



Department of Surgery

SUMMARY ON DISCHARGE

Humayun, Asaf (464-97-38) MALE DOB: 28/12/1952

Admission Date 12/07/2023	Discharge Date 24/07/2023	Consultant Dr. M. Rizwan Khan	Service E-GENERAL-SUR-I
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Principal Diagnosis / Reason for Admission

Adenocarcinoma head of Pancreas

Associated Diagnosis / Significant Co-morbidities

Adenocarcinoma head of Pancreas

Hypertension

Benign Prostate Hyperplasia

Dyslipidemia

S/P ERCP + Stenting (14/06/2023)

S/P CBD Stent (26/06/2023)

Presenting Complaints

70 years-old, male patient, came to Aga Khan University Hospital with the presenting complaint of Fever, Vomiting since 2 months and 7kg weight loss in 6 months. The patient was diagnosed with Adenocarcinoma of head of pancreas and electively admitted for Whipples Procedure.

Clinical Observations

Elderly, male patient; conscious, alert, oriented to time, place, and person.

No apparent pallor, jaundice, oedema, cyanosis, or clubbing.

Vitals on arrival:

Pulse - 93 b/min

Blood Pressure - 143/84 mmHg

Respiratory Rate - 18 b/min

Temperature - A/F

Systemic Examination:

Abdomen - Soft, non-tender; no visceromegaly; gut sounds audible.

Cardiovascular System - Unremarkable

Central Nervous System - Grossly intact

Respiratory System - Normal vesicular breathing

Investigations:

PET CT (23/06/2023):

ABDOMEN AND PELVIS: Uniform tracer distribution is seen over liver with mild intrahepatic dilatation without

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pneumobilia (size: 171 mm CC). Uniform tracer distribution is seen over normal sized spleen (size: 105 mm CC). Interval appearance of radiopaque stent in CBD with a mild FDG avid soft tissue density over pancreatic head region (25 x 21 mm SUVmax 4.3). Subcentimetre aortocaval lymph nodes (SUVmax 4.1 one on right side SMA and other at renal hilum level) seen. No hypermetabolic abnormality is seen and pancreatic tail or body. No evidence of hypermetabolic pelvic or inguinal lymph node is seen. Gallbladder is grossly distended without abnormal metabolic activity. Both adrenals, kidneys are within normal limits. Prostate is measuring 44 x 38 mm with dense calcification an indentation of median lobe. A linear shape FDG uptake is seen at junction of prostate and anterior wall of rectum (SUVmax 6.5 likely prostate and needs US and PSA level). A small fat-containing umbilical hernia seen. Physiological tracer distribution is seen in bowel and urinary tract. No hypermetabolic hepatic, peritoneal, splenic, adrenal, pulmonary or bony metastasis is seen.

Hospital Course and Management

Transfusion Given: No

After initial pre-operative assessment and approval by anesthesia, underwent Whipples Procedure on 13/07/2023 under General Anesthesia.

INTRA-OPERATIVE FINDINGS:

- Large palpable mass at head of pancreas adherent to Lateral wall of SMV & SMA - Normal vessels.
- Dilated bile duct approximately 1.5cm with plastic stent.
- Pancreatic duct = 3mm
- No omental, hepatic or peritoneal deposits.

Post-procedure, the patient was received in SCU in a vitally stable condition. He was initially kept nil per oral. NG to bag and Jejunostomy to bag was applied. He was managed with intravenous fluids, analgesics, antibiotics, and anti-emetics. Gradually feed from Jejunostomy tube was started. Nasogastric tube was removed on 16/07/2023 and oral intake was allowed which he tolerated well. He was shifted out to ward bed on 16/07/2023. He had raised blood pressures for which Internal Medicine team was taken onboard and medications were optimized. His Bile cultures reported Klebsiella CRE , Enterococcus and Yeast for which Infectious Disease team was taken onboard, advice followed. CT Scan Abdomen & Pelvis was done on 20/07/2023 which showed Status post Whipple's procedure with postsurgical changes. No definite enhancement is noted at the surgical bed to suggest residual disease, however followup is advised after resolution of postsurgical changes. Minimal free fluid in the site of surgery in perihepatic space with no discrete drainable collection. No evidence of obstruction or contrast extravasation to suggest leak. Mild ascites. Urology was taken onboard for Lower urinary tract symptoms, advice followed. Patient's intake and output were monitored and his Foley was removed on the 5th post-operative day. He was eventually mobilized out of bed. Incentive spirometry and chest physiotherapy were done. Relevant labs were done to monitor his condition. Currently the patient is in a stable condition hence is being discharged.

