

Name: Mrs C Lakshmi
Patient ID: 10020001277899

DISCHARGE SUMMARY

Name: Mrs C Lakshmi

Age/Sex: 40years/Female

Patient ID: 10020001277899

PD No: INP-1002-2109000037

Address: # 1/96, A1 N.B Agraharam, Chennathur, Hosur, Krishnagiri, TN, INDIA 635109.

E-mail: manishkumar_24@outlook.com

Contact No: +91-9443756089

Director & Unit Head: Dr. Sanjay Goja

Referred By: Dr. Nandish

Blood Group: AB⁺ positive

Date of Admission: 01st Sep 2021

Date of Surgery: 02nd Sep 2021

ICU Stay (in days): 04

Date of Discharge: 21st Sep 2021

Diagnosis : Decompensated Chronic Liver Disease
Etiology : Cryptogenic
Decompensation : Ascites, Jaundice, AKI
Portal Hypertension
CTP - 8
Sodium MELD - 17

Surgery: Live Donor Liver Transplantation (Left Lobe Liver with MHV graft)

History:

Mrs C Lakshmi, 40 Yr/F, was diagnosed as acute on chronic liver failure in early 2021 when she presented with complaints of ascites, progressively worsening jaundice & raised creatinine. H/o CAM (+). She was managed with conservative measures initially. She was found to have acute HAV infection and Leptospirosis for which she was started on Doxycycline. In view of worsening jaundice, she was managed in MICU, she underwent 2 sessions of plasmapheresis to which she responded well. Later she developed candidemia and bacteruria (Enterococcus related) which was managed with culture based antibiotics and antifungal agents. She developed Dengue fever which was managed conservatively. She underwent large volume paracentesis under albumin cover, ascitic fluid was sent for analysis which ruled out SBP. She responded well to conservative measures, further she was counselled regarding the need for Liver Transplantation. She has been on supportive treatment measures since then. Furthermore, she underwent multi disciplinary team evaluation & clearances for Liver Transplantation as required as per "protocol". Currently, she was admitted for Live Donor Liver Transplantation.



Operative Reconstruction Details:

- **Hepatic venous anastomosis**
Graft LHV-MHV confluence to Recipient native IVC, 4-0 prolene continuous
- **Portal Venous anastomosis**
Graft LPV to Recipient MPV, 6-0 prolene, continuous fashion; growth factor left
- **Arterial reconstruction:**
Graft LHA to Recipient RHA, 7-0 prolene, interrupted, under 3x magnification (Normal Risk anastomosis).
- **Biliary reconstruction:**
No. of graft ducts: 01 (LHD)
Ducts configuration: Single
Diameter: 4 mm in caliber
Number of anastomosis: 1
Anastomosis: Duct to Duct, Graft Duct (LHD) to Recipient CHD, 6-0 PDS, interrupted, no stent

Hospital Course: Mrs. C Lakshmi, 40 Yr/F, a known case of Decompensated Chronic Liver Disease (Cryptogenic etiology) was admitted for Live Donor Liver Transplantation (LDLT). She underwent elective Left Lobe LDLT in a "secure bio bubble" on 02/09/21. Intra operatively, antibiotics were escalated to Meropenem & Anidulafungin in view of large volume blood loss, low SVR & requirement of high dose vasopressor supports. In the immediate post operative period, she was managed in Liver ICU. She was extubated on POD 1. Immunosuppressants (Tacrolimus & Methyl prednisolone) were started as per standard protocol on POD 1. Tab Septran & Tab MMF were introduced once cytopenia resolved. Ecosprin & low dose anticoagulants were started once drain fluid was serous, coagulation parameters and platelet counts improved. Oral diet was started when her bowel movements resumed. POD 9 onwards she had rising trend of AST & ALT levels which was managed with high dose of Methyl prednisolone; & dose of Tacrolimus & MMF were increased as well accordingly to which she responded well. Valgancyclovir was added for CMV prophylaxis. CT abdomen was done which ruled out any intra abdominal collection / septic foci. She had high blood sugars (steroid related) which was managed with regular insulin based on sliding scale. On POD 14, her abdominal drain fluid appeared cloudy / chylous & hence she was started on MCT diet. IV albumin infusion & IVF were given to maintain adequate hydration. Dyselectrolytemia was managed with appropriate electrolyte supplementation. Graft liver vascular inflow & outflow were monitored using serial sequential Doppler USG in the post operative period. All cultures (blood, urine and drain fluid) were sterile post operatively. Blood sample sent for CMV DNA PCR quantitative assay was negative. Antibiotics were de escalated once her general condition improved. She recovered well with above mentioned conservative measures in the post operative period. Presently, she is conscious, oriented to time & place, maintaining adequate saturation (SpO2) on room air, afebrile, hemodynamically stable, tolerating oral MCT based diet, surgical site is clean & healthy, Graft Liver appears to be functioning well & she is being discharged with following medical advise. Abdominal drain is left in situ & is planned for removal on follow up in OPD at a later date.

