



# Dr. (Prof.) Mala Srivastava

M.B.B.S., D.G.O., D.N.B., (Obs. & Gynae) FICMCH, FICOG  
Professor-GRIPMER(Ganga Ram Institute of Post Graduate Medical Education & Research)  
Head of Gynae - Oncology Unit  
Senior Consultant, Institute of Obstetrics & Gynaecology,  
Laprosopic & Robotic Surgeon  
Sir Ganga Ram Hospital, New Delhi - 110060



Private OPD, Sir Ganga Ram Hospital  
Room No. F-65 12 to 2 pm (Mon, Wed, Fri)  
Room No. F-66 2 to 4 pm (Mon to Sat)  
For Appointment Contact : 011-42251700, 42251800,  
42254000, 35125600, 8447034425 (Mrs. Kamla)

Healing Touch Multi Speciality Clinic  
52/1, Old Rajinder Nagar, New Delhi - 110060  
Timings : 4 to 6 pm (Mon, Wed, Fri)  
Mob. : 9811228336 Res. : 011-42430306  
Email : malasrivastava2001@yahoo.co.in

*The Mala's Clinic* 51/13, Old Rajinder Nagar, New Delhi-60 | Tue, Thur & Sat 4 - 6 pm For Appointment : Mrs. Amla : 9811799591

12/4/2024

Nutan Divedi - 41yr F -

FUC of hepatocellular carcinoma 3/1/2024.  
Pain in the breasts.

BiC breasts

PA & L - -  
PIU MAD.

Adx

3D mammography.

oo Neurolebia forte 1bn  
oo Ancaal forte 1bn | 3 mltis.

forte.

Dr. (Prof.) Mala Srivastava  
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Institute of Obstetrics & Gynaecology  
Gynae-Endoscopic & Robotic Surgeon  
Sir Ganga Ram Hospital, New Delhi  
DMC No. 3106



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2/9/2023

Nutan Divedi

Pt for. Hysteroscopy etc and MIRENA  
on 7/9/2023 To come empty stomach at  
9am / new building 5<sup>th</sup> floor as Daycare.  
7:30am  
Lab misopent- 200µg (2).

*Mala*

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2/9/2023

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CBC

P7

AP77.

BT & PP

T3T4TSH

LFT

KFT

HIV

HCU

HbsAg

ELG

PRay

chest PAx2

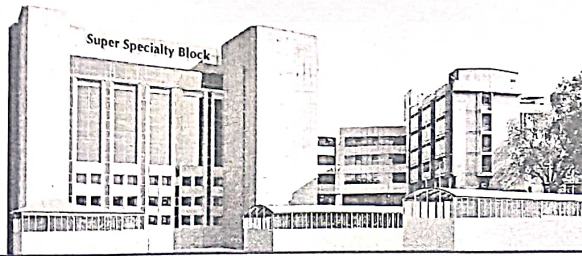
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**Sir Ganga Ram Hospital, New Delhi**  
**DMC No. 3106**



H-2008-0017  
Since June 16, 2008



Sir Ganga Ram Hospital

DEPARTMENT OF Gynae Oncology (Unit)  
DISCHARGE SUMMARY

Dr. Mala Srivastava  
Dr. Rahul D. Modi

Patient Name	Mrs Nutan Dwivedi	Registration No.	3246099
Age	43 Yrs	Episode No.	IP01319832
Sex	Female	Date of Admission	7-Sep-23
Discharge Type	DISCHARGE	Date Of Discharge	7-Sep-23
Ward	5G - DAYCARE		
Admitting Consultant	Dr. Mala Srivastava		
		Room Vacated on	Date Time

DIAGNOSIS

PIL1 WITH ABNORMAL UTERINE BLEEDING WITH ADENOMYOSIS WITH HYPOTHYROIDISM WITH PREVIOUS LSCS

CLINICAL HISTORY

History:

Patient presented with the complaints of heavy menstrual bleeding and intermenstrual bleeding x 5 years, heavy flow, dysmenorrhoea +, clots +.

M/H: LMP 25/8/23

Irregular cycles, heavy menstrual bleeding, clots +, dysmenorrhoea +.

O/H: PIL1

Contraception history: None.

P/H: On Tab. Thyronorm 50 mcg OD.

S/H: LSCS x 9 years back.

PHYSICAL EXAMINATION

Pulse: 82/min. BP: 120/80 mmHg Temperature: 37 degree C

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: Soft.

