

WESTERN INDIA INSTITUTE OF NEUROSCIENCES (WIINS)

• POSTGRADUATE TEACHING INSTITUTE FOR DNB NEUROSURGERY •
NEURONAVIGATION CENTRE FOR CRANIAL & SPINAL SURGERY



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• DEPT. OF NEUROSURGERY & ADVANCED TRAUMA CARE •

Dr. Santosh Prabhu
MS., MCh.

Dr. Akash Prabhu
MCh.

Consulting Hrs :

Mon. - Fri.: 10 a.m. To 1.00 p.m.

Evening : 5 p.m. To 6.30 p.m.

(Evening only by Appointments)

Sat. Evening & Sunday Only Emergency Cases

Dr. Sandeep Patil
MS., MCh.

Dr. Mrudul Bhatjiwale
DNB.

COMPUTER ASSISTED
BRAIN & SPINE
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NAVIGATION GUIDED
ENDOSCOPIC SURGERY
FOR BRAIN & SPINE

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FOR
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1st STROKE UNIT
IN MAHARASHTRA

TREATMENT FOR
BACKACHE
SCIATICA
HEADACHE
PARALYSIS
HYPERBARIC OXYGEN
THERAPY

**SPINAL / CRANIAL
NAVIGATION**



DISCHARGE SUMMARY

UH ID	: 20019280	IPD No	: IPWH21-22/14472/2024
Patient Name	: Mr. Shrikant Chandrakant Ingawale	Age-Sex	: 25 - Male
DOA	: 17/5/24 6:50PM	DOD	: 5/6/24 12:27PM
Address	: A/P Top	Mobile No	: 9975867570
Consultant	: Dr. Santosh Prabhu	Follow Up Date	: 14/06/2024

Final Diagnosis: Right Frontotemporoparietal Subdural Haemorrhage in an operated case of Thecoperitoneal Shunt
Surgery: Emergency Evacuation of Right Frontotemporoparietal Subdural Haemorrhage (18/5/2024)

History

The patient came with complaints of

Tingling Numbness in his left upper limb and clenching of his left fist (?seizure) - 15 days ago
The episode lasted for around 10 minutes, following which he had another similar episode a few minutes later, lasting for 10 minutes.

The patient came to WIINS for further management

On Examination

Conscious, obeys commands
GCS: E4V5M6 = 15/15
Pupils b/l reactive 3mm
Power Rt Lt
V V
V V

Operative Notes

Surgery: Emergency Evacuation of Right Frontotemporoparietal Subdural Haemorrhage (18/5/2024)

Details: Under sedation, patient positioned supine with head turned to the left. Right parietal incision marked and local anaesthesia given. Parts painted and draped, incision taken. Right parietal burr hole drilled. 50ml of altered haemorrhagic fluid drained. Thick membrane seen, the edges of which were coagulated, defect left open. Haemostasis secured. Wound closed in layers.

Status during Indoor Stay

Routine investigations were done on admission and treatment was started. After counselling the relatives and with their written, informed consent, the patient was posted for surgery. Surgery was uneventful. Post-operatively, the patient was stable, with no new neurological deficit. Sutures were removed on Post-Op Day 10; wound healthy. On post-op days 9 and 12, the patient had a tingling sensation in the left upper and lower limbs for some time for which the

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dose of LEVETIRACETAM was increased. Despite this, as the tingling sensation appeared on and off, PREGALIN and RANXIT was added. An MRI was done which show a minimal subdural collection on the right, for which a subdural tapping was done; 7cc of altered haemorrhagic fluid yielded. Tingling sensations stopped completely. For cerebral venous sinus thrombosis, UFH was given, and then overlapped with ACITROM (INR 4/6/24 = 3.8, hence tablet held). As the patient is neurologically stable now, we are discharging him.

Investigations

17/5/2024 CT Brain (WIINS): Right Frontotemporoparietal Subdural Haemorrhage

19/5/2024 CT Brain (WIINS): Near Complete Evacuation of Right Frontotemporoparietal Subdural Haemorrhage

27/5/2024 CT Brain (WIINS): Minimal Right Frontotemporoparietal Subdural Collection

29/5/2024 CT Brain (WIINS): Minimal Right Frontotemporoparietal Subdural Collection. No increase in size of the bleed.

1/6/2024 MRI brain (Shrutika): Subacute to chronic subdural haemorrhage 3mm along right frontoparietal convexity, and of 1.5mm along left frontoparietal convexity. Subacute cerebral dural venous sinus thrombosis.

Condition at Discharge

Conscious, obeys commands

GCS: E4V5M6 = 15/15

Pupils b/l reactive 3mm

Power Rt Lt

V V

V V

Wound healthy

TT Provided

.CEFTRIAZONE, SULBACTAM, DICLOFENAC, RABEPRazole, LEVETIRACETAM, PREGALIN NT, FRANXIT

TT Advised

.TAB LEVETIRACETAM 1 GRAM 1-0-1 TILL FURTHER INSTRUCTIONS

TAB FRANXIT 10MG 0-0-1 FOR 15 DAYS

TAB PREGALIN NT 0-0-1 FOR 15 DAYS

.TAB ZERODOL SOS IF PAIN

TAB ACITROM - to be restarted on OPD basis as per INR report (last INR 3.8 o 4/6/24)

Advise

Follow up after 10 days with PT INR report

Do not skip doses

Do not drive/swim

Consult immediately if headache/vomiting/limb weakness/seizures/loss of consciousness

May have an overhead bath

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Prepared By : **Dr Arshiet Dhamnaskar**

Consultant : **Dr. Sandeep Patil**

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