

Healing Touch

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December, 2005

Curing with compassion
GP MEET

Advanced life support



Live demonstration of drill session in progress

The Academic Forum of RTIICS and ACTC (AFRA) organised a CME on Sunday, 20th November, at the spacious Out Patients' Department area of RTIICS. The programme commenced at 10 am with the Inaugural Address delivered by Dr. Mrinalendu Das, Consultant Cardiac Surgeon, RTIICS & Coordinator, AFRA.

The day's schedule comprised the following lectures:

- Advanced Life Support by Dr. Sujoy Ranjan Deb, Coordinator, Emergency Services, ACTC.

In his lecture Dr. Deb emphasised the need for making pre-hospital care as important as hospital in-stay care. The Ambulance services and the state-of-the-art facilities available at our hospital were also highlighted. His discussion focused on the need for protocol-based management of all trauma patients and simple solutions to big problems. The take-home message delivered by Dr. Deb was that, for all trauma patients, cervical immobilisation is absolutely necessary and for this, all the doctors and the paramedical staff are required to help the patients for a good outcome.

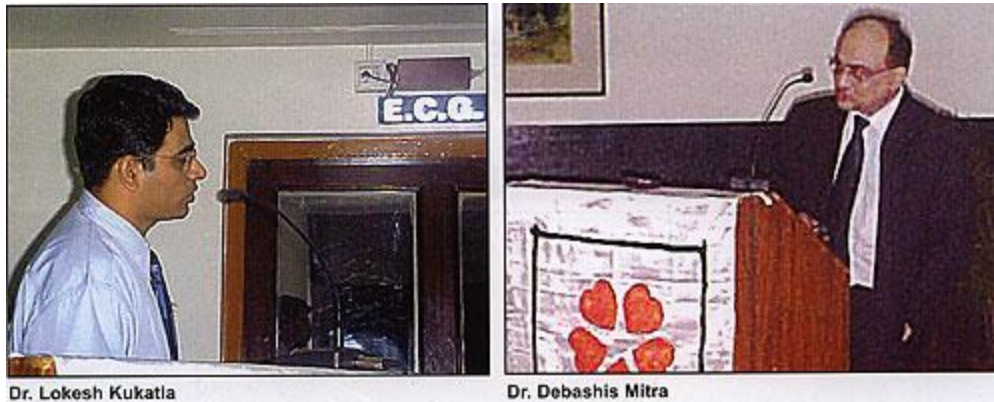
The General Practitioners gathered at the Meet were overwhelmed when Dr. Deb presented a mock drill showing the management of trauma patients. The demonstrations stressed the management of a trauma patient, use of a cervical collar, immobilisation methods and the basic techniques of cardiopulmonary resuscitation.

- Cardiologist's Diary by Dr. Debashis Mitra, Consultant Cardiologist, RTIICS.

The basic theme of Dr. Mitra's lecture was aimed at presenting a few index cases having definite cardiological problems who have either undergone partial treatment outside or have reported directly to the hospital after the initial bouts of problems.

Dr. Mitra discussed three cases. The first one was that of a young 29-year-old who had sustained acute Myocardial Infarction (MI), and had been treated with thrombolytic therapy outside.

General Practitioners' Meet



The second case was that of a 48-year-old gentleman who was presented with recurrent heart attacks during admission. The third case was that of a patient who was admitted with a heart attack and subsequently developed fatal cardiogenic shock.

The fourth case was that of a lady who had a pacemaker implanted 3 years ago and subsequently developed fatal ventricular tachycardia. She had also received a further implantation of a new pacemaker (AICD). All the patients who presented with definite fatal cardiovascular problems were bailed out, following international guidelines and protocols. Hence, the basic theme of the lecture was to present the index cases and treatment modalities offered, always maintaining the international guidelines.

- Usefulness of Various Modalities in Radiology by Dr. Lokesh Kukatla, Consultant Radiologist, ACTC.

In his lecture, Dr. Kukatla stated that with the present-day technical advancements in the field of medicine, there are various modalities available in Radiology, for the diagnosis and treatment of various pathologic conditions and diseases.

The various modalities available are:

- a. X-ray and special procedures.
- b. CT Scan
- c. MRI
- d. Mammography
- e. Bone densitometry (DEXA)
- f. Nuclear Medicine
- g. Interventional Radiology - vascular, non-vascular



Dr. Sujoy Ranjan Deb at the drill

Each modality, either independently/in combination is useful in arriving at an accurate diagnosis. Tissue diagnosis can be obtained by doing USG/CT guided FNAC/Biopsy. The speaker pointed out that the advancements in Radiology have come as a boon to mankind.

The CME turned into a lively, interactive session with the active participation of the delegates in forms of questions and comments.

After the three lectures, Dr. Das delivered the vote of thanks. Following this, the assemblage proceeded for lunch. A total of 35 delegates, including doctors from RTIICS and ACTC attended the CME.