PRE - ADMISSION INVESTIGATIONS

Blood group: B +ve

Hb 9.1, TLC 5490, platelets 3.13 Lakhs

BUN: 39, S. creatinine: 0.54, Na/K: 135/4.4

HBsAg/HCV/HIV: Nonreactive

APTT: 30.6, PT/INR: 11.2/1

TSH: 2.9

SGOT/SGPT: 18/14, ALP: 58, S. alb. 4.9

Chest x-ray: NAD

ECG: NSR

USG: Report enclosed.

Resident Doctor

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Sir Ganga Ram Hospital, New Delhi  
DMC No. 3105

Consultant

DR. MALA SRIVASTAVA

Obstetrics & Gynaecology

DEPARTMENT OF Gynae Oncology (Unit)  
DISCHARGE SUMMARY

Patient Name

Mrs Nutan Dwivedi

Episode No.

IP01319832

TREATMENT GIVEN

HYSTEROSCOPY, D AND C AND MIRENA INSERTION DONE UNDER GA ON 7-09-2023.

Patient laid on OT table in lithotomy position and parts cleaned and draped.

P/S: cervix, vagina healthy

P/V: uterus- bulky, b/l fornices free.

UCL: 8 cm

ON HYSTEROSCOPY

Endocervical canal- normal

Uterine cavity- 1 cm long septum seen arising from fundus; likely subseptate uterus

endometrium- normal

bilateral ostia visualized

D and C done.

Endometrial curettings obtained and sent for HIPE

MIRENA inserted.

CLINICAL SUMMARY

Patient discharged in stable condition.

DISCHARGE ADVICE

1. TAB CEFTUM 500 MG TWICE DAILY X 5 DAYS

Before  
food

2. TAB PANTOP 40 MG TWICE DAILY X 5 DAYS

3. CAP VIZYLAC ONCE DAILY X 10 DAYS

4. TAB MEFTAL SPAS AS AND WHEN REQUIRED

Pain

5. TAB PRIMOLUT - N 5 MG 1 TAB THIRICE DAILY FOR 21 DAYS THEN 7 DAYS GAP X 3 CYCLES

6. CONTINUE TAB THYRONORM 50 MCG ONCE DAILY

FOLLOW UP IN CASUALTY IF FEVER AND LOWER ABDOMINAL PAIN

FOLLOW UP

To come for follow up as advised in PVT OPD R.NO-F-65 / F-66

In case of emergency to contact to Dr. Mala Srivastava : 9811228336

Labour Room PH - 42251778/1770

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- 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

Resident Doctor

Consultant

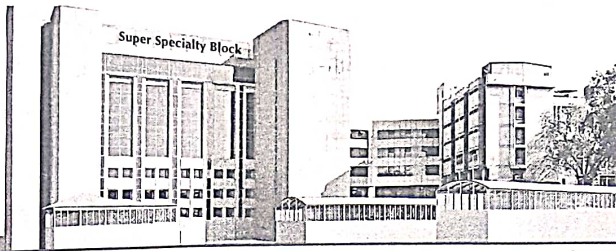
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H-2008-0017  
Since June 16, 2008



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**Sir Ganga Ram Hospital**

**DEPARTMENT OF Gynae Oncology (Unit)  
DISCHARGE SUMMARY**

Patient Name Mrs Nutan Dwivedi Episode No. IP01319832  
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.

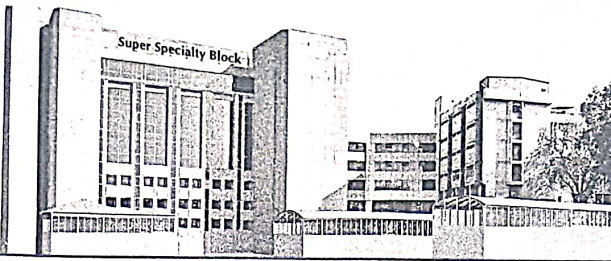
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Since June 16, 2008



**Sir Ganga Ram Hospital**

**DEPARTMENT OF Gynae Oncology (Unit VI)  
DISCHARGE SUMMARY**

Dr. Mala Srivastava  
Dr. Rahul D. Modi

Patient Name	Mrs Nutan Dwivedi	Registration No.	3246099
Age	43 Yrs	Episode No.	IP01350255
Sex	Female	Date of Admission	2-Jan-24
Discharge Type	DISCHARGE	Date Of Discharge	8-Jan-24
Ward	2 E WARD	Bed	1270 CAT 1D
Admitting Consultant	Dr. Mala Srivastava		
		Room Vacated on	Date Time

**DIAGNOSIS**

PIL1 WITH ABNORMAL UTERINE BLEEDING WITH IMAGING DIAGNOSED ADENOMYOSIS WITH HPE PROVEN BENIGN ENDOMETRIUM WITH HYPOTHYROIDISM WITH PREVIOUS LSCS

**CLINICAL HISTORY**

**History:**

Patient presented with the complaints of heavy menstrual bleeding and intermenstrual bleeding x 5 years; associated with heavy flow, dysmenorrhoea +, clots +. She was first evaluated at AIIMS, Endometrial aspiration and endocervical curettage done (on 23 March, 2023). HPE reported focal squamous metaplasia; no endometrial tissue included in biopsy. History of intake of Dieogest for 1 month. Her symptoms subsided.

She again had similar complaints after 5 months. Hysteroscopy, D & C and Mirena insertion done under GA on 7-9-2023 at SGRH. HPE reported benign endometrium; no atypical hyperplasia/ malignancy.

She again developed heavy menses since November 2023, Mirena was removed in view of displacement on 30/11/2023 and Tab. Novelon added. Now, admitted for surgical management.

M/H: Irregular cycles, heavy menstrual bleeding, clots +, dysmenorrhoea +.  
LMP 24/12/2023

O/H: Married since 2014, PIL1, LSCS in 2015 in view of large baby  
Contraception history: None

P/H: K/C/O Hypothyroidism - on Tab THYRONORM 50 mcg once daily  
History of 2 units PRBC in view of anaemia in July 2023 for Hb= 5.6 gm/dl  
2006 - Bartholin cyst removal  
23/03/2023 - Hysteroscopy done  
07/09/2023 Hysteroscopy / Mirena insertion done  
30/11/2023 - Mirena removed in view of displacement

**PHYSICAL EXAMINATION**

Pulse: 82/min. BP: 110/70 mmHg Temperature: 37 degree C  
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: Soft

**PRE - ADMISSION INVESTIGATIONS**

Blood Group: B Positive

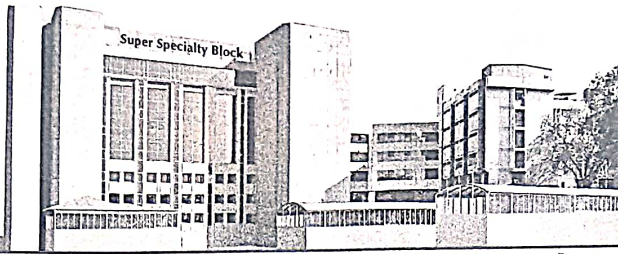
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Resident Doctor

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**Consultant**  
**DR. MALA SRIVASTAVA**  
Obstetrics & Gynaecology



H-2008-0017  
Since June 16, 2008



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Sir Ganga Ram Hospital

DEPARTMENT OF Gynae Oncology (Unit VI)  
DISCHARGE SUMMARY

Patient Name Mrs Nutan Dwivedi Episode No. IP01350255

Hb: 9.8, TLC: 7830, Pl.: 2.73 lakh  
PT: 11.2, INR: 1, APTT: 30.6  
HBsAg/HCV/HIV: Nonreactive  
TSH: 2.9  
Chest x-ray: NAD  
ECG: NSR  
LBC (29-9-2023): NILM  
Urine R/M: WNL  
HPE of endometrial aspirate and ECC (23-3-2023): Focal squamous metaplasia, no endometrial tissue included in biopsy

HPE (07/09/2023): Benign endometrium, no atypical hyperplasia / malignancy

USG (30-11-2023): Uterus bulky; show multiple hypoechoic area. s/o adenomyosis. ET= 9.9 mm, IUCD in endocervical canal

OPERATIONS/ PROCEDURES

03/01/2024 TAH WITH B/L SALPINGECTOMY DONE UNDER GA

Intraoperative findings  
Upper abdomen- adhesion present between anterior abdominal wall and uterus  
Uterus- globularly enlarged, ~16-18 weeks size  
Bilateral tubes and ovaries- normal  
Bladder adhered to LUS  
POD- clear  
TAH done.  
Specimen of uterus and cervix removed; sent for HPE.  
Vaginal vault closed.  
Bilateral salpingectomy done and sent for HPE.  
Haemostasis achieved.

