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SRI RAMAKRISHNA HOSPITAL

pulse

Happenings at Sri Ramakrishna...

WORLD CANCER DAY

4th February 2026

50 Years of Excellence

www.sriramakrishnahospital.com

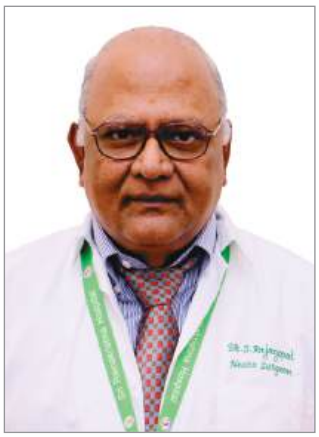
Dr.Sundar Ramakrishnan
Managing Trustee

February at Sri Ramakrishna Hospital is a month defined by our dual commitment to advanced oncology and inclusive healthcare. As we observe World Cancer Day (Feb 4), we reaffirm that our mission transcends clinical intervention; it is about building a sanctuary of hope. We aren't just treating a diagnosis; we are supporting families through accessible services and robust emotional ecosystems.

From a leadership perspective, our focus is unwavering: we continue to bridge the gap between cutting-edge technology and the human touch. By investing in the latest diagnostic infrastructure and empowering our medical teams, we ensure that 'quality care' is not a privilege, but a standard for every patient who walks through our doors.

We also turn our focus to the often-overlooked resilience of those fighting rare conditions. Rare Disease Day (Feb 28) reminds us that no patient is too 'unique' for our care. We are committed to fostering a healthcare environment that is as inclusive as it is innovative.

My deepest gratitude goes to our staff—the heartbeat of this institution. Your dedication ensures that the values of service and trust remain the cornerstone of Sri Ramakrishna Hospital



Dr.S.Rajagopal
Medical Director

In the realm of modern medicine, February serves as a critical checkpoint for clinical excellence. World Cancer Day is a call to action for our medical fraternity to sharpen our focus on early screening, evidence-based protocols, and the integration of precision medicine. At Sri Ramakrishna Hospital, we believe the best outcomes are born at the intersection of rigorous science and personalized care.

Cancer management is a team sport. By leveraging a multidisciplinary approach, we ensure that every patient benefits from collective expertise and strict clinical governance. Our goal remains the same: to minimize risk and maximize the quality of life through continuous monitoring and surgical/medical innovation.

Furthermore, Rare Disease Day challenges us to push the boundaries of our clinical knowledge. These complex cases require a heightened level of diagnostic suspicion and inter-departmental collaboration. We remain dedicated to being a center of excellence where complex conditions meet expert solutions.

Together, we are setting new benchmarks in compassionate, high-quality healthcare.

CELEBRATING 50 YEARS OF MEDICAL EXCELLENCE
&
25 YEARS OF EXCELLENCE IN DENTAL CARE

Sri Ramakrishna Hospital celebrated its 50th Year Hospital Day, along with the 25th anniversary of Sri Ramakrishna Dental College and Hospital, on 15th January at CODISSIA, Coimbatore, in the august presence of the Honourable Vice President of India Shri.C. P. Radhakrishnan. The landmark event was held under the leadership of Managing Trustee Dr. Sundar Ramakrishnan, with the presence of Joint Managing Trustee Shri S. Narendran, Trustee Shri V. Ramakrishna, and Trustee Shri D. Lakshminarayanaswamy. The celebration reflected five decades of dedicated healthcare service and twenty-five years of excellence in dental education, honouring the collective contributions of doctors, faculty, staff, and leadership, while reaffirming the institution's enduring commitment to compassionate care and service to society.

50 YEARS OF HEALING EXCELLENCE AT

Sri Ramakrishna Hospital & 25 Years of Dental Education and Care

CELEBRATING
THE LEGACY OF EXCELLENCE

Dr. S. Rajagopal

Sr. Consultant
Neuro Surgeon (MD)

