

# Healing Touch

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Curing with compassion

## Workshop on cathlab cases

Live workshop and continued medical educational seminars (CMEs) are conducted by the Rabinathan Tagore International Institute of Cardiac Sciences, Kolkata, on a regular basis. Such workshops are held for primary physicians to impact knowledge and perception in the field of interventions, through direct participation and interaction.

This year, the event was held on the 17<sup>th</sup> April at the newly constructed conference hall of the utility building of the Institute. The whole-day programme consisted of live demonstration of interventional cases from the Cardiac Catheterisation Lab of the hospital to the delegated who had gathered from various institutes within the city as well as from other states - there were participants from Orissa, Bihar, Jharkhand and Tripura. The live case demonstrations were interspersed with presentations by various speakers on current topics of interest in clinical practice and newer technologies and trends in the field of interventions.

The First live case demonstration of the workshop was one of coronary intervention with implantation of Drug-Eluting Stent (DES). All the relevant issues pertaining to such cases and the modalities of DES issues were elaborately discussed. The second live case demonstration was that of a procedure which is not very frequently performed in this part of the country. It involved coronary intervention through the radial route. This modality is well-known to reduce



Dr. Biswajit Bandyopadhyay



Dr. Sunip Banerjee



Dr. Debdutta Bhattacharya



Dr. Panchanan Sahoo

the patient's duration of stay in the hospital, his discomfort and local problems related to the puncture-site, with definitive reduction in puncture-site, with definitive reduction in puncture-site complications, as compared to routine intervention through the femoral route.

The radial procedure is attaining quick acceptance both by the patients as well as the interventionists. In our Institute, we run a radial intervention programme, which is pursued in at least 20-25% of all our interventions. The five interactive CME sessions, each of half-hour duration were interspersed between the live case-demonstrations. The following topics were discussed during the sessions:

Dr. Debdutta Bhattacharya spoke on 'Intervention in acute coronary syndrome'; The topic of discussion was percutaneous coronary intervention in unstable angina. During the talk it was discussed which patients with unstable angina were most likely to benefit from coronary angioplasty, what were the new advances in dealing with clot in coronary arteries, in terms of newer drugs and clot removal devices, and the high rate of success of such procedures, when carried out in appropriate clinical situations.

Dr. Ashok Dhar on 'Spontaneous dissection of coronary artery, strategy of management, in the stent era'; A relatively rare but fatal in 75% of cases is this spontaneously damaging condition of the coronary artery's wall, seen mostly among young females around a child birth and males with uncontrolled fluctuating hypertension. This can acutely block a coronary artery stopping flow of blood causing a major heart attack.

# Laparotomy helps in haemorrhagic cyst removal

Recently, a 58-year-old lady, known to be suffering from chronic renal failure, was brought to this hospital with gradual enlargement of the abdomen. Her renal failure was rather advanced and required haemodialysis three times a week. She also used to receive blood transfusion and subcutaneous injection of erythropoietin to maintain normal levels of haemoglobin. Clinically she was cachexic, thin-built and pale. Chest and cardiovascular examination showed no disorders.

Abdominal examination revealed a vague swelling in the abdomen, which was mainly on the left side and extended from the pelvis to the costal margin. Ultrasonography of the abdomen revealed a large septate cystic swelling, probably arising from the ovaries. The tumour marker CA 125 was reported to be normal.

It was evident that she was an extremely high-risk candidate for surgical intervention. But given the complex nature of the cystic swelling, it was thought prudent to offer her laparotomy and removal of the cyst. She underwent rigorous pre-operative preparation.

## DOCTOR'S CORNER



**Dr. Manas Roy,**  
Consultant, General  
Surgery & MIS



Regular haemodialysis made it possible to achieve blood urea and creatinine levels around 60-90 mg% and 1.2-3.5 mg%, respectively. She was also transfused with two units of packed cells to raise her haemoglobin to 8 gm%.

On 22<sup>nd</sup> March, 2005, in collaboration with a gynaecologist, we performed a laparotomy using generous midline abdominal incision. The cyst was thick walled and adhered to the small intestinal loop and omentum. The cyst was carefully dissected out in toto and appeared to arise from the mesentery.

Her ovaries were entirely normal, as was the rest of the abdomen. The cyst contained approximately seven litres of haemorrhagic fluid postoperatively. She had a brief episode of hypotension, which was managed successfully with inotropes. Following this, she made a smooth recovery and was back on her thrice-a-week dialysis schedule without much ado. Histopathology revealed the cyst to be a simple haemorrhagic cyst.

**Dr. S. Sadhu, Dr. S. Sarkar, Dr. J.K. Shah, Dr. M.K. Roy (Department of General Surgery, ACTC)**

## Multiple benefits of interventional procedures

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Today in the STENT era, if it can be detected in time the torn coronary artery can be quickly repaired and its lumen can be reconstructed to restore the blood flow. This paper having 3 such cases, which were managed at the RTIICS was also presented by Dr. Dhar on 23<sup>rd</sup> April, 2005 at the conference of the European Interventional Cardiology held in Prague from RTIICS.

Dr. Biswajit Bandyopadhyay on 'Interventional aspect of congenital heart disease'; The speaker spoke on the different aspects of interventions in Paediatric Cardiology.

Dr. Sunip Banerjee on 'Coronary intervention : Simple to complex'; The speaker basically dwelt on the fact that with the advancement of percutaneous interventions, more frequently patients with low blood pressure, severe breathing difficulty, kidney failure, acute heart attack are being taken up for angioplasties.

During angioplasty in this high-risk subset of patients, we have drugs to dissolve clot in the heart, partially/fully; instruments to raise blood pressure temporarily (intra-aortic balloon pump) and new generation stents. Furthermore, with advancement in hardware, we frequently come across arteries with total occlusion, tortuous arteries, calcified arteries, arteries with big branch arising from the site of blockage. These types of lesions, previously thought to be unsuitable for PCI, are being taken up for angioplasties nowadays and our experience shows a reasonable success in this high-risk category of patients, in whom otherwise the prognosis would have been extremely poor.

Dr. Panchanan Sahoo on 'Hybrid therapy for Atrial fibrillation'. The speaker said that atrial fibrillation is the most common arrhythmia encountered in clinical practice. For more than 100 years, treatment concentrated only on drugs. In the last decade, there has been remarkable advancement in the therapy. Besides drugs now, device therapy-pacemakers, to prevent and treat atrial fibrillation and radiofrequency ablation have been added to the armamentarium of treatment of atrial fibrillation. Hence, the speaker concluded that drugs, device and radiofrequency ablation individually/combined (hybrid therapy) have improved the success rate of treatment of atrial fibrillation.

**Dr. J. Naik, Director, Interventional Cardiology Services, RTIICS**

## SPORTS TRAUMA MANAGEMENT

The Armenian Church Trauma Centre initiated its Sports Trauma Management Programme in the city on 2<sup>nd</sup> April with a seminar organized by the hospital at the Bengal Tennis Association Complex in Salt Lake. The programme will include several such seminars and camps focused on sports injuries management and rehabilitation to be held at various venues in Kolkata.

The seminar saw the attendance of prominent physiotherapists and coaches associated with Bengal Tennis Association. It was surprising that the queries and questions pertaining to sports injuries put forth by the participants have remained unanswered for such a long time. During more than an hour of interaction, the house felt the need of teamwork in organizing sports trauma management of which sports trauma rehabilitation formed a very crucial aspect. The participants were delighted to see the standard of arthroscopic surgeries performed by our hospital, which include advanced shoulder, knee and ankle arthroscopies. The officials of the sports body showed keen interest in a tie up with the ACTC for future treatment. We have assured them of our best efforts and institutional commitment in taking care of their members and players.



**Dr. Kapoor doing a presentation at a sports trauma meet**

Also present were official sports doctors of the Sports Authority of India who were delighted with the concept. Our hospital was requested to provide ambulance and medical support at the national trials for selection of National Boxing Team at the SAI complex in Salt Lake Stadium on 7<sup>th</sup> April. We complied with pleasure and were present there to take care of any injuries during the session.

