DISCHARGE SUMMARY

Name of Department	ORTHOPAEDICS SURGERY		
Head of Department	**DEPARTMENT OF HIP REPLACEMENT SURGERY - DR. PRITHVI MOHANDAS**		
Name of the Patient	Mr. GOKUL R	IP No	IP240401224
Age/Sex	26 Y 9 M 15 D/Male	Ward No	**C2**
MR No.	771061	Room No	**203**
Address of the Patient	89/100 OLD BAZAR STREET, KANNAMANGALAM, TIRUVANNAMALAI, TAMIL NADU, INDIA, 632311		
Mobile No./Landline No.	9443036399		
Allergies	No known drug allergies	**Blood Group**	"O" Positive
Date of Admission	30-04-2024		
Date of Surgery	02-05-2024		
Date of Discharge	10-05-2024		

Doctors who attended on the patient :

Name	Registration Number
1. Dr. Prithvi Mohandas (Managing Director)	60449
2. Dr. (Col) Trevor Nair (Chief Anesthetist)	89044
3. Dr. Sunil Magadum (Orthopaedic Surgeon)	102798
4. Dr. Riya Achamma Daniel (Periodontist)	33586
5. Dr. Mohamed Ibrahim. S (Junior Resident)	123712

Diagnosis:

1. Avascular necrosis of left femoral head with secondary osteoarthritis of left hip joint - Stage IV (Ficat and Arlet classification).
2. S/P CC screws fixation for neck of femur fracture left side.

Procedure Done : **02-05-2024 - Removal of Screws and Fully Uncemented Total Hip Replacement - Left side**

Chief complaints on admission : Complains of inability to fully bear weight on left lower limb.

Present Medical History & Examination Findings:

The patient got admitted in MIOT International Hospital on 30.04.2024 with complains of fully inability to fully bear weight on left lower limb for past 1 year. Patient gives history of roat traffic accident on

December 2022 and sustained neck of femur fracture - left side. For which he underwent CRIF with cannulated screw fixation in CMC Vellore. He walks with crutch support. His CT-Pelvis report showed Avascular necrosis of left femoral head with secondary osteoarthritis of left hip joint for which he was planned for Removal of screws and Fully Uncemented total hip replacement - left side. Hence came here for further opinion and management.

Condition of the patient on admission :
On admission, the patient's general condition is fair. Conscious, oriented and afebrile.

General Examination:
-Pulse: 82 beats/minute
-BP: 130/80 mmHg
-Respiratory rate: 20/minute
-Temperature: 98.4°F
-Weight: 96 kg

Nutritional Status: Well Nourished.

Local Examination:
Left hip
Surgical scar healed well
No scar tenderness
Active SLRT not possible
Quadriceps wasting noted
ROM passive flexion upto 10° rotatory movements are painful and restricted
Abduction : 0 to 20°, Adduction : Nil
Trendelenburg test : positive
He is walking with assisted Trendelenburg gait on the left side.

Oxford hip score - 7
Harris hip score - 25
WOMAC hip score - 88.5%

Past Medical History: No medical comorbidities.

Past Surgical History: S/P CC screws fixation for neck of femur fracture with AVN of femoral head - left side in CMC Vellore.

Investigations:
30-04-2024 : CONJUGATED (DIRECT) BILIRUBIN : 0.3 mg/dl; TOTAL PROTEIN : 7.8 g/dL; **SODIUM : 142 mEq/L;** SGPT : 28 U/L; **UREA : 20 mg/dL(A);** ALKALINE PHOSPHATASE : 55 U/L; **SERUM CREATININE : 1 mg/dL;** TOTAL BILIRUBIN : 0.4 mg/dL; URIC ACID : 6.7 mg/dL; UNCONJUGATED (INDIRECT) BILIRUBIN : 0.1 mg/dL; SGPT : 28 U/L; **C REACTIVE PROTEIN : 5 mg/L;** UNCONJUGATED (INDIRECT) BILIRUBIN : 0.1 mg/dL; GAMMA - GT : 26 U/L; TOTAL PROTEIN : 7.8 g/dL; CONJUGATED (DIRECT) BILIRUBIN : 0.3 mg/dl; **HAEMOGLOBIN (HB) : 14.6 gm/dL; PACKED CELL VOLUME (PCV) : 44.7 %; TOTAL WBC COUNT : 7980 cells/µL;** DIFFERENTIAL COUNT : ; NEUTROPHILS : 61.5 %; LYMPHOCYTES : 32.7 %; EOSINOPHILS : 1.4 %; MONOCYTES : 3.4 %;