All the participating physicians enjoyed the ambience thoroughly. Certificates of participation are being sent to all the delegates.

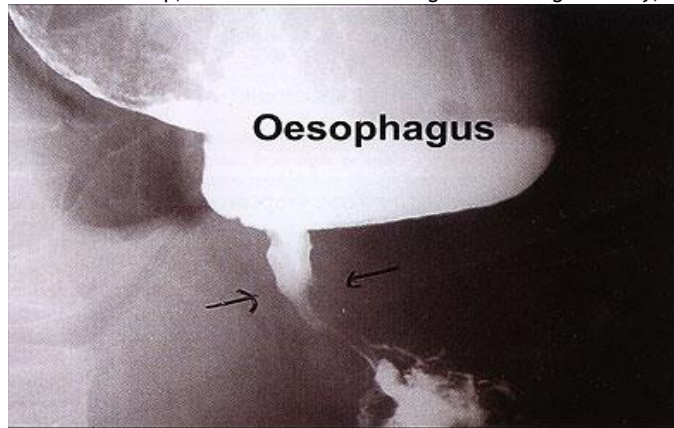
CASE PRESENTATION

Laparoscopic treatment of Achalasia Cardia

The advent of laparoscopic cardiomyotomy, performed through five small cuts on the abdominal wall and the added promise of long-term relief of dysphagia, has resurrected the role of surgery in the treatment of achalasia. Laparoscopic cardiomyotomy has now become the treatment of choice for achalasia cardia all around the globe.

A 62 years old gentleman presented with a history of difficulty in swallowing (dysphagia), regurgitation of undigested food, heartburn and cough. His dysphagia was so severe that even on taking semisolid food, he used to wait for a while for the food to go down. He was otherwise fit and healthy and had somehow got used to living with these problems for the last 40 years!

He underwent barium swallow, which showed grossly dilated oesophagus with tapering at the lower end. During upper GI endoscopy, the scope could be negotiated through the gastrooesophageal opening with some pressure, but was otherwise normal. These investigations supported the diagnosis of achalasia cardia. After proper preparation, he underwent laparoscopic cardiomyotomy and made a smooth recovery. He was discharged from the hospital on the 5th post-operative day. At 2 months follow up, he was found to be eating and drinking normally, without any dysphagia.



Barium Swallow

Achalasia is a motility disorder of oesophagus and is characterised by increased pressure of lower oesophageal sphincter and reduced motility of the body. This results in functional obstruction. The classical treatment of achalasia is surgical division of lower oesophageal sphincter, which decreases the sphincter pressure (Heller's cardiomyotomy). This is done either by thoracotomy or by laparotomy, and used to be a formal undertaking. The development of endoscopy and balloon dilatation of the sphincter, which aims to fracture the sphincter from within, rapidly gained popularity due to its relative non-invasive nature. Although 90% success rate has been claimed during the first year of follow up, the advantage peters away on long-term study, necessitating repeated dilatation. Endoscopy guided injection of Botulinum toxin into the sphincter is another option as Botulinum decrease sphincter pressure. But the results are short lived, and the inflammatory response and fibrosis makes subsequent surgery rather difficult.

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S Sadhu, S Sarkar, J K Shah, S K Dubey, M K Roy, Dept. of Surgery & MIS

ACUTE MYOCARDIAL INFARCTION

Time is muscle!

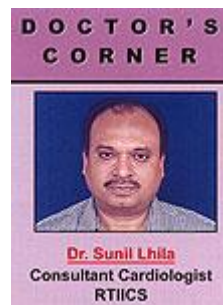
One of the greatest advancements in medical sciences in the last few decades is the use of reperfusion therapy either by thrombolysis or primary angioplasty, following heart attack (AMI). The effect of reperfusion on decreasing mortality following heart attack is well-demonstrated by different studies. The length of time of onset of a heart attack and establishment of reperfusion are directly related to the outcome. It is evident that early reperfusion can lead to interrupted heart attack thus sparing the heart muscle from damage—TIME IS MUSCLE.

Unfortunately, there are multiple sources of delay from the onset of symptoms of heart attack to an appropriate intervention:

Pre-hospital delay or patient delay includes the time from onset of symptoms to seeking of medical attention, which often includes the transportation delay - from onset of symptoms to reaching the Emergency department of an institution.

Hospital delay is the time taken for healthcare personnel to evaluate a patient and institute appropriate therapy. With the advent of efficient triage system and a prioritisation of timely diagnosis and therapy of a heart attack patient, both transportation and hospital delay have been well taken care of. However, the major source and concern of delay (70%) is pre-hospital or patient delay. This remains the by far most challenging inhibition to obtaining maximum benefit from modern therapy of heart attack.

There is a wide variety of symptoms of heart attack, although chest pain remains the commonest. For most individuals, a heart attack happens only once in their lifetime, and the timing for such an episode, understandably, is not predictable. There are also sex, age and race differences associated with increased delay.



The focus on delay to therapy alone is so much that we often forget the important aspect of the burden of heart disease - that is death outside hospital. A majority of patients who encounter an outside-hospital-death probably had symptoms but delay in seeking medical aid ultimately leads to their death. However, some of the survivors are labelled to have suffered Silent Heart Attack, although, a majority have sudden cardiac death.

The American Heart Association (AHA) and other governing bodies have been trying incessantly to figure out some innovative and urgent ways to decrease pre-hospital delay and increasing the use of Emergency Services in hospitals, which would in turn improve the outcome of heart attack. The idea appears noble but challenges are many.

There is a wide variety of symptoms of heart attack, although chest pain remains the commonest. For most individuals, a heart attack happens only once in their lifetime, and the timing for such an episode, understandably, is not predictable. There are also sex, age and race differences associated with increased delay. Interestingly, it has been observed that patients with a history of heart disease delay, as long as, or longer, than the fresh victims of heart diseases.

Mass media education to deliver health care seems to be the ideal method of reduce patient delay time. Education through the television is commonly cited as the best approach. Various other efforts to educate the public are ongoing with the aid of various general awareness programmes like the Heart Attack Alert Programme conducted by the World Health Organisation. The most creative action in this direction would be for doctors to educate their own patients as to their increased risks and steps they need to take to minimise any time delay.

Until we are able to effectively deliver reperfusion therapies in a timely fashion, we will be unable to fulfil the promises of our advanced technologies. Individuals who come in very early have an excellent prognosis and even interrupted infarction (heart attack). This should be our goal. Reduction of patient delay is THE key to reaching this goal.

Clinical Meet at Puri

ACME was organised by RTIICS and ACTC on Saturday, 5th November at 8 pm at Hotel Holiday Resort (P) Ltd., Puri.

The Programme started at 8.20 pm. The Chief Guests for the evening's Meet were: Dr. Lokanath Acharya, CDMO, District Headquarters, Puri, and President, Indian Medical Association (IMA), Dr. B. Senapati, Municipality Health Officer and Secretary, IMA, and Dr. Ajay Kumar Mishra, Senior Consultant practicing at Puri.

Our hospital team comprised Dr. N.P. Bohidar, Dr. Binayak Deb, Dr. Pratap Kr. Pani and Dr. Dipak S Ray. Mr. Rajdeep Khan, Mr. Sushanta Sahoo and Mr. Avijit Dey represented the hospital's Administrative and Marketing Departments at the CME.

Dr. N P Bohidar spoke on Acute Viral Hepatitis.

In his lecture, he discussed the causes of this disease, the symptoms and the various modes of transmission of the disease. He also explained at length the vaccination schedules available for each type of viral infection causing this disease.

Dr. B Deb spoke on Reperfusion Strategies in the Treatment of Acute Myocardial Infarction. The speaker stated that in this modern era of state-of-the-art equipment and technical expertise, which have seen their boom in the current year, patients presenting with acute heart attack have an array of treatment modalities available to them. What is the best available treatment modality when they present to hospital after acute heart attack? Traditionally, such patients were administered thrombolysis (clot-lysis) therapy. But in the past two years, specialised medical therapy has also become available to them. In some subsets of such patients, primary coronary angioplasty with stenting is a better option compared to thrombolytic therapy. Recent trials worldwide have proven this hypothesis.

Dr. Pani spoke on Management of Spinal Injury. He stated that injuries are a little-cared-for branch of medical sciences, out of which spinal injury has so far been the most neglected. The reason, he pointed out, is obvious.

There is a common belief that the ultimate outcome of spinal injury is not good. But now, with new hope and conviction, the treatment of spine injuries has changed altogether, after proper understanding of the biomechanism of the spine. It is now possible for neurosurgeons to mobilize the patient early, thus reducing the mortality and morbidity rates by far, by carrying out successful, effective spine surgeries.

Dr. D S Ray delivered his lecture on Treating Froth in Urine. Dr. Ray detailed the various causes and mechanisms of proteinuria, which causes frothy urine. With the help of a number of slides, he discussed in details the primary glomerular diseases, their presentation and prognosis.

He also talked elaborately on the treatment of these diseases on the basis of evidence. He stressed that certain category of patients with significant proteinuria need to be referred to super-specialty centres for kidney biopsies and specialised therapies. His lecture aroused a lively discussion on the various aspects of nephritic syndromes both in children and adults.

The CME ended at 9.45 pm, after which the participants proceeded to a sumptuous dinner. A total of 52 doctors attended the Meet.

The delegates were very interactive in the open house session of the seminar. It was a very lively and informative Seminar.

The following day, on 6th November, Dr. P K Pani, Dr. B Deb and Dr. D S Ray attended a Super Speciality Clinic held by "AASTHA", Bhubaneswar.

