

GASTROENTEROLOGY & HEPATOBILIARY SCIENCE FORTIS MEMORIAL RESEARCH INSTITUTE GURGAON

Patient UID: 2089058
Name: Dr.(Mrs.) Prem Garg
Age: 72 Years
Sex: F

Refd by: --
Date: 06-Feb-2020
Sedation: Yes (Endo - 2)
Tech - Deepak

FULL VIDEO COLONOSCOPY REPORT

Procedure was done after informed consent and under propofol sedations. All risk, benefits, alternative options and complications discussed in details.

Result of preparation: BBPS-0

Extent of examination: 70 cm from ana verge

Report: Grossly dilated with large amount of soild fecal matter. Scope could not be advanced beyond 70 cm from ana verge, because of poor visibility and tight bend. 100 ml of Coca Cola was instilled at 70 cm from ana verge. Colonic decompression done during way out.

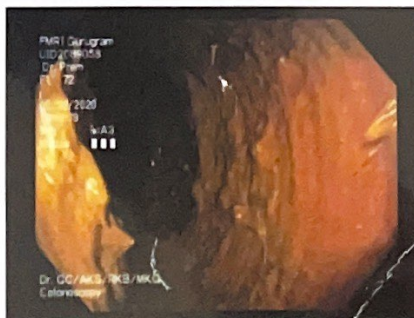
In case of emergency please contact FMRI at +91 124 421 3333

Dr. Mahesh Kr. Gupta

Dr. Rinkesh Kr. Bansal

Dr. Avnish Seth

Dr. Gourdas Choudhuri



**GASTROENTEROLOGY & HEPATOBILIARY SCIENCE
FORTIS MEMORIAL RESEARCH INSTITUTE
GURGAON**



Patient UID: 2089058a
Name: Dr.(Mrs.) Prem Garg
Age: 72 Years
Sex: F

Refd by: --
Date: 07-Feb-2020
Sedation: No (Endo-2)
Tech- Deepak

FULL VIDEO COLONOSCOPY REPORT

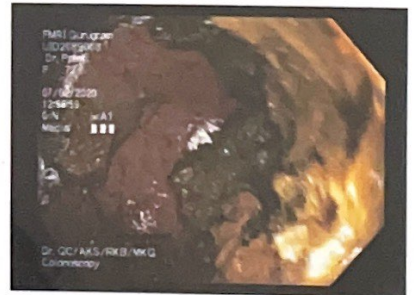
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Result of preparation: BBPS-0

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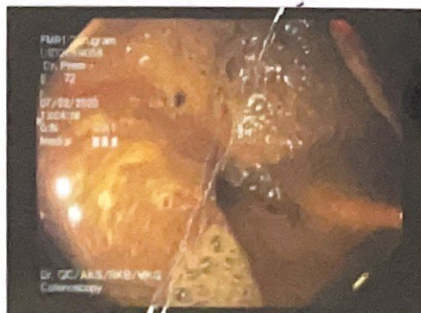
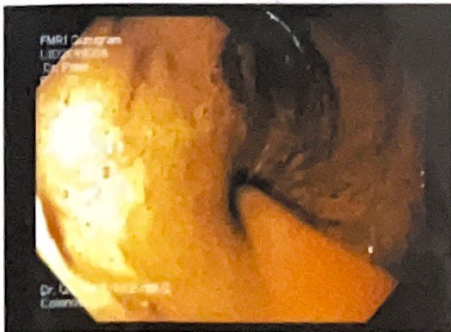


Dr.Mahesh Kr. Gupta

Dr. Rinkesh Kr.Bansal

Dr. Avnish Seth

Dr. Gourdas Choudhuri



09/03/2020

Dr. S. S. Murthy

DNB (Medicine) DNB (Cardiology), MNAMS
Sr. Consultant - Invasive Cardiology
Email : ss.murthy@fortishealthcare.com
Cell : +91 98716 99418

VID: 2089052

BP → 110/60 mmHg

MRS. Prem Argy
72/F.

No Angina/Dyspnoea.

LV dys - 35%
Global (H).

PR - 88/min, reg.

BP - 110/60


Chest clear.

KFT - WNL.

Adm
- KFT/Na/K
- ECG
- Echo
- after 3 months

- Rx
- 1) Escorin 150mg - H.S. (9PM)
 - 2) Dyltor 10mg - OD (8AM)
 - 3) Aldacton 25mg - OD (8AM)
 - 4) Embeta XR 25mg - OD (8AM)
 - 5) Reninostat 2.5mg - OD (9AM)
 - 6) Ivabrad 5mg bid. (8AM/8PM)
 - 7) Stomax 10mg - H.S. (9PM)

3 months


Dr. S. S. Murthy
MBBS, DNB (G.Med), DNB (Cardiology)
Sr. Consultant - Cardiology
Fortis Memorial Research Institute
Sector-44, Gurgaon-122002, Haryana
Regn. No. DMC - 2827

DEPARTMENT OF MINIMAL ACCESS, BARIATRIC AND G.I. SURGERY

Dr. A.K. Kriplani
MS, FIAGES, FICLS, FALS, FAIS

Director & HOD

Dr. B.C. Roy Award by President of India
Ex. Prof. of Surgery, All India Institute of Medical Sciences, New Delhi
Past President: Indian Association of Gastrointestinal Endo Surgeons
Governor Endoscopic and Laparoscopic Surgeons of Asia 2016
Regn. No. HN 10486

For Appointments, please contact:
(Mon to Sat - 9:30am to 6:30pm)
Mr. Arun Kumar: +91-9899224241
arun.kumar1@fortishealthcare.com

Dr. Rashmi Pyasi
MS, FIAGES, FALS, FAIS
Additional Director
Regn. No. HN 7387

Dr. Shashank Rastogi
MS, FIAGES, FALS, PGDBM
Senior Consultant
Regn. No. HN 10824

Dr. Bijendra Kumar Sinha
MS, FIAGES, FALS
Senior Consultant
Regn. No. HN 014070

8/6/20

MRS PREM GARG

UID 2089058
AGE - 72Y/F

- PUC of laparotomy (Emergency) c loop ileostomy

- K/K to Toxic Megacolon (Dilated sigmoid)

Plan:- Biopsy from Rectum (Full thicknes) to K/K to Megacolon.

