

## DISCHARGE SUMMARY

Summary No: DS/2025/010456

Date: 14/10/2025

### SECTION 1: HOSPITAL & PATIENT INFORMATION

#### HOSPITAL DETAILS

**Name:** City General Hospital

**Address:** 154/11, Bannerghatta Road, Bengaluru - 560076

**Contact:** 080-26304050 | medical.records@citygeneralhospital.com

**Registration No:** KA/BLR/2005/12345

#### PATIENT DETAILS

**Name:** Ramesh Kumar

**Age/Gender:** 28 Years / Male

**Patient ID:** CGH2025010456

**Address:** 45, MG Road, Bangalore - 560001

**Contact:** +91-9876543210

#### INSURANCE DETAILS

**TPA Name:** Star Health Insurance TPA Ltd.

**Policy Number:** STAR/COMP/2024/789012

**Authorization Number:** AUTH-2025-67890

### SECTION 2: ADMISSION & DISCHARGE DETAILS

**Date & Time of Admission:** 10/10/2025 at 02:30 hrs

**Date & Time of Discharge:** 14/10/2025 at 11:00 hrs

**Total Duration of Stay:** 4 Days

**Type of Admission:** Emergency

**Room Category:** Single Private AC Room

**Treating Consultant:** Dr. Suresh Patel

**Qualification:** MBBS, MS (General Surgery)

**Registration Number:** KMC/12345/2010

**Specialty:** General Surgery

### SECTION 3: CLINICAL SUMMARY

#### PRESENTING COMPLAINTS:

Patient presented to emergency department with acute onset severe abdominal pain in right lower quadrant for past 12 hours. Pain started periumbilically and migrated to right iliac fossa. Associated with nausea, vomiting (3 episodes), and fever (101°F). Pain aggravated by movement and coughing.

#### RELEVANT MEDICAL HISTORY:

No significant past medical history. No chronic illnesses. No known drug allergies. No previous surgeries.

#### PRE-OPERATIVE EXAMINATION & INVESTIGATIONS:

1. **Physical Examination:** Temperature 101.2°F, Pulse 110/min, BP 120/80 mmHg. Abdomen showed tenderness and guarding in right iliac fossa, positive McBurney's point tenderness, positive Rovsing's sign, and rebound tenderness.
2. **USG Abdomen:** Dilated appendix (9mm diameter) with surrounding fluid collection suggestive of perforation and localized peritonitis.
3. **Blood Investigations:** TLC 18,500/cumm (elevated), Neutrophils 85%, CRP 45 mg/L (elevated).

### SECTION 4: DIAGNOSIS

**Provisional Diagnosis (at admission):** Acute Appendicitis with Perforation (ICD-10: K35.32)

**Final Diagnosis (at discharge):** Post-operative status following emergency laparoscopic appendectomy for perforated appendicitis with localized peritonitis (ICD-10: K35.32)

### SECTION 5: PROCEDURE PERFORMED

**Procedure Name:** Emergency Laparoscopic Appendectomy with Peritoneal Lavage and Drain Placement

**ICD-10 PCS Code:** 0DTJ4ZZ

**Date & Time of Surgery:** 10/10/2025 at 08:00 hrs

**Duration:** 75 minutes

**Anesthesia:** General Anesthesia

**Surgical Technique:** Standard 3-port laparoscopic technique. Found perforated appendix with a localized abscess (approx. 30ml). Appendectomy performed, followed by thorough peritoneal lavage. A surgical drain was placed in the right iliac fossa.

### SECTION 6: POST-OPERATIVE COURSE

The patient's recovery was monitored daily. He was started on IV antibiotics and fluids. By Day 1, he was afebrile and started on oral fluids. By Day 2, the drain was removed, and he was started on a soft diet. On Day 3, he was switched to oral antibiotics. By Day 4, he was comfortable, tolerating a regular diet, and declared medically fit for discharge.

## SECTION 7: COMPLICATIONS

Intraoperative finding of a perforated appendix with a localized abscess. This was an unanticipated pathology that required a modified surgical approach and necessitated an extended hospital stay for IV antibiotic therapy.

## SECTION 8: CONDITION AT DISCHARGE

Stable, afebrile, pain well controlled, tolerating oral diet, all surgical wounds clean and dry, and ambulatory without assistance.

## SECTION 9: DISCHARGE MEDICATIONS

1. **Tab. Amoxicillin-Clavulanate 625mg:** 1 tablet, three times daily for 5 days.
2. **Tab. Metronidazole 400mg:** 1 tablet, three times daily for 5 days.
3. **Tab. Paracetamol 500mg:** 1-2 tablets as needed for pain for 7 days.
4. **Tab. Pantoprazole 40mg:** 1 tablet, once daily before breakfast for 7 days.

## SECTION 10: FOLLOW-UP INSTRUCTIONS

### Follow-up Schedule:

Day 7 post-surgery (17/10/2025): Wound check and suture removal.

Day 14 post-surgery (24/10/2025): Final post-operative assessment.

**Activity Restrictions:** Avoid heavy lifting (>5kg) for 2 weeks and strenuous exercise for 3 weeks.

**Warning Signs:** Seek immediate medical attention for fever >100°F, severe abdominal pain, redness or discharge from wounds, or persistent vomiting.

**Emergency Contact:** 080-26304050 (24x7 Emergency)

## SECTION 11: PLAN FOR FUTURE TREATMENT

No further surgical intervention is required. Patient to complete the course of antibiotics and gradually return to normal activities over 3 weeks.

## SECTION 12: TREATING DOCTOR'S DECLARATION

I certify that the patient was under my care, the treatment was medically necessary, and the information provided is true and correct to the best of my knowledge. The extended hospital stay was medically warranted.

Dr. Suresh Patel

MBBS, MS (General Surgery)

Consultant General Surgeon

Registration: KMC/12345/2010

Date: 14/10/2025