

NOTE DATED: 08/05/2016 09:07
LOCAL TITLE: CTVS DISCHARGE NOTE
STANDARD TITLE: CARDIOL GY DISCHARGE NOTE
ADMITTED: 08/03/2016 02:08 CT-4
CTVS DISCHARGE SUMMARY

DEPARTMENT OF CARDIOTHORACIC AND VASCULAR SURGERY

AIIMS, ANSARI NAGAR, NEW DELHI-110029

DISCHARGE SUMMARY

UHD NO.:101-00-5158 CR. NO.:96396 NAME:SHARMA,ANAND
AGE:3 YEARS SEX: MALE S/O INDRA BHUSHAN
BLOOD GROUP:B+Ve WEIGHT:11KG D.O.B.:MAY 25,2013
CTVS NO.: 84436 MOBILE NO :8577905401
CV NO. :13477/15 PHONE NO.:-
DATE OF ADMISSION:Aug 3, 2016 DATE OF DISCHARGE: Aug 10, 2016
ADDRESS:VILL- HEM CHHAPAR POST- PIPRAEECH DISTT- GORAKHPUR
, DL

FACULTY NAME:PROF. BALRAM AIRAN

SENIOR RESIDENT: DR.ASHWANI BANSAL,DR.TSERING,DR PRATIK MANEK

DIAGNOSIS:

CCHD, DEC Op, TOF, NON-RES. RICTIVE S/A VSD, SEV VALV + INF PS, B/L CONFL GOOD
SIZED PAs, P/APCs COIL (4/8/16), LSVC+, NL LV FUNCTION, NO ASD/PDA/CoA, NSR, PFO+

ECHO DATE:-May 29, 2015 DONE BY :PROF S.S.KOTHARI ECHO NO.:13171/15

PV THICKENED WITH INF AND VALV PS-64mmHg, NL OTHER VALVES, LVes/ed-16/24,
RA AND RV ENLARGED, LARGE S/A VSD (R->L), LSVC->CS, B/L CONFL PAs, NL LV
FUNCTION

CT ANGIO:DATE Aug 6, 2015

ANGIO NO:229521 DONE AT:AIIMS DONE BY :PROF S.S.KOTHARI

Gated study; Contrast: Omnipaque (300mg/ml); Complications: Nil
FINDINGS

Bronchial Situs : Normal, Atrial Situs : Normal
Cardiac situs: Normal, Abdominal Situs: Normal
Systemic Veins: Normal, Pulmonary Veins: Normal
Atria: Normal
Veno-atrial connections: Normal. Atrioventricular connections: Normal
Ventriculo-arterial connections: Normal.
Ventricles: Subaortic VSD with aortic over-ride-50%
Aorta: Left-sided aortic arch with normal branch vessels
Pulmonary artery: Confluent. Infundibular PS. RVH.
RFA: 11mm
LPA: 11mm
DTA: 10 mm

** THIS NOTE CONTINUED ON NEXT PAGE **

08/05/2016 09:07

** CONTINUED FROM PREVIOUS PAGE **

PDA: Absent
 Coronaries: Normal. Double SVC; LSVC-CS-RA
 Hypertrophied Rt. ICBT
 Lung parenchyma and mediastinum: Normal
 Impression:
 Tetralogy of Fallot
 Good-sized pulmonary arteries
 Good APC from hypertrophied Rt. ICBT
 Double SVC; LSVC-CS-RA

OPERATION: Aug 5, 2016

TOTAL CORRECTION (TRANS RA DACRON PATCH CLOSURE OF VSD + INF RESECTION) + TRANS ANNUULAR PATCH (NON-FIXED AUTOLOGOUS PERICARDIUM), PFO+

OPERATIVE FINDINGS:

STERNUM NORMAL, PERICARDIUM NORMAL, THYMUS PRESERVED, LSVC+, AORTA NORMAL, LPA AND RPA GOOD SIZE, B/L SVC, IVC->RA, PVs NORMAL, SS, LC, AVC, VAC, AORTIC OVERRIDE+, 0.6-0.7 cm S/A VSD+ ENLARGED INFERIORLY TOWARDS THE ANTERO-SEPTAL COMMISSURE OF THE TV, INFUNDIBULAR PS +, PDA+, B/L PLEURA INTACT, PERICARDIUM LEFT OPEN

