AVINASH HOSPITALS PVT. LTD.
165, Thiruvin Nagar, 200 ft. Radial Road,
(Behind Pavithra Park Mandapam)
Kovilambakkam, Chennai - 600 129.
✆ : **044 - 2247 9990 / 77 009 33 009**
www.avinashhospitals.com avinashhospitals@yahoo.com

Name:	Mrs. Agnes Mari Lourduraj	MR No:	MR016632
Age/Gender:	55 Y/F	Visit ID:	IP003115
Address:	37/24, thomas nagar, little mount	Admission Date:	11-06-2022 11:41
Location:	CHENNAI, TAMIL NADU	Discharge Date:	22-06-2022 20:00
Doctor:	DR.V.V. PRASAD	Ward/Bed:	TRB 5/Pvt A/C1
Department:	Orthopedics		

DISCHARGE SUMMARY

ADMISSION FOR: COMPLAINTS OF INABILITY TO MOVER BOTH LOWER LIMBS PARAPLEGIA FOR EVALUATION

DIAGNOSIS:
1. LYTIC LESION INVOLVING DORSAL SPINE WITH COMPLETE DESTRUCTION OF D6 VERTEBRA D5 UPPER END PLATE AND LOWER HALF OF BODY DESTRUCTION
2. D7 VERTEBRA UPPER END PLATE AND UPPER HALF OF BODY DESTRUCTION
3. PRE AND PARA VERTEBRAL ?ABSCESS
4. PARAPLEGIA

SURGERY/ PROCEDURE: DONE ON 14/06/2022
1. POSTERIOR SPINAL DECOMPRESSION D5, D6 AND D7
2. POSTERIOR SPINAL STABILIZATION D2 TO D10
3. TRANS FORMINAL ANTERIOR DECOMPRESSION OF D5, D6 AND D7 AND FUSION WITH CAGE
4. POSTERIOR INTERSPINOUS FUSION FROM D2 TO D10

SURGEON TEAM:
DR. YOGESH (SPINE SURGEON)
DR. V.V.PRASAD MBBS,D.ORTHO

ANAESTHETIST: DR. GOPINATH.,MD ANESTHESIA
DR. RAJA MD.,ANESTHESIA
OTHER CONSULTANTS: DR. ASHOK (CARDIOLOGIST)
DR. BALAJI (PULMONOLOGIST)

HISTORY:
C/O Numbness & paresthesia and unable to move both lower limbs x 4 days.
C/O pain over Left Hemithorax below the breast x 4days.
No H/O loss of sensation in Bowel and Bladder.
No H/O Breathing difficulty.

PAST MEDICAL HISTORY: K/C/O SHTN (+), Cervical spondylosis
Left neck ?Cold abscess drained 5months ago

GENERAL EXAMINATION:
PR: 68/min **BP:** 130/80 mmHg **TEMP:** 98.4°F **SpO2:** 100%

LOCAL EXAMINATION:
Bilateral lower limb: Bulk: Equal on both sides.
Right leg Warmth (+), Redness (+). Lipodermatosclerosis (+).

INVESTIGATIONS:
Surgical Profile, PT.INR, Urine C/S done on 11/06/2022 Reports enclosed.
MRI LS Spine with whole Spine and Brain, CT Whole Spine & chest done on 11/06/2022 Reports enclosed.
QuantiFERON TB Gold done on 12/06/2022 Reports enclosed.
RFT, ECHO done on 13/06/2022 Reports enclosed.
AFB C/S sent on 14/06/2022 Reports awaited.
Gram Stain, Fungal Stain, AFB Stain & Pus C/S done on 14/06/2022 Reports enclosed.
CBC done on 15/06/2022 Reports enclosed.
LFT(2), RBS & Xray Dorsal Spine Ap/ Lat done on 16/06/2022 Reports enclosed.

