

Vol. 2 Issue 2

April– June 2017



DEPARTMENT OF RESPIRATORY MEDICINE

Holy Family Hospital is proud to announce the launch of Sleep Lab and Linear & Radial EBUS facilities as a part of its commitment to provide affordable yet state of art care facilities to its patients under the Department of Respiratory Medicine. These are:

- 1. Adult & Pediatric Videobronchoscopy Diagnostic & Therapeutic including Foreign body removal
- 2. Medical Thoracoscopy For Undiagnosed Pleural Effusion including Pleural Biopsies, Pleurodesis
- 3. Endobronchial Ultrasound (EBUS) guided FNAC/Biopsy

Linear EBUS - For Mediastinal Lymphadenopathy

Radial EBUS - For Peripheral Lung Nodules

4. Sleep Lab - Polysomnography/Split night Sleep Studies/Cpap Titration studies

5. Pulmonary Function Studies including DLCO/Lung Volume estimation.

In addition Ct guided Procedures, IPD/OPD management & Thoracic Surgery with Multispeciality backup is available to all the patients with Respiratory Diseases.

BRONCHOSCOPIC EVALUATION STRATEGIES OF MEDIASTINAL LYMPH NODES & PERIPHERAL LUNG NODULE

Mediatinal Lymphadenopathy

Techniques to evaluate mediastinallymphnodes 1. BRONCHOSCOPY TBNA 2. EBUS-FNAC/EUS-FNAC 3. MEDIASTINOSCOPY

Mediastinoscopy is an invasive surgical procedure for visualization and sampling of mediastinalnodes. Mediastinoscopy was considered the gold standard for over 30 years but practiced to a limited extent. Also, Cervicalmediastinoscopy allows access to nodal stations 2, 3, 4 and 7 only. It requires general anaesthesia and has a morbidity of 1% and a mortality of 0.2% & is also expensive.

This led to the development of dedicated **endobronchial ultrasound system (EBUS)** with balloon catheter. EBUS is becoming an essential bronchoscopic tool.

Types of EBUS

EBUS combines an endoscopic image with an ultrasound probe giving sonographic images through the airway wall. There are **two** forms of EBUS, **radial and linear (convex)** having a transducer and a processor. Radial probe EBUS was first developed and then subsequently linear probe EBUS. Transducer produces and receives the sound waves. Processor integrates the reflected sound waves. **Radial** probe is used to evaluate **Peripheral lung nodules** whereas **Linear** probe is used for **mediastinal lymph node** evaluation primarily.

MEDIASTINAL LYMPH NODES





Dr Rajesh gupta Senior Consultant DM MD FCCP



(RADIAL) EBUS FOR PERIPHERAL LUNG NODULE





Advantages of EBUS guided TBNA

Advantages over conventional TBNA	Advantages over mediastinoscopy	
Direct visualisation of node	Minimally invasive	
Superior sensitivity	Day care, no general anesthesia	
Real-time sampling: less risk of major vessel puncture. Access to hilar nodes	Real time imaging, Access to hilar nodes	
More robust EBUS-TBNA needle: larger needle, tissue size	Cost saving: not in theatre, outpatient	
Cost saving: not in theatre, outpatient Equipment, staff, repair costs: conventional	Shorter procedure than mediastinoscopy	
Image capture	Can be performed by trained	
Better access to remote nodal stations	respiratory physicians	

EBUS: Endoscopic bronchial ultrasound; TBNA: Transbronchial needle aspiration

Relative diagnostic utility of mediastinal staging investigations based on data from systematic reviews and meta-analyses.

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Technique	Sensitivity	Negative-predictive value	Prevalence (range)
Cervical mediastinoscopy	78-81	91	39 (15-71)
Conventional TBNA	76-78	71-72	75 (30-100)
EBUS- TBNA	88-93	76	68 (17-98)

All figures in percentage

INDICATIONS FOR EBUS

- 1. Staging of lung cancer
- 2. Mediastinal lymphadenopathy
- 3. Therapeutic uses
- 4. Assessment of airway wall infiltration and peripheral nodules(RADIAL EBUS)
- 5. Future applications: pulmonary vascular disease, airway remodeling.

