



H-2008-0017  
June 16, 2020 - June 15, 2023  
Since June 16, 2008



**Sir Ganga Ram Hospital**

**DEPARTMENT OF OBS & GYNAE (UNIT 3)**  
**DISCHARGE SUMMARY**

Dr. K. Gujral  
Dr. Chandra Mansukhani  
Dr. Sakshi Nayar  
Dr. Renuka Brijwal

Patient Name	Mrs Smita Goswami	Registration No.	2809840
Age	37 Yrs	Episode No.	IP01272906
Sex	Female	Date of Admission	16-Mar-23
Discharge Type	DISCHARGE	Date Of Discharge	20-Mar-23
Ward	LABOUR ROOM	Bed	LR - 5B
Admitting Consultant	Dr. K. Gujral	Room Vacated on	Date
			Time

**DIAGNOSIS**

PRIMIGRAVIDA WITH 25+3 WEEKS POG WITH IVF CONCEPTION WITH IHCP WITH GDM ON OHA WITH ABNORMAL DOPPLER CHANGES WITH H/O PREVIOUS 2 LAPAROTOMIES

**CLINICAL HISTORY**

**History:**

Mrs. Smita, 37 years old female, primigravida with 25+3 weeks POG with IVF conception with IHCP with GDM on OHA with reverse end diastolic flow on USG on 13/03/2023 (outside) admitted for further management.

M/H: PMC 3-4/28 days, regular

LMP: not known, ET done on 03/10/2022 (Hapur), EDD: 10/07/2023

O/H: Married since 8 years, primigravida

H/O 2 failed IVF

She was having ANC outside at Moradabad

1st Trimester: IVF Conception. Took Folic Acid regularly. NT / NB Scan was normal. Dual marker was low risk.

2nd Trimester: Immunized against tetanus. She complained of itching all over body in 4th month, S. Bile acid as 48.2, Tab. Udiliv 600 mg twice daily was started. Diagnosed with GDM and Tab. Metformin 500 mg twice daily was started. HVS was taken on 17/02/2023, which reported Staphylococcus aureus. Urine C/S reported klebsiella and given antibiotics. Level II scan was done reported CTEV, dolicocephaly. Fetal echo was done, showed evidence of RV diastolic dysfunction and trivial tricuspid regurgitation and reversed flow in ductus venosus, signs of fetal distress, hence referred to SGRH for further management. Steroid cover was given for fetal lung maturity.

P/H: 2019 - Right oophorectomy (open) in view of endometriosis

2012 - Operated for fibroadenosis in left breast

2020 - Adenomyomectomy (AIIMS)

**PHYSICAL EXAMINATION**

Pulse: 90/min. BP: 110/70 mmHg Temperature: 37 degree C Weight: 69.50 Kg.

No pallor, icterus, cyanosis, clubbing, pedal edema or lymphadenopathy.

RS: B/L air entry equal, NVBS. No adventitious sounds.

CVS: S1, S2 heard.

P/A: Uterus 24-26 weeks size, relaxed, FHS+ regular

**PRE - ADMISSION INVESTIGATIONS**

Blood Group: A positive

*AK*

Resident Doctor

*for Dr Renuka*

Consultant

DR. K. GUJRAL

Obstetrics & Gynaecology

*Self Attended  
S. Goswami*

DEPARTMENT OF OBS & GYNAE (UNIT 3)  
DISCHARGE SUMMARY

Patient Name Mrs Smita Goswami Episode No. IP01272906

Hb: 10.4, TLC: 10100, Plt.: 1.55 lakh  
PT: 10.8, INR: 0.97, APTT: 24.4  
SGOT: 133, SGPT: 206  
S. Bile Acid: 14.54  
TSH: 0.42  
OGTT: 77.9/186.3/126.1  
Dating Scan: Normal  
NT/NB Scan: Normal  
Aneuploidy Screen: Low risk  
Level II: CTEV, dolicocephaly  
Fetal Echo: evidence of RV diastolic dysfunction and trivial tricuspid regurgitation and reversed flow in ductus venosus, signs of fetal distress, no PE  
USG (13/03/2023) outside: SLIUF, GA 25+4 weeks, cephalic, placenta posterior, low, grade I mature, AFI - lower normal amniotic fluid, doppler - AEDF - intermittent reversed flow, DV - intermittently negative, abnormal DV a waveform with intermittent wave reversal, FHR 168 bpm  
USG (16/03/2023) SGRH: SLIUF, GA25+6weeks, transverse lie, fetal head appears dolicocephalic, placenta -posterior with inferior margin away from os, placenta appears thick, bulky and heteroechoic. liquor-reduced, single vertical pocket of fluid of size 2.9cm, Doppler- MCA- dilated, Ductus venosus -95th centile  
USG:(17/03/2023)- Multiple myomas seen in lower uterine part, largest measuring 10 x 7.7cms  
Fetus: SLIUF, transverse lie, placenta posterior, liquor- reduced, only single pocket of liquor seen-4cm. Doppler: MCA-dilated, ductus venosus shows deep "a" wave

OPERATIONS/ PROCEDURES

17/03/2023 PRETERM EMERGENCY LSCS DONE UNDER SA

INDICATION: PRIMIGRAVIDA WITH 25+4 WEEKS WITH IHCP WITH GDM ON OHA WITH REVERSAL FLOWS IN FETUS

PER OP FINDINGS:

LUS not formed  
Liquor clear and reduced  
Baby delivered as breech, cord clamping done  
placenta removed completely with all layers  
uterus closed in 2 layers with 1-0 vicryl  
uterus with lower posterior wall intramural fibroid measuring 10 x 10 cm with multiple seedling fibroid  
Bilateral tubes normal  
b/l ovary normal adhere to posterior uterine wall  
Counts complete  
urine 200 ml clear at the end of procedure  
blood loss was average  
2 units FFPs given intra op

BABY DETAILS:

SEX: MALE  
DATE: 17/3/2023

Self Attested  
S. Goswami

  
Resident Doctor

for Dr. Renuka  
Consultant  
DR. K. GUJRAL

Obstetrics & Gynaecology





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DISCHARGE SUMMARY**

**Patient Name** Mrs Smita Goswami **Episode No.** IP01272906

TIME:6:27PM  
WEIGHT:630 GRAMS

**CLINICAL SUMMARY**

Patient had ANC outside, referred from Moradabad in view of primigravida with 25+3 weeks POG with IVF conception with reversal end diastolic flow on USG with steriod covered. Her USG in SGRH emergency was done reported abnormal doppler flows with normal fetal movements. High risk counselling in view of FGR, sudden risk of IUD, need for termination as and when required was explained to them. Neonatology counselling done explaining about the viability and survival of 25+3 weeks, complication such as lung immaturity, gut immaturity, early neonatal death etc was explained to them. All the relevant investigation was sent. Tab ecosprin and Inj lonopin was stopped. Post 24 hrs of admission, repeat USG reported oligoamnios, transverse lie, EFW:590 grams with normal doppler. Repeat scan on 17/3/2023 reported deep A wave in ductus venosus with sign of impending IUD. Hence patient was taken for emergency LSCS in view of large lower segment uterine fibroid with previous 2 laparotomy. Patient was taken to OT after AC, consent, arrangement of adequate blood. Postoperative period was uneventful. 2 Unit of FFP was transfused. Baby expired after 3days, tablet cabergolne was given for milk suppression. Patient now being discharge in stable condition.

**DISCHARGE ADVICE**

1. AVOID LIFTING HEAVY WEIGHTS X 3 MONTHS
2. TAB CEFTUM 500 MG 1 TWICE DAILY X 7 DAYS
3. TAB PANTOP 40 MG ONCE DAILY X 7 DAYS
4. CAP VIZYLAC 1 ONCE DAILY X 7 DAYS
5. TAB COMBIFLAM 1 THRICE DAILY X 3 DAYS THEN SOS
6. TO COME FOR STITCH REMOVAL AS ADVISED

PLEASE CONTACT IMMEDIATELY IN CASE OF PAIN ABDOMEN, FEVER.

**FOLLOW UP**

To come for follow up as advised in Pvt OPD R. No. F-66 (Tuesday/ Thursday/Saturday) 4-6 pm with prior appointment  
In case of emergency contact Dr. K. Gujral (9811017635)  
Labour room 011-42251778/1770

- Reports of investigations done during hospital stay are provided on a separate sheet
- Pending reports can be collected from "CIC-Room no. 32, ground floor (9AM-5PM)
- Histopathology Reports, Blocks or Extra Slides can be collected from Lab 1st Floor SSRB on all working days between 9 AM - 5 PM
- Contact no. of Emergency: 011-42251098, 42251099 Contact no. of SGRH Telephone Exchange: 011-42254000, 25750000
- **Home Care Service:** "REACH OUT" services like Nursing Care, Sample Collection, Injections, X-rays, Physiotherapy, Dressing, Nutrition and Diet Counselling etc. are available in the comfort of your home.  
**Contact us at:** 011-42251111 / 42253333, www.reachoutsgrh.com, reachout.sgrh@gmail.com
- **Ambulance Services / Patient Transport Service:** For Sir Ganga Ram Hospital ambulance services, kindly contact at 011-42253030 / 9717437005. PICK and DROP facility also available.

*Asf*  
**Resident Doctor**

*for*  
*Dr. Renuka*  
**Consultant**

DR. K. GUJRAL

Obstetrics & Gynaecology

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*Self Attended*  
*S. Goswami*