PROCEDURE NOTES:
Under GA patient prone position. Under C-arm guidance.
C7 to D12 painted and drapped.
Midline incision from D1 to D11 given.
Bothsides paraspinal muscles elevated.
Spine levels identified with C-arm.
6.5 x 40mm screws polyaxial placed on both sides of D8, D9 and D10.
5.5 x 35mm screws polyaxial placed on both sides od D2, D3 and D4.
Left proximal screws connected 5.5 x 30mm Polyaxial screws inserted into D5 vertebra Right side to distal screws with 250mm Titanium Rod.
D5, D6 & D7 posterior Spinous process removed.
D6 right side facet joint excised and costovertebral joint with 1cm of rib excised.
D6 nerve root identified & transversed leaving back 1cm of root end tied with 3-0 Silk & Cauterized.
Thorough Debridement of D6 body, lower end plate and lower half of D5, and upper end plate and upper half of D7 body done.
A whole lot of pus, debris, remaining bone and disk removed.
Lower end of D5 & upper end of D7 freshened with rasp.
14 x 30mm mesh cage inserted into D6 body gap filled with bone graft from excised local bone pieces.

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Cord was found free.
Right pedicle screws connected with 250mm Titanium rod.
Small cross link connector used to connect Two rods at D6 level.
Spinus process of D2, D3, D4, D8, D9 & D10 nibbled and posterior lamina shingling done.
Bilateral posterior fusion of D2-D4 and D8 to D10 transverse process done using bone graft harvested from local bone pieces.
After hemostasis wound wash given.
Suction drain placed.
Wound closed in layers with 1' Vicryl & Staples.
Drain fixed and sterile compressive dressing done.

Implant Details:
DTAP Monolock Polyaxial Screw SQ (Ti) 5.5mm Dia30mm - 1nos
DTAP Monolock Polyaxial Screw SQ (Ti) 5.5mm Dia35mm - 6nos
DTAP Monolock Polyaxial Screw SQ (Ti) 6.5mm Dia40mm - 6nos
SET SCREW SQUARE THREAD - 13nos
DTAP Connecting Rod (Ti) 5.5mm Dia. 250mm - 2nos
DTAP Top Loading Cross Link (Ti) Small - 1nos
CORCAGE (Ti) 14mm Dia.30mm - 1nos
IMPLANT SUPPLIER NAME: JAYON IMPLANTS PRIVATE LIMITED

COURSE IN HOSPITAL:
Patient Mrs. Agnes Mari Lourduraj 55years old Female a known complaints of cervical spondylosis, SHTN, Bilateral Lower Limb varicose vein came with complaints of inability to move both lower limb for past 5 days with numbness and paresthesia over bilateral lower limb and pain over Left hemithorax on further local examination power plantar reflex absent, Bilateral Lipodermatosclerosis(+), Leg warmth(+). Patient was admitted to ward. Further investigation were taken Surgical Profile, PT.INR, MRI LS Spine with whole spine and brain screening, CT Whole spine and chest . Patient catheterized and Inj. Pan 1gm IV BD and NS at 50ml/hr started. PT-18sec, Urea-72mg/dl, Creatinine-1.5mg/dl, Pus cells - 8-10/hpe and chest Physiotherapy started. Patient advised for serum QuantiFERON Gold test for TB. Planned for surgery posterior stabilization and decompression with fusion cage on 14/06/2022. Cardio opinion obtained and fit for surgery. 2 units PRBC arranged urine C/S no growth, Urea & Creatinine were normal patient shifted to Operation Theatre and there is no pre operative complication. Further Post OP orders followed. Inj. Solumedrol 1g over 24hours. Inj. Clexane 0.6mg S/C OD. To change position every 2hours spirometry both lower limb crepe bandage, Perineal care given. DT tube placed. Sr. Quantiferon test negative, CBC repeated, WBC-13900, Allumin-2.8g/dl. Further Inj. XONE stopped and Inj. Magnex Forte 3g IV BD started and Genexport to be positive. Pulmonologist opinion obtained and confirmed TB spondylitis and patient was started with ATT drugs. Anti hypertensive w/h Xray Dorsal spine Ap lateral taken. Sensation of Lower Limb increased. Wound Culture negative. T. Mol 1g TDS AF, T. Cipzen Forte

TDS BF added. Chest/ Limb/ High sitting Physiotherapy continued. Patient further diagnosed on TB spondylitis with paraplegia/ SHTN/ OSA. Patient condition improved, Vitals are stable. Patient is fit to be discharged with following advice. Patient condition stable at the time of discharge.