CLINICAL SUMMARY

Patient was admitted with the diagnosis of abnormal uterine bleeding with imaging diagnosed adenomyosis with HPE proven benign endometrium with hypothyroidism with previous LSCS. Pre anaesthetic checkup clearance done and consents taken. Intraoperative period was uneventful. Postoperatively, patient was transfused 1 unit PRBCs. Post transfusion Hb= 9.2 gm/dl. Patient is being discharged in stable condition.

DISCHARGE ADVICE

1. AVOID LIFTING HEAVY WEIGHT
2. TAB WANAXETIL 500 MG 1 TWICE DAILY X 5 DAYS
3. TAB PANTOP 40 MG TWICE DAILY X 5 DAYS *CEFTUM before meal*
4. TAB ANCAL FORTE 1 ONCE DAILY X 1 MONTH
5. TAB GLOWCARE 1 ONCE DAILY X 1 MONTH
6. TAB PCM 650 MG THRICE DAILY X 3 DAYS, THEN SOS *Dolo*
7. CAP VRX GOLD PLUS 1 ONCE DAILY X 1 MONTH
8. PROVIAM WHEY PROTEIN POWDER 2 TSF TWICE DAILY WITH MILK
9. TAB THYRONORM 50 MCG ONCE DAILY X CONTINUE

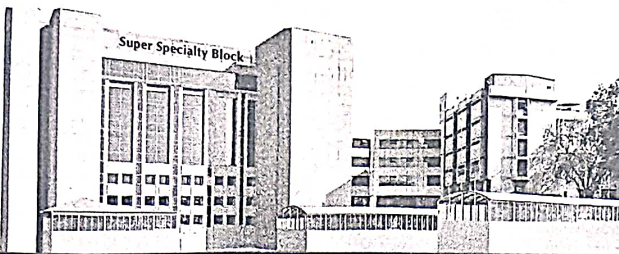
*DR MIBI*  
Resident Doctor

*[Signature]*  
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DR. MALA SRIVASTAVA DMC No. 3106  
Obstetrics & Gynaecology





H-2008-0017  
Since June 16, 2008



(41)

**Sir Ganga Ram Hospital**

**DEPARTMENT OF Gynaec Oncology (Unit VI)  
DISCHARGE SUMMARY**

Patient Name Mrs Nutan Dwivedi Episode No. IP01350255

- 10. SYP LOOZ 30 ML PO ONCE DAILY (HS) X 3 DAYS
- 11. LIGNOCAINE JELLY LA SOS

PLEASE CONTACT IMMEDIATELY IN CASE OF PAIN ABDOMEN, FEVER.  
FOLLOW UP WITH HPE REPORT.

**FOLLOW UP**

To come for follow up as advised in PVT OPD R.NO-F-65 / F-66  
In case of emergency to contact to Dr. Mala Srivastava : 9811228336  
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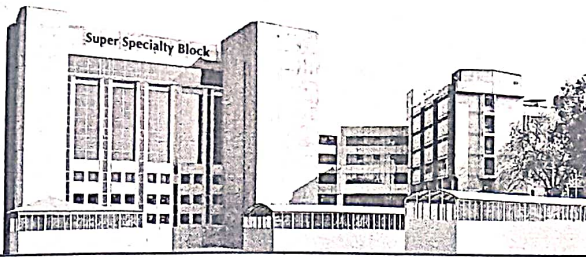
*DR MIKA*  
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Consultant  
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Sir Ganga-Ram Hospital



H-2008-0017  
Since June 16, 2008



MC - 2194

Department of Pathology (Histopathology Division)

Name	: NUTAN DWIVEDI	Age/Sex	: 43 Yrs/Female
Registration No.	: 3246099	Ward No.	: 2 E WARD
Lab Request No.	: 4424000189	Room No.	: 1267 /1267 CAT 1D
Episode No.	: IP01350255	Location Type	: In Patient
Specimen	: Miscellaneous	Collected On	: 03/01/2024 07:37PM
Referred By	: Dr. Mala Srivastava	Received On	: 04/01/2024 10:46AM
External Doctor	:	Reported On	: 08/01/2024 12:14PM
Location	: Gynae Oncology (Unit VI)		

Lab No. S 264/24

Gross Description

I. Uterus with cervix measures 16x14x9 cm. On opening, endometrium measures 0.3 to 0.4 cm. Myometrial thickness is 4.5 cm, serial slicing of which shows few seedling fibroids. Two subserosal fibroids measuring 0.5 cm and 1.3 cm in diameter. Cut surface of all is firm, grey white and whorled. Many areas show trabeculations. Cervix measures 3.5 cm in length and 1 cm at os. Both ecto and endocervix appear unremarkable.

