VOLUME 5 | ISSUE 1 | MARCH 2021

Sri Ramakrishna
Hospital (MultiSpecialty)

pulse

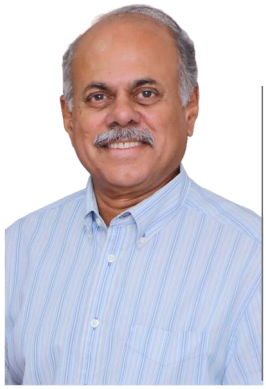
Happenings at Sri Ramakrishna...

I AM AND I WILL

#WorldCancerDay
#IAmAndIWill

World Cancer Day
4 February

"Our greatest measure of success is in the number of recovered patients"



D Lakshminarayanaswamy
Managing Trustee

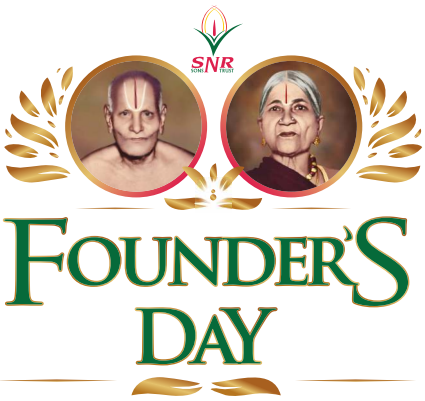
The core purpose of healthcare is to provide dedicated service to the well-being of humanity. At Sri Ramakrishna Hospital, we have been continuously working towards transforming lives for better, for the past 45 years. We have been equipping ourselves with advanced technologies and industry veterans including physicians, surgeons, nurses, managers, technicians, etc to offer impeccable medical care with empathy, and world-class standards. By establishing three primary health centers in rural areas around Coimbatore, we have extended our service to the remote population without requiring them to travel to the city. Recently, we have also established our new urban health center at Ganapathy.

Dr P Sukumaran
Dean / Medical Director

Sri Ramakrishna Hospital has been a pioneer in many spheres of medicine for the last 45 years in South India. Known in the industry for Quality treatment, our organization has been consistently ranked among the top institutions in the state for decades. Our hospital is a Post Graduate teaching institute that not only educates students on clinical skills, but also on empathy and manners. The medical training emphasizes attention-to-detail and presence-of-mind in order to handle unexpected ad hoc situations, which is one of the values that the institution stands for. One such recent example of ad hoc management is the COVID 19 pandemic, where we took a lead role in combating this virus, by forming a separate 'Isolated Corona Unit' with 150 beds including 15 ICU beds with all necessary infrastructure with and high flow Nasal Oxygen apparatus. Over the years, we have been providing global standards of medical treatment with utmost care and empathy.

On behalf of Sri Ramakrishna Hospital, I wish you and your family, a healthy and happy new year!

Founder's Day Celebrations



The birth anniversary of Sri Rangasamy Naidu, the founder of S.N.R. Sons Charitable Trust, Coimbatore is celebrated as Founder's Day every year. Founder's Day 2021 was also celebrated in a grand manner on 27.02.2021, Saturday at S.N.R. auditorium, Nava India, Coimbatore.

Thiru D. Lakshminarayanaswamy - Managing Trustee, S.N.R. Sons Charitable Trust presided over the function. Mr. A. Kaliyamoorthi, IPS, a renowned speaker was the chief guest and the guest speaker. The Staff Members who rendered their best service for 25 years in the Medical and Educational Institutions managed by S.N.R. Sons Charitable Trust were honoured with awards by the chief guest. Thiru R. Sundar - Joint Managing Trustee., Thiru S. Narendran - Trustee., Thiru V. Ramakrishna - Trustee., Mrs. Swathi Rohit - Chief Operating Officer., Mr. C.V. Ramkumar - Chief Executive Officer, S.N.R. Sons Charitable Trust and Principals, Vice – Principals, Directors, Deans and HODs of all the Institutions under the Trust participated in the Founder's Day celebration.

World Cancer Day 2021

Sri Ramakrishna Institute of Oncology and Research (SRIOR) launches Exclusive Toll Free Numbers for Cancer Awareness.

When a person gives a missed call he / she gets subscribed to our daily voice messaging service, thereby everyday will receive enormous and informative facts about cancer (various types of cancer, their presentation / symptoms, early detection tests and signs, benefits of early detection, treatment modalities, etc) as messages to their mobile phone on an everyday basis. We have selected a bi-language module so that the subscriber can choose the language between English and Tamil voice messages according to their preference. If the subscribed individual wants to exit this every day voice message service then all they have to do is give another missed call to another designated number and the person will be unsubscribed from this daily awareness campaign says Dr P Guhan, Director - SRIOR Coimbatore.

