







**RADIOLOGY / SCANS**

Date	Service	Signature	Date	Service	Signature

**SUPPORT SERVICES**

Date	Physiotherapy	Signature	Date	Others Services	Signature
18/6	post op exs	<i>[Signature]</i>			
18/6	post natal exs	<i>[Signature]</i>			

**BLOOD BANK**

Date									
Units									
Remarks									

**ANY OTHER INFORMATION**

Mefix charge need to take / RS-3001-

Date: 19/6/26 Time: 10:30am

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 che in pharmacy *[Signature]* 19/6/26 12:25 pm

DISCHARGE SUMMARY	
<b>Name:</b> Mrs SHREYA SINGHANIA	<b>MRN:</b> JNB-00132888
<b>Father/Guardian:</b> RAHUL AGARWAL	<b>IP No:</b> IP11-00056660
<b>Age:</b> 33 Y 2 M 8 D	<b>Gender:</b> Female
<b>Address:</b> D-116 Pariwar Presidency , Anugraha Layout Bilekahalli BTM stage 2 Bangalore 560076, Bannerghata Road, Bangalore, Karnataka, INDIA, 560076	<b>Admission Date:</b> 16-06-2026
<b>Referral Doc:</b> Self	<b>Discharge Date:</b> 19.6.2026

**Consultants:**

**Dr. APARNA PANDA**

MBBS, MD (OBG)

CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Reg. No:

DIAGNOSIS	ICD CODE
PRIMIGRAVIDA WITH 37 WEEKS OF GESTATION WITH CEPHALIC PRESENTATION FOR INDUCTION OF LABOUR	

**Procedure:**

EMERGENCY LSCS DONE UNDER EPIDURAL ANAESTHESIA ON 17.06.2026

Ind: Non progression of Labour

**Reason of admission**

Primigravida with 37 weeks of gestation for safe confinement

Appreciating fetal movements well

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

**History**

Menstrual History: Regular

Medical History: Nil, Surgical History: Nil, Allergies: Nil, Family History: Nil

Obstetric History:

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1 of 7

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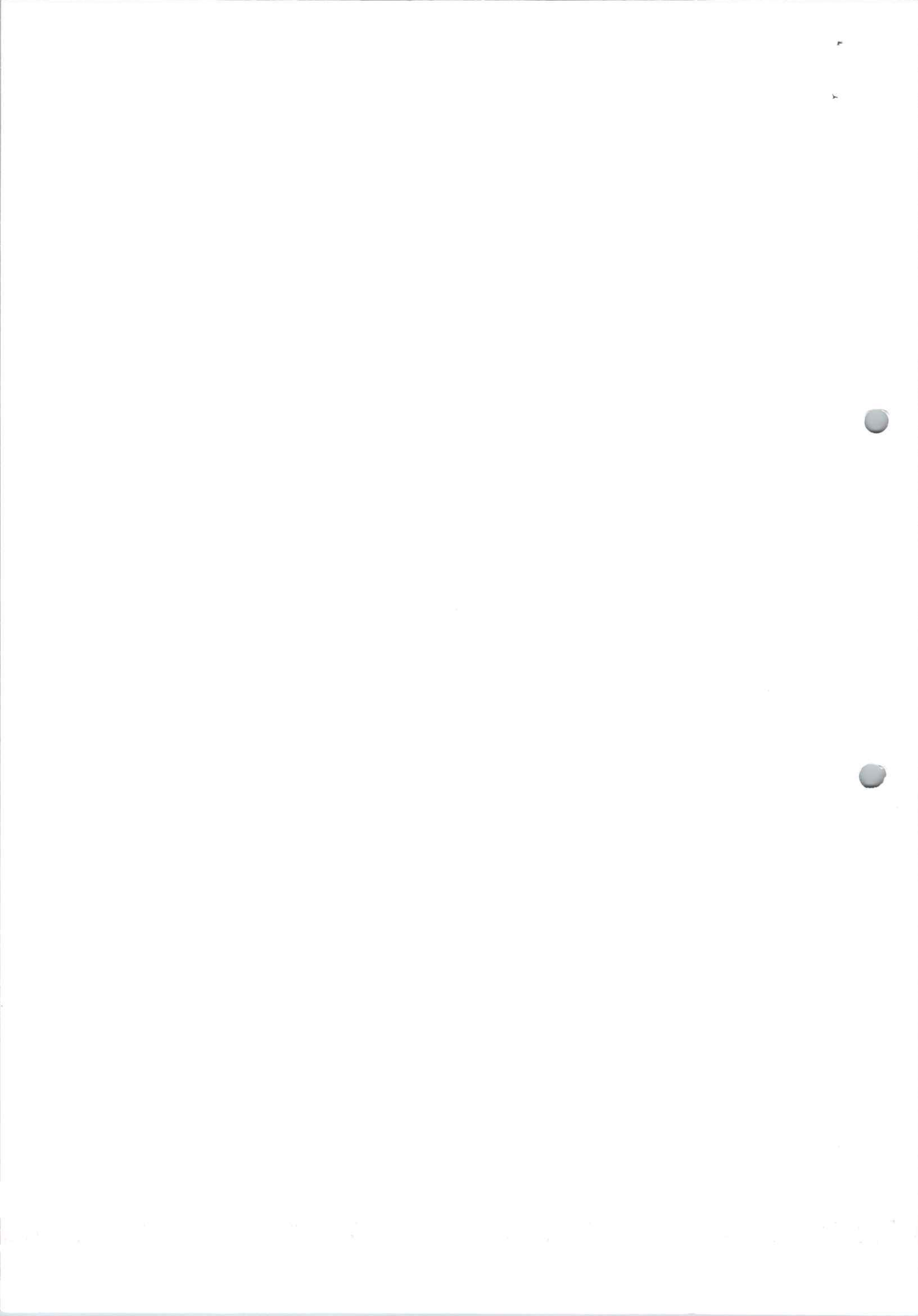
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<b>Name:</b> Mrs. SHREYA SINGHANIA	<b>MRN:</b> JNB-00132888
<b>IP No:</b> IP11-00056660	<b>Admission Date:</b> 16-06-2026

