



SRI RAMAKRISHNA  
HOSPITAL

# pulse

*Happenings at Sri Ramakrishna...*

**HAPPY  
NEW YEAR !**



Wishing a New Year of good health,  
healing hands, and countless blessings  
through care and compassion



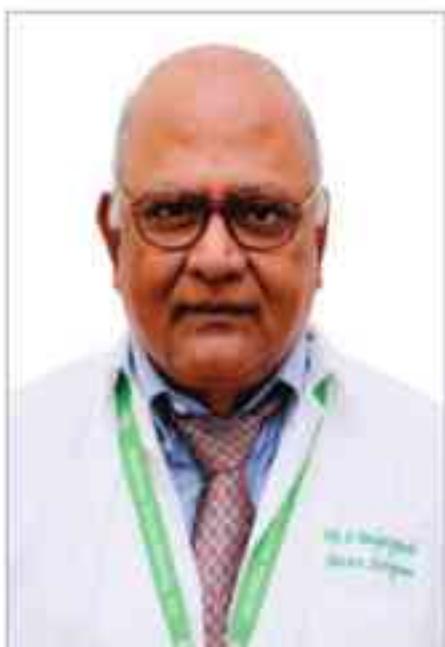


**Dr. Sundar Ramakrishnan**  
Managing Trustee

As we reflect on the year gone by, it fills me with pride to acknowledge the collective efforts of our doctors, nurses, paramedical staff, administrators, and support teams who have worked tirelessly to uphold our hospital's values of compassion, integrity, and service excellence. The past year has been one of progress, resilience, and renewed commitment to serving the community with quality and affordable healthcare.

Throughout the year, we meaningfully observed several important health awareness days including World Cancer Day, World Kidney Day, World Diabetes Day, World Stroke Day, World Emergency Medicine Day, World AIDS Day, and other national and international observances. These initiatives reinforced our mission to educate, prevent, and empower the community through awareness, early diagnosis, and timely intervention.

As we move forward, our focus remains on strengthening infrastructure, adopting innovation, and fostering a culture of continuous improvement while staying deeply rooted in our humanitarian values. I extend my heartfelt gratitude to our patients, well-wishers, and partners for their continued trust and support. Together, let us step into the coming year with optimism, responsibility, and a shared vision for a healthier society.



**Dr. S. Rajagopal**  
Medical Director

The past year has been marked by significant clinical advancements, strengthened patient-care protocols, and a continued emphasis on safety and quality across all departments. Our medical teams have consistently demonstrated clinical excellence, teamwork, and dedication in managing complex cases while ensuring compassionate, patient-centric care.

We have made notable progress in enhancing clinical outcomes, infection control practices, emergency preparedness, and multidisciplinary care approaches. Continuous medical education programs, clinical audits, and protocol-driven care have played a key role in improving efficiency and maintaining high standards across specialties.

As we enter the New Year, our priority remains focused on evidence-based practice, ethical medicine, and innovation in diagnostics and treatment. Our journey to this half - century mark has been paved by the dedication of our clinicians, nurses, and allied health professionals who remain the backbone of our hospital's medical excellence. Together, we will continue to raise the bar in delivering safe, reliable, and advanced healthcare to every patient we serve.

## Editorial Team

**Dr. N. Loganathan**  
Pulmonologist

**Dr. S. Prahadeeshwaran**  
Head - Public Relations

**Mr. Santhosh Vijayakumar**  
Head - Corporate Relations & International Affairs

## Sri Ramakrishna Hospital performs rare Intra-Cardiac Surgery on infant from Nigeria



Sri Ramakrishna Hospital marked a significant medical milestone by successfully performing Coimbatore's first-of-its-kind Intra Cardiac Repair on a one-year-old infant from Nigeria diagnosed with a rare and complex congenital heart disease. The infant was identified with Complete Atrioventricular (AV) Canal Defect with severe Pulmonary Artery Hypertension, a life-threatening condition requiring immediate and highly specialized intervention. This case once again highlighted the hospital's expertise in handling complex pediatric cardiac conditions with precision and compassion.

The child underwent a meticulously planned Intra Cardiac Repair, led by Dr. S. Vijay Sadasivam, Consultant Paediatric Cardiothoracic Surgeon, along with a highly experienced multidisciplinary surgical, anesthesia, and cardiology team. Despite the infant's low body weight and high surgical risk, the four-hour procedure was completed successfully, supported by advanced cardiac anesthesia and postoperative critical care. Dedicated monitoring and expert management in the Pediatric Intensive Care Unit played a vital role in ensuring a smooth recovery.

With comprehensive clinical care and coordinated teamwork, the infant made a remarkable recovery and is now healthy and ready to return home. This successful outcome reinforces Sri Ramakrishna Hospital's growing reputation as a trusted global destination for advanced pediatric cardiac care and international medical tourism. The case stands as a testament to the hospital's commitment to delivering world-class healthcare outcomes through excellence, expertise, and compassionate care.



## Understanding, Preventing and Managing Falls in the Elderly

Falls in the elderly are not just physical injuries—they are a life-altering event that can result in long-term disability, loss of independence and even death.

Falls in the elderly can have devastating effects, leading to long-term disability, loss of independence, and even death. However, with proper prevention strategies, including home safety modifications, regular exercise, and medical management, the risk of falls can be significantly reduced.

Falls in seniors remain one of the leading causes of morbidity and mortality among the aging population, and understanding this issue is essential to preventing such incidents.



patient's bathroom equipped with a shower chair and railings around the commode for added safety

### Falls in the Elderly

Falls are defined as an unexpected event in which an individual unintentionally comes to rest on the ground or another lower level. Among the elderly, falls often result from a combination of intrinsic (internal) and extrinsic (external) factors. As individuals age, their physical and cognitive capabilities naturally decline, making them more susceptible to falls. Unfortunately, the consequences of such falls are often severe, ranging from broken bones and joint dislocations to long-term disability and psychological impacts like depression and anxiety.

Statistics from around the world confirm the alarming prevalence of falls in the elderly. In India, an increasing number of older adults suffer falls, with approximately 30% of people aged 65 and older experiencing at least one fall each year. The consequences of such falls extend far beyond the immediate physical injury and include loss of independence, reduced quality of life, and a heightened risk of death due to complications such as infections or blood clots.

### Risk Factors for Falls in the Elderly

Several factors contribute to the heightened risk of falls in older adults. These risk factors can be classified into intrinsic and extrinsic categories, which often interact with one another.

#### Intrinsic Risk Factors

- **Age-related physical decline:** As people age, they experience muscle weakness, decreased bone density, and loss of flexibility, all of which can affect balance and coordination. Additionally, sensory impairments such as vision and hearing loss make it harder for seniors to detect environmental hazards.
- **Chronic health conditions:** Many seniors suffer from chronic conditions such as arthritis, Parkinson's disease, stroke, diabetes and cardiovascular disease, which impair mobility and balance. Conditions like osteoporosis increase the risk of fractures when falls do occur.
- **Medication side effects:** Medications prescribed to the elderly, (antihypertensives and antidepressants, sedative) leading to a higher risk of falls. Multiple medication use, known as polypharmacy, increases this risk significantly.
- **Cognitive impairment:** Cognitive decline and dementia are also major contributors to falls. Seniors with conditions like Alzheimer's disease may experience confusion, difficulty with spatial awareness, and a reduced ability to navigate their surroundings safely.
- **Poor balance and gait:** Many seniors have difficulty maintaining their balance due to muscle weakness, poor posture, and reduced mobility. Gait abnormalities such as shuffling or uneven steps, increase the risk of tripping and falling.

#### Extrinsic Risk Factors

- **Environmental hazards:** Poorly designed homes and public spaces pose significant fall risks. Cluttered walkways, loose rugs, inadequate lighting and slippery floors can all cause seniors to trip or slip. Lack of handrails in bathrooms or stairs is also a common risk factor.

## Extrinsic Risk Factors

- **Footwear:** Wearing inappropriate footwear, such as slippers with poor grip or high heels, can contribute to falls. Ill-fitting shoes that do not provide proper support can also impair a person's ability to walk safely.
- **Weather conditions:** As winter has approached, icy or wet conditions outside can lead to falls. Seniors who are hesitant to leave their homes during such times may also limit their outdoor activity, leading to weakness and frailty, which, in turn, increases the risk of falling when they do venture out.

## Prevention of Falls in the Elderly

Preventing falls in the elderly should be a key focus of healthcare providers, caregivers and the seniors themselves. A multi-faceted approach is necessary to address the various contributing factors and reduce the likelihood of falls.

