

### DISCHARGE SUMMARY

Patient's Name: SHAKSHI	
Age: 10 Years	Sex: Female
UHID No: 071-008336	IPD No :
Date of Admission: 11.09.2023	Date of Procedure: 12.09.2023 Date of Discharge: 13.09.2023
Weight on Admission: 25.2 Kg	Weight on Discharge: 25.2 Kg
Pediatric Cardiologist : DR. MUNESH TOMAR/ DR. GAURAV KUMAR	

### DISCHARGE DIAGNOSIS

- FOSSA OVALIS ASD (10x8 MM), L-R SHUNT
- Normal PA pressure
- Dilated RA/RV
- Normal ventricular function

### PROCEDURE:

Transcatheter ASD device closure (12mm Amplatzer Septal occluder device) done on 12.09.2023.

### RESUME OF HISTORY

Child with uneventful perinatal period was apparently well till 3 yrs age was diagnosed to have Atrial septal defect while evaluating for an episode of respiratory infection. Over last two years, parents noticed the child to have easy fatiguability on playing and on exertional work. Child was evaluated in our OPD and diagnosed to have ASD, now being admitted for ASD device closure.

### INVESTIGATIONS SUMMARY: Blood reports with patient

### ECHO (11.09.2023):

Ostium secundum ASD (10x8 mm) left to right shunt, Mild TR, PG 29mmHg, Dilated RA/RV, Paradoxical septal motion (RV volume overload), Normal Biventricular Function, Trace pericardial effusion

**X RAY CHEST (11.09.2023):** No focal lesion seen in the lung parenchyma. CP angles and domes of the diaphragm are normal. Both hila are normal. Pulmonary vasculature is normal. Mild cardiomegaly, Trachea is central; no mediastinal shift is seen. Bony thorax and soft tissues of the chest wall are normal.

**Catherization procedure:**

**Catheterization procedure:**  
Percutaneous ASD device closure done on 12.09.2023 under general anesthesia, TEE guidance. Hemodynamics : Normal PA pressure, ASD Anatomical size -10 mm, L-R Shunt. ASD device 12 mm deployed under TEE and fluoroscopic guidance

PRE DISCHARGE ECHO (13.09.2023):

PRE DISCHARGE ECHO (13.09.2023):  
ASD device in situ, No residual Shunt, Mild TR PG : 26 mmHg, normal septal motion,  
Trace pericardial effusion, Normal ventricular function.

Post procedure ECG(13.09.2023): HR : 100 /minute, sinus rhythm .PR Interval : 120msec  
normal axis for age

COURSE IN HOSPITAL:

On admission, the patient was investigated including echo was done which revealed findings as detailed above. In view of his diagnosis, symptomatic status and echo findings, **TRANSCATHETER**

ASD DEVICE CLOSURE (12MM AMPLATZER SEPTAL OCCLUDER DEVICE) done on 12.09.2023

Now she is fit for discharge.

**Condition at Discharge:**

Patient is hemodynamically stable, afebrile, 100 HR /min, sinus rhythm, BP 92/62 mm Hg, SPO2- 98 % on room air. Chest – bilateral clear.

**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 X 6months (Guidelines attached)

**TREATMENT ADVISED:**

- Diet as advised
- Tab Ecosprin 75 mg once daily with dinner for 6 months
- Syrup Augmentin DDS ( 5ml=400mg) 5ml twice daily X 3days
- Oral hygiene

Review after 1 month in OPD.

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

**For all cardiology OPD appointments**

- Dr. Gaurav Kumar in OPD after 1month with prior appointment.

\_\_\_\_\_  
**Dr. Munesh Tomar**  
Director  
Department of Paediatric Cardiology

\_\_\_\_\_  
**Dr. Gaurav Kumar**  
Senior Consultant  
Department of Paediatric Cardiology