

Indiana Hospital ventures into medical education

Launches a string of nursing and allied health courses

MANGALURU – In order to meet the requirements of skilled manpower for the growing needs of the health sector, Indiana Hospital and Heart Institute has introduced 10 courses in different streams from this academic year under the Indiana Educational Trust.

Nursing, being the backbone of the healthcare industry, is in big demand. Indiana has launched the Indiana College of Nursing to offer BSc (Nursing). The course has been approved by the Rajiv Gandhi University of Health Sciences, the Indian Nursing Council and the Karnataka Nursing Council.

The Institute of Allied Health Sciences will offer a total eight courses:

1. Medical lab technology 2. Renal dialysis technology 3. Anaesthesia and operation theatre technology 4. Cardiac care technology 5. Perfusion technology 6. Imaging technology 7. Emergency and trauma care technology and 8. Bachelor of occupational therapy.

All these allied health sciences courses will be offered under the Rajiv Gandhi University of Health Sciences.

Dr. Yusuf Kumble, Managing Director, Indiana Hospital and Heart Institute, says, "During the pandemic, the importance of health workers was realised and their shortage was felt all over the world. Post-Covid, a substantial number of health workers took advantage of the opportunities and took jobs abroad. This led to the shortage of health workers in India. The government is making efforts to improve medical education services.

"To supplement these efforts, Indiana has commenced nursing and paramedical courses which will not only support the Indian healthcare system but also meet the demand for paramedics abroad. Indiana has carved a niche for itself in providing quality medical services. We want to do our bit in supporting the healthcare sector.



We have many more plans in the medical education segment that we will roll out in a phased manner."

These courses would provide the students with the best skill training in diagnostic, technical, therapeutic and direct patient care in addition to the support services that are critical to other health professionals they work with and the patients they serve.

As the prevalence of health conditions associated with severe levels of disability is increasing rapidly around the world, the need for physiotherapists has been felt. The Indiana College of Physiotherapy will offer a three-year BPT programme for aspiring physiotherapists.

All these courses will be offered in a dedicated facility at Belme village in Derelakatte, Mangaluru.

For details on admissions, contact at **9448545635**

Health talk held at IOCL

Mangaluru -- A very informative health talk on 'Alcohol – Healthy or not?' by **Dr. Adhitya Bharadwaj**, consultant physician and diabetologist, Indiana Hospital and Heart Institute was held here on August 11, 2022 at the IOCL Tannerbavi campus. Also, the health camp held for the IOCL staff evoked a good response.



Free health camp at Boscoss conducted



Mangaluru -- Indiana Hospital & Heart Institute, Mangaluru conducted a free health camp for the students of Boscoss Pre-University College, Mangaluru. Nearly 500 students benefited from the camp. Students were offered health tips by the examining doctors.

CME held at Payyanur

PAYYANUR -- A continuing medical education (CME) programme was held on August 25 at the Hotel KK Residency here under the aegis Indiana Hospital & Heart Institute, Mangaluru and Indian Medical Association – Payyanur, AMS chapter. Dr. Vijaymahantesh S. Samalad, Consultant Paediatric and Neonatal Surgeon and Paediatric Urologist, Indiana Hospital, highlighted about the posterior urethral valve – points on postnatal management. Dr. Ramnath Shenoy K., consultant medical oncologist, Indiana Hospital & Heart Institute, focused on blood cancer types and treatment. Dr. Ali Kumble, chairman, Indiana; Dr. M. Haridas, president, IMA Payyanur; Dr. T. Ranjith Kumar, secretary IMA Payyanur; Dr. V.C. Raveendran, president AMS; and Dr. Sajin, secretary AMS were present on the occasion.



Kerala launches MEDISEP

medical insurance for government employees, pensioners

Indiana Hospital now empanelled under MEDISEP

Medisep, the cashless health insurance scheme launched on July 1 this year, is intended to provide comprehensive health insurance coverage to all serving employees of the Kerala State Government including the High Court of Kerala and pensioners. This also includes newly recruited employees and their family, part time contingent employees, part time teachers, teaching, non-teaching staff of aided schools and colleges and their family and pensioners and their spouses and family pensioners on compulsory basis, and all Civil Service officers serving under the Government of Kerala on optional basis.

