



# DMCH Capsule



A Monthly Update From the Principal's Desk

Vol. 6

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## Dear Friends

*Getting a task done by others is itself a difficult task! You are more likely to produce results if you remember that motivation is the key to success.*

*How do you get someone to perform to the best of his or her ability? Threatening, inducing fear, criticizing or condemning is counterproductive unless the person is deliberately shirking work. It may work initially, but the output is not likely to be consistent and long-term. People, even animals, do things better if they feel good about it. Focusing on their positive contribution and appreciating effort, howsoever small, is more productive than harping on lapses and mistakes.*

*As suggested by 'thought for the month' (last page) a pat on the back drives people better than a pull on the ear.*

Dr. Daljit Singh  
Principal

## Homage to Karl Landsteiner on International Blood Donors Day (14th June, 08)

14th June is the Birth Anniversary of a visionary scientist called Karl Landsteiner who discovered various blood groups i.e. A, B, O, & Rh and has given life to innumerable people for the last 100 years and times to come. Dr. Amarjit Kaur, (Transfusion Medicine), threw light about the brief history of the great scientist on this occasion. To commemorate this day, which is also known as International Blood Donor day, Dr. G.S. Wander, (Cardiology) applauded the efforts of the department, which has been regularly making efforts to bring about awareness among people for voluntary blood donation for the last so many years.

The department held a Blood Donation Camp in which all the staff of Transfusion Medicine including doctors, technicians, nurses, helpers and *safai sewaks* donated blood. Keeping in mind the view of 'Charity begins at home', all the staff of transfusion medicine set an example by working the whole day immediately after donation and breaking the myth that a person cannot work after donating blood. {Pic-A & B}

## Introduction of SPECT-CT Gamma Camera in the Field of Nuclear Medicine (18th June, 08)

A lecture on introduction of SPECT-CT Gamma Camera in the field of Nuclear Medicine was organized at Dumra Auditorium on 18th June, 08. Giving details of the medical part, Dr. Dinesh Kaushal said that, "Nuclear medicine is a speciality that uses very small amount of radioactive material to diagnose or treat disease and other abnormalities within the body". Nuclear medicine imaging procedures are non-invasive and relatively painless medical tests. {Pic-C, Masthead} See page 3.



## INTERNATIONAL FELLOWSHIP

- ❖ Dr. Munish Munjal (ENT) was trained in Microsurgery of Ear, Cochlear Implantation and Skull Base Surgery at Paris, France from 7th to 25th June.

## MBBS Professional Examinations underway {Pic-D}



## GUEST LECTURES

- ❖ Dr. Sanjeev Mahajan, (Orthopaedics), delivered a lecture on Arthritis at an awareness meeting "Walk" being organised by Indian Arthritis Foundation on 22nd June at Ludhiana.
- ❖ Dr. Deepak Bhat, (Pediatrics) delivered two lectures at a CME organised by I.A.P. Bathinda Branch on 7th June, 08 on the topics - Role of Probiotics in Diarrheal Diseases of Children and Gluten Enteropathy - Updated Concepts. {Pic-E}



- ❖ Dr. B.P. Mishra (Clinical Psychology) delivered a lecture at a Personality Development Camp organised by Bharat Vikas Parishad, Ludhiana for the students of Classes VI to X at Ludhiana on 5th July.

## WORKSHOPS ATTENDED

- ❖ Dr. S.P. Nain & Dr. Sanjeev Singla, Associate Professors, (Surgery) attended PSG Surgicon-2008. An update on Upper GI Surgery and Notes with live workshop from 2nd to 4th May, at Coimbatore.

## SCIENTIFIC PROGRAMS

### International

- ❖ Dr. Sanjeev Uppal (Plastic Surgery) attended advanced training in "Hyperbaric Oxygen Therapy" (HBOT) at Saint Agnes Medical Center, California, U.S.A, which is a specialized wound care facility.

Hyperbaric Oxygen Therapy (HBOT) is a treatment mode in which the patient is entirely enclosed in a pressure chamber and oxygen is delivered to the patient at upto 3 atmospheric pressure.

The benefits of "Hyperbaric Treatment" include increased infection control and faster healing of a wide range of conditions. It has also special application in mountain sickness and controlling of pulmonary oedema. {Pic-F}



### National

- ❖ Dr. Alka Dogra (Skin & V.D.) chaired a symposium on "Role of Hormonal Therapy in Androgenetic Disorders" at Ludhiana on 22nd June, 08.

