

शैल मे

Save the Child
Smile Foundation
Sushant Vihar, Delhi - 110086

विषय = गरिब व्यक्ति कि सहायता हेतु प्रार्थना पत्र।

महोदय,

अतिवश निवेदन यह है कि मैं मैट्र चन्द मेरा पुत्र
शैल। मेरे पुत्र का इलाज AIIMS में चल रहा है। मेरे
पुत्र का Heart Disorder है जिसमें ₹ 1,65,000/- का खर्चा
है। मैं बहुत गरिब व्यक्ति हूँ। कृपया आप मेरी आर्थिक
सहायता कर दिजिए। जिससे मैं अपने पुत्र का
इलाज करवा सकूँगा। कृपया आप मेरी ₹ 1,65,000/-
की सहायता कर दिजिए। मैं आपका सदा
आभारी रहूँगा।

अन्यथाद

निवेदक

११
मैट्र

(मैट्र चन्द)

Address

H.No. - 1729

इन्दा नगर

फरीदाबाद, सेक्टर-7

हरियाणा - 121006



श्रीगणेशाय नमः

**CARDIO - THORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI-110029**



Date : 2/8/24

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती Rohan

Age/ उम्र 12 yrs Sex / लिंग M CV No. / CTVS No. / सीवी संख्या/सीटीवीएस संख्या 474/13

UHID No. / यूएचआईडी संख्या 20130010962

Nature of Disease / रोग का नाम P/O ASO + VSD closure & multiple VSD's

Nature of Surgery / Procedure required / सर्जरी/प्रक्रिया की आवश्यकता PA Bandeij (Rule)

Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट 40 unit blood

Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क Rs 1,65,000/-

The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in favour of "AIIMS PATIENT'S ACCOUNT" / "AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT"
(A/c No. 10874584258, IFSC Code : SBIN0001536) (for CTVS Surgical Patients) / (A/c No. 10874584269, IFSC Code : SBIN0001536) (for Cardiology Patients)

The said estimate will be valid for employees of CGHS/ESI/Govt. undertakings and their beneficiaries. This will also be applicable for seeking financial assistance from National Illness Fund, Prime Minister Relief Fund & from other sources.

उपयुक्त राशि को नीचे दिये गए सम्बंधित पक्ष में बैंक ड्राफ्ट / इलेक्ट्रॉनिक हस्तांतरण द्वारा अग्रिम रूप से जमा किया जाना चाहिए ।

"एम्स सीटी पेशेंट अकाउंट"
(A/c No. 10874584258, IFSC Code : SBIN0001536)
(सी.टी.वी.एस. सर्जरी मरीजों के लिए)

"एम्स एन्जिओग्राफी पेशेंट अकाउंट"
(A/c No. 10874584269, IFSC Code : SBIN0001536)
(कार्डियोलॉजिस्ट मरीजों के लिए)

अनुमानित व्यय सीजीएचएस/ईएसआई/सरकार स्वायत्त संख्या और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा । यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्रोतों से वित्तीय सहायता मांगने के लिये भी लागू होगा ।

For any query related to package charges / money deposition, please contact Accounts Section Room No. 105 (Basement, C. N. Centre)

पैकेज शुल्क / रुपये जमा करने से संबंधित किसी भी पूछताछ के लिए, कृपया लेखा अनुभाग कमरा न. 105 (बेसमेंट, सी.एन. सेंटर) में संपर्क करें ।

Signature & Rubber Stamp of Consultant
M.D. (C.T.V.S.)
र. तंत्रिका केन्द्र, सी.एन.आ.स., नई दिल्ली



भारत सरकार
GOVERNMENT OF INDIA

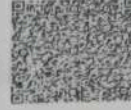


रोहन

Rohan

जन्म तिथि/ DOB: 23/09/2012

पुरुष / MALE



8268 13

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

आत्मज: मेहर चन्द, हाउस नं
1729, इन्द्रा नगर,
फरीदाबाद सेक्टर 7,
फरीदाबाद,
हरियाणा - 121006


Address:

S/O. Meher Chand, house no
1729, Indra nagar, Faridabad
Sector 7, Faridabad,
Haryana - 121006


