**DISCHARGE NOTE (№260)**

**Patient:** Li Yang

**D.O.B.:** 20.04.1987

**Age:** 33

**Admission date:** 02.03.2021 **Discharge date:** 03.03.2021

**DIAGNOSIS:** Closed fracture of middle phalanx of the 4th finger of left hand with displacement, closed rupture of extensor digitorum tendon of the 4th finger of the left hand. (Trauma on 13.02.2021)

**SURGERY (13.02.2020):** Open reduction, and internal fixation of a middle phalanx fracture with K-wires, open suture of extensor digitorum tendon of the ring finger. (Dr. M. Sautin)

**ANAMNESIS MORBI**: According to patient, the trauma occurred on 13.02.2021- patient felt on the left hand. Admitted to ECSTO EMC , was examined by Dr. Sautin, fracture was diagnosed, surgical treatment was recommended - open reduction and internal fixation of a middle phalanx fracture with K-wires. Patient agreed with the treatment plan.

**PHYSICAL EXAMINATION**: Condition is satisfactory. Clear consciousness, oriented. Skin is intact, normal color. Breathing is carried out in all parts of the lungs. Breathing 18/min, HR 67, AP 125/85. The abdomen is soft, painless on palpation. There were no abnormalities of the internal organs and systems functions.

The 4th finger of the left hand is not immobilized. Visually, there is a swelling of soft tissues and smoothing of the contours of the ring finger. Рalpation of the middle phalanx of the finger is painful, slight lateral deviation of the tip of finger (approximally 10o). Movements in the distal interphalangeal joint of the finger are limited by pain and swelling. No neurovascular disorders in the left hand.

**X-ray of the ring finger of the left hand:** Diaphyseal fracture of middle phalanx of the 4th finger of left hand with displacement.

**SURGERY (13.02.2020):** Open reduction, and internal fixation of a middle phalanx fracture with K-wires, open suture of extensor digitorum tendon of the ring finger. (Dr. M. Sautin)

**Control X-ray**: position of bone fragments and wires is satisfactory.

**ON DISCHARGE:** Patient status is satisfactory. No inflammation signs, effusion on operated upper extremity, no neurovascular dysfunctions on the left upper extremity.

The patient is discharged under local orthopaedist’s or our clinic doctors’ follow up.

**Temporarily incapable of work.**

**RECOMMENDATIONS:**

1. **Elevated position** of the left hand;
2. **Ice packs** on the left hand for 15-20 min 3-4 times per day;
3. **Immobilization** of the left hand in a splintduring **6 weeks** after the surgery;
4. **Movements in joints of the left upper extremity** are allowed from day 1 after the surgery;
5. **Intensive and sport activities** for the left hand are restricted for 3 months;
6. **Dressing** **changing** on post-operational wounds every 3-4 days, first follow-up **04.03.2021** by appointment to Dr B. Gazimieva;
7. **Strips and suture removal** after **12-14 days** after the surgery;
8. In case of pain - **Nurofen 400 mg**  1 pill after after meal, up to 3 pills a day;
9. In case of pain - **Efferalgan 500 mg**  1 pill after after meal, up to 6 pills a day;
10. **Controloc 40 mg** 1 pill a day for the period of painkillers administration;
11. **Rehabilitation therapy** (could be performedunder the observation of the our rehabilitation department (ECSTO);
12. **Control CT scan of the ring finger** 6 weeks after the surgery, to access the bone union and to specify K-wires extraction time.

**Assistant surgeon, MD** Dr. U. OZDEN

**Orthopedic surgeon, MD** Dr. B. GAZIMIEVA

**Orthopedic surgeon, MD, PhD** Dr. M. SAUTIN

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