RETIRED

June 23, 2020

EMAIL DELIVERY
The Honorable Jenny Abbott Kitchings, Clerk
South Carolina Court of Appeals
1220 Senate Street
Columbia, SC 29201

Re: Terry Capone v. City of Columbia and Companion Third Party Administrator, LLC
Appellate Case No.: 2019-000369
W.C.C. File Nos. 1322451, 1319203, 1420487
Evidence to show good cause exist for extension of time and court relief

SWORN DECLARATION

STATE OF SOUTH CAROLINA §

COUNTY OF RICHLAND §

Pursuant to 28 U.S.C. 1746, I Terry H Capone, declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information and belief:

Dear Ms. Kitchings:

Enclosed please find a copy of the:

1. November 26, 2019 Order by the court granting and extension to serve the appellants Final and Final Reply Brief by December 13, 2019, this is reference on line, but the actual court's decision is missing and replaced by my letter to the court.(Please correct the online record to show this order)

2. Private/protected Medical health records as evidence to show "good cause" existed and continues to exist to for the request extension and assistance that was requested from the court.

I have attached the medical reports from March 20, 2020 through April 8, 2020:

- TLM Medical Service excerpts: "He has significant loss in stamina, weakness, and fatigue. His ADLs were moderately affected in the areas of bathing, dressing, toileting, and grooming. He has moderate issues with chores, shopping, and feed himself. His GERD and IBS symptoms are worsened when PTSD symptoms are active. Hemorrhoids are worsened by constipation and IBS. He is currently followed by Dr. Goerge Jenkins at Carolina Digestive disease.

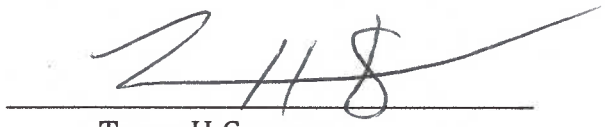
- Carolina Digestive Disease
- Palmetto Endoscopy
- Palmetto Imaging

Based on the attached medical evidence and conditions found that are "clearly" beyond my control and directly related to the relief being sought, I again request this court grant the extension and assistance sought to complete the record. I give up no rights and I will continue to fight until my last breath.

I am not a lawyer. Thank you for your assistance with this matter, please contact me if you have any questions. Thank you for your consideration.

Executed on this date June 23, 2020

Signed:



Terry H Capone
pages attached as noted above.

Enclosure(s) as Stated
Cc: Cynthina C Dooley
Attorney for Respondents

Mr. Terry H. Capone
Fire Battalion Chief-Retired
130 Summerlea Drive
Columbia, SC 29203
803.622.6578
Email: tcapone@liberty.edu

The South Carolina Court of Appeals

Terry Capone, Appellant,

v.

City of Columbia, Employer, and Companion Third Party Administrator, LLC, Carrier, Respondents.

Appellate Case No. 2019-000369

Trial Court Case No. 1322451, 1319203, 1420487

ORDER

The time for serving and filing the record on appeal, appellant's final brief and final reply brief is hereby extended until December 13, 2019. No further extensions will be granted absent extraordinary circumstances.

H Bruce J.

FOR THE COURT

Columbia, South Carolina

cc:
Terry Capone
Cynthia C. Dooley, Esquire
Carmelo Barone Sammataro, Esquire

FILED
November 26, 2019

South Carolina Court of Appeals
JENNY ABBOTT KITCHINGS, CLERK
POST OFFICE BOX 11629
COLUMBIA, SOUTH CAROLINA 29211

Hasler
/26/2019
POSTAGE $00.50[illegible]
ZIP 29201
011D12602824

TERRY CAPONE
130 SUMMERLEA DRIVE
COLUMBIA SC 29203

29203@5532 C071

Conigliaro Jones, M.D.,FAAFP
TLM Medical Services LLC.

2701 Middleburg Drive
Columbia SC 29204-2004
Tel: 803-376-8875

Encounter Report

MR. TERRY HARTFORD CAPONE
Date: March 20, 2020
Level: Office/Outpt Visit,Est,Lvl IV

Electronically Signed by: Conigliaro Jones, M.D.,FAAFP 03/25/20 09:43 am

SUBJECTIVE

Chief Complaint

referral to gastroenterologist, Hemorrhoids, IBS

History of Present Illness

referral to gastroenterologist: He says he has seen Dr. Jenkins III in the past and needs to get back in to see him again.
Hemorrhoids: He says he is having issues with he hemorrhoids getting worse. He does not have any vomiting or hematemesis. He has frequent heartbutn symptoms and dysphagia. He has chronic constipation bleeding and diarrhea symptoms that continue about 4-6 itimes daily and has lost about 20 lbs since his last office visit about 35 days ago. He has sharp pain in the epigastric area that occurs several times a day for 1-2 hours at a time.
IBS: He says he is having a flare up of his IBS and Hemorrhoids. He says his GERD is flaring up and he is having issues with his digestion bother him more significantly lately. He is retired in 2014 partly due to his IBS and GERD and has not worked since.

General

Requesting CPE: yes.

MEDICAL INFORMATION REVIEWED

Allergies, Family History, Habits, Vital Signs, Medications.

Conigliaro Jones, M.D.,FAAFP
TLM Medical Services LLC.

