

DISCHARGE SUMMARY

Patient's Name: Mast. Mohd Umar	
Age: 3 years	Sex: Male
UHID No: 070-915772	IPD No : 463179
Date of Admission: 12.09.2022	Date of Procedure: 13.09.2022
Weight on Admission: 10.9 Kg	Date of Discharge: 15.09.2022
Weight on Discharge: 10.9 Kg	
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

Moderate sized restrictive Perimembranous VSD

Dilated LA/LV

Good Biventricular Function

PROCEDURE:

Transcatheter VSD device closure {5/4 mm ADO II} done on 13.09.2022

RESUME OF HISTORY

Mast. Mohd. Umar, 3 years male child, 2nd in birth order, a product of consanguineous marriage, born at term via LSCS with birth weight of 4 Kg. Patient was diagnosed as a case of CHD at the age of 3 day of life. Echo was done and he was found to have VSD. Since then patient was on regular follow up. Now he has come to this hospital and admitted for VSD device closure.

INVESTIGATIONS SUMMARY:

ECHO (12.09.2022):

Situs solitus, levocardia. AV, VA concordance. D-looped ventricles. NRGa/ IAS intact. Restrictive perimembranous VSD 3.5 mm shunting left to right with partial restriction by stl with IVG of 86 mmHg. Mild TR. Trivial MR. No LVOTO/No AR. Normal septal motion. LVIDd- 34.7 (Z score +2.02). Adequate LV/RV systolic function. Left arch, No COA/APW/LSVC. Normal coronaries. No IVC congestion. No collection.

X RAY CHEST (12.09.2022): Normal scan.

PRE DISCHARGE ECHO: S/P VSD DEVICE CLOSURE {5/4 mm 'ADO II device}

(15.09.2022) SITUS SOLITUS, LEVOCARDIA, AV, VA CONCORDANCE, D-LOOED VENTRICLES, NRGa, NORMAL PULMONARY AND SYSTEMIC VENOUS DRAINAGE, MILD TR, TRIVAL MR, VSD DEVICE INSITU, NO RESIDUAL SHUNT THROUGH THE DEVICE, NO LVOTO/NO AR, NO RVOTO/NO PR, GOOD SIZED AND CONFLUENT BRANCH PAS, ADEQUATE LV/RV SYSTOLIC FUNCTION; LVEF : 65%, NO COA/PDA/APW/LSVC, NORMAL CORONARIES, NO IVC CONGESTION, NO COLLECTION

COURSE IN HOSPITAL:

In view of his diagnosis, symptomatic status and echo findings he was admitted and advised for **Transcatheter VSD device closure**. With all her pre op investigations, Echo reports, ECG and Chest x ray he was taken for transcatheter VSD device closure under sedation on 14.09.2022. It was planned to **Transcatheter VSD device closure (5/4 mm ADO II) on 13.09.2022**. Device was deployed successfully under fluoro and Echo guidance. Post procedure echo showed well placed VSD device in situ, with no residual shunt through the device. Hemostasis was achieved and shifted to CTVS ICU for post procedural monitoring. Patient was shifted to Ward. Patient is now hemodynamically stable and she is fit for discharge.

Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR 88/min, sinus rhythm, BP 100 /70 mm Hg, SPO2 100% on room air. Chest – bilateral clear.

DIET

- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of CHD.
- Regular follow up with treating pediatrician for routine checkups.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Agumentin (200mg/5ml) 5ml twice daily (9am-9pm) - PO x 5 days then stop
- Syp. Crocin 5 ml as and when required
- Syp. Rantac 25 mg twice daily (7am – 7pm) – PO x 5 days and then stop

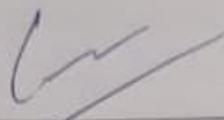
Review after 1 week in OPD.

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

In case of Emergency symptoms like: **recurrent / severe chest pain, severe breathlessness, drowsiness, increased in blueness or decreased urine output**, kindly contact Emergency: 26515050

For all OPD appointments

- Dr. Neeraj Awasthy in OPD with prior appointment (Mobile No.: 9811962775 & Email: n_awasthy@yahoo.com).



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