



SRI RAMAKRISHNA
HOSPITAL

pulse

Happenings at Sri Ramakrishna...

WORLD
STROKE DAY
29th OCTOBER 2026



October is a month that brings together several occasions that reflect our broader responsibility towards society. *Breast Cancer Awareness Month, beginning on **1 October*, reminds us of the importance of supporting healthcare awareness beyond the hospital environment. As a healthcare institution, our responsibility extends to creating opportunities for people to access information, understand the importance of timely healthcare and make informed choices for their wellbeing. **Gandhi Jayanti on 2 October** offers a meaningful reminder of service with purpose. In managing a healthcare institution, this spirit is reflected through responsible decision-making, ethical practices and ensuring that organisational resources are directed towards meaningful patient and community outcomes. Strong institutions are built when every member understands that their individual role contributes to a larger social responsibility.



Dr.Sundar Ramakrishnan
Managing Trustee

Healthcare management also involves preparing for challenges that can affect individuals, families and communities. **World Trauma Day on 17 October** highlights the importance of institutional preparedness, while **World Polio Day on 24 October** demonstrates how sustained public-health efforts can create lasting community impact. Building effective partnerships, strengthening systems and maintaining readiness are essential elements of responsible healthcare administration. As we approach **World Stroke Day on 29 October**, the importance of accessible and coordinated healthcare becomes especially relevant. From awareness programmes and preventive initiatives to emergency preparedness and community outreach, every effort contributes to a stronger healthcare ecosystem. Our continued focus will be on building an institution that is well organised, accountable and capable of responding to the evolving needs of the people we serve.

The clinical calendar in October draws attention to conditions where awareness, early recognition and appropriate intervention can significantly influence a patient's healthcare journey. **Breast Cancer Awareness Month**, observed throughout October, reinforces the importance of breast health, appropriate screening, clinical evaluation and timely management. It is also an opportunity for healthcare professionals to encourage patients to seek medical advice when they notice changes or concerns.

World Arthritis Day on 12 October highlights a group of conditions that can progressively affect movement and daily activities. Effective management requires more than treating symptoms; it involves accurate diagnosis, appropriate medication, physical rehabilitation and continued monitoring. Coordinated care can help patients manage their condition while maintaining mobility and independence. **World Trauma Day on 17 October** brings focus to emergency medicine, where every minute can matter. Effective trauma care depends on rapid assessment, stabilisation and seamless coordination among emergency, surgical, critical-care and support teams. **World Polio Day on 24 October** meanwhile reinforces the clinical importance of immunisation and preventive medicine in protecting individuals and communities from preventable disease. **World Stroke Day on 29 October** places emphasis on recognising stroke as a medical emergency. Sudden weakness, facial asymmetry, speech difficulty or other neurological symptoms require immediate medical attention. Strengthening awareness among the public, maintaining clinical preparedness and ensuring timely specialist evaluation are essential components of effective stroke care and remain important priorities for healthcare professionals.



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Head - Corporate Relations & International Affairs

Sri Ramakrishna Hospital Conducted Week-Long CPR Awareness Campaign Across Coimbatore

Sri Ramakrishna Hospital, in association with First Heart Foundations Network, conducted a week-long World Heart Day 2026 – CPR Awareness Campaign from September 29 to October 4 across seven key locations in Coimbatore. The campaign was inaugurated at Race Course – CSI Church in the presence of Thiru. Pavankumar G. Giriappanavar, I.A.S., District Collector, Coimbatore; Dr. Sundar Ramakrishnan, Managing Trustee; Mr. C. V. Ramkumar, CEO; Mr. D. Mahesh Kumar, CAO; Dr. S. Rajagopal, Medical Director; Dr. S. Alagappan, Medical Superintendent; and senior cardiology doctors. Students of Sri Ramakrishna College of Allied Health Sciences presented a mime and awareness skit highlighting the importance of recognising cardiac emergencies and initiating CPR promptly. CPR demonstrations and hands-on training were conducted at Race Course – CSI Church, Coimbatore International Airport, Coimbatore Railway Station, Semmozhi Poonga, Broadway Cinemas, Brookefields Mall and Fun Mall. Participants completing the training received e-certificates. The campaign concluded with the message: **“Don’t Miss a Beat – Learn CPR. Act Fast. Save a Life.”**