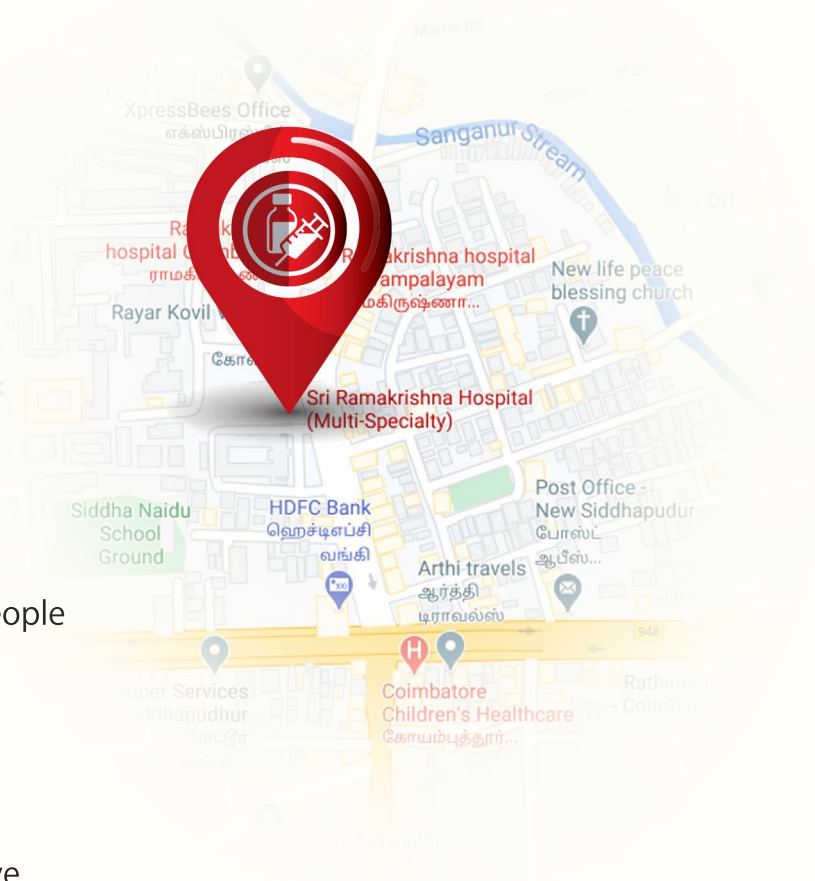
JUST A MISSED CALL AWAY

To receive awareness in English, Dial: **1800 547 2800**

To receive awareness in Tamil, Dial: **1800 547 5900**

To Unsubscribe from the Free Cancer Awareness service, Dial: 88805 29529

COVID VACCINATION CENTRE



Get Vaccinated now for COVID-19 at Sri Ramakrishna Hospital, Coimbatore. Walk-in for COVID-19 vaccination in a completely Corona Free Hospital for people with pre-existing conditions or over 45 years of age.

Eligibility Criteria

- All individuals aged 60 years and above
- All individuals aged between 45 and 59 years who have any of the specified Co-morbidities
- Open to all listed healthcare and front-line workers

Note: Individuals should hold any one Government ID proof at the time of registration

New normal with near natural teeth

Introduction

Tooth replacement is the greatest boon for mankind. When a tooth is lost, a patient has several options for treatment could he or she decide to replace the missing tooth. The appropriate method best for a specific patient can only be determined by taking into account a wide range of factors. These factors will include data on the patient's overall and periodontal health, bone structure, which tooth has been lost, how the tooth was lost (falling out, extraction, or broken), and the patient's own wishes.

Types of tooth/teeth replacement

There are three basic ways to replace missing teeth.

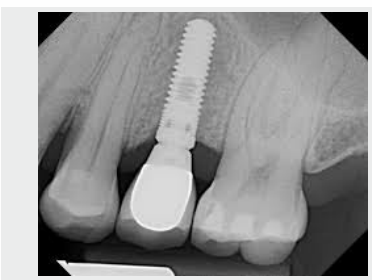
1. Removable partial dentures
2. Tooth-supported bridges
3. Implant-supported teeth

Implants:

Implants are the best near natural replacement option for tooth that is lost. There are two types of implants.

a. Conventional implants

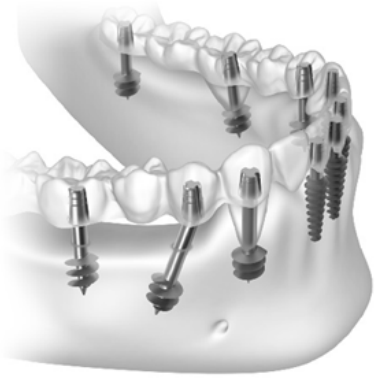
b. Strategic implants / Basal Implants



Conventional implants:

A dental implant is an artificial tooth root that is placed into alveolar portion of Jaw Bone.

