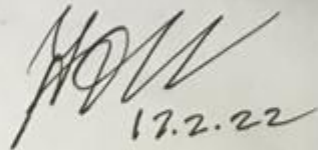


TO WHOM SO EVER IT MAY CONCERN

This is to certify Mr. Pawan Kumar Gupta, UHID No. MM01711758, was admitted here on 04/02/2022, underwent On-Pump Coronary Artery Bypass Grafting (CABG) + LV Clot Removal + LV Aneurysm Repair + IABP on 08/02/2022. During Surgery steel wires have been put to unite the sternum. He has been discharged in a satisfactory condition. He is advised to rest for 3 months.

He is fit to travel by air/road.


17.2.22

DR. TUSHAR C DHRUV
CONSULTANT
CARDIAC SURGERY

MEDANTA - THE MEDICITY
Date _____

Accredited by



| | | | |
|---------------------|---------------------------|----------------|--------------|
| Patient Name | : Mr. Pawan Kumar Gupta | Patient UHID | : MM01711758 |
| Age | : 57Y | Gender | : Male |
| Admission Date | : 04/02/2022 11:57 | Discharge Date | : |
| Encounter Type | : Inpatient | Encounter ID | : 18499390 |
| Consultant Incharge | : Dr Naresh Trehan & Team | Specialty | : CTVS |
| Location | : 8th Floor A2A3 | Bed No | : 5821 |

Discharge Summary

Patients Address : A-12 2nd FLOR D-52 ASHOK VIHAR, INDIA, Ashok Vihar H.O, NORTH WEST DELH, India, 110052

Date of Discharge : 17/02/2022

Name of Consultant : Dr. R. R. Kasliwal and Team

Bed No : 5821

Reason for admissions : Procedure/Surgery *

Diagnosis & Co-morbidities :

CORONARY ARTERY DISEASE
SINGLE VESSEL DISEASE WITH PATENT STENT IN DIAGONAL-1 AND LCx)
POST PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA) TO LEFT ANTERIOR DESCENDING (LAD) ,
DIAGONAL-1 AND LEFT CIRCUMFLEX (LCX) 11/09/2020.
LEFT VENTRICULAR CLOT
LEFT VENTRICULAR ANEURYSM
LEFT VENTRICULAR FUNCTION (EJECTION FRACTION - 35%)
POST COVID STATUS - APRIL 2021
KNOWN CASE OF POTTS SPINE (2013-2014)

Allergies

Not Known

Procedure or Surgery

CORONARY ANGIOGRAPHY WAS DONE ON 07/02/2022.

ON-PUMP - CORONARY ARTERY BYPASS GRAFTING (CABG x 2) - [REVERSE SAPHENOUS VEIN GRAFT (RSVG) TO LEFT ANTERIOR DESCENDING (LAD)] + LV CLOT REMOVAL + LV ANEURYSM REPAIR USING 5 x 6 CM PERICARDIAL PATCH (MODIFIED DOR'S TECHNIQUE) + IABP WAS DONE ON 08/02/2022.

Medical History & Presenting Complaints

Mr. Pawan Kumar Gupta 57 years old male, Post Percutaneous Transluminal Coronary Angioplasty (PTCA) to Left Anterior Descending (LAD) , Diagonal-1 and Left Circumflex (LCX) 11/09/2020, presented with complaints of chest discomfort, breathlessness on exertion and bouth shoulder pain. He was evaluated for the same. Now he is admitted here for further evaluation and management.

Physical & Systemic Examination :

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Patient UHID : MM01711758
 Gender : Male
 Discharge Date :
 Encounter ID : 18499390
 Specialty : CTVS
 Bed No : 5821

Admission Date : 04/02/2022 11:57
 Patient Type : Inpatient
 Consultant Incharge : Dr Naresh Trehan & Team
 Location : 8th Floor A2A3

New Echocardiography (14/02/2022) - Revealed akinetic LAD territory, left ventricular ejection fraction 35%,
 left ventricular systolic dysfunction, trace mitral regurgitation (MR), trace tricuspid regurgitation (TR), pulmonary
 arterial systolic pressure (PASP) 24 mmHg, no aortic stenosis (AS), aortic regurgitation (AR), No clot/Pericardial
 effusion/vegetation.