CPR Awareness - Locations



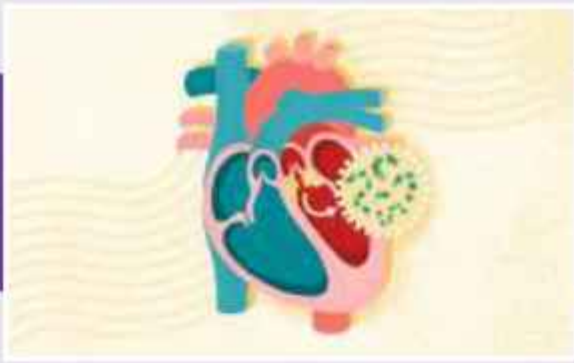
Thiru. P. Venkataramanan, Minister for Food & Civil Supplies, Tamil Nadu, visited the Race Course venue and participated in CPR awareness training with our volunteers.



Director Karthik Subbaraj visited Broadway Mall and participated in CPR awareness training with our volunteers.



CPR awareness training was also conducted at Fun Mall, where our volunteers trained members of the public



Infective Endocarditis – A Case Report

INTRODUCTION

Infective endocarditis is defined as infection of the heart valves due to a bacterial infection. It can present in the acute form, called acute endocarditis, in which case the usual organism is staphylococcus aureus, mostly in already sick or immuno compromised individuals and can affect normal or already diseased valves.

Usually, it presents as subacute infection affecting already diseased valves like mitral valve prolapse, rheumatic valvular disease and congenital heart disease. The usual organisms are less virulent and common inhabitants of various organs of the body, namely streptococcal viridens and HACEK organisms(throat), staphylococcus epidermidis and streptococcal pyogenes (skin) enterococci (genito urinary system) and streptococcal gallolyticus (colon)

The usual clinical presentation is prolonged pyrexia. However, symptoms may also be due to involvement of various organs, primarily due to cardiac valvular damage, systemic or pulmonary embolization from vegetations over the cardiac valves or due to resultant immune complexes getting deposited in various organs of the body

The diagnosis is primarily made by blood cultures and Echocardiography. The treatment involves prolonged antibiotic therapy based on the blood culture report and replacement of the affected valve by surgery if the valvular damage is severe.

CASE REPORT

Mr. A, a 56 year gentleman was admitted for evaluation of prolonged fever of two months duration. Clinical examination and trans oesophageal ECHOCARDIOGRAPHY revealed features of sub acute endocarditis. There was large vegetation attached to anterior mitral leaflet. There was severe mitral regurgitation.(Figure 1) Blood cultures grew streptococcal viridens bacteria. He was treated with appropriate antibiotics based on the blood culture report for 4 weeks. Later, he underwent 3D Endoscopic mitral valve Replacement with 25/33 On-x Mechanical valve. He made uneventful recovery (Figure - 2 & 3)

