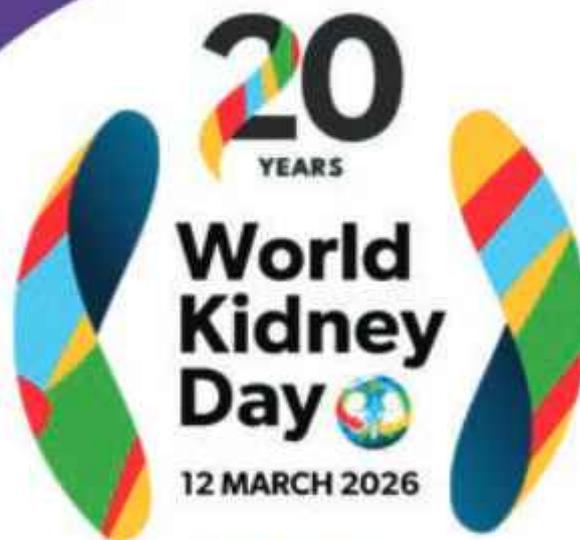




SRI RAMAKRISHNA
HOSPITAL

pulse

Happenings at Sri Ramakrishna...



20
YEARS

**World
Kidney
Day**

12 MARCH 2026

**KIDNEY
HEALTH FOR ALL**

Caring for People
Protecting the Planet





Dr.Sundar Ramakrishnan
Managing Trustee

March has been a month of inspiration, reflection, and renewed purpose for our hospital. The celebration of International Women's Day reminded us that healthcare is not just about treatment, but about empowerment. We honored the strength and resilience of women as caregivers at home, as professionals in our institution, and as pillars of our community. Creating equal opportunities and a supportive work environment remains one of our core commitments.

We also marked World Kidney Day by reinforcing the importance of preventive health culture. Rather than focusing only on illness, we are steadily moving toward a wellness driven model of care that encourages routine screenings, healthy lifestyle choices, and early medical consultation. Awareness today prevents complications tomorrow.

This month, we introduced patient friendly service improvements, including streamlined registration support and enhanced guidance services within the hospital premises. Small operational changes can make a significant difference in patient comfort and experience, and we remain attentive to every detail that improves trust and transparency.

As we close the month, I extend sincere appreciation to our staff and well wishers. Your dedication and faith motivate us to continuously evolve, innovate, and serve with compassion.



Dr.S.Rajagopal
Medical Director

March has provided us with an opportunity to reflect deeply on holistic healthcare. In line with World Kidney Day, our clinical discussions centered around the silent progression of kidney disorders and the importance of integrating routine renal assessments into general practice, particularly for patients with diabetes and hypertension. Prevention and early intervention remain our strongest clinical tools.

During International Women's Day, our medical departments focused on conversations around long term wellness for women, including cardiovascular health, hormonal balance, and mental wellbeing. Beyond one day observances, our goal is to embed these priorities into year round care pathways and follow up systems.

We have also strengthened our internal clinical audit processes this month to further enhance patient safety standards. Continuous monitoring of treatment protocols, infection control practices, and emergency response preparedness ensures that we maintain excellence not just in intention, but in measurable outcomes.

I am proud of the teamwork demonstrated across departments. By combining compassion with clinical precision, we continue to move forward as a trusted center of healing and hope for our community.

Editorial Team

Dr.N.Loganathan
Pulmonologist

Dr.S.Prahadeeshwaran
Head - Public Relations

Mr.Santhosh Vijayakumar
Head - Corporate Relations & International Affairs



SNR SONS CHARITABLE TRUST CELEBRATES 42nd FOUNDER'S DAY - 2026



Shri. S.N. Rangasamy Naidu



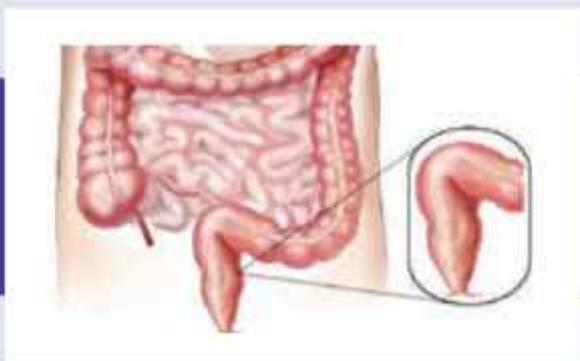
Smt. Rangammal

The 42nd Founder's Day of SNR Sons Charitable Trust was celebrated with great pride and enthusiasm, commemorating the vision and service of its founder, S.N. Rangasamy Naidu. Established in 1970, the Trust has grown into a reputed organization with 18 institutions dedicated to excellence in education and healthcare. The celebration was held at the SNR Auditorium of Sri Ramakrishna College of Arts and Science, Coimbatore, in the presence of trustees, administrators, faculty, and staff members. Dr. Sundar Ramakrishnan, Managing Trustee, presided over the function and welcomed the gathering, while

