



Discharge Summary - Cardiology

DISCHARGE DIAGNOSES:

1. Pacemaker generator failure.
2. Congestive heart failure due to #1.
3. Coronary artery disease, status post coronary artery bypass graft.
4. Noninsulin-dependent diabetes mellitus.
5. Hypertension.
6. Status post cholecystectomy.
7. History of atrial fibrillation.

ADMITTING DIAGNOSIS:

Pacemaker failure with congestive heart failure.

OPERATIONS/PROCEDURES:

Permanent pacemaker generator replacement, Intermedics Generator, model 999-99 (serial #888888).

CONDITION ON DISCHARGE: Improved.

DISPOSITION: The patient is discharged home to follow up in one week for pacemaker check.

DISCHARGE MEDICATIONS: 1) Lanoxin 0.25 mg q.o.d. 2) Toprol XL 50 mg q.d. 3) Univasc 15 mg q.d. 4) Glucophage 500 mg b.i.d. 5) Aspirin 325 mg q.d.

HISTORY: This 77-year-old milkman had recently noted severe palpitations, increased edema and fatigue on his early morning route, and examination by his primary care physician denoted pacemaker malfunction with possible congestive heart failure. He was admitted for pacemaker generator replacement.

HOSPITAL COURSE: The patient was admitted and diuresed with intravenous Lasix and had a very rapid response. Pacemaker evaluation was performed and showed the generator was at end-of-life stage and had fallen into a backup mode of 60 beats per minute, ventricular spacing only.

Echocardiogram revealed no significant aortic insufficiency or aortic stenosis, and it was felt that pacemaker failure was probably responsible for him going into congestive heart failure with loss of atrial kick and slowing of ventricular rate.

The patient underwent pacemaker implantation with a new generator connected to the existing leads with a bipolar configuration and did very well postoperatively without complications, was pacing well and was kept overnight for observation and discharged today.

Review of the old chart revealed that he has had episodes of atrial fibrillation and SVT with a rapid ventricular response, and this is the reason for the Digoxin therapy. This will be continued at a little lower dose as this was elevated on admission. However, it is thought maybe the elevated dose was due to his heart failure and prerenal component not excreting as much as normal, and with the improved cardiac output we may need to go back to the original dose. This will be monitored and adjusted accordingly.