

Healing Touch

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Curing with compassion MI, prostatic diseases, epilepsy



Dr. Radhey Shyam Joshi



Dr. Suresh Bajoria



Dr. D. Chowdhury

The Academic Forum of RTIICS and ACTC (AFRA) organised a General Practitioners' Meet on 15th May in the Utility Building at 10 am. Speaking on 'Management of Post-Myocardial Infarction Patients', Dr. Radhey Shyam Joshi discussed the management of a patient after a heart attack. Citing scientific evidence, he referred to the medicines a patient should receive after a heart attack. "Rest is best" is the conventional advice given to all patients after an attack, but scientific evidence tells a different story. Those who remain physically active after a heart attack, have a low mortality as compared to those who lead a sedentary lifestyle. Aspirin, beta blockers, clopidogrel, converting enzyme inhibitors and cholesterol lowering agents are some medicines which have proved effective in post-MI patients. But medicines like long-acting Nitrates, Tremetazidine, Nikorandil, Oxymetazoline (Ildamen), Vitamin E and antioxidant vitamins may not be required once the patient is in a stable condition.

Indications of coronary angiography in a patient after MI are - post-infarct angina; patients needing surgery for VSD, MR, aneurysm; cardiogenic shock; LVH; EF<45%. Asymptomatic patients are subjected to a stress test and those with positive stress test are advised coronary angiography.



Dr. Suresh Bajoria spoke on 'Surgical Management for Prostatic Diseases'. His lecture highlighted the usual symptomatology of prostatic diseases and when to start and stop the medical treatment. Surgical management for benign and malignant diseases of the gland, is, however, different. Benign disease with Bladder Outflow Obstruction (BOO) is usually treated by the endoscopic method of TURP (gold standard of BPH). Currently the usage of Holmium laser, a medium for endoscopic surgery, has gained popularity because of minimal blood loss during surgery. Besides, the procedure can be completed in a day.

Speaking on 'Epilepsy - An Overview', Dr. D. Chowdhury highlighted the various types of epilepsy, discussing their treatment in detail. Epilepsy is a common problem. It affects children and adults. Epilepsy is defined as a recurrent loss of consciousness with or without convulsion. It may be accompanied by tongue bite and incontinence of urine and faeces. It may be classified into idiopathic, cryptogenic or symptomatic types. The diagnosis of epilepsy is based on past historical evidence, examination findings, EEG and CT Head. Main drugs used in treating this disease are Phenytoin, Carbamazepine. Sodium Valproate and Phenobarbitone. Newer drugs are mostly add-on drugs. There include Topiramate, Lamotrigine, Clobazam, Tiagabine. Vigabatrine, Levetiracetam and Zonisamide. Monotherapy. Usually the use of a single anti-epileptic drug is recommended. However, for certain complicated cases, additional drugs may have to be prescribed. Drug assays are available for phenytoin and carbamazepine. Sometimes anti-epileptic drugs may have side-effects. In such cases, the treatment modality has to be changed. Resistant epilepsy patients should be given the option of surgery, if possible.

Participants at the CME consisted of 40 delegates and 11 doctors from RTIICS and ACTC. The meet was a grand success. Certificates of participation were sent out to all the delegates, along with a copy of the synopsis of the meeting. The CME ended with a sumptuous lunch.

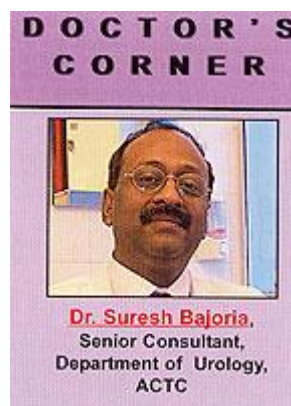
Ms. Hetal Ashar, Sr. GRE,
Ms. Pritha Saha, GRE, RTIICS

Treating urethral stricture disease



Strictures of urethra are an inconsequential result of trauma to the urethra, be it post-catheterisation, perineal trauma, or bouginage. Post-infective multiple-beaded strictures due to gonococci (STD) are now getting rare but post post-UTI strictures are still encountered. Post-instrumentation strictures, after TURP operation also account for a small number of cases. BXO (Balanitis Xerotica Obliterans) is a whitish discoloration of glans and meatal skin which can affect the whole length of anterior urethra and becomes a great source of worry to manage these for the treating urologist.