Dr. V. Sarveswaran

Sr. Consultant
Surgeon

Dr. R. Palaniswamy

Sr. Consultant
Urologist

Dr. K. Asokan

Sr. Consultant
Neurologist

Dr. S. Manoharan

Sr. Consultant
Cardiologist

Dr. N. Chezhiyan

Sr. Consultant
Nephrologist

Dr. P. Guhan

Sr. Consultant
Medical Oncologist

Dr. S. Balaji

Sr. Consultant
Cardiologist

Dr.K.Raja Shanmugam

Sr. Consultant
ENT Surgeon

Dr. Narendramenon

Sr. Consultant
Cardiac Anaesthesiologist

Dr. K. Karthikesh

Sr. Consultant
Surgical Oncologist

Dr. S. Surees kumar

Sr. Consultant
Surgeon

Dr. J. Geethanjali

Sr. Consultant
Radiologist

Dr. S. Krishnaraj

Assistant Resident
Medical Officer

Dr. R. Bhuvaneshwari

Sr. Medical Officer

Dr. N. Thirugnanam

Sr. Consultant
Plastic Surgeon

Dr. P. Govindaraj

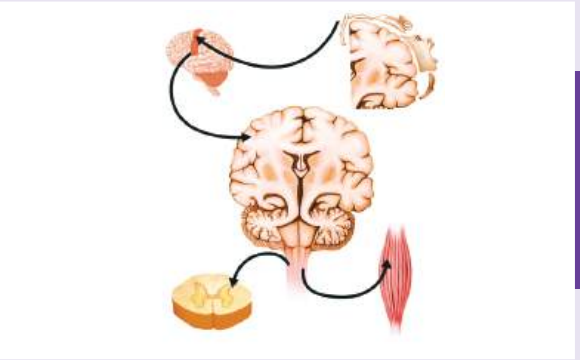
Sr. Consultant
Vascular Surgeon

Dr. R. Diraviaraj

Sr. Consultant
Paediatric Surgeon

Dr. V. Nandhakumar

Sr. Consultant
Psychiatrist



Neuroleptic Malignant Syndrome: A Life-Threatening Adverse Drug Reaction

Introduction

Neuroleptic Malignant Syndrome is a severe adverse reaction most commonly associated with antipsychotic medications used in the treatment of schizophrenia, bipolar disorder, and other psychotic illnesses. Although uncommon, NMS is life-threatening and requires urgent medical intervention.

The syndrome results primarily from dopamine receptor blockade in the central nervous system, leading to dysregulation of thermo regulation, muscle tone, and autonomic function.

Delayed diagnosis may result in complications such as rhabdomyolysis, acute kidney injury, disseminated intravascular coagulation (DIC), and death.

Pathophysiology

The primary mechanism underlying NMS is dopamine D2 receptor blockade, particularly in the hypothalamus and basal ganglia. Hypothalamic dopamine blockade leads to impaired thermo regulation, resulting in hyperthermia.

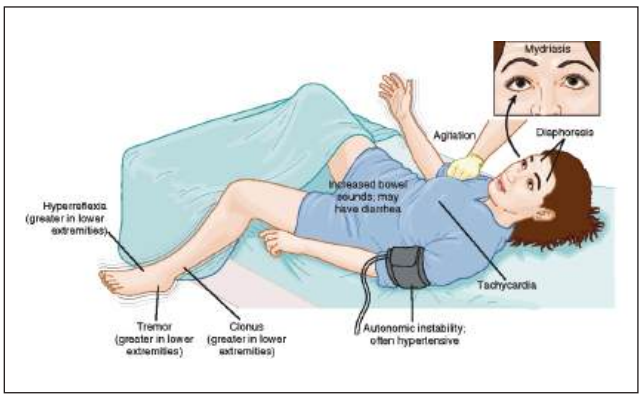
Nigrostriatal pathway involvement causes severe muscle rigidity. Disruption of dopaminergic control over the autonomic nervous system leads to autonomic instability.

High-potency first-generation antipsychotics such as haloperidol are most frequently implicated; however, second-generation antipsychotics and other dopamine-blocking agents can also precipitate NMS.

Clinical presentation

The classic tetrad of NMS includes:1. Hyperthermia Elevated body temperature, often exceeding 38°C (100.4°F) May reach extreme levels (>40°C)2. Muscle Rigidity Generalized rigidity Characteristically described as “lead-pipe rigidity”3.

Altered Mental Status Confusion, agitation, delirium Reduced responsiveness or coma in severe cases4. Autonomic Dysfunction Tachycardia Labile blood pressure Diaphoresis Tachypnea.



Laboratory Findings

Laboratory abnormalities include: Markedly elevated creatine kinase (CK)Leukocytosis Electrolyte disturbances (hyponatremia, hyperkalemia) Severe cases may progress to: Rhabdomyolysis Acute kidney injury Disseminated intravascular coagulation (DIC).

Case

36-year-old male with a known history of schizophrenia presented to the emergency department with generalized weakness, high-grade fever, and altered sensorium.

