



Joint Replacement and Reconstruction Discharge Summary

Patient Name: Mr. DARAKH DINESH SHANKARLAL
Date Of Birth: 02/09/1962
Visit Code: IP0001
DOA: 12/09/2024

MRD#: 86258

Sex: Male

DOD: 16/09/2024

Room/Bed No.: SS8A - 3803
Consultant: Dr. WAKANKAR HEMANT
Reference: DR DESHPANDE ATUL
Diagnosis: Osteoarthritis of both knees.

Clinical course and Event:

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

K/C/O: NO COMORBIDITIES

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

L/E: No Effusion, No PFT, MJLT ++, ROM R 10° - 120° L - 5° - 130°, Hips - Normal, No DNVC.

ASA Grade:

2

Pre op Hb: 14.4

Pre op PCV: 42.7

Pre op Sr Creat: 1.25

Pre op HbA1C: 6.3

Pre op EF: 64%

Post op Hb: 11

Post op PCV: 33

Post op Sr Creat: 0.9

Advice on Discharge:

1. T. PACIMOL 650 mg 1-1-1 x 7 days and then 1-1-1 x 7 days then SOS -60
 2. T. PAN D 1-0-0 x 7 days -7
 3. T. ULTRACET SEMI 1-0-1 x 7 days and then 0-0-1 x 7 days then SOS -21
 4. T. RESNER PLUS 0-0-1 x 1 month -30
 5. T. XARELTO 10 mg 0-0-1 x 14 days -14
 6. T. TRICIUM ACTIVE 1-0-0 x 2 months. -60
 7. T. ECOSPRIN 75 0-0-1 x 3 months (To be started only after course of T. XARELTO is over) -90
- Following medicines to be continued as per Physician's advice
- TAB STAMLO 2.5 MG IF BP > 150/90 MM HG ?

	KNEE ROM ON DISCHARGE	
RT	0	90
LT	0	90

MRD No: 86258

Name: Mr. DARAKH DINESH SHANKARLAL

Removal on: 26/09/2024
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.
1165.

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

Operative Procedure: Bilateral Total Knee Replacement

Date of Surgery: 13/9/24 Type of Anaesthesia: SA+LA Anaesthetist: Dr. SAWANT SHILPA

Tourniquet inflated at 280 mm Hg for Rt - 53 min, LT - 35 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 6°. Tibial cut with posterior 7° 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 - PERSONA, ZIMMER, USA

Size	-	Right	Left
Femur		6	6
Tibia		D	D
Poly		11 mm MC	10 mm MC

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Patella

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 13/9/2024. Do not apply heat in area of Zuprinor skin patch application. Remove patch on 20/7/2024. 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: Prithviraj

Date: 16/09/2024

Designation: Registrar

Time: 10 am

Investigation attached separately:

Please bring this card for Follow up: