

DISCHARGE SUMMARY

UHID No : MDL2700087	IP No : I150614007
Patient Name : PRATIBHA LALBABU GUPTA	Age (Sex) : 8M (Female)
Admission Date : 14/06/2015 10:29 AM	Discharge On : 25/06/2015
Bed No : 8340 (L8B13 ECONOMY)	Discharge Type : NORMAL
Sponsor : SELF	Date of Operation : 15/06/2015
Clinical Dept : PAEDIATRIC CARDIOTHORACIC SURGERY	

DIAGNOSIS : Other cardiovascular disorders originating in the perinatal period - P29.8
1cm X 1cm size perimembranous VSD. PFO+.

CONSULTANT

- 1.Dr. BISWA RANJAN PANDA, CONSULTANT PAEDIATRIC CARDIAC SURGEON
- 2.Dr. VILSON, CONSULTANT CARDIAC ANAESTHESIST
- 3.Dr. SANDIP KATKADE,CONSULTANT PAEDIATRIC CARDIAC ANAESTHESIST
- 4.Dr. SUJAY SHAH,CONSULTANT CARDIAC ANAESTHESIST
- 5.Dr. HARIDAS MUNDE,CONSULTANT CARDIAC ANAESTHESIST
- 6.Dr. SUSHEEL, CONSULTANT CARDIAC ANAESTHESIST
- 7.Dr. SHAHBAAZ, SURGICAL ASSISTANT

REASON FOR ADMISSION (Salient History of presenting complaints) *

ADMITTED FOR VSD CLOSURE

EXAMINATION FINDINGS (Salient general and systemic exam results) *

1CM X 1CM SIZE PERIMEMBRANOUS VSD, PFO+

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

OPERATION DONE ON 15/06/2015

DETAIL OF PROCEDURE *

Operative Findings: 1cm X 1cm size perimembranous VSD. PFO+.

Procedure: VSD closure + PFO Closure

Operative steps: Median sternotomy. Thymus bisected and pericardium opened. Heparin given. CPB established with aorto-bicaval cannulation. Patient cooled to 32DegC. Aorta cross clamped and antegrade cold blood cardioplegic arrest achieved. Under total bypass the RA was opened parallel to the AV groove. The left heart was vented through the PFO. The VSD was closed with a GoreTex patch using continuous and interrupted pledgetted prolene sutures. PFO closed directly. Cross clamp released after deairing and the heart picked up in sinus rhythm. RA closed. Rewarmed and weaned off bypass. Two ventricular and two atrial wires fixed. Mediastinal drain fixed. Decannulated. Sternum closed with steel wires. Presternal tissue closed in layers. Patient was transferred to the ICU in a hemodynamically stable condition.

MODE OF ANESTHESIA *

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COMPLICATIONS DURING SURGERY *

UNEVENTFUL

SIGNIFICANT INVESTIGATIONS DURING STAY *

ENCLOSED

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

PATIENT STABLE
WOUND HEALTHY

MANAGEMENT PLAN ON DISCHARGE *

REGULAR FOLLOWUP WITH CARDIOLOGIST AND PAEDIATRICIAN

DISCHARGE MEDICATIONS (advice on medication till next review) *

SYP FUROPEL 0.5ML 1--1--1 FOR TWO WEEKS.
TAB ALDACTONE 6.25MG 1--1--1 FOR TWO WEEKS
SYP CALPOL 150MG SOS FOR PAIN/FEVER
NEOSPORINE POWDER TO APPLY LOCALLY 2-3 TIMES DAILY.

FOLLOW-UP INSTRUCTIONS *

REGULAR DIET
REGULAR BATHING
ALTERNATE DAY DRESSING OF WOUND
IF FEVER OF 100 DEG OR MORE PERSIST FOR 24 HOURS THEN CONSULT LOCAL PHYSICIAN
NO ANY VACCINATION FOR NEXT 28 DAYS FROM DATE OF OPERATION
FOLLOWUP IN OPD AFTER 10-14 DAYS ON TUESDAY/THURSDAY/SATURDAY

ALLERGY *

NOT KNOWN

CONTACT NUMBER IN CASE OF EMERGENCY *

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

Biswa Ranjan Panda

DR. BISWA PANDA

25/06/2015 11:05