

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature
20/6	post op exs	[Signature]			
22/6	post natal exs	[Signature]			

BLOOD BANK

Date	Units	Remarks

ANY OTHER INFORMATION

Date : 22/6 Time : 10.05

Prepared By : [Signature]

Staff Nurse / Floor Co-ordinator [Signature]	Nursing Supervisor [Signature]	Billing Assistant	Billing Supervisor
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* No due from pharmacy 11:09 AM [Signature]
22/6/26

DISCHARGE SUMMARY	
Name: Mrs APEKSHA AGARWAL	MRN: JNB-00108963
Father/Guardian: W/O RISHIKESH SINGH	IP No: IP11-00056731
Age: 33 Y 6 M 28 D	Gender: Female
Address: B T M STAGE 1, Bannerghata Road, Bangalore, Karnataka, INDIA, 560076	Admission Date: 19-06-2026
Referral Doc: Self	Discharge Date: 21.6.2026

Consultants:

Dr. SUMAN SINGH

MBBS, MD , FAM MCCG , IVF SPECIALIST
 OBSTETRICIAN & GYNAECOLOGIST
 Reg. No: 40844

DIAGNOSIS	ICD CODE
G3A1E1 WITH 36 WEEKS OF GESTATION IN ACTIVE LABOUR HYPOTHYROIDISM	

Procedure:

EMERGENCY LSCS DONE UNDER SPINAL ANAESTHESIA ON 19.6.2026
 Ind: Fetal distress

Reason of admission

G3A1E1 with 36 weeks of gestation
 Perceiving fetal movements well
 No c/o pain abdomen/ bleeding PV / leaking PV

History

Menstrual History: Regular

Medical History: Tab. Thyronorm 100mcg 1-0-0

Surgical History: Cervical encerclage on 19.3.2026

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Allergies: Nil, Family History: Nil

Obstetric History: Married life 3 years, NCM

G1 - Induced abortion at 3 months of gestation(unwanted pregnancy)

G2 - Right unruptured ectopic pregnancy(right salpingectomy done)

G3 - Present pregnancy Spontaneous conception.

She received Inj. TT 2 doses in Antenatal period, which was uneventful

Cervical encerclage on 19.3.2026

On OPD basis Cervical stitch removal on 19.6.2026

LMP: 10.10.2025

Obstetric formula: G3A1E1

EDD: 17.7.2026

Gestation at admission: 36 weeks

Investigations: Enclosed.

Examination and findings:

Pulse: 90/min, BP: 110/70mm of Hg, RR: 16/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 4cm dilated, 30-40%effaced membrane bulging, vertex at -1 station

Course in the hospital

She was admitted in active labour. Vitals checked were stable. At 2pm; PA: Uterus 36 weeks size, longitudinal lie, cephalic lower pole, FHS+150bpm, PV: Cervix stitch removed, OS 4cm dilated, 1.5cm long, bulging membrane+, vertex at -1 station, pelvis adequate. FHR monitoring done. At 3.30pm; PA:

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Uterus acting, 2contractions/10'/20", longitudinal lie, cephalic lower pole, FHS+, PV: Cervix OS 5-6cm dilated, membrane +, 60% effaced, vertex at 0 station. In view of Fetal distress, she was shifted for emergency LSCS.

Procedure:

EMERGENCY LSCS DONE UNDER SPINAL ANAESTHESIA ON 19.6.2026
Ind: Fetal distress

Surgeon: Dr. Suman Singh
Asst Surgeon: Dr. Bhavya
Anaesthetist: Dr. Swati

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(Deflexed head) on 19.6.2026 at 4.01pm with birth weight. 2.9kgs. Baby cried immediately after birth.

Immediate cord clamping done, Baby handed over to paediatrician.

Placenta and membranes delivered by controlled cord traction.

Uterus closed 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.

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Findings:

Lower uterine segment thick
 Liquor clear and adequate
 Extraction by vertex presentation(Deflexed head)
 Placenta and membranes complete and healthy
 Uterus, tubes and ovaries normal
 No PPH / Extension of angles
 Blood loss ~ 500 ml

Baby Details:

Date: 19.6.2026
 Time: 4.01pm
 Sex: Female
 Weight: 2.9kgs

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 / Inj. Pan / Inj. Perinorm / Inj. Taxim / Inj. Emeset / Inj. Tranexamic acid / Tab. Pan / Tab. Enzoflam

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.

