

CARDIOVASCULAR CONSULTANTS, INC.

ADULT AND PEDIATRIC CARDIOVASCULAR DISEASE

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December 4, 1979

Byron W. Walters, M.D.
1030 Avalon Road
Lawrence, Kansas 66044

RE: James W. Bee

Dear Doctor Walters:

It was our pleasure to dismiss Mr. Bee from St. Luke's Hospital in Kansas City on December 4, 1979 following his myocardial revascularization. As you know, he had undergone a double aortocoronary saphenous vein bypass graft with one saphenous vein graft to the right coronary artery (50 cc per minute flow) and a second saphenous vein graft to the left anterior descending coronary artery (75 cc per minute flow) by Dr. Arnold Killen on November 23. His maximal SGOT post operatively rose to only 70 MIU/ml and there was no CPK MB isoenzyme present consistent with the absence of intraoperative myocardial necrosis. With the exception of paroxysmal atrial fibrillation responding to digitalization and the addition of Quinidine, his course post operatively was uneventful. We have dismissed him on Lanoxin 0.25 mgs daily and Quinidex 300 mgs qid and would suggest discontinuing these in approximately 4 to 5 weeks since the likelihood of a recurrence of his atrial fibrillation would be greatly lessened by that time and this would eliminate any spurious effect of his Lanoxin on his electrocardiogram with subsequent treadmill stress testing at the time of his followup visit here. We have arranged to see him in six weeks with Dr. Killen for followup evaluation and have outlined a graduated walking program for him in the interim. He has been formally instructed by our dietitians in a 2-gram sodium hypolipid diet and I have enclosed a copy of a post operative electrocardiogram for your records. Mr. Bee weighed 156 pounds at the time of his discharge and it was a great pleasure to be involved in this fine man's care.

Yours truly,



David R. McConahay, M.D.

DRM:vt