

Happenings at Sri Ramakrishna...









Shri.D.Lakshminarayanaswamy

Managing Trustee

We stand committed in constantly raising the bar to deliver best – in-class healthcare. We recognize the vital role that technology plays in delivering superior healthcare services and endeavor to be at the forefront in procuring the best of equipment to serve better.

We recognize the strength that comes from unity. It is an honor to lead such a competent team, as you bring so much worth joy in lives of every individual who trust us through your impeccable service. May you keep doing the good work.

This new year is your first day to start fresh, to eat right, to train hard, to live healthy and to be proud. May health and happiness follow you and your loved ones during the years to come. Wishing you all a Happy New Year. Stay safe and take care.



Dr. S. RajagopalMedical Director

Sri Ramakrishna Hospital has always been a forerunner in conducting diverse academic programs alongside its clinical achievements. The emphasis on clinical club meetings, where discussing interesting cases adds an enriching dimension to the professional development of the team.

The specific focus on Emergency care, Dermatology & Cosmetology, and Pain Management this month demonstrates a commitment to staying updated with medical advancements and addressing a broad spectrum of healthcare

needs. This proactive approach not only benefits the medical professionals involved but also enhances the overall quality of patient care.

Wishing everyone a Happy New Year filled with health, happiness, and continued success. May the upcoming days be marked by fresh starts, good health practices, and pride in the meaningful work you do.

Editorial Team		
Dr.N.Loganathan Pulmonologist	Dr.S.Prahadeeshwaran Head - Public Relations	Mr.Murali Kaliappan Head - Marketing





SRI RAMAKRISHNA HOSPITAL



has been Awarded for

Excellence in Multi-Speciality Hospital

by











Sri Ramakrishna Hospital has been awarded for Excellence in Multi Speciality Hospital by ET Excellence 2023, Coimbatore on December 27,2023. The Award was presented by Shri. Kapil Dev, Captain of 1983 Indian World Cup Team to our Joint Managing Trustee Mr. R. Sundar and Chief Operating Officer Ms. Swathy Rohit, SNR Sons Charitable Trust (Sri Ramakrishna Hospital and Educational Institutions)





Reconstructive Challenges of Distal Tibia Osteosarcoma:
Patient Specific Customised Mega
Prosthesis Fixation – One of its kind

INTRODUCTION

Distal tibia is an uncommon location for primary malignant tumors of the bone. Most resections include the articular surface, and reconstructions of these defects pose unique challenges including a complex bony anatomy and a thin soft tissue cover. Unlike around the knee or hip, there seems to be no reliable endoprosthetic or biological reconstruction for creating a functional joint at the ankle. In the past the standard treatment for this issue was below-knee amputation.

However following the development of more effective chemotheraphy drugs and theraphy schemes and availability of modern surgical techniques, limb salvage has become mainstay of treatment for this issue. Reconstruction following resection of distal tibia for primary bone tumors poses a challenge to the orthopedic surgeon.

Although below-knee amputations for distal tibia tumors may provide excellent function with modern prostheses, limb salvage continues to be offered as a standard of care in view of psychological impact and quality of life. Restoration of the functional ankle joint has remained a challenge following distal tibia resections for bone tumors.

PATIENT AND OBSERVATION

A 13 year old boy, with no medical history, presented with pain and swelling of distal leg and difficulty in walking .There is no history of trauma or fever or weight loss. Radiograph and MRI leg showed

features of distal tibia osteosarcoma. USG guided trucut biopsy of left lower tibial periosteal soft tissue Suggestive of conventional Osteosarcoma, Osteoblastic type. Resection margins were planned on pretreatment radiographes and MRI scans to achieve a 3cm clearance bony margin and soft tissue cover as margin over the resected specimen. Patient was positioned in supine posture and incision was placed anteromedially to include the biopsy tract that was excised along with the tumour.