The scheme, for a nominal monthly premium of Rs 500, is expected to benefit more than 30 lakh people. It envisages cashless treatment facility to beneficiaries through Oriental Insurance Company and a network of empanelled hospitals in Kerala and other few states including Karnataka, for a basic benefit package of ₹3 lakh per annum for the policy period of three years. Indiana hospital is one such empanelled hospitals. Ensuring health of the public is an important factor in ensuring social security and Medisep comes as a boon to the poor patients.

Helpline 18004251857

Website: <https://medisep.kerala.gov.in/home.jsp>



Mr. Pinarayi Vijayan
Chief Minister, Kerala

Thank You

government of Kerala for
launching MEDISEP



Ms. Veena George
Minister for Health and Family Welfare, Kerala



Dr. Yusuf A Kumble
Managing Director - IHHI

By
**INDIANA HOSPITAL
& HEART INSTITUTE**
Pumpwell, Mangalore



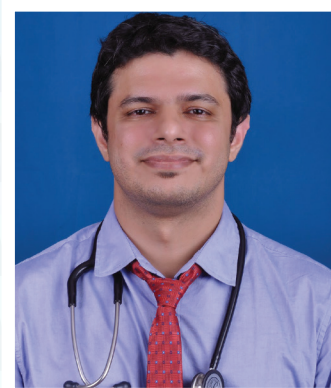
Prof. Dr. Ali Kumble
Chairman - IHHI

We are now empanelled with all leading insurances & govt schemes
(Ayushman / KASP / MEDISEP)

CME held at Kasargod

MANGALURU – Indiana Hospital & Heart Institute, Mangaluru, in association with Indian Medical association, Kasargod organised a continuing medical education programme on July 28, 2022 at Hotel City Tower, Kasargod. **Dr. Ajay Kumar**, consultant surgical oncologist at Indiana Hospital, spoke on ‘To diagnose early and cure cancer – what is expected from a primary clinician’. **Dr. VijayMahantesh S. Samalad**, consultant paediatric and neonatal surgeon and paediatric urologist, Indiana hospital, shed light on ‘posterior urethral valves – points on post-natal management’. Dr. B. Narayana Naik, president, IMA -Kasargod and Dr. Khasim T., secretary, IMA-Kasargod, were present on the occasion.

Dr. Ramnath Shenoy joins Indiana as medical oncologist

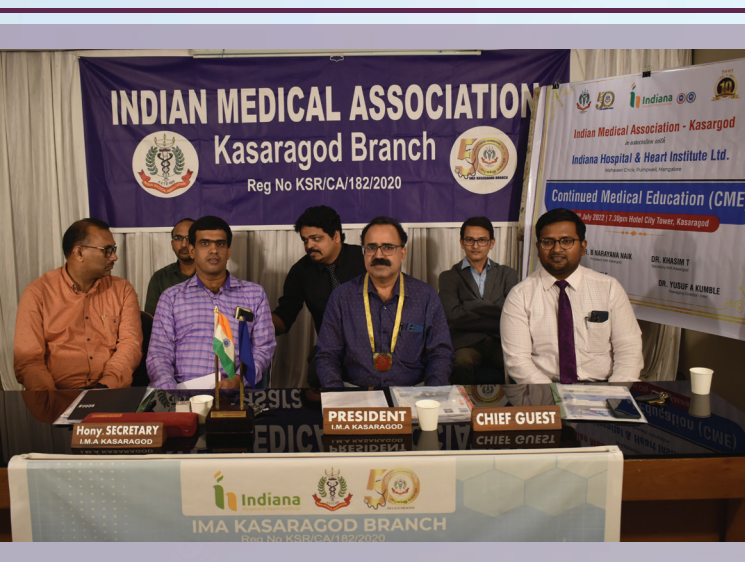


MANGALURU – The department of oncology at Indiana Hospital recently welcomed **Dr. Ramnath Shenoy** as medical oncologist. He completed MBBS from Father Muller’s Medical College, Mangalore and subsequently pursued DNB (Pediatrics) from Pushpagiri Institute of Medical Sciences & Research Centre, Thiruvalla, Kerala. Thirst for super-specialisation prompted Dr Ramnath to complete DM (Medical Oncology) from Tata Memorial Hospital, Mumbai.

Before joining Indiana he had a successful stint at Tata Memorial Hospital, Mumbai and Kasturba Medical College, Manipal.

He has a wide range of experience in managing all adult and paediatric solid and haematological malignancies; hands-on experience in using TKI and Immunotherapy in different adult solid and hematological malignancies; and work experience in bone marrow transplant unit in ACTREC, Kharghar, Navi Mumbai (unit of TMH).

