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. - Frl.: 10 am To 1.00 pm Evening: 5 pm. To 6 30 pm. (Evening only by Appointments)

Sat. Evening & Sunday Only Emergency Cases

Dr. Sandeep Patil MS., MCh.

Dr. Mrudul Bhatjiwale

DNB.

COMPUTER ASSISTED **BRAIN & SPINE** SURGERY

NAVIGATION GUIDED ENDOSCOPIC SURGERY FOR BRAIN & SPINE

> FRAMELESS STEREOTACTIC SURGERY

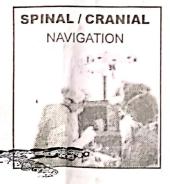
SURGERY FOR PARKINSON'S DISEASE **PSYCHOSURGERY**

MICRO-NEUROSURGERY FOR TRIGEMINAL NEURALGIA

AVM / ANEURYSM **BRAIN TUMORS**

> 1st STROKE UNIT IN MAHARASHTRA

TREATMENT FOR BACKACHE SCIATICA **HEADACHE PARALYSIS** HYPERBARIC OXYGEN THERAPY



SUMMARY DISCHARGE

UH ID : 20019280

7:30PM

: Mr. Shrikant Chandrakant Ingawale Age-Sex

IPD No

DOD : 13/4/24

Address : A/P Top

Mobile No

:9975867570

: IPWH21-22/14306/2024

- Male

2:27PM

: Dr. Santosh Prabhu Consultant

Follow Up Date

: 18/04/2024

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

: 1/4/24

Patient Name

DOA

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)

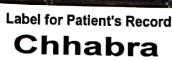
Notes:

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





Lumber Peritoneal Shunt System

With Touhey Needle

LOT 2207BF0 MFG 07-2022 Expiry 06-2027

Customer Care No. +91 5842 308077 Registration No. of Firm: G.SUR-Shahj-UP/M/MD/000978



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 0.0-1 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 Dhamnaskar

Consultant:

Dr. Sandeep Patil

Emergency contact no: 0231 26444881,82, 9422813030

& 13 Dr. Nameum

1. The cowar Plus - sos if headache 2-7h Ezac mr 100 - 05 days 1 month

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