



# SIR GANGA RAM HOSPITAL

## *Department of Pediatric Cardiac Sciences*

### Operative Record



Name : Rayyan	Age : 3 Years	Sex : Male
Reg. No. : 3639254	IP No : 01561661	PCS ID No : 31316/25
D.O.B : 07.06.2022	D.O.A : 22.12.2025	D.O.S : 23.12.2025
Height : 93 cm	Weight : 11.1 kg	Blood Group : A Positive

#### **Diagnosis:**

1. Large VSD & valvar PS & PR with previous IE.
2. Ex-premie.

#### **Procedure Performed:**

Trans RA, Dacron patch closure of VSD & trans PA, pulmonary valvoplasty.

**Surgeon:** Dr. Raja Joshi/ Dr. C. R. Siddartha.

**Anaesthetist:** Dr. Reena Joshi.

**Cardiologist:** Dr. Neeraj Aggarwal/ Dr. Mridul Agarwal/ Dr. Jasleen Kaur.

**Ref. Physician:** Self

**Comments:** Rayyan is a 3.5 years old boy. He was diagnosed with VSD after evaluation for an episode of excessive cry. He was subsequently lost to follow-up but had later contracted Infective Endocarditis around 8 months of age. He continued to be following intermittently & was recently evaluated to confirm the above diagnosis. Parents were counselled about the need for surgical repair along with the risks involved.

#### **Findings:**

1. Good sized bilobed thymus.
2. Normal systemic & pulmonary venous return.
3. Large inlet VSD with PM extension.
4. Dysplastic thickened pulmonary valve with destroyed posterior leaflet.
5. Dilated RPA, LPA & MPA.

## Steps

1. Under noninvasive monitoring, as per OR protocol, GA was administered and orotracheal Intubation done with a size 5 uncuffed tube. RIJV and right femoral arterial lines were placed.
2. Child positioned in supine position, prepped and draped.
3. Midline sternotomy was done and thymic lobes were resected.
4. Pericardiotomy was done and pericardium was harvested.
5. Ductal ligament was divided.
6. Under systemic heparinisation, aorto bicaval cannulation done, CPB commenced and cooling started to 28C.
7. LV vented through RSPV.
8. Aorta cross clamped and cold blood root cardioplegia infused to obtain good diastolic arrest
9. Oblique right atriotomy was done.
10. Branch pulmonary arteries were assessed with serial Hegar dilatation and were adequate.
11. The pulmonary annulus and the valve were assessed with serial Hegar dilation and were adequate (required 12, accepted 12).
12. Trans RA, Dacron patch closure of VSD done with interrupted 5-0 Prolene suture.
13. Rewarming started.
14. MPA was opened longitudinally and the pulmonary valve was inspected.
15. Subvalvar tethering of the posterior leaflet was released.
16. Anterior commissurotomy was done after supra-annular tethering release.
17. Deaired and aortic cross clamp was released.
18. RA closed with continuous 5-0 Prolene.
19. MPA was closed in single layer.
20. One mediastinal and b/l pleural drains were placed.
21. 2A+2V pacing wires placed.
22. Rewarmed completely and weaned off CPB with Adrenaline 0.03 mcg/ kg/min.
23. MUF initiated to extract 1000ml fluid.
24. Heparin reversed and decannulated.
25. Hemostasis achieved.
26. Pericardium was approximated using interrupted sutures.
27. Routine chest closure was done after ensuring correct counts.
28. Patient shifted to PCS ICU with stable hemodynamics after extubating in the OR.



**Dr. Raja Joshi**  
**Senior Consultant**  
**Pediatric Cardiac Surgeon**  
**Dept. of Pediatric Cardiac Sciences**

**Dr. C. R. Siddartha**  
**Consultant**  
**Pediatric Cardiac Surgeon**  
**Dept. of Pediatric Cardiac Sciences**

Let Little Hearts Beat



## DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES DISCHARGE SUMMARY

Dr. Raja Joshi  
Dr. Neeraj Aggarwal  
Dr. Reena Joshi  
Dr. Mridul Agarwal  
Dr. Anil Kumar  
Dr. Siddartha Rudrappa

Patient Name	Master Rayyan ,	Registration No.	3639254
Age	3 Yrs	Episode No.	IP01561661
Sex	Male	Date of Admission	22-Dec-25
Discharge Type	DISCHARGE	Date Of Discharge	29-Dec-25
Ward	E - 6F PCS Cath Lab Recovery	Bed	E-3603-E PCSCLR
Admitting Consultant	Consultant Paediatric Cardiac Sciences	Room Vacated on	Date
			Time

### DIAGNOSIS

- 1) VSD , DYSPLASTIC PULMONARY VALVE
- 2) S/P TREATED INFECTIVE ENDOCARDITIS( 2 YEARS BACK)
- 3) S/P VSD CLOSURE (23/12/250)

### CLINICAL HISTORY

#### History:

At 2months of age child developed excessive cry and irritability for which they consulted pediatrician . murmur was heard ,so 2D Echo was done s/o VSD.  
for 1st 1 year child having difficulty in breathing while playing, crying a/w slight bluish discoloration of lips for which they consulted at SGRH. From last 1 and half month he is on syp furored and aldactone. currently admitted for elective surgery.

