Fortis Escorts
HEART INSTITUTE

Escorts Heart Institute and
Research Centre Ltd.
Okhla Road, New Delhi - 110 025 (India)
Tel. : +91-11-4713 5000
Fax : +91-11-2682 5013
Email : contactus.escorts@fortishealthcare.com
Website : www.fortishealthcare.com
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DISCHARGE SUMMARY

PATIENT NAME: RITIK KUMAR	AGE: 8 YEARS, 5 MONTHS & 3 DAYS, SEX: M
REGN: NO: 13808566	IPD NO: 113050/25/1201
DATE OF ADMISSION: 28/05/2025	DATE OF DISCHARGE: 04/06/2025
CONSULTANT: DR. HIMANSHU PRATAP / DR. NEERAJ AWASTHY / DR. K. S. IYER	

DISCHARGE DIAGNOSIS

1. S/P Left Modified Blalock Taussig Shunt via median sternotomy on 25/06/2022 at Mahavir Heart Hospital, Patna for
    - Congenital heart disease
    - Tetralogy of Fallot
    - Hypoplastic branch Main pulmonary artery and Left pulmonary artery
    - Large malaligned ventricular septal defect
2. Now for definitive repair
    - Cyanotic Congenital Heart Disease
    - Tetralogy of Fallot
    - Large malaligned Perimembranous ventricular septal defect (bidirectional shunt)
    - Severe Infundibular and valvular and supravalvular pulmonary stenosis
    - Right ventricle dysfunction
    - Left pulmonary artery origin stenosis
    - Right ventricle dilated
    - Patent foramen ovale
    - Blalock Taussig Shunt Patent, from Left subclavian artery to Left pulmonary origin, Branch Pulmonary arteries confluent
    - Preoperative nasal swab - Methicillin Resistant Staphylococcus Aureus
    - Polycythemia (Hb 19.9gm/dl)
    - Failure to thrive (< 3rd Percentile); Z score < - 3 SD
    - S/P Diagnostic cath and angiogram done on 29/05/2025 at Fortis Escorts Heart Institute, New Delhi
    - McGoon ratio= 1.89
    - Nakata index= 202 mm2/m2

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His pre-operative liver functions showed (SGOT/SGPT = 25/11 IU/L, S. bilirubin total 0.47 mg/dl, direct 0.13 mg/dl, Total protein 7.3 g/dl, S. Albumin 4.4 g/dl, S. Globulin 2.9 g/dl Alkaline phosphatase 222 U/L, S. Gamma Glutamyl Transferase (GGT) 10 U/L and LDH 317 U/L).

He had mildly deranged liver functions on 1st POD (SGOT/SGPT = 129/26 IU/L, S. bilirubin total 1.28 mg/dl & direct 0.38 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 = 53/25 IU/L, S. bilirubin total 0.99 mg/dl, direct 0.35 mg/dl, Total protein 8.1 g/dl, S. Albumin 4.9 g/dl, S. Globulin 3.2 g/dl Alkaline phosphatase 156 U/L, S. Gamma Glutamyl Transferase (GGT) 20 U/L and LDH 553 U/L).

Thyroid function test done on 31/05/2025 which revealed normal→ Thyroid function test showed T3 2.53 pg/ml (normal range – 2.53 – 5.22 pg/ml), T4 1.51 ng/dl (normal range 0.97 - 1.67 ng/dl), TSH 1.190 µIU/ml (normal range – 0.600 – 4.840 µIU/ml).

Gavage feeds were started on 0 POD. Oral feeds were commenced on 1st POD.
Folic acid was commenced in view of pre-existing Polycythemia (Hb 19.9gm/dl).

CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 90/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 98-100%. **His predischarge x-ray done on 03/06/2025**

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.

Other siblings are advised detailed cardiology review.

PLAN FOR CONTINUED CARE:

DIET : Fluid restricted diet as advised

ACTIVITY: Symptoms limited.

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FOLLOW UP:

Long term cardiology follow- up in view of:-

1. **Possibility of recurrence of Right ventricular outflow tract obstruction**
2. Tricuspid valve repair
3. Mild tricuspid regurgitation
4. Mild mitral regurgitation

Review on 07/06/2025 in 5th floor at 09:30 AM for wound review

Repeat Echo after 6 - 9 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 20 mg PO twice daily x one week
3. Tab. Lasix 15 mg PO twice daily till next review
4. Tab. Aldactone 7.5 mg PO twice daily till next review
5. Tab. Shelcal 500 mg PO twice daily x 3 months
6. **Tab. Folic Acid 5 mg PO once daily x one year**
7. **Nasoclear nasal drop 2 drop both nostril 4th hrly**
8. **Nebulization with normal saline 4th hrly**
9. **Mupirocin ointment local application in the nose x 6 weeks**

- **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 14/06/2025; 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 15/06/2025**

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(DR. KEERTHI AKKALA)
(ASSOCIATE CONSULTANT
PEDIATRIC CARDIAC SURGERY)

(DR. HIMANSHU PRATAP)
(PRINCIPAL CONSULTANT
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.