


DISCHARGE SUMMARY

Patient Name	Baby B/O BABITA	Room No:	05CTVS-09
Address	. C/O DIYA MEDICARE FOUNDATION KUSHI NAGAR UTTAR PRADESH INDIA	Hosp No :	10117134
Contact No	7499662494	IP No	GN252618451
Consultant	Dr. PEDIATRIC CARDIOLOGY TEAM	Age/Sex:	00 Y/ 10 M/ 25
Department	PEADS CARDIO	Admission Date	10/02/2026 20:47
		Discharge Date	18/02/2026 02:07:00

FINAL DIAGNOSIS AT DISCHARGE:-

CCHD / DORV / NON ROUTABLE VSD / SEVERE PS / LPA ORIGIN STENOSIS

UMBILICAL HERNIA (LARGE)

SURGERY : Right BD Glenn + Atrial Septectomy + LPA Plasty + Umbilical Hernia Repair (12/02/2026)

PRESENTING COMPLAINTS:-

11 months old male child was admitted with case of DORV (~ 90% override) / NREGA/ VSD (Non Routable)/ PS and Large umbilical hernia.

Now he is admitted for further evaluation and management.

EXAMINATION ON ARRIVAL:-

Weight On Admission:- 7.7 kg

Temperature: 97 Degree Fahrenheit,

Heart rate: 100 /min,

Respiratory Rate: 38 /min,

SPO2: 62 % on Room Air,

Chest: Bilateral air entry (+),

Per Abdomen: Soft, BS (+),

Cardiovascular System: S1 (n), P2 soft, 2/6 ESM (+) LCB

Weight On Discharge:- 7.7 kg

COURSE DURING HOSPITAL STAY:-

On admission, he was thoroughly evaluated. All relevant investigations were done (Report attached). Echo was done, which confirmed the diagnosis.

CBC: (Hb: 12.2 g/dL, TLC: 15850 /cumm, Platelet Count: 1.87 lakhs/cumm), Urea: 21.5 mg/dL, Creatinine: 0.32 mg/dL, Sodium: 150 mEq/L, Potassium: 3.47 mEq/L, SGPT: 22.3 IU/L, SGOT: 68.1 IU/L.

PRE-OPERATIVE ECHO FINDINGS:-

SS, LC

DORV

Large, malaligned perimembranous VSD with ~ 90% aortic override (BD shunt)

No additional VSD

Severe valvular and infundibular PS, PPG - 90mmHg

Confluent bilateral branch Pas

A Unit of Yatharth Hospital & Trauma Care Services Ltd.

YATHARTH WELLNESS HOSPITAL AND TRAUMA CENTRE

♡ NH-32 & H0-01 Sector Omega 1, Greater Noida, Gautam Buddha Nagar, Uttar Pradesh-201308, India

✉ admin@yatharthhospitals.com 🌐 www.yatharthhospitals.com

Home Collection Facility Available within 10 Km, Call 8800550054



RPA - 6mm (Z score +0.48)
LPA - origin - 3mm (-3.75), distally - 5mm (-0.5)
PV annulus - 6.6mm (-3.4)
MPA - 8mm
Aneurysmal IAS with small OS - ASD (BD)
Left arch
RVH
Good biventricular systolic function

In view of his diagnosis, symptomatic status and echo findings, he was planned for BD Glenn + Atrial Septectomy + LPA Plasty.

His father was counseled in detail about the natural history of the disease and the risk & benefits of surgery were also explained in detail. The possibility of prolonged ventilator requirement and ICU stay were also adequately explained.

After due high risk consent, he was taken for the surgery on 12/02/2026.

PROCEDURE: BD Glenn shunt + Atrial Septectomy + LPA Origin + Bifurcation PA Plasty + Repair of Diaphragmatic Defect done under GA on 12/02/2026.

PROCEDURE: Umbilical Hernia Repair with Umbilicoplasty done under GA on 12/02/2026 by Dr. Pediatric Surgery Unit.

