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# Global Health Pvt. Ltd.

## DISCHARGE SUMMARY

| NAME: Mrs. Gayatri Yadav | AGE/SEX: 48Year/Female |
|---|---|
| UHID: MM00830885 | IP No: 12989537 |

**FOLLOW UP:** with Dr. A. S. Soin/ Liver transplant team on 23rd March 2016 at 14th floor clinic with prior appointment.

**FOLLOW UP INVESTIGATIONS: CBC, LFT, Na, K, Creatinine, Tac level, Chest X-ray (23rd March 2016)**

**WHEN TO OBTAIN URGENT CARE**

***In case of any problems like:***

- Fever more than 100 °F
- Uncontrolled blood sugars
- Chest pain, shortness of breath
- Signs of infection (redness, swelling, increased pain, pus)
- Nausea, vomiting and inability to keep medicines down
- Increased pain despite pain medications
- Uncontrolled loose motion or black stools

Any other medical problem for which you think urgent attention is required; **please call our 24 hour helpline numbers (+919650004526, +919650004527)** or report to emergency department at Medanta – The Medicity at soon as possible.

**For Ambulance** call 9560398953 / 0124-4141414, Ext 2406 & 2404

**For appointments, please call:** 01244141414, Yogesh: +919999282222, Jitendra: +918800267222, Monika : +919971991744, Dhiraj: 9910822276

**Hepato-biliary & Transplant Surgeons**

Dr. A. S. Soin: +919811207735
Dr. Amit Rastogi: +919910819666
Dr. Sanjay Goja: +919999466146
Dr. Prashant Bhangui: +919871299733
Dr. Ajitabh Srivastava : +919840350517
Dr. Raghavendra Babu: +9717016668
Dr. Vikram Raut: +919717657178
Dr. Thiagarajan S: +919971666564
Dr. Manoj K Singh: +918800540734
Dr. Manish Srivastava:+919910276749
Dr. M. Karthik: +919597815952

**Transplant Hepatologists & Gastroenterologists**

Dr. Sanjiv Saigal : 9811552928
Dr. Neeraj Saraf : 9899077795
Dr. Narender: 8130188600

**24 hrs Liver Transplant Help-Line:**
+919650004526, +919650004527

**Pre Transplant Coordinators:** Geeta: +919717772222, Delin: +91800276222, Umesh: +918527690673
**Post-Transplant Coordinators:** Shikha: +919711215711, Manvendra: +919582145465, Jitendra:+919015075675, Monika:+919971991744
**E-mail follow-up:** livertransplantfollowup@yahoo.com
To follow up using video conference, phone or email please login at https://eopd.medanta.org. For assistance to schedule tele-consultations **call 0124-4855017** or write to tele.medicine@medanta.org. Please note that this is NOT for medical emergencies.
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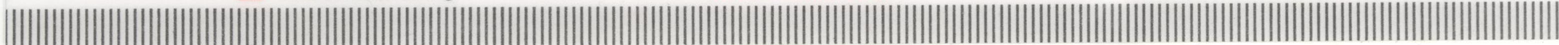

*DISCHARGE SUMMARY*

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|---|---|
| UHID: MM00830885 | IP No: 12989537 |

**ADDRESS:** 1025, H Vishnupuram, Gorakhpur, Uttar Pradesh

**CONTACT No:** 9415103535; 9453123302

**E-mail:** ankitayadav90@gmail.com

| | |
|---|---|
| Date Of Birth | 01/07/1967 |
| Blood Group | A Positive |
| Date Of Admission | 13th January 2016 |
| Date Of Surgery | 25th January 2016 |
| Date Of Extubation | 26th January 2016 |
| ICU Stay (Days) | 10 days |
| Date Of Discharge | 20th March 2016 |

**DIAGNOSIS:** ACLD, ACUTE -ATT INDUCED, CHRONIC-NAFLD with Decompensation (Jaundice, Ascites, Coagulopathy, HE–Grade III), Sepsis (treated), Critical care neuromyopathy (recovering)
Donor HBcAb positive

