



DEPARTMENT OF UROLOGY, ROBOTIC & KIDNEY TRANSPLANTATION

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DISCHARGE SUMMARY

NAME	Mr. Rakesh Tripathi
AGE/SEX	41 Years / Male
REGISTRATION NO.	SKDD. 785318
I.P. NUMBER	192577
DATE OF ADMISSION	30.01.2020
DATE OF DISCHARGE	07.02.2020

DIAGNOSIS:

1. Renal Allograft Recipient - 31.01.2020 - Blood Group - A Positive
2. Donor - Wife Blood Group - O Positive
3. Basic disease: IgA Nephropathy
4. Induction - Inj. Grafalon (3 doses)
5. Stable Allograft function (Baseline serum creatinine - 0.9mg/dl)

MEDICAL HISTORY:

Mr. Rakesh Tripathi, 41 years old gentleman, a known case of CKD stage 5 on MHD was admitted for renal transplant surgery.

PAST HISTORY:

- CKD stage 5 on PD

*Self Attached
By Rakesh
25/1/20*

**Special Judge, Anti Corruption
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M-0073

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Max Super Speciality Hospital, Saket (West Block)
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For patient related queries or appointment, call: +91-11-6611 5050

Max Healthcare Institute Limited

(CIN: U72200MH2001PLC322854)

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PHYSICAL EXAMINATION: Conscious, oriented, afebrile

Pulse Rate : 80/min
 Respiratory Rate : 20/min
 Blood Pressure : 120/80mmHg
 No pallor / icterus / cyanosis / clubbing / edema / lymphadenopathy
 Chest : Bilateral clear
 CVS : S₁S₂ +
 P/A : Soft, non tender, BS +
 CNS : No focal deficit

PROCEDURE:

- Renal allograft recipient surgery done on 31.01.2020

FINDINGS:

- PD catheter was seen to be coming out of right iliac Fossa, it was discussed to place the graft in left iliac fossa
- Left iliac fossa preparation : done
- Left external iliac vein : normal
- Left external iliac artery : normal
- Bladder wall normal
- Warm ischemia time : 3 minutes
- Cold ischemia time : 53 min
- Re-warm ischemia time : 23 minutes
- Renal graft Side : left
- Nephrectomy type : laparoscopic
- Graft artery : one
- Graft vein : one
- Ureter : adequate length

*Self Attested
 Rakesh
 25/1/21*

*Special Judge, Anti Corruption
 CBI, Ghaziabad (U.P.)*

DISCUSSION:

Mr. Rakesh Tripathi, 41 years old gentleman was admitted for renal transplant with prospective donor being his wife. After a thorough pre-transplant work up and clearance from authorization committee and necessary clearance from PAC, cardiology and psychiatry after obtaining proper consent his transplant surgery was done on 31.01.2020. He was started on triple drug immunosuppression with Tacrolimus, MMF and steroid and induction was done with Inj. Grafalon (3 doses). Post operative he had good urine output and had rapid decline in serum creatinine. His drain was removed on POD 4 and Foley's catheter removed on POD 5. His Tacrolimus levels were monitored and dose adjusted accordingly. He is now being discharged in stable condition with serum creatinine of 0.9 mg/dl and with following advice. Last Tac level 9.82 on 07.02.2020 and dose was adjusted accordingly.

INVESTIGATIONS:

INVESTIGATIONS	30.1.20	31.1.20	1.2.20	2.2.20	3.2.20	4.2.20	5.2.20	6.2.20	7.2.20
	Haemoglobin	11.4	11.9	10.4	9.2	9.5	8.6	8.7	9.4
TLC	4.7	4.5	9.4/12.3	6.6	7.2	6.2	5.4	8.1	11.1
Platelet Count	165	165	165	155	155	170	180	151	184
ESR									

