

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

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IP NO	125	8		REGISTRATION NO	LKOW.24022239		
PATIENT NAME	Mr. N	ИОН	D MUSTAFA KHAN	AGE/SEX	76 Year(s) /Male		
ADMISSION DATE	01-07-2024 10:00 PM			DISCHARGE DATE	15-07-2024		
COMPANY NAME	CAS	Н					
BED NO.	LKW	/-DL	X-2619				
PRIMARY CONSULTANT			Dr. AJAY KUMAR YADAV (Surgical Gastroenterology)				
ANAESTHESIOLOGIST RA		RAJI	EEV KUMAR DAS				
SURGEON A.		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

Suregery 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
lleo transvers Anastamosis done in side to side manner
Specimen delieverd through extended Umblical port incision

Pelvic drain placed after cholecystectomy

Abdominal wall closed in layers

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(CIN: U86100UP2023PTC188097)





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HOSPITAL COURSE :- Patient was admitted with Gastric outlet obstruction ,diagnosed on outside cect abdomen. Patient kept on NPO, RT continous 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	ME	DIC	AT	NO	1

Tab Livoforce 300 mg

2. Cap Esogress L

Glutacare sachet

4. Lamino Gl plus

5. Sitz Bath(10% Betadine)

6. Softocare Powder

7. Tab Apibaxan (2.5)

8. Tab Dytor plus (5)

9. Tab Concor (5)

10. Tab Mirabig - S 11. Tab Rapilif - D (8) 1 tab thrice daily for 10 days 0-6-61 cap twice daily for 10 days _ O -1 sachet twice daily for 10 days () -

2 tsf thrice daily for 10 days (2) LA for 15 min. twice daily

2 tsf bed time for 10 days

1 tab twice daily — 0

1 tab once daily _____. (p(m)

1 tab once daily —

1 tab twice daily— 1 tab once daily — (7)

2. DIETARY ADVICE : Soft Diet (1+-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)

5) OR ANY OTHER COMPLAINT YOU THINK NECESSARY THAT YOU SHOULD DISCUSS WITH DOCTOR 4) VOMITING URGENTLY /

CONTACT OUR DOCTOR ON MOB NO:- 8957575053

Patient Name and Sign:

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