institutional heads presented their annual reports highlighting key achievements. Dr. A. Velumani graced the occasion as Chief Guest and delivered an inspiring speech on perseverance, leadership, and the importance of taking bold decisions. He also emphasized women's empowerment and applauded the Trust for its transparency and commitment to service. During the ceremony, 30 doctors, professors, and staff members were honoured for completing 25 years of dedicated service. A special award was presented to Dr. S. Thiagaraja Moorthy for successfully performing over 400 heart valve replacement surgeries marking a significant milestone in the medical field.

The event was graced by Mr. Narendra Soundararaj, Joint Managing Trustee, Trustees Mr. Ramakrishna Vijayakumar and Mr. Lakshminarayanawamy Duraisamy, Chief Executive Officer Mr. C.V. Ramkumar, Chief Administrative Officer Mr. D. Mahesh Kumar, along with several special invitees and dignitaries. Dr. B.L. Shivakumar, Principal & Secretary of Sri Ramakrishna College of Arts & Science, delivered the vote of thanks.





CAN CANCER RECTUM BE CURED WITHOUT STOMA / SURGERY ?

Introduction: Rectal cancer is commonly treated with a combination of chemotherapy, radiotherapy, and surgery. Traditionally, patients with locally advanced rectal cancer (LARC) undergo neoadjuvant chemoradiotherapy (NACRT) followed by total mesorectal excision (TME). While this approach offers good cancer control, it is associated with significant morbidity, including the risk of permanent stoma and long-term bowel, urinary, and sexual dysfunction. Over the last two decades, evidence has emerged showing that a proportion of patients (approximately 15–30%) achieve a complete clinical response (cCR) after NACRT, with no detectable tumor on clinical examination or imaging. In these carefully selected patients, surgery may be safely deferred, and patients can be managed with close surveillance. This strategy is known as the "watch and wait" (W&W) approach. Surgeons and general practitioners play a crucial role in early detection, patient counseling, long-term follow-up, and ensuring compliance with surveillance protocols. This article summarizes the W&W approach in a practical,

What is the Watch and Wait Approach?

This strategy involves non-operative management of rectal cancer patients who show a complete or near-complete response after NACRT. Instead of proceeding directly to surgery, patients are kept under strict surveillance, and surgery is reserved only if there is evidence of tumor regrowth.

This approach aims to:

- Preserve the rectum and anal sphincter and avoid permanent colostomy
- Reduce treatment-related morbidity
- Maintain quality of life without compromising survival

Which Patients Are Suitable?

Not all rectal cancer patients are candidates for W&W. Selection is critical and should be done by an experienced multidisciplinary team (MDT).

Suitable patients generally include:

- Pathologically proven rectal adenocarcinoma
- Locally advanced, low or mid-rectal tumors
- Completion of standard NACRT
- Complete clinical response (cCR) or near-complete clinical response (ncCR)
- Willingness and ability to comply with strict follow-up

Complete clinical response (cCR) is defined as:

- No palpable tumor on digital rectal examination (DRE)
- A flat white scar with telangiectasia on endoscopy
- No residual tumor or diffusion restriction on MRI

- Near-complete clinical response (ncCR) includes:
 - Minor mucosal irregularity or small superficial ulcer
 - Significant tumor regression on MRI with fibrosis or mucin but no definite residual tumor

Importance of Surveillance

Strict follow-up is the cornerstone of the W&W approach. Most tumor regrowth occurs within the first 2 years after treatment and can be salvaged by local surgery avoiding stoma.

Early detection of regrowth allows timely salvage surgery, often with outcomes similar to upfront surgery.