Acute Viral Hepatitis: A Growing menace

Acute Viral Hepatitis is a growing menace in developing countries especially in areas where sanitation is not up to hygienic standards. This fact is important to us because:

1. In a great majority of these cases, the disease has high morbidity (sufferings),
2. In a specific sub-group, it can turn into chronicity and create widespread problems, and
3. At least in a small sub-group, it can be fatal.

Hence, we ought to have some idea about acute viral hepatitis, specially its clinical picture, management and prevention.

Of the various hepatotropic viruses, the following are the commonest ones in order of sequence, from the prevalence point of view:

Hepatitis E (HEV) virus, Hepatitis A (HAV) virus, Hepatitis B (HBV) virus, Hepatitis C (HCV) virus.

Incidentally infections caused by all these viruses have similar clinical features, namely prodromal symptoms, followed by nausea, anorexia, vomiting and appearance of jaundice, with tender hepatomegaly and invariably, splenomegaly. The disease improves on its own in most of the situations.

Hepatitis A has a typical predilection for the younger age-group, where they may be anicteric. Hepatitis E, when seen in pregnant women, is likely to turn fatal.

In addition, Hepatitis E may mimic a surgical obstructive jaundice both clinically (Cholastatic - that is, associated with itching etc.) and radiologically. Both of these viruses are acquired through fecooral route and neither is known to have chronicity of the illness.

Hepatitis B and C viruses, on the other hand, are transmitted through blood or sexual route. Both are likely to have chronicity.

None of these types of Acute Viral Hepatitis possesses any specific therapy. Improvement is achieved only through supportive therapeutic measures. The diet remains the mainstay of treatment. It is of great importance to know that there is no specific restriction to any particular food (CONTRARY TO COMMON BELIEF!!) Apart from treatment, the presentation of these viral infections is a major concern but unfortunately only Hepatitis A and B have definite vaccination schedule.

For Hepatitis A:

Two injections (I.M.) of Havrix: 20 microunits for children and 1440 microunits for adults at a gap of 6 weeks, provides adequate protection.

For Hepatitis B:

Three injections (I.M.) of 20 micrograms of Engerix at 0, 1 and 6 months, provides adequate protection.

There are no vaccinations available for Hepatitis E and C.

**Dr. N P Bohidar, Consultant
Gastroenterologist, ACTC**

Symptom Scoring in Urology

Symptomatology for Urological disorders as reported by patients, and by urologists, urology nurses and technicians require to be channelised in order to arrive at a “work-up decision” for further in-depth investigation and management of a particular problem. It is often observed that a sizeable proportion of patients are unable to express their symptoms in a methodical and scientifically coherent manner, and based on this information the medical practitioner may end up doing a lot of irrelevant investigations.

In such cases the urologist needs to ask certain leading questions, in a language that both the doctor and the patient can comprehend and articulate, so that further investigations can be logically planned, which could be cost saving for the patient.

Quite often, a urologist deals with the elderly group of patients who also suffer from other medical and CNS related disorders, CVA, dementia and parkinsonism, and they lose the perception of a problem. Even if the patients perceive the problem, they may not feel it necessary to report, or to seek early medical attention, classical example of which are elderly men with chronic retention and nocturnal enuresis may simply present to Casualty with an acute or chronic problem of retention of urine. The immediate relatives and care personnel may sometimes provide pertinent helpful information in some of these cases.



Urology: Live case presentation



Post-operative care

Prostatic enlargement, that inevitably occurs after the age of 50 years, leads to difficulty in urinating. Such symptoms were labelled as “prostatism”. Since all urinary symptoms of both obstructive and irritative types were mislabelled as prostatism, the modern urological world coined the term LUTS (Lower Urinary Tract Symptoms) to provide the urologists more precise information about the symptoms affecting the lower urinary tract.

In order to save time often lost by unnecessary doctor-patient interaction concerning the detailed symptomatology of prostatic diseases, the International Urological Community emerged with an IPSS Score Chart or AUA Prostate Symptom Score Index (as devised by American urological Association).

This score index is easy to fill out and the severity of the problem can be gauged quite quickly, hence enabling appropriate action to be taken at the earliest.

This Score Index is now regularly used for following up patients after medications, post-surgery and is also a standard protocol for all research activities and trials taking place in the management of BPH.

Here at the hospital, Armenian Church Trauma Centre, regular Prostate Screening Clinics are held every Saturday, wherein the patients are required to fill out a questionnaire (AUA Symptom Index), have Uroflowmetry, Serum PSA estimation and TRUS (Transrectal Ultrasound Scan of Prostate) done, and receive a specialist consultation and examination. The Score Index helps the urologist to decide between watchful waiting or going for an early treatment.

**Dr. Suresh Bajoria, Sr. Consultant,
Department of Urology, ACTC**

A glance at the score index provides helpful information.

According to the index,

SYMPTOMS

UROLOGIST’S DECISION

Mild or no symptoms

Usually watchful waiting is chosen.

Moderate symptoms

The choice of treatment usually depends upon
The patient’s ability to tolerate the symptoms.

Severe symptoms

In almost all cases, an early treatment may be required.

AUA Prostrate Symptom Score Index

	Not At all	Less than 1 time	Less than half the time	About half the time	More than half the time	Almost always	Score
1) Over the last month how often you had the sensation of not emptying your bladder completely	0	1	2	3	4	5	
2) How often you have to pass urine in less than 2 hrs. time.	0	1	2	3	4	5	
3) How often you find you stop and start again several times while urinating.	0	1	2	3	4	5	
4) How difficult it is to hold urine and postpone urination.	0	1	2	3	4	5	
5) How often you have a weak stream while urinating.	0	1	2	3	4	5	
6) How often you had to push or strain during urinating.	0	1	2	3	4	5	
7) How often you have get up at night to pass urine.	0	1	2	3	4	5	
Total Score							

AUA Symptom Score Index

0-7

8-18

19-25

Mild

Moderate

Severe

Urology Dept.

Dr. Bajoria, FRCS

Consultant Urologist

ACTIVITIES OF THE ACADEMIC FORUM

- At a Clinical Meet held on 4th November at the Conference Hall, Utility Building, at 8.30 am, Dr. Dilip Pahari spoke on 'Vascular Access for Haemodialysis'. He also made a slide-presentation on the topic mentioned. In his lecture, the speaker, pointing out the problems of vascular access of haemodialysis stated that a large number of patients arrive at our hospital for vascular haemodialysis. This poses an enormous task for having good vascular access. The doctor also discussed the problems of central venous stenosis, fistula stenosis, fistula closure and fistula aneurysm, and also recirculation during haemodialysis. Following the presentation, there was a general discussion on the topic.

CARDICON 2005

- On 5th and 6th November, the 26th Annual Conference and CME on 'Management of Acute Coronary Syndromes' was organised by the Doctors' Club of Central Hospital, South Eastern Railways, Garden Reach, Howrah.

On the 5th, in the session on theme "Cardiac Care", along with Dr. P K Deb and Dr. Suvo Dutta who spoke on their respective topics, Mr. Mrinalendu Das from our hospital spoke on the 'Role of Surgery in Management of Acute Coronary Syndromes'. The Chair Persons for this session were Dr. R S Majumdar and Dr. D C Ghosh.

On the 6th, along with Dr. Sushan Mukhopadhyay and Dr. Alope Mazumder who delivered their lectures on their respective topics, Dr. Biswajit Bandyopadhyay from RTIICS spoke on 'Non-surgical Interventions in Congenital Heart Diseases'. Dr. Mrinalendu Das was the Chairperson for this session.



- On 11th November in a Clinical Meet held at the Conference Hall, Utility Building, at 8.30 am, Dr. Sujoy Ranjan Deb spoke on the topic 'Dengue - A Concern'. Making a slide presentation on the topic, the doctor stated that Dengue virus infection is increasingly being recognised as one of the world's major emerging infectious diseases. Health Care Providers need to understand the epidemiological risk factors, clinical spectrum, diagnosis, management and prevention of Dengue. A confirmed diagnosis is established by culture of the virus, polymerase-chain-reaction (P-C-R) tests, or serologic assays. The most commonly used test for the diagnosis of Dengue is the IgM capture of ELISA, but the test is negative early in the course of the disease and should be performed only four to five days after the onset of symptoms. Treatment is symptomatic. Prompt and correct institution of fluid replacement is thought to reduce the mortality rates due to Dengue

Haemorrhagic fever and Dengue Shock Syndrome. Following the presentation, there was a general discussion on the topic.

- On 13th November, Association of Thoracic and Cardiovascular Surgeons of West Bengal held a CME at Apollo Gleneagles Hospital and Hotel Hyatt Regency between 6:30 and 7:30 pm. A debate was held where Dr. Kunal Sarkar from our hospital spoke against the topic "The emergence of CT angio will alter the gateway of patients suffering from Ischaemic Heart Disease". In this Seminar, Dr. A. Raghuvanshi chaired one of the sessions titled 'How young is too young for tissue valves?'
- On 18th November a Clinical Meet was held in the Conference Hall, Utility Building, at 8.30am. Dr. Devyani De spoke on topic 'Cloning' with the aid of a slide presentation. The doctor stated that there are basically three types of cloning, viz.
 1. Embryo Cloning
 2. Adult DNA Cloning
 3. Therapeutic Cloning.

Then the speaker elaborated on how the process of cloning is carried out practically, pointing out the advantages and the disadvantages of each type of cloning process, bringing out the morality factor that acts strongly behind the very idea of cloning. Dr. De also spoke on the social aspects related to cloning, stating in some countries, especially in the western world, cloning can be carried out easily, but in the more conservative countries a variety of socio-religious taboos act as determinants. This plays a very important role in carrying out experimentation on cloning.

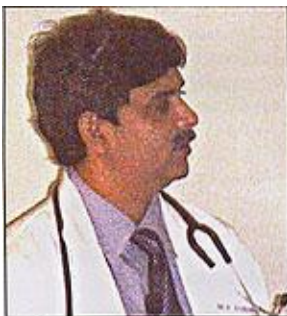
ACTIVITIES OF THE ACADEMIC FORUM

In her lecture, Dr. De also discussed the recent advances made, and information that has been obtained through on-going research processes in this very interesting and novel field of cloning. Following the presentation, there was a general discussion on the topic.

- On 25th November in a Clinical Meet held in the Conference Hall, Utility Building, at 8.30 am, Dr. Punam Tulsyan spoke on 'CT Guided Non-vascular Interventions'. Dr. Tulsyan made a slide-presentation on the topic mentioned and stated that apart from USG and fluoroscopy, CT has come up as a very effective modality to carry out a variety of guided procedures like FNAC and biopsies to aid in correct diagnosis. The speaker stressed that the advantages of CT are that it is a cost-effective, accurate and safe procedure. Also, apart from diagnosis, various therapeutic procedures like abscess drainage, nephrostomy, catheter-drainage, nerve blocks and tumour ablation can be done. It has emerged as a good alternative to surgical removal in suitable cases. Following the presentation, there was a general discussion on the topic.

Cardiological Society Meet

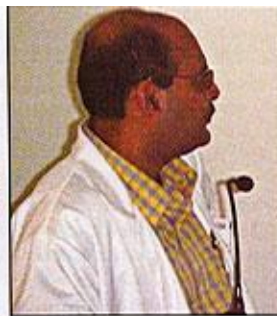
The monthly clinical meeting of CSI, West Bengal Chapter, for the month of November was conducted at the Conference Hall of the Utility Building of our hospital on Saturday, 19th November. This three-hour interactive session of CSI member-clinicians had lectures on interesting clinical interventional cases delivered by the 6 cardiologists of our hospital followed by lively discussions on the topics.



Dr. B. Bandyopadhyay



Dr. D. Bhattacharya



Dr. D. Roy



Dr. S. Banerjee

The various topics elaborately discussed were:

- Dr. B P Chatterjee spoke on the topic 'A Case of Septal Ablation'.
- Dr. A Bandyopadhyay lectured on 'PDA Stenting in Single Ventricle with Pulmonary Atresia'.
- Dr. D Bhattacharya discussed follow up cases of LAD and RCA Stenting.
- Dr. S Banerjee gave a lecture on 'Radial Angioplasty'.
- Dr. J Naik delivered an interesting dissertation on 'CTO stenting and Renal Angioplasty Bifurcation Stenting/LMCA Stenting'.

- Dr. D Roy spoke on Cardiac Tamponade after PTCA.



The presenters and the delegates also discussed the different aspects of clinical cases, based on present-day guidelines and protocols of management strategies.

Our Clinical Director, Dr. A. Raghuvanshi presented the Vote of Thanks.

Dr. J Naik, Director, International Cardiology Services, RTIICS

Paediatric Cardiology Meet

The second CME on Paediatric Cardiology was organised by Rabindranath Tagore International Institute of Cardiac Sciences under auspices of the Indian Academy of Paediatrics, West Bengal Chapter, on 27th November. This was in continuum of the efforts to bring paediatric Cardiology at the forefront of newer and emerging medical sciences and to update the distinguished audience on the recent advances in this branch.

The CME was attended by 150 doctors from all parts of West Bengal. Dr. Savitri Srivastava, the HOD, Department of Paediatric Cardiology, Escorts Heart Research Institute, New Delhi graced this occasion as the Chairperson of various sessions and as a distinguished audience on the recent advances in this branch.

The CME was attended by 150 doctors from all parts of West Bengal. Dr. Savitri Srivastava, the HOD, Department of Paediatric Cardiology, Escorts Heart Research Institute, New Delhi graced this occasion as the Chairperson of various sessions and as a distinguished speaker.

The welcome address was delivered by Dr. Ashutosh Raghuvanshi, the Clinical Director of RTIICS and ACTC. He stressed the need for delivering Paediatric Cardiological care to masses, in each nook and corner of the state, at an affordable cost, as the majority of the patients come from very poor backgrounds. He also spoke about the need for greater involvement of the medical fraternity in this direction.

The IAP (WB Chapter) President's address was delivered by Dr. D. Burman Roy. He was all praise for the efforts of the Paediatric Cardiology unit at RTIICS in diagnosing and treating congenital heart disease, at affordable cost.

The Meet began with an overview on paediatric cardiac emergencies. The speaker Dr. Amitabha Chattopadhyay, emphasised the early recognition and treatment of such emergencies. Pictorial depiction of X-rays, ECGs along with discussion of case scenarios had made the presentation very lively.

Dr. Mrinalendu Das, Consultant Cardiac Surgeon at RTIICS, discussed the timing of surgical corrections in congenital heart diseases and stressed the need for early repair of lesions before the development of permanent, irreversible phenomenon like pulmonary hypertension.

Dr. Savitri Srivastava, held the audiences captive by her lectures on ECG and chest X-rays in diagnosing congenital heart diseases and their various presentations. The collection was 'a must see' item for all the post graduate students and paediatricians alike.

Dr. Asha Mukherjee, a renowned paediatrician from Kolkata, talked on variable presentations of children with heart diseases, in a paediatric clinic. The need for early recognition and diagnosis was stressed upon.

The HOD, Department of Paediatric Cardiology, Dr. Biswajit Bandyopadhyay presented various cases of paediatric cardiac interventions done in our institute. The spectrum included regular cases of device closure of VSD, ASD and PDAs as well as unique and challenging cases of LPA stenting and PDA stenting in newborns with duct dependant circulation.

The diagnosis and treatment of rheumatic fever remain a dilemma even in this era, especially outside a cardiac set up. Most of the times, we perhaps tend to overdiagnose rheumatic fever, which bestows a huge burden on the society, apart from the painful injections to the child. The subject was lucidly dealt by Dr. Dhritabrata Das, Junior Consultant, Department of Paediatric Cardiology, RTIICS.

Recent recommendations in the diagnosis and treatment of systemic and pulmonary hypertension were discussed by Dr. Amitabha Chattopadhyay.

The CME concluded with an interactive session on Paediatric Cardiology. The audience actively participated in the discussion of various ECGs, echocardiograms, chest X-rays and clinical scenarios put forward by the organisers.

The take-home message was clear-Paediatric Cardiology is an established medical super specialty and it is all really happening close to us!

**Dr. Biswajit Bandyopadhyay, HOD & Consultant Cardiologist,
Department of Paediatric Cardiology,
RTIICS**

**Dr. Amitabha Chattopadhyay,
Consultant, Department of Paediatric Cardiology, RTIICS**

Generating public awareness on epilepsy

Armenian Church Trauma Centre and Rabindranath Tagore International Institute of Cardiac Sciences have started 'The Epilepsy Clinic' from September 2005, wherein free medical consultation and medication are provided.

On World Epilepsy Day, which was on the 17th November, a public awareness programme was organised by the hospital, which included an interactive session with the family members of such patients. Our consultants Dr. Pratap Kr. Pani, Dr. B K Swain, Dr. Amlan Mandal and Dr. Debasish Chowdhury participated in this Meet and also spoke to the press.



Dr. A. Mandal speaks to the Press on World Epilepsy Day

Camps at Midnapore, Rishra

On 11th and 12th November RTIICS, RNSN and ACTC held a Free Health Check-up camp at Lodha Trust & Thalesemia Welfare Society.

On 11th, the team from RNSN and RTIICS started for Midnapore travelling by the hospital vehicle Cardiac Care on Wheels, and reached there at 1.30 pm. The team comprised Mr. Subhasish Bhattacharya, Mr. Sushanta Kr. Sahoo, Mr. Pinaki Chandra, Mr. Amit Chowdhury (Echocardiography technician), Mr. Asish Kundu (ECG technician), Mr. Debasish (Optometrist from RNSN). From 2.30 pm to 9.30 pm, the patients attending the camp were screened for the camp to be held the following day. A total of 100 cardiac patients were screened and their ECGs taken. A total of 180 patients for eye-diseases were screened too.



Dr. K.K. Agarwal (picture left) and Dr. R.S. Joshi (picture right) at the Rishra camp

On the following morning, our doctors started for Midnapore by train and reached there at 9.30 am. The doctors' team consists of Dr. Mrinalendu Das, Dr. Sunip Banerjee, Dr. Sutanu Hazra, Dr. Amitava Mukherjee, Dr. B K Swain, Dr. Jitendra Shah, Dr. Suchetana Mukherjee. The camp started from 10.30 am.

The overall arrangement was quite good and a huge number of patients turned up for the camp. The total number of patients attending the various streams was as follows:

Eye - 130 patients
Cardiac - 125 patients
Orthopaedics - 85 patients
Urology - 48 patients
General Surgery - 35 patients
Neurology/Neurosurgery - 63 patients

A total of 486 patients attended the highly successful camp.

The camp got over at 5.30 pm and the first team comprising the hospitals' Administrative and Marketing Group, and the Technicians set off by the hospital vehicle 'Cardiac Care on Wheels'. The doctors returned by train.

On 19th November 2005, our hospital held a free camp at Rishra in Hooghly district. Mr. Joydev Nag of Maheswari Mahila Mandal was the key person in organising this camp. The hospital team broke into two groups. The first group comprised Dr. Dilip Pahari, Dr. Nirmal Jajodia, Mr. Sushanta Sahoo, Mr. Arvind Mishra and two sisters, who left for the camp travelling by the hospital's "Rotary Medi-Express" ambulance. The second group comprising Dr. R.S. Joshi, Dr. K K Agarwal and Mr. Dhruvajyoti Chowdhury reached there at 11.15 am. The camp started at 12.15 pm, amidst some mal-arrangements.

A total of 142 patients attended the camp, out of which there were 65 patients for cardiology, 47 for orthopaedics and 30 for neurology.

The camp ended at 3.30 pm and the hospital team returned at 5.30 pm.

Children's Day Out at RTIICS

When it comes to celebration, nobody can enjoy as whole-heartedly as children do... The children admitted in the General Ward of RTIICS never imagined that so much of fun and frolic was in store for them, even during their stay in a hospital. They woke up on the morning of 14th November, Chacha Nehru's birthday - celebrated nationally as Children's Day, to find the entire ward decorated with balloons, streamers and coloured paper-designs. To make the children's day memorable, the hospital organised a Magic Show at 11am. Magician Mr. A K Ghosh brought smiles, laughter and gaiety to the children with his magic wand. The one-hour show left indelible mark in the minds of the children admitted here for treatment.

Arabinda Paul, Co-ordinator, Medical Records Department

Statistical data for November - RTIICS/ACTC

Total No. of OPD attendance:	10064
No. of Cardiac Surgical Procedures:	105
No. of Cath Lab Procedures:	414
No. of ACTC Surgical Procedures:	106
No. of Hemodialysis:	1909
No. of Echo & Color Doppler:	2153
Total No. of Radiological Investigations:	3755
Total No. of ECG, Treadmill & Holter:	2008

SURGERIES DONE SUCCESSFULLY WITH THE HELP OF THE GUEST SUPPORT CELL

What would be a greater reward than bringing back a child from the clutches of death. Our Chairman, Dr. Devi Shetty has always put prime focus on critical paediatric surgery. To save a child is to save the Future, has always been our motto. The majority of the patients approaching the Guest Support Cell are children. Here we would like to narrate some extraordinary cases of paediatric surgery performed successfully with the assistance of the Cell.

- Mama, when will I be able to run like my friends? Cried four year old Sweta Das. Her mother, a fish-seller's wife had no answer as the cost of a major heart surgery was beyond her reach. But life took a different turn when our Clinical Director Dr. A. Raghuvanshi performed the VSD Closure Surgery at a package as low as Rs.65,000 only. We hope to soon see Sweta beat her friends in race.
- Baby Rudrashish Chakraborty just one year and six months old, suffered from a congenital heart problem, and his days would have been numbered if a VSD Closure surgery was not done immediately. The poor daily labour's family at Behala helplessly turned to the Cell. Finally, our Clinical Director performed the surgery with only Rs. 35,000, raised from the funding agencies and a little sum that the Chakrabortys could collect. Now the baby is on his way to leading a normal, healthy life.
- Twelve-year-old Sujit Gorai's father, a poor cultivator from a remote village of Midnapore, lost all hopes of his son's recovery as the boy required ASD Closure Surgery urgently and his condition was deteriorating rapidly. However, a silver lining appeared on the dark horizon when they were able to raise as much as Rs.75,000 from the funding agencies as directed by the Cell and our Clinical Director performed the surgery with this amount only. The child's parents can now hold hopes for a healthy future for their son.
- Baby Mangal's innocent smile hid a misery known only to his parents and the cardiologists of RTIICS. After countless sleepless nights, the daily labour parents of the one-and-a-half-year-old could raise funds as the Guest Support Cell advised, and received some concession on the overall charges. Dr. Biswajit Bandyopadhyay performed the BPV procedure on the child, to bring him back to normal life.
- Eight-year-old Santa Saha, the son of a very poor salt hawker from Bangladesh, became so sick that he had to leave school and was almost confined to bed. Hoping against hope, his parents brought him to Kolkata, but they possessed a very inadequate sum for treatment. At last, the critical Anderson Hyner Pyeloplasty was performed on him by Dr. Surech Bajoria, Sr. Consultant, Department of Urology, ACTC, at a much lower package, which the family could easily afford.

Surgeries performed successfully with the help of the Cell in the month of November, 2005: RTIICS - 37, ACTC - 12

Ms. Monideepa Chowdhury, Jr. PRO, Guest Support Cell, RTIICS

Dear Readers,

The smiling faces of their little patients has always been the greatest reward for our doctors and staff. Last month when the Nation celebrated Children's Day, we at the RTIICS also tried to make it a special day for our children. In this issue of the **Healing Touch** we acquaint you with some of our little friends who have been helped by the GSC. - Editor