There is role of hormonal therapy in late onset acne, acne associated with polycystic ovarian disease, hirsutism and androgenetic alopecia which is seen both in men and women. The hormonal therapies useful are - Conventional contraceptive pill, combination of cyproterone acetate and oestrogen, spironolactone etc. Hormonal therapies also have their side effects. The symposium focused on therapies with maximum benefits and minimum side effects. {Pic-G}



## CAMPS

- ❖ Dr. Sunil Kumar Juneja, Associate Professor (Obst. & Gynae) organised a Pulse Polio Camp on 1st, 2nd & 3rd June, 08 in which 4439 children were covered.
- ❖ Dr. Amarjit Kaur, Professor & Head (Transfusion Medicine) organised three Voluntary Blood Donation Camps with the help of Akhil Bhartiya Shri Sangmaeshwar Sewa Dal, Ludhiana on 1st June, 08 in which 76 blood units were collected.

She also organised a Voluntary Blood Donation Camp with the help of Dera Sachha Sauda, Sunder Nagar, Ludhiana on 8th June, 08 in which 57 blood units were collected.

Another Voluntary Blood Donation Camp was organised by her with the help of 'Salaam Zindagi', KVM School, Civil Lines, Ludhiana on 10th June, 08. 51 blood units were collected in this camp.

- ❖ Dr. G.S. Bajwa, Professor & Head, (Ophthalmology) conducted a Free Eye Camp on 8th June, 08 in Eye O.P.D. in which 15 patients were examined and 5 refractions were done.
- ❖ Dr. Vipin Kumar, Dr. Smiley, Dr. Jasmine (Medicine), Dr. Rohit Tandon (Cardiology), Dr. Rita Rai, Dr. Mandeep Kaur, Dr. Vandana Kohli (Dental) assisted by Para Medical Staff Mr. Bhag Mal & Mr. Chandan Singh conducted a camp at Bilga General Hospital, Bilga on 22nd June, 08.

## Congratulations

Dr. G.S. Wander, Chief Cardiologist, HDHI receiving the prestigious Dr. B.C. Roy National award for the year 2007, from Her Excellency Smt. Pratibha Patil, President of India.





What's



at DMCH....

**NUCLEAR MEDICINE IMAGING**

DMCH & its unit Hero DMC Heart Institute are proud to start Nuclear Medicine Imaging with state-of-art SPECT-CT Gamma Camera. It is for the first time that Nuclear Medicine images superimposed on CT will be available to patients of this region.

Methods of nuclear medical routine diagnostics are today used most frequently for examinations of the heart, thyroid gland, skeleton, kidneys, lungs and brain as well as of oncological and inflammatory diseases.

Tomographic images (SPECT-single photon emission computed tomography) can assist in localization of activity within an organ.

Infinia hawkeye 4 allows imaging of SPECT and CT i.e. functional images superimposed on anatomic images. When the scintigraphic lesions require further assessment regarding its localization and/or morphology, CT has been shown to improve the specificity. This also allows attenuation and scatter correction for better image quality and analysis. The following facilities are available :

**CARDIOLOGY SCANS**

(99 m Tc MIBI / TETROFOSMIN / THALLIUM)

- Exercise study
- Pharmacological Intervention study
- Gated SPECT study
- Resting study for myocardial viability

**INDICATIONS**

**Assessment of blood flow to Myocardium**

\* Suspected coronary artery disease (CAD) because of chest pain or a positive ECG stress test. \* Known CAD to determine the location and extent of suboptimal myocardial perfusion. \* Risk stratification of post-myocardial infarction patients. \* To evaluate the efficacy of therapeutic interventions (anti-ischemic drug therapy or coronary revascularization). \* Risk stratification before non cardiac surgery in patient with known CAB or those with high risk factors for CAD.

**MUGA STUDY**

- Exercise study
- Pharmacological Intervention study
- Resting study

**INDICATIONS**

\* To assess the accurate and reproducible ejection fraction. \* To detect any regional wall motion abnormalities. Helpful especially in patients who are undergoing chemotherapy or immunotherapy. \* 16 frame gating techniques allow additional quantification of various parameter of cardiac function including diastolic dysfunction.

**BONE SCANS**

- Whole Body Bone Scan
- Whole Body Bone Scan with limited region SPECT (specific region)
- SPECT Bone Scan (specific region)
- Bone Marrow Imaging

**INDICATIONS**

\* Metastatic bone disease : initial staging and followup of cancer patients. \* Evaluation of malignant and benign primary bone lesions. \* Hip/Knee joint prosthesis : loosening versus infection. \* Osteonecrosis \* Osteomyelitis/cellulitis \* Other bone diseases : Metabolic bone disease / Paget's disease / Fibrous dysplasia.

**RENAL SCANS**

- Renal function study (DTPA) with GFR evaluation
- Renal function study (DTPA)
- Captopril intervention and baseline scintirenoigraphy
- Renal morphological study(99cm Tc DMSA-III / GHA)
- DRCG for VU reflux

**INDICATIONS**

\* Obstructive / non-obstructive dilated uropathy (diuretic renography) \* Preservation of poorly functioning kidneys considered for nephrectomy. \* Assessment of prospective kidney donors. \* Renal transplant patients. \* GFR evaluation in chemotherapy patients. \* Response to revascularisation procedure in Renovascular Hypertension. \* Pyelonephritis / scar following UTI. \* VU reflux

**GASTROENTROLOGY SCANS**

- Hepatobiliary study
- Blood Pool Liver study
- GI Bleed study
- Meckels Diverticulum Study
- Hepatosplent study
- Gastroesophageal reflux study
- Liver SPECT
- Gastric emptying study

**INDICATIONS**

\* Gastroesophageal reflux \* Gastric emptying study in gastroparasis, post-op states and dysmotility \* Acute cholecystitis \* Gall bladder ejection fraction \* Post-operative complications like bile leak \* SOD dysfunction \* Liver hemangiomas \* Active gi bleed \* Evaluation of chronic liver disease, Buddchiari syndrome, nodular hyperplasia and tumors \* Accessory spleen \* Meckel's diverticulum etc.

**ONCOLOGY SCANS**

- Gallium - 67
- 99 m Tc MIBI / GHA / DMSA-V / Thallim-201

**INDICATIONS**

\* Tumour viability versus radiation necrosis.

**THYROID SCANS**

- 99 m Tc - Thyroid scan
- Thyroid uptake and scan (99 m Tc/1-131)
- 1-131 whole body scan for thyroid metastasis

**INDICATIONS**

\* Solitary Thyroid Module \* Thyroiditis \* Toxic-Goitre \* Carcinoma Thyroid patients.

**PARATHYROID SCANS**

- 99 m Tc-MIBI / Thallium-Techneium
- Substraction Scan

**INDICATIONS**

\* Hyperfunctioning Parathyroid tissue \* SPECT-CT Co-registration is very useful in ectopic parathyroid tissues and distorted neck anatomy cases.

**LUNG SCANS**

**INDICATIONS**

\* Diagnosis of pulmonary embolism

**INFECTION SCANS**

- Gallium 67
- 99 m Tc HMPAO / 111- In leucocytes Imaging

**INDICATIONS**

\* Pyrexia of unknown origin. \* Infected joint prosthesis.

**BRAIN SCANS**

- Brain perfusion SPECT with advanced neurogram analysis packages allows quantification and fusion of these images with MRI.

**INDICATIONS**

\* Stroke \* Epilepsy where surgery is indicated Dementias \* Hydrocephalus/CSF-leak/shunt patency