TREATMENT GIVEN:

T.BENADON_40mg_ORAL_1-0-0
T.LINEZOLID_600mg_ORAL_1-0-0
T.ISONIAZID_600mg_ORAL
T.RIFAPIN_900mg_ORAL
T.PYRAZINAMIDE_150mg_ORAL
T.ETHAMBUTOL_1200mg_ORAL
T.PAN_40mg_ORAL_1-0-1
INJ.MAGNEX FORTE_3gm_IV_1-0-1
INJ.LMWH_0.6ml_S/C_1-0-0
T.PARA_1gm_ORAL_1-1-1
T.CIPZEN FORTE_1_ORAL_1-1-1
INJ.AXONE_1gm_IV_1-0-1
INJ.PAN_40mg_IV_1-0-1
INJ.EMESET_4mg_IV_1-0-1
INJ.TRAMADOL_100mg_IV_1-0-1
INJ.PARA_1gm_IV_1-1-1-1
T.AMLONG_5mg_ORAL_0-0-1
T.TAZLOC_40mg_ORAL_1-0-0

CONDITION ON DISCHARGE: Discharge with Urinary Catheter.
Dressing on dorsal spine(+)/ Paraplegia(+)/ Minimal bowel & bladder sensation.

DISCHARGE ADVISE MEDICINES:

S.NO	DRUG NAME	DOSE	ROUTE	FREQUENCY	INSTRUCTIONS	DURATION
1	T. BENADON	40mg	ORAL	1 - 0 - 0	AF	1 MONTH
2	T. LINEZOLID	600mg	ORAL	1 - 0 - 0	AF	1 MONTH
3	T. ISONIAZID	600mg	ORAL	0 - 0 - 1	AF	TO CONTINUE
4	T. RIFAMPICIN	900mg	ORAL	0 - 0 - 1	AF	TO CONTINUE
5	T.PYRAZINAMIDE	150mg	ORAL	0 - 0 - 1	AF	TO CONTINUE
6	T. ETHAMBUTOL	1200mg	ORAL	0 - 0 - 1	AF	TO CONTINUE
7	T. PAN	40mg	ORAL	1 - 0 - 1	BF	TO CONTINUE
8	T. PARA	1gm	ORAL	1 - 1 - 1	AF	TO CONTINUE
9	T. ADIXABAN	2.5mg	ORAL	1 - 0 - 1	AF	TO CONTINUE

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RECOMMENDATIONS:

- **Review with Dr. V.V. Prasad as advised.**
- **Review with DR. BALAJI after 2weeks with RFT, LFT reports.**
- ***AF-AFTER FOOD; BF-BEFORE FOOD.**
- In case of severe pain at operated site please come to Hospital or Contact 7700933009, 044-22479990
- NOTE1: TWO ORIGINAL COPIES ARE TAKEN. ONE WITH PATIENT AND ONE WITH MRD.
- NOTE2: FOR INSURANCE - PATIENT ORIGINAL COPY WILL SEND TO THE INSURANCE COMPANY, ONLY THE XEROX COPY GIVEN TO THE PATIENT.
- Complications explained and as per consent are malunion, nonunion, infection, bleeding and wound healing problems, painful hardware, limited and painful range of movements of the affected joint, requirement of plastic surgery or bone grafting or any other orthopedic procedure in future.

SUMMARY PREPARED BY:	DOCTOR SIGN:	SUMMARY EXPLAINED BY:	SUMMARY RECEIVED BY:
R. Nagesh	For, AVINASH HOSPITAL Kovilambakkam Chennai - 129	NAME:	NAME:
		SIGNATURE:	RELATION:
			CONTACT NO:
			SIGNATURE: