

DISCHARGE SUMMARY

UHID No.	: 100350547	IP No.	: 33-26/9467
Name of patient	: Ms. SANGITA GIRI .	Age/Gender	: 5 Years 17 Days/Female
C/O	: S/O#MR JAYAANTA KUAMR GIRI	Consultant	: Dr. Rajesh /Dr Manisha
Bed No	: EC1273-004	Discharge date	: 13/07/2026
Admission date/time	: 06/07/2026 05:26 PM	MLC / Non MLC	: Not Done
WN	: Transplant Wing	Contact No.	: 9776147781
Primary Doctor:		Comapany Name	: Cash Paying
Address	: KATARAMAHAL NUAGAN BAIAPAL BALASORE, ORISSA, Orissa, INDIA		

DEPARTMENT OF CARDIOTHORACIC AND VASCULAR SURGERY

DIAGNOSIS:

S/P PA band. Situs Solitus. Levocardia. AV Concordance. Double outlet right ventricle. Fossa Ovalis ASD 5mm, L-R shunt. Nonrestrictive inlet VSD, routable to aorta, 3 tiny mid muscular VSDs, 2.3mm, 1.8mm, 1.0mm bidirectional shunt. PA band in-situ. PA band gradient 60mmHg. Adequate PA branches. Normal ventricular systolic function. No Pericardial effusion.

SURGERY:

Bidirectional glenn shunt + Atrial septectomy + subtotal MPA ligation was done under GA on 7/7/2026

HISTORY OF PRESENT ILLNESS:

Ms SANGITA GIRI was admitted with worsening cyanosis with a diagnosis of S/P PA band 1yr of age. Situs Solitus. Levocardia. AV Concordance. Double outlet right ventricle. Fossa Ovalis ASD 5mm, L-R shunt. Nonrestrictive inlet VSD, routable to aorta, 3 tiny mid muscular VSDs, 2.3mm, 1.8mm, 1.0mm bidirectional shunt. PA band in-situ. PA band gradient 60mmHg. Adequate PA branches. Normal ventricular systolic function. No Pericardial effusion.

ON ADMISSION: weight 12.6kg, Height -101cm, HR-92/min, RR-22/min, SPO2-70%, CVS- S1S2 normal, ESM +, Rest NAD

PRE OPERATIVE ECHOCARDIOGRAPHY (30/4/2026)

S/P PA band. Situs Solitus. Levocardia. AV Concordance. Double outlet right ventricle. Fossa Ovalis ASD 5mm, L-R shunt. Nonrestrictive inlet VSD, routable to aorta, 3 tiny mid muscular VSDs, 2.3mm, 1.8mm, 1.0mm bidirectional shunt. PA band in-situ. PA band gradient 60mmHg. Adequate PA branches. Normal

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ventricular systolic function. No Pericardial effusion.

COURSE IN THE HOSPITAL :

Ms SANGITA GIRI was admitted with worsening cyanosis with a diagnosis of S/P PA band 1yr of age. Situs Solitus. Levocardia. AV Concordance. Double outlet right ventricle. Fossa Ovalis ASD 5mm, L-R shunt. Nonrestrictive inlet VSD, routable to aorta, 3 tiny mid muscular VSDs, 2.3mm, 1.8mm, 1.0mm bidirectional shunt. PA band in-situ. PA band gradient 60mmHg. Adequate PA branches. Normal ventricular systolic function. No Pericardial effusion.

After thorough evaluation the patient was taken for a Bidirectional glenn shunt + Atrial septectomy + subtotal MPA ligation was done under GA on 7/7/2026

Later the patient was shifted to ICU with minimal inotropy and a 2D echo revealing lamellar glenn flow with non restrictive atrial communication with mild ventricular dysfunction. She was optimised overnight and subsequently extubated once circulation and end organ profile was satisfactory. later the patient was gradually de-escalated while nutrition and analgesia was optimised and later shifted to ward and mobilised. On discharge the patient is afebrile with stable hemodynamics with oxygen saturation > 80 percent on room air with good oral intake.

RF-800 ml per day

calories-1400 ml per day

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protein-30 g per day

Head up 45 degrees nursing in lieu of BDG advised till next surgery

PRE-DISCHARGE ECHO (13/7/2026):

Patent B/D glenn shunt gradient 2mmhg, normal ventricular function, mild AV regurgitation, no effusion, good flow in PA branches.

PATIENT HAS BEEN DISCHARGED WITH THE FOLLOWING MEDICATION

Tab. Minocycline 30mg twice daily x 4days
Syp. Levoflox 150mg once daily x 3days
Tab. Ivabradine 1mg twice daily x 1month
Tab. Aldactone 6.25mg twice daily x 1month
Tab. Aspirin 60mg once daily x 1month
Tab. Lanzol junior 10mg twice daily x 1month
Cap. Rocaltrol 0.25mcg once daily x 1month
Syp. Europed 10mg twice daily x 1month
Syp. Crocin DS 7.5ml thrice daily x 3days
Syp. Calcimax plus 5ml twice daily x 1month
Syp. Bevon 5ml once daily x 1month

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Syp. Brozedex 3.5ml thrice daily x 4days
Neb with Levolin 0.3mg 6th hrly x 1month
Steam inhalation 8 hrly x 1month

Follow up at Marengo Asia Hospitals on 15/7/2026 in OPD
Vaccination after 1month
Suture removal on 15/7/2026
To get echo done after 1month

In case of poor feeding, excessive crying, fever, fast breathing or wound infection kindly contact to 0129-4330000, In case of any medical emergency come to Marengo Asia Hospital, Plot No.1, Sec-16, Faridabad or may call at 0129-4330000.

For the home sample collection please call at 7835003879 (8am-8pm)

For follow up please report by 10.00 a.m. To duty doctor along with all the previous Records & patient.

Consultation Days: Monday -Saturday with prior appointment

Patient/Relative signature..... Relationship to patient.....

ORG Medicare Limited

Registered Address: Plot No 67/1, Off Science City Road, Sola, Ahmedabad, Gujarat 380060

Correspondence Address: Marengo Asia Hospitals, Plot No. 1, HUDA Staff Colony,
Sector 16, Faridabad, Haryana 121002

T: 1800 309 9999 ■ helpdesk@marengoasia.com



**Marengo Asia
Hospitals**

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DR. RAJESH SHARMA, MS, M.Ch

Clinical Director & HOD

Paediatric Cardiac Surgery