

DISCHARGE SUMMARY

UHID No : MED3000097	IP No : I150630031
Patient Name : ATAHAR KHAN	Age (Sex) : 3Y (Male)
Admission Date : 30/06/2015 12:15 PM	Discharge On : 10/07/2015
Bed No : 8346 (L8B13 ECONOMY)	Discharge Type : NORMAL
Sponsor : SELF	Date of Operation : 02/07/2015
Clinical Dept : PAEDIATRIC CARDIOTHORACIC SURGERY	

DIAGNOSIS : Mitral valve disorders in diseases classified elsewhere - I39.0*
Aortic valve disorders in diseases classified elsewhere - I39.1*
Supramitral ring + Subaortic membrane + Mild LVOTO

CONSULTANT

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Dr Vilson MBBS, MD, PDCC
Dr. Sandip Katkade MBBS, MD Fellowship IN PEDIATRIC CARDIAC ANASTHESIA
Dr.Harish Khorgade

REASON FOR ADMISSION (Salient History of presenting complaints) *

Dyspnoea on exertion NYHA class III

EXAMINATION FINDINGS (Salient general and systemic exam results) *

Supramitral ring + Subaortic membrane + LV outflow tract obstruction (LVOTO)

COURSE OF MANAGEMENT (Salient Medications, Surgery performed, Complications, if any, during management) *

Supramitral membrane + excision of subaortic membrane

DETAIL OF PROCEDURE *

SURGICAL FINDINGS:

Large hyperdynamic heart

LVH

Bilateral SVC

Supramitral membrane adherent to PML

Subaortic membrane

CONDUCT OF BYPASS: Aortic and triple-caval cannulation, moderate hypothermia, intermittent cardioplegic arrest. Topical ice slush.

STEPS OF OPERATION:

Mid line sternotomy, thymus bilaterally excised. Pericardium opened and harvested. Went on bypass with aortic and triple-caval cannulation. Under cardioplegic arrest, RA opened and IAS opened to vent the LV. Then LA opened behind sondergards groove. Supramitral membrane excised and shaved to free the PML. Desired hegars no. 15 easily passed through mitral annulus. LA closed in 2 layers. Transverse aortotomy done. Aortic cusps retracted and subaortic membrane noted. Membrane excised after taking stays. Desired hegars no. 10 passed easily through aortic annulus. Aortotomy closed in 2 layers. Cross clamp released and came off CPB. LAP 6mmHg. PRV/PLV was 35/100. Hemostasis achieved, pacing wires and drains put. Chest closed layers. Child shifted to CVTS ICU in stable and extubated condition.

ACC time- 1hr 11mins

CPB time- 1hr 42mins

ICU stay was uneventfulland child shifted to wards on third post operative day.child has recoved well at the time of discharge and having normal feeds.wound has healed well.

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MODE OF ANESTHESIA *

GA

COMPLICATIONS DURING SURGERY *

NO

SIGNIFICANT INVESTIGATIONS DURING STAY *

ALL REPORTS ATTACHED

PATIENT'S CONDITION AT THE TIME OF DISCHARGE (Brief notes on clinical condition). *

child has recovered well at the time of discharge and having normal feeds. wound has healed well.
weight at the time of discharge: 8.5 kg

MANAGEMENT PLAN ON DISCHARGE *

regular follow up with cardiologist and pediatrician

DISCHARGE MEDICATIONS (advice on medication till next review) *

TAB ALDACTONE.....6.25MG.....THREE TIMES IN A DAY.....TILL NEXT ORDER
SYP FUROPED.....0.5ML.....TWO TIMES IN A DAY.....TILL NEXT ORDER
SYP MUCOLITE.....2ML.....THREE TIMES IN A DAY.....TILL NEXT ORDER
SYP BEVON.....5ML.....THREE TIMES IN A DAY.....TILL NEXT ORDER

FOLLOW-UP INSTRUCTIONS *

ALTERNATE DAY DRESSING OF WOUND
FEEDS AS PER PEDIATRICIAN ADVICE
NO BATHING OF CHILD FOR 4 WEEKS FROM THE DATE OF OPERATION
NO VACCINATION FOR CHILD FOR 4 WEEKS FROM DATE OF DISCHARGE
FEVER (101 DEGREES) LASTING FOR 24 HOURS INFORM SOS
To come for follow-up after 10 days with prior appointment
For appointment call 022-67676767

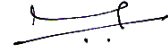
ALLERGY *

NO

CONTACT NUMBER IN CASE OF EMERGENCY *

- 1.
- 2.
- 3.
- 4.

In case of above complaints, please seek emergency attention. Please contact for immediate assistance.
SevenHills Hospital - CMO (Emergency Dept) Ph: 022 - 67676767 (Ext 71583, 71554)"



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