Course in Hospital

Patient was admitted here for stabilisation and evaluation for which investigations were done. After stabilization
 coronary angiography was done on 07/02/2022, which revealed single vessel disease with Patent stent in Diagonal
 and LCx and planned for myocardial revascularization. After appropriate evaluation, relevant investigation and
 anaesthesia clearance patient underwent On-Pump Coronary Artery Bypass Grafting (CABG) + LV Clot Removal
 + LV Aneurysm Repair + IABP on 08/02/2022. Patient gradually weaned off from ventilator and extubated. Patient
 is shifted to post operative ward where patient was further stabilised and treated. Patient had high white blood
 cell count postoperatively for which appropriate antibiotics given. Pacing wire were cut. Wound healthy and healing.
 Now patient is being discharged in stable condition with following advice.

Significant Medication Given

Antibiotics
 Anti-platelet
 Beta-blockers
 Statins
 Diuretics
 Inotropes

Condition at Discharge

Hemodynamically Stable, Afebrile, Wound healthy and healing, sternum stable.

Advice on Discharge

Discharge Medication

FLUID RESTRICTION 1200 ML/ DAY

- Tablet ECOSPRIN (ASPIRIN) 150 mg once daily - (Blood thinner) after dinner (10pm)
- Tablet PLAVIX [CLOPIDOGREL] 75mg once daily at bed time after dinner (10pm)
- Tablet ROSUVAS (ROSUVASTATIN) 20 mg once at bed time after dinner (10pm)
- Tablet BETALOC [METOPROLOL] 12.5 mg twice daily [9am-9pm]
- Tablet LASIX [FRUSEMIDE] 20 mg once daily after breakfast (8am)
- Tablet DYTOR PLUS 10 mg twice daily [8am-4pm]
- Capsule ZEVIT (ZINC+VITAMIN) once daily after lunch [2pm]
- Capsule FEFOL (FERROUS SULPHATE + FOLIC ACID) once daily (Iron) after lunch [2pm]
- Capsule VIZYLAC (LACTIC ACID BACILLUS, VITAMIN B COMPLEX, ZINC) 1 capsule once daily 10pm for 3 days
- Tablet DULCOLAX (BISACODYL) 5 mg once daily at night [10pm]
- Tablet CROCIN PAIN RELIEF (PARACETAMOL + CAFFEINE) 1 tablet thrice daily (8am-2pm-10pm) for 3 days

-100/60
BP, HR < 80

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Corporate Identity Number - U85110DL2004PLC120219

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 info@medanta.org

www.medanta.org

| | | | |
|---------------------|---------------------------|----------------|-------------|
| Age | : 57Y | Patient ID | : 111017111 |
| Admission Date | : 04/02/2022 11:57 | Gender | : Male |
| Encounter Type | : Inpatient | Discharge Date | : |
| Consultant Incharge | : Dr Naresh Trehan & Team | Encounter ID | : 18499390 |
| Location | : 8th Floor A2A3 | Specialty | : CTVS |
| | | Bed No | : 5821 |

First three - four weeks after surgery one feels breathless and general weakness. This is generally due to low hemoglobin in the blood. Good nourishing food for a month will reduce this.

Do not change medicines without medical supervision.

Activity : _____

Symptoms Limited

WHEN TO OBTAIN URGENT CARE:

Onset of any problem like:-

- Never
- Loose stools/motions/vomiting or passing black stools like coal tar.
- Bleeding from any site
- Chest pain, breathing difficulty, profuse sweating, giddiness, pain in abdomen.
- Reduced urine output.
- Severe weakness/severe mouth ulcers.
- Rash over skin, swelling over body.

Contact:- **FOR ANY SURGICAL PROBLEM/INR DONE IN 10.00 AM AND DOSE CORRECTION, CONTACT CALL DUTY DOCTOR 8527191756 (CONTACT BETWEEN 7AM TO 10AM AND 2 PM TO 7 PM)**

IN CASE THE CALL IS NOT ANSWERED PLEASE HAVE PATIENCE, THE DOCTOR MAY BE SEEING SOME PATIENT ON FLOOR AND WILL RESPOND AFTER ATTENDING TO THE PATIENT.