Dinal loopogram - Collapsed sigmoid colon

Adv

Plan:- Examination under Anaesthesia

+ Full thicknes Rectal Biopsy (Daycare)

Inv
CBC -
LFT -
KFT -
RBS -

COVID-19

CXR
ECG

IDECHO

- PAC - 2nd floor



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PAN No. AABC...

- Review c reports

[Signature]

10/6/2020

COW Ar Kurniawan

Adv.

- Stop Ecospirin from today
- DSE day after tomorrow (12/6/20)
- Plan: Rectal biopsy on (15/6/2020)
- Adv. Home isolation till surgery

J. Saureya.

Dr. Rohit Goel

MBBS, MD, DM (PGI, Chandigarh)
Consultant - Interventional Cardiology

Dr. Binay Kumar

MBBS, MD, DM (AIIMS)
Consultant - Interventional Cardiology
Electrophysiology & Peripheral Interventions

Dr. Mukul Bhargava

MBBS, MD, DM (GB Pant Hospital, New Delhi)
Consultant - Interventional Cardiology

Patient Name: Dr. Prem Garg UHID: _____ Date: 10/6/20

Planned for renal biopsy
↓
with sedation

no 4/10 AOE
DOE
ACS
Su wave

Echo → WEF 35%

BP - 120/70
86b/m.

Adm
Ech.

ET > 4 mts

Ech → WNL

o/e S₁S₂ normal

→ Cleared for surgery
(renal biopsy)
under moderate sedation
risk.

- withhold Enoxaparin for 5 days
& restart after biopsy
Bany

DEPARTMENT OF MINIMAL ACCESS, BARIATRIC AND G.I. SURGERY

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Mr. Arun Kumar: +91-9899224243

arun.kumar1@fortishealthcare.com

20.06.2020 .

DR. PREM GARG

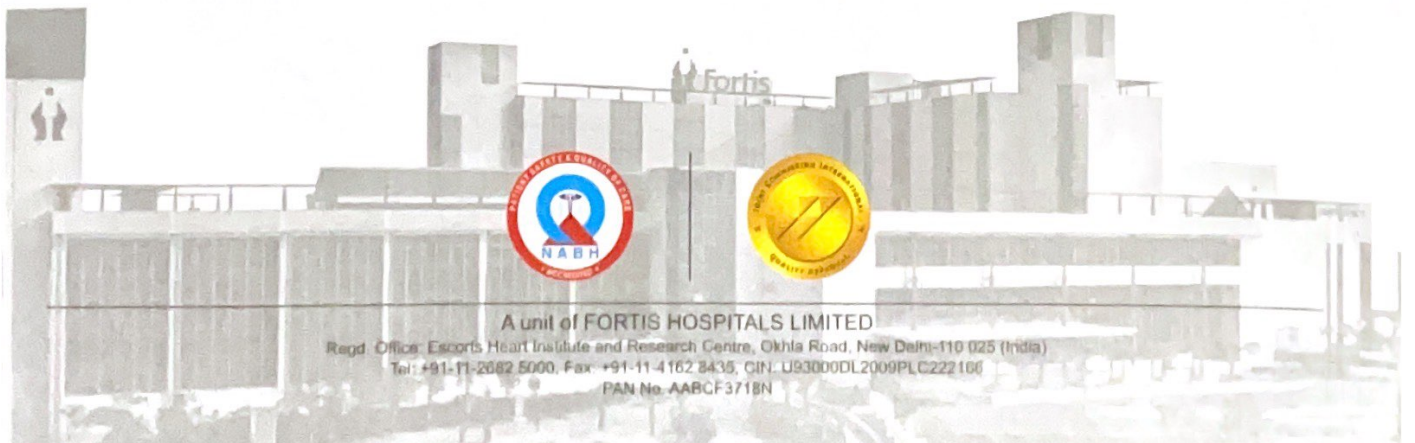
③ Inj. ENCIARB 500mg in 100ml NS
slow IV infusion over 20min.

Observe for ½ Hr.

② S. Ferritin levels, S. Iron, TIBC

① Proctoclysis enema stat P/R.

SG



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PAN No. AABCF3718N

DEPARTMENT OF MINIMAL ACCESS BARIATRIC AND GI SURGERY (MABGIS)
DISCHARGE SUMMARY

PATIENT'S NAME : DR. PREM GARG UID: 2089058
AGE : 72 YEARS IPID: 159096
GENDER : FEMALE DATE OF ADMISSION: 25.06.2020
BED NO : 432 DATE OF OPERATION: 26.06.2020
DATE OF DISCHARGE: 01.07.2020

PATIENT'S ADDRESS: 29 SHIV SAROVAR SBI BANK COLONY GARH ROAD MEERUT
CITY 250002

PATIENT'S CONTACT NUMBER: +919818857218

CONSULTANTS: DR. A.K.KRIPLANI (DIRECTOR & H.O.D.)
DR. RASHMI PYASI (ADDITIONAL DIRECTOR)
DR. SHASHANK RASTOGI (SENIOR CONSULTANT)
DR. BIJENDRA SINHA (SENIOR CONSULTANT)

DIAGNOSIS:

- Adult Megacolon

CHIEF COMPLAINTS:-

- Follow up case of laparotomy with loop ileostomy now admitted for Ultra low anterior resection of rectum

HISTORY OF PRESENT ILLNESS: Patient is follow up case of laparotomy with loop ileostomy now admitted for Ultra low anterior resection of rectum.

PAST HISTORY:

- Full thickness rectal biopsy done under GA on 12.06.2020
- Chronic Fecal Impaction with Megacolon
 - o Colonoscopic Decompression was done
 - o Spontaneous Colonic Perforation- Explorative laparotomy with peritoneal lavage with mopping and loop ileostomy done on 14.02.2020
- Chronic Constipation
- Grade 4 Haemorrhoids
- Hypothyroidism (high anti TPO antibodies) } DIAGNOSED FIRST TIME
- Diabetes mellitus
- Full thickness rectal biopsy done under GA on 12.06.2020.