**Co-morbidity:** DM- Type 2, HTN

**OPERATION:** Living donor liver transplant Right lobe with subtotal MHV

**PRE- TRANSPLANT HISTORY:**

- Childs Score: 14, MELD: 33, Indication for transplant- Jaundice, Ascites, Coagulopathy, HE - Grade III
- Patient is a known case of NAFLD CLD since
- Patient had evening raise of temperature, breathlessness and left chest pain in Aug 2015, diagnosed to have pulm.kochs on pl.fluid analysis and CXR, started on ATT since 15-8-15.
- In 30 Dec 2015 patient had nausea, investigated,'bili was 4.0 ? Rifampacin W/h. Bili increased to 9.0 in dec when ATT was stopped by gastro consultation.
- On jan 5th admitted in Sahara hospital for worsening sensorium and jaundice (max-16) HE improved, and bili came down to 12.
- On 12th she was again admitted for HE grade II, jaundice (bili-9.0), coagulopathy (2.53), ascites. LVP done (13-1-16) no SBP (33cells, 54%N).
- Patient had candida in urine on 13-1-16 c/s started on syscan.
- Patient recovered from HE in 2 days and was shifted to ward.
- Patient again had HE grade II, decreased urine output, shifted to ICU.
- Presently intubated for grade III HE, bp-110/76, HR – 116, pupils reacting well.

**ALLERGIES:** Not known

**OPERATION/PROCEDURE DETAILS:**

**Findings:**

- Cirrhosis, Ascites
- Graft Weight: 639gms
- Cold Ischemia Time: 113mins
- Warm Ischemia Time: 43mins



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**Anatomy Details:**

- **Venous reconstruction:** RHV to RHV with IVC, 4-0 prolene continuous. MHV conduit (Cryo PV graft) with IVC, 5-0 prolene continuous.
- **Portal reconstruction:** RPV- MPV, 6-0 prolene, continuous, growth factor left
- **Arterial reconstruction:** RHA with RHA, 8-0 prolene, interrupted, under 3x magnification
- **Biliary reconstruction:** Duct No-1, Ducts configuration: Single, Diameter: 5mm, Anastomosis1: Duct-Duct, RHD to CBD, Suture 6-0 PDS interrupted, not stented

**HOSPITAL COURSE:** This 49year old lady was admitted for LDLT, underwent surgery on 25th January 2016. On POD4, patient had sub-hepatic collection which was drain by PCD insertion. Patient had difficulty in weaning off ventilatory support, hence tracheostomy was done on POD4. Patient had raising trend of liver enzymes, biopsy was done 01/02/16 showed mild ACR, was treated with 250mg of M.Prednisolone. Patient was treated for sepsis (Burkholderia Cepacia in blood, Staphylococcus aureus in ET secretion, and Candida albicans in urine). Active physiotherapy was done for critical care neuromyopathy after which patient showed improvement. Patient dietary tolerance was poor, hence started on NJ feeds. On POD16, patient had second episode of raising liver enzymes, repeat liver biopsy on 10/02/16 showed features of ACR with ischemic injury, responded with two doses of M.prednisolone (250mg). Patient had altered sensorium on POD16, Neurologist review, MRI brain showed central pontine mylenosis was treated conservatively. Modified ATT was restarted on 11/02/16. Patient had third episode of liver enzymes elevation, biopsy done on 15/02/16 for IR injury. Patient had grown candida from urine, blood and body fluids on multiple occasions, was treated with Micafungin. Patient had 1350 CMV DNA copies on 26/02/16 which was treated with iv Gancyclovir 250mg BD, showed decreasing trend of DNA copies and was not detected on 18/03/16, later was discontinue on day 22. ET secretions on 25/02/16 showed Klebsiella pneumoniae, blood grew Elizabeth Kingameningo septica (19/02/16). Latest blood and urine cultures on 11/03/16 were negative, NCCT abdomen(11/03/16) did not show any significant collection. Tracheostomy was successfully decannulated on 15/03/16. Presently patient's muscle power is 2+ and standing with support, oral intake has improved, need supportive NJ feeds. Patient is now stable and being discharged with following medical advice.