2701 Middleburg Drive
Columbia SC 29204-2004
Tel: 803-376-8875

REVIEW OF SYSTEMS
General: Fever: no
Dermatologic: Rash: no, Skin lesion: no
Ophthalmologic: Normal vision: yes, Eye AND/OR eyelid symptom: no, Diplopia: no, Impaired vision: no
ENT: Hearing: normal, Tinnitus: no, Epistaxis: no, Blocked nose: no
Respiratory: Shortness of breath: no, Cough: no, Expectoration of sputum: no, Wheezing: no, Hemoptysis: no
Cardiovascular: Chest pain: no, Palpitations: no, Breathlessness: no, Edema: no
Gastrointestinal: Dysphagia: no, Heartburn: no, Abdominal pain: no, Nausea, vomiting and diarrhea: no, Melaena: no, Bowel habits: normal, Excessive body weight loss: no
Genitourinary: Normal urinary stream: yes, Dysuria: no, Hematuria: no, Urinary frequency: no
Extremities: Intermittent claudication: no, Ankle swelling: no
Musculoskeletal: Joint stiffness: no, Joint pain: no, Limitation of joint movement: no
Neurological: Headache: no, Photophobia: no, Numbness: no
Mental Status/Psychiatric: Sleep behavior: normal

PROBLEMS REVIEWED
Carpal tunnel syndrome [SCT57406009]
Dementia associated with another disease (SCT191519005)
Diab w/o mention comp type II/uns type uncntrl [SCT000000000]
Erectile dysfunction [SCT398175007]
Hyperlipidemia (SCT55822004)
Hypertension
IBS - Irritable bowel syndrome [SCT10743008]
Insomnia (SCT193462001)
Irritable bowel syndrome [SCT10743008]
Lesion of ulnar nerve [SCT367475009]
Major depression (SCT370143000)
Migraine [SCT37796009]
Newly diagnosed diabetes [SCT405749004]
PTSD - Post-traumatic stress disorder [SCT47505003]
Pudendal neuralgia [SCT427972000]
Sleep apnea [SCT73430006]
Stress at work

OBJECTIVE
VITAL SIGNS
Date: 03-20-2020 at 11:10 AM, **T:** 97.8 F (Oral), **P:** 70 (Regular), **BP:** 134/80 mmHg (taken on right while sitting), **Ht:** 5 ft 11 in, **Wt:** 231 lb , **BMI:** 32.21 (75%), **Resp. Rate:** 18

Conigliaro Jones, M.D.,FAAFP
TLM Medical Services LLC.

2701 Middleburg Drive
Columbia SC 29204-2004
Tel: 803-376-8875

Constitutional: Obesity
General Examination: General Appearance
Skin: Lesions: absent, Warm skin: present, Rash: absent, Skin: normal and no fungus on toe nails
Head and Face: Cephalic appearance: normal
Eyes: Fundoscopic evaluation: normal, Extra-ocular movements: normal, Conjunctiva: normal, Funduscopy: normal
ENT and Mouth: Tympanic membranes: normal, Nasal congestion: absent, Oropharynx: normal, Dentition: normal
Neck: Supple: present, Lymphadenopathy: absent, Thyroid: normal
Respiratory: Breath sounds: normal, This was located in the area of the Bilaterally, Wheezing: absent, Rales: absent, Rhonchi
Chest/Breasts: Normal configuration
Cardiovascular: Heart rate: normal, Heart rhythm: normal, Heart murmur: no and absent, Blood pressure: normal, Heart sounds: normal
Gastrointestinal: Bowel sounds: normal, Abdominal tenderness: absent, Abdominal mass: absent, Hepatojugular reflux: absent, Hepatosplenomegaly: absent
Extremities: Edema: absent, Cyanosis: absent, Clubbing of fingers: no, Full range of motion: yes
Musculoskeletal: Muscle strength: Status: 5/5, Range of Motion: normal
Neurologic: Orientated: Status: A&O x 3, Cranial nerves: normal, Status: Grossly intact, Feet: Nature/type: no deficit in sensation or ulceration

DIAGNOSES

(K58.9) Irritable bowel syndrome [SCT10743008]: Status: uncontrolled.
(K21.9) GERD - Gastro-esophageal reflux disease (SCT235595009): Status: uncontrolled.
(K64.9) Hemorrhoids (SCT70153002)
(R53.83) Fatigue (SCT84229001)

MEDICATION

Proctofoam HC 1 %-1 %- Take 1 Application rectally 3 times per day PRN for 30 days, Supply: 10 Grams, 3 Refills, allow substitutes

PLAN

Instructions
Low salt diet.
Continue meds as prescribed.
Follow up in 2-3 months.
Counseled on weight loss.
Encouraged good nutrition.
Exercise - walk 3-4 times per week.
Diet discussed
Patient Education Material Given.
Plan reviewed with patient.
Follow up appointment
Continue Medication

Conigliaro Jones, M.D.,FAAFP
TLM Medical Services LLC.

2701 Middleburg Drive
Columbia SC 29204-2004
Tel: 803-376-8875

Discussed importance of good nutrition
Care-Plan given to patient., He has had significant loss in stamina, weakness, and fatigue. His ADLs were moderately affected in the areas of bathing, dressing, toileting, and grooming. He has moderate issues with chores, shopping, and feeding himself. His GERD and IBS symptoms are worsened when PTSD symptoms are active. Hemorrhoids are worsened by constipation and IBS. He is currently followed by Dr. George Jenkins at Carolina Digestive disease.