OPERATION NOTES:

MEDIAN STERNOTOMY-PERICARDIOTOMY-PERICARDIAL STAYS-AORTIC PURSESTRING- HEPARIN-RSVC PURSESTRING-AORTIC CANNULATION- SVC CANNULATION- ACT CHECKED-PARTIAL CARDIOPULMONARY BYPASS ON -IVC PURSESTRING AND CANNULATION-LSVC PURSESTRING AND CANNULATION-COMplete CARDIOPULMONARY BYPASS ON-IVC, RSVC AND LSVC LOOPED-CARDIOPLEGIA STITCH TAKEN- CARDIOPLEGIA CANNULA INSERTED-AORTA AND MPA DISSECTION-PDA CLIPPED-B/L SVC ~~AND IVC~~ ^{IVC SNUGGED} SNUGGED- COOLING STARTED-AOXCL-CARDIOPLEGIA GIVEN-RIGHT ATRIOTOMY-RA STAYS- LA VENTED THROUGH PFO-VSD APPROACHED THROUGH TV- DACRON PATCH CLOSURE OF VSD DONE -TRANS RA INFUNDIBULAR RESECTION -TRANS RVOT INFUNDIBULAR RESECTION AND PULMONARY VALVOTOMY DONE-TRANSANNULAR PATCH AUGMENTATION OF MPA DONE WITH AUTOLOGOUS FIXED PERICARDIUM ~~AND LPA PLASTY~~ DONE -PFO OPEN-RA DEAIRED AND CLOSED-RA CLOSURE COMPLETED-AOXCL OFF- ROOT VENT ON- CHAMBERS DEAIRED-IVC, SVC AND LSVC DECANNULATION-CARDIOPULMONARY BYPASS WEANED OFF- PACING WIRES AND DRAINS PLACED-ROOT VENT REMOVED-PROTAMINE INFUSION- HEMOSTASIS- AORTIC DECANNULATION-ROUTINE STERNAL AND SKIN CLOSURE.

AOXCL: 69 MINS CPB: 104 MINS TEMPERATURE: 32 DEGREE

POST OP COURSE:

maver fl

** THIS NOTE CONTINUED ON NEXT PAGE **


08/05/2016 09:07

** CONTINUED FROM PREVIOUS PAGE **

DISCHARGE MEDICATIONS:

TO BE CONTINUED

TO BE STOPPED AFTER 5 DAYS

- Tab. Envas 0.5mg q8h
- Tab. Sorbitrate 1mg tds
- Symp. furosed 0.5ml  qd

- Syp. ceftum 120mg q8h
- Syp. ciprobid 120mg qd
- Syp. Crocin 150mg q1d

INSTRUCTIONS:

≤ 400 ml

- * FLUID RESTRICTION IN 24 HOURS.
 - * FOLLOW DIET RESTRICTIONS
 - * REPORT IMMEDIATELY IF :FEVER MORE THAN 2 DAYS, BLEEDING/ DISCHARGE FROM WOUND, DECREASED URINE OUTPUT, WORSENING OF SYMPTOMS, SHORTNESS OF BREATH, GIDDINESS, INTENSE HEADACHE, BLACKOUTS
 - * VISIT OPD AT ONE WEEK, ONE MONTH, THREE MONTHS, SIX MONTHS, ONE YEAR AND YEARLY
 - * FOLLOW UP IN CTVS OPD NO.20, MONDAY/WEDNESDAY/FRIDAY 2PM AFTER 7DAYS WITH CHEST X RAY REPORTS
 - * STITCH REMOVAL IN CN CENTER, ROOM NO.28 MONDAY/FRIDAY, 12PM AFTER 7 DAYS
 - * INCASE OF EMERGENCY PLEASE CONTACT THE NEAREST HOSPITAL OR AIIMS EMERGENCY DEPARTMENT
- CONSULTANT: PROF. BALRAM AIRAN

Balram
 SR. ANAND AM
 CR/CTVS FOR PROF. BALRAM AIRAN
 10.08.2016

DRAFT COPY - DRAFT COPY -- ABOVE NOTE IS UNSIGNED-- DRAFT COPY - DRAFT COPY