







**RADIOLOGY / SCANS**

Date	Service	Signature	Date	Service	Signature

**SUPPORT SERVICES**

Date	Physiotherapy	Signature	Date	Others Services	Signature

**BLOOD BANK**

Date										
Units										
Remarks										

**ANY OTHER INFORMATION**

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Date : 02/10 Time : 10 AM

Prepared By : *Leah*

Staff Nurse / Floor Co-ordinator  <i>Leah</i>	Nursing Supervisor  <i>es</i>	Billing Assistant	Billing Supervisor
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\* no dex given pharmacally 11:09 AM

*AS*

DISCHARGE SUMMARY	
<b>Name:</b> Mrs THEERTHA C	<b>MRN:</b> JNB-00137978
<b>Father/Guardian:</b> NIKHIL	<b>IP No:</b> IP11-00056763
<b>Age:</b> 31 Y 8 M 19 D	<b>Gender:</b> Female
<b>Address:</b> 57, IDBI LAYOUT , GOTTIGERE, Bannerghatta, Bangalore, Karnataka, INDIA, 560083	<b>Admission Date:</b> 20-06-2026
<b>Referral Doc:</b> Self	<b>Discharge Date:</b> 22.6.2026

**Consultants:**

**Dr. ANITA LAKSHMAN SHETTY**

MBBS, DGO

CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Reg. No: 39018

DIAGNOSIS	ICD CODE
RECURRENT LEFT BARTHOLIN'S ABSCESS	

**Procedure:**

INCISION AND DRAINAGE AND MARSUPIALIZATION OF LEFT BARTHOLIN'S ABSCESS DONE UNDER GENERAL ANAESTHESIA ON 21.06.2026

Ind: Recurrent left Bartholin's abscess

**History:**

Complaints swelling at vulva and c/o pain at vulva since 4 days

Recurrent left Bartholin's abscess ( twice operated in 2016 and 2023)

Menstrual History: Cycles regular, normal flow

LMP: 11.06.2026

Obstetric History: Married life 4 years, NCM

Medical History: Nil

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that regular audits are essential to identify any discrepancies or errors early on. This proactive approach helps in maintaining the integrity of the financial statements and prevents any potential issues from escalating.

In addition, the document highlights the need for clear communication between all stakeholders involved in the financial process. This includes providing timely updates to management and ensuring that all team members are aware of their responsibilities and the current status of the accounts.

The final section of this part discusses the importance of staying up-to-date with the latest accounting standards and regulations. This ensures that the organization remains compliant and that its financial reporting is accurate and reliable.

The second part of the document focuses on the implementation of a robust internal control system. This system is designed to minimize the risk of fraud and error, and to ensure that all financial transactions are processed in accordance with the organization's policies and procedures.

Key components of this system include the segregation of duties, which ensures that no single individual has control over all aspects of a transaction. This helps to prevent conflicts of interest and reduces the risk of misappropriation of assets.

Another important element is the use of automated controls, which can help to detect and prevent errors in real-time. This not only improves the accuracy of the financial data but also saves time and resources.

The document also discusses the importance of regular training and education for all staff members. This ensures that everyone is aware of the organization's financial policies and procedures, and is equipped with the skills and knowledge needed to perform their duties effectively.

Finally, it is noted that the internal control system should be reviewed and updated regularly to reflect any changes in the organization's operations or the external environment. This ensures that the system remains effective and relevant over time.

In conclusion, the document emphasizes that a strong financial management system is essential for the success of any organization. By implementing the principles and practices outlined in this document, organizations can ensure that their financial data is accurate, reliable, and compliant with all applicable regulations.

This approach not only helps to protect the organization's assets but also provides valuable insights into its financial performance, enabling management to make informed decisions and drive the organization towards its long-term goals.

<b>Name:</b> Mrs. THEERTHA C	<b>MRN:</b> JNB-00137978
<b>IP No:</b> IP11-00056763	<b>Admission Date:</b> 20-06-2026

Surgical History : H/o Incision and Drainage for left Bartholin's cyst (same site) in 2016 and 2023

Allergies: Nil, Family History: Nil

**Investigations:** Enclosed.

**On Examination:**

Pulse: 80/min, BP:110/80mm of Hg, RR: 16/min, Spo2: 98% at Ra

**Systemic Examination:**

CVS: S1S2 heard, no murmurs

CNS: NAD

RS: NVBS, no added sounds

PA: Soft, BS+,

L/S : Left Vulval swelling

**Procedure:**

INCISION AND DRAINAGE AND MARSUPIALIZATION OF LEFT BARTHOLIN'S ABSCESS DONE UNDER GENERAL ANAESTHESIA ON 21.06.2026

Ind: Recurrent left Bartholin's abscess

Surgeon: Dr. Anitha Lakshman Shetty

Asst Surgeon: Dr. Leelashree

Anaesthetist: Dr. Swathi

Under aseptic precaution, She was placed in lithotomy position, under general anesthesia

Parts painted and draped

Foley's catheterization done

**Intra op findings**



<b>Name:</b> Mrs. THEERTHA C	<b>MRN:</b> JNB-00137978
<b>IP No:</b> IP11-00056763	<b>Admission Date:</b> 20-06-2026

Left Bartholin's Abscess~5X4cms  
 Incision and Drainage done, puss collected and sent for HPE  
 Entire cavity of Bartholin's cyst evacuated digitally,  
 Betadine + Peroxide wash given  
 Cyst wall excised and sent for HPE  
 Marsupialization of Bartholin's cyst done using 2-0 Vicryl  
 Hemostasis achieved  
 Mops and instruments counts taken  
 Betadine soaked ribbon gauze placed  
 Clear urine drained at the end  
 She withstood the procedure well.

**Post Operative Period:**

Was uneventful. POD1 Betadine soaked, Gauze pack removed, No fresh bleeding PV. Her general condition was satisfactory and she is discharged with following advice.

**Treatment given:**

IV Fluids / Inj. Pan / Inj. Perinorm / Inj. Advent / Inj. Metrogyl / Inj. Paracetamol /  
 Inj. TT / Tab. Pan / Tab. Lyser -D / Jonac suppository

**ADVICE ON DISCHARGE**

Tab. Augmentin 625mg (after food) 1-0-1 x 5 days  
 Tab. Metrogyl 400mg 1-0-1 x 05 days  
 Tab. Emanzen-D 1-1-1 x 05 days  
 Tab. Vibact DS 0-1-0 x 05 days  
 Tab. Pan 40mg 1-0-0 (before food) x 05 days  
 Daily dressing in the OPD

Review within a week with Dr. Anitha Lakshman Shetty with HPE report with prior appointment.



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If Pain / PV bleeding / fever / Headache/ Vomiting/ Difficulty in breathing or breathlessness / Legs swelling / Excessive PV bleeding/ Pain abdomen please report to hospital on 18002122.

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

Consultant Name & signature

Summary explained and understood by me

**Dr. ANITA LAKSHMAN SHETTY**

MBBS, DGO

CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Reg.No:39018

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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