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DISCHARGE SUMMARY

Patient's Name: Mast. Ishu	
Age: 8 Years	**Sex: Male**
UHID No: SKDD.915614	**IPD No : 461085**
Date of Admission: 23.08.2022	**Date of Procedure: 24.08.2022** **Date of Discharge: 29.08.2022**
Weight on Admission: 19.2 Kg	**Weight on Discharge: 18.9 Kg**
Cardiac Surgeon: DR. HIMANSHU PRATAP **Pediatric Cardiologist : DR. NEERAJ AWASTHY**	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Large ostium secundum ASD
- Deficient IVC rims
- PDA
- LSVC draining to coronary sinus
- Absent RSVC

PROCEDURE:

Perforated Patch ASD closure with PDA ligation done on 24.08.2022

RESUME OF HISTORY

Mast. Ishu, 8 years male child, 2nd birth in order, was born to a non-consanguineous marriage at term via normal vaginal delivery and he cried immediately after birth. . At 7 years of age, the child was noted to have dyspnea on exertion associated with sweating for which parents took him to the hospital . On further evaluation he was found to have acyanotic heart disease and was advised surgical management. Now the patient has admitted to this centre for further management.

INVESTIGATIONS SUMMARY:

ECHO (23.08.2022):
Situs Solitus, Levocardia, AV. VA concordance. D-looped ventricles, NRGA. Large ostium secundum ASD measuring 30mm with left to right shunt, Deficient IVC rims. Prominent coronary sinus, LSVC to coronary sinus. Intact IVS. TV Annulus:37mm, Mild TR, Max PG:19mmHg, MV annulus:21mm, (Z Score -0.25), No MR. No LVOTO, No AR. RVOT gradient of:25mmHg, Trivial PR. Flat septal motion. Dilated RA/RV. Adequate LV/RV systolic function. Left arch, No COA (poor arch window). Normal coronaries. No IVC congestion. No collection.

X RAY CHEST (23.08.2022): Report Attached.

USG WHOLE ABDOMEN (23.08.2022): Report attached.

PRE DISCHARGE ECHO (29.08.2022):
ASD patch in situ, no residual shunt ,prominent coronary sinus, LSVC to coronary sinus mild TR, max pg:19mmhg,no MR ,no LVOTO,no RVOTO
Adequate LV/RV systolic function Ivef:60%,left arch, no COA
IVC is normal size with normal respiratory variation
No collection

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COURSE IN HOSPITAL:
On admission an Echo was done which revealed detailed findings above.

In view of his diagnosis, symptomatic status and Echo findings he underwent **Perforated Patch ASD closure with PDA ligation** on 24.08.2022. 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 0 POD to oxygen support and then gradually weaned to room air by 1ST 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 removed on 2nd POD when minimal drainage was noted.

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. He was also given supplements in the form of multivitamins, vitamin C & calcium.

He is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE
Patient is haemodynamically stable, afebrile, accepting well orally, HR -102/min, sinus rhythm, BP 98/62 mm Hg, SPO2-98% on room air. Chest – bilateral clear, sternum stable, chest wound healthy.

DIET
- Fluid -1200ml/day
- Normal diet

FOLLOW UP
- Long term pediatric cardiology follow-up in view of **Perforated Patch ASD closure with PDA ligation.**
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS
- Infective endocarditis prophylaxis

TREATMENT ADVISED:
- Tab. Cefixime–O 100mg 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.

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- Tab. Spironolactone 12.5 mg twice daily (8am-8pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Syp. A to Z 10 ml once daily (2pm) – PO x 3 weeks then stop
- Syp. Shelcal 10 ml twice daily (9am – 9pm) – PO x 3 weeks then stop
- Tab. Pantoprazole 20 mg twice daily (7am-7pm)- PO **X 5 days,then stop**
- Tab. Crocin 300 mg thrice daily (6am – 2pm – 10pm) – PO x 2 days then 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. Himanshu Pratap in OPD with prior appointment.**
- **Dr. Neeraj Awasthy in OPD with prior appointment.**

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