Meticulous dissection done to preserve the neurovascular structures and adequate clearance margins with intra op Frozen Section study. Tumour was removed intoto with 3 cms tumour free margin, 17cms from tibiotalar joint.

The talar dome Was burred to expose the subchondral bone for implant fixation. Implants fixed after preparing the native bone, using bone cement. Joint reduced and found to be stable with optimal ROM. Primary closure done with available soft tissue and skin.

- Neoadjuvant chemotheraphy started after suture removal
- post op specimen biopsy reconfirmed the diagnosis and the margin is free of tumour

Postoperative rehabilitation allowed immediate mobilization without loading the operated limb. Partial weight bearing was started at 6 weeks progressing to full weight bearing at nearly 12 weeks.



CONCLUSION: In summary we the report case of osteosarcoma of distal tibia which is a rare condition. The diagnosis was confirmed by USG guided Trucut biospy. The multicentric approach which included the preop chemotheraphy, follow up MRI and X-ray of distal tibia. Patient specific prosthesis designing and manufacturing, meticulous surgical resection of the

tumour and challenging reconstruction of the distal tibia and tibiotalar joint, postoperative chemotheraphy and individualized physio rehabilitatation, improved the prognosis and limb loss. I sincerely thank our oncology team for giving me this opportunity.

PRE- OP MRI





INTRA OP IMAGES













PRE - OP XRAY





POST-OP XRAY





Dr.R.GOKULA KRISHNANMBBS., D.ORTHO., MCh. Orth.,
Consultant Orthopaedic Surgeon







Post Burns Contracture

Contracture is a common and significant complication of Burn injury. They result in cosmetic deformity as well as functional impairment. Contractures more commonly occur in shoulder, elbow and knees. Contracture of the neck is the common complication of burns involving the neck. When the burns wound, (especially 2nd degree or deep dermal and full thickness burns) heals wound contraction and epithelization from the margins of wound leads to contracture.

Management of Contractures:

The main object is to release the contracture, excision of the adjacent scar Tissue and cover the resultant raw area with Skin grafts or flaps and restore the appearance and function as much as possible. Split thickness skin grafts are more commonly used and in certain areas like eyelid, nose, full thickness grafts are used.

The skin flaps are local regional flaps or distant flaps or micro vascular free flaps. In certain patients only with skin involvement Z plasties and V-Y flaps are used for reconstruction.

Even after surgical correction ,the patients are advised to follow Physiotherapy, exercises, to wear compression garments at least for 3 months to avoid further recurrence.

Case study:

A 35 year old male came with the contracture involving the ankle and foot. His main complaint was difficulty in walking, not able to flex the toes. He had sustained burns 6 months ago and had taken treatment from the nearby hospital, where skin grafting was done. As he was not followed physiotherapy, he had developed

contracture. On examination, his ankle joint was stiff ,the foot was slightly dorsiflexed and the toes were in extension.

Under Spinal anaesthesia, the contracture was incised, the adjacent dense scar excised. As the bones and joints were not exposed, the resultant raw area was covered with spilt thickness graft taken from the thigh. The post burns contractures can be prevented to a certain extend by properly managing the burns wounds and by educating the patients to do physiotherapy and to wear splints or compression garments.

PRE - OP



POST - OP







PRE - OP



POST - OP



Dr. N. THIRUGNANAMMS, MCh (Plastic Surgery)
Visiting Consultant Plastic Surgeon



Department of Laboratory

Excellence in Healthcare Honours 2023

TN MedClave Excellence Awards program had been organized by Confederation of Indian Industry (CII) on December 2023 at Velacherry, Chennai. ACME consulting is proud to support the event as knowledge partner and to help CII in selecting the Hospitals and Diagnostic centers honoured. The nominations were invited from various healthcare sectors to recognize their work towards quality and digital transformation. A panel of ACME and CII analyzed each entry and selected twenty one hospitals and diagnostic centers from Tamil Nadu for offering best evidence of an effective quality and digital transformation.



