DISCHARGE SUMMARY

 UHID No
 : MEC0700168
 IP No
 : I150421010

 Patient Name
 : AROHI PRADIP REDE
 Age (Sex)
 : 4M (Female)

 Admission Date
 : 21/04/2015 09:35 AM
 Discharge On
 : 11/05/2015

 Bed No
 : 8349 (L8B13 ECONOMY)
 Discharge Type
 : NORMAL

 Sponsor
 : SELF
 Date of Operation
 : 23/04/2015

Clinical Dept : PAEDIATRIC CARDIOTHORACIC SURGERY

DIAGNOSIS: Ventricular septal defect - Q21.0

CONSULTANT

Dr Shiva Prakash K MBBS, MS, MCh (Cardio-thoracic Surgery /Dr Bharat Dalvi MBBS, MD, DM, FACC

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Dr. Manglesh Nimbalkar MBBS, MD, DCh, Fellowship in Pediatric Cardiology

Dr.Kshitij Seth MBBS, DNB, FNB Pediatric Cardiology

Dr Mahesh

Dr. Harish Khorgade

REASON FOR ADMISSION (Salient History of presenting complaints) *

FTT

RECURRENT LRTI

EXAMINATION FINDINGS (Salient general and systemic exam results) *

MODERATE SIZED PERIMEMBRANOUS VSD INFUNDIBULAR HYPERTROPHY

COURSE OF MANAGEMENT (Salient Medications, Surgery performed, Complications, if any, during remarkagement) RMED:

TRANS RA PERICARDIAL PATCH CLOSURE OF VSD INFUNDIBULAR RESECTION

DETAIL OF PROCEDURE *

SURGICAL FINDINGS:

Large hyperdynamic heart. Distended MPA.moderate sized perimembranous VSD. infundibular hypertrophy 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. Went on bypass with aortic and bi-caval cannulation.under cardioplegic arrest, RA opened.stays were taken on tricuspid valve leaflet for proper visualisation. VSD was delineated and closed with appropritely fashioned pericardial patch employing continuous sutures. Few interrupted sutures were taken to reinforce VSD closure. 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 31/61. Pacing wires, drains were placed. Hemostasis was ensured and chest was closed in layers .child was shifted to CVTS with stable haemodynamics and in intubated state. total CPB time: 1 hour 22 minutes

ACC time:42 minutes

CHILD WAS EXTUBATED AFTER 6 HOURS OF VENTILATION HOWEVER CHILD REQUIRED NASAL C-PAP SUPPORT FOR NEXT 10 DAYS. AND SHIFTED TO WARDS ON 15TH POST OPERATIIVE DAY. CHILD HAS RECOVRED 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*

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SIGNIFICANT INVESTIGATIONS DURING STAY *

ALL REPORTS ATTACHED

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

CHILD HAS RECOVRED WELL AT THE TIME OF DISCHARGE AND HAVING NORMAL FEEDS. WOUND HAS HEALED WELL.

WEIGHT AT THE TIME OF DISCHARGE: 4.2 KG

MANAGEMENT PLAN ON DISCHARGE *

REGULAR FOLLOW UP WITH PEDIATRIACIAN AND CARDIOLOGIST.

DISCHARGE MEDICATIONS (advice on medication till next review) *

TAB FLUCANAZOLE	45MG	ONCE IN A DAY	TILL NEXT ORDER
TAB SILDENAFIL	4MG	THREE TIMES IN A DAY	/TILL NEXT ORDER
TAB ALDACTONE	3.125MG	THREE TIMES IN A DA	YTILL NEXT ORDER
SYP FUROPED	0.5ML	.TWO TIMES IN A DAY	TILL NEXT ORDER
SYP LEVOCET	2.5ML	ONCE IN A DAYFOR	7 DAYS
SY A-Z2.5ML.	ONCE I	N A DAYTILL NEXT	ORDER
SYP SHELCAL	2.5ML	TWO TIMES IN A DAY	TILL NEXT ORDER
TAB LANZOLE JR	1/2 TAB	TWO TIMES IN A DAY	TILL NEXT ORDER
NEBULISATION	SOS		

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 *

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)"

UHID No IP No : 1150421010 :MEC0700168 **Patient Name** : AROHI PRADIP REDE Age (Sex) :4M (Female)

DR. SHIVA PRAKASH K

MS , M.Ch Consultant Cardiac Surgery(Paed)

08/05/2015 15:50