

DISCHARGE SUMMARY

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| UHID No | : MDI1000128 | IP No | : I150112048 |
| Patient Name | : SHUBHAM SHIVAJI SHIVSAGAR | Age (Sex) | : 5M (Male) |
| Admission Date | : 12/01/2015 04:56 PM | Discharge On | : 15/02/2015 |
| Bed No | : 8338 (L8B13 ECONOMY) | Discharge Type | : NORMAL |
| Sponsor | : SELF | Date of Operation | : 29/01/2015 |
| Clinical Dept | : PAEDIATRIC CARDIOTHORACIC SURGERY | | |

DIAGNOSIS : TRUNCUS ARTERIOSUS TYPE 2 WITH CONO VENTRICULAR VSD WITH SEVERE PAH

CONSULTANT

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Dr Mahesh
Dr.Harish Khorgade

REASON FOR ADMISSION (Salient History of presenting complaints) *

RECURRENT LRTI. PATIENT SHIFTED FOR THE SAME TO PICU 1 WEEK BEFORE SURGERY.

EXAMINATION FINDINGS (Salient general and systemic exam results) *

TRUNCUS ARTERIOSUS TYPE 2 WITH RPA AND LPA ORIGINATING SEPARATELY FROM THE AORTA.
CONO VENTRICULAR VSD. SEVERE PAH.

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

SEPARATION OF THE ORIGIN OF THE BRANCH PAs FROM THE AORTA WITH REANASTOMOSIS OF THE AORTA.
TRANS RV GORETEX PATCH CLOSURE OF VSD.
RV TO PA CONDUIT USING 12 MM CONTEGRA PULMONARY VALVED CONDUIT.
FENESTRATION OF 4-5 MM LEFT IN THE IAS.

DETAIL OF PROCEDURE *

SURGICAL FINDINGS:
LARGE HYPERDYNAMIC HEART. THE RPA AND LPA WERE ARISING SEPARATELY FROM THE AORTA - FROM IT'S POSTERIOR SURFACE, THERE WAS A LARGE CONO VENTRICULAR VSD, SMALL PFO WAS PRESENT IN THJE IAS, THE RPA AND LPA WERE OF NORMAL CALIBER.INNOMINATE PRESENT.
CONDUCT OF BYPASS: AORTIC AND BI-CAVAL CANNULATION, SEVERE HYPOTHERMIA, INTERMITTENT CARDIOPLEGIC ARREST. TOPICAL ICE SLUSH AND TCA.
STEPS OF OPERATION:
MID LINE STERNOTOMY DONE, THYMUS BILATERALLY EXCISED.LARGE PERICARDIUM OPENED AND HARVESTED. DID THE DISSECTION AND LOOPED RPA, LPA, INNOMINATE AND CAROTID ARTERIES.. WENT ON BYPASS WITH AORTIC AND BI-CAVAL CANNULATION.CARDIOPLEGIA GIVEN AFTER SNARING RPA AND LPA. UNDER CARDIOPLEGIC ARREST, RA OPENED.LEFT HEART WAS DRAINED BY MAKING SLIT IN IAS AND DARINED WITH SUCTION VENT.THE AORTA WAS TRANSECTED AT THE LEVEL OF ORIGIN OF RPA AND LPA. THE ORIGIN OF BOTH THE RPA AND LPA WAS EXCISED FROM THE AORTA ALONG WITH A BRIDGE OF TISSUE BETWEEN THEM. THE AORTA WAS THEN SUTERED BACK WITH TISSUE TO TISSUE ANASTOMOSIS. THE RV WAS THEN OPENED BY A VENTRICULOTOMY IN THE RVOT.VSD WAS DELINEATED. TCA STARTED. VSD WAS CLOSED WITH APPROPRIETLY FASHIONED GORETEX PATCH EMPLOYING CONTINUOUS SUTURES. SOME MORE INTERRUPTED SUTURES WERE TAKEN TO REINFORCE VSD CLOSURE. THE 12 MM CONTEGRA PULMONARY VALVED CONDUIT WAS PREPARED. THE DISTAL ANASTOMOSIS BETWEEN THE

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CONDUIT AND THE BRANCH PAS WAS COMPLETED. THE PROXIMAL END OF CONDUIT WAS FASHIONED ACCORDING TO THE RVOT VENTRICULOTOMY. PROXIMAL ANASTOMOSIS BETWEEN THE TWO WAS COMPLETED. FENESTRATION OF 4-5 MM LEFT IN THE IAS. AFTER ADEQUATE DE-AIRING, THE CROSS CLAMP RELEASED. WHILE REWARMING THE RA WAS CLOSED. CAME OFF BYPASS AFTER THE CHILD WAS ON PUMP SUPPORTED CIRCULATION FOR 50 MINUTES. HOWEVER THE CHILD CAME OFF IN GOOD HEMODYNAMICS. PRV/LV WAS 32/52 . PACING WIRES AND CHEST DRAINS WERE PLACED. HEMOSTASIS WAS ENSURED. CHEST WAS CLOSED IN LAYERS.CHILD WAS SHIFTED TO CVTS ICU WITH STABLE HEAMODYNAMICS AND IN INTUBATED STATE.

TOTAL CPB TIME:3 HOURS 15 MIN

ACC TIME:1 HOUR 52

TCA TIME:16 MIN

CHILD WAS EXTUBATED ON SECOND POST OPERATIVE PERIOD AND SHIFTED TO WARDS 6TH POST OPERATIVE DAY.CHILD HAS RECOVERED WELL AT THE TIME OF DISCHARGE AND HAVING NORMAL FEEDS.WOUND HAS HEALED WELL.

MODE OF ANESTHESIA *

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

WEIGHT AT THE TIME OF DISCHARGE:2.9 KG

MANAGEMENT PLAN ON DISCHARGE *

REGULAR FOLLOW UP WITH CARDIOLOGIST AND PEDIATRICIAN

DISCHARGE MEDICATIONS (advice on medication till next review) *

TAB FLUCANAZOLE.....40 MGONCE IN A DAY.....FOR 5 DAYS
SYP RIFAMPICIN.....40 MG.....ONCE IN A DAY.....FOR 7 DAYS
SYP LINEZOILID.....40 MG.....THREE TIMES IN A DAY.....FOR 7 DAYS
TAB SILDENAFIL.....4 MG.....FOUR TIMES IN A DAY.....TILL NEXT ORDER
TAB BOSENTAN.....4MG.....TWO TIMES IN A DAY.....TILL NEXT ORDER
TAB ALDACTONE.....3.125MG.....THREE TIMES IN A DAY.....TILL NEXT ORDER
SYP FUROPEDE.....0.5ML.....TWO TIMES IN A DAY.....TILL NEXT ORDER
LEVOLIN NEBULISATION.....1.25 ML.....THREE TIMES A DAY NEBULISATION.
BUDECORT NEBULISATION.....1 ML.....TWO TIMES A DAY NEBULISATION.

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

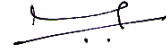
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ALLERGY *

NO

CONTACT NUMBER IN CASE OF EMERGENCY *

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)"



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15/02/2015 19:13