

**MARY HELP OF THE SICK MISSION HOSPITAL****MOTTO: YOUR HEALTH OUR CONCERN**

P.O. BOX 792 -01000, THIKA-KENYA

TELEPHONE : 020 800 6257 / MOBILE 0724 936 177 / EMAIL: info@maryhelphospital.org

**DOCTORS WARD ROUND**NAME Irene Njoki Mutahi

NO.

DATE	COMMENTS
<u>17th Oct 2021</u>	<p>Patient admitted for Emergency cl<sup>s</sup> in MSL II est term. tmp wane EDS pr Eas Sun - 21/10/2021 930-39/40 Ch: Preg MSL <sup>10</sup> since yesterday initially a lot greenish Patient thought it was urine - No Contraception priv 2yo 1st vs Abn zm SDS ? CP, ?Abn. Had been advised to take cls for current preg BNC uneventful now In 2 episodes of BP 5 no post No pain &amp; feels relieved</p>

No pain &amp; feels relieved

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DATE	COMMENTS
<u>Pm 4/4</u>	WIC signs FST - man burns w/w
9/6	H P+ Prebold selected article
BP 142/79	Pr - 94 wt 86
<u>PNT test:</u>	
HB - 12.2	count 9.6 on 10/10 O +ve, VDRL -ve, Hiv -ve HBsAg -
Urine - R m	PNT 2
TSIT - E	
PFT test done by fitate	
Hg no return	
Sputum: Dray MSL II Cew - s	
Chres no ligon smeg	
GW sys - nos	
<u>Imp</u>	MSL II S ? chronic sinus
Phu - Almit MST	
Gxm 20	
hypon, VDRL RBS, urin	
Consort	
dr Edso	P

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**DOCTORS WARD ROUND**

NAME \_\_\_\_\_

LP NO. \_\_\_\_\_

DATE	COMMENTS
<u>18/10/2021</u>	
Dt	new . no complaints
BP	137/80 Pa - 77
PP	uter - new catwated 20/40 bowel - stools passed mam - minimal Breasts - not active
	pr - Methyltin 10mg tds X 3/ - Flunoxine 15mg od X 3/
<u>19/10/2021</u>	<u>Ø</u>
Dt	wet
	Hns Cervix -
	my - Oral Medication
	- Paracetamol Ø

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DATE	COMMENTS
<u>19/10/2025</u>	Cephalone 800 B. Bebpayn " BD 10 AM + 18 X 89
<u>20/10/2025</u>	Wey no Cepa PM D Rp
	(Signature)

**INFORMED CONSENT FOR GENERAL & OBSTETRIC SURGERIES**

**PATIENT INFORMATION**

Name: Frances Njoki Mutua Date of Birth: 1992 Hospital No.: 427167

Address: Section 9 Contact: 0907817767

Legal Representative (if applicable): \_\_\_\_\_

I acknowledge that the proposed General/Obstetric Surgery, including its risks, benefits, and alternatives has been explained to me in clear, understandable language.

**PROCEDURE DETAILS**

Surgery Name: Gynaecology cl

Reason for Surgery: MBC III

Duration: 1 hr

Anesthesia Type (✓):  General  Regional (Spinal/Epidural) |  
 Sedation  Local

**Expected Outcome:** Symptom relief, prevention of complications, or health improvement.

I understand that additional/unplanned procedures may be necessary during surgery based on findings complications.

**Key Risks**

**General Surgical Risks:**

- Bleeding (may require transfusion), infection (wound, urinary, or bloodstream), blood clots (pulmonary embolism), pain/swelling, poor wound healing (seroma, dehiscence), injury to adjacent organs/nerves (bowel, bladder, blood vessels), scarring, or death (rare).

**- Obstetric-Specific:**

Uterine rupture, retained placental tissue, postpartum hemorrhage, pelvic organ injury (bladder/future fertility challenges (adhesions, Asherman's syndrome), emergency hysterectomy (life-threatening bleeding), fetal compromise (if pregnant), or miscarriage/preterm labor.

**Anesthesia Risks:**

- General: Nausea/vomiting, sore throat, dental injury, aspiration, breathing difficulties, pneumonitis, stroke, awareness under anesthesia (rare), or death (extremely rare).

- Regional (Spinal/Epidural): Headache, backache, nerve injury, hypotension, urinary retention, or numbness.

- Allergic Reaction: Rash, anaphylaxis (rare).

No guarantees of outcome have been provided.

## TREATMENT ALTERNATIVES

Non-Surgical: Medication, physical therapy, observation, or other interventions (explained):

Alternative Surgeries:

I have discussed alternatives and understand why the proposed procedure is recommended.

## PATIENT RESPONSIBILITIES

- Disclose full medical history, allergies, medications, and prior anesthesia reactions.
- Follow pre/post-op instructions (fasting, wound care, follow-ups).
- Acknowledge financial responsibility for treatment costs.

## EMERGENCIES & CONFIDENTIALITY

- I consent to additional interventions if unforeseen conditions arise during surgery to protect my health/life.
- My medical data will remain confidential but may be used anonymously for education/quality improvement.

## VOLUNTARY CONSENT

By signing, I confirm:

I have read/been explained this form, had time to ask questions, and received satisfactory answers.  
I freely consent to the procedure and anesthesia.

## SIGNATURES

Role	Name	Signature	Date
Patient/Representative	IRENE Nakirumani	[Signature]	17/10/20
Nursing Nurse	Agnes	[Signature]	17/10/20
Operating Surgeon	Wany M	[Signature]	17/10/20
Standing Anaesthetist	Gallam	[Signature]	17/10/20

## OPTIONAL NOTES & ACKNOWLEDGMENTS

Medical Concerns Discussed:

Medication Used (if applicable):  Yes  No | Name: \_\_\_\_\_

## CONCERN DISCUSSED

Specific Risks:  Diabetes  Hypertension  Obesity  Prior surgeries  Allergies  
 Others

Logistical:  Limited home support  Travel barriers to follow-up.

Religious Needs:  Blood transfusion preferences  Prayer/ritual accommodations.

Mental Health: Anxiety/depression management during recovery.

Contact Information: info@maryhelphospital.org

Thank you for choosing Mary Help of the Sick Mission Hospital. Your safety and care are our priority.

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PREOPERATIVE CHECKLIST

**OPERATION:** En cl 2° NDFS  
**Name of Patient (in full)**: Irene Njoki mutahi  
**P No.**: 42747 **Ward No.**: Lwari

Ward Check (Nurses)	Ward Check (Doctor's)	Theatre Check (Anaesthetist's)	Theatre Check
Gown and socks Nails Jewellery, etc Dentures Preparation	Hydration Normal..... yes/No Hb..... Gm%PVC ..... % Electrolytes Normal...Yes/No Temp..... °c	Hb/Hb: Gm%PVC ..... % PVC ..... % Electrolytes Normal ..... Yes/No Temp ..... °c Urinalysis: Albumin..... Sugar..... 66 Blood pressure Systolic ..... mm Hg Diastolic ..... mm Hg Pulse ..... /min Relevant medical preoperative preparation completed ..... Yes/No Is patient fit for operation ..... Yes/No Blood available ..... Litres Has consent been given? ..... Yes/No Premedication administered L-r ceft 2g ..... Yes/No L-r flagyl 500mg stat	Dr: ..... Ward.....
<b>THEATRE CHECK</b> <ol style="list-style-type: none"> <li>1. Hb</li> <li>2. Urinalysis</li> <li>3. Consent</li> <li>4. Blood Pressure</li> <li>5. Dentures</li> <li>6. Premedication</li> <li>7. confirmation of operation</li> </ol> <p>pre-op Observation</p>			
Certified by: <i>Agnes</i>	Certified by:	Certified by: <i>Nancy</i>	Signed: ..... House Surgeon / Theatre Nurse Date: .....
Ward Nurse's Signature Date: 17/10/25	Ward Doctor's Signature Date: .....	Anaesthetist's Signature Date: 17/10/25	Theatre Nurse Date: .....
Time: 4:30 am / pm	Time: ..... am/pm	Time: 2:00 am / pm	Any medication that p is on: .....
Vital signs	Patient seen by Anaesthetist Date: .....		Allergies: .....
Temp: .....	Time: .....		
Pulse: 92	Date: .....		
Respirations: .....	Time: .....		
B.P.: 134/88 FHR-136			

PATIENT NAME: Irene Njoki  
 PATIENT NO: 178802  
 DATE:

START TIME: 4:50pm  
 FINISH TIME:

OPERATION RECORD

OPERATIVE DIAGNOSIS: MSLT II pt of mlr  
 PLANNED OPERATION Emergency CS  
 RE-OPERATION DIAGNOSIS: DIBS  
 GEON: Wambs ASSISTANT: Samuel  
 RUB NURSE: Sam CIRCULATING NURSE: Gloria  
 ESTHETIST: Teller  
 TYPE OF ANAESTHESIA - GA: LA: OTHERS SA

DESCRIPTION OF THE OPERATION

SPECIMENS:  
 Atto. Spinal punct in  
 Spine postero lateral  
 Clean, Wires. Green  
 in eyes. A dus CS  
 Test LPI delivered from  
 well in MSLT.  
 Placenta & membranes  
 delivered well. uter  
 others in eyes &  
 symphysis quis & quis  
 Effect. amni.  
 Inflatus & walls tension  
 correct. Abdomen clean  
 VIT done. Collected clean  
 and EBZ 2 (00) ml

J