MAX Healthcare

DISCHARGE SUMMARY

Patient's Name: Baby Adriti Vimal	
Age: 1 Years	**Sex: Female**
UHID No: 070-957834	**IPD No : 480908**
Date of Admission: 08.03.2023	**Date of Procedure: 09.03.2023** **Date of Discharge: 18.03.2023**
Weight on Admission: 6.3 Kg	**Weight on Discharge: 6 Kg**
Cardiac Surgeon: DR. K. S. DAGAR **: DR. HIMANSHU PRATAP** **Pediatric Cardiologist : DR. MUNESH TOMAR** **Pediatric Intensivist: DR.PRADIPTA ACHARYA**	

DISCHARGE DIAGNOSIS

- Congenital Cyanotic Heart Disease
- Tetralogy Of Fallot
- Large perimembranous VSD
- Severe Infundibular + Valvar + Supravalvar PS
- Hypoplastic MPA
- Confluent and adequate sized branch PAS
- PDA +, Left to right shunt
- MAPCAS
- Progressive cyanosis
- Recent ARI

PROCEDURE:

Dacron patch VSD closure + Infundibular resection + Trans annular patch + PDA ligation surgery done on 09.03.2023.

RESUME OF HISTORY

Baby Adriti Vimal, 1 year old female child born to second gravida mother at term gestation by normal vaginal delivery was low birth weight : 1.6 kg, institutional and there was no NICU admission. Perinatal period was uneventful. She was noticed to have bluish discoloration of skin and mucus membrane in early infancy along with inadequate weight gain for which she was taken to a local practitioner. On evaluation, she was suspected have a cyanotic congenital heart disease and subsequently an echo done revealed TOF. She was then, advised further evaluation and management at a higher center. She has h/o progressive increase in cyanosis and easy fatigability and no h/o seizures or ear discharge.

Now she has been admitted to this centre for further management.

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INVESTIGATIONS SUMMARY:

ECHO (Pre-OP): Situs solitus, levocardia, AV/VA concordance, D looped ventricles, NRGA, normal systemic and pulmonary venous drainage, PFO present, Tetralogy Of Fallot, large unrestrictive PM-VSD, mild TR, mild MR, dilated aortic root, severe infundibular, valvar and supravalavar PS, MPA hypoplastic, good sized and confluent branch PAS, moderate sized vertical duct shunting left to right, dilated RA and RV, normal ventricular function and left arch.

X RAY CHEST (08.03.2023): Report Attached.

PRE DISCHARGE ECHO (17.03.2023): S/P DACRON PATCH VSD CLOSURE+ INFUNDIBULAR RESECTION + TRANSANNULAR PATCH+ PDA LIGATION (09.03.2023)

- VSD PATCH IN SITU, NO RESIDUAL SHUNT
- PFO SHUNTING BIDIRECTIONALLY
- MILD TR PG 20MMHG
- WELL OPENED RVOT, RVOT GRADIENT 15MMHG
- FREE PR
- GOOD FLOW SEEN IN BRANCH PAS
- MIILD RV DIASTOLIC DYSFUCTION,
- NORMAL LV SYSTOLIC FUNCTION
- LVEF:55%
- NO COLLECTION

COURSE IN HOSPITAL:

On admission an Echo was done which revealed detailed findings as above.

In view of her diagnosis, symptomatic status & Echo findings she underwent **Dacron patch VSD closure + Infundibular resection + Transannular patch + PDA ligation** on 09.03.2023. The parents were counseled in detail about the risk and benefit of the surgery and also the possibility of prolonged ventilation and ICU stay was explained adequately to them.

Postoperatively, she was shifted to CTVS PICU and ventilated with adequate analgesia and sedation and was extubated on 1st POD to oxygen support. However, after some time she developed tachypnea for which she was further evaluated and CxR done revealed right upper lobe collapse for which she was electively supported with CPAP along with postural drainage, chest physiotherapy, nebulization and suctioning. As she improved gradually, her CPAP was taken off to oxygen support which was further removed to room air by 7th POD.

Mediastinal Chest tubes inserted perioperatively were removed on 4th POD and left pleural ICD inserted postoperatively was removed on 5th POD once minimal drainage was noted.

Inotropes were started in the form of Dobutamine (0-5th POD), Milrinone (0-3rd POD) and nor Adrenaline (0-4th POD) to optimize the cardiac output.

Decongestive measures were given in the form of Lasix infusion and boluses. Spironolactone was Added for its potassium sparing action.

Antibiotics were given as per the unit protocol. All her cultures sent were sterile.

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Minimal feeds were started on 1st POD and it was gradually built up to full feeds along with Weaning diet by 4th POD. Supplements were added in the form of multivitamins & calcium. She Was also supported with prokinetics and probiotics.

She is in stable condition now and fit for discharge.

CONDITION AT DISCHARGE

Patient is haemodynamically stable, afebrile, accepting well orally, HR 120/min, sinus rhythm, BP 95/50 mmHg, SPO2 98% on room air. Chest – bilateral clear, sternum stable, chest wound healthy.

DIET

- Fluid 500 ml/day x 2 weeks
- Optimize weaning feeds

FOLLOW UP

- Long term pediatric cardiology follow-up in view of **Dacron patch VSD closure + Infundibular resection + Transannular patch + PDA ligation.**
- Regular follow up with treating pediatrician for routine checkups and nutritional rehabilitation.

PROPHYLAXIS

- Infective endocarditis prophylaxis

TREATMENT ADVISED:

- Syp. Levofloxacin 60 mg twice daily (8am-8pm) - PO x 3 days then stop
- Syp. Furosemide 5 mg thrice daily (6am – 2pm –. 10pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Tab. Spironolactone 6.25 mg twice daily (8am – 8pm) - PO x 2 weeks then as advised by pediatric cardiologist.
- Syp. A to Z 5 ml once daily PO x 2 weeks and then stop
- Syp. Shelcal 5 ml twice daily PO x 2 weeks and then stop
- Syp Domstal 1.5ml thrice daily PO x 1 week and then stop
- Syp. Ibugesic Plus 4 ml thrice daily (6am – 2pm – 10pm) – PO x 3 days then as and when required
- **Betadine lotion for local application twice daily on the wound x 7 days**
- **Stitch removal after ~~one week~~ 3days**
- **Intake/Output charting.**
- **Immunization as per national schedule with local pediatrician after 4 weeks.**

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Review after 3 days with serum Na+ and K+ level and Chest X-Ray. Dose of diuretics to be decided on follow up. Continued review with the cardiologist for continued care. Periodic review with this center by Fax, email and telephone.

In case of Emergency symptoms like : **Poor feeding, persistent irritability / drowsiness, increase in blueness, fast breathing or decreased urine output,** kindly contact Emergency: 26515050

For all OPD appointments

- **Dr. K. S. Dagar in OPD with prior appointment.**
- **Dr. Munesh Tomar in OPD with prior appointment.**

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