

OPD TIMINGS: - Mon to Sat 11:00 AM to 3:00 PM  
 (Appointment No.- Vineeta 9818827887)

Page 1 of 1

Patient Name: Mr. Sanjeev Kumar Singh  
 Age / Sex: 44 year(s) 4 month(s) 21 day(s) / Male  
 MaxId: VSLI.285216  
 Doctor Name: Dr. Manoj Singhal  
 Speciality: Nephrology

Location: Vaishali  
 Date: Saturday, September 25, 2021 12:15 PM  
 Invoice No: VACS1781785  
 Referred By: SELF

Weight: 89 Kg BMI: BP: 130/70 Pulse: 90/min

Allergy: No Known Allergy

**Past History**

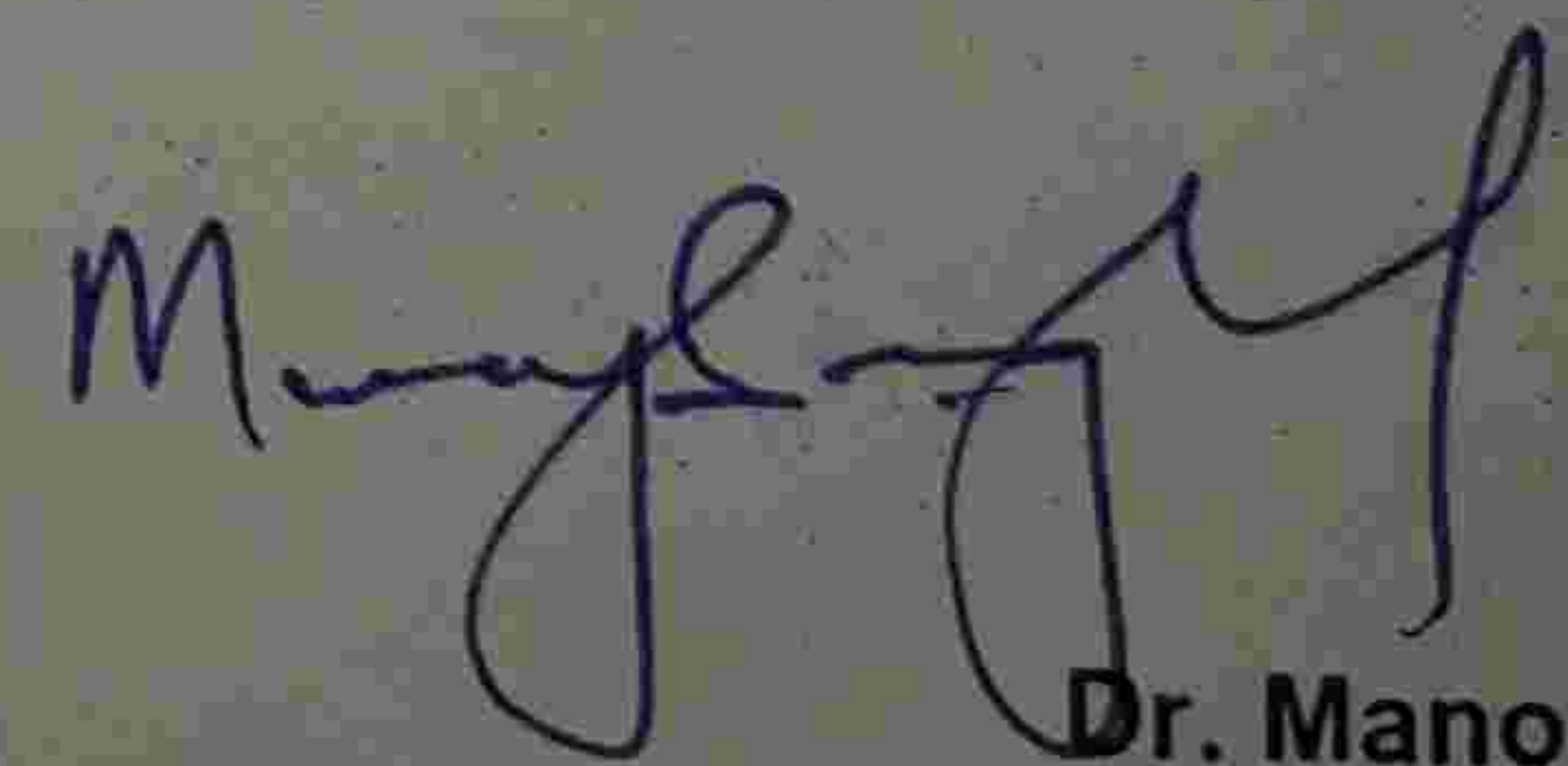
H/O Kidney Tx. 23/7/2008; D - father; Blood Gp. B Pos.  
 HCV - treated before Tx.

