

DEPARTMENT OF PLASTIC SURGERY

DISCHARGE SUMMARY



NAME	: MR SHIVMURAT SONKAR	HOSPITAL NO	: MH005056616
Age/Sex	: 59 Yr(s) / Male	IP NO	: I0000458895
Admission Date	: 26/12/2019	Medical Discharge Date	: 07/01/2020
Consultant	: DR. SRIKANTH V	Department	: PLASTIC SURGERY
PayorName	:	Ward/Bed	: 11 A MHB/1109C

DIAGNOSIS

Bilateral Grade III Lower Limb Lymphedema

[S/P 1. Right Free Supraclavicular lymph node transfer [Adipofascial flap based on Right Transverse cervical artery; ANASTOMOSIS: Right transverse cervical artery to Left Anterior Tibial artery- end to side, 8-0 Ethilon; Venae comitantes to Venae comitantes of the Left ATA, end to end, 8-0 Ethilon, 9-0 Ethilon] to the Right ankle with inset [2-0 Ethilon over two No. 16 RomoVAC drains] with Primary closure of Donor site [3-0 Vicryl, 4-0 Monocryl over one No. 14 RomoVAC drain]+ Left Free Omental Lymph node transfer [Omentum harvested laparoscopically on the Right Gastroepiploic arcade; ANASTOMOSIS: Right Gastroepiploic artery to Right Anterior Tibial artery- end to side, 8-0 Ethilon; Venae comitantes to Venae comitantes of the Right ATA, end to end, 8-0 Ethilon, 9-0 Ethilon] with inset [2-0 Ethilon over two No. 16 RomoVAC drains] under GA done by DR. SRIKANTH V on 27.12.2019

2. Laparoscopic omentum harvest done on 27/12/2019 by DR. SUMIT TALWAR

3. Emergency Flap Reexploration + Mechanical thrombectomy and WD + Venous Re-anastomosis [9-0 Ethilon] + Flap Reinset [3-0 Monocryl] + Closure [2-0 Ethilon] with STSG [Harvested from the lateral aspect of the Right leg, secured to the recipient area with Skin staples] under GA done by DR. SRIKANTH V on 28.12.2019]

CHIEF COMPLAINTS

C/O B/L lower limb swelling

HISTORY OF CURRENT ILLNESS

Patient came with H/O swelling in bilateral lower limb since adolescence, gradually progressive in nature, insidious in onset. H/O fluctuation in swelling+. No H/O cellulitis/lymphangitis. Now comes with constant swelling in both legs not reducing in severity

PAST HISTORY

No H/o any other medical co morbidities

No H/o any previous surgery

PHYSICAL EXAMINATION

- Conscious, oriented, alert.
- Vitals: Stable
- No Pallor, Edema, Icterus, Clubbing, Cyanosis, Lymphadenopathy
- Systemic Examination: NAD
- Local Examination:

Bilateral Grade III Lower Limb Lymphedema

LABORATORY INVESTIGATIONS

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Complete Blood Counts (Automated)**Result Date & Time:** 26/12/2019 21:32

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
WBC Count (TC)	6100	/cu.mm	4400 - 11000
RBC Count	4.96	million/cu.mm	4.50 - 6.50
Haemoglobin	14.4	g/dl	14.0 - 18.0
Haematocrit [PCV]	43.6	%	42.0 - 54.0
MCV	87.9	fl	80.0 - 96.0
MCH	29.0	pg	27.0 - 31.0
MCHC	33.0	g/dl	32.0 - 37.0
Platelet Count	193000	/cu.mm	150000 - 400000
Neutrophils	63.9	%	40.0 - 75.0
Lymphocytes	26.7	%	20.0 - 45.0
Eosinophils	3.0	%	0.0 - 7.0
Basophils	0.2	%	0.0 - 1.0
Monocytes	6.2	%	2.0 - 10.0
RDW	15.0	%	11.6 - 14.0
IPF	4.50	%	0.70 - 9.10

Renal Panel - I - Random**Result Date & Time:** 27/12/2019 08:26

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
SERUM BICARBONATE(Enzymatic)	24.0	mmol/l	21.0 - 31.0
2SERUM SODIUM (Indirect ISE)	138.0	mmol/l	134.0 - 145.0
SERUM POTASSIUM (Indirect ISE)	4.4	mmol/l	3.5 - 5.2
SERUM CHLORIDE (ISE / IMT)	102.9	mmol/l	95.0 - 105.0
Blood Urea Nitrogen (Urease/GLDH)	14.00	mg/dl	8.00 - 23.00
SERUM CREATININE (mod.Jaffe)	0.87	mg/dl	0.80 - 1.60
GLUCOSE- Random (Hexokinase)	105	mg/dl	70 - 140
eGFR	95.1	ml/min/1.73sq.m	>60.0

