MAX Healthcare

DISCHARGE SUMMARY

Patient's Name: Mast. Mahir Kumar	
Age: 1 Years	**Sex: Male**
UHID No: SKDD.909888	**IPD No : 456304**
Date of Admission: 08.07.2022	**Date of Procedure: 11.07.2022** **Date of Discharge:18.07.2022**
Weight on Admission: 9.4 Kg	**Weight on Discharge: 8.9 Kg**
Cardiac Surgeon: DR. HIMANSHU PRATAP **Pediatric Cardiologist : DR. NEERAJ AWASTHY**	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Large perimembranous VSD
- Moderate RVOTO

PROCEDURE:

VSD closure plus Infundibular resectiondone on 11.07.2022

RESUME OF HISTORY

Mast. Mahir Kumar, 1-year male child, was born 1st in birth order, a product of non consanguineous marriage, at full term via normal delivery. The child cried immediately after birth. The child was apparently well till 3 months of age when parents noticed the child having failure to gain weight, easy fatigability and frequent respiratory infections. Child was advised to undergo ECHO. ECHO showed VSD and he was advised surgical management.Now the patient was admitted to this centre for further management.

INVESTIGATIONS SUMMARY:

ECHO (08.07.2022): Situs solitus, levocardia, AV, VA concordance. D-looped ventricles, NRGA. Normal systemic and pulmonary venous drainage. Intact IAS. Large perimembranous VSD with mild RCC prolapse shunting left to right shunt. Mild TR. Trivial MR. No LVOTO, Trivial AR. Muscle bundle in lower infudibulam with max PG:30mmHg, No PR. Good sized and confluent branch PAs. Adequate LV/RV systolic function LVEF=60%. Left arch, No COA/PDA. Normal coronaries. No IVC congestion. No collection.

X RAY CHEST (08.07.2022): Report Attached.

USG WHOLE ABDOMEN (08.07.2022): Report attached.

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PRE DISCHARGE ECHO (16.07.2022.): Situs solitus, levocardia, AV-VA concordance, D-looped ventricles, NRGA, Normal systemic and pulmonary venous drainage, Intact IAS, VSD patch in situ, no residual shunt , Mild TR, max pg:18mmhg, Trivial MR, Well opened RVOT, RVOT max pg:15mmhg, no PR, No LVOTO, trivial AR , Good sized and confluent branch Pas, Adequate LV/ RV systolic function lvef=60%, Left arch, no COA/PDA, Normal coronaries, No IVC congestion, No collection

COURSE IN HOSPITAL:

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

In view of his diagnosis, symptomatic status and Echo findings he underwent **VSD closure plus Infundibular resection** on 11.07.2022. 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, he was shifted to PICU and ventilated with adequate analgesia and sedation. He was extubated on 1st POD and then gradually weaned to room air by 2nd POD. Associated bilateral basal patchy atelectasis and concurrent bronchorrhoea was managed with chest physiotherapy, frequent nebulizations and incentive spirometery.

Inotropes were given in the form of Milrinone (0-2nd POD), Adrenaline (0-3rd POD) and Dobutamine (0-4th POD) to optimize cardiac function. Decongestive measures were given in the form of lasix boluses. Mediastinal chest tubes inserted perioperatively were removed on 3rd POD after minimal drains are noted.

Empirically antibiotics were started with Ceftriaxone and Amikacin. Sepsis screen came negative and was converted oral cefexime.Minimal feeds were started on 1st POD and it was gradually built up to normal feeds. He was also given supplements in the form of multivitamins & calcium.

He is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR :112/min, sinus rhythm, BP- 98/64 mm Hg, SPO2:96% on room air, no respiratory distress. Chest – bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid -800ml/day
  Normal - diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of**VSD closure plus Infundibular resection.**
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS

- Infective endocarditis prophylaxis

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TREATMENT ADVISED:

- Syp.Taxim –O 50 mg twice daily (8am-8pm) - PO x 5 days then stop
- Syp. Furosemide 7.5 mg thrice daily (6am – 2pm – 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Spironolactone 6.25 mg twice daily (6am – 6pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Syp. A to Z 2.5 ml twice daily (9am – 9pm) – PO x 3 weeks, then stop
- Syp. Shelcal 2.5 ml twice daily (9am – 9pm) – PO x 3 weeks, then stop
- Tab. Lanzol Junior 10 mg twice daily (8am – 8pm) – PO x 1 week and then stop
- Syp. Alex 2.5 ml thrice daily (6am – 2pm – 10pm) – PO x5 days, then stop
- Syp. Crocin 150 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. Dr. HimanshuPratapin OPD with prior appointment.**
- **Dr. NeerajAwasthy in OPD with prior appointment.**

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

Dr. Neeraj Awasthy
Head, Principal Consultant & Incharge
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Dr. Himanshu Pratap

Principal Consultant

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