Lata Mangeshkar Medical Foundation's
Deenanath Mangeshkar Hospital & Research Center
Erandawane, Pune 411 004. Tel. : 020 40151000 / 49153000
Email : info@dmhospital.org, Website : www.dmhospital.org

MEDICAL DISCHARGE SUMMARY

Patient Name: Mr. APTE KIRAN UDDHAV
Date Of Birth: 04/09/1945
Visit Code: IP0005
Created Date: 06/08/2024
Ward/Bed No: SS7D - 3757
Date of Admission: 21/07/2024
Date of Discharge: 06/08/2024
Age: 78Y 11M 1D

MRD#: 402138
Sex: Male
Speciality: MEDICINE
Consultant: Dr. PHADKE PRATIBHA
Date of Procedure: 26/07/2024
Blood Group: O+
Discharging Status: FOLLOW UP DISCHARGE SUMMARY

DIAGNOSIS:
L3 vertebral compression fracture and L5-S1 right sided paramedian prolapsed intervertebral disc
Underwent 1) L3 bilateral transpedicular vertebroplasty. 2) L5 hemilaminotomy, L5-S1 hemi flavectomy, L5-S1 discectomy and Right S1 nerve root decompression
In a known case of Hypertension
Diabetes Mellitus type 2

HISTORY OF PRESENT ILLNESS:
78 year old male
Known DM HTN

Admitted with c/o right posterior thigh pain since 2 days , continuous and dull in nature
Has backache since 2-3 months -> evaluated by madam by Xrays LS spine - > no PIVD
Has h/o long period of sitting for DL scopy under Dr Gandhi for VC lesion

Has muscle tenderness
No h/o fall , blunt injury
No h/o fever , LM
No.altered bowel/bladder habits

Past report -
Last creat 1.5
Hba1c 8
USG residual urine 100cc , Mild raised echogenicity of both kidneys
Xrays noted - no femur/spine fracture
Echo EF 60

CLINICAL EXAMINATION:
Afebrile
Vitally stable
Chest clear
HS normal
P/a soft NT

Conscious oriented
LL DTR depressed
Sensation intact
Plantars flexors
(Has to take support of left leg to raise right leg)
DPs well palpable
SLR not possible due to thigh pain
All investigations are attached to the file

COURSE IN THE HOSPITAL AND DISCUSSION:

The patient was admitted with the above mentioned complaints for which investigations were sent and examination was done. ECG showed RBBB + LAFB + 1st degree AV block(same as.before). Routine labs showed hyponatraemia for which diuretics were adjusted. MRI spine was done, which showed L5-S1 right paramedian pivd with caudal migration and sequestration. Spine opinion was sought from Dr Rege who suggested L3 vertebroplasty. The patient and relatives are well explained about the risk of the procedure and complications and prognosis of the operation. The patient and relatives decided to go ahead with the procedure. Cardiology opinion was sought from Dr Sathe for fitness for the same. He had intermittent episodes of hallucinations. Electrolyte showed hyponatraemia, for which corrective measures were taken, although hyponatraemia was chronic due to diuretics and no significant improvement was seen. He was given antipsychotics which alleviated his symptoms. Sensorium gradually normalized. Throughout his stay his sugars were monitored and controlled. Back pain reduced significantly and physiotherapy was continued. He was symptomatically better and haemodynamically stable and hence was discharged.

PLAN ON DISCHARGE:

Follow up with Dr Pratibha Phadke in Medicine OPD on Tuesday or in private clinic in 15 days with prior appointment
Bsl fasting and PP
Haemogram
Serum electrolytes and creatnine

DISCHARGE MEDICATION:

Tab zoryl M3 1-0-0

Tab Glycomet SR 500 1-0-1

Tab Zoryl 1 0-0-1

Tab Galvus 100 1-0-0

Tab Prolomet XL 25 1-0-1

Tab Prazopress XL 5 0-0-1

Tab Ecosprin AV 75 0-0-1

Tab Silodol D 8 0-0-1

Continue above medications till next visit

Tab Calpol 650 1-1-1 as per requirement for pain

Tab Gabawin 25 0-0-1 for 7 days and if pain persists

Syp Cremaffin 30 mL 0-0-1 if required for constipation

ADVICE ON DISCHARGE:

In case of emergency chest pain, breathelssness please come to DMH ER 1 (Emergency Room). It is open 24 hours a day. Phone no.: 020-4015-1027 / 1065.

Special needs:

Self-Monitoring of Blood Glucose (SMBG) :

Due to Fall in Blood sugar level, if you experience any of the following symptoms such as Tremors, palpitations, sweating, intense hunger,
fatigue, dizziness, blurred vision, uneasiness, confusion, drowsiness/unresponsiveness. Follow the steps as mentioned below:

1. Check blood glucose level on glucometer if available. (Below 80mg/dl)
2. Give sweets (Sugar/ chocolate etc.) if patient conscious.
3. Avoid giving orally if patient is drowsy or unresponsive.
4. Take patient to nearest hospital immediately for further management.

PATIENT EDUCATION

* To adhere to the medicine/ insulin schedule and doses as prescribed.
* To maintain timely meal schedule and avoid missing meals/food intake.
* Home blood glucose monitoring as advised by Physician to know the trends of blood glucose levels.
* Contact your Physician/ Family Physician/General Practitioner for dosage adjustments in any of the following clinical scenarios:

1. Vomiting
2. Diarrhoea
3. Poor appetite/ intake
4. Religious Fasting
5. Fever
6. Symptoms of Hypoglycaemia (As mentioned above)

SIGNED BY: Dr. PHADKE PRATIBHA

APPROVED BY: DR.KANIKE DIVYASHREE