Referral Orders
Iseman, TupperDR. Gastroenterology Perform outside Clinic (Byrd, Marcus) - Order Date: 3/20/2020, Dr. George Jenkins

VITAL SIGNS
Date: 03-20-2020 at 11:10 AM, **T:** 97.8 F (Oral), **P:** 70 (Regular), **BP:** 134/80 mmHg (taken on right while sitting), **Ht:** 5 ft 11 in, **Wt:** 231 lb , **BMI:** 32.21 (75%), **Resp. Rate:** 18

PROBLEM LIST
(E78.49) Hyperlipidemia (SCT55822004) (Current)
(E11.9) Newly diagnosed diabetes [SCT405749004], Onset: 01-12-2015 (Current)
(E11.65) Diab w/o mention comp type II/uns type uncntrl [SCT000000000 (Current)
(G56.20) Lesion of ulnar nerve [SCT367475009], Onset: 03-06-2014 (Current)
(G58.8) Pudendal neuralgia [SCT427972000], Onset: 03-06-2014 (Current)
(G43.909) Migraine [SCT37796009], Onset: 04-11-2014 (Current)
(F52.8) Erectile dysfunction [SCT398175007], Onset: 10-24-2014 (Current)
(K58.9) IBS - Irritable bowel syndrome [SCT10743008], Onset: 10-24-2014 (Current)
(K58.9) Irritable bowel syndrome [SCT10743008], Onset: 11-24-2013 (Current)
(G47.30) Sleep apnea [SCT73430006], Onset: 11-24-2013 (Current)
(F43.10) PTSD - Post-traumatic stress disorder [SCT47505003], Onset: 11-03-2013 (Current)
(I10) Hypertension, Onset: 10-24-2014 (Current)
(G56.00) Carpal tunnel syndrome [SCT57406009], Onset: 11-24-2012 (Current)
(F32.9) Major depression (SCT370143000), Onset: 11-07-2013 (Current)
(Z56.89) Stress at work (Current)
(G47.00) Insomnia (SCT193462001), Onset: 11-24-2013 (Current)
(F02.80) Dementia associated with another disease (SCT191519005) - METABOLIC ASSOCIATED (Current)

ALLERGIES
Cortisone
aspirin
Oxycodone
prednisone

Conigliaro Jones, M.D.,FAAFP
TLM Medical Services LLC.

2701 Middleburg Drive
Columbia SC 29204-2004
Tel: 803-376-8875

MEDICAL HISTORY
(G56.20) Lesion of ulnar nerve [SCT367475009]
(G58.8) Pudendal neuralgia [SCT427972000]
(F52.8) Erectile dysfunction [SCT398175007]
(K58.9) IBS - Irritable bowel syndrome [SCT10743008]
(F32.9) Major depression [SCT370143000]
(F43.10) PTSD - Post-traumatic stress disorder [SCT47505003]
(G56.00) Carpal tunnel [SCT57406009] - bilateral
(G47.30) Sleep apnea [SCT73430006]
(G47.00) Insomnia [SCT193462001]
(I10) Hypertension
(X) Migraine
(X) Gastroesophageal reflux disease

SURGICAL HISTORY
Excision - Cyst - 11-24-1989 (approx.); Comment: 4 cysts removed from scrotum
Vasectomy - 11-24-2001 (approx.)
reverse vasectomy - 09-20-2011

SOCIAL HISTORY
Retired
Married with children

LONG-TERM MEDICATIONS
Dexilant 60 mg capsule, delayed release- 1 Tablet, 1 time per Day for 30 Days
quetiapine 300 mg tablet- 1 Tablet, 1 time per Day for 30 Days 1 at hs
Duexis 800 mg-26.6 mg tablet- 1 Capsule, 3 times per Day for 30 Days
desoximetasone 0.05 % topical cream- 1 Application, 2 times per Day for 30 Days
hydrochlorothiazide 25 mg tablet- 1 Tablet, 1 time per Day for 30 Days
Viagra 100 mg tablet- 1 Tablet, 1 time per Day for 30 Days
Relpax 40 mg tablet- 1 tab at start of headache, repeat in 2 hours
lorazepam 1 mg tablet- 1 Tablet, 3 times per Day for 30 Days
zolpidem 10 mg tablet- 1 Tablet, 1 time per Day for 30 Days at hs
clonidine HCl 0.1 mg tablet- 1 Tablet, 1 time per Day nightly
cholecalciferol (vitamin D3) 1,250 mcg (50,000 unit) capsule- 1 Capsule, 1 time per Week for 30 Days
hydrocortisone 2.5 % topical cream- for 30 Days apply to face for Pseudofolliculitis Barbae

Carolina Digestive Disease, P.A.

GEORGE A. JENKINS, III, M.D.
SPENCER J. JENKINS, M.D.
D. TUPPER ISEMAN, M.D.

1520 Taylor Street • Suite 200
Columbia, SC 29201
Federal ID# 45-2507985

APPOINTMENTS (803) 509-57

ACCOUNT #	PDATA	SSN	BIRTHDAY	AGE	NEXT CHARGE DATE	DR.	APPOINTMENT DATE & TIME	NO.
	C Jones			49	y JENKGEO		3/25/2020 10:00:00AM	2140740

PATIENT
Terry H Capone
4209 Woodridge Dr Columbia SC 29203
803 799-7688

PREVIOUS BALANCE	DELQ. AGE/AMOUNT	ADATA
0.00		$0.00

LAST PAYMENT DATE	LAST PMT AMT	AMT PD THIS YR	CNT	INSURANCE FILED
9/10/19	$35.00			

EMPLOYER

PREV. ICD-9 CODE	DESCRIPTION OF PREVIOUS DIAGNOSIS
K64.9	Unspecified hemorrhoi

DATE	PREV. TCODE	DESCRIPTION OF PREVIOUS TRANSACTION	AMOUNT

INSURANCE Fed Bcbs (xmit) Paidnsf
Medicare Secondary Payor

PROCEDURE			FEE
OFFICE VISIT	**New**	**Estab.**	
Minimal	99201	99211	
Brief	99202	99212	
Mcd. Int.	99203	99213	
Intermediate	99204	99214	
Comprehensive	99205	99215	
CONSULTATION			
Limited		99241	
Mcd. Intermediate		99242	
Intermediate		99243	
Comprehensive		99244	
Complex		99245	
ESCRIBE		G8553	
GI PROCEDURES			
Sigmoidoscopy		45300	
w / biopsy		45305	
Flex. Sigmoidoscopy		45330	
w / biopsy		45331	
INJECTIONS			
B12		G0008 / J3420	
Flu		G0008 / 90724	
Other			
STOOLS			
A) Polys		87205	
B) Culture		87045/87163	
C) Fat		82705	
D) C. Difficile Toxin		87230	
E) O & P		87177/87208	
F) Giardia		86674	
G) 72 hr. Fat		82715	
Hemoccults		82270	
Specimen Hat		99070	
Lab Fee		36415	
OTHER			

PROCEDURE		FEE
LABORATORY		
BMP	80007	
Amylase Serum	82150	
CMP	80019	
CBC with Diff	85025	
Potassium	84132	
Ferritin	82728	
Hematocrit	85014	
Hemoglobin	85018	
Helicobacter	86677	
Thyroid Panel	Thyroid	
PT	85610	
PTT	85730	
Hepatic Function	Liver P.	
FE	83540	
TIBC	83550	
Lipase		
UA / C&S	81000/87086	
X-RAYS		
UGI	Prov	
SBFT	BMC	
ACBE	RMH	
Chest PA & Lat		
Gallbladder US		
Barium Swallow		
OTHER		
PROCEDURES		
Colon	Fleets	
	Golytely	
EGD		
ED - Fluro		
	Center	
	Prov	
	BMC	
	RMH	

DIAGNOSIS:
1. Hemorrhoids
2. IBS
3. GERD (Reflux)
4. Wt loss

Hydrocortisone Cream prn

Hemorrhoid Hx

GERD Hx

Fam Hx Colon Cancer 40 y/o dtr dx'd @ 40 yrs

1. APPT. _____

Today's Charges	
Today's Payment	
	☐ Cash ☐ Check ☐ MC/Visa
Balance Due	

DATE: **Thursday, March 26**
TIME: **Arrive by 12:45 pm**
PLACE: **Palmetto Endoscopy Suite**

INSTRUCTIONS FOR EGD

- Have your last solid food before **9:00pm** the night before your procedure.
- May have clear liquids until 8:30 am on the morning of your procedure, then nothing else by mouth (no water, gum, hard candy, or tobacco products).

CLEAR LIQUIDS
May have unlimited amounts
UNTIL 8:30 AM ON THE MORNING OF YOUR PROCEDURE

Popsicles-no red/orange
Apple Juice or White grape juice
Tea or Coffee without milk or cream
Water
Beef or Chicken Bouillon
Jello-No red or orange
Soft Drinks

- **DO NOT** take Insulin or oral anti-diabetic agents the morning of your test.
- You may have the following medications with a small sip of water at least two hours prior to exam: **DO NOT TAKE ANY MEDICATION ON THE MORNING OF YOUR PROCEDURE.**

YOU MUST BRING SOMEONE WITH YOU WHO WILL BE ABLE TO DRIVE YOU HOME AFTER THE PROCEDURE. YOUR DRIVER MUST REMAIN IN THE FACILITY WHILE YOU ARE HAVING YOUR PROCEDURE. YOUR PROCEDURE WILL NOT BEGIN UNTIL YOUR DRIVER IS PRESENT. ***If you cannot find someone to stay with you and drive you home, please notify office BEFORE the day of your procedure.***

If you have any questions or problems, please call our office at **509-5710, EXT 15 TONI ESTES**

Please call our office one week following your procedure for your results.

Carolina Digestive Disease, P.A.

1520 Taylor Street Suite 200
Columbia, SC 29201
Phone: (803) 509-5710
Fax: (803) 509-5711
Email: vcarroll@carolinadigest.com
Contact Phone: (803) 509-5710

Education

Reflux Esophagitis

What is reflux esophagitis?

Reflux esophagitis is inflammation of the lower part of the esophagus. The esophagus is the tube that carries food from your throat to your stomach. Esophagitis causes heartburn and pain in the area below the breastbone.

How does it occur?

Reflux esophagitis happens when the acid contents of the stomach flow back into your esophagus and cause heartburn. This back flow of acid is called reflux, or gastroesophageal reflux. Your esophagus may become red and inflamed if the reflux of acid happens often.

Reflux esophagitis can occur with:

- overweight
- pregnancy
- hiatal hernia (a condition in which part of the stomach protrudes through the diaphragm into the chest)
- recurrent vomiting
- nasogastric tubes (tubes passed through your nose down into your stomach)
- eating large meals
- lying down right after you eat
- scleroderma (a disease that causes thickening and tightness of the skin).

What are the symptoms?

Symptoms include:

- heartburn
- cramping, severe pain, or pressure below the breastbone
- pain, often in the chest
- acid taste, especially at night
- coughing
- shortness of breath.

Symptoms may occur when you lie down after eating and may be relieved when you sit upright. Heartburn, the most common symptom, usually occurs 30 to 60 minutes after you eat and may be severe. The pain may spread to your neck, jaw, arms, and back.

How is it diagnosed?

Your health care provider will review your symptoms and examine you. Your provider may order the following tests:

- x-rays
- endoscopy, a procedure in which a thin flexible tube with a tiny camera is placed in your mouth and down into your stomach so your provider can see your esophagus and stomach
- esophageal manometry (a test to measure pressure in the esophagus).

Often no tests are necessary. Instead, your provider may first see if taking medicine relieves your symptoms. In some cases, depending on your medical history, you may need tests to make sure the pain is not caused by heart disease.

How is it treated?

