

## DISCHARGE SUMMARY

<b>PATIENT NAME: BABY OF MEENA GUPTA</b>	<b>AGE: 3 YEARS, 4 MONTHS &amp; 13 DAYS, SEX: M</b>
<b>REGN: NO: 13910413</b>	<b>IPD NO: 231565/25/1201</b>
<b>DATE OF ADMISSION: 26/10/2025</b>	<b>DATE OF DISCHARGE: 31/10/2025</b>
<b>CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY</b>	

### DISCHARGE DIAGNOSIS

- **Congenital Acyanotic Heart Disease with increased pulmonary blood flow**
- **Restrictive Perimembranous ventricular septal defect, restricted by right coronary cusps prolapse**
- **Patent foramen ovale**
- **Main pulmonary artery dilated**
- **Failure to thrive**

### OPERATIVE PROCEDURE

**Trans right atrial Dacron patch closure of ventricular septal defect + Direct closure of patent foramen ovale done on 27/10/2025**

**Tricuspid valve inspected with saline challenge, competent.**

### RESUME OF HISTORY

Baby of Meena Gupta (Devansh Sahu) is a 3 years old male child (date of birth: 14/06/2022) from Allahabad who is a case of congenital heart disease. He is 1<sup>st</sup> in birth order and is a product of full term LSCS (lower segment caesarian section) delivery. His birth weight was 3.5 kg. Maternal age is currently 25 years.

He was apparently well till 2 years of age, when he developed breathing difficulty during mild to moderate activity associated with easy fatiguability and excessive sweating for which he was shown to pediatrician. During evaluation, cardiac murmur was detected. Echo was done which revealed Congenital heart disease – ventricular septal defect.

He also had history of failure to thrive. He was referred to Fortis Escorts Heart Institute, New Delhi for further management.

He had mildly deranged liver functions on 1<sup>st</sup> POD (SGOT/SGPT = 91/17 IU/L, S. bilirubin total 0.30 mg/dl & direct 0.27 mg/dl and S. Albumin 4.5 g/dl). This was managed with avoidance of hepatotoxic drug and continued preload optimization, inotropy and after load reduction. His liver function test gradually improved. His other organ parameters were normal all through.

His predischarge liver function test are SGOT/SGPT = 32/14 IU/L, S. bilirubin total 0.49 mg/dl, direct 0.14 mg/dl, Total protein 7.3 g/dl, S. Albumin 4.4 g/dl, S. Globulin 2.9 g/dl Alkaline phosphatase 180 U/L, S. Gamma Glutamyl Transferase (GGT) 8 U/L and LDH 356 U/L).

Thyroid function test done on 27/10/2025 which T3 4.60 pg/ml (normal range – 2.41 – 5.50 pg/ml), T4 2.07 ng/dl (normal range 0.96 – 1.77 ng/dl), TSH 3.630  $\mu$ IU/ml (normal range – 0.700 – 5.970  $\mu$ IU/ml).

Gavage feeds were started on 0 POD. Oral feeds were commenced on 1<sup>st</sup> POD.

#### **CONDITION AT DISCHARGE**

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 124-132/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 98%. **His predischarge x-ray done on 30/10/2025**

**In view of congenital heart disease in this patient his mother is advised to undergo fetal echo at 18 weeks of gestation in future planned pregnancies.**

**Other future siblings are advised detailed cardiology review.**

#### **PLAN FOR CONTINUED CARE:**

**DIET** : Normal diet as advised

**Normal vaccination (After 6 weeks from date of surgery)**

**ACTIVITY:** Symptoms limited.

#### **FOLLOW UP:**

Long term cardiology follow- up in view of:-

1. Ventricular septal defect closure
2. **Mild aortic regurgitation**

**Review on 04/11/2025 in 5<sup>th</sup> floor at 09:30 AM for wound review**

**Repeat Echo after 9 - 12 months after telephonic appointment**

**PROPHYLAXIS :**

**Infective endocarditis prophylaxis prior to any invasive procedure**

**MEDICATION:**

1. Syp. Paracetamol 200 mg PO 6 hourly x one week
2. Tab. Pantoprazole 10 mg PO twice daily x one week
3. Syp. Lasix 10 mg PO twice once daily till next review
4. Tab. Aldactone 4.5 mg PO twice daily till next review
5. Syp. Shelcal 5 ml PO twice daily x 3 months

6. Nasoclear nasal drop 2 drop both nostril 4<sup>th</sup> hrly
7. Nebulization with normal saline 4<sup>th</sup> hrly

➤ **All medications will be continued till next review except the medicines against which particular advice has been given.**

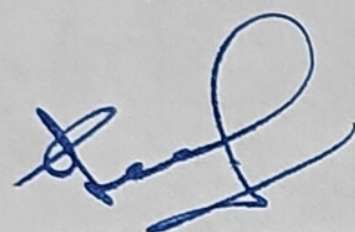
**Review at FEHI, New Delhi after 9 – 12 months after telephonic appointment  
In between Ongoing review with Pediatrician**

**Sutures to be removed on 10/11/2025; Till then wash below waist with free flowing water**

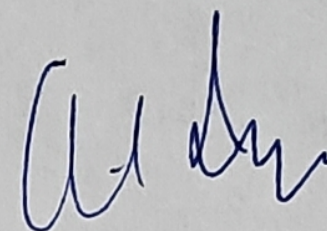
**4<sup>th</sup> hrly temperature charting - Bring your own thermometer**

➤ **Daily bath after suture removal with soap and water from 11/11/2025**

**Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815) if any problems like fever, poor feeding, fast breathing**



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**(DR. SNEH LALWANI)  
(ATTENDING CONSULTANT  
PEDIATRIC CARDIAC SURGERY)**



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**(DR. K.S. IYER)  
(CHAIRMAN  
PEDIATRIC & CONGENITAL HEART SURGERY)**

**Please confirm your appointment from (Direct 011-47134540, 47134541, 47134500/47134536)**

- **Poonam Chawla Mob. No. 9891188872**
- **Treesa Abraham Mob. No. 9818158272**
- **Gulshan Sharma Mob. No. 9910844814**
- **To take appointment between 09:30 AM - 01:30 PM in the afternoon on working days**

**OPD DAYS: MONDAY – FRIDAY 09:00 A.M**

**In case of fever, wound discharge, breathing difficulty, chest pain, bleeding from any site call  
47134500/47134536/47134534/47134533**

**Patient is advised to come for review with the discharge summary. Patient is also advised to  
visit the referring doctor with the discharge summary.**