

DISCHARGE SUMMARY

UHID No : MDL3100117	IP No : 1150208008
Patient Name : SHAMBHAVI TUSHAR THORAT	Age (Sex) : 6M (Female)
Admission Date : 08/02/2015 11:02 AM	Discharge On : 18/02/2015
Bed No : 8345 (L8B13 ECONOMY)	Discharge Type : NORMAL
Sponsor : SELF	Date of Operation : 09/02/2015
Clinical Dept : PAEDIATRIC CARDIOTHORACIC SURGERY	

DIAGNOSIS : MULTIPLE VSD WITH PDA WITH LSVC WITH MILD MR

CONSULTANT

Dr Shiva Prakash K MBBS, MS, MCh (Cardio-thoracic Surgery /Dr Bharat Dalvi MBBS, MD, DM, FACC
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Dr.Shreepal Jain MBBS,DNB,FNB Pediatric Cardiology
Dr Mahesh
Dr.Harish Khorgade

REASON FOR ADMISSION (Salient History of presenting complaints) *

SOB, FEEDING DIFFICULTY.
FTT

EXAMINATION FINDINGS (Salient general and systemic exam results) *

MULTIPLE VSD (N=2)- ONE MODERATE SIZED PERIMEMBRANOUS VSD WITH EXTENSION INTO THE MUSCULAR SEPTUM; SECOND SMALL VSD IN THE MID MUSCULAR VSD
PDA
BILATERAL SVC

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

TRANS RA GORETEX PATCH CLOSURE OF PERIMEMBRANOUS VSD
DIRECT CLOSURE OF SMALL MIDMUSCULAR VSD USING PLEDGETTED PROLENE SUTURES.
INFUNDIBULAR RESECTION
TRICUSPID VSLVE REPAIR
LIGATION OF PDA

DETAIL OF PROCEDURE *

SURGICAL FINDINGS:

hyperdynamic heart.NRGA, Distended but not tense MPA. Moderate sized perimembranous VSD. small midmuscular additional VSD, Parietal band hypertrophy, PDA , bilateral SVC present.

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

STEPS OF OPERATION:

Mid line sternotomy, thymus bilaterally excised. Pericardium opened and harvested. dissection carried to delineate and ligate PDA. the pre cannulation pressures were PA 27/8; LA 8/1. double ligation of the PDA done. Went on bypass with aortic and bi-caval cannulation. LSVC not canalized.under cardioplegic arrest, RA opened. vent put in the coronary sinus to drain LSVC. VSD was delineated and closed with appropriately fashioned goretex patch employing continuous sutures. Few interrupted sutures were taken to reinforce VSD closure. second VSD was sought in the mid muscular region and confirmed by putting a right angle into this VSD and viewing through perimembranous VSD for its continuity into the LV . the mid muscular VSD was closed directly using pledgetted prolene 6-0 interrupted sutures.Infundibular resection done. After adequate de-airing, the cross clamp released. While rewarming the RA was closed. Came off bypass without events .PRV/LV was 26/90. RA and PA saturation showed step down of 4 (87 and 83 respectively). Pacing wires, drains were placed.

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Hemostasis was ensured and chest was closed in layers .patient was shifted to CVTS in stable intubated state.
Total CPB time: 1 hour 5 minutes
ACC time: 40 minutes.
CHILD WAS EXTUBATED ON FIRST POST OPERATIVE DAY AND SHIFTED TO WARDS ON THIRD POST OPERATIIVE DAY.
CHILD HAS RECOVERED WELL AT THE TIME OF DISCHARGE AND HAVING NORMAL FEEDS.WOUND HAS HEALED WELL.

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:4.5 KG

MANAGEMENT PLAN ON DISCHARGE *

REGULAR FOLLOW UP WITH PEDIATRIACIAN AND CARDIOLOGIST.

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 A TO Z2.5 ML.....ONCE IN A DAY

FOLLOW-UP INSTRUCTIONS *

ALTERNATE DAY DRESSING OF WOUND
FEEDS AS PER PEDIATRIACIAN 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

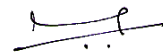
ALLERGY *

nil

CONTACT NUMBER IN CASE OF EMERGENCY *

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

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16/02/2015 21:42