

DISCHARGE SUMMARY

UHID No : M110004367	IP No : I141208019
Patient Name : VEDANT SOMNATH RAUT	Age (Sex) : 5Y (Male)
Admission Date : 08/12/2014 10:52 AM	Discharge On : 25/12/2014
Bed No : 8346 (L8B13 ECONOMY)	Discharge Type : NORMAL
Sponsor : SELF	Date of Operation : 16/12/2014
Clinical Dept : PAEDIATRIC CARDIOTHORACIC SURGERY	

Diagnosis : COMPLEX CHD,TRICUSPID ATRESIA ,SEVERE PULMONARY STENOSIS,LARGE VENTRICULAR SEPTAL DEFECT,LARGE ASD,S/P BDGS

CONSULTANT

Dr Shiva Prakash K MBBS, MS, MCh (Cardio-thoracic Surgery /Dr Bharat Dalvi MBBS, MD, DM, FACC
Dr.Anuj tiwari.MBBS,MS,MCh(Cardio-thoracic Surgery)
Dr Vilson MBBS, MD, PDCC
Dr. Sandip Katkade MBBS, MD Fellowship in Cardiac Anaesthesia
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) *

PROGRESSIVE HYPOXEMIA
BEATHLESSNESS ON EXERSION
NYHA CLASS 2-3

EXAMINATION FINDINGS (Salient general and systemic exam results) *

DIAGNOSIS :
S/P BDGS
TRICUSPID ATRESIA
LARGE VENTRICULAR SEPTAL DEFECT
SEVERE PULMONARY STENOSIS
LARGE ASD

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

SURGERY:
REDO STERNOTOMY
COMPLETION FENESTRATED EXTRACARDIAC FONTAN WITH 22MM GORE-TEX TUBE GRAFT BETWEEN IVC AND RPA.
INTERRUPTION OF MPA
PERICARDIAL PATCH AUGMENTATION OF PULMONARY ARTERY CONFLUENCE

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DETAIL OF PROCEDURE *

SURGERY:

REDO STERNOTOMY

COMPLETION FENESTRATED EXTRACARDIAC FONTAN WITH 22MM GORE-TEX TUBE GRAFT BETWEEN IVC AND RPA.

INTERRUPTION OF MPA

PERICARDIAL PATCH AUGMENTATION OF PULMONARY ARTERY CONFLUENCE

SURGICAL FINDINGS:

DENSE PERICARDIAL ADHESION NEAR RA SIDE AND AORTA, S/P BDGS BETWEEN SVC AND RPA, DILATED HEART, NORMALLY RELATED GREAT ARTERIES, GOOD SIZED BRANCH PA'S, DILATED SVC, LARGE RA

CONDUCT OF BYPASS:

AORTIC WITH SVC AND RA CANNULATION (IVC WAS DRAINED DIRECTLY BY PUTTING SUCTION VENT), MODERATE HYPOTHRMIA

STEPS OF SURGERY:

FEMORAL VESSELS WERE EXPOSED AND DISSECTED, VESSELES WERE LOOPED AND PREPARED FOR EMERGENCY BYPASS, REDO STERNOTOMY WAS PERFORMED, HEART DISSECTION WAS STARTED FROM AORTA, AORTA WAS CAREFULLY DISSECTED, THERE AFTER RA WAS DISSECTED PARTIALLY AS IT WAS SRTUCKED DISSECTIION WAS STARTED FROM INFERIOR SURFACE OF HEART, FROM INFEROLATERAL SIDE RA AND IVC WAS CAREFULLY DISSECTED, IVC WAS LOOPED, SVC AND PREVIOUS GLENN SITE, RPA WAS DISSECTED AND SVC WAS LOOPED. LPA AND MPA WAS DISSECTED THEREAFTER. MPA WAS TRANSECTED NEAR PULMONARY VALVE AND WAS CLOSED WITH FOUR LAYERS. THE PULMONARY ARTERY CONFLUENCE WAS AGMENTED WITH AUTOLOGUS PERICARDIAL PATCH. AFTER THIS FONTAN WAS UNDERTAKEN. IVC TRANSECTED AND CARDIAC END WAS CLOSED WITH DOUBLE LAYERS PROLENE SUTURES. STAYS WERE TAKEN ON IVC ORIFICE. IVC WAS DRAINED DIRECTLY BY PUTTING SUCTION VENT. 22 MM GORETEX TUBE FRAFT WAS ANASTOMSED WITH PROLENE CONTINUOUS SUTURE, FEW INTERRUPTED SUTURES WERE TAKEN TO REINFORCE THE SUTURE LINE. MM HOLE MADE ON GRAFT ANTERIOURLY AND IVC WAS DRAINED NOW BY PUTTING SUCTION VENT THROUGH IT. RPA WAS OPNEED LATEROALLY JUST BELOW THE PREVIOUS GLENN AND INCISION WAS EXTENDED UPTO THE FIRST SEGMENTAL PULMONARY ARTERY. ANOTHER END OF GRAFT WAS ANASTOMSED WITH RPA WITH CONTINUOS PROLENE SUTURES THUS INTERPOSING THE GRAFT BETWEEN IVC AND RPA. PATIENT WAS REWARMED. RA APPENDAGE WAS CLAMPED WITH VASCULAR CLAMP AND SLIT WAS MADE, 4-5 MM HOLE WAS MADE ON GRAFT ANTERIORLY AND RA APPENDAGE WAS ANASTOMOSED ON GRAFT HOLE THUS CREATIING FENESTRATION BETWEEN FONTAN GRAFT AND RA. CAME OF BYPASS WITHOUT EVENTS. DRAINS, PACING WIRES WERE PUT. HAEMOSTASIS WAS ENSURED AND CHEST WAS CLOSED WITH LAYERS. CHILD WAS EXTUBATED IN OPERATION THEATER AND SHIFTED TO CVTS ICU WITH STABLE CONDITION.

TOTAL CPB TIME: 2 HOURS 10 MIN.

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MODE OF ANESTHESIA *

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COMPLICATIONS DURING SURGERY *

DENSE PERICARDIAL ADHESIONS
DRAINS WERE REMOVED ON 5TH POST OPERATIVE DEAY.

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: 16 KG

MANAGEMENT PLAN ON DISCHARGE *

REGULAR FOLLOW UP WITH CARDIOLOGIST AND PEDIATRICIAN
PT INR DONE ON:25/12/2014 :1.5

DISCHARGE MEDICATIONS (advice on medication till next review) *

TAB SILDENAFIL.....15MG.....THREE TIMES IN A DAY.....TILL NEXT ORDER
TAB WARFARIN2 MG.....ONCE IN A DAY.....TILL NEXT ORDER
TAB AMIFRU.....1/2 TAB.....TWO TIMES IN A DAY.....TILL NEXT ORDER

FOLLOW-UP INSTRUCTIONS *

COMPLETE FAT FREE DIET
FEEDS AS PER DIETICIAN 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 ...INFORM SOS
COME FOR THE FOLLOW UP AFTER 10 DAYS WITH PRIOR APPOINTMENT
FOR APPOINTMENT CALL 022-67676767 OR MISS RUCHI 8691903740

ALLERGY *

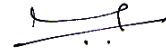
NONE

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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)"



DR. SHIVA PRAKASH K
MS , M.Ch
Consultant Cardiac Surgery(Paed)
25/12/2014 13:46