### PHYSICAL EXAMINATION

Pulse: 116/min. BP: 106/78 mmHg Temperature: 37 degree C Weight: 11.1 Kg. Height: 93 cm.

General Examination:

Child was conscious,afebrile.

No pallor, icterus, clubbing, cyanosis, lymphadenopathy or oedema.

Systemic examination:

RS - Chest clear bilaterally. Air entry equal. No crepitations or wheeze.

CVS - Heart sounds normal. Pan systolic murmur heard.

P/A -Abdomen is soft, not tender and not distended. No hepatosplenomegaly.

CNS - Child was conscious. Pupils are normal sized and normally reactive to light bilaterally

### TREATMENT GIVEN

Resident Doctor

Consultant

Consultant Paediatric Cardiac Sciences

Paediatric Cardiology

## DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES DISCHARGE SUMMARY

Patient Name Master Rayyan , Episode No. IP01561661

INJ SUPACEF  
INJ PCM  
INJ PANTOCID  
INJ LASIX  
SYP LOOZ  
TAB ALDACTONE  
TAB AQUAZIDE  
TAB LANZOLE

### CLINICAL SUMMARY

Hemodynamics With the above complaints child was admitted in PCS ICU

- Child had been hemodynamically stable throughout the hospital stay. Inotropes(ADR) gradually tapered and stopped over next 24 hrs. perfusion of the child was good throughout the hospital stay. Inj lasix were started and gradually shifted to Oral dytor,aquazide and aldactone.

Ventilation: child was initially kept with O<sub>2</sub> by face mask, which was tapered and stopped. At present child is on room air, maintaining saturation, no distress.

Infection: Child was started on empirical antibiotics stopped after 3days.

Nutrition: Child was taking oral feeding throughout the hospital stay and tolerating well.

CNS - child has been active, alert throughout the hospital stay.

Currently child is hemodynamically stable with adequate perfusion, maintaining saturation with no respiratory distress.

Pre discharge echo- Intact IVS, Mild TR, TR PG- 20 mmHg, RVOT PG-22 mmHg, Moderate PR, RVH, LVEF-55%  
Pre discharge weight-11.1 kg

### DISCHARGE ADVICE

#### CARDIAC MEDICATIONS

TAB DYTOR 10MG 1TAB ORALLY 12TH HOURLY  
TAB AQUAZIDE 12.5 1TAB ORALLY 12TH HOURLY  
TAB ALDACTONE 25 1/2 TAB ORALLY 24TH HOURLY

#### NON CARDIAC MEDICATIONS

TAB LANZOLE JR 15 3/4 TAB ORALLY 24TH HOURLY  
SYP DOMSTAL 1ML ORALLY 8TH HOURLY  
SYP PCM 250/5 3.5 ML ORALLY 8TH HOURLY  
SYP LOOZ 15ML ORALLY 12TH HOURLY

### FOLLOW UP

  
Resident Doctor

Consultant

Consultant Paediatric Cardiac Sciences

Paediatric Cardiology

## DEPARTMENT OF PAEDIATRIC CARDIAC SCIENCES DISCHARGE SUMMARY

**Patient Name** Master Rayyan , **Episode No.** IP01561661

To review after 5 days(4/1/26) in PCS OPD (F-57) in between 11 AM to 2PM with prior appointment on 011-42251757. In case of emergency, please contact helpline 9560404999  
To follow up with Dr Anil Kumar (F-57). For online consultation with Dr Anil Kumar visit my Follow up app (Doctor Id 879)

### General instructions:

- 1) Keep wound clean and dry
- 2) Soft sponging only
- 3) Avoid pressure on chest/side of surgery
- 4) Watch for danger signs e.g. fever, difficulty in breathing, lethargy, decreased feeding, decreased urination.

- Reports of investigations done during hospital stay are provided on a separate sheet
- Pending reports can be collected from "CIC-Room no. 32, ground floor (9AM-5PM)
- Histopathology Reports, Blocks or Extra Slides can be collected from Lab 1st Floor SSRB on all working days between 9 AM - 5 PM
- Contact no. of Emergency: 011-42251098, 42251099 Contact no. of SGRH Telephone Exchange: 011-42254000, 25750000
- **Home Care Service:** "REACH OUT" services like Nursing Care, Sample Collection, Injections, X-rays, Physiotherapy, Dressing, Nutrition and Diet Counselling etc. are available in the comfort of your home.  
**Contact us at:** 011-42251111 / 42253333, [www.reachoutsgrh.com](http://www.reachoutsgrh.com), [reachout.sgrh@gmail.com](mailto:reachout.sgrh@gmail.com)
- **Ambulance Services / Patient Transport Service:** For Sir Ganga Ram Hospital ambulance services, kindly contact at 011-42253030 / 9717437005. PICK and DROP facility also available.

