1 Patient Information

1 PATIENT DETAILS

Name
Victor L. Ambrose

Date of Service
05/06/2026

DOB
07/18/1967

Provider
Dr. Vanessa L. Kim, MD — Otolaryngology / Head & Neck Surgery

Age / Sex
58 / Male

MRN
ENT-2026-0441

Visit Type
Post-Operative ENT Follow-Up — Week 14

Procedure Performed
Right selective neck dissection (I-IV) + TORS right base of tongue resection

Procedure Date
01/28/2026

Post-Op Day / Week
Day 97 / Week 14

Surgical Site / Laterality
Right neck + right base of tongue; concurrent IMRT Week 4 of 7

CC Chief Complaint

2 REASON FOR POST-OP FOLLOW-UP

Mr. Ambrose presents for combined Week 14 post-operative assessment and chemoradiation toxicity review. He states: 'The surgery healed but I can barely swallow and the radiation is making everything worse. I've lost 22 pounds and I'm living on the feeding tube. I also have thick scarring on my neck and my right shoulder barely works.' Primary concerns: post-radiation dysphagia with NG tube dependence, right neck wound healing, right shoulder dysfunction from CN XI injury, and final surgical pathology review.

S Subjective

3 POST-OP RECOVERY & INTERVAL HISTORY

3a POST-OP COURSE

Surgery (01/28/2026): Right TORS BOT resection + right selective neck dissection (levels I-IV) — uncomplicated. Hospital 4 days; discharged 02/01 with NG tube. Adjuvant chemoradiation (IMRT 70 Gy + cisplatin 100 mg/m2 Q3 weeks): initiated 03/04/2026. Today is Week 4, Fraction 20 of 35 planned. Acute radiation toxicity is now the dominant clinical issue.

3b PAIN & SYMPTOM STATUS

OROPHARYNGEAL PAIN: 8/10 constant — radiation mucositis primary driver. Magic mouthwash QID (using TID — reminded). Oxycodone ER 20 mg Q12h + oxycodone IR 10 mg Q4h PRN (using 4-5 PRN/day). RIGHT NECK: 3/10 chronic tightness and induration. RIGHT SHOULDER: 5/10 with overhead activity — CN XI partial injury from neck dissection; cannot lift right arm above shoulder height.

3c BLEEDING / DRAINAGE / DISCHARGE

No epistaxis. No hemoptysis. Right neck incision: fully healed — no drainage, no purulence, no dehiscence. Small amounts of blood-tinged saliva from radiation mucositis — no frank hemorrhage. NG tube site: mild nasal irritation — no bleeding or infection.

3d FUNCTIONAL STATUS

ORAL INTAKE: Zero — completely NG tube dependent. NG tube: Osmolite 1.5 at 70 mL/hr x22h/day (approximately 2,100 kcal/day). Despite this, weight continues to decline (down 22 lbs from 198 lbs pre-op to 176 lbs today). VOICE: Persistently hoarse — radiation edema + post-TORS changes. SLEEP: 4-5 hours/night, disrupted by pain and tube feeds. MOBILITY: Ambulates 1-2 blocks daily. Cannot lift right arm overhead. On medical leave.

3e MEDICATION & POST-OP CARE ADHERENCE

Compliant with NG tube feeding schedule, oxycodone ER/IR, omeprazole 20 mg daily, ondansetron 8 mg Q8h PRN, salt-soda rinses Q2h. INCOMPLETE: Magic mouthwash TID not QID — corrected today. Cisplatin: Week 1 (03/04) and Week 4 (03/25) delivered; Week 7 upcoming (04/15/2026).

3f PATHOLOGY REVIEW

FINAL SURGICAL PATHOLOGY (02/12/2026 — reviewed with patient today for the first time): Right BOT: Moderately differentiated SCC, HPV-associated (p16+), 2.8 cm. MARGINS: All NEGATIVE (R0). Perineural invasion: present. LVI: absent. RIGHT NECK DISSECTION: 5/28 LN positive (largest 2.4 cm). EXTRANODAL EXTENSION (ENE): PRESENT in 2 nodes (1.2 mm and 0.8 mm). pTNM: pT2 N2b M0 (AJCC 8th Ed Stage III). HPV p16-positive — favorable prognostic modifier. ENE mandates adjuvant chemoradiation (already underway).

3g PERTINENT NEGATIVES

Denies fever, heavy hemoptysis, stridor, airway compromise, vision changes, severe headache, neck abscess, facial weakness, or dehydration requiring IV fluids. No new neurologic deficits. No purulent wound drainage.

