



भारत सरकार / GOVERNMENT OF INDIA

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान (जिपमेर)

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अधीन राष्ट्रीय महत्व का संस्थान)

धनवंतरी नगर, पुदुच्चेरी - 605 006



JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER)

(An Institution of National importance under Ministry of Health & Family Welfare)

Dhanvantri Nagar, Puducherry - 605 006.

दूरभाष / Phone : (0413) 2272380 / 82 / 85 / 86, 2296000, 2296500, 2272132 & 2272337, फैक्स / Fax : 0413 - 2272066 / 67 & 2272735

ई-मेल / E-mail : jipmer@jipmer.edu.in, वेबसाइट / Website: www.jipmer.edu.in

विभाग / DEPARTMENT :

Form-IV

सं. / No.

Disability Certificate

दिनांक / Date: 3 APR 2023

(In cases other than those mentioned in Forms II and III)

JIPMER - PUDUCHERRY-6
DEPARTMENT OF ORTHOPEDICS

(See rule 4)

This is to certify that I have carefully examined Mr. Saravanan S/O Mr.Thangarasu (Hospital No.J- 317695), No, 31, Bharathi Street, Subbiah Nagar, Ariyankuppam, Pondicherry - 605 007 whose photograph is affixed above, and am satisfied that he is a case of LOCOMOTOR. His extent of percentage physical impairment/disability has been evaluated as per guidelines and is shown against the relevant disability in the table below:



डॉ. प्रभु .एम / Dr. PRABU .M
सह आचार्य / Associate Professor
अस्थिरोग विज्ञान विभाग
Department of Orthopaedics
जिपमेर. पुदुच्चेरी / JIPMER, Puducherry-605 006

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ Disability (in %)
1	LOCOMOTOR	SPINE & SPINAL CORD	D9 Fracture Dislocation with L1 Burst Fracture with paraplegia with bowel bladder involvement with Rib Fracture status post fixation	75%

MKG
Duplicate
M



SARAVANAN
THANGARASU (L)
J-317695
37YIM

जिपमेर चिकित्सालय, पुदुच्चेरी - 6 JIPMER HOSPITAL, PUDUCHERRY-6

चिकित्सा अभिलेख विभाग / DEPARTMENT OF MEDICAL RECORDS

बहिरंग रोगी अभिलेख / OUT PATIENT RECORD

कमरा सं. / Room No.1


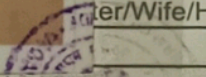
क्रम. सं. Sl. No.	सेवा / SERVICE	तिथि / DATE
1.		4 AUG 2022
2.	11 21 15 व्यावसायिक चिकित्सा OCCUPATIONAL THERAPY	19 DEC 2022
3.	No narcotics 718/00 B/A KAE	
4.		
5.	REG. No. 8942	19 DEC 2022
6.		
7.	JIPMER Plastic Surgery Telemedicine Clinic Dr. DPM	
8.		
9.	ELIGIBLE YES/NO MOTIVATED YES/NO FURTHER REPORTS@gmail.com INDICATED YES/NO LIVE CHILDREN	
10.		
11.	M F rsday	
12.		

कृपया इसे चिकित्सा अभिलेख विभाग को वापस कीजिए
Please Return this to Medical Records Department





Help Line : 1800-11-22-11
1800 425 3800

a/c = Account	dep = Deposit	
adj = Adjustment	Dft = Draft	
Amt = Amount	dish/dsh = Dishonour	
Ar = Arrear	DR = Debit	
bal = Balance	DoB = Date of Birth	
Capn = Capitalization	eft = Electronic Fund Transfer	
chg/ch = Charge	Inop = Inoperative	
chq = Cheque	ins = Insurance	
Clos = Closure	int/in = Interest	
coll = Collection	lon/ln = Loan	
comm = Commission	min = Minimum	
COR/CORR = Correction	os = Outstanding	
CR = Credit	P & T = Postage & Telegram	
csh = Cash	Pos = Point of sale	

TT = Telegraphic Transfer
 tx = Transaction
 State Bank of India
 Chennai
 +MOD bal = total balance (SB+linked MOD a/c)



7987 4235 8301

Help Line : 1800-11-22-11
1800 425 3800



DEPARTMENT OF ORTHOPAEDICS
JIPMER

Unit-I (OPD - Monday and Thursday)

Unit chief: Prof. Dr. Jagdish Menon
Assistant Prof. Dr. Prabh. M

Consultants: Additional Prof. Dr. Sandeep Nema
Assistant Prof. Dr. Kirubakaran
Treating Doctor: Dr. Prabu M (Asst prof)

Patient Details :

Name:	Age:	Sex	Hospital No.
SARVANAN	37 years	male	J-317695

Date of admission	Date of surgery	Date of Discharge
01/07/2022	03-07-2022	27.07.2022

DIAGNOSIS : D9 fracture dislocation with L1 burst fracture with paraplegia and bowel bladder involvement + Bilateral rib Fracture with pneumothorax

MANAGEMENT: Decompression+ Posterior instrumentation+ B/L ICD Placement for pneumothorax

Chief complain: c/o chest pain on both sides, inability to move both lower limbs since trauma

A 37 year old male came to ems casualty with alleged history of self from height (12 feet)

DOI - 29-6-2022

POI - Ariyakuppam

TOI- 11:30 pm

Sustained injury to back and chest.