CONDITION AT THE TIME OF ADMISSION:

Pulse - 72/min
Respiratory rate - 14 /min
Temperatur - Afebrile
Blood Pressure - 130/60mmHg
Abdomen - Soft, bowel sounds +.



INVESTIGATION DONE: All investigation reports are handed over the patient.

Hb: 9.3, TLC – 6.50, platelets – 401000

PT/INR – 13.1/1.16

APTT – 28.2

FBS – 131

HBA1C- 7.0

BUN – 15, Creatinine – 0.66

Sodium – 140, potassium – 4.39

Total bilirubin – 0.27, albumin – 4.2

Chest X-ray - ↑ BVM

ECG- NSR

DSE : LEVE -45% , posterior wall basal IVS , basal inferior wall hypokinetic , negative for RMI

PROCEDURE DONE: Ultra low anterior resection done under GA on 26.06.2020.

OPERATING FINDINGS:

- Dilated sigmoid colon and rectum – status ileostomy
- Inferior mesenteric artery and vein ligated distal to left colic artery
- Rectum divided with echelon 60, counter stapler.
- Colo rectal stapler anastomosis with EEA 31 mm , circular stapler done
- Left pelvic ADK placed
- Haemostasis achieved
- Anastomosis checked for leak
- Abdomen closed in layers
- ASD done
- Ileostomy left in place

COURSE IN HOSPITAL: Patient was admitted with above mentioned complaints. After pre-anaesthetic clearance, patient underwent Ultra low anterior resection done under GA on 26.06.2020. Post-operative period was uneventful. Now patient is being discharged with drain in situ with further follow up advice

MEDICATION GIVEN :

- Inj Monocef 1.5 gm IV twice a day
- Inj Metrogyl 100 ml IV thrice a day
- Inj Supacef 1.5gm IV twice a day
- Inj Dynapar 75 mg IV as and when required
- Tab Thyronorm 50 mg orally once a day
- Tab Aldactone 25 mg orally once a day
- Tab Metoprolol 25 mg orally once a day
- Tab Ramipril 2.5 mg orally once a day
- Tab Ivabridine 5 mg orally twice a day



- Inj Pan 40 mg Iv twice a day
- Inj Emeset 4 mg IV as and when required
- Inj PCM 1gm IV once a day

CONDITION AT THE TIME OF DISCHARGE:

CONDITION AT THE TIME OF DISCHARGE: Patient is afebrile, vitals are stable, accepting oral diet. Surgical wounds are healthy with drain in situ.

MEDICATION ON DISCHARGE:

DRUG	COMPOSITION	DOSE	ROUTE	FREQUENCY	DURATION
TAB. CEFTUM	CEFUROXIME	500MG	ORALLY	TWICE A DAY	5 DAYS
TAB. METROGYL	METRONIDAZOLE	400MG	ORALLY	THRICE A DAY	5 DAYS
TAB. DOLO	PARACETAMOL	650MG	ORALLY	AS AND WHEN REQUIRED	
TAB. RAZO	RAZOPRAOZOLE	20MG	ORALLY	ONCE A DAY	5 DAYS
TAB. ECOSPRIN	ASPIRIN	75 MG	ORALLY	AT BED TIME	TO CONTINUE
TAB. THYRONORM	THYROXINE	50 MCG	ORALLY	ONCE A DAY	TO CONTINUE
TAB. ALDACTONE	ALDACTONE	25 MG	ORALLY	ONCE A DAY	TO CONTINUE
TAB. METOPROLOL	METOPROLOL	25 MG	ORALLY	ONCE A DAY	TO CONTINUE
TAB. RAMIPRIL		2.5 MG	ORALLY	ONCE A DAY	TO CONTINUE
TAB. IVABRADINE	IVABRADINE	5 MG	ORALLY	TWICE A DAY AFTER MEALS	TO CONTINUE
TAB. DYTOR		10 MG	ORALLY	ONCE A DAY	TO CONTINUE TILL FOLLOW UP
TAB. ATORLIP	ATORVASTATIN	10 MG	ORALLY	AT BED TIME	TO CONTINUE

FOLLOW UP ADVICE:

- High Protein diet as advised.
- Drain care as advised
- Soft diet for 1 week
- Review in OPD after 5 days with HPE report with prior appointment (Arun 9899224241).
- In case if any emergency contact on 08376903342.

WHEN TO OBTAIN URGENT CARE: If patient develops fever, bleeding PR & constipation

DIRECTOR & HOD
DR. A.K KRIPLANI

ASSOCIATE CONSULTANT
DR. DEVYANI GAUTAM
DR. SOHAM DASGUPTA

ADDITIONAL DIRECTOR
DR. RASHMI PYASI

SENIOR REGISTRAR
DR. GAURANGA SAIKIA

SENIOR CONSULTANT
DR. BIJENDRA SINHA
DR. SHASHANK RASTOGI



17/7/2020

M.reen by Dr. Kurlani

Stoma functioning well

Wound - sutures line intact

Plan: Alternate staple removal

Plan:

- Distal loopogram ~~after~~ on 31/07/2020

- Ileostomy closure on 07/08/2020

- | | | |
|------------------|-----|---------------------------------|
| Hb: 12.5 | WNL | Urea 25. K 5.29, Cr 0.91 mg/dl. |
| - CBC, LFT, KFT, | | TSH: 7.736 |
| - Coag Profile | | HbA1c 7.4 % |
| - FBS, PPBS | | FBS 151 mg/dl. |
| - HbA1c | | alb. 4.7 |
| - TSH | | |
| - CXR PA view | | |

PAC

* - COVID 19 SARS RT-PCR (culture scan before surgery)

03.10.2020

Adv: CECT Scan & rectal contrast.

PLAN: Ileostomy closure ↓ GA
on 09.10.2020.

at PCR for COVID.

admission on 08.10.2020.

ECOSPORN to be stopped 5 days prior to surgery.

PROCTOCLYSIS enemas PR 8AM. 2 days prior.

