

DISCHARGE SUMMARY

PATIENT NAME: UJJAWAL KUMAR	AGE: 1 YEAR & 4 DAYS, SEX: M
REGN: NO: 12990286	IPD NO: 64620/24/1201
DATE OF ADMISSION: 06/04/2024	DATE OF DISCHARGE: 13/04/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Congenital heart disease
- Double outlet right ventricle with severe Pulmonary stenosis, Tetralogy of Fallot physiology
- Large mal-aligned peri-membranous ventricular septal defect
- Hypertrophied infundibular muscle bundle causing Right ventricular outflow tract obstruction
- Right ventricle hypertrophied
- Pulmonary valve – bicuspid stenosed

OPERATIVE PROCEDURE

Ventricular septal defect re-routing into aorta with Dacron patch + Pulmonary valvotomy + Right ventricular outflow tract resection done on 08/04/2024

Valve was dilated up to Hegar no. 9, Main pulmonary artery administered Hegar No. 9, and branch Pulmonary artery administered half size Hegar No. 7. Tricuspid valve leaflets checked with saline challenged

RESUME OF HISTORY

Ujjawal Kumar is a 1 year old male child (date of birth: 04/04/2023) from Bihar who is a case of congenital heart disease. He is 4th in birth order and is a product of full term normal vaginal delivery with adequate birth weight. Maternal age is currently 26 years. Other sibling are apparently well.

He had history of bluish discoloration for which he was shown to pediatrician at 6 months of age. During evaluation, cardiac murmur was detected. Echo was done which revealed Congenital heart disease and he was advised regular follow up.



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He had one episode of cyanotic spell like history for which he was he was admitted. He was advised surgical management. He was referred to Fortis Escorts Heart Institute, New Delhi for further management.

He was seen at FEHI, New Delhi on 22/02/2024. His saturation at that time was 78% with weight of 7.5 Kg. Echo was done which revealed situs solitus, levocardia, D-loop, normal systemic and pulmonary venous drainage, intact interatrial septum, laminar inflow, mild tricuspid regurgitation, Double outlet right ventricle, large perimembranous ventricular septal defect (Bidirectional shunting), severe Pulmonary stenosis (infundibular, valvar and supra-valvar) max PG 67mmHg, confluent branch Pulmonary arteries, left arch, normal branching, no Coarctation of aorta, no Patent ductus arteriosus, no left superior vena cava, normal biventricular function, no collection, trace pulmonary regurgitation, aortic annulus 1.33cm (Z score +4.1), PA annulus 7 (Exp 9.5mm), Right pulmonary artery 8mm, Left pulmonary artery 7 (Exp 6.25mm). He was advised surgical management.

Now he is admitted at FEHI, New Delhi for further evaluation and management. On admission, his saturation was 75% in room air, His Hb 16.4g/dl and Hematocrit 54.2% on admission.

In view of his diagnosis, symptomatic status, echo findings he was advised early high risk surgery after detailed counselling of family members regarding possibility of prolonged stay as well as uncertain long term issues.

Weight on admission 7.5 kg, Height on admission 71 cm, Weight on discharge 7.5 kg

His Weight on admission 7.5 kg. Failure to thrive (< 3rd Percentile); Z score -2 to -3 SD

His blood Group O positive

Baby and his Mother SARS-COV-2 RNA was done which was negative.

He had history of fall CT brain plain was repeated which revealed No significant intracranial abnormality detected. As compared to previous CT dated 06/04/2024, no significant interval change is seen.



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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 128/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 98%. **His predischARGE x-ray done on 12/04/2024**

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.

Other siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Breast feeds 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. Mild pulmonary regurgitation

Review on 16/04/2024 in 5th floor at 09:30 AM for wound review

Repeat Echo after 9 - 12 months after telephonic appointment

PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure



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MEDICATION:

- Syp. Paracetamol 100 mg PO 6 hourly x one week
- Tab. Pantoprazole 10 mg PO twice daily x one week
- Syp. Lasix 10 mg PO thrice daily till next review
- Tab. Aldactone 6.25 mg PO thrice daily till next review
- Syp. Shelcal 5 ml PO twice daily x 3 months
- Syp. Bromhexine 2.5 ml PO thrice daily till next review
- 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 22/04/2024; Till then wash below waist with free flowing water

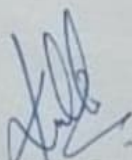
4th hrly temperature charting - Bring own your thermometer

- Frequent hand washing every 2 hours
- Daily bath after suture removal with soap and water from 23/04/2024

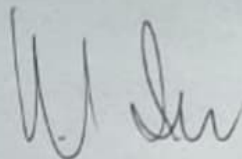
Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815) if any problems like fever, poor feeding, fast breathing



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(DR. KEERTHI AKKALA)
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PEDIATRIC CARDIAC SURGERY)



(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
- Treesa 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.



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