We are now in the process of evolving a sports trauma management team which would cover all the major sporting events in the city and provide support and infrastructure for treatment of all the budding and established sports personnel in our part of the country.

The evolution of sports injury management is a unique concept being propagated by our Institution. Every year we lose budding players for the lack of organized and skilful treatment. The pressure on the players to perform is immense and there is a loss of valuable careers in the race to perform.

The concept of sports trauma management requires a multidisciplinary approach. Proper co-ordination is necessary and this is exactly what we, at the ACTC, want to emphasize as we go all out to help our sporting fraternity.

The efforts of Mr. Rakesh Verma and Mr. Saibal Bose have been very crucial in organization and co-ordination of these activities.

**Dr. Vikash Kapoor**  
**Senior Consultant, Dept of Orthopaedics**

Members of the Gujarati community pay a visit to the 'Manjula Mehta Dialysis Unit' of ACTC, Kolkata. The community has helped the Trauma Centre to put up the largest dialysis unit in the country.



Dr. Panchanan Sahoo receiving his prize for the ECG Quiz Competition among cardiologists from Dr. Martin Green, Director, Arrhythmia Services, University of Ottawa Heart Institute, Ontario, Canada, at the Indian Society for Electrocardiography Conference (ISECON) held on 2nd and 3rd April at Bangalore.

## Five Years of RTIICS

### A labour of love



Dr. Devi Shetty (picture left) and Dr. Alok Roy (picture right) share their views

On 30<sup>th</sup> April RTIICS, the first dream unit of Asia Heart Foundation, celebrated its 5<sup>th</sup> birthday.

The celebration began with the Foundation's Chairman Dr. Devi Shetty, and Vice-Chairman Dr. Alok Roy, Joining RTIICS Clinical Director, Dr. A. R a g h u v a n s h I, Administrator, Mr. R. Udayan Lahiry, invited guests, dignitaries, doctors, and all the other members of the staff for lunch.

This was followed by Dr. Shetty and Dr. Roy meeting all the doctors and staff-members of RTIICS, RNSN and ACTC, as well as the other dignitaries and well-wisher of the hospital, who were here to partake of this celebration, at the exquisitely decorated, Out patients' area of ACTC.



In his welcome address, Mr. Lahiry provided detailed statistical data pertaining to the hospital's performance in the last 5 years. He pointed out that with Rs. 9.6 crore of concessions extended towards the treatment of poor patients and having achieved the awesome figure of almost 5,000 cardiac surgeries, above 12,000 Cathlab cases, 41,000 inpatients treated, around one lakh patients seen in the outdoor over a span of 5 years and a strong crew of 600 plus staff-members, RTIICS has become the largest heart hospital in the whole of eastern India.

Dr. Ashutosh Raghuvanshi thanked the guests, doctors and all the staff-members for their patronage, effort and enthusiasm in elevating and maintaining the present level of performance of the Institute. In his inspirational words, he motivated the staff to strive incessantly towards further improving the existing standards.

Dr. Devi Shetty made a vivid presentation whereby by means of illustrative slides and pictures, he highlighted the growth that has been made by our associate organization in Bangalore - Narayana Hrudayalaya - which has emerged as one of the world's largest heart care hospitals, along with a fully functional bone marrow transplant unit. NH is today a post-graduate institution offering diploma courses and training programmes in various fields of medicine.

Expressing his dream to set up 5,000-bedded health cities at Bangalore and at Kolkata, a 500-bed paediatric hospital and another 500-bed cancer treatment unit at Kolkata, he said that the state government has already granted us land for the construction of the health city where the Foundation will first strive to build the cancer and the paediatric hospitals. Dr. Shetty emphasized that history has proved that no organization offering healthcare facility can be sustained unless it actively enters the field of academic curriculum. Hence, he urged the doctors to indulge more in research, academic and clinical work.

## Five Years of RTIICS A rewarding journey

Dr. Alok Roy walked down memory lane as he emotionally spoke of the first days of RTIICS. He informed the esteemed gathering that RTIICS is perhaps the only organization, which, in all these five years, has lost only one doctor by way of resignation and that the overall attrition rate has been lower than generally accepted. He also dwelt on the fact that not many organizations have been successful in bringing out a newsletter of their own like our 'Healing Touch'.

His speech was followed by an interactive session wherein Dr. Shetty, Dr. Roy and Dr. Raghuvanshi responded to questions from the staff members.



The gathering during the celebrations; Dr. Joshi (picture below)



Dr. Mrinalendu Das, Consultant Cardiac Surgeon, RTIICS, informed Dr. Shetty about the initiation of an Academic forum for RTIICS and ACTC (AFRA), as a firm step towards strengthening the academic framework of the institute.

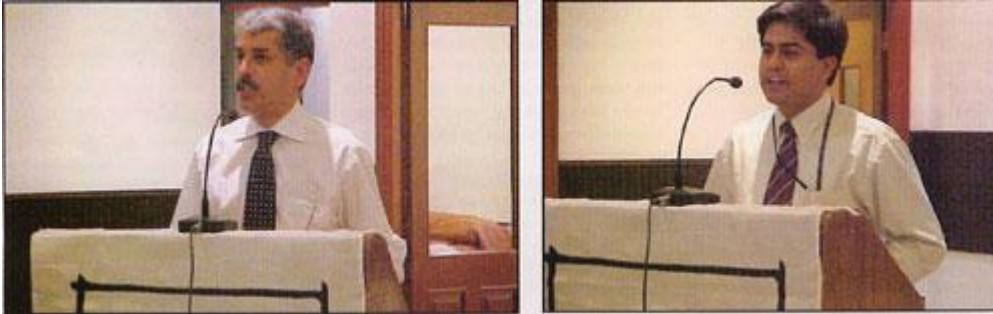
Dr. R.S. Joshi, Consultant Cardiologist, RTIICS, aptly summed up by saying, "We have been working with this hospital right from the beginning, when there was no AC or PC. We have felt the growth of this hospital to where it stands in its pride of place today."

Once more, Team-RTIICS has proved true Napoleon Bonaparte's famous saying: 'VICTORY IS WILL'.

Passing Through the extremely eventful span of five years, holding fast to the willful dreams it began its journey with, RTIICS has emerged as a winning team, proving beyond any suspicion that success is achievable through determination, perseverance, whole-hearted service, indomitable will power and last, but the least, team-spirit.

Three cheers for the RTIICS-TEAM! The programme ended with the Administrator announcing the distribution of the five-year memorabilia silver coin for the staff members.

**Ilora Ghosh, Facilitator,  
Academic & Research Activities,  
RTIICS**



Dr. Raghuvanshi (picture left) and Mr. Lahiry (picture right) address the audience

## ACTIVITIES OF THE ACADEMIC FORUM

- On 1<sup>st</sup> April, in the in-house weekly clinical meeting, Dr. Suresh Bajoria spoke on the topic Nephrolithiasis. The talk was basically on the mechanism of production of kidney stones and how it is diagnosed: and the various latest treatment modalities available, which include external and internal lithotripsy and endoscopic removal of stones. The presentation concluded with a discussion on the prophylactic treatment applied to stop further stone-formation.
- On April 3<sup>rd</sup>, the Academic Forum of RTIICS and ACTC (AFRA) organized a CME which was held in the RTIICS OPD. It began with a welcome address given by Dr. Mrinalendu Das.



**The topics of discussion were:**

1. CABG - indications, benefits and risk factors - a guideline for rational approach. The speaker was Consultant Cardiac Surgeon Dr. Mrinalendu Das.
2. Overview of management of common thyroid disorders by Dr. Abhijit Chanda, Consultant Endocrinologist (ACTC).
3. Dialysis at home by Dr. D.S. Roy, Consultant Nephrologist (ACTC)

The discussion on CABG focused on the indications, benefits & risks of CABG. It is important to know which patient should be subjected to the operative procedure to obtain optimum result. In accordance with the American Heart Association, it was stressed upon that patient with symptomatic Coronary Artery Disease who had angiographic proven L-main disease, several triple vessel disease and double vessel disease (with proximal LAD

lesion) should be subjected to CABG, patients with poor LV function do better with CABG than medical management if they have viable, ischaemic myocardium. The benefits of CABG are mainly three fold:

Patients show symptomatic improvement with good quality of life and less medication.

