

### **DISCHARGE SUMMARY**

<b>Name:</b>	Chinmoy Koner	<b>Reg. No.:</b>	EHND.211967
<b>Age/Sex:</b>	26 years / Male	<b>IP No.</b>	18364
<b>Date of admission:</b>	06-04-09 11:00pm	<b>Date of discharge:</b>	14-04-09 10:00am
<b>Consultant:</b>	Dr. Rajiv Thukral	<b>Location:</b>	Max Hospital, Noida
<b>Diagnosis:</b>	Comminuted fracture upper end left tibia (bicondylar Shatzker type VI tibial condyle fracture)		

**Procedures done:** ORIF # bicondylar Lt. Tibial condyle (bicondylar Locking plating) under SA under Tqt under image guidance on 07.04.09.

#### **On admission:**

Alleged fall from motorcycle (trying to avoid a dog) on 06-04-09 at 8:00pm --> severe pain, swelling, deformity left knee and leg, and inability to stand/e\walk. No h/o HI / UnC / Vomiting / ENT Bleed / Conv. No past medical / family history.

On examination: GC fair, conscious, oriented. Afebrile, p – 88/min, BP – 110/74mmHg.

RS / CVS / PA – NAD. PCT / PDT negative. No spinal / calcaneal / rib / clavicular tenderness.

External mark of injury: Abrasions over anterior aspect left m/3 leg ~ 1 x 1cm, apparently minimally contaminated, no active bleed. Micro-blisters developing over anterior u/3 leg. Crepitus +++.

Tenderness ++ / swelling +++ / deformity + left knee and leg (clinical evidence of comminuted fracture upper end tibia extending to the u/3-m/3 shaft).

Distally hypoaesthesia over dorsum of 1<sup>st</sup> and 2<sup>nd</sup> toes, no weakness. Distal pulses well felt.

#### **Treatment given & Course in hospital:**

The patient was initially stabilised with AK cast splintage, and prepared for emergency surgery (in view of impending compartment syndrome).

After valid informed consent, he was operated on 07-04-09 at ~ 6:00am by Dr. Rajiv Thukral.

ORIF # Lt. Bicondylar tibia (bicondylar LCP plating) under SA under Tqt under image guidance.

He withstood the procedure well. Post-op, he was put on AK scotchcast splintage. Dressings were changed on 09.04 and 11.04, and wounds found to be healthy and healing well. Post-op there is no deficit, and passive knee bending to 90 degrees was obtained. He was made to stand and walk NWB with walker support. He is stable on discharge.

#### **Implants:** AO (Synthes)

5-holed Lateral tibial LCP (1)

8-holed Medial tibial T-LCP (1)

Locking screws (6 medial + 5 lateral)

4.5mm cortical screw (1 used to fix tibial tuberosity fragment to shaft)

6.5mm fully threaded cancellous screws (2)

#### **Investigations:**

Handed over to the patient.





# DISHA EYE HOSPITALS &

Research Centre  
Private Limited

88(63A), Ghoshpara Road,  
Barrackpore, Kolkata-700120

New Campus :  
130/B Ghoshpara Road,  
Barrackpore  
Phone : +91-33-2545 2311

- Appointment : +91-33-2593 1729 / 3737, 2594 4586 / 7809 / 7810, 2545 1233 / 35 / 36 / 37 / 38
- SMS Appointment : +91-9433311111 • Fax: +91-33- 2592 8106
- Surgery Fixation : +91 -33- 2594 7811
- Lasik Help Line : +91- 9830119122
- TPA Help Desk : +91-33- 6460 6560

Open Vision Together

Privilege OPD: +91-33-2545 1238 • Email: dishaeyehospitals@gmail.com • Website : www.dishaeye.org

## DISCHARGE CERTIFICATE

This is to certify that **CHINMOY KONAR**

C/O

VILL-+P.O- DEWANIA VIA SATGACHIA MEMARI BARDHAMAN

was admitted under Dr. **SAMAR K. BASAK**

from 23/06/2012 to / / 23.6.12

on account of Cataract RE

and treated medically/ operated by ECCE with PC IOL (Cataract operation)/ Operated by Phaco with Foldable IOL (Cataract operation)

TECHNIS-1 23

PHACO WITH HYDROPHOBIC ASPHERIC ABBOTT TECNIS 1 /  
ACRYSOF IQ/ VIOLET SHIELD IOL+VISCOAT

### Advice on discharge

- Rest
- Follow General Guidelines as stated in booklet.
- Pred Acetate (Allergan)/Exopred / Z-pred eye drop—1 drop R/E  
00000 (ALEON) 4 times daily to continue till next check-up.  
(১ ফোঁটা করে দিনে ৪ বার চলবে) / vial
- Mydryn/ Homide / Cyclogyl eye drop—1 drop twice daily x to cont. R/E  
00 (১ ফোঁটা করে দিনে ২ বার চলবে)
- Myein/ Renicol/ Ciplox / Vigamox Eye drop—1 drop 4 times daily x to cont R/E  
00000 (১ ফোঁটা করে দিনে ৪ বার চলবে) / vial

• Nevanae eye drop - 3 times to cont. R/E  
000 ৩ বার চলবে

• Glucomol (0.5%) eye drop - 2 times to cont. R/E  
00 ২ বার চলবে

• Continue your other medications (if any) as before. (BKP)

• Your next check-up is on 27/6/12 at 11:30 AM or early if necessary  
(অন্যান্য ওষুধ আগের মতোই চলবে)

Date : 23.6.12.

Signature  
DR. SAMAR K. BASAK  
MD.(AIIMS), DNB, FRCO,  
Regd.No.42191





# PRATIKSHA HOSPITAL

Pratiksha Hospital  
Barbari, Hengrabari, VIP Road, Guwahati-781036, Assam, INDIA  
☎ +91 (0) 9954093556 📠 +91 (0) 361-7101600  
✉ info@pratikshahospitals.com

Name	: Mrs. SANJUKTA KONER	Age/Gender	: 28Y 10M 21D/ Female
IPD No	: IP/20/1694	IPD Date & Time	: 26/08/2020 09:10 AM
Consultant	: Dr. Diganta Deka	Discharge Date	: 28/08/2020
HR NO	: WH-55780	Contact No	: 8811087843
Address	: GUWAHATI, KAMRUP METRO		

## DISCHARGE SUMMARY

1. REASON FOR ADMISSION : For elective LSCS
2. SIGNIFICANT FINDINGS : Term pregnancy
3. DIAGNOSIS : Primi at term pregnancy
4. INVESTIGATION : Enclosed
5. PROCEDURE/ SURGERY PERFORMED : Elective LSCS done under SA on 26.08.2020
6. CONDITION AT DISCHARGE : Patient was discharged on 3<sup>rd</sup> post-operative Day.  
Patient was stable at the time of discharge.  
O/E- BP- 120/80 mmhg, Pulse-80 min,  
Breast: - normal. P/A -soft, B/S - positive,  
dressing- dry; P/V- No active bleeding P/V seen

## 6. MEDICINE & INSTRUCTION

- Tab Enzomac Plus  
Sig - 1 tab twice daily after food for 5 days
- Tab Pan 40  
Sig - 1 tab once daily before breakfast for 5 days
- Tab Innovfol Hb  
Sig - 1 tab once daily after food for 6 weeks
- Tab Shelcal XT  
Sig - 1 tab once daily after food for 6 months
- Cap Innovfol  
Sig - 1 cap once daily after food for 6 months
- Advitam protein powder  
Sig - 2 tsf daily after food with a glass of milk orally daily for 4 weeks
- Ointment Bact M  
Sig - To apply locally over stitch line