

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature
19/6	post op exs	<i>[Signature]</i>			
19/6	post natal exs	<i>[Signature]</i>			

BLOOD BANK

Date									
Units									
Remarks									

ANY OTHER INFORMATION *Food Tenders*
WSS

Date : *22/6/16* Time : *12:00pm* Prepared By : *[Signature]*

Staff Nurse / Floor Co-ordinator <i>[Signature]</i>	Nursing Supervisor <i>[Signature]</i>	Billing Assistant	Billing Supervisor
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No due from pharmacy 11:06

DISCHARGE SUMMARY	
Name: Mrs NUPUR MARU	MRN: JNB-00073067
Father/Guardian: AVADESH BAHETY	IP No: IP11-00056698
Age: 29 Y 6 M 13 D	Gender: Female
Address: B 1104 VAISHNAVI TERACES DOLLORS COLONY, Bannerghata Road, Bangalore, Karnataka, INDIA, 560076	Admission Date: 18-06-2026
Referral Doc: SELF	Discharge Date:

Consultants:

Dr. CHETAN KALYANAPPA NELIVIGI

MBBS, MD (OBG)

CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Reg. No: 30805

DIAGNOSIS	ICD CODE
G3P1L1A1 WITH 38 WEEKS 3 DAYS OF GESTATION WITH WITH H/O VAGINAL CANDIDIASIS (2 WEEKS BACK) WITH PREVIOUS LSCS WITH MODERATE ANEMIA (9.69%)	

Procedure:

ELECTIVE LSCS DONE UNDER SPINAL ANAESTHESIA ON 18.06.2026

Ind: Previous LSCS

Reason of admission

G3P1L1A1 with 38 weeks 3 days of gestation with previous LSCS for Elective LSCS

Perceiving fetal movements well

No c/o pain abdomen/ bleeding PV / leaking PV

History

Menstrual History: Regular

Name: Mrs. NUPUR MARU	MRN: JNB-00073067
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Medical History: Nil,

Surgical History: LSCS

Allergies: Nil, Family History: Nil

Obstetric History: Married life 7 years, NCM

G1 - Spontaneous abortion, 2020

G2 - FTLSCS / Ind: Meconium stained liquor / Female / 3.5 years / A and H

G3 - Present pregnancy Spontaneous conception.

She received Inj. TT 2 doses in Antenatal period, which was uneventful
H/o Vaginal candidiasis - taken candid - V x 6 days (5/06.2026)

LMP: 22.09.2025

Obstetric formula: G3P1L1A1

EDD: 29.06.2026

Gestation at admission: 38 weeks 3 days

Investigations: Enclosed.

Examination and findings:

Pulse: 73/min, BP: 118/80mm of Hg, RR: 18/min, Spo2: 98% at Ra

Systemic Examination:

CVS: S1S2 heard, no murmurs

CNS: NAD

RS: NVBS, no added sounds

PA: Uterus term size, relaxed, cephalic lower pole, LSCS scar+, no scar
tenderness, FHS +

Procedure:



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ELECTIVE LSCS DONE UNDER SPINAL ANAESTHESIA ON 18.06.2026

Ind: Previous LSCS

Surgeon: Dr. Chetana Kalyanappa Nelivigi

Asst Surgeon: Dr. P Sindhu

Anaesthetist: Dr. Dheepa

Under aseptic precaution, bladder catheterised.

Under spinal anaesthesia, she was placed in supine position with left lateral tilt.

Pfannensteil incision made and abdomen opened in layers.

UV fold of peritoneum opened. Bladder was mobilized down.

Kerr's incision taken over the lower uterine segment.

Liquor clear and adequate.

A live Female baby was extracted by vertex presentation on 18.06.2026 at 12:08pm with birth weight 3.3kgs.

Baby cried immediately after birth.

Delayed cord clamping done, Baby handed over to paediatrician.

Placenta and membranes delivered by controlled cord traction.

Uterus closed in double layer with Vicryl No.1.

Paracolic gutters cleaned.