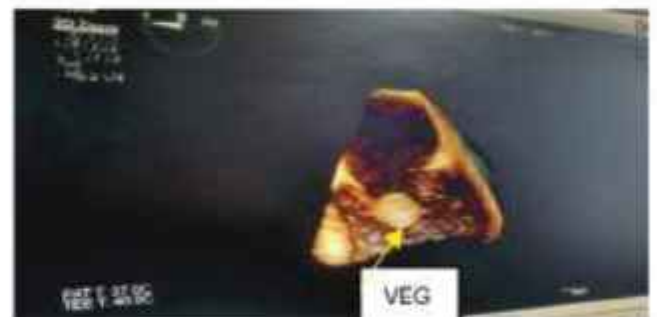


Figure - 1: Arrows show vegetation over AML and severe MR

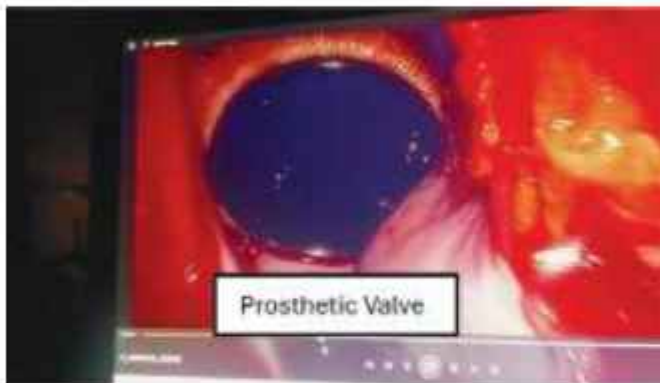


Figure -2: Showing vegetation and newly implanted prosthetic valve

DISCUSSION

Subacute endocarditis is not an uncommon cardiac disease. Strong degree of suspicion is of paramount importance especially in patients presenting with prolonged pyrexia. Apart from the routine investigations, multiple blood cultures and trans esophageal Echocardiography are the cornerstones for accurate diagnosis. Dukes criteria is of help, if findings are equivocal. Surgery will be needed in selected cases where there is severe valvular damage, paravalvular abscess and valve dehiscence. If untreated or inadequately treated, SBE would carry high mortality.



Figure -3: Post op.picture showing only a small port in the axilla (no big incision) through which endoscopic valve replacement done

Dr.S.MANOCHARAN

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Metal-Less Angioplasty' represents a Major Step forward in Cardiology

For over two decades, coronary stents have played a vital role in opening blocked heart arteries and saving countless lives. While these tiny metal tubes are effective, they are not without limitations. In some cases, the permanent metal left behind can trigger inflammation, delay natural vessel healing, and rarely lead to late complications.

Metal-less solutions, such as Drug Coated Balloons (DCB) and bioresorbable scaffolds, provide an exciting new option to deliver targeted therapy without leaving a permanent implant behind. These innovative approaches release anti-restenotic medication directly to the vessel wall or provide temporary support that naturally dissolves over time. The result is a strategy that improves safety.

DCB result is a strategy that improves safety, effectively delivering medication directly to the vessel wall, reducing re-narrowing and supporting the body's natural healing process. These metal-less solutions are especially valuable in patients with multiple blockages, diffuse disease, or high bleeding risk where avoiding a permanent implant can make a big difference.

Metal-less strategies allow us to offer effective treatment today, while preserving future options for our patients.

Complex Angioplasty: Why metal-less matters

- Lower risk of late thrombosis
- Reduced vessel inflammation
- Lower risk of restenosis and repeat procedures
- Better vessel healing and adaptability
- Greater flexibility for future procedures



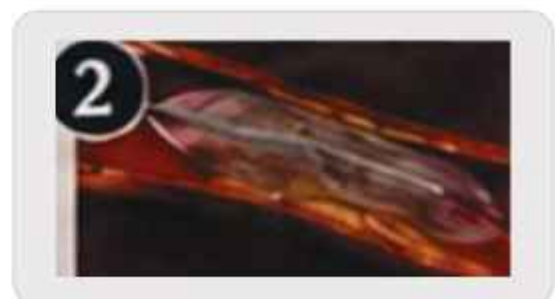
DCBs are increasingly used in complex scenarios such as long diffuse lesions, in-stent restenosis, small vessel disease, multi-lesion interventions, and in patients at high risk of restenosis. The Paclitaxel / Sirolimus coated PTCA balloon delivers antiproliferative drug during a short inflation, helping prevent restenosis and supporting natural healing without leaving any implant behind.

How DCB Works



1. Lesion crossing

The DCB is advanced across the diseased segment.



2. Balloon inflation

The DCB is advanced across the diseased segment.

3

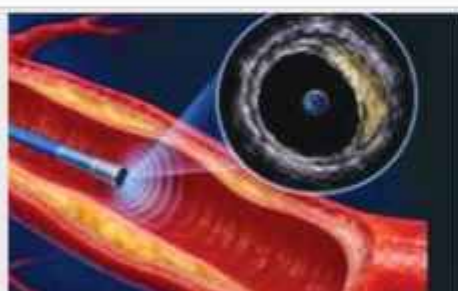
3. Drug absorption

The drug penetrates the vessel wall to inhibit neointimal tissue growth.

4

4. Restored flow

The balloon is removed, restoring without leaving any implant behind.



IVUS
(Intravascular Ultrasound)

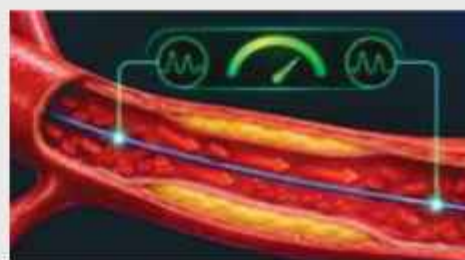
Provides detailed cross sectional images, helps optimize stent assessment, sizing and ensures better vessel expansion and DCB delivery.