Basal implantology / Strategic Implantology



- bicortical implantology /cortical implantology

- basal cortical portion of the jaw bones for retention

- Unique / Highly advanced implants.

- Applies the rules of orthopaedic surgery, "orthopaedic implant"

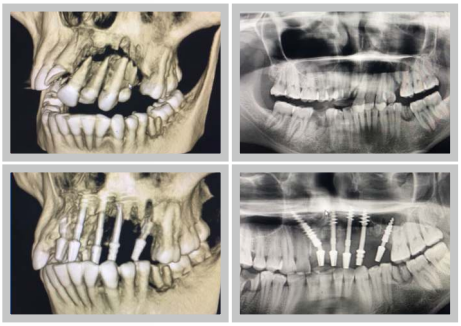
Basal implants are the implants that takes support from basal bone which is the standard bone that will not undergo resorption.

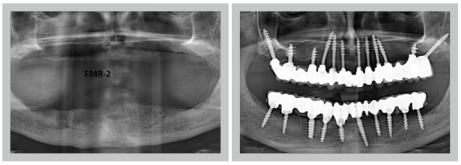
Cortical bone or basal bone should be used for implant anchorage for good reasons:

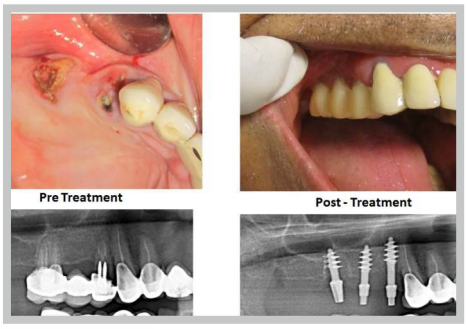
1. Bones typically consist out of a strong, highly mineralized outer cortical and an inner portion of bone, called "spongious bone". While cortical bone areas are structurally needed and always repaired, spongious bone areas can't be repaired. This promotes/guarantees the implants integration.

2. Another reason is, that cortical bone is highly resistant due to its high mineralisation, allowing

immediate loading protocols. Hence, we better describe the technology today as "cortico-basal implantology".





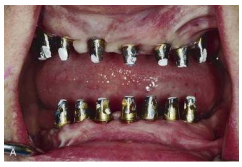


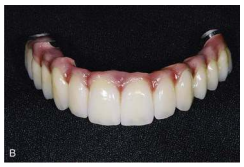
Why strategic implants ?

- Utilization of the patient's own bone substance
- Immediate/early loading – SINGLE SURGICAL PHASE, reduced costs
- Immediate implant placement after extensive tooth extractions
- Failure Implant-retreatment cases
- Favourable distribution of biomechanical loads
- All under LOCAL ANAESTHESIA- even ZYGOMA IMPLANTS.
- No need for Bone Grafts, Sinus lifting, any-other unnecessary procedures
- Predictable, Aesthetically pleasing
- Safe – Diabetics (HbA1c -8,9,10,11), Smokers, Aggressive periodontitis, Poor Oral Hygiene

Contraindications:

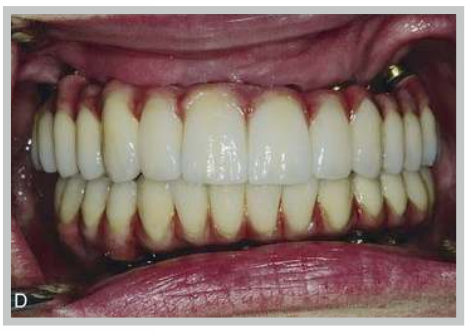
- prolonged oral or i.v. use of Biphosphonates
- Recent MI patient and cv accidents
- Immunosuppressant therapy, chemo and radiation patients.





