

To whomsoever it may concern

Mrs Seema Rai, 44 years, F, was admitted to Fortis Hospital on 01st May 2010 at 9pm with UHID: WHBL 83368 for cadaveric renal transplant.

This patient was a diabetic for 20 years on oral anti-diabetic medications and a hypertensive for 15 years on anti-hypertensives. She had renal failure for four years. She had been undergoing treatment under Dr Rajanna Sreedhara and was on dialysis since Nov 2009. She was admitted to hospital for emergency cadaveric kidney transplant because of availability of kidney from a brain-dead patient.

Pre-anesthetic evaluation was done on the night of 01st May 2010. On clinical exam, patient had

- Mild pallor and edema in the feet. HR 80 beats/min, BP 180/90 mm Hg.
- Cardiovascular system: Normal
- Respiratory system: Normal
- Abdomen: Mild distension

Investigations done:

- HB: 9.6 g/dl, PCV 31%, Random Blood Sugar 314 mg/dl
- Prothrombin Time: 12.6 sec, INR 1.05, APTT: test 32 sec, control 31 sec
- S. Creatinine 3.7 mg/dl, BUN: 28 mg/dl, Na⁺ 136 mEq/L, K⁺ 4.3 mEq/L
- SGOT: 41 U/L, SGPT:37 U/L, ECG: Normal, Chest X-Ray: Normal.

Was on medications:

- Tab Deplatt-A- 75 mg
- Tab Amlong
- Tab Betaloc
- Tab Minipress XL
- Tab Arkamine

In view of the above medical conditions this patient was accepted for surgery under ASA Grade- III. Upon receipt of cadaver organs, patient was shifted to OT at about 5.45 am on 02nd May 2010. A second pre-anesthetic evaluation was done at 6.00 am. The patient's clinical status had remained stable and she was again accepted for anesthesia and surgery under ASA Grade III.

The ASA physical status classification system is a system for assessing the fitness of patients before surgery. In 1963 the American Society of Anesthesiologists (ASA) adopted the five-category physical status classification system; a sixth category was later added. These are:

- I. A normal healthy patient.
- II. A patient with mild systemic disease.
- III. A patient with severe systemic disease.
- IV. A patient with severe systemic disease that is a constant threat to life.
- V. A moribund patient who is not expected to survive without the operation.
- VI. A declared brain-dead patient whose organs are being removed for donor purposes.

Dr Keshav Reddy

Consultant in Anesthesiology,

Fortis Hospital, Bannerghatta Road

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