BASOPHILS : 1 %; **PLATELET COUNT : 349000 cells/µL;** RBC COUNT : 5.23 millioncells/µL; MEAN CORPUSCULAR VOLUME (MCV) : 85.5 fL; MCH : 27.9 pg; MCHC : 32.7 g/dL; ABSOLUTE BASOPHIL COUNT : 80 Cell/Cumm; ABSOLUTE EOSINOPHIL COUNT : 110 Cell/Cumm; ABSOLUTE LYMPHOCYTE COUNT : 2610 Cell/Cumm; ABSOLUTE MONOCYTE COUNT : 270 Cell/Cumm; ABSOLUTE NEUTROPHIL COUNT : 4910 Cell/Cumm; RDW-SD : 39.2 fL; OTHERS : %; OTHERS : Cell/Cumm; MEAN PLATELET VOLUME (MPV) : 9.8 fL; TEST : 28.4 Seconds; CONTROL : 27 -; TOTAL BILIRUBIN : 0.4 mg/dL; SGOT : 28 U/L; HALF HOUR READING : mm/hr; ONE HOUR READING : 6 mm/hr; GLOBULIN : 3.3 g/dL; ALKALINE PHOSPHATASE : 55 U/L; ALBUMIN : 4.5 g/dL; PROTHROBIN TIME : 11.5 Seconds; INR(International Normalized Ratio) : 1 -; MNPT : 11.4 -; **PROCALCITONIN : 0.03 ng/ml;** Blood Group : O ; RH Type : POSITIVE ; Xpert MRSA Assay : SPECIMEN : NASAL SWAB METHOD : NESTED REAL TIME RT PCR- GENE XPERT RESULT OF MRSA SCREENING: NEGATIVE INTERPRETATION: 1.This is a qualitative in vitro diagnostic test designed for rapid detection of Methicillin-ResistantStaphylococcus aureus (MRSA) from nasal swabs in patients at risk for nasal colonization. 2.The Xpert MRSA assay is not intended to diagnose MRSA nor to guide or monitor treatment forMRSA infections but to aid in the prevention and control of MRSA infections in healthcare settings. 3.The Xpert MRSA Assay does not provide susceptibility results 4. Because the detection of MRSA is based on the number of organisms present in the sample, reliableresults are dependent on proper specimen collection, handling, and storage. 5. MRSA POSITIVE: MRSA target DNA is detected (presumptive positive for MRSA colonization). 6. MRSA NEGATIVE: MRSA target DNA is not detected (presumed not colonized with MRSA), COMMENTS 1. Staphylococcus aureus is a leading cause of Surgical Site Infections (SSI) and colonized skin is thesource of infection in majority of cases. 2. WHO recommends pre-operative screening for MRSA nasal carriage in patients undergoingcardiothoracic surgeries and joint arthroplasties. 3. For MRSA screening positive patients, Pre-operative decolonization with intranasal 2%mupirocin ointment, twice a day for 5days is advised along with Chlorhexidine 2- 4% bodywash in an attempt to decrease post operative infection. 4. Avoid continuation of nasal decolonization beyond 5 days in order to prevent mupirocinresistance. 5.It is suggested to use Vancomycin along with Cefuroxime for Surgical antimicrobial prophylaxis in patients colonized with MRSA. Intravenous Vancomycin to be used as a single dose 120 minutes prior to skin incision. ; REPORT : NO PUS CELLS, NO ORGANISM SEEN. ; SPECIMEN : URINE ; MICRO NO. : U2401737 -; METHOD : ; SPECIMEN : URINE ; SMEAR (GRAM STAIN) : NO PUS CELLS, NO ORGANISM SEEN. ; COLONY COUNT : ; CULTURE REPORT : ; ORGANISM ISOLATED : ; MICRO NO. : U2401737 -; METHOD : SEMI AUTOMATED METHOD ; PRINCIPLE : KINETIC DETECTION WITH LASER LIGHT SCATTERING ; RESULT : NEGATIVE FOR BACTERIURIA ; COMMENTS : ; GROWTH SEEN - SMEAR : -; INTERPRETATION : ; DEPOSITS : ; BACTERIA : 5 Cells/MicroL; APPEARANCE : CLEAR ; CASTS : - /HPF; COLOR : PALE YELLOW ; CRYSTALS : - /HPF; EPITHELIAL CELLS : 1 Cells/MicroL; OTHERS : - /HPF; WBC : 1 Cells/MicroL; RBC : 4 Cells/MicroL; pH : 5.5 -; SPECIFIC GRAVITY : 1.003 -; YEAST LIKE CELLS : - Cells/MicroL; ALBUMIN : NEGATIVE mg/dl; GLUCOSE : NEGATIVE mg/dl; KETONE : NEGATIVE mg/dl; BILIRUBIN : NEGATIVE mg/dl; BLOOD : NEGATIVE mg/dl; LEUKOCYTE ESTERASE : NEGATIVE cells/ul; UROBILINOGEN : NORMAL mg/dl; NITRITE : ABSENT ; INTERPRETATION : ; INTERPRETATION : ; INTERPRETATION : ;

