

DISCHARGE SUMMARY

Patient's Name: Prabhat Chaudhary	
Age: 2 Years	Sex: Male
UHID No: SKDD. 872764	IPD No : 418579
Date of Admission: 05.08.2021	Date of Procedure: 06.08.2021 Date of Discharge: 11.08.2021
Weight on Admission: 10.2Kg	Weight on Discharge: 10 Kg
Pediatric Cardiologist : DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- S/P ICR- VSD CLSOURE + TRANSANNULAR PATCH + DECOMPRESSING PFO FOR TETRALOGY OF FALLOT(HOFMANNS VARIANT)
- S/P DUAL CHAMBER EPICARDIAL PPI FOR COMPLETE HEART BLOCK
- ABDOMINAL WOUND DEHISCENCE WITH EXTRUSION OF EPICARDIAL VVI PACEMAKER GENERATOR WITH LEADS
- VSD Patch in Situ; No residual shunt
- No RVOTO, Free PR
- Good sized branch PAs
- Adequate Biventricular Function

PROCEDURE:

Transvenous Single Chamber (ST Jude) VVI PPI done 06.08.2021.

RESUME OF HISTORY

Baby Prabhat Chaudhary, 2 years old male child informant mother and father, history is reliable 1st child with history of 1 abortion delivered normally at hospital with birth weight 2.7 kg with no post natal problem. According to mother baby was fit and fine at the time of delivery but occasionally appear cyanosed. Later at the age of 3 months baby appeared cyanosed with difficulty on breathing and they took baby to government hospital where baby was diagnosed cyanotic heart disease and was admitted for 6 days and advised for surgery. So baby underwent Total correction of TOF with PPI insertion on 15/11 2018. Baby was apparently well after surgery but he had discharge from PPI generator pocket, so underwent debridement with revision of genertor pocket on 3/2/2020. During follow up visits he was detected to have wound dehiscence again and again with generator protruding and now the generator is completely out. He was admitted for Transvenous PPI.

Past Medical History

TOF surgery with PPI Insertion 15/11 2018
Wound debridement on 03/02/2020 and 27/06/20

INVESTIGATIONS SUMMARY:

ECHO (08.08.2021): SITUS SOLITUS, LEVOCARDIA, AV, VA CONCORDANCE, D-LOOPED VENTRICLES, NRGA, NORMAL PULMONARY AND SYSTEMIC VENOUS DRAINAGE, ENDOCARDIAL LEAD SEEN IN RA/RV, VSD PATCH IN SITU, NO RESIDUAL SHUNT, MILD TR, NO MR

Max Super Speciality Hospital, Saket

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WELL OPENED RVOT, RVOT MAX PG-10MMHG, FREE PR, GOOD FLOW SEEN IN BRANCHH PAS, NO LVOTO, NO AR, NORMAL LV AND RV SYSTOLIC FUNCTION LVEF : 65%, IVC IS NORMAL SIZE WITH NORMAL RESPIRATORY VARITAION , NO COLLECTION

COURSE IN HOSPITAL:

He was admitted and all pre procedure investigations were sent. We planned for Endocardial Permanent Pacemaker Implant. With all pre procedure investigations and pre anesthetic checkup, child was taken for the procedure on 06.08.2021. Procedure was uneventful and single chamber St Jude screwing RV lead was placed at RV septum through Left Subclavian Vein approach. With surgical aseptic precaution Left sub pectoral pocket was fashioned under general anaesthesia. The pacemaker pocket was closed in three layers. The procedure was uncomplicated. Basal Heart rate was set at 100 BPM. His previous Pacemaker leads were cut and the generator was removed from the abdominal wound. Dressing of local wound was done with betadine. Post procedure child's ECG showed paced rhythm with 1: 1 conduction. Child was shifted to Pediatric CTVS ICU. Child was extubated uneventfully to room air. Left arm stabilization was done. Next morning child was shifted to Ward. Daily wound dressing of both sites has been done. Both wound sites are healthy with no discharge. Child is now hemodynamically stable and fit for discharge.

Condition at Discharge:

Patient is hemodynamically stable, afebrile, HR 100/min, sinus rhythm, BP 94/60 mm Hg, SPO2- 97% on room air. Chest – bilateral clear.

DIET

- Normal diet

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Transvenous Single Chamber (ST Jude) PPI**
- Regular follow up with treating pediatrician for routine checkups.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Left Arm stabilization
- Syp Augmentin(5ml/200mg) 5 ml twice a day to be continued till further review
- Syp Linezolid (5ml/100 mg) 5ml twice a day to be continued till further review
- Tab Junior Lanzol (15mg) 2/3 tab (10mg) OD before breakfast for 5 days

Review after 3 days in Pediatric Cardiology OPD for wound inspection and PPI Interrogation

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

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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).**

Dr. Neeraj Awasthy

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