Cardiothoracic sciences center
Department of cardiology
All India Institute of Medical Sciences
New Delhi - 110029

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* Discharge Summary *

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UHID NO: 104258694	**CR NO:** C-061636-25	**CV NO-2156**/14/19
NAME: Sanskriti Verma	**AGE:** 6years	**SEX:** Female
DOA: 23.09.2025	**DOD:** 24.09.2025	**WARD:** CT6/14
CONSULTANT: Dr S Ramakrishnan		
Senior resident: Dr Veena , Dr Niveditha Jose, Dr Abhishek		

Diagnosis:
CCHD/ decreased Qp/ TGAIVS/PDA/PFO
Post ASO(12.06.2025)- Stenosis distal to pulmonary valve, with narrowest part 3.4mm, PV annulus-9.9x11mm, distance between PV annulus to PA bifuraction-7mm, RPA-17mm, LPA-9.5mm, NYHA I, NSR

Post PVBD (24.09.25)- Mustang 10x4 , 2 dilations, Tyshak 12X4 , 2 dilations
Pre gradient 230mmhg→158mmhg

Summary:
Child is a known case CCHD/ decreased Qp/ TGA/IVS/PDA/PFO
Post ASO/ Supravalvular PS , Currently admitted for **PVBD** which was done on **24.09.25 – 10x4 , 2 dilations, Tyshak 12X4 , 2 dilations** was done. Procedure was uneventful, no peri or post procedure complication. Local site normal, currently child is hemodynamically stable, hence discharged.

Vitals at discharge: HR 106/min, BP – 86/70mm Hg, SpO2-98%, CRT - < 3 sec, RR-25/min

2D ECHO post procedure (24.09.2025): Moderate eccentric TR (RVSP-95+RAP), Supravalvular PS- Gradient 145 mmhg, MPA narrowing+(not able to align properly), RV dysfunction+, normal LV function, no clot, effusion, IE

Advice at discharge: Wt - 16 kg

1. Syp Vitcofol 5ml PO BD
2. To review in Pediatric Cardiology OPD (Mon/Wed/Fri) 2pm after 3 weeks with ECHO
3. Review SOS in emergency/Danger signs explained

Consultant for follow up: Dr S Ramakrishnan

Rounding Consultant: Dr S Ramakrishnan

Senior Resident: Dr Niveditha Jose

डॉ. वीणा भारती, डी/Dr. VEENA BHARATHI, K.
सीनियर रेजिडेंट/Senior Resident
कार्डियोलॉजी विभाग/Department of Cardiology
हृदय केंद्र / C.T. Centre
अ.भा.आ.चि.सं./AIIMS, New Delhi-110029

20 Gutt 16/10/2025
9am - (62)

Supravalvular PS

tight. Δ ~ 100 mmHg.

mild RV dysfunction

no AR.

(P) CTA

LAC
30/5/25

16/10/25

- P/ASD. NCD RVOTO

P/AVSD (24/9/25) → 230 → 150 mmHg

- RVOTO. RVOTO. max Δ PG - 180 mmHg

RV dysfunction. TAPSE 11 mm
RVSP - 9 mm

(N) VSD. NO CHD.

NO PDA/MAPCAs

(13)

15/2/2019 2 Donor defer are for h/o jaundice

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
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अ० भा० आ० सं०, नई दिल्ली – 110029

Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

CTVS no - 102446

दिनांक
Date

CV 2019/014/0002156 ₹10 Cardiology
UHID: 104258694 Paed.Cardiology
Date 21/01/2019 MON
Name BABY OF SANGEETA 29D /F
D/O KAMAL VERMA
General
Consultant Room 21 Dr. S RAMAKRISHNAN
SR Room 14 DR. SAMIR
S. Talwar

विभाग
Deptt.

ब०रो०वि०सं०
O.P.D. No.

निदान
Diagnosis

d-TGA | Small ASD | Small PDA L→R
On PGE, (0.01 μg/kg/min)

SpO2 - 81%

Rx
1. Echo | ECG | X-Ray
2. Syrup Ursodeoxycholic 5 ⊙ BD
Echo today

CRam 21/01/19

AZ 1/2/13

Admit

21/1/19

6

* 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.20 WEDNESDAY/ NO 1 FRIDAY 2PM AFTER 7DAYS WITH CXR
* 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:DR.SACHIN TALWAR
****

**DRAFT COPY - DRAFT COPY -- ABOVE NOTE IS UNSIGNED-- DRAFT COPY - DRAFT COP

Dr. Sushama
SR CTVS
14-3-19

For Dr. Sachin Talwar.

Please share your feedback to improve our hospital services on the Website link: mcdas.nataal.nhp.gov.in

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अo भाo आo संo, नई दिल्ली – 110029

CARDIOLOGY/CTVS OPD
सोमवार/बुधवार/शुक्रवार
Monday/Wednesday/Friday
(दोपहर के बाद)
Afternoon

Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक
Date UHID – 10425869 4

विभाग Deptt.	नाम Name B/o Sangeeta	उम्र Age
बoरोoविoसंo O.P.D. No.	पत्र/पुत्री/पत्नी S/D/W	लिंग Sex
	निदान Diagnosis	

P / ASO [PFO closed] (2019)

Do C/o chest pain during (defecation) exertion – 7 days
Currently asymptomatic

Vital stable

ECHO (outside) → Neopulmonary stenosis
RV dilated

Rx
No medication

Adv
Pedo cardiology Review from Dr. Ramakrishna

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बo रोo विo
अo भाo आo संo, नई दिल्ली-110029
Centre, O.P.D.

दिनांक
Date

R/o (87)
25/4/19

P/Aso (March, 2019)

6m/F

5 kg-

Doing fw.

DOE (-)
Pedi edu (-)

O/E P Normal
B/L clear

R-6 (67)
26/4/19

VC

- C. Phenoxy 0.5mg BD x 2mnB
  then OD x 2mnb
  . then stop

1 Syp Furo/pd 0.2ml OD x 2mn
then stop

- T. Envas 0.25mg BD

- R/w of 6mth Echo

Tele
19/9/21

दिनांक Date	
5/4/21	P/ASO (2019)
	Dayned, Neoreflher
	Adv
	Stw 2D echo Paedict car
28/2/25	P/ASO (2019)
	Consultant Paed cardiology (Dr Ramakrishnan, Dr Laxman)
	2D ECHO P/ew
	?? severe RVOTO c RV dysfunction
	SR CTVS
05/25	P/ASO. (2019)
	RVOTO (16 mmHg)) / no dysfunction NYHA-II.
	no edema.
	No new complaint
	cvs: S1 S2 Plan:
	Others: - T. Sildenafil (12.5mg) OD.
	- Rev oupnt
/05/25	

MEDICAL RECORD — Progress Notes

02/28/2019 17:27 ** CONTINUED FROM PREVIOUS PAGE **

MEDIAN STERNOTOMY (OSCILLATING SAW)-THYMUS SPLIT IN MIDLINE-RIGHT VERTICAL PERICARDIOTOMY AND PERICARDIAL PATCH HARVESTED- PERICARDIAL STAYS(SILK 3-0)-HEPARINISATION- AORTA DISSECTED FROM MPA-RA PURSETRING (PROLENE 6-0 11MM)- HIGH AORTIC PURSESTRING(PROLENE 6-0 11MM)-AORTIC CANULATION (8 FR ARGYLL)- IVC PURSE STRING AND CANNULATION(16Fr STRAIGHT)-ACT CHECKED-PARTIAL CPB ON- RPA AND LPA DISSECTED AND LOOPED-PDA DISSECTED,LIGATED ON BOTH END AND DIVIDED- RA CANULATION(14 FR STRAIGHT)- FULL BYPASS ON- RA CANNULA ADVANCED TO SVC- SVC/IVC DISSECTED,LOOPED- COOLING STARTED TO 28 C-CARDIOPLEGIA PURSESTRING(PROLENE 6-0 11MM)-CARDIOPLEGIA CANULA-AOXCL ON- 90ML CUSTODIAL CARDIOPLEGIA GIVEN-SVC AND IVC LOOP SNUGGED-RA OPENED-PUMP SUCKER INSERTED INTO LA VIA PFO- HEART ARRESTED IN DIASTOLE- CARDIOPLEGIA CANNULA REMOVED- STAY SUTURES TAKEN OVER THE AORTA- AORTA DIVIDED BETWEEN STAY SUTURES ABOUT 5MM ABOVE CORONARY ARTERY ORIGIN-STAY SUTURES TAKEN ABOVE COMMISURES(PROLENE 6-0 11MM)- STAY SUTURES TAKEN ON MPA(PROLENE 6-0 11MM)-MPA DIVIDED JUST BELOW BIFURCATION BETWEEN STAY SUTURES-PUL VALVE(NEOAORTIC VALVE) FOUND OT BE TRICUSPID- STAY SUTURES TAKEN OVER CORONARY OSTIA (PROLENE 6-0 11MM)- CORONARY BUTTON HARVESTED-EIE OF CORONARY ARTERY CHECKED-PUL ARTERY ROOT(NEOAORTIC) DIVIDED AT CORRESPONDING REGION OF CORONARY ARTERY-RCA AND LCA ANASTMOSED TO ANTERIOR SINUS OF NEOAORTIC ROOT USING SINGLE (PROLENE 7-0 8MM)SUTURE IN CONTINUOUS MANNER STARTED FROM CENTER TO PERIPHERY- NEOAORITC ROOT CONSTRUCTION COMPLETED-NEOPULMONARY ROOT RECONSTRUCTED USING UNFIXED FREE PERICARDIAL PATCH BY 7-0 PROLENE 8MM SUTURES- LECOMPTE MANOUVRE DONE (MPA MOVED ANTERIOR TO AORTA)- REWARMING STARTED- NEO AORTA ANASTOMOSED TO DISTAL ASCENDING AORTA USING PROLENE 7-0 8MM SUTURE -PFO CLOSED BY DIRECT SUTURING USING 7-0 8MM PROLENE- RA CLOSED IN SINGLE LAYER (PROLENE 7-0 11MM) -MANUAL DEAIRING OF HEART-AOXCL OFF- DISTAL MPA ANASTAMOSED WITH NEOPUL ARTERY ROOT USING PROLENE 7-0 8MM SUTURE- HEMOSTASIS CHECKED- RA CANNULA WITHDRAWN-IVC DECANNULATION AND REINFORCEMENT USING (PROLENE 6-0 11MM)-RA X2 AND RV X 2 PACING WIRE PLACED USING PROLENE 6-0 11MM- CPB GRADUALLY WEANED OFF- RA DECANULATION AND REINFORCEMENT (PROLENE 6-0 11MM)-PROTAMINE GIVEN-AORTIC DECANULATION AND REINFORCEMENT (PROLENE 6-0 11MM)-HEMOSTASIS SECURED-16 FR STRAIGHT DRAINS PLACED IN RIGHT AND LEFT PLEURAL SPACES- PERICARDIUM OPEN-STERNUM LEFT OPEN- SKIN CLOSED WITH 5-0 PROLENE CONTINUOUS SUTURES

AOX-CL TIME:98 MIN CPB TIME-181 MIN LOWEST TEMPERATURE:28 DEG

POST OP COURSE: Postoperatively child developed LT lung collapse ~~infect~~ Improved with physiotherapy. Pt child is being discharged in satisfactory condition

DISCHARGE MEDICATIONS:

TO CONTINUE TILL FURTHER CONSULTATION

Tab PHENOXY 0.5mg TDS
Syp FURODED 0.2ml BD
Tab ENVAS 0.25mg BD

TAKE FOR 5 DAYS & STOP

Tab CLINDAMYCIN 15mg TDS x 4
Syp CROCIN 3amg SOS
Syp Vit D 400 U/d
Syp ORS TEO CALCIN 2ml OD

INSTRUCTIONS:
* FLUID RESTRICTION 200ml DAY
** THIS NOTE CONTINUED ON NEXT PAGE **

5/7/25 = Income certificate (SDM)
- 2 photos of the patient
Birth certificate

दिनांक Date

22/9/25
timely time
CV file

R. 21 (6)
8/9/25
Tuesday
11 am
(9/9/25)

23/09/25 | 1. deposit 6000/- in AIIMS pt angio account

cvfrac 600
Rank 10
veem SD
Of

The child was admitted on DASII at the age of 5 years

at 5 {
MoA = 89
MoDQ = 89
MEA = 9.1
MEDQ = 91
}

Adv] – Stare Expan

Accepted for ABO.

ANGIO PATIENT account

Ac-3730/25/LJ
23/09/25

274076

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
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अ० भा० आ० सं०, नई दिल्ली-110029
Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

wt - 16.6 kg
Ht - 108 cm

दिनांक/Date

विभाग
Deptt.

CV 2019/ext/0002156 28 Cardiology
UHID: 104256694 Paed.Cardiology
Date 23/06/2025
Name SANSKRITI VERMA
D/O KAMAL VERMA
Phone No.
Consultant Room 21
3R Room
Pay Reg. No

उम्र
Age

यू०एच०आई०डी०सं
UHID No.

लिंग
Sex

Diagnosis

CCHD | P'ASD | Supravalvular AS

Plan: Cath + Balloon dilatation (Hurtang)

Cath schedule 22/9/2025, room 28, 4pm.
(Finance ₹ 80000 Explained)

to pre cath ward

IV access

Hurtang balloon (room 21)

share your feedback to improve our hospital on the Website link: meraaspataa;.nhp.gov.in

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Cardiothoracic & Neurosciences Centre, O.P.D.
A.I.I.M.S., New Delhi-110029

दिनांक
Date

CV 2019/…/0002156 ₹0 Cardiology
Paed.Cardiology
UHID: 104258694
Date 23/06/2025 MON 6Y 7M 30 F
Name SANSKRITI VERMA
D/O KAMAL VERMA
Consultant Room 21 Dr S… RAMAKRISHNAN
SR Room Prs. Rns. No.

विभाग
Deptt.

बoरोoविoस
O.P.D. No.

2156

Diagnosis

– 102446

2 M

P/ASO [PDO closed] 28/02/19

-6- (24)
22/3/19

Doing well, No feeding difficulty

CXR HNL
Mild Congestion

Adv
– Fluid restriction ≤ 200 ml
– Cap. Phenoxy 0.5 mg TDS
– Syp. Furoped 0.2 ml BD
– Tab. Envas 0.25 ml BD
– F/A 1 month c̄ CXR

(signature)
SR/CTVS

274076