



BREACH CANDY HOSPITAL TRUST

CIN : U85100MH1946GAP005082

60-A, Bhulabhai Desai Road, Mumbai 400 026.

Telephone : 2366-7788, 2367-1888 / 2888, Fax : 2367-2666

Email : info@breachcandyhospital.org; www.breachcandyhospital.org

Admission No : 1405904

BH No : 699933

Name : MR. DHARAMVEER TULSIDAS
DHINGRA

Age/Gender : 79 Years / M

Address : A 404/405 SKYLARK, NEW KANTAWADI ROAD, OFF CARTER ROAD,
PALI HILL BANDRA W MUMBAI 400 050

Admission Date : 29/06/2014 06:30:00 PM

Discharge

Date : 02/07/2014

Category : T P A

Discharge DISCHARGE

Type:

Consultant : DR. KAYOMARS B. KAPADIA / LAPROSCOPIC SURGERY

Discharge Summary

FINAL DIAGNOSIS: Acute cholecystitis with cholelithiasis in a k/c/o pancreatitis.

SURGERY PERFORMED: Laparoscopic cholecystectomy under GA on 30/06/2014

PRESENTING COMPLAINTS AND MEDICAL HISTORY:

The patient had complaints of abdominal pain few days back. He was investigated for the same and took some conservative treatment for the same.

USG of the abdomen on 15/05/2014 showed gallstones UB with few small stones and thick wall. Narrow mouth diverticulum on right lateral wall with debris and stones within prostate (51 gm)

MRI of the abdomen and MRCP on 17/05/14 showed multiple GB calculi, small calculus at lower end of CBD, mild dilatation of IHBR in left lobe of liver.

EUS on 21/05/2014 showed multiple bile duct calculi, GB distended with multiple calculi, thick walled. Pancreas has coarse echotexture in head. Patient underwent ERCP on 21/05/2014 showing biliary sphincterotomy was done. All calculi were extracted, biliary stent inserted. Currently patient is asymptomatic and is admitted for surgical management of the same.

SIGNIFICANT PAST HISTORY:

K/c/o DM on medications

-H/o angioplasty with PTCA in 1998, IHD on medications

-H/o acute pancreatitis in view of CBD stones

RESIDENT DOCTOR SIGNATURE:



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HISTORY OF KNOWN ALLERGIES: Not Known

CURRENT MEDICATIONS:

T. Montrate 10 mg 1-0-1
T. Betaloc 50 mg 1-0-1
T. Diamicon ½ tab 1-0-1
T. Optisulive 1-0-0
T. Ecosprin 150 mg 0-1-0
T. Glycomet 0-1-0
T. Udiliv 300 mg 1-0-1

EXAMINATION AT TIME OF ADMISSION:

Temperature	Afebrile
Pulse rate	62/min
Blood Pressure	150/70 mmHg
Respiratory rate	20/min
Pallor	NIL
Edema	NIL

SYSTEMIC EXAMINATION:

Central Nervous System: Conscious and oriented.

Cardio-Vascular System: S1S2 normal. No murmur.

Respiratory System: Clear AEBE.

Abdomen: Right hypochondrium nodule palpable.

INVESTIGATIONS: Attached overleaf

SURGERY DETAILS: Laparoscopic cholecystectomy under GA on 30/06/2014

SURGEON: Dr. K Kapadia

ANAESTHETIST: Dr. Das Gupta

Anesthesia: GA

Regular painting and draping done

OPERATIVE DETAILS:

Pneumoperitoneum created with 3L CO2 using Veress needle

Four ports, 10 mm x 1 umbilicus and 5 mm x 3 right subcostal

Findings:


RESIDENT DOCTOR SIGNATURE:



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Extensive dense adhesions in the right upper quadrant of the abdomen

Duodenum, transverse colon adherent to a shrunken GB

Procedure:

Extensive adhesiolysis done

Duodenum, and colon dissected off the GB

Cystic artery clipped and divided

Cystic duct ligated doubly with 2-0 Vicryl and divided

GB dissected off the liver and delivered out from the umbilical port

Closure

Port site with Vicryl

Skin with subcuticular 3-0 Monocryl

COURSE DURING HOSPITAL STAY:

Patient's stay in the hospital in post-op period was uneventful

TREATMENT GIVEN:

IV fluids

IV antibiotics

Analgesics

Antacids

Blood transfusion if any: NIL

TREATMENT ADVISED ON DISCHARGE:

T. Ceftum 500 mg	1-0-1 x 5 days
T. Calpol 500 mg	1-0-1 x 5 days
T. Pantocid 40 mg	1-0-1 x 5 days
T. Sildura 8 mg	1-0-0 to continue
T. Betaloc 50 mg	1-0-1 to continue
T. Diamicron 1/2 tab	1-0-1 to continue
T. Optisulive	1-0-0 to continue
T. Ecosprin 150 mg	0-1-0 to continue
T. Glycomet	0-1-0 to continue
T. Udiliv 300 mg	1-0-1 to continue
T. Tonact 20 mg	at bedtime to continue

RESIDENT DOCTOR SIGNATURE: