सेवा में,
सेव द चाल्ड्स स्माइल फाउंडेशन

सविनय निवेदन यह है कि मेरा बेटा जो 6 साल का है उसके दिल में छेद है। ये जब पैदा हुआ था तब से ही बच्चे को ये दिक्कत है मेरे बेटे का। ऑपरेशन पहले भी हो चुका है। जब डाक्टर ने दूसरा ऑपरेशन बताया है। जिसका खर्चा 80000 बताया है मेरी आय 10000 रुपये है इसलिये मैं खर्चा उठाने में असमर्थ हूं कृपया करके मेरे बच्चे के ऑपरेशन में मदद करें धन्यवाद

पिता - संजीव सिंह
भरोसा → राजीव सिंह
उम्र - 6 साल
खर्चा - 80000/-
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U.P 274408

DEPARTMENT OF CARDIOTHORACIC AND VASCULAR SURGERY
AIIMS ANSARI NAGAR, NEW DELHI, 110029
DISCHARGE SUMMARY

UHID: 101102245	CTVS: 86541	CV: 0017668/14/2015
NAME: RAJEEV SINGH	AGE: 9 YEARS	SEX: MALE
S/O: SANJEEV SINGH	BLOOD GROUP: A POSITIVE	WEIGHT: 20 KG
CR NO: C-046731-23	MOBILE NO: 7905764643	ADDRESS: AT PO – BANJARIA BAJAR PS – TARKULWA DIST
DATE OF ADMISSION: 19/06/2024	DATE OF SURGERY: 04/07/2024	DATE OF DISCHARGE: 20/07/2024

FACULTY: Dr. V. DEVAGOUROU
RESIDENTS: Dr. SHEIKH MD MURTAZA, Dr. CHAVA HARSHANT SAIRAM, Dr. SANDEEP CHAKRABORTY, Dr. BALA BRINDHA

FINAL DIAGNOSIS: p-PA Banding + CoA repair (28/02/2017), CCHD, Balanced Qp, CCTGA, Normal function of m LV, Moderate m RV dysfunction, Confluent good sized PA's, NSR

INVESTIGATIONS:

2D ECHO: (24/06/2024) CONSULTANT CARDIOLOGIST: Dr. Saurabh Kumar Gupta

P- PA Band + Coarctation repair. PA band gradient : 50 mm Hg. Low moderate Left AVVR. Confluent PA's 10 mm each. No Right AVVR. No PR/ AR. Normal biventricular function. CoA segment gradient – 10 mm Hg. No spill.

CATH REPORT: (17/03/2022) Dr. Saurabh Kumar Gupta

	Sat %	a	v/ed p	mean		Indexed
SVC	49				Qp :	2.6
RA	49			5	Qs :	2.6
RV	50	77	10		Qp/ Qs	1.0
PA	50	66	21	41	TPR	
PAW				22	PVRI	7.3
LA				22	SVRI	28.0
LV	97	102	22		PVRI/ SVRI	0.3
AO		99	60	78	L >R	0.1
FA	98	103	57	72	R > L	0.1
PV					Qep :	2.6

PV saturation assumed to be 99% for calculation. LA & PAW mean assumed to be equal to LVedp. RV is morphological LV, LV is morphological RV.

Angio :

Left innominate vein angio – no LSVC.

RV Angio – dilated and distorted MPA.

PA band displaced distally towards branch PA's. Confluent good sized PA's, RPA-12.5 mm, LPA- 9 mm. Mild AVVR. LV (mRV)angio – significant dysfunction, mild AVVR.Left aortic arch, No CoA, coronaries – normal.

SURGERY: 04/07/2024: **PA Debanding + Double Switch Operation + PA plasty (RPA +MPA plasty using Homologous unfixed pericardium)**

Operative findings:

Sternum normal, Right pleura opened. Left pleura intact. Thymus present. Innominate vein +, dilated. Pericardial adhesions noted. Pericardial Adhesiolysis. SS, LC, CCTGA, Aorta anterior and to the right, PA posterior and to the left of PA. PA band noted- migrated to the confluence causing RPA stenosis, Confluent Branch PA's with RPA stenosis. LPA adequate sized. PDA absent. Coronaries- 1R2).Cx. SVC, IVC to RA. All 4 PV's to LA.

Intracardiac anatomy: IAS: intact. Coronary sinus ostium- normal in size. Right AVV – normal. No regurgitation. Left AVV – normal – trivial Regurgitation.

CPB DETAILS : PERFUSIONIST – Mr. Yogender Chauhan, Mr. Yasir, Mr. Arun Kumar

BSA : 0.81 m^2, Flows : 1780 ml/min at hypothermia ; 2100 ml / min at normothermia, Lowest Temperature : 28°C

Aortic Cross Clamp Time : 141 min CPB Time : 353 min

Cardioplegia: Del Nido Cardioplegia (450 ml at 74 min, 240 ml at 60 min)

Cannulae : Aortic : 16 Fr arterial cannula, Venous : SVC- 20 Fr angled, IVC – 22 Fr angled, Vent : 14 Fr

OPERATION NOTES:

Median sternotomy – Thymus split and excised- Dense pericardial adhesions noted, Pericardial Adhesiolysis. Pericardial stays. Cardiac anatomy assessed. SVC dissection, extrapericardial SVC dissected and looped. Aorta PA dissection done. PA Band identified. IVC dissection

done till juxtadiaphragmatic segment. Right pleura opened. High Double Aortic pursestring using 5-0 17 mm DA prolene sutures, systemic Heparinization (4 mg/ Kg) and after 3 mins aortic cannulation using 16 Fr arterial cannula, line pressure and oscillation satisfactory, PA debanding done. SVC pursestring using 5-0 17 mm non felted DA prolene sutures, SVC looped using 3-0 silk. Extrapericardial SVC cannulation using 20 Fr angled venous cannula, ACT checked (>480 sec), Partial bypass on, SVC snugged, IVC pursestring using 5-0 17 mm DA prolene sutures, cannulation using 22 Fr angled venous cannula and full bypass on, systemic cooloing to 28°C. IVC looped, Aorta PA groove dissected. PDA stump identified. RPA dissected just before prebranching level and looped. LPA found to be densely adherent to surrounding structures. LPA dissection done and LPA looped using vessel loop. Aortic stays using 5-0 17 mm SA prolene sutures. Cardioplegia Pursestring and cannulation. AoXCl applied, Adenosine in. RSPV stabbed and LV vented. Antegrade cold blood root cardioplegia given. PA incised just beneath the confluence and vented. Topical cooling. Heart arrested in diastole. Aorta transection done between stays just above STJ. 3 supracommisural stays using 6-0 13 mm DA Prolene sutures. PA transected between stays just beneath the confluence and 3 PA stays taken using 6-0 13 mm DA Prolene sutures. Coronary anatomy visualized and coronary buttons harvested. Left coronary button anastomosed to Neo Aorta using 7-0 8 mm DA prolene sutures. Right coronary artery anastomosed to Neo aorta using 7-0 8mm DA prolene sutures. Cardioplegia repeated to both buttons. LeCompte manouvre done. Aortic anastomosis completed using 5-0 17 mm DA prolene sutures. IVC snugged. RA opened from base of appendage. Fossa Ovalis intact. ASD created. Dacron patch fashioned and dacron patch used for rerouting the pulmonary venous flow. IVC rerouting done. SVC rerouting done. 3rd and 4th layer of Modified Senning completed with careful exclusion of Right Phrenic nerve. Cavae desnugged. LV vent off and LV vent site snugged. MPA reconstruction done using homologous pericardial patch fashioned to form a pericardial cylinder as conduit. Rewarming and gentle ventilation started. AoXCl off, Root vent on. Heart resumed electromechanical activity. Distal PA reconstruction and RPA plasty done using homologous unfixed pericardium. Hemostasis ensured. 2A, 2V wires placed. Gradually weaned off bypass. Not sustaining weaning. CPB resumed. Gradual weaning done again and sustained hemodynamics. LV vent site tied and reinforced. Root vent off and site reinforced using 5-0 17 mm DA Prolene sutures. Protamine in. 20 Fr angled pericardial drain and 20 Fr straight right pleural drains placed. Hemostasis ensured. Aortic decannulation done. Sternum left open. Skin closed.

Sternal closure and skin closure done on POD 2.

POST OP COURSE : Sternal closure and skin closure done on POD 2. Patient remained stable during the rest post operative period. Patient developed pressure sores over occiput and sacrum which were managed with regular dressing. Patient is being discharged in a hemodynamically stable state.

DISCHARGE MEDICATIONS :

TO CONTINUE

S.NO	TABLETS	DOSE	DOSAGE
1.	T. ENVAS	2 mg	BD
2.	T. LASIX	5 mg	TDS
3.	T. DIGOXIN	125 mcg	OD (5/7)
4.	T. FLUCONAZOLE	120 mg	OD (5 days)
5.	SYP. ZINCOVIT	5 ml	OD

TO STOP AFTER 5 DAYS

S.NO	TABLETS	DOSE	DOSAGE
1.	T. PCM	300 mg	SOS
2.	T. PANTOP	20 mg	OD

INSTRUCTIONS

Fluids restricted to **800ml in 24 hours**

Follow dietary 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 after one week, one month, three months, six months, one year and thereafter yearly with CXR

Follow up in **CTVS OPD ROOM 04** Monday/Wednesday/Friday 2pm to 5 pm after 7 days with CXR report.

IN CASE OF EMERGENCY PLEASE CONTACT THE NEAREST HOSPITAL OR AIIMS EMERGENCY DEPARTMENT

THIS DOCUMENT IS VERY IMPORTANT. PLEASE LAMINATE IT.

CONSULTANT: Dr. **V. DEVAGOUROU**

SR/JR for Dr V Devagourou