OCT
(Optical Coherence Tomography)

Offers high-resolution imaging for precise evaluation of plaque characteristics, stent apposition & drug-tissue interaction.

5



Physiological Assessment
(FFR/IFR)

Functional assessment of lesion significance to guide treatment and avoid unnecessary implants. Combining metal-less technologies with advanced imaging and physiology enables personalized treatment improving safety, reducing repeat procedures, and achieving superior long-term outcomes in complex Angioplasty.

Real-world data and global studies continue to support the safety and effectiveness of metal-less strategies in complex Angioplasty. "We are in an exciting era where innovation is allowing us to treat disease more effectively while respecting the body's natural healing process."

References: The JACC DCB consensus, DEBUT and BASKET-SMALL 2 trials, 2024 ESC Guidelines and imaging-guided PCI evidence. DCBs are increasingly used in complex scenarios such as long diffuse lesions, in-stent restenosis, small vessel disease, multi-lesion interventions, and in patients at high risk of restenosis.

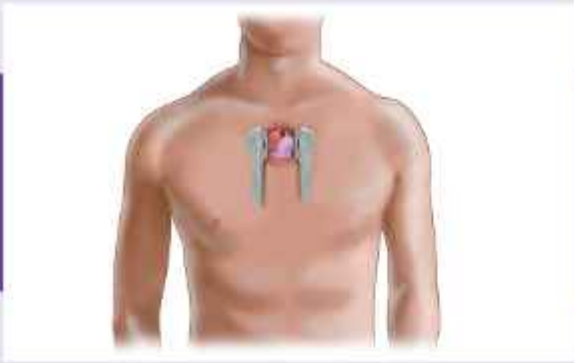
Disclaimer: This article is for awareness purpose only and does not replace professional medical advice. Please consult for personalized evaluation and treatment from your cardiologist. It is intended as a general information and not medical advice.

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Minimally Invasive Wheat's Procedure via Upper J-Hemisternotomy in a 32-Year-Old Patient with Bicuspid Aortic Valve Disease and Ascending Aortic Aneurysm

Abstract

Background: Bicuspid aortic valve (BAV) disease frequently presents with concurrent ascending aortic aneurysm in young adults. Congenital bicuspid aortic valve (BAV) is the most common congenital cardiac anomaly, affecting 1–2% of the population. It is frequently complicated by premature valvular degeneration (stenosis or regurgitation) and aortopathy due to intrinsically impaired connective tissue pathways within the aortic media.

- While full median sternotomy remains the standard exposure for combined aortic valve and ascending aortic replacement, minimally invasive cardiac surgery (MICS) offers reduced surgical trauma, decreased blood loss, faster functional recovery, and enhanced cosmetic outcomes.
- **Case Presentation:** We present the case of a 32-year-old patient who presented with severe symptomatic aortic stenosis secondary to a bicuspid aortic valve and significant aneurysmal dilation of the ascending aorta (3.94 cm).
- **Surgical Strategy:** The patient successfully underwent a Wheat's Procedure (Aortic Valve Replacement with a mechanical prosthesis + Supracoronary Ascending Aortic Reconstruction using a Dacron graft) executed via a Minimally Invasive Upper J-Hemisternotomy (Mini-J Sternotomy).
- **Conclusion:** This case highlights that complex aortic reconstruction combined with valve replacement can be safely executed through a partial upper sternotomy, providing optimal surgical repair with the benefits of minimal access.

Introduction & Case Presentation

The Innovation: Upper J-Hemisternotomy Minimally Invasive Cardiac Surgery (MICS) using partial sternotomy accounts for 15–30% of isolated aortic valve operations in major international medical centers, but its extension to complex aortic reconstructions (like the Wheat procedure) is performed at only 20% to 30% of advanced cardiothoracic surgical programs worldwide.

- **Preservation of Sternal Integrity:** Keeping the lower sternum intact preserves chest wall stability, reduces post-op pain, and decreases pulmonary complication rates.
- **Cosmetic & Quality of Life Advantage:** A 5–6 cm incision provides superior cosmetic outcomes for young patients and allows rapid physical rehabilitation.

A 32-year-old patient presented with progressive exertional dyspnea (NYHA Class II-III) and fatigue. Transthoracic and transesophageal echocardiography confirmed:

- Severely calcified bicuspid aortic valve (type 1 morphotype) with severe aortic stenosis (peak gradient > 75 mmHg, mean gradient > 48 mmHg, aortic valve area < 0.8 cm²).
- Aneurysmal dilation of the ascending aorta measuring 3.8 cm, predominantly involving the supracoronary tubewise aorta.
- Normal aortic root diameter, well-preserved aortic sinuses, intact coronary ostia locations, and preserved left ventricular ejection fraction (LVEF > 55%).



SUPRACORONARY DILATION > 3.5cm.
ON TABLE FINDINGS: Eccentrically dilated Ascending Aorta

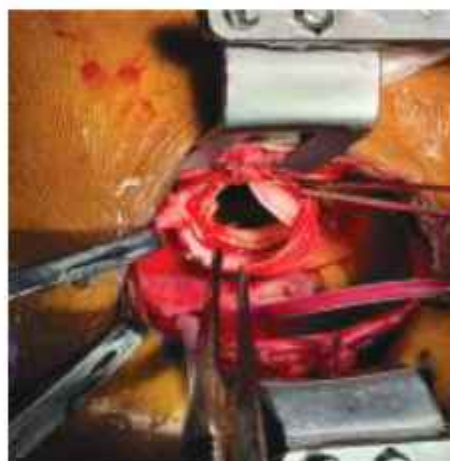


Given the patient's young age, preserved aortic sinus architecture, and isolated ascending aorta involvement, a Wheat's Procedure was selected over a total aortic root replacement (Bentall procedure) to preserve native coronary architecture. To minimize surgical trauma and optimize recovery, the operation was performed via a Minimally Invasive Upper J-Hemisternotomy.

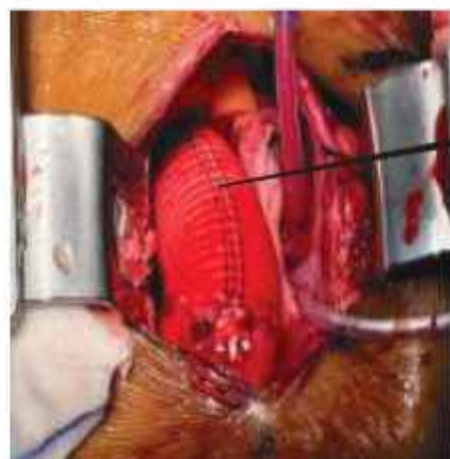
Intra operatively, AVR done using 23mm SJM valve+ Ascending Aorta replacement with 30 mm Dacron graft.

Total CPB time- 1 hour 42 mins

Aortic cross clamp time – 1 hour 6 mins



Proximal anastomosis with the arrow showing the replaced Mechanical Aortic valve



Arrow shows the completed Ascending Aorta replacement using Dacron tube graft

Results & Postoperative Course

Parameter	Clinical Observation
Surgical Approach	Upper J-Hemisternotomy (3rd intercostal space)
Bypass Time / Clamp Time	Markedly reduced opioid requirement; full mobilization on Day 1
Prosthesis Type	Smooth execution within standard operational limits
Extubation Time	Mechanical Aortic Valve + Supracoronary Dacron Graft
Pain & Mobilization	Early extubation within 4 hours post-surgery
Anticoagulation	Oral Warfarin therapy initiated (Target INR: 2.0 – 3.0)

The patient was transferred from the ICU on Postoperative Day 1 and discharged home on Postoperative Day 5 in stable condition with well-controlled pain and clean, healing surgical margins.

Discussion & Conclusion

The combination of bicuspid aortic valve disease and ascending aortic dilation in young adults requires durable surgical management. The **Wheat procedure** remains superior to total root replacement when the root dimensions and coronary origins are un-involved, as it avoids unnecessary coronary dissection and reimplantation.

In modern cardiac surgery, executing **complex supracoronary aortic replacement alongside valve insertion via a Mini-J Hemisternotomy** proves that minimally invasive techniques can be safely applied to structural aortic pathology without compromising safety, visualization, or procedural quality. Our centre is one amongst the few to offer this rare innovative procedure.

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Chief Consultant Cardiothoracic Surgeon





Neonatal Cardiac Surgery

Neonatal Cardiac Surgery: Saving the Smallest Hearts, One Beat at a Time

World Heart Day 2026 | Heart disease can hide in plain sight: Don't miss a beat

A newborn's first cry is one of the most reassuring sounds in medicine. Yet, for some babies, that first breath marks the beginning of an extraordinary journey. Congenital heart disease (CHD) affects the structure and function of the heart and great vessels, and the most severe forms can become life-threatening within hours or days of birth. In these babies, neonatal cardiac surgery is not simply an operation—it is a carefully choreographed effort to create a circulation that can sustain life.

This World Heart Day, as the global campaign reminds us that heart disease can “hide in plain sight,” it is important to remember that cardiovascular disease is not confined to adulthood. Congenital heart disease begins before birth, and many critically ill cardiac patients are the smallest and most vulnerable among us.

The Spectrum of Neonatal Cardiac Surgery

Neonatal cardiac surgery encompasses a remarkably broad spectrum of procedures, ranging from straightforward repairs to some of the most complex operations performed in modern medicine.

Some lesions can be addressed completely in the neonatal period, while others are treated through staged procedures designed to allow the child to grow before definitive reconstruction.

Importantly, the modern spectrum is no longer restricted to open surgery. Catheter-based procedures such as balloon atrial septostomy, pulmonary or aortic valvuloplasty, ductal stenting, right ventricular outflow

tract stenting and selected interventions for coarctation can serve as definitive treatments, bridges to surgery, or alternatives in carefully selected neonates. Advances in catheter miniaturisation and imaging are rapidly expanding these possibilities.

The neonatal surgical spectrum of patients can range from patients requiring a repair of obstructive lesions (CoA and IAA) to CHDs requiring restoration of normal or near normal circulation (TGA, TAPVC) and neonates born with a single ventricle physiology (HLHS).

Why is Neonatal Cardiac Surgery So Complex?

Operating on a newborn heart is fundamentally different from operating on an older child or adult.

A neonate may weigh only a few kilograms, yet the surgeon is required to reconstruct structures that may measure only millimetres. The myocardium is immature, blood vessels are extremely small, and the physiological reserve of the newborn is limited. A relatively small change in blood flow, temperature, oxygenation or blood pressure can have profound consequences.

The challenge begins before the operation. Diagnosis must be precise, often using fetal echocardiography followed by serial detailed postnatal echocardiography. The anatomy must be understood in three dimensions before the first incision is made. The clinical team must assess pulmonary vascular resistance, ventricular function, coronary anatomy, systemic perfusion and the presence of associated abnormalities.

During surgery, cardiopulmonary bypass introduces another layer of complexity. The perfusion team must maintain adequate oxygen delivery and organ perfusion while the surgeon works on a heart and great vessels that may be only a fraction of the size encountered in adult cardiac surgery. Temperature management, acid-base balance, haematocrit, coagulation and cerebral and visceral perfusion all require continuous attention.

The operation itself is only one part of the journey. The postoperative period may be equally demanding. Neonates can develop multiple life threatening complications like low cardiac output, arrhythmias, bleeding, respiratory failure, kidney injury, neurological complications. Consequently, neonatal cardiac surgery requires a highly specialised team comprising congenital cardiac surgeons, paediatric cardiologists, cardiac anaesthetists, intensivists, perfusionists, neonatologists, nurses, respiratory therapists, nutrition specialists and other allied professionals.

Recent Advances: From Survival to Better Long-Term Outcomes

The remarkable progress in neonatal cardiac surgery over recent decades has been driven not by a single breakthrough, but by advances across the entire continuum of care. Better prenatal diagnosis increasingly allows critical congenital heart defects to be identified before birth. This enables planned delivery, immediate neonatal stabilisation and transfer to an appropriate cardiac centre. Three-dimensional imaging and digital planning are improving anatomical understanding in complex congenital abnormalities. Emerging computational and artificial-intelligence approaches are beginning to assist with image reconstruction and anatomical segmentation. This will offer a more detailed preoperative planning in the future. Perfusion and neuroprotection have become increasingly important. The focus is shifting beyond simply surviving an operation and more toward protecting the developing brain and other organs. Contemporary research increasingly examines strategies to reduce neurological injury associated with neonatal cardiac surgery, recognising that neurodevelopment is an important component of long-

term success. Perhaps the most important advance is the recognition that the goal of neonatal cardiac surgery is no longer simply survival. The modern objective is survival with good neurological development, normal or near-normal growth, improved exercise capacity, quality of life and meaningful participation in society.