IN CASE OF ANY EMERGENCY, PLEASE VISIT NEARBY HOSPITAL

You can now book your Doctor's appointment quickly via WhatsApp chat. Just send us a 'Hi' on 11414141

FOR DIABETES CONCERNS, ON CALL DIABETIC DOCTOR 0880049423

For diet related concerns, call Medanta helpline no. 0124-4141414 & get connected to dietician

For any other medical problem for which you think urgent attention is required report to emergency at Medanta Medicity at the earliest possible. (0124-4141414, Ext.No. 2411 & 2197).

Follow up : _____

Keeping in mind the current situation and safety of patient and medical staff, patient is advised to report in Dr. Naresh Trehan's (OPD) Out patient department at 4th floor, Room Number 27 Out Patient Department (OPD) for stitch removal /general review with **NEGATIVE RT PCR REPORT DONE WITHIN 72 HOURS on 13/02/2022 at 02:30**. Unless advised specifically, patients are not required to report fasting for the stitch removal.

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| | | | |
|----------------------------|---------------------------|-----------------------|--------------|
| Patient Name | : Mr. Pawan Kumar Gupta | Patient UHID | : MM01711758 |
| | : 57Y | Gender | : Male |
| Admission Date | : 04/02/2022 11:57 | Discharge Date | : |
| Admission Type | : Inpatient | Encounter ID | : 18499390 |
| Attending Physician | : Dr Naresh Trehan & Team | Specialty | : CTVS |
| Ward | : 8th Floor A2A3 | Bed No | : 5821 |

Pantoprazole (PANTOPRAZOLE) 40mg once daily 1/2 hour before breakfast (Acidity) for 2 week (Zam)-
 Cremaffin Plus (PARAFFIN) 3 teaspoon full as and when required for constipation at bed time (10pm)
 Betadine Lotion (POVIDONE IODINE) locally (Dressing lotion) for 7 days
 Inhalation twice daily 9am-9pm for 5 days
 Drop REFRESH tear four times daily (One Drop Both Eyes)
 Drop GENTEAL GEL thrice daily (8am-2pm-10pm)
 Drop ACUPAT 1 drop thrice daily (8am-2pm-10pm)
 Warf [WARFARIN] once daily according to PT/INR-6pm (___ mg 17/02/2022, ___ mg on 18/02/2022, ___ mg on 19/02/2022 and then repeat INR on 20/02/2022 and inform on 08527191756)

For INR

PROTOCOL

Prothrombin Time (PT) to be done every alternate day for one week, subsequently weekly for one month, thrice for three months at any standard laboratory (PT report and Warf dose to be confirmed 08527191756, International Normalized Ratio (INR) to be kept between 2.0 - 3.0)

As advised

Discharge Instructions

Avoid HEAVY PHYSICAL ACTIVITY / DRIVING FOR 3 MONTHS

Continue Betadine dressing till next advice

Apply Wockadine Spray/ Betadine lotion at the wound site after dressings are removed after one-week check up.

Engage in regular mild exercise as advised by the physiotherapist. You can walk at normal pace and also can climb stairs slowly.

Follow the chest physiotherapy protocol as taught in the hospital, like deep breathing exercise, spirometer etc.

Keep the foot end of the bed elevated and legs on a higher level during sitting/lying down, otherwise swelling in leg will be more.

Wear compression stockings/crepe bandages for at least six weeks after surgery in the daytime and take off at night.

Get a check on weight gain.

Avoid lifting weights and driving for three months

You will have discomfort or loss of sensation over the breastbone. This will disappear after eight to ten weeks.

