# **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 am To 1.00 pm

Dr. Sandeep Patil MS., MCh.

Dr. Akash Prabhu MCh.

Evening: 5 pm. To 630 pm. (Evening only by Appointments)

Dr. Mrudul Bhatjiwale

DNB.

COMPUTER ASSISTED **BRAIN & SPINE** SURGERY

**NAVIGATION GUIDED** ENDOSCOPIC SURGERY FOR BRAIN & SPINE

> **FRAMELESS STEREOTACTIC** SURGERY

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

Sat. Evening & Sunday Only Emergency Cases

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 = 15/15Pupils b/l reactive 3mm Power Rt Lt

V V

V V

## **Operative Notes**

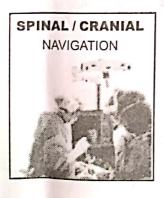
Surgery: Emergency Evacuation of Right Frontotemporoparietal Subdural Haemorrhage (18/5/2024)

Details: Under sedation, patient positioned supine with head turned to the left. Right parietal ncision 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

VV

Wound healthy

## **TT Provided**

CEFTRIAXONE, 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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