Urethral stricture disease has been reported and encountered since the pre-Susruta era. Literature reports and photographs of ancient devices for mechanical bouginage and dilatation of strictured urethra had been devised to overcome this problem. It is only in the latter half of the twentieth century that the Hopkins rod lens system and mechanical rigid endoscopic incision of strictured segment by means of OIU (Optical Internal Urethrotomy) was popularised and is now the initial procedure of choice for assessment and therapy. It is now also the first baseline assessment of urethral stricture disease. The problems of recurrent structuring is so high that the concept of intermittent self-dilatation by the patient on a weekly or bi-weekly basis kept some urethral strictures under control.



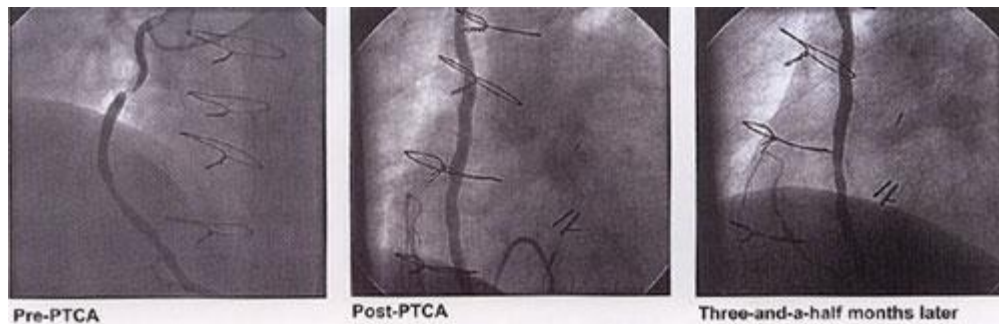
However, as a great proportion of these that eventually recur, urologists started looking for alternative measures to achieve long-term cure. Laser OIU is also being promoted because of its accuracy of urethrotomy with less tissue fibrosis and hopefully, a low recurrence rate. Titanium urethral stents were tried as well. In spite of all the precautions and procedures mentioned above, “one a stricture always a stricture” came back to haunt the urologist. To look for permanent methods of cure, the concept of moving tissue around to replace, substitute or augment diseased urethra came into vogue and is now accepted as a procedure with good long-term results of cure, reaching 85-90% in some hands. Tissues available like scrotal skin, penile skin, postauricular skin (pedicled or non-pedicled) have

also been used to cure this disease and have shown some good results but they are also not without problems of graft acceptance, re-stricture, fistula and stone-formation in the graft hair.

What seems have to stay and what has given good results lately is the buccal mucosa Substitution or augmentation urethroplasty. Buccal mucosa can be easily harvested and accepts well as a graft and almost the full length of anterior urethra can be replaced and long-term post-operative redo-manipulation/surgery rate is less. It is currently the most favoured method of treatment of this locally virulent and nasty disease. Within a short span of construction of Armenian Church Trauma Center, we have performed a series of cases of urethral stricture, both short and long segment disease, using buccal mucosa urethroplasty technique and the results have been rewarding. Future follow-up and long-term results alone will indicate whether it will be accepted as a method of choice for the treatment of this condition.

Case presentation at Euro-PCR Meet

At the session named 'Call for Clinical Cases', Dr. J. Naik, Director, Interventional Cardiology Services, RTIICS, presented a case of Saphenous vein graft in stent restenosis, which was totally re-constructed using drug-eluting stent. This case was selected by the PCR Committee



Euro-PCR (Paris Course on Revascularisation), held at Paris every year between May 24 and 27, is a prestigious international convention for cardiologists all over the world who are involved in cardiac intervention. The mission of this programme is to contribute to the advancement of education in the fields of percutaneous interventions (coronary, peripheral and non-coronary cardiac diseases), cardiac and vascular invasive and non-invasive imaging, as well as the clinical implementation of new technologies in the said fields.

Dr. J. Naik, Dr. R.S. Joshi and Dr. P.K. Jha, Interventional Cardiologists from Rabindranath Tagore International Institute of Cardiac Sciences, were invited this year to attend this course. It is indeed a rare opportunity for Indian hospitals to get their cases selected for presenting at such a prestigious meet. One of our cases had been sent for evaluation, and we are proud that it got selected by the PCR Committee.

Dr. J. Naik, Director, Interventional Cardiology Services, RTIICS, gave a presentation on this selected case on 25th May at the session named 'Call for Clinical Cases' >

The particular case presented was one of saphenous vein graft in-stent restenosis, which was totally re-constructed using drug-eluting stent. This mode of therapy for graft diseases is a comparatively newer approach in view of the fact that the ageing vein grafts show diffuse degenerative vein grafts show diffuse degenerative changes in the walls across the whole length of the graft.

Even if a corrective coronary angioplasty is performed to one segment of the graft, the remaining part of the graft would show progression of the disease in a relatively short time-frame.

Mr. Nurul Islam, a 64 -year-old Bangladeshi gentleman, an ex-smoker & hypertensive, with previous Anterior Wall MI (1991), who has undergone CABG twice at King Khalid University Hospital, Saudi Arabia and also PTCA to SVG-RCA in 2000, presented to us with complaints of frequent chest pain. He had had his coronary angiogram done in Bangladesh, which showed that the vein graft had 90% in-stent restenosis and only the Ramus Intermedius native coronary artery was flowing. The other vessels and grafts were totally occluded.

In view of the fact that this vital vein graft was a lifeline to the patient, it was decided that he required a coronary angioplasty as he had been denied a third redo-CABG.

This graft, full of degenerate material, was cleared partially with thrombo-suction using export catheter and two long drug-eluting stents, 4x39 mm and 3.5x39 mm, were deployed covering the ISR portion and the remaining degenerated portion of the vein graft. The results obtained were good.

We showed three-and-a-half months' follow-up check-angiography of the same patient, which displayed excellent result without any late loss (loss of lumen) and good patency of the stented segment of the vein graft. Hence, in a situation where the patient cannot avail of the possibility of a redo-CABG (as it was required in this particular patient for the third redo, which has been denied by the surgeons), such life-saving conduits can be totally reconstructed with the presently available wide-lumen drug-eluting stents (4 to 4.5 mm size), so that the morphology of the wall of the degenerated vein graft is altered for future and is likely to provide long-term patency. This raises a good possibility that the long-term outcome of this treatment modality is very encouraging. The philosophy of the use of DES in SVG reconstruction was quite well accepted by the international faculty.

Zee TV Interview

Selfless service, serial showcase

Dr. Devi Shetty, Chairman, Asia Heart Foundation, is a 'Doctor with a mission'. Under his able guidance, our Institute has already attained widespread recognition for its seriousness of purpose in dedicated service to the needy. This is why Dr. Ramaditya Roy, a General Practitioner by profession, and Co-ordinator, Nari Swasthya Bibhag (a programme of women's health), **Zee Bangla TV channel**, chose this Institute for a serial to be telecast in the near future. The episodes of the serial will be dedicated to doctors who possess a zeal to selflessly serve the society. On 17th May, our Cardiac Surgeons **Dr. Kunal Sarkar** and **Dr. Mrinalendu Das**, our Cardiologists **Dr. Debdutta Bhattacharya** and **Dr. Biswajit Bandyopadhyay**, and renowned Neurologist **Dr. Pahari Ghosh** were interviewed by the Zee TV anchor, Ms. Sejuti.



Dr. Debdutta Bhattacharya began by describing the symptoms of stroke. Explaining what actually happens during a heart attack. Dr. Bhattacharya advised the patient's family to immediately contact the family physician when faced with such symptoms. He also named the medicines to be taken immediately. In his opinion, after the age of forty, every one should follow a regular heart check up plan.

Dr. Biswajit Bandyopadhyay spoke mainly on congenital heart diseases and their treatment modes. He displayed the model of a heart and described where the defect may lie.

He felt that out of the two modes of treatment, surgical and non-surgical (interventional), the latter is preferable, as it does not leave a scar on the child's chest. The various types of interventions done to cure the variety of congenital diseases were described.

This was followed by an elaborate discussion on rheumatic fever, its origin, causes, symptoms, affection of the heart valves, treatment and control. Another common congenital ailment called Kawasaki Disease and its treatment modes were also discussed at length.

The treatment of heart attack is very advanced of late and the latest drugs, if administered within 3 hours of an attack, can be life-saving, and no further coronary interventions might be required. Talking further on this topic, he explained that today, coronary angioplasty (PTCA) has evolved as a life-saving treatment modality. He went on to describe the procedure of angioplasty. His final message to the audience was that alterations in cooking medium (oil), regulated hours of rest and movement, regular exercises, well-balanced, restricted diet and avoiding smoking are the changes in basic lifestyle which can prevent a heart attack to a large extent.



The Consultant opined that since the spectrum of heart ailments for children and adults is totally different, mothers should observe the following closely:

The overall growth and development of the child as related to its age; regular follow-up with a paediatrician; contrary to popular belief, there should be no diet restrictions for growing children, as they require fuel for growth; no restrictions on movement and exercise.

These steps will even help children with congenitally defective heart to attain full development and they too can function as any normal child.

Renowned Neurologist, Dr. Pahari Ghosh, described and explained a stroke, its main causes and symptoms. He informed that if adequate medicinal doses can be administered within two hours of the stroke, followed by timely physiotherapy once the patient is stabilised, up to 95% normalcy can be attained. As prevention of stroke, the neurologist advised reduced intake of cholesterol-rich food, control of blood pressure and diabetes, stopping of smoking, mentioning that mental relaxation is MUST for people involved in high-tension jobs.

There was also a discussion on another common disease, that pain in the low back and legs. To decide the treatment for the same, he pointed out that at first, the cause of the pain has to be ascertained, as this type of pain may be caused by bone tuberculosis, nerve tumour, cancer or slip disc. Then the exact treatment mode has to be decided upon. Next, the patient has to take up a course of physiotherapy. He said regular guided exercise and weight-training are measures to prevent and/or control this kind of pain.



Zee TV Interview

Better care for women advocated

When faced with the question: “When should one opt for coronary angioplasty or bypass surgery”, **Dr. Kunal Sarkar** said that at first, the nature of the coronary artery blockage is to be identified by performing coronary angiogram. If the blocks are very queer, then coronary angioplasty becomes technically difficult. Then, a bypass route has to be created to ease the supply of blood to the heart. He then described the actual procedure of CABG.

He said, with the development of very sophisticated equipment and machinery. State-of-the-art Intensive Treatment Units, Critical Care Units, effective drugs, qualified and devoted doctors, nursing and technical staff, CABG has attained a success rate of 98%.

When asked about the high cost factor involved in heart operations, he pointed out that it is a matter of pride that Indian hospitals are now becoming increasingly competent, attaining the same standards as the developed world, in terms of expertise and technology applied to perform complex heart operations, and yet such treatment is still cheaper compared to the world standards.



Dr. Sarkar stated with conviction that even in a very critical condition of the patient, a clear discussion of the situation can earn the relatives' understanding and support. Hence, talking to the patients' relatives and explaining situations to them is a very crucial factor. This practice should be religiously followed before as well as after a surgery, to avoid any untoward events between the surgeon, the hospital and the patient party. He also confirm that alarmingly, there is an increase in heart diseases in females. This is all the more because of ignorance and lack of attention of womenfolk, which prevents an early detection of the disease in them. He advised that there is requirement of a manifold increase in general awareness regarding heart ailments, their prevention and treatment. He emphasised that lifestyle-modification, regular intake of medicines prescribed, dietary restrictions, regulated exercises and totally stopping smoking are effective means to keep the heart healthy after a CABG.

Dr. Mrinalendu Das spoke on the most common congenital heart diseases and the various types of surgeries performed to correct these defects. Relating his experiences in New Zealand where foetal surgery for treating congenital heart diseases is performed, he opined that if operated upon at an earliest possible stage, most of the affected children would be able to lead a normal life, with some medicinal, dietary and mobility restrictions. Thereby ensured a discussion on Rheumatic Fever, which is so common in children belonging to compromised social strata.

The disease affects the heart valves. The surgical treatment modalities for such affection are valve replacement and valve repair. These modes were discussed in details. The doctor agreed that valve replacement surgeries are expensive as valves have to be imported, but reminded that nowadays, for older patients, bioprosthetic valves made from pigs' hearts are being used, which are less expensive.

His message to the mothers was: to prevent (especially) valvular heart disease, the basic living conditions and hygiene should be improved; diet should be restricted and once disease is detected, treatment should be started at once. Utmost care should be taken to avoid any kind of infection.



Ilora Ghosh
Facilitator, Academic & Research Activities, RTIICS

ACTIVITIES OF THE ACADEMIC FORUM

- On 6th May, a clinical meet was held at the conference hall in the utility building at 8.30am. Dr. Amitava Mukherjee spoke on 'Percutaneous Nephrolithotomy'. With the help of a slide presentation, the doctor spoke about the management of kidney stones through the use of adequate techniques. The presentation was followed by a round of discussion with the doctor.
- On 13th May at a clinical meet held in the conference hall of the utility building at 8.30 am, Dr. Devyani De spoke on 'Quality-control in Biochemistry Laboratory'. Aided by a slide presentation, the speaker spoke on quality management in the Biochemistry Laboratory, the basic guidelines on which quality is maintained in the Lab, internal and external quality assurance, rules governing the control materials, with a wide illumination on the concern of accuracy and precision in the Lab Reports.
- On 20th May, Dr. S.R. Deb spoke on the topic 'Be careful what you say! High risk medical phrases' in a meet held in the conference hall of the utility building at 8.30 am. With the help of a slide presentation, Dr. Deb stressed on:
 1. Identify the high-risk diagnoses Emergency Medicine.
 2. Describe effective diagnostic and therapeutic practices to maximise positive outcomes and ensure appropriate patient follow-up when needed.
 3. Explain the importance of consulting nurses' notes and documenting reasons for discrepancies.
 4. Use key documentation points that can reduce risk.



The doctor rounded off his presentation with Diodorus Siculus' advice, who prescribes the proper treatment for physicians who failed their patients as follows: "If whilst following rules laid down in the sacred book, they do not succeed in saving their patients, they are held free from all guilt. If on the other hand, they do anything contrary to those rules, they undergo capital punishment."

- On 27th May at a clinical meet held at the conference hall at 8.30 am, Dr. Abhijit Chanda spoke on 'A practical approach to ambiguous genitalia'. Dr. Chanda, with the aid of a slide-presentation, elaborated that normal sexual differentiation is a sequential process of development of chromosomal sex, gonadal sex and phenotypic sex. Any defect either in the gonad determining genes or in the development or function of the gonads themselves are likely to give rise to abnormal sexual differentiation resulting in ambiguous genitalia in the newborn. Common causes of ambiguous genitalia in the clinical practice include congenital adrenal hyperplasia due to 21-hydroxylase deficiency in females, mixed gonadal dysgenesis, androgen insensitivity syndrome. Birth of a child with ambiguous genitalia is devastating to the parents, associated with an immense sense of guilt. Parental counselling remains the first and the foremost duty of the attending physician. They should be advised to postpone naming and registering the birth of the child. Although the birth of a child with ambiguous genitalia may not always be a medical emergency, it is indeed a social emergency. As a result, investigations should be done promptly to arrive at a definite diagnosis without delay. The sex of a rearing, cosmetic surgery and removal of gonads are other important areas of management of such problem. A team approach from paediatrician, endocrinologist, psychiatrist and surgeon is necessary to achieve a long-term successful outcome in cases of disorders of sexual differentiation.
- On 27th May Dr. Devika Chatterjee spoke on 'Tissue Doppler Imaging' in a meet held at the conference hall. With a slide presentation, she explained that Tissue Doppler Imaging is a promising non-invasive investigation in the field of Cardiac Imaging where velocities of myocardium are detected at any point of time of the cardiac cycle. Previously, echo-signals originating from the myocardium were regarded as noise and were suppressed and filtered out.

TDI is useful in detecting LV systolic function, LV diastolic function, specially to differentiate pseudonormal pattern from normal pattern of mitral inflow, differentiation of restrictive cardiomyopathy and constrictive pericarditis, physiological LVH from pathological LVH, detection of rejection in cardiac transplant. TDI is an objective study and chances of inter and intra-observer variability are less.

Celebrating International Nurses' Day

Our Institute has recently introduced a course on Cardiovascular Thoracic Nursing. Recognised by West Bengal Nursing Council and Indian Nursing Council, it annually admits 25 students. Starting in January, the duration of the course is one year. Only GNM/B.Sc. nursing trained nurses, preferably with experience, are eligible for this training course, which began its first course from 5th January, 2005.



Dr. Mishra during the Nurses' Day celebrations



It was a moment of great pride for RTIICS when the first batch of CVT students participated in a competition hosted by the Trained Nurses' Association of India, West Bengal Chapter on 5th April, and won the first prize in the following activities:

1. Solo Dance: Sr. Baisakhi Chatterjee
2. Recitation: Sr. Juthika Roy Chowdhury
3. Group Song: Participants - Sr. Sumitra Das, Sr. Paulami Mondal, Sr. Juthika Roy Chowdhury, Sr. Jayanti Dutta, Sr. Nilanjana Bhowmik, Sr. Mili Sikdar and Sr. Pampa Daphadar.
4. Role play: Participants - Sr. Maitrayee Sarkar, Sr. Sanchayita Maity, Sr. Bandana Chanda, Sr. Soma Maity, Sr. Sarbani Chakraborty, Sr. Anita Majhi, Sr. Tulika De Biswas.

The prize-winning items were re-performed on 12th May, 2005 during the International Nurses' Day celebrations held by Trained Nurses' Association of India, West Bengal Branch at the University Auditorium, Kolkata. The participants received their prizes from the Hon'ble Minister of Health, State of West Bengal, Dr. Surjya Kanta Mishra.

This auspicious day was also celebrated at the Conference Hall of Rabindranath Tagore International Institute of Cardiac Sciences, where a colourful cultural programme was organised by the CVT students. In her address, Nursing Superintendent Mrs. Kalindi Gupta congratulated Ms. Mithu De, staff nurse, RTIICS. Who was felicitated by Trained Nurses' Association of India, West Bengal Branch for her courage, skill and presence of mind. Ms. De had managed to conduct a normal delivery in a running local train, thus saved the lives of both the mother and the newborn. She has been given a special award for her outstanding bravery.

Ms. Shampa Gupta, Sr. Clinical Instructor, RTIICS

Some unforgettable moments.....



(From left) Ms. Dastoor lights a candle; Sr. Juthika Roy Chowdhury recites the winning poem; the audience



(From left) Sr. Baishakhi performs a dance item; a drama; group song

Camp at Dum Dum

On 28th May, RTIICS and ACTC held a Camp at Purba Sinthi (Dumdum). This camp was organised by Central Dumdum Young Sporting Union.

The RTIICS team comprising Mr. Dhrubajyoti, Mr. Irfan Ali and sisters Aparna and Bhaswati reached the campsite on the 27th in the hospital vehicle Rotary Medi Express.

In preparation for the next day's camp, ECG was done on the patients. A total of 109 ECGs were taken.

Next morning at 11 Mr. Avijit Dey reached the campsite along with Dr. Binayak Deb, Dr. Sanjeev Garg, Dr. Amlan Mondal, Dr. Sutanu Hazra and Dr. Shaw. After being greeted by the club's President, Mr. Subhash Chakraborty, the Secretary, Mr. Pratim Chowdhury and their esteemed guest, Chairman, Dumdum Municipality, our doctors began seeing patients.

A total of 278 patients attended the camp, out of which there were 113 cardiac, 74 orthopaedic, 46 neurology and 45 urology patients.

The camp ended at 2.45 pm and RTIICS/ACTC team came back to the hospital after a day's good work.



An Underground Sewerage System was inaugurated at Mukundapur on 9th May. The system was completed in association with Rabindranath Tagore International Institute of Cardiac Sciences. On the dais are Mr. Kanti Ganguly, Hon'ble Minister of State for Sunderban Affairs presenting his inaugural speech. Mr. R. Udayan Lahiry, Administrator, RTIICS and other dignitaries.

SURGERIES DONE SUCCESSFULLY WITH THE HELP OF THE GUEST SUPPORT CELL

As the saying goes 'Laugh and the world will laugh with you' But RTIICS' Guest support Cell believes is being there in times of grief, lending a supportive shoulder to the distressed patients. Here are some cases of surgeries performed with the assistance of this cell in the month of May, 05:

- Six year old Mumtaz Khatoon's mother, a poor farmer's wife, was preparing for the worst as her daughter had been diagnosed with a severe congenital heart ailment. But the Clinical Director of RTIICS made a difference in their life when he performed a successful TOF (Open Heart Surgery) on Mumtaz at an unbelievably low cost package. Little Mumtaz will soon be playing around cheerfully and lead as normal a life as any other child of her age.
- 14 year old heart patient Sk. Nissaruddin had lost his father when he was an infant and his mother feeds the family by begging. Suffering a congenital heart defect his days of torment came to an end when the Clinical Director Dr. A. Raghuvanshi offered him a free valve for the AVR surgery. The surgery was done successfully with whatever amount they could collect and some aid from the funding agencies.
- Arunkanti Sharma, a middle-aged poor shopkeeper from Bangladesh came all the way to Kolkata for his CABG surgery, but could not collect the required amount. It was for him a rare stroke of luck when he met the Chairman of Asia Heart Foundation, Dr. Devi Shetty and his surgery was conducted at RTIICS with whatever he could afford. Tears of joy and gratitude roll down his eyes when he recalls his experience.
- Muskan Kumari's is an 8-month-old baby whose life has been saved by a TAPVC surgery, performed by Dr. Raghuvanshi at a meagre charge of Rs.50,000, some collected by her family and some provided by funding bodies.
- Earning daily bread seemed impossible for poor carpenter Sk. Joynal Abedin whose hands were becoming weaker day by day. Equally absurd was thought of affording the critical neurosurgery required for curing the nerve disorder. But his life got back on the wheels when his surgery was performed successfully at a cost that he just about managed to meet, at Armenian Church Trauma Center.

The total number of surgeries done with the help of the GSC in May: RTIICS: 38; ACTC: 12

Monideepa Chowdhury, Jr. PRO, GSC, RTIICS

Dear Readers,

Many has been a month of achievements. IT was a moment of great pride for us when a case presentation by one of our doctors got selected by the PCR Committee in Paris. Back home, our nursing staff did us proud by winning accolades and prizes in competitions held in various categories during the International Nurses' Day celebrations - Editor