G1 - Present pregnancy Spontaneous conception.  
She received Inj. TT 2 doses in Antenatal period, which was uneventful

LMP: 30.09.2025                      Obstetric formula: Primigravida  
EDD: 06.07.2026                      Gestation at admission: 37 weeks

**Investigations:** Enclosed.

**Examination and findings:**

Pulse: 82/min, BP: 110/70mm 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, FHS +  
PV: Cervix soft, posterior, OS admits tip of finger, 3cm long, vertex at -3 station.

**Course in the hospital**

She was admitted induction of labour. Vitals checked were stable. 1st dose of Cerviprime gel given at 10:30pm on 16.06.2026 and 2nd dose of Cerviprime gel given at 4:30am on 17.06.2026 after taking consent. At 12pm; PA: uterus term size, acting, 3contractions/10'/30", cephalic lower pole, FHS+, PV: cervix mid position, medium consistency, 3cm dilated, 25%effaced, membrane+, vertex at -2 station. Tab. Misoprostol 25mcg S/L given at 12: 20pm. FHR monitoring done. Epidural analgesia was administrated. At 4:30pm : PA - Uterus term size, longitudinal lie, acting 3-4 contractions/10'/30", cephalic lower pole, FHS+, PV - 3-4cm dilated, 2cm long with vertex at -2 station under all aseptic precautions ARM done, liquor clear. In view of non progression of

