

## DISCHARGE SUMMARY

Summary No: DS/2025/012890

Date: 17/10/2025

### SECTION 1: HOSPITAL & PATIENT INFORMATION

#### HOSPITAL DETAILS

**Name:** Manipal Hospital Bangalore

**Address:** 98, HAL Airport Road, Bengaluru - 560017

**Contact:** 080-25023344 | medical.records@manipalhospitals.com

**Registration No:** KA/BLR/2001/45678

#### PATIENT DETAILS

**Name:** Sudha Rao

**Age/Gender:** 65 Years / Female

**Patient ID:** MAN2025012890

**Address:** 45, Koramangala, Bangalore - 560034

**Contact:** +91-9845678901

#### INSURANCE DETAILS

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

**Policy Number:** STAR/COMP/2021/567890

**Authorization Number:** AUTH-2025-90123

### SECTION 2: ADMISSION & DISCHARGE DETAILS

**Date & Time of Admission:** 10/10/2025 at 07:00 hrs

**Date & Time of Discharge:** 17/10/2025 at 15:00 hrs

**Total Duration of Stay:** 7 Days

**Type of Admission:** Planned/Elective

**Room Category:** Single Private AC Room

**Treating Consultant:** Dr. Arvind Kumar

**Qualification:** MBBS, MS (Orthopaedics), DNB, Fellowship in Joint Replacement

**Registration Number:** KMC/34567/2006

**Specialty:** Orthopaedic Surgery - Joint Replacement

### SECTION 3: CLINICAL SUMMARY

PRESENTING COMPLAINTS:

Patient presented with severe left knee pain for the past 5 years, which has been progressively worsening. The pain significantly limited daily activities, including walking and climbing stairs. Conservative management failed to provide adequate relief.

#### RELEVANT MEDICAL HISTORY:

Known case of Type 2 Diabetes Mellitus for 8 years and Hypertension for 6 years, both well-controlled on oral medications. No other major illnesses or previous surgeries.

#### PRE-OPERATIVE EXAMINATION & INVESTIGATIONS:

1. **Physical Examination:** Patient had an antalgic gait and required a walking stick. The left knee had a limited range of motion (Flexion 90°), crepitus, and a varus deformity of 8 degrees.
2. **X-ray Left Knee:** Showed Kellgren-Lawrence Grade IV Osteoarthritis with complete loss of joint space in the medial compartment.
3. **Cardiac & Diabetes Evaluation:** The patient was cleared for surgery, with a plan for perioperative glucose management.

#### SECTION 4: DIAGNOSIS

**Provisional Diagnosis (at admission):** Severe Osteoarthritis Left Knee (Kellgren-Lawrence Grade IV) in a Type 2 Diabetic Patient (ICD-10: M17.1)

**Final Diagnosis (at discharge):** Post-operative status following left total knee replacement (cemented, posterior stabilized with computer navigation) for end-stage osteoarthritis in a diabetic patient with post-operative anemia managed with blood transfusion (ICD-10: M17.1)

#### SECTION 5: PROCEDURE PERFORMED

**Procedure Name:** Left Total Knee Replacement (Cemented, Posterior Stabilized) with Computer Navigation

**ICD-10 PCS Code:** 0SRC0JZ

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

**Duration:** 110 minutes

**Anesthesia:** Spinal anesthesia with sedation

**Surgical Technique:** A standard midline skin incision with a medial parapatellar approach was used. Computer navigation guided the bone cuts for precise alignment. Final cemented components were implanted, achieving a range of motion of 0-120° intraoperatively.

#### SECTION 6: POST-OPERATIVE COURSE

The patient's recovery was monitored over 7 days. On Day 2, she developed symptomatic post-operative anemia (Hemoglobin 7.8 g/dL) and received a transfusion of 2 units of packed red blood cells, after which her hemoglobin stabilized. Her blood sugar levels were managed with an insulin sliding scale and she was transitioned back to oral medications. Physiotherapy was initiated on Day 1, and she progressed from basic exercises to walking with a walker and climbing stairs.

#### SECTION 7: COMPLICATIONS

Post-operative anemia requiring a blood transfusion. Perioperative blood sugar fluctuations requiring insulin therapy and monitoring. These factors necessitated an extended hospital stay of 7 days for close monitoring. There were no surgical complications.

#### **SECTION 8: CONDITION AT DISCHARGE**

Stable and comfortable, with minimal pain. The surgical wound is clean, dry, and healing well. The patient is ambulating independently with a walker and has achieved a knee range of motion of 0-100°. Her hemoglobin and blood sugar levels are stable.

#### **SECTION 9: DISCHARGE MEDICATIONS**

1. **Tab. Amoxicillin-Clavulanate 625mg:** 1 tablet, three times daily for 7 days.
2. **Tab. Aceclofenac 100mg + Paracetamol 325mg:** 1 tablet, twice daily for 14 days.
3. **Tab. Pantoprazole 40mg:** 1 tablet, once daily for 14 days.
4. **Inj. Enoxaparin 40mg (Subcutaneous):** 1 injection daily for 14 days (DVT prophylaxis).
5. **Tab. Aspirin 75mg:** 1 tablet daily for 6 weeks (Extended DVT prophylaxis).
6. **Continue:** Metformin, Glimepiride, and Telmisartan for diabetes and hypertension.
7. **Tab. Calcium Carbonate 500mg + Vitamin D3 400 IU:** 1 tablet twice daily for 3 months.
8. **Tab. Iron + Folic Acid:** 1 tablet daily for 6 weeks.

#### **SECTION 10: FOLLOW-UP INSTRUCTIONS**

##### **Follow-up Schedule:**

- Day 14 post-op (24/10/2025): Wound check and suture removal.
- Week 6 post-op (21/11/2025): Clinical assessment and X-ray.
- Week 12 post-op (02/01/2026): Final post-operative assessment.

**Activity Restrictions:** Use a walker for the first 3-4 weeks. Avoid sitting cross-legged, squatting, or kneeling. No high-impact activities.

**Warning Signs:** Seek immediate medical attention for fever, signs of wound infection, severe pain, calf pain/swelling (possible DVT), or sudden shortness of breath.

**Emergency Contact:** 080-25023344 (24x7 Emergency)

#### **SECTION 11: PLAN FOR FUTURE TREATMENT**

Continue home-based physiotherapy for 3 months. Monitor blood sugar weekly with a primary physician. Recheck hemoglobin at 4 weeks. Gradual weight reduction is advised.

#### **SECTION 12: TREATING DOCTOR'S DECLARATION**

I certify that the patient was under my care, the treatment provided was medically necessary, and the information in this summary is true and correct to the best of my knowledge. The extended hospital stay was medically warranted due to post-operative anemia and the need for blood sugar control.

Dr. Arvind Kumar

MBBS, MS (Orthopaedics), DNB, Fellowship in Joint Replacement

Consultant Orthopaedic Surgeon - Joint Replacement Specialist

Registration: KMC/34567/2006

Date: 17/10/2025