Every Beat Matters

Neonatal cardiac surgery represents one of the clearest examples of how medicine combines science, technology, precision and humanity. A heart that is only a few centimetres in size may contain an anatomical problem requiring an operation of extraordinary complexity. Behind every procedure is not simply an anatomical diagnosis, but a newborn child and a family hoping for the opportunity to watch that child grow.

Recognising critical heart disease early, ensuring timely referral, building specialised surgical and intensive-care capacity, and making advanced cardiac care accessible are all essential. The future of neonatal cardiac surgery lies not only in better operations, but in better systems of care: early diagnosis, expert multidisciplinary teams, advanced imaging, safer perfusion, minimally invasive interventions, neurological protection and lifelong follow-up. For the smallest patients, every millimetre matters. Every decision matters. And ultimately, every beat matters. At Sri Ramakrishna Hospital our team is performing complex neonatal cardiac surgeries such as Arterial Switch Operation (ASO), Total Anomalous Pulmonary Venous Connection (TAPVC) correction, repair and Coarctation of the Aorta repair, along with many other advanced procedures, with a high success rate. This is an excellent example of teamwork and seamless coordination between different specialties.



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Redefining cardiac surgery - 1 inch Endoscopic Heart Surgery at Sri Ramakrishna Hospital, Coimbatore

Cardiac surgery is evolving through advances in technology, visualization and minimally invasive techniques. At Sri Ramakrishna Hospital, Coimbatore, endoscopic cardiac surgery is expanding the possibilities of minimally invasive cardiac care for appropriately selected patients.

Advanced Surgery Through Smaller Incisions

Traditionally, major cardiac procedures have required a median sternotomy through the breastbone. Today, advanced endoscopic systems, three-dimensional visualization and specialized instruments allow selected cardiac procedures to be performed through significantly smaller surgical access—sometimes through incisions as small as one inch.

The goal is not simply a smaller incision, but precise and effective cardiac surgery through a carefully planned, minimally invasive approach.

Enhanced Visualization. Refined Access.

High-definition and 3D endoscopic visualization provides a detailed view of the operative field, enabling complex surgical procedures through small ports and incisions.

Patient selection remains central to the approach. The cardiac condition, anatomy, previous surgeries, overall health and complexity of the procedure are carefully assessed before choosing an endoscopic route.

Potential Benefits

For appropriately selected patients, minimally invasive and endoscopic approaches may offer:

- Smaller surgical incisions
- Reduced tissue disruption
- Less postoperative discomfort in some patients
- Earlier mobilization
- Potentially faster recovery
- Earlier return to routine activities

Outcomes vary with the procedure and individual patient factors. The safest and most appropriate surgical approach is determined through comprehensive clinical evaluation.

Integrated Cardiac Care

Endoscopic cardiac surgery is supported by a multidisciplinary team of cardiac surgeons, cardiologists, cardiac anaesthesiologists, perfusionists, intensivists, nurses and specialized operating-room teams.

This integrated model enables careful patient selection, comprehensive perioperative care and individualized treatment planning under one coordinated cardiac care system.

Advancing Minimally Invasive Cardiac Surgery in Coimbatore

The evolution from conventional surgery to minimally invasive and endoscopic techniques

