

INTO the HEARTLAND CAMPAIGN

**SITE: KALININGRAD
DISTRICT: NORTHWESTERN
COLLABORATION LAUNCHED: 2013**

**OCTOBER 20 – 31, 2015
SURGICAL-EDUCATIONAL
MISSION 3**



THE HOUSEHOLD AND THE FAMILY

Maxim is a happy and outgoing boy who lives in the Kaliningrad region with his mother, father, six-year-old brother, Viktor, and grandparents. His mother Yana is a young stay-at-home mother and his father serves in the military. Yana describes her son as funny and kind-hearted. Maxim's favorite activities include playing on his mother's smartphone and painting. He's also a big fan of the cartoon Peppa Pig. Maxim and his older brother are very close. When he grows up, Maxim's brother says he wants to be a cardiologist, so he can cure his little brother's heart.

CHILD'S DEVELOPMENT AND MEDICAL HISTORY

Maxim's family found out he had a heart defect incidentally when he was 14 days old. He was sent to the doctor for suspected bronchitis. During the physical exam, the pediatrician heard murmurs in his heart. Maxim was immediately referred to the nearby Kaliningrad Federal Center for Advanced Medical Technologies, a Heart to Heart partner site, where the pediatric cardiologists diagnosed him with double inlet left ventricle (DILV).

Treatment for Maxim's heart defect requires a series of staged open heart surgeries. His first surgery was performed at the Kaliningrad Center by Dr. Vyacheslav Belov when Maxim was just one month old. Dr. Belov also performed his second surgery – the Glenn Procedure – when Maxim was five months old. Maxim's growth and cognitive development have not been delayed. His mother Yana reports that he is a playful and extroverted child.

CURRENT CONDITION

The joint Heart to Heart-Kaliningrad team performed an echocardiogram and a diagnostic catheterization on Maxim at the beginning of our surgical-educational mission. Both exams indicated that it was the appropriate time for Maxim to have his third and final staged repair – the Fontan procedure.

On October 26, the joint team performed a modified pericardial extracardiac non-fenestrated Fontan. Maxim's surgery went well and he was extubated in the operating room. Tired and a little bit confused, he spent the next day in the PCICU sleeping and asking for his mother. Maxim recovered quickly and was discharged from the PCICU one day after his open heart surgery. Maxim's mother was so happy with the results, she bought a cake for the surgeons to thank them for saving her son. A few days after his surgery, Maxim was playing with the other children in the hospital and reading and coloring with his mother in the playground.

Maxim will be able to lead a relatively normal life. Children with his heart defect need annual follow-up exams to monitor the function of their heart valves. Some Fontan patients require additional interventions. Maxim's prognosis is good: he will not likely require additional surgery during his childhood.

PATIENT PROFILE

Child	Maxim S.
Age	2 years 11 months old
DOB	November 15, 2012
Weight	Current: 37 lbs
Home	Kaliningrad region
Diagnosis	DILV, tricuspid valve hypoplasia, RV hypoplasia, PDA; s/p: PA band, atrial septostomy, PDA ligation (Kaliningrad, 2012); Glenn (Kaliningrad, 2013)
Open heart surgery	Non-fenestrated Fontan October 26, 2015
Discharged from PCICU	October 27, 2015
Discharged from hospital	November 17, 2015

Based on an interview conducted by Jenn Merket, Heart to Heart staff, with the aid of an interpreter.