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2 of 7

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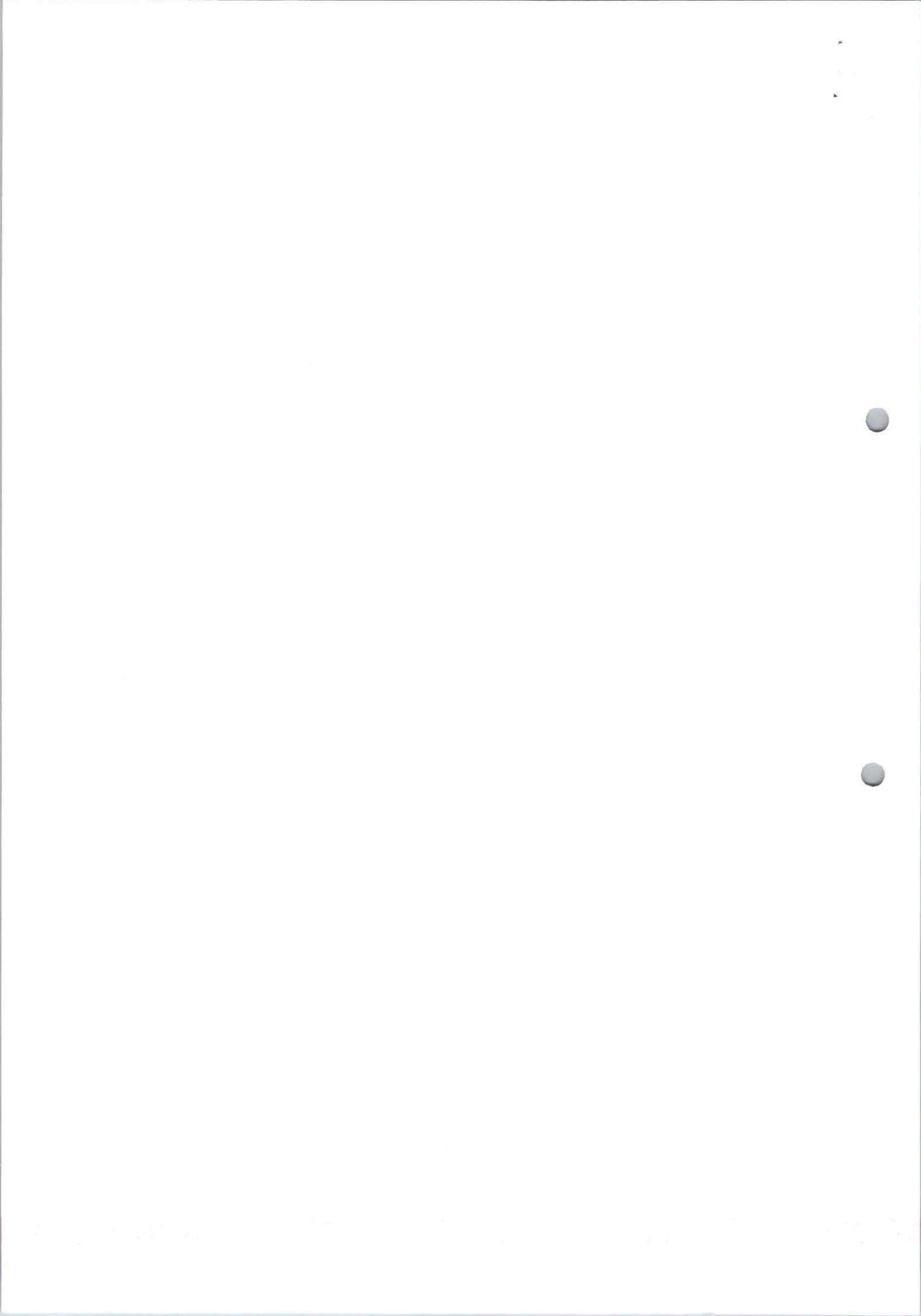
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<b>IP No:</b> IP11-00056660	<b>Admission Date:</b> 16-06-2026

labour she was shifted for emergency LSCS.

**Procedure:**

EMERGENCY LSCS DONE UNDER EPIDURAL ANAESTHESIA ON 17.06.2026

Ind: Non progression of Labour

Surgeon: Dr. Aparnaa Panda

Asst Surgeon: Dr. Priyanka

Anaesthetist: Dr. Dheepa

Under aseptic precaution, bladder catheterised.

Under epidural 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 Male baby was extracted by Vertex presentation (LOA) on 17.06.2026 at 8:44pm with birth weight 3.06kgs. 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.

Introduced placed over uterine stitch line

UV fold of peritoneum approximated.

Paracolic gutters cleaned.

Inj. Carbetocin 100mg IV given

Inj. Methergin 0.2mg IM 2 doses given

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.

