Rajiv Gandhi Cancer Institute
and Research Centre
A Unit of Indraprastha Cancer Society
Registered under "Societies Registration Act 1860"
Sector-V, Rohini, Delhi - 110 085
Tel. : 47022222 (30 Lines), 27051011 - 1015, Fax : 91-11-27051037

DISCHARGE SUMMARY

This is an important document, please bring it for future reference / follow up

www.rgcirc.org
info@rgcirc.org
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CR. NO. : 269679	**IP NO:** 20/388341
NAME : Mr. RAKESH , RANJAN	**DATE OF ADMISSION:** 23.10.2020
AGE: 42yrs	**DATE OF DISCHARGE:** 28 .10.2020
GENDER: MALE	**CONSULTANT:** DR. MUDIT AGARWAL, MS;MRCS Ed(Edinburgh), M.Ch, UICC Fellow NUH, Singapore, Sr.Consultant, Head & Neck Surgical Oncology
ROOM/BED NO: 353B-SPV	

DIAGNOSIS : **CARCINOMA LEFT LATERAL BORDER TONGUE (POST SURGERY POST ADJUVANT RT - COMPLETED ON 22/05/2020) NOW WITH CONTRALATERAL NODAL RECURRENCE**

OPERATIVE PROCEDURE(S) : **RIGHT RADICAL NECK DISSECTION (Ib-V) WITH DELTO-PECTORAL FLAP COVER FOR CAROTID ARTERY UNDER GA ON 24/10/2020**

BRIEF CASE SUMMARY:

42 yrs old gentleman, hypothroid (on tab Thyronorm 125 mcg OD) who is a known case of carcinoma tongue, post surgery (4.8.20) PT2N0 post RT (30#, till 20.5.20). Now he presented with right side neck swelling since 20 days. On examination oral cavity and oropharynx-NED. Neck: right level II lymphnode palpable 3 x 2cm size with restricted mobility. FNAC outside (8.10.20) and review at RGCI: positive for metastatic squamous cell carcinoma. PET CT (14.10.20): No focal abnormal areas of increased tracer uptake were seen in the remaining tongue. Few metabolically active enlarged lymphnodes are seen in right mid deep cervical (largest 2.8 x 2.2 cm, SUV max 15.6) region. Post op changes in form of irregular soft tissue stranding with heterogenous tracer uptake are seen in left side of neck. Both lungs show subcm nodules with heterogeneous tracer uptake in one in the right lung. Trachea and main stem bronchi appear unremarkable. There is no evidence of pleural effusion or metabolically active pleural abnormalities. Few lymphnodes with increased tracer uptake are seen in bilateral lower paratracheal (left - 0.9 x 0.7 cm, SUV max 6.2), subcarinal (1.1 x 0.8 cm, SUV max 10.4) and right interlobar regions. CT angio (14.10.20): Post op changes are seen in left lateral border of tongue, no evidence of nodular enhancing lesion is seen at the post op site. Enlarged, necrotic, peripherally enhancing lymph nodes are seen in right middle deep cervical level largest measuring 2.1x1.5cm, clear fat plains between nodes and surrounding neck vessels are seen. No direct vascular invasion by the enlarged neck nodes is seen. EBUS TBNA (19.10.20) : negative for malignant cells. Patient was then planned for surgery. He was counselled for surgery. Extent of disease, extent of surgery, possible

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surgical morbidity and need for postop.adjuvant treatment was discussed with patient and relations.

After pre-anesthetic assessment, he underwent RIGHT RADICAL NECK DISSECTION (Ib-V) WITH DELTO-PECTORAL FLAP COVER FOR CAROTID ARTERY UNDER GA ON 24/10/2020.Post operative period was uneventful. He is being discharged in stable condition with neck and shoulder drain in situ and instructions regarding oral feeds, wound care and medications

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INVESTIGATIONS RESULTS:

Haematology:

Hb: 13.0 g/dl TLC: 8130 /cumm
DLC: P-76.4 L-12.8 M-7.0 E-3.4 B-0.4 %
Platelets: 2, 14, 000/cumm

Coagulation Profile:

PT : 13.0 secs
INR : 1.07 secs

PTTK: 31.3 secs

Liver Function Tests::

Blood Glucose(R) - 97 mg/dl Bilirubin(T) - 0.8 mg/dl
Bilirubin(D) - 0.2 mg/dl SGPT - 30 u/L
SGOT - 32 u/L Alakaline Phosphatase - 119 u/L
Total Protein - 7.0 gm/dl Albumin - 4.2 gm/dl
Globulin - 2.8 gm/dl Gamma GT - 59 u/L

Renal Function Tests :

Urea : 30 mg/dl Creatinine : 1.0 mg/dl
Serum Uric acid - 8.8 mg/dl

Electrolytes:

Potassium : 4.5 meq/l Sodium : 143 meq/l

HIV: Non reactive

HbSAg: Non reactive

HCV: Non reactive

Free T3 : 5.15 Pmol/l

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Free T4 : 23.3 Pmol/l

TSH : 0.461 uIU/ml

COVID 19:NEGATIVE (17.10.20)

FNAC RIGHT CERVICAL SWELLING: POSITIVE FOR MALIGNANT CELLS. CONSISTENT WITH METASTATIC SQUAMOUS CELL CARCINOMA IN A KNOWN CASE

OPERATION NOTES:

RIGHT RADICAL NECK DISSECTION (Ib-V) WITH DELTO-PECTORAL FLAP COVER FOR CAROTID ARTERY UNDER GA ON 24/10/2020

OPERATIVE FINDINGS

Hard fixed nodal mass sized 3.5X3 cm at right level II -III junction involving SCM, spinal accessory nerve, adherent to IJV. Nodal mass was adherent to right ECA just below the facio-lingual trunk branching.

