

Max Super Speciality Hospital, Lucknow  
(A Unit of Starlit Medical Centre Private Limited)  
Viraj Khand, Gomti Nagar, Lucknow -226010, U.P Tel:  
+91-5226780001,6780002

**DEPARTMENT OF SURGICAL GASTROENTEROLOGY**  
**Discharge Summary Surgical**

IP NO	1258	REGISTRATION NO	LKOW.24022239
PATIENT NAME	Mr. MOHD MUSTAFA KHAN	AGE/SEX	76 Year(s) /Male
ADMISSION DATE	01-07-2024 10:00 PM	DISCHARGE DATE	15-07-2024
COMPANY NAME	CASH		
BED NO.	LKW-DLX-2619		
PRIMARY CONSULTANT	Dr. AJAY KUMAR YADAV (Surgical Gastroenterology)		
ANAESTHESIOLOGIST	RAJEEV KUMAR DAS		
SURGEON	AJAY KUMAR YADAV	ASST.SURGEON	Assistant Surgeon Registrar

**Doctor Notes :**

**DIAGNOSIS :** GASTRIC OUTLET OBSTRUCTION WITH CECAL VOLVULUS WITH INTESTINAL OBSTRUCTION

**PRESENTING COMPLAINTS :** Mild to Moderate Abdominal Pain, Recurrent vomiting, Gaseous Abdomen

**Any Significant Medical History :** K/C/O T2DM/ HTN/ CVA

**Any Significant Surgical History :** Not Significant

**SOCIAL / FAMILY HISTORY :** Not Significant

**GENERAL EXAMINATION :** No Pallor/Icterus/Cyanosis/Clubbing/Edema

**Provisional Diagnosis :** Gastric outlet obstruction

**Surgery Performed :-** Laparoscopic Right Hemicolectomy with Cholecystectomy done on 08/07/2024 under GA

**OT Notes:-**

Pneumocreated with Veress Needle  
Ports Placed ( 10 mm,5 mm,5 mm,5 mm)  
Cecal Volvulus found  
Cecum found massively dilated  
Ascending colon distended to hepatic flexure  
Right Hemicolectomy done with Endo GI stapler  
Ileo transvers Anastomosis done in side to side manner  
Specimen delivered through extended Umbilical port incision  
Pelvic drain placed after cholecystectomy  
Abdominal wall closed in layers



HOSPITAL COURSE :- Patient was admitted with Gastric outlet obstruction, diagnosed on outside cect abdomen. Patient kept on NPO, RT continuous drainage. UGIscopy done by Dr Ankur Gupta ( DM, Gastroenterology) . Patient condition improved but Abdominal distension persist for which repeat cect abodmen done which shows cecal volvulus with intestinal obstruction for which Laparoscopic Right Hemicolectomy. Previous Usg Whole Abdomen shows Cholelithiasis for which Laparoscopic Cholecystectomy done

INVESTIGATION RESULTS : All Attached

ADVISE OF DISCHARGE :

1. MEDICATION :

- |                                |                                  |                 |
|--------------------------------|----------------------------------|-----------------|
| 1. Tab Livoforce 300 mg        | 1 tab thrice daily for 10 days   | (1) — (1) — (1) |
| 2. Cap Esogress L              | 1 cap twice daily for 10 days    | (1) — (1)       |
| 3. <del>Glutacare sachet</del> | 1 sachet twice daily for 10 days | (1) — (1)       |
| 4. Lamino GI plus              | 2 tsf thrice daily for 10 days   | (2) — (2) — (2) |
| 5. Sitz Bath( 10% Betadine)    | LA for 15 min. twice daily       |                 |
| 6. Softocare Powder            | 2 tsf bed time for 10 days       | → Soft          |
| 7. Tab Apibaxan (2.5)          | 1 tab twice daily                | (1) — (1)       |
| 8. Tab Dytor plus (5)          | 1 tab once daily                 | (1) (M)         |
| 9. Tab Concor (5)              | 1 tab once daily                 | (1)             |
| 10. Tab Mirabig - S            | 1 tab twice daily                | (1) — (1)       |
| 11. Tab Rapilif - D (8)        | 1 tab once daily                 | (1)             |

2. DIETARY ADVICE : Soft Diet (It - P)

3. FOLLOW UP ADVISE : Review after 10 days in Gastrosurgery OPD.

Review in Medicine OPD (Dr. Sunil Verma) with CBC, KFT (Na+/K+), BS - F/PP (2 hours) reports.

KINDLY CALL IN CASE OF ::

- 1) FEVER OF >101.5F/38.6 0 c
  - 2) ONSET OF SYMPTOM OR DISCOMFORT OR PAIN/WORSENING PREVIOUS PAIN/CHEST PAIN/BREATHLESSNESS
  - 3) DISCHARGE FROM YOUR OPERATIVE WOUND (IN CASE YOU HAD AN OPERATION)
  - 4) VOMITING
  - 5) OR ANY OTHER COMPLAINT YOU THINK NECESSARY THAT YOU SHOULD DISCUSS WITH DOCTOR URGENTLY /
- CONTACT OUR DOCTOR ON MOB NO:- 8957575053

Patient Name and Sign :