8268 1357 5213

MEERA AADHAAR, MERI PEHACHAN

भारत सरकार
GOVERNMENT OF INDIA



मीना देवी
Meena Devi
जन्म तिथि/ DOB: 01/05/1991
महिला / FEMALE



6107 [REDACTED] 84

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
अर्धांगिनी: महेरचंद, 1729,
गली न-8, इन्द्रा नगर,
फरीदाबाद सेक्टर ७,
फरीदाबाद,
हरियाणा - 121006

Address:
WO: Maherchand, 1729, Gali no-
8, Indra Nagar, Faridabad
Sector 7, Faridabad,
Haryana - 121006

6107 [REDACTED] 84

MEERA AADHAAR, MERI PEHACHAN



Save the Child

Smile foundation

SMILE FOUNDATION

Plot No 80, Kh, No 250, Gali No 28, Sushant Vihar Village Delhi 110036 Near Sunny Builder
Ph.: +91 9266897167, 8743917285 Email : support@stcsfoundation.org
Web : www.stcsfoundation.org

Sponsorship form for a Disabled Child Treatment/ Education

Name : Rohan

Date of Birth : 23/09/2012

Disease/ Disability : No ASA + VSD. clavicle C. multiple

Treatment Prescribed : PA Bandej (Rule) VSDs

Add of rehab centre/School : AIMS NEW DELHI

Father/mother/guardian Name: Meherchand

Occupation : Labour. Income PM 5,000/-

No. of Earning Members : 1 member

Any financial assistance for the same purpose if yes received form.....

...../Requested Elsewhere..... NO



Expense on Treatment

- Purchase of Rehabilitation equipment
- Therapy equipment. Music equipment
- Specific therapies/play therapy
- Muscle relaxant drugs
- Botox phenol/nerve block
- Hyperbaric oxygen therapy
- Reflexology
- Special education/ speech/therapy
- Any other /surgeries

Total Amount : Rs 1,65,000/-

I declare that the information given above is correct and complete in all respect and I am not in position to arrange funds for treatment/ special education of my child.

मेहर
Signature parent

वरिष्ठ रेजिडेंट डॉक्टर Resident
सी.टी.वी.एस. विभाग Dept. of C.T.V.S.
एच.बी.के.ए. नगर दिल्ली
physician/ doctor H.B.K.E. नगर दिल्ली
All India Institute of Medical Sciences, New Delhi
Date - 21/8/24

दिनांक
Date

R21 (11)
6/9/22

clay. asset.

44 @ . + 4 medication
+ 40 sm Tel.

J

R21 (25)
2/9/22

T/ASD, unidual VAS,
sev. PAH (EC)

plan

NYKA I

~~ASD medication~~

~~ECHO~~

Tas. Bosentan (625 mg)
1/2 — 1/2

Tas. CARDIVAS 3.125 mg

~~ASD medication~~

Dental hygiene.

~~ASD~~ Supiviteofol
7.5 mg PO qd

~~LEP~~
~~CAC~~
100
as duplicate
file

ASD
ASD

(14) → 957.
8p02

ASD
ASD

Mon, 6/1

टेली कार्डियोलॉजी अपॉइंटमेंट
मोबाइल नंबर 8929936750
समय सुबह 9:30 बजे से शाम
5:00 बजे (सोमवार से शुक्रवार) तक।

हृदय वक्ष एवं तंत्रिका विज्ञान केंद्र
ब० रो० वि०

हृदय रोग विज्ञान / सीटीवीएस ओपीडी
CARDIOLOGY/CTVS OPD
सो० र/शु० र/शुक्रवार
Monday/Wednesday/Friday
दोपहर के बाद
Afternoon

आ० सं०, नई दिल्ली-110029

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

दिनांक/Date 20130010962

CTVS- 72859

विभाग
Deptt.

E

नाम
Name

ROHAN

उम्र
Age 10

यू०एच०आई०डी०सं०
UHID No.

