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CR. NO. : 254651	IP NO: 19/325388
NAME : Mrs. SANDHYA, .	DATE OF ADMISSION: 20.5.19
AGE: 48yr	DATE OF DISCHARGE: 24.5.19
GENDER: FEMALE	
ROOM/BED NO: 209-MH-GNW 2271	

DR. RAJEEV KUMAR MBBS;MS;M.CH (SURGICAL ONCOLOGY) SR. CONSULTANT & HEAD	DR GARIMA DAGA MBBS;MS;DNB (SURGICAL ONCOLOGY) CONSULTANT
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DIAGNOSIS : **CARCINOMA LEFT BREAST -( CT2 N1 M0)**

OPERATIVE PROCEDURE(S): **LEFT BREAST CONSERVATIVE SURGERY (WIDE LOCAL EXCISSION +AXILLARY LYMPH NODE DISSECTION LEVEL I AND II) WITH RECONSTRUCTION BY LD FLAP ON 21.05.19**

**BRIEF CASE SUMMARY:**

48 yrs old hypertensive lady is a known case of carcinoma left breast. FNAC from left breast done elsewhere on 9.5.19 suggestive of infiltrating ductal carcinoma. On examination lump sized 5 x 4cm present over upper outer quadrant of left breast. Palpable left axillary nodes. Skin and NAC free. She was further evaluated in RGCI. Screening Mammography (18.5.19): **RIGHT BREAST: No suspicious abnormality: MR BIRADS 1.**  
**LEFT BREAST: Multifocal metabolically active enhancing mass showing washout kinetics in outer quadrant: MR BIRADS 5 with left axillary lymphadenopathy.**

A staging work up was carried out (chest -x-ray / USG abdomen/bone scan) which was negative. She was counselled regarding need for surgery, Extent of disease, extent of surgery, option of BCS v/s MRM & need for adjuvant therapy was discussed with patient and her relations. They opted for BCS. She was optimized for surgery and underwent **LEFT BREAST CONSERVATIVE SURGERY (WIDE LOCAL EXCISSION +AXILLARY LYMPH NODE DISSECTION LEVEL I AND II) WITH RECONSTRUCTION BY LD FLAP ON 21.05.19.** She withstood the procedure well & had an uneventful post operative period. She is being discharged with advice on drain care/ lymphedema precautions /normal diet /oral medication and shoulder exercise.

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**RAJIV GANDHI CANCER INSTITUTE  
AND RESEARCH CENTRE**

Sector - V, Rohini, Delhi - 110085  
Tel : 011-47022222 (30 Lines), 011-27051011-1015  
Fax : 91-11-27051037

**DISCHARGE  
SUMMARY**



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**OPERATION NOTES:**

LEFT BREAST CONSERVATIVE SURGERY (WIDE LOCAL EXCISSION + AXILLARY LYMPH NODE DISSECTION LEVEL I AND II) WITH RECONSTRUCTION BY LD FLAP ON 21.05.19

**OPERATIVE FINDING**

- Lump sized 5x3 cm present over upper outer quadrant of left breast.
- Skin and NAC free.
- Few significant enlarged axillary lymph nodes on left side.

INCISION - ELLIPTICAL incision encompassing the LUMP.

**SURGICAL STEPS-**

- Parts cleaned and draped
- Above mentioned incision made.
- Wide local excision of lump done by taking 1 cm margin all around, sent for frozen section >all margins reported to be free of malignancy.
- Axillary dissection done through the same incision.
- Pectoralis minor muscle identified and clavipectoral fascia incised to reveal the axillary contents.
- Nerve of bell and latissimus dorsi pedicle dissected and preserved.
- Level i-ii axillary clearance done with same incision.
- Reconstruction done by LD FLAP.
- Normal saline wash given.
- ROMO- VAC DRAIN 16 placed in the axilla and at LD flap bed.
- Hemostasis ensured.
- Wound closed with vicryl 2-0 and monocryl 4-0 and skin stapler.
- Antiseptic dressing done

**INVESTIGATIONS RESULTS:**

**Haematology:**

Hb: 13.1 g/dl                      TLC: 6810 /cumm  
DLC: P-57.9 L-30.0 M-7.9 E-4.1 B-0.1 %  
Platelets: 2, 19, 000/cumm

