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Date: 03.08.2016

TO WHOMEVER IT MAY CONCERN

This is to certify that, Mr. Chandra Mani Mishra was suffering from chronic liver disease. His liver transplant was done on 12.05.2016 and was discharged in a stable condition. After discharge he advice to take complete rest from 09/05/2016 to 03/08/2016. According to his current reports he needs to take rest for next 6 month. Also he is advised to take extra precaution on his mobility, which should be limited to slow pace with only light accompanying weights and avoiding any jerks. He has not allowing outside food. He has to be on medicines lifelong to prevent liver rejection.

Thanking you.

Dr. Shishir Pareek
MS (PGIMER)
Senior Consultant
Liver Transplant & Gastro Surgery
Indraprastha Apollo Hospital
New Delhi

Dr. Shishir Pareek
Senior Consultant-Liver Transplant & HPB Surgery
Indraprastha Apollo Hospital

12/8/16

Sd/- Mr. Chandra Mani Mishra

Chief Medical Superintend
Distt, Hospital, AGRA

Chief Medical Superintendent
Distt, Hospital, AGRA

DISCHARGE SUMMARY
CLBS CENTRE FOR LIVER AND BILIARY SCIENCES
Indraprastha Apollo Hospital, New Delhi, India

Hepatologists / Gastroenterologist

Transplant Surgeons

Dr Mohammed A. Nayeem
Dr. Neerav Goyal
Dr. Shaleen Agarwal
Dr. Shishir Pareek

Prof. Subash Gupta

Name	Chandra Mani mishra	Date of Liver Transplant	12/May/2016
Age/Sex	49 year(s) Male	Date of Admission	08/Jul/2016
UHID No	1061072	Date of Discharge	13/Jul/2016
IP No.	DELIP118287	Blood Group	O positive
CLBS No.	2016/R/00363		

Diagnosis : Post op case of LRLT
Cryptogenic CLD with decompensation

History

Mr Chandra Mani Mishra Patient underwent LRLT on 12.05.16. Modified right lobe graft. Single bile duct anastomosis. He developed respiratory discomfort same evening with transient loss of consciousness for which he was re-intubated. Following this he had an episode of seizures for which Plain CT head was done which was inconclusive; MRI brain was done, s/o gyral hyperintensity in right parietal region ? infarct/ ? encephalitis/ ? hypoxic. Neurologist opinion was taken and antiepileptics started as advised. Patient also developed AKI on POD 1 with low urine output and creatinine level of 4.1. Nephrologist opinion was taken and followed. Postoperative USG liver Doppler was satisfactory. Patient had low Hb levels for which 3 PRBC transfusion was done on POD-2 and 3. Patient was re-extubated on POD-3. Serum bilirubin had a very slow fall with a peak S. Bilirubin of 9 on POD 8. Patient developed B/L UL paresis (grade 4) which was managed by active and passive physiotherapy. Blood C/S showed budding yeast cells. CSF examination showed budding yeast cells with Cryptococcal Ag +ve at 1:256. CSF C/S also positive for Cryptococcus neoformans. Neurologist opinion was taken and patient was started on Inj Ambisome which was continued for 2 weeks followed by oral fluconazole 400mg twice daily. Patient gradually recovered with no recurrence of seizures, improved kidney function and improving UL power and function. Cellcept was started on POD-1 and Prograf on POD 3. Liver graft function was good. Immunosuppression was kept on hold from POD-8 to POD-12 in view of high blood TAC levels and features of sepsis. Immunosuppression restarted and dose modified according to LFT, KFT and TAC levels. He was discharged in stable condition and had been on f/u since then. He now presented to IAH with c/o nausea, vomiting, loss of appetite with raised creatinine level. He was admitted for further evaluation and management.

Past History : Underwent LRLT on 12/05/2016

Medication : Post Transplant immunosuppression

Addiction / Habituation : No

tal Course

He was admitted with the above history and started on IV fluids and on anti emetics. Nephrology opinion taken for raised creatinine (2.8mg/dl) and followed. In blood investigation there was low serum sodium for which physician reff done which advice spot sodium, serum osmolality and urine osmolality which was 61 mmol/L,0.246 osmol/kg and 0.291osmol/kg respectively. For past neurological event neurology opinion was taken. Advice for CT brain plain and Lumber Puncture for CSF study. CT S/O hypodense gliotic area in right superior frontal region. Rest other area normal. His CSF study revealed WBC 10, CSF was positive for Cryptococcus antigen test, india ink positive and titre was 1/64. He was further managed conservatively till his condition improved. He is now being discharged in a heamodynamically stable condition with creatinine of (...) the following advice.

vice at Discharge

High protein normal diet,
Normal activity at home

Tab Wysolone 10 mg per orally in morning and 5 mg in evening
Tab Cellcept 1 gm per orally twice a day
Tab Prograf 0.5 mg per orally twice a day

Tab Rantac 150mg per orally twice a day
Tab Septran 1 Tab per orally once a day
Tab Syscan 400 mg per orally twice a day
~~Cap Zevit 1 cap per orally once a day~~
Tab Magnical 1 tab per orally twice a day

Syp Cremaffin 20 ml per orally twice a day
Cap Salt capsules 1 cap per orally twice a day
Salsol Nebulisation thrice a day
Laxopeg sachet 1 sachet per orally sos
K Bind sachet 2 sachet per orally thrice a day
Tab Sodamint 1 tab per orally thrice a day
Tab Levipil 500 mg per orally twice a day
Tab Folvite 10 mg per orally once a day
Tab Methylcobalamin 500 mg per orally QID

Inj Lantus 14 IU sub cutaneous at bed time(10 pm)

Blood sugar and BP monitoring.

Blood sugar monitoring Before breakfast, Before lunch, Before dinner.
For patients who are not on fixed dose of insulin, then inj.novorapid with novopen according to this sliding scale:

141-180	4 units
181-240	8 units
241-280	12 units
281-320	20 units
<140 no insulin	

Repeat CBC, PT, INR, Special Liver Transplant profile after 3 days and review results with Dr Subash Gupta

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