  
**Resident Doctor**

**Consultant**  
Consultant Paediatric Cardiac Sciences  
Paediatric Cardiology



# SIR GANGA RAM HOSPITAL

RAJINDER NAGAR, NEW DELHI-110060  
PHONE: 011-42254000 (30 Lines); 011-35125600 (30 Lines); Fax: 25861002  
GSTIN No.: 07AABTS4366E1ZH, HOSPITAL PAN No.:AABTS 4366E

SIR GANGA RAM HOSPITAL, Rajinder Nagar, New Delhi 110060  
GSTIN : 07AABTS4366E1ZH SAC Code : 999311

## BILL

Bill No.: 2025-2026/Ca/I/0052800

Name : MASTER RAYYAN , Registration No : 3639254  
Age/Sex : 3 Y/Male Episode Number : IP01561661  
Father's Name : KAMIL  
Address : ITAYLA MAFI, POST GUMSANI, Admission Date : 22/12/2025  
MACHARYA, MORADABAD- SAMBHAL,  
UTTAR PRADESH- 244001 UTTAR  
PRADESH Admission Time : 07:02PM  
Ward : WD6B1PCICU Discharge Date : 12/01/2026  
Bed : E-3603-E PCSCLR,SEMI PAYING Discharge Time : 01:48PM  
Unit : PAEDIATRIC CARDIAC SCIENCES No. of Days : 8  
Last Room Rent. : 6800

S.No.	Particulars	Gross Amt.	Discount	CGST	SGST	Amount
1	ROOM RENT CHARGES	40800.00	4080.00			36720.00
2	GST Payable on Room Rent			952.00	952.00	1904.00
3	X Ray Department Charges	3210.00	321.00			2889.00
4	Blood Gas Analysis	1200.00	120.00			1080.00
5	Biochemistry Laboratory Charges	4320.00	432.00			3888.00
6	Clinical Pathology Charges	290.00	29.00			261.00
7	Haematology Laboratory Charges	2700.00	270.00			2430.00
8	Microbiology Laboratory Charges	3540.00	354.00			3186.00
9	DOCTOR'S PROCEDURE CHARGES	188440.00	46849.00			141591.00
10	DOCTOR'S VISIT CHARGES	15755.00	1575.50			14179.50
11	Blood Bank Investigation	640.00	64.00			576.00



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MACHARYA, MORADABAD- SAMBHAL,  
UTTAR PRADESH- 244001 UTTAR  
PRADESH

S.No.	Particulars	Gross Amt.	Discount	CGST	SGST	Amount
	Charges					
12	Blood Processing	14935.00	1493.50			13441.50
	Charges					
13	Hospital charges	4870.00	400.00			4470.00
14	Intensive care charges	23000.00	2300.00			20700.00
15	MEDICINES	36889.08				36889.08
16	Medical consumables	145852.04				145852.04
17	Non invasive laboratory charges	440.00	44.00			396.00
18	Package charges	208400.00	19555.00			188845.00
19	Special equipment usage charges	780.00	78.00			702.00
	Total	697965.12	77965.00			620000.00
			Deposits			620000.00
			Net Payable			0.00



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PRADESH

## Payment Details

Receipt No.	Mode	Date	Receipt Amt.	Amt Adjusted
2025-12/151496	Cash	22/12/2025	50000.00	50000.00
2025-12/151582	Electronic Clearance System	22/12/2025	70000.00	70000.00
2025-12/152779	Electronic Clearance System	24/12/2025	200000.00	200000.00
2025-12/153083	Cash	24/12/2025	40000.00	40000.00
2025-12/153820	Electronic Clearance System	26/12/2025	11000.00	11000.00
2025-12/155230	Cheque	29/12/2025	35000.00	35000.00
2025-12/155242	Cheque	29/12/2025	80000.00	80000.00
2025-12/155251	Cheque	29/12/2025	10000.00	10000.00
2025-12/155262	Cheque	29/12/2025	4000.00	4000.00
2025-12/155667	Electronic Clearance System	29/12/2025	50000.00	50000.00



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UTTAR PRADESH- 244001 UTTAR  
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2026-01/162744 Electronic Clearance System 12/01/2026 70000.00 70000.00

Prepared/Received by( Gautam kumar kunwar ) For Sir Ganga Ram Hospital

Authorised Signatory