Your health care provider may recommend or prescribe:

- antacids to take after meals and at bedtime
- medicine that decreases the amount of acid your stomach makes
- medicine that helps food and acid move forward through your digestive tract
- weight loss to decrease the pressure on your stomach
- eating smaller meals
- avoiding late-evening snacks or meals before bedtime
- raising the head of your bed about 6 inches to help the acid stay in your stomach.

Repeated inflammation and scarring may make your esophagus become narrower. If this happens, your health care provider may:

- dilate (widen) your esophagus
- use surgery to repair a hiatal hernia if you have one
- use surgery to create a new segment of esophagus.

In severe cases of esophagitis, in which symptoms continue in spite of treatment, a surgical procedure called fundoplication may be considered. This surgery makes the sphincter work better. The sphincter is a ringlike muscle at the bottom of the esophagus that acts like a valve, letting food pass into the stomach and then closing.

How long will the effects last?

The duration of symptoms and response to treatment vary from person to person. It is important to keep your follow-up appointments with your health care provider, especially if your symptoms are not getting better. Severe reflux esophagitis can eventually cause changes in the cells that line the esophagus, resulting in a condition called Barrett's esophagus. These changes increase your risk of cancer of the esophagus.

How can I take care of myself?

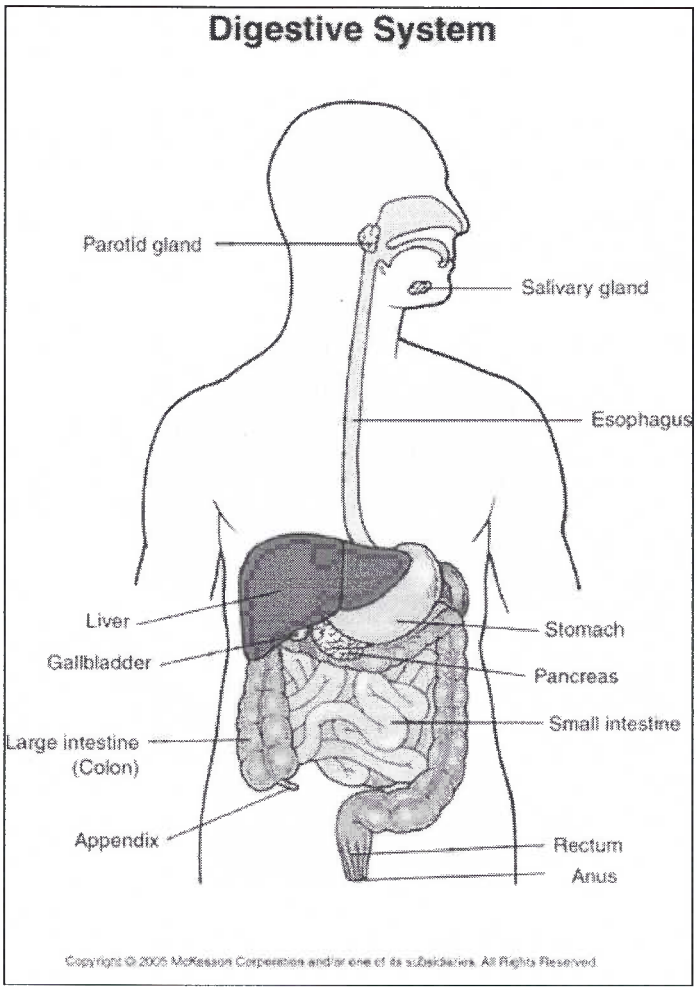
Follow these guidelines:

- Take medicines with plenty of liquid. Swallowing medicine without enough liquid can irritate the esophagus.
- Avoid smoking.
- Avoid drinking alcohol.
- Avoid eating chocolate, peppermint, fatty foods, citrus foods, caffeine, or tomato products. These foods make reflux worse.
- Wear loose fitting clothing without belts.
- Avoid heavy meals.
- Avoid lying down right after you eat.
- Sleep with your head elevated at least 6 inches.
- Maintain your proper weight.
- Keep your follow-up appointments with your health care provider.
- Tell your health care provider if your symptoms get worse.

How can I help prevent reflux esophagitis?

Follow these guidelines:

- Avoid smoking and alcohol.
- Maintain a healthy weight.
- Eat smaller meals. Avoid overeating.
- Eat foods that don't cause symptoms.
- Avoid lying down for at least 3 hours after meals.


Digestive System
Parotid gland
Salivary gland
Esophagus
Liver
Gallbladder
Stomach
Pancreas
Small intestine
Large intestine
(Colon)
Appendix
Rectum
Anus
Copyright © 2005 McKesson Corporation and/or one of its subsidiaries. All Rights Reserved.

Hemorrhoids

What is it?
Hemorrhoids are swollen blood vessels in or around the rectum. The tissues around these swollen blood vessels may be inflamed. The blood vessels may bleed or contain blood clots. This is called a thrombosed hemorrhoid.can be just inside the anal opening. These are called internal hemorrhoids. They can only be seen with a special instrument. External hemorrhoids are at the anal opening and can be seen.

What is the cause?
Hemorrhoids can result from any condition that puts pressure in the blood vessels around the rectum. Common causes include pregnancy, constipation, or chronic diarrhea. Sitting or bicycling for a long time can also cause this problem. Some diseases can make hemorrhoids more likely.
Blood clots form when blood pools in a hemorrhoid. Thrombosed hemorrhoids are most common in people who do a lot of heavy exercise.

What are the symptoms?
Hemorrhoids are usually painless. If you have external hemorrhoids, you may feel a lump at the anus. You may notice bleeding from the rectum. Usually this bleeding is bright red. If a clot forms in the hemorrhoid, you may have pain, itching and bleeding. The anal area may feel tender and swollen. You may feel a tender lump in or near your rectum.