Rept. S. electrolytes

DR. ATUL LUTHRA
MD, DNB
(Reg. No : DMC- 2488, HMC- 3950)
Addl. Director & Sr. Consultant C-DOC
Diabetes Endocrine & Metabolic Disorders
Email ID: atul.luthra@fortishealthcare.com
Cell no: +91 9811055500

DATE: 17/7/2020

Patient Name: **PREM GARG**
UID: **2089058**
Age: **72/F**

HbA1c = 7.0%
Hb. = 9.3.
Cr. = 0.66
TSH = 0.804

HT-
WT-63
BMI-
BP-
RBS-

Recently advised on 25.6.2020
advt megalob, underwent
low anterior resection (26.6.2020)

- T2DM
- Hypothyroidism
- Explorative laparotomy
+ lap ilcectomy (14.2.2020)
↓
Chronic constipation
+ megalob

SMBG

F = 131, 129, 127

Pre-lunch = 173, 204, 192

Pre-dinner = 120, 115, 157.

Current medication

- Trojenta 5mg
- Europe 2mg Pre-lunch.
- Thyronorm 50µg

Adv:

- Continue Trojenta 5mg after dinner.
- Europe 2mg (15 min. before lunch)
- Monitor fasting & pre-lunch, pre-dinner B6 levels
if pre-dinner B6 > 180 µg/dl, add Europe 1mg pre-dinner.
- F/u in 1 week & SMBG sheet.
- Consider low dose metformin
if pre-meal B6 > 180 µg/dl.



Dr. Sunil.
9680407021.

DEPARTMENT OF GENERAL SURGERY
Discharge Summary

Date : 15/Oct/2020

Patient Name	Dr. Prem Garg	UHID Old UHID	8155716 2089058
Age / Gender	72 Years / Female	Episode No	28714/20/1111
Contact No	8130840441	Date of Admission	08 Oct 2020
Discharge Type	NORMAL	Date of Discharge	15 Oct 2020
Address	29 shiv sarovar sbi bank colony garh road meerut		
Name of Consultant	Dr.Minimal Access Bariatric & GI Surgery .		
Doctor Team			

Diagnosis

- Adult megacolon post ultra low anterior resection with status covering loop ileostomy

Chief Complaints

- Adult megacolon post ultra low anterior resection with status covering loop ileostomy

History Of Present Illness

The patient is a follow up case of post ultra low anterior resection with status covering loop ileostomy for adult megacolon. Patient was admitted for Ileostomy closure.

Past History

- Full thickness rectal biopsy done under GA on 12.06.2020
- Chronic Fecal Impaction with Megacolon
 - Colonoscopic Decompression was done
 - Spontaneous Colonic Perforation- Explorative laparotomy with peritoneal lavage with mopping and loop ileostomy done on 14.02.2020
- Chronic Constipation
- Hypothyroidism (high anti TPO antibodies) **DIAGNOSED FIRST TIME**
- Diabetes mellitus
- Full thickness rectal biopsy done under GA on 12.06.2020.
- Ultra low anterior resection done under GA on 26.06.2020.

Condition At The Time Of Admission

- Pulse - 74/min
- Respiratory rate -18/min
- Temperatur - Afebrile
- Blood Pressure - 110/70mmHg



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PAN No. AABCF3718N

GURUGRAM

- Abdomen – Soft, bowel sounds +.

Investigation Done

Hb: 12.5, TLC: 3.83, PLT: 317

PT/INR: 11.6/1.03

PTTK: 30.8/31.1

FBS: 151, PP: 247

HbA1c: 7.4

Urea: 25, creatinine: 0.9, sodium: 139, potassium: 4.70

TSH: 7.73

COVID RT PCR(07.10.2020): Negative

Procedure Done

- Ileostomy closure + division of band under GA on 09.10.2020

Operative Findings

- Bowel loops (afferent and efferent) forming loop ileostomy healthy.
- Intra-abdominal bands present over efferent limb of ileostomy, sharply divided.
- Stoma closed in 2 layers. Sheath closed interrupted by No. 0 PDS

Course In Hospital

COURSE IN HOSPITAL: Patient was admitted with above mentioned complaints. After pre-anaesthetic clearance, patient underwent Ileostomy closure + division of band under GA on 09.10.2020. Post-operative period was uneventful. Now patient is being discharged with further follow up advice

Medication Given

- Inj Supacef 1.5gm IV twice a day
- Inj Metrogyl 500mg IV thrice a day
- Inj Dynapar AQ 75mg IV twice a day
- Inj PCM 1gm IV 8hourly
- Inj Pantop 40mg IV once a day
- Inj Emeset 4mg IV as and when required
- Steam inhalation thrice a day
- Tab Thyronorm 50mcg once a day
- Tab Aldactone 25mg once a day

Tel : +91 124 496 2200

+91 124 716 2200

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Emergency: +91 124 421 3333

Ambulance: 105010

Email : fmri@fortishealthcare.com

Website : www.fmri.in



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PAN No. AABCF3718N

GURUGRAM

- Tab Embeta XR 25mg once a day
- Tab Storvas 10mg at bedtime
- Tab Ivabrad 5mg twice a day
- Tab Dytor 10mg once a day

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Emergency: +91 124 421 3333

Ambulance: 105010

Email : fmri@fortishealthcare.com

Website : www.fmri.in

Condition At The Time Of Discharge

Patient is afebrile, vitals are stable, accepting oral diet. Surgical wounds are healthy

Medication On Discharge

- Tab. Ceftum 500mg twice a day for 5 days
- Tab. Veloz 20mg once a day (before breakfast) for 2 weeks ✓
- Tab. Flexon 1 tab twice a day for 5 days ✓
- Cap. Bactblend 1 cap twice a day for 2 weeks ✓
- Syp. Duphalac 6tsf at bed time for 7 days ✓
- **Previous medications to be continued as per prescription.**

Follow Up Advice

- Keep wound clean.
- High roughage diet
- Soft diet for 1 week
- Review in OPD after 5 days with prior appointment (Arun 9899224241).
- In case if any emergency contact on 08376903342.

When To Obtain Urgent Care

If patient develops fever, bleeding PR & constipation

Medical Officer/Resident



**Dr.Minimal Access Bariatric & GI
Surgery .**

GENERAL SURGERY



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PAN No. AABCF3718N

27/10/20.

Case of Dysph.

- Acyclovir change,
Pain Swell and of throat
along c' pharynx.
10-12 days due to
Chape Dysph.
Ho. Heavy discharge ⊕
Pericardial Sulcus ⊕
- PIA - 1000

PIR - Polymorph
Hemorrhagic c'
Excoriation of Bial
Skin

→
- Amoxicillin (400mg)
1x 300 x 5 days.

→
- Amoxicillin
1x 300 x 3 days.

- Strep. Ball

→
- Clay Rifampin (400mg)
1x 300 x 5 days

- Cox party 15 min. before defecation and after
defecation - 1/2.

Dr. Nikhil Kumar

DM (Cardiology)
Director - Cardiology
Email : nikhil.kumar@fortishealthcare.com
Cell : +91 98105 92406
Regn. No. HMC - 7660

DR PREM GARG

27 Nov 20

F2/F.

EF: 55%

Dangy hrel

140 / 80 (120 @ home)

2

① I. DILTIAZEM OD

② I. RAMIPRIL OD

5.0mg OD
(to be stepped up),

③ I. METOPROLOL XL 50mg OD

I. ACEAZONE 2mg OD

Echa



Rev one month

BP Chart

P. Rozavel-A
10/75/70
Hs.

Sm



15/2/2021

C/S/By Dr. A. Kulkarni (wt gain 7kg @ 7/12)

f/u/c of ileostomy closure s/p ultra low AR.
(10/10/20)

↓
fecal incontinence

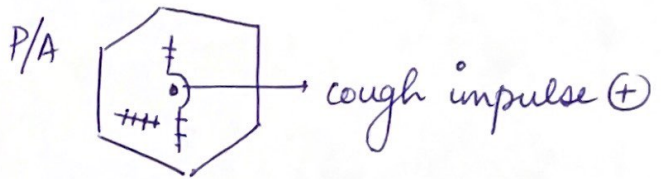
HBA1c - 9.0

RBS - 212

TSH - 8.27

Pt on Kegel's exercise has partial relief only.

On/E: anal tone ↓
Ext hemorrhoids ⊕



Adv:

- T. Charcoal 4 tabs 4DS
 - Tip VSL 3 1 tds
 - Control sugar & wt
 - Continue Kegel's exercise as advised.
 - R/A 2 months
- 4-4-4
1-1-1
- } 2 weeks

Kavita
MABGIS

DR. SUHAIL DURANI
MBBS, PG Dip (Diabetes & Endocrinology), London (UK)
(Reg. No: DMC- 73546)
Clinical Diabetologist (C-DOC)
Diabetes Endocrine & Metabolic Disorders
Email ID: samarduran@gmail.com ✓

DATE: 15/2/2021

Patient Name: PREM GARG
UID: 2089058
Age: 73/F

HT-
WT- 70.4
BMI-
BP-
RBS-

wt. ~ 7kg ~ 7/12.

NO H/O UTI.

F = 130

PP = 140

- T2DM
- Hypothyroidism.
- Lv dysfunction (EF ~ 35%)
- Exp. laparotomy (Hepatectomy)

14/2/21

HbA1c = 9.0% ↑

TSH = 8.270 ↑

FT₄ = 1.04

FT₃ = 2.89.

Ad.

- Trajenta - dose 2.5/500 after B/Fast & dinner.
- OXRA 5mg after B/Fast only.
- Euprep 2mg 15 min. before lunch.
- Thyronorm 100mcg 1 hour before B/Fast.
- KFT, ECG all leads, SGOT/SGPT, urine^A, urine Protein/creatinine ratio, vit. D.
- Review in reports.



S. Misra

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Tel: +91-11-2682 5000, Fax: +91-11-4162 8435, CIN: U93000DL2009PLC222166
PAN No. AABCF3718N

Name: Prem Garg
Age/Sex: 72y / F
Office ID: AK2767

Date: 16-02-2021 04:13 pm
Mobile: 9818857218

Symptoms: Weight gain

Vitals: Weight: 70.9 kg

Diagnosis: Type 2 Diabetes Mellitus, Hypothyroidism, HT - Hypertension

Rx	Name	Frequency	Duration	Notes
1	Tablet Thyronorm (62.5 mcg) <i>THYROXINE SODIUM(62.5 MCG)</i>	1 tablet - Once a day	2 Months	Empty Stomach
2	Tablet Trajenta (5 mg) <i>LINAGLIPTIN(5 MG)</i>	1 - 0 - 0	2 Months	Before Breakfast
3	Tablet Eurepa (1 mg) <i>REPAGLINIDE(1 MG)</i>	1 - 1 - 1	2 Months	Before Breakfast, Before Lunch, Before Dinner

Instructions:

- check sugars at home-Monday(fasting and 2 hrs after breakfast);Wednesday(5 minutes before lunch and 2 hrs after lunch);Friday(5 minutes before dinner and 2hrs after dinner)
- inform sugars every week

Follow up: 17 Apr 2021, Saturday

Received with thanks ₹900 for Consultation (₹900)



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Dr. Arvind Kumar
DMC1033
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DEPARTMENT OF MINIMAL ACCESS, BARIATRIC AND G.I. SURGERY

✓ **Dr. A.K. Kriplani**
MS, FIAGES, FICLS, FALS, FAIS

Director & HOD

Dr. B.C. Roy Award by President of India
Ex. Prof. of Surgery, All India Institute of Medical Sciences, New Delhi
Past President: Indian Association of Gastrointestinal Endo Surgeons
Governor Endoscopic and Laparoscopic Surgeons of Asia 2016
Regn. No. HN 10486

For Appointments, please contact:
(Mon to Sat – 9:30am to 5:30pm)
Mr. Arun Kumar: +91-9899224241
arun.kumar1@fortishealthcare.com