A1-A2: Endomyometrium, A3: Intramural fibroid, A4: Subserosal fibroid, A5: Trabeculations, B1-B2: Cervix

II. Bilateral tubes: One tube measures 3 cm and other is 3.2 cm in length. Fimbrial end is identified in both. Cut surface of both is unremarkable. Separately lying single paratubal cyst of 0.8 cm diameter seen.

C2: One tube, C2: Other tube with PTC

III. Revised cervical margin: Single grey white tissue piece measures 2x0.5x0.4 cm.

D

Microscopic Examination & Diagnosis

I. Uterus with cervix:

Endometrium: Proliferative phase.

Myometrium: Adenomyosis, leiomyoma.

Cervix: Chronic cervicitis.

II. Bilateral tubes: Paratubal cyst.

III. Revised cervical margin: Chronic cervicitis.

*[Signature]*

Dr. Pallav Gupta  
Sr. Consultant Pathologist

Dr. (Prof.) Mala Srivastava  
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- 1) Duplicate tissue sections will be given on payment after a minimum of 48 hours of request.
- 2) Extra charges will be levied, if special tests are required.

*[Signature]*



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16/9/2023

Nutan Divvedi.

7, 3 & 11

- oo INIC - 500mg 1Bm x 5 days
- oo Zuvase D - 1Bm x 5 days
- oo Prunhalut N - 5mg 1708 x 21 days x  
7 day gap Restart for 21 days x 3mlts

- oo Ancal forte 1Bm
  - o VRP Cold plus 1cb
  - o Glaucon Hb 1cb
- x 3mlts

*[Signature]*

→ anovate oint. local app. twice daily x 10 days  
→ Lyp 2003 4 tsf Hb/sos.

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www.sgrh.com

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14/11/2023

Nutan Divedi

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Syp - Digeraft x 7 - 2 kg tds x 2 weeks

o o o  
Fam 3pm 11pm

Primalut N - 5mg 10s x 21 day x 7 day  
gap start for 21 day x 3 mths

Continue same treatment

Tevid MF 170s x 3 day

Review after 30<sup>th</sup> November. Mstara

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# Dr. (Prof.) Mala Srivastava

M.B.B.S., D.G.O., D.N.B., (Obs. & Gynae) FICMCH, FICOG  
Professor- GRIPMER (Ganga Ram Institute of Post Graduate Medical Education & Research)  
Senior Consultant, Institute of Obstetrics & Gynaecology,  
Laparoscopic & Robotic Surgeon  
Sir Ganga Ram Hospital, New Delhi - 110060



Private OPD, Sir Ganga Ram Hospital

Room No. F-65 12-2 pm (Mon, Wed, Fri)

Room No. F-66 2.00 pm - 4.00 pm (Mon to Sat)

For Appointment Contact : 011-42254000, 35125600, 8447034425 (Mrs. Kamla)

Labour Room : 011-42251770, 42251778

Healing Touch Multi Speciality Clinic

52/1, Old Rajinder Nagar, New Delhi - 110060

Timings : 4 - 6 pm (Mon, Wed, Fri)

Mob. : 9811228336 Res. : 011-42430306

Email : malasrivastava2001@yahoo.co.in

*The Mala's Clinic* 51/13, Old Rajinder Nagar, New Delhi-60 4.00 - 6.00 pm (Tue, Thur & Sat) For Appointment : Mrs. Amla : 9811799591

2/12/2023

Natan Divided.

Tab Novelan 1 tab 80 x 21 day

o . x 7 day gap Restart - ja

21 day x 3 months

o Becosule 1 ab x 2 weeks.

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23/12/2023

Nutan Divedi.

CBC

PT

APT

PT. Sng & R

T<sub>3</sub> T<sub>4</sub> T<sub>5</sub> T<sub>6</sub>

LFT

KFT

HbU

HCO

HbA<sub>1c</sub>

ECG

Ray chart

PA view

Stress Echo

Wellness

to come = reports

*[Signature]*

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ava  
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GRIPMER  
ecology  
ic Surgeon  
New Delhi  
06



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29/12/2023

Nutan Divedi.

- Syp - 2003 4 to 5 HS / soe.

- Anavate oint. local  
app. bed time x 10 day.

