

How Indiana is handling Covid-19 pandemic



We have drawn up clear cut guidelines to be followed by Covid-19 suspected patients and those not suspected of having Covid-19. These have to be strictly adhered to by all across the hospital. We usually encourage our out-patients to take a prior appointment before arriving at the hospital. As soon as they enter the hospital, they are screened for temperature and asked to fill up a brief questionnaire regarding their travel history, contact with Covid-19 patients, history of cough or other respiratory illnesses. If found negative, they are allowed to enter the out-patient or the in-patient departments along with an attendant.

If they are found to be afflicted with fever or some respiratory ailments, they are redirected to the fever clinic or the respiratory isolation room where the staff wearing full PPE outfits examine them. Then a doctor, also wearing a fully personal protective equipment, examines the patient. Depending on the likely diagnosis, we further investigate the patient to decide whether he has Covid-19 or not.

Testing facility

Right now, we have the facility to test

Indiana Hospital has laid out a clear-cut strategy to deal with patients in these testing times. Dr. Yusuf A. Kumble, managing director, Indiana Hospital, explains the modus operandi

patients for Covid-19 and send the samples across to the nearest lab where it is processed within 24 hours. If the patient is suspected to have influenza-like illnesses or some severe acute respiratory illness, he/she is immediately shifted to an isolation ICU through a dedicated pathway, dedicated lift. We have a separate isolation ICU manned by trained staff wearing PPE. The patient is treated here till his/her Covid-19 test result is out. If the patient tests +ve for Covid-19, he/she is referred to the government Wenlock Hospital as per government orders. If the result is found to be negative, the patient is taken out of isolation and treated in the medical ICU. If the patient does not have fever or influenza, and has come to visit some other OPD clinic, she/he is allowed to

proceed to the facility where a doctor wearing an N95 mask, face shield and gloves examines him/her, conducting only the essential minimal physical examination, and then prescribes the appropriate medicines.

Payment procedure

Patients are generally encouraged to pay via electronic transfer and also told to have minimal physical contact with others. All the waiting areas are designed to allow only the minimal physical contact and adequate social distancing. Pharmacy and Lab staff have also been trained on the basic etiquettes to be followed in order to avoid any kind of physical contact unless absolutely essential. The waiting queues at the Pharmacy as well as the Laboratory have been minimised, and we have tried to make the process as seamless as possible. We also have an Isolation or Quarantine facility on the 6th floor inside the hospital where suspected patients who do not need ICU care can be admitted. The area has been designated as an isolation ward till the Covid-19 test results are out. Here too the doctors and nursing staff attending on the patients will be wearing the full PPE.

KEEP SUMMER ILLNESSES AT BAY

As summer approaches and temperature keeps rising, it is time to pay special attention to your health. The months of summer usher in many diseases. Being aware of this fact, the Indiana Hospital is well prepared to deal with this and have specialist doctors adept at combating illnesses that come along with the blazing heat.



Summer is already upon us, and consequently, there is an increase in the number of food-borne and water-borne infections; viral infections like cold and sore throat, typhoid, chicken pox, heat allergies, as also a spike in the number of eye-related diseases, skin ailments, sunburn, fungal infections, etc.

Dr. Adithya Bharadwaj, Consultant Physician, says that food poisoning, heat stroke, skin rashes, jaundice, typhoid are common in Summer. Dr. Adithya avers, "The leading food poisoning causes is consumption of contaminated food or water. It spreads by bacteria, viruses, toxins, and chemicals which, post entering the human body, cause the onset of stomach pain, nausea, diarrhoea or vomiting. Raw meat, food sold in the open by roadside vendors, and contaminated water are common carriers of disease causing microbes."

Elaborating about heat stroke, Dr. Adithya explains, "If on a hot summer day, you experience headache, drying of skin, cramps, weakness, vomiting, increased heart rate, or shallow breathing, it's quite possible you're suffering from a heat stroke. The very first sign of heat stroke is dizziness which is usually followed by a bunch of other symptoms such as nausea, seizures, etc. But when it turns severe, it usually leads to a condition of coma. The specialist physician has cautioned people

to watch out for jaundice and typhoid. He says, "Jaundice is a common water-borne disease. It can be a result of Hepatitis A and is mainly caused due to the consumption of contaminated food and water. The visible symptoms include, yellow discoloration of the skin, mucous membranes and the whites of the eyes, light-colored stools, dark-colored urine and itchy skin." He adds, "Another of the common diseases in summer is typhoid. Through the oral-faecal route it is passed on to the healthy individuals. Visible symptoms of typhoid are: weakness, loss of appetite, fatigue, pain in the abdomen and high fever. As a preventive measure vaccination is done to protect typhoid."

