Raja Ram Mohan Roy Road,
Prarthana Samaj, Girgaum
Mumbai - 400004,
Call Centre: 1800221166
Website: www.rfhospital.org

Sir H. N. Reliance Foundation Hospital And Research Centre

Name	:Sejal Pradip Sonkul	Patient Id.	: 10025446		
Date of Birth	:Jul 30, 2006	Age	: 9 years	Sex	:Female
Case Type	:Inpatient Case	Case Number	: 1000052613		
Attending Physician	:Shivaprakash Krishnanaik				

Discharge Summary

Inpatient Stay

Admission Date	: Nov 30, 2015	**Admission Time**	: 5:55:00 PM
Discharge Date	: Dec 10, 2015	**Discharge Time**	: 10:45:00 AM

Presenting Complaints & Brief History

INFORMER- PARENTS

9YRS FEMALE CHILD, DIAGNOSED AS HAVING COMPLEX CONGENITAL HEART DISEASE IMMEDIATELY AFTER BIRTH. HAS HAD FREQUENT EPISODES (4-5) SINCE THEN OF HOSPITAL ADMISSION AND TREATED FOR PNEUMONIA. NOW CAME FOR SURGICAL CORRECTION OF CHD. INVESTIGATED OUTSIDE AND DIAGNOSED TO HAVE TETRALOGY OF FALLOT WITH ABSENT PULMONARY VALVE SYNDROME WITH ABSENT LPA AND ANEURYSMAL RPA. NO FEVER, COUGH, COLD AT PRESENT

FAMILY HISTORY- NAD

BOWEL/ BLADDER- REGULAR

GENERAL EXAMINATION:
CONSCIOUS, ORIENTED TO TIME, PLACE AND PERSON
AFEBRILE
HR- 110/MIN
SPO2- 98%
WT- 18.5KG
NO CYANOSIS, ICTERUS, PALLOR, CLUBBING
ALL PERIPHERAL PULSES WELL FELT

CVS- ESM PRESENT ALL OVER PRECORDIUM, GRADE IV, MASKING S1 S2. PALPABLE THRILL ++

RS- AIR ENTRY EQUAL ON BOTH SIDES. NO ADDED SOUNDS

PA- SOFT, NONTENDER, NO ORGANOMEGALY

CNS- NAD

DIAGNOSIS- TOF WITH ABSENT PULMONARY VALVE SYNDROME, WITH ABSENT LPA WITH ANEURYSMAL RPA

PLAN- TOTAL CORRECTION WITH RV TO PA CONDUIT

Major Laboratory Findings

ALL REPORTS ATTACHED

Procedure Summary

INCISION- MIDLINE STERNOTOMY

MYOCARDIAL PROTECTION:

CPB WITH AORTO-BICAVAL CANNULATION, COLD BLOOD CARDIOPLEGIA, TOPICAL ICE SLUSH, MODERATE HYPOTHERMIA

PROCEDURE:
MIDLINE STERNOTOMY DONE. THYMUS BILATERALLY EXCISED. MPA, RPA, AORTA DISSECTED AND LOOPED. CPB ESTABLISHED WITH AORTO-BICAVAL CANNULATION. RPA ANTERIOR WALL PARTIALLY EXCISED AND CUT END SUTURED TO DO A REDUCTION PLASTY. MPA CUT FLUSH TO INFUNDIBULUM AND PROXIMAL END SUTURED AND CLOSED. DISTAL END VENTED AND FASHIONED. THEN, MEDTRONIC FREE STYLE VALVED CONDUIT NO.19 ANASTOMOSED TO THE DISTAL CUT END OF MPA. AORTA CROSS CLAMPED AND CARDIOPLEGIA FLOWN. HEART ARRESTED AND RA OPENED. TV LEAFLETS RETRACTED AND VSD CLOSED WITH GORETEX PATCH USING CONTINUOUS PROLENE SUTURE. PATCH REINFORCED WITH INTERRUPTED PROLENE SUTURE. RVOT RESECTION DONE. THEN, PROXIMAL END OF MPA RE-OPENED AND FASHIONED. RVOT RESECTION DONE THROUGH IT. THEN, PROXIMAL END OF THE CONDUIT ANASTOMOSED TO THE PROXIMAL MPA. 5MM OPENING LEFT BEHIND IN IAS. CROSS CLAMP RELEASED AND RA CLOSED. PT REWARMED AND CPB DISCONTINUED. HEART DECANNULATED AND HEMOSTASIS CONFIRMED. PACING WIRES AND DRAINS PLACED. CHEST CLOSED IN LAYERS.

ACC TIME- 1HR 9MINS
CPB TIME- 3HRS 15MINS

FINDINGS:
ABSENT PULMONARY VALVE WITH HUGE MPA
HUGE RPA ANEURYSM
ABSENT LPA
LARGE, MALALIGNED PERIMEMBRANOUS VSD
INTACT IAS

POST CPB:
DISTAL RV- 66/20
MID RV- 58/16
INFUNDIBULUM- 56/16
SYSTEMIC- 80/45

Significant Events
NONE

Condition at the Time of Discharge
HEMODYNAMICALLY STABLE. CHILD DID WELL AFTER SURGERY.
WEIGHT- 17.25 KG

Advice

Discharge Advice

TAB. ASPIRIN.....75 MG.....ONCE A DAY.....TILL NEXT VISIT
TAB. AMIFRU.....1/2 TABLET.....TWICE A DAY.....TILL NEXT VISIT

FOLLOW UP AFTER 10 DAYS IN PAEDIATRIC CVTS OPD
NO BATHING FOR THE NEXT 21 DAYS, ONLY WARM WATER SPONGING
NO VACCINATION FOR THE ONE MONTH
DRESSING TO BE DONE AFTER 4 DAYS
IF FEVER 100 DEGREE OR MORE, FOR MORE THAN 24 HRS, THEN IMMEDIATELY CONSULT A PAEDIATRICIAN

Follow Up

FOLLOW UP AFTER 10 DAYS IN PAEDIATRIC CVTS OPD

In case of any Medical issues please report to the Emergency Department

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Mumbai - 400004,
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1. FEVER
2. BREATHLESSNESS
3. WOUND SOAKAGE

To visit your doctor in the OPD after discharge please block your appointment by calling the Call Centre - 1800221166

for Neh

Dr. Gananjay Salve
Pediatric Cardiac Science
Med. Council No.

Print Date/Time : 10/12/2015 / 11:41 AM