They have less chance of having major myocardial infarction in future.

They have survival benefit specially those with poor LV function as compared to medical management.



The risk of CABG (mortality) with normal LV function has now drifted down to 1%. Especially with off-pump technique, the major complications are much less even in elderly patients. Patients with poor LV function do have higher risk but their benefits outweigh the risk, specially those patients who have large viable or hibernating myocardium as proved by Thallium Scan or Stress Echo.

Coronary Artery Bypass Surgery has become the most standardized cardiac procedure with very acceptable risks, if correctly chosen for CABG, it provides good quality of life with increased long term survival.

Dr. Chanda spoke about common thyroid problems encountered in clinical practice including hyperthyroidism and thyroid nodules. Hypothyroidism, he said outnumbers hyperthyroidism but both can cause profound morbidity and even mortality if not adequately treated. In case of thyroid nodule, ruling out malignancy is mandatory. Fine-needle aspiration cytology has revolutionized the management of thyroid nodule.

The CME was attended by 41 delegates. It was an interactive session, which witnessed active participation by the delegates who attended the CME. The guest delegates requested that a certificate should be issued for attending the CME and actively participating in it. The AFRA is thinking about the proposal. It has been decided that in future, the All Indian Medical Council would be cordially invited to the CMEs.

The vote of thanks was given by Dr. Mrinalendu Das.

- On 8<sup>th</sup> April, Dr. D.S. Ray spoke on the topic 'Dialysis at home' (continuous peritoneal dialysis) in the weekly clinical meet.

The talk highlighted that continuous ambulatory peritoneal dialysis is a form of dialysis where a patient is trained to do his/her own dialysis as it is a very simple procedure and can be performed at home since no specialized machine is required and thus allows a lot of freedom to the patients.

- On 22<sup>nd</sup> April, Dr. Sutanu Hazra presented a talk on 'Etiology of knee pain in OA: its understanding and treatment'.

The talk dealt with the causes of knee pain in osteoarthritis (arthritis of ageing) and its aggravating and relieving factors, and the principles of treatment from its early to advanced stages including the latest treatment were discussed.

- On 29<sup>th</sup> April, Dr. Sujit Sarkar presented a talk on 'Breast conservation surgery for early breast carcinoma'. Talking about the benefits of such surgical procedure, the doctor said that this form of surgery was possible in the present set-up of Armenian Church Trauma Centre. He felt, this surgery was acceptable to all patients in early breast carcinoma as it was aesthetically, as well as in view of susceptibility, suitable to these patients.
- On 30<sup>th</sup> April, Dr. B.P. Chatterjee presented a talk on 'PCI and CABG in patients with renal disease' at the grand General Meeting of the Hospital.

The theme of the talk was that chronic kidney disease (CKD) has an immense impact on the outcome of cardiac bypass graft surgery or angioplasty and adequate pre-planning and preventive measures can reduce the morbidity and mortality.

# Recombinant factor VIIa

## The wonder drug for haemorrhages

Overwhelming haemorrhage due to trauma, surgery or other insults presents an immediate and challenging problem to Emergency physicians, surgeons, critical care specialists, anaesthetists and haematologists, polytrauma patients with uncontrolled bleeding and persistent coagulopathy despite blood transfusion support rates of 40%.



To discuss this issue of great concern, a seminar was organized at the Library of Rabindranath Tagore International Institute of Cardiac Sciences on 13<sup>th</sup> April. The discussion was on a novel molecule recombinant Factor VIIa.

Dr. Badrinath, Medical Advisor, Novo Nordisk discussed this topic in great detail with our consultants from all specialties. The session was very interactive and all aspects of this new drug were evaluated. This drug has come out with many emerging indications.

This can be used in early intracranial haemorrhage where the outcome has been very satisfactory, as per reports. It has also been tried to Bleeding Esophageal Varices.

Recombinant factor VIIa is a novel haemostatic agent originally developed for the haemophilia patients with inhibitors to replace factors VIII or IX. Recombinant factor VIIa is therapeutic dosage maximizes thrombin burst on the activated platelets at the site of injury, which in turn facilitates firm fibrin clot formation at the bleeding site and hence causes local hemostasis without the risk of activating systemic coagulation cascade.

The drug has been a new addition to our armamentarium to fight back haemorrhage. In the days to come, we have the provision to use this drug in the Emergency at our Trauma Centre.

The CME was well-attended and ended with a sumptuous lunch.

**Dr. Sujoy Ranjan Deb,**  
**Co-ordinator, Emergency Services, ACTC**

## Cardiac camp at Agartala

On the 16<sup>th</sup> of April, in collaboration with Purbanchal Welfare Centre, a free heart check-up camp was organized at Agartala. The team from RTIICS, which attended the camp comprised Dr. Ashutosh Raghuvanshi, Dr.B.P. Chatterjee, Mr. Rakesh Verma, Mr. Satyajit (CVT, Udaipur Telecardiology project set up in Tripura).



A total of 150 patients were seen at the camp, out of which, quite a few had received treatment or consultation at Rabindranath Tagore International Institute of Cardiac Sciences as well as Narayana Hrudayalaya, patients had arrived from the interior rural districts of Tripura and Agartala town to attend this camp. For them, this was a great opportunity as they could consult a renowned cardiac surgeon and a cardiologist in their own state, without having to incur huge costs and spending much time in traveling all the way to Kolkata.

Mr. Prabir Chakraborty, president, purbanchal Welfare Centre and his team deserve credit for organizing the camp very systematically. The patients had been screened well before the camp started, which helped in the smooth progress of the camp.

Their concern and cordiality for patients arriving from distant places to attend the camp was touching.

## **SURGERIES DONE SUCCESSFULLY WITH THE HELP OF THE GUEST SUPPORT CELL**

The Guest Support Cell, which is witness to much pain and misery, has made it its mission to relieve the 'Children of the lesser God' of some of their suffering through efforts to collect funds for the treatment of this unfortunate rung of society. Here are some instances where, we feel, we were able to make a difference in the lives of some people -

- For daily labour Uttam Mondal, the impossible became possible in April 2005 when the Clinical Director, RTIICS offered him free valve and the MVR surgery package was brought within his reach.
- Five-year-old Dipti Baidya's ASD Closure surgery was done with whatever amount her poor father could collect and some amount contributed by the funding bodies.
- God helps those who help themselves. Twelve-year-old Prabir Mondal's van-driver father from Namkhana left no stone unturned in his effort to procure aid from funding agencies as advised by the cell at RTIICS. With around Rs. 70,000 collected from the funding agencies, the angiogram done free of charge and a considerable amount of concession from the hospital on the package charges, his son's DORV surgery was performed successfully here.
- Diagnosed with a healing ailment, the future seemed nightmarish for Aftab Alam, a young shoe-box maker. But fortune smiled on him when his heart surgery was performed by our Clinical Director, though he could collect only a meagre sum of Rs.25,000 personally, and some funds from external agencies. To a now smiling Aftab, God is not cruel anymore.
- A teenager from an economically backward family, Nazmina Khatoon, who had had an AVR surgery at RTIICS a few years back, was operated at ACTC when she developed stones in her gall bladder. The surgery, done at a concessional package, was highly successful.

The total number of surgeries done at RTIICS with the help of the Cell: 64 and at the ACTC: 8

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

### **Dear Readers,**

Celebrating five years of RTIICS was not only an event to mark our becoming the most successful heart hospital in this part of the country, but also an occasion to introspect. While the figures speak for themselves and underline the medical milestones achieved, we use this opportunity to renew our pledge of serving patients better and raising the bar in clinical research and academic excellence.-**Editor**