



# DMCH Capsule



A Monthly Update From the Principal's Desk

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## Dear Friends

We often tend to be overwhelmed with problems that appear to be unsurmountable. However, even though a bothersome situation may be vexatious, it does not have to be taken as unmanageable or uncontrollable.

If you apply your mind adequately, every difficulty can be suitably resolved in some way or the other.

As suggested by 'Thought for the month' (last page), there is a solution for every problem; just look for it.

Dr. Daljit Singh  
Principal

## International Blood Donors Day

Department of Transfusion Medicine celebrated Blood Donor's Day on 12th June. Mr. Prem Kumar Gupta, Secretary, DMCH Managing Society was the Chief Guest. More than 60 organizations and individuals from across the state were honored for their overwhelming contribution towards voluntary blood donation.

Dr. Daljit Singh, Principal, delivered the welcome address and stressed the need to promote the noble cause. Dr. Amarjit Kaur (Transfusion Medicine) enlightened the audience about the history of Karl Landsteiner who discovered various blood groups. Dr. GS 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 many years. The function ended with a vote of thanks by Dr. Rajoo Singh Chhina. [Pic. A, B & masthead]

## First-Aid & Basic Life Support

Health Education Cell (HEC) conducted First-Aid & Basic Life Support (BLS) Sessions for the staff members of the local 5 star hotel on 24th and 30th June. Dr. Anju Grewal (Anesthesiology) and Dr. Pankaj Mohindra (Orthopedics) conducted the sessions which included lectures and demonstration of BLS skills and first aid of fractures, minor cuts/bleeds, burns and other trauma related injuries. [Pic. C, D, E]

BLS is an important life saving emergency first aid skill practiced throughout the world for an unconscious victim in whom breathing and pulse can not be detected. These skills can save life by keeping the person alive until medical help arrives. Dr. Rajoo Singh Chhina, Convener HEC said that DMCH is taking a lead in training health care providers and lay public on a regular basis.





## Guest Lectures

**Dr. Gagandeep Singh** (Neurology) delivered a lecture on 'Epilepsy and Tuberculosis' at 28th International Epilepsy Congress held at Budapest from 28th June – 2nd July. Epilepsy and tuberculosis (TB) are very common disorders and there is a likely chance of development of a complex inter-relationship between the two. Most people would believe that TB (particularly neurological TB) is an important cause of epilepsy especially in resource-poor countries. But, the reverse can also be true. Epilepsy may be a risk factor for tuberculosis. People with epilepsy are mostly from the lower socio-economic strata and hence are at greater risk for developing tuberculosis. Moreover some of the anti-epileptic drugs (e.g., phenytoin) suppress the immune system when given over long periods of time. This may predispose people with epilepsy to tuberculosis. Overall, the international epilepsy community is now recognizing the relationship between Infections and Epilepsy and an indication of this is that exclusive symposia are being organized on this topic.

**Dr. Kavita Sagar** (Radio-diagnosis) delivered a guest lecture on 'Congenital gastrointestinal lesions' at National Mid term CME of Pediatric Radiology held at IGMC Shimla. [Pic. F]

Radiological imaging plays a vital role in the evaluation of patients with congenital anomalies of the



gastrointestinal tract. Evaluation of these patients frequently requires the use of various imaging modalities for making the correct diagnosis and planning surgical correction. It is important to be familiar with the role and usefulness of the various imaging modalities so that these can be used judiciously to avoid unnecessary radiation exposure while minimizing the patient discomfort.

Plain radiograph is a useful, simple and most inexpensive tool in the evaluation of the neonate with gastrointestinal (GI) obstruction. Ultrasonography (US) is often the first modality to be used in investigation of child with abdominal lump or suspected hypertrophic pyloric stenosis. US is highly accurate in the diagnosis of hypertrophic pyloric stenosis and extremely useful in the investigation of mass lesions such as enteric duplication cysts and mesenteric or omental cysts. Sonography is also useful in the evaluation of midgut malrotation, meconium ileus and meconium peritonitis. CT and MRI have assumed a greater importance as these provide excellent anatomic details which may be necessary for correct diagnosis as well as treatment planning particularly in evaluation of congenital anomalies like esophageal /enteric duplications, vascular rings and anorectal anomalies.

**Dr. Promila Jindal** (Obst. & Gynae) chaired the session 'Endometriosis' during Gynae Spectrum-2009 held under the aegis



of NARCHI & FOGSI at Jalandhar on 7th June. She also presented a paper entitled 'TORCH - A culprit of BOH' which was adjudged 2nd during free paper presentation competition. [Pic. G]

TORCH Infection, which is responsible for sporadic pregnancy loss; if left untreated can account for recurrent pregnancy losses. In the particular case after four consecutive losses, treatment of TORCH resulted in healthy male baby.

TORCH (toxoplasma, rubella, cytomegalovirus, herpes simplex) is a set of maternal infections responsible for sporadic pregnancy loss. Incidence of seropositivity of TORCH is quite variable (1-80%).

TORCH infection is acquired by sexual route or not observing personal hygiene after handling pets or gardening. If infection is acquired during pregnancy, it can lead to abnormalities in 10% of fetuses. TORCH can be diagnosed by some serological tests which are a little costly and hence not taken as a routine test during pregnancy. Rubella can be prevented by vaccinating every girl at 15 months of age or at puberty. CMV, herpes simplex and toxoplasma have no vaccine but can be prevented by observing sexual hygiene and hand washing after handling pets/gardening. Specific treatment is available for CMV, toxoplasma, herpes simplex, but for Rubella there is no treatment except prevention.



**Dr. Deepak Bhat** (Pediatrics) delivered a lecture on 'Health of children and childhood immunization' at Nursery School, Ludhiana on 13th June and conducted a health check up of children in the age group of 2-10 years. [Pic. H]

It was an interactive session with the parents, where the aspects of childhood vaccination were discussed including how

vaccines self protect our children from various common illnesses. Common side effects of childhood vaccination were also dealt upon and it was emphasized that goal of a vaccine is to achieve the highest degree of protection with the lowest rate of side effects. The role of optional vaccine like hepatitis A, typhoid and pneumococcus was also taken up with the parents especially the importance of getting vaccinated against typhoid and hepatitis A which are important water borne illnesses and children are constantly exposed to them.

### Sessions Chaired

Dr. Alka Dogra (Dermatology) chaired the sessions in two CMEs on the topics, Varicella Zoster infections and Microsphere of Technology in treatment of Acne. [Pic. I]

Though Varicella (Chicken pox) is a viral disease it has lot of myths associated with it. Patients are keen to go to the quacks and



religious places rather than going to the doctor for treatment. This can lead to increased complication rates. So timely and adequate treatment of Chicken pox is a must. Role of acyclovir and its newer analogues was discussed.

In the treatment of acne there is a need for newer drug delivery systems for slow and gradual release of tretinoin. In microsphere technology round porous microspheres made of biocompatible polymer hold the drug in reserve and also protect from UV light. So newer drug delivery systems are the need of the hour for better efficacy and lesser side effects of the drug.

## What's **New** at DMCH....

### Speciality Clinics

Specialty clinics are being held at the Department of Ophthalmology from 9:30 am to 11:00 am. Complicated cases referred to DMCH undergo detailed work-up and management in these clinics.

#### ◆ Cornea Clinic - Tuesday

Management of corneal diseases including corneal grafting is done routinely.

#### ◆ Glaucoma Clinic - Wednesday

Special investigations for glaucoma including perimetry and applanation tonometry are done.

#### ◆ Uveitis Clinic - Thursday

Uveitis very often is associated with autoimmune diseases. Management is done in co-ordination with the rheumatologist.



### CME attended

Mr. Avkash Teotia (Occupational Therapy) attended a CME on 'Role of Botox in Cerebral Palsy' on 27th June at New Delhi.

### Pulse Polio Campaign

A special Pulse Polio campaign was organized by the Department of Community Medicine from 28th-30th June. In this campaign 7741 houses were covered and 2897 children were given Polio drops in the area covered by Urban Health Centre, Jamalpur. Dr. RK Soni was appointed as an independent monitor by WHO for special Pulse Polio campaign.

### Camps organised

- ◆ Department of Transfusion Medicine organized a Voluntary Blood Donation Camp with "Salam Zindagi Foundation" on 14th June; 55 blood units were collected.
- ◆ Department of Ophthalmology organized a free Eye Camp on 14th June in which 14 refractions were done and 2 surgeries were advised.

### *Congratulations*

Dr. Gautam Ahluwalia (Medicine) has been selected as Associate Editor of the Adult Immunization Monograph, He has also contributed a chapter on "Yellow Fever Vaccine". The monograph provides a balanced overview regarding current evidence related to adult immunization in various infectious diseases afflicting our nation.



Dayanand Medical College and Hospital, Ludhiana



Phaco Probe in Eye



Emulsification of Lens



IOL Lens



IOL being implanted



IOL inside Eye

From the pages of  
the history of medicine.....

Cataract Surgery

Charles Kelman introduced Phacoemulsification in 1967 after being inspired by his dentist's ultrasonic probe. Sir Harold Ridley was the first to successfully implant an intraocular lens in 1949. The first lenses were made of glass. Plastic materials were used later after seeing pilots of World War-II with pieces of shattered wind shields in their eyes.



Cataract

Thought for the Month



Locks are not made without keys

WHAT YOU MUST KNOW ABOUT...

Phacoemulsification (Cataract Surgery)

Dr. Sumeet Chopra, Associate Prof., Dept. of Ophthalmology

Q. What is Phacoemulsification?

A. Phacoemulsification is one of the most important innovations in Ophthalmology. It is now accepted as gold standard surgical procedure for management of cataract. It allows the removal of cataract through a sub-3mm incision thus, reducing many of the complications of wound healing related to large incision and greatly shortens the recovery period.

Q. What does the procedure involve?

A. One or more incisions are made in the eye to allow the introduction of surgical instruments. The surgeon removes the anterior face of the lens capsule. Phacoemulsification surgery involves the use of a machine with microprocess or controlled fluid dynamics based on peristaltic or venturi type of pump. The titanium tip of the probe, an ultrasonic hand piece vibrates at a very high frequency to emulsify the cataract while the pump aspirates particles through the tip.

Q. What is the kind of anaesthesia used?

A. Local anaesthesia is injected into the area surrounding the eye (Peribulbar Block). Topical anaesthesia is occasionally used. General anaesthesia is recommended for children.

Q. Are there any contraindications to this procedure?

A. The current technique and equipment have developed to such an extent that this technique can be used in majority of cataract cases. Very hard cataract and lack of zonular support are relative contraindications.

Q. What are intraocular lenses (IOL) ?

A. An intraocular lens is an implanted lens in the eye replacing the existing crystalline lens because it has been clouded over by cataract. They can be made of rigid materials (PMMA) or a soft foldable inert material. Foldable lenses are made either of silicon or acrylic.

Q. Can Phaco be combined with other ocular surgeries?

A. Yes, it can be done in combination with vitreoretinal and glaucoma surgeries.

Q. Is phaco being done at DMCH?

A. Yes, Phacoemulsification is routinely being done at DMCH. The latest generation of premium intraocular lenses are being regularly implanted.

Executive Team – DMCH Capsule

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Dr. Manish Munjal, Dr. Dinesh Garg, Dr. Sandeep Kaushal,  
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