- **Regular exercise:** Engaging in balance and strength training exercises can significantly reduce the risk of falls. Exercises that improve flexibility and muscle strength, such as walking, stretching and resistance training, help enhance mobility, coordination, and balance.
- **Vision and hearing check-ups:** Regular eye and hearing exams are vital for seniors, as visual and auditory impairments can significantly increase the risk of falls. Corrective lenses, hearing aids, and proper lighting in the home can address many of these issues.
- **Medication review:** Regularly reviewing the medications seniors take with their healthcare providers can help identify any drugs that may cause dizziness or drowsiness. Adjusting dosages or switching medications can improve overall stability and reduce fall risk.
- **Home modifications:** Ensuring the home is free from fall hazards is essential. Installing grab bars, handrails, and non-slip mats in bathrooms, improving lighting, and removing tripping hazards like loose rugs can significantly reduce fall risk. Bathroom safety is particularly important, as it's a high-risk area for falls due to slippery surfaces and limited support. Adding features like raised toilet seats, handles around the commode, shower chairs and handheld shower heads enhances stability and provides critical support, helping prevent falls in this vulnerable space.
- **Foot care:** Seniors should wear well-fitting, supportive shoes with non-slip soles. Foot care is also essential, as bunions, corns, and other foot problems can alter gait and increase the risk of falls. Geriatric Orthopedic Society of India (GOSI)
- **Health management:** Managing chronic health conditions like diabetes, cardiovascular disease and arthritis can help reduce the risk of falls. Regular check-ups and timely interventions for conditions like osteoporosis can prevent complications related to falls.
- **Education and awareness:** Educating seniors, caregivers, and families about fall risks and prevention strategies is essential. Support groups and community-based programs can raise awareness and provide seniors with the tools they need to stay safe.

## Consequences of Falls in the Elderly:

### Key Points

- **Increased Risk of Fractures:** Falls in older adults frequently result in fractures, particularly hip fractures. Hip fractures often lead to prolonged hospital stays, significant loss of independence, and require long-term rehabilitation.
- **Severe Physical Injuries:** Falls can cause deep lacerations, head injuries, or internal bleeding, which may not be immediately apparent and can be life-threatening.
- **Head Injuries:** Any head injury in seniors should be evaluated early, as it can lead to internal bleeding known as subdural hematoma (SDH). Symptoms may develop slowly, making prompt assessment essential.
- **Risk of Pulmonary Embolism (PE):** Bedridden seniors are at an increased risk of developing pulmonary embolism (PE) due to blood clots that may form from prolonged immobility. PE is a life-threatening condition that requires immediate medical intervention to prevent serious complications.
- **Infection Risks:** Bedridden status after a fall heightens the risk of several infections:
  - **Pressure Ulcers (Bedsores):** These develop from prolonged immobility, leading to tissue damage and often slow, challenging healing.
  - **Pneumonia:** Reduced lung function in immobile patients increases the likelihood of pneumonia (Orthostatic Pneumonitis).
  - **Urinary Tract Infections (UTIs):** More common in those with limited mobility or catheter use.
- **Psychological Impact:** Falls can have a profound psychological toll, often leading to a heightened fear of future falls. This fear can result in reduced mobility, increased dependency, and muscle atrophy. Additionally, many trauma survivors feel ashamed of their stress reactions, which can further hinder their ability to effectively utilize support systems and resources. Social Isolation and Depression: Seniors may withdraw socially and experience depression due to limited interaction and loss of independence.
- **Long-term Health Implications:** The combination of physical and psychological impacts weakens physical health over time, resulting in a cycle of declining mobility and increased dependency.

**Dr. R. GOKULA KRISHNAN**

MBBS, D.ORTHO, M.Ch. Orth,

Consultant Orthopedic Surgeon





## UNIPORTAL ENDOSCOPIC SPINE SURGERIES

**Introduction:** Through a less than 1 cm single incision, spine surgery is done through a working channel of endoscope constituting light source and lens

The advantages are less post-operative pain, shorter hospital stays, and shorter recovery time. The two most utilized approaches for endoscopic spine surgery are the transforaminal and interlaminar approaches.