**Medicine Advised**

Sno	Medicine	Schedule	Instruction	Route	Days
1	SANDIMMUN NEORAL 50 MG CAPSULES (CICLOSPORIN 50 MG)	TWICE IN A DAY	75 MG TWICE	ORAL	100
2	CELLCEPT 500MG TAB (MYCOPHENOLATE MOFETIL 500 MG)	THRICE IN A DAY		ORAL	100
3	WYSOLONE 5MG TABLETS 1X15* (PREDNISOLONE 5 MG)	ONCE IN A DAY		ORAL	100
4	AMLOPRESS 5 MG TABLETS(1X30)* (AMLODIPINE 5 MG)	ONCE IN A DAY		ORAL	100
5	METOLAR XR-50 MG CAPSULE 1X15* (METOPROLOL 50 MG)	ONCE IN A DAY		ORAL	100
6	TELMA 80MG TABLET 1X15* (TELMISARTAN 80 MG)	ONCE IN A DAY		ORAL	100
7	PAN 40MG TABLET (1X15)* (PANTOPRAZOLE 40 MG)	ONCE IN A DAY		ORAL	100
8	HOSIT TAB (FOLIC ACID 1.5 MG + MECOBALAMIN 1.5 MG + VITAMIN B6 3 MG)	ONCE IN A DAY		ORAL	100
9	CALCIROL 1GM SATCHET (CHOLECALCIFEROL 60000 I.U)	ONCE A MONTH		ORAL	100

**Advice**

Follow-up after 3 months; Repeat CBC, RBS, KFT (Kidney panel-2)



Dr. Manoj Singhal





**DEPARTMENT OF NEPHROLOGY**  
**DISCHARGE SUMMARY**

Patient Name	SANJEEV KUMAR SINGH	UHID	171021
Age	31 Year(s)	IPID	33212
Sex	Male	Date of Admission	22-Jul-2008
Discharge Type	NORMAL	Date of Discharge	01-Aug-2008

**NEPHROLOGY TEAM**      **Dr. Vijay Kher Bansal**      **Dr. Manoj Kumar Singhal**      **Dr. Shyam Bihari**

**DIAGNOSIS**

HTN  
CKD-V on MHD w.e.f. Feb.2006  
Basic renal disease: ? CGN  
Live Donor, Renal Transplant on 23.07.08

**PROCEDURE**

Live Donar Renal Transplant on 23.07.08.

**PROCEDURE NOTES**





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	<b>Bansal</b>		

Date: 23.07.08  
Diagnosis: ESRD  
Surgery Performed: Live Donor Renal Allografting  
Surgeons: Dr. Rajesh Ahlawat / Dr.Gagan/Dr.Dushyant Nader  
Anesthesiologist:Dr. Neerja  
Type of Anesthesia: GA+ Epidural

On Table Immunosuppression: Inj. Solumedrol 500 mg

Right Iliac fossa preparation  
Right External Iliac vein - normal  
Right internal iliac artery - normal,  
Bladder wall - thick  
Ascitis absent,

Renal Graft  
Side - Left  
Nephrectomy type: Laparoscopic  
Graft artery: Single  
Graft vein: Single  
Ureter: adequate length.