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Operative Procedure

Procedure Name WHIPPLES PROCEDURE (PANCREATIC-DUODENECTOMY)	Procedure Date 13/07/2023	Anesthesia Type GENERAL ANAESTHESIA	ASA Level 3
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Condition on Discharge

Patient was discharged as planned.

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Medication on Discharge

Tab. Augmentin 625mg - BD

Drug	Dose	Route	Frequency	Duration of Treatment
BTL CREMAFFIN 001 ML/ML	15 ML	ORAL	AT BEDTIME AS NEEDED	Continue till next follow-up *
CAP ESCOMEPRAZOLE 40 MG/CAP	40 MG	ORAL	Before Breakfast	Continue till 31/07/2023
CAP *CREON 1 CAP	2 CAP	ORAL	BEFORE MEALS	Continue till next follow-up *
CAP Dutasteride+Tamsulosin 1 CAP	1 CAP	ORAL	AT BED TIME	Continue till next follow-up *
TAB PARACETAMOL 500 MG/TAB	1000 MG	ORAL	EVERY SIX HOURS AS needed	Continue till next follow-up *
VL VANCOMYCIN HCL 500 MGA/L	125 MG	ORAL	EVERY SIX HOURS	Continue till 28/07/2023
TAB AMLODIPINE BESYLATE 10 MG/TAB	10 MG	ORAL	ONCE A DAY	Continue till next follow-up *
PKT REHYDRATION SALT 1 PKT/PKT (28 GMS)	1 PKT	ORAL	TWO TIMES A DAY AS NEEDED	Continue till next follow-up *
TAB Telmisartan 20 MG/TAB	20 MG	ORAL	AT BEDTIME AS NEEDED	Continue till next follow-up *
TAB MAXOLON 10 MG/TAB	10 MG	ORAL	THREE TIMES A DAY AS NEEDED	Continue till next follow-up *
TAB ONDANSETRON HCL 8 MG/TAB	8 MG	ORAL	BEFORE MEALS	Continue till next follow-up *
TAB BACLOFEN 10 MG/TAB	10 MG	ORAL	THREE TIMES A DAY	Continue till next follow-up *

* Do not discontinue taking your prescribed medicine until advised by doctor

To view take home medications from AKUH Patient Care mobile application:

User ID: PHA-464-97-38

Password: TH51021818

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Wound at Discharge

Clean and dry.

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Instructions on Discharge

- Please take all medications as prescribed.
- Please continue Vancomycin 125mg PO 1+1+1 till 28/07/2023 then STOP.
- Diet: Low salt, low fat, high fibre, high protein regular diet.
- Isocal 100ml every 8 hourly via Jejunostomy.
- Please avoid strenuous activity and lifting heavy objects for a few weeks.
- Please do not lift weights of more than 5 kilograms.
- Please avoid developing constipation.
- Activity as tolerated.
- Please follow-up with Dr. Rizwan Khan after 1 week with recent lab results of CBC, BUN, Creatinine, Electrolytes, LFTs, CRP.
- Please follow-up with Dr. Faisal Mehmood after 1 week.
- In case of any emergency, which includes continuous fever, persistent vomiting, abdominal distension, etc, please visit the emergency room or call Ward B-1 at 34862190-91 or hotline number 030418276080.

Followup Appointment(s)

Clinic	Date/Time	Doctor
CC-ACB2-2	31/07/2023 10:00 AM	Dr. M. Rizwan Khan

Printed Discharge Instruction(s) handed over to patient is Generic Discharge Instructions Post Surgery.

AYAQ.

Signature & Mnemonic

Resident/Consultant Dr. Ayisha Qureshi

Date 24/07/2023

In case of emergency, please visit AKUH-ER or call at Hotline Service 0301-8276080 24/7.