Typical surveillance schedule:

- Every 3 months (first 2 years)
 - Digital rectal examination
 - Sigmoidoscopy
 - Pelvic MRI
- Every 6 months:
 - Imaging to rule out distant metastasis (CT chest/abdomen as indicated)
- After 2 years:
 - Follow-up intervals may be extended to 6–12 months

Key Findings From Our Institutional Experience

Between January 2020 and June 2025, 21 patients who underwent NACRT regime, which constitute either 3 cycles of 5 fluorouracil [600 – 800 mg/ m²] and mitomycin [11– 15 mg / m²] based chemoradiotherapy or capecitabine 825 mg / m² twice daily all days during radiation along with long course RT involves 45 – 50.4 Gy delivered in 25 – 28 fractions. Clinically good responders were managed with a W&W strategy under MDT supervision as per our institutional surveillance protocol schedule, which is

1. Monthly Digital Rectal Examination

2. 3 monthly sigmoidoscopy

3. 6 monthly MRI

4. Annually chest xray and serum CEA for first two years:

For low-lying rectal cancers achieving a good or complete clinical response, organ preservation non-operative management or W&W policy is increasingly becoming acceptable to both the clinicians and the patients. However, for rectal adenocarcinomas, there is no consensus as yet on the timeline until when the surgery can be deferred and the patient continued to be monitored on the W&W approach.

Total of 21 patients were planned for strict surveillance in our hospital as per MDT decision and were followed up which included 12 males, 9 females. Age of these patients ranged from 42 to 77 years. Mean age of the patients is 57 years. Most of the patient had ECOG performance status of 1 (83 %), others were having performance status 2. All patients underwent complete colonoscopic evaluation with biopsy either done outside and referred to our institute for further treatment or in hospital

evaluation. 14 (66 %) were having tumour at a distance of less 5 cm from anal verge, 7 were having tumour with lower limit at a distance of more than > 5cm from anal verge. All patient underwent MRI imaging of pelvis, of which mesorectal fascia were involved in 9 patients (43 %), threatened in 7 patients (33 %), free of mesorectal fascia involvement in 5 patient. Extramural Vascular invasion was seen 13 patients (61%). There were six patients with T2 tumours, 3 (14 %) patients with T4 disease, rest were T3 (33%) tumours of which 5 had N2 disease, Out of 21 patients, (66 %) were moderately differentiated adenocarcinoma, of which one was having neuroendocrine differentiation, one was showing adenocarcinoma with mucinous differentiation. 6 (28 %) of them were well differentiated, 1 (4%) was poorly differentiated, Five patients underwent NACRT with Capecitabine at a dose of 500 mg / m² twice a day during all days of Radiotherapy and rest of patients (16) underwent three cycles of 5 Fluorouracil at dose of 600mg - 800 mg and Mitomycin at dose of 11 to 15 mg alternating with 5 FU for three cycles during course of RT. All had RT at 25 to 28 fractions of 45 to 50.4 Gy with standard 3DRT and IMRT techniques.



Most recurrences occurred within 24–30 months. All local recurrences were amenable to salvage surgery. Organ and sphincter preservation achieved in ~70% of patients Out of 21 patients, 19 patients are under followup, includes one metastatic patient, 3 surgically salvaged patients, 15 organ and sphincter preserved patients.



Patients were reassessed after 6 weeks with clinical examination and MR imaging, sigmoidoscopy, complete clinical response after NACRT was seen 17 patients(80 %), 4 patients (19 %) at 12 weeks. Two patients lost follow up for regular clinical and radiological assessment.



Pre treatment and post treatment [8 weeks post NACRT] sigmoidoscopic image of a patient enrolled in WATCH AND WAIT strategy.

Key responsibilities of GP and surgeon:

- Reinforcing the importance of regular follow-up
- Identifying early symptoms suggestive of recurrence (bleeding, pain, altered bowel habits)
- Coordinating timely referrals back to oncology teams
- Addressing patient fears related to surgery and stoma
- Supporting adherence to surveillance schedules
- Non-compliance remains a major challenge, often due to socioeconomic factors, distance from treatment centers, and fear of permanent colostomy.

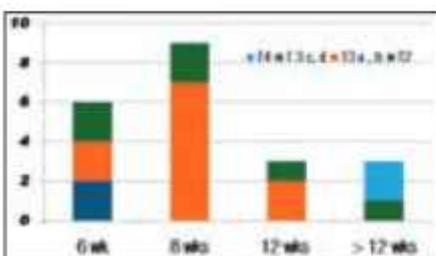
Advantages:

- Avoids major surgery in selected patients
- Preserves bowel function and quality of life
- High rates of successful salvage if recurrence occurs

Limitations:

- Requires intensive and prolonged surveillance
- Risk of local regrowth (approximately 15–25%)
- Not suitable for all patients
- Needs experienced MDT and imaging support

Conclusion: The watch and wait approach is an effective and safe organ-preserving strategy for carefully selected patients with rectal cancer who achieve complete or near-complete response after neo adjuvant chemoradiotherapy. With proper patient selection, strict surveillance, and timely salvage surgery, oncological outcomes are comparable to standard surgical management. For general practitioners, awareness of this strategy and active participation in follow-up care are essential to ensure patient compliance and early detection of recurrence. In appropriately selected and well-monitored patients, W&W offers a meaningful alternative to radical surgery with improved quality of life.