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ADVICE ON DISCHARGE

Tab. Taxim O 200mg 1-0-1 x 5 days

Tab.Enzoflam 1-1-1 x 05 days

Tab.Pan 40mg 1-0-0 x 05 days (before food)

Continue iron and calcium medication after 1 week

Avoid lifting heavy weight

Normal diet with plenty of oral fluids

Continue thyroid medication on Tab. Thyronorm 100mcg 1-0-0

Review after 1 week with Dr. Suman Singh 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 toilet ablution, wash your hands with soap and water thoroughly and dry



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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. SUMAN SINGH

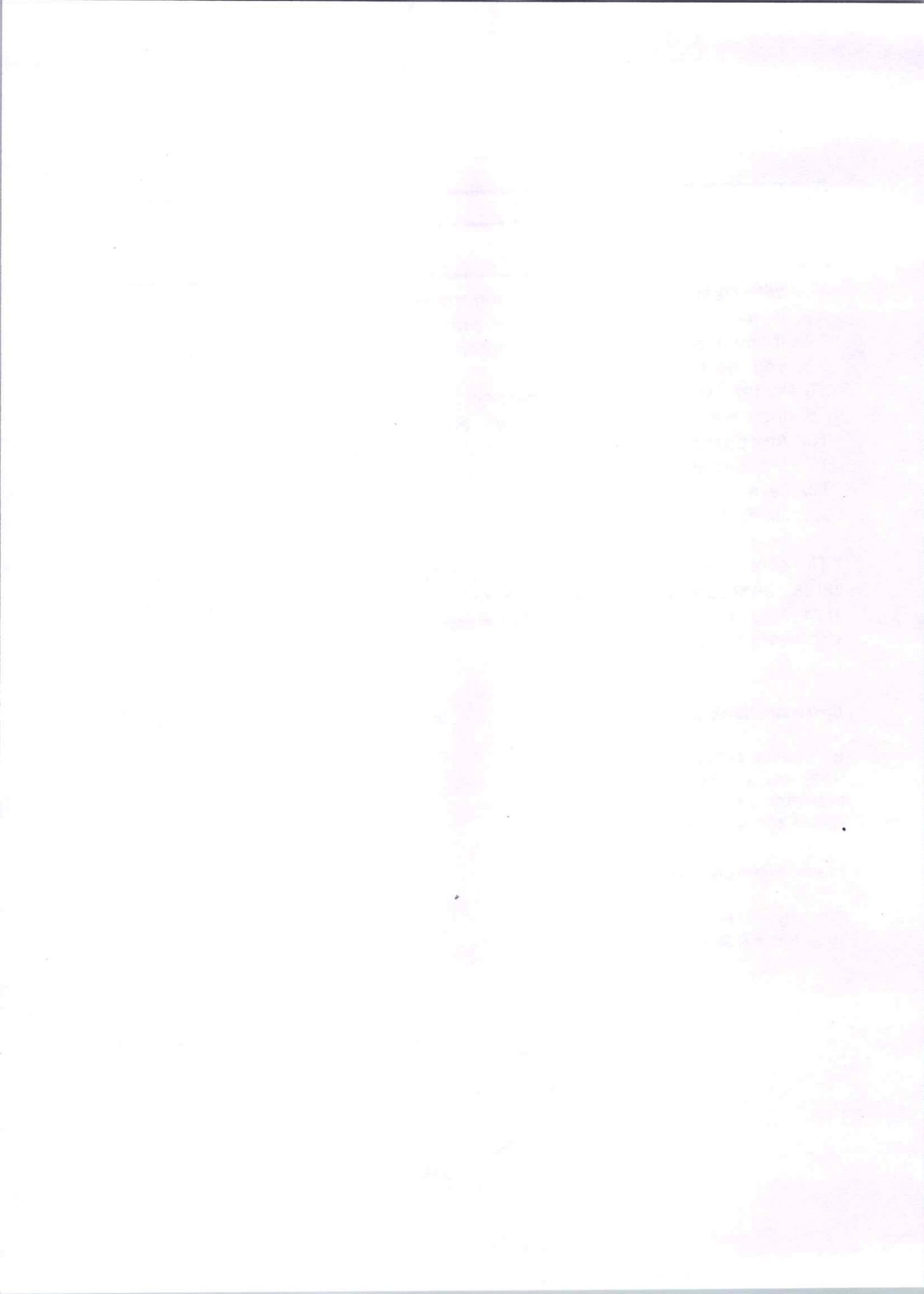
MBBS, MD , FAM MCGG , IVF SPECIALIST
OBSTETRICIAN & GYNAECOLOGIST
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Registrar Name & Signature

Signature of patient and Attendant

Summary explained and handed over by
Nurse Name & Signature:

Registrar/Resident/C.M.O



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