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Generic Discharge Instructions (Post Surgery)

This brochure provides information for care at home after discharge. These measures can provide comfort during recovery. If you have any queries or problems, please feel free to ask your doctor or nurse.

We wish you a speedy recovery

Following are generic instructions after surgery. All of it might not be applicable to you. Please follow the instructions provided to you during hospitalisation.

Care of incision

If you have undergone a surgical procedure that required incision on your skin, the following precautions need to be taken while managing the incision at home. However, these are generic instructions: you will get specific details for managing the incision site from your surgeon, if required.

- Check the incision site daily until completely healed; the surgical area may be swollen and bruised at first, but this will gradually disappear.
- Check for signs of increased redness or swelling at wound site.
- Keep the dressing dry and clean, until the incision has sealed and is dry; you need not apply dressing thereafter.
- Staples or stitches would be removed in follow-up visits.
- Gently wash the skin around your incision with soap and water every day unless restricted by your surgeon.
- You may take a shower or soak the incision in water 48 hours after the surgery.
- Loose-fitting clothes may be more comfortable.

Drains care

If you are sent home with drains at surgical site, the following precautions need to be taken:

- Tubing site will require dry gauze dressing after cleaning with soap and water.
- If the tubes are attached to drainage bag, you must keep a record of every day's care of output.
- Observe colour and consistency of drainage and report if unusual discharge is observed.
- Do not empty the drains unless instructed by your surgeon.
- If you have chest tubes, they need to be changed using sterile technique.

Activity and exercise

- You may feel tired for a few weeks after the operation; do take a nap whenever you feel tired
- Restrictions on strenuous activities, heavy lifting, driving, household work, sports and sexual activities would be communicated to you during hospitalisation. Please follow the restrictions as communicated, for the defined period.



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Diet

- If you have a surgical wound, protein intake in your diet would facilitate its healing; good sources of protein include dairy products, eggs, fish, chicken, meat, dried peas and beans.
- Drink adequate amounts of fluids as directed by your surgeon to avoid constipation.
- High-fiber foods such as whole-grain bread, cereals, fresh fruits and vegetables help prevent constipation which can result from decreased activity
- Avoid alcohol, smoking, *pan*, and *chalia*.

Any further dietary recommendations/limitations appropriate for you would be communicated by your surgeon.

Medication

- Take medications as prescribed by your doctor; you can also start your regular medications after discussion with your surgeon.
- If you are advised to take antibiotics, you must complete the full course of the medicine.
- You will be given take-home medications at the time of discharge; the nurse will instruct you regarding the purpose, doses, time and side-effects of the drugs.

When to call your doctor

- Pain that cannot be managed with pain medication
- Wound shows sign of infection such as redness, swelling, pain or discharge
- Fever of 101° F or chills
- Bleeding from any site

Specific alarming signs that need to be monitored at home will be notified to you by your doctor and nurse.

Home health care

If your care is complex, home health care may be used. You would be facilitated to approach home health care facility by an assigned nurse. Our home health care service offers the following nursing care facilities:

- Vital signs and foetal heart monitoring
- Wound dressing and stitch removal
- Stoma care
- Care of surgical drainage
- IV cannulation
- Oral/IV/IM/Nebulizers administration
- Administration of enema
- Blood urine sampling
- Urinary catheterization
- NG tube insertion
- Hygiene care



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Lab investigations

If you are asked to have any lab investigations done after discharge, you need not to come to the main hospital complex. Blood samples can be dropped at your nearby AKU laboratory collection point. Results would be made available in your file within a defined time period. Lab facilities that are not available at these collection points would be carried out at the main laboratory at the Hospital complex. You would be communicated the location of your nearby laboratory collection point before discharge.

You can call Lab Staff at 486 1552 to collect blood sample at home.

If you have any questions related to your disease and care to be taken at home, please feel free to ask your doctor or nurse before discharge.

Other facilities available at AKU

Home physiotherapy; rehabilitation programme after heart attack, stroke, etc.

Follow-up appointment

The follow-up date and time has been scheduled and is mentioned on the discharge card.

For further information please call

Emergency Room,

Aga Khan University Hospital, Karachi.

Tel: 3493 0051; Ext: 1090-91

Direct: 3486 1090 or 486 1091