Fortis Escorts
HEART INSTITUTE

Escorts Heart Institute and
Research Centre Ltd.
Okhla Road, New Delhi - 110 025 (India)
Tel. : +91-11-4713 5000
Email : contactus.escorts@fortishealthcare.com
Website : www.fortishealthcare.com
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DISCHARGE SUMMARY

PATIENT NAME: AYZAL FATIMA	**AGE: 11 MONTHS, SEX: F**
REGN: NO: 16508750	**IPD NO: 253063/26/1201**
DATE OF ADMISSION: 26/10/2026	**DATE OF DISCHARGE: 31/10/2026**
CONSULTANT: DR. K. S. IYER / DR. HIMANSHU PRATAP / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- **Congenital Cyanotic Heart Disease**
- **Tetralogy of Fallot**
- **Large perimembranous ventricular septal defect, malaligned septum**
- **Severe infundibular, valvar and supravalvar Pulmonary stenosis**
- **Pulmonary valve commissural fusion, adequate annulus**
- **Right atrium dilated**
- **Right ventricle hypertrophied**
- **History of lower respiratory tract infection**

OPERATIVE PROCEDURE

Dacron patch closure of ventricular septal defect + Infundibular Resection (annulus preserved) done on 27/10/2026

Tricuspid valve checked for competency and found adequate. Right ventricular outflow tract took Hegar No 11, Left pulmonary artery and Right pulmonary artery accepted Hegar No 7.

RESUME OF HISTORY

Ayzal Fatima is a 11 months old female child (date of birth: 26/11/2025) from East Singhbhum, Jharkhand who is a case of congenital heart disease. She is 2nd in birth order and is a product of full term LSCS (lower segment caesarian section) delivery. Her birth weight was 3 kg, born to a non-consanguineous marriage. Maternal age is currently 29 years. 1st sibling is apparently well (4 years old girl).

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At ~ 7 months of age, she had history of lower respiratory tract infection for which she was shown to pediatrician. During evaluation, cardiac murmur was detected. Echo was done which revealed Congenital heart disease. She was referred to Dr. K. S. Iyer at Fortis Escorts Heart Institute, New Delhi for further management

She was seen at FEHI, New Delhi on 06/10/2026. Her saturation at that time was 89% with weight of 5.8 Kg. Echo was done and she was advised surgical management.

Now she is admitted at FEHI, New Delhi for further evaluation and management. On admission, her saturation was 89%, Her Hb 12.7 g/dl, TLC was 10,600/cmm, platelets 2.89 lacs/cmm and Hematocrit 40.3% on admission.

In view of her diagnosis, symptomatic status, echo findings she 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 6.2 kg, Height on admission 64 cm, Weight on discharge 6.2 kg

Her Weight on admission 6.2 kg. (< 3rd Percentile); Z score -2 to - 3 SD

Her blood Group A positive

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

On clinical evaluation, she was found to ? have dysmorphic features.

FISH and Karyotype were sent report awaited.

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All blood and urine culture were sterile.

INVESTIGATION:

ECHO

Done on 06/10/2026 revealed situs solitus, levocardia, D-loop, intact IAS, normal systemic and pulmonary venous drainage, non-restrictive perimembranous ventricular septal defect with outlet extension (Bidirectional shunting), laminar aortic flow, infundibular, valvar and supravalvar Pulmonary stenosis, max PG 68mmHg, confluent and adequate branch Pulmonary arteries, tissue ledge at Left pulmonary artery origin (max PG 18mmHg), left arch, laminar flow across arch, no Coarctation of aorta, no left superior vena cava, no Patent ductus arteriosus, PA annulus 8.5mm (Exp 8mm), Right pulmonary artery 7.5mm, Left pulmonary artery 7.4mm (Exp 6mm), no additional ventricular septal defect, normal origin of coronaries, normal biventricular function

POST OP ECHO

Epicardial Echo done on 27/10/2026 revealed VSD patch in situ, no residual shunt. Laminar inflows. Mild PR. Well opened RVOT (max PG = 20 mmHg), good flow in branch PAs. LVEF 45-50%

Done on 27/10/2026 (05:00 PM) revealed ventricular septal defect patch in situ, no residual shunt, well opened Right ventricular outflow tract max PG 20mmHg, mild pulmonary regurgitation, laminar inflow and LV outflow, LVEF 45-50%, trace right pleural collection, no left pleural or pericardial collection