How is it treated?
Small hemorrhoids often heal by themselves. We may suggest a medicine that can be spread on the area. This will help to relieve discomfort. Sitting in warm baths and keeping the area as clean as possible also helps.changes are usually all that is needed to help you avoid getting more hemorrhoids. These include:
. Drink at least 6 to 8 large glasses of liquid every day. This includes water, juice, and sports drinks. It does not include coffee, tea, or soda.
. Eat a diet high in fiber. Try to eat at least 4 to 5 servings of fruits and vegetables every day.
. Take a fiber supplement.
. Avoid sitting still for long periods of time.
. Avoid holding back your bowel movements. Avoid getting constipated. Avoid prolonged sitting or straining on the toilet.these changes do not help, there are many different ways we can shrink or burn away a hemorrhoid. In rare cases, we may suggest surgery. If a painful clot forms in an external hemorrhoid, we may need to remove the clot with a small cut in the hemorrhoid.
This is a simple process that can be done in the office. We will use a shot to numb the skin in the area first. We may suggest a cream that you can put on the area to relieve your discomfort. The intense pain should go away a couple days after treatment has been started.

What can I expect?
Your hemorrhoids may get better by themselves. Making the lifestyle changes we suggest should help. If we do treat you, you can expect your hemorrhoids to go away or get much better. Hemorrhoids tend to come back if you don't keep up the changes we suggest.may want to examine your rectum and colon to see if there is another problem causing the hemorrhoids.

What to watch for.
Let us know if you have any new or increased bleeding from your rectum. Let us know if a hemorrhoid becomes very tender or swollen. If we cut out the clotted hemorrhoid, call us if you have increasing pain in the area after surgery. Let us know if you continue to have symptoms or develop new symptoms.

IN THE EVENT OF AN EMERGENCY PLEASE CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM

FINDINGS:

- Small hiatus hernia.
- Gastritis. Biopsied.
- A single gastric polyp(small, stable antral polyp vs edema with benign appearance). Biopsied.
- Duodenitis.

Please call your physician's office after 14 business days IF YOU HAVE NOT received pathology results.

Your doctor recommends these additional instructions:

We are waiting for your pathology results.
Take Nexium (esomeprazole) 20 mg by mouth once a day.
Follow an antireflux regimen. This includes:
- Do not lie down for at least 3 to 4 hours after meals.
- Raise the head of the bed 4 to 6 inches.
- Decrease excess weight.
- Avoid citrus juices and other acidic foods, alcohol, chocolate, mints, coffee and other caffeinated beverages, carbonated beverages, fatty and fried foods.
- Avoid tight-fitting clothing.
- Avoid cigarettes and other tobacco products.

Your physician has recommended a CT scan (computed tomography) of the abdomen with contrast and pelvis with contrast at appointment to be scheduled.

If your physician has requested a follow-up office appointment, please call the office to schedule.

If you have any questions on the above instructions, call the office.

_____
Nurse Signature

_____
Patient/Designated Responsible Party Signature

Palmetto Endoscopy Suite
1520 Taylor St., Suite 200, Columbia, SC 29201

Instructions for after EGD with Biopsy

Terry Capone
Thursday, March 26, 2020
George A Jenkins, MD

Activity:
If you received sedation for your procedure then:
Resume normal activity in AM
No driving until tomorrow morning
Do not sign any legally binding documents today
No alcohol for 24 hours

If you received no sedation then you may resume your normal activity upon discharge.

Diet:
Unless otherwise instructed by your physician, you may eat upon discharge. Your first meal should be small and light. **NOTHING GREASY OR SPICY.** If this is tolerated well, you may return to your normal diet. **We also recommend that you do not eat your first meal in a restaurant.**

*****If your esophagus was stretched, please eat soft foods only today.*****

Medication:
You may resume your normal medications upon discharge, unless instructed otherwise.
If you are on a blood thinner such as: (Aspirin, Coumadin or Plavix) you may resume this on:_____
Samples provided_____
Rx provided_____

NORMAL symptoms for today:
Drowsiness and forgetfulness. You may not remember undergoing your procedure or discussing the results with your physician.
Slight abdominal bloating and/or gas pain
Numbness of throat and/or a sore throat
You may have nausea today. This sometimes happens because of the medicatios used. This should get better within a few hours. If your nausea continues for more than 24 hours, contact the office.

Call your physician if you experience ANY of the following:
- Vomiting more than twice
- Vomiting blood or coffee ground material
- Increased abdominal pain
- Difficulty breathing/shortness of breath
- Inability to swallow
- Chest pain
- Fever greater than 101 degrees or chills over the next 48 hours
- Redness or swelling at the IV site that persists more than 2-3 days** **PLEASE NOTE: BRUISING AT AN IV SITE CAN OCCUR. THIS IS NORMAL AND WILL HEAL.**

Dr. George Jenkins 509-5710

Dr. Spencer Jenkins 509-5710

Dr. Tupper Iseman 509-5710

Dr. Benjamin Massey 799-2219

OTHER:

Carolina Digestive Disease

Patient:

CAPONE, TERRY H

DD20-651

SSN:
DoB: 1
Sex: M **Phone:** (803) 799-7688 **MR #:**

Date Collected: 03/26/2020
Date Received: 03/30/2020
Date Reported: 03/31/2020

Physician: George Jenkins III MD Carolina Digestive Disease **Pathologist:** Shixiong Liao, MD

Specimen(s) Received:

A) Gastric Biopsy B) Antral Polyp Biopsy

Clinical History:

Dyspepsia, esophageal reflux, weight loss.

