Patient Name: Mr. SRIVASTAVA SHIVNANDAN SWAROOP
MRD#: 1405641
Date of Birth: 16/02/1953
Sex: Male
Visit Code: IP0001
Created Date: 12/07/2024
Speciality: SURGERY
Ward/Bed No: SS9A - 3907
Consultant: Dr. KELKAR DHANANJAY
Date of Admission: 04/07/2024
Date of Procedure: 05/07/2024
Date of Discharge: 23/07/2024
Age: 71Y 5M 5D
Discharging Status: FOLLOW UP DISCHARGE SUMMARY

DIAGNOSIS:
Carcinoma left buccal mucosa

PROCEDURE DONE:
SURGEON:
Dr. KELKAR DHANANJAY
Dr SULE SHAUNAK
ANAESTHETIST:
Dr. GHANATE SUSHMA VINAYAK
ANAESTHESIA: General
SURGERY/PROCEDURE PERFORMED: Left composite bite resection + Left modified neck dissection
7.5 Fr portex tracheostomy tube inserted on 9/7/24

DRUG ALLERGIES:
Not known

MEDICATION ON ADMISSION:
Inj Meropenem
Inj Metronidazole
Inj Pantop
Inj Emeset
Inj Dynapar
Inj Fortwin
Inj Phenergen

HISTORY OF PRESENT ILLNESS:
71 year old male presented with complaint of lesion over left buccal mucosa.
History of loose tooth for which extraction done outside
HPE- Well differentiated SCC.
USG neck done on 12/06/24-
There are few enlarged hypochoic cervical lymph nodes of size 16 - 17 mm seen at left angle of mandible.
No surrounding fat inflammation or increased vascularity noted.
No areas of necrosis or calcification seen. No focal fluid collection is seen.
No cervical lymphadenopathy noted on right side.
MRI Neck done on 18/06/24-
There is a plaque like heterogeneously enhancing lesion involving buccal aspect of the oral vestibule on left side. There is resultant mild restricted distention of the oral vestibule on left side during -puff cheek sequence.
Dimensions -
AP= 2.4 cms , TR=0.9 cms, SI= 1.9 cms.
The lesion involved following sites on left side-

- Inferior buccogingival sulcus appear involved with extension on the outer gingival aspect of the oral vestibule.
-RMT with thickening of pterygomandibular raphe

No extension to-
- Superior buccogingival sulcus
- Parapharyngeal space /tongue / floor of mouth / inner aspect of gingiva / ITF.

Mandible- Irregular erosions are seen from ramus to 1st premolar tooth region. Adentia is seen.
Bony defect = 2.8 cm.
Marrow enhancement= 3.3 cm, in the region from ramus to1st premolar tooth region
- Maxilla - Few irregular erosions are seen along the left half of maxillary alveolar arch without restricted diffusion- chronic infective.
NODES-
- Few heterogeneously enhancing left level IB and II lymph nodes with restricted diffusion, largest at level IB measuring 1.1 x 0.8 cm. Fat planes with left submandibular gland are fairly maintained.
- Few subcentimeter sized homogenous bilateral level IB and II lymph nodes seen without significant restricted diffusion.

CLINICAL EXAMINATION:
On admission
Temperature: 96
Pulse: 96
BP: 140/90
Respiratory Rate: 20
SpO2: 98

COURSE IN THE HOSPITAL AND DISCUSSION:
Patient admitted with above mentioned complaints.Underwent surgery. Treated with RT foley's drain in situ. Patient managed with antibiotics analgesic and Supportive treatment.Started on RT feeds from POD2. Patient developed tachycardia and tachypnea with fall in saturation on POD3 for which medicine consultation done and oxygen supplement given.Was unable to wean off oxygen so Respiratory medicine opinion taken and patient shifted to ICU for management. Patient required high flow nasal oxygen and was not improving so Tracheostomy was done under LA.Postoperstive patient managed in ICU oxygen requirement reduced and patient continue to have RT feeds.Shifted back to ward and foley's removed on Pod12 . Ambulated well drain removed and oral care given. Changed to metal TT. Relatives taught metal tube care and cleaning. Tube removed on 21-7-24. Tolerated well, without any complaints of dyspnea. Rt removed but pt not tolerating oral liquids well. Hence RT re-inserted. Discharged in stable condition with RT in situ on 23-7-24.

OPERATIVE FINDINGS:
Left buccal mucosa ulcerative lesion involving Inferior buccogingival sulcus with extension on the outer gingival aspect of the oral vestibule.
RMT involved with thickening of pterygomandibular raphe.

Disease A
Anatomy A
Surgery A

PLAN ON DISCHARGE:
To review with Dr Kelkar in Surgery OPD on monday 29-7-24.
Review with Dr Shaunak sule in plastic surgery opd on monday 29-7-24.

DISCHARGE MEDICATION:
All medications by RT -

1. Omez insta sachet 1-0-1 x5 days
2. Tab Levoflox 750 mg 1-0-0 x5 days
3. Tab combiflam 1-0-1 x5 days
4. Syp becosule 10 ml 0-1-0 x15 days
5. METPURE XL TAB 50MG , Every 12 hour , To continue
6. DILZEM TAB 30MG, 1-1-1, To continue as per physician
7. Mucolyte syrup 2tsf 2 times a day, for 2 weeks.

8. Urimax 0.4, 1 tablet at night, for 1 month

- Chlorhexidine mouth gargles 4 times a day
- Neosporin ointment 1-0-1 for application at wound site

To continue all medicines prescribed by physician

CONTACT DETAILS :
For any assistance or to share patient reports, WhatsApp on 9226223649 between 9.30 am to 5.00 pm on working days only (Monday to Saturday)

Dept. E-mail: surgery@dmhospital.org, dmhsurgery@gmail.com

For Appointments: 020-40151100

Surgery OPD: 020-40151084 (Main building, Ground Floor)

OncoSurgery OPD - 020-40151000 / 020-49153000 (Annexe Building, Ground Floor)

ADVICE ON DISCHARGE:
In case of emergency (Bleeding, Fever, Pain, Wound discharge, Vomiting, Constipation, Difficulty in Breathing), please come to ER 1 (Emergency Room). It is open 24 hours a day.

Special needs:

Diet plan:
RT feeds.
Liquids orally as tolerating.
Flush RT with water after every feed.
Flush RT with ENO + water after last feed of the day.

Feeding tube instruction (diet instruction):
To give RT feeds in upright position.

Dressing:
Tracheostomy site dressing as per requirement - surgical pad and micropore.

Special Needs if any:
RT care
Change tracheostoma site dressing as and when required.

Permitted physical activity: Walking

SIGNED BY: Dr. KELKAR DHANANJAY

PREPARED BY: DR.SADHWANI DIVYANG RAMESH