	Tacrolimus									
	HbA1c				9.53					
	Blood sugar F							4.9		9.82
	Procalcitonin									
RFT	Urea	86.9	86.4	59.4	30.9	23.2	19.6	21.6	16.7	26.5
	Creatinine	11.7	11.4	5.1/2.7	1.7/1.3	1/0.9	0.9	0.9	1.1	0.9
	Na+	139	140	138	137	137	139	140	138	138
	K+	3.5	4.1	4.5	3.9	4	4.1	3.3	3.5	3.5
	Chloride	99	96	103	104	106	112	110	105	106
LFT	Bicarbonate	27	30	28	27	23	25	26	28	25
	Total Protein									
	Albumin		3.6			2.6				
	Lipase							2.8		
	Calcium									
Urine R/M	Magnesium				7.25			7.58		
	Inorg Phosh				1.9			1.3		
	RBC				2.3			1		
	Leukocyte									7-10
	Epithelial cell									0-1
Coagulation Profile	Urine PC ratio									0-1
	APTT	29	25.4							0-1
	PT	12.9	12.6							
	INR	1.12	1.09							

OTHER INVESTIGATIONS (Radiology/ Microbiology):

- X-Ray Chest PA/AP View of 30-JAN-2020: No focal lesion seen in the lung parenchyma. CP angles and domes of the diaphragm are normal. Both hila are normal. Pulmonary vasculature is normal. Cardiac size and configuration is normal. Trachea is central; no mediastinal shift is seen.
- X-Ray Chest PA/AP View of 02-FEB-2020: No focal lesion seen in the lung parenchyma. CP angles and domes of the diaphragm are normal. Both hila are normal. Pulmonary vasculature is normal. Cardiac size and configuration is normal. Trachea is central; no mediastinal shift is seen. CV line in situ.

Diet

- Diet as advised by dietician

Immunosuppressant's Medications:

- × • Tab. Tacrograf (4mg) twice daily (That means 1 tablet each of 2 mg + 2 mg) 9am - 9pm
- × ✓ Tab. Renodapt (360mg) 2 tab twice daily 9am - 9pm
- × • Tab. Prednisolone (30mg) once daily 10am

Antibiotics:

- Tab. Cretocon-CV 1 tab twice daily for 7 days 10am - 10pm

Prophylaxis:

- × • Tab. Septran DS ½ table once daily (at bed time) 8pm
- × • Tab. Vylster / Valocon (450mg) once daily (at bed time) 8pm
- × • Candid Mouth Paint 20 drops thrice daily 7am - 2pm - 10pm

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GI Medications:

- Tab. Razo 20mg once daily (½ hour before breakfast) *6am*

Other Medications:

- Tab. Deficure-CT 1 tab once daily *10 Am*
- Tab. Fanfer-XT 1 tab once daily *10 Am*
- Tab. Magnorate 1gm twice daily *10Am*
- Cholecalciferol 60, 000 once weekly
- Syp. Potklor 5ml twice daily for 3 days *7am - 10pm*
- x • Ensure plus powder 3 scoops thrice daily *7am - 2pm - 10pm*

Special Advice:

1. Tac level on 10.02.2020 between - 8.30 am - 8.45 am
2. DJ stent removal after 7 days
3. KTP (Basic) P twice a week for 4 weeks
4. Stitch removal after 7 days
5. (Blood sample for Tacrolimus level to be given 15 minutes prior to morning dose of Tablet Tacrolimus)

- REVIEW IN UROLOGY OPD WITH DR. ANANT KUMAR / TEAM ON 10.02.2020 BETWEEN 2-3 PM WITH TAC LEVELS / KTP BASIC - (P) REPORTS

For Appointment → Ms. Prema Rawat – Mobile No. (9717610155 / Mr. Ayush – 9540295450 / Ms. Mumtaz 9871268856)

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Please visit your doctor with discharge summary. Your discharge summary is an important document; kindly retain it for future reference.

Self Attested

*Rakesh
25/1/20*

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