

## DISCHARGE SUMMARY

<b>PATIENT NAME: ANAYA</b>	<b>AGE: 3 YEARS, 9 MONTHS &amp; 17 DAYS, SEX: F</b>
<b>REGN: NO: 12968898</b>	<b>IPD NO: 46053/24/1201</b>
<b>DATE OF ADMISSION: 11/03/2024</b>	<b>DATE OF DISCHARGE: 19/03/2024</b>
<b>CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY</b>	

### DISCHARGE DIAGNOSIS

- Congenital heart disease
- Tetralogy of Fallot with moderate mitral regurgitation with Severe Pulmonary stenosis
- Large perimembranous with inlet extension ventricular septal defect (right to left shunt)
- Fenestrated atrial septal defects (left to right shunt)
- Infundibulum open without any significant muscular hypertrophy
- Right ventricular outflow tract - stenotic pulmonary valve, almost amounting to unicuspid valve
- Moderate size Patent ductus arteriosus
- Bilateral Superior vena cava, both equal and adequately sized
- Right atrium dilated
- Right ventricle hypertrophied
- Main pulmonary artery borderline adequate
- Polycythemia (16.7gm/dl).
- Preoperative nasal swab - Methicillin Resistant Staphylococcus Aureus
- S/P Diagnostic cath and angiogram study done with collateral coiling done on 12/03/2024

### OPERATIVE PROCEDURE

**Dacron patch closure of ventricular septal defect + Pulmonary valvotomy + Transannular patch of autologous pericardium is used to augment the Right ventricular outflow tract and Main pulmonary artery + Fenestration of the atrial septal defect taken out to make it into one large atrial septal defect closed with Dacron patch + Tricuspid valve checked for competency and mild regurgitation detected, one prolene suture applied at the antero-septal commissure done on 13/03/2024.**



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Her pre-operative renal function showed (S. creatinine 0.44 mg/dl, Blood urea nitrogen 8 mg/dl)

Her post-operative renal function showed (S. creatinine 0.24 mg/dl, Blood urea nitrogen 6 mg/dl) on 0 POD

Her pre-discharge renal function showed (S. creatinine 0.32 mg/dl, Blood urea nitrogen 14 mg/dl)

Her pre-operative liver functions showed (SGOT/SGPT = 34/16 IU/L, S. bilirubin total 0.25 mg/dl, direct 0.10 mg/dl, Total protein 7.3 g/dl, S. Albumin 4.7 g/dl, S. Globulin 2.6 g/dl Alkaline phosphatase 230 U/L, S. Gamma Glutamyl Transferase (GGT) 9 U/L and LDH 330 U/L).

She had mildly deranged liver functions on 1<sup>st</sup> POD (SGOT/SGPT = 173/33 IU/L, S. bilirubin total 0.92 mg/dl & direct 0.30 mg/dl and S. Albumin 3.9 g/dl) and repeat (SGOT/SGPT = 139/33 IU/L, S. bilirubin total 0.90 mg/dl & direct 0.37 mg/dl and S. Albumin 3.5 g/dl).

This was managed with avoidance of hepatotoxic drug and continued preload optimization, inotropy and after load reduction. Her liver function test gradually improved. Her other organ parameters were normal all through.

Her predischarge liver function test are SGOT/SGPT = 29/24 IU/L, S. bilirubin total 0.28 mg/dl, direct 0.10 mg/dl, Total protein 6 g/dl, S. Albumin 3.5 g/dl, S. Globulin 2.5 g/dl Alkaline phosphatase 118 U/L, S. Gamma Glutamyl Transferase (GGT) 18 U/L and LDH 464 U/L)

Thyroid function test done on 13/03/2024 which revealed was normal → Thyroid function test showed T3 2.96 pg/ml (normal range – 2.41 – 5.50 pg/ml), T4 1.19 ng/dl (normal range 0.96 - 1.77 ng/dl), TSH 0.945  $\mu$ IU/ml (normal range – 0.700 – 5.970  $\mu$ IU/ml).

Gavage feeds were started on 1<sup>st</sup> POD. Oral feeds were commenced on 3<sup>rd</sup> POD.  
Folic acid was commenced in view of pre-existing Polycythemia (16.7gm/dl).

## CONDITION AT DISCHARGE

Her general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 110/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 100%. **Her predischarge x-ray done on 18/03/2024**

**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 : 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. Possibility of recurrence of Right ventricular outflow tract obstruction**
- 2. Free pulmonary regurgitation**
- 3. Moderate tricuspid regurgitation**

**Review on 20/03/2024 in 5<sup>th</sup> floor at 09:30 AM for wound review**

**Repeat Echo after 6 - 9 months after telephonic appointment**

**PROPHYLAXIS :**

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



### **MEDICATION:**

- Syp. Paracetamol 180 mg PO 6 hourly x one week
- Tab. Pantoprazole 10 mg PO twice daily x one week
- Tab. Fluconazole 80 mg PO once daily x one week
- Syp. Lasix 10 mg PO thrice daily till next review
- Tab. Aldactone 7.5 mg PO thrice daily till next review
- Syp. Shelcal 5 ml PO twice daily x 3 months
- Tab. Folic Acid 5 mg PO once daily x one year
- Mupirocin ointment local application in the nose twice daily x 4 - 6 weeks
  
- All medications will be continued till next review except the medicines against which particular advice has been given.

**Review at FEHI, New Delhi after 6 – 9 months after telephonic appointment  
In between Ongoing review with Pediatrician**

**Sutures to be removed on 27/03/2024; 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 28/03/2024

**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**



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**(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.**



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