**DISCHARGE REPORT (№685)**

**Patient:** SKRIPKO Oleg Ivanovich

**D.O.B.:** 28.04.1963

**Age:**  58

**Admission date:** July 7, 2021

**Discharge date:** July 8, 2021

**DIAGNOSIS:** Rupture of the scapholunate ligament of the right wrist. Condition after surgical treatment.

**SURGERY 07.07.2021:** Removal of the K-wires of the right wrist. (Prof. I.O. Golubev.)

**ANAMNESIS:**

**Trauma history:** According to the patient, the injury on 01/09/2021 due to a fall on an outstretched right hand during volleyball, felt pain in the right wrist joint. Admited to ECSTO EMC, consulted by Professor I.O. Golubev, surgical treatment is recommended. Surgical treatment was performed on May 25, 2021: Arthroscopic revision of the right wrist joint, reconstruction of the scapholunate ligament with an autograft (modified Brunelli procedure). The postoperative period was unremarkable. This hospitalization is scheduled for the removal of the wires.

**Life history:** Chronic diseases: neoplasm of the thyroid gland (thyroidectomy from 2004); extrasystole; chronic pyelonephritis. Denies allergic reactions to medications. Long-term medication: Eutirox 162 mcg, vitamins, Omega, Zinc, Magnesium, Exforge 160 mg + 5 mg 1 tab in the morning, Physiotens 0.2 mg 1 tab. Denies infectious diseases, tuberculosis.

**CLINICAL EXAMINATION:** Condition is satisfactory. Clear consciousness, oriented. Skin is intact, normal color. Breathing is carried out in all parts of the lungs. Breathing 16/min, HR68, AP 130/80. The abdomen is soft, painless on palpation. There were no dysfunctions of the internal organs and systems functions.

**Status localis:** Right hand in a polymer splint bandage. Minimal wrist swelling, not tense, not increasing; the skin is of normal color, temperature and humidity, postoperative scars healed normotrophically. There are no signs of other neurovascular disorders in the hand at the time of examination.

**SURGERY 07.07.2021:** Removal of the K-wires of the right wrist. (Prof. I.O. Golubev.)

In-patient postoperative period, in the early postoperative period, analgesic therapy was carried out. Performed dressing changing, control radiography.

**On control radiographs of the right wrist:** the position of the bones is satisfactory, the anatomical relationships are normal, the pins are removed.

**AT DISCHARGE:** General condition is satisfactory. In a clear mind, adequate, oriented in place, time and self. The skin is normal in color, warm, moderately moisturized. Peripheral lymph nodes are not enlarged. No peripheral edema. Hemodynamically stable, no respiratory failure.

The right hand is in a soft bandage on the wound, in a removable splint. The dressing is dry, clean. The hand is minimally swollen, the edema is not tense, does not grow. Wounds without signs of inflammation. The skin is physiological in color and moisture. There are no signs of acute neurocirculatory disorders in the distal upper extremities.

**Discharged under the supervision of an orthopedic traumatologist at the place of residence or doctors of our clinic.**

**RECOMMENDATIONS:**

1. **Elevated position of the right upper extremity, using a sling** - **5 days** after the pins removal;
2. **Ice locally** for the right wrist 15-20 min 3-5 times a day - **5 days** after the pins removal;
3. **Dry bandage on the wound site** and **splint** of the right wrist – **2 weeks** after the pins removal;
4. **Maximum loads for the right wrist** – 500 g – 6 weeks after the pins removal;
5. **Dressings changing:** once in 3-5 days – 2 weeks postop;
6. **In case of pain -** **Nurofen 400 mg** - 1 pill up to 3 times a day AFTER meal OR **Efferalgan 500 mg** – 2 pills up to 3 times a day;
7. **In case of severe pain –** **Xefocam 8 mg** 1 pill up to 2 times a day AFTER meal;
8. **Controloc 20 mg** 1 pill once a day– for all period of NSAIDs use (Nurofen, Xefocam);
9. **Follow up** in **2 weeks** and **4 weeks** postop with **Prof. I. Golubev;**
10. **Control MRI** of the right wrist – in 6 weeksafter the pins removal
11. **Rehabilitation treatment** (can be performed at ECSTO).

**Assistant trauma, orthopaedic and hand surgeon, MD**  B. GAZIMIEVA

**Trauma, orthopaedic and hand surgeon, MD, PhD Prof.**  I. GOLUBEV

**Chief doctor, MD, PhD, Prof.** A. KOROLEV

**Rehabilitation tips:**

1. **Soft lymphatic drainage massage** of the right upper limb.
2. **Mobilisation** of the right wrist joint: therapeutic massage using techniques of soft myofascial release of the muscles of the right forearm and non-forceful gentle wrist stretching. The goal is reflex relaxation of spasmodic muscles, improving their elasticity, improving microcirculation.
3. **Electromyostimulation** of the right forearm muscles – possible.
4. Development of active and passive movements in the wrist, metacarpophalangeal joints, finger joints:

* flexion of both wrist joints with concentration on the healthy arm;
* flexion of the operated limb with gentle pressure with a healthy hand
* extension of both wrist joints with concentration on the healthy arm - 20 times
* extension of the operated limb with gentle pressure with a healthy hand, delay 5 sec-10 times
* supination and pronation of the right forearm without pressure.

**Maximum weight** for the right hand – 500 g – until clinical and MRI follow-up.