01-05-2024 : HbA1c - GLYCATED HB : 4.9 %;

02-05-2024 : REPORT : OCCASIONAL PUS CELLS, NO ORGANISM SEEN. ; SPECIMEN : TISSUE TAKEN FROM NEAR THE TIP OF SCREW HEAD LEFT HIP - SAMPLE 3 ; MICRO NO. : O2400714 -; METHOD : ; REPORT : OCCASIONAL PUS CELLS, NO ORGANISM SEEN. ; SPECIMEN : TISSUE

TAKEN FROM NEAR THE TIP OF SCREW HEAD LEFT HIP - SAMPLE 2 ; MICRO NO. : O2400713 -; METHOD : ; REPORT : OCCASIONAL PUS CELLS, NO ORGANISM SEEN. ; SPECIMEN : TISSUE TAKEN FROM NEAR THE TIP OF SCREW HEAD LEFT HIP - SAMPLE 1 ; MICRO NO. : O2400712 -; METHOD : ; **POTASSIUM : 4.3 mEq/L; BICARBONATE : 28.5 mEq/L; SODIUM : 138 mEq/L; CHLORIDE : 105 mEq/L; HAEMOGLOBIN (HB) : 12.2 gm/dL; PACKED CELL VOLUME (PCV) : 36.6 %; TOTAL WBC COUNT : 9480 cells/µL;** DIFFERENTIAL COUNT : ; NEUTROPHILS : 65.8 %; LYMPHOCYTES : 27.7 %; EOSINOPHILS : 0.3 %; MONOCYTES : 5.9 %; BASOPHILS : 0.3 %; PLATELET COUNT : 286000 cells/µL; RBC COUNT : 4.31 millioncells/µL; MEAN CORPUSCULAR VOLUME (MCV) : 84.9 fL; MCH : 28.3 pg; MCHC : 33.3 g/dL; ABSOLUTE BASOPHIL COUNT : 30 Cell/Cumm; ABSOLUTE EOSINOPHIL COUNT : 30 Cell/Cumm; ABSOLUTE LYMPHOCYTE COUNT : 2630 Cell/Cumm; ABSOLUTE MONOCYTE COUNT : 560 Cell/Cumm; ABSOLUTE NEUTROPHIL COUNT : 6230 Cell/Cumm; RDW-SD : 39.3 fL; OTHERS : %; OTHERS : Cell/Cumm; MEAN PLATELET VOLUME (MPV) : 9.6 fL;

03-05-2024 : HAEMOGLOBIN (HB) : 11.9 gm/dL; PACKED CELL VOLUME (PCV) : 36 %; TOTAL WBC COUNT : 8880 cells/µL; DIFFERENTIAL COUNT : ; NEUTROPHILS : 62.8 %; LYMPHOCYTES : 30.5 %; EOSINOPHILS : 0.9 %; MONOCYTES : 5.1 %; BASOPHILS : 0.7 %; PLATELET COUNT : 271000 cells/µL; RBC COUNT : 4.2 millioncells/µL; MEAN CORPUSCULAR VOLUME (MCV) : 85.7 fL; MCH : 28.3 pg; MCHC : 33.1 g/dL; ABSOLUTE BASOPHIL COUNT : 60 Cell/Cumm; ABSOLUTE EOSINOPHIL COUNT : 80 Cell/Cumm; ABSOLUTE LYMPHOCYTE COUNT : 2710 Cell/Cumm; ABSOLUTE MONOCYTE COUNT : 450 Cell/Cumm; ABSOLUTE NEUTROPHIL COUNT : 5580 Cell/Cumm; RDW-SD : 40.1 fL; OTHERS : %; OTHERS : Cell/Cumm; MEAN PLATELET VOLUME (MPV) : 9.5 fL; **POTASSIUM : 4.6 mEq/L; SODIUM : 142 mEq/L; BICARBONATE : 28 mEq/L; CHLORIDE : 107 mEq/L;**

