

DISCHARGE SUMMARY

PATIENT NAME: AVYANSH SIROHI	AGE: 11 MONTHS & 27 DAYS, SEX: M
REGN: NO: 14023796	IPD NO: 257010/25/1201
DATE OF ADMISSION: 28/11/2025	DATE OF DISCHARGE: 04/12/2025
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- **Congenital Cyanotic Heart Disease with decreased pulmonary blood flow**
- **Tetralogy of Fallot**
- **Nonrestrictive large high outlet ventricular septal defect**
- **Severe Infundibular + valvular + supravalvular Pulmonary stenosis**
- **Patent foramen ovale**
- **Hypoplastic Main pulmonary artery**
- **Confluent branch Pulmonary arteries**
- **Tiny Patent ductus arteriosus**
- **Severe thrombocytopenia**

OPERATIVE PROCEDURE

Trans right atrial - Dacron patch closure of ventricular septal defect + Infundibular Muscle bundle Resection + Right ventricular outflow tract and Main pulmonary artery augmentation with transannular untreated autologous pericardial patch + Direct closure of patent foramen ovale + Patent ductus arteriosus clipping done on 29/11/2025

Tricuspid valve inspected and found satisfactory.

His pre-operative liver functions showed (SGOT/SGPT = 38/19 IU/L, S. bilirubin total 0.26 mg/dl, direct 0.09 mg/dl, Total protein 6.1 g/dl, S. Albumin 4.1 g/dl, S. Globulin 2 g/dl Alkaline phosphatase 279 U/L, S. Gamma Glutamyl Transferase (GGT) 8 U/L and LDH 487 U/L).

He had mildly deranged liver functions on 1st POD (SGOT/SGPT = 127/24 IU/L, S. bilirubin total 1.42 mg/dl & direct 0.47 mg/dl and S. Albumin 4.1 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 predischarge liver function test are SGOT/SGPT = 28/16 IU/L, S. bilirubin total 0.84 mg/dl, direct 0.23 mg/dl, Total protein 6.8 g/dl, S. Albumin 4.3 g/dl, S. Globulin 2.5 g/dl Alkaline phosphatase 226 U/L, S. Gamma Glutamyl Transferase (GGT) 15 U/L and LDH 1244 U/L).

Thyroid function test done on 29/11/2025 which revealed normal → Thyroid function test showed T3 3.80 pg/ml (normal range – 2.15 – 5.83 pg/ml), T4 1.53 ng/dl (normal range 0.92 - 1.99 ng/dl), TSH 0.883 µIU/ml (normal range – 0.730 – 8.350 µIU/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.

CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 126-130/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 99-100%. **His predischarge x-ray done on 03/12/2025**

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 future siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Fluid restricted 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. Free pulmonary regurgitation**

Review on 05/12/2025 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

MEDICATION:

1. Syp. Paracetamol 125 mg PO 6 hourly x one week
2. Tab. Pantoprazole 10 mg PO twice daily x one week
3. Syp. Lasix 10 mg PO twice daily till next review
4. Tab. Aldactone 4.5 mg PO twice daily till next review
5. Syp. Shelcal 2.5 ml PO twice daily x 3 months

6. Nasoclear nasal drop 2 drop both nostril 4th hrly
7. 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 13/12/2025; Till then wash below waist with free flowing water

4th hrly temperature charting - Bring your own thermometer

➤ Daily bath after suture removal with soap and water from 14/12/2025

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



(DR. SNEH LALWANI)
(ATTENDING CONSULTANT
PEDIATRIC CARDIAC SURGERY)



(DR. K.S. IYER)
(CHAIRMAN
PEDIATRIC & CONGENITAL HEART 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.