



DISCHARGE SUMMARY

Patient's Name: Mrs. Rani Devi

Age: 62 yrs

Sex: Female

UHID No: SKDD.609878

Date of Admission: 30.06.2016

Bed No : 2363

Date of Discharge: 08.07.2016

Consultant Incharge: Dr. Rajneesh Malhotra

DATE OF DISCHARGE:

08.07.2016

DIAGNOSIS:

Coronary artery disease
Triple vessel disease (CAG – done outside)
Diabetes mellitus type II
LVEF = 55%

PROCEDURE:

OPCAB X 3 (off pump coronary artery bypass surgery)(beating heart) (LIMA – LAD, RVSG-RI and RCA) done on 01.07.2016

HISTORY OF PRESENTING COMPLAINTS:

Chest disscomfort and pain on and off since the past 2-3 months, aggravated on exersion and relieved by rest and medications.
Giddiness present

PAST HISTORY:

Hysterectomy done before 10 yrs

BLOOD GROUD & BODY WEIGHT:

Blood group: B positive
Body weight: 49.0 kg

EURO SCORE:

1.19%

INVESTIGATIONS:

2D ECHO (30.06.2016):

No Regional wall motion abnormality. Global LVEF~ 55%. LVH present. Aortic cusps are thickened. No AS. Trace AR. Trace MR, Trace TR (RVSP = Normal). Diastolic relaxation abnormality present. No Intracardiac clot/vegetation/pericardial pathology.

Carotid doppler (30.06.2016):

~ 20-30% calcific plaquing seen at LCB.
Rest normal study.





Groin doppler (30.06.2016):
Bilateral normal study

Review Echo (06.07.2016):
Septum jerky. now RWMA, EF = 55%. LVH present. tracer AR, Trace MR. trace TR (RVSP = normal). DRA present (E<A). No vegetation / PE.

POST-OP HOSPITAL COURSE:
Patient underwent OPCAB X 3 (off pump coronary artery bypass surgery) (beating heart) on 01.07.2016. Her post-op recovery was satisfactory. Now he is being discharged in stable condition.

TREATMENT ADVICE ON DISCHARGE:

Tab. Clopivas 150mg once daily (10pm)
Tab. Rosuvas 20mg once daily (10pm)
Tab. Pantocid 40mg 1tab twice daily
Tab. Supradyn 1tab once daily (2 pm) x 1 month
Tab. Lasilactone 25mg once daily (8am)
Tab. Losartan 12.5mg twice daily (8am - 8pm)
Tab. Limcee 1tab once daily (2pm)
Tab. PCM 650mg 1tab thrice daily x 3 days then as and when required for pain
Cap. Fefol Z 1cap once daily
Tab. Ceftum 500mg twice daily x 7 days
Monitor sugars fasting, 2 hours post meal thrice daily, 10pm
Tab. Glycomet 1000mg before breakfast and before dinner
Inform if sugars <80 or >200 mg/dl

Duty doctor contact No.: 9871004338

**** FOLLOW UP ADVICE:****

Suture removal after one week (12-4 pm).

Cleaning of wound with 10% betadine solution twice daily.

Physiotherapy: As advised

Physical Activity: Symptom related.

Precautions: Avoid heavy weight lifting for six months

To seek appointment for Preventive Cardiac Check-up (PCC) after 3 months. On the day of appointment for PCC the patient should come fasting (NOT EVEN A CUP OF TEA) and report to the OPD counter at 08:30 AM. To review the results of PCC, visit **Dr. Rajneesh Malhotra's** OPD with prior appointment.

To see **Dr. Rajneesh Malhotra** in OPD after 7 days with prior appointment.

To see Dr. Sujeet Jha in OPD after 7 days with prior appointment

**** LOOK FOR FOLLOWING WARNING SIGNS:****

FEVER, VOMITING, WOUND REDNESS, WOUND DISCHARGE, GIDDINESS, UNCONSCIOUSNESS
If any of these present, contact on Tel. No. **9871004338**.



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**** MONITOR:****

BP – Every week
Blood Sugar – Every day with Glycometer
Lipid Profile – Every six months

- Report back to your Doctor at the earliest in case of any problem/ medical emergency,
- Avoid changing/ stopping medicines without medical guidance
- In case of any emergency, contact Max Hospital at 011-66115050; Ext.-2.

For all OPD appointments contact : Ms. Vandana (Secretary - 9650429068) or appointment desk (26515050, 26525555)

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