COMMON SKIN DISEASES IN SUMMER

With the summer heat comes a host of common skin issues. Skin problems peculiar to the summer heat are acne breakouts, sun burn and suntan, Miliaria or heat rash or prickly heat and fungal infections. According to Dr. Shubha Dhanprakash, Consultant Dermatologist at Indiana Hospital, "During summer, body perspires more to keep the body temperature rise which in turn triggers the sebaceous glands to produce more oil (sebum) to keep skin moist. The oil blocks the skin

pores and results in acne. Topical application is what will be sufficient to heal the acne, but at times you may need to take oral medications. Using salicylic acid-based wash helps to reduce oiliness. Wash sweaty clothes, headbands, towels, and caps before wearing them again. Use non-comedogenic products on your face, neck, back, and chest.

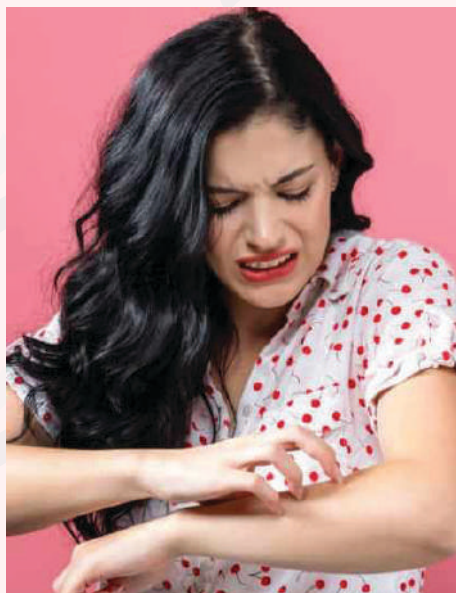
On sun burn and suntan, the skin specialist noted, "Constant exposure to sunrays can lead to skin tan as a defence mechanism to strong light. However, a severe form of this is sun burn which involves itching, redness and peeling. Basic precaution would be application of sunscreen with SPF 30 or more. A sunscreen when applied, no matter how high the SPF is, will protect the skin from the detrimental effects of the UV rays. Oral antioxidants and vitamin C can be of much help to prevent sun tan. Additional protection is done by avoiding sun exposure between 10am and 4pm, wearing light-coloured clothes which deflect the sun's rays, wearing broad-rimmed hats and sun glasses."

Dr. Shubha Dhanprakash says that heat rashes, also known as prickly heat and medically known as miliaria, is caused by clogged sweat ducts in hot and humid weather, which means sweat can't leave the skin and evaporate and instead stays trapped in. The Fungal infection is another possibility during Summer. Dr. Shubha opines that the fungus grows in the top layer of the skin especially in a dark, moist, and warm environment like on the feet or the groin. She prescribes that one must get out of any sweaty clothes as soon as he/she can; wear clothings that "breathes well," such as cotton; apply absorbent powder in those sweat-prone areas as a preventive measure.

She sums up, "If the infection has developed, see a Dermatologist. Treating yourself with those over-the-counter creams may cause more harm and increase the resistance of these organisms." For eye care tips, please read a separate write-up on page 8.

Summer Diseases and Prevention

- Try to avoid activities outside the home during peak sun hours.
- Avoid exposure to direct sunlight and crowded areas.
- Increase water or liquid intake so as to prevent dehydration.
- Use sunscreen with a higher SPF to prevent skin damage.
- Avoid roadside food or contaminated water.
- Increase the consumption of fruits and vegetables.
- Prefer light-coloured, loose clothing as dark colors absorb heat.
- Keep your premises healthy and clean.



How to prevent prickly heat

- Wear light-weight, loose-fitting cotton clothes.
- Try to keep your skin cool by cool showers.
- Avoid heavy creams or ointments that might block sweat ducts.
- Wear loose clothing while sleeping and ensure your bedroom is well-ventilated.
- If you do get prickly heat, make sure to change out of sweaty or wet clothes, which can aggravate the rash. Cool compresses and calamine lotion work best.

STAYING SAFE IN TIMES OF COVID-19

Dr. Adithya Bharadwaj spells out the standard protocols to be followed by doctors, hospital staff and patients in clinics and hospitals in the wake of the life-threatening pandemic.

The world today is grappling with Covid-19, an unprecedented corona virus disease that is raging across continents, sowing structural havoc and affecting millions wherever it has struck, crippling health care systems and destroying economies. Basically, Covid-19 is a respiratory illness caused by a novel corona virus, presently called SARS-CoV-2.

The first case in India was reported from Thrissur in Kerala on 30th January 2020. The patient was studying in Wuhan University in China and had recently returned to India. The number has now shot up to nearly 3 lakhs and is rising by the hour. Although a large number of clinical trials are under way, a curative treatment strategy and a definitive preventive vaccine remain elusive to date. As of now, personal hygiene, respiratory etiquette and social distancing have remained the most widely accepted strategies for controlling and mitigating this highly contagious virus.