### The Transforaminal Approach

Transforaminal endoscopic surgery is done by a direct approach to the area of pathology through a safe foraminal window. A far lateral incision is used to allow instruments to access the extraforaminal and lateral foraminal zones in Kambin's triangle. Kambin's triangle is bordered anteriorly by the exiting root, inferiorly by the proximal plate of the lower lumbar segment, posteriorly by the superior articular process of the lower vertebra, and medially by the traversing nerve root and dural sac

It is most effective for isolated unilateral foraminal conditions or disc pathology causing neural compression in the central canal or lateral recess. Its use is limited in addressing other causes of central stenosis, including facet and ligamentum flavum hypertrophy and in reaching L4-5, L5-S1 spine as the iliac crest blocks it.

### Interlaminar Approach

It provides visualization similar to conventional open surgery. A paramedian incision is used to access the lamina and interlaminar space, spinal structures within the central canal and lateral recesses. It allows better access to lower spine levels, such as L5-S1 which has a larger interlaminar window.

The interlaminar approach is more often used to treat central stenosis and lower spinal levels. Because of its high resolution, endoscopic surgery has shown similar or superior results compared to conventional central decompression technique.

Endoscopic lumbar interbody fusions can adjust foraminal and disc height, improve overall alignment and listhesis, and minimize soft tissue damage during interbody cage insertion, unlike conventional open surgeries.

Endoscopic spine surgery also has the unique water-based complications of tissue edema but a mean pressure of 30 mmHg is safe for irrigation-based surgeries, and constant irrigation improves overall visualization.

### Cervical Spine

Percutaneous endoscopic cervical discectomy has emerged as a safe and effective procedure in treating cervical spine pathology and has been mainly divided into anterior transdiscal approach and posterior interlaminar approach. Radiculopathy due to foraminal disc herniation or foraminal stenosis are the main indications. Reduction of incision size and less muscle dissection could result in lower blood loss, periosteal stripping, and bony removal compared to open cases. Cervical endoscopic laminotomy for cervical spondylotic myelopathy has similar functional outcomes with open procedures.

If the primary pathology is located at the lateral border of the spinal cord, the posterior approach is preferred. However, the anterior approach is more effective for central or paracentral pathology to reduce spinal cord retraction.

## Thoracic spine

Full-endoscopic uniportal technique is useful in symptomatic disc herniation and stenosis in the thoracic spine.

### Conclusion

Advancements in endoscopic spine surgery are occurring rapidly as there are increasing trends towards utilizing of MIS techniques. Endoscopic surgery already has several uses within all levels of the spine, as well as more complex tumor and infection cases. In discitis and epidural

abscesses, it allows for the direct observation of infected tissue to obtain adequate sample for diagnostic tests and optimal local debridement. It helps in direct visualization of the operative level with minimal disruption to surrounding bony and soft tissue structures. This subsequently reduces the morbidity associated with larger open surgeries, speeding up recovery time with the goal of achieving equivalent or improved functional results.

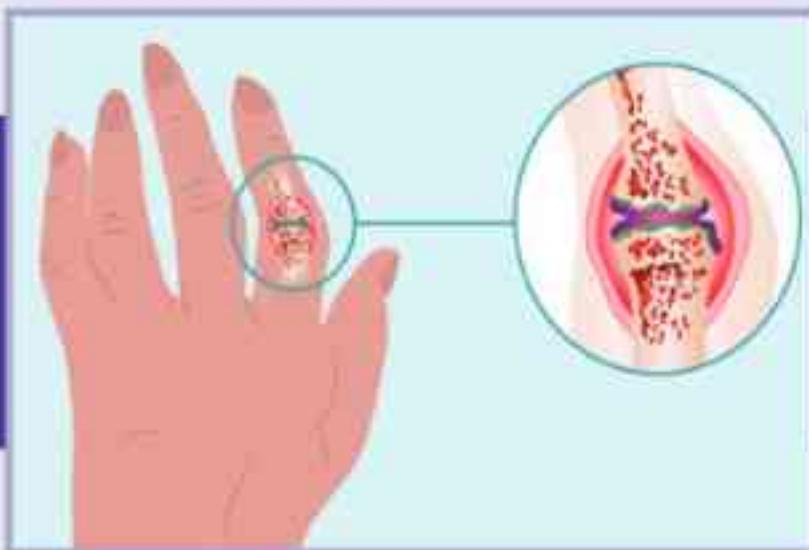


**Dr. N. KANNIAPPAN**

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Consultant Orthopedic and Spine Surgeon





## When Swollen Hands Are Not Rheumatoid Arthritis

A 72-year-old man presented with a two-week history of polyarthralgia involving both hands, both shoulders, and the left knee. The symptoms were not associated with early morning stiffness. He was a chronic smoker with a past medical history of chronic obstructive pulmonary disease.

