(259)

BUNDABERG BASE HOSPITAL

Patient Identification:

Deceased patient (08.01.04)

BUNDABERG HOSPITAL SEX UR NO
GRAVE M 130224
JAMES ASHTON

HEALTH RECORDS VOLUME 2

. . .. HOSPITAL

BUNDABERG HOSPITAL SEX UR NO
GRAVE M 130224
JAMES ASHTON

OUTPATIENT NOTES

DATE	PROGRESS NOTES
27 AUG 2003	SURGICAL WARD REVIEW
	Patient well. 73.6 kg.
	Good appetite
	Managing to keep food down well.
	Swallowing well, no aspiration.
	Plan - NG tube out
	Review 4/52
	[signature]
	N. FARDRINGS[illegible]
23 SEP 2003	SURGICAL WARD REVIEW
	- Well post oesophagectomy.
	- ° wt. gain.
	- for Speech R/V today
	- minimal feelings of aspiration.
	- off [illegible] now → BSL's good
	current meds - Zantac
	- [illegible]
	- Lopen
	Ⓟ - letter to Dr Pratt
	- R/V SOPD 3/12
	[signature]

SPECIALIST OUTPATIENT NOTES

QHB.0004.0091.00399

DATE	PROGRESS NOTES
19 NOV 2003	**SURGICAL WARD REVIEW**
	63 yo ♂ Transhiatal oesophagectomy + partial gastrectomy (Mets - pericardium, LN)
	Complicated by - Vocal cord paralysis - Respiratory failure - AMI - Peritonitis.
	Has seen Dr Pratt – Palliative chemotherapy offered. - Considering - most likely not
	Liver Mets found.
	Ongoing weight loss Some difficulties with food at times - liquid + solid
	Abdo pain - discomfort mainly
	Long discussion ± James & wife in prognosis (nil time ~~given~~ expectancy given) options for end of life. Reassurance for quality of life.
	Suggest liquid high energy / protein drinks.
	P: R/v 5/12 - or anytime. : Services offered to entire family when they desire / need.
	Nadeem Lee

DIVISION OF ONCOLOGY

BUNDABERG SUB CENTRE

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BUNDABERG BASE HOSPITAL

ADMINISTRATION SHEET

31 October 2003

RE: James GRAVE **UR 130224**
DOB: 22.12.39

Referred by Dr Patel's team to consider adjuvant chemotherapy after resection of an oesophageal adenocarcinoma. 6/6/03 trans hiatal oesophagectomy and partial gastrectomy OG junction with gross metastases pericardium and oesophageal lymph nodes Difficult post operative course, pleural effusion on the left side requiring transfer to Mater Adult's Hospital ICU. Left vocal cord paralysis, thyroplasty, 9/14 lymph node metastases, focal involvement gastric serosa. Past history ischaemic heart disease, CABG 1996, hypertension, type II diabetes, occlusion left internal carotid artery.

He has noticed a lump across the left superior part of his scar and an ultrasound undertaken to investigate this arranged by his LMO at Agnes Waters shows ~~no~~ multiple liver metastases Currently he has continued to lose weight and is otherwise minimally symptomatic. Liver function tests earlier this month were normal. The utility of palliative chemotherapy in this circumstances is relatively modest and I have discussed with him the potential toxicities I have given him written information books to consider He is not keen to rush into any decisions about this matter at present. If he wished to consider this further I would be happy to discuss with him whenever needed

Gary Pratt
Radiation Oncologist

Dictated but not read by Dr Pratt (e-mailed to Dr Pratt 3.11 03)

Copy: Dr J Patel Director of Surgery BBH
Agnes Coast Medical Centre

QRI Appt
31/10/03
1.00

FILE COPY

Department of Medical Services
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670125

Telephone No: 4150 2213
Fax No: 4150 2219

DR/ns

DEPARTMENT OF SURGERY

27 September 2003

Dr G Pratt
Oncologist
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Dear Dr Pratt

RE: James GRAVE **UR: 130224**
DOB: 22.12.39

Thank you for seeing this 63 year old gentleman for consideration of chemotherapy following resection of an oesophageal adenocarcinoma.

He was seen initially on 22 April following a two month history of dysphagia An OGD soon after showed a fungating cancer at the gastro-oesophageal junction On 6 June 03 he underwent a transhiatal oesophagectomy and partial gastrectomy and at the time of surgery it was noted that the adenocarcinoma was involving the gastro-oesophageal junction with gross metastases to the pericardium and the oesophageal lymph nodes He had a difficult post-operative course with pleural effusion on the left side and difficult weaning from ventilation He was transferred down to the Mater Adults Hospital ICU on 20 June 2003 and was extubated on 25 June Post extubation there was recurrent aspirations, and ENT review on 27 June showed left vocal cord paralysis He had a thyroplasty on 2 July and this improved voice quality and cough reflex However he was still judged at risk for aspiration and after a long speech pathology involvement in his care he was discharged from Bundaberg Hospital on 27 August and is now on a normal diet Histology of the oesophageal cancer showed an adenocarcinoma of the gastro-oesophageal junction, with invasion through full thickness of muscularis propria but no definite circumferential oesophageal margin There were lymph node metastases (9/14), focal involvement of the gastric serosa but margins were clear. Prior to this hospitalisation he has had episodes of ischaemic heart disease requiring CABG in 1996, hypertension and type II diabetes He also has a total occlusion of left internal carotid artery

I would be pleased if you could have a talk with this gentleman about his options and any altered prognosis which chemotherapy would achieve

Yours sincerely

David Risson
JHO-Surgery

QHB.0004.0091.00408

grave27 09 03 doc

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Bundaberg Base Hospital
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NL/ns

DEPARTMENT OF SURGERY

19 November 2003

Dr K Corbett
Agnes Coast Medical Centre
PO Box 151
AGNES WATER 4677

Dear Dr Corbett

RE: James GRAVE **UR 130224**
DOB: 22.12.39

I reviewed James in Surgical Outpatients today for routine follow up after his trans hiatal oesophagectomy and partial gastrectomy. I understand that an ultrasound was organised which found multiple liver mets Mr Grave has seen Dr Pratt who offered palliative chemotherapy if he desired At this point in time Mr Grave is considering his options

Mr Grave states that he has some ongoing weight loss and difficulties with swallowing food both liquid and solid intermittently He does give some history of abdominal discomfort but nothing too disturbing.

Mr Grave and his wife had a lot of questions in regards to life expectancy and pain management issues that may occur. I had a long discussion with them with regards to this but unfortunately as you know I was unable to give them any definite time period

We will review Mr Grave again in three months I have offered services to Mr Grave and his entire family any time that they desire.

If you have any further concerns please do not hesitate to contact us.

Yours sincerely

Nadeen Low
Surgical PHO