

MQW Al Qassimi Women's and Children's Hospital-Sharjah

Patient Name: LAYAN OBAIDA JOUJA
MRN: MQW-00097775
Encounter: 052814938
Medical Service: Cardiology
DOB: 27/04/2019 Age: 4 years

Admit Date: 12/09/2023
Discharge Date: 12/09/2023
e-Dirham: 204526721576858553
Gender: Female

BH Medical Report

DOCUMENT NAME: Medical Report
SERVICE DATE/TIME: 14/09/2023 12:17 GST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Rubeena Ahmad (14/09/2023 12:32 GST)
SIGN INFORMATION: Dr.Ahmed Al Kamali (14/09/2023 14:08 GST)

Brief

ASD closure through right anterolateral thoracotomy with cardiopulmonary bypass open heart (24/07/23)
Down syndrome

Medical History

Layan is 4 yrs old who has Down syndrome, who had ASD secundum diagnosed at 6 months of age. She was following in cardiology clinic.
She underwent ASD surgical closure through lateral thoracotomy on 24/07/23. Post operative course was uneventful. She was seen in cardiology clinic 01/05/23. Cardiac wise she is stable, no cardiac medication. She is following in Down syndrome clinic and rehabilitation therapy.

Development: Speech delay, can walk now, was Attending Shariah rehabilitation center (occupational and speech and ABA therapy) stopped 1 year year
Now going to special school

Birth History: Was born at term by LSCS (breech delivery), good Apgar score, birth weight was around 2.76 kg,
Postnatal: admitted to NICU for 5 days with respiratory distress, required CPAP support. Dysmorphic features suggestive of Down syndrome, confirmed by karyotyping
Brain USS postnatal and on 27/08/19: bilateral widening of third and lateral ventricles

Past Medical History:

-Seen by pediatric geneticist in DH and parent were counselled about diagnosis of Down syndrome.
-Atrial Septal Defect detected at age of 6 month. Echocardiography done on 15/01/2019 in view of cardiac murmur, advised for surgical correction at by age of 4-5 years.
, following up with pediatric cardiology, initially in DH, now following here
-Admitted to DH with pneumonia 1 year ago.
-Admitted in January 2020 to DH with febrile convulsion.
-Received physiotherapy for awhile in private (4 sessions), then parent are continued at home.
-Following up with ophthalmologist for left eye partial ptosis and mild epiphora
Had tonsillectomy and adenoidectomy last year in Suleiman Habib
s/p Gommert insertion for recurrent otitis media.

Procedure/Surgical History

Indication for Surgery

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BH Medical Report

4 years old beautiful girl with atrial septal defect

ASD closed by patch through right thoracotomy

Operation

Procedure: Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch (24/07/23)

with Autologous pericardial patch

Findings

ASD without adequate rim between it and IVC

Technique

After appropriate IV access, arterial lines were established and general anesthetic was administered with endotracheal intubation. A central line was placed. Preoperative transesophageal echocardiogram was then performed to evaluate cardiac function and anatomy. We then proceeded to prep and drape the patient in the usual sterile fashion. Time out was performed.

We proceeded with a right lateral thoracotomy by achieving careful hemostasis. The pericardium was not adherent to the heart. The great vessels were normally situated. A full dose of intravenous heparin was given to achieve the systemic anticoagulation. Following systemic heparinization, we proceeded with cannulation the distal ascending aorta and of both venae cavae. Cardiopulmonary bypass was initiated.

Following cross-clamping of the aorta and arresting the heart with antegrade cold blood cardioplegia, Antegrade blood cardioplegia was used to arrest the heart. both cavae were snared and the right atrium was opened. The coronary sinus and the ostia of both venae cavae and pulmonary veins ostia were located.

exploring of Mitral valve done -no cleft could be visualized and saline test was satisfying

Using a 5-0 polypropylene, the ASD was closed with Autologous pericardial patch Excessive suctioning of blood from the left atrium was avoided, in order to prevent trapping air on the left side of the heart. Just before completing the suture line, using Valsalva maneuver, the left atrium was allowed to fill and air was expelled towards the right atrium.

We began to rewarm systemically as the left heart was de-aired. Additional de-airing was accomplished via the ascending aorta and confirmed with TEE. The aortic cross-clamp was removed and a normal sinus rhythm returned rapidly. The right atriotomy was approximated with running polypropylene and the caval tourniquets were removed. Decannulation and hemostasis was done. A test dose of protamine was given, and the patient was monitored for a hemodynamic reaction, one drain was inserted right extended to mediastinum.

Hemostasis of all intra pericardial sites was assessed. The chest wall was then examined for hemostasis. Ribs were then approximated using Vicryl sutures. Hemostasis of wire sites was then assessed. The overlying fascia and soft tissue and skin were approximated using absorbable sutures in a running fashion. The wound was then dressed with a sterile dressing. Instruments, sponges and needles counts were confirmed to be correct following conclusion of the operation. The patient was then transferred to the Cardiac Surgery Intensive Care Unit extubated and in a stable fashion.

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BH Medical Report**Clinical Examination**

T: 36 °C (Tympanic) HR: 108(Peripheral) RR: 22 SpO2: 100% WT: 15 kg(Measured)

Alert, active, pink, well perfused, afebrile, no respiratory distress.
Precordium looks normal, Surgical wound healthy , thoracotomy scar
CVS: S1+S2 normal, regular, no murmur , no thrill, no gallop.
Pulses: Femorals and peripherals pulses are good.
Chest: clear, good air entry bilaterally.
Abdomen: soft, no hepatomegaly.
Oedema: None
Thriving well.
No clubbing.
Down syndrome
CNS: developmental delay

Investigations**Diagnostic Results**

ECHO REPORT (27/07/23)
Congenital heart disease,
S/P Secundum ASD
Normal Biventricular function
Normal PA pressure

Management

Follow up in cardiac OPD

Summary and Recommendations

Layan is 4 yrs old Down syndrome , female who underwent ASD surgical closure with good surgical results.She is stable hemodynamically.She needs regular follow in cardiac OPD as advised.She will also need multidisciplinary clinic follow up in view of other non cardiac issues

Prepared by

Rubeena Ahmad
License Number
:MOHD44266

Date

14-SEP-23

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مؤسسة الإمارات للصحة
Emirates Health Services
مستشفى السيدات والأطفال
Al-Qassimi Women's and Children's Hospital
14/09/2023

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