



## Indiana Child Development Centre inaugurated

**MANGALURU** – The Indiana Little Bluejays Child Development Centre, under the department of Paediatrics and Neonatology, to provide specialised childcare services under one roof was inaugurated at Indiana Hospital and Heart Institute, Mangaluru on June 17, 2022. It was a soft launch and later it would be formally inaugurated.

Inaugurating the Centre, Dr. Ali Kumble, chairman, Indiana Hospital and HOD, Paediatrics, said, “the centre is a state-of-the-art, comprehensive centre with facilities for neuro-developmental screening, assessment, diagnosis and intervention for children of all ages.”

The centre will focus on children with physical and mental disabilities from birth. Children with developmental problems will be treated to minimise their disabilities.

Dr. Abhishek K. Phadke, Consultant Neonatologist, observed,

“It’s a vital tool to provide even better neurological outcome for our NICU & PICU graduated babies”. The new venture is a joint collaboration with the Little Blue Jays International which is a global pioneer when it comes to setting up of neurodevelopmental follow-up centres. Dr. Elvis Rodrigues (Consultant Neurosurgeon) was also present on the occasion.

Paediatric counsellor and paediatric speech therapist are available during working hours to provide comprehensive care to children.

The Paediatrics and Neonatology at Indiana is going leaps and bounds in keeping up to its reputation as the most sought after centre for child care in the region.





# Basic NRP skills to medical students during their internship imparted



**MANGALURU** – The Department of Paediatrics & Neonatology, Indiana Hospital, Mangalore hosted a unique workshop called ‘Aarambh’ on 28th May 2022.

‘Aarambh’, a central project by National Neonatology Forum-India, in association with Indian Academy of Pediatrics & UNICEF, aims at imparting basic NRP skills to medical students during their internship.

Dr. Abhishek K. Phadke, Consultant Neonatologist at Indiana Hospital, was chosen as one of the State co-ordinators for the workshop by the central authority. This project is being conducted in two states only: Rajasthan and Karnataka (pilot projects).

Aarambh is a TOT (Training of trainers) program to train medical college faculty who will in turn train their interns with the help and support from NNFI.

The first TOT was held last month at Bangalore and this is 2nd one that is held.

It was attended by more than 35 leading practising Pediatricians and Neonatologists from Karnataka. The inauguration was done by Dr. Santosh Soans and Dr. Shantharam Baliga, eminent Paediatricians of Mangalore along with Dr. Ali Kumble and Dr. Yusuf Kumble.

Dr. Abhishek K Phadke was the organising chairperson for the program which was held in an excellent way as per the feedback of the participants.





## A talk on 'Food - a source of healthy lifestyle' held

**MANGALURU** – Indiana Hospital and Heart Institute, Mangaluru, as part of its CSR activities, has been regularly conducting health awareness programmes to educate the public on different aspects of health. A talk on 'Food - a source of healthy lifestyle' by **Dr. Adithya Bharadwaj**, Consultant Physician, Diabetologist and Intensivist at Indiana Hospital was held on May 17, 2022 on the premises of Indian Oil Corporation Ltd. for its senior staff. Dr. Adithya spoke how nutrition is one leg of our journey to better health and gave tips on how to eat healthy and prevent lifestyle diseases.



## Free health check-up camp held at MESCOM, Kavoor

**MANGALURU** – Indiana Hospital & Heart Institute Mangaluru, in association with MESCOM, organised a free health check-up camp at MESCOM, Kavoor on June 4, 2022. More than 125 people were treated free of cost while 50 people were vaccinated.





## Free vaccination camp held at IOCL

**MANGALURU** – Indiana Hospital & Heart Institute conducted a free vaccination camp for the employees of Indian Oil Corporation Ltd. The camp was held on May 27, 28 at the IOCL's Panambur (Mangaluru) office. 230 people were vaccinated against Covid-19.



## Health camp for MESCOM staff organised

**MANGALURU** – Indiana Hospital & Heart Institute organised a health and free vaccination camp for the employees of Mangalore Electricity Supply Company Limited. Held at MESCOM Bhavan in Bejai, Ms. Saaksha M., Clinical Dietitian, delivered a health talk.





# Mega health check-up camp in Karwar a resounding success

**KARWAR** – A mega health check-up and covid vaccination camp was held at Hindu School, Karwar on June 25, 2022. Held under the auspices of Indiana Hospital and Heart Institute, Mangaluru, in association with Satish Sail, former Karwar MLA and president of Girijabai Memorial Educational Trust, a total patients 184 were examined by a team of more than 12 doctors from Indiana. About 110 people were vaccinated against covid-19. 40 Women patients benefited while 11 pap smear tests were performed and 17 women were examined for breast cancer. All in all, 485 patients benefited from the camp.



# Voiding Dysfunction: What is it and how to help kids overcome it?

By Dr. VijayMahantesh

In this digital era when children are obsessed with electronic toys and television, a condition that occurs commonly but remains under-diagnosed is Voiding Dysfunction.

Children often complain of urgent or frequent urination. A common finding in almost all such children is the occurrence of varying degrees of constipation. It could be a general phenomenon of holding pattern or postponing the acts of evacuation.

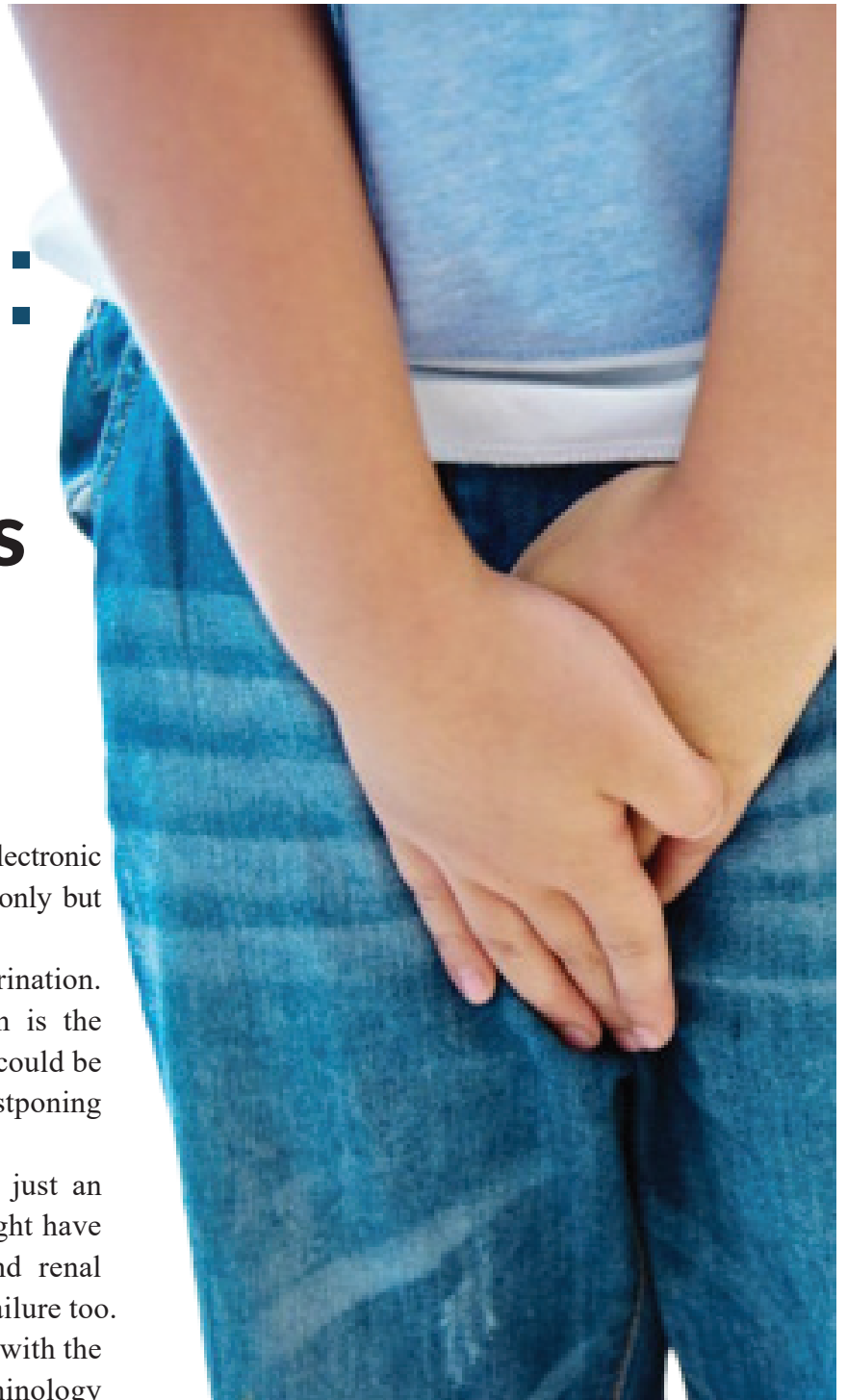
At the milder spectrum, they might present as just an urgency, while at the extreme spectrum, they might have total voiding disturbance with incontinence and renal scarring and could be one of the causes of renal failure too. Because most of the cases have some association with the disturbances of defecation as well, the recent terminology