MSR

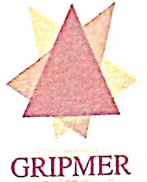
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Name NUTAN DWIVEDI Age 43 yrs

Husband's Name \_\_\_\_\_ Age \_\_\_\_\_

Address

AVB & clotting.

LMP - 25/8/2023

↑ to LSCS, 9 yr.

Thyroid +ve  
somy.

Hysteroscopy D&E Done on

23/3/2023

HPE

2/9/2023

LBC - NILM

EA and ECC show endocervical  
tissue focal squamous metaplasia  
and . No endometrial tissue  
included in biopsy.

20/6/2023 USG

W - AV and enlarged.  
etc contour is irregular and myometrium  
is heterogenous.

hyperechoic lesion - 72x60x65mm

(vol 148cc)

Cyst in low-level internal echoes and  
ground glass appearance is seen in  
of ovary. Could be consistent to

endometrioma. 21mm (vol 2.5cc)

PT - 9mm.

MSC + uap @ bleeding time or

Mv ut - RU MNS jepto.

Plan: Hysteroscopy D&E MIRENA

- Hb
- PLt
- HbA2
- Bl. Group B+ve.
- Bl. Sugar <sup>F</sup> <sub>PP</sub>
- HbA1c
- VDRL
- KFT <sup>Bun</sup> <sup>S. Creatinine</sup>
- LFT <sup>SGOT</sup> <sup>SGPT</sup>
- T3
- T4
- TSH
- HIV
- HbsAg
- IgM Torch
- IgG Torch
- Lac
- acL <sup>IgG</sup> <sup>IgM</sup>
- Urine R/E
- U/S Up. abd
- U/S Pelvis
- E.C.G.
- X-ray Chest
- S. Prolactin
- Fsh
- AMH
- E2
- CA-125
- CEA
- Alfa Feto Protein
- BHCG Quantitative test



Date	B.P.	WT.	EXAMINATION	TREATMENT
------	------	-----	-------------	-----------

16/9/2023

FC of Hysteroscopy  
Done on 7/9/2023

Plc MIRENA  
7/9/2023

7/9/2023

HPE  
S - 15567/23

Benign endometrium.

Pls. vaginitis +. CuT- thread seen.  
Plu ut. RLO mps (Mirena) fch.

cont 30/10/2023. upto 5/11/2023

14/11/2023

Spatter of + on.

discharge since 7/11/2023.

Pls. Mirena thread seen.  
Plu ut. RLO mps fch.

2/12/2023

At 40. excessive pain and bleeding  
Plu.

was admitted at Yashada Hospital

30/11/2023 upto 1/12/2023

- Advised

Tab Novelan 1 tab on x 2 day  
x 7 days gap Restart fch

2 day x 3 mths

Tab Tablon a- 1 tab 7 DS x 3 day

If patient doesn't respond then she can be  
planned for surgical interventions. MHA

Date	B.P.	WT.	EXAMINATION	TREATMENT
------	------	-----	-------------	-----------

RT for open Surgery, Hysterectomy & B/L Salpingectomy  
preservation of B/L ovaries.

15/1/2024

FOC of TAH & B/L Salpingectomy  
done on 31/1/2024.

31/1/2024 HPR. S-264/24

uterus with cervix  
endo: Proliferative phase.  
Myometrium: Adenomyosis, leiomyoma.  
Cervix: chronic cervicitis.  
B/L Tubes: Paratubal cyst.  
Revised cervical Margin: chronic cervicitis.

S/R done wd @

8/3/2024

No pain over the stitches line.  
PAS of - No MVD.  
Review after 2 months.



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Nutan

15/1/2024

- o Glavcene Hb 100
- o VRP Ceal plus 100
- oo Vistacel 100
- oo Ancaal forte 100
- w Syp - CURCON 2 to 3 bd
- w 100mg

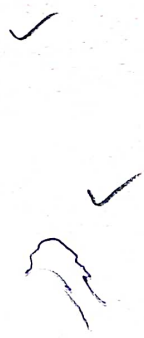
x 3 months

Sarical D<sub>3</sub> 1 sach / uh & Sweets.

Review after 5 weeks

Malika

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8/3/2024

Nutan Dwivedi,

- oo - Nuroalin 1 box x 3 mths
- o EVION. 200mg 100 x 3 mths
- oo Ancaforte 1 box x 3 mths

Syp. 2003. 4 to 12 HS/ SOS.

Anovate oint local app, twice daily  
x 10 days

Restar

Review after 2 months.

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