INCISION- Right upper transverse neck skin crease incision

DP flap harvest incision placed on right side.

POSITION - Supine with neck extension turned to left

SURGICAL STEPS

Patient positioned supine with head up.

Parts cleaned and draped.

Above mentioned skin incision given.

Skin flap elevated in the supraplatysmal plane around the nodal mass and subplatysmal plane in rest of neck.

Facial vein and artery ligated at both ends and then divided.

Right Level Ib cleared along with Fibrofatty tissue.

Fascia anterior to the sternocleidomastoid muscle dissected till its posterior border.

Hypoglossal nerve was preserved.

IJV and superior belly of omohyoid exposed at both ends.

IJV was ligated both proximally and distally and then divided after delineating the vagus nerve and ICA and ECA.

SCM was divided at both proximally and distally.

Mass was sharply dissected from vagus nerve.

Right ECA ligated distally (beyond the facio-lingual trunk) and proximally (just before the superior thyroid branching) as nodal mass was adherent to it just before the facio-lingual trunk.

The nodal mass was mobilized and then removed Enbloc with remaining part of IJV and SCM and CN XI.

Spinal accessory nerve was sacrificed in view of adherence to nodal mass.

Right RND (Levels IB-V) cleared of all fibro fatty tissue and lymph nodes.

Hemostasis achieved.

Exposed carotid artery was covered by DP flap which was harvested from right side (de-epithelialized and tunneled in to the neck using the same harvest incision which was connected to the right neck by raising the skin flap superiorly over the clavicle)

Romovac drain no 14 was kept in the right neck and right shoulder.

Neck wound closed in layers.

Donor site closed primarily in layers.

HPE: Awaited

PROPOSED PLAN : To be decided after HPE report

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ADVICE ON DISCHARGE:

* TAB DALACIN C 600 MG TWICE DAILY X 7 DAYS(ANTIBIOTIC) (1-0-1)
* TAB ULTRACET 1 ~~TBS~~ X 7 DAYS (FOR PAIN)
* TAB ALPRAX 0.5 MG HS (AT NIGHT) X 7 DAYS (FOR SLEEPING)(0-0-1)
* TAB DOM-DT 1 TWICE DAILY X 3 DAYS (FOR GASTRITIS) (1-0-1)
* OMEZ SACHET TWICE DAILY X 7 DAYS (FOR GASTRITIS) (1-0-1)
* TAB DISPERZYME 1 TWICE DAILY (1-0-1) TDS X 7 DAYS
* SYP POLYBION 2 TSF TWICE DAILY X 7 DAYS
* SYP LOOZ 20 ML HS X 7 DAYS(FOR CONSTIPATION, STOP IF DIARRHOEA)
* SYP ALEX 2 TSF THRICE DAILY X 7 DAYS (FOR COUGH)(1-1-1)
* ENSURE PLUS 4 SCOOPS QID (FOUR TIMES A DAY X 7 DAYS (1-1-1-1)
* BETADINE MOUTH WASH THRICE DAILY X 7 DAYS
* AMBULATE, CHEST PHYSIOTHERAPY
* ORALLY NORMAL DIET ALLOWED
* NECK, SHOULDER EXERCISES START AFTER 1 WEEK
* FUCIDIN OINTMENT FOR TDS OVER STITCH LINE FOR LA X 7 DAYS
* DRAIN CARE AND CHARTING 24 HRLY
* TAB THYRONORM 125 MCG OD EMPTY STOMACH MORNING TO CONTINUE
* ~~TAB LEVOCIT 10 MG HS~~ TAB ATARAX 25mg BD x 7 days
* CANDID MOUTH PAINT TDS
* ~~LACTOCALAMINE LOTION TDS~~ TAB Predmet 16mg OD x 5 Days
Halovate-F cream

Tab. Azithral 500mg OD x 5 days

REVISIT SCHEDULE:

~~Review with Plastic Surgery Team in Room No. 3064 at 8:45a.m, followed by~~Review in Surgical OPD on 30.10.2020 at 9:05 am in Room No.3062
To take appointment for consultation visit from phone no.47022222 at main reception.
OPD Days: mon wed friday
For Patient Query 9.00 am to 5.00 pm phone no.47022222
To report immediately in Casualty in case of any emergency like fever, loose motion, vomiting, pain, bleeding, abdominal distension, please contact casualty department of hospital or surgical doctor on duty Ph 47022222. No prior appointment necessary for Emergency.

In case of any query/doubts, please contact at the following number 9625033725 (9 am to 6 pm)

DR MUDIT AGARWAL
MS;MRCS ED(EDINBURGH)
M.Ch, UICC FELLOW
SENIOR CONSULTANT
HEAD & NECK SURGICAL ONCOLOGY UNIT-II
DMC - 36471

/es/ MS,SHEETAL

Signed: Oct 26, 2020@14:17:49

CR No: "269679"

RAKESH , RANJAN