

## DISCHARGE SUMMARY

PATIENT NAME: HEYANSH	AGE: 3 YEARS, 5 MONTHS & 14 DAYS, SEX: M
REGN: NO: 13185316	IPD NO: 147758/24/1201
DATE OF ADMISSION: 05/08/2024	DATE OF DISCHARGE: 12/08/2024
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

### DISCHARGE DIAGNOSIS

- Acyanotic congenital heart disease with increased pulmonary blood flow
- Doubly committed restrictive ventricular septal defect, restricted by right coronary cusp prolapse (left to right shunt)
- Trace to mild aortic regurgitation
- Dilated left atrium and left ventricle

### OPERATIVE PROCEDURE

Trans Pulmonary artery Dacron patch closure of ventricular septal defect done on 07/08/2024

### RESUME OF HISTORY

Heyansh is a 3 years old male child (date of birth: 24/02/2021) from Agra who is a case of congenital heart disease. He is 2<sup>nd</sup> in birth order and is a product of full term LSCS (lower segment caesarian section) delivery. His birth weight was 3.5 kg. Maternal age is currently 33 years. Other sibling is apparently well.

At ~ 6 months of age, he had history of upper respiratory tract infection for which he was shown to pediatrician. During evaluation, cardiac murmur was detected. Echo was done which revealed Congenital heart disease – ventricular septal defect. He was on regular follow up.

During follow up. Echo was done in May which revealed Congenital heart disease – ventricular septal defect with aortic regurgitation. He was referred to Fortis Escorts Heart Institute, New Delhi for further management.



NABH Accredited

**His post-operative course was smooth.**

He was ventilated with adequate analgesia and sedation for 5 hours and extubated on 0 POD to oxygen by mask. He had initial chest drainage (155ml) on 0 POD.

Post extubation chest x-ray revealed bilateral mild patchy atelectasis. This was managed with chest physiotherapy, nebulization and suctioning.

He was shifted to ward on 1<sup>st</sup> POD. He was weaned from oxygen to air by \_\_ POD.

Nitroglycerine infusion was started (0 – 1<sup>st</sup> POD → 1mcg/kg/min @ 1.7 ml/hr which was increased to 2mcg/kg/min @ 3.4 ml/hr) for his high systemic blood pressure (MAP 117mmHg).

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

There were no post-operative arrhythmias.

Pacing wire was removed on 2<sup>nd</sup> POD.

He had fever (37.7°C) on 0 POD. He was thoroughly investigated for the same. His TLC was 8,100/cmm and platelets 1.85 lacs/cmm. This was managed symptomatically with antipyretics. All cultures were negative. He was clinically well all through and afebrile later. His pre-discharge TLC was 8,640/cmm and platelets were 2.17 lacs/cmm.

His pre-operative renal function showed (S. creatinine 0.29 mg/dl, Blood urea nitrogen 9 mg/dl)

His post-operative renal function showed (S. creatinine 0.28 mg/dl, Blood urea nitrogen 8 mg/dl) on 1<sup>st</sup> POD

His pre-discharge renal function showed (S. creatinine 0.28 mg/dl, Blood urea nitrogen 8 mg/dl)

His pre-operative liver functions showed (SGOT/SGPT = 28/19 IU/L, S. bilirubin total 0.17 mg/dl, direct 0.06 mg/dl, Total protein 6.9 g/dl, S. Albumin 4.6 g/dl, S. Globulin 2.3 g/dl Alkaline phosphatase 277 U/L, S. Gamma Glutamyl Transferase (GGT) 11 U/L and LDH 266 U/L).



NABH Accredited



He had mildly deranged liver functions on 1<sup>st</sup> POD (SGOT/SGPT = 46/18 IU/L, S. bilirubin total 0.54 mg/dl & direct 0.19 mg/dl and S. Albumin 4.7 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 = 46/18 IU/L, S. bilirubin total 0.54 mg/dl & direct 0.19 mg/dl).

Thyroid function test done on 07/08/2024 which revealed was normal → Thyroid function test showed T3 5.23 pg/ml (normal range - 2.41 - 5.50 pg/ml), T4 1.61 ng/dl (normal range 0.96 - 1.77 ng/dl), TSH 1.020  $\mu$ IU/ml (normal range - 0.700 - 5.970  $\mu$ IU/ml).

Gavage feeds were started on 0 POD. Oral feeds were commenced on 1<sup>st</sup> POD.

#### CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR /min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 100%. His predischarge x-ray done on 10/08/2024.

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 siblings are advised detailed cardiology review.

#### PLAN FOR CONTINUED CARE:

DIET : Normal 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. Ventricular septal defect closure

Review on 14/08/2024 in 5<sup>th</sup> floor at 09:30 AM for wound review

Repeat Echo after 9 - 12 months after telephonic appointment



## PROPHYLAXIS :

**Infective endocarditis prophylaxis prior to any invasive procedure**

## MEDICATION:

1. Syp. Paracetamol 200 mg PO 6 hourly x one week
2. Tab. Pantoprazole 15 mg PO twice daily x one week
3. Syp. Lasix 10 mg PO twice daily till next review
4. Tab. Aldactone 6.25 mg PO twice daily till next review
5. Syp. Shelcal 5 ml PO twice daily x 3 months

- All medications will be continued till next review except the medicines against which particular advice has been given.

**Review at FEHI, New Delhi after 9 – 12 months after telephonic appointment**

**In between Ongoing review with Pediatrician**

**Sutures to be removed on 21/08/2024; Till then wash below waist with free flowing water**

**4<sup>th</sup> hrly temperature charting - Bring own your thermometer**

- Frequent hand washing every 2 hours  
➤ Daily bath after suture removal with soap and water from 22/08/2024

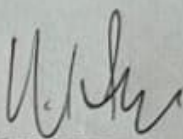
**Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815) if any problems like fever, poor feeding, fast breathing**



NABH Accredited



\_\_\_\_\_  
**(DR. KEERTHI AKKALA)**  
**(ASSOCIATE CONSULTANT)**  
**PEDIATRIC CARDIAC SURGERY)**

\_\_\_\_\_  
  
**(DR. K.S. IYER)**  
**(EXECUTIVE DIRECTOR)**  
**PEDIATRIC CARDIAC 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.



NABH Accredited