

**Patient Report**

**Patient:** Gordon Watts  
**BayCare CPI:** 300994401  
**DOB:** 5/16/1966  
**FIN Number:** 105001547449  
**Procedure Date:** Wednesday, October 6, 2021  
**Attending MD:** Yawer M. Nensey, MD

Today's Procedure: **Colonoscopy**

Your Doctor's Recommendations:

You have a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with you. You may return to normal activities tomorrow. Written discharge instructions were provided to you.

Resume your regular diet today.

Continue your present medications.

Your physician has recommended a repeat colonoscopy in 10 years for screening purposes.

Return to your GI office as previously scheduled.

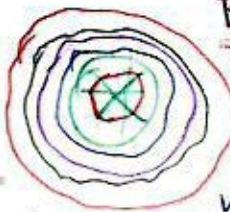
Collect Hemoccults on three spontaneously passed stools annually.

Post Procedure Diagnosis:

- Mild diverticulosis in the sigmoid colon. There was no evidence of diverticular bleeding.
- No specimens collected.



Yawer M. Nensey, MD  
Finalized Date: 10/6/2021 2:47:36 PM  
This report has been signed electronically.

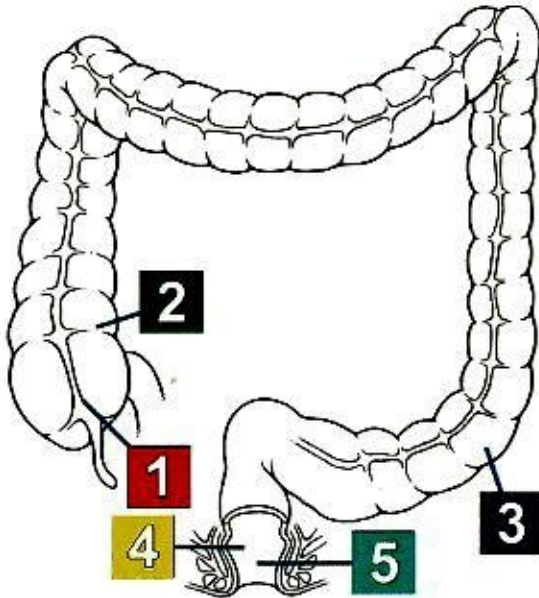
Editor's Note:

Dr. Nensey was kind enough to do my colonoscopy exam WITHOUT SEDATION (e.g., no anesthesia) at my request, which is rare in the U.S. (but common in other countries) - Not clearly denoted here, but I've

requested a correction) Page 1 of 4  
attributed to my medical records.

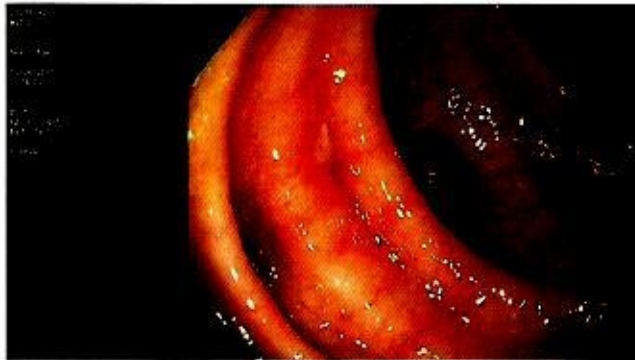
*Mr. Gordon Wayne Watts* Wed. 12-15-2021  
Mr. Gordon Wayne Watts

**Patient Name:** Watts, Gordon  
**Patient MRN:** 300994401  
**Account Number:** 105001547449  
**Date of Birth:** 5/16/1966



The Colon

### Procedure Images



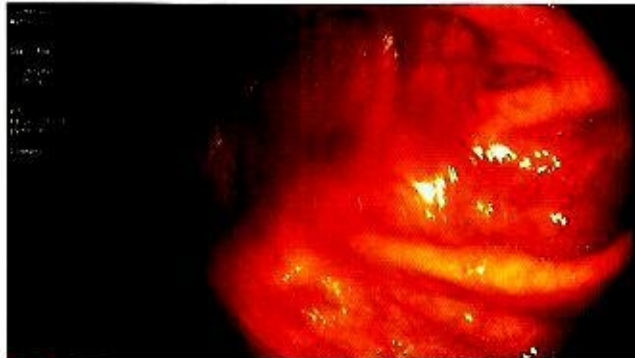
3 Sigmoid Colon :  
Diverticulum

**Patient Name:** Watts, Gordon  
**Patient MRN:** 300994401  
**Account Number:** 105001547449  
**Date of Birth:** 5/16/1966