On clinical examination, there was diffuse swelling over the dorsum of both hands, along with synovial thickening and tenderness of the left knee. No other clinical features suggestive of a connective tissue disease were noted.



Laboratory investigations demonstrated elevated acute-phase reactants, with an erythrocyte sedimentation rate of 62 mm/h and a C-reactive protein level of 34 mg/L. Rheumatoid factor and anti-cyclic citrullinated peptide antibodies were negative. Complete blood counts, renal function tests, and liver function tests were within normal limits. Radiographs of the hands were unremarkable. Shoulder radiography revealed superior migration of the humeral head.

The clinical presentation in this elderly male patient is characteristic of remitting seronegative symmetrical synovitis with pitting oedema (RS3PE) syndrome. RS3PE is a rare inflammatory arthritis, first described by McCarty et al., that typically affects older adults and demonstrates a male predominance. The diagnostic criteria include pitting oedema of the limbs, acute onset of polyarthritis, age greater than 50 years, and seronegativity for rheumatoid factor; all four criteria

must be fulfilled to establish the diagnosis. The absence of early morning stiffness, normal hand radiographs, and lack of erosive changes further support this diagnosis and help distinguish RS3PE from elderly-onset rheumatoid arthritis. RS3PE may occur as an isolated condition or in association with other rheumatological diseases and underlying malignancies.

Differentiating RS3PE from polymyalgia rheumatica (PMR) can be challenging, as both conditions are characterized by elevated ESR and CRP levels, negative RF and anti-CCP, absence of erosive changes on radiographs, and a dramatic response to low-dose corticosteroid therapy. However, bilateral hand swelling with extensor tenosynovitis is a hallmark feature of RS3PE, whereas PMR predominantly involves the proximal joints, particularly the shoulders and hips. In addition, RS3PE shows a male predominance, while PMR is more commonly observed in females.

In the present case, involvement of both proximal and distal joints initially complicated the clinical picture. Nevertheless, the absence of early morning stiffness and the radiographic finding of superior migration of the humeral head—suggestive of a co-existing rotator cuff tear arthropathy—helped clarify the diagnosis and supported RS3PE rather than PMR as the underlying inflammatory condition.

Corticosteroids remain the mainstay of treatment for RS3PE. The patient was initiated on oral prednisolone at a dose of 10 mg/day, resulting in complete resolution of symptoms.

**Dr.R.NAGENDRAN**

MBBS, MD (General Medicine),  
DM (Rheumatology),

Consultant Rheumatologist



## Sri Ramakrishna Hospital

### WORLD QUALITY DAY CELEBRATION

The hospital marked Quality Day Celebration with great pride and enthusiasm, recognizing the collective commitment towards excellence in patient care and safety. The event served as a platform to honour various departments whose consistent adherence to quality standards has significantly contributed to the hospital's growth, credibility, and clinical outcomes. Their dedication reflects our institution's unwavering focus on continuous improvement and service excellence.

The celebration was graced by Dr. Banumathy as the Guest of Honour, whose presence added immense value to the occasion. She delivered an insightful address emphasizing the importance of quality-driven systems, teamwork, and accountability in healthcare. Her message reinforced the need to embed quality not just in processes, but in everyday clinical and administrative practices.

The Chief Guest, Dr. R. Sundar, Managing Trustee, shared an inspiring and forward-looking message, highlighting quality as the foundation of trust and long-term institutional success. He commended the award-winning departments for setting benchmarks in healthcare delivery and encouraged all teams to continue upholding the highest standards, reaffirming the hospital's vision of delivering safe, ethical, and patient-centric care.



## SRH inaugurates Emergency Healthcare Department

Sri Ramakrishna Hospital welcomes the New Year by strengthening its commitment to life-saving care with the inauguration of a state-of-the-art Emergency Department, built to global emergency medicine standards. The upgraded facility features NABH-compliant systems, structured triage zones, and standardized clinical pathways to ensure rapid response for critical conditions such as stroke, heart attack, and trauma.

