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# Aiden Firth

MRN 4063633

Male

9 Years Old

DOB 6/2/05

Hudson, MA

## General Surgery Visit

February 18, 2015 · Outpatient, General Surg Foundation

Department of Surgery, Fegan - 3 ·

Signed by Russell Jennings, MD

DATE OF BIRTH: 06/02/2005

Dear Dr. McQuilkin:

Today we saw Aiden with his mother concerning his abdominal pain. As you recall, he is 9 years old. He was born with heterotaxy and eventually underwent a LAD procedure with appendectomy in 2006 via a supraumbilical transverse incision. Mom says that he has been having for approximately the last year about once a month, he has abdominal pain which is epigastric in nature with a steady component and a colicky component to it. It lasts between one and two days. It comes in with no really inciting factors they have been able to identify and it goes away within one or two days. The longest it has lasted has been four days. He vomits food and saliva, no bilious vomiting, no blood and he clearly does not have any bowel movements while he is having a pain cycle. He also says that on the right side of his wound it is a little bit tender during these episodes and that that resolves when the pain goes away.

On examination, he is well-developed. He is quite intelligent and very appropriate and very interactive. His chest is clear with good excursion, well-healed scars and he has a well healed scar on his abdomen with no signs of a hernia. His abdomen is otherwise soft and nontender with no significant findings. I had him stand and do grunting and do what he could to try to induce herniation. There was really no herniations that I could appreciate around the scrotum. The rest of the exam is normal.

Had a discussion with mom. I think we will proceed with his right upper quadrant ultrasound and make sure there is no gallbladder disease. Certainly there could be something causing this. I would say, however, if I were to be a betting man, this is going to be an adhesive issue and there might be an adhesion on the right side of the inside of his scar that is causing the bowels to intermittent wind around the scar band, causing his pain. We made the plan with mom that we will get the right upper quadrant ultrasound to assess his gallbladder and biliary tree to make sure that that is not part of the problem. I have already entered an order for an ultrasound that while he is having the pain, he will go to Waltham which is closer than Boston for the family, and get an ultrasound during the pain episode, since it lasts one to two days typically and see if there is anything they can identify on ultrasound during that pain episode. If there is nothing they can identify, then the next plan will be to move towards a diagnostic laparoscopy and see if we can find an adhesive band that we could cut.

Thank you very much for allowing us to participate in the care of this nice family. If we can be of any further assistance, please do not hesitate to call.

With kindest personal regards,

Russell W Jennings, MD

CC:  
A McQuilkin, MD

Lake Avenue North

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Patricia

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Worcester,