Patient complains of b/l chest pain, back pain and inability to move b/l lower limb since the incident

No h/o Head injury/LOC/vomiting/headache/Seizures/ENT bleed.

No H/O abdominal pain/hematuria

No H/O chest pain / difficulty in breathing

No H/O any other injury /ENT bleed

No known comorbidities

GENERAL EXAMINATION:

Patient conscious, oriented to time /place and person

GCS-15/15

Pupils are equally reactive

Afebrile

vitals:

BP -100/62mmhg

PR - 90bpm

SPO2 -98 % @ room air

SYSTEMIC EXAMINATION

CVS -S1, S2 NORMAL

RS- NVBS

CNS-NFND

P/A- SOFT, NON TENDER

Chest compression test - positive

Pelvic compression test - negative

Spine : tenderness present

Neurology- lower limb

	Motor		Sensory	
	Right	Left	Right	Left
Bulk	B/I comparable			
Tone	Normal			
D9	0/5	0/5	0/2	0/2
D10	0/5	0/5	0/2	0/2
D11	0/5	0/5	0/2	0/2
D12	0/5	0/5	0/2	0/2
L1	0/5	0/5	0/2	0/2
O/S L2	0/5	0/5	0/2	0/2

L3	0/5	0/5	0/2	0/2
L4	0/5	0/5	0/2	0/2
L5	0/5	0/5	0/2	0/2
S1	0/5	0/5	0/2	0/2

Anal tone- lax

BCR- absent

VAC- absent

Perianal sensations absent

Log roll could not be done due to severe b/l chest pain + SOB

LOCAL EXAMINATION

No external injuries.

No external signs of inflammation/discharge

No local raise of temperature

Tenderness

ROM painful and restricted

CRT<3 sec

No DNVD

CT - whole spine shows D9 fracture dislocation with L1 burst fracture with ?C-spine Injury with blunt trauma chest with b/l haemopneumothorax

PROCEDURE : Decompression and posterior instrumentation by Dr Prabu/Dr Muthuarvind/Dr Vignesh

Under GA , patient in prone position, parts prepared painted and draped. A 25 cm midline incision was made over the dorsal spine extending from lower dorsal to upper lumbar region.

Skin subcutaneous tissue dissected, paraspinal muscle retracted and posterior aspect of vertebra reached. Muscles were severely contused, The fracture and rotation was reduced with the help of Kocher's forceps and pedicle screws were inserted over lumbar vertebrae L2-L3 and over dorsal D12 vertebra on both sides and rods were used to connect the pedicle screws. The D9 Fracture was reduced and pedicle screws were used to fix D11, D10 and D7, D8 vertebra, rods were used to connect the pedicle screws and final reduction was done, and final Reduction was found to be satisfactory. Final tightening done. Wound wash

given. Wound closed in layers. A14 F drain was used and fixed. Sterile dressing applied. Patient tolerated the procedure well.

Investigations

HEMOGRAMS

Date	Hemoglobin (mg %)	TLC ($\times 10^3/\mu\text{L}$)	DLC % N/L	Platelet $\times 10^3/\mu\text{L}$
2/7	11.2	23.4	74/24	214
7/7	9.8	12.3	78/14	182
21/7	10.3	9.3	41/53	331

BIOCHEMISTRY

Date	Urea/ Creat	Na ⁺ / K ⁺	Bil (T/D)	T.Pr. / Alb	AST/ ALT/ ALP
2/7	46/0.6	134/4.4	0.97/0.27	5.55/3.2	34/56/47
8/7	38/0.8	137/4.45	0.8/0.3	5.7//2.3	34/17/64
21/7	37/0.61	136/3.9	0.34/0.1	4.5/1.7	22/11
24/7	16/0.3	128/3.7			

Serology

HBsAg	HCV	HIV
Negative	Negative	Negative

HOSPITAL STAY:

Patient presented to JIPMER casualty with above mentioned complaints and admitted on 01/07/22 bilateral ICD was placed i/v/o pneumothorax, necessary pre-op investigations were done. Patient was taken for surgery on 03-07-2022, Postoperatively pt was not extubated, shifted to CCU where he developed b/l pleural effusion, pleural fluid examination and tracheal aspirate c/s showed acinetobacter baumannii growth for which Inj Amikacin and meropenam were started which was continued till day 10, ICD was removed on 14-7-2022 and shifted to HDU, Chest physiotherapy, incentive spirometry were started. CIC was taught, upper limb and core strengthening exercises, wheelchair mobilization were. Wound inspection was done on POD 2 and 4 and 7. Wound was dry,

clean, healthy, no discharge, no gaping. Patient is being discharged in a stable condition and with following postop rehabilitation advice.