474/13

पुत्र/पुत्री/पत्नी
S/D/W

लिंग
Sex M

निदान
Diagnosis

10yr old

Post A50 + VSD patch done (2012)

Residual VSD / sev. PAH / mod. TR / sev. WMS / RVDyphr. (+)

(Class I)

Spr - Residual 95%

(A50)

TO cast

RA 6mm

Signature

R.21 (22)
31/3/22

R.21 (35)
19/4/23

LC310323165

21

LH3103231567

20130010962



RCHAN

RCHAN

P/ ASD + VSD ~~parada~~ class (Residual)
 VSD - See PATE (obstruction)
 Based on WEF 404.
 LPO2: 88%
 ECP.
 New D - 274m
 Plan
 - retro review
 - continue same
 used

A
 BC, MET (LFT)

Class II mitral regurgitation ⊕

Residual VSD ⊕
 Same PATE
 Same BR dysfunction

R.21 (20)
 22/12/23

Adv
 Echo v/w
 CSF

Gen
 Arterial

R.21 (23)
 5/1/24

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
 ब० रो० वि०
 अ० भा० आ० सं०, नई दिल्ली-110029
 Cardiothoracic & Neurosciences Centre, O.P.D.
 A.I.I.M.S., New Delhi-110029

दिनांक/Date 21/5/24

विभाग
 Deptt.

नाम
 Name

Rohan

उम्र
 Age

10

यू०एच०आई०डी०सं०
 UHID No.

पुत्र/पुत्री/पत्नी
 S/D/W

लिंग
 Sex

474/13

निदान

Diagnosis

6/1/24

TGA vs PA

Next OPD

21/5/24

P) ASD + vs CP 2013
 Res. dual vs / ser bit dupl
 Ser PA on MA
 (Residual PA band to Co)

⇒

8/8/24

- 4
- ① TGA B-scan 62.5mm as
 - ② TGA Cardiac 3.125mm as
 - ③ Ser Syn vit up 146 00

Dr. G. Singh 6/1/24

दिनांक
Date

11 year old

wt: 22 kg

P/Aso + vso done - 2013

Peridural vso / serum PAH
serum BV dyspnoea

class II

PSM ⊕ . GDM ⊕

cytomegali ⊕ .

rxn

① T. Lactulose (20/50) 1/2 BD

② T. Envars 1.25mg BD.

③ T. Bosentan 62.5mg BD

④ T. Cardivas 3.125mg BD

⑤ Cap Arbutin OD

rxn - w.

rxn

K. S. I. (88)
31/5/29

21/9/22

CCNO.

9A M. Friday

(62)

(SR)

ell

Dr
Salawati

Residual VSD shunt Pts.

Mild TR PVP = PAP + 90.

Severe PR.

EDG : 62.

axial DC

@ Bx mild to dyspl Ef - 40%

no LVOTO

Trivial AR

broken
in

23/9/22

31/3/23

Monday. 4pm.

(62)

Dr: Salawati /
D: Lauak

(operability)

Dr
Salawati

(62)

Mon
4pm

vent &
A/R

3/6/24

Residual VSD @ shunt Pts R-2L

mild TR PVP 80 TRAP

Severe PR. (EDG: 45)

~~(62)~~
~~(62)~~ mild MR

Trivial TR

Severe BV dysplasia

LVEF ~ 25%

No PE / clots / veg

Severe PHT

Dr

(62)

alive

ECHOCARDIOGRAPHY REPORT

DEPARTMENT OF CARDIOLOGY, CARDIOTHORACIC CENTRE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

NAME Rehan AGE 8yr SEX M/F DATE 23/6/21
 ECHO No. CV No. UHID No. 20130010962 C.R. No.
 HEIGHTcm WEIGHT 18 kg. BSAm² Ref. Physician.....

Referring Diagnosis
 Quality of Imaging Poor/Adequate/Good Done by Dr. Ankur Checked by Dr.....

MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
 PML Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
 Subvalvular deformity Present/ Absent Score.....
 Doppler Normal / Abnormal
 Mitral stenosis Present / Absent RR interval.....msec
 EDG.....mmHg MDG.....mmHg MVA.....cm²
 Mitral regurgitation Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolaps/Vegetation/Doming
 Doppler Normal/Abnormal
 Tricuspid stenosis Present/Absent RR interval.....msec
 EDGmmHg MDG.....mmHg
 Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
 Velocity.....m/sec Pred. RSVP-RAP 80 mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation
 Doppler Normal/Abnormal
 Pulmonary stenosis Present/Absent Level
 PSG.....mmHg Pulmonary annulus.....mm
 Pulmonary regurgitation Present/Absent
 Early diastolic gradient.....mmHg End diastolic gradient.....mmHg

$MPAP = GI + RAP$

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
 Doppler Normal / Abnormal
 Aortic stenosis Present/Absent Level
 PSG.....mmHg Aortic annulus.....mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

| Measurements | Normal Values | | Normal Value |
|--------------|---------------------------|------------------|--------------|
| Aorta 14.7 | (21-22mm/m ²) | LA es 23 | (21-22 mm/r) |
| LV es 38 | (15-19mm/m ²) | LV ed 51 | (19-32 mm/r) |
| IVS ed 8.3 | (06-10mm) | PW(LV)ed 8.4 | (07-11mm) |
| RV ed | (4-14mm/m ²) | RV Anterior wall | (up to 5mm) |
| EF 15-20% | (62-80%) | | |
| IVS Motion | Normal/Flat/Paradoxical | | |
| IAS | | | |

CHAMBERS

| Chamber | Normal/Enlarged/Clear/Thrombus/Hypertrophy | Contraction | Normal/Reduced |
|---------|--|-------------|----------------|
| LA | Normal/Enlarged/Clear/Thrombus | | |
| RA | Normal/Enlarged/Clear/Thrombus | | |
| RV | Normal/Enlarged/Clear/Thrombus | | |

PERICARDIUM

Normal/Thickened/Calcification/Effusion.

REMARKS

- Aortic root tear
TEE

Post ASD + VSD closure with patch (25/3/13)
Multiple mid M/S + apical VSD (R→L)

Severe Biventricular dysft

NC → 16 mm
< 50% collapsibility

RV S' → 7 TAPSE → 12 mm
Mod TR RVSP = 80 + RAP
Mod PR MPAP = 61 + RAH
Sev PAH. Mild AR

Final Impression

Post ASD + VSD closure with patch / Multiple mid M/S VSD + apical
Severe Biventricular dysft / Sev PAH

Resident
[Signature]

Consultant

radiography report (c
vies

P/ASO + Subpulmonic VSD closure

→ Multiple mild pulmonary + Aortic
Mural VSD (+)
(3mm sept) (7mm sept)

→ Small residual VSD 3mm at the Apical edge of VSD patch
RVSDs are bidirectional shunt

→ Severe Biventricular dysfunction (+) LV EF 20%

→ Low Moderate TR (RVSP → RA + 70)

→ Severe PR (Peak PR 60 mmHg)
End diastolic PR 48 mmHg.

→ IVC dilated, minimal hepatic venodilation

→ No pericardial effusion, no intracardiac clot

→ Lungs clear, no stenosis in Branch PAs

→ Left Aortic Arch, Aortic arch (But No gradient)
Persistent DTS flow.

Sch
25/6/22

Pat ASO

RA elevated, RVSP = 78 + RAP

IVC dilated, splenic
hepatic vein air ⊕
collapsing.

20/6/22

LV EDD = 4.8

Severe PR
(Peak = 48
End = 32)

LVES = 4.0
LV EF 25%

TAPST = 9.7mm

No pericardial effusion

Pat same

4mm residual VSD (B/D) with
mild mitral.

mean
/2

Mild mitral and aortic mitral VSD (B/D)

SIG

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110029

Initial all orders Cancel by crossing through and initaling Rewrite all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

नाम Name Rohan उम्र Age 20y1 M लिंग Sex M वैवाहिक स्थिति Marital Status NA
यू.एच.आई.डी. नं. UHID No. 20130010962
धर्म/Religion NA

