

## DISCHARGE SUMMARY

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|---|--|
| PATIENT NAME: SHRITHIK SINGH                    | AGE: 1 YEAR, 10 MONTHS & 12 DAYS, SEX: M |
| REGN: NO: 14469949                              | IPD NO: 126490/26/1201                   |
| DATE OF ADMISSION: 08/06/2026                   | DATE OF DISCHARGE: 15/06/2026            |
| CONSULTANT: DR. K. S. IYER / DR. NEERAJ AWASTHY |  |

### DISCHARGE DIAGNOSIS

1. S/P PVBD (Pulmonary Valve Balloon Dilatation) on 29/08/2024 in AIIMS, Delhi for

- Congenital heart disease
- Severe valvular Pulmonary stenosis
- Patent foramen ovale (Bidirectional shunting)

2. Now elective admission for definitive repair for

- Congenital Heart Disease with decreased pulmonary blood flow
- Moderate sized peri-membranous ventricular septal defect
- Moderate infundibular, valvular + supra-valvar Pulmonary stenosis
- Pulmonary valve small, stenotic, dysplastic, thick
- Tiny Patent ductus arteriosus
- Right ventricle hypertrophied
- History of repeated pneumonia needing hospitalization
- Antenatal diagnosis

### OPERATIVE PROCEDURE

Patent ductus arteriosus ligation + Trans right atrial Dacron patch closure of ventricular septal defect + Infundibular resection + Main pulmonary artery and Right ventricular outflow tract augmentation with transannular untreated autologous pericardial patch done on 09/06/2026

Tricuspid valve inspected and found satisfactory. Right pulmonary artery and Left pulmonary artery accepted Hegar no 7. Right ventricular outflow tract accepted Hegar No 11.

He had mildly deranged liver functions on 1<sup>st</sup> POD (SGOT/SGPT = 110/29 IU/L, S. bilirubin total 0.79 mg/dl & direct 0.32 mg/dl and S. Albumin 3.8 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 = 20/19 IU/L, S. bilirubin total 0.24 mg/dl, direct 0.07 mg/dl, Total protein 6.9 g/dl, S. Albumin 4 g/dl, S. Globulin 2.9 g/dl Alkaline phosphatase 144 U/L, S. Gamma Glutamyl Transferase (GGT) 17 U/L and LDH 300 U/L).

Thyroid function test done on 09/06/2026 which revealed normal → Thyroid function test showed T3 3.78 pg/ml (normal range – 2.41 – 5.50 pg/ml), T4 1.68 ng/dl (normal range 0.96 - 1.77 ng/dl), TSH 3.520 μIU/ml (normal range – 0.700 – 5.970 μIU/ml).

Minimal enteral feeds were started on 0 POD and cautiously and gradually advanced to full feeds by 1<sup>st</sup> POD. Oral feeds were started on 2<sup>nd</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 120-130/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 96-100%. **His predischarge x-ray done on 13/06/2026**

**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 future 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. Free pulmonary regurgitation

Review on 17/06/2026 in 5<sup>th</sup> 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. Syp. Paracetamol 150 mg PO 6 hourly x one week
2. Tab. Pantoprazole 10 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

6. Nasoclear nasal drop 2 drop both nostril 4<sup>th</sup> hrly
7. 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 23/06/2026; Till then wash below waist with free flowing water

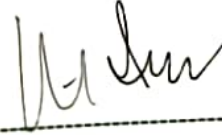
4<sup>th</sup> hrly temperature charting - Bring your own thermometer

➤ Daily bath after suture removal with soap and water from 24/06/2026

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



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



(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.**