The major control measures adopted have been the imposition of a total lockdown on human activities, to try and prevent people socialising and interacting by introducing social distancing norms such as working from homes, closure of educational institutions, cinema halls, malls, etc. This strategy has the potential to delay the disease spreading and reducing the number of those affected by the epidemic, thereby providing the health care systems time to respond and innovate, helping to eventually to control the disease from spreading further.

Need to rethink strategies

Now that we are in the phase of unlocking or easing the lockdown measures, we need to rethink our strategies and focus on how health care professionals can operate unhindered. They are the frontline soldiers fighting this pandemic and have their limitations as they have been encountering a plethora of problems, and run the high risk of exposure and contagion. We have seen a large percentage of health care workers being afflicted, and there have even been a number of deaths from among them worldwide.

There is also enough evidence to suggest that asymptomatic people can also transmit SARS-CoV-2 to close contacts, especially health care workers. Hence, it is

prudent to consider every person visiting a health care facility as a potential carrier of this virus. This mandates health care providers taking appropriate precautions to protect themselves, their staff, as well as those unsuspecting patients visiting their clinics or hospitals. It is hence advisable that every health care practitioner acquires a detailed knowledge of all procedures to be followed in a clinic or hospital for safety and protection against this highly contagious virus.

Measures to be taken in out-patient clinics

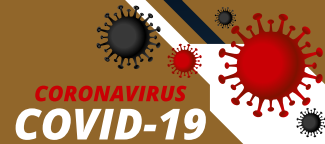
1. For most minor ailments, prefer teleconsultation to direct contact. In fact, encourage this practice among all patients, especially those at high risk like the elderly, those afflicted with chronic lung diseases, hypertension, diabetes, kidney disease, cardiovascular diseases, etc. Patients should be discouraged from undertaking routine visits for simple follow-up. Cut down all online automated appointments. Appointments should be encouraged only through telephonic contact, and every patient should come to the OPD only with prior appointment. While giving an appointment, the medical officer or qualified trained staff concerned, should enquire about a patient's history of travel (in the recent past), of contact with any Covid-19 suspect patient, the presence of any kind of influenza-like illnesses or fever, cough, cold, throat pain, abdominal pain, diarrhea, breathlessness, or loss of smell

and taste. If any of these is confirmed, then that patient should immediately be redirected to the nearest government-approved Covid-19 centre for diagnosis and testing. The name, contact number and address of these patients should be noted and the respective health authorities informed as per the guidelines. Patients should be encouraged to send soft copies of their medical reports and all related documents through email or WhatsApp to prevent health care professionals having to touch them.

2. At the entrance of every entry point, adequately trained staff should be deployed. They should check the temperature of all individuals passing through, keeping the statutory 2-3 feet distance, and ensure that everyone entering the premises wears a facemask. There should be an administered standard screening questionnaire to the record symptoms and travel history of the patient who should be accompanied by just one attendant. Both the patients and those attending to them must wear masks throughout their stay at the health care centre. An alcohol-based sanitizer must be placed at the point of entry for those who enter the clinic to sanitize their hands. To prevent contamination of door handles, if possible a staff should be deputed at the entrance to open the doors for those entering and exiting. Also, such high-touch areas should be sanitized and disinfected frequently. At the Reception area all windows and doors must be kept open; also, ensure maximum cross ventilation. It is important to strictly monitor the entrance and other areas to ensure hand hygiene, respiratory hygiene and cough etiquette of both patients and health care workers. In clinics and hospitals, social distancing must be maintained at all times. Two people must stay at a distance of a minimum 2-3 feet. Patients should be allowed to sit only on cleanable hard surfaces with places distinctly demarcated in the Reception area as well as in the Parking area. If the waiting area is small, allow only 1 or 2 patients at a time. Other patients must be instructed to wait in their cars or in the Parking area outside the clinic. Once a patient leaves the hospital/clinic, the place should be immediately disinfected with 1% sodium hypochlorite. All the staff members should ideally wear three-layered surgical masks, or N95 masks. They should wear gloves and aprons, and should minimize physical contact with the patients. When a patient is finally allowed entry



EAT WELL TO BOOST IMMUNITY



Eating food rich in nutrients is more than enough to boost your immunity against colds and flu instead of just popping too many vitamins, says a new study.

"Almost all vitamins and minerals play some role in ensuring an optimal immune response...but high doses do not help and may do harm," says Catherine Field, dietician and professor of nutrition at the University of Alberta. Here are the vitamins and minerals to fight viruses and in which food they are found most based on evidence provided by Field.

Vitamin C: Optimal vitamin C status has been identified as important for the immune cells involved in defence against viruses. The main function of vitamin C is to help heal cuts and wounds; keep gums, teeth, and bones healthy; keep blood vessel walls strong and help absorb iron from the foods we eat. Despite being studied for over 40 years, there is insufficient evidence to advise taking more vitamin C to prevent colds or the flu. The Recommended Daily Allowance (RDA) is 75 mg for women and 90 mg for men (an additional 35 mg should be added for smokers). This is easily obtained by having one to two servings of vitamin C rich citrus fruits (such as



The key to good health is eating a well-planned balanced diet that focuses on variety

oranges), or vegetables like sweet peppers and broccoli. A higher dose of vitamin C is not without side effects such as causing digestive problems.

Zinc: Zinc is important for the cells involved in defence against viruses. Zinc is also involved in many bodily functions. It supports normal growth and development during pregnancy, childhood and adolescence. It is also required for a proper sense of smell and taste so that low zinc status can influence your appetite and enjoyment of food. The current RDA for zinc is eight mg for women and 11 mg for men. The best sources of zinc are seafood, meat, seeds, cooked dried beans, peas and lentils.

A serving of lentils (3/4 cup) provides almost two mg of zinc. Plant sources are less reliable as the level of zinc in plants depends on the content in the soil. As a result, vegetarians who mainly depend on plant sources of nutrients are advised to consult a dietician to ensure their needs are being met.



Selenium: Although selenium is important for a healthy immune system, there is little evidence that consuming selenium supplements will reduce the risk of viral infections. Recommended amounts are small, only 55 micrograms daily for adults, readily obtained from nuts, seafood, organ meat, pork and whole grains. Half a cup of cooked brown rice provides eight to 10 micrograms of selenium and a serving of mixed nuts (or 1/4th cup) has about 150 micrograms of selenium.

Viral infections, such as the flu, are often associated with a fever. However, there is no evidence that "starving a fever" by reducing the amount of food eaten will reduce a fever, says an Alberta release.

In fact, a fever is a helpful means used by our own immune system in order to fight off the viral infection. If we stop eating, the immune system doesn't work as well and all of the nutrients mentioned above, as well as many others, are important to the immune system. The bottom line is "the key to good health is eating a well-planned balanced diet that focuses on variety", concludes Field.

(Courtesy – IANS)

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Staying Safe in Times of Covid-19

into the Consultation room, the patient and the doctor should maintain at least 6-feet distance between them. Recording the history – of travel or exposure to Covid-19 – of the patient should be done meticulously. Examination should be brief and to the point, and osculation should only be done if essential, thereby shortening the examination period to less than 5 minutes. The stethoscope should be cleaned after every use. If the patient was made to sit on a footstool, it should be cleaned thoroughly after he/she leaves. The surface of the table should be cleaned regularly with disinfectant. It is advisable not to touch the files or documents brought by the patients. As much as possible, patients must be encouraged to send soft copies of previous reports and prescriptions. It is also advisable to maintain electronic medical records with the facility for

transferring prescriptions directly to the pharmacy. Consultation fee should be collected via electronic transfer. If cash is being collected at the Reception or by the Accounts Department, it should be kept in a separate plastic bag, and should be handled only after 3-4 days. The staff should clean their hands with sanitizer after every transaction.

Dos and don'ts for pharmacists

Pharmacists should wear triple-layered surgical masks or N95 masks. The no-touch principle should be encouraged while dispensing medicines, which should be placed in proper bags, labelled and with clear instructions written on them. These medicine bags should be kept on the counter or the dispensing window with glass partition for patients to pick up. Payment, again, should be preferred to be done via electronic transfer. In the

Lab, only one patient (wearing a mask) should be allowed at a time. The staff should wear N95 masks or three-layered surgical masks, face shields, gloves and aprons, and should strictly adhere to social distancing and hygiene norms while collecting blood. The reports should be sent via email or WhatsApp. Charges should be collected via electronic transfer. The most important and often overlooked point is about disinfection and disposal of bio-medical waste. High-touch surfaces like wall tiles, reception seating areas, footstools, tables, door knobs and handles, stair rails, door frame, bed frame, etc., should be cleaned with sodium hypochlorite solution (1%) for 30 minutes at least 3 times a day. Standard guidelines should be followed in disposing bio-medical waste, and all used disposable materials should be collected in a plastic bag and disposed accordingly.

Indiana Hosts Physiotherapy Camp for Spinal Cord Injured Patients



Mangaluru: 'Of the 200 identified cases of spinal cord injuries (SCI), 70 have been rehabilitated in the last two years by Sevadhama,' said K. Vinayaka Rao, Sevabharathi's founder and president. He was speaking at the inaugural function of the three-day medical check-up camp for SCI held at Indiana Hospital in association with Sevadhama, Sevabharathi and Rotary Club of Downtown, Mangaluru on January 30.

On the occasion, Dr Yusuf Kumble, managing director, Indiana Hospital, assured the organisation support in addressing the challenges faced by people with spinal cord injuries (SCI). Dr Ali Kumble, chairman, Indiana Hospital,

said that such noble initiatives should be applauded. Dr Muralidhar Nayak, director, Sevadhama, Preeneta Shenoy, president, Rotary Club of Downtown, Mangaluru, and Rayan Fernandez, director, Sevadhama, also spoke on the occasion. Dr Venkatesh Kumpala, HOD, physiotherapy department at Indiana, co-ordinated the event. The three-day camp attracted a large number of patients.

