



**AMRITA INSTITUTE OF MEDICAL SCIENCES  
AND RESEARCH CENTRE**  
(An ISO 9001 certified Hospital)

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**Department of Head and Neck / Plastic and Reconstructive Surgery**

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Dr Nithin Anandkrishnan, BDS	Dr Sachin Chavre, DNB (Gen Surg)

**DISCHARGE SUMMARY**

**Patient Name :** Mr. RAKESH KRISHNA

**Age :** 19Y 9M 8D

**Ward/Bed No. :** 43k-4

**Speciality :** HNS/PRS

**Date of Admission :** 04/02/2010

**Date of Discharge :** 10/02/2010

**Discharging Status :** FOLLOW UP DISCHARGE SUMMARY

**MRD#:** 824381

**Sex:** Male

**Consultant :** Dr. SI/PRS/SV

**Date of Procedure :** 05/02/2010

**DIAGNOSIS :**

Right Brachial plexus injury C5 C6 C7 Right clavicular fracture.

S/P ORIF Right clavicle on 06/11/2009.

**PROCEDURE DONE :**

XI SSN posterior approach. 3,4 ICN to Ax motor branch (ant) 5,6 ICN to N to triceps long head. Obertain 1 and 2 procedure under GA on 05-02-2010.

**HISTORY :**

19 year old male patient came with complaints of RTA in the early october had a history of head injury, right closed subtroclea, raw area right medial thigh, Right fracture clavicle, Right brachial plexus palsy, was intially treated 3 weeks back at Amala medical college and is presently referred AIMS for evaluation and management of Brachial plexus injury. He underwent ORIF Right clavicle

on 06/11/2009. Now came here for further management.

### **CLINICAL EXAMINATION :**

Examination revealed improved hand and finger flexor function.

Wasting of supraspinatus, deltoid and biceps with 0/5  
triceps 2/5 (see detailed charting).

NCV (7.01.10): preganglionic involvement of right C5,6,7 myotomes. inelicitable CMAP amplitudes from right radial, musculocutaneous, axillary and suprascapular nerves.

### **COURSE IN THE HOSPITAL AND DISCUSSION :**

The patient was admitted. After preliminary investigation and evaluation he was taken up for surgery. He underwent XI SSN posterior approach. 3,4 ICN to Ax motor branch (ant) 5,6 ICN to N to triceps long head. Obertain 1 and 2 procedure under GA on 05-02-2010. Post operative period was uneventful. The drain was removed on the 5 th post operative day. At the time of discharge wounds are healed well.

### **OPERATIVE FINDINGS :**

Other Details :

Prone position:- Stimulation by xomed. XI N identified and coapted to SSN Motor br of axillary N identified and looped br to long head of triceps identified and looped. Wounds closed in layers.

Supine position :- Medial over incision the median N, ulnar N and musculocutaneous N identified. Median and ulnar split into fascicles to fcu and median fascicle to FDS identified and coapted to N-0 biceps and N to .....

Motor 3,4 ICN coapted with axillary N motor 5,6 ICN coapted with N-to long head triceps. 11-0 nylon + viscal glue used. Wounds closed with drain.

### **ADVICE ON DISCHARGE :**

Review in Plastic and reconstructive surgery OPD after on 18-02-2010 (Dr. Kishore/Dr . Sandeep Vijayaragavan).

### **DISCHARGE MEDICATION :**

Cap . Becosule 1-0-0 X 14 days.

Neosporin ointment for LA.

**Signed By: Dr. SI/PRS/SV**

### **Please contact for emergency care:**

Casualty No: 0484-2852060

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Helpline No:

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