



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

Date: 29/8/24.

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

Name of Patient Mr./Ms./ रोगी का नाम श्रीमान/श्रीमती B/O BILJI (KANISHKA)
Age/ उम्र 3 years Sex/ लिंग Female CV No. / CTVS No. / सीवी संख्या/सीटीवीएस संख्या 6818/14/2021
UHID No. / यूएचआईडी संख्या 105508168
Nature of Disease / रोग का नाम complete heart block
Nature of Surgery / Procedure required / सर्जरी/प्रक्रिया की आवश्यकता Epicardial PPI
Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट 4[⊙]
Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क Rs. 1,24,000

The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in

favour of "AIIMS PATIENT'S ACCOUNT"
(A/c No. 10874584258, IFSC Code : SBIN0001536)
(for CTVS Surgical Patients)

/ "AIIMS ANGIOGRAPHY PATIENT'S ACCOUNT"
(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)
(कार्डियोलॉजह मरीजों के लिए)

अनुमानित व्यय सीजीएस/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)

(D. M)

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 10/5/2021

विभाग Deptt.

नाम Name

Bijli

उम्र Age

4/12

सं. पू. व. सं. सं. सं. सं.
UNID NO.

2-6518/21

पुत्र पुत्री पत्नी
SOW

लिंग Sex

✓

निदान
Diagnosis

21/5/21
Call back
R. Sabarwal
R-12
20/4/21
50.00

To admit
in ERG.

Dr. Sabarwal

Kindly give

CV file

10/5/21

For Dr

Kindly issue
Holler report

S.K.P.

Gen

to meet
Dr. Sabarwal
man in
room 12
@ 2pm

high ventricular lead
threshold
Advised lead revision
lost to follow up.

Please to give
all

दिनांक
Date

21/5/24
Tuesday
9a.m
MU in
CT-6

15/09/2024

Doing fine
no fever

wt 43kg

dx
later Exp. A2 &
dyspnea

011-26593511
4688

xg marks


R.16.5
16/2/22


Doing fine.
child playful.

R.N.15

dx - pulling apart @, failure to capture
CMB i narrow ORs escape.

AP-intervent

↳ High V. Amiod. had no fever
failure to capture
even @ 6.5/15ms

dx
Admit in CT-6 ward. for
epicardial lead revision.


Date

Battery life - 22 months.
for after 3 months.

R17-20
14/05/24

Vitalson - Gase
made - DVIA
LR - 100 qm
ERI detection 21/6/24

Admit CT6
For Endovascular PPI

Regrets no beds
available @ CT6.

~~14/05/23~~

c/o/e Dr Deepthi
Wt - 9 kg
To 2/s e surgeon
for epicardial
PPI

ALMSHOSPITAL



Patient Details

Name	BIJLI UHID-105508168	Case Number	CV-6816/21
ID	64363	Rec. start	17-02-2022 10:33:35
Age	100 Date of birth: 05-08-1921	Length	22:48:29 wght: 22:47:08
Gender	female	Recorder	FD12plus (10122.3 / 1.18)
Address		Ref Doc	DR RAMAKRISHNA
Phone		Contact	

Reason for rec: CONGENITAL CHB P/PPH
Current Therapy
Stamm, Thrombo

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
CARDIO-THORACIC & NEURO SCIENCES CENTRE
अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली-110029
A.I.I.M.S., New Delhi-110029

9:30 AM
Holter Study

विशेष जांच पड़ताल की रिक्वीजीसन
Requisition for Special investigations

दिनांक 13/2/22
Date
नाम BIJLI
Name

ब.रो.वि.सं. 105508168
C.R./O.P.D. No.
आयु 6m
Age

कक्ष CT6
Ward
लिंग F
Sex
विवारार्थ Ref by

विरतार Bed

क्लिनिक डायगनासिस
Clinical Diagnosis

Congenital Heart Block,
P/PPH.

