



DISCHARGE SUMMARY

Patient's Name: MAST ANSH	
Age: 7 Years 6 months	Sex: Male
UHID No: SKDD.601750	IPD No : 485701
Date of Admission: 24.04.2023	Date of Procedure: 25.04.2023 Date of Discharge: 26.04.2023
Weight on Admission: 16.4 Kg	Weight on Discharge: 16.4 Kg
Cardiac Surgeon: DR. K. S. DAGAR : DR. HIMANSHU PRATAP Pediatric Cardiologist: DR. MUNESH TOMAR Pediatric Intensivist: DR. PRADIPTA ACHARYA	

DISCHARGE DIAGNOSIS

- Persistent Chronic Discharging Sinus through anterior chest wall
- S/P: Dacron patch VSD closure with rerouting of Aorta to LV+ Infundibular resection+ Pulmonary valvotomy done on 11.07.2017

PROCEDURE:

Sinus tract excision plus sternal wire removal done on 25.04.2023

RESUME OF HISTORY

Mast. Ansh, 7 years old male child, presented with chronic persistent discharging sinus through sternal wound of anterior chest wall. Patient was diagnosed to have cyanotic congenital heart disease and underwent **Dacron patch VSD closure with rerouting of Aorta to LV+ Infundibular resection + Pulmonary valvotomy done on 11.07.2017**. Shortly after the surgery, patient developed a chronic non healing sinus at the upper end of the wound. He has undergone wound debridement + sinus tract Excision twice as the sinus tract recurred after the first wound debridement. There is no history of fever, malaise or tenderness around the sinus.

Now the patient has been admitted to this center for further management.

INVESTIGATIONS SUMMARY:

X RAY CHEST (24.04.2023): Report Attached.

USG WHOLE CHEST (24.04.2023): Report attached.

COURSE IN HOSPITAL:

In view of his diagnosis, symptomatic status & Echo findings he underwent **Sinus tract excision plus sternal wire removal done on 25.04.2023**. Surgery was uneventful and patient tolerated the procedure well. Postoperatively patient was shifted to PICU and was extubated after 1 hour. He remained stable and oral intake was started 4 hours later. He 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 110/55 mm Hg, SPO2 98% on room air. Chest - bilateral clear, sternum stable, chest wound healthy.

DIET

- Normal diet

FOLLOW UP

- Regular follow up with treating surgeon for routine checkups

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

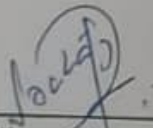
- Tab Augmentin 325 mg twice daily orally (8 am - 8pm) PO X 5 days, then stop
- Tab Combiflam: 1/2 tablet thrice daily (8 am - 2pm - 10 pm) PO X 5 days, then stop
- Tab Junior Lanzol 15 mg twice daily (8am-8pm) PO X 5 days, then stop
- Betadine lotion for local application twice daily on the wound x 7 days
- Stitch removal after 12 days

Review after 3 days. Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.

For all OPD appointments

- Dr. K. S. DAGAR in OPD with prior appointment.
- Dr. Himanshu Pratap in OPD with prior appointment.

Dr. K. S. Dagar
Principal Director
Neonatal and Congenital Heart Surgery



Dr. Himanshu Pratap
Principal Consultant
Neonatal and Congenital Heart Surgery