Final Pathologic Diagnosis:

A. Stomach, Biopsy:
- Gastric mucosa with moderate active chronic H pylori gastritis
- No evidence of intestinal metaplasia or dysplasia

B. Stomach Antral Polyp, Biopsy:
- Gastric antral mucosa with severe active chronic H pylori gastritis, reactive lymphoid hyperplasia and intestinal metaplasia, negative for dysplasia

/SL

CPT:	88305	x2	ICD-10: B96.81 K31.7
	88312	x2	
	88313	x2	

Microscopic Description:

A. Giemsa stain reveals Helicobacter organisms on the surface of foveolar epithelium. AB/PAS stain reveals no intestinal metaplasia. All controls react appropriately.
B. Giemsa stain reveals Helicobacter organisms on the surface of foveolar epithelium. AB/PAS stain reveals intestinal metaplasia. All controls react appropriately.

Gross Description:

A. Received in formalin labeled with patient's name and Gastric Biopsy consisting of 2 segments of tan soft tissue measuring 0.4 x 0.2 x 0.1 cm in aggregate. The specimen is totally submitted in one cassette.
B. Received in formalin labeled with patient's name and Antral Polyp Biopsy consisting of 3 segments of tan soft tissue measuring 0.5 x 0.2 x 0.2 cm in aggregate. The specimen is totally submitted in one cassette.

/DS

Shiao, MD

Electronic Signature

Technical Preparation at AP Laboratories
283 Dorchester Manor Blvd
N. Charleston, SC 29420

AP Laboratories LLC
CLIA # 42D2000636

Interpretation at AP Laboratories
283 Dorchester Manor Blvd
N. Charleston, SC 29420

Patient:

CAPONE, TERRY H **DD20-651**

*** End of Report ***

Technical Preparation at AP Laboratories
283 Dorchester Manor Blvd
N. Charleston, SC 29420

AP Laboratories LLC
CLIA # 42D2000636

Interpretation at AP Laboratories
283 Dorchester Manor Blvd
N. Charleston, SC 29420

Palmetto Endoscopy Suite
1520 Taylor St., Suite 200, Columbia, SC 29201

Patient Name:	Terry Capone	**Procedure Date:**	3/26/2020 2:13 PM
MRN:		**Date of Birth:**	
Age:		**Admit Type:**	Ambulatory
Room:	Room 2	**Note Status:**	Finalized
Attending MD:	George A Jenkins, MD	**Instrument Name:**	4606

Procedure: Upper GI endoscopy
Indications: Dyspepsia, Esophageal reflux, Weight loss

Providers: George A Jenkins, MD, Sarah Dymock, Summer Craddock, CRNA
Referring MD: Conigliaro Jones, MD
Medicines: Propofol per Anesthesia
Complications: No immediate complications. Estimated blood loss: Minimal.

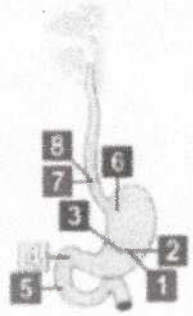
Procedure: Pre-Anesthesia Assessment:
- Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient's tolerance of previous anesthesia was also reviewed. The risks and benefits of the procedure and the sedation options and risks were 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: III - A patient with severe systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure.
- Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Abdominal Examination: bowel sounds present, abdomen soft and non-tender, no masses or organomegaly noted.
- After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure.
- The anesthesia plan was to use monitored anesthesia care (MAC).
After obtaining informed consent, the endoscope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Endoscope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.

Findings:

- A small hiatus hernia was present.
- No other significant abnormalities were identified in a careful examination of the esophagus.
- Patchy mild inflammation characterized by congestion (edema) and erythema was found in the gastric antrum. Biopsies were taken with a cold forceps for histology.
- A single 8 mm sessile polyp with no bleeding and no stigmata of recent bleeding was found in the gastric antrum. Biopsies were taken with a cold forceps for histology.
- No other significant abnormalities were identified in a careful examination of the stomach.
- Patchy mild inflammation characterized by congestion (edema) and erythema was found in the duodenal bulb.
- The exam of the duodenum was otherwise normal.

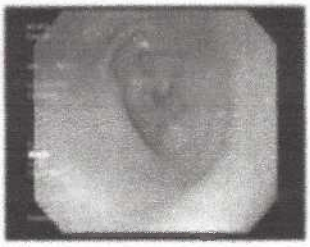
Patient Name:	Terry Capone	**Procedure Date:**	3/26/2020 2:13 PM
MRN:	[redacted]	**Date of Birth:**	
Age:	49	**Admit Type:**	Ambulatory
Room:	Room 2	**Note Status:**	Finalized
Attending MD:	George A Jenkins, MD	**Instrument Name:**	4606

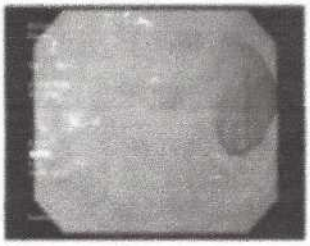
Add'l Images:

