

DISCHARGE SUMMARY

PATIENT NAME: DARSHAN SINGH	AGE: 3 YEARS, 8 MONTHS & 10 DAYS, SEX: M
REGN: NO: 13327069	IPD NO: 229548/24/1201
DATE OF ADMISSION: 22/11/2024	DATE OF DISCHARGE: 29/11/2024
CONSULTANT: DR. HIMANSHU PRATAP / DR. NEERAJ AWASTHY	

DISCHARGE DIAGNOSIS

- Complex congenital Heart Disease
- Situs ambiguous, right atrial isomerism, Dextrocardia
- Inlet ventricular septal defect (Non-routable to aorta)
- Ostium primum atrial septal defect
- Unbalanced atrioventricular septal defect
- Severe Pulmonary stenosis
- Patent ductus arteriosus
- Bilateral Superior vena cava, Inferior vena cava on left side
- Failure to thrive (< 3rd Percentile); Z score < - 3 SD
- S/P Diagnostic cardiac catheterization done on 31/08/2024 at Fortis Escorts Heart Institute, New Delhi
- Normal PA Pressure=14MM OF Hg
- PVRI=0.65
- Nakata Index 294 mm/mm²
- McGoon Ratio 2.4

OPERATIVE PROCEDURE

On-Pump bilateral Bidirectional Glenn Shunt (Cephalic end of left and right vena cava anastomosed to Left pulmonary artery and Right pulmonary artery in end to side manner) + Hemiazygos and Azygous ligation + Patent ductus arteriosus ligation done on 23/11/2024



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He had mildly deranged liver functions on 1st POD (SGOT/SGPT = 52/17 IU/L, S. bilirubin total 0.57 mg/dl & direct 0.17 mg/dl and S. Albumin 4.2 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 predischage liver function test are SGOT/SGPT = 36/22 IU/L, S. bilirubin total 0.37 mg/dl, direct 0.11 mg/dl, Total protein 7 g/dl, S. Albumin 4.4 g/dl, S. Globulin 2.6 g/dl Alkaline phosphatase 134 U/L, S. Gamma Glutamyl Transferase (GGT) 18 U/L and LDH 431 U/L.

Intravenous heparin was given in the immediate post-operative period for anticoagulation. Tab. Colprin was started on 1st for continued oral anticoagulation.

Thyroid function test done on 23/11/2024 which revealed was normal → Thyroid function test showed T3 3.31 pg/ml (normal range – 2.41 – 5.50 pg/ml), T4 1.38 ng/dl (normal range 0.96 - 1.77 ng/dl), TSH 1.800 µIU/ml (normal range – 0.700 – 5.970 µIU/ml).

Gavage feeds were started on 1st POD. Oral feeds were commenced on 2nd POD.

CONDITION AT DISCHARGE

His general condition at the time of discharge was satisfactory. Incision line healed by primary union. No sternal instability. HR 126/min, normal sinus rhythm. Chest x-ray revealed bilateral clear lung fields. Saturation in air is 88%. **His predischage x-ray done on 28/11/2024**

Family is cautioned against vomiting, refusal to feed, diarrhoea and dehydration due to any causes which may lead to potentially fatal Glenn failure.

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.

Nurse sitting up for 6 months.



FOLLOW UP:

Long term cardiology follow- up in view of:-

1. Palliative surgery – Bilateral Bidirectional Glenn Shunt
2. Aspirin therapy

Review on 02/12/2024 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. 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. **Tab. Colsprin 50 mg PO once with feed till next review - not to be stopped**
(Dose of Colsprin to be increased (5mg/kg/day) according to weight gain upto maximum of 100mg once daily)
6. 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 6 – 9 months after telephonic appointment
In between Ongoing review with Pediatrician

Sutures to be removed on 07/12/2024; 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 08/12/2024



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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.



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