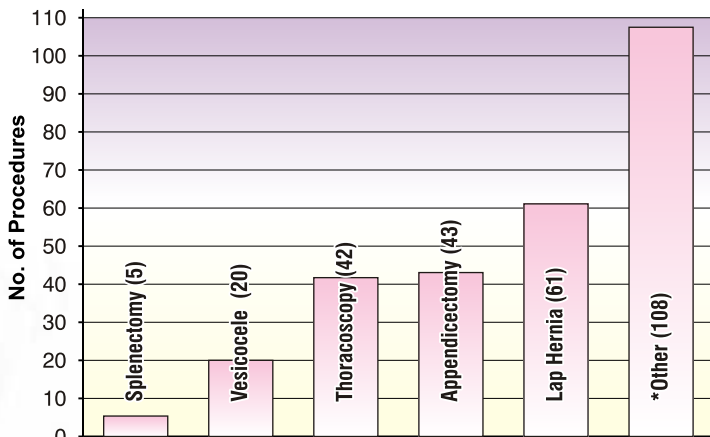
**OTHERS**

- Gallium scans for Lymphomas / Infection Imaging
- Scintimammography - useful in Radiographic dense breasts / Non-diagnostic or equivocal mammograms.
- Testicular Scans - to evaluate acute scrotal pain and establish diagnosis of testicular torsion.
- Radionuclide venography - diagnosis and follow-up of deep vein thrombosis
- Lymphoscintigraphy - to demonstrate lymphatic obstruction

**NUCLEAR MEDICINE THERAPEUTICS**

- I-131 therapy for toxic/post-thyroidectomy carcinoma thyroid patients, Strontium-89 therapy for painful bone metastasis, Phosphorous-32 therapy for polychythemia vera/painful bone metastasis, I-131 MIBG therapy for pheochromocytomas.

**Laparoscopic Procedures**  
(Excluding Lap Cholecystectomy)  
April 2007 to March 2008



\* Diagnostic procedures, Adenolysis, Biopsy, Liver Abscess, Cyst Drainage, Ectopic Pregnancy, Ovarian Cystectomy, Hysterectomy

**Munnabhai's Medical Definitions**

- Artery - the study of fine paintings
- Barium - what some communities do when CPR fails
- Dilate - to live long
- Minor operation - coal digging
- Morbid - a higher offer
- Nitrate - lower than the day rate
- Node - was aware of
- Outpatient - person who has fainted
- Protein - in favour of young people
- Tumor - an extra pair
- Urine - opposite of you're out
- Varicose veins - veins that are very close together

**Thought for the Month**



*A whisper of encouragement works better than a shout of criticism*

**WHAT YOU MUST KNOW ABOUT...**

**LAPAROSCOPIC HERNIA REPAIR**

**Dr. Sanjeev K. Singla**, Associate Professor of Surgery

**Q: What is Hernia?**

A: Protrusion of a viscus or part of viscus through an abnormal opening in the wall of its containing cavity.

**Q: What are the types of Hernia?**

A: Inguinal, Femoral, Umbilical, Incisional and Diaphragmatic Hernia are the common types.

**Q: Which type of hernia can be dealt with by Laparoscopy?**

A: Laparoscopy can be done in all kinds of hernia.

**Q: What are the methods of Inguinal Hernia Repair?**

- A: - Open tissue repair
- Open mesh repair
- Laparoscopically mesh repair

**Q: Where is Laparoscopy more useful in cases of inguinal Hernia?**

- A: - Bilateral Inguinal Hernia
- Recurrent Hernia

**Q: Are there any contraindications for Laparoscopic Hernia Repair?**

- A: - Strangulated Hernia
- Any previous surgery in retro pubic area.

**Q: Is Laparoscopic procedure is more painful procedure than conventional repair ?**

A: No, it is completely a pain free procedure.

**Q: Which is cosmetically more acceptable?**

A: Laparoscopic procedure is cosmetically more acceptable.

**Q: What are the advantages of Laparoscopic Hernia Repair?**

- A: - Lesser hospital stay (Day care procedure).
- Early mobility and early return to work.
- Lesser post operative pain.
- Smaller incision
- Negligible recurrence rate (0-3%)

**Q: Is Laparoscopic Hernia repair costly?**

A: Laparoscopic Hernia repair costs only 5 - 10 % more than the conventional repair. However, since the patient is discharged earlier and has less hospital stay after the operation, the overall cost is much less than the conventional hernia repair.

**Q: Are these facilities available in DMCH?**

A: Yes, Department of Surgery is fully equipped for Laparoscopic Hernia repair and other advanced Laparoscopic procedure.

**Executive Team – DMCH Capsule**

- Dr. Harmesh Singh Bains (Convener), Dr. Praveen C.Sobti (Secretary),
- Dr. Manish Munjal, Dr. Dinesh Garg, Dr. Sandeep Kaushal,
- Dr. Rama Gupta, Dr. Anju Grewal, **\*Dr. Harpal Singh**, Dr. Gautam Biswas,
- Dr. Varinder Pal Singh and Dr. Deepak Bhat.

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