



Patient Name: Mr. KATDARE SAMEER
SHARAD

MRD#: 68916

Date of Birth: 28/07/1954

Sex: Male

Visit Code: IP0003

Created Date: 15/12/2024

Speciality: ONCOSURGERY

Ward/Bed No: SS7C1 - 3739

Consultant: Dr. SAMBHUS MAHESH

Date of Admission: 08/12/2024

Date of Procedure: 09/12/2024

Date of Discharge: 16/12/2024

Blood Group: A+

Age: 70Y 4M 19D

Discharging Status: FOLLOW UP DISCHARGE
SUMMARY

DIAGNOSIS:

Carcinoma rectum

PROCEDURE DONE:

Surgeon:

Dr. SAMBHUS MAHESH

Anesthetist:

Dr. SARAF SUJIT

Nurse: Nitin brother

Rupali sister

Diagnosis: Carcinoma rectum

Type of Anesthesia: GA

Name Of Procedure: Laparoscopic low anterior resection+ Stapled colorectal anastomosis+Diversion colostomy

DRUG ALLERGIES:

Not known

HISTORY OF PRESENT ILLNESS:

Left axillary lymph node dissection, levels I and II done on 20/5/2019.

One of twenty-one lymph nodes (1/21) positive for metastatic squamous cell carcinoma, moderately differentiated.

Metastatic deposit (4 cm), present in the largest lymph node.

Extranodal extension not identified.

B. Left apical lymph node:

Three (3) benign lymph nodes, negative for metastatic carcinoma

Examination: growth palpable at 5-6cm from anal verge . anal tone moderate
small umbilical hernia .

reducible

PET CT- 16/5/19-- lesion seen in left axilla 39x32mm, abutting left pectoral muscle . small left axillary node ,

10x8mm.

SX - Left Axillary Lymph Node Dissection (Level I + II + III) on 20/5/19 by DR Sambhus

HPR -metastatic squamous cell carcinoma, moderately differentiated. 1/21 LN positive. Extranodal extension

not identified.

B. Left apical lymph node: 0/3

Plan

observe

Now, Evaluated for increased bowel frequency , sense of incomplete bowel evacuation , PR bleeding x 3-4months

MRD No:68916

Name:Mr. KATDARE SAMEER SHARAD

USG A+P--10/4/24-- Normal

Colonscopy -20/8/24-- rectal ulcerated lesion from 8 cm from anal verge

BX - Gr I Adenoca. Polyp in transverse colon

Polypectomy done -- Tubulo villus adenoma with HG dysplasia ,

Foci of intra mucinous adenoma

PET CT --22/8/24--Circumferential wall thickening in distal colon and rectum , non FDg avid subcm para rectal

LN , Renal cortical cyst

MRI Pelvis --23/8/2024--Rectal polypoid lesion , mesorectal subcm Ln , rt plevic ln 1.3 x0.8 cm

,Radiologically stage - T3 N2

Colonoscopy - 26/8/2024 by Dr. Palnitakr -- Multiple sessile polyps in ascending colon and transverse colon -

polypectomy done

HPR - No Dysplasia /Malignancy

CLINICAL EXAMINATION:

On admission

Vitals stable

COURSE IN THE HOSPITAL AND DISCUSSION:

Course in the hospital was uneventful. Physician fitness given by Dr Ashwini Joshi. Well tolerated Ambulated. RT removed on pod 1. Drains noted .Parenteral nutrition given. Ambulated well. Started on liquids orally gradually upgraded tolerated well. Passed motion through stoma wound ok . Discharged in stable condition with drain in situ and stoma functional

OPERATIVE FINDINGS:

Growth in lower rectum mobile

Liver normal

No ascites

No clinically enlarged lymph nodes

Stapled colorectal anastomosis 29

PLAN ON DISCHARGE:

To review with Dr Sambhus in Annex opd on Saturday 21/12/24 with prior appointment

DISCHARGE MEDICATION:

Tab Combiflam 1-0-1x 5 days

Tab Pantop 40 mg 1-0-1x 5 days

Tab Ciplox TZ 1-0-1 x 5 days

To continue all medications prescribed by physician

Eumosome M cream BD.

Cap Canditral SB 65 BD x 14 days.

CONTACT DETAILS :

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

For Appointments: 020-40151100

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:

Regular diet

Dressing:

NA

Special Needs if any:

Stoma care

SIGNED BY: Dr. SAMBHUS MAHESH