**4** Rectum : Retroflexion  
Otherwise Normal

**Add'l Images**



**1** Cecum



**2** Cecum

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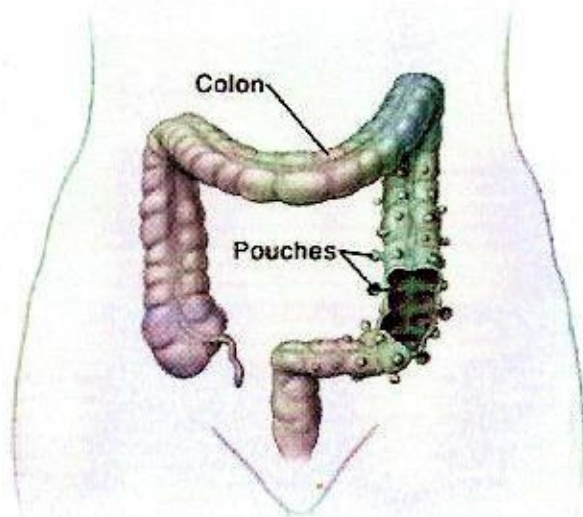
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5 Rectum

## Diverticulosis



Diverticulosis means that small pouches have formed in the wall of your large intestine (colon). Most often, this problem causes no symptoms and is common as people age. But the pouches in the colon are at risk of becoming infected. When this happens, the condition is called diverticulitis. Although most people with diverticulosis never develop diverticulitis, it is still not uncommon. Rectal bleeding can also occur and in less common situations, a type of colon inflammation called colitis.

While most people don't have symptoms, some people with diverticulosis may have:

- Abdominal cramps and pain
- Bloating
- Constipation
- Change in bowel habits

### Causes

The exact cause of diverticulosis (and diverticulitis) has not been proved, but a few things are associated with the condition:

- Low-fiber diet
- Constipation
- Lack of exercise

Your healthcare provider will talk with you about how to manage your condition. Diet changes may be all that are needed to help control diverticulosis and prevent progression to diverticulitis. If

you develop diverticulitis, you will likely need other treatments.

### **Home care**

You may be told to take fiber supplements daily. Fiber adds bulk to the stool so that it passes through the colon more easily. Stool softeners may also be recommended. You may also be given medicines for pain relief. Be sure to take all medicines as directed.

In the past, people were told to avoid corn, nuts, and seeds. This is no longer necessary.

Follow these guidelines when caring for yourself at home:

- Eat unprocessed foods that are high in fiber. Whole-grains, fruits, and vegetables are good choices.
- Drink 6 to 8 glasses of water every day unless your healthcare provider has you limit how much fluid you should have.
- Watch for changes in your bowel movements. Tell your provider if you notice any changes.
- Begin an exercise program. Ask your provider how to get started. Generally, walking is the best.
- Get plenty of rest and sleep.

### **Follow-up care**

Follow up with your healthcare provider, or as advised. Regular visits may be needed to check on your health. Sometimes special procedures such as colonoscopy, are needed after an episode of diverticulitis or bleeding. Be sure to keep all your appointments.

If a stool sample was taken, or cultures were done, you should be told if they are positive, or if your treatment needs to be changed. You can call as directed for the results.

If X-rays were done, a radiologist will look at them. You will be told if there is a change in your treatment.

If antibiotics were prescribed, be sure to finish them all.

### **When to seek medical advice**

Call your healthcare provider right away if any of these occur:

- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Severe cramps in the lower left side of the abdomen or pain that is getting worse
- Tenderness in the lower left side of the abdomen or worsening pain throughout the abdomen
- Diarrhea or constipation that doesn't get better within 24 hours
- Nausea and vomiting
- Bleeding from the rectum

### **Call 911**

Call 911 if any of the following occur:

- Trouble breathing
- Confusion
- Very drowsy or trouble awakening
- Fainting or loss of consciousness
- Rapid heart rate
- Chest pain

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South Florida Baptist Hospital

10/6/2021

Dr. Robin T. Burns-Thigpen, PA-C  
14254 Martin Luther King Blvd  
Dover, FL 33527

Re : Colonoscopy procedure for Gordon Watts (5/16/1966)

Dear Burns-Thigpen

This procedure was performed on **Wednesday, October 6, 2021**. My impressions and recommendations are as follows:

Impressions:

- **Mild diverticulosis in the sigmoid colon. There was no evidence of diverticular bleeding.**
- **No specimens collected.**

Recommendations:

- **Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow. Written discharge instructions were provided to the patient.**
- **Resume regular diet today.**
- **Continue present medications.**
- **Repeat colonoscopy in 10 years for screening purposes.**
- **Return to GI office as previously scheduled.**
- **Collect Hemoccults on three spontaneously passed stools annually.**

Thank you for referring this patient to me. If I can be of further assistance, please feel free to contact me.

Sincerely,

Yawer M. Nensey, MD

A handwritten signature in black ink, appearing to read "Yawer M. Nensey", written over a horizontal line.

Yawer M. Nensey, MD  
Finalized Date: 10/6/2021 2:47:36 PM  
This report has been signed electronically.