Done on 28/10/2026 revealed ventricular septal defect patch in situ, no residual shunt, well opened Right ventricular outflow tract max PG 35mmHg, mild pulmonary regurgitation max PG 14mmHg, laminar inflow and LV outflow, trace tricuspid regurgitation, max PG 20mmHg, LVEF 45-50%, trace left pleural collection, no right pleural or pericardial collection

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Done on 29/10/2026 revealed ventricular septal defect patch in situ, no residual shunt, laminar inflow, trace tricuspid regurgitation, laminar LV outflow, trace aortic regurgitation, well opened Right ventricular outflow tract max PG 23mmHg, mild pulmonary regurgitation, good flow in branch Pulmonary arteries, mild right pleural collection, no left pleural or pericardial collection

Done on 30/10/2026 revealed ventricular septal defect patch in situ, no residual shunt, laminar inflow, trace tricuspid regurgitation, laminar LV outflow, well opened Right ventricular outflow tract, max PG 17mmHg, mild pulmonary regurgitation, max PG 25mmHg, good flow in branch Pulmonary arteries, trivial aortic regurgitation, left arch, laminar flow in arch, mild right pleural collection, no left pleural or pericardial collection, normal LVEF

ABDOMINAL USG

Done on 26/10/2026 revealed Liver is normal in size, measuring 5.7cm & shows homogeneous & normal echopattern. Intrahepatic biliary radicles, hepatic veins & portal vein are normal. Gall bladder shows normal anechoic pattern. No calculi are seen in present study. CBD is normal in course & caliber. Pancreas is normal in shape, size & echopattern. Spleen is normal in size (5.2cm) & echogenicity. Both kidneys are normal in location, size, shape & echotexture. Cortical thickness & corticomedullary differentiation are well maintained. No dilatation of pelvicalyceal system is seen. Right kidney measures 4.1cm x 1.9cm in size Left kidney measures 4.8cm x 2.1cm in size Urinary bladder is normal in contour & capacity. No calculi are seen. No evidence of free fluid seen in abdomen.

USG BRAIN

Done on 26/10/2026 revealed No obvious focal lesion seen in brain parenchyma. • Ventricles are normal. • No midline shift seen.

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COURSE DURING STAY IN HOSPITAL (INCLUDING OPERATIVE PROCEDURE AND DATES)

Dacron patch closure of ventricular septal defect + Infundibular Resection (annulus preserved done on 27/10/2026

Tricuspid valve checked for competency and found adequate. Right ventricular outflow tract took Hegar No 11, Left pulmonary artery and Right pulmonary artery accepted Hegar No 7.

REMARKS: Diagnosis: - Congenital Cyanotic Heart Disease, Tetralogy of Fallot. Operation:- Total correction: (Dacron patch closure of ventricular septal defect, Infundibular Resection, Pulmonary valvotomy)- annulus preserved. Operative Findings: - Situs solitus, levocardia {S, D, S}, AV-VA concordance, Pericardium normal, Innominate normal, Superior vena cava normal, Inferior vena cava normal, Pulmonary Veins normal, right atrium dilated, right ventricle hypertrophied, Main pulmonary artery adequate, Left pulmonary artery adequate, Right pulmonary artery adequate, Aorta normal, interatrial septum Intact, ventricular septal defect large perimembranous ventricular septal defect, malaligned septum, Infundibulum hypertrophied fibro-muscular septal and parietal bands, pulmonary valve commissural fusion, adequate annulus, Patent ductus arteriosus absent, Coronaries normal, Tricuspid valve normal leaflets. Procedure:- Routine induction of General Anaesthesia and placement of monitoring lines. Median sternotomy. Thymus excised. Pericardial cradle created. Aorta and branch Pulmonary arteries dissected. Systemic heparinization (400 U/kg). On aortobicaval cannulation, went on Cardiopulmonary bypass. Cooled to 32°C. Aorta cross-clamped and heart arrested with cold blood cardioplegia delivered antegrade through the aortic root, topical cooling done with cold saline slush. Cavae snared. Right atrium opened parallel to the AV groove. Left atrium vented through surgically created patent foramen ovale. Tricuspid valve leaflet retracted to visualize ventricular septal defect and Right ventricular outflow tract anatomy. Hypertrophied fibromuscular tissue in the infundibulum was resected. Pulmonary valvotomy done. ventricular septal defect closed with Dacron patch using 5-0 pledgeted prolene continuous and interrupted sutures. Tricuspid valve checked for competency and found adequate. Right ventricular outflow tract took Hegar no 11, Left pulmonary artery and Right pulmonary artery accepted Hegar No 7. patent foramen ovale closed directly with 5-0 prolene. After adequate deairing, Aortic cross clamp released. Right atrium closed with 5-0 prolene in 2 layers. Caval desnaring done. Epicardial pacing wires (2 atrial and 1 ventricular) placed. Weaned off Cardiopulmonary bypass. Hemostasis secured. Protamine given followed by decannulation. Pericardium approximated over Aorta. Right pleura left open. Routine sternal closure over drains.

