

Appointment set by: [REDACTED]
10 FEB 2021 11:48 am

The State of Israel
Ministry of Health
The Haim Sheba integrated medical center
A branch of Sackler School of Medicine
At the Tel-Aviv University
Tel-Hashomer 52621, Israel

[Logo in Hebrew]

[Sheba logo]

[Accreditation logo]

Urology Department

Dept. Director: Dr. [REDACTED] Tel: 03-5302239
Charge nurse: Ms. [REDACTED] Fax: 03 - 5351892

Discharge Letter

[REDACTED],
[REDACTED]
Address: [REDACTED]
Age: 74, male Admission no. [REDACTED], Ramat Gan [REDACTED]
Hospitalization date: 07 FEB 2021 02:34 am

Actual discharge date

Discharge date: 10 FEB 2021

Current diagnosis

- Ureteral stone – distal ureter (Right) (592.1)

COVID-19 status

COVID-19 status: negative

Surgeries / Procedures performed in hospitalization

URETEROSCOPY & LASER LITHOTRIPSY 523370

56.31 (Right) 08/02/2021

CYSTOSCOPY AND URETERAL STENT INSERTION 523320

57.32 (Right) 08/02/2021

Current disease

74-year-old male patient, infection in the presence of a stone 4*3.5 in the distal right ureter

74-year-old male patient, infection in the presence of a stone 4*3.5 in the distal right ureter

In his background: diabetes, hypertension, dyslipidemia

Treated with Aspirin

Without a history of a stone disease (his son suffers from kidney stones)

Two days ago he started feeling spasmodic pain in the lower back and right hip

Pain was coming and going intermittently. In addition, he describes dysuria. Without visible hematuria

Without fever, but he had chills a few days ago.

Upon his admission, fever 36.8, pulse 60, blood pressure 81/124

Upon examination, abdomen soft, non-sensitive, minimal sensitivity in tapping on right hip. A catheter was inserted with excretion of clear urine.

Lab – 14.6 thousand leukocytes, without a left deviation, Hemoglobin 15, creatinine 4.84 (from a previous testing in July creatinine 3. According to him this is on a background of Metformin toxicity – he stopped taking the medication in view of this), potassium 5.6, amylase 181, lipase 175 – in consulting with the surgery on duty physician [REDACTED] – in view of the missing correct clinic and a more reasonable etiology of his pain than pancreatitis. Now we should only continue with lab follow up – we will take repeated tests tomorrow.

CRP 22

Urine stick – positive for protein, RBC

The right kidney is swollen, perinephric fat infiltration and a mild hydronephrosis are demonstrated .

NCCT – the right ureter is mildly enlarged and there is infiltration of fat along its length, this is due to a stone blocking the distal end measuring approx. 4 mm.

The left kidney is of normal size, without perinephric fat infiltration, without hydronephrosis .

The left ureter is not expanded. No stone was observed along its length.

The urine bladder is not in full distension but there is an impression of a diffused wall thickening with content within.

Was presented to the on-call urologist – [REDACTED] [REDACTED] – at the present inpatient stay with a conservative treatment by antibiotics. Tomorrow we will consider a nephrostomy.

Plan –

Antibiotics

Hospitalization in Urology

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Tomorrow lab testing including amylase and lipase

No known sensitivity to medications

No known sensitivity to substances

Surgery summary

08 FEB 2021 08:05 pm 08:05 pm

Underwent RT URS. A stone impacted measuring approx. 5 mm in the distal ureter, approx. 2 cm proximal to the calyx. It was crushed and pulled out. Was left with DJ 6F for two weeks.

Course and discussion

74-year-old, male with background as above

Was admitted with a picture of infection in the urinary tract in a presence of a stone in the right distal ureter, with a rise in creatinine up to 5 from a baseline of 3.
During his inpatient stay he was treated with antibiotics with clinical and laboratory improvement at first, this was followed by an exacerbation in creatinine up to 5 again. Therefore, on 08 FEB 2021 he, under general anesthesia and in a normal course, underwent a ureteroscopy on the right and laser crushing of an impacted stone measuring approx. 5 mm in the distal ureter, approx. 2 cm proximal to the calyx. It was crushed and pulled out. Was left with DJ 6F for two weeks.
Course of hospitalization following the procedure was normal. A urethral and ureteral catheters were left in, that were removed on day 2 after the procedure.

Recommendation upon discharge

Recommendation: Continue follow up with the attending physician and regular medication therapy.
For pain - optalgin in drops/paracetamol tablet 1 gr. Up to three times a day as needed. Removal of the stent at the Advanced Technologies Center in two weeks. Please set an appointment at 03-5305275.
In case of a rise in fever above 38.3oC, in case of urine retention or the appearance of pain in the hip or abdomen that do not respond to painkillers - come back to the Urgent Care Department

Sick leave: 2 weeks.

To set an appointment at the Urology Institute please call: 03-5302159

Name of the senior physician in charge of discharge from the hospital

Physician: [Redacted]

Letter is signed by: Dr. [Redacted] MD Licenses no.: [Redacted]

[stamp and signature] 10 FEB 2021 08:46:50 am
_____[signed]_____

Signature:

If in the course of this visit and treatment a biopsy was taken – please call in four weeks' time (from date of biopsy) to the department secretariat in order to receive the pathology results

Every visit to the Urgent Care Unit must be paid either by the patient or by a payment commitment form from the HMO.

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To join, free of charge, to Sheba online services, turn to the staff in the various departments or at the hospital clinics.

Know your rights! You are entitled to an allowance from National Insurance Institute under the following three circumstances:

Injury attributed to a personal accident, injury attributed to a work accident, hospitalization or disease exceeding 90 days, with you being restricted as a result of your disease related to this hospitalization. You should review your rights on the National Insurance Institute website at <http://www.btl.gov.il>.

You can download a claims form for all stipends from the site and return it via the site or by mail or deliver it to the National Insurance branch.

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Print date and time: 10 FEB 2021 08:46 am

[stamp]

You must bring form 17
with you (financial commitment)
Any tests
Any imaging

[stamp]

Invitation for a follow up will be sent by post
For inquiries: The Urology Institute
03-5302159