

TRISTATE ORTHOPEDICS

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FOLLOWUP VISIT

PATIENT NAME: Lillie Mae Walker

DATE OF VISIT: March 2, 2005

Patient was initially seen by me in the emergency room back in like October 2004 for a declubbing injury and for the left leg. She subsequently developed a hematoma that required an incision and drainage on November 11, 2004. The patient reports that subsequent to that, she has had some, more than somewhat frequent, breakdowns of her skin overlying her left shin. At this time, the patient was seen a week ago. She had a small area of draining, mostly liquefactive necrosis in the anterior aspect of her shin. This was cultured and grew out staph. It was sensitive to penicillin products, resistant to tetracycline and erythromycin.

EXAMINATION: The patient has about a two to three millimeter a punctuate area that was open. I probed this. She has an area of liquefactive necrosis and a little bit of a dead space underlying it.

IMPRESSION:

1. Patient with venous stasis ulcers, chronic poorly healing wound of the anterior shin, secondary to morbid obesity venous stasis.

PLAN: At this time, I went ahead and injected the area with 1% lidocaine with epinephrine. Did a simple incision and drainage of that and packed it with Iodoform. At this time, I am going to refer the patient to The Wound Care Center, and I will have them follow her up from now on. I will actually plan on seeing her back, however, in about six or eight weeks for a quick clinic check.

DAVID A. BEEKS, M.D.
DAB/ljg/sh
Dictated/not edited

cc: Dr. Rahbe

EXHIBIT

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