Dr. Sathish Devadoss, Convenor- CII TN Healthcare & Vice Chairman, Devadoss Hospitals, Dr. Illankumaran Kaliamoorthy, Chairman, Medclave 2023 and Coconvenor, Healthcare Panel, CII Tamil Nadu, Mr. B.G. Menon, Managing Director, ACME Consulting, Ms. Sharmila Devadoss, Co- Chair- CII TN Medclave 2023 & Managing Director, Medlo Tek Health Systems Pvt Ltd shared best practices of digital healthcare transformation. Department of Laboratory, Sri Ramakrishna Hospital has won the prestigious CII' Excellence in Healthcare Honours 2023 for their dedication and service towards quality and patient care. Mr. Shankar Vanavarayar, President, CII Tamil Nadu delivered the esteemed award to Mr. R. Dorairaj, Administrative Director- Diagnostics, Sri Ramakrishna Hospital, Coimbatore, Tamil Nadu.





Emergency in Spine Surgery to be referred to Tertiary care centre.

Tertiary care centre is one that provides highly specialized medical care including advanced procedures performed by super specialities.

Spinal Emergencies result in lose of function, if not managed properly. Early diagnosis with Neurological examination and imaging can prevent the disability. Following are the common indications that need tertiary care by spine surgery unit when there is cord compression or impending cord compression.

Infection

- Epidural spinal abscess
- Spondylodiscitis with paraspinal abscess
- Granuloma

Degenerative Disease - Causing Compressive Myelopathy / Radiculopathy

- Disc Prolapse
- Spinal Canal stenosis

Trauma

- Spine Fracture due to injury
- Osteoporotic fractures
- · Pathological fractures

Neoplasm

- Metastatic Spine Disease
- Myeloma

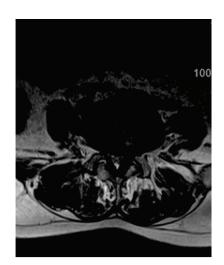
Inflammation

- Inflammatory arthritis of upper cervical spine with Compressive Myelopathy
- posterolateral C1-2 dislocation

Vascular - Hemorrhagic Causes

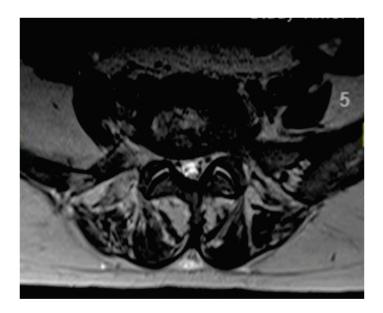
- Post Operative
- Anticoagulation
- Traumatic

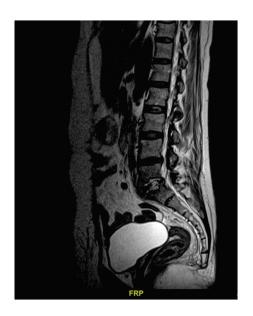
The goal in managing the Spinal Emergency is to prevent the secondary injury to cord. The Secondary injury causes Spinal inchemia initially and neuro-inflammation later on which produce glial scar formation finally if not intervened. The secondary injury can be prevented by appropriate management at the right time.















Upcoming Events

Academics - Sri Ramakrishna Hospital, Coimbatore

Webinar



SRH Academics consistently extends its immense focus to the entire Doctors' Community. We are organizing webinars on every 3rd Saturday of the month by 11 am.

Hope, you will find this very informative and interesting for your practice. The invitation and online portal hyperlink will be shared to everyone.

Kindly find the link to view past webinars below.

https://meet.google.com/oem-jvuu-dsb







Dermal Regeneration Templates in Reconstructive Surgery

Dermal Regeneration Templates (like IDRT, Matriderm, Novosorb BTM) are a groundbreaking medical technology designed to address complex skin defects and promote tissue regeneration. These have revolutionized the field of reconstructive surgery, offering a versatile solution for a range of patients with varying needs.