सर्विस/Service CLSB वार्ड/Ward CLSB बेड/Bed CLSB व्यवसाय/Occupation CLSB

| Date Order | Date Cancellation | Doctor's orders with signature | The sister's signature with date |
|---------------|-------------------|--|----------------------------------|
| <u>6/1/24</u> | | <u>CLSB - Peds Cardio</u> | <u>SK</u> |
| <u>7:30pm</u> | | <p>KClO - dtNA USD P' ASO + VSD closure (2013)</p> <p>↓</p> <p>Sw. BU <u>Sw. PAH</u></p> | |
| | | <p>→ currently clo something difficultly x 2 days</p> <p>clo ↑ DOE x 2 days</p> <p>NO clo ↓ red U.O / Edema + of hands feet.</p> | |
| | | <p>→ was on Bosintan</p> <p>currently, symptomatically improved</p> | |
| <u>OTE</u> | | <p>H.R - 91/min</p> <p>SpO₂ - 87% in KA</p> <p>CP/PP - 11/11</p> <p>CR - 135</p> | |

DOCTORS ORDER

Initial all orders Cancel by crossing through and initialing Rewrite all orders when turning over and after major operations. Sister should sign in the column provided when the order is transferred to the treatment books.

| Date Order | Date Cancellation | Doctor's orders with signature | The sister's signature with date |
|------------|-------------------|---|--|
| | | CVS- SIS (+) IS- clear CNS- NO FND D/A- Soft, with 4cm ↓ ten. | |
| | | 1) T. LASIX 20mg 2) T. Aldactone 25mg 3) T. Envas 1.25mg 4) continue T. Bosentan 5) T. Atherin 176h 6) can be discharged if symptomatically and can be seen in OPD 7) MU SOS in | Adv. R/O BD BD BD 62.5mg BD QD removed to cardio asked in Peds cardio. |
| | | | u.a |

Dr. A. A. ...
 ...
 ...
 ...

Milki

(REVISIT)

अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI -110029



UHID No: 20130010962

(DEPT. OF EMERGENCY MEDICINE)

आपातकालीन नं. (Emergency No): 2024/030/0042045

दिनांक DATE: 05/05/2024

समय TIME: 07:34:57 PM

NON-MLC

नाम NAME: BABY ROHAN

S/O : MAHER CHAND

पता ADDRESS:

आयु AGE : 11 years 7 months 13 days

लिंग / SEX : M

मकान संख्या H.NO:

INDRA COLONY FARIDBAD

माली / मुहल्ला STREET/MOH:

शहर/प्रखण्ड CITY/BLOCK:

पिन PIN:

राज्य STATE:

HARYANA

दूरभाष नं. PHONE NO:

मोबाइल MOBILE NO:

स्थान Location:

Paediatrics Emergency

द्वारा BROUGHT BY: Relative :

Criticality: Red / Yellow / Green

Triage: Responsive/ Unresponsive
HR /min
BP mmHg RR /min spO2 %
Shifted to Paeds/ Main/ New Emergency

DTY A/VSD / Post ASD & VSD closure in 25/3/2013
switch. Dr Dwargurn
Now come in Breathing difficulty x 2 days
exertional dyspnea.
No fever / U/O / swelling.

Presenting Complaints

on Bosentan
Cerebras.

Primary Assessment (ABCDE) : Assessment Pentagon

| Airway | Circulation | Disability |
|--|---|--|
| Open & stable : Yes/No If No..... | HR 91/min | GCS 15/15 |
| Breathing: RR 32/min Efforts: Normal/Poor/increased Auscultation: Mild crackles (+) Air entry: Normal/poor/Differential | CFT 9 secs. BP 110/71 mmHg | Pupil size 3/min Pupillary Reactions RT |
| Added sounds: None/Stridor/Wheeze/Crackles | Peripheral pulse: Poor/Good Central pulse: Poor/Good | Motor activity: Normal & Symmetrical/Asymmetrical/ Posturing/Flacidity/Seizure |
| SpO2 on Room air 88% on O2 also 80-85% by FM | Skin temp: Warm/cool Others Lurr in 5-6cm LEM Roushmd heart (+) P&M (+) 2nd ICS | Blood Sugar.....mg/dl Exposure: Temp..... Colour: Normal/pallor/cyanosis /mottled Any other skin lesions..... |

Diagnosis

DTY A VSD / Post ASD & VSD closure in Residual VSD.
Severe PAH in ? Eisenmenger.
ER-V dysfunction

CBC
VBC

Abx P
3PM
Vidj Lasix 20mg IV stat.
O2 by FM @ 4LPM
ECG & Chest Xray.

Dr. J. J. J.
Signature

Polycardio R/w (Softened)

Jangke

AJIM

ROHAN
Male

ck/bs. polycardio SR.

5/5/24

Case of TUBVSD

P/ AIO tno dwami (2013)

P/ Rendu VIO (B10) (serum no dysprotein

xy - Gm carbonyaly

ADITR emu.

o/ R patient ac- gain

p-1 Dty + / by- 16-16-

HR - 96/min

RR - 30/min

PA - em.

ur - < 3mm

protein - normal

BP 110/70mmHg

Chem - BU AFO.

clear.

CUU - SIS₂ ⊕ em

PIA - soft

Lut - 4mm dia

em - normal.

Plan:

- Insulin 20mg i/v no

- T. Adattin (25mg)

80
- with candidul.

- T. hwan 1.25mg 80

(If 80 in normal)

- Control korontan.

10:00 AM
Doctor on Duty
AJIM

DEPARTMENT OF PEDIATRIC EMERGENCY AIIMS, NEW DELHI

PATIENT: Baby Raham AGE/SEX: 11 yrs/M UHID: 20030010962

NURSES VITALS MONITORING SHEET

| | Temp. (F) | HR | RR | BP mm/hg | SPO ₂ | RBS Mg/dl | MEANS OF VENTILATION | SIGNATURE |
|-------|--------------|-----|----|-------------|------------------|--------------|------------------------------|-------------|
| 10 AM | AF | 88 | 30 | 110/71 | 80 | | ↓ O ₂ by FMO 4L | [Signature] |
| 6 PM | AF | 87 | 22 | - | 84% | | ↓ O ₂ by FMO 4L/m | [Signature] |
| 11 AM | AF | 112 | 20 | - | 86% | | ↓ O ₂ by FM | [Signature] |
| 6 PM | AF | 95 | 20 | - | 74% | | ↓ Room Air | [Signature] |

DAY-2

DATE:-

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DEPARTMENT OF PEDIATRIC EMERGENCY AIIMS, NEW DELHI

| DATE | NURSES NOTE |
|--------------|--|
| (5/5) | child is conscious and oriented to P/P and B Bulky allowed. self voiding. |
| 11 AM 6/5 | child is conscious & oriented. orally allowed. self-voiding. |

SIGNATURE OF NO A SHIFT:..... B SHIFT :..... C SHIFT:.....

5/5/24
[Signature]

| DATE | NURSES NOTE |
|------|-------------|
| | |

SIGNATURE OF NO A SHIFT:..... B SHIFT :..... C SHIFT:.....



DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
A.I.I.M.S.: ANSARI NAGAR, NEW DELHI - 110029
DISCHARGE SUMMARY

CR No. 55696/13

Body Weight: 4 kg

Blood Group: O POS

Name: BABY ROHAN

Age: 6 MTHS

Sex: MALE

S/O MAHER CHAND

C.V.No: 474/13

C.T.V. No: 72859

Address: INDRA COLONY, FARIDABAD

DOA: 24/03/2013

DOP: 25/03/2013

DOD:

Diagnosis: CCHD, INC QP, D TGA, S/P VSD, ADDL MUS SMALL VSD, NO ASD/PDA/CoA, NL CORONARIES, NL BIV FUNCTN, NSR NO CCF/IE/PE.

Echo
16/01/2013,
1466/13, DR
JUNEJA

MV/TV/AV/PV-NL, AO/LAes=14/16, LVes/ed=18/27, TVSed/PW(LV)ed=7/5, LV/LA/RV/RA-NL, SS, LC, AVC, VA DISCORDANCE, 3PVs→LA, SVC/IVC→RA, NO ASD COULD BE SEEN, S/P VSD WITH L→R, ADDL SMALL MID-MUSC VSD, NO LVOTO/RVOTO, LV LOOKS PREPARED, NO PDA, ARCH APPEARS NL, NO CoA,

