

DEPARTMENT OF NEPHROLOGY.**Dr. Satish B MD(Med.) , DM , MBBS [CONSULTANT]****Dr. Praveen Murlidharan MBBS , DM , DNB , MD
[SENIOR CONSULTANT]****Dr. Fousiya Yoonus MBBS , DRNB NEPHROLOGY ,
MD [ASSOCIATE CONSULTANT]****DISCHARGE SUMMARY**

Patient	: Syam Kumar S S	Admitting Doctor	: Dr. Satish B
MR No	: 015981721	DOA	: 27-Sep-2022
Age	: 22y	Discharge Doctor	: Dr. Satish B
Gender	: Male	DOD	: 10-Oct-2022

Discharge Diagnosis

- * Live related (Mother) donor kidney transplantation done on 30-09-2022 (Steroid free protocol)
- * Right Nephro ureterectomy on 13-10-2021
- * CKD stage on maintenance hemodialysis via right cimino AVF
- * NKD: Obstructive Nephropathy due to neurogenic bladder
- * Operated Lipomeningocele
- * Bilateral VUR
- * S/P Right below knee amputation-right knee flexion contraction? Amniotic band sequence
- * Systemic Hypertension
- * Absent right testis
- * Recurrent epididymo orchitis, left
- * Recurrent UTI
- * On CIC

Procedure Done During Hospitalization

Live related (Mother) donor kidney transplantation done on 30-09-2022 (steroid free protocol).

Consultations

MEDICAL GASTROENTEROLOGY - Dr. Harish Kareem
UROLOGY - Dr. Renu Thomas

Hospital Course & Investigations

22 years old gentleman, with end stage kidney disease on maintenance hemodialysis, neurogenic bladder, post right nephro ureterectomy, admitted for live related (mother) donor kidney transplantation. Induction was given with Grafalon 100mg, Methylprednisolone 1000mg and Tacrolimus 4mg. Kidney transplantation was done on 30-09-2022.

Kidney bench preparation was done. The allograft kidney was placed in left iliac fossa retroperitoneally. The renal vein was anastomosed to left external iliac vein in a end to side fashion and renal artery was anastomosed to left internal iliac artery in a end to end fashion. Warm ischemia time was 4.5 minutes and cold ischemia time was 64 minutes. Following release of the vascular clamps, the transplant kidney became pink and turgid immediately. Brisk diuresis was noted. Maintenance immunosuppression was carried out using Mycophenolate and Tacrolimus. 200mg of Grafalon was given in total. Serum creatinine showed gradual declining trend. Tacrolimus dosage was optimized as per trough levels. At the time of discharge. he is clinically and hemodynamically stable. He is advised to review in Nephrology OPD on 12-10-2022.

*** All reports are enclosed ***

Condition at Discharge

Stable.

Pending Results

Urine Culture & Sensitivity

Discharge Medications

1. TAB. PANGRAF	3MG	1-0-1
2. TAB. CELLCEPT	500MG	1-1-1
3. TAB. BISOTAB	2.5MG	1-0-0
4. TAB. VALCHEK	450MG	1-0-0
5. TAB. BACTRIM DS		1-0-0 (ON ALTERNATE DAYS)
6. TAB. PANTOCID	40MG	1-0-0
7. TAB. EIDO		1-0-0
8. ADDPHOS SACHET		1-0-1
9. TAB. DULCOLAX		0-0-2
10. CAP. LUMIA	60K	1-0-0 (ONCE WEEKLY x 5 MORE WEEKS)
11. MUCAINE GEL	10ML	1-0-0 (IF NEEDED FOR GASTRITIS)

Discharge Recommendations

- * Continue CIC with aseptic precautions.
- * FOR HOMECARE SERVICES PLEASE CONTACT 9995010649 (LABORATORY SERVICE, NURSING SERVICE, DOCTOR VISIT, CARE FOR THE ELDERLY, PHYSIOTHERAPY, VACCINATION, DIETICIAN SERVICES, AMBULANCE SERVICE AND DOCTOR VISIT
- * In case of medical and surgical emergencies please contact
whatsApp Audio/Video call - Tele-Triage number 9567035522.

* For ensuring appointments please contact 0471-2941400.

Review on 12-10-2022 in Nephrology OPD with CBC, CREATININE, SODIUM, POTASSIUM, MAGNESIUM, IONIZED CALCIUM, PHOSPHORUS reports.
In case of emergency please contact 0471-2941000.

Prepared By

DR. ELAIYARAJA. A

bs.f/dr.sb/emr/ds/nephro/kims.

This is electronically generated printout. So no Signature is required.

Doctor's Name & Signature

**Dr. Satish B MD(Med.) , DM , MBBS
[CONSULTANT]**