दवाईयाँ
Drugs

जांच पड़ताल की माँग
Investigations requested

24 HR HOLTER STUDY

please print one more
from separate one
this is rough one

डॉको

ECG/Echo/Vector/Redionucleiude Study/Others
CIDW Consultant Dr. RAGHAV Sin

इस्तावर परामर्शदाता
Signature of Consultant

Keeps Three Hundred Only

NO LONG PAUSE, NO SIGNIFICANT ST-T CHANGES
NO SYMPTOM REPORTED

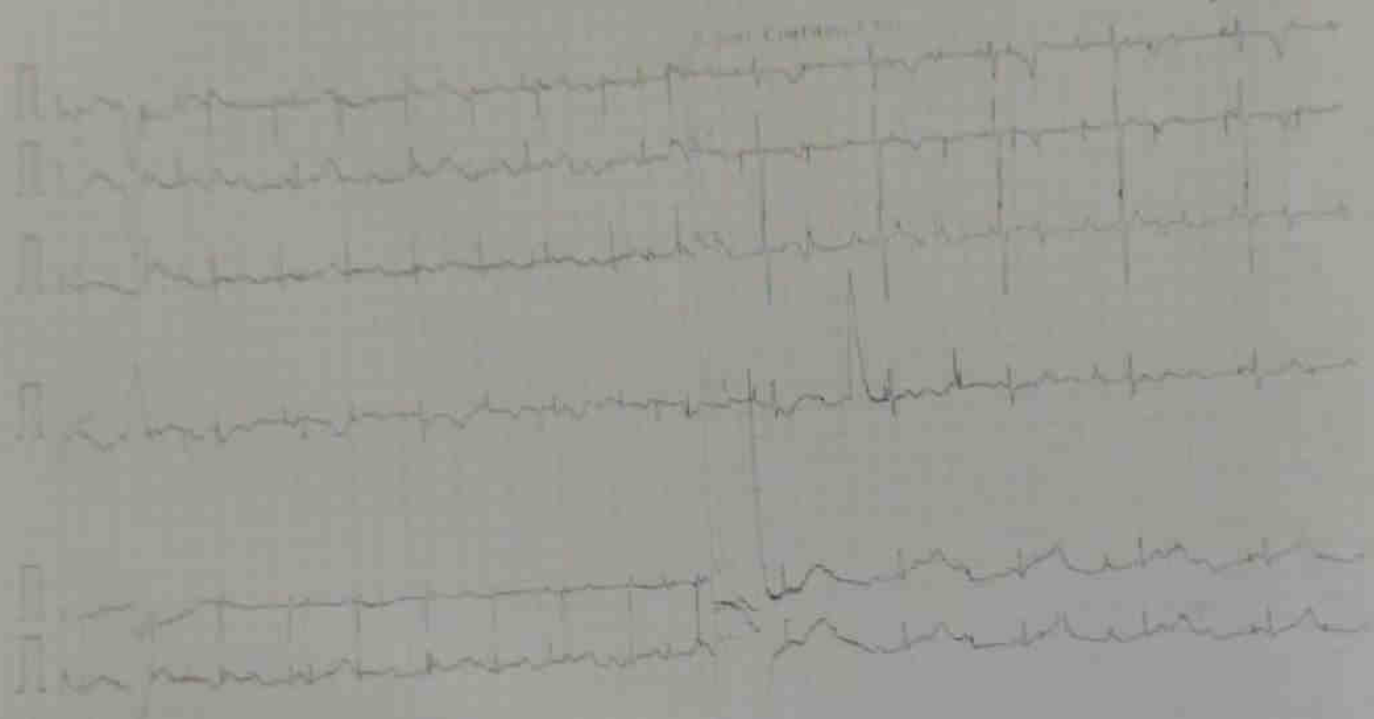
IMPRESSION:- BASELINE COMPLETE HEART BLOCK WITH NARROW QRS ESCAPE, LOSS CAPTURE

DR SATAROOPA
Senior Resident

Share your feedback to improve our hospital on the Website link: www.spectral.in or www.aicmr.gov.in

12-lead ECG
Patient: J. Williams
Date: 15/12/20
Right Atrial Enlargement
Left Atrial Enlargement

By Dr
15/12/20



ECHOCARDIOGRAPHY REPORT

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

NAME B/o Bigli AGE 5th DOB SEX M F DATE 10/8/21
ECHO No. _____ CV No. _____ UHID No. 105508168 C.R. No. _____
HEIGHT _____ cm WEIGHT 21.3 kg. BSA _____ m² Ref. Physician _____

Referring Diagnosis _____
Quality of Imaging Good/Adequate/Good Done by Dr. Anbu 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
EDG _____ mmHg MDG _____ mmHg
Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
Valocity _____ m/sec Pred. RSVP-RAP+ 20 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

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 _____ mm Hg Aortic annulus _____ mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

