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Fortis HOSPITAL Mohali

DEPARTMENT OF CARDIOVASCULAR AND THORACIC SURGERY
DISCHARGE SUMMARY

Name of Patient	Master Paras Gharti Magar	**Age**	12 yrs	**Sex**	Male
UHID	00619453	**IPD No.**	IP00250644		
Date of Admission	28 Jun 2016 16:14	**Date of Operation**	29 Jun 2016	**Date of Discharge**	04 Jul 2016

DIAGNOSIS

SVC type of Sinus Venosus Defect
Patent Foramen ovale ,Left--->Right Shunt
Dilated RA & RV
Flow Accleration at Pulmonary Valve
Normal Ventricular Function

Resume Of History

Present Complaints:

Patient presented as diagonsed case of Atrial Septal Defect with C/O Palpitations on and off x few years.

H/O Present Illness:

Patient presented as diagonsed case of Atrial Septal Defect with C/O Palpitations on and off x few years.Patient was evuluated at Local Doctor where his Echo reveled ASD.Now admitted here for further management.

Past History:

Immunized till date

General Examination :

No jaundice ,cyanosis & clubbing PR was100 /min; RR 28/min, SPO2 94% on room-air Chest; B/L Air Entry Bilateral equal. CVS examination: Murmur Present CNS: normal, GCS 15,pupil B/L normal and reacting to light, plantars Normal Rest of the systemic examination was unremarkable

REPORTS

Operative Findings :

Situs Solitus / Levocardia / NRGA. RA & RV Dilated. PA: Dilated. ASD: 1 in number, sinus venosus in location (SVC type), large in size. PAPVC of right superior pulmonary veins +nt. PFO present. No VSD / LSVC / Adhesions / Effusion.

OPERATION **OPERATION**

OTES

ICR [PERICARDIAL PATCH CLOSURE OF SINUS VENOSUS ASD + DIREST CLOSURE OF PFO + BAFFLING OF RIGHT SUPERIOR PULMONARY VEINS TO LA]	Under vitals monitoring, patient shifted to OT. Under aseptic conditions, patient positioned, painted & draped. Standard midline sternotomy done. Thymus gland resected. Pericardial patch harvested. Fine dissection done. SVC, IVC, Aorta & RPA separated. Patient heparinized. Purse string sutures taken on SVC, IVC, Aorta & for Cardioplegia line. After correct ACT. Aorta & bicaval cannulation done. Patient taken on CPB. Systemic cooling started. Cardioplegia line established. ACC on. Cardioplegia delivered. Chest arrested in diastole. RA opened. Sinus venosus ASD (SVC type) closed with pericardial patch & 5-0 prolene continuous sutures. Along with baffling of right superior pulmonary veins to LA. PFO closed directly with 5-0 Prolene. Rewarming started. RA closed in 2 layers. Root vent on. Dearing done. ACC off. Weaned off CPB. Decannulation done. Protamine given. Hemostasis achieved. Pacing wires: [2], RA/RV. Drains- Retrosternal [24 F straight]. Sternum closed with No. 5 stainless steel wires. Wound closed in layers with 2-0 Vicryl and skin with 3-0 Vicryl. Dressing done. Patient shifted to PICU under vital monitoring with ventilator support.

Surgeons :

DR. T.S. MAHANT
DR. JITENDEEP SINGH

Cardiologist :

DR RAJAT KUMAR GUPTA

Anesthetists :

DR. MANORANJAN SAHOO

Course In The Hospital

Patient was admitted at FHM with above mentioned complaints . All the relevant investigations were done.2D Echo(27/5/2016) showed SVC type of Sinus Venosus Defect,Patent Foramen ovale ,Left--->Right Shunt,Dilated RA & RV,Flow Accleration at Pulmonary Valve,Max PG 38 mm Hg,Normal Ventricular Function.After consent, clearance & PAC, patient was taken up for ICR

[PERICARDIAL PATCH CLOSURE OF SINUS VENOSUS ASD + DIREST CLOSURE OF PFO + BAFFLING OF RIGHT SUPERIOR PULMONARY VEINS TO LA] on 29/6/2016. Post-Surgery, patient was shifted to SICU on inotropic & ventilator support and managed with Inj. Cefotaxime/Amikacin and other supportive treatment. Patient was on the ventilator during POD 1st and extubated later. Thereafter, patient was shifted to the ward on POD 2nd.Post Procedure Echo (2/7/2016) reveled No Residual ASD shunt,Laminar Flow in SVC & ROPV,Normal Biventricular Function,No Collection.Further patient's condition remained improved; chest wound is healthy and is being discharged in stable condition on following advice.

Condition At Discharge:

Stable,Wound Healthy

Gaft Details:

Other Reports

ECG REPORT :- Normal Sinus Rhythm,No Fresh Changes

2D Echo(27/5/2016):-
SVC type of Sinus Venosus Defect
Patent Fossa Ovalis,Left--->Right Shunt
Dilated RA & RV
Flow Accleration at Pulmonary Valve
Max PG 38 mm Hg

MEDICATIONS: **Rx.**

Syp Lasix 15 mg thrice a day for 15 days then tapper of to 15 mg Twice a Day (12 hrly) For 15 Days

Tab Aldactone 12.5 mg thrice a day for 15 days then tapper of to12.5 mg Twice a Day (12 hrly) For 15 Days

Syp Rantac 30 mg Twice a Day (12 hrly) For 7 Days

Tab Paracetamol 500 mg Thrice a Day (8 hrly) For 7 Days

All medicines to continue till next visit If not specified.

Advice At Discharge :

1. Continue chest physiotherapy. 2. Wash your wounds with soap and water. 3. Do not sleep on your sides. 4. In case of any problems fever high grade/ breathlessness/excessive pain in wound/ Discharge from wound/ swelling in wound/ redness over wounds, contact at +918288049921. 5. Avoid calling on the mobiles, unless a dire emergency. 6. Follow

up in Paeditrics Cardiology OPD (Dr Rajat Gupta)after 1 month after prior appointment with reception on phone no 4692222, ext. 6500.

NORMAL DIET.

DR. GARIMA GARG
ASSOCIATE CONSULTANT
PEDIATRIC CARDIAC INTENSIVIST

Print with Lab

DR. JITENDEEP SINGH
CONSULTANT
CARDIAC SURGERY

Print

DR T.S. MAHANT/DR RAJAT GUPTA
EXECUTIVE DIRECTOR/ CONSULTANT
CARDIAC SURGERY

View Lab