**Coagulation Profile:**

PT : 13.5 secs  
INR : 1.0 secs  
  
PTTK: 29.9 secs

**Liver Function Tests:**

Blood Glucose(R) - 95 mg/dl      Bilirubin(T) - 0.5 mg/dl  
Bilirubin(D) - 0.1 mg/dl      SGPT - 30 u/L  
SGOT - 25 u/L                      Alakaline Phosphatase - 64 u/L

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Total Protein - 7.0 gm/dl      Albumin - 3.8 gm/dl  
Globulin - 3.2 gm/dl          Gamma GT - 28 u/L

**Renal Function Tests :**

Urea : 41 mg/dl                  Creatinine : 0.6 mg/dl  
Serum Uric acid - 5.9 mg/dl

**Electrolytes:**

Potassium : 4.4 meq/l          Sodium : 136 meq/l

HIV: Non reactive

HbSAg: Non reactive

HCV: Non reactive

Free T3 : 5.77 Pmol/l

Free T4 : 12.3 Pmol/l

TSH : 3.82 uIU/ml

CXR : NAD

Mammography: Left breast density with pleomorphic calcifications and enlarged axillary lymphnodes: BIRADS 5.

PET MRI fusion (20.5.19):RIGHT BREAST: No suspicious abnormality: MR BIRADS 1.

LEFT BREAST: Multifocal metabolically active enhancing mass showing washout kinetics in outer quadrant: MR BIRADS 5 with left axillary lymphadenopathy.

PET CT (20.5.19): 1. Metabolically active left breast lesion with ipsilateral axillary lymphnodal involvements as described.  
2. No other metabolically active disease elsewhere in the body.

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\*\*HPE: Awaited

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**PROPOSED PLAN:-** To be decided after HPE report.

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**ADVISE ON DISCHARGE:**

- ¢ Arm exercises as advised
- ¢ Drain care and measurement as advised
- ¢ Medication as advised.
- ¢ Please collect histopathology reports from the report collection centre after 10 days and review with the same to the treating doctor at your next appointment.
- ¢ Walking in and around the house advised.
- ¢ Preferable to wear loose front open kurtas /shirts.
- ¢ Sponge local site daily and bathe the rest of the body.

**ADVISE ON DISCHARGE:**

- Tab Ceftum 500 mg 1 BD X 7 days *9Am - 9pm*
- Tab PPZ DSR 1 OD BBF X 7 days *7Am*
- Tab Akistram EF 1 TDS X 3 days then SOS *9Am - 3pm 9pm*
- Cap Immutide forte 1 OD X 7 days *9Am*
- Tab Disperzyme 1 TDS X 7 days *9Am - 3pm - 9pm*
- Tab Prolomet AL 50 mg HS X 7 days *10pm*
- To continue all other chronic medications as advised
- Drain care and output charting as advised

**REVISIT SCHEDULE:-**

Review in Surgical OPD on 31.5.19 at 9:45 am in Room No.3058  
To take appointment for consultation visit from phone no.47022222 at main reception.  
OPD Days: all days except sunday  
For Patient Query 9.00 am to 5.00 pm phone no.47022222  
To report immediately in Casualty in case of any emergency like fever, loose motion, vomiting, pain, bleeding, abdominal distension, please contact casualty department of hospital or surgical doctor on duty Ph 47022222. No prior appointment necessary for Emergency.

DR. RAJEEV KUMAR  
MBBS;MS;M.CH (SURGICAL ONCOLOGY)  
SR. CONSULTANT & HEAD

DR GARIMA DADA  
MBBS;MS;DNB (SURGICAL ONCOLOGY)  
CONSULTANT

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SUMMARY**

**Green OT**  
 Green OT

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**ADVISE ON DISCHARGE:**

- € Arm exercises as advised
- € Drain care and measurement as advised
- € Medication as advised.
- € Please collect histopathology reports from the report collection centre after 10 days and review with the same to the treating doctor at your next appointment.
- € Walking in and around the house advised.
- € Preferable to wear loose front open kurtas /shirts.
- € Sponge local site daily and bathe the rest of the body.

