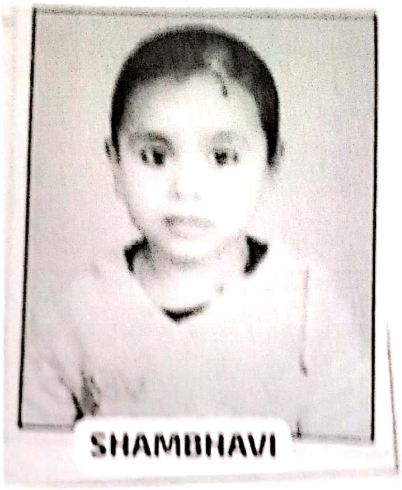
SUKH SAMRIDHI TRUST



PATIENT NAME	:	SHAMBHAVI
FATHER'S NAME	:	ANSHU JHA
AGE	:	3 yrs
TREATMENT	:	ASP + PADVC
DATE OF ADMISSION	:	23/03/2024
DATE OF SURGERY	:	28/03/2024
DATE OF DISCHARGE	:	02/04/2024

8 28/12/24

Sukh Samridhi Trust

We Serve Society The Best

Reg. No.10778

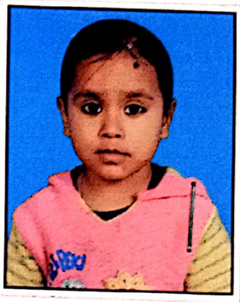
PAN NO. AALTS1051L | D-31/A, IInd Floor, Pandav Nagar, Delhi-110092 | Mob. : 7428130602

Web : www.sukhsamridhitrust.org | E-mail : Sukhsamridhitrust6@Gmail.com

Ref. No..............................

Date 28/2/2024

Sponsorship form for a Disabled Child Treatment/ Education



Name : SHAMBHAVI

Date of Birth : 2 years.

Disease/ Disability : ASD, PAPVC

Treatment Prescribed : SV ASD closure + PAPVC in AIIMS Hospital Delhi

Add of rehab centre/School : H.No 2317, Gali No 63

Father/mother/guardian Name : Anshu Jha Molarband Badarpur Delhi

Occupation : ....Income PM 60,000/-

No. of Earning Members : ....

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

....................................../Requested Elsewhere..

Operation

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 : Fifty Thousand (50,000)

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.

अंशु झा

Signature parent

physician/ doctor's signature

वरिष्ठ ... / Senior Resident
सी.टी.वी.एस. ... / Deptt. of C.T.V.S
हृद तंत्रिका केन्द्र ... अ.भा.आ.सं., नई दिल्ली
C.N. Centre, A.I.I.M.S., New Delhi

1

सेवा में,

श्री मान अध्यक्ष जी
अध्यक्ष बोर्ड आफ ट्रस्टी
सुख समृद्धि ट्रस्ट
D-32 दूसरी मंजिल पाण्डव नगर दिल्ली

Recd 29/2/24
Refer to Board of Trustees
29/2/24

विषय :- ओपरेशन के लिये सहायता लेने हेतु

महोदय,

मै अंशु झा W/O नितेश झा जो कि मकान नं० 2317 गली नं 63 मौलड़ बन्द बदरपुर मे निवास करती हुं तथा झाडू बर्तन का काम कर बच्चे पाल रही हु। मेरी दो साल की बेटी शाम्भवी जिसके दिल मै बचपन से छेद है इसका इलाज एम्स दिल्ली मे चल रहा है।

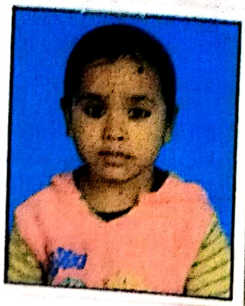
डाक्टर ने आपरेशन बताया है खर्चा 56000-00 रु० बतया है मै एक गरीब औरत हुं मेरा आदमी कुछ काम नही करता घर मुझे ही मजदूरी कर चलाना है मेरे पास मेरी बच्ची के ओपरेशन के लिये पैसे नहीं है

आपसे प्रार्थना करती हु कि मुझे सहायता देकर मेरी बच्ची की जान बचाने की किरपा करे।

प्रार्थी
अंशु झा
अंशु झा
पत्नी नितेश झा
मकान नं 2317 गली नं० 63
मौलड़ बन्द बदरपुर दिल्ली

Date 29/2/24 को Board of trustees की मिटिंग मे Rs 56,000/- की राशी स्वीकृत की गई
29/2/24

(RAMESH SAINI)
PRESIDENT
SUKH SAMRIDHI TRUST



शरीरमाद्यं खलु धर्मसाधनम्

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

Date : 23/2/2024

ESTIMATE CERTIFICATE / अनुमानित व्यय प्रमाण पत्र

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

Age/ उम्र 2yrs Sex / लिंग F CV No. / CTVS No. / सीवी संख्या/सीटीवीएस संख्या 107092599 / 28.2.23

UHID No. / यूएचआईडी संख्या 107092599

Nature of Disease / रोग का नाम ACHD, 19p, SV ASD, PAPVC.