Complete hemostasis achieved.

Mops and instruments counts found to be correct.

Abdomen closed in layers.

Skin and subcutaneous tissue sutured with Monocryl 3.0. Dressing done.

Vaginal toileting done. Clear urine drained at the end of the procedure.

She withstood the procedure well.

Findings:

Lower uterine segment thinned out

Liquor clear and adequate

Extraction by vertex presentation



Name: Mrs. NUPUR MARU	MRN: JNB-00073067
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Placenta and membranes complete and healthy
 Uterus, tubes and ovaries normal
 No PPH / Extension of angles
 Blood loss ~ 300ml

Baby Details:

Date: 18.06.2026
 Time: 12:08pm
 Sex: Female
 Weight: 3.3kgs

Post-Operative Notes:

Post Operative Period: She was closely monitored. Her vital signs remained stable. Uterus well contracted and retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed to tegaderm. On inspection wound was healthy. She was treated with IV fluids, IV antibiotics and other supportive measures.

In view of spinal headache, anaesthetist opinion was sought and advise followed.

Treatment given:

IV Fluids / Inj. Pan / Inj. Perinorm / Inj. Advent / Inj. Pause / Tab. Pan / Tab Lyser D / Analgesic protocol

Condition at discharge: Her general condition was satisfactory, her vitals stable, and she is haemodynamically stable and she is being discharged in stable state with following advice.

ADVICE ON DISCHARGE

Plenty of liquids orally 3-4 liters/day
 Tab. Augmentin 625mg 1-0-1 x 05 days (after food)

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Tab. Hifenac P 1-0-1 x 05 days
 Tab. Pan 40mg 1-0-1 x 05 days (before food)
 Tab Dart 1-1-1 x 5 days
 Tab Deriphylline 1-0-1 x 5 days
 Continue iron and calcium medication after 1 week
 Avoid lifting heavy weight
 Normal diet with plenty of oral fluids

Review after 1 week with Dr. Chetana Kalyanappa Nelivigi with prior appointment.

Review after 06 weeks with Dr. Rajalakshmi (Physiotherapist) for postnatal exercises with prior appointment.

Review SOS in case of fever / pain abdomen / headache / blurring of vision / giddiness / loss of consciousness / epigastric pain / vomiting / **BP >140/90mmHg** / Difficulty in breathing or breathlessness / Legs swelling / Excessive PV bleeding / Breast swellings please report to hospital on 18002122.

Surgical site wound care management:

1. Follow the discharge advice. Take the prescribed medications appropriately.
2. If you are a diabetic, keep your blood sugar under control by proper diet, exercise and medication as prescribed.
3. Monitor the blood sugar level or periodically get HbA1c checked and follow the advice of your doctor.
4. Maintain good personal hygiene by taking bath with soap and warm water. Pat the surgical site dry with clean washed absorbent towel. Keep the site dry.
5. After using the toilet see that the surgical site does not get wet. After

Name: Mrs. NUPUR MARU	MRN: JNB-00073067
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toilet ablution, wash your hands with soap and water thoroughly and dry with clean towel, before touching the wound site.

6. If wound dressing is to be done, preferably get it done in this hospital only.
7. If any one of the following symptoms are noticed, immediately report to your doctor.
8. Increased pain at the surgical site
9. Increasing red streak or puffiness around the incision
10. Any discharge or foul odour from the incision
11. Stitches giving way before healing
12. Fever
13. Malaise or a tired feeling.

“The content of the patient discharge summary/ medication/ food & drug interaction/ care to be provided at home/ nutrition/ immunization and safe parenting/ when and how to obtain emergency care etc also have been explained by doctor“.

Consultant Name & signature

Summary explained and understood by me

Dr. CHETAN KALYANAPPA NELIVIGI
 MBBS, MD (OBG)
 CONSULTANT GYNECOLOGIST & OBSTETRICIAN
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Registrar Name & Signature

Signature of patient and Attendant

Summary explained and handed over by
 Nurse Name & Signature:

Registrar/Resident/C.M.O

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