Measurements	Normal Values
Aorta \varnothing	(21-22mm)
LV es \varnothing	(11-13mm)
IVS ed \varnothing	(6-10mm)
RV es	(4-14mm)
EF	(62-80%)
IVS Motion	Normal/Flat/Paradoxical
IAS	12mm

	Normal Values
LA es \varnothing	(21-22 mm ²)
LV ed \varnothing	(19-37 mm ²)
PW(LV) ed \varnothing	(07-11mm)
IV Anterior wall	(upto 5mm)

- No anomalies
 - Ao root = 8.9 (2-8.3)
 - STJ 7.5 (2-0.2)
 - ASC-Ao 12mm (1-23.68)
 - Tr. arch 9mm (7-10)
 - Tr. arch 2.5mm

CHAMBERS

LV	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

SS/LC
 AV/VA concordance
 NRGA

- TEE Anomalous IAS c
 Small DC ASD (L-R) 4mm
 Mild TR RVP = 20 + RAP
 Small PDA (CIB) NO PDA

- DIAGNOSIS Left arch
 Dilated Ao-Ao
 Trivial MR / NO AS/AR
 No VSD/CoA (prominent anterior shelf @ 2)
 (N) Bifid Confluent PA

Final Impression

ACD, TAB / Small (D) arch
 Dilated Ao-Ao
 Normal pulmonary systolic
 finding NO PE (CIB noted during study to SS/PA)

Resident Consultant



ALL INDIA INSTITUTE OF MEDICAL
SCIENCES
C. N CENTRE
HOLTER LAB
NEW DELHI-110029

94983
BJLI_UHID-105508168
05-08-1921

Patient Details

Name: BJLI_UHID-105508168
ID: 64363
Age: 100 Date of birth: 05-08-1921
Gender: Female
Address:
Phone:

Case number: CV 481821
Rec. Start: 17-02-2022 19:33:35
Length: 22:48:29 valid: 22:47:08
Recorder: PD12plus (1012/2.3 / 1.18)
Ref Doc: DR RAMAKRISHNA
Contact:

Reason for rec: CONGENITAL CHB, PIPPI
Current Therapy:
Recent Therapy:

General

Beats: 77375
V beats: 0 (0.00%)
Normal beats: 20173 (26.07%)
Paced beats: 57202 (73.93%)
BSB: 0 (0.00%)
Junction: 0 (0.00%)
AFib: 0
AFL: 0
Artefacts%: 0.10%
Length: 21:33:04
ECG 1: 22:47:09
ECG 2: 22:47:17
ECG 3:

Heart rate and HRV

Min. HR / maxRR: 50 bpm @ 23:14 / 3210.0 ms
Max. HR / minRR: 67 bpm @ 12:20:25 / 495.0 ms
Min. SinHR / maxNN: 33.4 bpm / 3210.0 ms
Ø HR: 57 bpm
Ø HR Day: 58 bpm
Ø HR Night: 54 bpm
Beats in Tachy: 0 (130 bpm) 0%
Beats in Brady: 0 (45 bpm) 0%
Longest Pause: --- sec @ ---
Longest QTc: --- sec / QTc --- msec @ ---

Ventricular Events

V ectopic beats: 0
Couplets: Mono: 0 Poly: 0
Triplets: 0
Isolated V: 0
Bigemini: 0
Trigemini: 0
VT: 0
Most severe VT: 0
NSVT: 0
Salvo: 0
IVR: 0

Supraventricular Events

Pause: 0
Tachycardia: 0
Most severe SVT: --- sec
Bradycardia: 0
Most severe Brady: --- sec
SV Couplet: 0
SV Triplet: 0
PSVT: 0
Irreg Rhythm: 0
SVES: 0 (0.00%)
N-SVES: 20173 (100.00%)

Diagnosis

GOOD RECORDING
BASELINE COMPLETE HEART BLOCK, NARROW QRS ESCAPE, NORMAL QTc
LOSS OF PACEMAKER CAPTURE
MINIMUM HR- 50 /MIN; MAXIMUM HR- 66 /MIN
NO SVE, VPC
NO SVT/NSVT/VT
NO LONG PAUSE, NO SIGNIFICANT ST-T CHANGES
NO SYMPTOM REPORTED

IMPRESSION:- BASELINE COMPLETE HEART BLOCK WITH NARROW QRS ESCAPE, LOSS OF PACEMAKER CAPTURE

DR SATAROOPA
Senior Resident

CTVS DISCHARGE SUMMARY
DEPARTMENT OF CARDIOTHORACIC AND VASCULAR SURGERY

AIIMS, ANSARI NAGAR, NEW DELHI-110029

DISCHARGE SUMMARY

UHID NO 105508168 CR NO C-018794-21 NAME B/O BIJI
AGE: DAYS SEX FEMALE D/o BABULAL
DATE OF ADMISSION: 06/08/2021 DATE OF DISCHARGE 23/08/2021
ADDRESS H NO S-35/10, GOLAKUAN, TEHKHAND, NEW DELHI

FACILITY NAME: PROF. MILIND P. HOTE

SENIOR RESIDENT DR. BHARAT, DR. MURALI

DIAGNOSIS:

SINGLE, EARLY TERM (37+3 WKS)/ LOW BIRTH WEIGHT (2.26 KG)/AGA/ EMERGENCY LSCS - FETAL DISTRESS/MATERNAL LUPUS NEPHRITIS/ CONGENITAL COMPLETE HEART BLOCK

2D ECHO DT 10/08/2021

IV TRIVIAL MR
TV MILD TR, RVSP=RAP+20 mm Hg
PV NORMAL
AV TRICUSPID: NORMAL

MEASUREMENTS

Ao/LAo: 7/8
LVes/LVed 10/12
IVSep/PWL/Ved 3.7/3.5
EF 50%
LVS MOTION NORMAL
IAS FOSSA OVALIS ASD, 4 mm, L→R SHUNT
ALL CHAMBERS: NORMAL
PERICARDIUM NORMAL

REMARKS: SS, LC, AVVA-C, NRG
SYSTEMIC & PUL VENOUS CONNECTIONS- NORMAL
ANEURYSMAL IAS WITH SMALL OS-ASD 4mm, L→R SHUNT
MILD TR, RVSP=RAP + 20 mm Hg,
MILD MR, NO AS/AR, LT ARCH, DILATED ASC AO
NO VSD/COA (PROMINENT ANTERIOR SHELF)
NO PDA
BV FN/NL, CONFLUENT PA

FINAL IMPRESSION: ACHD/INC QP/ SMALL FOASD (L→R SHUNT)/ DILATED AS Ao/NO AS/AR/ BV SYSTOLIC FN/NL/ NO PE. CHB NOTED DURING STUDY. HR-52/MIN.

CONSULTANT REVIEW AO ANNULUS-7.2 (Z-0.0), AO ROOT-8.9 (Z-0.3), STJ (7.5 (Z-0.3), ASC AO 12mm (+Z-58), TRANSVERSE ARCH - 09 mm (PROX), ISTHMUS -3.5mm.

ECG

ATRIAL RATE 120-160/MIN
VENTRICULAR RATE 60-65/MIN

THE FOLLOWING ITEMS DO NOT INTERFERE WITH PACEMAKER ACTIVITY

- Microwave ovens
- Kitchen appliances such as blenders, toaster ovens, and electric knives
- Televisions (including the remote control), FM and AM radios, and stereos
- TV and radio transmitters
- Ham radios and CB radios
- Electric blankets and heating pads
- Electric shavers, hair dryers, curling irons, and other personal care appliances
- Gardening machinery, such as electric trimmers
- Garage door openers
- Metal detectors
- Computers
- Copying and fax machines
- Properly grounded shop tools (except power generators or arc welding equipment)

How can I ensure that my child's pacemaker is working properly?

Although your child's pacemaker is built to last several years, always check the pacemaker regularly to ensure that it is working properly. The proper method for checking the accuracy of your pacemaker includes the following:

- Take your child's pulse regularly to make sure the pacemaker is keeping your child's pulse at the targeted rate.
- Participate in a telephonic check-up for your child's pacemaker on a periodic basis. Your child's physician will provide special instructions.
- See your child's physician regularly for check-ups.
- Report any unusual symptoms or symptoms similar to those your child had prior to the pacemaker insertion to your child's physician immediately.

Always consult your child's physician for more information, if needed.

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

* DISCHARGE SUMMARY *

ADDNOC: 100300168
NAME: HADY CH BHUT
DOXA: 15-08-2021
DCAID: 23-08-2021
CONSULTANT: DR ANITA SAXENA

CRNO: C-018794-21
AGE: 17 DAY
WARD: CT-6/2

CV NO: 2021/6818
SEX: FEMALE
WEIGHT: 2.2kg

SENIOR RESIDENT: DR SATAROGPA MISHRA

DIAGNOSIS:

CONGENITAL COMPLETE HEART BLOCK
MATERNAL LUPUS NEPHRITIS (ANTIBO. POSITIVE)
SMALL FOSSA OVALIS ASD, PROMINENT ANTERIOR SHELF, NO COARCTATION, NORMAL
VENTRICULAR FUNCTION
POST EPICARDIAL VVIR (Medtronic) 13/8/21

SUMMARY:

Simple born 37 weeks/ in born (LBW: 2.260 kg/SGA/emergency LSCS in view of decreased fetal movements/
cord immediately after birth/ born to mother G2P2L1 ; mother with SLE lupus nephritis on drugs
hydrochloroquine and wazoline prior to conception, antenatally detected to have fetal complete heart block at
18 weeks of gestation and maternal anti -Ro antibody positive. Baby was transferred to CT6 at D5 of life for
better management. At presentation ECG showed CHB with atrial rate of 150/min and ventricular rate of
22/min QTC interval of 480 msec. Echocardiogram showed small ASD, L-R shunt, mild dilatation of ascending
aorta, normal ventricular function. Baby was taken up for epicardial pacemaker done on 13.8.21 Medtronic
pacemaker done under Dr. Mihir Hote. Procedure was done by trans left anterolateral thoracotomy ,epicardial
PVI lead were placed over LV apex and on LV adjacent to left AV groove. Baby was transferred to us on 1st
post op day to CT6 ward. Optimal pacemaker parameter setting was done post procedure. IV antibiotics were
given for total of 10 days (Inj Cefotaxime and Inj Amikacin). Baby is at present on full feeds and gaining
weight. Drain site sitch removal done on 23.8.21, thoracotomy sutures are absorbable. Right femoral arterial
line was inserted for intra-operative monitoring, which was removed on POD 1, USG Doppler showed
unimphasic flow in CEA. IV heparin was given for same for 72 hours. USG at discharge showed normal
bilateral arterial and venous flow

Pacing parameters

Mode VVIR, Bipolar, Threshold-0.5 V/0.4msec, amplitude -3.5 mV, impedance ~~100~~⁶⁰² ohms, lower rate-100/min,
upper rate 140

ECG (15/8/21)- heart rate 100/min, paced rhythm, RBBB pattern QTc-463 msec

CONDITION AT DISCHARGE:

HR: 100/min, RR: 30/min, SpO2-95%, TcP-78/54 mmHg WT -2.3KG

INVESTIGATIONS:

Hb - 16.8 g/dL, TCC - 10000/mm³, Platelets - 243,000/mm³ - 17 mg% Creatinine - 1.2 mg% Sodium - 126 mmol/L, Potassium - 4.3 mmol/L, Calcium - 2.8 mg%, Phosphate - 1.4 mg%, Bilirubin - 0.11 mg/dl mg%, ALP - 28 U/L, AST - 44 U/L, CRP - 30 U/L, CRP 3.7

Echocardiography at discharge (26.08.2021) - AS, LC, AV/VA regurgitation, SRGA, trace mitral ASD left to right, normal LV function, no pericardial effusion/no chols, no VSD/PDA, prominent anterior shelf in DTA, no dilatation

ADVICE AT DISCHARGE:

- ✓ CONTINUE BREAST FEED 2 HRLY KATORI FEEDS HYGIENICALLY PREPARED 95 ML 2 HRLY
- ✓ VIT D SUNSP 1 ML QD TILL 1 YRS OF AGE
- ✓ VISA TO 2 2 AM QD
- ✓ PNEUMOCOCAL VACCINATION TO CONTINUE AFTER 1 WEEK
- ✓ ALL OTHER RELATED CARE AS ADVISED
- ✓ DANGER SIGNS EXPLAINED

FURTHER PLAN:

- ✓ To follow up in Pediatric Cardiology OPD after 1 week (8919683900)
- ✓ To follow up in asthma clinic after 2 weeks and then after 4 weeks and then every 6 months.
- ✓ Review in CVS dept after 1 week
- ✓ To attend Pneumo ER SCS (Danger Signs explained)

CONSULTANT: Dr. ANITA SAXENA

SENIOR RESIDENT: DR. SATAROOPIA MISHRA

CONSULTANT FOR FOLLOW UP: Dr. ANITA SAXENA

The details of the disease, course in the hospital and the plan along with discharge medications have been explained to me. I have been handed over copy of all relevant documents with discharge summary.

