



Sanjay Gandhi Post Graduate Institute of Medical Sciences

Raebareli Road, Lucknow - 226 014 ,India

Discharge Summary

CRNO: 2019523005	Name: Pushp Lata Upadhyay 67/ Y/F	Department: Surgical Gastroenterology
Unit: UNIT-2	Ward/Bed: CHBDT Ward / PVT / 2	
Admission No: ADM-201926432	Admitted on: 18-06-2019 15:42	Discharged on: Jul 13, 2019 5:56 PM
Patient Type: Priority	Consultant: Rajan Saxena	Discharge Type:
Correspond. Address: D-27,Kolar Road	Distt.	State Madhya Pradesh
		Pin No. 462042 Phone No +91-

DIAGNOSIS – periampullary adenocarcinoma moderately differentiated pT1 N1 Mx. in a k/c/o HTN

HISTORY AND EXAMINATION:

Mrs pushp lata upadhyay , 69 yr/f , r/o UP , k/c/o HTN on irregular medicines, past sx: vaginal hysterectomy 1990, Lap cholecystectomy 2015 ,2018 right TKR., no known drug allergy

C/o pruritis x 2 months

HOPI: she was apparently well when he had pruritis. persistently increasing with anorexia and significant loss of weight 7 kgs in 1 month , h/o passing melena twice in jan 2019 and march 2019, small in amount remain for 2- 3days and which resolved spontaneously

No h/o abdominal pain, fever, vomiting, , abdominal distension, altered bowel habits

No h/o jaundice in past, blood transfusion,

With these complaints she was evaluated elsewhere and found to have biochemical jaundice underwent ERC and referred to SGPGI,

Family history: no significant history of malignancy in first degree relatives.

O/E: adult female , ECOG 0, BMI – 21.86 , No Pallor, icterus / Lt SCLN/Pedal Edema.

Pulse - 88/min, BP-110/70 mm Hg, RR-18/min, CVS/RS - NAD

P/A: Soft nontender, GB not palpable, no organomegaly and no FF, BS+ scars of previous standard 4 ports lap ccx.

DRE: no deposits.

EVALUATION –

ERCP 11-6-19 : SVE shows a lobulated growth of 2.5 cm at ampulla

Biopsy : well differentiated adenocarcinoma.

US abdomen: 4-6-19 liver is mildly enlarged in size, normal echotexture, IHBRD are dilated in both the lobes , No SOL, cbd : is dilated 1.7 cm in diameter in throughout its length and smooth tapering is seen at the distal end. focal thickening is seen at the ampulla encasing the distal end of CBD. PD is mildly dilated 3 mm

CECT abdomen: 7-6-19 : a 2.3x2.8x2.9 cm polypoidal enhancing soft tissue lesion at the ampulla noted, protruding into duodenum lumen. the lesion causes dilated CBD 1.2 cm and mild dilatation of main pancreatic duct-double duct sign is seen. no radioopaque calculus at ampulla. Moderate IHBRD+, few subcentimetric para-aortic nodes and periduodenal nodes.+, post cholecystectomy status with surgical clips in GB fossa.

Procedure: Classical PD with FJ done under GA + EA on 26/06/2019

Laparotomy : 2 suspicious liver nodules \u0013 one in rt lobe segment 7 and other in left lobe of liver. Sent for frozen , reported

BED HAS NOT BEEN VACATED FROM SYSTEM

Self attested!
[Signature]



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Department: Surgical Gastroenterology

negative for malignancy. no e/o Omental serosal peri-aneal nodules. No ascites. A 4 * 4 cms hard mass felt in the peri ampullary region. Few soft intraaortocaval LNs present. Few soft LNs present in HDL, CHA, retropancreatic region. A nodule 1.5 * 1 cm, hard in consistency present in relation to post surface of head of pancreas ? metastatic lymphnode. GB absent (prior cholecystectomy). Cystic artery seen \u0013 2 mm, cystic duct stump 4mm. No pericholedochitis.