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Her post-operative course was smooth.

She was ventilated with adequate analgesia and sedation for 6 hours and extubated on 0 POD to oxygen by hood. Post extubation chest x-ray revealed bilateral mild patchy atelectasis with minimal right pleural collection. This was managed with chest physiotherapy, nebulization and suctioning.

She was shifted to ward on 2nd POD. She was weaned from oxygen to air by 2nd POD.

She was electively supported with dobutamine (0 – 3rd POD → 5mic/kg/min @ 1.8 ml/hr) in view of definitive repair of Tetralogy of Fallot and metabolic acidosis (BE -6.6mmol/L)

Decongestive therapy was given in the form of lasix (boluses) and aldactone

There were no post-operative arrhythmias.

Pacing wire was removed on 3rd POD.

She had no fever but had mild leucopenia with thrombectomies. Her TLC was 4,040/cmm and platelets 0.90 lacs/cmm on 0 POD. She was thoroughly investigated for the same. All cultures till date are negative. Antibiotics were not required. She was clinically well and apyrexial all through. Her predischarge TLC was 8,960/cmm, platelets were 1.31 lacs/cmm and Hb 11 g/dl.

Her pre-operative renal function showed (S. creatinine 0.37 mg/dl, Blood urea nitrogen 12 mg/dl)

Her post-operative renal function showed (S. creatinine 0.24 mg/dl, Blood urea nitrogen 7 mg/dl) on 0 POD

Her pre-discharge renal function showed (S. creatinine 0.28 mg/dl, Blood urea nitrogen 10 mg/dl)

Her pre-operative liver functions showed (SGOT/SGPT = 53/27 IU/L, S. bilirubin total 0.35 mg/dl, direct 0.14 mg/dl, Total protein 7.5 g/dl, S. Albumin 4.9 g/dl, S. Globulin 2.6 g/dl Alkaline phosphatase 290 U/L, S. Gamma Glutamyl Transferase (GGT) 18 U/L and LDH 326 U/L).

She had mildly deranged liver functions on 1st POD (SGOT/SGPT = 165/19 IU/L, S. bilirubin total 0.70 mg/dl & direct 0.31 mg/dl and S. Albumin 3.8 g/dl) and repeat (SGOT/SGPT = 133/16 IU/L, S. bilirubin total 0.59 mg/dl & direct 0.28 mg/dl and S. Albumin 3.7 g/dl).

This was managed with avoidance of hepatotoxic drug and continued preload optimization, inotropy and after load reduction. Her liver function test gradually improved. Her other organ parameters were normal all through.

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Her predischarge liver function test are SGOT/SGPT = 43/15 IU/L, S. bilirubin total 0.59 mg/dl, direct 0.25 mg/dl, Total protein 5.7 g/dl, S. Albumin 3.8 g/dl, S. Globulin 1.9 g/dl Alkaline phosphatase 127 U/L, S. Gamma Glutamyl Transferase (GGT) 14 U/L and LDH 395 U/L).

Thyroid function test done on 27/10/2026 which revealed normal→ Thyroid function test showed T3 4.53 pg/ml (normal range – 2.15 – 5.83 pg/ml), T4 1.61 ng/dl (normal range 0.92 - 1.99 ng/dl), TSH 7.260 µIU/ml (normal range – 0.730 – 8.350 µIU/ml).

Gavage feeds were started on 0 POD. Oral feeds were commenced on 2nd POD.

CONDITION AT DISCHARGE

Her general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 120-130/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields with no effusion. Saturation in air is 98-100%. **Her predischarge x-ray done on 30/10/2026**

In view of congenital heart disease in this patient her 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 : 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. **Mild pulmonary regurgitation**

Review on 03/11/2026 in 5th floor at 09:30 AM for wound review

Repeat Echo after 6 - 9 months after telephonic appointment

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PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

MEDICATION:

1. Syp. Paracetamol 100 mg PO 6 hourly x one week
2. Tab. Pantoprazole 5 mg PO twice daily x one week
3. Syp. Lasix 5 mg PO twice daily till next review
4. Tab. Aldactone 3.125 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 10/11/2026; 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 11/11/2026**

Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815)

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(DR. SNEH LALWANI)
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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, poor feeding, fast breathing, breathing difficulty, chest pain, wound discharge, 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.