

DISCHARGE SUMMARY

PATIENT NAME: MEDHANSH	AGE: 11 MONTHS & 4 DAYS, SEX: M
REGN: NO: 12443144	IPD NO: 218306/23/1201
DATE OF ADMISSION: 12/12/2023	DATE OF DISCHARGE: 22/12/2023
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Tetralogy of Fallot with Severe Pulmonary stenosis
- Large malaligned perimembranous ventricular septal defect (Bidirectional shunting)
- Right ventricle - Hypertrophied muscle bundle of infundibular septum causing Right ventricular outflow tract obstruction
- Bilateral superior vena cava, left superior vena cava to coronary sinus
- Failure to thrive (< 3rd Percentile); Z score -2 to -3 SD

OPERATIVE PROCEDURE

Dacron patch closure of ventricular septal defect + Infundibular muscle bundle resection done on 15/12/2023

Hegar size 9F administered snugly and pulmonary valve dilated. Saline challenge of the tricuspid valve, no leak

RESUME OF HISTORY

Medhansh is a 11 months old male infant (date of birth: 11/01/2023) from Delhi who is a case of congenital heart disease. He is 2nd in birth order and is a product of full term normal vaginal delivery. His birth weight was 2.2 kg. Maternal age is currently 30 years. Other sibling is apparently well.



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He had no fever but had leucocytosis. His TLC was 17,330/cmm and platelets 2.55 lacs/cmm on 1st POD. He was thoroughly investigated for the same.

His blood culture (From arterial line) dated 17/12/2023 (i.e. 1st POD) grew *Escherichia coli*.

This was managed with broad spectrum antibiotics (Meropenem and fluconazole) including anti staphylococcal cover (started on 3rd POD). The antibiotics were stopped once all cultures were sterile. He was clinically well later and afebrile all through. His predischage TLC was 12,540/cmm and platelets were 2.44 lacs/cmm.

His pre-operative renal function showed (S. creatinine 0.36 mg/dl, Blood urea nitrogen 8 mg/dl)

His post-operative renal function showed (S. creatinine 0.34 mg/dl, Blood urea nitrogen 14 mg/dl) on 1st POD

His pre-discharge renal function showed (S. creatinine 0.29 mg/dl, Blood urea nitrogen 9 mg/dl)

His pre-operative liver functions showed (SGOT/SGPT = 41/22 IU/L, S. bilirubin total 0.22 mg/dl, direct 0.10 mg/dl, Total protein 7 g/dl, S. Albumin 5.1 g/dl, S. Globulin 1.9 g/dl Alkaline phosphatase 359 U/L, S. Gamma Glutamyl Transferase (GGT) 13 U/L and LDH 287 U/L).

He had mildly deranged liver functions on 1st POD (SGOT/SGPT = 127/19 IU/L, S. bilirubin total 0.74 mg/dl & direct 0.24 mg/dl and S. Albumin 4.8 g/dl). This was managed with avoidance of hepatotoxic drug and continued preload optimization, inotropy and after load reduction. His liver function test gradually improved. His other organ parameters were normal all through.

His predischage liver function test are SGOT/SGPT = 32/18 IU/L, S. bilirubin total 0.38 mg/dl, direct 0.12 mg/dl, Total protein 7.2 g/dl, S. Albumin 4.8 g/dl, S. Globulin 2.4 g/dl Alkaline phosphatase 203 U/L, S. Gamma Glutamyl Transferase (GGT) 19 U/L and LDH 481 U/L).

Thyroid function test done on 15/12/2023 which revealed T3 3.80 pg/ml (normal range - 2.15 - 5.83 pg/ml), T4 1.75 ng/dl (normal range 0.92 - 1.99 ng/dl), TSH 12.500 μ IU/ml (normal range - 0.730 - 8.350 μ IU/ml) for which Tab. Thyroxine was started.

Repeat Thyroid function test done on 18/12/2023 which revealed was normal \rightarrow Thyroid function test showed T3 3.31 pg/ml (normal range - 2.15 - 5.83 pg/ml), T4 1.90 ng/dl (normal range 0.92 - 1.99 ng/dl), TSH 5.140 μ IU/ml (normal range - 0.730 - 8.350 μ IU/ml).

Minimal enteral feeds were started on 1st POD and cautiously and gradually advanced to full feeds by 2nd POD. Oral feeds were started on 3rd POD.



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CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 126/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 100%. His predischarge x-ray done on 21/12/2023

In view of congenital heart disease in this patient his mother is advised to undergo fetal echo at 18 weeks of gestation in future planned pregnancies.

In view of advanced maternal age, the mother had been advised to do chorionic villus sampling or amniocentesis early in any future pregnancy to exclude Down's syndrome and she has also been advised a detailed congenital anomaly scan in next pregnancy.

Other future siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Semisolids diet as advised

Normal vaccination (After 6 weeks from date of surgery)

ACTIVITY: Symptoms limited.

FOLLOW UP:

Long term cardiology follow- up in view of:-

1. Possibility of recurrence of Right ventricular outflow tract obstruction
2. Trace tricuspid regurgitation

Review on 23/12/2023 in 5th floor at 09:30 AM for wound review

Repeat Echo after 6 - 9 months after telephonic appointment

PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure



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MEDICATION:

- Tab. Pantoprazole 5 mg PO twice daily x 2 days
- Syp. Shelcal 2.5 ml PO twice daily x 3 months
- Tab. Thyroxine 12.5mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)
- Syp. Lasix 5 mg PO alternate days x one week and then stop
- Tab. Aldactone 3.125 mg PO alternate days x one week and then stop
- Nasoclear nasal drop 2 drop both nostril 4th hrly
- Nebulization with normal saline 4th hrly
- All medications will be continued till next review except the medicines against which particular advice has been given.

Review at FEHI, New Delhi after 6 – 9 months after telephonic appointment
In between Ongoing review with Pediatrician

Sutures to be removed on 29/12/2023; Till then wash below waist with free flowing water

4th hrly temperature charting - Bring own your thermometer

- Frequent hand washing every 2 hours
- Daily bath after suture removal with soap and water from 30/12/2023

Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815) if any problems like fever, poor feeding, fast breathing



*For
Kumar*

(DR. KEERTHI AKKALA)
(ASSOCIATE CONSULTANT
PEDIATRIC CARDIAC SURGERY)

W. S. Iyer

(DR. K.S. IYER)
(EXECUTIVE DIRECTOR
PEDIATRIC CARDIAC SURGERY)

Please confirm your appointment from (Direct 011-47134540, 47134541, 47134500/47134536)

- Poonam Chawla Mob. No. 9891188872
- Treasa Abraham Mob. No. 9818158272
- Gulshan Sharma Mob. No. 9910844814
- To take appointment between 09:30 AM - 01:30 PM in the afternoon on working days

OPD DAYS: MONDAY – FRIDAY 09:00 A.M

In case of fever, wound discharge, breathing difficulty, chest pain, bleeding from any site call
47134500/47134536/47134534/47134533

Patient is advised to come for review with the discharge summary. Patient is also advised to
visit the referring doctor with the discharge summary.

