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Woodhull General Surgery

SOAP NOTE # B

Course of illness:

The patient is a 55 y/o female with a PMHx for HLD, IDA, morbid obesity, and prior partial gastrectomy (10/13/2023). She has had multiple prior visits with bariatric surgery for evaluation of persistent GERD symptoms. Despite 6 months of treatment with pantoprazole and Gas-X, she reports no improvement and even worsening reflux symptoms. An upper GI series and KUB later showed a moderate-sized hiatal hernia with associated esophageal reflux. After consultation with bariatric surgery, she was deemed an appropriate candidate for conversion to gastric bypass with hiatal hernia repair. The patient agreed to proceed with surgical intervention.

Subjective:

March 5th, 2026

Patient is a 55-year-old female POD #2 s/p laparoscopic hiatal hernia repair with gastropexy. Seen at bedside this morning. Incisional site pain well controlled with medication. Ambulating to bathroom independently and around the unit with assistance. Continues to report bilateral supraclavicular pain radiating to the neck and lower jaw, though not as severe compared to yesterday. She rates pain 6/10 and describes it as intermittent. Range of motion of neck still limited due to pain. Now tolerating small sips of water without significant discomfort; states that *Ensure Protein Max* shakes are better tolerated than water. Admits to having 4 oz of liquid overnight. Denies SOB, fever, chills, N/V. No BM yet but voided x3 times overnight without complications. Per nursing staff, no acute events overnight.

Objective:

Vital signs:

Temp: 98.2 F

BP: 126/78

HR: 91

RR: 19

O2 sat: 98% RA

Physical exam:

General: Patient is alert and oriented x3 (time/person/place). She is in minimal discomfort due to pain while in fowler's position on bed. Well-kept in hospital gown and appears her stated age.

Neck: tenderness to palpation noted bilaterally. Crepitus is noted on both sides, but more on the right. No masses noted. No tracheal deviation noted. Range of motion still limited due to pain.

Chest: tenderness to palpation and crepitus at supraclavicular region noted bilaterally. No apparent mass, trauma, bone deformities noted.

Cardiovascular: regular rate and rhythm

Lungs: Respiration WNL, unlabored respiration, Lung sounds clear to auscultation bilaterally, no accessory muscle use noted

Abdomen: soft, non-distended, negative rebound tenderness and guarding. Surgical wound sites are dry, clean, no signs of infection, no drainage, no erythema, and healing properly. Sutures are intact. No signs of wound dehiscence.

Labs

	3/5/26	**3/4/26**	**3/3/26**
WBC	7.50	7.2	11.26
HGB	10.5	9.3	10.6
HCT	33.4	29.0	32.5
Platelets	181	174	158

	3/5/26	**3/4/26**	**3/3/26**
Na+	141	136	139
K+	4.1	4.2	4.1
Cl-	102	102	98
CO2	25	25	27
BUN	9	12	20
Creatinine	0.53	0.65	0.57
Ca+2	8.9	8.2	9.8

Intake/output (3/4-3/5)

Intake: 1,992.8 ml

- IV lactated ringers infusion – 1,547.5 ml
- PO water – 120 ml
- PO Ensure Protein Max shake – 325.3 ml

Output: Patient voided x 3 in toilet overnight, unable to quantify amount.

Post-op imaging

Repeated CXR (3/4/26)

Findings: There are no focal consolidation or effusion. Large subcutaneous emphysema supra clavicular and neck soft tissue bilaterally, anterior chest wall extensively seen and small free air underneath the right hemidiaphragm. Small bilateral pneumothoraxes right greater than left.

Assessment

55 y/o female POD 2 s/p laparoscopic hiatal hernia repair with gastropexy, still presenting with subcutaneous crepitus and tenderness at the supraclavicular region that radiates to the neck and lower jaw bilaterally. Pain is not as severe as yesterday. Repeated CXR shows large bilateral subcutaneous emphysema, small bilateral pneumothoraces and no significant change from the prior CXR exam. Crepitus is still present in chest and neck region. Patient is tolerating bariatric stage 1 diet. Surgical sites are healing properly. Vitals are unremarkable. Will continue to monitor patient. Consider for possible discharge.

Plan:

- Continue DVT prophylaxis, Heparin. Have patient ambulate out of bed to chair, and if tolerable, walk around the ICU unit with assistance

- Continue incentive spirometry use every 1-2 hours

- Pain control as needed, Toradol or Tylenol

- Continue bariatric diet stage 1. Drink 1 once or small sips of liquid every 15 minutes as tolerable.

- Possible discharge today or tomorrow if she continues to tolerate diet and show appropriate PO intake