Biliary anatomy- Cystic duct joining in mid CBD. CBD diameter 2cm.. RHD and LHD joining to form CHD.

Pancreas firm, MPD 2mm.

Arterial anatomy- CHA giving rise to GDA and forming PHA, PHA giving rise to RGA and LHA, Replaced RHA arising from SMA coursing posterior to CBD

Proximal division at incisura with Reliamax 80 green. Distal transection 20cm distal to DJ with Reliamax 60 blue and ends overrun with prolene 3-0.

Reconstruction:

PJ: Blumgart technique. End to side, duct-to-mucosa, Outer layer anchoring sutures with prolene 3-0 interrupted, Duct to mucosa sutures using PDS 5-0, interrupted

HJ: End to side, 10cm distal to PJ, single layer interrupted Vicryl 4-0. Stoma size 2cm

GJ: Antecolic, isoperistaltic in 2 layers, outer prolene 3-0, inner vicryl 3-0 both continuous. Stoma size 6 cm. FJ done 20 cm distal to GJ \u0013 10 fr IFT using whitzel technique

C/S. 4*4 cm ulceroproliferative ampullary growth present.

hospital course: admitted and underwent above mentioned procedure, post operatively developed DGE grade B, managed conservatively with bile refeed, and electrolyte management, also developed Pancreatic fistula GRADE B drain fluid amylase 57700 left side, and draining around 150-200 ml/day pancreatic secretions which are also refeed through diet, DGE RESOLVED ON pod 8 NG taken out orally started, and staples removed, discharged with left drain in situ. HPE: PANCREATICODUODENECTOMY

SPECIMEN: WELL DIFFERENTIATED ADENOCARCINOMA. PROXIMAL AND DISTAL RESECTION MARGINS, PANCREATIC SURGICAL MARGIN, COMMON BILE DUCT RESECTION MARGIN AND SMA GROOVE: FREE PERIPANCREATIC LYMPH NODES : METASTASIS (1/7) CYSTIC LYMPH NODE (1) AND CHA LYMPH NODES (3) : FREE

CONDITION ON DISCHARGE:- Stable, left drain in situ, draining pancreatic secretions around 120 ml/day.

FUTURE PLAN:- As per HPE report.

ADVICE AND REMARKS:-

High protein diet

Cap Omez 20 mg 1 OD x 7days.

tab telma AM OD.

T Dolo 550 mg QID x 3 days then SOS for pain.

tab creon 10000IU TDS x 1 month.

f/u in RT department for adjuvant treatment.

To f/up in SGE OPD under Prof Rajan saxena on Tue/Fri after 10 days.

BED HAS NOT BEEN VACATED FROM SYSTEM

Printed on 13-7-2019 18:1:30

Sachin Arora @ 172.16.39.17

Self attested!
[Signature]

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Name Puelip lata upadhyay
 Age 67 Sex F
 CR No. 2019523005
 SGE No. 45584

Blood Group _____ Weight at discharge 51 kg

DOA 18.6.19 DOO 26.6.19 DOD 13.7.19

Consultnat I/C Prof. Rajan Saxena.

Final Diagnosis P.T.N.M. moderately
diff. adenoca. Periap.
region.
E HTN.

Operative procedure performed:

classical P.D E FJ.

[Signature]

Histopathology/Cytopathology

No. _____

Date _____

Name _____
Age _____ Sex _____
CR No. _____
SGE No. _____

REPORT

H/E →
 Well diff. Adeno CA, Margins free.
 1/11 nodes +ve.