ECHO-CARDIOGRAPHY REPORT on 30.04.2024

- Normal sized heart chambers.
- No regional wall motion abnormality of LV.
- Normal LV systolic function LVEF ~ 68%.
- Trivial Mitral regurgitation.
- Trivial Tricuspid regurgitation; No PAH.
- Trivial Pulmonary regurgitation.
- Normal RV function (TAPSE ~2.5cm, S' ~11cm/s); Normal pericardium.
- No clot / vegetation.

X-PELVIS WITH BOTH HIPS AP on 30.04.2024

- Healed fracture noted in the neck of femur. Multiple fixation screws are noted insitu.
- Geographic area of abnormal sclerosis with multiple lytic areas noted in left femoral head. Shape of left femoral head is deformed.
- Left hip joint space is reduced.
- Small marginal osteophytes are seen in left femoral head and left acetabulum.
- Subarticular sclerosis noted in left acetabulum - s/o AVN - IV.
- Right hip joint is normal.

USG - ABDOMEN on 30.04.2024

- Fatty liver.

X-CHEST PA on 30.04.2024

- Trachea and mediastinum appears normal.
- Lung fields are clear.
- Cardiothoracic ratio is within normal limits.
- Cardiophrenic and costophrenic angles are free.
- Bony thorax is normal.

X-HIP JOINT AP (BEDSIDE / EMERGENCY) LEFT on 02.05.2024

- S/P Removal of Screws and total hip replacement.
- Implants insitu.
- Post operative changes and drain tube noted.

DOPPLER - VENOUS LEFT on 08.05.2024 (Post-Operative)

- No evidence of deep venous thrombosis, however gross stasis noted.

DOPPLER - VENOUS RIGHT on 08.05.2024 (Post-Operative)

- No evidence of deep venous thrombosis, however gross stasis noted.

X-HIP JOINT AP LEFT on 08.05.2024

- S/P Removal of Screws and total hip replacement.
- Implants insitu.

Treatment given with dates:

On 02-05-2024, He underwent **Removal of Screws and Fully Uncemented Total Hip Replacement - Left side** under GA.

Course in the hospital:

He was evaluated in detail by the Orthopaedic Surgeon, Periodontist & Anesthetist.

Patient was evaluated in Orthopedic OPD with
CT Pelvis including both hips done here shows:

- Avascular necrosis of left femoral head with secondary osteoarthritis of left hip joint - Stage IV (Ficat and Arlet classification).
- Healed fracture in neck of left femur with fixation screws insitu.

Hence patient was planned for Removal of Screws and Fully Uncemented Total Hip Replacement - Left side.

ECG, Echocardiography, X-ray Chest, Plain x-ray of pelvis showing both hips to midshaft of both femurs AP view, USG Abdomen and routine blood and urine investigation was done.

On **30.04.2024,** Dentist opinion was obtained for surgical fitness. On examination patient was found to have no presence of any dental foci. Advised to maintain oral hygiene, Chlorhexidine mouth wash two

times a day after breakfast and dinner and to continue till 10 days post surgery. Avoid eating or drinking for 20 minutes after gargling. Given fitness for surgery from Dental perspective.

On **01.05.2024**, Anesthetist has given fitness for the surgery after reviewing the ECG, ECHO, USG Abdomen, blood and urine reports.

On **02.05.2024**, He underwent **Removal of Screws and Fully Uncemented Total Hip Replacement - Left side** under GA.

His postoperative period was uneventful. His surgical wound was inspected on a daily basis, which was found to be clean and healthy.

3 Tissue samples taken from near the tip of screw head left hip sent for culture / sensitivity and 48 hours report showed no growth, awaiting for delayed report no growth.

Postoperatively side lying in right lateral position was made between 9am to 11am and 2pm to 4pm.

He was made to walk full weight bearing parallel bar and made to sit out with the aid of Physiotherapist.

From **03.05.2024 to 05.05.2024**, Orthopedic Surgeon reviewed the patient and his surgical wound was inspected on a daily basis, which was found to be clean and healthy.

On **06.05.2024**, Drain was found to be minimal hence was removed.

