



# DMCH Capsule



A Monthly Update From the Principal's Desk

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## Dear Friends

*Life is a continuous flow of myriad experiences occurring concurrently in diverse domains and aspects. Hence, for any person a good happening may co-exist with a bad experience in different spheres at the same time. Ups and downs are an integral part of daily living and nothing is final or permanent. We need to keep a balanced approach to whatever we go through.*

*As suggested in 'Thought for the month' (last page) both success and failure need to be taken in our stride and not allowed to unduly affect us.*

Dr. Daljit Singh  
Principal

## Annual Conference on Organ Transplantation

19th Annual Conference of Indian Society of Organ Transplantation (ISOT) was organized from 17-19th Oct. with Dr. AS Aulakh as Organizing Secretary. It was inaugurated by Hon'ble Chief Minister of Punjab S. Parkash Singh Badal in the presence of dignitaries, Mr. Tikshan Sood (Minister, Medical Education & Research), Dr. KS Chugh (Emeritus Professor, PGIMER, Chandigarh), President of DMCH Managing Society Mr. Sunil Kant Munjal, Secretary Mr. Prem Kumar Gupta, President of ISOT Dr. K Sahariah and Dr. LC Sharma (Secretary, ISOT). Guest faculty included Sir Peter J Morris, Dr. John Gill, Dr. Ashok Kriplani and Dr. LC Sharma. Dr. Subhash Goyal (Surgery) and Dr. Amarjit Kaur (Transfusion Medicine) chaired scientific sessions during the conference. It was emphasized that a nationwide awareness is needed to promote the cause of cadaver organ donation. Panel discussion on 'Legal & Ethical issues in Organ Transplantation' and the required amendments in Transplantation of Human Organs Act 1994 was the highlight of the concluding day graced by Mr. KS Garewal (Hon'ble Justice, Punjab & Haryana High Court), Mr. Harish Rai Dhanda (Chief Parliamentary Secretary), Mr. NPS Aulakh (DGP, Punjab), Dr. SS Sandhu (Chief Principal Secretary), Mr. Mahesh Inder Singh Grewal (Ex-Minister, Medical Education) and Mr. Rajat Sharma (Editor-in-Chief, India TV). [Pic. A-C, mast head]

## CUTICON '08

The department of Skin & VD organized the 34th Annual Conference of IADVL (Indian Association of Dermatologists, Venereologists & Leprologists) on 11-12th Oct. with Dr. Alka Dogra as organizing secretary.

Guest speakers included Dr. Anil Ganjoo, Dr. JS Pasricha, New Delhi, Dr. Satish Sawant, Mumbai and Dr. Hema Jeranjani, Mumbai. Panel discussion on 'Vitiligo' under the chairmanship of Dr. Vijay Garg, New Delhi was also held. [Pic. D, E]







transplant. Events were organized by **Dr. GPI Singh** (SPM) in collaboration with College of Nursing in which 34 Schools & 16 Colleges/ Nursing Schools participated. [Pic. G]

## Workshop on 'Diabetic foot'

Department of Endocrinology, DMCH organized a workshop on 'Practical tips for care of Diabetic Foot' by **Ms. Alethea Valentine Maryfoster**, Lead Clinical Podiatrist, King's College Hospital, UK. Consultants, residents from the various specialties and nursing students attended the workshop. Ms. Maryfoster informed the gathering about the latest techniques of removing callous and procedures in the management of diabetic foot. [Pic. H]

## Adieu to Faculty

The institute bade farewell to senior faculty members **Prof. JL Bassi** (Orthopedics) and **Prof. PK Goyal** (Surgery) who retired after long years of meritorious service. [Pic. F]

## Congratulations!

**Dr. G.S. Bajwa** (Eye) for being elected as President of North Zone Ophthalmological Society for the year 2008-09.

**Dr. Baldev Singh Aulakh** (Urology) for being elected as the Vice President of ISOT and the Indian Representative for World Transplant Games Federation'.

## Organ Donation & Transplantation Day

World Day for 'Organ Donation and Transplantation' was celebrated in collaboration with GLODAS INDIA (Gift of Life Organ Donation Awareness Society) on 15th Oct. Chief Guest **S. Manpreet Singh Badal**, Finance Minister of Punjab and Guests of Honor **S. Sharanjeet Singh Dhillon**, MP and **S. Avtar Singh Makkar**, President SGPC were greatly appreciative of the overwhelming response and efforts of DMCH for promoting the noble cause. **Mr. Prem Gupta**, Secretary DMCH signed the ceremonial Donor Card along with the Chief Guest and others.

President of GLODAS **Dr. Baldev Singh Aulakh** gave an overview of the transplant scenario in India and emphasized the need for promoting Cadaver Organ Donation to cope with the needs of patients requiring organ



## CME-cum-Workshop on 'Desflurane'

Department of Anesthesia and Resuscitation, DMCH organized a CME-cum-workshop on 'Desflurane' by guest speaker, **Dr. PN Kakkar**, Chief from New Delhi on 11th Oct.

It was stated that 'desflurane'- a fluorinated volatile anesthetic agent has an emerging role in switch on and switch off anesthesia. It is an ideal agent for obese and elderly group of patients due to its better safety profile, minimal cardiovascular depression and less solubility in fat. Now-a-days, in the era of fast track anesthesia, 'desflurane' is a useful tool in reducing treatment cost and hospital stay. [Pic. I]

## International Conferences

♦ **Dr. Harmesh S Bains** (Pediatrics) presented a paper titled 'Impact of education programme on preventing serious forms of child abuse & neglect' in a

♦ conference held on 6-9th Oct. at Hongkong. [Pic. J]

♦ **Dr. Praveen Sobti** (Pediatrics) attended the International Conference on Thalassemia held at Singapore from 8-11th Oct.

♦ **Dr. Rajesh Arya** (Cardiac Anesthesia, HDHI) delivered guest lectures on Telemedicine and Role of Trans Esophageal Echo (TEE) in critical care unit at 10th International Anaesthesia Conference (APICON) at Rawalpindi, Pakistan from 15-19th Oct. He also conducted two days workshop on TEE at Pakistan National Institute of Heart Disease. [Pic. K]

## Workshops attended/ Papers presented

❖ Chairman, State Task Force-RNTCP, Punjab, **Dr. Jagdeep Whig**, **Dr. Anil Kumar Kashyap** (Pulmonary medicine) and **Dr. Gautam Ahluwalia** (Medicine) attended the CME and National Task Force Workshop for Revised National Tuberculosis Control Programme (RNTCP) organised by Ministry of Health & Family Welfare, in association with AIIMS & WHO on 22-24th Oct. in New Delhi.

❖ Faculty and residents of Department of Surgery participated in the International Upper GI, Hepatobiliary & Pancreatic Surgery Conference on 8th Oct. at CMC, Ludhiana. **Dr. Subhash Goyal** chaired a scientific session. Two posters were also presented.

❖ **Dr. Gulzar Gupta** (Neurosurgery) attended 10th Annual Conference & CME of Skull Base Surgery and Skull Base Cadaver Workshop and Live Surgery demonstration, 9-12th Oct. at Mumbai.

❖ **Dr. Veenu Gupta** (Microbiology) participated in the CME on 'Rational







❖ Antibiotic Therapy' on 5th Oct. at PGIMER, Chandigarh. She also attended the National conference of Indian Association of Medical Microbiologists (Microcon'08) at AFMC, Pune from 21-25th Oct. and presented a poster entitled 'Microbiological profile and antimicrobial susceptibility pattern of respiratory pathogens'.

Amongst Gram negative organisms Acinetobacter sp. was the commonest followed by Pseudomonas aeruginosa, Escherichia coli & Klebsiella. Staphylococcus aureus was the commonest followed by non hemolytic streptococci among Gram positive isolates All Gram positive isolates were sensitive to vancomycin. For Gram negative isolates imipenam, piperacillin+ tazobactam, cefoperazone+ sulbactam were highly effective followed by netilmycin, amikacin. High percentage of drug resistance was observed to third generation cephalosporins.

❖ Dr. Gurdeep S. Dhooria (Pediatrics) participated in the ISPNCON'08 (XX National Conference, Indian Society of Pediatric Nephrology) on 10-12th Oct. at AFMC, Pune. He received 3rd prize in poster presentation on 'RIFLE criteria in acute kidney injury pediatric patients'. Patients with ADD, HE, head injury, diabetic ketoacidosis were seen in Risk/Injury group whereas patients with malaria, pigmenturia, tubulointerstitial nephritis, post streptococcal glomerulonephritis were seen in FAILURE group. Patients with RISK group had shorter duration of PICU stay (4.2 days) and better survival (75%) compared to FAILURE group

## Therapeutic Plasma Exchange

Portable Hemonetics Plus (+) machine has been recently installed in the Department of Transfusion Medicine for Therapeutic Plasma Exchange. In this procedure, pathological substance in plasma is removed and replaced with a fluid which may be plasma, albumin, saline or combination of albumin and saline. The plasma is continuously replaced with the fluid so that the patient's blood volume does not change.

### Indications :

1. Neurological disorders :
  - Lambert Eaton Myasthenia gravis
  - Multiple sclerosis
  - Guillain-Barre syndrome
2. Autoimmune diseases etc.

At DMCH, 31 cases of therapeutic plasma exchange have been done so far. Most of the cases were of Guillain-Barre syndrome and there was one case of myasthenia gravis, in which 4 sittings were given.



❖ (5.7 days) and 56% survival. RIFLE score is an important tool to grade severity of renal dysfunction and to predict outcome in patients with AKI.

