



NABL & NABH accredited
From the Editor's Desk

A POINT - A PARABLE.

Imagine - if you had the unlimited resources and the technical know-how & expertise to make machines which were unique in their features & capacity, like a core pump which was good for about 2.5 billion cycles, a camera of more than 1000 mega-pixels, which had its own virus protection & cleaning system, with a zillion electrical connections, etc. How much cost would you incur? And how much would you charge for each piece? How much would you charge to maintain/repair it? How zealously and jealously would you care for and protect it? What warranty period would you offer? And, now compare that with what nature has done!! From a single (fertilized) cell it produces a unique and complex unit of systems, called 'animal' and 'plant' life which performs a myriad functions and it does it with 'no sweat' and gifts it to us "free of cost". And to top it all, the product comes with an assurance of at least average 70 years of good service*.

* T & C apply. 😊
And what do we do with this free gift. We use, abuse, overuse or neglect it.....we take it for granted.

We maintain our Maruti, Mercedes and BMW better than we maintain ourselves. We service them, polish them and repair them, till we replace them. Are we replaceable? With advances in medical field, some of our parts are now replaceable, but unlike automobiles, etc; are they as good as originals? Are they 'genuine spares'?.....not by a mile.

We diet after we develop diabetes, we exercise after "by-pass" and rest after paralysis. We 'take-off' fast and 'land' fast. We 'maximize' when we should 'optimize'. We do not drive ourselves at 'economy speed' to get maximum mileage with minimum wear and tear.

We don't take preventive measures till we reach a breakdown.

Think it over - in our pursuit of mammon we forget -

- What we get for free, like nature and natural resources, family, spouse, children, friends, health; we take these for granted, abuse or neglect them. We do not value them till we lose them.
- We know the price of everything and the value of nothing.

• Like the 'Master-Card' ad.... CABG-Rs.3 lakhs.; TKR Rs. 1.5 lakhs.. Health - Priceless.
Remember - * Money can buy us the best treatment but it cannot buy us the best health... Kaydee. * Health is therefore our responsibility..... Kaydee. *Prevention is better than cure.

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PULSE

Volume No. 01, Issue No. 04, November 2012, Page : 1



The Bantam Warrior

What shall we call her? Jhansi Ki Rani after the Legendary Warrior because she fought the challenge of Mother Nature. Born with a near fatal condition, this wonder child had to undergo Supra Major Surgery on her tiny compromised body at Godrej Memorial Hospital.

A staff of Godrej Aerospace, delivered a baby at GMH who had to be immediately shifted to NICU (Neonatal Intensive Care Unit) because of tachypnea (fast and difficult breathing). Chest X ray showed a right sided congenital diaphragmatic hernia with the liver in the thorax (chest cavity). Baby was provided with ventilatory support and operated on day 3 of life. She was continued on ventilatory support and intensive management for blood pressure control, requiring many inotropic drugs. She was successfully weaned off ventilator after 6 days post surgery and gradually started on breastfeeding. Now the baby is 40 days old, breastfeeding well, active, playful. You must be thinking, what this dreadful condition, affecting newborns is known as?

The condition is known as "Congenital Diaphragmatic Hernia" (CDH). Incidence is 1 in 2500 to 5000 births, Male/Female ratio is 2:1, and approximately one third are stillbirths. It is a congenital malformation (birth defect) of the diaphragm. Defect of the diaphragm cause the abdominal organs to push into the thoracic cavity, obstructing/affecting the proper lung formation. CDH is a life threatening pathology in neonates/infants and major cause of death is due to two complications: pulmonary hypoplasia (inadequate lung formation) and pulmonary hypertension (high lung pressure). Newborns with CDH often have severe respiratory distress (breathing difficulty) which can be life threatening unless treated appropriately & promptly.

Pathophysiology :

It involves three major defects.

- A failure of the diaphragm to completely close during development
- Herniation of the abdominal contents into the chest cavity
- Pulmonary hypoplasia (Poor Development of Lungs)

Preoperative management :

- Prevent hypoxia: Mortality is high if parameters are not maintained
- Prevent hypothermia
- Basic blood investigations including ABG



The Mother with
Dr. Pradnya Bendre (Operating Surgeon)
holding the Baby

Contd. to Page No.2

“ Arrogance (ego) and ignorance are the cause of all miseries (evil).”.....Kaydee
“Ahamkar aur Andhkar sab dookh ka mool hai.”.....Kaydee

BENEFITS OF ACCREDITATION

(Continued from the previous issue)

“Care administered by the physician to the patients would always be to the best of their abilities.”

Hippocrates 200BC.

Benefits for Patients :

- Assurance of high quality care.
- Credentialed and privileged medical staff.
- Access to a quality focused organization.
- Patient’s rights are respected and protected.
- Patient education and communication in an understandable manner.
- Patient satisfaction is evaluated and monitored.
- Involvement in care decisions and care process.
- Focus on patient safety.
- Policy on pain management
- Policy for vulnerable patient care
- Safe patient transport both internal & external.
- Continuity of care while hospitalized.

Benefits for the Staff :

- Improves professional development.
- Provides education on consensus standards.
- Provides leadership for quality improvement within medicine and nursing.
- Increases satisfaction with continuous learning, good working environment, leadership and ownership.

Benefits for the Hospital :

- Stimulates an environment of continuous improvement.
- Demonstrates commitment to quality care.
- Raises community confidence.
- Opportunity to benchmark with the best.

Benefits to the Community :

- Quality revolution.
- Disaster preparedness - Natural & man made.
- Epidemics Management.
- Access to comparative database for healthcare facility improvement and planning.

The journey to quality assurance through accreditation is by setting goals, having clear vision and sincere efforts. Let us achieve them together because we all need them.

Compiled by
Daisy N Raj

The Bantam Warrior

Contd. from Page No.1

- Establish venous access
- Vasodilators
- Minimize sympathetic neuronal discharge by high dose of opioids

Surgical intervention :

- Surgical correction of defect under anaesthesia is the only treatment.

Anaesthesia Monitoring & Maintenance :

- Anaesthesia in a 3 day old child is a very tricky & risky thing.
- It requires a highly refined, special skill & equipment.
- Administering & maintaining drugs in dosages of 0.004 - 1 mg/kg and keeping the parameters in a very narrow safety range is vital.
- Post operative & Pain management is also something which is very crucial.

Postoperative Management :

- Postoperative intubation and ventilation should be planned. The FiO2 is adjusted to maintain PaO2 over 150 mmHg till the infant is slowly weaned in 48-72 hrs to avoid honeymoon phenomenon, characterised by early smooth course followed by development of pulmonary vasoconstriction and lethal persistent pulmonary hypertension, hypercarbia and acidosis.
- Child is not extubated till fully awake, breathing spontaneously and rhythmically, opens eyes and maintains SpO2 of 100%.
- Epidural catheter is kept for 48 hours for postoperative pain relief.

Morbidity and mortality

- CDH has a 100% mortality rate if not operated in time.
- However even operated cases have mortality rate as high as 40-62%, depending upon multiple factors including timing of treatment, complications such as infections and lack of lung function.

The Final Word

With advances in technology diaphragmatic hernias can now be diagnosed and managed in tertiary care centre where surgical, and neonatal critical care services are kept ready/available.

Newer generation of ventilators ,ECMO (Blood Oxygenation outside the patients body) and neonatal critical care facilities (NICU) has improved results and TEAM APPROACH is key to success. Neonatologist, anaesthesiologist, surgeons & nurses all play equally important role in managing CDH.

Late diagnosis ,requirement of ventilator support soon after birth, right sided defect, presence of liver, stomach in chest ,poor response to ventilators are all bad prognostic criterias. One must remember that it is not surgical emergency but is neonatal emergency because best result can be obtained only after proper control of pulmonary hypertension and optimization of blood gases.

Kudos to...

Dr. Smita Roychoudhury
(Consultant Pediatrician and Neonatologist)
GMH

Dr. Pradnya Bendre
(Consultant Pediatric Surgeon) GMH

Dr. Dilip Chavan
(Consultant Pediatric Anaesthesiologist) GMH

For their Team effort



The Baby for First Follow-up after surgery with Dr. Smita Roychoudhury (Treating Pediatrician)

BROCCOLI

Broccoli heads are rich source of phyto-nutrients that help protect from prostate cancer and stroke risks. It is actually a flower vegetable and known for its notable and unique nutrients that are found to have disease prevention and health promoting properties. Broccoli is very low in calories, provides just 34 cal per 100 g. However, it is rich in dietary fiber, minerals, vitamins, and anti oxidants that have proven health benefits. Fresh vegetable is exceptionally rich source of vitamin-C. Provides 89.2 mg or about 150% of RDA per 100 g. Vitamin-C is a powerful natural anti oxidant and immune modulator, helps fight against flu causing viruses. Further, it contains very good amounts of another anti-oxidant vitamin, vitamin-A. 100 g fresh head provides 623 IU or 21 % of recommended daily levels. Vitamin A helps maintain integrity of skin and mucus membranes, essential for vision and helps prevent from macular degeneration of retina in the elderly population. Fresh broccoli heads are an excellent source of folates; contains about 63 mcg/100 g (Provides 16% of RDA). Studies have shown that consumption of fresh vegetables and fruits rich in folates during pre- conception and pregnancy helps prevent neural tube defects in the offspring. This flower vegetable is also rich source of other vitamin-K and B-complex group of vitamins like Niacin (vit B-3), pantothenic acid (vit.B-5), pyridoxine (vit.B-6) and riboflavin. Although boiling and microwaving has been shown to destroy anti oxidants like vitamin-C, folates and some anti-cancer phyto-nutrients in broccoli, the other preparation methods such as mild steaming and mild frying have shown not to reduce the composition of these compounds.

Pureed Broccoli Soup Ingredients

1 tablespoon butter
 1 tablespoon extra-virgin olive oil
 1 medium onion, chopped
 1 stalk celery, chopped
 2 cloves garlic, chopped
 1 teaspoon chopped fresh thyme or parsley
 8 cups chopped broccoli (stems and florets)
 2 cups water
 4 cups chicken broth or vegetable broth - 1/2 cup half-and-half (optional)
 ½ teaspoon salt
 Freshly ground pepper to taste

Preparation

1. Heat butter and oil over medium heat until the butter melts. Add onion and celery; cook, stirring occasionally, until softened, 4 to 6 minutes. Add garlic and thyme (or parsley); cook, stirring, until fragrant, about 10 seconds.
2. Stir in broccoli. Add water and broth; bring to a lively simmer over high heat. Reduce heat to maintain a lively simmer and cook until very tender, about 8 minutes. Puree the soup in batches in a blender until smooth. (Use caution when pureeing hot liquids.) Stir in half-and-half chicken or vegetable broth (if using), salt and pepper.

Compiled by

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Squint/Strabismus

Eyes are one of the most important organs in the human body and vision is one of the most wonderful gifts. But often many people neglect the importance of eye care and don't pay proper attention towards eye care, only to regret later on in life. To compound the problem, there are various myths circulating around, since ages, regarding eye diseases and eye care which have become the so called "truth" for the common man. As an ophthalmologist (eye care specialist), it is our duty to rectify those misconceptions and bring out the actual facts for all to know.

One such myth is regarding Squint, known as Strabismus in medical terminology.

"Squint should not be operated"

"Squint is a sign of good luck"

"Squint is a sign of bad luck"

All these are misconceptions.

We, routinely get young patients wanting squint correction as they want to get married. It is commonly perceived as a cosmetic problem which can be surgically corrected. On the contrary it also has various functional problems that cannot be rectified as it is too late.

Squint is misalignment of the two eyes, wherein both eyes are not looking in the same direction. It is not related to any curse or good luck. It can be present from birth i.e. congenital or can be acquired later on in life. It can be constant i.e. present throughout the day or can be intermittent i.e. present for few hours a day.

The exact cause of squint is not known. There are 6 muscles around each eye that controls the movements of the eyes. The muscles of one eye works in co-ordination with its counterpart in the other eye to maintain normal alignment. Break in this co-ordination results in squint. Sometimes uncorrected refractive error causes deviation of the eyes from their normal position. Eye muscle paralysis can result in squint. Poor vision can also lead to squint. Hence it is mandatory to have a thorough eye checkup in all the cases of squint.

Not only it is a cosmetic problem for the patient but also can cause vision problems. In children, it can cause lazy eye disease (amblyopia), loss of depth perception i.e. loss of 3 - dimensional vision. In addition to this, in adults it can cause double vision i.e. diplopia.

Squint is diagnosed by an Ophthalmologist trained in this field by performing various eye tests. After confirming its presence, its type and its nature, treatment is given by an ophthalmologist who is specialized in squint management.

The aim of Squint treatment is

1. To preserve/restore vision
2. Straighten the eyes
3. Restore 3- dimensional vision

Spectacles, Patching and Surgery are the treatment options available.

It should be treated as early as possible, any time after 6 months of age depending on the onset of squint.

Nearly 40% of the squint can be corrected by spectacles or eye exercises. However, a large majority require an operation. Squint operations are very safe and should be done as early as possible. Generally, if the eyes are not aligned for more than 6 months, in a child, it causes irreversible damage to the 3- dimensional vision. Squint surgery doesn't cause decrease in vision. Squint is not only a cosmetic problem but it is a functional problem also which requires proper management. Hence it should be treated as early as possible.

Earlier the better.

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Suggestions & feedback

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Wrist & Hand Surgery Programme at GMH.....

A comprehensive lecture and workshop programme was held in Godrej Memorial Hospital on 7th October 2012, about "Wrist and Hand Surgery". Dr. Pankaj Ahire, Consultant at GMH was the chairperson of the programme. The faculty members were eminent Upper Limb Surgeons from the city of Mumbai. The day long event was attended by 33 practising Orthopaedic & Plastic Surgeons from Mumbai and rest of India. This programme was followed by a week long hand surgery course, convened by Dr. Pankaj Ahire for the Bombay Orthopaedic Society. Godrej Memorial Hospital has been a part of such Hand Surgery courses for past four years.

Congratulations.....

Dr. Pankaj Ahire has been elected to the executive council of Indian Society for Surgery of the Hand (ISSH). ISSH is India's official representative society in the International Federation of the Societies for the Surgery of the Hand (IFSSH)



Dr. Pankaj Ahire

Activity for November 2012		
Date	Name of Activity	Name of Doctor
04 th Nov 2012	"Ayurveda Camp"	Dr. Shanti Tiwari MD, PHD (Ayurveda Medicine)
11 th Nov 2012	"Dental Camp"	Dr. Charu Girotra Dental Surgeon
16 th Nov 2012	CME on "Anxiety and Depression in Clinical Practice"	Dr. Sheryl Jhon Psychiatrist
18 th Nov 2012	"Osteoarthritis & Osteoporosis Camp"	Dr. Amrish Saraf Orthopedic Surgeon
23 rd Nov 2012	CME on "Insulin Resistance and Non Alcoholic Fatty Liver Disease"	Dr. Prajakta Gupte Dr. Ameya Joshi
25 th Nov 2012	"Oral Problems"	Dr. Ritu Sheth Head & Neck Onco Surgeon

Activity for December 2012		
Date	Name of Activity	Name of Doctor
02 nd Dec 2012	"Eye Check-up Camp"	Dr. Hetal Bhatt Ophthalmologist
9 th Dec 2012	"Dental Check-Up & Eye Check up Camp for Children"	Dr. Tushar Yadav Pediatric Dentist Dr. Archana Chowdhary Ophthalmologist
16 th Dec 2012	"Skin & Hair Problems"	Dr. Sunil Mishra Dermatologist
23 rd Dec 2012	"Asthama Camp"	Dr. Tejal Shah Chest Physician

"The above Activities may change without prior notice Kindly confirm before coming."

Did you know.....

1. The term "dengue" is a Spanish attempt at the Swahili phrase "ki denga pepo", meaning "cramp-like seizure caused by an evil spirit"? "Beriberi" on the other hand, originates from the Sinhalese (Sri Lankan) language meaning "I cannot, I cannot".
2. A new born baby breathes five times faster than an adult man.
3. A study by researcher Frank Hu and the Harvard School of Public Health found that women who snore are at an increased risk of high blood pressure and cardiovascular disease.
4. According to the Centers for Disease Control and Prevention (CDC), 18 million courses of antibiotics are prescribed for the common cold in the United States per year. Research shows that colds are caused by viruses. 50 million unnecessary antibiotics are prescribed for viral respiratory infections.

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