ROS ENT Review of Systems (Post-Op)

4 POST-OP ROS

- **Pain / fever / chills:** POSITIVE — 8/10 oropharyngeal; 3/10 right neck; 5/10 right shoulder; no fever
- **Bleeding / drainage:** Mild blood-tinged saliva; no wound drainage; no epistaxis
- **Nasal / hearing:** Mild NG tube related nasal irritation; right mild otalgia
- **Voice / dysphagia / odynophagia:** POSITIVE — all three; hoarse; zero oral intake; odynophagia 8/10
- **Airway difficulty:** No stridor; SpO2 97-98%
- **Wound status:** Right neck incision fully healed; no concerns

O Objective

5 POST-OP ENT FINDINGS

V VITAL SIGNS

Field	Value
Temperature	98.4°F
Blood Pressure	128/80 mmHg
Heart Rate	84 bpm
Respiratory Rate	18 breaths/min
Oxygen Saturation	97% on room air
Weight	176 lbs (BMI 24.5) — down 22 lbs from 198 lbs pre-op
Pain Score	8/10 oropharyngeal; 3/10 right neck; 5/10 right shoulder

5a GENERAL APPEARANCE

Thin, pale, mildly cachectic male. Hoarse voice. NG tube in left nostril, patent. Radiation field visible on neck. Alert, cooperative. Accompanied by wife.

5b HEAD & FACE / EYES

Head & Face
Facial symmetry intact. Right neck and peri-auricular radiation field: Grade 2 radiation dermatitis, dry desquamation at right mandibular angle. Lips dry and fissured.

Eyes
EOMs intact. No periorbital edema. No radiation-related ocular changes.

5c EAR EXAM

RIGHT: Mild radiation dermatitis of pinna. Canal: cerumen accumulation — removed today (gentle suction-assisted irrigation). TM intact, no effusion. LEFT: Normal. No mastoid tenderness bilaterally.

5d NASAL EXAM

NG tube in left nasal passage at 55 cm — correctly positioned. Right nasal cavity: mild mucosal dryness and crusting from radiation. No epistaxis or septal perforation.

5e ORAL CAVITY / OROPHARYNX

Lips dry, fissured. Oral mucosa: Grade 3 mucositis — confluent pseudomembranous mucositis across soft palate, bilateral posterior oropharyngeal walls, and posterior tongue. Thick ropy secretions throughout. Right BOT surgical site: obscured by radiation mucositis/eschar — no discrete mass or mucosal irregularity visible; confirmed on laryngoscopy (see procedures). Right piriform sinus: secretion pooling visible on laryngoscopy (pharyngeal paresis from radiation). Right vocal cord: mobile but sluggish with radiation edema. Left vocal cord: normal.

5f NECK — POST-OP ASSESSMENT

RIGHT NECK: Well-healed right anterior cervical incision — 8 cm, well-approximated, no erythema or drainage. Dense fibrous induration of right anterior neck at levels II-III (post-dissection + radiation fibrosis). No palpable lymphadenopathy. RIGHT SHOULDER: Trapezius atrophy right vs left — 2 cm right shoulder drop. Right shoulder active abduction: 90° (limited; normal 180°). Right shoulder shrug: 3/5 right vs 5/5 left — partial CN XI dysfunction post-neck dissection.

5g RESPIRATORY / AIRWAY & NEUROLOGICAL

Respiratory / Airway

Breathing comfortably at rest. No stridor. SpO2 97%. Hoarse but audible voice. Epiglottis moderately edematous on laryngoscopy — not causing airway compromise.

Cranial Nerves

CN V, VII, IX, X, XII: all intact. CN XI: Partial right accessory nerve dysfunction — right shoulder shrug 3/5 (expected post-neck dissection sequela).

PP Procedures Performed

6 POST-OP PROCEDURES THIS VISIT

FLEXIBLE LARYNGOSCOPY (post-operative surveillance): Indication: Week 14 post-TORS surveillance, vocal cord mobility assessment, aspiration evaluation. Technique: 4% lidocaine right nasal spray; 3.8mm Olympus ENF scope through right nasal cavity. Findings: BOT surgical site obscured by mucositis. No discrete mass. Right piriform secretion pooling — pharyngeal paresis. Right vocal cord: mobile but sluggish. Left vocal cord: normal. ASPIRATION CONFIRMED: During saline swallow test — aspiration of thin liquid before cough cleared it. Patient not safe for oral thin liquids. SLP referral urgent. No complications. CERUMEN REMOVAL (Right Ear): Suction-assisted gentle irrigation — complete cerumen removal achieved. Patient tolerated well.

L Lab & Post-Op Results

7 REVIEWED DATA

7a PATHOLOGY / CYTOLOGY

Final surgical pathology (02/12/2026 — reviewed today): pT2 N2b M0, HPV+ (p16+), right BOT SCC. R0 margins. Perineural invasion present. 5/28 LN positive. ENE present in 2 nodes (1.2 mm, 0.8 mm). ENE is the key driver of ongoing chemoradiation — mandated by this pathology finding.