REVIEW=CCHD, INC QP, D-TGA, LARGE S/P VSD, ADDL MID-MUS VSD, NO ASD/PDA/CoA, NL IV FUNCTN

DATE OF OPERATION

25/03/2013

PROCEDURE

ARTERIAL SWITCH OPERATION + VSD CLOSURE WITH DACRON PATCH

Operative findings

STERNUM NORMAL, THMUS +, RETRACTED, INNOMINATE +, PERICARDIUM NORMAL, NO PE, SS/ LC/ SVC/ IVC→ RA, 4PVs→LA, NO CARDIOMEGALY, AORTA ANTERIOR AND LEFT TO PA, PA RIGHT & POSTERIOR TO AO (MORE LIKE SIDE BY SIDE RELATION), CORONARY PATTERN NORMAL 1 LCX, 2R, AV CONCORDANCE, VA DISCORDANCE, PDA CLIPPED, NO ASD, PFO+, MAL-ALIGNED DOUBLY COMMITTED LARGE VSD (1.5 BY 1.5CM2) CLOSED THROUGH TRANSRA & AORTIC APPROACH, AORTIC VALVE TRICUSPID VALVE NORMAL. NORMAL PULMONARY VALVE. TV-NL, NO TR, PERICARDIUM OPEN

Operative notes

MEDIAN STERNOTOMY THYMUS PRESERVED BY RETRACTING, PERICARDIAL PATCH HARVESTED AND FIXED IN GLUTERALDEHYDE, . PERICARDIAL STAYS.
, AORTA, MPA, LPA, RPA DISSECTED FREE, AND LOOPED. HEPARIN→ AORTO BICAVAL CANNULATION, ACT CHECKED, CPB ON, CARDIOPLEGIA CANNULA PLACED, AOXCL→ ROOT CBC, →HEART ARRESTED, AORTA TRANSECTED, CORONARY BUTTONS HARVESTED, MPA STAYS, MPA TRANSECTED BELOW THE BIFURCATION, SVC/IVC SNUGGED, RA OPENED, LARGE VSD CLOSED DACRON PATCH THROUGH TRANS RA & AORTIC ROUTE, SLITS MADE IN NEOAORTA, AND CORONARY BUTTONS ANASTOMOSED TO CREATE NEO AORTIC ROOT. LECOMPTTE MANUEVER DONE, NEO AORTIC ROOT ANASTOMOSED TO THE DISTAL ASCENDING AORTA. NEO PULMONARY ROOT RECONSTRUCTED OVER AUTOLOGUS FIXED PERICARDIAL PATCH. PFO OPEN, . RA CLOSED, AOXCL OFF, ROOT DEAIRED, NEO PULMONARY ROOT ANASTOMOSED TO DISTAL MPA, CPB WEANED OFF, PROTA, DECANNULATION, HEMOSTASIS, PACING WIRES, DRAINS, CLOSURE





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 _i | 2.6 |
| RA | 49 | | | 5 | Qs _i | 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 _i | 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 m², 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



DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY
A.I.I.M.S., ANSARI NAGAR, NEW DELHI - 110029
DISCHARGE SUMMARY

UHID NO: 107092599 CR NO: C-044177-24 NAME: SHAMBHAVI
 AGE: 3 YEARS SEX: FEMALE D/O NITESH KUMAR
 WEIGHT: 11.8 KG CTVS NO: 122152/23 MOBILE NO: 8847526701
 DATE OF ADMISSION: 23/03/2024 BGRP: B+VE DATE OF DISCHARGE: 2/4/24
 ADDRESS: MOLADBADN VISTAR, BADARPUR CV NO: 28212/14/23

DIAGNOSIS:

ACHD, INC Qp, SV ASD, PAPVC, MOD TR, MILD PS, NL LV FUNCTION, EF - 60%, NSR

2D ECHO

(25/10/23)

Dr. S. RAMAKRISHNA
N

ACHD, INC Qp, SUPERIOR SV-ASD, NO VSD, PAPVC, MOD TR, MILD PS, GRADIENT 50MM Hg, RVVO+, NO COA, NL LV FUNCTION, NO CLOT/PE/VEG

CT ANGIO

(7/11/23)

SUPERIOR SINUS VENOSUS DEFECT, RT ULPV & SVC, RMLPV & SVC-RA, FUNCTION, REST INTO LA, NO PDA, NL CORONARIES, NO SIGNIFICANT APCs, DILATED RA AND RV, DILATED PAs.

