

NAME: Mrs. Gayatri Yadav

AGE/SEX: 48Year/Female

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	13 th January 2016
Date Of Surgery	25 th January 2016
Date Of Extubation	26 th January 2016
ICU Stay (Days)	10 days
Date Of Discharge	20 th 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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Corporate Identity Number -- U85110DL2004PTC128319

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DISCHARGE SUMMARY

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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 discontinued 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 CombutoI(D40)	1gm OD	6am
8	Tab Benadon(D26)	20mg OD	6am
ANTIVIRALS/ANTIFUNGALS			
9	Tab Septran ss	1 tab Alternate day (till 25 th 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 25 th 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 25 th 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)	Change in dose
Inj Huminsulin -R	
<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

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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

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Transplant Hepatologists & Gastroenterologists

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 Dr. Neeraj Saraf : 9899077795
 Dr. Narender: 8130188600

**24 hrs Liver Transplant Help-Line:
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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

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