HOLY FAMILY HOSPITAL NEW DELHI

NEWSLETTER

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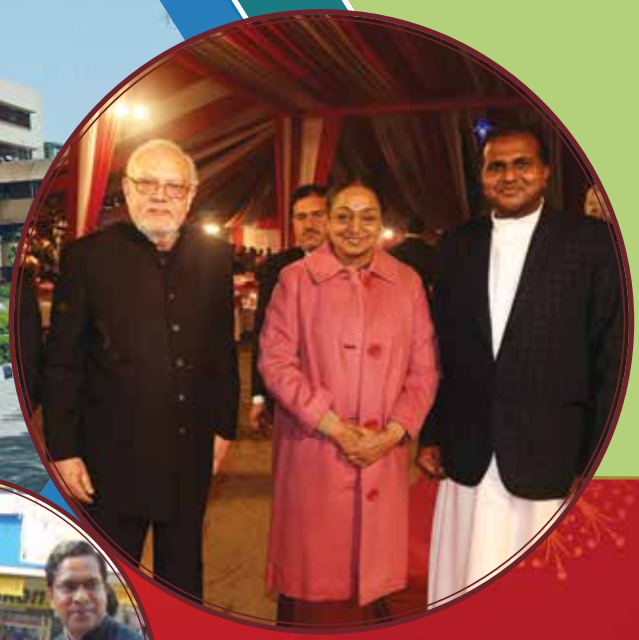


Greetings of the Season and Best Wishes for the New Year 2018!

HOLY FAMILY JOINS SELECT GROUP OF HOSPITALS WITH LATEST EQUIPMENT (ECMO) FOR CRITICAL LIFE SUPPORT

Extra Corporeal Membrane Oxygenation (ECMO) is used when a patient has a critical condition which prevents the lungs or heart from working normally. The ECMO machine is very similar to heart and lung machines used during open-heart surgery. It is a supportive measure that uses an artificial lung (the membrane) to oxygenate the blood outside the body (extracorporeal).

This therapy was developed in the USA by Robert H. Bartlett M.D. who took his inspiration for extracorporeal organ support from the heart and lung machine. The first successful ECMO treatment of an adult was in California in 1971. The first neonatal survivor of this new and pioneering treatment received ECMO in 1975.

Holy Family Hospital started ECMO last year and our first patient was a young female who came to us with incessant ventricular tachycardia which was resistant to all form of treatment and resulting in severe hemodynamic compromise. She was put on ECMO support and given time and rest, her heart recovered and she was successfully weaned off the ECMO after 9 days. She unfortunately succumbed to septicemia. Since then we have put ECMO on two more patients who were critically ill and in both cases the ECMO was successfully initiated. We have had a few patients who required ECMO but couldn't be offered the same due to non-availability of the equipment. Having been inspired and convinced of the merits of ECMO, we have now procured our own, state of the art, ECMO machine and ECMO therapy is now available to all eligible patients 24X7.

Who needs ECMO?

ECMO is used for patients with severe heart (cardiac) or lung (respiratory) failure.

Respiratory ECMO

In patients with very severe lung disease which is not responding to the usual treatment of mechanical ventilation (breathing machine), medicines and extra oxygen, ECMO can take over the function of the patient's lungs, allowing them time to rest and heal.

- pneumonia
- ARDS
- acute GVHD
- pulmonary contusion
- smoke inhalation
- status asthmaticus
- airway obstruction
- aspiration
- bridge to lung transplant
- drowning

Cardiac ECMO

In patients with very poor cardiac function, ECMO can take over the work of the patient's heart. This provides time for the heart to rest and recover, while maintaining a good blood supply to the brain and other organs in the body.

Cardiac ECMO may be needed after open heart surgery, when the heart may be swollen, unable to maintain a high enough blood pressure or have an irregular rhythm. It may also be needed due to an infection affecting the heart muscle (myocarditis) or heart muscle failure (myopathy) where the heart cannot pump blood around the body effectively.

Please note that ECMO can only help patients whose lung and/or heart disease is reversible within about three weeks.

Types of ECMO

There are two types of ECMO, VA (veno-arterial) and VV (veno-venous):

VA ECMO

Two cannulae (tubes) are placed into patient's blood vessels, one into a vein and the other into an artery. Deoxygenated blood is drained continuously into the ECMO circuit from the tube in the vein, while the now oxygen-rich blood from the ECMO circuit is returned to the body through the tube in the artery.

This type of ECMO provides support for both the heart and the lungs and so can be used for patients requiring either cardiac or respiratory ECMO support.

VV ECMO

A catheter is placed into a central vein, usually in the side of the neck. Blood is drained from this catheter into the ECMO circuit at the same time as oxygenated blood is returned through another catheter from the ECMO circuit to the patient

VV ECMO provides lung support only and does not support the heart. A few patients who start with VV ECMO will need to be changed over to VA ECMO if their heart also starts to need support.

ECMO Team

The Holy Family Hospital ECMO Team consists of Interventional Cardiologists, Intensivists, Pediatric intensivists, Anesthetists,Pulmunologist, Cardiac and Vascular Surgeon, Cathlab Technicians, Cathlab Nurses, ICU nurses and CCU nurses.

With a dedicated team we expect to give world class care to such sick patients who otherwise have very little chance of survival. The key to survival in such patients is timely institution of ECMO therapy before it is too late, and this can be improved by close coordination between the physicians and the ECMO team.

STAY HEALTHY, STAY HAPPY!

Dr.SupriyaBhushan
Consultant,
General Medicine

Just as I finished my OPD after seeing the last person of the day, trying to make sense of his high blood pressure I realised something important... we doctors are not just medicine dispensing machines!

The person kept sitting, staring at me after I had written him off with medicines, eager to wind up my long day. He and his wife wanted to talk... they talked until they were out with all the ups and downs of their life. After my sympathetic hearing and discourse on management of stress and the spiritual side of life and it's essence, I could see them getting relaxed and cheerful.They went off, thanking me for all the wisdom (though I myself haven't got so wise yet) with a resolution that they were going to be positive about their lives!In our clinical practice, We come across 'people'(prefer to call them people than patients- for the simple reason that the word 'patient' tags them as 'people' who are in some way less blessed) having myriad problems...majority stemming out of one disease- 'Stress'.

Stress has many symptoms and signs but the precursor I believe is inability to live and express oneself, as against his own nature and is forced to live by the set social standards. It induces addictions, decreased sleep, binge eating, loss of appetite, obesity, sleep disorders, gastric ulcers, liver diseases, Irritable bowel syndrome ,heart attacks, pancreatic diseases, Life style disorders, even Accidents and an array of many more physical and mental disorders...

There are very few other problems(apart from those related to stress) for mankind to suffer from and few of us (Doctors) to really treat... (God is very kind)!

For a healthy living, being stress free, having peace and tranquillity of the mind and confidence in oneself, love, care and gentleness towards others and purity of the heart are all the elements to create harmony of the mind and body!

Happiness always comes as an outcome of internal celebration of physical, mental and social wellbeing and never as an offshoot of external celebrations done to make oneself happy!

Stay Healthy, Stay Happy!!

MENTAL HEALTH IN WORK PLACE

Dr. Sudhir K. Khandelwal
Senior Consultant Psychiatrist

Mental health in the workplace was the theme of World Mental Health Day 2017. World Mental Health Day is observed on 10 October every year, with the overall objective of raising awareness of mental health issues and mobilizing efforts in support of better mental health. There have been important reasons why mental health in work place was considered significant to be observed as such. Work is important for all of us. Besides giving us our livelihood, it accords us our status, sense of pride and self-esteem, and secures our future.

A large number of people all over the world, comprising all age brackets, are engaged in various varieties of work. India too has a large work force at its disposal, having more than 500 million labour force. It is because of this skilled and semi-skilled work force that India is dreaming of becoming a major player in the world economy in next couple of decades. Work also helps us to maintain our physical and mental health. There is good evidence that being out of work is bad for our health. People, who are unemployed, have poorer physical and mental health, use health services more often, have higher rates of hospitalization, and have higher rates of death and suicides.

All over the world, employers wish to have a healthy work force. That is why, they strive to provide healthy work environment, organize health services for their employees, create employees friendly services within the work place. Undoubtedly, work is good for our mental health; however, negative work environment can lead to increased mental health morbidity.

Still people fall ill all the time. Consequences of mental morbidity are enormous. They cause chronic absenteeism, leading to fall in production and severe economic loss. Depression and anxiety disorders are the leading mental health morbidities. Additionally, stressful work environment leads to harmful use of substances and alcohol. Chronic work stress leads to poor coping and lifestyle.

The term lifestyle denotes our interests, hobbies, interaction with the environment; it denotes how we interact with our families, friends, and society; and how we cope with our physical, social, psychological and economic environment. Normally, lifestyle is enduring; hence lifestyle has to be changed if we wish to bring about a sustainable change or development in our lives. Lifestyle gets stressed because of our habits, practices or environment, and can lead to lifestyle diseases. These lifestyle diseases are because of certain risk factors for which we ourselves and our environment are responsible to a large extent. These are; diet, our body weight, physical activity, and harmful use of substance and alcohol. Good thing is that all these are controllable factors; bad thing is that many people pay scant attention to these factors, and in the process become victim of severe, chronic and debilitating diseases. Most common lifestyle diseases are hypertension, cardiovascular disorders, diabetes type II, cancer, depression, and substance and alcohol abuse. In the last few years it has become clear that lifestyle diseases are killing more people than the communicable or infectious diseases. All these diseases are slowly progressing, run a chronic, relapsing and remitting course, and ironically largely preventable.

- Stress and lifestyle related non-communicable diseases (NCDs) kill 40 million people each year, equivalent to 70% of all deaths globally.

- Each year, 17 million people die from a NCD before the age of 70; 87% of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.7 million people annually, followed by cancers (8.8 million), respiratory diseases (3.9million), and diabetes (1.6 million).
- These 4 groups of diseases account for 81% of all NCD deaths.
- Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD.
- Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.
- Depression alone is responsible for a large proportion of disability, and it is estimated that in next 10-15 years, depression will be responsible for maximum disability and premature deaths in the world.
- Depression is a risk factor for heart diseases and cancer.

