

I. To be completed by the applicant:

Full Name	Shehela Gul
Employee Code	10603586
CNIC #	17301-94702432
Designation	AS
Union council	Pulosi
Block	City

LEAVE DETAILS:

Type Of Leave	Annual	<input checked="" type="checkbox"/> Sick	Emergency	Other
Leave Requested For	# of Days	15	From: 28 Aug	To: 11 Sep 2023
Brief Reason of Leave	Abdominal Tumor Surgery			

CONTACT DETAILS

Address During Leave	Pulosi Magh Darzai
Mobile Number	03139521029

Applicant Signature

Date

[Signature]

Line Manager Signature

UCDO
Designation

28.8.2023

Date

UCPO Signature

Date

[Signature]

Allowed as per Cir. 908's

28/8/23

Leave Policy:

- ❖ Annual Leave is earned each month.
- ❖ Maximum 5 Annual Leaves can be used per quarter. (3 months of each quarter)
- ❖ At the end of the Quarter, 50% of unused leaves will be carried forward to next quarter.
- ❖ If leave is for 6 or more days, then Sunday will also count as an annual leave.
- ❖ Leave cannot be taken during or less than 7 days before the campaign.
- ❖ If staff does not return from leave on agreed date, they can be terminated.

28/1/23 1st & 2nd Proximal 2nd division of base of uterus
laparotomy fib cyst aspiration cyst

Operation/Procedure Notes
Procedure: Dr. Ambarveen + Dr. Sajida
Surgeon: Dr. Ambarveen
Assistants: Dr. Hudebia, Dr. Seena, Dr. Sidra
Anaesthesia: GA
Anaesthetist: Dr. Sahar

Findings: IOP: Jars Packed. Ut found adherent to the muscle anteriorly upto the fundus.

5x6cm cyst on (R) Adnexal region adherent anteriorly to muscle and

Incision: Laterally to pelvic wall posteriorly

Details: to gut could not be separated & ruptured. Straw colour fluid aspirated.

hemostasis secured & exposed.

Ut fundus serosa was bleeding stitches taken to secure bleeding

Drain kept

Details: pt shifted to OT CID
Laparotomy done, above findings noted. Skin sutured & proline s/c

Post Operative Instructions: none.

- vital signs
- Put on antibiotics.
- Dazox - DS - x 7DS x 1 month
- Drain TRV.
- catheter 24 hours

KHYBER TEACHING HOSPITAL PESHAWAR



MEDICAL TEACHING INSTITUTION

Ph: 0092-91-9224400-7

Website: www.kth.gov.pk / E-mail: info@kth.gov.pk

HTN / DM

Consanguinity (+) UNIT

GCB Ward

MF: 14 yrs
LBP: 8 yrs
LMP: 10/08/23

Bed No: _____ Admission No: _____

Patient's Name: Shehla Gul Age: 26 yrs Sex: (F)

Father's / Husband Name: ✓ Wajid

Date of Admission: 25/08/23 Time of Admission: 7:20 pm

NIC No: _____ Telephone No: _____

Full Address: Palosai

MR No 4272719

Clinical Diagnosis: P3 ē previous 3 c/section ē pain hypogastri

Final Diagnosis: Ovarian cyst ē pain ē ovarian cyst hypogastrium

Date of Discharge: _____ Time of Discharge: _____

Attending Doctor's Name: Dr. Samreen Sign: Dr. Samreen Rafiq

Designation: TMO Stamp: POK GBU MTKTH Peshawar