

NAME
ADMITTED

JACKSON, JOHN B. 10-20-44
6/21/94

HISTORY

This is a 73 year old white male who is admitted for workup, evaluation and therapy, post I-125 brachytherapy of the prostate.

This 73 year old white male initially presented in the office with a prostatic nodule and obstructive urinary symptoms and was found to have an elevated TSA, under 10, yet a nodule in the left lobe of the prostate and this did not appear to be going to the seminal vesicles or lateral wall. He had a transrectal ultrasound and guided biopsy of the prostate which came back as left side of the prostate Grade 5-6/10 abnormal ploidy adenocarcinoma of the prostate was found. Work-up included negative CAT scan and bone scan and negative lymph node dissection.

Prior to the laparoscopic pelvic lymph node dissection, the options of therapy were discussed him, namely watchful waiting, vs. radiation therapy, vs. radical prostatectomy. It was felt that because of the abnormal DNA ploidy of his tumor and palpable nodule, that he probably should have therapy and elected to have radiation therapy via I-125 brachytherapy.

Two hours prior to admission he had insertion of I-125 brachytherapy transperineally under spinal anesthesia and done well postoperatively.

One hour postoperatively, the Dosimetrist noted that the strength of the radioactive seeds that had been placed were markedly different from the preplant dose and were increased in dosage and because of this, the patient is being admitted at this time for appropriate workup and therapy.

PAST HISTORY

No previous hospitalizations or operations and he is on no medications.

SYSTEM REVIEW

Non contributory.

CURRENT MEDICATIONS

Colchicine for gout. He has no known drug allergies. He did receive a 320 mg. IV Gentamicin dose preoperatively and 1 gm. IV Cefoxitin preoperatively.

F. P. FRIEDMAN, M. D.

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THE WILLIAM W. BACKUS HOSPITAL
Norwich, Connecticut

JACKSON, JOHN

PERSONAL HISTORY

10-20-44

4285060

JACKSON, JOHN B JR.
FRIEDMAN, FRANKLIN P
062194

G-U N 7/04/20

NAME

JACKSON, JOHN

Vital signs are stable.

CHEST:

Clear to auscultation.

HEART:

Pulse 80 and regular. No audible murmurs. Blood pressure is 120/70.

ABDOMEN:

Soft. He has a few audible bowel sounds. No palpable masses in the abdomen.

GENITOURINARY:

Indwelling Foley catheter.

GENITALIA:

Digital rectal exam was not done again and had been done immediately postoperatively.

EXTREMITIES:

No pedal edema.

IMPRESSION

- Status post I-125 brachytherapy of the prostate.
- Possible increased dosage of seeds relative to preplanned dose.
- Adenocarcinoma of the prostate, clinical Stage B, Grade 5-6/10 abnormal DNA ploidy.

PLAN

At this point, discussions were made with the Yale Radiotherapy Group with Dr. Richard Peschel who has had extensive experience with brachytherapy of the prostate for years and under whose direction Dr. Roberts was in the Dept. At this point, it was felt after discussion with Dr. Peschel, it would be advisable to remove as many seeds as possible and if all the seeds could not be removed, to probably do a diverting colostomy and that the removal of the seeds should be through radical prostatectomy. The options of perineal vs. radical retropubic prostatectomy are to be considered with the advantage that the radical retropubic could be done more easily with less radiation to the surgeon and, perhaps, with better control of the bleeding.

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PHYSICAL EXAMINATION

10-20-44

JACKSON, JOHN B JR.

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