

DISCHARGE SUMMARY

Patient's Name: Baby Kaveri Gupta	
Age: 11 Years	Sex: female
UHID No: SKDD.911479	IPD No : 455944
Date of Admission: 05.07.2022	Date of Procedure: 06.07.2022
	Date of Discharge: 13.07.2022
Weight on Admission: 33 Kg	Weight on Discharge: 32.6 Kg
Cardiac Surgeon: DR. HIMANSHU PRATAP	
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Large Ostium Secundum ASD with deficient IVC margins

PROCEDURE:

Dacron patch closure of Ostium Secundum ASD done on 06.07.2022

RESUME OF HISTORY

Baby Kaveri Gupta, 11 years female child, 2nd in birth order, a product of non consanguineous marriage, born at term via LSCS (Transverse lie), child cried immediately after birth with birth weight of 3 Kg. Patient was apparently alright at birth, but at 9 months of life, she started having recurrent respiratory infections for which a local doctor was consulted. Then she was referred to GB pant hospital, where she was diagnosed with a congenital heart disease and was sent home on medical management. Patient kept having LRTI with no relief and on review it was found that the heart disease persisted and now patient was referred to our hospital for further management. Patient is fully immunized till date. Now the patient has admitted to this centre for further management.

INVESTIGATIONS SUMMARY:

ECHO (06.07.2022):

Situs solitus, levocardia, AV, VA concordance. D-looped ventricles, NRG. Normal pulmonary and systemic venous drainage. Large ostium secundum ASD measuring 27mm with left to right shunt, with deficient IVC rims. No PAPVC. Intact IVS. Mild TR ; PG ; 20mmHg. Myxomatous mitral valve. Mild MR. No LVOTO. No AR. Dominant A1, A2, A3, A4, A5, A6, A7, A8, A9, A10, A11, A12, A13, A14, A15, A16, A17, A18, A19, A20, A21, A22, A23, A24, A25, A26, A27, A28, A29, A30, A31, A32, A33, A34, A35, A36, A37, A38, A39, A40, A41, A42, A43, A44, A45, A46, A47, A48, A49, A50. Regd. Flat septal motion. Dilated RA/RV. Adequate LV/RV systolic function LVEF:65%. Left arch, No

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COA/PDA/APW/LSVC. Confluent branch PAs. Normal coronaries. No IVC congestion. No collection.

X RAY CHEST (05.07.2022): Report Attached.

USG WHOLE ABDOMEN (06.07.2022): Report attached.

PRE DISCHARGE ECHO (11.07.2022): Situs solitus, levocardia, AV, VA Concordance. D-looped ventricles, NRG. Normal pulmonary and systemic venous drainage. ASD patch in situ, No residual shunt. Intact IVS. Mild TR ; PG ; 18mmHg. Myxomatous mitral valve, Mild MR. No LVOTO, No AR. Doming pulmonary valve, Max PG: 10mmHg, Trivial PR. Flat septal motion. Dilated RA/RV. Adequate LV/RV systolic function LVEF: 65%. Left arch, No COA/PDA/APW/LSVC. Confluent branch PAs. Normal coronaries. NO IVC congestion. Mild left pleural effusion. No right pleural effusion.

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 **Dacron patch closure of Ostium Secundum ASD** on 06.07.2022. 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 to oxygen support and was gradually weaned to room air by 2nd POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy, frequent nebulization and suctioning.

Inotropes were given in the form of Dobutamine (0-1st POD) to optimize cardiac function. Decongestive measures were given in the form of Lasix boluses. Mediastinal /intercostal chest tubes inserted perioperatively were kept in situ and shifted to ward due to persistent high drain output. Later drain was removed and chest x-ray and echo done, which showed no collection. 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, 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 89/min, sinus rhythm, BP-110/70mm Hg, SPO₂-100% on room air. Chest - bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid 1200-1500 ml/day
- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Dacron patch closure of Ostium Secundum ASD**.
- Regular follow up with treating pediatrician for routine checkups and nutritional assessment.

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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TREATMENT ADVISED:

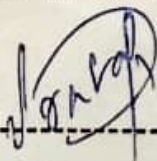
- 1-1 • Tab. Cefixime-O 200 mg twice daily (8am-8pm) - PO x 5 days then stop
- Tab. Furosemide 10 mg twice daily (8am-8pm) - PO x 2 weeks then as advised by pediatric cardiologist. $\frac{1}{4} - \frac{1}{4}$
- Tab. Spironolactone 12.5mg twice daily (10am-10pm) - PO x 2 weeks then as advised by pediatric cardiologist $\rightarrow \frac{1}{2} - \frac{1}{2}$
- Tab. A to Z 1-tab once daily (2pm) - PO x 2 weeks then stop ① daily
- Tab. Pantop 20 mg twice daily (8am-8pm) - PO x 1 week and then stop $\rightarrow 1-1$
- Cap. Chymoral forte 1twice daily (8am-8pm) - PO x 3 days then stop $1-1$
- **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. Himanshu Pratap
Principal Consultant

Neonatal and Congenital Heart Surgery

Dr. K. S. Dagar
Principal Director
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