

DISCHARGE SUMMARY

PATIENT NAME: ARNAV	AGE: 8 MONTHS & 22 DAYS, SEX: M
REGN. NO: 13496989	IPD NO: 44959/25/1201
DATE OF ADMISSION: 03/03/2025	DATE OF DISCHARGE: 13/03/2025
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Cyanotic Congenital Heart Disease with increased pulmonary blood flow
- Coronary sinus type Total anomalous pulmonary venous connection (non-obstructive)
- Pulmonary Veins all 4 pulmonary veins draining into right atrium through dilated coronary sinus
- Large fossa ovalis atrial septal defect
- Patent ductus arteriosus stump
- Dilated right atrium and right ventricle
- Main pulmonary artery dilated
- 2nd of twin
- Low birth weight (1.7kg)
- Failure to thrive (< 3rd Percentile); Z score < - 3 SD

OPERATIVE PROCEDURE

Total anomalous pulmonary venous connection - Repair rerouting Pulmonary vein to left atrium + Dacron patch closure of coronary sinus and atrial septal defect + Patent ductus arteriosus Stump ligation done on 04/03/2025

RESUME OF HISTORY

Arnav is a 8 months old male infant (date of birth: 11/06/2024) from Dehradun who is a case of congenital heart disease. He is 2nd of twin in birth order and is a product of full term LSCS (lower segment caesarian section) delivery. His birth weight was 1.7 kg. Maternal age is currently 30 years. 1st twin is apparently well.



He was apparently well till 4 months of age, when he had history of feeding difficulty for which he was shown to pediatrician. During evaluation, cardiac murmur was detected. Echo was done which revealed Congenital heart disease – Total anomalous pulmonary venous connection. He was referred to Fortis Escorts Heart Institute, New Delhi for further management.

He also had history of perspiration while feeding, feeding difficulty and failure to thrive.

He was seen at FEHI, New Delhi on 09/11/2024. His saturation at that time was 85% with weight of 4.2 Kg. Echo was done which revealed normal segmental analysis, 10mm large fossa ovalis atrial septal defect (right to left shunt), coronary sinus of Total anomalous pulmonary venous connection, all 4 pulmonary veins forming a confluence and draining into coronary sinus (mean PG 4mmHg), laminar inflow, mild tricuspid regurgitation max PG 25mmHg, trace mitral regurgitation, laminar LV outflow, no aortic regurgitation, well opened Right ventricular outflow tract, dilated Right ventricular outflow tract, good flow in branch Pulmonary arteries, dilated right atrium and right ventricle, normal LVEF, no collection, RVIDd 1.6 (Z score +1.7), LVIDd 1.7 (Z score -1.5), LVIDs 1.3 (Z score +0.4).

He was started on decongestive therapy and advised to review after 6 weeks. He was advised surgical management. He was on follow up.

He was again seen at FEHI, New Delhi on 03/03/2025. He was advised admission followed by surgical management.

Now he is admitted at FEHI, New Delhi for further evaluation and management. On admission, his saturation was 75%, His Hb 10.2g/dl and Hematocrit 38.7% on admission.

In view of his diagnosis, symptomatic status, echo findings he 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 4.05 kg, Height on admission 60 cm, Weight on discharge 4 kg

His Weight on admission 4.05 kg. Failure to thrive (< 3rd Percentile); Z score < - 3 SD

His blood Group O positive

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

All blood and urine culture were sterile.



Minimal enteral feeds were started on 1st POD and cautiously and gradually advanced to full feeds by 4th POD. Oral feeds were started on 5th POD.

CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 130/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 100%. **His predischarge x-ray done on 11/03/2025**

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.

In view of advanced maternal age, the mother had been advised to do chorionic villus sampling or amniocentesis early in any future pregnancy to exclude Down's syndrome and she has also been advised a detailed congenital anomaly scan in next pregnancy.

Other siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Spoon feeds 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. Non-obstructive Coronary sinus type Total anomalous pulmonary venous connection repair**

Review on 15/03/2025 in 5th floor at 09:30 AM for wound review

Repeat Echo after 6 - 9 months after telephonic appointment

Repeat Thyroid function test after 3 – 4 months



PROPHYLAXIS :

Infective endocarditis prophylaxis prior to any invasive procedure

MEDICATION:

1. Syp. Paracetamol 60 mg PO 6 hourly x one week
2. Tab. Pantoprazole 5 mg PO twice daily x one week
3. Tab. Fluconazole 25 mg PO once daily x one week
4. Syp. Lasix 5 mg PO twice daily till next review
5. Tab. Aldactone 3.125 mg PO twice daily till next review
6. Syp. Shelcal 2.5 ml PO twice daily x 3 months
7. Tab. Thyroxine 12.5mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)

8. Nasoclear nasal drop 2 drop both nostril 4th hrly
9. 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 18/03/2025; Till then wash below waist with free flowing water

4th hrly temperature charting - Bring own your thermometer

➤ Frequent hand washing every 2 hours
➤ Daily bath after suture removal with soap and water from 19/03/2025

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. KEERTHI AKKALA)
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(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.