ADVANTAGES OF BASAL IMPLANTS

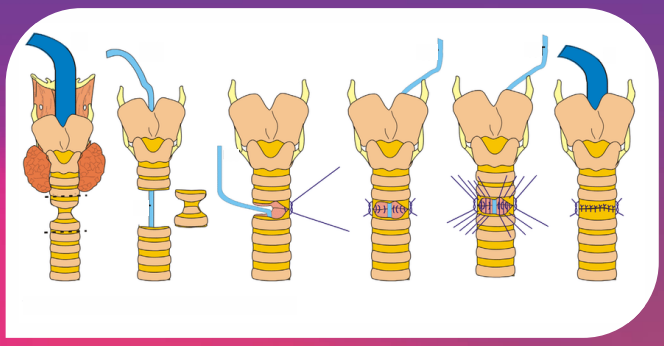
- Immediate Loading
- One piece implant
- Basal – cortical bone support
- Minimally invasive, minimal surgical complications
- Works well in compromised bone situations



Conclusion:

There are several factors that lead to loss of tooth, but replacement options have gone to high standards where we can achieve a near natural tooth replacement with strategic implantology. So accepting this new normal with near natural replacement is harmony.

Dr B Banupriya
M.D.S., FAM.,
Consultant
Dental Surgeon
Maxillofacial Dental Unit



Tracheal Resections
COMPLEX YET ACHIEVABLE

INTRODUCTION

Primary tracheal neoplasms are rare and uncommon, accounting for less than 0.01% of all tumors and for about 0.2% of respiratory malignant lesions.

The most common histologic types are squamous cell carcinoma , representing about 50-66% and adenoid cystic carcinoma accounting for 10-15%.

Occasionally extrathyroid extension of thyroid malignancies involve the trachea. Widely aerodigestive tract invasion occurs in 1-8% of patients with thyroid cancers. De facto the trachea is the most common site of invasion with an incidence of 35-60%.

Surgery is the treatment of choice for both benign and malignant tracheal neoplasms. Radiotherapy is indicated as an adjuvant to resection or for unresectable tumors or for palliation of severe symptoms.

The maximal length of trachea that can be resected has always been a crucial issue. Grillo performed cadaveric studies and found that with a standard tension of 1000-1200 g, it was possible to resect up to a median length of 4.5cm without producing much anastomotic tension. However increasing technical expertise has proved it is possible to resect with end to end anastomosis up to 50% of the length of trachea in adults. Younger age, elasticity of tracheal wall and the absence of previous treatment have positive influence on the extent of resection.

Here we present three cases, one primary tracheal adenoid cystic carcinoma and two with extrathyroidal extension of papillary carcinoma, that underwent tracheal resection and primary anastomosis.

CASE 1

A 46 year old female presented with complaints of breathing difficulty for five months. She had been on medical management with bronchodilators and inhalational steroids, but they provided only momentary relief. She was then evaluated with CT scan of neck and thorax by a pulmonologist which revealed a subglottic growth. Rigid bronchoscopy was performed which revealed a polypoidal lesion 1.5 cm below the vocal cords arising from the right lateral wall, reducing the lumen to 20%. The mass extended from second tracheal ring to about three centimetres distally. It was debulked and sent for histopathologic examination which showed features of adenoid cystic carcinoma. Rest of her clinical and laboratory examination did not reveal any significant abnormalities. She then underwent primary tracheal resection for a length of 4.6cm with a margin of around 1cm both proximally and distally. The cut ends were anastomosed primarily. Stay sutures were placed from skin

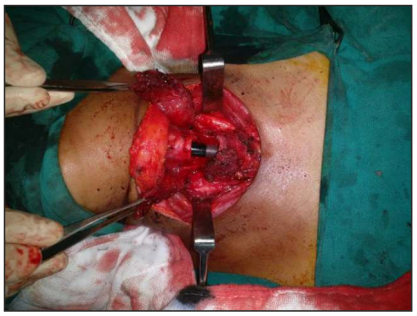


Fig 1: Trans cervical view of tracheal resection

Fig 2: Guardian suture

over the lower jaw to the clavicle (Guardian sutures) to maintain neck flexion for a period of two weeks. The patient then underwent adjuvant radiotherapy six weeks post surgery and is now alive and well after a period of two years with no fresh respiratory symptoms.

CASE 2

A 51 year old female patient presented with a history of swelling in the neck for six months, gradually increasing in size. She also developed difficulty breathing, more in supine position two months later. An FNAC was done which revealed papillary carcinoma of thyroid. CT imaging of the neck showed an exophytic mass lesion in the right lobe of thyroid infiltrating the right lateral wall of trachea and enlarged right level III lymph node. Upper GI scopy and flexible bronchoscopy was done which revealed growth in the right wall of trachea around 1 cm below the subglottis with partial lumen obstruction.