PEDIATRIC CARDIAC ANAESTHETISTS:- Dr. Junaid Maqbool Bhat.

Patient has received 2 units RDP, 2 units PRBC, 1 unit FFP transfusion. Post operatively, he was shifted to Pediatric CTVS ICU for further management. He was electively ventilated with adequate sedation & analgesia. He was extubated on 0-POD to NIV support. Gradually NIV was weaned and baby put on oxygen by Nasal Prongs on 2nd POD, Oxygen was then gradually weaned off to room air by 3rd POD.

Dr. Jai Bharat (Paediatric Surgeon) reference was done in view of umbilical hernia and advice followed.

Associated bilateral basal patchy atelectasis and concurrent bronchorrhea was managed with chest physiotherapy, nebulization and postural drainage.

He was electively supported with inotropes in the form of Dexmedetomidine (0-2nd POD), Dobutamine (0-1st POD), NTG (0-2nd POD), to optimize initial low cardiac output state.

Decongestives were used in the form of Furosemide boluses. Spironolactone was used for its potassium sparing effects. Now patient is being discharged in stable condition.

POST OPERATIVE ECHO FINDINGS:-

Functioning Right BDG
Normal Respiratory variation
IVC normal caliber
LPA Origin narrowing (~2mm), distally 5mm
Good flow in RDA ~ 6mm
Good ventricular systolic contraction
No significant AVVR
No significant collection.



DISCHARGE MEDICATION:-

D/S Cefixime (50mg/5ml) 4ml PO twice daily x 5 days
Tab. Ecosprin 75mg 1/2 tab once daily
Syp. Furoped 5mg (0.5ml) thrice daily
Tab. Envas 2.5mg 1/4 tab twice daily
Tab. Betaloc 12.5mg once daily
Tab. Junior Lanzol 10mg once daily
Syp. Paracetamol 120mg thrice daily

NEXT REVIEW DATE: 21.02.2026**FOLLOW UP:-**

Do not stop any medication without doctor advice

CONDITION AT DISCHARGE:-

Hemodynamically stable, afebrile, active, feeding well and chest is clinically clear, no fresh problems saturation in room air 85-87%.

CONSULT DOCTOR IN CASE OF:-

Respiratory distress, fever, refusal to feed and cyanosis

DIET:-

As advised.

Fluid restriction 650ML/day for 2 weeks.

FOLLOW UP:-

Long term follow up with Pediatric Cardiologist.
Continue follow up with treating pediatrician.
Follow up at this center after 3 days with Na+, K+ reports.

DR. VIRESH MAHAJAN

Chairman- Pediatric Cardiac Sciences
MBBS, MD (Pediatrics), FNB (Pediatric Cardiology)
Pan Yatharth Group of Hospitals

DR. NOOPUR GOYAL

MBBS, MD Pediatrics, DrNB (Pediatrics Cardiology)
Consultant
Pediatric Cardiology

DR. AMIT KUMAR

MBBS, MD Pediatrics, DrNB (Pediatrics Cardiology)
Consultant
Pediatric Cardiology

DR. VED PRAKASH

MBBS, MS (General Surgery)
MCH (Cardiothoracic and Vascular Surgery)
Director & Head

DR PARAG SHARMA

MBBS, MS, MCH (CTVS)
Consultant
Adult & Pediatric Cardiac Surgery

Dr. Parag Sharma
MBBS, MS, MCH
Consultant (Adult & Pediatric Cardiac
Thoracic And Vascular Surgery)
Reg. No. DMCR/8761
Yatharth Super Speciality Hospital, Gr. Noida

Kindly contact Yatharth hospital EMERGENCY at : 08800447777, 08826447777

Patient Acknowledgement: I have received discharge summary and explained in detail about follow up medication as advised. Patient / Attendant Signature _____ Full Name / Relation: _____ Mob No: _____

IT IS ADVISABLE TO TAKE PRIOR APPOINTMENT BEFORE COMING TO OPD, FOR APPOINTMENTS CONTACT: