

DISCHARGE SUMMARY

Patient's Name: Baby Anaisha	
Age: 2 Years	Sex: female
UHID No: 670-753596	IPD No : 464738
Date of Admission: 26.09.2022	Date of Procedure: 27.09.2022 Date of Discharge: 04.10.2022
Weight on Admission: 7.9 Kg	Weight on Discharge: 7.6 Kg
Cardiac Surgeon: DR. HIMANSHU PRATAP Cardiac Surgeon : DR. K. S. DAGAR Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Large Perimembranous VSD
- Moderate RVOTO
- Absent LPA
- Hypoplastic Left lung

PROCEDURE:

VSD closure plus Infundibular resection plus Decompressing done on 27.09.2022

RESUME OF HISTORY

Baby Anaisha, 2 years female child, 1st in birth order, born out of non consanguineous marriage at term through normal vaginal delivery and cried immediately after birth. At 45 days of life baby developed high grade fever with fast breathing for which she was taken to local doctors and was managed medically. On detailed evaluation she was diagnosed to have acyanotic congenital heart disease. there is history of feeding difficulties, recurrent LRTI, Frequent hospitalizations and failure to gain weight.

Patient is not vaccinated at all.

Developmental milestones is within normal range.

Now the patient has admitted to this centre for further management.

INVESTIGATIONS SUMMARY:
ECHO (Pre operative):

Situs solitus, levocardia, AV VA concordance, Normal pulmonary and systemic venous drainage, Large Non restrictive perimembranous VSD, IAS intact, Mild TR, Mild valvar PS, Dilated LV, Dilated RPA, Non visualized LPA, Right arch, Adequate ventricular function.

X RAY CHEST (26.09.2022): Report Attached.

USC WHOLE ABDOMEN (26.09.2022): Report attached.

Max Super Speciality Hospital, Saket

(East Block) - A Unit of Devki Devi Foundation

(Devki Devi Foundation registered under the Societies Registration Act XXI of 1860)

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PRE DISCHARGE ECHO (03.10.2022):

S/P VSD closure+ infundibular resection +decompressing PFO

PFO shunting left to right. VSD patch in situ, no residual shunt/ mild TR. No MR. No LVOTO/No AR. Wide open RVOT ; PG : 15mmHg. good flow seen in RPA. Adequate biventricular function ; LVEF : 55%. No collection.

COURSE IN HOSPITAL:

On admission an Echo was done which revealed detailed findings above.

In view of her diagnosis, symptomatic status and Echo findings she underwent **VSD closure plus Infundibular resection plus Decompressing** on 27.09.2022. The parents were counseled in detail about the risk and benefit of the surgery and also the possibility of prolonged ventilation and ICU stay was explained adequately to them.

Postoperatively, she was shifted to PICU and ventilated with adequate analgesia and sedation. She was extubated on 1st POD and electively put on nasal CPAP support . It was weaned to room air by 3rd POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy, frequent nebulizations and incentive spirometry.

Inotropes were given in the form of Adrenaline (0-1st POD) and Dobutamine (0-3rd POD) to optimize cardiac function. Decongestive measures were given in the form of lasix 2x/doses. Mediastinal chest tubes inserted perioperatively were removed on 3rd POD after minimal drains are noted.

Empirically antibiotics were started with Ceftriaxone and Amikacin. Changed to oral formulations once all cultures came to be negative.

Minimal feeds were started on 1st POD and it was gradually built up to full feeds. She was also given supplements in the form of multivitamins & calcium.

She is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR 100/min, sinus rhythm, BP 94/50 mm Hg, SPO2 98% on room air. Chest - bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid 600 ml/day
- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **VSD closure plus Infundibular resection plus Decompressing**.
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Levofloxacin 50 mg twice daily (8am-8pm) - PO x 5 days then stop

3ml
8am - 8pm
x 5 days



- Syp. Furosemide 7.5 mg thrice daily (6am - 2pm - 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Spironolactone 5 mg thrice daily (6am - 2pm - 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Arkamin 20 mcg twice daily (8am - 8pm) - PO x 1 week then stop
- Typ. A to Z 2.5 ml twice daily (9am - 9pm) - PO x 2 weeks then stop
- Syp. Sheical 2.5 ml twice daily (9am - 9pm) - PO x 2 weeks then stop
- Tab. Lanzol Junior 7.5 mg twice daily (8am - 8pm) - PO x 1 week and then stop
- Syp. Crocin 100mg thrice daily (6am - 2pm - 10pm) - PO x 2 days then as and when required
- **Betadine lotion for local application twice daily on the wound x 7 days**
- **Stitch removal after one week**
- **Intake/Output charting.**
- **Immunization as per national schedule with local pediatrician after 4 weeks.**

Review after 3 days with serum Na⁺ and K⁺ level and Chest X-Ray. Dose of diuretics to be decided on follow up. Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.

In case of Emergency symptoms like : **Poor feeding, persistent irritability / drowsiness, increase in blueness, fast breathing or decreased urine output**, kindly contact Emergency: 26515050

For all OPD appointments

- Dr. Himanshu Pratap in OPD with prior appointment.
- Dr. Neeraj Awasthy in OPD with prior appointment.

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