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3 of 7

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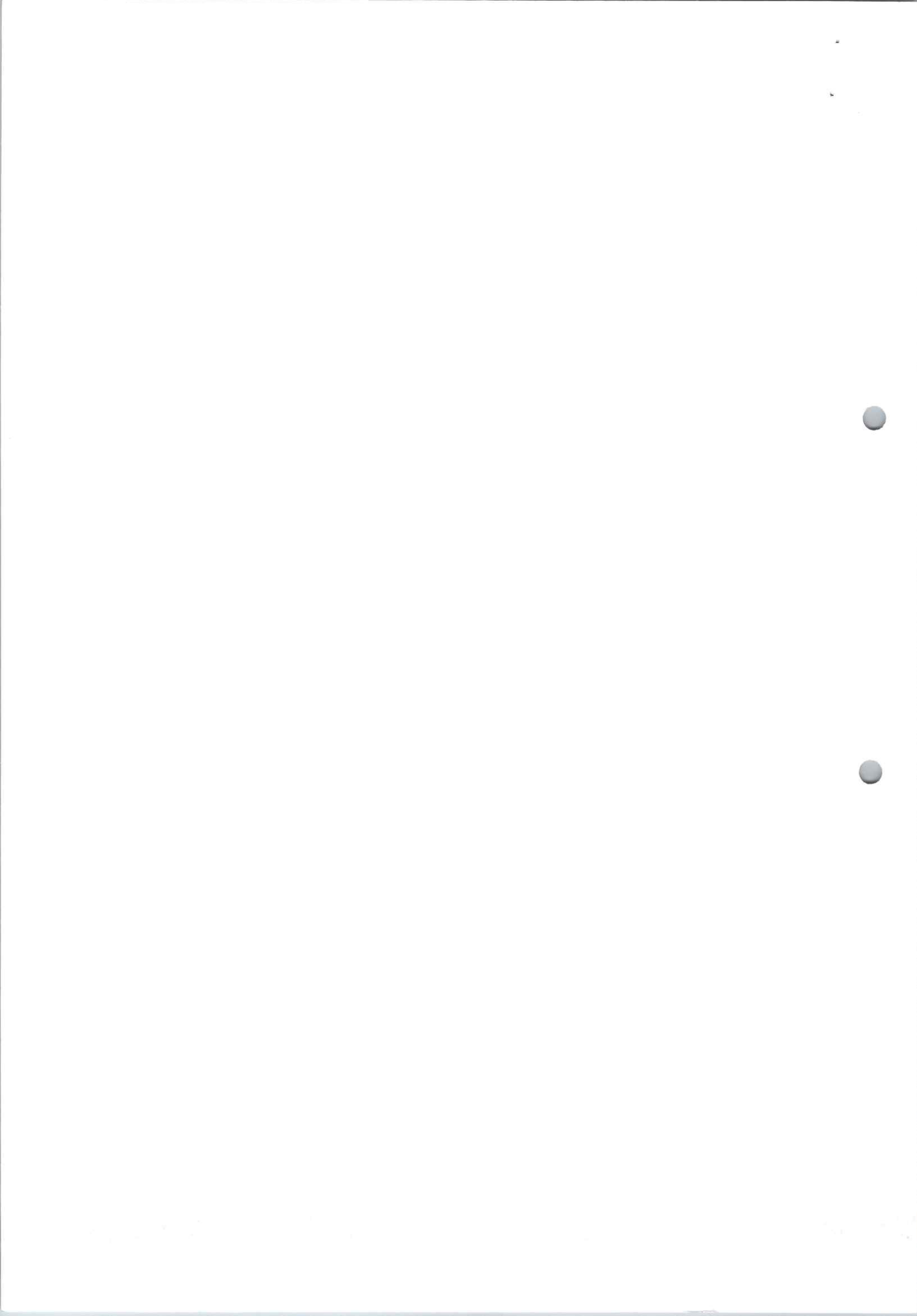
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She withstood the procedure well.

**Findings:**

Lower uterine segment well formed  
Liquor clear and adequate  
Extraction by vertex presentation (LOA)  
Placenta and membranes complete and healthy  
Introduced placed over uterine stitch line  
Uterus, tubes and ovaries normal  
Mild PPH / Extension of angles  
Blood loss ~ 400ml

**Baby Details:**

Date: 17.06.2026  
Time: 8:44pm  
Sex: Male  
Weight: 3.06kgs

**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. On inspection wound was healthy. She was treated with IV fluids, IV antibiotics and other supportive measures.