**ADVISE ON DISCHARGE:**

- Tab Cefum 500 mg 1 BD X 7 days 9Am - 9Pm
- Tab PPZ DSR 1 OD BPF X 7 days 7Am
- Tab Akistram EF 1 TDS X 3 days then SOS 9Am - 3Pm 9Pm
- Cap Immutide forte 1 OD X 7 days 9Am
- Tab Disperzyme 1 TDS X 7 days 9Am - 3Pm - 9Pm
- Tab Prolomet AL 50 mg HS X 7 days 10Pm (Prolomet-XL) Dr. Rajiv Kumar
- To continue all other chronic medications as advised
- Drain care and output charting as advised

**REVISIT SCHEDULE:-**

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**Rajiv Gandhi Cancer Institute  
and Research Centre**

A Unit of All India Cancer Society  
Registered under "Societies Registration Act 1860"

## Appointment Slip

Appt Id	719071
Patient Name	SANDHYA .
CR No.	254651
Consultant	Dr. RAJEEV KUMAR GARIMA DAGA
Status	CONFIRMED
Date	24/06/2019
Day	Monday
Time	12:40 PM

Appointment slip generated on : Wed Jun 19 14:39:38 IST 2019

Please give your arrival intimation at respective OPD Reception for further direction. Please do not enter OPD Room directly.

Sector-5, Rohini, Delhi-110 085, INDIA, Tel: +91-11-4702 2222 / Fax: +91-11-2705 1037

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For Appointment, please dial: +91-11-4702 2070 / 71

In case of Emergency do not wait for appointment time, Contact: +91-11-4702 0222

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DEPARTMENT OF MEDICAL ONCOLOGY  
Dr. D.C.Doval  
MEDICAL UNIT - I

**PATIENT PARTICULARS &/OR DEMOGRAPHIC DETAILS:**

✓ CR.NO.	: 254651	I.P. NO.	: 330331
Room No	: 2285		
✓ NAME	: Sandhya	Age/ Sex	: 48 Yrs/Female
D.O.A	: 24.06.19	D.O.D	: 26.06.19
Perm.Address	: Village -Basti, P O -Kamal Sagar Mau, Mau		
Contact No	: 9717093077		
Biopsy/FNAC No	: B/4916/2019		
Comorbidities	: Hypertension		
✓ DIAGNOSIS	: <b>Carcinoma Left Breast</b> Post - BCS on 21.05.19 Stage: pT3N2a ER-80%, PR-70%, Her2neu -3+ On Adjuvant Chemotherapy		

**BRIEF SUMMARY OF THE CASE**

**SHORT CLINICAL SYNOPSIS:**

Mrs. Sandhya 48 yrs old female is a known case of carcinoma left breast. FNAC from left breast done elsewhere on 09.05.19 suggestive of infiltrating ductal carcinoma.

She came to RGCI on 18.05.19 for further management. Screening Mammography (18.05.19): Right breast: No suspicious abnormality: MR BIRADS 1. Left breast: Multifocal metabolically active enhancing mass showing washout kinetics in outer quadrant: MR BIRADS 5 with left axillary lymphadenopathy. PET CT scan (20.05.19) suggestive of metabolically active left breast lesion with ipsilateral axillary lymphnodal involvements. She underwent left breast conservative surgery (wide local excision +axillary lymph node dissection level I and II) with reconstruction by Ld flap on 21.05.19. Histopathology suggestive of invasive duct carcinoma, NOS, grade 3 with nodal involvement, pStage: pT3N2a. ER-80% (positive), PR-70% (positive), Her2neu -3+ (positive). Chemoport insertion in right internal jugular vein done on 25.06.19. 2 D echo (20.05.19)- LVEF 62 %. Nature of disease, intent of treatment including complication were explained in detail to patient's attendant. She was planned and started TCH based chemotherapy on.

**COURSE DURING PRESENT HOSPITALIZATION:**

Presently she was admitted for 1<sup>st</sup> cycle of chemotherapy which she tolerated well without any immediate morbidity. Now she is being discharged in stable general condition.