

Healing Touch

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July, 2005

Curing with compassion Manjulaben Mehta Kidney Hospital inaugurated



Lighting the inaugural lamp



The plaque being unveiled by the Chief Guest

Chronic kidney disease can affect anybody, regardless of age, sex or social status. In the absence of a simple, cost-effective, viable alternative to the treatment currently available for damaged kidneys, it is out of reach for the common man. Lack of adequate infrastructure in this part of the country has simply compounded the situation. Such an acute crisis in the delivery of tertiary treatment for end-stage kidney disease fuelled the need for specialised renal service in this city.

Dr. Devi Shetty, Chairman, and Dr. Alok Roy, Vice-Chairman, Asia Heart Foundation, recognised this acute deficit and decided to do something about it. Help came in the guise of a few eminent businessmen of Kolkata. Diamond merchant Shri Jayantibhai Mehta is an 89-year-old unpretentious gentleman, who is also the oldest member of the Gujarati community settled in Kolkata. Shri Sevanti Bhai Shah, shoes family migrated to this city a hundred years ago, is involved in merchant banking and is one of the oldest members of the Kolkata Stock Exchange. Shri Babulal Bhai Verma, who has been a resident of Kolkata since Independence, was a colliery owner and is now into real estate business, promoting projects of various builders in and around the city. Shri Mukesh Bhai Bhansali, resident of Kolkata for the last 40 years, runs a flourishing business in the fields of engineering and computer among these affluent gentlemen is their penchant for philanthropy and their steadfastness towards a variety of social activities. They endorsed the plans conceptualised by Dr. Shetty and Dr. Roy and extended their support with large moral and monetary contributions.



Shri Mafallal Mohanlal Mehta being presented with a shawl



Shri Mukesh Bhai Bhansali greets Shri Pratul Patel

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A hospital for the common man



Dr. Dilip Kr. Pahari

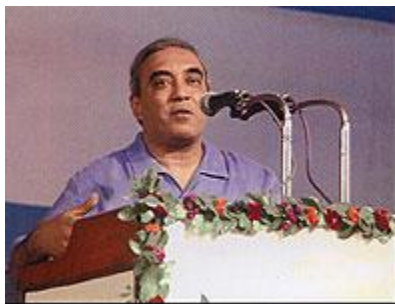


Dr. A. Raghuvanshi

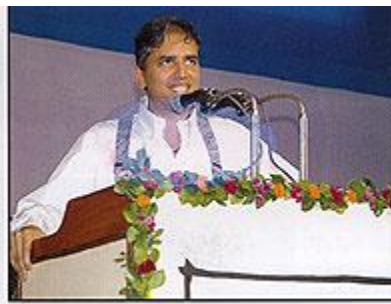


Mr. Pranay Mehta

Their collective efforts paid off when Manjula Ben Mehta kidney Hospital was inaugurated on 18th June. The Unit has 20 state-of-the-art haemodialysis machines and is technically one of the most advanced and largest dialysis units in the country.



Shri Mukesh Bhai Bhansali



Dr. Devi Shetty

Speaking at a press meet, Dr. Devi Shetty said that goal of the project was to grow into a 500-bedded kidney hospital, catering especially to the underprivileged, meting out quality kidney care at affordable charges. 'One Free Dialysis Per Day' for the really needy is a project that is about to take off. He also informed that Phase I of the kidney hospital has just been commissioned with the starting of a 20-bed dialysis centre, where already 50 dialyses are being carried out on a daily basis. The aspiration is to increase this number to 100 per day. In the very near future, Phase II shall commence, for which construction activities have already started adjacent to the existing infrastructure. The new hospital will host 5 Operation Theatres dedicated to renal treatment alone and the centre will own a 100-bed dialysis unit, the largest in the country. Soon, he announced, dialysis facilities will be available at this centre on Sundays as well.

The grand inauguration function commenced with the lighting of the lamp by distinguished dignitaries on the dais. This was accompanied by a musical invocation.

The dignitaries were welcomed and shawls were gifted to Chief Guest Shri Mafatlal Mohanlal Mehta, Dr. Devi Shetty and Shri Praful Patel. This was followed by unveiling of the plaque by the Chief Guest.



In his welcome address, Dr. Ashutosh Raghuvanshi, Clinical Director, thanked all those whose benevolent contributions and philanthropic outlook have made this cherished dream come true. He specially mentioned the contributions of Mrs. Sonia John, Chairperson, Armenian Holy Church of Nazareth, the Armenian community and church. He announced the commencement of kidney transplantation within a month's time, especially thanking Shri Mukesh Bhai Bhansali for his unstinting support.

Dr. Devi Shetty stressed that the hospital was culmination of the joint effort of philanthropists and technical people. He said that availability of highly qualified doctors, experienced nurses, dedicated paramedical staff, latest technology and ultramodern equipment holds ample promise to make this a state-of-the-art hospital in every imaginable way. Such a holistic approach will bring the specialised treatment of chronic kidney diseases within the reach of the common man.

The culmination of a joint effort

Continued from page 2

He also announced that this hospital would be a part of the 5,000-bed Health City about to be created within a span of three years in association with the Government of West Bengal. Kidney and heart transplantation units are also in the pipeline. Referring to the 'One Free Dialysis per Day' aim, he expressed the hope that donors would contribute as meagre a sum Rs.500 at special occasions, to fund one free dialysis per day for an unfortunate patient. He expressed his heart-felt gratitude to Mrs. Sonia John, Mr. Kayan, Mr. Goenka, the Gujarati community and Government and the people of West Bengal, for their unwavering support in realising his cherished dream of extending best medical treatment to the common masses, especially the underprivileged. He assured that once the Health City starts functioning, the cost of all procedures performed on the human body would be reduced to less than 25% of the prevailing charges in the country.

Following Dr. Shetty's speech, Programme Coordinator Ms. Soma Bhan introduced the evening's honoured Chief Guest, Shri Mafatlal Mohanlal Mehta, mentioning his philanthropic activities and widespread social contributions.

Shri Mehta congratulated Dr. Shetty on his wonderful endeavour to serve the society and felicitated all the Gujarati families who have contributed handsomely and worked hard to realise this dream project. On behalf of their Trust, he offered a token of Rs.5 lakh towards the construction of this hospital.



The grandsons of Shri Jayantibhai Mehta lovingly remembered the grandmother Smt Manjulaben Mehta to whose memory the hospital has been dedicated and expressed their gratitude to Dr. Devi Shetty for conceptualising and commissioning this hospital. They enumerated the individual dedications - Shri Mukesh Bhai Bhansali, to his late mother, Shri Sevanti Bhai Shah, also to his late mother, Shri Babulal Bhai Verma and his sister, to their late parents and Shri Jayanti Bhai Mehta, to his wife.

Shri Mukesh Bhai Bhansali thanked Dr. Devi Shetty for conceptualising and ultimately realising this dream project. He emotionally stated that as many Gujarati families have migrated to this state and made their careers here, contributing to this grand project was the best possible way to repay West Bengal and its people.

Dr. Dilip Pahari, Consultant Nephrologist, announced that within a span of 6 months, our dialysis unit has achieved the near impossible by doing 50-60 dialyses on a daily basis at a charge of Rs.800 only, as compared to an approximate of Rs.1,500 elsewhere. Also, since there are no extra or hidden costs, our patients have grown to trust us. With the visionary approach of Dr. Devi Shetty, the hospital has the potential to establish a benchmark for kidney care for the whole country. He also thanked Mrs. Sonia John and all the families who have benevolently provided moral and financial support and the Government of West Bengal.

The last speaker of the evening Shri Praful Patel, Honourable Minister, Department of Civil Aviations, Government of India, expressed great pleasure at being associated with such an august function: the realisation of such a dream endeavour in his own city. Speaking on the improved medical facilities being made available to the people of India today, he commented that it is the person who provides these facilities that plays the key role. He congratulated Dr. Shetty on his commitment to the social cause, and wished him the very best of luck in all his future endeavours.

The grand inauguration ceremony came to an end with an apt presentation of a documentary film on the Dialysis Unit of the hospital. The film vividly brought out the trauma undergone by the patient and his family owing to the large costs involved in repeated dialysis, and how Asia Heart Foundation has extended his benevolent services towards this end, keeping in view this very aspect of suffering.

The programme was coordinated by Ms. Soma Bhan, Co-ordinator, Integrated Telecardiology and Telehealth project, RTIICS.

Ilora Ghosh, Academic & Research Activities, RTIICS

Persistent vegetative state

As per the consensus statement of the multi-society task force on PVS - year 1991, vegetative state is a clinical condition of complete unawareness of self and the environment, accompanied by sleep-wake cycles with either complete or partial preservation of hypothalamic and brainstem autonomic functions.

Persistent vegetative state (PVS) is defined as a vegetative state present one month after acute traumatic or non-traumatic brain injury or lasting for at least one month in patients with degenerative or metabolic disorders or developmental malformation.

Diagnostics Criteria for PVS in Adults

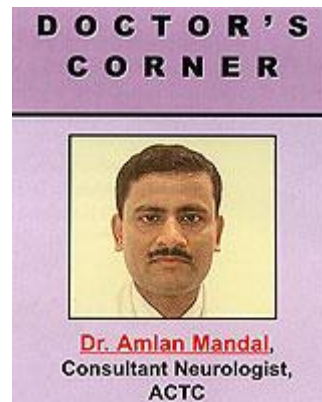
1. No evidence of awareness of self or environment and an inability to interact with others.
2. No evidence of sustained, reproducible, purposeful, or voluntary behavioural responses to visual, auditory tactile, or noxious stimuli.
3. No evidence of language comprehension or expression.
4. Intermittent wakefulness manifested by the presence of sleep-wake cycle.
5. Sufficiently preserved hypothalamic and brainstem autonomic functions to permit survival with medical and nursing care.
6. Bowel and bladder incontinence.
7. Variably preserved cranial-nerve reflexes (papillary oculocephalic, corneal, VOR and gag) and spinal reflexes.

Causes of PVS: (Adult and Children)

Acute injuries: (1-14%), which can be-
Traumatic: Motor vehicle accident, birth injury.

Non-traumatic: (12%)

- a) Hypoxic- ischaemic encephalopathy.
 - i) Cardio-respiratory arrest
 - ii) Perinatal asphyxia.
 - iii) Prolonged hypotensive episodes.
- b) Cerebrovascular injury:
 - i) Cerebral infarction
 - ii) Hemorrhage
 - iii) SAH (Subarachnoid haemorrhage)
- c) CNS infection:
 - i) Bacterial meningitis.
 - ii) Viral Meningoencephalitis.
 - iii) Brain abscess.
- d) CNS tumour, toxins & poisoning.



[PVS is a vegetative state](#)
[Present one month after acute](#)
[Traumatic or non-traumatic](#)
[Brain injury or lasting for at](#)
[Least one month in patients with](#)
[Degenerative or metabolic](#)
[Disorders or developmental](#)
[Malformation](#)

Degenerative and metabolic disorders

In adults: Alzheimer's disease; Multi-infarct dementia; pick's disease; CJD; Parkinson's disease; H.D.

In Children: Storage disorders; Adrenoleukodystrophy; Mitochondrial encephalopathy.

Developmental malformations: Anencephaly; Hydrahencephaly; Lissencephaly; Holoprosencephaly; Congenital hydrocephalus.

Acute traumatic and non-traumatic injuries

The most common causes of vegetative state in adults and children are head trauma and hypoxic ischaemic encephopathy.

Pathology and Pathophysiology

Three main patterns:

- a. Diffuse axonal injury.
- b. Laminar necrosis.
- c. Thalamic Necrosis.

Related conditions/PVS mimics

- I. Coma
- II. Brain death
- III. Dementia
- IV. Locked-in syndrome
- V. Akinetic mutism

1. Coma: Absent self-awareness and Sleep-wake cycle. No purposeful motor activity.

Experience in suffering none. Respiratory: Depressed/variable

EEG: Polymorphic delta or theta activity. Prognosis: Recovery - usual

II. Brain death: Permanent absence of all brain functions, including those of the brain stem. Patients are irreversibly comatose and apnoic and lose all brainstem reflexes and cranial nerve functions. No evidence of self-awareness, sleep-wake cycle, absence of respiratory function, electrocerebral silence and absent cerebral metabolism. No chance of recovery.

III. Dementia: It is a condition of progressive, multidimensional loss of cognitive functions in which arousal mechanisms are usually normal. Advanced dementia can progress until the patients lose their self-awareness and all evidence of learned behaviour. At this point, such patients are in a vegetative state. EEG: Non-specific slowing, an irreversible disease.

Multi-speciality clinic in Bhubaneswar

ASTHA, a joint venture between Rabindranath Tagore International Institute of Cardiac Sciences (RTIICS) and Armenian Church Trauma Centre (ACTC), is coming up with a multi-speciality clinic and diagnostic centre in the heart of Bhubaneswar city shortly. This was announced by eminent doctors at a press meet held on 8th June.

The not-for-profit organisation will provide facilities for cardiology, neurology, gastroenterology, nephrology, endocrinology, neurosurgery, medicine, gynaecology, ENT, paediatrics, dental surgery, pathology, ultrasound, endoscopy, etc.

This clinic is the brainchild of Dr. Sourendra Kumar Mohapatra, an eminent social scientist engaged in social research since the last two decades and Dr. Prashant Kumar Mishra, an ENT surgeon. AASTHA, however owes its very existence to the unflinching support and inspirational backing of Dr. Alok Roy, the country's leading nuclear cardiologist and an internationally-renowned hospital management guru.

The new set-up at Bhubaneswar will further revolutionise the healthcare delivery system in Orissa by offering telemedicine facilities introduced by the Asia Heart Foundation, Speaking on the occasion Dr. Alok Roy, Vice-Chairman of AHF, said: "We provide critical health care services to the people who have been denied the same due to various socio-economic and geographical reasons." Dr. Roy has been instrumental in establishing five major heart hospitals in India and abroad. He has also been responsible for making the telemedicine project a reality.

Speaking to the media, Dr. Prashant Kumar Mishra announced that the centre would offer various facilities under one roof, as the aim is to provide a complete healthcare system. "AASTHA'S services will reach out to the masses in the remote areas in a phased manner," he said.

Dr. Sourendra Kumar Mohapatra observed: "We want to add a human touch to our set-up. We are grateful to Asia Heart Foundation (AHF) and particularly to its units RTIICS and ACTC, for their support to this noble cause."

At the press meet, Dr. Deepak S. Ray, Consultant Nephrologist, ACTC, former fellow in nephrology, Leeds, UK, and Dr. Pratap Kumar Pani, Consultant, Neuro and Spine surgery, ACTC, former senior faculty member, St. John's Medical College, Bangalore, delivered talks on 'Prevention of Kidney Failure ' and 'Modern Concepts of Spine Surgery', respectively.

In his lecture on 'Prevention of Kidney Failure, Dr. D.S. Ray highlighted the fact that kidney diseases are frightfully on the rise and discussed the reasons responsible for this. He also elaborated on the modern therapies available to tackle this deadly disease. He mentioned the conscientious steps taken by Armenian Church Trauma Centre to bring the treatment modalities to the doorsteps of the common man, through easy availability of all the therapies under one roof, at completely affordable financial packages.

He also provided information on the other specialities offered by ACTC, and emphasised the low costs of treatment.

Dr. Pratap Pani, speaking on 'Modern Concepts of Spine Surgery;', provided information on the availability of state-of-the-art techniques and equipment in ACTC for neuro and spine surgery, stereotactic and endoscopic surgery for spine and brain. He emphasised that the financial packages of the hospital are transparent, without any hidden costs, and very much affordable to the common man.

He spoke about a specific case of a poverty-stricken patient affected with brain tumour, who has been referred to him by the ex-Chief Minister of the state of Orissa. His entire treatment had been conducted free of cost. He stressed that post-operative cases can be followed up easily through AASTHA.

A case study: surgery to repair fracture-dislocation

Captain Suresh Chanda, a retired air-line pilot, a known patient of chronic obstructive pulmonary disease for the past 15 years, sustained a fall. He was rushed to a city multi-specialty hospital immediately, where he was diagnosed to have a fracture-dislocation of the left shoulder. The doctors decided to operate and fix the fracture as the treatment of choice.

But, as Capt. Chanda was put under anaesthesia, his condition deteriorated and the surgery was abandoned. Capt. Chanda regained consciousness later in the ICU of the hospital and was kept on ventilatory support for three days. Following this, the doctors advised the family to take him back, still with a fractured and dislocated shoulder, and wait for three months till a solution could be found.

The patient meanwhile, was in excruciating pain and developed swelling/numbness of the left hand.

He spent three painful weeks at his residence till his children were advised to take him to the Department of Orthopaedics of Armenian Church Trauma Centre.

Capt. Chanda was admitted to ACTC and the team of doctors from the Departments of Orthopaedics, Anaesthesia, Pulmonology and Cardiology evaluated his condition and decided to perform a shoulder replacement surgery.

This surgery, being a very major procedure, was very closely monitored by the Chief of Anaesthesiology, Dr. Emmanuel Rupert. The team of orthopaedic surgeons performed this procedure, which had become quite complicated as the head of the humerus bone was lying dislocated for almost one month after being fractured.

After a 3-hour-long surgery, the orthopaedic surgeons were able to give Capt. Chanda an artificial shoulder prosthetic joint. Now the patient is recovering and has considerable relief. His movements, under the guidance of a physiotherapist, would be started at his next visit to ACTC.

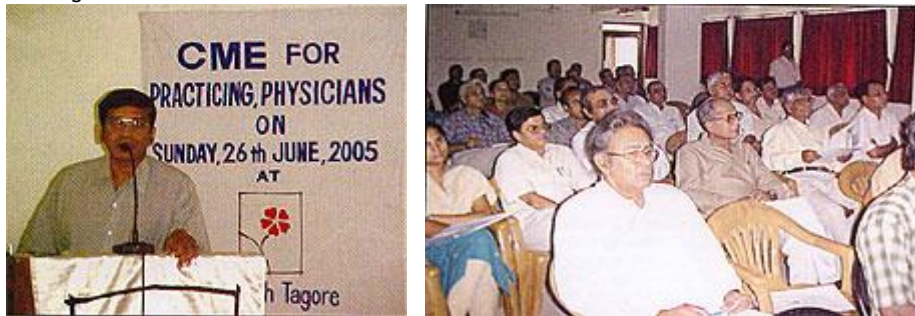
Dr. Vikash Kapoor

CME on spine, lipids, diabetes



(From left) Dr. Debabrata Roy, Dr. Pratap Pani and Dr. Samir Dasgupta. (picture below) Dr. Mrinalendu Das

The Academic Forum of RTIICS and ACTC (AFRA) organised a CME on Sunday, 26th June. The programme commenced at 10.00 am with the inaugural address delivered by Dr. Mrinalendu Das, Consultant Cardiac Surgeon, RTIICS & Coordinator, AFRA. After welcoming the guests, he announced two very special events to be organised in the hospital during the month of July - a live workshop in Urology and a CME conducted by the Emergency Department of ACTC - and requested the guests to attend them.



The day's schedule comprised the following lectures:

- 'Newer Concepts in Spine Surgery' by Dr. Pratap Pari, Consultant Neurosurgeon, ACTC. Dr. Pani recalled that in earlier times, spine surgery meant laminectomy, a procedure still practised by many surgeons. However, in the last 20 years, a lot of changes have occurred in the field of spinal surgery, with increased understanding of the biomechanics of the spine. The spinal column is likened to the temple, the spinal cord its goddess and its nerve roots are the arms and the weapons of the goddess. Spinal diseases can be congenital, degenerative, inflammatory, neoplastic and traumatic. In his lecture, the speaker discussed at length the different newer concepts of treatment.
- Dr. Debabrata Roy, Consultant Cardiologist, RTIICS, spoke on 'Overview of Anti-lipid Therapy'. He said that in light of the current trails, the LDL goal is set at 70 mg/dl and triglyceride goal at < 150 mg/dl among high risk patients. Several treatment options are available, both single and combination therapies, of them revastatin, atovastatin in high dose and ezetimibe-statin combinations have proved to be most beneficial.
- 'Management of Diabetes: Future Frontiers' was the topic on which Dr. Samir Dasgupta, Consultant Diabetologist, RTIICS, spoke. In his lecture, Dr. Dasgupta focused on the prevailing practices carried out by physicians and specialists often without a targeted and systematic approach. He discussed better ways of managing diabetes using available medical and financial resources. He also stressed on prevention of the dreaded complications of the disease. He spoke about newer molecules and methods of treatment, which are in the pipeline and would probably be available for patients and physicians in the next 5 to 10 years, which might also result in actual cure of diabetes. The CME, which had started on a serious note, gradually 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 45 delegates and 7 doctors from RTIICS and ACTC attended the CME. It was a successful meet and all the participating physicians enjoyed the ambience thoroughly. Certificates of participation are being sent to all the delegates.

Ms. Hetal Ashar,
Facilitator, Front Office,
RTIICS

The Fete came to a close with the distribution of mementos and certificates for participation by Mrs. Bandana Das, Vice Principal, SSKM College of Nursing.

Contestants Mr. Pinki Baidya and Ms. Sudipta Sengupta from Bhagirathi Neotia Women and Child Care Centre claimed the trophy. They were felicitated and received the winners' prize from Mrs. Bharati Chatterjee.

On both the days, refreshments were distributed after the prize distribution ceremony.

All the participants and spectators greatly enjoyed the two-day programme. Guest participants were pleased with the arrangement and management of the Fete, and requested that such programmes be organised more frequently.

The Chief Organiser of the Fete was Sr. Sanchayita Patra.

The official sponsors of the Fete were Johnson & Johnson Ltd.

Sr. Tapasi Pal, Clinical Instructor
RTIICS

ACTIVITIES OF THE ACADEMIC FORUM

- On 3rd June at a clinical meet held in the conference hall of the Utility Building at 8.30 a.m., Dr. Sunanda Dey spoke on 'Prevention of HIV Transmission in Health Care' with the help of a slide presentation. After giving an introduction on the subject and its historical background, he discussed the ways of prevention of HIV transmission in health care setting and the precautions that require to be taken by the various personnel handling infected blood and body-fluids, and special precautionary measures to be observed in the laboratory, in dialysis, in dentistry and surgery, along with the various methods of dis-infection. Dr. Dey mentioned the Indian Scenario with regard to HIV infection, and also spoke about the management of any accidental injury of healthcare personnel from an HIV-infected person. Following the presentation, there was a general discussion on the topic.
- On 10th June, at a clinical meet held in the conference hall of the Utility Building at 8.30 a.m., Dr. Dilip Kr. Pahari discussed 'Renal Failure following Surgery'. With the aid of a slide presentation, he spoke on the medications and types of therapies available to manage renal failure following surgery, the various techniques of dialysis available and the limitations of intermittent haemodialysis. He emphasised that more research is necessary to improve the outcome in the mechanism of function. Following the presentation, there was a general discussion on the topic.



Dr. Mrinalendu Das, co-ordinator, AFRA

- On 13th and 27th June Cardio-surgical (in-house) Conference were held in the clinical director's room at 8.30 a.m.
- On 17th June in a clinical meet held at the conference hall in the Utility Building at 8.30 a.m., Dr. Amlan Mandal gave a lecture on 'Prophylaxis of Migraine' accompanied by a slide show. The main thrust of his discussion was management of migraine and its prophylactic treatment. Following the presentation, there was a general discussion on the topic.
- On 24th June Dr. B.K. Swain gave a lecture demonstration on 'Intracerebral Meningioma: An overview' in the conference hall of the Utility Building. With the help of the slide presentation, he emphasised that intracerebral meningiomas are the most common intracerebral tumours. They constitute about 15% of all brain tumours. Women and more effected than men, though boys and girls are equally affected. Etiology of the disease is not exactly known. But trauma to the skull, low or high dose of radiotherapy to the skull, viral infection have a role to play. The most consistent chromosomal abnormality is at chromosome 22. The malignant variety of intra-cerebral meningioma is very rare. It can be diagnosed by MRI/CT Scan of the brain. As it is a benign tumour, total surgical excision along with involvement of the dura and base have good prognosis. Subtotal resection or partial resection is always to be followed by post-op radiotherapy to prevent recurrence. Stereotactic radiosurgery is indicated for tumours <3.5 cms, poor surgical candidate and meningioma situated at the functionally critical area of the brain. In case of malignant meningiomas with very bad prognosis, surgery plus RT followed by adjuvant chemotherapy is to be advocated. Following the presentation, there was a general discussion on the topic.

The department of Paediatric Cardiology and Paediatric Intensive Care conducted some in-house academic programmes...

- On 7th June Dr. D. Das spoke on ABG.
- On 11th June Dr. Sachin Thakur discussed 'Details of common drugs used in paediatry'
- On 14th June Dr. B.P. Chatterjee presented 'Paediatric ECG Part I'
- On 18th June Dr. Arnab Kundu spoke on 'Chest pain syncope in children'
- On 21st June Dr. Maitri Chowdhury presented 'Inotropes Part I'
- On 25th June a grand (in-house) paediatric seminar was held
- On 28th June Dr. Amitabha Chatterjee discussed 'Cath conference'

RTIICS, ACTC hold CME in Asansol

Rabindranath Tagore International Institute of Cardiac Sciences and Armenian Church Trauma Centre, in association with Desai Hospital of Asansol, conducted a CME organised at Asansol Club, on 4th June. The CME was addressed by our Clinical Director, Dr. A. Raghuvanshi.

Our consultants, Dr. Debabrata Roy, Dr. Abhijit Chanda and Dr. Deepak S. Ray delivered lectures at the CME.

Dr. **Debabrata Roy**, Consultant Cardiologist, RTIICS spoke on 'Management of Acute Coronary Syndrome'. He felt, India is facing an epidemic of coronary artery disease.

Acute coronary syndrome is the most severe form of this spectrum of diseases.

The high-risk patients of ACS should be taken up for coronary angiogram and revascularisation as early as possible. Those with low or intermediate risk can be managed conservatively and then taken up for coronary angiogram at a later date, if necessary. Unfortunately, most of the patients of ACS still do not receive the adequate management. So, it is important for us to remember that sticking to the guidelines of management can be crucial in saving a life.

'Obesity - A Modern-Day-Epidemic', was the topic chosen by Dr. **Abhijit Chanda**, Consultant, Department of Endocrinology, ACTC.

Conceptually, obesity is defined to be a state of excess bodily fat. Clinically, body mass index beyond 30 is called obesity, and if it is between 25 and 29.9, it is known as overweight. Although obesity is not a new thing, epidemic of obesity is indeed one of the evils of modernisation. Over the last couple of decades, there has been a tremendous rise in the incidence of obesity worldwide.

Although there is a definite genetic predisposition to the development of obesity, the recent trend in rising incidence is mainly attributable to environmental factors. Obesity is a major risk factor for diseases like Type II diabetes Mellitus, hypertension, cardiovascular diseases, polycystic ovary syndrome, endometrial, colonic and breast cancer, osteoarthritis, sleep apnea. Apart from physical problems, obesity is also responsible for various psycho-social problems. The treatment of obesity has not been very successful in the past, the cause of which lies in the fact that obesity is not considered to be a disease, hence there is always a reluctance to treat. Secondly, obesity develops over years, yet the results of obesity treatment are expected within weeks.

Lifestyle modification forms the pillar of success of obesity management. One should always remember, it is easy to lose weight initially, but maintenance of the new weight is the most difficult thing to achieve. Drug treatment is the third option after diet and exercise, but can be of great help in selected cases. Bariatric surgery has definite indications e.g. if the body mass index is more than 35 or 40, with complications which are expected to improve with weight control. In view of the alarming rise in incidence of obesity, it is essential to control obesity in children and to form a healthy habit, because an obese child usually develops into an obese adult. The emphasis in obesity management should, therefore, be on prevention of obesity in children - the motto being: "Catch Them Young".

'Continuous Ambulatory Peritoneal Dialysis' was the topic chosen by Dr. Deepak S. Ray, Consultant, Department of Nephrology, ACTC.

The talk informed us that continuous ambulatory peritoneal dialysis is a form of dialysis where a patient is trained to do his own dialysis and he can perform it at home since it is a very simple procedure, no specialised machine is required and allows a lot of freedom to the patients.

The CME was attended by 50 local doctors who actively participated in the discussions that followed the lectures.

Dr. Vikash Kapoor, Senior Consultant, Department of Orthopaedics, ACTC offered the vote of thanks. The CME, which turned out to be very informative and lively for all attending, ended with a sumptuous dinner.

The following day, Dr. Pani and Dr. D.S. Ray attended a speciality clinic conducted at Desai Hospital. There were 5 patients for neurosurgery and 10 patients for nephrology. The doctors, along with Mr. Sushanta Sahoo, returned to Kolkata the same day

Locked-in Syndrome:

It is a state in which consciousness and cognition are retained. The patient has intact sleep-wake cycle and self-awareness. Quadriplegic and pseudobulbar palsy, state of alert wakefulness, eye blinking preserved, normal respiratory function, inability to speak, impaired horizontal eye movement, aware of themselves and surrounding. The patients are able to move their eyes and communication can be established via eye blinks or eye movement.

Lesion at: Anterior pontine lesion (bilateral ventral pontine lesion). Etiology: Infarction - haemorrhage - Central pontine myeliosis.

EEG: Normal or minimally abnormal. Cerebral metabolism: Reduced (mild to moderate). Recovery: After prolonged treatment. Survival possible.

Akinetic Mutism: Characterised by slow or nearly absent bodily movement and loss of speech. Wakefulness and self-awareness may be preserved, but the level of mental function is reduced.

Lesion at: Bilateral damage to paramedian mesencephalon, basal diencephalons or inferior frontal lobe.

PVS in infants/children (ANA Criteria)

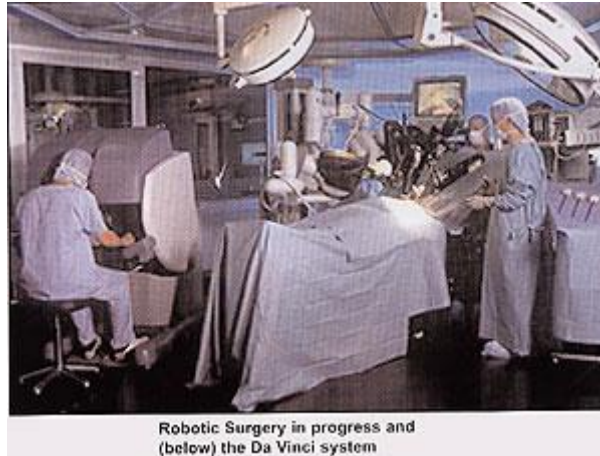
10 clinical characteristics:

1. Wakefulness without awareness
2. Eyes open unconsciousness
3. No voluntary action/behaviour
4. No cognitive response
5. No voluntary language
6. Inability to follow commands
7. Spontaneous eye movements, but no sustained tracking
8. Intact brain stem reflexes, sleep-wake cycle
9. Spontaneous breathing but chewing and swallowing impaired
10. Bowel and bladder incontinence

Pros & cons of robotic surgery

We are all familiar with the term 'robot'; which was coined by the Czech playwright Karel Capek in 1921 in his play Rossum's Universal Robots. The word 'robot' means forced labour. Since then, robots have developed from primitive machines that could perform a variety of menial tasks to today's extremely sophisticated, complex creations used in computers, research & manufacturing works.

The role of robots in medical science is immense. Robots were first introduced to the field of medicine in 1987 in the first laparoscopic surgery, a cholecystectomy. Since then, numerous procedures have been performed laparoscopically.



The first non-laparoscopic robot was Puma 560, used by Kwoh et al to perform neurosurgical biopsies with greater precision in 1985. Three years later, Davies et al performed a transurethral resection using the same machine. This system developed in the PROBOT. Next, ROBODAC was developed which was designed to move the femur during hip replacement surgeries. This became the first robot approved by the US FDA. As robots developed in the medical field, researches at the NASA (National Air & Space Administration) and Ames Research Center began working on a concept called Telepresence Surgery (telesurgery) that combined virtual reality, robots & medicine.

In the early 1990s, scientists from the NASA-Ames team joined the Stanford Research Institute (SRI) to develop a telemanipulator for hand surgery. In 2001, SOCRATES Robotic Telecollaboration System was created which includes integrated telecommunication equipment along with the robotic devices in order to provide remote surgical telecollaboration. This system was used to perform the first-ever transatlantic telesurgery.

Soon the US Army became interested in robotic surgeries as with the help of robots they hoped to decrease wartime mortality by taking surgery to the war zone. This system is known as Mobile Advanced Surgical Hospital where a soldier could be loaded into a vehicle with robotic surgical instrument and could be operated on by a surgeon in the mobile unit.

Many more robots, robot instruments and programmes are being researched and developed in the United States, Japan and other parts of the world too. The Da Vinci Surgical System is very popular.

The Da Vinci Surgical System (components, specific features & function of end components):

The In Site Vision System includes dual 3-chip digital cameras that take pictures of the surgery “inside” the patient. It is the only true 3-D vision that offers enhanced depth field & resolution. The 3-D images are aligned over the master controls, providing natural hand-eye coordination that is inherent in open surgery.

The Surgical Cart with the Endo Wrist instruments: Endo Wrist instruments reproduce the exact movements of the surgeon’s hand, wrist and fingers and extend the normal range of motion, allowing for more precise suturing, dissection and tissue manipulation.

The surgeon actually operates from the Surgeon Console, which controls both the video monitor showing the 3-D image and the master control to manipulate the Endo Wrist instruments.

The advantages of robot-assisted surgery include less trauma, less pain, less blood loss and need for transfusion, less risk of infection, shorter hospital stay, minimal scarring and faster recovery & return to work.

The chief disadvantage of robot-assisted surgery is that the technology is new. Its efficacy and safety have not yet been proven sufficiently. The cost of the robotic instrument system is estimated between \$750,000 and \$1,000,000.

There is, however, some controversy among surgeons regarding the usefulness of this kind of surgery. While some surgeons do not think robotic surgery is a great idea, others agree that it is feasible. The doubters feel there is no gross result difference between the current trend of surgery and robotic surgery. Moreover, insurance companies and the Government believe this form of surgery will increase the expenditure.

Robotic Surgery is versatile and it is used in a variety of surgical procedures. Cardiac surgery: It is being used for some cardiac surgical procedures such as mitral valve defect repair, atrial septal defect and coronary artery bypass surgery. General surgery: It is used in abdominal laparoscopic procedures such as Nissen fundoplication, chronic reflux disease, gastric bypass for obesity and Heller myotomy to treat achalasia. Thoracic surgery: It is used in internal mammary artery immobilisation. Urology: It is used in Radical prostatectomy. It helps to reduce the risk of incontinence/impotence. Robotic surgery is a new innovation that promises to take modern surgery to new heights. It allows the surgeons to operate with extreme precision & accuracy.

Dr. J.K. Shah
Dept. of General Surgery & MIS, ACTC

Care of surgical tools

On 4th June, 2005, a seminar was organised by B. Braun Medical (India) Pvt. Ltd. on the topic: Care and Maintenance of Surgical Instrument. The venue for the seminar was the auditorium of our Utility Building.

The objective of the programme was to strengthen the CSSD and OR personnel’s knowledge in managing and retaining the quality value of surgical instruments with emphasis on complete instrument reprocessing techniques and international standard procedure followed by hands-on workshop.



The one-day programme began with a welcome address by Mr. S. Raghavendra Prasad, Certified Trainer. He spoke to the large gathering of nurses and CSSD personnel from our Institute as well as from other hospitals.

The following topics were covered extensively:

- Introduction to care and maintenance concepts;
- Introduction to instruments manufacturing;
- Material properties of surgical instruments;
- New instruments handling procedure;
- Instruments sterile reprocessing techniques;
- Basic sterilisation standards

In the post-lunch session, there was a workshop on visual inspection of surgical instruments and function test. Following this, the other topics that were discussed at length were: 'Care and maintenance of power tools' and 'Aesculap quality - tradition and innovation'.

The seminar ended with presentation of certificates to all the participants.

Heart camp at Reginagar

On 13th June, RTIICS held a Free Heart Check-up Camp at Reginagar, Murshidabad, organised by Mahindra Co. The team from RTIICS comprising Dr. Dipendu Halder, Brother Deepak, Mr. Irfan Ali, Mr. Avijit Dey and Mr. Sourav left RTIICS premises at 5.45 am in the hospital vehicle Cardiac Care on Wheels, and reached the spot around 11.00 am. Ms. Shravani Chakraborty and Mr. Shiva, representatives of Mahindra Co. escorted the team from RTIICS to the camp-site at Bekalnagar Primary School, Reginagar, Murshidabad.

The arrangement for the camp was satisfactory and patient turnout was quite good.

A total of 76 patients were seen. The camp ended at 3.00 pm and the RTIICS team left the spot to reach RTIICS at 7.15 pm.



Three-way alliance for quality eye care

I came to know Dr. Devi Shetty as a patient of B.M. Birla Heart Research Centre. He was a remarkable person with a passion to provide state-of-art treatment of patients. I was amazed at his enthusiasm and commitment and his own skill as a surgeon.

Being a Senior Rotarian, I met him a number of times at Rotary functions. I also recommended some poor patients to him for treatment and they were always taken care of. I kept in touch and even after he shifted to Bangalore, his heart remained with Kolkata.

The RTIICS was established here with the assistance of Dr. Alok Roy and others, while the state government recognising Dr. Shetty's vision, extended all help. Rotary has established a hospital in Salt Lake, but being a voluntary organisation, we couldn't run it. I had served as Managing Trustee and later, as Trustee of the hospital. The Trustees authorised me to discuss the matter with Dr. Shetty so that he could be associated with it.

I raised the issue at the foundation stone laying ceremony of the Armenian Church Trauma Centre and Dr. Shetty immediately warmed to the proposal. Dr. Roy met the Trustees of the hospital (sponsored by Eastern India Rotary Welfare Trust). After several meetings, it was agreed that it would be a speciality eye hospital involving Asia Heart Foundation, Sankara Nethralaya and Rotary International.

The hospital is now functioning efficiently and is regarded as one of the finest eye care facilities in Eastern India.

It has also expanded and added new facilities, thanks to the active support of the Government of West Bengal. The inaugural function was attended by Dr. S.S. Badrinath, Sr. Shetty, Dr. Roy and the Rotary leadership. The honourable Chief Minister inaugurated the new eye hospital in the presence of the state health minister.

I wish Dr. Shetty and his team all success.

Rtn V.S. Bhandari
Governor – Dist 3290,
Rotary International

SURGERIES DONE SUCCESSFULLY WITH THE HELP OF THE GUEST SUPPORT CELL

When all doors are closed, God opens a window. The saying is true for the patients who come to the Guest Support Cell looking for support in times of stress and find comfort as they are guided and assisted by the Cell. Here are some extraordinary cases of surgery performed with the help of the Cell in June 2005.

- Ashish Mukherjee, aged 40 years, the only bread-earner for his family, had many promises to keep. But cardiac problem posed a threat to the future of his family. Today he stands grateful to Dr. Kunal Sarkar and the Clinical Director of RTIICS who have put him on the path to recovery with a CABG performed on him at a much reduced cost with some assistance from funding agencies.
- Life virtually came to a standstill for Mrs. Arati Saha, who was deprived of free movement because of her acute knee problem. But with the aid of a helping hand provided by our Cell, Dr. Vikash Kapoor successfully performed a knee replacement surgery on her at our Armenian Church Trauma Centre at an affordable package. Mrs. Saha is well on her way to recovery.
- Sometimes even the protector needs protection, as Police Constable Krishnapada Das found when faced with a cardiac problem requiring immediate surgery. Not in a position to afford an expensive CABG, he found a saviour when RTIICS offered a sizeable concession to make the surgery affordable.
- Kolkata had always been the land of dreams for Bangladeshi lower middle class housewife Sabita Debi. Her faith in the city and its medical fraternity increased manifold when RTIICS Clinical Director, Dr. Raghuvanshi performed the surgery to treat a hole in her heart at an unthinkable low cost package. Now, well on her way to recovery, she cannot thank our GSC enough for its support in her hour of need.
- The lower middle class parents of the 3-month-old baby Dipam Das were in utter despair till Dr. A. Rghuvanshi consented to perform ICR surgery on this tiny-tot suffering from congenital heart defect, with whatever meagre amount they could manage to collect. We wish the child a healthy, happy long life.

Ms. Monideepa Chowdhury, Jr. PRO
Guest Support Cell

Dear Readers,

The inauguration of the Manjulaben Kidney Hospital, with significant help from the city's Gujarati community, should go a long way in diagnosis and treatment of chronic kidney diseases. With the availability of various therapies under one roof and at an affordable rates, a crying need in the city has been answered. - Editor