DATE OF SURGERY

PROCEDURE

28 /03/2024

OPERATIVE FINDINGS

TRANS SVC-SV ASD CLOSURE USING GORTEX PATCH WITH PAPVC REROUTING+SVC AUGMENTATION WITH AUTOLOGOUS UNFIXED PERICARDIAL PATCH

STERNUM NORMAL, THYMUS, INNOMINATE VEIN PRESENT, PERICARDIUM NORMAL, RA/RV DILATED, RT ULPV AND MLPV DRAINING INTO SVC, B/L PLEURA INTACT

OPERATIVE NOTES

MEDIAN STERNOTOMY, THYMIC TISSUE DIVIDED AND RIGHT LOBE EXCISED, LEFT PARAMEDIAN PERICARDIOTOMY, PERICARDIAL STAYS-CARDIAC ANATOMY WAS NOTED AS ABOVE, DOUBLE AORTIC PURSESTRING, HEPARINISATION, AORTIC CANNULATION, HIGH SVC PURSE STRING AND CANNULATION, PARTIAL BYPASS ON, IVC PURSESTRING AND CANNULATION, FULL BYPASS ON, SVC AND IVC LOOPED, SVC SNUGGLED, CARDIOPLEGIA PURSESTRING, CARDIOPLEGIA CANNULATION, AOXCL APPLIED, ANTEGRADE COLD BLOOD CARDIOPLEGIA ADMINISTERED, HEART ARRESTED IN DIASTOLE, IVC SNUGGED, SVC STAYS AND SVC OPENED, INTRACARDIAC ANATOMY ASSESSED, SINGLE SV-ASD 2*1 CM, GORTEX PATCH SIZED TO DEFECT, ASD CLOSED WITH GORTEX PATCH REROUTING PAs TO LA-SVC, CLOSED WITH AUTOLOGOUS PERICARDIAL PATCH, SVC AND IVC SNUGS REMOVED, MANUAL DEAIRING DONE, AOXCL OFF, ROOT VENT ON, IVC DECANNULATION AND REINFORCEMENT, SLOWLY CAME DOWN ON FLOWS, MEDIASTINAL DRAIN PLACED, OFF BYPASS, 2A, 2V PACING WIRES PLACED, SVC DECANNULATION AND REINFORCEMENT, ROOT VENT REMOVED AND REINFORCED, PROTAMINE STARTED, AORTIC DECANNULATION DONE, REINFORCEMENT OF THE AORTIC CANNULA SITE, PERICARDIUM CLOSED PARTIALLY, ROUTINE STERNUM AND SKIN CLOSURE-ASEPTIC DRESSING DONE

CPB TIME: 52 MIN, AOX TIME: 36 MIN

POST OP COURSE:

Uneventful

DISCHARGE MEDICATION

1. T. Envas 1mg BD (to continue)
2. T. PCM 30mg sos.

INSTRUCTIONS:

FOR 24 HRS

1) FOLLOW FLUID RESTRICTIONS

2) REPORT IMMEDIATELY IF -

- A) FEVER MORE THAN 2 DAYS
- B) BLEEDING / DISCHARGE FROM WOUND
- C) DECREASE URINE OUTPUT
- D) WORSENING OF SYMPTOMS

3) VISIT OPD AT ONE WEEK, ONE MONTH, THREE MONTHS, SIX MONTHS, ONE YEAR AND YEARLY.

4) FOLLOW UP IN CTVS OPD ROOM NO.6, MONDAY/WEDNESDAY/FRIDAY 2.00P.M. AFTER 7 DAYS WITH ECHO, ECG, CXR REPORTS.

5) STITCH REMOVAL IN CNCENTER, R.NO28, MONDAY/WEDNESDAY/FRIDAY, 12.00P.M. AFTER 7 DAYS.

6) CONTACT DOCTOR ON E-MAIL/PHONE VIA WEBSITE "AIIMS.EDU"

7) REPORT ANY HOSPITAL ADMISSION / VISIT OUTSIDE AIIMS.

CONSULTANT

[Handwritten signature]
2/9/2024

SENIOR RESIDENT

DR.SACHIN TALWAR/ DR AMITABH SATSANGI DR.BALA
BRINDHA,DR.MANOGNITHA (SR CTVS)