As stated earlier, organizations and employers make efforts to keep their employees healthy; after all it makes economic sense. Employees' health is directly related to productivity. However, employees too have responsibilities to themselves. It behooves on them to keep themselves mentally fit and healthy. Following are some of the activities and lifestyle changes that will go a long way towards prevention and promotion of health.

- Sleep: sleep has an important restorative function. It gets disturbed in all minor and major mental diseases. Very often, people themselves disturb their own sleep cycles, disturbing their biological and circadian rhythms. We should sleep 6-8 hours, preferably between 9 pm to 6 am. The trend commonly seen among students and young people to remain awake throughout the night, and then sleep through the day, is counter-productive.
- Dietary habits: it is essential for all of us to have timely, nutritious, and balanced diet. Diet is directly related to our lifestyle, and poor dietary habits lead to hypertension, diabetes, and obesity at young age.
- Exercises: scores of well designed scientific studies have demonstrated the beneficial effects on our physical and mental health. That's why many organizations now have gymnasiums within their premises, or encourage their employees to obtain membership to gyms. We must devote at least 45 minutes to do active physical exercises for health promotion. We owe it to ourselves. It may include brisk walking, yoga, jogging etc.
- Say 'No' to tobacco in all its forms.
- Use alcohol, if you must, in moderation: there is a myth circulating among people and lay press that some amount of alcohol is beneficial to your health. Nothing could be further than the truth. Alcohol does not improve your health. If someone has a heart disease, taking red wine or for that matter any kind of alcohol, will not improve his or her health. People who are otherwise healthy, and have an active lifestyle, may have slight advantage if they stick to moderate amount of alcohol occasionally. Don't take alcohol just because it is available free.

To conclude, Lifestyle aberrations and lifestyle diseases are the real scourge of 21st century. Lifestyle disorders are responsible for huge burden on society by way of disability and premature deaths. Mental disorders now constitute a major burden of diseases. Lifestyle diseases and mental illnesses very often co-exist. The combined result of these two conditions will outweigh the burden caused by all other illnesses. All stakeholders have to adopt meaningful strategies to combat it. The health planners, administrators and service providers have huge responsibility to look after the physical and mental well-being of citizens.

DEPARTMENT OF RADIOLOGY

The Radiology Department has grown by leap and bounds since its inception in the 1950s, first headed by the visionary Dr.Hussain Tayyebhoy. It now boasts of the latest in equipment ranging from conventional x-ray machines to a 1.5T MRI unit. A modern PACS system is in the process of being installed and represents a milestone in moving towards filmless and paperless radiography.

Spread over two floors, the department receives over 100,000 foot falls from both OPD and IPD patients annually and is manned by 3 full time and 7 part time consultants. Dr. Rajesh Gothi, a senior Radiologist with several decades of experience, has joined us recently to help develop a much needed DNB program, being planned for 2018. Over 40 paramedical and non-medical staff help doctors run this busy department.

Dr. Renee Kulkarni, Dr. P. S. Upaal and Dr. Sameer Kaushik are full time Radiologists, while Dr. Rajesh Gothi, Dr.Neeti Purkait, Dr.Charu Ghai, Dr. Sonia Softa, Dr.Amit Singh, Dr. Syed Rehan and Dr.Arif Mirza work park time.

The School of Radiography is an intrinsic part of the Department, admitting an average of 10 students every year. Headed by Mrs. Anita Sehdev, its students are highly sought after and find placements both within the country and abroad.

EXPERIENCE AT RADIOLOGY DEPARTMENT, HOLY FAMILY HOSPITAL

Dr. Rajesh Gothi
Sr. Consultant, Radiology

After working at AIIMS, hospitals abroad, hospitals and diagnostic centres in Delhi and running a successful practice for nearly 42 years,I can say that I have gained a reasonable experience in the field of Radiology and would like to share some of my thoughts with you.

Over the years, Radiology has emerged from the shadow to take centre stage in a hospital environment. Virtually every department from Anaesthesia to Urology, have some interaction with radiology on a daily basis.Be the discussion of cases, problem solving, collaborating on projects or improving management, the radiology department plays a key role in the working of a hospital.

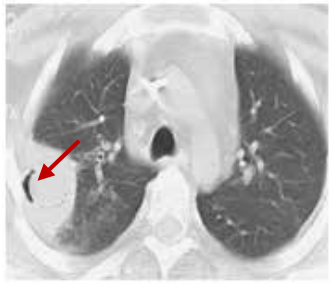
The Radiology Department of Holy Family Hospital has the enviable record of providing excellent technicians to hospitals all across the city.The politeness, empathy which I have witnessed here is unmatched.The department has world class equipment and a dedicated team of consultants. Since every department has something or other to do with radiology, they automatically have a stake in its functioning. This feeling of ownership is necessary and will enable its growth in value and quality. The Radiology Department is not just the property of radiologists .It belongs to everyone.So please join us in making this department grow.A fine radiology department goes a long way in enhancing the stature of the hospital and improves the quality of healthcare delivery .HFH is known as good hospital. Let's make it stand out as the hospital to go to, should the need arise.

SOME SIGNS IN CHEST CT

Image credits: Radiopaedia.org, journal.chestnet.org

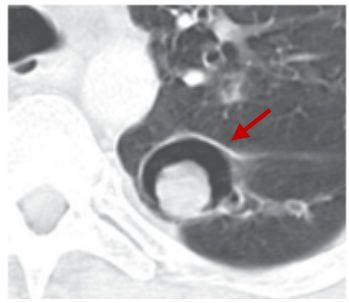
Dr. Renee Kulkarni
Sr. Consultant,
Radiology

We have seen an exponential growth in the number of CT chest studies being ordered in recent years, which provide both radiologists and referring physicians a wealth of information. Much of radiological interpretation depends on pattern recognition. This pictorial representation should help give readers an idea about what the radiologist implies when describing various signs seen on chest CT.



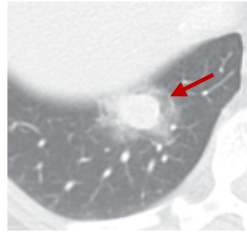
Air crescent sign

Complete or partial circumferential rim of radiolucent airspace within a parenchymal consolidation or nodular opacity, classically associated with invasive aspergillosis.



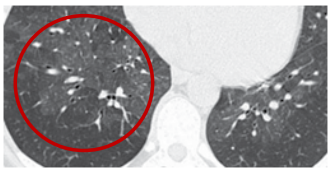
Monod sign

Refers to air surrounding a fungal ball in a pre-existing pulmonary cavity that falls to a gravity-dependent location of the cavity.



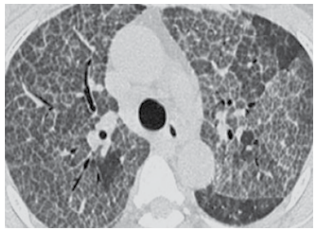
Halo sign

Seen on lung window settings (typically HRCT), this sign is seen as ground glass opacity surrounding a pulmonary nodule or mass and represents haemorrhage. It is typically seen in angioinvasive aspergillosis.



Mosaic attenuation

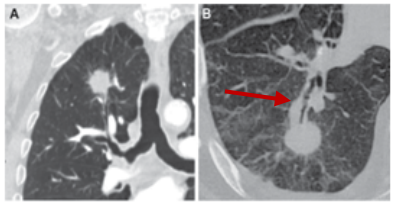
Refers to areas of variable attenuation seen on a chest CT scan in a lobular or multilobular distribution and can be seen in three predominantly broad categories of lung diseases: small airways disease, vascular lung disease and infiltrative lung disease.



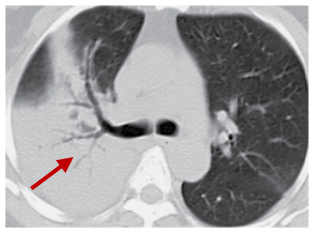
Crazy paving

Represents thickened interlobular septae, often associated with scattered or diffuse ground-glass opacities which indicate a concomitant alveolar filling process Classically described in pulmonary alveolar proteinosis, it may also be seen in pulmonary edema, lymphangitic spread of malignancy, mucinous adenocarcinoma, sarcoidosis, and pulmonary haemorrhage

Positive bronchus sign

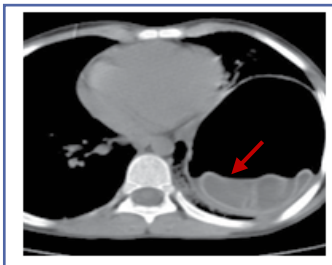


Representative of an airway leading directly to a peripheral lung nodule or mass and is a powerful clue in predicting the success of a transbronchial lung biopsy



Air bronchogram sign

Refers to patent airways seen through opacified lung and appear as air-filled, hyperlucent tubular structures made prominent by the opacification of the surrounding alveoli. This sign has been described both in chest radiographs and on CT imaging. It is most commonly seen in consolidative processes of the lung such as pneumonia.



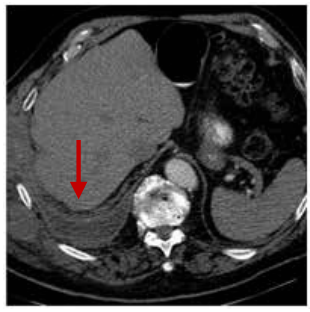
Water lily sign

Rarely seen but pathognomonic for cystic echinococcosis, caused by the hydatid tapeworm, *Echinococcusgranulosus*. It comprises a hydatid cyst in the lung with a free-floating endocyst, which collapses and floats in the cystic fluid, similar to a water lily. A pleural effusion is often associated.

Signet Ring Sign

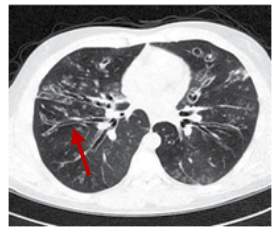
A commonly described CT chest sign in bronchiectasis. The dilated airway is prominently larger than its accompanying pulmonary artery on axial images, resembling a signet ring. Normally, the airway and the blood vessel must be of equal calibre. A broncho-arterial ratio > 1 is suggestive of bronchiectasis.

Split pleura sign

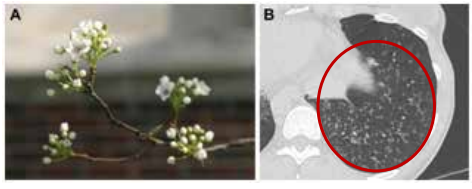


Seen on contrast-enhanced CT scan of the chest in empyema and in some malignant effusions, this is considered to be one of the most reliable CT signs to differentiate an empyema from a lung abscess. The split pleura sign is formed due to contrast enhancement of the parietal and visceral pleura, separated by exudative effusion, as a result of fibrin deposition along the opposing pleural surfaces and ingrowth of blood vessels.

Tram-track sign



The tram-track sign has been described in both chest radiographs and chest CT scans and refers to the parallel, non-tapering airways seen extending to the lung periphery in cylindrical bronchiectasis. The bronchial walls are always thickened, denoting airway inflammation, and accompanying radiographic findings include the signet ring sign on cross-sectional view.



Tree-in-bud sign

Refers to the presence of multiple centrilobular nodules arranged in a linear branching pattern, as in buds on a tree. Clinically, the tree-in-bud pattern is indicative of endobronchial spread of inflammation or bronchiolar infection in the vast majority of cases. This feature is best appreciated on HRCT images. They are typically seen within 1 cm of the pleural surface and are between 2 and 4 mm in size. The sign was first described in endobronchial tuberculosis, but is now recognized in a variety of lung disorders.

Christmas Dinner was organized by Holy Family Hospital on 16 December 2017

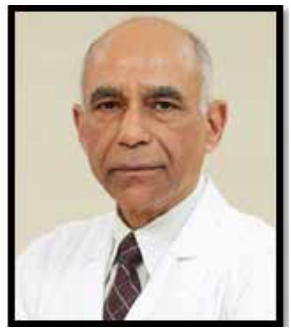







Christmas Celebration

VIOLENCE AGAINST DOCTORS



Dr. U.K. Sadhoo
Sr. Consultant
Orthopaedic Surgeon

Much ails the Medical profession. While some of it is self-inflicted, a lot is by external elements. One aspect is violence against Doctors. This is our agenda at hand. The recent spate of physical assault and battery against Doctors across the country necessitates some introspection. To label it as one more symptom of an increasingly intolerant society trivializes a condemnable act and a disturbing trend. It is necessary to put the picture in context before proceeding any further.

A patient would seek out a physician for ailment, minor or major, in body or mind. In so doing, he acknowledges the specialized knowledge and experience of Doctor and hopes for at least some relief if not complete cure. By submitting to his advice, the patient pays obeisance to physician's many years of hard slog, learning some of the myriad intricacies of human body, first at books and then at the citadel of experience, the hospital, where all that theoretical knowledge is put to litmus test. No one is more aware of the imperfections inherent in Art of Medicine nor of the limitations of skills of physician than physician himself. Indeed, as the years and decades in practice accumulate, the feeling of inadequacy and humility, vis-a-vis Nature that gathers strength and endures, is perhaps the most salutary lesson in Medicine. No physician that is experienced is conceited. Consequently, when the patient responds positively to the ministrations, Doctor is not merely glad, he is relieved. On the other hand, when the progress is less than satisfactory or, occasionally, more serious outcome ensues, it is not a source of glee or celebration for physician either. At the very best, a doctor can treat, to the best of his capability, under the acceptable guidelines established by decades of accumulated wisdom. This is an ongoing evolution and not an ironclad set of dogma. The local circumstances have a major influence. A teaching University hospital in Metro would practice at some variance with a facility in a remote district. To be sure, patients do get better at the far off places too! And that is a sobering thought for any cocky city slick.

Medicine, like many other disciplines in Science and Technology, is under tremendous strain and upheaval. The advances are so rapid, the frontiers so vast and nebulous and the law such a laggard that implications on society are truly mind-boggling. Add to that the social customs and perceptions that are evolving at a dizzying speed and you have perfect recipe for a storm. Issues at hand include those of ethics, regulations, greed and sheer survival. The endemic problems in private and government set ups conjure a crucible ripe for churning out dilemmas and difficulties that seem almost insurmountable.

Shorn of any other encumbrance, the equation is fairly simple: Patient wants to get well and the Doctor wants to help him. The days when almost mythical awe and reverence that patient held his physician in have all but vanished. By terming the relationship as consumer and service provider, the innate personal touch has been dealt a body blow. Doctor, a 'service provider' to Patient the 'consumer', is forced to pursue 'defensive' medicine to ward off the sceptre of looming law. It is a rare Doctor who would practice common-sense medicine, saving patient unnecessary investigations and medications.

It is against such a complex backdrop that we consider the belligerence and violence against Doctors. The Law of Average holds sway in Medicine as elsewhere. Barring a few

exceptions, simple ailments get better with little medical help and time. The more intricate ones test the ingenuity of physician and the dexterity of Medicine itself to the limit. There is no such thing as a 'routine' patient or surgery; even if one has dealt with scores of such 'cases' in past, each new one has to assessed, treated, reviewed afresh. The twists and turns, the staggering deviations trivial or startling, demand constant vigil, continual reassessment of the ever changing landscape. To those in the know, it is not a surprise that sometimes things go wrong; it is a wonder that so many times they don't! Don't let the specialization fool you; while an 'expert' may know the nuances of his field, the patient is a whole, single entity. A cardiologist would not foray into Orthopedic Surgery; thus if a cardiac patient with diabetes were to be involved in an accident and break, say, hip bone, there would be at the minimum these three experts tending to him in tandem and not look at their corners in isolation. More and more challenges are being accepted, boundaries pushed, lives saved as the frontiers of medicine keep getting redefined. What was a fairy tale even 3 decades ago is now a routine.

All this comes at a price, both financial and social. The innovations demand investment. The investors expect returns. The public at large wants value. High-risk medicine works wonders but not always. It is, at best, an imperfect Science. To expect optimum outcome each time is beyond the realm of humans. There are many lacunae that could be addressed better by Doctors, not the least of which is better communication. But to take umbrage at less than 'satisfactory' result of a treatment and consequently to resort to violence against physician betrays not only a lack of understanding and tolerance but the offender's sense of his own infallibility. If this argument were to be applied more widely, the weatherman could be beaten up for absence of predicted sunshine, any lawyer and judge, whose verdict got upturned by a higher court, thrashed, every train set alight that dared trundle late and every tree uprooted that had the temerity to bear less fruit than last season.

An assault goes beyond the physical harm to the physician and hospital. It leaves the receiver with deep gashes to the psyche, an unshakable insecurity and, consequently, a behaviour that is risk-averse. The altruistic component, so vital and integral a part of medical profession despite many of its blemishes, takes a beating from which it may not recover. This would turn a physician into a too-cautious-to-stick-the-neck-out automaton, chafing at being straitjacketed into mediocrity but comforted in the knowledge of being at least alive to face yet another mundane morning of existence. The loser would not only be the patient that needs a daring gamble at crucial juncture but society at large that stood by as a mute spectator to the unwarranted atrocity. A sadder state of the hallowed Patient-Physician relationship is difficult to conjure.

Lighter Moments

A psychiatrist congratulates his patient with a progress in treatment.

The patient: Do you really call it a progress? Six months ago I was a Napoleon and now I am nobody.

My teenage patient's mother was concerned. "He must have a temperature," she said. "He hasn't taken our motorcycle out all day."

"Let me ask you," I said. "Do you have a thermometer?"

"No," she said. "A Kawasaki."

Congratulations.....

On 1st November 2017, on the occasion of Karnataka Rajyotsava Day, Dr. Bheema Bhat, Senior Consultant and HoD, Ayurveda Department, Holy Family Hospital, New Delhi was awarded and felicitated for his best service and contribution in the field of Medicine.

Annual awards have been given to the following doctors for their excellence, performance and dedication:

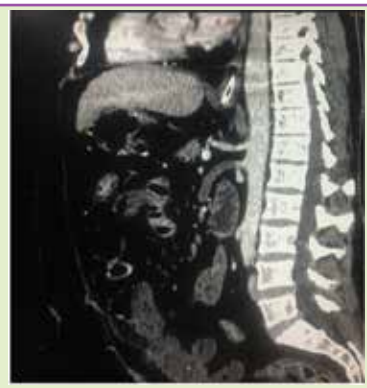
- Dr. Harish Khosla Award - Dr. GulamMateenParihar.
- Dr. Subash C. Arya Award – Dr. Akriti Gera
- Dr. B.B. Mathur Award – Dr. SuhelJadhav and Dr. Neha Gaur.
- Mr. P.L. Goyal Award – Dr. Md. Atique Ur Rahman.
- Dr. Uma Goyal Award – Dr. Swati Sharma

Prof. Mohan Nair, MD, DM, Coordinator & Head, Department of Cardiology was invited as a Visiting Lecturer at Massachusetts General Hospital, Boston, Massachusetts on November 2, 2017. He delivered lecture on Mechanisms and Catheter Ablation of Idiopathic left Ventricular Tachycardia.

Swachh Award presented to Holy Family Hospital, Okhla Road, New Delhi by Cricketer Gautam Gambhir for being ranked No. 1 during Swachh Survekshan 2018. Holy Family Hospital was chosen as the cleanest Hospital in Delhi.

QUIZ:

A 79 year old woman presents with a brief history of severe abdominal pain associated with nausea and vomiting. Per abdomen examination is suggestive of diffuse tenderness all over abdomen. CT abdomen clinched the diagnosis. What is the abnormal finding in this CT scan?



Kindly send your answers at: newsletter@holyfamilyhospitaldelhi.org

Answer to last quiz: Fungal Ball

The 5 Riddles....

1. A murderer is condemned to death. He has to choose between three rooms. The first is full of raging fires, the second is full of assassins with loaded guns, and the third is full of lions, who have not eaten in 3 years. Which room is safest for him?
2. A woman shoots her husband. Then she holds him under water. For over 5 minutes. Finally, she hangs him. But 5 minutes later, they both go out together and enjoy a wonderful dinner. Together. How can this be?
3. What is black when you buy it, red when you use it, and gray, when you throw it away?
4. Can you name three consecutive days without using the words. Wednesday, Friday, or Sunday?
5. This is an unusual paragraph. I'm curious as to just how quickly. You can find out what is so unusual about it. It looks so ordinary. And plain that you would think nothing was wrong with it. In fact, nothing is wrong with it. It is highly unusual though. Study it. And think about it, but you still may not find anything odd. But if you work at it a bit, you might find out. Try to do so without any coaching!

THE ANSWERS TO ALL FIVE OF THE RIDDLES ARE BELOW:

1. The third room. Lions that haven't eaten in three years are dead. That one was easy, right?
2. The woman was a photographer. She shot a picture of her husband, developed it, and hung it up to dry (shot; held under water; and hung).
3. Charcoal, as it is used in barbecuing.
4. Sure you can name three consecutive days, yesterday, today, and tomorrow!
5. The letter e, which is the most common letter used in the English language, does not appear even once in the paragraph

MEDICOLEGAL TITBITS

Why in recent times are doctors constantly targeted in our society?

The medical profession is considered as a noble profession and most talked about profession in society and media whether for right or wrong reasons. Good health is the basic necessity and as doctors deal with human beings directly so every action of the medical profession is related to the final outcome which either brings bouquets or brickbats.

The medical profession is capable of self-regulation and as seen in recent times that newer technology and modes of treatment have increased the cost and more and more government acts are not yielding required purpose, the ethical self-monitoring by medical profession will have a long-lasting impact and do justice both parties i.e. doctors & patients.

Many surgeries are routinely done by surgeons under local anaesthesia. How important is to have pre anaesthesia check-up and having anaesthetist during the surgery?

Although anaesthetist is available but not involved in the surgery and patient has not undergone pre anaesthesia check-up either. What is the liability of surgeon in case of any untoward incident?

Surgery may be done in general or local anaesthesia depending on the choice of patient or surgeon but it is advisable to have pre anaesthesia check-up in all cases. It is always in the interest of surgeon to have anaesthetist around when local anaesthesia is given to help in case of an emergency. All risks and benefits along with possible complications should be thoroughly discussed with patients as part of the informed consent process prior to surgery. The surgeon is fully responsible for any mishap or untoward incident. Hospital has vicarious responsibility for such event.

Who should order shifting of the patient after surgery from operation theatre after surgery and from post-operative ward to room?

It is the responsibility of anaesthetist to examine and shift out the patient to room or post-operative ward from the operation theatre after the surgery but it is desirable that anaesthetist, as well as the surgeon, should put post-operative status in records before shifting the patient out.

WORLD DIABETES DAY

Dr. Suman Kirti
Sr. Consultant, General Medicine

Diabetes Mellitus is fast becoming a serious challenge to the Indian population and more so its medical care. In Delhi 8-12 % adults have diabetes and an equal number are undiagnosed diabetics. By the time diagnosis is made there may already be complications of heart disease, eye damage, kidney disease, nerve damage and foot damage. Diabetics may have no symptoms. It is Progressive, lifelong disease and silently and relentlessly affects the heart, kidneys, eyes, feet, sexual activity and quality and quantity of life.

Awareness about diabetes self management and prevention of complications is extremely important in saving the vital organs and giving a meaningful healthy life to a diabetic. Regular monitoring, checkups, diet and exercise and therapy are important.

Diabetes Self Care Foundation is an organisation of 12000 diabetic patients and has monthly education and consultation and check up camps for last 34 years at SaritaVihar. An annual convention is held every year on World Diabetes Day. In the Annual meeting consultants and specialists, dieticians, yoga experts and physiotherapists from almost all big hospitals of Delhi come to counsel, examine and advise and educate diabetics.

Free check up of Blood Sugar, HbA1c, BP, ECG, Cardiology check up, Eye check up including retina, neuropathy screening, and check up of blood flow in the legs (ABI) is done for all diabetics.

Right side: She has DM Type 1 for past 51 years without any complications.

An extensive diet exhibition is another highlight of the annual function of the Diabetes Self Care Foundation where dieticians from all leading hospitals of Delhi participate. Holy Family Hospital Dietetics department has been actively taking part in the diet exhibition of the Diabetic Self care Foundation for the last 6 years and have been winning prizes for the best entries. A variety of diabetic diets with tasty healthy foods in the correct proportions are prepared and displayed and explained by the dieticians to the participation diabetics. Special diets for ramzan and navratras, weddings and parties are also shown.

This year the Department of Physiotherapy participated and explained the benefits of exercise in diabetes. They did practical demonstration of simple practical exercise that can be done at home even while sitting or lying down to help build the strength and reduce blood sugar and improve circulation in the feet and heart.