Sevadhama is a centre for rehabilitation of spinal cord injury, and it is based in Kanyadi, Dharmasthala in Dakshina Kannada. Its prime objective is to provide comprehensive rehabilitation and continuous care for SCI patients.

(www.sevabharathi.org).

A CHALLENGING HIP REPLACEMENT SURGERY AT INDIANA



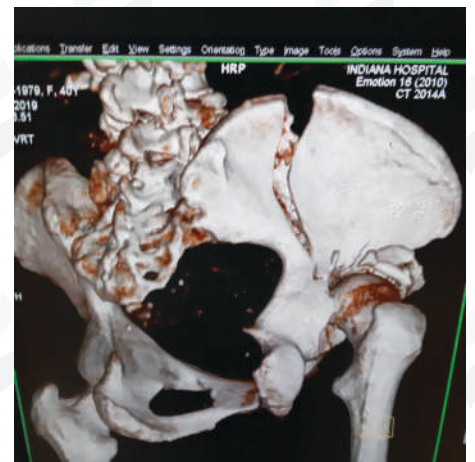
Dr. Naveenchandra Alva
Senior consultant orthopaedic surgeon at Indiana Hospital

Mangaluru: A challenging hip replacement surgery for a difficult and rare post traumatic hip was performed by doctors of Indiana Hospital in the month of January this year. A 55-year-old lady from Sulia (Dakshina Kannada) was operated upon by Dr. Naveenchandra Alva, senior consultant orthopaedic surgeon, at Indiana Hospital. The patient had met with an accident six months ago and sustained dislocation of her right hip with the acetabular fracture extending to the ilium. She was operated upon and her ilium was fixed. She was advised total hip replacement after fracture union.

Dr. Naveenchandra Alva said, "She came with a dislocation hip and her acetabular defect was grafted using femoral head and a total hip replacement was done using uncemented acetabulum and femur stem. The post-operative period was uneventful and the patient was able to move on the third post operation day. Now after the successful surgery at Indiana, she has made a fast recovery."

INDIANA STAFF TAKE TO SPORT, FOR HEALTH AND CAMARADERIE

The Indiana Hospital Annual Sports Day was held on Feb 23, 2020 at Padua High School ground, Nantoor, Mangaluru



Rare Surgery for Bone Cancer Performed at Indiana Saves a Child's Hand



ACHIEVEMENT: Dr. Navaneeth Kamath (third from right) and his team after the successful surgery

Mangaluru - A rare cancer surgery performed by a Orthopaedic Oncology team at the Indiana Hospital & Heart Institute here successfully saved upper limb of a 7-year old child diagnosed with bone cancer. The child was diagnosed with high grade osteosarcoma (bone cancer) that had affected his entire arm bone causing persistent pain, rapidly growing swelling and loss of function of the arm, giving him sleepless nights.

After initially subjecting him to chemotherapy for 10 weeks by paediatric oncologists, Dr. Navaneeth S. Kamath, Orthopedic oncosurgeon at Indiana hospital performed this complicated surgery. The patient's entire arm bone and shoulder were surgically removed and the tumor cells were destroyed outside the body using liquid nitrogen at -194° C to freeze the bone and kill tumor cells completely (Cryotherapy) before re-attaching it back to the patient. The surgical procedure lasted 10 hours and the child recovered without any complications and was pain free. According to Dr. Navaneeth, such complicated limb salvaging onco surgeries earlier were usually

performed only in a few larger cities due to lack of dedicated Orthopaedic Oncology surgical services and instead removal of entire limb was a common method of treating these disease resulting in poor quality of life. But the newly established dept of Orthopaedic Oncology has been performing safe and complex limb salvage surgeries at Indiana Hospital, Mangaluru.

"With this achievement, Mangalore has now become a tertiary medical hub for very rarely-performed bone and soft tissue tumor surgeries", Dr. Yusuf Kumble, managing director, Indiana Hospital, said. Dr. Navaneeth S. Kamath added: "We strive to provide essential surgical services in treating patients diagnosed with bone and soft tissue tumors and these safe limb saving procedures can be performed in 80-90% of the patients with a good team approach". Besides Dr. Navaneeth S. Kamath (Orthopaedic Oncosurgeon), the team included Dr. Vasudev Bhat and Dr. Kalashekar (Paediatric-Medical Oncologists), Dr. Jalaluddeen (Senior Orthopaedic surgeon), Dr. Harramb Mittal (Orthopaedic surgeon), Dr. Nikhil MP and Dr. Harish B. G. (Anaesthetists).

ANNOUNCEMENTS



Dr. Siddharth

Joins Indiana as Consultant adult & Paediatric Cardiothoracic Surgeon

Indiana Hospital and Heart Institute, Mangaluru announced the addition of Dr. Siddharth V.T., Consultant Cardiothoracic Surgeon, to its cardiology team. A native of Coimbatore, Dr. Siddharth obtained his MBBS from Kanyakumari Government Medical College, Nagercoil (Tamilnadu) and subsequently did his Master of Surgery as University topper at Kasturba Medical College, Manipal. He then secured an advanced qualification in surgery, M.Ch (CVTS), with a University gold medal from Madurai Medical College which is attached to the Government Rajaji Hospital, Madurai.

Before joining Indiana, Dr Siddharth worked as a junior cardiothoracic surgeon at GKNM Hospital, Coimbatore. He has authored scores of academic articles for conferences and for publications.

Indiana gets new Paediatric Surgeon



Dr. VijayMahantesh S. Samalad

Dr. VijayMahantesh S. Samalad recently joined Indiana Hospital as Consultant Paediatric and Neonatal Surgeon and Paediatric Urologist. Dr. VijayMahantesh after his MBBS and MS (general surgery) did MCh in Paediatric surgery from the prestigious institute of PGIMER, Chandigarh and followed it up with a training course in Paediatric Laparoscopy from Indira Gandhi Institute of Child Health, Bangalore. Subsequently he completed his fellowship in Paediatric Urology from M.G.R University at Chennai, and has been trained in Paediatric Urology and Robotic Surgery under Dr. V. Sripathi at Apollo Children's Hospital, Chennai.

Before joining Indiana, Dr. VijayMahantesh served as Paediatric and Neonatal Surgeon and Paediatric Urologist at the Nanjappa Multi-Specialty Hospital, Shivamogga.

Complex Liver Surgery Performed at Indiana



Mangaluru: Doctors at Indiana Hospital have performed a complex Liver Surgery -- Right Posterior Sectionectomy (removal of segment 6 and 7 liver) -- using the Kelly-clysis method. The 73-year-old male HCV positive cirrhosis patient, Moula of Murdeshwar (Bhatkal Taluka), who was diagnosed with Hepatocellular Carcinoma (HCC) of Liver Segment 6 and 7 (part of right lobe), the most common type of liver cancer, had approached Indiana for treatment.

Dr. Dharma Kumar K.G., Onco surgeon at Indiana Hospital, who performed the complicated surgery along with anaesthetist Dr. Shanfer, said the Right Posterior Sectionectomy is more complex and technically challenging than other major liver resections such as Right and Left Hepatectomy. However, post-

operative recovery and long-term outcomes are far better in the case of Posterior Sectionectomy when compared to major liver resections.

"This is mainly because the amount of liver resected is less compared to other major liver resections, and that helps in a patient recovering faster," Dr Dharma Kumar said, adding: "Surgical excision is the main mode of curative treatment for HCC if surgery is feasible and the patient's general condition permits."

Moula was discharged from the hospital on post-operative-day 8 without any surgery-related complications, and is now doing well.

Any kind of liver resection, per se, is complicated because of the organ's complex anatomy and its relation with the major blood vessels, and also because of the many physiological activities, such as excretory, metabolic and secretory functions, the liver carries out. Hence any kind of liver resection will have a profound effect on a patient's general condition, especially in a cirrhotic patient.

In Moula's case, Right Posterior Sectionectomy helped him recover fast. Had this 73-year-old cirrhotic patient been made to undergo a major resection, there was a high chance of him developing post-operative liver failure.

Indiana Awarded NABH Nursing Excellence Accreditation



Mangaluru: As a testimony to its high nursing standards, the Indiana Hospital has been awarded NABH Nursing Excellence Accreditation with effect from January end 2020 for two years. The accreditation is awarded by the National Accreditation Board for Hospitals and Healthcare Providers (NABH), a constituent board of the Quality Council of India, set up to establish and operate accreditation programmes for healthcare organisations.

An elated Mrs. Flavy Ida Pereira, Deputy

Nursing Superintendent at Indiana, observed: "Indiana has been making significant investments to empower our nurses and these initiatives have received validation and recognition in the form of NABH Nursing Excellence Certifications. Our strength of 150 nurses is our pride."

Said Sangeetha Lobo, Assistant Manager Quality at Indiana: "We continuously monitor our hospital's compliance with NABH standards for regulating, guiding and promoting professional nursing practices."

CME Spotlights on Paediatrics and Rheumatology



Puttur: A CME on two relevant topics were conducted under aegis of the Indian Medical Association, Puttur, on January 25 at Rotary Trust hall, here. A CME's objective is to provide opportunities to update knowledge, skills and practices of health professionals.

Dr. Arun Varghese, Consultant Paediatric Intensivist, Indiana Hospital, put the spotlight on 'Common emergencies in paediatric practice' while Dr. Arifa Haleema Siddiqui, Consultant Rheumatologist, Indiana Hospital, focused on 'targeting Psoriatic Arthritis.' The event was patronised by Indiana Hospital, Mangaluru.