He was taught to walk full weight bearing with 2 elbow crutches and toilet training was given

Physiotherapy Exercises: Pelvic bridging exercises, Quadriceps strengthening exercises, Active ankle, knee and toe mobilization exercises.

On 08.05.2024, Bilateral doppler venous lower limbs was done, which showed no evidence of deep venous thrombosis and Digital x-ray of left hip was done, which showed the implant in excellent position.

He is being discharged in a stable condition. His general condition improved gradually.

Condition of the Patient on Discharge:

He is haemodynamically stable at the time of discharge.

Discharge Medication & Advice on Discharge:

Prescription Details:

Drug Name Generic Name	Dosages	Frequency	Route of Admin	Relationship With meal	Duration
Cap. Omeprazole (Antacid)	40mg	(0-1-0)	Oral	½ hour before food	10 days
Tab. Aspirin (Anticoagulant)	75mg	(0-1-0)	Oral	After food	10.05.24 to 21.06.24
Tab. Paracetamol (Analgesics)	1gm	If required	Oral	After food	For pain
Tab. A to Z (Multivitamins)	1 tab	(1-0-0)	Oral	After food	30 days

MEDICINES PURCHASED CANNOT BE RETURNED.

Diet : Normal Diet

Physical Activity

- **Full Weight Bearing walking with 2 elbow crutches.**
- No stair climbing for 1 month.
- Pelvic Bridging
- Side lying in right lateral position with one pillow between the knees during daytime.
- No pillows in supine position.
- Short arc & long arc quadriceps exercises.
- Active ankle & toe movements
- Use Western toilet only.
- Do not use Indian toilet.
- Do not sit on the floor.
- Do not cross leg and bend to cut toenails.
- Do not ride 2 wheelers/ drive 4 wheelers.
- **No external physiotherapy.**

Special Instructions:

WOUND CARE PROTOCOL:

It is Safe for you to have a bath.

Everyday wash the wound thoroughly with soap bubbles and water two times a day, morning and evening.

Do not cover the wound with any dressing unless your Orthopaedic doctor specifically asks you to do so.

Do not use any kind of ointment, antiseptic or massage on or around the wound site. This will delay wound healing.

PRECAUTIONS:

While sitting you must ensure that your buttock is at least 17 inches from the ground.

You are not allowed to cross your legs for a period of 4 weeks from the operation.

Do not use Walker or Walking frame while walking.

You must use the crutches while walking at all times.

You must not squat, sit on the floor or use an Indian toilet.

It is normal for the operated leg to be slightly swollen during the day. This swelling will gradually reduce over the four week period following the operation.

Take great care getting in and out of any kind of transport. Before you leave hospital you will be instructed how to get in and out of a car safely. Please make sure that when you are in a car you are obeying the 17 inches height rule.

The stocking given to you in the hospital will help to increase the venous blood return from your calf muscle. It is essential that they are worn during the night and when you are not mobilising during the day.

FOLLOW-UP:

You will need to come back to the hospital approximately one month from the date of your operation. At this time you will first have a check x-ray of your pelvis and then be seen by the Consultant Orthopedic Surgeon.

Next Review:

REVIEW ON 13.06.2024 (THURSDAY) IN ORTHO OPD AT THAT TIME KINDLY BRING ALL OLD X-RAYS

TO DO DIGITAL X-RAY – LEFT HIP AP VIEW

(Note: Please confirm Appointment 2 days prior to next visit Fix appointment with
Ms. Gayathri - 72990 68172, Ph.No: 22492288 and Extn.No: 4492)
E-Mail Address: - (hip@miotinternational.com)

Discharge Summary Explained by Sister :

Discharge Summary Received by Mr./Mrs. :

Please contact the hospital immediately if patient has the following symptoms –

Pain – severe pain

Discharge from the operated wound

Swelling in the operated area

Swelling in the feet and legs

If needed, please do contact

For Medical Issues and discharge related queries please contact

9am to 5pm - Ward doctor, Ward Secretary or Ward In-charge (044-22492288 Ext:- 4333/4304)

5pm to 9 am - Emergency Duty Doctor (044-22492288 Ext: - 4120, 4100, 4130)

For Admin related issues

9am to 5pm - PRO of the ward - Mrs. Jayanthimala - 75400 96193.

For Emergency Admin issues after 6 pm please contact Chairman's Secretaries:

Ms. Pushpa - 9841816363

Ms. Neeta - 7708022003

Ms. Rebecca - 9710922003

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Department of Joint Replacement and Trauma Surgery
Reg. No.102798

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