

DISCHARGE SUMMARY

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| PATIENT NAME: MARIYA FATMA | AGE: 10 YEARS, 11 MONTHS & 18 DAYS, SEX: F |
| REGN: NO: 13702961 | IPD NO: 82184/25/1201 |
| DATE OF ADMISSION: 19/04/2025 | DATE OF DISCHARGE: 26/04/2025 |
| CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY | |

DISCHARGE DIAGNOSIS

- Acyanotic congenital heart disease with increased pulmonary blood flow
- Restrictive doubly committed ventricular septal defect (restricted by right coronary cusp prolapse)
- Mild aortic regurgitation
- Main pulmonary artery dilated, soft, adequate size

OPERATIVE PROCEDURE

Trans - Pulmonary artery Dacron patch closure of ventricular septal defect + Released of right coronary cusp prolapse from ventricular septal defect margin with limited sharp dissection done on 21/04/2025

RESUME OF HISTORY

Mariya Fatma is a 10 years old female child (date of birth: 03/05/2014) from Bihar who is a case of congenital heart disease. She is 1st in birth order and is a product of full term normal vaginal delivery with average birth weight, born to 4th gravida, born to a non-consanguineous marriage. Maternal age is currently 40 years. Other three siblings are apparently well.

During routine evaluation, cardiac murmur was detected at birth. Echo was done which revealed Congenital heart disease. She was on regular follow up in Bihar.

She had history of easy fatiguability for which she was shown to pediatrician. Echo was repeated in 2024 which revealed Congenital heart disease – ventricular septal defect. She was advised surgical management. She was referred to Fortis Escorts Heart Institute, New Delhi for further management.



Her pre-operative liver functions showed (SGOT/SGPT = 26/19 IU/L, S. bilirubin total 0.43 mg/dl, direct 0.14 mg/dl, Total protein 7.4 g/dl, S. Albumin 4.7 g/dl, S. Globulin 2.7 g/dl Alkaline phosphatase 413 U/L, S. Gamma Glutamyl Transferase (GGT) 13 U/L and LDH 198 U/L).

She had mildly deranged liver functions on 1st POD (SGOT/SGPT = 48/20 IU/L, S. bilirubin total 1.43 mg/dl & direct 0.48 mg/dl and S. Albumin 4.4 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.

Her predischarge liver function test are SGOT/SGPT = 30/16 IU/L, S. bilirubin total 0.78 mg/dl, direct 0.22 mg/dl, Total protein 7.7 g/dl, S. Albumin 4.7 g/dl, S. Globulin 3 g/dl Alkaline phosphatase 223 U/L, S. Gamma Glutamyl Transferase (GGT) 15 U/L and LDH 342 U/L).

Thyroid function test done on 21/04/2025 which revealed normal → Thyroid function test showed T3 3.93 pg/ml (normal range – 2.53 – 5.22 pg/ml), T4 1.67 ng/dl (normal range 0.97 - 1.67 ng/dl), TSH 1.910 µIU/ml (normal range – 0.600 – 4.840 µIU/ml).

Gavage feeds were started on 0 POD. Oral feeds were commenced on 1st POD.

CONDITION AT DISCHARGE

Her 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 96%. **Her predischarge x-ray done on 24/04/2025**

In view of congenital heart disease in this patient, she is advised to undergo fetal echo at 18 weeks of gestation in future planned pregnancies after marriage.

Other siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Normal diet as advised

ACTIVITY: Symptoms limited.



FOLLOW UP:

Long term cardiology follow-up in view of:-

1. Doubly committed ventricular septal defect closure
2. Mild aortic regurgitation (eccentric jet)
3. Mild tricuspid regurgitation

Review on 30/04/2025 in 5th 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. Tab. Paracetamol 500 mg PO 6 hourly x one week
2. Tab. Pantoprazole 40 mg PO twice daily x one week
3. Tab. Lasix 20 mg PO twice daily till next review
4. Tab. Aldactone 12.5 mg PO twice daily till next review
5. Tab. Shelcal 500 mg 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 05/05/2025; 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 06/05/2025

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)
(ASSOCIATE CONSULTANT)
PEDIATRIC CARDIAC SURGERY)



(DR. K.S. IYER)
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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.