

PULSE

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Godrej Memorial Hospital

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From the Editor's Desk

TIME TRIANGLE

Every New Year is like a milestone in the linear, absolute / objective entity of TIME. The speed of the passage is relative – depending upon our circumstances and mind state – the relativity is perceptual and subjective. For some, the last year must have passed too fast and for some it may have seemed like an unending ordeal and for yet some few it must have stood still – frozen or may even be non-existent.

Each one of us is endowed with this gift every year with the same amount and yet we perceive and utilise it differently. Many who feel "Life is a race" (Viru Sahasrabuddhe) may be scared / haunted by the ticking away.

Life has three basic components for fulfilment viz. work / money; family / friends / relatives; and health. All three vie for the same limited supply of TIME and hence the Triangle (or is it Quadrangle?).

With competition, capitalism and consumerism - work / money has been an overwhelming contender and suitor of this 'Lady Time'. In this era of loans, EMIs and credit card it is not surprising then, that work / money begs, borrows or steals time from the other two contenders viz. Relationships and Health. Without realising that, like in the case of loans and credit card, they end up paying much more in the long run or lose it.

The first to be sacrificed is sleep. Any sleep less than 6 hours per day or any sleeping time after 12 midnight takes its toll on health - physical, mental and emotional.

The next to bite the dust is usually exercise, health and recreation – which again if not done on a daily / weekly basis takes its toll.

Then to go is time with friends, parents, partner or children – but not necessarily in that order. This is something we take for granted but unfortunately these are the most important pillars of support in the times of crises.

Last but not the least is time for "self". It is when we lose our identity of who we are, what we stand for, and realise the real worth of the things we have achieved and lost and the prices that we have paid – in retrospect –that we often feel the void / futility of things.

Before we reach that stage - time to take stock and rearrange our priorities and create a balance. It is never too late. **LIFE BEGINS NOW.**

GREETINGS, GOODLUCK AND GODSPEED.

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Two Major Surgeries in one sitting at Godrej Memorial Hospital Single Incision Laproscopic Cholecystectomy & Appendectomy

Conventional laproscopic surgery would require minimum 6 cuts for the same surgery.

Single Incision Laproscopic Surgery (SILS) is an advanced laproscopic surgery in which, surgery is performed through a single incision & that too in the patients navel instead of routine 3-4 small cuts in conventional Laproscopic surgery.

This being advanced laproscopic surgery, it is performed by very few surgeons in the Mumbai.

Dr Dilip Rajpal a consultant surgeon in Godrej Memorial Hospital performed SILS Appendix along with Gall Bladder through a single

incision on 23' November 2013.

The surgery was performed as an emergency procedure within 4 hours of admission in Godrej Memorial Hospital.

Total surgery time was only 50 minutes. Patient was started on liquid diet in 6 hrs & solid diet in 8 hrs post surgery .

Patient was mobilized in 12 hrs & was discharged in 48 hrs.

- Dr Dilip S. Rajpal

MS, MAIS, FICS(USA), FMAS, Dipl. in Laproscopic surgery (SAGES), Fellow in Robotic & Adv.Laproscopic Colo-Rectal Surgery (Korea univ.)

Double Malignancy Surgery In Patient at GMH.

A rare case wherein two cancers were diagnosed, successfully operated and managed in the same patient was encountered in GMH last month.

Patient aged 75 years, presented with symptoms of vertigo to the physician. A surgical reference was made for mild abdominal pain in this patient.

Examination by the surgeon suggested a right sided colonic cancer , which was confirmed by a CT scan and colonoscopic biopsies .

Patient was posted for surgery urgently and operated upon by Oncosurgeon **Dr K Sethna** and General Surgeon **Dr Sundeepa Sawant Rai**.

The colon cancer surgery was especially technically demanding given extensive involvement of lymph nodes along major blood vessels.

During surgery patient was also found to have a gall bladder cancer.



Surgery was then extended to include removal of the gall bladder alongwith surrounding liver(procedure termed Radical Cholecystectomy).

The entire surgery was a difficult and complex procedure due to its rare nature. The outcome was deservedly rewarding with complete removal of cancerous tissue alongwith clear margins histologically, and more so, a fully recovered patient, who is discharged and presently is considering chemotherapy as per cancer stage treatment protocols.

- Dr Sundeepa Sawant Rai

M.S. FRCS.
Consultant General Surgeon.

Kidney Disease in Urban India



Over the last decade, CKD (Chronic Kidney Disease) has been recognized as a major global public health problem. A significant proportion has CKD of un-determined etiology. These patients are younger & have lower income and more advanced CKD. CKD IS a global threat to health in general and for developing countries in particular, because therapy is expensive and life-long.

Minimal physical activity, unhealthy diet, smoking and drinking are some of the reasons that are resulting in an increased number of chronic kidney diseases - especially among women - in both rural and urban India. In most cases, the disease is only identified at an advanced stage or end stage. It's important that people are aware and realize the importance of timely **intervention**.

Globally, kidney disease is the third biggest killer after cancer and cardiac ailments. In India, More than 200,000 kidney failures occur annually. Kidney disease has indeed assumed worrisome proportions in India. (TOI, Jan 2010) The National Kidney Foundation of India estimates that 100 people in a million suffer from kidney ailments in India and around 90,000 kidney transplants are required annually in India. (DNA, March 2012)

In urban India, a study across 12 cities found 17 out of every 100 people suffering from kidney disease. Of this, 6% had stage III kidney disease

that necessitates medical attention and, in some cases, costly treatment like dialysis or transplant. (TOI, June 2013) The prevalence of CKD estimated was 17.4%. A community based study showed CKD stage 1-3 with only 1.6% in CKD stage 4 & 5. This was also a data which gave us an idea about the rural and urban CKD estimates with 22.5% in the urban population and 9.4% in the rural setting. (BMJ, 2013)

Preventive Measures

1. Public health education is one of the primary preventive approaches. Public perception of CKD is poor and knowledge among both general public and general practitioners about kidney diseases is poor in India. Public awareness of the link between lifestyle and health is poor in India. Education on diet, increased physical activity and decrease tobacco usage should begin in schools during childhood.
2. All adults more than 40 years of age should be advised to have regular check-ups with measurement of blood

pressure, blood sugar and serum cholesterol levels. Such screening should be made mandatory during pre employment screening. In a recent study, 73.7% of diabetics in rural areas and 56.9% in urban areas were unaware of their diagnosis.

