

## DISCHARGE SUMMARY

PATIENT NAME: ABIHA	AGE: 6 MONTHS & 20 DAYS, SEX: F
REGN: NO: 13169685	IPD NO: 111943/24/1201
DATE OF ADMISSION: 14/06/2024	DATE OF DISCHARGE: 22/06/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

### DISCHARGE DIAGNOSIS

- Acyanotic congenital heart disease with increased pulmonary blood flow
- Large non-restrictive perimembranous ventricular septal defect with outlet extension (left to right shunt)
- Patent foramen ovale
- Suck rest suck cycle
- Feeding difficulty
- Failure to thrive (< 3<sup>rd</sup> Percentile); Z score < - 3 SD

### OPERATIVE PROCEDURE

Dacron patch closure of ventricular septal defect + Direct closure of patent foramen ovale done on 15/06/2024

### RESUME OF HISTORY

Abiha is a 6 months old female infant (date of birth: 26/11/2023) from Basti who is a case of congenital heart disease. She is 3<sup>rd</sup> in birth order and is a product of full term LSCS (lower segment caesarian section) delivery. Her birth weight was 3.5 kg. Maternal age is currently 31 years. Other siblings are apparently well.

Soon after birth, she had a history of hyperglycemia for which she was admitted for 1 day. She had history of suck rest suck cycle, feeding difficulty, increasing sweating while feeding and failure to gain weight for which she shown to pediatrician. During evaluation, cardiac murmur was detected. Echo was done which revealed Congenital heart disease (Ventricular Septal Defect). She was referred to Fortis Escorts Heart Institute, New Delhi for further management.



She was seen at FEHI, New Delhi on 25/05/2024 .Her saturation at that time was 96.% with weight of 4.1Kg cm. Echo done on 25/05/2024 revealed normal segmental analysis, Laminar intact interatrial septum, laminar inflow, Trace TR, Mild MR present,A2 segment prolapse,non restrictive outlet ventricular septal defect with perimembranous extension(Left-Right Shunt),Laminar outflow, Confluent and adequate branch PAs, Tricuspid Aortic Valve, Left Arch, Normal branching, laminar flow in Arch, No Coarctation, No LSVC, Normal LVEF, LVIDd=3.17cm (Z score +4), LVIDs 2.16cm (Z score +5), IVSd=0.6cm,LVFs=32%

She was advised surgical management.

Now she is admitted at FEHI, New Delhi for further evaluation and management. On admission, her saturation was 98%, Her Hb 11.8g/dl and Hematocrit 36.9% on admission.

In view of her diagnosis, symptomatic status, echo findings she was advised early high risk surgery after detailed counselling of family members regarding possibility of prolonged stay as well as uncertain long term issues.

Weight on admission 4.05 kg, Height on admission 58 cm, Weight on discharge 4.05kg

Her Weight on admission 4.05 kg. Failure to thrive (< 3<sup>rd</sup> Percentile); Z score < - 3 SD

Her blood Group O positive

Baby and her Mother SARS-COV-2 RNA was done which was negative.

All blood and urine culture were sterile.

## INVESTIGATION:

### ECHO

Echo done on 25/05/2024 revealed normal segmental analysis, Laminar intact interatrial septum, laminar inflow, Trace tricuspid regurgitation, Mild mitral regurgitation, A2 segment prolapse, non-restrictive outlet ventricular septal defect with perimembranous extension (Left to Right Shunt), Laminar outflow, Confluent and adequate branch Pulmonary arteries, Tricuspid Aortic Valve, Left Arch, Normal branching, laminar flow in Arch, No Coarctation, No LSVC, Normal LVEF. LVIDd 3.17cm (Z score +4), LVIDs 2.16cm (Z score +5), IVSd=0.6cm, LVFF=32%



NABH Accredited

Repeat Thyroid function test done on 22/06/2024 which revealed was normal → Thyroid function test showed T3 2.75 pg/ml (normal range – 2.15 – 5.83 pg/ml), T4 1.43 ng/dl (normal range 0.92 – 1.99 ng/dl), TSH 1.710 µIU/ml (normal range – 0.730 – 8.350 µIU/ml).

Minimal enteral feeds were started on 2<sup>nd</sup> POD and cautiously and gradually advanced to full feeds by 3<sup>rd</sup> POD. Oral feeds were started on 5<sup>th</sup> POD.

### CONDITION AT DISCHARGE

Her general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 116/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 98%. Her predischarge x-ray done on 21/06/2024.

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

In view of advanced maternal age, the mother had been advised to do chorionic villus sampling or amniocentesis early in any future pregnancy to exclude Down's syndrome and she has also been advised a detailed congenital anomaly scan in next pregnancy.

Other siblings are advised detailed cardiology review.

### PLAN FOR CONTINUED CARE:

**DIET :** Breast feeds / Semisolids 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. Large ventricular septal defect closure
2. Myxomatous mitral valve with MV prolapse
3. Mild mitral regurgitation (2 jets)
4. Tiny LV to RA jet





**Review on 24/06/2024 in 5<sup>th</sup> floor at 09:30 AM for wound review**

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

**Repeat Thyroid function test after 3 - 4 months**

**PROPHYLAXIS :**

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

**MEDICATION:**

- Syp. Paracetamol 60 mg PO 6 hourly x one week
- Tab. Pantoprazole 5 mg PO twice daily x one week
- Tab. Fluconazole 30 mg PO once daily x one week
- Syp. Lasix 5 mg PO twice daily till next review
- Tab. Aldactone 2 mg PO twice daily till next review
- **Tab. Thyroxine 12.5mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)**
- Tab. Enalapril 2 mg PO twice daily till next review
  
- **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 29/06/2024; Till then wash below waist with free flowing water**

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

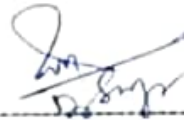
- **Frequent hand washing every 2 hours**
- **Daily bath after suture removal with soap and water from 30/06/2024**

**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**





(DR. KEERTHI AKKALA)  
(ASSOCIATE CONSULTANT  
PEDIATRIC CARDIAC SURGERY)



(DR. K.S. IYER)  
(EXECUTIVE DIRECTOR  
PEDIATRIC CARDIAC 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.**



NABH Accredited