

Final discharge copy to be taken on
 7/1/22 *CSC with Vaseline*
 RD001440.

DISCHARGE SUMMARY

(Duplicate copy)

| | |
|--|--------------------------------------|
| Patient's Name: Baby Ayat Fatima | |
| Age: 8 Years | Sex: female |
| UHID No: SKDD. 918991 | IPD No : 468149 |
| Date of Admission: 30.10.2022 | Date of Procedure: 31.10.2022 |
| Weight on Admission: 18 Kg | Date of Discharge: 05.11.2022 |
| | Weight on Discharge: 17.7 Kg |
| Cardiac Surgeon: DR. HIMANSHU PRATAP : DR. K. S. DAGAR | |
| Pediatric Cardiologist : DR. NEERAJ AWASTHY | |

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Large perimembranous VSD
- Mild plus AR
- Small PDA

PROCEDURE:

VSD closure plus PDA ligation done on 01.11.2022

RESUME OF HISTORY

Baby Ayat Fatima, 8 years female child, born out of consanguineous marriage, 1st birth in order, was born at full term, via normal vaginal delivery and cried immediately after birth. She developed fever and cough at 3 months of age for which she was admitted at a nearby hospital and underwent medical evaluation. During evaluation baby was diagnosed with acyanotic congenital heart disease for which medical management was initiated. For past 6 months baby developed progressive worsening of symptoms (recurrent cough and fever, poor weight gain) and was advised for surgical management. Now the patient has been admitted to this center for further management.

INVESTIGATIONS SUMMARY:

ECHO (17.10.2022):

Situs solitus, levocardia, AV, VA concordance. D-looped ventricles, NRGA. Normal pulmonary and systemic venous drainage. IAS intact. Moderate sized perimembranous VSD with restricted by RCC Proplase shunting left to right, VSD max PG:89mmHg. Mild TR. No MR. RCC prolapse, Mild AR. Tiny muscle bundle in RVOT, Max:8mmHg.

| | mm | Z score |
|------------|----|---------|
| AV annulus | 18 | +2.9 |
| SOV | 22 | +2.1 |
| STJ | 14 | -0.30 |
| AAO | 16 | +0.16 |
| LVIDD | 42 | +1.6 |

Initial antibiotics were given in the form of Ceftriaxone and Amikacin. All cultures were sterile and an appropriate course of antibiotics was administered.

Minimal feeds were started on 0 POD and was built to normal diet. She was also given supplements in the form of multivitamins, vitamin C & calcium.

She is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR 106/min, sinus rhythm, BP 106/68 mm Hg, SPO₂ 98% on room air, no respiratory distress. 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 **VSD closure plus PDA ligation**.
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Tab. Taxim -O 100 mg twice daily (8am-8pm) - PO x 5 days then stop
- Tab. Furosemide 15 mg thrice daily (6am – 2pm – 10pm) - PO x 2 weeks then as 1 Tab. advised by pediatric cardiologist.
- Tab. Spironolactone 12.5 mg thrice daily (6am – 2pm – 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Enalapril 1.5 mg twice daily (9am-9pm) – PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Chymoral Forte ½ tab twice daily (8am-8pm) – PO x 5 days then stop
- ✓ Syp. A to Z 10 ml once daily (2pm) – PO x 7 days then stop
- ✓ Syp. Calcimax P 7.5 ml twice daily (9am – 9pm) – PO x 7 days then stop
- Tab. Lanzol Junior 15 mg twice daily (8am – 8pm) – PO x 1 week and then stop
- Tab. Paracetamol 250 mg thrice daily (6am – 2pm – 10pm) – PO x 3 days then as and when required
- **Betadine lotion for local application twice daily on the wound x 7 days**

| | | |
|-------|-----|------|
| LVIDS | 28 | +1.9 |
| LVFS | 32% | |
| LVEF | 65% | |

Normal LV and RV systolic function ; LVEF:60%
Normal coronaries

Small sized PDA with left to right shunt
Left arch, No COA/APW
No collection

X RAY CHEST (30.10.2022): Report Attached.

USG WHOLE ABDOMEN (30.10.2022): Report attached.

PRE DISCHARGE ECHO (03.11.2022):

S/P VSD closure and PDA ligation (31.10.2022)

IAS intact. VSD patch insitu, no residual shunt. Mild TR. No MR. Mild AR

| | mm | Z score |
|------------|------|---------|
| AV annulus | 15 | +1.2 |
| SOV | 22.7 | +1.7 |
| STJ | 19 | +1.9 |
| AAO | 20 | +1.9 |
| LVIDD | 35 | -0.13 |
| LVIDS | 23 | +0.38 |
| LVFS | 33% | |
| LVEF | 64% | |

Good sized and confluent branch PAs. Normal LV and RV systolic function ;
LVEF:60%. Normal coronaries. No residual flow seen in PDA. Left arch, No COA/APW
Minimal B/L pleural 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 **VSD closure plus PDA ligation** on 01.11.2022. 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 0 POD to oxygen by nasal prongs and weaned to room air by 1st POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy, suctioning, intermittent PEEP and frequent nebulizations.

Inotropes were given in the form of Adrenaline (0 - 1st POD), Dobutamine (0 - 2nd POD) to optimise cardiac function. Decongestive measures were given in the form of lasix boluses. Mediastinal tubes inserted per-operatively were removed on 2nd POD once minimal effusion was drained.

- **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. 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.

7/11/22
8/11/22

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
Principal Director
Neonatal and Congenital Heart Surgery

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