Anastomosis:  
Graft vein anastomosed end to side, to right external iliac vein, using 5-0 prolene, continuous.  
Graft artery anastomosed end to end, to right internal iliac artery, using 6-0 prolene, posterior layer continuous, anterior layer interrupted.  
Ureter implanted over antero-lateral wall of bladder using 4-0 PDS, using Lische's technique, submucosal, extravesical, stented over 6/16 DJ stent.

Closure:  
Muscle and sheath cl





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used using No. 1 vicryl, continuous.  
Subcutaneous layer closed using No. 2-0 vicryl, continuous.  
Skin closed using No. 3-0 monocryl, continuous.  
Romovac Suction drain (18 F) was put. One anterior and another posterior to renal graft.

Ishemia Time:  
Total Ischemia - 60mins  
Warm Ischemia- 2 mins

**CHIEF COMPLAINTS**

Admitted for Renal Transplant .

**PHYSICAL EXAMINATION**

PR 78/MIN  
BP 170/100 MMHG  
CHEST CLEAR  
PA SFT  
CVS NAD

**INVESTIGATIONS**

Post Operative Course:-

Day	1	2	5	7	8
U.o. (ml/day)	14000	6950	5250	3550	2875
BUN (mg/dl)	22	26	31	25	30
Cr. (mg/dl)	2.9	1.8	1.3	1.2	1.2
Na+ (meq/l)	128	136	134	136	137
K+ (meq/l)	4.3	5.3	4.9	5.4	5.4
Hb (g/dl)	11.3	9.8	11.6	11.8	12
TLC/mm3	12.4	10.6	11.6	9.1	10.8
Tacromus dose	3mgBD	3mgBD	3mg&2mg	3mg&2mg	3mg&2mg
Tacromus level	(25/7/08)	18.3	(29/07/08)	10.1	

**OTHER INVESTIGATIONS**





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	<b>Bansal</b>		

Donor Details:-  
Name : Mr. Jagdish Prasad Singh (father) Age/Sex : 56y/M UHID: 173712  
IPD No.: 33211 D.O.A: 22/07/2008 D.O.D 28/07/2008  
Blood Group - 'B' Positive

**Preoperative Assessment :-**

Chronic kidney disease stage - V  
Received Hepatitis B vaccination.  
No previous surgery.  
No voiding complaints.  
Blood group 'B' Positive  
Resp. System P/A, CVS: WNL  
Peripheral pulsations - Normal.  
Hb : 9.3g/dl BUN : 29mg% S. Creat. : 5mg/dl .Na+/K+ :  
136/4.4 meq/L SGOT/PT : 30/45 IU/L  
TLC : 5.5/cumm Platelets : 137 lacs/cumm aPTT (INR): 27 (1.0)  
Bil : 0.36 mg/dl TP/Alb. 6.5/3.2  
Anti HCV: reactive  
HCV RNA: Negative  
Urine C/s: non reactive  
HbsAg, HIV-I&II: non reactive  
CMV IgG: positive,  
2D Echo LVEF 50%

**COURSE IN THE HOSPITAL**

Mr. Sanjeev Kumar Singh withstood the procedure very well. His renal functions gradually normalized. S. Creatinine was 2.9 on day 1, decreased to 1.3 on day 4, was 1.2 on day 8. His Tacromus level on 25.07.08 was 18.3 so dose was decreased from 6mg/day to 5mg/day. His Tacromus level on 29.07.08 was 10.1 & continued with the same dose. His hospital stay was otherwise uncomplicated, had no episode of rejection. His central line, epidural catheter, drain and foleys catheter were removed as per protocol. Urine output was adequate and patient remained stable. He is being discharged in stable condition with advice to follow up in the OPD every 3rd day.

