DISCHARGE SUMMARY

UHID No	: MBF2500084	**IP No**	: I140514009
Patient Name	: SIDRAH KASIM KADIRI	**Age (Sex)**	: 2Y (Female)
Admission Date	: 14/05/2014 10:38	**Discharge On**	: 04/06/2014
Bed No	: 8539 (L8 B5 ECONOMY)	**Discharge Type**	: NORMAL
Sponsor	: SELF	**Date of Operation**	: 15/05/2014
Clinical Dept	: PAEDIATRIC CARDIOTHORACIC SURGERY		

Diagnosis : Tetralogy of fallot with hypoplastic pulmonary anulus, Right sided Hemi-anomalous pulmonary venous drainage+ Congenital Complete Heart Block

CONSULTANT

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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) *

Tetralogy of fallot with hypoplastic pulmonary anulus, Right sided Hemi-anomalous pulmonary venous drainage+ Congenital Complete Heart Block

EXAMINATION FINDINGS (Salient general and systemic exam results) *

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

TOTAL CORRECTION+ PLACEMENT OF PERMANENT BI-POLAR PACING LEAD { TRANSATRIAL Gore-Tex patch closure of VSD, Infundibular resection, Intra-atrial tunneling of the right hemi-anomalous pulmonary venous drainage, 4mm fenestration in the atrial septum}

DETAIL OF PROCEDURE *

SURGICAL FINDINGS--- Large heart, Small RA and Severe RV Hypertrophy. Huge, Anterior Aorta. Borderline PA Annulus. Large Cono-Ventricular VSD. Fibrotic infundibulam with ostium Infundibulum formation and Hypoplastic PA annulus, Bi-leaflet pulmonary valve and the valves were thickened and immobile with severe tethering to the vessel wall. The MPA was measuring 9-10mms in size up-to its mid-segment and the branch PA were also quite dilated in size. Atrial septum had small PFO
Conduct of bypass--- Aortic, Bi-caval cannulation with moderate hypothermia. Ante grade aortic Cardioplegia aided with topical ice slush. LV venting across the atrial septal defect
Steps of surgery--- Midline Sternotomy, thymus totally excised and pericardium harvested and was pretreated. Aorta, both SVCÃÂ¢ÃÂÃÂs and MPA dissected and looped. Went on bypass and the ductus ligated. CP flown and the RA opened with an incision parallel to AV groove. The VSD was closed with appropriately fashioned patch of Gore-Tex employing continuous sutures after carefully

delineating the anatomy. Few interrupted sutures were taken in the strategic places so as to ensure precise and complete closure of the defect. The ATL had to be detached extensively to precisely close the defect. The atrial septum was excised fully and the right sided pulmonary veins were rerouted to the LA with a long pericardial patch. Few interrupted sutures were placed to reinforce the sutureline. The infundibular resection was undertaken From the incision over RVOT Extensive Infundibular resection undertaken as well. As the anulus was inadequate, the incision was extended beyond the annulus and defect was closed with pretreated pericardium. Small ASD was created in the atrial septal tunnel. Rewarming and the discontinuing the bypass was eventless at normothermia. Post repair PRV.LV was 0.66.

Pacing wires and chest tubes were placed and Hemostasis was ensured. Thereafter the bipolar pacing lead was placed 1cm apart over the RV epicardium and was the other end was placed in a large pocket below the rectus on the left side for later placement and connection to a pulse generator. The chest was closed in layers.

child was dhifted to ICU with stable haemodynamics and in intuabted state.child was extubated on second post opertaive day.on seventh post operative day pacing was off and wasput in demand mode(60/min).with that child was maintaning good haemodynamics.

on 27/05/2014 child was shifted to ot and single chamber pace maker was implanted in abdomen.MEDTRONIC (RELIA RESRO1).rate was put on 100 PPM and child was shifted to back to icu.child was extubated after 6 hours .child was shifted to wards on 17th pod two day before discharge electrophysiologist (hardik)had came AND final caliberation done.

MODE:VVI

RATES:

LOWER RATE:100 PPM

ADL RATE:105 PPM

REFRACTORY:

VENTRICULAR REFRACTORY 330 MS

and he had thouroughly consulted to parents.he has given written instructions with booklet.

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 *

POS OPERATIVE ECHO BY DR.MANGLESH ON 20/05/2014

ICR FOR TOF

INTACT VSD PATCHNO RESIDULAR LEAK

NO RVOTO/LVOTO

GOOD BIVENTRICULAR FUNCTION

NO EFFUSION.

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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:10.5KG

MANAGEMENT PLAN ON DISCHARGE *

REGULAR FOLLOW UP WITH CARDIOLOGIST AND PEDIATRICIAN

DISCHARGE MEDICATIONS (advice on medication till next review) *

TAB ASPIRIN 50 MG .....ONCE IN A DAY.....TILL NEXT ORDER
TAB AMIFRU 1/4 TAB .....TWO TIMES IN A DAY.....TILL NEXT ORDER
SYP LEVIPIL 1 ML .....TWO TIMES IN A DAY.....TILL NEXT ORDER
SYP CALCIUM 2.5 ML .....TWO TIMES IN A DAY.....TILL NEXT ORDER
SYP BEVON 5 ML .....TWO TIMES IN A DAY.....TILL NEXT ORDER
SYP RELENT 3.5 ML.....TWO TIMES IN A DAY.....FOR 5 DAYS.

FOLLOW-UP INSTRUCTIONS *

STRICTLY FOLLOW ALL THE INSTRUCTION GIVEN BY ELECTROPHYSIOLOGIST.
FEEDS AS PER PEDIATRICIAN ADVICE
ALTERNATE DAY DRESSING OF WOUND
NO VACCINATION FOR CHILD FOR 4 WEEKS FROM THE DATE OF DISCHARGE
NO BATHING OF CHILD FOR 4 WEEKS FROM THE DATE OF OPERATION
FEVER 101 DEGREES LASTING FOR 24 HOURS Ã¢ÂÂ¦...INFORM SOS
COME FOR THE FOLLOW UP AFTER 10 DAYS WITH PRIOR APPOINTMENT
FOR APPOINTMENT CALL 022-67676767 OR MISS RUCHI 8691903740

ALLERGY *

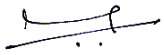
NONE

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)"

*** End of Discharge Summary



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03/06/2014 14:45