A Monthly Update From the Principal's Desk

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August, 2009

Dear Friends

Getting people around you to cater to your requirements and put in their best efforts is an art which requires great skill.

If one is actually enthusiastic to carry out particular tasks and enjoys doing them, the outcome will be favourable and long-lasting. In order to motivate a person, you need to create a keen desire to carry out responsibilities. Merely giving directions may not produce optimum results unless you establish a conducive environment so that people gladly accept the work.

As suggested by 'Thought for the month' (last page), some Laws of Physics interestingly apply to human nature too!

Jah Th.

Dr. Daljit Singh

Principal

First DMCH - Airway Course

The department of Anaesthesiology, organised the First DMCH-Airway Course 2009 in collaboration with the Dept. of Anaesthesiology, Maulana Azad Medical College and Hospital, New Delhi on 11th & 12th July.

Dr. Daljit Singh, Principal, inaugurated the course and emphasized on acquiring life saving airway management skills. Dr. Sunil Katyal, Organizing Chairman and Dr. Anju Grewal, Organizing Secretary, on combating difficult airway problems especially in a Cannot Ventilate Cannot Intubate situation (CVCI). Dr Rakesh Kumar, Professor, Anaesthesiology and Course Director, MAMC, elaborated on the use of all supraglottic devices in both elective and emergency situations.

A batch of 50 delegates from all over Punjab, Haryana and Rajasthan enthusiastically attended. The course included an interactive CME on Anatomy of the airway, techniques of Basic and Advanced airway management techniques and devices, use of difficult airway Algorithms, and Hands-on workstations on the techniques of using Rigid Fiberscopy, flexible fiberscopy, various types of old and newer Supraglottic devices like Classic Laryngeal mask airway, Intubating LMA, Proseal LMA, Supreme & Ambu LMA, and techniques used in CVCI situations like Cricothyrotomy, Combitube insertion etc. [Pic. A, B]

'World Teenage Day' celebrated

To mark "Teenage Day" which is celebrated all over world every year on 1st Aug., Department of Pediatrics in collaboration with Indian Academy of Pediatrics, Ludhiana Branch organised a declamation contest. The debate was on the theme "New Economy: New Problems in Indian Adolescents."

Fifteen medical and nursing students participated in the contest. Principal **Dr. Daljit Singh** was the chief guest. **Dr. Praveen Sobti** (Pediatrics) coordinated the debate. [Pic. C]

Among the judges were **Dr. Ritu Gupta**, President of IAP, Ludhiana, **Dr. TS Gambhir**, Secretary of IAP and Principal of Nursing DMCH, **Dr. (Mrs.) Jasbir Kaur**. Guests included senior pediatricians **Dr. N Raizada**, **Dr. AS Chawla**, **Dr. SS Bedi** and others.







DMCH-BLS Course for Ludhiana Dental Association

Hands on training of BASIC LIFE SUPPORT (BLS) for a batch of 45 dentists from Ludhiana Dental Association was conducted on 19th July by American Heart Association Accredited BLS & ACLS Instructors - Dr. Sunil Katyal, Dr. Anju Grewal, Dr. Rupinder M. Singh, Dr. Rajesh Mahajan, Dr. Shuchita Garg, Dr. Vivek Gupta & Dr. Sushil.

The participants were familiarized with steps of BLS during common scenarios they encounter, especially collapse on dental chair and inadvertent intravenous injection of local anaesthetics.

The main skills practiced by the dentists on manikins were the technique of giving rescue breathing and chest compressions, which are begun after assessment of unresponsiveness in a collapsed victim. As soon as unresponsiveness is confirmed calling for timely medical expert help is of utmost importance. A combination of skills are performed in a standard sequence for victims of cardiac arrest with the aim of providing a small but critical amount of blood flow to heart and brain. This helps in keeping the victim alive till trained help arrives.

Guest lecture



Dr. Ajay Kumar (Sr. Consultant, Deptt. of Gastroentereology, Apollo Hospital, New Delhi) delivered a guest lecture on 25th July on Management of chronic pancreatitis. [Pic. D]

PG Development Programme-2009

Department of Psychiatry organised a two-day North Zone PG Development Programme on 5th - 6th July. The event was



inaugurated by Secretary, DMCH Managing Society Sh. Prem Kumar Gupta and Dr. Daljit Singh. Nearly 100 budding psychiatrists from all the teaching institutes of North India held intense academic interactions with the doyens of psychiatry and the senior most teaching faculty from all over India.