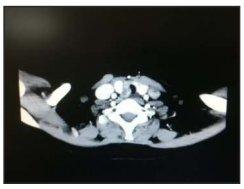


Fig3: CT image showing extrathyroidal extension into trachea

After routine pre operative evaluation she underwent covering tracheostomy and total thyroidectomy with right type III modified radical neck dissection along with resection of anterior and right lateral wall of trachea from the first ring to fifth ring. The posterior and left lateral wall was then divided in a diagonal fashion and rotated and brought anteriorly and primary anastomosis was done. Wound was closed with drain in situ and neck kept in flexion with guardian sutures from chin to clavicle. In post operative period she was managed with parenteral antibiotics, tracheostomy and drain care. Drain was removed after one week. Guardian sutures and tracheostomy tube were removed in the second post operative week. Patient is now one month post op and is comfortable without any respiratory symptoms.

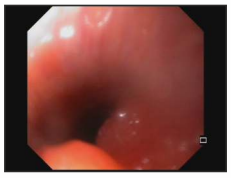


Fig 4: Brochoscopic image of tracheal infiltration

CASE 3

A 64 year old female patient had a history of right sided neck swelling two years ago for which she underwent right hemithyroidectomy. The histopathology revealed papillary carcinoma of thyroid. She was advised completion thyroidectomy but patient defaulted. She now presented with swelling on both sides of the neck for five months and hoarseness for the last three months. A CT neck was done which revealed a heterogenous soft tissue lesion in the region of the left lobe of thyroid and bilateral cervical lymphadenopathy. FNAC of the neck node was done which showed evidence of papillary carcinoma thyroid. Upper GI scopy and bronchoscopy revealed left vocal cord palsy and no other abnormality. Routine pre operative evaluation was done and patient was taken up for surgery. She underwent completion thyroidectomy with bilateral type III modified radical neck dissection. The left recurrent laryngeal nerve was seen to be entering the tumor, hence was sacrificed. On mobilizing the thyroid from its bed it was seen to be adherent to the first and second tracheal cartilage. Hence the anterior wall of the same was excised. Cut ends of the trachea were sutured primarily and reinforced with sternomastoid muscle cover. Tracheostomy was done and skin closed with drain in situ. Stay sutures were not put in view of shorter, partial resection with no tension in the anastomosis, but patient was nursed in flexed neck position. Drain was removed one week post operatively and tracheostomy decanulated after two weeks. Patient is now three weeks post operation and is symptom free.

CONCLUSION

In most tracheal malignancies the symptom presentation is often misleading and a correct diagnosis may be delayed by months to years. Clinical suspicion plays a fundamental role and endoscopic and CT evaluation remain the cornerstones in the diagnostic pathway. Appropriate surgical resection and reconstruction is still the best modality to achieve a long term survival with a decent quality of life. However, this remains a challenging procedure and a vast experience and an in depth knowledge of every detail, from patient selection to surgical approach and reconstruction techniques are absolutely essential.

Dr. K. Karthikesh
M.B.B.S., MS., DNB., M.Ch., FRCS (Edinburgh).,
Consultant
Surgical Oncologist

5 Ways to Strengthen your Heart

GENERAL TIPS

Let's take a few minutes to learn these 5 heart-smart habits that will keep you going strong.

1. Manage your Blood Pressure

By decreasing stress, eating well, exercising, reducing salt intake, and drinking less alcohol, you can help lower it. Ask your doctor about controlling your blood pressure effectively.

2. Manage Cholesterol and Triglycerides

Ask your doctor to perform a fasting lipoprotein profile every 4 to 6 years. Avoid foods such as beef, lamb, pork, butter, or whole milk because they are high in saturated fat.

3. Maintain a Healthy Weight

By increasing the amount of work needed to pump blood into your body, obesity strains the heart. In order to help you drop the extra pounds, pursue a weight loss program.

4. Exercise Regularly

Physical exercise can enhance the health of your heart significantly. Exercise can strengthen the muscles of the heart, keep weight in check and decrease stress.

5. Stop Smoking

Smoking affects the inner surface of the blood vessels, contributing to atherosclerosis in turn. However, it is never too late to stop, no matter how long you have been smoking.

Sri Ramakrishna Hospital (MultiSpecialty)

Expertise you can Trust

395, Sarojini Naidu Road, Siddhapudur, Coimbatore, Tamil Nadu 641044

0422 4500000 | info@sriramakrishnahospital.com | www.sriramakrishnahospital.com