**Treatment given:**

IV Fluids / Cerviprime gel / Enema / Tab. Misoprostol / Inj. Pause / Inj. Tramadol / Inj. Pan / Inj. Perinorm / Inj. Augmentin / Inj. Ondansetron / Inj. Paracetamol / Inj. Clexane / Inj. Carbetocin / Inj. Methergin

**Condition at discharge:** Her general condition was satisfactory, her vitals

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4 of 7

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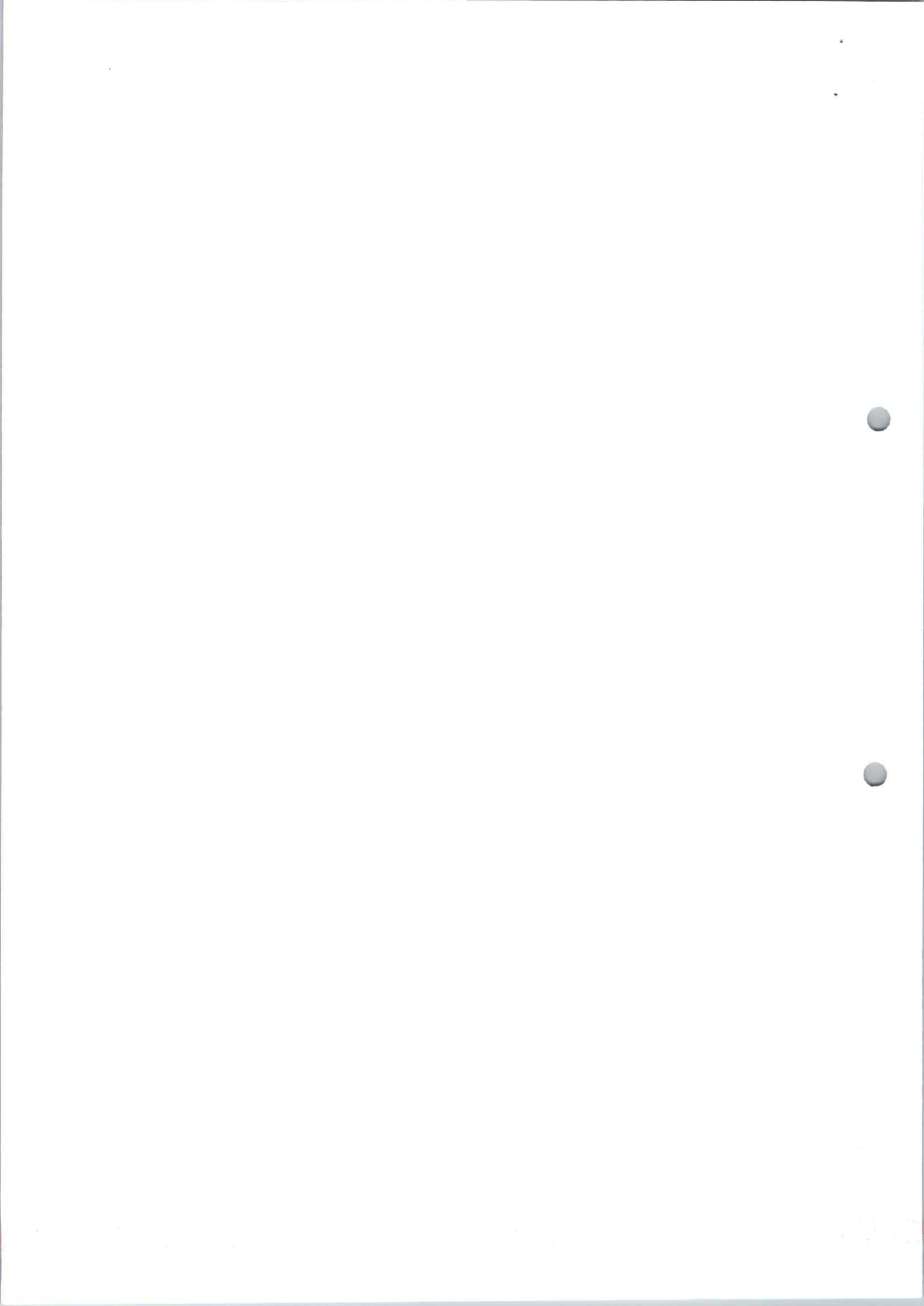
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stable, and she is haemodynamically stable and she is being discharged in stable state with following advice.

### ADVICE ON DISCHARGE

Inj. Clexane 40mg S/C 1-0-0 at 8:00am on 18.06.2026 (total 3 doses)  
Tab. Advent 625mg 1-0-1 x 05 days (after food)  
Tab. Lyser D 2-2-2 x 15 days  
Tab. Pantodac DSR 1-0-1 x 15 days (before food)  
Continue iron and calcium medication after 2 weeks  
Avoid lifting heavy weight  
Normal diet with plenty of oral fluids

Review after 10 days with Dr. Aparnaa Panda 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.