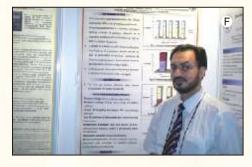
The deliberations and discussions during the programme centered around the theme "Chronicity of Psychiatric Disorders".

Dr. Ranjive Mahajan and Dr. Navkiran Mahajan highlighted the magnitude of disability caused by psychiatric disorders and said that five out of ten leading causes of disabilities worldwide are attributed to psychiatric conditions. [Pic. E & Masthead]

Papers presented

◆ Dr. PS Nain, presented a paper on Bowel movement in critically ill patients at PENSAS-2009 at Kuala Lumpur, Malaysia from 5th to 7th June. [Pic. F]

This prospective study was conduced on 50 consecutive critically ill patients admitted to ICUs. The critically ill patients were nil per oral, given small amount of liquid diet (<0.5L/24 hrs.), taking selected drugs (opioids, analgesics, anticonvulsants, antidepressants, sedatives, iron supplements and calcium preparation), unconscious. These patients had higher observations of



absence of daily bowel movements.

Patients who were on mechanical ventilator as well as patients with 24 hours negative fluid balance had higher percentage of absence of daily bowel movement. It is recommended that nurses should intensively monitor patients with the above predisposing conditions and effective intervention need to be planned and implemented promptly in collaboration with physicians. There is a need to develop and empirically test a specific constipation prevention protocol for these vulnerable patients.

◆ Dr. PL Gautam presented a paper entitled "Hot climate and perioperative outcome in elderly surgical patients" at 2009 Canadian Anaesthesiology Society Annual meeting at Vancouver, BC, Canada from 26th-30th June. Elderly surgical patients with poor reserves are at greater risk of developing complications in hot and humid weather. [Pic. G]



Workshops attended

A Workshop on 'Tuberculosis-A Zoonotic Challenge' organised by Vets Club Ludhiana on 9th July was attended by Dr. RK Sachar, Dr. Anurag Chaudhary, Dr. Sarit Sharma, Dr. Sangeeta Girdhar and Dr. Mahesh Satija.

Dr. Sarit Sharma was invited as rapporteur for panel discussion.

Sessions chaired

Dr. Jagdeep Whig chaired the quarterly STF meeting of RNTCP held at Bathinda on 16th July and also reviewed the quarterly reports of the medical colleges. The report of DMCH was presented by Dr. Sarit Sharma, Nodal Officer-RNTCP DMCH. The efforts of DMCH in implementing RNTCP (DOTS) in the

institute were highly appreciated by the state TB officer. **Dr. Rama Gupta** (Microbiology) also attended.

Adieu to our Dean Academics



The institute bade farewell to **Prof. SC Chopra**, Dean Academics & Prof. and Head of Pharmacology who retired after more than 32 years of meritorious service to the institution.

Camps organised

Department of Transfusion Medicine in Collaboration with-



at DMCH....

Free Normal Delivery

DMCH has taken the initiative to offer special service to needy persons by providing free hospitalization and care to mother and baby with normal delivery.

- ◆ Low risk cases expected to have a normal delivery can be registered in the Antenatal Clinic (ANC) on Monday/Thursday under the free Normal Delivery Package at 36-37 weeks gestation.
- DAYANAND MEDICAL COLLEGE & HOSPITAL LUDHIANA
 Department of Obstatries & Gynaccology

 Fire

 Package

 Pa
- ◆ High risk cases are not included in the package.
- There will be no admission charges, labour room charges or Pediatric charges.
- Basic Investigations (need based) are provided free of cost.
- 2 days stay of mother & baby is included in the package.
- ◆ Ludhiana branch of Northern India, Regional Council of Institute of Chartered Accountant of India held a blood donation camp on 1st July.
 92 units of blood were collected.
- ◆ Salaam Zindgi Foundation, Ludhiana organised a blood donation camp on 12th July. 120 units of blood were collected.
- ♦ Akhil Bhartiya Shri Sangameshawar Sewa Dal organised a blood donation camp at Ludhiana. 105 units of blood were collected.
- ◆ Malwa Sports Club, Fatta Malloka organised a donation camp at Distt. Mansa on 23rd July. 119 units of blood were collected.

