King Georges Medical University
1 Shamina Road, Chowk,
Chowk

SGE - 14051/24/01

DISCHARGE SUMMARY

UHID :	**20240372355**		
Patient Name:	**Mr. MOHD MUSTAFA KHAN**	**Department:**	Surgical Gastroenterology
Age /Sex:	76 Years 4 Months 29 Days 0 Hours / Male	**Unit::**	Unit-1
S/O :	HAROON RASHID KHAN	**Ward::**	SURGICAL GASTROENTROLOGY WARD
Billing Type :	General	**MLC Patient:**	NO
IPD Admission ID ::	**202490909**	**Discharge Type:**	Normal Discharge
Treating Doctor:	Dr. Abhijit Chandra,	Bed No:	F
Mobile No:	*******613		
Date of Admission:	02/08/2024 08:33:24 PM		
Operation Date:			
Date of Discharge :	13/08/2024 03:58:00 PM		
Address :	SECTORE 5 BHOOTHNATH MARKEST INDIRA NAGAR , UTTAR PRADESH, INDIA		
Surgeon :		**Asst.Surgeon :**	
Procedure :		**Operative Findings :**	
Consulting Doctor :	Dr. Abhijit Chandra		

Drug Allergy :-

Diagnosis : SAIO IN A C/O CECAL VOLVULUS ST RIGHT HEMICOLECTOMY (8/7/24) WITH CAROTID ARTERY STENOSIS

ICD Code:

Admitted For: C/o abdominal pain x 4 days HOPI - Patient was apparently normal 1 month back after which he developed Pain in the periumbilical region - 3-4 days 1 month back, colicky in nature, severe in intensity. He underwent CT abdomen and was found to have Caecal volvulus. He underwent laparoscopic right hemicolectomy with cholecystectomy (08/07/24) with ileo-transverse anastomosis in private hospital, Lucknow. Intra op findings - Caecum massively dilated, ascending colon - distended upto hepatic flexure. He was discharged on (15/07/24) POD-7. He was asymptomatic for 10 days. Then he developed complaint of abdominal distension for three days for which he was again admitted diagnosed to have hypokalemia with pancreatitis and was managed conservatively by correcting potassium and discharged. Now he is admitted with c/o abdominal distention for 3 days with weakness, abdominal pain which was insidious and colicky type, lasting for 5-10 minutes and relieved by oral medication. No history of vomiting/ obstipation/ hemetemesis/ melena/jaundice/ fever. Past History: Known case of diabetes mellitus X seven years on Tab.Glimipride+ Metformin+Droglu OD.Known case of systemic hypertension for 20 years on concors OD and Dytor OD +amlodipine+ bisoprolol OD. Known case of CVA in December 2023 on medication. Personal History: He has 2 children. Consumes mixed diet and have no addiction.

Physical Findings: Physical Examination : General condition- Fair. Nutritional status-adequate. ECOG SCORE: 0, weight- 42 kg, Height 157 cm. Pulse 115 bpm BMI-19 BP: 130/90mmHg Temperature: Afebrile. General condition:fair. Pedal edema is present. No pallor, icterus, clubbing, cyanosis or lymphadenopathy. CNS & CVS with in normal limits. Chest is clear. Per abdomen: distended, tenderness + all over the abdomen .No guarding or rigidity. Per rectal: Normal anal tone. Rectum empty.

Condition During Discharge : STABLE

Brief Summary of the Case: Patient was admitted with the above mentioned complaints and was diagnosed as a c/o SAIO IN A C/O CECAL VOLVULUS ST RIGHT HEMICOLECTOMY (8/7/24). He was managed conservatively with iv fluids, Nasogastric decompression, potassium infusion for hypokalemia. Patient was allowed orals which he tolerated well. Nutrition intake was improved by NG insertion and NG feeding. Now patient is being discharged with stable vitals, taking oral soft diet and NG diet, passing flatus and stools.

Category	Test Name	Observation
Note :	Biopsy 08/07/24- Post-Op GB specimen- chronic cholecystitis, caecum- mucosal erosion with increased sub mucosal edema and s/o volvulus with reactive hyperplasia of lymphnode. No evidence of granuloma/malignancy. HIV/ HBsAg/ HCV(2/8/24) Ã¢ÂÂ¨ negative. Blood group A positive. HbA1c (1/8/24) - 5.5. CXR - WNL. USG W/A (01/08/24): Liver is normal, no IHBRD. PV Ã¢ÂÂ¨ normal. Fluid filled distended bowl loops. Imp- Intestinal obstruction with minimal ascitis, contracted GB. USG Doppler (10/09/24): Echogenic plaque present in the right mid to distal CCA causing 40% luminal compression. Another plaque in left CCA with no luminal compression. CECT abdomen (01/07/2024) W/A: Diffuse circumferential enhancing thickening noted in pyloric region of stomach and D1 segment of duodenum and causing significant luminal narrowing with upstream dilation of stomach. Liver/ GB- normal. Minimal amount of free fluid noted in peritoneal cavity. CT enterography (5/7/24) gross dilation of cecal segment twisted around ,no c/o free air stomach mild thickening of fundus and proximal body of stomach pulled up minimal perihepatic and subhepatic free fluid ,gb distented hyperdense sludge in lumen cbd not dilated ,minimal ascites ,basal atelectasis CECT abdomen (12/7/24) anastomosis in situ ,no c/o leak minimal collection present, ileal loops 30mm dilated, minimal free fluid in right subhepatic and paracolic gutter. CECT abdomen (23/7/24) - liver normal, GB fossa ,small collection 40*17mm in gb fossa ,CBD / pancreas/ spleen /kub - normal. Special investigation (01/08/2024): Sigmoidoscopy - rectum/sigmoid colon is normal. Grade 1 intent haemorrhoids. 2/7/24 2d echo : no rwma ,normal cardiac valve ,LVRF 63% ,no c/o clot	0

Treatment Given :

Note :	CONSERVATIVE MANAGEMENT

Advice on Discharge:

RT FEED AS ADVISED
RT CARE AS ADVISED
ORALS AS TOLERATED
PLENTY OF ORAL FLUIDS
T. PANTLI DSR OD X 14 DAYS
T. EMESET 4 MG BD X 14 DAYS
TAB LINAC PLUS BD X 7 DAYS then SOS (For pain)
C. BECADEXAMINE 1OD X 30 DAYS
CALCITRIOL SACHET 60,000 IU ONCE/ WEEK X 4 WEEKS
T. ALDACTONE 25 MG OD - TO BE CONTINUED
T. ECOSPRIN 75 MG 2 HS - TO BE CONTINUED
SYP CREMAFFIN PLUS 15 MG HS X 14 DAYS ✗
T. MELATONIN HS X 14 DAYS ✗
SYP. POTKLOR 15 ML TDS X 5 DAYS
Syp Macberry 2sp tds x (5) days
Future Plan - 1. Endocrine consultation for persistent hypokalemia 2. Cardiology consultation for CAD 3. Neurology consultation for Carotid artery stenosis
Review in SGE OPD on Monday, Wednesday, Friday after 2 weeks

To come For follow up in Routine OPD on & Time

Movicol sachet ½ 100 ml Water

In specialist Clinics on & Time

Senior Resident Dr. Sri Vaishnavi

DEEPAN
AP SGE

Signature Treating Doctor

Dr. Abhijit Chandra

13/08/2024 03:58:00 PM

Date & Time

TARIF MUSTAFA KHAN

Digitally signed by TARIF MUSTAFA KHAN
Date: 2024.08.19 18:46:05 +05'30'