Discharge checklist

1. Reports - ECG, Echocardiography
2. Chest X ray
3. CVS NOTES
4. Other relevant documents

मैंने डॉ. अनिता साखेना से
इसके बारे में जानकारी ली है।

मैंने डॉ. अनिता साखेना से
इसके बारे में जानकारी ली है।

The details of the disease and
the discharge medications
have been explained to me.

Signature: **Jaykish**

COMPLETE HEART BLOCK, HEMODYNAMICALLY STABLE

OPERATION DATE 13/08/2021

EMERGENCY TRANS THORACIC EPICARDIAL PERMANENT PACEMAKER PLACEMENT

OPERATION NOTES

PATIENT UNDER GENERAL ANAESTHESIA - SUPINE POSITION - LEFT ANTEROLATERAL THORACOTOMY - LARGE THYMUS - DISSECTED & PUSHED MEDIALY - PHRENIC NERVE IDENTIFIED AND SECURED - PERICARDIUM INCISED - PERICARDIAL STAYS - PERMANENT PACE MAKER LEADS PLACED ON LV APEX AND ON LV ADJACENT TO LT ATRIOVENTRICULAR GROOVE - VOLTAGE MEASURED AND LEADS FIXED TO EPICARDIUM WITH 5-0 PROLENE - PULSE GENERATOR PLACED IN SUBCUTANEOUS POCKET IN LEFT SUBCOSTAL REGION - PACEMAKER LEADS CONNECTED TO PULSE GENERATOR - LT PLEURAL DRAIN (16F ANGLED) - MUSCLE LAYER CLOSED WITH 3-0 MONOCRYL SKIN SUTURED WITH 3-0 MONOCRYL - ANTISEPTIC DRESSING DONE

POST OP COURSE

PACEMAKER INTEROGATED ON II POD

20 ECHO DT 15/08/2021

FOASD, SMALL L - R SHUNT, VENTRICULAR FUNCTION-NL, NO PE

DISCHARGE MEDICATIONS:

AS PRESCRIBED BY THE SURGEON

TO STOP AFTER 5 DAYS

NIL

1 Sy SUNSIP 1ml OD }
4 Sy A to 2 2.5ml OD }
as advised by
Cardiologist

INSTRUCTIONS:

- FOLLOW LIFE RESTRICTIONS → 24 HOURS.
- 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.

ADVICE TO PARENTS OF CHILDREN WITH PACEMAKER

- Your child should wear a medical identification bracelet or necklace to let others know about the pacemaker in case of emergency. When he/she is old enough to have a wallet, it is a good idea to also carry an ID card that states he/she has a pacemaker.

→ metal detectors in airports, malls, may beep while child passes. Carry Pacemaker card

The following situations may cause interference with pacemakers. (Some of the activities mentioned are not appropriate until a child nears adulthood, but may affect older teenagers.) Avoid working with, holding, or carrying magnets near the pacemaker.

- Avoid magnetic resonance imaging (MRI) machines or other large magnetic fields, since the pacemaker's performance can be affected. Also, metal objects are not permitted near MRI machines.
- Avoid diathermy (the use of heat in physical therapy to treat muscles).
- Turn off large motors, such as cars or boats, when working on them, as they may temporarily "confuse" the pacemaker's rate. Do not use chain saws, because of the close contact with the motor components.
- Avoid certain high-voltage or radar machinery, such as electric arc welders, high-tension wires, radar installations, smelting furnaces, electric steel furnaces, and other high-current industrial equipment. Avoid working in restricted spaces near radio or television transmitting towers and antennas.
- If your child is having a surgical procedure performed by a surgeon or dentist, tell the surgeon or dentist that your child has a pacemaker so that electrocautery will not be used to control bleeding (the electrocautery device can change the pacemaker settings).
- Certain medical procedures may occasionally affect the function of the pacemaker, but might be performed successfully with some adjustments to the pacemaker settings. These procedures include the following:
 - Extracorporeal shock-wave lithotripsy (ESWL) - a procedure that dissolves kidney stones
 - Radiofrequency ablation - a procedure that uses radio waves to control irregular heart rhythms
 - Transcutaneous electrical nerve stimulation (TENS) - a device used to relieve acute or chronic pain
 - Therapeutic radiation treatments for cancer