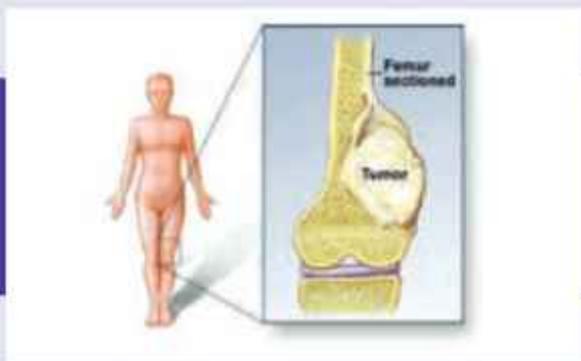
Out of 21 patients 19 patients were under follow up. Despite having patients with advanced T and N stage, the local regrowth rate of 14% in the study. Local or metastatic recurrence occurred within 24 months. Three patients failed locally and were salvaged with Total mesorectal excision(Abdomino perineal resection), of which one had intraoperatively incidentally detected liver metastasis underwent metastatectomy with TME. of three patients, one patient had nodal residue along with rectal wall residue. Distant metastases only appeared in two patients with lung and liver metastases at 6 months and 9 months of follow up respectively treated with palliative chemotherapy. One patient deceased at 8 months of followup due to cardiac failure. Complete clinical response achieved in ~80% by 6–12 weeks. Local regrowth rate was ~14% in our study.

Dr.K.KARTHIKESH

MBBS, MS, DNB, Mch, FRCS (EDINBURGH)

Consultant Surgical Oncologist





Limbs saved from amputation - Experience of Limb salvage surgeries for Bone sarcomas at SRIOR

INTRODUCTION: Bone sarcomas are rare tumours affecting 1 in 100,000 persons. For high grade osteosarcoma and ewing's sarcoma incidence is thought to be in the order of one per million. Within the peak age of incidence of both tumours (age 15 years to 29 years) incidence rates are 4.6 per million for osteosarcoma and 2.6 per million for ewing's sarcoma. Bone sarcomas are the third leading cause of cancer deaths in young individuals.

TREATMENT PROTOCOLS: Osteosarcoma and ewing's sarcoma are aggressive bone tumours. Main modality of treatment for osteosarcoma and ewings sarcoma are surgery and chemotherapy. Resection of bone with a margin of 3 – 5 cm is sufficient oncologically. Osteosarcoma is treated with surgery after neo adjuvant chemotherapy of three cycles and three cycles of adjuvant chemo after surgery, whereas ewings sarcoma's were operated after 4 cycles of chemotherapy followed by 14 cycles of chemotherapy after surgery.

EVOLUTION OF SURGERY: Before 1990's the surgical management of bone sarcomas is mainly amputation of the limb which leads to physical, social and mental agony. With the advent of newer mega prosthesis made of titanium alloys instead of stainless steel alloys which has longer longevity .Newer custom made prosthesis saved many limbs from amputation. Newer additions like expandable prosthesis which allows for expansion of upto 10 cm prevents limb length discrepancies which further increased their acceptance. With the invent of newer custom made prosthesis, modular and expandable prosthesis along with improvement in chemotherapy drugs many limbs can be saved from amputation.

PROBLEMS: Most of the prosthesis initially are imported which had high cost, even after 100% localisation and production of prosthesis in India, the cost of the mega prosthesis is out of reach for the majority of our Indian population. As these sarcomas affect children and young adults and involves high cost

of treatment, it puts the family under tremendous financial burden.

SOLUTION: At SRIOR under Sri Ramakrishna Hospital along with rotary club we offer complete treatment at free of cost including prosthesis, surgery cost, chemotherapy, stay during the course of treatment.

OUR EXPERIENCE: We would like to share our experience of limb salvage surgeries for bone sarcoma's treated at SRIOR from January 2024 to February 2026. A total of 13 patients suffering from osteosarcoma and ewing's sarcoma are treated of which 12 patients are treated with limb salvage surgery and 1 patient underwent amputation (treated outside primarily and presented here with local recurrence). Median age was 13 years with youngest being 18 months and oldest was 27 years. of the 12 patients who underwent limb salvage surgeries, 10 patients are treated with custom made expandable mega prosthesis and 2 patients are treated with extra corporeal radiation therapy. All most 90% of our patients had a growing bone with fusion of epiphyseal plate yet to occur, they received expandable prosthesis (they can be expanded under anaesthesia to increase length) to prevent limb length discrepancies during growth.



