

Global Health Pvt Ltd Medanta-The Medicity, Sec-38, Gurgaon Discharge Summary

Patient Name

: Mrs. Subhawati Devi

Patient UHID

: MM01617043

: 54Y

Gender

: Female

Admission Date

: 23/01/2020 13:05

Encounter Type

: Inpatient

Discharge Date Encounter ID

: 16559023

Consultant Incharge

: Dr Sudhir Dubey

Specialty : Neurosurgery

Location

: 6th Floor A2A3

Bed No

: 5628

Discharge Summary - Neuro

Patients Address

39a saraitaki jhunsi ,prayagraj,Jhunsi S.O, ALLAHABAD, India, 211019

Date of Discharge

30/01/2020 22:54

Name of Consultant

Dr Sudhir Dubey

Bed No

Discharge Status

Discharged to home (routine discharge)

Reason for admissions

Procedure/Surgery #

Primary Diagnosis

Lumbar Listhesis (L4-L5, L5-S1)

Primary Diag ICD Code

M43.16

Co-morbidities

Tuberculosis

Medical History & Presenting Complaints :

Mrs. Subhawati Devi, 54 years female, is a known case of tuberculosis, presented with complaints of lower backache radiating to both lower limbs (left> right) since 4 months.

Patient started complaints of pain in lower back, insidious onset mild intensity, localized initially, dull aching, intermittent, relieved on mediations and sometimes or its own. It progressed to involve both lower limbs in about 20-25 days, left more than right upto knees. No history of trauma. Pain now radiating to bilateral legs and foot since last 1-2 months, the pain has increased in intensity to moderate now , become continuous, she is able to walk with difficulty. Pain aggravated by walking and on standing from sitting position. Pain decreased on taking rest. No history of numbness or tingling in bilateral lower limbs. No history of weakness of bilateral lower limbs. No history of pain, numbness, tingling or weakness of bilateral upper limb. No history of neck pain. No history of fever, weight loss and urine incontinence. There is history of constipation present since long

Now admitted here for further evaluation and management.

Physical & Systemic Examination ...

Blood pressure: 110/70 Millimeter Of Mercury (mmHg)

Pulse: 82/minute

Respiratory Rate: 20/minute Chest: Bilateral clear

Cardiovascular System: S1, S2 normal







Medanta - The Medicity ◆ Sector - 38, Gurugram, Haryana - 122 001, India 2 +91 124 4141 414 Fax: +91 124 4834 111

Medanta - Mediclinic

◆ E-18, Delence Colony, New Delhi - 110:024

Medanta - Mediclinic Cybercity ◆ UG Floor, Building IDC, DLF Cythercity, Phase II, Gurngram 122 002.

2: +91 124 4141 472

Q +91 11 4411 4411 Fax +91 11 2433 1433 Rend Office: Global Houth Pouare Limited 17-18. Defance Colom, New Delta. 110 024, India Tel. +91 11 4411 4411 Fee

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Per Abdomen: Soft, Non-tender Central Nervous System:

Higher mental function (HMF) within normal limit

Conscious, oriented All cranial nerve intact Bulk and tone normal all four limbs

Power 5/5 in all four limbs

Straight Leg Raise (SLR) Test right > 704, left >604 Deep Tendon Reflex 2+ in bilateral upper and lower limbs

No sensory deficit Bilateral plantar flexor No cerebellar or meningeal sings No obvious back or spine deformity

Mild tenderness over lumbosacral region more over L4-L5

Allergies

Not known

Investigation

Laboratory

Attached

Others

2D Echocardiogram (23.01.2020) showed no left ventricular regional wall motion abnormality, left ventricular ejection fraction 55%. Normal Right ventricular (RV) systolic function. Mitral inflow pattern (MIP)- Dilated right atrial (DRA), Left Ventricular End Diastolic Pressure normal. Trace tricuspid regurgitation, Trace Mitral regurgitation. Pulmonary artery systolic pressure 24 mmHg. No aortic stenosis. No aortic regurgitation. Normal cardiac chamber dimensions. Inferior vena cava normal . Non collapse Central venous pressure 3 mmHg. No intracardiac clot/vegetation/pericardial effusion.

Procedure or Surgery

MIS L4-L5, L5-S1 TLIF was done on 24.01.2020

B/L L4-5/L5-S1 Foraminal injection done on 29/01/2020

Technique: The patient was positioned prone prepped and draped. With 23G Spinal needle B/L L4-5/L5-S1 Foraminal injection given under fluoroscopic guidance using 2mg Dexamethasone+1.5cc 0.20%Ropivacaine at each level.