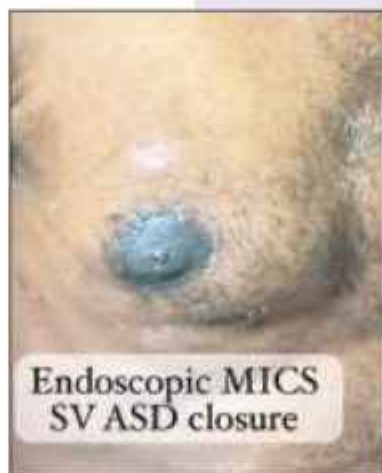
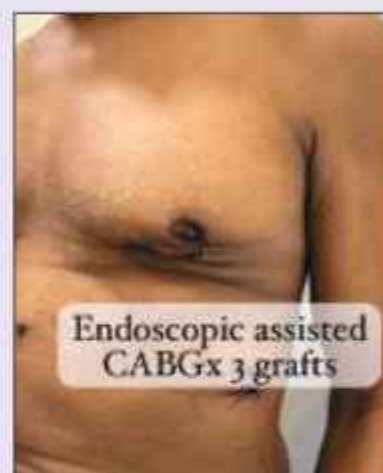
represents more than a change in incision size. It reflects a broader transformation in cardiac surgery—combining advanced visualization, technology and surgical expertise to achieve precise treatment through carefully planned access routes.

At Sri Ramakrishna Hospital, this approach brings advanced minimally invasive cardiac surgical

options closer to patients in Coimbatore and the surrounding regions.

One Inch. Advanced Technology. Precise Cardiac Surgery.

Redefining access.
Refining precision.
Supporting recovery.



Dr.M.S.RAMPRASSATH

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A Moment of Pride for Sri Ramakrishna Institute of Oncology and Research

Sri Ramakrishna Institute of Oncology and Research, Coimbatore, a specialised centre of Sri Ramakrishna Hospital, has been honoured with the prestigious "Best Oncology Care in Tamil Nadu" award at the Times Healthcare Achievers – Tamil Nadu 2026. The recognition reflects the Institute's continued commitment to delivering comprehensive, advanced and compassionate cancer care through clinical expertise, multidisciplinary collaboration and a patient-centric approach. The award was presented by Dr. K. G. ArunRaj, Hon'ble Minister for Health & Family Welfare, Government of Tamil Nadu, and received on behalf of Sri Ramakrishna Hospital by Dr. S. Alagappan, Medical Superintendent, and Dr. K. Karthikesh, Consultant Surgical Oncologist. This achievement recognises the collective efforts of the Institute's oncologists, surgeons, nurses, technicians and healthcare professionals. Their dedication to clinical excellence, innovation and compassionate care continues to strengthen the Institute's commitment to advancing cancer treatment and improving patient outcomes.



Pharmacists Day Celebrated at Sri Ramakrishna Hospital

The Department of Clinical Pharmacy & Pharmacy, Sri Ramakrishna Hospital, hosted a special event on **24 September 2026** to honour the dedication, expertise and compassion of pharmacists in shaping a healthier future. The programme commenced with the ceremonial lighting of the Kuthuvilakku, followed by the welcome address by **Dr. S. Alagappan**, Medical Superintendent. Chief Guest **Dr. Sarveswaran V** spoke on this year's theme, "**Empowering Pharmacists for a Healthier Future**," while Guest of Honour **Dr. Arunadevi K** addressed the theme "**Empowering Clinical Pharmacists for a Healthier Future: Transforming Medication Management into Better Patient Outcomes**." The programme continued with the felicitation ceremony, followed by the presentation of the **Annual Reports for Pharmacy and Clinical Pharmacy** by **Mr. Muthiah R**, Chief Pharmacist, and **Dr. Pricilla V**, respectively. A key highlight of the event was the official release of the 3rd Yearly Newsletter, showcasing the activities and achievements of the departments. The programme also featured an awards and prize distribution ceremony, recognising the contributions and achievements of the pharmacy teams. The event concluded with a vote of thanks delivered by **Dr. Shri Vishwapal S**, CP-TL.



Setting the Gold Standard in Heart Attack Care

FIRST HOSPITAL IN TAMIL NADU



AHA-CERTIFIED

AMERICAN HEART ASSOCIATION



Comprehensive Chest Pain Center



COMPREHENSIVE CHEST PAIN CENTER CERTIFICATION

AWARDED TO

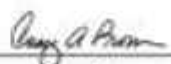
Sri Ramakrishna Hospital

Coimbatore, India

The American Heart Association recognizes this facility for demonstrating achievement of requirements
Comprehensive Chest Pain Center Certification.

GRANTED ON: June 19, 2025

EXPIRES ON: June 18, 2029


Nancy Brown
Chief Executive Officer
American Heart Association



360° Health Care



**SRI RAMAKRISHNA
HOSPITAL**



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