**MEDICATION**





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**Immunosuppression:-**  
Tacromus 3 mg twice a day from day -1 till day 3, then 3mg morning & 2mg evening till discharge/to continue.  
Cellcept 500 mg three times a day from day -1 till discharge/to continue  
Steroids -- Hydrocortisone 100mg 8 hourly, from day 0 till day 2.  
Prednisolone 40mg once a day on day 1 & decreased by 2.5mg /day till 20mg/ day.

**Antibiotics:-**  
Inj. Fortum 1 gm twice a day from day 0 till day 5 .  
Tab. Ceftum 500 mg twice a day from day 6 till discharge.  
Tab Septran once a day from day 1 to continue.

**Antihypertensives:-**  
Tab. Telma 80 mg twice a day.  
Tab. Amlogard 10 mg BD.  
Tab. Arkamine 1tab.twice a day  
Tab. Metolar-XR 100mg once a day.

**Others :-**  
Candid mouth paint 20mg drops thrice a day.  
Inj. Rantac 50mg IV twice a day on day 0.  
Tab. Pan-D once a day from day 1 to continue.  
Tab. Shelcal 500 mg twice a day  
Tab. Alprax 0.5 mg HS  
Tab. Cremalax BD  
Syp. Looz 20ml HS  
Cap. Evion 400iu once a day  
Tab. Cetriz 10 mg OD

**CONDITION AT DISCHARGE**

Stable.

**DISCHARGE ADVICE**





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Low salt normal diet.

✗ Tacromus 3mg morning & 2mg evening .

Cellcept 500 mg three times a day

✗ Wysolone 20mg/ day.

Tab Septran once a day from day 1 to continue.

Tab. Telma 80 mg twice a day.

Tab. Amlogard 10 mg BD.

Tab. Arkamine 1tab.twice a day

✗ Tab. Metolar-XR 100mg once a day.

✗ Candid mouth paint 20mg drops thrice a day to swiss & swallow.

✗ Tab. Pan-D once a day

Tab. Shelcal 500 mg twice a day

Tab. Alprax 0.5 mg HS

✗ Tab. Cremalax SOS

✗ Syp. Looz 20ml SOS

✗ Cap. Evion 400 ~~mg~~ once a day

✗ Tab. Cetriz 10 mg once a day ~ 3 days

Review with Dr. Vijay Kher/ Dr M.K.Singhal/Dr.S.B.Bansal with report of Urea, Creatinine, Na, K+,CBC, on Monday 04/08/2008 at 11 am.

**DIET ADVICE**

Low salt normal diet.





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**NEPHROLOGY TEAM**

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Bansal**

**Dr. Manoj Kumar Singhal**

**Dr. Shyam Bihari**

*Deepal*  
**MEDICAL OFFICER**

*Bansal*  
**Shyam Bihari  
Bansal  
CONSULTANT  
DM**

For all appointments call 95-120-240-0222 (From 9 am to 6 am )