At its core, it functions as a three-dimensional matrix that mimics the structure of the human dermis. Composed of a biodegradable and porous material, the template provides a scaffold for cellular infiltration and tissue integration.

The primary components include a silicone layer and a bovine collagen-glycosaminoglycan matrix, both of which play crucial roles in facilitating the regenerative process.

One of its key advantages lies in its ability to promote angiogenesis, the formation of new blood vessels. The template's porous structure allows for the infiltration of host cells, including fibroblasts and endothelial cells, which contribute to the formation of vascular networks. This vascularization is essential for supplying nutrients and oxygen to the regenerating tissue, fostering a conducive environment for optimal healing.

Its application extends beyond traditional wound care, proving particularly beneficial in cases of extensive burns, trauma, and surgical excisions where a significant amount of skin needs replacement.

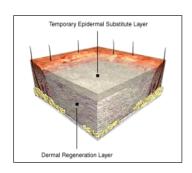
It's often used as a two-stage process. Initially, the silicone layer serves as a temporary wound covering, protecting the wound bed and promoting granulation tissue formation. Subsequently, the

silicone layer is removed, and a split-thickness skin graft is applied over the neodermis formed by the integrated matrix.

This not only facilitates wound closure but also contributes to the restoration of tissue functionality and aesthetics.

While dermal substitutes have witnessed widespread adoption and success, challenges persist. The cost of the template, coupled with the need for a two-stage procedure, can pose financial constraints for some patients and healthcare systems.









Moreover, ongoing research aims to enhance the template's properties, exploring modifications to improve cellular integration, accelerate vascularization, and address specific clinical scenarios.

In conclusion, Dermal Regeneration Templates stand as a pioneering advancement in the realm of tissue engineering and reconstructive surgery. Its unique composition, coupled with a versatile application across diverse medical specialties, has positioned it as a valuable tool for addressing complex skin defects. As ongoing research continues to refine and expand its capabilities, they hold the promise of further revolutionizing the field and improving outcomes for patients facing intricate reconstructive challenges.









Dr.S.BHAGAVATH KUMARMS (Gen. Surgery), MCh (Plastic Surgery), Fellowship (American Board)
Consultant Plastic Surgeon



Coimbatore's first Integrated Brain and Mind Care Centre to launch in Sri Ramakrishna Hospital

Sri Ramakrishna Hospital collaborated with Buddhi Clinic, Chennai to launch Coimbatore's first Integrated Brain and Mind Care Centre on Monday July 12th, 2021.

This collaboration embraces modern science with ancient knowledge that will significantly contribute to make better quality of life and improve the daily activities of patients with Neuro-disabilities and mental health problems.



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Sri Ramakrishna Hospital NBEMS CPR Awareness Program - 06.12.2023

"Whoever saves one life, saves the world entire"

National Board of Examination in Medical Sciences, under Ministry of Health and Family Welfare conducted NBEMS CPR Awareness Programme on December 6th, 2023. The awareness programme was attended by our Chief Executive Officer, Medical Director and Medical Superintendent and Doctors from various departments, nurses, administration staffs and supporting staffs.



Dr. Sanjeev Mital and Dr. Debashish Dhar of Ganga Ram Hospital, New Delhi illustrated the live saving procedure through a video which was screened to the participants in the awareness programme. Further clarifications was provided by our Hospital Emergency Care Consultants Dr. N. Manjunathan and Dr. M. Parthiban. A Certificate of Participation was provided to all participants by NBEMS.







Sri Ramakrishna Hospital - Meet the Expert 12.12.2023



Prof. Dr. S. Suresh, MBBS., FRCOG, D.Sc., Chief Medical Director, Mediscan Addressed the consultants and other medical fraternities @ SRH Auditorium on 12.12.2023







Sri Ramakrishna Hospital (Multi-Speciality)

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