He had been febrile (up to 107°F) and confused for one day. On examination, the patient was drowsy, disoriented, and responding only to painful stimuli.Vital signs revealed tachycardia (HR 134/min) and tachypnea (RR 30/min).

Neurological examination showed generalized muscle rigidity and involuntary jerky movements. Laboratory investigations demonstrated significantly elevated creatine kinase levels (30,595 IU/L), leukocytosis (20,800/mm³), and hyponatremia (125 mEq/L).Based on clinical and laboratory findings, a diagnosis of Neuroleptic Malignant Syndrome was made.

Management of NMS is primarily supportive and includes: Immediate discontinuation of antipsychotic medications Aggressive cooling measures Adequate hydration and correction of electrolyte imbalances Supportive ICU care, including intubation and mechanical ventilation if indicated Pharmacologic therapy:Dantrolene

Discussion

case highlights the importance of maintaining a high index of suspicion for NMS in patients receiving antipsychotic medications who present with fever, rigidity, and altered mental status. Early recognition and prompt intervention significantly improve outcomes.

Multidisciplinary collaboration involving emergency physicians, intensivists, psychiatrists, and neurologists is crucial for optimal management.

Conclusion

Neuroleptic Malignant Syndrome is a rare but life-threatening medical emergency. Early diagnosis, immediate withdrawal of the offending agent, and aggressive supportive care are the cornerstones of successful treatment. Awareness of this condition among clinicians is essential to prevent delays in management and reduce mortality.

Dr. ANOOJA K
MBBS.,MEM.,

Emergency physician

START CPR - SAVE LIVES!

American Heart Foundation CPR Guidelines 2025 update
What's new in Basic & Advanced Life Support

The American Heart Association released its 2025 new Guidelines on October 22, 2025. These updates tighten what to teach, how to practice, and how to measure success in real emergencies.

What Changed at a Glance

- One Chain of Survival: A single, unified Chain of Survival now covers adult and pediatric, in- and out-of-hospital cardiac arrest, so the message is consistent across settings.
- Choking update: As per AHA 2025 guidelines, for severe adult choking, the guidance calls for cycles of 5 back blows followed by 5 abdominal thrusts until the object comes out or the person becomes unresponsive.
- Opioid focus in BLS: The BLS algorithm explicitly shows where naloxone fits for suspected opioid overdose during respiratory and cardiac arrest.
- The Adult advanced life support Guidelines: introduce significant updates like emphasizing continuous waveform capnography, integrating organ donation evaluation, refining medication timing (e.g., epinephrine after the second shock for shockable rhythms), recommending higher defibrillation energies for atrial fibrillation, and focusing on systems-based care for improved outcomes.

Chain of Survival

The 6 links in the Chain of Survival are
Recognition of cardiac arrest and activation of the emergency response system

Early cardiopulmonary resuscitation (CPR) with an emphasis on chest compressions

Rapid defibrillation
Advanced resuscitation by Emergency Medical Services and other healthcare providers

Post-cardiac arrest care
Recovery (including additional treatment, observation, rehabilitation, and psychological support)

The 7 Links of the Newborn Chain of Care (2025)

Prevention: Optimal maternal health during pregnancy.

Recognition and Activation: Identifying newborns needing help (e.g., apnea, HR < 100).

Initial Steps: Drying, warming, positioning, clearing airway (for all newborns).

Ventilation: The #1 priority if no breathing/HR < 100; use PPV with bag-mask, aiming for rising HR (HR > 100 bpm).

Advanced Resuscitation: Chest compressions if HR < 60 bpm despite ventilation; intubation, medications.

Postnatal Care: Delayed cord clamping (up to 60s+), skin-to-skin, thermoregulation.

Recovery: Post-resuscitation care and long-term follow-up.

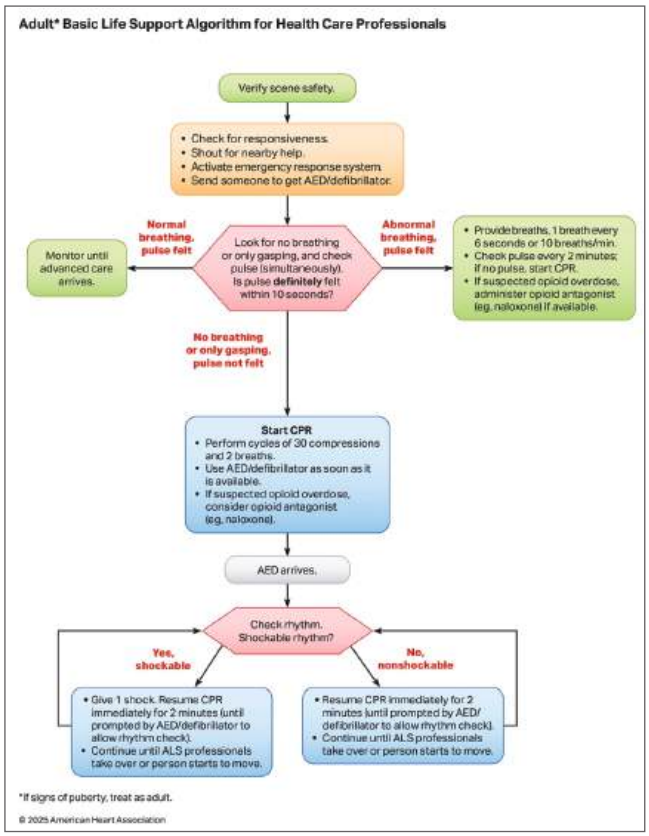
Key BLS Updates in the 2025 Guidelines

Compression & Breathing: Maintain 30:2 ratio for adults; rescue breaths are now 1 breath every 6 seconds (10 breaths/min) if no breathing/gasping, checking pulse every 2 mins.

AED Use: Use as soon as available; resume CPR immediately after a shock or if no shock is advised.

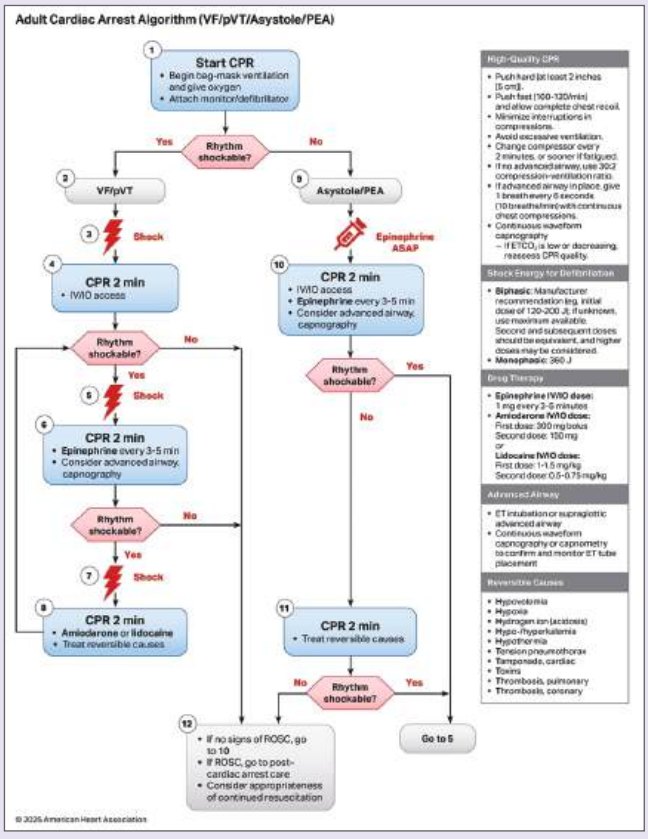
Opioid Emergencies: Emphasis on naloxone availability and administration.

Infant CPR: Eliminate the two-finger technique for chest compressions, favoring the heel of one hand or two-thumb technique.

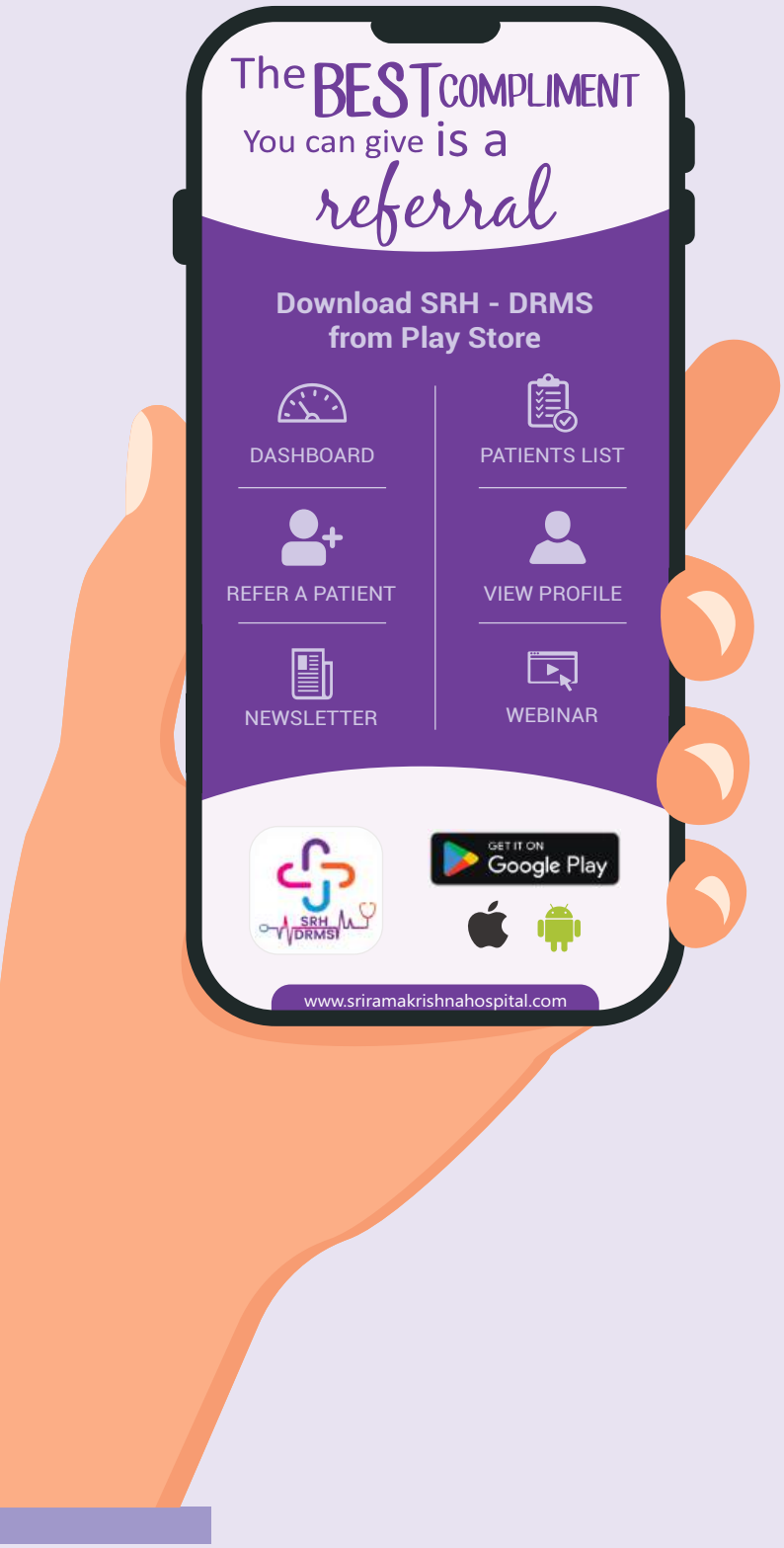


Key ALS updates in the 2025 guidelines

- A rapid assessment of clinical stability is essential to direct the appropriate advanced life support (ALS) treatment, and these guidelines go into greater depth to describe how poor organ perfusion manifests as instability.
- Higher first-shock energy settings (≥200 J) are preferable to lower settings for cardioversion of atrial fibrillation and atrial flutter.
- Updated termination of resuscitation (TOR) guidelines emphasize rule application based on emergency medical services (EMS) scope of practice (basic life support [BLS], ALS, or universal TOR rule [UTOR]), and that end-tidal carbon dioxide (ETCO2) should not be used in isolation to end resuscitative efforts.
- The usefulness of vector change (VC) and double sequential defibrillation (DSD) has not been established as therapies for shock-refractory ventricular fibrillation (VF); however, further investigation of these techniques, patient candidacy, and the development of new technology to optimize shock delivery are necessary.
- Head-up cardiopulmonary resuscitation (CPR) use is discouraged outside of the setting of rigorous clinical trials with appropriate subject protections.
- Recommendations regarding outdated or extraordinary procedures that have been replaced by modern equivalents with better efficacy (eg, administration of intra-arrest medications via an in-place endotracheal tube) have been removed.
- Use of point of care ultrasonography (POCUS) by experienced professionals during cardiac arrest may be considered to diagnose reversible causes if it can be done without interrupting resuscitative efforts (ie, CPR).
- Polymorphic ventricular tachycardia is always unstable and should be treated immediately with defibrillation, because delays in shock delivery worsen outcomes.
- Intravenous (IV) access remains the first-line choice for drug administration during cardiac arrest; however, intraosseous (IO) access is a reasonable alternative if IV access is not feasible or delayed.
- Arrythmias can be both the cause of and a manifestation of clinical instability. Evaluating the proximal cause of that instability will direct professionals to the most judicious use of these guidelines.