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|----------------------------|---------------------------|-----------------------|--------------|
| Pat Name | : Mr. Pawan Kumar Gupta | Patient UHID | : MM01711758 |
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| Consultant Incharge | : Dr Naresh Trehan & Team | Specialty | : CTVS |
| Location | : 8th Floor A2A3 | Bed No | : 5821 |

Follow up with Dr. R. R. Kasliwal and Team in Cardiology Out Patient Department (OPD)

patient is advised rest for three months.

patient is advised to undergo Comprehensive Cardiac Check-up (CCC) and follow up with Dr. Naresh Trehan approximately three months after surgery. It is suggested that a prior booking be made for a mutually convenient date. On the appointed day come at 9.00AM for Comprehensive Cardiac Check-up patient should come fasting (NOT A CUP OF TEA)

[Handwritten Signature]
17.2.22

NARESH TREHAN AND TEAM
HEAD - CARDIOTHORACIC SURGERY
SENIOR MAN AND MANAGING DIRECTOR
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PROVISIONAL ECHO REPORT

NAME- Pawan Kumar Gupta

AGE- 57 YR M

UHID- MM0171758

DIAGNOSIS - P/CABG [8/2/22], P/PTCA (30/20)

DATE- 05/11/22

HR- 80 BPM (NER)

Abnormal anterior septum, Apex, mild IUS & LVEF 30%
Organised clot present at LV apex.

• RV systolic function- dysfunction TAPSE- 8mm/sec, TAPSE- 1.3cm

• Cardiac chamber dimension- Dilated W (5.1/4.0cm), rest
CED (N)

• Mitral- mild MR

• Aortic- mild AR, No AS

• Tricuspid and pulmonary- mild TR, PASP- 29mmHg

• MIP-DRA, WEDP- (N)

• IVC- (N) CVP- 3 mmHg

~~IVC clot/veg~~

• Normal aortic arch.

Dr Arushi Kaur

Dr Manish Bandyopadhyay



25/11/22

Dr. Ahmar Tarique

MBBS, MD (Internal Medicine), FNIC

Senior Consultant - Preventive and Clinical Cardiology

Mobile: +91 99532 36477

ahmar.tarique@medanta.org

Reg. No: HMC - 005158

Patient Name: MR PAWAN KUMAR GUPTA

Age: 57

UHID: MM01711758

Sex: ♂

Allergies:

Chief Complaints:

Medical/Surgical History:

- CAD LV CLOT REMOVAL + ANEURYSM REPAIR

- P/PTCA (2020)

- P/CAD (8/2/22) → SUTURE INFECTION → RECOVERED [MEDANTA]

Current Medications:

- P/COVID (APRIL' 2021)

- K/C/O POTT'S SPINE

- EF = 30% - 35% (28/5/22) → 40% (19/8/22)

Physical Examination:

- SUTURE POLL

- ? O.S.A.

Diagnosis:

~~AIN~~

- ECG ✓

- 2DECHO ✓

- CTUS Review

- CXR-PA.

- CBC, RFT, LFT - SLEEP STUDY

- PT/INR

- NT pro BNP

(after 5 days)

Accredited by



JCI certificate
ICN 1089



Certificate No
H-2011-0073

DR. AHMAR TARIQUE

MBBS, MD (Medicine), FNIC

Consultant - Cardiology

Medanta The MedCity, Gurugram

Reg. No. 5158 (Haryana Medical Council) DR. ANM

Mob: 91-9953236477

E-mail: ahmartarique@hotmail.com

0319

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R
X

- 1) T. CARDOMBS 3.125mg twice daily
- 2) T. DUTOR 5mg twice daily (8AM, 4PM)
- 3) T. ROZABEL-A (20/75) NIGHT
- + 4) T. VUMADA 50mg 1/2 tab twice daily
- 5) T. FLAVEDON-MR 35mg twice daily
- + 6) T. ACITROM 2mg once daily according to INR (TARGET INR = 1.5 - 2.0)

ns Advised:

| Drug Name | Dose | Route | Frequency | Duration | Remarks |
|--------------------------|------|-------|-----------|---------------------|---------|
| 7) C. DROFER-XT | | | MORNING x | 2 months | |
| 8) T. SURBEX-XT | | | MORNING x | 6 months | |
| 9) T. BON-K2 | | | MORNING x | 6 months | |
| ↓ 10) ARACHITOL NANO 60K | | | once | in 15 days. | |
| ↓ 11) C. MEQARNEURON | | | OD Plus | NIGHT (MON/WED/FRI) | |
| 12) C. CoQ FORTE | | | MORNING x | 2 months | |
| 13) T. MONTAICR LC | | | NIGHT x | 1 month. | |