Contraindications

EBUS-TBNA is well tolerated, but sampling from the mediastinal nodes should not be performed with patients on warfarin (international normalized ratio (INR) should be <1.4 ideally) or clopidogrel (both should be stopped for a week before the procedure), or known coagulation or platelet function disorders because of bleeding risk in the mediastinum.

EBUS-TBNA should be postponed for at least six weeks after myocardial infarction and is contraindicated in the presence of ongoing myocardial ischemia, arrhythmias or severe hypoxemia at rest.

Anesthesia and Technique

EBUS is usually performed under procedural sedation and local anesthesia. However, it is sometimes preferable that the procedure takes place under conscious sedation or general anesthesia, both of which allow better tolerance and control, with less cough and movement during image collection and puncture, procedure which typically takes between 15 and 30 minutes.

Complications of EBUS

6. EBUS and EBUS-TBNA are usually safe procedures. A study by Asano et al, reported that complication rate was 1.23%, with hemorrhage being the most frequent complication. Infectious complications developed in 0.19% of cases. Pneumothorax developed in two cases.Mediastinal abscess has been reported as a case report.

Peripheral Pulmonary Nodule

The diagnosis of peripheral pulmonary nodules remains a significant challenge for the clinician. With the detection of peripheral nodules rising, and lung cancer screening for high-risk patients possibly forthcoming, there is a need for improved techniques to sample pulmonary nodules. Computed tomography (CT)-guided transthoracic needle aspiration is an available, accepted technique for percutaneous biopsy of peripheral nodules, but it carries a significant risk of pneumothorax. Conventional bronchoscopy has a diagnostic yield of less than 20% for peripheral nodules less than 2 cm in diameter . Recently, advanced bronchoscopic techniques, including electromagnetic navigation, virtual bronchoscopy, and **radial** probe endobronchial ultrasound (EBUS), have improved diagnostic yields for peripheral bronchoscopy.

Radial EBUS miniprobe is 1.4 mm in diameter and provides a circumferential radial ultrasound image when passed through the working channel of a flexible bronchoscope into the lung periphery. The characteristic "snowstorm" appearance represents tissue displacing normal lung when the probe is either within or adjacent to the peripheral lesion and can be used to guide sampling. The guided sheath technique using a guide sheath as an extension of the flexible bronchoscope, acts as a conduit for biopsy instruments into the vicinity of a pulmonary nodule.



Quiz

A 55 year old lady presents with progressively increasing vomiting and weight loss. Abdominal radiograph and CT revealed the following. What is the diagnosis?

Answer of last quiz: Pretibial myxedema.

Kindly send you answers at: newsletter@holyfamilyhospitaldelhi.org





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HOLY FAMILY HOSPITAL

Ophthalmic department started with a humble beginnings in early 50s and has come a long way to be perhaps the best equipped with the state of the art technologies be it in Lasers, Imaging equipment, Operating Microscope, Fundus Camera,OCT, Phakoemulsification machines.The department believes in holistic management and performs all kinds of surgeries including Cataract with IOL, Retinal detachment, Glaucoma Surgery, Squint correction, Corneal transplant, Retinal complications of Diabetes and Myopia etc.

FACULTY

Dr Praveen C Bhatia, Dr Deepankar Bose & Dr Gautam Kumar.

Nonarteritic Anterior Ischemic Optic Neuropathy

Introduction:

There is acute painless monocular / binocular vision loss caused by impaired perfusion of optic nerve. Naturally it occurs in patients with hypertension, diabetes, dyslipidemia, smoking etc. Sometimes it can occur following excessive use of antihypertensive drugs to lower the blood pressure / or after sudden excessive GI, operative or uterine bleed The present case falls in the last category.



Dr. P.C. Bhatia Sr. Consultant, Ophthalmology

Case Report

A 28 year old female patient presented with sudden loss of vision in left eye and blurring in Right Eye for a duration of 5 days. She had taken abortion pills 3 days prior to loss of vision and had severe bleeding following abortion.