In case of Emergency or Ambulance call 95-120-240-0444

Tel 95-120-240-0222 Fax 95-120-240-3222



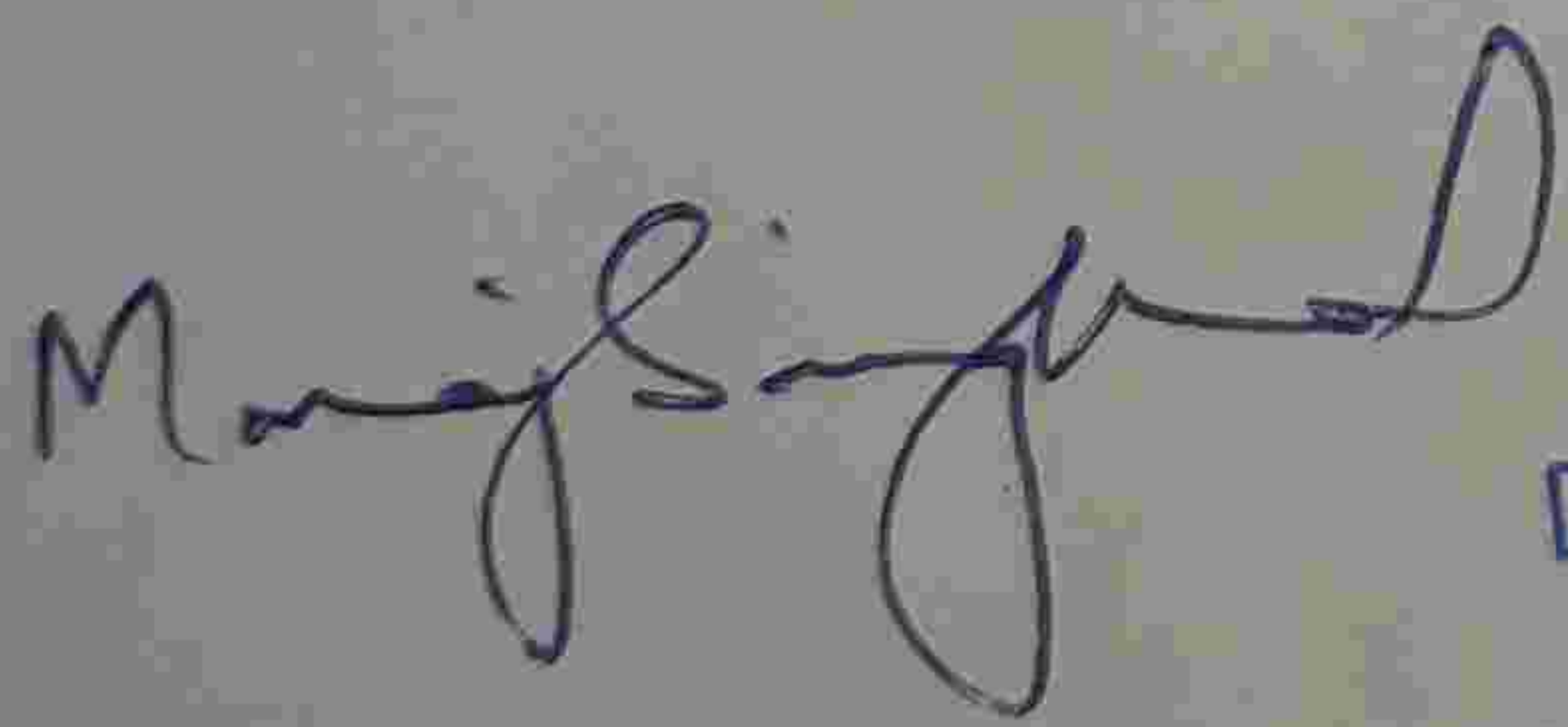


13-February-2021

### TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr. Sanjeev Kumar Singh, VSLI.285216 aged 43 years male has undergone kidney transplantation on 23-July-2008. He has been advised to take immunosuppressant medicine for life long and advised to take medicines as per the following throughout his rest of life

Medicines	Doses
Cyclophil-ME 75 mg	Twice a day
Cellcept 500 mg	Thrice a daily
Wysolone 5 mg	Once daily
Amlopress 5 mg	Once daily
Metolar XR 50 mg	Once daily
Telma 80 mg	Once a day
Pan 40 mg	Once a day
Calcirol sachet 1	Once a month
Hosit	Once a month
Cremalax 1-2	SOS



**DR. MANOJ KUMAR SINGHAL**  
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 Renal Transplant Medicine  
 Max Super Speciality Hospital, Vaishali

*Dr. Manoj Kumar Singhal  
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(CIN: U24239DL2002PLC113719)



MC-2004

H-2010-0058  
 Oct 29, 19 - Oct 28, 22  
 Since Oct 29, 2010