Dr. Ramnath has presented scientific papers in Spain and the US. Department of Oncology at Indiana Hospital, Mangalore, which offers comprehensive oncologic care through multi disciplinary management, has a 7-bedded day care facility for administration of chemotherapy.



Paediatrics Quiz held

MANGALURU – The Indian Academy of Pediatrics, Dakshina Kannada Branch, in association with Indiana Hospital & Heart Institute Ltd. Mangaluru, conducted the 35th IAP Pediatrics Quiz for Undergraduates (MBBS) - 2022 at the Indiana Auditorium here on August 20.

Undergraduate students from 16 Medical colleges representing different districts of Karnataka participated in the competition. Dr. Abhishek K Phadke, Consultant Neonatologist & IAP Divisional round UG Quiz coordinator, was the Quiz Master who conducted this competition along with other hospital staff.

Dr. Ali Kumble and Dr. Shreekrishna GN were present for the inaugural ceremony.

Akshay Rao K and Mahima Reddy from Mysore Medical College and Research Institute, Mysore, emerged winners. They will participate in the National round later this year.



Free health check-up camp held at Ammunje, Bantwal



MANGALURU – A free health check-up camp was held at Anudanita School, Ammunje, Bantwal on August 21, 2022. Organised under the aegis of Indiana Hospital & Heart Institute, Mangaluru and Human Welfare Foundation, the camp drew more than 350 people who were screened for various ailments. Among the Indiana doctors who were present included Dr. Adhitya Bharadwaj, Dr. Naveen Chandra Alva, Dr. Shubha, Dr. Smruti, Dr. Jyoti Agarwal among others. Nawaz Badakabail, Founder, Human Welfare Foundation was also present.



The role of a primary clinician in early diagnosis of cancer and making it curable

By **Dr. Ajay Kumar**



Every patient first consults his or her family physician, who is a general practitioner, for most ailments, be it common cold or a complex disease. This article will try to explain how physicians can systematically approach any swelling or lump in patients and not miss an early cancer that can be easily cured.

🚫 **Breast lump**

One of the most common scenarios in the OPD is an opinion for a breast lump. A clinical examination can be the only way of assessing a freely mobile fibroadenoma - the mouse in the breast. For all other lumps, triple assessment (clinical examination, imaging and biopsy) is required. After clinical examination, further investigation can be carried out by an USG (ultrasonography) of the breasts for patients aged under 40 and a Mammogram for older patients. FNAC or TRU CUT biopsy is done for suspicious lesions on imaging. TRU CUT biopsy is generally preferred over FNAC. Unplanned excision biopsy of a breast lump should not be done as it can spoil the chances of a breast conservation surgery in cancer.

🚫 **Thyroid nodule**

The initial evaluation for a thyroid nodule is a thyroid function test and an ultrasound imaging of the neck to characterise the nodule and rule out lymphadenopathy. A CT scan is needed only in very large goitres with retrosternal extensions. The FNAC of suspicious nodules to rule out cancer should always be USG-guided to be more representative.

The point to remember is that well-differentiated thyroid cancer is the only cancer which doesn't have a stage 3 or stage 4 in patients aged under 55. So surgery in the right hands gives a high chance of cure. High-risk patients would require an adjuvant radioiodine ablation.

🚫 **Oral ulcers**

Patients presenting with ulcerations in the oral cavity (especially

the tongue and buccal mucosa) need to undergo a biopsy if the lesion is not settling within two weeks of conservative measures. The imaging of choice would be CECT of the head and the neck with chest screening. Plain CT images are of no use in the head and the neck. Again, prompt referral to a dedicated oncology team can increase the cure rates in these malignancies.

🚫 **GI malignancies**

The key to early diagnosis of GI malignancies is having a high index of suspicion. Again, any GI symptom not responding to conventional treatment in two weeks requires further evaluation in the form of scopies or imaging.

- An Upper GI endoscopy is sufficient to diagnose carcinoma of the esophagus and stomach. Imaging of choice for upper GI cancers is a CECT of the thorax, abdomen and pelvis.
- In case of pancreatic malignancies, the imaging of choice is a dedicated pancreatic protocol triple phase CECT abdomen. In cases of obstructive features, stenting should be done only after consulting the operating oncosurgeon.
- For colonic malignancies, a complete colonoscopy and CECT of the abdomen and pelvis are required.
- Every case of bleeding per rectum has to be evaluated with at least an initial per rectal examination in the OPD. Many cases are missed with a wrong diagnosis of piles. The imaging of choice for carcinoma rectum is an MRI. Neoadjuvant chemoradiation is the standard care for carcinoma rectum. Upfront surgery for a carcinoma rectum is a crime that must be punished.

