation Details:**

An independent trained observer pushed medications at my direction. We monitoring the patient's level of consciousness and vital signs/physiologic status throughout the procedure. CPT codes 99152 and 99153

Start time: 1119  
Stop time: 1240  
ASA class: 3

Sedation totals:  
Versad - 1mg  
Fentanyl - 50mcg

EBL - minimal <5 cc blood loss

The patient was monitored continuously with the ECG, pulse oximetry, blood pressure, and direct observation.

**CONCLUSIONS:**

1. Severe multi-vessel coronary artery disease with successful percutaneous coronary intervention of the left anterior descending, circumflex, and right coronary artery utilizing a total of 6 drug-eluting stents

**ASSESSMENT/RECOMMENDATIONS:**

1. Dual antiplatelet therapy as clinically indicated
2. Post procedure protocol
3. Overnight observation with post procedure interventional orders.

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