Nature of Surgery / Procedure required / सर्जरी/प्रक्रिया की आवश्यकता SV ASD CLOSURE + PAPVC REPAIR

Units of Blood required for operation / ऑपरेशन के लिये आवश्यक रक्त की यूनिट 4.0

Package charges for Surgery / Procedure / सर्जरी/प्रक्रिया के लिये पैकेज शुल्क Rs. 50,000/-

The above mentioned amount must be deposited in advance by bank draft / Electronic transfer drawn in favour of **"AIIMS CT 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 / इलेक्ट्रोनिक 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)** (कार्डियोलॉजी मरीजों के लिए)

अनुमानित व्यय सीजीएचएस/ईएसआई/सरकार स्वायत संख्या और उनके लाभार्थियों तथा कर्मचारियों के लिए भी मान्य होगा । यह राष्ट्रीय आरोग्य निधि प्रधान मंत्री राहत कोष और अन्य स्त्रोतो 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 / रूपये जमा करने से सबंधित किसी भी पूछताछ के लिए, कृपया लेखा अनुभाग कमरा न. 105 (बेसमेंट, सी.एन. सेंटर) में सपंर्क करे ।

Assistant Professor
Deptt. of CTVS
Cardiothoracic Centre
AIIMS, Ansari Nagar
New Delhi - 110029

(Signature & Rubber Stamp of Consultant)

3

भारत सरकार
Government of India

आधार

अंशु झा
Anshu Jha
जन्म तिथि/DOB: 02/02/2000
महिला/ FEMALE

4722 6920 2080

VID : 9187 5085 1552 3965

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

AADHAAR

पता:
द्वारा: नितेश झा, मकान न. 2317, गली न. 63, मोलरबंद विस्तार, बदरपुर, दक्षिण दिल्ली, दिल्ली - 110044

Address:
C/O: Nitesh Jha, House No. 2317, Gali No. 63, Molarband Extn, Badarpur, South Delhi, Delhi - 110044

4722 6920 2080

VID : 9187 5085 1552 3965

1947 | help@uidai.gov.in | www.uidai.gov.in

LH2010231677 107092599

LC2010232334 107092599

SHAMBHAVISHAMBHAVI

हृदय वक्ष एवं तंत्रिका विज्ञान केन्द्र
ब० रो० वि०
अ० भा० आ० सं०, नई दिल्ली-11002
Cardiothoracic & Neurosciences Centre, O.P.D.
A I I M S New Delhi-110029

CV 2023/014/0028212

UHID: 107092599

दिनांक/Date Date 20/10/2023

Dr. Zia Abdullah — Cardiology — Paed.Cardiology

विभाग Deptt.

Name SHAMBHAVI
W/O Nitesh Kumar
Phone No. 8847526701
Consultant Room 21
SR Room 14

2Y 10M /f

General

Dr. S RAMAKRISHNAN
Dr. Shatanik

यू०एच०आई० UHID No.

निदान
Diagnosis

13

ACHD

? VSD (restrictive)

? PS

Sp2 - 98%

H.R. - 120

Adv.

Syp. Vitafol 2.5 ml OD

E report..

17

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 107092599

विभाग Deptt. 28212/23 | नाम Name SHAMBhavi | उम्र Age 2y

यू०एच०आई०डी०सं० UHID No. | पुत्र/पुत्री/पत्नी S/D/W | लिंग Sex F

निदान Diagnosis ACHD / SV-ASD / PAPVC

R:21 (23)
17/11/23

c/o: 10 by RUPV to SVC, RMPV to SVC-RA jn
FTT ⊕. No other symptoms
GSM ⊕. wide S2

Gen: WSR, RVVO. CXR: No CM, PAG
Echo: SV ASD ē PAPVC of RUPV
RVVO ⊕ - mild PS

CTA: SV ASD.
PAPVC- RUPV → SVC, RMPV → SVC-RA junction
Dilated RA/RV

Plan: SV ASD repair
Referred to CTVS (37)

[signature] 17/11/23

[signature]

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

UHID NO. 107092599 CR NO. C-011177-21 NAME SHAMBHAVI
AGE 3 YEARS SEX FEMALE
WEIGHT 11.8 KG CTVS NO. 122152/23 D/O NITI SH KUMAR
DATE OF ADMISSION 23/03/2024 BGRP B+VE MOBILE NO. 8847526701
ADDRESS MOLADBADN VISTAR BADARPUR DATE OF DISCHARGE *2/4/24*
CV NO 28212/11/23

DIAGNOSIS: ACHD,INC Qp,SV ASD,PAPVC,MOD TR,MILD PS,NL LV FUNCTION,LF 60%,NSR

2D ECHO (25/10/23) Dr.S.RAMAKRISHNAN: 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 ULPVàSVC,RMLPVàSVC-RA JUNCTION,REST INTO LA,NO PDA,NL CORONARIES,NO SIGNIFICANT APCs,DILATED RA AND RV,DILATED PAs

DATE OF SURGERY: 28 /03/2024

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

OPERATIVE FINDINGS:

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 CANNULATOIN, PARTIAL BYPASS ON, IVC PURSESTRING AND CANNULATION, FULL BYPASS ON, SVC AND IVC LOOPED, SVC SNUGGED, CARDIOPLEGIA PURSESTRING, CARDIOPLEGIA CANNULATION, AOXCL APPLIED, ANTEGRADE COLD BLOOD CARDIOPLEGIA ADMINISTERED, HEART ARRESTED IN DIASTOLF, 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 PVs 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 250mg SOS.*

Scanned with OKEN Scanner

INSTRUCTIONS

1) FOLLOW FLUID RESTRICTIONS FOR 24 HRS

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 2.00PM. AFTER 7 DAYS WITH ECHO,ECG,CXR REPORTS.

5) STITCH REMOVAL IN CNCENTER, R NO.28, MONDAY/WEDNESDAY/FRIDAY, 12.00PM. AFTER 7 DAYS

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

7) REPORT ANY HOSPITAL ADMISSION / VISIT OUTSIDE AIIMS.

CONSULTANT SENIOR RESIDENT

22/4/2024

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