🚫 **Gynaecological malignancies**

a. Ovary

Patients walking into the OPD with an incidentally detected ovarian cyst or mass is not an uncommon situation.

Early detection of cancer is key

Cont'd from page no 6

The alarming features for a primary clinician are:

- If the cyst is of more than 10 cm in premenopausal women and more than 5 cm in postmenopausal women,
- Presence of solid elements,
- Thick cyst wall >4mm, presence of multiple septations,
- Bilaterality or presence of ascites.

In such cases, the imaging of choice would be a CECT of the abdomen and pelvis along with tumour markers CA125 and CEA. If germ cell tumours are suspected, AFP, beta HCG and LDH should be done. If any of the above is suspicious of ovarian malignancy, the patient requires a prompt referral to a surgical oncologist for a proper staging laparotomy.

There is no role for laparoscopy in early ovarian cancer and it can be dangerous, too, as the disease will be upstaged. There is no role for prior biopsy in early ovarian malignancies, too. The standard care is to remove the ovarian mass without rupture via midline laparotomy, frozen section analysis and proceed to staging laparotomy.

The chance of cure in early ovarian cancer falls drastically once it is messed up in the wrong hands.

b. Endometrium

Any menopausal woman with bleeding per vagina demands workup; 10-20% will have endometrial cancer, and the probability increases with age.

Any woman aged above 35 with irregular or heavy bleeding needs endometrial sampling. Proceeding with routine hysterectomy without a prior endometrial biopsy reduces the chances of proper cure.

c. Cervix

The key is early detection. The only option is to recommend pap smear or liquid-based cytology every three years to all women aged 30 and above or combine it with an HPV testing (co-testing) every five years.

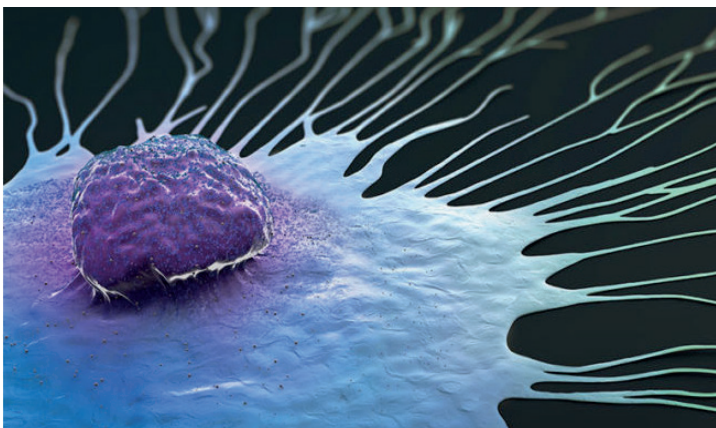
It's saddening to see patients coming after a routine hysterectomy with a pathology report of cancer endometrium and cancer cervix just because of improper evaluation preoperatively. This reduces the chances of cure in these patients.

Lung cancer

Carcinoma of the lung is one of the most abused cancers because it is diagnosed late in 90% of the cases. The majority of patients come to us only after a course of ATT has been started without any evidence. In case a physician is confident of his diagnosis of TB and starts ATT without proper evidence, it is mandatory to reassess the patient after four weeks to see if the condition has improved or else re-evaluation is needed. Please have a low threshold to do a CT chest in the evaluation of chest symptoms if they persist for more than two weeks. Lung cancers also have a high cure rate if diagnosed early.

I have just mentioned the most common scenarios that a general practitioner comes across in the OPD. The key to success in cancer treatment is early diagnosis and prompt referral to a dedicated oncology team (Surgical Oncologist, Medical Oncologist, Radiation Oncologist, Nuclear Medicine Consultant and Oncopathologist).

The basic thing to remember is that any symptom that's not relieved by two weeks with routine medication needs a detailed evaluation. The majority of cancers get incurable despite patients coming to the doctor early mainly because of referral to the wrong hands. I recommend that general practitioners discuss with the oncology team to know whether the correct guidelines are followed, e.g.) Neoadjuvant chemoradiation for carcinoma rectum and esophagus. The battle against cancer can be won provided it's fought with the right weapons.



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