**SIGNIFICANT MEDICATIONS GIVEN:** Inj. Meropenem, Colistin, Targocid, Metrogyl, Tigecycline, Elores, Colistin, Levoflox, Linid, Minocycline, Ciplox, Magnex,

**LAB INVESTIGATIONS:** Sheets attached

**HISTOPATHOLOGY:**

1. 26.01.2016: Hepatectomy specimen: Acute on chronic liver disease with submassive hepatic necrosis. There is no evidence of malignancy. Gall Bladder : Within normal limits
2. 01.02.2016: **Liver Biopsy**: Features are suggestive of acute cellular Rejection.
3. 10.02.2016: Liver Biopsy: Features are suggestive of acute cellular rejection with underlying Ischemic Injury.
4. 15.02.2016: Liver Biopsy: Features are suggestive of Ischamic Injury. There is no evidence of Rejection. Patient is on steroid

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**ADVICE ON DISCHARGE:**

**Diet:**

- High protein normal diet.
- NJ feed during night (peptamine 6 scoop + 150ml water/2 hourly –total + 6 feeds) – From 10pm – 8am

**Activity:**

- Avoid lifting heavy weights for 3 months
- Chest physiotherapy 6 hrly
- Spirometry 5-6 times a day
- Steam Inhalation BD 10am-10pm
- Levolin Nebulization TDS 8am-2pm-10pm
- Muco
- Blood Sugar Charting Before breakfast and meals & bed time(7am-12pm-7pm-9pm)

**Wound Care:**

- Alternate Day Dressing-for dressing comes to Stoma Clinic 11th floor(room no:8)

**Discharge Summary Teaching and Counseling done.**

## Discharge Medications:

| S.No | NAME OF MEDICINE | DOSE | TIMINGS |
|---|---|---|---|
| | **IMMUNOSUPPRESSIVE DRUGS** | | |
| 1 | Tab Prograf(Tacrolimus) | 0.5 mg BD | 10am-10pm |
| 2 | Tab Cellcept | 500 mg BD | 8am-8pm |
| 3 | Tab Wysolone(Omnacortil) | 20mg OD **(reduce as per protocol)** | 2pm |
| | **ANTIBIOTICS** | | |
| 4 | Tab Ceftum(D3) | 500mg BD | 10am-10pm |
| 5 | Tab Levoflox (D40) | 750mg OD | 10am |
| 6 | Tab Isoniazide (D26) | 300mg OD | 6am |
| 7 | Tab Combutol(D40) | 1gm OD | 6am |
| 8 | Tab Benadon(D26) | 20mg OD | 6am |
| | **ANTIVIRALS/ANTIFUNGALS** | | |
| 9 | Tab Septran ss | 1 tab Alternate day **(till 25th April 2016)** | 2pm |
| 10 | Tab Entecavir **(lifelong)** | 0.5mg OD | 6am (empty stomach) |
| 11 | Tab Valgan | 900mg OD | 10am |
| 12 | Tab Syscan(Forcan)(D15) | 200mg OD | 10am |
| 13 | Clotrimazole Mouth Paint | 2 drops 6 hourly **(till 25th April 2016)** | 8am, 12noon, 4pm, 10pm |



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|---|---|---|---|
| | MULTIVITAMINS | | |
| 14 | Cap Zevit | 1 cap OD | 2pm |
| 15 | Tab Shelcal-M | 1 tab TDS | 8am-2pm-10pm |
| | OTHERS | | |
| 16 | Tab Ecosprin | 75mg OD (till 25th April 2016) | 2pm |
| 17 | Tab Pantocid | 40mg BD | 7am-7pm(before meals) |
| 18 | Tab Ultracet | 1 tab SOS | For pain |
| 19 | Tab Lesuride | 25mg TDS | 8am-2pm-10pm |
| 20 | Inj. Humalog | 4-4-4-4 units S/C | 6am, 10am, 2pm and 6pm |
| 21 | Inj. Lantus | 10 units S/C | Bedtime (10pm) |

**OD: once a day, BD: twice a day, TDS: thrice a day, SOS: as required, BBF: before breakfast, HS: bedtime**

| Blood glucose(mg/dl) Inj Huminsulin -R | Change in dose |
|---|---|
| <65 | 0 units |
| 66 to 80 | -4 units |
| 81 to 100 | -2 units |
| 101 to 180 | Same units |
| 181 to 220 | +1 units |
| 221 to 250 | +2 units |
| 251 to 300 | +3 units |

**Wysolone / Omnacortil / Prednisolone dose reduction schedule**

| Tab Wysolone |
|---|
| 20mg OD x 1 week |
| 17.5 mg OD x 1 week |
| 15mg OD x 1 week |
| 12.5mg OD x 1 week |
| 10mg OD x 1 week |
| 7.5 mg x 2 weeks |
| 5 mg X 2 weeks |
| 2.5 mg x 2 weeks * |
| 2.5 mg Alternative Days X 2 weeks then stop |
| * patients with autoimmune hepatitis should continue on this dose and not reduce any further |