

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.

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. Akash Prabhu
MCh.

Dr. Mrudul Bhatjiwale
DNB.

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FOR BRAIN & SPINE

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PSYCHOSURGERY

MICRO-NEUROSURGERY
FOR
TRIGEMINAL NEURALGIA
AVM / ANEURYSM
BRAIN TUMORS

1st STROKE UNIT
IN MAHARASHTRA

TREATMENT FOR
BACKACHE
SCIATICA
HEADACHE
PARALYSIS
HYPERBARIC OXYGEN
THERAPY

DISCHARGE SUMMARY

UH ID	: 20019280	IPD No	: IPWH21-22/14306/2024
Patient Name	: Mr. Shrikant Chandrakant Ingawale	Age-Sex	: 25 - Male
DOA	: 1/4/24 7:30PM	DOD	: 13/4/24 2:27PM
Address	: A/P Top	Mobile No	: 9975867570
Consultant	: Dr. Santosh Prabhu	Follow Up Date	: 18/04/2024

Final Diagnosis: Benign Intracranial Hypertension
Surgery: Theco-Peritoneal Shunt (2/4/2024)

History

The patient came with complaints of:

Headache since 1 month

Double vision since 1 month

Vomiting since 3 days

He had consulted Dr Aurangabadkar- who advised them to go to KEM Mumbai to Dr Batuk Devra. He was then admitted to Dr D Y Patil Hospital, Kolhapur.

On Diamox 125 BD

The patient was brought to WIINS for further management

On Examination

Conscious, obeys commands.

Prefers to sleep

EOMs: Full

Reports double vision on right lateral gaze

Power grade V all limbs

Fundus: Grade III Papilledema

Operative Notes

Surgery: Theco-Peritoneal Shunt (2/4/2024)

Notes:

In Left Lateral Position Parts painted and draped. Incision at L3L4 level. Tunnel created from Lumbar region to the anterior abdominal wall, on the right Lumbar region. Shunt passed and Tunneller removed. CSF space tapped. Blood mix CSF under moderate pressure. Catheter inserted. Abdominal end and Catheter connected. Free flowing CSF at the abdominal end. Abdominal end inserted using a Trocar. Haemostasis achieved. 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. Pre-operative complaints of headaches subsided completely. However, he had episodic postural headache (low pressure); for which he was initially advised to lie down flat, and then gradually get mobilised, as well as adequate hydration. This complaint too subsided over time. The patient

SPINAL / CRANIAL
NAVIGATION



stryker® (USA) DESIGNATED TRAINING CENTRE FOR IMAGE GUIDED SURGERY FOR SOUTH EAST ASIA

Label for Patient's Record

Chhabra
Lumber Peritoneal
Shunt System
With Touhey Needle

SH301BR

STERILE EO

LOT 2207BF0 MFG 07-2022 Expiry Date 06-2027

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also had a skin rash over his abdomen, back and forearms; which began resolving on symptomatic treatment, and reducing drugs as advised by Dr Niharika Prabhu, dermatologist, Sutures were removed on Post-Op Day 8; wound healthy. On Post-op Day 9, he complained of transient weakness of left UL/LL and slurring of speech. CT Brain was done, which showed minimal right FTP Subdural collection. As complaints resolved spontaneously, he is being discharged on request with advice to follow-up in 5 days and to use abdominal binder.

Investigations

MRI Orbits (25/03/2024) (P+C): intraocular protrusion of both optic nerves- Papilledema. Features of Optic neuritis

MRI Brain (25/03/2024): Normal

CSF (35/3/2024): Opening pressure: 40 cm of H₂O
Protein: 21.7, Sugar: 105 TC: 2 (100% Lymphocytes) RBC 1-2

CT Brain (13/4/2024) - Minimal Right FTP Subdural collection

Condition at Discharge

Conscious, obeys commands. alert
EOMs: Full
Power grade V all limbs
Fundus: Grade III Papilloedema

TT Provided

CEFTRIAXONE, SULBACTAM, DICLOFENAC, RABEPRAZOLE, EMESET, ALLEGRA

TT Advised

TAB CROCIN PLUS SOS IF HEADACHE
TAB ALLEGRA 180MG 0-1 SOS IF ITCHING

Advise

Follow up after 5 days
Do not skip doses
Do not drive/swim
Consult immediately if headache/vomiting/limb weakness/seizures/loss of consciousness
May have an overhead bath from tomorrow
Consult dermatologist, Dr Niharika Prabhu, for further management of skin rash
Use Abdominal Binder

Prepared By : Dr Arshiet Dhamaskar

Consultant : Dr. Sandeep Patil

Emergency contact no : 0231 26444881,82 , 9422813030

20-4-24

SIB Dr. Nannan

Follow up in

1 month

1. Tab CROCIN Plus - SOS if headache
2. Tab ERECT MR 1-0-1 x 5 days