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5 of 7

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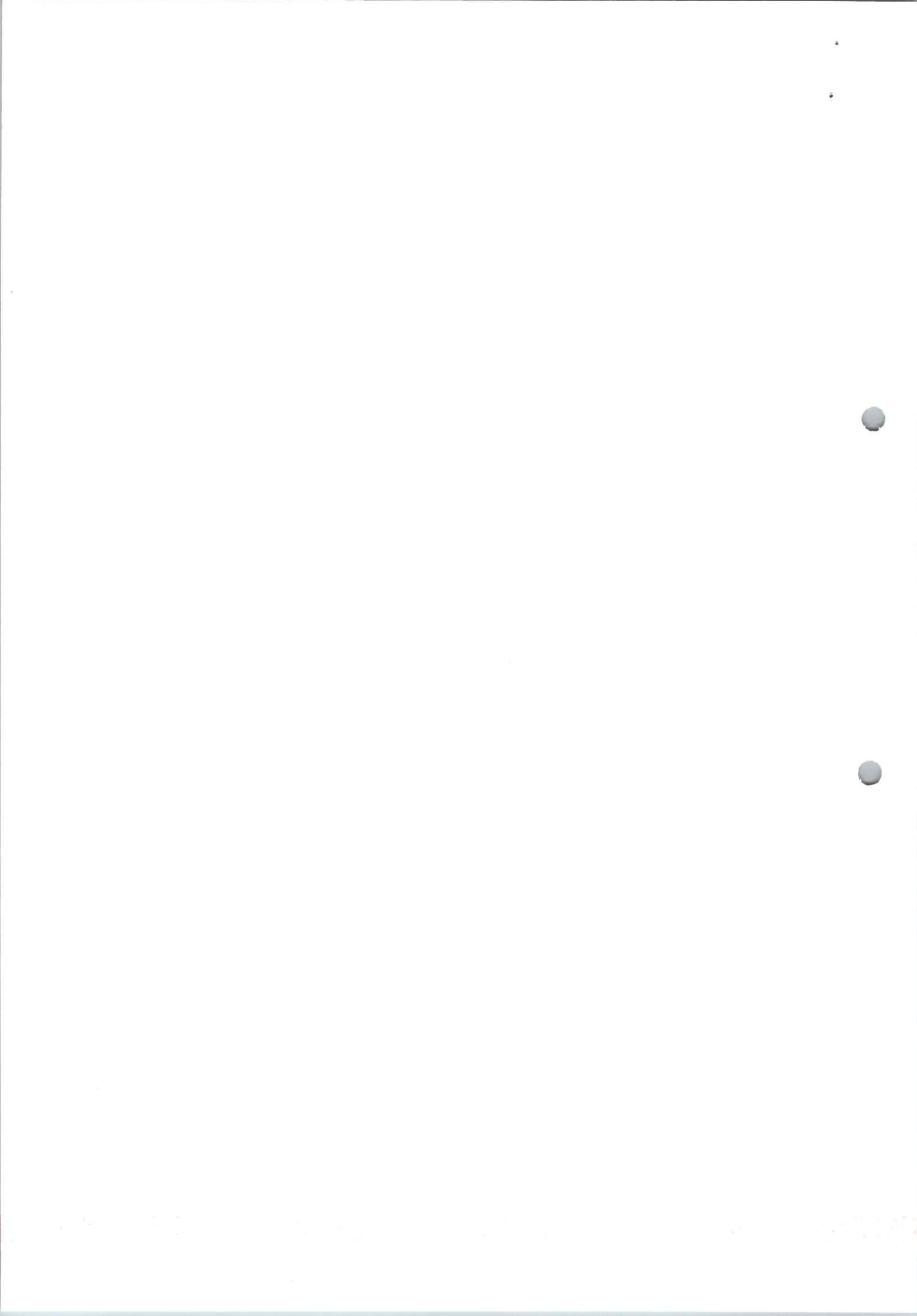
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4. Maintain good personal hygiene by taking bath with soap and warm water. Pat the surgical site dry with clean washed absorbent towel. Keep the site dry.
5. After using the toilet see that the surgical site does not get wet. After toilet ablution, 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. APARNA PANDA**

MBBS, MD (OBG)

CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Reg.No:

Registrar Name & Signature

Signature of patient and Attendant

Summary explained and handed over by  
Nurse Name & Signature:

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