



**Patient Name:** Mrs. PATIL KAMAL BHIMRAO      **MRD#:** 1141789  
**Date of Birth:** 05/10/1957      **Sex:** Female  
**Visit Code:** IP0003  
**DOA:** 11/07/2024      **DOD:** 15/07/2024

**Room/Bed No.:** SS13B-4330

**Consultant:** Dr.WAKANKAR HEMANT (Regn No.:57705)

**Reference:** DR SUKRUT PURUNDARE

**Diagnosis:** Osteoarthritis of both knees.

**Clinical course and Event:**

C/O:Pain in both knees, difficulty in walking, climbing stairs.

K/C/O: HYPERTENSION, DIABETES MELLITUS, CORONARY ARTERY DISEASE

O/E:Vitals - Normal, RS - Clear, CVS - NAD, P/A - Soft.

L/E:No Effusion, No PFT, MJLT + +, ROM R 5° - 140° L - 5° - 140°, Hips - Normal, No DNVC.

**ASA Grade:**

2

**Pre op Hb:** 12

**Pre op PCV:** 37.1

**Pre op Sr Creat:** 0.6

**Pre op HbA1C:** 7.4

**Pre op EF:** 55

**Post op Hb:** 8.5

**Post op PCV:** 32

**Post op Sr Creat:** 0.6

**Advice on Discharge:**

1. T. PACIMOL 650 mg 1-1-1-1 x 7 days and then 1-1-1 x 7 days then SOS
2. T. PAN D 1-0-0 x 7 days
3. T. ULTRACET SEMI 1-0-1 x 7 days and then 0-0-1 x 7 days then SOS
4. T. RESNER PLUS 0-0-1 x 1 month
5. T. XARELTO 10 mg 0-0-1 x 14 days
6. T. TRICIUM ACTIVE 1-0-0 x 2 months.
7. T. ECOSPRIN AV 75 0-0-1 x 3 months

Following medicines to be continued as per Physician's advice

- 1.TAB CONCOR COR 2.5 1-0-0
- 2.TAB GLYCOMET GP 1-0-0
- 3.TAB GLUCONORM SR 1 gm 0-0-1
- 4.TAB OROFER XT 1-0-0 4 WEEKS.
- 5.TAB BRILINTA 90 1-0-1 (To be started ONLY after course of T. XARELTO is over)

Monitor BSL F and PP, CBC and follow up in DMH medicine OPD on Saturday after 4 weeks &#8203;

	<b>KNEE ROM ON DISCHARGE</b>	
<b>RT</b>	0	90

LT	0	90
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**Staple Removal on:** 24/07/2024

**Physiotherapy for 1 month after discharge:**

**Next follow up at Deenanath Mangeshkar Hospital,Pune 3 MONTHS**

**With:** Dr. Hemant Wakankar

**OPD Time:** Mon and Wed 3 pm to 5 pm

By prior Appointment only. For appointment call 020-40151100 between 9 AM - 6 PM.

For emergency contact : Dept. ON Call no: 9850285871.

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

### OPERATIVE NOTE

**Pre-operative Antibiotics:**

Inj. SUPACEF 1.5gm IV  
INJ TARGOCID 400MG IV

Operative Procedure: Bilateral Total Knee Replacement

Date of Surgery: 12/7/24 Type of Anaesthesia: LA+SA Anaesthetist:Dr.DIXIT SHEETAL

Tourniquet inflated at 280 mm Hg for Rt - 36 min, LT - 46 min.  
Midline incision. Arthrotomy through medial para patellar approach.  
Patella: No degeneration. Patellar osteophytes excised.  
ACL- Attenuated. PCL- Normal. Menisci- Degenerated.  
Routine medial and posteromedial release done.  
Distal femoral cut taken using intramedullary jig at 5°. Tibial cut with posterior 5° slope using extramedullary jig. Femoral sizing done using anterior referencing and femoral cutting block fixed in 3° of external rotation.  
Flexion / Extension gaps balanced and mediolateral stability checked. Posterior release done.  
Anterior and posterior chamfer cuts and box cuts completed. Trial prosthesis inserted. Joint stability and patellofemoral tracking satisfactory. Lateral retinacular release not done. Femoral canal plugged with bone.  
Trial prosthesis removed. Thorough joint wash given with normal saline pulsed lavage.  
Tibial baseplate, Femoral prosthesis fixed with Palacos bone cement (Supacef 750 mg added).  
Tourniquet released. Haemostasis achieved.  
Tibial Poly inserted. Component stability and mediolateral stability reviewed.  
Wound closed in layers without drain with Vicryl 1 and undyed Vicryl 2-0 and Staples.  
The same procedure repeated on the other side.  
Sterile dressing done.  
DVT stockings given immediately post operatively.  
Intraoperative PCV not given.  
Inj. Tranexamic Acid (20 mg/kg) given at cementation and repeated at 3hrs and 6hrs.  
LMWH started on the night of the surgery and continued till adequately mobilized.

Prosthesis Used - OPULENT, MAXX, USA

Size	-	Right	Left
Femur		B	B
Tibia		2	2
Poly		10mmPS	9mmPS

**Post Operative Course:**

Post operative pain controlled WITH LOCAL infiltration.

Inj. Supacef 750 mg IV X 2 doses.

ALL physiotherapy goals achieved.

**Foleys cathether:** No

**ICU STAY:** No

**Blood Tranfusion:** No

**General advice after discharge:**

List of Emergencies:

Fever,swelling,bleeding,redness, calf swelling, tightness,pain. Please come to hospital for urgent medical attention.

1. Not to wet the wound after surgery till sutures are removed.
2. Routine physiotherapy as per advice.
3. Start walking outdoor by 3 weeks.
4. Driving can be started after 6 weeks.
5. Do not start antibiotics on suspicion of infection without consulting the operating surgeon. Report to Deenanath Hospital joint replacement department.
6. Review with Dr. Hemant Wakankar after 3 months with prior appointment.
7. Zuprinor Skin patch applied on 12/7/2024. Do not apply heat in area of Zuprinor skin patch application. Remove patch on 19/7/2024. Remove patch early in case of excessive nausea, vomiting or giddiness

**Special needs**

Physiotherapy:

For 1 month at home after surgery

Pain Relief:

Pain killers for 2 weeks , then as and when required

Dressing:

To be changed if soaked more than 50% in fresh blood

**Name of Dr:** Praful

**Date:** 15/07/2024

**Designation:** Registrar

**Time:** 10.00

**Investigation attached separately:**

**Please bring this card for Follow up:**