



24 x 7 काल सेन्टर नम्बर - 011-40401010

TITLE: CTVS DISCHARGE NOTE

ऑखिल भारतीय आयुर्विज्ञान संस्थान (अ.भा.आ.सं.)

RESIDENT, SENIOR

EXP COSIGNER:

URGENCY:

STATUS: UNSIGNED



DEPARTMENT OF CARDIOTHORACTIC AND VASCULAR SURGERY

AIIMS, ANSARI NAGAR, NEW DELHI-110029

DISCHARGE SUMMARY

UHID NO.:100180555

CR. NO.:89278/16

NAME: M'D FIROZ

AGE: 11 YEARS SEX: MALE S/O ABDUL HAFIZ

BLOOD GROUP: B POSITIVE WEIGHT:30 KG

CTVS NO.:82454 CV NO. :8500/14

DATE OF ADMISSION: JAN 13, 2016 DATE OF DISCHARGE: JAN 21, 2016

ADDRESS: BIHAR, INDIA

FACULTY NAME: PROF UK CHOUDHARY

SENIOR RESIDENT: DR BHARAT SIDDHARTH,

DIAGNOSIS:

CCHD, DEC Qp, TOF, SINGLE LARGE S/A VSD, SEVERE INFUNDIBULAR + VALVULAR PS, CONFLUENT ADEQUATE PAs, NO ASD/ADDL VSD/CoA. MAPCA+. NORMAL B/V FUNCTION, NO CLOTS/VEG/PE, NSR.

ECHO FINDINGS:-DR SAURABH. 9/4/14. 8097/14

PV- THICKENING. PSG-60. AO/LAes-23/28, LVes/ed-14/27. IVS/PWLved-6/7.EF-60%. SS, LC, AVC, VAC, NRG, 3PV -LA, SINGLE LARGE S/A VSD WITH L->R SHUNT, NO ADDL VSD. LT ARCH. NO COA. B/L CONFLUENT GOOD SIZED PA.LPA-8MM, RPA-10MM

CATH:AC-1169/15. DR SAURABH

RV ANGIO-NL-CONFLUENT PA, GOOD SIZED

RVOT: INF+ VALVULAR STENOSIS

LV-NL FN. LARGE S/A VSD, NO ADDL VSD

AORTIC ROOT: NL CORONARIES. NO AR/PDA/COA. LT ARCH

DTA: SIGNIFICANT LARGE MAPCA, ON RT.

DATE OF SURGERY: JAN 16, 2016

COILING(15/1/16) -> INTRACARDIAC REPAIR(TRANS RA DACRON PATCH S/A VSD CLOSURE+ TRANS RVOT INFUNDIBULAR MUSCLE RESECTION+ PULM VALVE COMMISUROTOMY + TAP(AUTOLOGOUS UNFIXED PERICARDIUM)PFO +

OPERATIVE FINDINGS:

STERNUM NORMAL, THYMUS +-> RESECTED, INNOMINATE VEIN+, PERICARDIUM NORMAL, NO PE+, SS, LC, AVC, VAC, NORMAL SYSTEMIC AND PULMONARY VENOUS DRAINAGE, AORTA & MPA NORMAL. NRG. NL CORONARIES. PV- BICUSPID, FUSED COMMISURES. SMALL ANNULUS. B/L CONFLUENT ADEQ PA. SEVERE INFUNDIBULAR MUSCLE HYPERTROPHY. NO ASD. PFO +. SINGLE LARGE S/A VSD+. PRV/LV=55/80. POST VSD CLOSURE- NO TR. PERICARDIUM OPEN, RT PLEURAL HOLE

OPERATION NOTES:

MEDIAN STERNOTOMY- THYMUS RESECTED- RIGHT VERTICAL PERICARDIOTOMY- PERICARDIAL STAYS- AORTA MPA DISSECTION- AORTIC PURSESTRING - HEPARIN- AORTIC CANNULATION- RA PURSESTRING& RA CANNULATION- ACT CHECKED- PARTIAL CPB ON- SVC PURSESTRING - SVC CANNULATION - PARTIAL IVC PURSESTRING AND RA CANNULA SHIFTED TO IVC SITE - COMPLETE CARDIOPULMONARY BYPASS ON- IVC AND SVC LOOPED, SVC SNUGGED- COOLING STARTED- MPA STAYS- ARTERIOTOMY AND EXTENDED TO RVOT- PULMONARY COMMISUROTOMY- CARDIOPLEGIA STITCH TAKEN- CARDIOPLEGIA CANNULA INSERTED- AOXL-ROOT CARDIOPLEGIA -IVC SNUGGED- DIASTOLIC ARREST- RA OPENED- LA VENTED BY PFO- RA

ALL INDIA INSTITUTE OF MEDICAL SCIENCES (A.I.I.M.S.)

STAYS -VSD APPROACHED THROUGH TV-VSD STICTHES TAKEN -DACRON PATCH CLOSURE OF VSD DONE WITH INTERMITTENT 4-0 PROLENE SUTURES- SALINE TEST FOR TR- NO TR- TRANS RVOT INFUNDIBULAR MUSCLE RESECTION DONE- TAP APPLIED USING AUTOLOGOUS UNFIYED PERICARDIUM- LA DEAIRING- RA CLOSURE IN 2 LAYERS - AOXCL OFF- ROOT VENT ON - CPB WEANED OFF- IVC DECANNULATION AND SHIFTED TO RA- SVC DECANNULATION- CPB WEANED OFF- RA DECANNULATION-CARDIOPLEGIA CANNULA REMOVED- PACING WIRES AND DRAIN PLACED- HEMOSTASIS-PROTAMINE- AORTIC DECANNULATION PERICARDIUM OPEN- ROUTINE STERNUM&SKIN CLOSURE.
AOX-CL TIME: 63MIN CPB TIME:100MIN LOWEST TEMPERATURE:32 DEG

POST OP COURSE:
UNEVENTFUL

DISCHARGE MEDICATIONS:
TO CONTINUE TILL FURTHER ORDERS

TO STOP AFTER 5 DAYS

~~T. LASITACON 1 tab OD~~

T. CEFTUM 250mg BD

T. SORBITRATE 2.5mg TDS.

T. OFLOX 200mg BD

T. BNUAS 2.5mg BD

T. CROCIIN 500mg OD

T. Lasix 20mg OD. 2mths

T. PANTOP 20mg OD

INSTRUCTIONS:

- * FLUID RESTRICTION 1.0 LITRE 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.2, MONDAY/WEDNESDAY/FRIDAY 2PM AFTER 7 DAYS WITH CHEST X RAY REPORTS
- * STITCH REMOVAL IN CN CENTER, ROOM NO.28 MONDAY/FRIDAY, 12PM AFTER 7 DAYS
- * IN CASE OF EMERGENCY PLEASE CONTACT THE NEAREST HOSPITAL OR AIIMS EMERGENCY DEPARTMENT

CONSULTANT: PROF U K CHOUDHARY