Fig1. Showing preop planning



Fig2. Proximal tibia tumour



Fig3. Distal femur tumour

CHALLENGES FACED: Two patients, one 18 month old with distal femur tumour and another 11 year old with distal tibial tumour were chosen for extra corporeal radiation therapy(ECRT). In ECRT the affected bone is removed with a cuff of normal tissue around, all the soft tissue components are shaved off from the bone, and transported to radiotherapy department in a sterile manner. A single fraction of 50 Gy is delivered which will kill all the cancer cells and the native bone is re implanted and fixed.

Disadvantage of this method is failure of weight bearing for longer duration of time while advantage is it prevents prosthesis related complications and allows for the growth of the native bone. 18 month old was planned for ECRT because of lack of adequate length for fixing the prosthesis due to long segment disease and the expected limb length discrepancy during growth, another distal tibial tumour because of difficulty in reconstruction of functionally good ankle joint. Proximal tibial tumours had a problem of soft tissue cover over the prosthesis which was overcome routinely in all patients with gastrocnemius muscle flap.

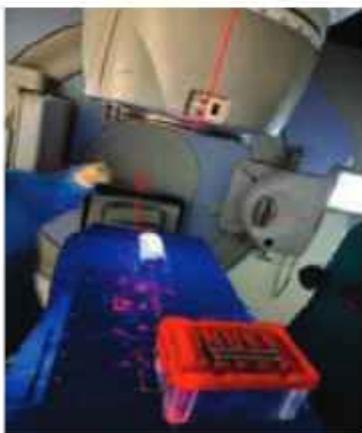


Fig 3. ECRT technique

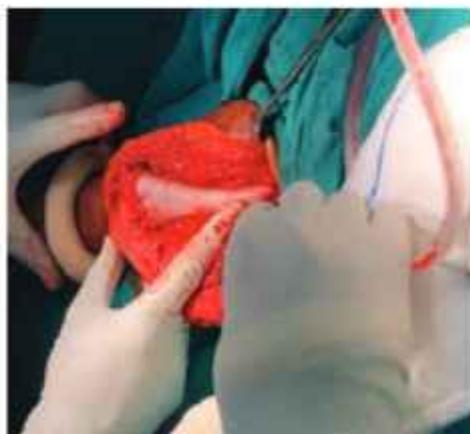


Fig 4. Reimplantation of bone after ECRT



Fig5. Custom made expandable prosthesis



Fig6. X-ray showing prosthesis

RESULTS

Out of 12 patients who underwent LSS at SRIOR from the period of January 2024 to February 2026 all 12 patients recovered well with no major post operative wound and prosthesis related complications. All the patients are functionally good and disease free with adequate range of movements of the reconstructed joint, ensured well by periodic follow up in medical oncology, surgical oncology, orthopaedics and physiotherapy department. 12 limbs are saved from amputation in the last 26 months.

Dr. S. BHARGAVI

MBBS, MCh, FRCS(EDINBURGH)

Consultant Surgical Oncology



Sri Ramakrishna Hospital

Launches Cancer Awareness Campaign & Free Prostate Screening



On the occasion of World Cancer Day (February 4), Sri Ramakrishna Hospital launched a Social Media Cancer Awareness Campaign along with a Free Prostate Cancer Screening initiative, reaffirming its commitment to early detection and cancer prevention. The campaign aligns with the 2026 theme, "United by Unique," highlighting the importance of people-centered cancer care. With cancer cases rising significantly across India and screening rates remaining critically low, the initiative aims to educate the public on symptoms, risk factors, and the lifesaving value of early diagnosis.

The digital awareness drive focuses on 14 major cancers, including breast, oral, lung, cervical, ovarian, prostate, and blood cancers, helping bridge the gap in community awareness. As part of this initiative, the hospital is offering Free Prostate Cancer Screening throughout February, marking 20 consecutive years of dedicated public health service in cancer prevention. Through sustained awareness and accessible screening programmes, Sri Ramakrishna Hospital continues its mission to reduce the cancer burden and promote a healthier community.



**SRI RAMAKRISHNA
HOSPITAL**



395, Sarojini Naidu Road, Siddhapudur, Coimbatore

For appointments: 0422 - 4500 000 / 3500 000

info@sriramakrishnahospital.com | www.sriramakrishnahospital.com

Visit us @  / Sri Ramakrishna Hospital