

## DISCHARGE SUMMARY

PATIENT NAME: NAITIK	AGE: 8 YEARS, 6 MONTHS & 13 DAYS, SEX: M
REGN: NO: 14484663	IPD NO: 97191/26/1201
DATE OF ADMISSION: 04/05/2026	DATE OF DISCHARGE: 13/05/2026
CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY	

### DISCHARGE DIAGNOSIS

- Congenital Cyanotic Heart Disease with decreased pulmonary blood flow
- Situs solitus, Levocardia D loop
- Tetralogy of Fallot
- Large non-restrictive perimembranous ventricular septal defect (Bidirectional shunt).
- Severe Infundibular + valvular + supra valvular Pulmonary stenosis
- Confluent and adequate branch Pulmonary arteries
- Patent foramen ovale
- Polycythemia (Hb 22.6gm/dl)
- S/P Diagnostic cath and angiogram & MAPCA coiling done on 05/05/2026 at Fortis Escorts Heart Institute, New Delhi
- McGoon ratio= 2.19
- Nakata index= 355 mm<sup>2</sup>/m<sup>2</sup>
- Preoperative nasal swab - Methicillin Resistant Staphylococcus Aureus

### OPERATIVE PROCEDURE

Dacron patch closure of ventricular septal defect + Infundibular Muscle bundle Resection + Right ventricular outflow tract and Main pulmonary artery augmentation with transannular untreated autologous pericardial patch + Direct closure of patent foramen ovale done on 07/05/2026

Tricuspid valve inspected and found satisfactory. Right ventricular outflow tract accepted Hegar number 17. Branch Pulmonary arteries accepted Hegar No 8 comfortably. Tricuspid valve inspected and found satisfactory.

Repeat Thyroid function test done on 11/05/2026 which revealed T3 1.36 pg/ml (normal range - 2.53 - 5.22 pg/ml), T4 1.13 ng/dl (normal range 0.97 - 1.67 ng/dl), TSH 6.630  $\mu$ IU/ml (normal range - 0.600 - 4.840  $\mu$ IU/ml) for which Tab. Thyroxine was increased to 37.5 mcg

Gavage feeds were started on 1<sup>st</sup> POD. Oral feeds were commenced on 3<sup>rd</sup> POD.  
Folic acid was commenced in view of pre-existing Polycythemia (Hb 22.6gm/dl).

### CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 110-120/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 100%. His predischarge x-ray done on 12/05/2026

In view of advanced maternal age, she is advised not to have any more pregnancies

Other siblings are advised detailed cardiology review.

### PLAN FOR CONTINUED CARE:

DIET : Fluid restricted 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. Possibility of recurrence of Right ventricular outflow tract obstruction
2. Moderate pulmonary regurgitation
3. Mild aortic regurgitation

Review on 15/05/2026 in 5<sup>th</sup> 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 300 mg PO 6 hourly x one week
  2. Tab. Pantoprazole 20 mg PO twice daily x one week
  3. Syp. Lasix 20 mg PO twice daily till next review
  4. Tab. Aldactone 25 mg PO twice daily till next review (Potassium 2.9mmol/L on 12/05/2026)
  5. Syp. Shelcal 5 ml PO twice daily x 3 months
  6. Tab. Folic Acid 5 mg PO once daily x one year
  7. Tab. Thyroxine 37.5mcg PO once daily x 3 months and then repeat Thyroid function test (Empty Stomach)
  8. Mupirocin ointment local application in the nose twice daily x - 6 weeks
  9. Nasoclear nasal drop 2 drop both nostril 4<sup>th</sup> hrly
  10. Nebulization with normal saline 4<sup>th</sup> hrly
- All medications will be continued till next review except the medicines against which particular advice has been given.

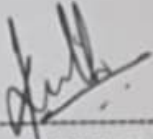
Review at FEHI, New Delhi after 6 – 9 months after telephonic appointment  
In between Ongoing review with Pediatrician

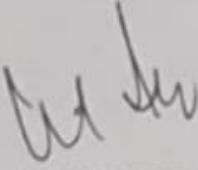
Sutures to be removed on 21/05/2026; Till then wash below waist with free flowing water

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

➤ Daily bath after suture removal with soap and water from 22/05/2026

Telephonic review with Dr. Parvathi Iyer (Mob. No. 9810640050) / Dr. K. S. IYER (Mob No. 9810025815)

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

  
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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, poor feeding, fast breathing, breathing difficulty, chest pain, wound discharge, 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.