## TRIVENI HEALTH CARE

1480, Wright Town, Near Wright Town Stadium Jabalpur 482002/ 7566003344

Patient Name : Mr. EDWALN ANAND Admission No : IP2112001

Age/Gender : 42 Years/Male UMR No : UMR1778

Consultant 1 : Dr.RAJEEV SAWANT Ward : 4TH FLOOR./409/2

Department 1 : ORTHOPAEDICS Date Of Admission : 01-Dec-2021 1:11 pm

Consultant 2 : Summary Date : 08-Dec-2021

Department 2

Address : H.NO. 1006, BAPUNAGAR NEAR WATER

TANK RANJHI

JaDS pur , MADHYA PRADESH

9579870443

Referred By : WALK-IN

Avascular Necrosis of Right Femoral head- Fibular graft done under SA.

Avascular Necrosis Left femur (>50% articular surface involved)- Total Hip

Replacement done under Spinal Epidural anaesthesia.

CHIEF COMPLAINTS (REASON FOR

ADMISSION)

: Back-pain since 3 months

Feeling of Cold sensation since 15 days

Pain in Posterior thigh since 15 days

\*Patient was conscious, alert, restless, responding to verbal commands. Her

BP: 110/70 mm of Hg, HR: 80/min, RR: 20/min, SpO2: 100% at room air, CBG:

mg/dl.

CVS - S1, S2 +

R/S - Air entry bilaterally equal

CNS: Conscious, alert with no focal deficits

P/A: Soft, Non tender, No organomegaly

LINVESTIGATIONS : Chest X-Ray appeared normal.

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Investigations 27/11/2021 01/12/2021 03/12/2021

Hb 16.4%, 9.1g%

TLC: 5900/mm.cu., 10,900/mm.cu

Platelet counts: 1.55lac/mm.cu 2.44 lac/mm.cu

Se. Sodium: 136 mmol/l 133 mmol/l
Se. Potassium: 4.3 mmol/l 4.5 mmol/l

Se. Urea: 27 22 mg/dlSe. Creatinine 0.8 0.9 mg/dlSe. Uric acid 6.3 mg/dl -

Se. Calcium 9.2 - RA Factor Negative

RT-PCR FOR COVID Negative

Total Bilirubin: Anti HCV-Non reactive Direct Bilirubin: HIV-non reactive

Indirect Bilirubin: RT-PCR for COVID : Negative

Alkaline Phosphatase:

SGOT: SGPT:

Total Proteins: Serum Albumin: Globulin:

PT-INR:

BLEEDING TIME

RBS (f): 96 mg/dL RBS (Pp): 124 mg/dl Urine Analysis:WNL

: MRI scan of pelvis with both hip reveals-

Avascular necrosis of femoral head involving more than 50% articular surface causing flattening and depression of articular surface with marked marrow edema in left femoral head and neck region. Mild left hip joint effusion is also seen- stage IV left avascular necrosis (steinberg classification)

Avascular necrosis (very small) in right femoral head involving less than

<u>MRI</u>

Patient Name : Mr. EDWAIN ANAND Admission No : IP2112001

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## 10% articular surface without any significant edema or displacement.

PROCEDURE

: Right Fibular graft done under SA.

Left Total Hip Replacement done under Spinal Epidural anaesthesia.

:Total Hip Replacement Femoral component Size 30

Ceramic femoral head Size 32 Acetabulum cup size 48 Company name : Depuy

COURSE IN HOSPITAL

Mr. Edwin Anand 40 years was admitted with complaints of Backpain since 3 months, Feeling cold sensation since 15 days, Pain in Posterior Thigh since 15 days. He was diagnosed of AVN Rt femur involving less than 50% articular surface and AVN Lt femoral head involving more than 50% of of articular surface. He has history of of Hypertension taking Tablet Stamlo 5 mg when needed. Routine Investigations were sent , which were under normal limits. Patient was posted for Fibular grafting Rt. on 01/12/2021 after a protocol based pre medical and pre anaesthesia checkup. Left Total Hip Replacement was done on 1/12/2021 under spinal epidural anaesthesia. Was managed with I/V fluids, I/v antibiotics, I/V PPI, multimodal analgesia through epidural cath. Post operative period was uneventful and is therefore being discharged in stable condition.

CONDITION ON DISCHARGE

BP- 130/70mmHg, HR-84/min, R/R-20/min,SPO2-97% on room air. Patient is conscious alert, afebrile. Systemic Examination-Normal.

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Referred By : WALK-IN

ADVISED :-Hot Fomentation-Dynapar gel.

Forward bending, Heavy Weight Lifting, Use Western Commode Toilet, jerk,

Do not Sit on the ground.

Full mixed diet.

Physiotherapy and mobilization as advised.

Report in case of increase in pain, breathlessness etc.

TREATMENT ADVISED : Tab Cefuroxime 500mg 1BDx 5 days (Twice a day after food)

Tab Linezolid 600mg

1 BD x 10 days (Twice a day after food)

1 DD X 10 Days (once after meal)

1 DD x 5days (Twice a day after food)

Tab Pantaprozole 40mg 1 OD x 10 days (once a day before

breakfast)

Tab Caldimin K27 1 HS x60 days (once a day after food)

Tablet Chymoral forte 1BD X5 days

Tab Stamlo 2.5mg SOS as per Physician

Tab. Ecospirin 75 mg 1 OD

Liquid Duphalac 15ml HS/ SOS at night (stop in case of loose

motions)

FOLLOWUP AND REVIEW

DATE

: Follow Up Advice & Review Date :

Review after 10 days (19/12/2021) or SOS with Dr. Rajeev Sawant. How to obtain urgent care in case of emergency 24x7 -7566003344.

In Case Of Any Quries Or Emergencies Please Contact. Phone No:9676404488/04023783000

Medical Officer

Dr.RAJEEV SAWANT
CONSULTANT ORTHOPADEDIC SURGEON

Created By SAKSHI

Modified By SREEJONA Page 4 of 4