CME on Medical updates held



Kasargod : A continuing medical education (CME) programme on Advanced Medical Updates was held on January 16, 2020 at Hotel Highway Castle, here. Dr. Yusuf Kumble, chief interventional cardiologist and managing director, Indiana Hospital, and Dr. Abdul Mansoor, consultant interventional cardiologist and HOD, Indiana Hospital, delivered talks on advanced medical updates in cardiology. The topic of 'Fighting against big C' was the focus of talk by Dr. Dharma Kumar K.G., consultant surgical oncologist. The event was patronised by Indiana Hospital and organised by IMA Chapter of Kasargod.

CME conducted at Ujire

UJIRE: A CME event was held at SDM Hospital, Ujire on February 27, 2020. Dr. Dharma Kumar K.G., consultant surgical oncologist, spoke on 'Cancer in Rural India' while Dr. Apoorva Sriyadeva, consultant interventional gastroenterologist and hepatologist, Indiana Hospital, touched upon 'Interesting Cases.' The event was patronised by Indiana Hospital and organised by IMA Chapter of Belthangady.

Summers do take a toll on your entire body, but normally the organ most affected by the scorching heat is the eye. The excessive heat, light, dust and smoke during the summer can make life miserable. Hence people are advised to take extra precautions to protect their eyes during this period of the year. By Dr Shahida Banu Consultant phthlalmologist at Indiana Hospital These some simple tips for you to stay safe and comfortable during summer months.

Use good sunglasses

The best way to protect your eyes from UVR exposure is to wear sunglasses that give 100-percent protection against both UVA and UVB rays. Too much exposure to UVR can cause photokeratitis or photo conjunctivitis (snow blindness). Continuous exposure to UVR, particularly to UVB rays, may cause cataract, pterygium or skin cancer of the eyelids.

Wash your face and Neuro properly

When you get indoors, it is advisable to wash your face with clean tap water or to keep a wet cloth over your eyelids.

Wash your hands, but avoid rubbing your eyes. This practice is important to avoid contracting eye-related conditions such as conjunctivitis.

Wash your hands thoroughly before you apply any medicine to your eyes, and avoid rubbing your eyes as much as possible. If you have conjunctivitis, be sure to wash your hands after applying eye drops or ointment; this would help avoid passing the disease onto others.

Wear hats

Even when you wear sunglasses, minimize the risk of exposure to sun by wearing a hat with a brim that is at least 3 inches wide. Consistent use of hats and sunglasses will significantly decrease exposure to UVR rays. Basal Cell Carcinoma (BCC) is a form of skin cancer that typically affects the eyelids. While it most commonly occurs on the lower eyelid, it can also develop in the corners of the eye or under the eyebrows.

The scorching heat can harm your eyes no end. Summer brings with it irritation of the eyes, allergy, conjunctivitis, etc. Dr. Shahida Banu, Consultant Ophthalmologist at Indiana Hospital, tells you how to protect your eyes.

Protect eyes against chemicals

Hand or body soap bubbles that pop near your eyes, spray paint that blows back into your face, splashing cleaning solutions, etc can cause a chemical burn on your eyes. Prevent exposure to chemicals by taking appropriate precautions. Wear protective goggles or eyewear whenever you are working with any kind of toxic chemicals. Take care to handle solutions delicately so that they do not splash.

The chlorine in the swimming pool can hurt your eyes. The simplest way to prevent this is to wear goggles when you get into the swimming pool. Wearing goggles is advisable even when you swim in the sea or such other places.

Keep children safe

Children are far more likely to spend time playing outside, particularly during summer. Apply regular sunscreen on your child's face whenever he or she goes out. Make them wear wide-brimmed hats as well as proper sunglasses. It is important to wear protective equipment to shield the face and eyes during outdoor activities like woodworking or yard-work. Sand also can cause aberration of eye surfaces.

Eat healthy food, drink water

There are many foods rich in nutrients that improve your eyesight and help prevent long-term vision problems. Lutein and Zeaxanthin are antioxidants known to help resist macular degeneration and cataracts. Adding a supplement or foods high in vitamin C, E and zinc can assist

those with symptoms of age-related macular degeneration.

Additionally, during summer months, people are more likely to become dehydrated. This can affect their eyes adversely, leading to dry eye symptoms and other vision problems. Drinking plenty of water can prevent and even reverse many of the negative effects of dehydration.

Dry eye symptoms may arise from temporary exposure to contaminants, or they could be a sign of something more serious, hence you should consult an ophthalmologist for proper diagnosis and management of the problem.

Many people, especially children, are allergic to pollen, and during summer a greater amount of pollen is released into the air than is normal. This along with the heat triggers allergic problems. The symptoms of such allergy are itching and redness of the eyes, and a burning sensation that forces people to rub their eyes vigorously. Frequent washing, avoiding rubbing of the eyes, avoiding dusty areas, wearing protective eye glasses, and the use of eye drops if required, can control this.

Symptoms of conjunctivitis include a gritty sensation (as if there are sand particles in the eyes) redness and watering and discharge from the eyes, as well as finding your eyelids glued together when you wake up in the morning.

Of late, instances of keratoconjunctivitis, a type of conjunctivitis that affects the cornea and causes defective vision, is on the rise. The symptoms are blurred vision, pain, sensitivity and aversion to light along with conjunctivitis. Always consult an Ophthalmologist for proper management of the problem. By taking a proactive approach to eye care during the hot summer months, you can minimise the amount of time you will need to spend on professional eye care.



CARING FOR ACCIDENT VICTIMS, THE INDIANA WAY

Trauma continues to be the leading cause of mortality among people. Every year in India, on an average, 1.4 lakh lives are lost due to road accidents. This figure clearly underlines how valuable a trauma care centre facility is to local residents. The first hour of such an emergency, often called the 'golden hour', is widely regarded as the most critical for saving lives. A big percentage of fatalities can be averted if victims are admitted to a hospital within the first one hour.

Emergency is defined as any condition perceived by a prudent layperson, or someone on his or her behalf, as requiring immediate medical or surgical evaluation and treatment. It is in this backdrop that the Department of Emergency Medicine at Indiana Hospital comes as a godsend to victims.

Emergency medicine provides a better care within a period of time. Stressing the importance of saving the lives of those injured in accident, Dr. Salfi P.K., Consultant, Emergency Medicine, Indiana Hospital, said: "In trauma, there is a golden hour and a platinum hour. The platinum 10 minutes

Staffed with well-trained qualified emergency physicians, nurses and paramedics, the Emergency Medicine department in Indiana Hospital has carved a niche in the management of traumatic injuries



immediately after a mishap are very crucial. The first hour of such an emergency, often called the 'golden hour' is widely regarded as the most critical for saving lives."

He adds: "If patients are brought to the emergency unit on time, the outcome will be good. If the victims are brought to the hospital early enough, their subsequent stay will be less, drugs will act fast, may require minimal investigations, cost will be less and the need for hospitalisation would be minimal. And thus, the treatment would be better. So, time is important in an emergency."

Dr. Salfi prescribes: "For any trauma injury, safety is important. So, shifting of the victim to a vehicle is important. We should know the proper method to follow. Secure the head, chest, stabilise the leg and pelvis and hold the patient in a neutral position. We are training volunteers in these aspects."

Staffed with well-trained qualified emergency physicians, nurses and paramedics, the Emergency

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Medicine department in Indiana Hospital has carved a niche in the management of traumatic injuries. Says Dr Salfi, "Aimed at ensuring emergency care with compassion and human touch, the department can be accessed 24x7. It is equipped to handle a range of crisis, from minor and major to polytrauma, and has access to imaging and diagnostics services, operation theatres and 24-hour pharmacy."

The Full Trauma Team includes Emergency doctors, Orthopaedicians, Neuro surgeons, Vascular surgeons, Plastic surgeons, Intensivist, Radiologists. Indiana's comprehensive trauma care and management offers a gamut of facilities including TRIAGE facility; Resuscitation beds with advanced monitoring and defibrillation; Acute care beds with advanced monitoring; Trauma Care area; Dedicated Paediatric Care areas; Short stay facilities on an OP basis; 24x7 outpatient consultation with the doctor; 24x7 access to minor OT within the department; 24x7 Ambulatory care for minor injuries and complaints; 24x7 ECG & Point of Care Cardiac diagnostics; Access to Radiology/Lab facilities; Bedside Ultrasonography; Ventilators and Point-of-care testing facility. The facility is integrated with a wide network of ambulance services.

Mobile ICU – hospital on wheel

The Indiana Trauma Care department has a Mobile ICU configured with medical equipment onboard. Staffed with a doctor and highly trained paramedics, the Mobile ICU is dispatched to emergency situations where patients require a higher level of care.

Indiana a saviour to victims of road accidents

For the last two years, the Emergency Medicine Team of Indiana Hospital have been providing laymen and staff of many organisations and companies in Mangalore and nearby areas, CPR and Basic Life Support (BLS) training to enable them to respond properly during disasters and provide emergency services to victims before they are shifted to hospital for proper treatment. Emergency team have visited the offices of various organisations to demonstrate CPR and method of basic life support. These training, as part of corporate social

responsibility (CSR), is being continued this year well.

Training encompasses cardio pulmonary resuscitation, artificial respiration, ways to control bleeding, safe transport of victims and first aid for victims of road accidents, burns, snake bites, electric shocks and poisoning.

The success of Indian Trauma Care System and its impact on patient outcomes is the result of the work of all staff providing care to major trauma patients at every stage of the patient's journey.



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HELPING HANDS : The Indiana Emergency Medicine Team

INTRODUCING

HEART TEAM APPROACH

Indiana's Innovative way to tackle heart problems



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