DISCHARGE SUMMARY

Patient Name	: Sania	Age/Sex	: 29 Years 4 Months 21 Days / FEMALE
MRN	: HEBL-0000367705	Visit No.	: A0000000001-HEBL
Admitting Consultant	: DR NARENDRA PRASAD	Ward /Rm /Bed No.	: AC29 / 190 / 1904
Admitting Group	: LIFE CARE ANESTHESIA ASSOCIATES	Department	: Internal Medicine
Admission Date/Time	: 22/05/2019 03:18PM	Discharge Date	: 24/05/2019

Discharge Type DISCHARGED - DOCTOR ADVICE

Admission diagnosis :

Symptomatic cholelithiasis.

Discharge diagnosis :

Symptomatic cholelithiasis.

Consultants involved :

DR. NAREN PRASAD	Internal Medicine
DR. NAREN PRASAD	Internal Medicine

Brief history and physical on admission :

The patient is a 30-year-old female admitted with abdominal pain elevated bilirubin and probable common bile duct stone.

Significant Past Medical and Surgical History:

History of UTI

Course in the hospital :

The patient is a 30-year-old female admitted with elevated bilirubin and probable common bile duct stone. She was admitted through the emergency room with abdominal pain, elevated bilirubin, and gallstones on ultrasound with a dilated common bile duct. She subsequently went for a HIDA scan to rule out cholecystitis.

Procedures Performed :

LAPROSCOPIC CHOLECYSTECTOMY

Surgeries Performed :

Proceeded with laparoscopic cholecystectomy and during the cholangiogram there was no contrast. It was able to be extravasated into the duodenum with the filling defect consistent with the distal common bile duct stone. The patient had undergone a Roux-en-Y gastric bypass but could not receive an ERCP and stone extraction, therefore, common bile duct exploration was performed and a stone was extracted. She had a significant amount of incisional pain following morning, but no nausea. Her bilirubin was down to normal and white blood cell count was normal with an H&H of 9 and 26.3. she was discharged home.

Investigations :

"Investigation reports are enclosed."

Significant Medication Given During Hospitalisation :

Omeprazole 20mg tablet- Oral- twice a day for 3 days
Colace 50mg Tablet at night for 1 week

Condition at discharge :

Her bilirubin was down to normal and white blood cell count was normal with an H&H of 9 and 26.3.

Discharge Diet Plan :

High fibre rich diet
More Fluid intake

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Discharge Physiotherapy Plan :

None

Discharge Medication and advice :

Iron 325mg Tablet Oral Three times a day
Lortab elixir 15cc Oral Every foure hours.
Colace 50mg Tablet at night for 1 week

Followup was in 8 days for staple removal. Do urine culture and urine routine before doctor consultation

Follow up /appointment :

Discharge Diagnosis Classification:

Diagnosis	ICD
Cholelithiasis	K80

Discharge Instructions / When to Obtain Urgent Care :

"Please contact the hospital helpline if patient develops following symptoms"

Nausea and Vomiting | Abdominal pain | Blood in the urine | Blood in the stool | Swelling at the operated site | Fever > 101 | Pain when you urinate

Consultant Signature	Patient / Kin Signature
 DR NARENDRA PRASAD Consultant - Internal Medicine Reg No. : CMK 83834 9999999999, 9999999999,	Sania / 1231213432

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This Document is digitally signed and hence no manual signature is required.
In case of Emergency/Questions, please contact - 080-41791000/30123456.
Please call 7676300900 for ambulance requirements.