Advice on Discharge

- High protein Diet
- Cap. omez 20 OD x 7d.
- Tab. TELMA AM OD.
- Tab. Dolo 650 mg OD x 3 days then see for pain.
- Tab. Cleon 10,000 IU Tab x 1 month.
- F/U in RT department for adjuvant treatment.
- F/U in SGE OPD under Prof. R.S. on Tue/Thu after 10 days. (26.7.19)

Savit

Blood Group _____ Weight at discharge _____

DOA _____ DOO _____ DOD _____

Consultant I/C _____

Final Diagnosis _____

Operative procedure performed:

Alpaly

Follow

Up

Date	Weight	
26.7.19		- Wound healed
WT → 49kg		- Left drain removed
		- Drain output was minimal → for 3 days → removed
		- Adv → Radioth. evaluation
		Review after 3 mos
		C. CA19-9
		USG Abd.
		LFT / CBC
4/10/19		→ . FS. wound
		• On Chemotherapy
		• To x. dx. in 3 mos
10/2/2020		→ . No issues
		• Eating well.
WT → 44kg		→ Has received 50.4 Gy of RT & 4 cycles CT (Capecitabine) till date
		→ Has hyperpigmentation
		→ At present Capecitabine 1000mg 500mg

Date	Weight	
7/1/19		Adv → Review after 3 mos
CBC → 10.8	5740	CBC
	3.460	LFT
Cr creat → 0.52		CA19-9
		CEA
		USG Abd
		to be done.
		Tab. CREON 10000 IU with meals thrice daily.
		Tab. SOMIPRAZ 20 1 tab. OP

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सामान्य निर्देश

१. कृपया इस पुस्तिका को अस्पताल आते समय हमेशा अपने साथ लायें।
२. कृपया निर्धारित तिथि पर आयें।
३. मरीजों से अनुरोध है कि दी गई तारीख पर न आने पर फोन नं: 0522-2496445/2496448/2496449 से पहले से पुनः अगली तारीख / Next Re-appointment लेकर आयें। तारीख लेने का समय सोमवार से शुक्रवार प्रातः 11 a.m. से 1.00 p.m. तक।
४. दावे की प्रतिपूर्ति/प्रमाण पत्र के लिये कृपया कमरा नं० १ या ४ से सम्पर्क करें।
५. अस्पताल समय के बाद आकस्मिक मामलों में रोगी आपातकालीन वार्ड से सम्पर्क करें।

PGI Exchange Phones : 0522-2494000, 2495000
2668700, 2668800

New RT OPD Reception : Ext. 6449, 448
New RT OPD Room No. 431: Ext. 6451
New RT OPD Room No. 432: Ext. 6452
New RT OPD Room No. 433: Ext. 6453
New RT OPD Room No. 434: Ext. 6454
New RT OPD Room No. 435: Ext. 6455
RT Day Care Ward : Ext. 5280

FOLLOW UP BOOKLET

CR No. 2019523005
RT - No 1353/2019

Date of Registration : 12/07/2019

Renewal valid till : 10/06/2020

Name : Pushp Lata Lpadhyay

Age 67 Gender Female

~~S/o. D/o. W/o~~ : Arjun Kumar Lpadhyay

Full Address : D-27 Palaced Orchard

Kalar Road

Bhopal (MP)

Phone No. : 8765681698

Referred by : SGE

Hospital : PUS

Final Diagnosis : Periampullary Ca

SPECIAL NOTES

Alp

FOLLOW UP BOOKLET

Date	Treatment Prescribed
12/7/19	~ 19/7/19 or 26/7/19 - 1
26/07/19	<p>Treatment intent: Palliative (Radio) (3DCRT/IMRT) Preference of unit: LA/2/AS/LAS No pref. Planning unit: RTP CT Simulator On demand date (if any):</p> <p><u>Protonic</u> 9.30 Am ✓ RT date: 19/8/19 (RTP CT/Simulator) RT start date: LA/2/AS/LAS Spill Name: 28/8/19 11001-19-2017/571 .45-50.4 Gy / 25-28#</p>

FOLLOW UP BOOKLET

Date	Treatment Prescribed
19/8/19	RTP-CT done today. RT start date is 28/8/19 (2:30 PM) Juz
23/8/19	<p>7ab mirylac 1bd 0-0 x 1m</p> <p>- 7ab eneset by bd 0-0</p> <p>dietician</p>

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