DISCHARGE SUMMARY

UHID No	: MEB2600014	**IP No**	: I150410009
Patient Name	: MEGHA VILAS SONGIRE	**Age (Sex)**	: 14Y (Female)

Admission Date	: 10/04/2015 10:29 AM	**Discharge On**	: 22/04/2015
Bed No	: 8340 (L8B13 ECONOMY)	**Discharge Type**	: NORMAL
Sponsor	: SELF	**Date of Operation**	: 14/04/2015
Clinical Dept	: PAEDIATRIC CARDIOTHORACIC SURGERY		

DIAGNOSIS : Other specified congenital malformations of heart - Q24.8
TOF- LARGE MALALIGNED SUB-AORTIC VSD, SEVERE MID RV CAVITY OBSTRUCTION, HYPOPLASTIC PULMONARY ANNULUS WITH ABSENT VALVE LEAFLETS

CONSULTANT

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

REASON FOR ADMISSION (Salient History of presenting complaints) *

ADMITTED FOR REPAIR OF TOF WITH ABSENT PULMONARY VALVE SYNDROME. S/P- LEFT MODIFIED BT SHUNT

EXAMINATION FINDINGS (Salient general and systemic exam results) *

CYANOSIS +
SPO2: 80%
CVS: ESM+

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

INTRACARDIAC REPAIR OF TOF WITH RV TO PA CONDUIT (Self prepared 20 mm conduit from Bovine pericardium and GoreTex Membrane) DONE ON 14/04/2015

DETAIL OF PROCEDURE *

Operative Findings: TOF. Absent Pulmonary valve syndrome. Large sized malaligned VSD. Severe valvar pulmonary stenosis. Moderate pulmonary regurgitation. Severe RV midcavity obstruction. Massively dilated LPA and RPA. Functional left BT shunt.

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Procedure: TOF Repair + RV to PA conduit (Self prepared 20 mm conduit from Bovine pericardium and GoreTex Membrane). BT shunt interruption. 4mm PFO left open.

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Operative steps: Median sternotomy. Left lobe of thymus excised and pericardial patch harvested. The left BT shunt approached extrapericardially and dissected. Heparin given. CPB established with aorto-bicaval cannulation. BT shunt ligated and clipped. Patient cooled to 28DegC. Aorta cross clamped and antegrade del Nido cardioplegic arrest achieved. Under total bypass the RA was opened parallel to the AV groove. The left heart was vented through the PFO. Tricuspid leaflet retracted, and the VSD was closed with a GoreTex patch. The RVOT was opened and the incision extended till the PA confluence. The hypertrophied muscle bundles in the RV midcavity were excised. The 20mm Self prepared Conduit was interpositioned between the RV outflow and the PA confluence. 4 mm PFO left open. Cross clamp released after deairing and the heart picked up in sinus rhythm. RA closed. Rewarmed and weaned off bypass. The RV pressure was 60% systemic. Two atrial and two ventricular wires fixed. Mediastinal and left pleural drain fixed. Decannulated.

There was a gauze piece (non-radio-opaque) missing in the counts. I lifted the heart out of the pericardial cavity and confirmed it to be not there in the pericardial cavity around the heart. Then we stopped ventilation for some

time to collapse the lungs and then searched all over the open left pleural cavity. But, could not fin the gauze piece. The scrub nurses faintly remembered to have given me the gauze piece prior to the surgery, while I was preparing the conduit. They assumed that this was probably mistakenly cleaned by the sweepers even before the sternum was opened. But, we could not confirm it anyway. The Hospital authorities (Nursing chief and Medical Superintendent) were intimated about the problem and as per their advice it was decided to close the chest and raise an incidence report. Also we decided to have the imaging (Chest X-rat and CT Thorax) for confirmation.

Small pieces of Surgicel were kept in the BT shunt dissection site and around proximal and distal conduit insertion site to control nonspecific oozing. Hemostasis achieved. Sternum closed with steel wires. Presternal tissue closed in layers. Patient was transferred to the ICU in a hemodynamically stable condition on 0.5mics of Milrinone and 0.04mics of Adrenaline.

. The incidence report form was filled up and forwarded to the concerned authorities. I explained the father and the mother about the missing of the gauze piece and our concern regarding the same. Also explained them about the need for the CT scan to rule out their presence in the chest. They agreed with me.

MODE OF ANESTHESIA *

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COMPLICATIONS DURING SURGERY *

There was a Gauze piece missing in the surgical time as mentioned in the operation notes. We could not find it either in the chest cavity or in the operating room. The hospital authorities were informed and as per a consensus the chest was closed. Incidence report form was raised and matter escalated to the concerned hospital authorities. I informed the matter to the father and the mother.

We decided to do the Contrast CT Thorax to rule out the presence of the gauze piece in the chest cavity.In the CT scan, the radiologist had some query about ahadows near the BT shunt and the pulmonary conduit. But, I distinctly remember to have kept surgicel pieces in those areas to control the bleeding.

The patient does not have any fever or any other signs of foreign body . Hence we decided to discharge the patient.

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) *

TAB ASPIRIN 75MG 0--1--0 FOR THREE MONTHS
TAB LASILACTONE 1/4TH TAB 1--0--0 FOR TWO WEEKS
TAB CALPOL 500MG 1--1--1 FOR THREE DAYS AND THEN SOS FOR PAIN OR FEVER.

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 THE DATE OF DISCHARGE
FOLLOWUP IN OPD AFTER10-14 DAYS

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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

22/04/2015 09:35

*** End of Discharge Summary