MAX Healthcare

DISCHARGE SUMMARY

Patient's Name: Baby Gauri Yadav	
Age: 3 Year	**Sex: Female**
UHID No: SKDD.877126	**IPD No : 425319**
Date of Admission:27.09.2021	**Date of Procedure: 29.09.2021**
	Date of Discharge: 07.10.2021
Weight on Admission: 13.3 Kg	**Weight on Discharge: 12.8 Kg**

Cardiac Surgeon: DR. K. S. DAGAR
Pediatric Cardiologist : DR. NEERAJ AWASTHY

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Large VSD
- Small PDA
- Severe PAH
- Moderately severe MR
- Dilated LA/LV
- Failure to thrive

PROCEDURE:

Dacron patch VSD closure + MV repair + PDA ligation done on 29.09.2021

RESUME OF HISTORY

Baby Gauri Yadav, 3 years female child was born 1st in birth order, out of non consanguineous marriage at term through LSCS (non progress of labour). The antenatal and perinatal period was unevenful. Patient was diagnosed to have congenital heart disease 20 days back when parents took child to local doctors with complaints of precordial bulging ,visible heart beat and poor weight gain since last 1 year. There is history of feeding diaphoresis and suck rest suck cycle during infancy . Immunization is done as per parents (records not available).
Now the patient was admitted to this centre for further management.

INVESTIGATIONS SUMMARY:

ECHO (27.09.2021): Situs solitus, levocardia, AV, VA concordance, D-looped ventricles, NRGA. Normal systemic and pulmonary veins. IAS intact. Large VSD extending from inlet muscular to perimembranous area with bidirectional shunt, predominantly left to right. Mild + TR, Small LV-RA jet seen , stuck septal TV leaflet, TV annulus 20 mm. MV annulus 24 mm, Moderate MR; Eccenteric jets, with restricted PML and asymmetric papillary muscles causing non coaptation. Aortic annulus 11mm [Z score -0.4], No AR. Mild PR, PR Peak/mean 40/26 mmHg. Dilated LA/LV, LVIDd- 42 mm (Z score= +3.04). Adequate LV/RV systolic function, LVEF:60%. Left arch, no COA/APW/LSVC. Normal coronaries. No IVC congestion. Minimal pericardial effusion. Severe PAH.

X RAY CHEST (27.09.2021): Report Attached.

USG WHOLE ABDOMEN (27.09.2021): Report attached.

Cardiac Catheterization (28.09.2021):
LV Angiogram done in LAO 50 cranial 40 view using 5F pigtail catheter showed large inlet VSD extending to perimembranous region with no additional VSDs

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2. IVC angiogram done in AP view showed left innominate vein to RSVC with SVC draining to RA, no APVC
3. Arch aortogram done in LAO 30 showed normal coronaries, left arch with normal branching pattern, no APW/PDA.

High basal PA pressures and PVRI with good response to IV Sildenafil and Oxygen were noted.

PRE DISCHARGE ECHO (06.10.2021): S/P Dacron patch VSD Closure + MV repair + PDA ligation : Situs solitus, levocardia, AV-VA concordance, d-looped ventricles, NRGA normal systemic and pulmonary venous drainage, PFO shunting left to right, VSD patch in situ, no residual shunt, mild TR, two jets seen, TR max pg 32 mmhg, trace MR, no LVOTO, no AR mild PR, PR peak pg 15 mmhg, dilated LA/LV , mild LV systolic dysfunction, LVEF 38%, left arch, normal coronaries, no IVC congestion, no pericardial effusion

COURSE IN HOSPITAL:

On admission an Echo was done which revealed detailed findings as above.

In view of her diagnosis, symptomatic status, cardiac cath and Echo findings she underwent **Dacron patch VSD closure + MV repair + PDA ligation** on 29.09.2021. 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 ICU and ventilated with adequate analgesia and sedation. She was extubated on 2nd POD to oxygen via nasal prongs . It was weaned to room air by 4th POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy, frequent nebulizations, suctioning and intermittent peep.

Inotropes were given in the form of Dobutamine (0- 3rd POD), Adrenaline (0-3rd POD) and Milrinone (1-4th pod) to optimize cardiac function. Decongestive measures were given in the form of lasix boluses and infusion . Mediastinal tubes inserted perioperatively were removed on 2nd POD and left pleural removed on 5th POD after minimal drain was noted.

Empirical antibiotics were given in the form of Ceftriaxone and Amikacin. These were upgraded to Meropenem and teicoplannin in view of MRSA isolated from nasal swab. Cultures were sterile . Antibiotics were administered for an appropriate duration.

Minimal feeds were started on 2nd POD and it was gradually built up to normal oral feeds. She was also given supplements in the form of multivitamins, calcium & vitamin C.

She is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR 110-/min, sinus rhythm, BP 88/64 mm Hg, SPO2 : 98% on room air, no resp distress. Chest – bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid :900-1000 ml/day
- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Dacron patch VSD closure + MV repair + PDA ligation.**

...treating pediatrician for routine checkups and nutritional ...ssessment.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp.Taxim –O Forte 65 mg twice daily (8am-8pm) - PO x 3 days then stop
- Syp. Furosemide 10 mg thrice daily (6am – 2pm – 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Spironolactone 5 mg twice daily (6am – 6pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Sildenafil 15 mg thrice daily (6am – 2pm – 10pm) – PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Enalapril 0.5 mg twice daily (8am – 8pm) – PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Ecosprin 65mg once daily (10 pm) – PO x 6 weeks, then as advised by pediatric cardiologist in the follow up (**to be titrated as per body weight in doses of 5 mg/kg; not to exceed a maximum of 75 mg/day)**
- Tab. Lanzol Junior 15 mg twice daily (8am – 8pm) – PO x 1 week and then stop
- Syp.Visyneral Z 5 ml once daily (9am) – PO x 3 weeks then stop
- Syp. Calcimax P 5 ml twice daily (9am – 9pm) – PO x 3 weeks then stop
- Syp. Crocin 225 mg 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 . 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. K. S. Dagar in OPD with prior appointment.**
- **Dr. Neeraj Awasthy in OPD with prior appointment.**

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