for these conditions is Bowel Bladder Dysfunction (BBD). These conditions account for nearly 40% of paediatric urology consultations in some centres.

**For the simplicity of the discussion, we would call these conditions voiding dysfunction.**

## Ways of presentation

1. Urgency: Hurry for the visit to toilet, failing which, there will be a leak in the undergarments.
2. Frequency: Increased visits to the toilet, more than the normal routine visits, often associated with urgency.
3. Dysuria: Pain or itching in the genitalia or lower abdomen while passing urine.
4. Vaginal voiding: Pooling or collection of urine in the vaginal cavity after the act of voiding. May present itself as wetting of the undergarments in the females after the act of passing urine.
5. Hesitancy: Undue delay in the commencement of urination & can often be associated with pain in the genitalia at the start of urination.
6. Straining while passing urine.
7. Night-time or day-time incontinence.





# Voiding Dysfunction:

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In many children, there is an associated dysfunction with defecation. There is a history of constipation or passing hard stools in almost all of them. There could be a history of accidental soiling of the undergarments with faeces or of alternating constipation and passing loose stools. Anatomical and functional interactions between bladder and bowel are well-established.

In general, increased rectal faecal load can affect the bladder function by: a) Mechanical compression – resulting in decreased bladder capacity, causing urgency and frequency or by b) changing the physiological neural stimuli of the bladder leading to a decreased urge to evacuate, causing bladder spasms and pain, insufficient urination and residual urine, leading to an increased risk of urinary infections and renal damage.

Postponement of toilet visits is increasingly observed when children tend to delay urination while they are distracted playing, using electronic toys or watching television.

This behaviour often results in holding manoeuvres, low voiding frequency, urgency, and daytime incontinence. Constipation is frequently associated with voiding postponement, as the mechanism to delay defecation is similar.

The social stigma of persistent wetting and bowel accidents is a common problem faced by these children and can lead to self-esteem issues, shame, isolation, poor school performance, aggressiveness, and other behavioural changes.

## Diagnostic work-up and management:

Diagnostic work-up includes a routine test of urine analysis, an X-ray of the abdomen to assess the amount of faecal loading and renal ultrasound to assess the kidneys, bladder and the amount of residual urine after urination.

**Management is primarily behavioural, but if intractable, then medications are advised. Constipation management is an integral part of the treatment. Children should be encouraged to:**

1. Pass urine regularly – timed every three hours. Children should be encouraged to pass urine in the school recess breaks. Holding the urine is the primary cause of most of the symptoms. School toilets must be maintained hygienically to encourage children to visit



during breaks. A general practical recommendation is: “Every two hours try to pee, wash your hands, and have a cup of water.”

2. Adequate hydration – depends on the age of children and weight. On average, up to 8 cups per day should be encouraged. Daytime adequate hydration is a must. Most of these children have a reversed pattern of hydration: with decreased adequate intake in the day to avoid toilet visits and compensate it with increased intake after school hours. This should be corrected.

3. Constipation Management: Children should be encouraged for a healthy and high fibre diet and should preferably pass stools in the morning completely before resuming schools. In persistent constipation, a course of laxatives or stools softeners are indicated.

4. Educational resources: Whenever possible, educational resources must be shared with families. They include the general tips about the proper toilet positioning and posture for passing urine and stools.

5. Medications and Surgery: Medication is considered in case of failure to improve after behavioural modifications and control of constipation and in some severe conditions requiring immediate relief. In severe intractable conditions or failure to comply, certain surgical interventions might be required.

In summary, voiding dysfunction is a common but yet under-recognised condition especially in toilet-trained school-going children. Early recognition and prompt therapy prevent these children from social embarrassment with urinary and faecal leaks, and in extreme cases, from severe damage to the renal system and long-term effects.



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