HIV I & II Antibody (Rapid Test)**Result Date & Time:** 27/12/2019 08:32

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
TEST RESULT	Negative		

HBsAG (Rapid Test)**Result Date & Time:** 27/12/2019 08:32

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<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
TEST RESULT	Negative		

Haemoglobin (Automated)

Result Date & Time: 29/12/2019 11:08

<u>Parameters</u>	<u>Value</u>	<u>Units</u>	<u>Reference Range</u>
Haemoglobin	11.7	g/dl	14.0 - 18.0

SURGICAL/THERAPEUTIC PROCEDURES

1. Right Free Supraclavicular lymph node transfer [Adipofascial flap based on Right Transverse cervical artery; ANASTOMOSIS: Right transverse cervical artery to Left Anterior Tibial artery- end to side, 8-0 Ethilon; Venae comitantes to Venae comitantes of the Left ATA, end to end, 8-0 Ethilon, 9-0 Ethilon] to the Right ankle with inset [2-0 Ethilon over two No. 16 RomoVAc drains] with Primary closure of Donor site [3-0 Vicryl, 4-0 Monocryl over one No. 14 RomoVAC drain]+ Left Free Omental Lymph node transfer [Omentum harvested laparoscopically on the Right Gastroepiploic arcade; ANASTOMOSIS: Right Gastroepiploic artery to Right Anterior Tibial artery- end to side, 8-0 Ethilon; Venae comitantes to Venae comitantes of the Right ATA, end to end, 8-0 Ethilon, 9-0 Ethilon] with inset [2-0 Ethilon over two No. 16 RomoVAc drains] under GA done by DR. SRIKANTH V on 27.12.2019

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COURSE OF TREATMENT IN HOSPITAL

Patient was admitted for the above mentioned complaints. Relevant investigations were done. After pre-operative evaluation and obtaining consent, patient was taken up for the above mentioned procedure. Post operatively, the supraclavicular flap appeared congested and the patient was taken up for emergency Reexploration on POD1. He was monitored post -operatively and supportive therapy was given. But the flap showed signs of congestion, was taken down on 03.01.2019 under LA as an OPD procedure; the resultant defect was closed primarily with drains being retained. Procedure and post-op recovery were uneventful. Patient is stable and hence being discharged with drains with the following advice.

CONDITION ON DISCHARGE

Recovered / Improved

FURTHER ADVICE ON DISCHARGE

Normal diet
Drains care and daily charting
Keep dressings clean and dry
Maintain Lower Limb elevation over 2 pillows

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Tab. Augmentin Duo 625 mg 1-0-1 for 5 days (after food)
 Tab. Pantodac 40 mg 1-0-0 for 5 days (half an hour before breakfast)
 Tab. Dolo 650 mg 1-1-1 for 5 days, thereafter SOS for pain (maximum 1-1-1/ day) (after food)
 Tab. Ecospirin 150 mg 1-0-0 x 5 days

Review in Plastic Surgery OPD on Thursday (9/1/2020) between 9 am and 3 pm, or earlier in case of any emergency.

For appointment contact : 080-2502 4266

ADVICE FROM DR. SUMIT TALWAR (CONSULTANT GENERAL SURGERY):

- * NORMAL DIET.
- * AVOID LIFTING HEAVY WEIGHTS FOR 3 MONTHS.
- * AVOID STRENUOUS EXERCISES FOR 3 MONTHS.
- * CAN TAKE BATH.
- * TAB. PANTOPRAZOLE 40MG 1-0-0 FOR 5 DAYS (HALF HOUR BEFORE FOOD).
- * SYP. DUPHALAC 20ML ON SOS BASIS (IN CASE OF CONSTIPATION).

TO REVIEW WITH DR.SUMIT TALWAR (CONSULTANT GENERAL SURGEON) IN GENERAL SURGERY OPD ON 11/01/2020 (SATURDAY) BETWEEN 10AM TO 1PM WITH PRIOR APPOINTMENT OR EARLIER ON CASE OF ANY EMERGENCY.

FOR APPOINTMENT CONTACT: 080 2502 4237



DR. SRIKANTH V

MBBS,MS,FRCS(Glasgow),FRCS(Edinburg),MCh,DNB(Plastic Surgery)

Department of PLASTIC SURGERY, Reg No:35868

Seek medical help if:

- The initial symptoms get aggravated
- Any new symptoms (like breathlessness , bleeding etc) is causing concern

For booking an appointment, call on 1800 102 5555. For any other enquiries, call on 080 2502 3344

For any Medical Emergency in Bangalore Dial 080 2222 1111. MARS 24 X 7 Manipal Ambulance Response Service

**We offer HomeCare services to provide care at your home.
For further details please contact the HomeCare Hotline No: +91 95911 40000**