USG shows no residual fetal products. Eye examination showed right eye normal anterior segment with vision 6/12.

Left eye sluggish pupil reaction with vision of finger counting at 2 feet. Fundus shows bilateral disc-oedema with retinal haemorrhages. Diagnosed as anterior ischemic optic neuropathy both eyes.

Investigations

Hb 7.7. BP 110/60mm Hg. MRI Orbits showed swelling along optic nerve sheath

Treatment

Patient was started on oral steroids (WYSOLONE 80 mg daily for 3 days and 60 mg daily for 4 DAYS). On 7th day Vision in Right Eye 6/9, Left Eye 6/36 with restricted field and reduced Disc Oedema.Oral WYSOLONE reduced to 40 mg daily.On 15TH day Vision in Right Eye 6/6, Left Eye 6/36. Steroids tapered over the next 4 Weeks.





Examination at one month showed less disc oedema. Left Eye Disc had become Pale and Visual Fields show edright eye scotomatous areas with marked field loss in left eye. Vision in Right Eye 6/6, Left Eye 6/12. At 6 Weeks Vision in Right Eye 6/6, Left Eye 6/12 with better Field of Vision. Steroids stopped at 8 Weeks.

Discussion:

The patient developed sudden gross diminution of vision in both eyes, left more than right. She had taken abortion pills resulting in excessive uterine bleeding leading to poor perfusion of optic nerve head, more so in left than right eye. There is always papilloedema which results in pallor of disc / atrophy in a period of 4-8 weeks. There is no known treatment for NAION, role of oral steroids is also questionable. The visual recovery upto 2-3 Snellen's lines occurs in many cases but fields loss doesn't improve. In case of diabetes, hypertension and arteriosclerosis control of the primary systemic disease is essential in prevention of further episodes.

Holy Family Hospital has been granted renewal of accreditation under hospital accreditation programmeby NABH for a period of January 23, 2017 till January 22, 2020



DEPARTMENT OF OTORHINOLARYNGOLOGY

The ENT department comprises of a dynamic mixture of youth and experience and is one of the better equipped in NCR region. The department is working as a cohesive group with aim of providing holistic and complete diagnostic and curative treatment under one roof. All consultants have a predilection for adopting newer techniques like Coblation surgery for Tonsils, Adenoids and Sleep apnea, Micro-ear Surgery, Endoscopic sinus surgery, Microlaryngeal and Voice surgery and Head and neck malignancies. In collaboration with Neurosurgery department performs Skull base surgeries like CSF Rhinorrhea repair, Pituiatry and base skull tumors.

The department also includes completely equipped Audiology and Speech pathology division. It was one of the earliest department in NCR to offer Universal hearing screening in collaboration with Paediatric department. ENT department of Holy Family Hospital is part of the ADIP scheme of the Government for the Cochlear Implant Surgery.

FACULTY:

Dr Gurdeep Singh, Dr Sanjay Sood, Dr Yogesh Jain & Dr ArunWadhawan.

Use of coblation in otolaryngology, head and neck surgery

Coblation ('controlled ablation') is a bipolar radio- frequency electrosurgery technique of tissue removal. Its mechanism of action involves electric molecular dissociation of a conductive fluid (e.g. normal saline). When electrical current is applied to this fluid, it turns into a charged layer of particles, called a plasma layer. Charged particles accelerate through the plasma and gain sufficient energy to break the molecular bonds within the cells. This causes the cells to disintegrate molecule by molecule, so that the tissue is volumetrically removed. A continuous mode of operation is used to allow for coagulation of smaller blood vessels (unlike a laser), and when used in bipolar mode, it can be used to produce haemostasis in larger vessels as well as shrinkage of collagen. Coblation uses a relatively low-temperature plasma (classically around 60–70°C), unlike other types of



Dr.Yogesh Jain Sr. Consultant ENT

electrosurgeries where temperatures above 300°C are reached. Because of the low temperature, the risk of thermal damage to surrounding tissues is significantly reduced.

Tonsil and Adenoid surgery

Dissection tonsillectomy -Tonsillectomy is the most common ENT surgical procedure performed worldwide. Coblation is established as an effective technique for tonsillectomy. Although bipolar/monopolar cautery has been predominantly used for tonsillectomy over the last 15years, the use of coblation has significantly increased in recent years.

	Dissection	Coblation	Cautery	Laser	Debrider
Pre operative Bleeding	+++	+	++	+	+++++
Post operative Pain	+++	++	++++	+++	++++
Secondary Haemorrhage	+++	?+	++	+	+++
Subtotal Tonsillectomy	No	Ideal	May	Yes	Yes
Sloughing or Necrotic tissue	+++	++	+++	+++	++++
Normal diey	5-7days	3day	5-7days	3day	7days
Cost	\leftrightarrow	$\uparrow\uparrow$	\leftrightarrow	$\uparrow\uparrow$	\uparrow

Comparison of different techniques of Tonsillectomy



There are now many published studies which have demonstrated that a learning curve exists and that experienced coblation surgeons have haemorrhage rates much lower than those reported earlier.

Subtotal tonsil reduction ('tonsillotomy') - Partial tonsil surgery has made a resurgence largely through the use of a microdebrider (PITA technique – powered intracapsular tonsillectomy and adenoidectomy) although coblation has now established itself as an more effective bloodless alternative in cases of obstructive sleep-disordered breathing in children.

Adenoids - Adenoidectomy has traditionally been performed using a blind curettage technique. Although this is usually quick and safe, there are documented complications with this technique. Eustachian tube damage and trauma to the nasal septum have been documented and it is often difficult to remove all the adenoid tissue adjacent to the Eustachian tube and in the posterior choana. Significant bleeding can also occur. Coblation adenoidectomy is now widely performed with the aid of rigid endoscopes, which makes the procedure more precise with effective haemostasis. It also makes it possible to achieve partial adenoidectomy in cases where submucosal cleft palate exists, thus avoiding the risk of palatal incompetence, something that is not possible with the classical curettage technique.

In our experience of Coblation Tonsillectomy in Holy Family Hospital, we have found the post-operative pain to be similar as compared to a traditional cold steel/scalpel tonsillectomy but markedly better than a cautery assisted tonsillectomy.

We have been regularly performing Intracapsular/subtotal Tonsillectomies for Obstructive Sleep Apnoea.. Another advantage of this technique is that it can be safely performed in children between the age of 3 and 4 years when a full tonsillectomy can have potentially devastating complications..Coblation adenoidectomy is being performed for several years now with no/negligible recurrence and bleeding allowing it to be transitioned into a daycare procedure.

Obstructive sleep apnoea

In the vast majority of cases, obstructive sleep apnoea is a multilevel problem with the velopharynx and the hypopharynx being the most widely documented sites of obstruction. A wide variety of techniques have been developed to surgically correct pharyngeal obstruction but all of them are associated with significant morbidity.

Tongue base surgery- Radiofrequency tongue base reduction, either alone or combined with an uvulopalatopharyngoplasty variant, is as effective as continuous positive airway pressure in cases of mild to moderate obstructive sleep apnoea with the additional advantage of having no compliance issues. Coblationchannelling of the tongue is an effective technique, which avoids the risk of damage to the hypoglossal nerve or the lingual artery.

Nose- Turbinate surgery is a useful surgical technique to relieve symptoms of nasal obstruction when medical therapy has failed. Turbinate surgery can be performed using submucosal ablation techniques, by external reduction or by the re- sculpting of turbinate tissue, with removal of some or all of the inferior turbinate bone (turbinatoplasty). Coblation can achieve submucosal ablation using bayonet-type wands and can also be used to perform the more aggressive turbinatoplasty using traditional larger wands.

Palate - Coblation is being widely used for the volumetric reduction of soft palate in cases of sleep-disordered breathing. The most commonly performed procedure is uvulopalat-opharyngoplasty, with several modifications of the standard uvulopalatopharyngoplasty now having been described. Radiofrequency-assisted uvulopalatopharyngoplasty is less painful and associated with lower morbidity than other techniques .

Vascular Lesions/Tumors

Coblation has also been found to be extremely useful in patients with hereditary haemorrhagic telangiectasia. It provides excellent ablation of the lesions as well as haemostasis simultaneously with a single instrument. It is especially useful for dealing with the larger arteriovenous malformation-type lesions seen in some patients of hereditary haemorrhagic telangiectasia.

The resection of nasal and anterior skull base tumours (e.g. angiofibroma) is often associated with significant bleeding. Coblation has provided us with an extremely convenient tool which has irrigation, suction, ablation and coagulation in the same wand which is a boon for totally endoscopic removal of tumours such as Nasopharyngeal Angiofibroma.

We have recently successfully removed a 6.5 cm Angiofibroma in a 12 year old boy by the totally endoscopic approach with the help of Coblation with much less bloodloss.

Larynx and Trachea- Lasers, which are of proven use in laryngeal surgery, become difficult and dangerous instruments to use below level of vocal cords. The risk of airway fires and carbon dioxide retention rises significantly. Coblation is being increasingly used to treat a multitude of laryngeal disorders such as anterior and posterior glottic webs, arytenoid granulomata, posterior cordotomy and internal laryngoceles. Excellent haemostasis, minimal damage to underlying tissue and the minimal risk of airway fires make it a very useful instrument for air- way lesions. Coblation is useful in cases of laryngeal papillomatosis and granulomata where it provides good access, a bloodless field and longer treatment intervals. Coblation wands are particularly useful in reaching the difficult to access areas of the larynx.

Since the laser fires in a straight line, lesions outside the direct line of sight become impossible to access. Coblation on the other hand is an ideal option in these situations. **Malignancy** -Coblation, with its advantages of providing a bloodless surgical field, is becoming an attractive tool for resection of oropharyngeal malignancy. Initial published series have shown that coblation-assisted surgery is faster and cheaper with the ability to achieve better haemostasis and the option for working around corners. The disadvantage is that since a coblation wand ablates a margin around the resection, more tissue has to be excised to ensure oncological clearance.

Conclusions

Radiofrequency coblation is a new technology which has proven benefits in many areas of otolaryngology. Surgeons are now expanding the indications for coblation use to include the resection of nasal and head and neck malignancies. There are certain limitations, which need to be recognized. The technique has a demonstrated learning curve and current wands are not ideal for all locations.

Birding Basics - Why, How and Where

Birdwatching, or Birding, is a very popular hobby worldwide. Birding basically involves watching birds for recreation. It is easy to bird, and it can be done anywhere. People of all ages and varying levels of physical fitness can pursue it. It is an outdoor activity, and good exercise. It makes one alert to sights and sounds of nature. Most people feel being with nature has a calming and soothing influence on them. Recent scientific studies have also documented that being amongst nature reduces stress levels. It is a citizen science, where ordinary citizens can contribute data (observations) for scientific studies.



Asian Pied Starling

India is a fantastic place to bird. Because of our varying habitats we have over 1200 species of birds in our country. This is more than 10 percent of the world's birds. The Western Ghats and Eastern



Dr.Yogesh D. Parashar, Sr. Consultant, Paediatrics

Himalayas are globally recognised biodiversity hotspots, where new species are still being discovered. Delhi has a bird list of over 350 bird species, and ranks second amongst world capitals after Nairobi. During winters we see migrants arrive from the Himalayas and the Trans-Himalayan region. Geese, ducks and waders fill our wetlands, and areas like Sultanpur and Bharatpur are at their peak. Spring and autumn are important for us, as many birds pass through Delhi at that time, while on migration. Even on our hospital campus

we can see rosy starlings, ashy drongos, verditer flycatchers and sulphur bellied warblers. During summer our local birds breed and we can see the peacocks dance, and hear the barbets, hornbills and koels calling incessantly. It is the time when the beautiful golden orioles visit us to nest on campus.

To bird you need good binoculars. The birds can then be seen close and their finer details observed. It is an amazing experience for a first timer, to see how pretty some birds can be. Many binocular models from Nikon, Vanguard and Olympus can be purchased for five to thirty thousand rupees. Those that are labelled 8x30 to 10x42 are good for birding. To recognise birds a field-guide (bird-book) is a must. The most popular amongst birders in India is 'Birds of the Indian Subcontinent' by Grimmett and Inskipp (Oxford). Lot of material is available free on the net. Some birders invest in cameras to photograph birds.

When seeing a new bird one should observe its size and overall shape. The colours, shape of bill and the head pattern should be recorded. The bird call and the area in which it is seen are clues that can help identify it. One can take notes, sketch it, or take a photo, to be later compared with the field-guide. While birding one should



Indian Golden Oriole

be considerate towards fellow birders. Birds should never be harmed or disturbed, especially during their breeding season.

A lot of birding can be done in your backyard, in a neighbourhood park or even on campus. On a usual morning in 45 minutes, it is possible to spot 20 to 30 bird species on our green campus. The Herbarium and the grove behind the car park are very fruitful. One can observe bird behaviour, and record their calls. The birds can be followed throughout the year to get a perspective of how things change. Delhi-NCR has some great birding spots. We have a National park at Sultanpur, and sanctuaries at Okhla, Asola, Yamuna Biodiversity Park, Aravali Biodiversity Park and Bhindawas. Many nearby areas are not protected areas, but still good birds can be seen at Najafgarh, Mangar and along the Yamuna. For a wonderful experience one can spend a few days at Bharatpur, or Corbett, Sattal, and other close by areas in the foothills of the Himalayas. Delhi is a very green city, and



Rosy Starling

there are birds everywhere. Of course for safety it is better to go in a group, and one learns the basics of birding from peers. Birding walks are routinely held on weekends, and can be accessed on facebook and whatsapp groups.

Photo credits: I thank the birders on the facebook group 'Birds of Delhi and Surrounding' for allowing me to use their bird photographs in this article.

 $-\Lambda$ HOLY FAMILY HOSPITAL

EMERGENCY (CASUALTY) DEPARTMENT

"Doctor, please can you save my patient? He/she is bleeding profusely/not responding at all".

And the patient gets taken care of in the best possible way. This is the kind of confidence given to people attending the Emergency Department of Holy Family Hospital, one of the largest and busiest facility in almost the entire NCR. It is a 30 bedded facility which has been segregated into various sections to provide urgent and optimized quality care round the clock.

The triage system of segregating patients according to severity gets activated by the nurses at the entrance of casualty (emergency) who then direct the patient to the appropriate section.

Apart from the general casualty beds for managing the less serious problems, the various section are



Dr. Pradeep Chadha Sr. Consultant, Surgery

- A 4 bedded dedicated section for managing patients who require monitoring or immediate intervention in the form of ventilation/defibrillation before they can be transferred to appropriate ICU.
- A dedicated section for Paediatric patients with a Paediatric resident and nurses to provide these sick children with specialized care.
- An adjacent secluded room with an attached toilet for managing Gynecological/Obstetric emergencies, simultaneously safeguarding their much needed privacy.
- A separate cordoned off area for conducting minor procedures on these patients like suturing, catheterization, dressing etc.
- An attached minor operation theatre with staffed nurse and sterilized equipment to carry out minor out patient procedures of different specialities like general surgery, Gynaecology, ENT, Plastic Surgery, skin etc.

The whole concept was conceived, designed and is ably managed by Dr PradeepChadha, who is ably assisted by 8 experienced CMOs and a Medicine and Paediatric resident being constantly present to offer the best of services along with on call residents in other specialities.

They are equally assisted by a team of 34 nurses headed by Sister Laly in making the experience of the patients least traumatic and painful.

A dedicated X-ray and Lab collection facility and registration/billing counter further assists the patients in providing a quick turn around and seamless experience.

The casualty at Holy Family Hospital has treated almost 44,000 patients in 9 months in 2016 (almost 5000 patients per month) which had gone upto almost 400/day in the surge months of July to September. During the surge months of dengue fever (July to October), the department accommodates more than 70-80 patients simultaneously with an augmented number of medical and paramedical staff to ensure prompt, caring service and a rapid turnover, ensuring a high level of satisfaction amongst distraught patients and their attendants.

The casualty is ably supported by the resuscitation team from the ICU under supervision of Dr P.N. Singh, who responded to >90% of 348 Code Blue Calls generated in casualty in 2016.

The casualty department doctors and nurses regularly update their knowledge and skills by means of lectures, workshops, dulls, etc. All the staff are ACLS/BCLS certified. The department is periodically assessed for quality parameters and found adhering to best medical practices by NABH. The department is well equipped and prepared to handle mass casualties at the time of disaster with a well defined triaging system. Protocols for managing such

HOLY FAMILY HOSPITAL

patients are in place and are regularly cross checked by mock-drills. Their ability to handle mass patients gets further confirmed during the surge months.

Moreover, the casualty runs an employee clinic in the morning week days and comes out National Immunization Programme including Polio.

The emergency department is a flagbearer of the hospital and provides a pleasant and reassuring experience in difficult circumstances, instilling confidence that their patients would be well cared and looked after; ensuring that they reach out to this hospital in their times of need.

FIRST ANNUAL CONVOCATION of holy family college of nursing



"The last day always reminds us the first day"

Holy Family College of Nursing has always been an emerging and significant pillar of Holy Family Hospital. The curriculum of the College doesn't only focus on the education but on the overall development of Nursing students in terms of spirituality, sports, health, education and discipline.

Holy Family College of Nursing celebrated its First annual Convocation for the Batch of B.Sc. (H) Nursing (2011-15), along with the convocation of Medical X-ray technology and Medical Laboratory Technology on 17th March 2017.

The chief guest of the civic function was Prof. Yogesh Tyagi, Vice Chancellor, University of Delhi and presided over by Archbishop Anil. J. T Couto, President, New Delhi Holy Family College of Nursing society. Prof. Yogesh Tyagi, Vice Chancellor distributed the degrees for 41 B.Sc. (H) Nursing (2011-15), 7 medical X-ray technology students and he also distributed the diplomas for 9 medical X-ray technology and 10 Medical Laboratory Technology students. Awardees were acclaimed by Archbishop Anil. J. T Couto. Ms.Christeena Thomas was awarded with Best in academics and also got University Gold medal for her



excellence in academics, Ms. Joyce Wilson was awarded with Best All Rounder and Mr. Ashish Negi was awarded as best in academic- Medical X-ray Technology.

Prof. Yogesh Tyagi, Vice Chancellor, University of Delhi in his address said that all professions have scope of Excellence. The passing out graduates need to look on the opportunities for higher studies, research and intellectual enrichment. Archbishop Anil. J. T Couto greeted the gathering and has also illuminated the graduates with his beautiful thoughts on nursing and its healing ministry.

Depression: Let's Talk, Let more people with Depression, Seek and Get Help

World Health Day (2017) Celebration in Holy Family Hospital

The World Health Day is a Global health awareness day celebrated every year on 7th April. The Theme for the Year 2017 is **"Depression: Let's Talk".** Holy Family College of Nursing and the Psychiatry Department of Holy Family Hospital celebrated the World Health Day on 6th and 7th April 2017. Depression: Let's Talk

On 6th April 2017 a Panel Discussion and a Public Lecture was organized which was attended by approximately 300 people.

Dr. Kaushik Sinha Deb, Associate Professor, AIIMS was the Chief Guest. The programme started with the warm welcome address by Dr. Sumbul Warsi, Medical Superintendent, Holy Family Hospital. The panel session was moderated by Dr.Raminder Kalra, Principal, Holy Family College of Nursing. Dr. Kaushik Sinha Deb, Dr.SumityArora, Dr.NishaSachdeva, Clinical Psychologist, and Dr. S.K. Khandelwal, Consultant, Holy Family Hospital participated in discussion about why depression is a concern of all.. The panel discussion ended with a very interactive session of questions and answers in which doubts of the participants were cleared.



