



Patient Name: Mrs. KELKAR PRIYADARSHINI SHASHIKANT **MRD#:** 1444270

Date of Birth: 22/06/1946 **Sex:** Female

Visit Code: IP0001

Address: 206 SHRINIWAS BUILDING
PATWARDHAN BAUG ERANDWANE, Pune,
Maharashtra, India **Blood Group:** B+

Consultant: Dr. THOSAR MAYUR

Ward/Bed No: SS3-OBGYNAEC 1 - 3310

Date of Admission: 29/11/2024

Date of Discharge: 04/12/2024

Speciality: OBSTETRICS AND GYNAECOLOGY **DISCHARGING STATUS:** FOLLOW UP
DISCHARGE SUMMARY

DISCHARGE SUMMARY (GYNAECOLOGY)

Diagnosis:

78 years old, P2L2, previous two lscs, post menopausal, with carcinoma endometrium, known diabetic and hypertensive, underwent Total laparoscopic hysterectomy with Bilateral Salphingo-oophorectomy and bilateral pelvic lymph nodes dissection.

Operative Procedures(If any):

Total laparoscopic hysterectomy with Bilateral Salphingo-oophorectomy and bilateral pelvic lymph nodes dissection

Special Events:

ICU-HDU stay:

No

Drug Allergy:

Not yet known

Past History:

Diabetes, Hypertension

Hypothyroid, CVA

Other Investigations:

P2L2 Both LSCS

LCB - 58 years back

Post menopausal since 30 years

C/o pv spotting

CECT- heterogenous enhancement in endometrial cavity with soft tissue density lesion- p/o- malignant lesion, bilateral iliac nodes

D and C, done in baroda - hpe s/o high grade malignancy ? endometrioid ? serous
Review of slides - Endometrial adenocarcinoma, endometrioid type, FIGO grade 2 of 3.

Examination:

cervical /axillary lymphnodes negfative

p/a - soft midline scar +

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p/v ut bulky anteverted b/l fx free parametrium free

PET Scan report :

Metabolically active lesion involving posterior wall of uterus near fundus is suggestive of primary malignancy

Metabolically active bilateral common iliac nodes are metastatic

Metabolically active right axillary and deep pectoral and mediastinal nodes, Suggest histopathological correlation

USG guided biopsy of axillary LN:

No malignancy.

Investigations done on: 20/11/24

HB: 12.4 TLC: 10380 Platelets: 3.4L

BUN: 11 BUL: 24 Sr. Creatinine: 0.59

eGFR: >90

BloodSugar Fasting: 104 BloodSugar PP: 174 BloodSugar HBA1C: 7.4

T Bilirubin: 0.4 SGOT: 37

SGPT: 25 AlkPO4: 90 Proteins: 6.7

Albumin: 4.1

TSH: 8.1

Name of the Operation: Total laparoscopic hysterectomy with Bilateral Salphingo-oophorectomy and bilateral pelvic lymph nodes dissection

Date: 30/11/2024

Surgeon: Dr. Mayur Thosar

Anaesthesiologist: Dr. Saraf Sujit

Medicines given in ward:

Inj. Pantocid 40 mg IV - single dose before OT

Inj. Reglan 2 ml IV - single dose before OT

Inj. Supacef 1.5 gm IV - five doses, 12th hourly

Inj. Metronidazole IV - three doses, 8 hourly

Inj. Tramadol - sos

Inj. Perfalgan 1gm/100 ml IV - 8th hourly

Inj. Pantocid 40 mg IV - OD

Inj. Emeset 2 ml IV - BD

Inj. Clexane 60 mg - HS

Tab. Ceftum 500 mg - BD

Tab. Lanol ER 650 mg - TDS

Tab. Eltroxin 25 mcg, - OD

Tab. Atorva 10 mg - HS

Tab. Amplopress 5 mg - OD

Inj. Actrapid acc to sliding scale.

Tab. Ecosprin 150 mg - HS

Post Op / Clinical Course:

78 years old, P2L2, previous two lscs, post menopausal, with carcinoma endometrium, known diabetic and hypertensive, underwent Total laparoscopic hysterectomy with Bilateral Salphingo-oophorectomy and bilateral pelvic lymph nodes dissection.

Intra operative period was uneventful.

Post operatively, anti coagulation thromboprophylaxis administered, chest physiotherapy given.

Drain output monitored daily,

drain removed on pod 4.

Sugars and BP monitored and dose adjusted acc to physician.

Urine output charting done daily, foleys removed on pod 2.

On discharge

Patient comfortable

Vitals stable

P/A - soft, bowel sounds present

Dressing dry,

Urine and motions passed

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Tolerating regular diet well
Ambulating well.
Patient is stable in ward and can be discharged

Special Consultation by Dr:

Dr. Vaste Parag (physician)

Treatment on Discharge:

Name of Medicine	Schedule	Duration (Days)
Tab. Ceftum 500 mg	1-0-1	3 days
Tab. Lanol ER 650 mg	1-1-1	3 days
Tab. Ecosprin 150 mg	0-0-1	continue
Tab. Amlopress 5 mg	1-0-0	continue
Syp. Alex 2 tsf	1-1-1	3 days
Tab. Atorva 10 mg	0-0-1	continue
Tab. Eltroxin 25 mcg	1-0-0	continue
Tab. Supradyn	0-1-0	30 days
Syp. Duphalac 20 ml	0-0-1	7 days

Next Visit: Dr. Dr. Mayur Thosar

Date: 13/12/2024

Please Collect following awaited reports: HPE reports

Special needs:

Physical Activity:
Routine

Rest:
Adequate rest for one week

Special Instructions:
Na

Previous Medication:
Continue one diabetic medications.
Tab. Glyciphage 1-0-1

Anticoagulation:
Na

Follow-up Date:
Follow up after one week, on 13.12.24, Friday, in opd of Dr. Mayur Thosar, with HPE reports.
GS building, ground floor, C wing, around 11 pm.

Compiled by:

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

(Monday to Saturday from 10 am to 4 pm)

SIGNED BY: Dr. THOSAR MAYUR

PREPARED BY: DR.DHANDHANIA PURVI

**** For Queries during Pregnancy; Please Call our GarbhaSwasthya Helpline: 020-40151500 ****