7b CULTURES & IMAGING

No cultures today — no wound infection or purulent drainage. Surveillance PET/CT: to be ordered at 12 weeks post-radiation completion (targeted 08/2026 — radiation ends approximately 05/22/2026). No post-op CT or MRI at this time — surveillance timing determined by radiation oncology protocol.

7c AUDIOLOGY & LAB STUDIES

Post-op audiogram: deferred — will be ordered at 6-month post-treatment visit to assess radiation and cisplatin-related ototoxicity. CBC from radiation oncology (04/2026): WBC 6.2, Hgb 11.8 (mild anemia), Plt 188 — acceptable for continued cisplatin. No additional labs ordered today.

A Assessment

8 POST-OP ENT INTERPRETATION

Mr. Ambrose is at Week 14 post-TORS BOT resection + right neck dissection for HPV+ Stage III (pT2N2b, ENE+) right oropharyngeal SCC, concurrently at Week 4 of IMRT chemoradiation. Key findings: (1) SURGICAL HEALING — right neck incision healed without complication. (2) ACUTE RADIATION TOXICITY — Grade 3 mucositis, NG tube dependence, 22 lb weight loss, Grade 2 dermatitis — expected at Week 4 but requiring symptom escalation. (3) ASPIRATION CONFIRMED on laryngoscopy — urgent SLP referral for formal evaluation before any oral feeding trial. (4) CN XI INJURY — partial right accessory nerve dysfunction post-neck dissection; PT indicated. (5) PATHOLOGY REVIEWED — R0 resection, ENE in 2 nodes, HPV+ favorable. (6) SURVEILLANCE — post-treatment PET/CT planned 08/2026 (12 weeks post-radiation).

P Plan

9 POST-OP MANAGEMENT

9a MEDICATIONS & POST-OP CARE

1. Escalate oxycodone ER to 30 mg Q12h (from 20 mg). Continue IR 10 mg Q4h PRN. 2. Add dexamethasone 4 mg BID x5 days for mucositis (coordinated with radiation oncology). 3. Magic mouthwash: Q4h (corrected from TID). 4. Increase Osmolite 1.5 to 80 mL/hr x22h (approximately 2,400 kcal/day — dietitian recommendation). 5. Fluconazole 100 mg PO daily x7 days (candidiasis prophylaxis). 6. Continue ondansetron, omeprazole, salt-soda rinses Q2h.

9b PROCEDURES & POST-OP ACTIONS

Cerumen removed from right ear today. No packing or drains to manage. NG tube: Continue — removal only after MBS clears aspiration risk and oral caloric adequacy demonstrated.

9c TESTING & COORDINATION

1. SLP / Modified barium swallow: 05/09/2026 — urgent, aspiration confirmed today. 2. PT right shoulder: 05/10/2026 — CN XI rehabilitation. 3. Radiation oncology follow-up: 05/08/2026 (weekly on-treatment). 4. Surveillance PET/CT: 08/2026 (12 weeks post-radiation). 5. Dental oncology referral placed for post-radiation dental care and xerostomia management.

9d PATIENT EDUCATION

Pathology discussed in detail — ENE implications, R0 achievement, HPV+ favorable profile, importance of completing all 35 fractions. Dysphagia timeline explained: peaks Week 5-6, gradual improvement over 3-6 months post-radiation. Shoulder rehabilitation: CN XI injury — recovery typically 6-18 months with PT. Surveillance schedule: PET/CT at 12 weeks post-radiation, then Q3-6 months for 2 years. Warning signs for ER: heavy oral hemorrhage, stridor, worsening shortness of breath, fever > 101 degrees, inability to use NG tube.

F Follow-Up

10 POST-OP REASSESSMENT PLAN

Follow-Up Schedule
SLP/MBS: 05/09/2026. PT shoulder: 05/10/2026. Radiation oncology: 05/08/2026. ENT Week 6 IMRT review: 05/20/2026. Post-radiation ENT: 06/03/2026. Post-treatment PET/CT: 08/2026.

TIME DOCUMENTATION & BILLING

Total Time
62 minutes

Counseling / Coordination Time
25 minutes

Basis for Billing
Medical Decision Making — High Complexity (separately identifiable from global period)

E/M Level
99215 — Established patient, high complexity (outside 90-day global period — Day 97)

Procedure Code(s)
31575 — Flexible laryngoscopy; 69210 — Cerumen removal, right

Primary ICD-10 Code
C10.9 — Malignant neoplasm of oropharynx, unspecified

Secondary ICD-10 Code(s)
K12.3 — Oral mucositis; R13.10 — Dysphagia; G52.8 — CN XI disorder; Z96.89 — Post-surgical status

PHYSICIAN NAME, MD	SPECIALTY	DATE	TIME
Vanessa L. Kim, MD	MD — Otolaryngology / Head & Neck Surgery | Board Certified (ABOto)	05/06/2026, 11:00 AM	