On 7th April 2017, Holy Family College of Nursing organized exhibition, street play and public awareness program. Approximately 150 students in the age group of 18-25yrs including 60 students from Don Bosco Technical Institute attended the programme. The aim was to spread awareness regarding depression in this vulnerable group. Dr.Amitabh, had very interactive. а informative and interesting session with the students, Prof. Khandelwal, shared his ideas and views about depression as a matter of concern for all. His talk focused on the problems and stress of students. After the program, there was an interactive session with students in which they expressed their difficulties, dealing with emotions, and stressors of day to day life. At the end student participated in games related to theme. The games were organized by Jesus

Mary College students under the guidance of Dr.Mridula Seth, Secretary Delhi Branch and Member National Board, The Richmond Fellowship Society (India).

Overall the goal of this Campaign was that more and more people with Depression, Seek and Get Help.

HOLY FAMILY HOSPITAL

INSPIRATIONAL STORY

One day a farmer's donkey fell down into a well. The animal cried piteously for hours as the farmer tried to figure out what to do. Finally, he decided

the animal was well needed to up anyway;it worth it to donkey. He invited all his over and help all grabbed a b e g a n dirt into At first. old, and the be covered just wasn't retrieve the

h i m . T h e y shovel and to shovel the well. the donkey

realized what was happening and cried horribly.Then, to everyone's amazement he quieted down. A few shovel loads later, the farmer finally looked down the well. He was astonished at what he saw.

With each shovel of dirt that hit his back, the donkey doing something amazing.He would shake it off and take a step up.



As the farmer's neighbors continued to shovel dirt on top of the animal, he would shake it off and take a step up.Pretty soon, everyone was amazed as the donkeystepped up over the edge of the well and happily trotted off!

MORAL:

Life is going to shovel dirt on you, all kinds of dirt.

The trick to getting out of the well is to shake it off an take a step up.Each of our troubles is a stepping stone.

We can get out of the deepest wells just by not stopping, never giving up! Shake it off and take a step up.

NEWS UPDATE

Maharashtra government taking a serious stand against the going practice of commission and kickbacks within the medical sector, the eightmember committee which has drafted a bill to look into the alleged 'cut practice' among hospitals and doctors, will soon put out the draft of the law for public suggestions.

All lab reports to be signed/countersigned by persons registered with MCI/State Medical Council as per the MCI

Local court Chief Judicial Magistrate in the Datia District in Madhya Pradesh taking strong cognizance has sentenced two accused who were booked for assaulting the Doctors and staff of district hospital with 1 year of imprisonment and a fine of rupees one thousand.At last a justice for the medical profession on the issue of violence against doctors

Over the last one month paediatric neurologists in Maharashtra have treated at least five to six confirmed cases of H1N1 in children, who have presented with neurological complications primarily, instead of the usual fever, cough and throat infection.

Five Simple Rules to Be **HAPPY**



- 1. Free your heart from hatred Forgive.
- 2. Free your mind from worries Most never happens.
- 3. Live simply and appreciate what you have.
- 4. Give more.
- 5. Expect less from people



RNI Ref. No. : 1288777

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

Editorial

Dr. Sanjay Sood, Sr. Consultant

Friends, it is more than one year since the first issue of the newsletter was published, we are looking forward for the suggestions to improve for the newsletter. Editorial board looks forward for the contribution in the form of clinical write-ups, interesting clinical cases, short stories, poetry or any other material for the future issues. Patron: Fr. George P.A. Medical Superintendent and advisor to Editorial Board: Dr. Sumbul Warsi

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HOLY FAMILY HOSPITAL

Okhla Road, New Delhi-110025

Tel: 011-26845900-09 : Fax: 011-26913225

Email: administration@holyfamilyhospitaldelhi.org Website: www.hfhdelhi.org

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Ph.: 011-26910729 E-mail: boscopress@gmail.com

Editor : Dr. Sanjay Sood