Course in Hospital

Patient was admitted under Neurosurgery team with above mentioned complaints for which investigations were done. After informed consent & Pre anesthesia clearance, patient underwent MIS L4-L5, L5-S1 TLIF on







Sector - 38, Garregram, Harperts - 122 (Gr), India-

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E-18, Defence Colony, New Delin - 110 624. 2) +81 11 4411 6411 Fat: +51 11 7433 1423

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◆ UG Floor, Building 10C, DLF Cetarrity, Phase M. Burngrom (37 dll)

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24.01.2020. Patient tolerated the procedure well. Post-operatively patient was kept in Intensive Care Unit (ICU) for close monitoring and intensive care. After stabilization patient was shifted to the room. Patient still complained of pain around left hip region. Pain clinic consultation was sought (Dr Rajkumar) and patient underwent B/L L4-5/L5-S1 Foraminal injection done on 29/01/2020.

Now, patient is being discharged in stable condition with following advice.

Significant Medication Given

Injection. MONOCEF, Injection . KABIMOL, Injection. PAN.

Condition at Discharge

No new neurological deterioration Conscious, Oriented Afebrile, vitals stable Orally accepting, self voiding Wound healthy, suture in situ. Pain Decreased in intensity Walking without support

Diet

Normal Diet

Advice on Discharge

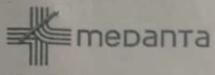
Discharge medication

Discharge Medication					
Drug Name	Route	Frequency	Time	Duration	
Tablet CEFTUM 500 mg	Oral	Twice daily	8 am- 8 pm	for 5 days	
Tablet SYNAPTOL 150 mg	Oral	Once daily	10 pm	for 10 days	
Tablet DOLO 650 mg	Oral	Thrice daily	8 am -2 pm - 10 pm	for 5 days then as and when required for pain and fever	
Tablet GABAPIN NT 400/10 mg	Oral	Once daily	10 pm	for 15 days	
Tablet PANTOCID 40 mg	Oral	Once daily	7 am	for 7 days	
Syrup. CREMAFFIN	Oral	Once daily	10 pm	for 7 days then as and when required for constipation,	









Neurosurgery

Name: Mrs. Subhawati Devi

Gender: F

Doctor: Dr Sudhir Dubey

UHID: MM01617043

Age: 54 years

Date: 20 Jan 2020

Department of Radiology -

Xray LS spine lateral flexion & ext anal

Radiology Report

MM01617043

RADIOGRAPH OF WHOLE SPINE & AP. LATERAL AND FLEXION & EXTENSION VIEW OF LUMBAR SPINE

Clinical details are not available.

Findings

Marginal osteophytes are noted at multiple vertebral levels.

There is grade-II anterolisthesis of L4 over L5 with grade I anterolisthesis of L5 over S1 along with spondylolysis.

The intervertebral disc spaces are mildly reduced at L4-L5 and L5-S1 levels.

Rest of the intervertebral disc spaces is maintained.

Loss of cervical lordosis is seen.

Facet joint arthropathy is noted at lower lumbar spine.

Sacroiliac joints appear normal.

Soft tissue appears normal.

Please correlate clinically.

Dr. Rajul Bhargava Fellow, Radiology

Authorized by Dr Rajul Bhargava on 20 Jan 2020 14:32

Ordered: 20 Jan 2020 13:00

Note: This is a system generated document. Signature is not required.



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Department of Radiology -

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Radiology Report MM01617043

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Global Health Pvt Ltd Medanta-The Medicity, Sec-38, Gurgaon Radiology Report

Patient Name : Mrs. Subhawati Devi Patient ID

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Age

: 54Y

Gender : Female

Admitting

Specialty

Location

: Dr Sudhir Dubey

Attending

Practitioner

: Executive Health Check

Practitioner Visit/Admission : Dr Sudhir Dubey

: Executive Health Check

Date

20/01/2020 12:03

Radiology Report

BONE DENSITOMETRY OF TOTAL BODY:

Region	BMD (gm/cmsq)	T-Score	Z-Score	
L1-L4	0.989	-1.6	-0.8	
Femur (Left)	1.007	0.0	0.7	
Femur(Right)	0.940	-0.5	0.2	
Radius	0.765	-1.4	-1.0	
Whole Body	1.052	-0.9	-0.2	

BODY FAT COMPOSITION: is as described under -

Tissue % fat	45.1 %		
Total mass	58.1 Kg		
Fat	25,382 gm		
BMC	1,896 gm		
BMI	26.1 Kg/msq		

IMPRESSION:

Bone densitometry findings are suggestive of Osteopenia as per WHO definition. The BMI is 26.1 Kg/msq, which is suggestive of Overweight.

Dr. Vivek Sharma