❖ Dr. Sunil Katyal (Anesthesia) successfully completed "BLS & ACLS instructor course" in accordance with the curriculum of the American Heart Association at Amritsar on 18-20th Oct. by a team from MAMC, New Delhi.

## Guest Lecture/ Faculty

- ❖ Dr. G.S. Bajwa (Eye) delivered a guest lecture on 'Surgical management of Diabetic Retinopathy' at Govt. Medical College, Patiala on 22nd Oct. He also chaired a session during the seminar on Eye Banking, Eye Donation and Diabetic Retinopathy.
- ❖ Dr. Alka Dogra (Skin & VD) delivered a guest lecture on 'Care of Skin, Hair & Nail' on 31st Oct. at Ludhiana.

## Free Camps & Immunization

- Eye camp was conducted at village Shankar, Near Dehlon, Ludhiana on 2nd Oct. About 500 patients were examined and 300 refractions were done. The monthly eye camp was conducted in the OPD on 12th Oct.
- Dept. of Transfusion Medicine organized a voluntary blood donation camp with the help of Lions Club Mandi Nihal Singh Wala, Dist. Moga on 2nd Oct. and 100 units were collected.
- Cardiac camp was organized at Fatehabad by Dr. Rajeev Gupta and Dr. Naveen Kumar on 12th Oct. About 250 patients were examined.
- Pulse polio team from DMCH immunized 6830 children from 21-23 Oct.



Dayanand Medical College & Hospital, Ludhiana  
**Outbreak of Dengue Fever**  
Seropositive cases

Year	Admissions	Deaths
2004	49	0
2005	128	7
2006	552	17
2007	154	3
<b>2008*</b>	<b>2774</b>	<b>21</b>

\* Till Nov. 30, 2008

Month	RDPs used	SDPs used
Aug. '08	578	44
Sept. '08	1954	728
Oct. '08	4013	1084
Nov. '08	1588	756

**On Success and Failure.....**

- ❖ Success isn't permanent, and failure isn't fatal.  
*- Mike Ditka*
- ❖ We all have a few failures under our belt, it's what makes us ready for the successes.  
*- Randy K. Milholland*
- ❖ Many of life's failures are people who did not realize how close they were to success when they gave up.  
*- Thomas A. Edison*
- ❖ If you have made mistakes, even serious ones, there is always another chance for you. What we call failure is not the falling down but the staying down.  
*- Mary Pickford*
- ❖ You always pass failure on the way to success.  
*- Mickey Rooney*

**Thought for the Month**



*Don't let success go to your head  
and don't take failure to heart.*

**WHAT YOU MUST KNOW ABOUT...**  
**Platelet Transfusion**

*Dr. Amarjit Kaur, Professor & Head, Transfusion Medicine*

**Q How are platelets transfused?**

A Platelets are transfused as random donor platelets (RDP) or single donor platelets (SDP) so as to maintain the platelets in the physiological range.

**Q What are the pre-requisites of RDP?**

- pH should always be > 6.2.
- Platelet stored at temperature of 22–24°C in a platelet incubator with constant agitation for a maximum of 3-5 days depending upon the type of bag.

**Q What is SDP and its benefit?**

A The procedure is called platelet apheresis.

- Donor should have a minimum platelet count of  $1.5 \times 10^5/l$ .
- One unit of SDP increases the platelet count to 30000-70000/l, whereas with RDP platelets increase by 5000-10000/l.

**Q What are the major differences between SDP & RDP?**

SDP	RDP
1. Average > $3 \times 10^{11}$ platelets (equal to platelet obtained from 5-6 whole blood donations).	$5.5 \times 10^{10}$ platelets.
2. Plasma volume 200 ml.	50 – 60 ml.
3. Exposes a patient to one donor.	Exposes a patient to multiple donors.
4. Less chances of infections.	More chances of infections.
5. Low risk of alloimmunization.	Relatively more risk.

**Q What points are to be considered before transfusing platelets?**

- A
1. Platelets are prone to bacterial contamination if they are stored at room temperature for long, so RDP should be infused as soon as possible once they are issued.
  2. Platelets (RDP/SDP) should never be kept in a refrigerator.
  3. Special platelet infusion sets are not required.
  4. Give only RDP that are ABO compatible.

**Q What are the complications associated with platelet transfusion?**

A Febrile non-hemolytic and allergic urticarial reactions are common especially in patients receiving multiple transfusions.

**Q What is the status of platelet transfusion at DMCH?**

A DMCH can cater to thousands of patients in need of platelet transfusion as witnessed recently during the outbreak of 'dengue fever'. In the month of October alone, 4013 RDP and 1084 SDP were transfused.

**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. Virender Pal Singh and Dr. Deepak Bhat.

\*Issue Co-ordinator

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