Dr. MELITA SHEAVLIN
MBBS,FEM,MRCEM(UK)
Emergency physician



Dear Sir / Madam,

Warm Greetings from Sri Ramakrishna Hospital, Coimbatore.

Thank you for your eternal support to Sri Ramakrishna Hospital. It is our privilege and honour to connect with you, and great pleasure to bring to your kind notice that, We have developed a new mobile app named Dolphin Referral Management System(SRH-DRMS) which helps to track and service our referral patients electronically between you, patients and Sri Ramakrishna hospital.

The mobile app helps to Go Green and to avoid errors as well. Our marketing field force and the respective video product manual are designed, which helps you to enroll smoothly and patient referrals.

Request you to download the mobile app **SRH-DRMS** from the following links

Google Play Store Link for Android:
https://play.google.com/store/apps/details?id=com.drms.prod&pcampaignid=web_share

App Store Link for iOS:
https://apps.apple.com/in/app/srh-drms/id6466620577

We assure you the best of our services. In case of any queries, please feel free to contact me.

SANTHOSH VIJAYAKUMAR
Head - Corporate Relations & International Affairs
+91-422-450-0000 | Extn: 1870
sv@snrsonstrust.org

A Fight for Breath Finds a New Beginning: Sri Ramakrishna Hospital Performs Life-Saving Six-Hour Multidisciplinary Surgery

With no time-margin for delay, specialists at Sri Ramakrishna Hospital came together to save a patient at high risk of airway collapse due to a large tumour compressing the thoracic trachea. The six-hour multidisciplinary surgery stands as a powerful example of how swift decision-making, expert planning, and collaborative care can overcome life-threatening medical challenges. At Sri Ramakrishna Hospital, a patient admitted with severe breathlessness and evaluated. After the evaluation the results revealed a massive tumor compressing the patient's trachea from both sides, placing the patient at the risk of sudden airway collapse which can eventually lead to fatality if not treated on time. At the time of admission the patient had difficulty in breathing and was constantly needing oxygen support even at rest.

Recognising the severity of the condition, the medical team at Sri Ramakrishna Hospital acted with urgency to stabilise the patient and prepare the patient for a high-risk surgical intervention. Given the extreme respiratory compromise, meticulous pre-operative planning was essential.The initial phase of care was done by Consultant Interventional Pulmonologist Dr. Arun Gangadhar, who carefully optimised the patient's respiratory status. His meticulous preparation played a decisive role in ensuring that the patient could safely tolerate a prolonged and demanding surgery. he definitive surgical procedure was performed under the leadership of Expert Senior Consultant Cardiothoracic Surgeon Dr. Ramprassath , with an experienced surgical team and spanned nearly six hours, required remarkable precision,stamina and co - ordination.

The complexity of the case was heightened by the tumour's position, which was compressing the windpipe on both sides and was firmly attached to the spine, significantly increasing surgical risk. At thisstage, Sr. Consultant Neurosurgeon Dr. Vikram Muthusubramanian joined the surgery and expertly assisted in separating the tumour from its spinal attachment, ensuring that the procedure was completed without neurological damage.

Throughout the pre-operative, intra-operative, and post-operative phases, the patient's life was safeguarded by the expert anaesthesia team comprising Dr. Narendran Menon, Dr. Manikandan, and Dr. Ashok Hariharan. Their vigilant monitoring and precise management ensured physiological stability at every stage of care during this high-risk procedure.

Following surgery, the patient showed a remarkable recovery. The oxygen dependency resolved completely, breathing returned to normal, and all symptoms disappeared. The patient has been discharged in stable condition, and has returned home breathing freely once again.

This was not just a surgery; it was a collective effort driven by commitment, expertise, and compassion by our Doctors. This extraordinary surgical success stands as a powerful testament to Sri Ramakrishna Hospital's strength in multidisciplinary teamwork.

360° Health Care

Sri Ramakrishna
Hospital (Multi-Speciality)

395, Sarojini Naidu Road, Siddhapudur, Coimbatore

For appointments: 0422 - 4500 000 / 3500 000

info@sriramakrishnahospital.com | www.sriramakrishnahospital.com

Visit us @ / Sri Ramakrishna Hospital