The Emergency Department is supported by a 24/7 multidisciplinary team of trained Emergency Physicians and Nurses, along with modern resuscitation bays, bedside monitoring, and immediate access to advanced imaging. These capabilities enable swift diagnosis and timely interventions, significantly reducing critical response times when every second matters.



A key highlight is the introduction of the Advanced Life Monitoring System integrated with ambulance services, allowing real-time patient monitoring during transit and seamless coordination with the hospital's Emergency team. This integration of pre-hospital and in-hospital care reinforces Sri Ramakrishna Hospital's mission to deliver timely, compassionate, and world-class emergency care to the community.



## WALANT: A Revolution in Hand Surgery Principles and Paradigm Shift

**The Wide-Awake Advantage:** The acronym WALANT—which stands for Wide-Awake Local Anesthesia No Tourniquet—represents a fundamental paradigm shift in hand and upper extremity surgery. Traditionally, procedures requiring a bloodless surgical field necessitated a painful arterial tourniquet, which, in turn, demanded general anesthesia or heavy sedation to manage patient discomfort and anxiety.

Pioneered by Canadian hand surgeon Dr. Donald Lalonde, WALANT breaks this cycle. By utilizing a specific mixture of local anesthetic agents, surgeons can achieve both excellent pain control and a clear, bloodless field without the associated risks, costs, and side effects of sedation and general anesthesia.

**The Core Pharmacological Principles:** The success of WALANT rests on a carefully formulated injectable solution that provides both neural blockade (numbness) and hemostasis (blood control). The three essential ingredients are:

- **Lidocaine:** The standard local anesthetic, which blocks nerve signals to eliminate pain sensation in the operative field.
- **Epinephrine (Adrenaline):** This is the crucial component for "No Tourniquet." Epinephrine is a powerful vasoconstrictor; it causes the small blood vessels in the hand and wrist to constrict, effectively minimizing bleeding and creating a clear surgical field for the surgeon. Historically, epinephrine was avoided in areas like the fingers (due to fear of digital ischemia), but large-scale studies have definitively proven its safety when used in the correct, dilute concentration (e.g., 1:100,000 to 1:400,000).
- **Sodium Bicarbonate:** A buffering agent added to the solution. Lidocaine is naturally acidic, which causes the burning or stinging sensation during injection. Bicarbonate neutralizes the pH, making the solution closer to the body's natural pH, thus significantly reducing injection-related pain.

### Diagram 1: The WALANT Anesthetic Cocktail

The combination of these agents ensures pain relief and a clear field without systemic side effects.

#### THE WALANT SOLUTION: Three Key Components

1. LIDOCAINE (Anesthetic) ----> PAIN CONTROL
2. EPINEPHRINE (Vasoconstrictor) -> HEMOSTASIS (No Tourniquet Needed)
3. SODIUM BICARBONATE (Buffer) -> REDUCED INJECTION PAIN

#### Key Advantages of the WALANT Approach

The benefits of WALANT extend across three major categories: safety, cost, and patient experience.

##### 1. Patient Safety and Convenience:

- **No General Anesthesia Risk:** Eliminates the systemic risks associated with sedation (nausea, vomiting, respiratory issues, thromboembolism).
- **No Fasting Required:** Patients can eat and take their regular medications (including most blood thinners) before the procedure, simplifying preparation, especially for diabetics or those with complex medical histories.
- **Reduced Waiting Times:** Fewer resources (OR time, anesthesia team) are needed, leading to easier scheduling and faster access to surgical care.
- **Rapid Discharge:** Patients typically recover within minutes and can often drive themselves home, as there is no residual sedation.

##### 2. Eliminating the Tourniquet:

- **No Tourniquet Pain:** Tourniquet ischemia causes intense pain, which is the main reason patients need sedation for traditional hand surgery.
- **No Time Limit:** Surgeons are not rushed by the 90-120 minute time limit imposed by an inflated tourniquet, allowing for more meticulous and stress-free reconstruction.
- **Improved Patient Comfort:** The entire procedure is more comfortable, leading to higher patient satisfaction.

## The WALANT Technique: Minimizing Discomfort

### Technique, Collaboration, and Application

The administration of the WALANT solution is critical to the procedure's success and the patient's experience. The goal is a virtually painless injection process.