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<b>Patient Name:</b>	Watts , Gordon	<b>Procedure Date No Time:</b>	10/6/2021
<b>BayCare CPI:</b>	300994401	<b>Attending MD:</b>	Yawer M. Nensey, MD
<b>Date of Birth:</b>	5/16/1966	<b>Scope Summary:</b>	4058 CF-HQ190L
<b>FIN Number:</b>	105001547449	<b>Age:</b>	55
<b>Gender:</b>	Male		

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**Procedure:** Colonoscopy  
**Indications:** Screening for colorectal malignant neoplasm  
**Providers:** Yawer M. Nensey, MD (Doctor)  
**Referring MD:** Robin T. Burns-Thigpen, PA-C (Referring MD)  
**Medicines:** None  
**Complications:** No immediate complications.

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**Estimated Blood Loss:** Estimated blood loss: none.

**Procedure:** Pre-Anesthesia Assessment:  
- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient's tolerance of previous anesthesia was also reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered, and informed consent was obtained. Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure.  
After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The 4058 CF-HQ190L was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was good. The ileocecal valve, appendiceal orifice, and rectum were photographed.

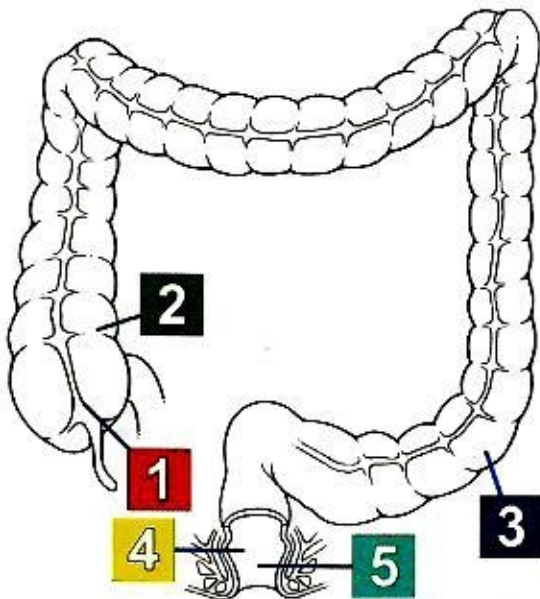
**Findings:**

- The perianal and digital rectal examinations were normal.
- Scattered small-mouthed diverticula were found in the sigmoid colon. There was no evidence of diverticular bleeding.
- No additional abnormalities were found on retroflexion.

**Patient Name:** Watts , Gordon  
**BayCare CPI:** 300994401  
**Date of Birth:** 5/16/1966  
**FIN Number:** 105001547449  
**Gender:** Male

**Procedure Date No Time:** 10/6/2021  
**Attending MD:** Yawer M. Nensey, MD  
**Scope Summary:** 4058 CF-HQ190L  
**Age:** 55

**Add'l Images:**

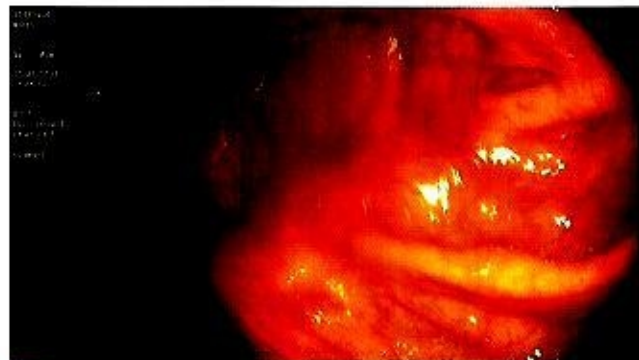


**3** Sigmoid Colon : Diverticulum

**The Colon**



**4** Rectum : Retroflexion  
Otherwise Normal



**1** Cecum

**Patient Name:** Watts, Gordon  
**BayCare CPI:** 300994401  
**Date of Birth:** 5/16/1966  
**FIN Number:** 105001547449  
**Gender:** Male

**Procedure Date No Time:** 10/6/2021  
**Attending MD:** Yawer M. Nensey, MD  
**Scope Summary:** 4058 CF-HQ190L  
**Age:** 55

**2** Cecum**5** Rectum

**Impression:** - Mild diverticulosis in the sigmoid colon. There was no evidence of diverticular bleeding.  
- No specimens collected.

**Recommendation:** - Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow. Written discharge instructions were provided to the patient.  
- Resume regular diet today.  
- Continue present medications.  
- Repeat colonoscopy in 10 years for screening purposes.  
- Return to GI office as previously scheduled.  
- Collect Hemoccults on three spontaneously passed stools annually.

**Procedure Code(s):** --- Professional ---  
G0121, Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

**Diagnosis Code(s):** --- Professional ---  
Z12.11, Encounter for screening for malignant neoplasm of colon  
K57.30, Diverticulosis of large intestine without perforation or abscess without bleeding

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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.



Yawer M. Nensey, MD  
Finalized Date: 10/6/2021 2:47:36 PM  
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**Number of Addenda:** 0