3. When CKD is diagnosed early and managed aggressively, its progression can be slowed or halted. Screening the high risk individuals should be the priority. The high risk groups include diabetics, hypertensive patients, the elderly, relatives of patients with CKD, patients with autoimmune diseases that are likely to involve the kidney.
4. With the above understanding when can bring down the mortality and morbidity of CKD in India.

- Dr Raman Malik

MD(Med), DNB(Nephro) AIIMS

Senior Consultant in Nephrology & Transplant Physician.

Diabetic Foot and Podiatry Care Centre at GMH

Godrej Memorial Hospital Foot Care Centre offers a full range of services for Podiatry – Foot and Ankle, a specialty that deals with the examination, diagnosis and treatment of conditions and functions of the Human Foot and Ankle.

Everyday our feet are under a great deal of stress and pressure. This can create many common and curable foot conditions such as corns, callus, bunions, Fractures, athletes foot, etc. Many diseases are first manifested by symptoms in the feet such as diabetes, arthritis, and circulatory problems. Diabetic Neuropathy causes tingling, burning, numbness & ultimately causes a foot without any sensation, leading to diabetic wound, ulcer, infection & gangrene leading to amputations. The Motor involvement causes muscle weakness leading to deformity, ulcers, gangrene & amputation. The vascular involvement may cause early Claudication (pain in calf), rest pain & gangrene leading to amputation

“PREVENTION IS BETTER THAN CURE”

Before



After



Podiatrists may be the first to recognize a serious health problem from examining your feet. Dr. Milind Ruke & team of Hyperbaric Oxygen center provide expert care, diagnosis and treatment of ankle and foot disorders for children, adults, and seniors. We treat a wide variety of conditions such as:

Arthritic foot Conditions, Athlete's Foot, Bunions, Children's Foot problems, corns and callus, Diabetes, Flat Feet, Foot odor, Fractures, Fungal Nail, Geriatric Foot Problems, Hammertoes, Heel Spurs and fasciitis, Ingrown Nails, Muscle, Tendon and Joint Disorders. Neuropathy causing tingling, burning, numbness & ultimately causes a foot without any sensation, leading to diabetic wound, ulcer, infection & gangrene leading to amputations

World Scenario:

- a) 50% of lower extremity amputations are diabetic
- b) 70% of amputations are preceded by ulcer
- c) 3-10% diabetics develop ulcers.
- d) 3 years mortality after amputation is 20-50%

Foot problems can be prevented in part with:

- a) Regular diabetic foot evaluation by Podiatrists.
- b) Diabetic health status evaluation by Diabetologist.
- c) Venous & other foot evaluation by Surgeon specializing in venous disorder of Foot, venous ulcer treatment by laser therapy.
- d) Strict Control of diabetes.
- e) Foot wear modification.
- f) Physiotherapy and rehabilitation.
- g) Vascular disease & orthopedic management.
- h) Revascularization of the foot by angioplasty & vascular surgery

Dos

- Have your shoes fitted by a foot care specialist and make sure they feel comfortable at the time of purchase.
- See your physician regularly and have your feet examined at each visit
- Wash your feet daily and dry them carefully.
- Avoid extremely hot or cold water. Test water with your hands or elbow before you bath.
- Inspect the insides of your shoes for foreign objects or rough areas that might cause blisters.
- Wear socks at all times! Especially if your feet get cold. Try seamless socks that are specifically made for diabetic foot care.



Doppler

DON'Ts

- Walk barefoot, Soak your feet in hot water
- Wear mended socks, or socks with seams
- Use oil or cream between your toes
- Wear thong sandals
- Use chemical agents to remove corns or calluses
- Cut corns or calluses yourself
- Cross your legs. This can cause pressure on the nerves and blood vessels
- Smoke



Biesthesiometry

- **Dr Milind Ruke**

MBBS, MS, DHA, FICS, FASI, PGCDFM, FIAGS, CWS (U.S.A.)

Events

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Ms. Reshma Shinde on behalf of
Godrej Memorial Hospital

Events & Activities of November & December 2013

Date	Name of Events	Services offered	Patients Registered
14th to 25th Nov 2013	Diabetes Day	25 Diagnostic Tests & 4 Consultations for only Rs 1999/-	87
08th Dec 2013	Rajiv Gandhi Camp at Sandesh College, Vikhroli	Blood Pressure & Blood Sugar, ECG, Weight, Doctor Consultation & Medicines	57
14th & 15th Dec 2013	Anand Mela	Blood Pressure, Blood Sugar & Weight	210
15th Dec 2013	Gynaecology Camp	Free Doctor Consultation & 10% concession on Diagnostic Tests for a week	05
19th Dec 2013	Screening Camp at Jeevan Vikas Vidyalaya Kanjurmarg	Complimentary Dental, Ophthal & Pediatric consultation	135
22nd Dec 2013	Dental Camp	Free Doctor Consultation	09
25th Dec 2013	Christmas Celebration		
31st Dec 2013	Annual Day Celebration		