PARTY FOOD FOR DIABETIC PATIENTS

Mrs. Aruna Gaur Bansal
Chief Dietician

Beverages		
Name	Ingredient & Amount	Total Calories
Citrous Mock Mimosa	Orange – 1 Fresh Lime – ½ Grape Fruit – ½ Plain Soda – 100 Ml	60 KCal
Lime & Cucumber Berita	Cucumber – 100gm Lime – ½ Mint – Few Leaves Salt / Pepper – as per Taste	21KCal
Fresh Peach Mojita	Peach – 50 Gms Lime – ½ Mint – Few Leaves Stevia – 1 sachet	30 KCal
Orange Strawberry Smoothie	Orange – 50 Gms Strawberry – 30 Gms Milk – 200 Ml Stevia – 1 Sachet	90 Kcal
SNACKS	Ingredients	Calories
Mattar Chaat	Boiled Mattar – 50 Gms Finely Chopped onions – 10 Gms Finely Chopped Tomatoes – 10 gms Ginger & Green Chilli – As required Lemon – ½ Salt & Pepper – As per taste	67 KCal
Daal Chilla	Soaked & Grounded Moong Dal – 30Gms Finely Chopped Beans – 10 gms Finely Chopped carrots – 10 gms Finely Chopped Capsicum – 10 gms Oil – 5ml Coriander – Few leaves finely chopped Salt & Pepper – as per taste	150KCal
Paneer Tikka	Paneer Cubes – 50 Gms Capsicum Pieces – 20 Gm Onion Pieces – 20 Gms Tomatoe – 30 Gms Curd – 30 gm Oil – 5 Gms Salt & Pepper – as per taste	170 Kcal
Chicken Tikka	Bioled Chicken – 50 gms Tomatoe - 20 gms Capsicum Pieces – 20 Gm Onion Pieces – 20 Gms Curd – 30 gm Oil – 5 Gms Salt & Pepper – as per taste	180 kcal
Chicken Kebab	Bioled Chicken – 50 gms (Finely minced) Tomatoe - 20 gms (Finely chopped) Garlic – 4 (Finely Chopped) Besan – 10Gm Onion Pieces – 20 Gms (Finely chopped) Oil – 5 Gms Salt & Pepper – as per taste	170 Kcal

MAIN COURSE		
Sarson Ka Saag	Sarson Leaves – 100 Gms Bathua – 50 Gms MeethiSaag – 20 Gms Palak – 50 Gms Onion – 50 Gm ((Finely Chopped) Garlic – 5 Gm(Finely Chopped) Ginger – 5 Gm(Finely Chopped) Tomatoe – 50 Gm (Finely Chopped) Salt & Pepper – as per taste	136 Kcal
Stir Fry Vegetables	Broccli – 30 Gm (chopped) Green Beans – 30 Gms Capsicum Green – 30gm Capsicum – Yellow & Red – 30 Gm Mushroom – 20 Gms Baby Corn – 20 Gms Oil – 5 Ml Salt & Pepper – as per taste	70s Kcal
Stuff Capsicum	Capsicum 50 gm Paneer – 20gm Onion – 10 Gm Beans – 10gm Carrot – 10gm Salt & Pepper as per taste Oil 5 gm	90Kcal
Chilly Chicken	Chicken – 40gms Capsicum – 20 gms Green Chilli – 5 gms Onion – 10 gm Tomatoe – 30gms Garlic – 3 cloves Ginger – 5 gm Oil – 5 ml	117Kal
Grilled Fish	Fish 60 gms Curd 30 gms Oil 5 Ml Garam Masala – Pinch Ginger – 5gm Garlic 3 cloves Lemon ½ Besan 10 gm Salt & Pepper to taste	160Kcal

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Anaesthesia / Pain Management	Neurology with Neurosurgery
Dental Clinic	Obstetrics and Gynaecology with Laparoscopic Surgery
Comprehensive Cardiology Service (Including Interventions)	Orthopaedics, Trauma and Joint Replacements
Dermatology	Paediatrics with IPCU & NICU
Emergency Services	Physiotherapy
Eye and ENT Surgery	Plastic and Vascular Surgery
Gastroenterology with Endoscopy	Psychiatry with Clinical Psychology
General, Laparoscopic and Paediatric Surgery	Radiology with CT and MRI
Intensive Care (ICU/IPCU/NICU)	Respiratory Medicine (Bronchoscopy, Sleep Lab, EBUS, Thoracoscopy, PFT-DLCO)
Laboratory Services	Thoracic Surgery
Medicine with ICU	Urology and Urosurgery
Nephrology and Dialysis	Alternative Medicine Including Homoeopathy & Ayurveda

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Editorial

Dr. Sanjay Sood, Sr. Consultant

Friends, It is a time to welcome the festive season and the new year, we take this opportunity to wish you seasons greetings and happy new year 2018.

In last few years Holy Family Hospital has progressed from being a multi-speciality to a super speciality facility. The addition of fully functional cardiology and cardiac surgery department, newly renovated 24 hour functional dialysis unit, upgraded intensive care units, ECMO, sleep disorder and bronchoscopy laboratory with facility of EBUS, recognition of hospital for Renal transplant, upgradation of Gastroenterology and Gastric surgery are few of the many facilities added for the comprehensive patient care. The motto of the management is to provide affordable, quality healthcare.

We have come a long way but still have a way ahead to be one of the best.

Good health and good sense are two of life's greatest blessings.

Looking forward for your valuable suggestions and contributions for the forthcoming issues of newsletter.

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