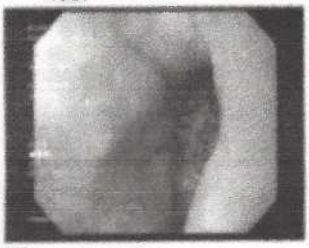


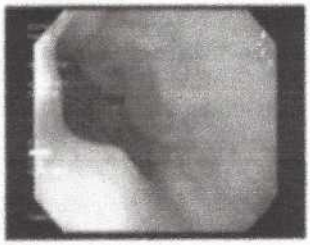
Upper Gastrointestinal Tract

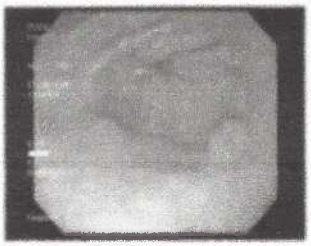

1 Gastric Body : *Inflammation, Polyp(s)

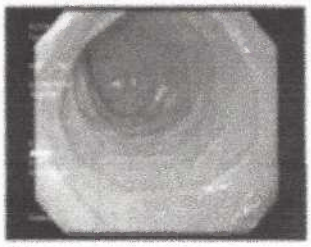

3 Gastric Body : Polyp(s)

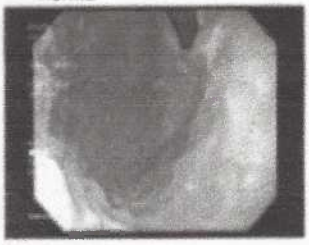

6 Duodenal Bulb : *Inflammation


4 Lower Third of the Esophagus : Hiatus hernia


5 Lower Third of the Esophagus : Hiatus hernia


7 Gastric Body


8 2nd Portion of the Duodenum


2 Gastric Body

Impression:
- Small hiatus hernia.
- Gastritis. Biopsied.
- A single gastric polyp(small, stable antral polyp vs edema with benign appearance). Biopsied.
- Duodenitis.

Recommendation:
- Await pathology results. KH
- Use Nexium (esomeprazole) 20 mg PO daily. KH 20 mg IV contrast + abd pain/ bloating
- Follow an antireflux regimen.
- Perform a CT scan (computed tomography) of abdomen with contrast and pelvis with contrast at appointment to be scheduled. KH given to Faith
- The patient will be observed post-procedure, until all discharge criteria are met.

Patient Name:	Terry Capone	**Procedure Date:**	3/26/2020 2:13 PM
MRN:		**Date of Birth:**	
Age:		**Admit Type:**	Ambulatory
Room:	Room 2	**Note Status:**	Finalized
Attending MD:	George A Jenkins, MD	**Instrument Name:**	4606

Procedure Code(s): --- Professional ---
43239, Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple

Diagnosis Code(s): --- Professional ---
K44.9, Diaphragmatic hernia without obstruction or gangrene
K29.70, Gastritis, unspecified, without bleeding
K31.7, Polyp of stomach and duodenum
K29.80, Duodenitis without bleeding
K30, Functional dyspepsia
K21.9, Gastro-esophageal reflux disease without esophagitis
R63.4, Abnormal weight loss

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

George A Jenkins, MD
3/26/2020 2:36:32 PM
This report has been signed electronically.
Number of Addenda: 0
Note Initiated On: 3/26/2020 2:13:03 PM

Palmetto Imaging
www.SCDiag.com

Palmetto Imaging – Downtown
1331 Lady Street, Columbia, SC 29201
p: 803.256.7646 f: 803.256.8046

PATIENT NAME: Capone, Terry H.
DOB: 06/10/1970
MRN: 08-274723
PHONE:803-622-6578
PHYSICIAN: George Jenkins, MD
EXAM DATE: 04/08/2020

EXAM: CT Abdomen and Pelvis With Contrast

REASON FOR EXAM: R63.4 - Abnormal weight loss

ADDITIONAL HISTORY: None.

TECHNIQUE: Following the oral administration of 900 cc of dilute barium sulfate suspension prior to scan, helical images of the abdomen and pelvis were obtained during the intravenous administration of 100 cc of Isovue-370 during the equilibrium phase of enhancement. Five-minute delayed images of the kidneys, ureters and bladder completed the exam.

COMPARISONS: Comparison is made with previous contrast enhanced CT scan of the abdomen and pelvis performed on 04/20/2015. The

FINDINGS: The lung bases are well expanded, clear and radiographically normal. No pleural, osseous or soft tissue abnormalities of the lower chest and mediastinum are noted.

The liver is normal in size and contour. It is slightly smaller than the liver are noted on the previous exam and mild changes of hepatic steatosis have resolved. No focal intrahepatic abnormalities of significance are noted.

The gallbladder and biliary collecting system, spleen, pancreas, adrenal glands and kidneys and collecting systems are unremarkable and unchanged in appearance. A small sub-centimeter subcapsular cyst of the posterior midportion of the left kidney is noted unchanged in size or appearance.

There are no abnormal abdominal, retroperitoneal or pelvic soft tissue masses or adenopathy.

There is no ascites or free intraperitoneal air. The stool burden within the colon is relatively light and no abnormal dilated, thickened or abnormal appearing segments of bowel are noted. The cecum, appendix and terminal ileum are well visualized and normal and unchanged in appearance.

The soft tissues and muscles of the abdominal and pelvic walls remain normal. The visualized osseous

structures of the lower chest, spine and pelvis remain intact. A congenitally narrow lumbar canal is again noted with short pedicles. A small midline posterior L4-5 disc protrusion superimposed upon a mild bulging annulus is noted without significant spinal stenosis. The remaining lumbar and distal 5 thoracic discs and adjacent vertebral segments are normal and unchanged.

IMPRESSION:
1. Stable and unremarkable contrast enhanced CT scan of the abdomen and pelvis unchanged significantly compared to the previous exam.
2. Previously seen mild hepatomegaly and moderate hepatic steatosis present on the 04/20/2015 exam has resolved. The liver is normal in size and without hepatic steatosis.
3. A small sub-centimeter subcapsular simple cyst of the left kidney is noted unchanged.
4. A congenitally narrow lumbar canal with short pedicles is noted with a small midline posterior L4-5 disc protrusion/herniation.

Martin P Dommers, MD
(803) 256-7646

*** THIS IS AN ELECTRONICALLY VERIFIED REPORT ***
4/8/2020 2:15 PM: Martin P Dommers, MD

MPD/mpd
DD: 04/08/2020 02:06 pm
DT: 04/08/2020 02:15 pm
Accession #: 08-3961284