

DISCHARGE SUMMARY

Patient's Name: Baby Ananya Kumari	
Age: 8 years	Sex: Female
UHID No: SKDD.919541	IPD No : 465490
Date of Admission: 03.10.2022	Date of Procedure: 04.10.2022
	Date of Discharge: 10.10.2022
Weight on Admission: 15.7 Kg	Weight on Discharge: 15.3 Kg
Cardiac Surgeon : DR. HIMANSHU PRATAP : DR. K. S. DAGAR	
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Partial AV canal
- Large OP ASD
- Small OS-ASD
- Cleft AML
- severe LAHV regurgitation
- Mild PAH

PROCEDURE:

OP-ASD closure plus MV repair done on 04.10.2022

RESUME OF HISTORY

Baby Ananya Kumari, 8 years' female child, 2nd in birth order, a product of non-consanguineous marriage, born at full term via LSCS due to previous LSCS, the child cried immediately after birth. From last 1 year, the baby developed breathlessness on exertion and associated with palpitations for which baby underwent evaluation. During evaluation baby got diagnosed with congenital heart disease and got advised for the surgery. She has history of feeding diaphoresis; suck rest cycle and growth delay. The baby has history of an episode of loss of consciousness for 1 min during playing and regained by itself at the age of 4 years. Baby had history of fall from bed and immediately had an episode of vomiting for which she got rushed to nearby hospital and treated conservatively. (Records NA). The baby has no history of cyanosis/ seizures/ developmental delay. Now the patient has admitted to this center for further management.

INVESTIGATIONS SUMMARY:

ECHO (pre-operative):

Situs solitus, levocardia, normal pulmonary and systemic venous drainage, partial AVSD, mild + right AVVR, severe left AVVR through the cleft, large ostium primum ASD with additional OS ASD, intact IVS, dilated RA/ RVH, confluent branch PA's, left arch, adequate ventricular function.

X RAY CHEST (03.10.2022): Report Attached.

USG WHOLE ABDOMEN (03.10.2022): 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 (08.10.2022.)

ASD patch in situ no LVOTO, no residual shunt, mild TR, pg : 14mmhg, Mild MR, no LVOTO/ no AR, no RVOTO/ no PR, good sized and confluent branch PAs, Adequate LV/RV systolic function, LVEF : 55%, left arch, no COA/PDA/APW, 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 **OP-ASD closure plus MV repair** on 04.10.2022. 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, electively put on intermittent BIPAP support but was gradually weaned to room air by third POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy, frequent nebulization, suctioning and intermittent peep. 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 boluses. Mediastinal /intercostal chest tubes inserted perioperatively were removed on 2nd POD when minimal drainage was noted. Empirically antibiotics were started with Ceftriaxone and Amikacin. Once patient had stabilized and all cultures were negative, intravenous antibiotics were stopped and converted to oral formulations. Minimal feeds were started on 1st POD and it was gradually built up to normal oral 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 96/min, sinus rhythm, BP 100/70 mm Hg, SPO2 98% on room air. Chest - bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid 1200 ml/day
- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **OP-ASD closure plus MV repair** -.
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS

- Infective endocarditis prophylaxis

- Syp. Levofloxacin 150 mg twice daily (8am-8pm) - PO x days then stop
- Tab. Furosemide 10 mg thrice daily (6am - 2pm - 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Spironolactone 6.125 mg thrice daily (6am - 2pm - 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Enalapril 1 mg twice daily (9am-9pm) -PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Pantop 20mg twice daily (6am-6pm) - PO x 1 week and then stop
- Syp. A to Z 10 ml once daily (2pm) - PO x 1 week and then stop
- Syp. Shelcal 10 ml twice daily (9am - 9pm) - POx 1 week and then stop
- Tab. Crocin 200 mg 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.**

Dr. K. S. Dagar
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