Free "In-Hospital Medical Camp"

♦ 260 patients were examined at Free Medical Camp organised in OPD Block of the hospital on 5th July. [Pic. H, I]

Eye Camps

◆ 3 eye camps were organised in which 148 patients were examined. 51 refractions were done and 2 patients were operated upon. [Pic. J]

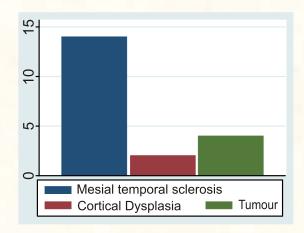




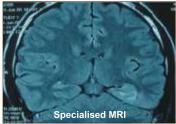


Dayanand Medical College and Hospital, Ludhiana

Cases with Epilepsy Surgery

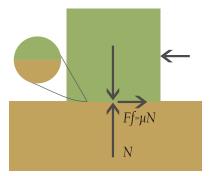








Thought for the Month



Force causes resistance Friction generates heat

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. Virendar Pal Singh and Dr. Deepak Bhat.

*Issue Co-ordinator

WHAT YOU MUST KNOW ABOUT....

Epilepsy Surgery

Dr. RK Kaushal, Prof.& Head, Neurosurgery

Q. What is Epilepsy Surgery?

A. Epilepsy surgery refers to all those neurosurgical procedures on the brain that would primarily get rid of the patient's epilepsy. Brain tumour excision in a patient who presents with a few seizures in addition to focal neurological deficits is not epilepsy surgery.

Q. What are the types of epilepsy surgery?

A. There are several types of surgeries that are used in patients with intractable epilepsy: anteromesial temporal lobe resection, amygdalohippocampectomy, lesionectomy, corpus callosotomy and hemispherectomy.

Q. When do people with epilepsy require surgery?

A. Not all people with epilepsy require surgery. The majority, i.e., 70-80% are well-controlled with medications. In the remaining, epilepsy is medically-refractory, i.e., not controlled with antiepileptic medications, defined by the rule of 3: at least 3 years of epilepsy, trial with 3 medications in adequate doses and at least 3 seizures/month. Surgery may be indicated in these individuals.

Q. How is the decision for epilepsy surgery arrived at?

A. Presurgical evaluation of epilepsies and the surgery itself is a team work including the Neurologist with interest in epilepsy, the Radiologist (for interpretation of MRIs), Nuclear medicine specialist (for interpretation of SPECT scans), Neuropsychologist and the Neurosurgeon. The work up, co-ordinated by the Neurologist is time-consuming and labour-intensive. The first step is a specialized MRI, known as epilepsy protocol MRI. Next, EEG-telemetry is undertaken after admission to the Epilepsy Monitoring Unit. The antiepileptic medications are reduced and EEG and video monitoring is conducted over 5-7 days. When the patient has seizures, the site of origin on EEG is mapped. Radio-tracer is injected and a SPECT scan is undertaken to lateralize and localize the epileptogenic focus.

Q. What happens after the investigations?

A. The investigations are reviewed at a presurgical meeting comprising of the team. All investigations are concordant regarding the location of the lesion, the decision is taken to proceed for epilepsy surgery.

Q. What are the chances of being seizure-free after surgery?

A. Success following surgery depends on the concordance of the presurgical investigations and the nature of the underlying lesion. In general, up to 70-90% patients remain seizure-free.

Q. Do patients need to take antiepileptic medications following

A. Patients need to continue medications for one year following surgery. If they are seizure free, the medications are tapered off.

Q. What is the status of epilepsy surgery at DMCH?

A. Anteromesial temporal resections and lesionectomies are done at DMCH. The MRI facility in the institution is equipped to conduct advanced MRIs such as hippocampal volumetry in difficult cases. Presurgical meetings are held once a month. Twenty surgeries have been undertaken at DMCH, and all patients are seizure free so far.

HELP LINES

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