Neurology at the time of discharge

	Motor		Sensory	
	Right	Left	Right	Left
Bulk	B/l comparable			
Tone	Normal			
D9	0/5	0/5	0/2	0/2
D10	0/5	0/5	0/2	0/2
D11	0/5	0/5	0/2	0/2
D12	0/5	0/5	0/2	0/2
L1	0/5	0/5	0/2	0/2
O/S L2	0/5	0/5	0/2	0/2
L3	0/5	0/5	0/2	0/2
L4	0/5	0/5	0/2	0/2
L5	0/5	0/5	0/2	0/2
S1	0/5	0/5	0/2	0/2

Anal tone- lax

BCR- absent

VAC- absent

Perianal sensations absent

ADVICE AT DISCHARGE:

REHABILITATION:

- Normal diet
- Alpha bed
- 2 hrly position change
- Watch for bed sores
- CBD for 2 weeks followed by CIC
- Upper limb and torso strengthening exercises
- Wheel chair mobilization

- Passive ankle, knee ROM exercises
- B/L AFO Application
- HKFO
- Incentive spirometry

MEDICATION:

1. Tab.PCM 500 mg po TDS x 7 days
2. Cap. Tramadol 50 mg po BD x 7 days
3. Cap.Omeprazole 20 mg po od x 7 days
4. Tab.Calcium/ vit D 1 tab po OD x 7 days
5. Tab. Vitamin C po OD x 14 days

FOLLOW UP:

- Review in ortho -I OPD on 4-8-22 for follow up.
- Review immediately in case of fever, severe pain, and discharges from surgical wound to EMS ortho Duty room -6

DISCHARGE NOTES PREPARED BY

[Signature]
Dr. Anil Kumar
Ortho - I

DISCHARGE NOTES VERIFIED BY

[Signature]
Dr. Anil Kumar Aravind
Ortho - I

सीनियर रेजिडेंट / SENIOR RESIDENT
ऑर्थोपेडिक डिपार्टमेंट / DEPARTMENT OF ORTHOPAEDICS
जुमर / JUMER, पुडुचेरी / PUDUCHERRY



सत्यमेव जयते
भारत सरकार



आधार

இந்திய தனிப்பட்ட அடையாள ஆணையமைப்பு

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No.: 1111/00068/01468

To

த சரவணன்

T Saravanan

S/O Thangarasu

31 Bharathi Street

Subbaiya Nagar Ariyankuppam

Ariyankuppam Pondicherry

Pondicherry 605007

9789693044

08/07/2011
26993461



UG269934612IN



உங்கள் ஆதார் எண் / Your Aadhaar No. :

7987 4235 8301

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



த சரவணன்

T Saravanan

பிறந்தவருடம் / Year of Birth : 1984

ஆண்பால் / Male

7987 4235 8301



ஆதார் - சாதாரண மனிதனின் அதிகாரம்

JIPMER HOSPITAL

Puducherry, India

TO WHOM IT MAY CONCERN

This is to certify that Mr. T. Saravanan (DOB: 27/06/1984) has been undergoing treatment at JIPMER Hospital, Puducherry for a severe spinal cord injury. Due to this condition, he has experienced complete loss of movement and sensation below the waist, including loss of bladder and bowel control. His current medical status requires urgent intervention to prevent further complications.

Required Medical Treatment & Estimated Costs:

- **Spinal Surgery & Post-Surgical Care - ₹28,00,000**

- Specialized neurosurgical intervention to stabilize the spinal cord
- Intensive care unit (ICU) management for post-surgical recovery

- **Rehabilitation & Physiotherapy - ₹12,00,000**

- Long-term rehabilitation for muscle strengthening & mobility restoration
- Continuous physiotherapy sessions with advanced equipment

- **Medication & Supportive Treatments - ₹10,00,000**

- Pain management, neuroprotective medications, and supplements
- Regular medical check-ups & monitoring for progress assessment
- **Assistive Devices & Home Modifications - ₹6,00,000**
 - Wheelchair, customized medical bed, and accessibility modifications
- **Unexpected Complications & Emergency Fund - ₹6,00,000**
 - To cover additional medical needs, unforeseen surgical procedures, or extended hospitalization

Total Estimated Medical

***Total Estimated Medical
Expenses: ₹62,00,000
(Sixty-Two Lakhs INR)***

Given the critical nature of his condition, immediate financial assistance is required to proceed with the necessary medical interventions. Any support provided will directly contribute to his recovery and improved quality of life.

Sincerely,
JIPMER Hospital
Puducherry, India