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Lab Investigations: Sheets attached

Histopathology:

Surgical pathology number – H-4866/2021

SPECIMEN: Explant Liver with Gall Bladder

Microscopy: Liver shows loss of architecture & vascular relationship. There is diffuse nodule formation with surrounding bridging fibrosis, which is consistent with cirrhosis. The hepatocytes show some swelling, there is minimal hepatocellular, canalicular & bile ductular cholestasis. There are patchy foci of mixed inflammatory cells in the lobules. Steatosis is minimal & patchy (less than 1% of hepatocytes). The fibrous septa show ductular reaction with patchy sparse inflammation. Native bile duct branches are seen. The reticulin stain shows loss of normal architecture with loss of central vein & presence of double cell plates. No PAS - diastase positive cytoplasmic globules are seen in the hepatocytes. The reticulin & iron show no abnormal staining pattern. There is no e/o granuloma or malignancy.

Sections show Gallbladder wall with mucosa showing mild chronic inflammatory infiltrate. There is no e/o dysplasia or invasive carcinoma.

Impression: Explant Liver - Chronic Liver Disease with established Cirrhosis, negative for malignancy.
Gallbladder - Chronic Cholecystitis.

Advice on Discharge:

Diet:

- MCT diet
- Maintain Hydration- Drink plenty of water & liquids
- Daily 2.5-3 litres of fluids orally.
- Magnesium rich diet :Nuts and seeds, Legumes (black beans, chickpeas and kidney beans), Vegetables peas, cabbage, green beans, artichokes, asparagus, brussels sprouts), Seafood (salmon, mackerel, tuna)
- Maintain Food hygiene
- Avoid Street food
- Avoid fatty/ oily food/red meat.
- Avoid Consumption of alcohol / CAM.
- Avoid smoking.

Activity:

- Avoid lifting heavy weights for 3 months
- Chest physiotherapy 2 hrly
- Spirometry 10 times every 2nd hourly

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Medical Co morbidities : None
Past Surgical History : None
Addictions : None
Allergies : None

Height / Weight / BMI : 152cms / 42kgs / 17.3kg/m²

On Examination:

KPS - 80

Pallor (-)

Icterus (+)

B/L Pedal edema (+)

R/S: NAD

CNS: NAD

CVS: S1 S2 (+), no murmurs

Per Abdomen:

No scars

Umblicus Normal

No organomegaly appreciated clinically

Free fluid appreciated clinically

Soft Abdomen

Bowel Sounds (+)

Operative Details:

Surgeons: Dr. Sanjay Goja, Dr. Manoj Singh, Dr. Varun Mahabaleshwar, Dr. Raghavendra C V

Anesthetists: Dr. Annu Sarin, Dr. Vidyadhar Metri

Intra Operative Findings:

Cirrhotic Liver, Mild ascites

Procedure performed: Live Donor Liver Transplantation - Left Lobe Liver with MHV graft

- **Graft Weight** : 350 gms
- **GRWR** : 0.83
- **Cold Ischemia Time** : 53 min
- **Warm Ischemia Time** : 45 min
- **Temporary portocaval shunt in anhepatic phase** : not done

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- Steam Inhalation TDS 10am-2pm-10pm
- Take all precautions to prevent COVID-19 SARS CoV(2) infection
- Please take COVID – 19 Vaccine at a local vaccination centre after 3 months

Wound Care:

- Daily Dressing-for dressing come to 6th floor OPD (MSMC).
- 24 hours Drain output charting. (Abdominal drain is left in situ)

Advice on discharge explained and follow up counselling done.

Discharge Medications:

S.No	NAME OF MEDICINE	DOSE	TIMINGS
IMMUNOSUPPRESSIVE DRUGS			
1	Tab Prograf	1.5mg-1.5mg BD	8am-8pm ✓
2	Tab Cellcept	750mg-750mg BD With Hold if TLC<4.0 or platelets < 40,000	9am-9pm ✓
3	Tab Wysolone (Omnacortil)	40mg OD (dose of Wysolone to be revised on follow up everytime)	10am ✓
ANTIBIOTICS			
4	Inj Magnex Forte	1.5gm IV BD x 7 days	8am-8pm
5	Tab Ceftum	500mg BD x 14 days (To be started once IV antibiotics are stopped)	9am-9pm ✓
ANTIVIRALS/ANTIFUNGALS/ANTIPROTOZOAL			
6	Tab Valgancyclovir	900mg OD x 3 months from date of transplant (till 02/12/2021)	11am ✓
7	Tab Fluconazole	400mg OD x 3 months from date of transplant (till 02/12/2021)	12pm ✓
8	Tab Septran SS	1 Tab Alternate day x 3 months from date of transplant (till 02/12/2021) With Hold if TLC<4.0 or platelets < 40,000	2pm
9	Candid Mouth Paint	6 drops, 6 hourly for 3 months from date of transplant (till 02/12/2021)	8am, 12pm, 4pm, 10pm ✓

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MULTIVITAMINS			
10	Tab Thiamine	100mg BD x 7 days (till 28/09/2021)	9am-9pm ✓
11	Capsule Zevit/Becosules/Eldervit	1 OD x 3months from date of transplant (till 02/12/2021)	2pm
12	Tab Magnorate	500mg, 1 BD x 3 months from date of transplant (till 02/12/2021), will revise the doses thereafter	8am-8pm ✓
13	Inj Mgso4	1gm IV BD X 3 days (slowly over 1 hour IV Infusion)	8am-8pm ✓
14	Tab Shelcal	500mg, 1 BD x 3 months from date of transplant (till 02/12/2021), will revise the doses thereafter	9am-9pm ✓
15	Cap Evion	400mg OD x 3 weeks from date of discharge (till 12/10/2021)	10am ✓
16	Tab Limcee	500mg, 1 Tab BD x 3 weeks from date of discharge (till 12/10/2021)	8am-8pm ✓
17	D - Rise Capsule	60000 IU p/o once a week for 4 weeks from date of discharge (till 21/10/2021) followed by once monthly for 6 months	12pm (Every Thursday) ✓
18	Addphos Satchets	3.2gm (500mg elemental phosphorus) – Twice a day x 4 days	10am-10pm ✓
OTHERS			
19	Tab Pantocid	40mg BD currently. Will revise to OD dose on follow up (to continue till steroids are weaned off)	7am-7pm (Before meals) ✓
20	Syp Sucralfate	10ml TDS x 7 days (till 28/09/21)	7.30am-12.30pm-7.30pm (Before meals) ✓
21	Tab Udiliv	300mg TDS x 3 weeks from date of discharge (till 12/10/2021)	9am-2pm-9pm ✓
22	Tab Ecosprin	75mg OD for 3months from date of transplant (till 02/12/2021) (With Hold if platelets < 40,000)	2pm ✓
23	Inj Clexane	20mcg S/C BD,x 14 days (till 05/10/21)	9am-9pm
24	Peptamen Powder	3 scoops TDS for 3 months from date of transplant (till 02/12/2021)	10am, 4pm, 10pm ✓
25	Inj Human Albumin	20%, 100ml IV OD over 4 hrs x 3 days	9am ✓
26	Chlorhexidine Mouthwash	20ml TDS for 3 months from date of transplant (till 02/12/2021)	10am,3pm,11pm ✓
27	Syp Cremaffin Plus	20ml P/O HS x 3 days, then as and when required,	10pm ✓

Mazumdar Shaw Medical Center

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Appointments

1800-309-0309 (Toll Free)

Emergencies

97384 97384

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		(for constipation)	
28	Tab Ultracet	1 tab SOS (For Pain only) (To be consumed after food). Not to be repeated within 8 hours	

****OD:** once a day, **BD:** twice a day, **TDS:** thrice a day, **QID:** four times a day,
SOS: as & when required, **BBF:** before breakfast, **HS:** bedtime

Pre-meals Blood Sugar Charting

- Before breakfast (BB), Before Lunch (BL), Before dinner (BD) & at Bed time (BT)(11pm).

Insulin dose adjustments for patients with steroid induced deranged sugars / DM patients

Blood glucose(mg/dl)	Inj Huminsulin-R / Inj Novarapid (Change in dose)
<150	0 units
151-180	2 units
181-210	4 units
211-240	6 units
241-270	8 units
271-300	10 units
301-330	12 units and inform the doctor

* Inj Insulin (Regular / Mixtard) as advised by the Endocrinologist

** Strict Glycemic control

** Maintain RBS < 150 mg/dl round the clock

Wysolone / Omnacortil / Prednisolone dose reduction schedule (to be revised on follow up visits everytime)

Tab Wysolone
25mg OD x 1 week
22.5mg OD x 1week
20mg x 1week
17.5mg x 1week

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15mg x 1week
12.5mg x 1week
10mg OD x 1 week
7.5 mg x 1 week
5 mg * X 1 week
2.5 mg x 1 week then Stop
* patients with PSC, PBC ,autoimmune hepatitis and <u>Cryptogenic CLD</u> should continue on this 5mg dose and not reduce any further

Raise an alarm or reach us immediately in case of:

- Fever more than 100 degree F
- Uncontrolled blood sugars
- Chest pain / shortness of breath
- Signs of infection at the surgical site: redness / swelling / increased pain / pus discharge
- Jaundice, GI bleed, loose stools, vomiting
- Tremors, disorientation / confusion
- Sharp rise in bilirubin levels
- Sharp rise in AST / ALT levels
- High Tac level > 12 ng/mL

Follow up Investigations:

(Date: 24th September 2021 (Friday) @ 7:00 am)

- CBC, LFT, RFT, PT, INR, APTT, CXR, Blood c/s, Urine c/s, CMV DNA PCR Quantitative Assay
- Tac Level @ 7.00 am

(Date: 27th September 2021 (Monday) @ 7.00 am)

- CBC, LFT, RFT, PT, INR, APTT, Blood c/s
- Tac Level @ 7.00 am

**** (Tac level To be given every time at 7.00 am before taking the morning dose of Tab Tacrolimus)**

Follow up Date: 24th September 2021 (Friday) @ 12pm with prior appointment.

*** Please collect previous culture reports & other Lab reports before coming for follow up visit**

**** Please collect HSV I/II PCR & Dengue Serology report before coming for follow up visit**

***** Please collect all HPE reports before coming for follow up visit**

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Follow up with Liver Transplant team at 6th Floor OPD (MSMC)
Center for HPB Surgery & Liver Transplantation, Mazumdar Shaw™ Medical Center, NH Health City,
Bangalore - 560099, India.

Follow up referrals (if any):

- Dr. Ravi Kiran / Dr. Vinay (Hepatologist)
- Dr. Kannan / Dr. Shivaprasad (Endocrinologist, For Glycemic control)
- Dietician - for MCT Diet

Surgeons:

Dr. Sanjay Goja	: 9999466146	Dr. Rajiv Sinha	: 9008657700
Dr. Manoj Singh	: 8800540734	Dr. Ashok Thorat	: 9356692533
Dr. Varun Mahabaleswar	: 9878104238	Dr. Rahul Roy	: 8890227829
Dr Raghavendra C V	: 9591041516		

Hepatologists:

Dr. Rahul Rai	: 7024127024
Dr. Ravi Kiran	: 9972341069
Dr. Vinay	: 9670325999

For Appointments, please reach us at: 080 - 71222777

Transplant Coordinator: Mrs Sheela Abraham: +91 7348951117, +91 9742060765

Transplant Coordinator: Mr Shyam: +91 9513786371

e - mail: liver.transplant@narayanahealth.org, nhliver.followup@gmail.com

****24 hour Emergency helpline: 7970079700**

*****24/7 Patient helpline: 080-7122 2222**

******24 hour Ambulance services in Bangalore: +91 9980115588**

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