

NOTE DATED: 04/11/2017 11:28
 LOCAL TITLE: CTVS DISCHARGE NOTE
 STANDARD TITLE: CARDIOLOGY DISCHARGE NOTE
 VISIT: 04/11/2017 11:28 DR OFFICE

DEPARTMENT OF CARDIOTHORACIC AND VASCULAR SURGERY

AIIMS, ANSARI NAGAR, NEW DELHI-110029

DISCHARGE SUMMARY

UHID NO.:102037464 CR. NO.:10483/17 NAME:SHEZA FATIMA
 AGE:1 YEAR SEX: FEMALE D/O SHABAZ ANWAR
 BLOOD GROUP:O+Ve WEIGHT:9KG
 CTVS NO.: 87275 MOBILE NO :9084229791
 CV NO. :22054/14 PHONE NO.:-
 DATE OF ADMISSION:APRIL 10, 2017 DATE OF DISCHARGE: 18/4/17
 ADDRESS DL, INDIA

FACULTY NAME:PROF. BALRAM AIRAN,

SENIOR RESIDENT: DR.ASHWANI, DR SIDDHARTH

DIAGNOSIS:

CCHD, DEC Qp, TOF WITH GOOD SIZED CONFLUENT PAs, PFO+, PDA+, NO ADDITIONAL
 VSD/ASD, NO CLOT/VEG/PE, NSR. NO MAPCAS. LAD FROM RCA.

ECHO DATE:-DR SAURABH 20/7/16

MV/TV/AOV-NORMAL, INFUNDIBULAR+ VALVULAR PS (PEAK GRAD 68 mm Hg, Ao/LAes=
 14/12, LVes/LVed=12/26, IVSed/PW(LV)ed=6/6, EF=60%
 SS, LC, AVC, VAc, NRGa, 3PVs-->LA, TOF, LARGE NON RESTRICTIVE S/A MALALIGNED
 VSD, WITH R TO L FLOW, SEV PS (INF+VALV), CONFLUENT GOOD SIZED PAs (LPA=7 mm, RPA=
 6.5mm), NORMAL BIV FUNCTION, NO CoA/PDA. RT ARCH

CT ANGIO:AIIMS 20/10/16 DR GURPREET GULATI

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: Right-sided aortic arch with normal branch vessels
 Pulmonary artery: Confluent. Infundibular PS. RPA: 6 mm LPA: 8 mm
 DIA: 6.5 mm PDA: Absent Coronaries: Normal Few insignificant aorto-
 pulmonary collaterals. Lung parenchyma and mediastinum: Normal
 Impression: Tetralogy of Fallot, Good-sized pulmonary arteries

DATE OF SURGERY:APRIL 11, 2017

OPERATION:

TOTAL CORRECTION (TRANS RA DACRON PATCH CLOSURE OF THE VSD + INFUNDIBULAR
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SHIZA, SHIZA
 102-03-7464 DOB:01/18/2012

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RESECTION+ PULMONARY VALVE COMMISSUROTOMY+ PFO CLOSURE)

OPERATIVE FINDINGS:

STERNUM NORMAL, THYMUS PRESENT, INNOMINATE VEIN PRESENT, PERICARDIUM NORMAL, NO PE, SS, LC, IVC AND SVC TO RA, PVs-->LA, NO LSVC, NRG, AORTA LARGE, RT ARCH. MPA ANNULUS ADEQUATE, LAD FROM RCA CROSSING RVOT. BRANCH PAS GOOD SIZED, 3MM PDA +, PFO PRESENT, SINGLE 1.3X1.5 CM S/A VSD PRESENT EXTENDING TOWARDS THE MUSCULAR PART OF THE IVS, INFUNDIBULAR OBSTRUCTION DUE TO HYPERTROPHIED SEPTAL AND PARIETAL MUSCLE BANDS, PV BICUSPID AND COMMISSURAL FUSION, NO TS/TR, FS-9.5, HS=6.5. B/L PLEURA INTACT. PERICARDIUM CLOSED.

OPERATION NOTES:

MEDIAN STERNOTOMY, THYMUS PRESERVED, RT VERTICAL PERICARDIOTOMY, PERICARDIAL STAYS, AORTIC PURSE STRING, AORTIC CANNULATION, RA CANNULATION, ACT CHECKED AND CPB ON, IVC CANNULATION, IVC LOOPED, CPG CANNULATION, SVC LOOPED AND RA CANNULA DIRECTED INTO THE SVC, SVC SNARED, COOLING TO 32 DEGREES CELSIUS, AORTA AND PA DISSECTED AND PDA LIGATED, AOXCL, CPG DELIVERED AND HEART ARRESTED IN DIASTOLE, TOPICAL COOLING WITH ICE COLD SALINE, IVC SNUGED AND RA OPENED, RA STAYS, 13 FR VENT PASSED INTO THE LEFT HEART THROUGH THE PFO, VSD VISUALIZED AND APPROPRIATE SIZED DACRON PATCH TAKEN, TRANS RA DACRON PATCH CLOSURE OF S/A VSD PERFORMED, TRANS RA INFUNDIBULAR RESECTION PERFORMED, PV COMMISSUROTOMY PERFORMED, SIZE 10 HEGAR PASSED INTO THE MPA, TV TESTED, REWARMING, PFO CLOSED USING 5-0 PROLENE, MANUAL DEAIRING, AOXCL OFF, ROOT VENT ON, RA CLOSURE DONE IN 1 LAYER, PACING WIRES AND DRAINS, CPB WEANED AND SVC CANNULA WITHDRAWN INTO RA, IVC DECANNULATION DONE, CPB OFF AND RA DECANNULATION, DEAIRING CONFIRMED AND ROOT CPG CANNULA REMOVED, HEMOSTASIS CHECKED AND PROTAMINE GIVEN, AORTIC DECANNULATION, ROUTINE STERNAL AND SKIN CLOSURE.
 CPB-70 MIN, AOXCL-37 MIN, LOWEST TEMP-32 DEGREES CELSIUS
 AOC-12 FR ARGYLL, SVC-16 FR STRAIGHT, IVC-16 FR ANGLED, VENT 10 FR

POST OP COURSE:

unremarkable.

DISCHARGE MEDICATIONS:

TO CONTINUE TILL FURTHER CONSULTATION

STOP AFTER 5 DAYS

syp. Digoxin 0.9ml, BD (5/7 days)
 tab. envas 0.5mg BD
 syp. Furtoped 1ml (6am)
 0.5ml (2pm)

syp. Refum 100mg BD
 syp. Ciprobio 100mg BD
 tab. pamoqd 10mg OD
 syp. (Coulin) 150mg QID.

INSTRUCTIONS:

- * FLUID RESTRICTION IN 24 HOURS. 350ml
 - * FOLLOW DIET RESTRICTIONS → Room NO. 27
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- * 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 Airan
Siddharth Bharath

Signed by: /es/ siddharth BHARATH
 SENIOR RESIDENT
 04/11/2017 11:41