- Small Needle:** A tiny 28-gauge needle is used for the initial skin puncture.
- Slow, Controlled Injection:** The anesthetic solution is infiltrated very slowly into the subcutaneous tissue using small increments (often waiting several seconds between movements). This prevents the rapid expansion of tissue that causes pressure pain.
- Proximal to Distal:** Injection starts at the proximal, numb area, and the needle is only advanced into tissues that have already been anesthetized.
- Optimal Timing:** After injection, a minimum of 25 to 30 minutes must pass before the first incision. This waiting period is crucial as it allows the epinephrine to reach its maximal vasoconstrictive effect, ensuring the surgical field is dry and free of bleeding.

**Diagram 2: Comparative Surgical Workflow (Traditional vs. WALANT)**

Workflow Step	Traditional Surgery (TS)	WALANT Surgery (WALANT)
I. Preparation	Extensive Pre-op Clearance, NPO (Fasting)	Minimal Prep, No Fasting, Take Medications
II. Anesthesia	General Anesthesia or Regional Block / IV Lines	Local Anesthetic Injected (Lidocaine + Epinephrine)
III. Blood Control	Painful Tourniquet / Time Limit Applied	Chemical Hemostasis (Epinephrine) \ 30 Min Wait
IV. The Operation	Patient Unconscious / Surgeon Must Guess Tension	Patient Awake & Collaborative \ Active Motion Testing
V. Recovery	Prolonged PACU Recovery / Side Effects (Nausea)	Minimal Recovery Time (Minutes) \ No Systemic Effects
VI. Discharge	Requires Escort / Delayed Discharge	Self-Drive Home Possible \ Rapid Discharge



### Applications

WALANT is suitable for a wide range of hand and wrist procedures, demonstrating efficacy and safety across both elective and trauma cases.

### Common WALANT Applications:

Elective Procedures	Traumatic / Reconstructive Procedures
Carpal Tunnel Release (CTR)	Flexor and Extensor Tendon Repair
Trigger Finger Release	Simple Fracture Fixation (e.g., Metacarpals)
De Quervain's Release	Nerve and Vessel Repair
Ganglion Cyst Excision	Skin Grafts and Flap Procedures

By prioritizing patient engagement, minimizing invasive procedures, and maximizing efficiency, WALANT represents the future of localized surgery, offering a safer, less expensive, and highly effective pathway for hand and wrist care.

**Dr. S. BHAGAVATH KUMAR**

MS (Gen. Surgery), MCh (Plastic Surgery),  
Fellowship (American Board)  
Consultant Plastic Surgeon



# Sri Ramakrishna Hospital

## Hosts Coimbatore's First-Ever Healthcare IT Conference



Sri Ramakrishna Hospital, Coimbatore, through its Information Technology Department, successfully hosted Coimbatore's first-ever Healthcare IT Conference on 29<sup>th</sup> December 2025, marking a significant milestone in the region's digital healthcare journey. The pioneering initiative reaffirmed the hospital's commitment to leveraging technology to enhance patient care, operational excellence, and data security.

The conference was graced by the presence of Joint Managing Trustee Shri. S. Narendran, Chief Executive Officer Shri. C. V. Ramkumar, Chief Administrative Officer Shri. D. Mahesh Kumar, Dr. S. Rajagopal, Medical Director, Dr. S. Alagappan, Medical Superintendent and Mr. D. Viswanath, Head - Information Technology & Organizer of the event. The event brought together eminent speakers, industry experts, and healthcare technology leaders, creating a vibrant platform for knowledge sharing and collaboration.

The Chief Guest, Mr. Subash Chandar Govindarajan, Senior Director – Silicon, Google, delivered an insightful address on the transformative potential of artificial intelligence and advanced digital solutions in healthcare. The conference featured thought-provoking sessions on data governance and cybersecurity, healthcare transformation through AI, PACS advancements, IT-operations integration, legacy system challenges, and future trends in healthcare technology.

By hosting this landmark conference, Sri Ramakrishna Hospital has set a new benchmark in Healthcare IT leadership in Coimbatore, reinforcing its vision to build a smarter, safer, and more efficient healthcare ecosystem. The initiative also positions Coimbatore as an emerging hub for Healthcare IT excellence, driving innovation and digital transformation in the healthcare sector.



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