Dr. Rashmi Pyasi
MS, FIAGES, FALS, FAIS
Additional Director
Regn. No. HN 7387

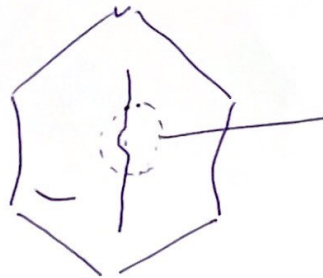
Dr. Shashank Rastogi
MS, FIAGES, FALS, PGDBM
Senior Consultant
Regn. No. HN 10824

20/07/2021

UHID: 8155716
AGE: 73y/F

DR. PREM GARG

Post ileostomy closure Oct. Feb 20
Vitalam ant resection June 20. Em-Ex. lap Feb 20
Bowel regular Diet normal
Fully active.
Glycaemic control Poor



ant abd wall defect

ade - reassurance
review 3 months



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Dr Arvind Kumar
MBBS, MD, CDC (USA)

Dental Specialist
Dr Anchal
BDS, MDS

Chest & Allergy Specialist
Dr Chandramani Panjabi
MBBS, MD

Gastroenterologist/Liver Specialist
Dr Rohit Goyal
MBBS, MD, DM(AIIMS)

Psychiatrist
Dr Sachin Arora
MBBS, MD
Dr Prashant
MBBS, PG DIPLOMA

General/Laparoscopic Surgeon
Dr Nikhil Narain
MBBS, DNB, FNB (MAS),
FIAGES, FALS (UGI, Bariatric)

Cardiologist
Dr Karan Chopra
MBBS, MD, DM

**Gynaecologist &
Infertility Specialist**
Dr Shilpi Srivastava
MBBS, MS (Gold Medalist) Fellow (IVF)

Paediatrician (Child Specialist)
Dr Deepshikha Acharyya
MBBS, MD (Paediatrics) MIAP
Dr V K Gupta
MD, DCH, FMS (USA)

Dietician/Diabetes Educator
Dr Archana
PG Diploma (Nutrition)

ENT (Ear, Nose, Throat Specialist)
Dr Anu Goyal
MBBS, MS

Orthopaedician
Dr Chanddeep Singh
MBBS, MS

Eye Specialist
Dr Rohit Nanda
MBBS, DO, DNB

Name: Prem Garg
Age/Sex: 72y / F
Office ID: AK2767

Date: 13-12-2021 08:43 pm
Mobile: 8126832778

Symptoms: Weight gain

Diagnosis: Type 2 Diabetes Mellitus, Hypothyroidism, HT - Hypertension

Rx	Name	Frequency	Duration	Notes
1	Tablet Thyronorm (75 mcg) THYROXINE SODIUM(75 MCG)	1 - 0 - 0	1 Month	Before Breakfast
2	Tablet Eurepa (2 mg) REPAGLINIDE(2 MG)	1 - 1 - 1	1 Month	Before Breakfast, Before Lunch
3	Tablet Trajenta DUO (2.5 & 500) LINAGLIPTIN(2.5 MG) + METFORMIN(500 MG)	1 - 0 - 1	1 Month	After Breakfast, After Dinner

Advised Investigations: HbA1c Test

Instructions:

- inform sugars every week
- check sugars-day one:fasting and 2 hours after breakfast,day-two: 5 minutes before lunch and 2 hours after lunch,day- three:5 minutes before dinner and 2 hours after dinner

Follow up: 17 Dec 2021, Friday

Received with thanks ₹900 for Consultation (₹900)



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MBBS, MS

Orthopaedician
Dr Chanddeep Singh
MBBS, MS

Eye Specialist
Dr Rohit Nanda
MBBS, DO, DNB

Name: Prem Garg
Age/Sex: 72y / F
Office ID: AK2767

Date: 14-12-2021 07:28 pm
Mobile: 8126832778

Symptoms: Weight gain

Diagnosis: Type 2 Diabetes Mellitus, Hypothyroidism, HT - Hypertension

Rx	Name	Frequency	Duration	Notes
1	Tablet Thyronorm (75 mcg) THYROXINE SODIUM(75 MCG)	1 - 0 - 0	3 Months	Before Breakfast
2	Tablet Eurepa (2 mg) REPAGLINIDE(2 MG)	1 - 1 - 1	3 Months	Before Breakfast, Before Lunch, Before Dinner
3	Tablet Trajenta DUO (2.5 & 500) LINAGLIPTIN(2.5 MG) + METFORMIN(500 MG)	1 - 0 - 1	3 Months	After Breakfast, After Dinner
4	Tablet udapa 5 mg	1 - 0 - 0	3 Months	After Breakfast

Advised Investigations: HbA1c Test, Tsh

Instructions:

- inform sugars every week
- check sugars-day one fasting and 2 hours after breakfast,day-two: 5 minutes before lunch and 2 hours after lunch,day- three:5 minutes before dinner and 2 hours after dinner

Follow up: 14 Mar 2022, Monday



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Facilities Available ECG, Biothesiometry (Diabetes Foot Testing), Nebulisation, Weight Loss Program, All Vaccinations, Day Care Facility, Continuous Glucose Monitoring Sensor (CGMS), Insulin Pumps



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MBBS, MS

Orthopaedician
Dr Chanddeep Singh
MBBS, MS

Eye Specialist
Dr Rohit Nanda
MBBS, DO, DNB

Name Prem Garg **Date** 17-12-2021 04:23 pm
Age/Sex 72y / F **Mobile** 8126832778
Office ID: AK2767

Symptoms: Weight gain
Diagnosis: Type 2 Diabetes Mellitus, Hypothyroidism, HT - Hypertension

Rx	Name	Frequency	Duration	Notes
1	Tablet Thyronorm (75 mcg) <i>THYROXINE SODIUM(75 MCG)</i>	1 - 0 - 0	3 Months	Before Breakfast
2	Tablet Eurepa (2 mg) <i>REPAGLINIDE(2 MG)</i>	1 - 1 - 1	3 Months	Before Breakfast, Before Lunch, Before Dinner
3	Tablet Trajenta DUO (2.5 & 500) <i>LINAGLIPTIN(2.5 MG) + METFORMIN(500 MG)</i>	1 - 0 - 1	3 Months	After Breakfast, After Dinner
4	Tablet udapa 5 mg	1 - 0 - 0	3 Months	After B...

Advised Investigations: HbA1c Test, Tsh

- Instructions:**
- inform sugars every week
 - check sugars-day one:fasting and 2 hours after breakfast,day-two: 5 minutes before lunch and 2 hours after lunch,day- three:5 minutes before dinner and 2 hours after dinner

Follow up: 17 Mar 2022, Thursday



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arun.kumar1@fortishealthcare.com

Dr. Rashmi Pyasi
MS, FIAGES, FALS, FAIS
Additional Director
Regn. No. HN 7387

Dr. Shashank Rastogi
MS, FIAGES, FALS, PGDBM
Senior Consultant
Regn. No. HN 10824

22/02/2022

UHID: 8155716

AGE: 74 Y/F

Previous weight: 63kg (July 20)
HT = 68.9kg Post illeostomy closure

Post Post ultra low Anterior Resection on 10-10-2020 Status
No occasional loose stools, multiple motions/day
on normal diet
Fully active.

On Thyroxine: 75mcg and OHA

Int (4/12/21): CBC: 10.6 / 10100 / 34x10⁹

LFT: TSH: 6.170 T3/T4: (N) RFT: (N)

Adh HBS: 159

- ① Abdominal binder: New binder with proper fit

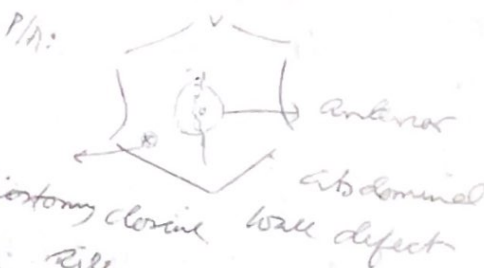
② Serum CEA

③ USG whole abdomen

④ CECT whole abdomen with oral + IV contrast

⑤ CBC, LFT, RFT (3 monthly)

⑥ Colonoscopy after 6 months



X-ray thorax P/A view (2 months)

Shankar

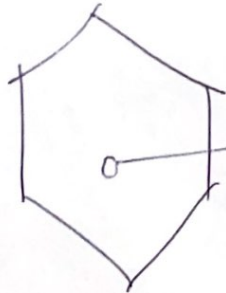
16/02/22
450 00 10/22

7/3/22

SIB MABAU

Uo Vomiting 3-4 episodes → 1 ep. blackish vomit
Uo loose stools X 2 days

e/c



M3 abdominal wall defect

Iu

- CBC -
- RFT
- LFT

Hb 11.5 gm%
 TLC 14.05×10^3 .
 Wbc A 9.2 mg%
 elec 129/3.7
 Cr 4.16
 LFTs WNL

Rx

- ORS 1 sachet in 1L of water
- PLENTY OF FLUIDS
- TAB VELZ-D 1 tab BD X 5 days
- TAB RIFACUT 450 mg BD X 5 days
- SYR ~~GELUSIL~~ ^{GELUSIL} 6 tsp Q4hly
- TAB REDRITIL 1 tab BD X 2 days

08.03.22, Now vomiting / loose stools better

Afebrile. Uo 7x. (>1.5 dt.)

better Oral intake (40 saline + 3 dt. orally)
IV

Adv: Admission for IV fluids hydration.

Nephrology opinion.

CBC, RFT,

ally
S.M.A.S.M.

Sp

DEPARTMENT OF MINIMAL ACCESS BARIATIC AND GI SURGERY (MABGIS)

DISCHARGE SUMMARY

PATIENT'S NAME : DR. PREM GARG UID: 8155716
AGE : 74 YEARS IPID: 49224/22/1111
GENDER : FEMALE DATE OF ADMISSION: 08.03.2022
BED NO : 357 DATE OF DISCHARGE: 09.03.2022
PATIENT'S ADDRESS: 29 SHIV SAROVAR SBI BANK COLONY GARH ROAD MEERUT
PATIENT'S CONTACT NUMBER: 8130840441

CONSULTANTS: DR. A.K.KRIPLANI (DIRECTOR & H.O.D.)
DR. RASHMI PYASI (ADDITIONAL DIRECTOR)
DR. SHASHANK RASTOGI (SENIOR CONSULTANT)

DIAGNOSIS:

- Follow up case of ileostomy closure with ultra low anterior resection of rectum for adult mega colon with hypothyroidism with type II diabetes mellitus with CAD

CHIEF COMPLAINTS:

- Loose stools and vomiting multiple episodes for 2days

HISTORY OF PRESENT ILLNESS: The patient presented to FMRI with complaint of loose stools and vomiting multiple episodes for 2days. He was admitted for further evaluation and management.

PAST HISTORY

- Exploratory laparotomy with peritoneal lavage and mopping with diverting ileostomy under general anaesthesia on 14.02.2020
- Full thickness rectal biopsy done under GA on 12.06.2020
- Ultra low anterior resection done under GA on 26.06.2020
- Ileostomy closure + division of band under GA on 09.10.2020

CONDITION AT THE TIME OF ADMISSION:

Blood pressure: 100/60 mmHg
Heart rate: 68/min
Respiratory rate: 22/min
Temperature: Afebrile
Abdomen: Soft, non-tender
Respiratory system: Bilateral clear
Cardiovascular System: S1S2 heard, no murmur.
Central Nervous System: Conscious, oriented.



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PAN No. AABC3718N

INVESTIGATION DONE:

Parameter Name	Unit	09-03-2022
KIDNEY PANEL (6112-SRL)		
URIC ACID	mg/dL	6.9
CREATININE	mg/dL	0.99
AGE	years	74
GLOMERULAR FILTRATION RATE (FEMALE)		55
BLOOD UREA NITROGEN	mg/dL	22
POTASSIUM	mmol/L	4.03
CHLORIDE	mmol/L	101
SODIUM	mmol/L	136
CBC+ABSOLUTE COUNTS (5110EFM-SRL)		
HEMATOCRIT	%	29.4
MEAN CORPUSCULAR VOL	fL	73.3
MEAN CORPUSCULAR HGB	pg	23.3
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	g/dL	31.8
MENTZER INDEX		18.2
RED CELL DISTRIBUTION WIDTH	%	15.7
MEAN PLATELET VOLUME	fL	8.1
SEGMENTED NEUTROPHILS	%	59.9
HEMOGLOBIN	g/dL	9.4
RED BLOOD CELL COUNT	mil/ μ L	4.02
WHITE BLOOD CELL COUNT	thou/ μ L	7.85
PLATELET COUNT	thou/ μ L	454
COVID-19 ANTIGEN TEST, NASOPHARYNGEAL SWAB (2019R-SRL)		
COVID-19 ANTIGEN		NEGATIVE

COURSE IN HOSPITAL: Patient was admitted with above mentioned complaints. All relevant investigations were done. She was managed conservatively and now patient is being discharged with further followup advice.

MEDICATIONS GIVEN:

- Tab. Oflox OZ 1tab twice a day for 4days
- Tab. Eureka 2 1tab twice a day
- Tab. Ecosprin 75mg once a day
- Tab. Dytor 10mg once a day
- Tab. Ivabradin 5mg twice a day
- Tab. Atorlip 10mg once a day
- Tab. Aldactone 25mg once a day
- Tab. Embeta XR 25mg twice a day
- Tab. Ramipril 2.5mg once a day
- Tab. Trajenta Duo 2.5/500mg

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PAN No. AABC3718N



- Tab. Thyronorm 75mg once a day
- Tab. Veloz -D 1tab twice a day
- Tab. Redotil 1tab twice a day for 1day
- Syp. Gelusil 6tsp four times a day

CONDITION AT THE TIME OF DISCHARGE: Patient fit for discharge.

MEDICATION ON DISCHARGE:

- Tab. Oflox OZ 1tab twice a day for 4 days → 1-1
- Tab. Eurepä 2 1tab twice a day → 1-1
- Tab. Ecösprin 75mg once a day → ① → 1-1
- Tab. Dytor 10mg once a day → ① → 1-1
- Tab. Ivabradin 5mg twice a day → ①-① → 1-1
- Tab. Afoflip 10mg once a day → ① → 1-1
- Tab. Aldactone 25mg once a day → ① → 1-1
- Tab. Embeta XR 25mg once a day → ① → 1-1
- Tab. Ramipril 2.5mg once a day → ① → 1-1
- Tab. Trajenta Duo 2.5/500mg once a day → ① → 1-1
- Tab. Thyronorm 75mg once a day before breakfast
- Tab. Veloz -D 1tab twice a day for 5 days → 1-1
- Tab. Redotil 100mg twice a day for 3 days → 1-1
- Syp. Gelusil 3tsf thrice a day for 5 days → 1-1-1
- To continue previous medication as advised earlier

FOLLOW UP ADVICE:

- Review in OPD after 5 days with prior appointment (Arund 9899224241).
- In case if any emergency contact on 08376903342.

WHEN TO OBTAIN URGENT CARE: In case of high fever, continuous vomiting severe, abdominal pain & constipation.

DIRECTOR & HOD
DR. A.K KRIPLANI

ASSOCIATE CONSULTANT
DR. SUYASH RAWAT
DR. SOHAM DAS GUPTA

ATTENDING CONSULTANT
DR. MANJUL BAWA

ADDITIONAL DIRECTOR
DR. RASHMI PYASI

SENIOR REGISTRAR
DR. ADITYA RAJPAL

SENIOR CONSULTANT
DR. SHASHANK RASTOGI

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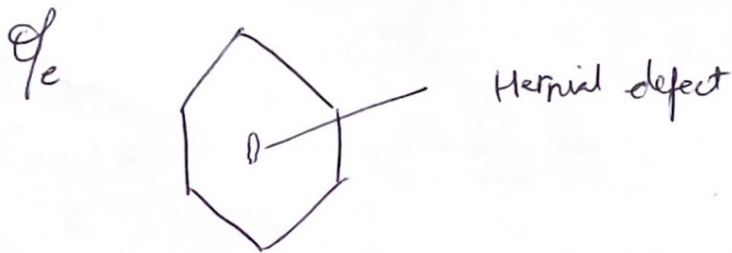
PAN No. AABCF3718N

14/3/22

F/U/C AKI + DEHYDRATION (RESOLVED)

O/C/O ILEOSTOMY CLOSURE WITH ULTRA
LOW ANTERIOR RESECTION FOR
ADULT MEGACOLON

- Taking orally
- No c/o nausea, vomiting



Rx

~~Report~~ - KFT

- Plenty of fluids

- CONTINUE WEARING ABDOMINAL BAND

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Certified Diabetes Educator

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MBBS MS

Orthopaedician

Dr Chanddeep Singh
MBBS MS

Eye Specialist

Dr Rohit Nanda
MBBS DO, DNB

Name: Prem Garg

Age/Sex: 73y / F

Office ID: AK2767

Date: 16-09-2022 09:35 am

Mobile: 8126832778

Symptoms: Cough, Gas Problem

Diagnosis: Type 2 Diabetes Mellitus, Hypothyroidism, HT - Hypertension

Rx	Name	Frequency	Duration	Notes
1	Tablet Thyronorm (75 mcg)	1 - 0 - 0	3 Months	Before Breakfast
2	Tablet Eurepa (2 mg)	1 - 1 - 1	3 Months	Before Breakfast, Before Lunch, Before Dinner
3	Tablet Trajenta DUO (2.5 & 500)	1 - 0 - 1	3 Months	After Breakfast, After Dinner
4	Tablet udapa 5 mg	1 - 0 - 0	3 Months	After Breakfast
5	Tablet Montek LC (10 & 5)	1 tablet - Once a day	5 Days	Bedtime
6	Capsule Pantocid DSR (40 & 30)	1 capsule - Twice a day	5 Days	Before Food
7	Suspension Enterofermina	Twice a day	5 Days	After Food

Advised Investigations: HbA1c Test, Tsh, CBC - Complete Blood Count, Liver Function Test LFT, Kidney Function Test KFT, Xray Chest PA view



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F-40, Sector-19, Dwarka, New Delhi-110075

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