



Sir Ganga Ram Hospital

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Vision of Chairman, Sir Ganga Ram Trust Society: Dr D.S. Rana

In August 2022, Dr Devinder Singh Rana assumed the role of Chairman of Sir Ganga Ram Trust Society. During an exclusive interview with Dr Chand Wattal, the editor of The Sir Ganga Ram Hospital Newsletter, he discussed the achievements of the Board of Management (BoM) of SGRH over the past 11 years and shared his vision of the future of our most revered institution.

Dr Rana was born in 1949 in a far-off village Dasmal in District Hamirpur, Himachal Pradesh. He attended a village school during his formative years often travelling 20 kilometres every day. Scholarships and distinctions that he won during his high school earned him a place for MBBS from Indira Gandhi Medical College, Shimla. Later he obtained postgraduate degree in Medicine (MD) from PGIMER, Chandigarh in 1976. Dr Rana then joined AIIMS New Delhi in the Department of Nephrology for MNAMS (Nephrology), New Delhi. After obtaining a specialist degree in nephrology, Dr Rana joined Sir Ganga Ram Hospital in 1981, where he was tasked to establish comprehensive nephrology, dialysis, and kidney transplant services—a challenging task that was to become an unprecedented achievement and inspiration for other non-government hospitals in North India. In 1986, he was awarded an international scholarship in renal transplantation by the Cleveland Clinic Foundation, Ohio, USA, which was to impart an international perspective to the transplantation at SGRH.

His unwavering commitment to discipline and his profound empathy towards individuals have earned him many national and international recognitions in the field of nephrology and kidney transplantation. Equally enthusiastic about education, he played a pivotal role in securing the DNB Nephrology programme at SGRH in 1991, making our hospital one of the few institutions to offer this programme.

His contributions to the growth of nephrology, as well as his dedication to philanthropy, have brought him widespread acclaim and numerous honours. Dr Rana was awarded the prestigious Padma Shri in 2009 for his eminent services to the medical field. Next, he was bestowed with the Dr B.C. Roy National Award for advancing the cause of nephrology as a specialty in 2016. The Fellowship of the Indian Society of Nephrology (FISN) was conferred on him by the Association for his leadership role in disseminating the art and science of nephrology.

Being one of the most popular sons of the soil, the Himachal Government was not far behind in honouring the services of Dr Rana. He was conferred with the 'Inspiration Award' in 2009, and the 'Himachal Gaurav', the state's highest honour in 2015. The National Board of Examinations presented him with the 'Triennial NBE Medical Teacher of Excellence Award' in 2011 in recognition of his commitment to academics, a unique honour indeed.



He is alive to the need of providing secondary and tertiary quality and affordable healthcare to the rural and semi-rural population at their doorsteps. He strongly feels that tertiary care hospitals should adopt small medical centres in such areas. To exemplify this, he made a charitable trust named Parvati Education and Health Society, duly registered under the Societies Act, in 2005. In 2007, this society established a tele-medicine centre at his village Dasmal in collaboration with SGRH, Government of Himachal Pradesh and ISRO, Department of Science and Technology, Government of India. At this centre in 2009, the first standalone haemodialysis centre was established with the help of the local Rotary Club. This is the first haemodialysis service created at the village level in the country. In 2018, a 30-bedded hospital named Parvati Hospital supported by Sir Ganga Ram Trust Society was inaugurated. This centre has got a state-of-art operation theatre, apart from the exemplary and popular haemodialysis unit. Consultants from surgical disciplines like general surgery, urology, gynaecology and orthopaedics supported by the Department of Anaesthesia regularly perform 100-120 surgeries per month. This is a matter of pride that in a remote village more than 300 joint replacements have been done very successfully.

The 11 years' tenure of Dr Rana as Chairman, Board of Management (BoM) commenced in May 2011, which saw all round improvement in infrastructure, patient amenities and services. In 2015, Sir Ganga Ram Trust Society elevated him to the Membership of Sir Ganga Ram Trust Society in recognition of his services to the hospital and for his success as Chairman, BoM. Dr Rana's high standing among the hospital's faculty and staff stems from his exceptional mental and emotional attributes. His demeanour is straightforward and friendly, always ready to engage and keen to solve the problems—that's how he handles the pressure of his job. For his exceptional leadership, Dr Rana was elected to serve the hospital as Chairman of Sir Ganga Ram Trust Society in 2022. He is known for his exemplary character, honesty, integrity, and compassion. His motto for the Ganga Ram family and for all individuals—'Love all, serve all, hurt never, and help ever'—is worthy of emulation by all members of the fraternity.

Late Shri Ashok Chandra Ji was the Chairman of Sir Ganga Ram Trust Society during Dr Rana's tenure as Chairman BoM, who

infused him with the ethos and vision of the founder. It was the patronage, trust and mentorship of Ashok Chandra ji that transformed Dr Rana into the leader that he has become. Dr Rana remains deeply grateful to the late Shri Ashok Chandra Ji.

Being the first doctor to be in the Chair of Sir Ganga Ram Trust

The following are excerpts from the interview of Dr D.S. Rana with the editor:

Q: You have provided SGRH Newsletter (NL) with the opportunity to publish your thoughts for our readers for the second time. Does this occasion differ from the one you experienced previously, when you were re-elected Chairman of the BoM?

I personally recollect our prior exchange, and I found great pleasure in revisiting it as well. This occasion becomes altogether unique, stimulating, and thought-provoking when I realize, I still nurse ambitious goals for this magnificent establishment, which is governed by the spirit of Sir Ganga Ram. I am committed to work tirelessly to the idea of providing cutting-edge patient care in accordance with the highest ethical standards. The current position of Chairman, Sir Ganga Ram Trust, energizes me to focus on achieving the vision of our founder in a razor-sharp manner. Swami Vivekananda once said, 'Anyone can keep calm in a cave or when asleep. Stand in the whirl and madness of action and reach the Centre. If you have found the Centre, you cannot be moved.' This position demands focused thinking on my part as I assist and advise the Board of Management in carrying out its duties. I am proud of the fact that the Board of Management comprises competent and experienced colleagues.

Q: Having spent more than 40 years in this amazing institution as an administrator and ace professional, what role various Chairpersons of both the Board of Management and Trust Society have played in your life?

Besides the role of my parents and teachers who shaped my initial years of life, I was fortunate to have the blessings of almost all the previous functionaries of SGRH. It was late Dr S.K. Sama, who persuaded me to join SGRH and gave me a free hand to set-up the Nephrology Unit. Late Dr K.C. Mahajan helped me to settle down in this hospital and showered his love and affection. I cannot forget his words of blessings (quote) 'You are not born with a silver spoon but we are providing you one and if you work hard with sincerity and honesty, sky is the limit for achievement' (unquote). Every word spoken by him has come true during all these years. My subsequent years with late Dr B.K. Vohra, late Dr S.K. Bhandari, late Dr K.P. Jain, late Dr S.K. Sama and Dr B.K. Rao were full of action, which helped me in honing my skills. They all kept my momentum going. Similarly, late Shri Shiv Ram Ji, late Shri Tej Ram Ji, late Shri Bharat Ram Ji and late Shri Ashok Chandra Ji all had very cordial and affectionate relationship with me and I learned something or other from each one of them. As the destiny would have it, I was fortunate to have a very close association for long years with late Shri Dharam Vira Ji, an architect of this hospital. He kept on blessing me and I learned some of the administrative and humane qualities from him. Above all, what left a lasting impression on my mind by all who's who of SGRH fraternity was their honesty and compassion to serve the

Society, Sir Ganga Ram Hospital, he is now uniquely placed to provide exemplary, cutting-edge healthcare while pursuing excellence in academics and research. Dr Rana firmly believes that medical education and research are essential verticals of any tertiary care hospital to provide the state-of-the-art medical care.

community. All this I shall treasure all my life.

Q: During our interview, Late Shri Dharam Vira Ji made a reference to the principles upheld by Sir Ganga Ram and stated (quote): 'The chairman of trust society has to be the sole guardian of the philosophy of the hospital. At present, it is to make this hospital one of the most outstanding in the country and continue to be charitable, as was the desire of its founder.' (unquote) Additionally, he recommended that younger individuals become members of the trust to safeguard the sustainability of the hospital's policies and operations. How do you interpret this statement that was made in 1998 in the present context?

As previously stated, I am in favour of allowing younger individuals to join the organization on an ongoing basis so that they bring in innovative talent. These new entrants should be driven by a desire to serve the community in accordance with the founder's vision. In this matter therefore I wholeheartedly subscribe to the views of Late Shri Dharam Vira Ji. The process of induction of new talents is an ongoing one and is in various stages of implementation. In this context I am very glad that Dr Ajay Swaroop, who was the Secretary of the Board for more than 11 years is now Chairman, Board of Management. He is an experienced, straightforward, and efficient administrator. He is supported by a set of dedicated consultants, a mix of experienced and relatively younger colleagues, who are being groomed for future leadership roles.

Q: Do you look back with a profound satisfaction for the manner in which you have executed your duties as Chairman of the Board of Management for the past 11 years?

I would like to recount my experience of the past 11 years that I



Dr D.S. Rana and Dr Chand Wattal



Left to right: Dr D.S. Rana, Late Shri Ashok Chandra, Dr Chand Wattal

spent as Chairman of the Board of Management. I may categorize them under the following two headings:

a) Academics and Research

As already emphasized, I genuinely feel that a tertiary care hospital should maintain a parallel growth of academics and research. The intellectual environment in hospitals is what keeps ethical behaviour alive. The Late Dr K.C. Mahajan, founder Chairman of BoM and doyen of surgery, laid down the foundation of the hospital with the objective to provide best ethical medical care. He was instrumental in lighting the teaching environment in the hospital in early 1980s. He facilitated the introduction of the DNB programme in the hospital, initially in four key specialties and later widening the spectrum to include almost all broad and superspecialties. He infused strong academic culture among the consultants. Today, we are proud of the fact that we have the largest DNB programme in the non-government sector, which is a role model for other institutions.

We sowed the seed of establishing the Department of Research in the year 2007 under the leadership of Professor N.K. Ganguly, an eminent researcher, and former Director General of the ICMR.

Teaching is very dear to my heart, and I wanted to join a teaching hospital, but I stayed here when I could see the passion of Late Dr Mahajan to establish a strong academic culture at SGRH. With his help, the DNB programme was introduced very early in nephrology and today we are proud that many of our trained alumni are occupying prestigious positions in major hospitals of the country.

In line with my priority to give boost to academics and research, I proposed the establishment of the Ganga Ram Institute of Post-Graduate Medical Education and Research (GRIPMER) to consolidate these activities and provide direction for further growth of the culture of academics. I am grateful to Late Dr K.C. Mahajan and Dr Samiran Nundy for giving shape to my dreams.

The hospital was fortunate in having the services of Professor Samiran Nundy, a renowned surgeon, an expert in medical teaching and research, in taking over the responsibility to create the structure of the GRIPMER. He served as the first Dean of

GRIPMER and provided dynamic leadership under overall blessings of Dr Mahajan. Subsequently, Professor Kusum Verma, a former dean of AIIMS, Delhi, a brilliant academician, hard task-master and highly disciplined and dedicated teacher took over the role of Dean from Dr Nundy, and served as Dean till 2022. Now, Professor V.K. Malik, an eminent teacher, surgeon and dedicated clinician has taken over this role and I am sure GRIPMER will continue to reach greater heights because of the dedication of our faculty. The newer initiatives of GRIPMER are aimed at providing an enabling environment to achieve the best possible training for our residents while taking care of their all-round development.

The Department of Research has got brilliant and dedicated scientists; their sincere work has taken this department to a new height. Our scientists are not only getting intramural grants but also getting substantial extramural grants from national and international organizations. Apart from aiding the clinicians in clinical research, they are now deeply involved in molecular research in all fields. The Department of Research is now renamed as the 'Department of Biotechnology and Research'. It gives me immense pleasure to acknowledge the pioneering role of Professor N.K. Ganguly for mentoring his team and achieving tremendous recognition for our hospital in this field. I want to compliment Padma Shri Dr I.C. Verma for establishing a state-of-the-art Department of Genetics and Human Genomics, one of the pioneer and premier centres of its type in the non-government sector in the country. It is a matter of deep satisfaction for me to record that we are the apex referral centre for providing genetic counselling and testing.

To promote an academic environment a state-of-the-art library is essential. Our library is one of the jewels of SGRH. Keeping pace with the trend of digitization, currently we subscribe to powerful online platforms that make available huge knowledge resources to our faculty and residents alike at the click of a button.

During my tenure, we renovated and refurbished the auditorium. It has been the hub of all our academic activities. Four other lecture halls in various locations constructed during this period have helped us conduct our teaching activities smoothly.

The facility of Nursing School was also renovated and upgraded. A Bachelor's course in Nursing (BSc) should be offered by a nursing college, as this is urgently needed to support the provision of top-notch nursing to our sick patients with complex problems. The upgradation of Nursing School is high on the list of my priorities. To meet the ever-growing need for academics among our faculty members in this hospital, a new auditorium will be constructed in this OPD block.

The various courses for paramedical training have been introduced. This is our flagship programme, and many new hospitals look forward to having human resources from our hospital. In fact, we are playing the role of a NURSERY, and we are proud of it.

b) Cutting-edge clinical treatment

In order to meet the aspiration of public with rising economy, extensive renovation and modernization of our old building has

been carried out. Extra space has been given to the Departments of Paediatrics and Neonatology. Our leading clinical departments are maintaining their excellence in rendering ethical healthcare with modern technology. Even our general wards providing free treatment have been upgraded and air-conditioned.

I may mention here that with the induction of Dr V.S. Bedi, an eminent vascular surgeon, the department has achieved the status of a centre of excellence for both vascular and endovascular procedures and his is amongst the top departments not only in the country but probably in the world. I am proud of Dr Bedi, who has created a cohesive team with excellent working culture in his department. The Department of Paediatric Cardiac Sciences is one of very few departments in the country under the leadership of Dr Raja Joshi. With the induction of Dr Satish Aggarwal, the Department of Paediatric Surgery is heading towards becoming a centre of excellence.

We are proud of our diagnostic facilities. All diagnostic facilities have got modern equipment to provide practically all diagnostic tests. Our labs have the status of being the reference laboratories in their fields. The Institute of Clinical Microbiology and Immunology besides supporting infectious diseases diagnosis is conducting NABL accredited External Quality Assessment Services (EQAS) in the country and has more than 700 labs registered under this programme. The Cytopathology laboratory has expertise in handling and reporting of endoscopic and endobronchial-guided FNAs and immunohistochemistry, exfoliative cytology besides offering comprehensive cervical cancer screening by liquid-based cytology. The Department of Histopathology has regularly updated technology such as fully automated tissue processors, auto-stainers, state-of-the-art 150 immunohistochemistry (IHC) markers and *in situ* hybridization (ISH) platforms. The Biochemistry Department has top of the range, highly sophisticated, fully automated analysers with a wide menu of routine and specialized tests. The laboratory is the Referral Centre for Lead Testing in the Delhi NCR region and is the first laboratory in North India to start estimation of tacrolimus, procalcitonin, homocysteine. The Department of Haematology is also a centre of excellence. It is the only lab to conduct complete molecular workup for haematological malignancies and coagulation. The Institute of Medical Genetics and Genomics (IMGG), SGRH has become a leading genetic centre in the country as mentioned earlier. In addition, the department is represented in the National Consortium for research and development on Therapeutics for Rare Diseases, Undiagnosed Diseases Network International (UDNI) and the International Rare Diseases Research Consortium (IRDiRC).

I have got keen interest to digitalize all indoor and outdoor services. We have already achieved lot of success in this direction and work is in progress to implement EMR in both OPD and IPD. We have taken care of aesthetics of our external spaces. Apart from beautifying our own external space, we have taken the responsibility of maintaining the adjoining public garden. I shall like to place on record very significant contribution of my wife Anita Rana in improving the ambiance of the hospital.



Left to right: Dr Ajay Swaroop, Dr D.S. Rana, Dr Chand Wattal

Multi-level car parking (MLCP)

The first hospital parking structure in Delhi was constructed with multiple levels to accommodate almost a thousand cars. This has dramatically changed the perception about our hospital and our patients have been complimenting us for this addition to the infrastructure.

New B1 Block

During this decade, the building of a new block (B1) was started, and I am deeply involved in all aspects to make it a comprehensive facility. This block will have three bunkers with the most up-to-date radiotherapy machines. A state-of-the-art oncology setup will be created to provide complete care for cancer patients. The block will have dedicated OPD services for cancer patients. Additional diagnostic facilities like two X-ray machines, one ultrasound, one CT scanner, one MRI scanner, one PET scanner and the Nuclear Medicine department will be installed to cater to indoor patients with the aim to provide all aspects of care under one roof.

The block will have a state-of-the-art comprehensive executive health check-up centre. The Department of Vascular and Endovascular Surgery will have two state-of-the-art hybrid suites and supporting infrastructure. The block will have nine more operation rooms. The complex will also have a dedicated unit for multiorgan transplantation. The Departments of Paediatric Cardiac Sciences and Paediatric Surgery will be fully shifted to this block. Overall, this block will add 200 more indoor beds including 30 beds for critical care.

Q: Almost everything you touch alters its profile; in this case, it is your esteemed institution that you have cultivated for a span of 41 years. In light of this, what developments are you anticipating in SGRH in your capacity as Chairman Trust Society?

As Chairman Trust Society, I will continue to prioritize the expansion programme and the timely completion of the new B1 Block, while also seeking to ensure the smooth operation of the Board of Management. We are very space-constrained, so all

amenities I have listed for the new building must be completed as soon as feasible. Once the B1 Block is completed, we will begin construction for a new OPD block. Our OPD services are not up to the mark because of our growth in patient load. Currently, these are functioning at multiple locations with interconnectivity problems with allied specialties causing inconvenience to the patients.

The new OPD block next to the multi-level parking, which was officially opened by Defence Minister Shri Rajnath Singh prior to COVID, has already received approval from the SGRH Trust. The COVID-19 epidemic caused delay in the activities planned for the construction of this structure. To address the existing shortage of space, I want to begin building a state-of-the-art Outpatient Department block with elite specialties, a pharmacy block, a food court, and emergency services. I also wish to create a complete block dedicated to the diagnostic services, which are our pride. One of our hospital's strengths is its state-of-the-art labs, which are at par with any diagnostic facility in the world. We shall do everything in our power to provide enough space for all lab services, meeting their need for a minimum of next ten years.

Q: To have a doctor with profound insight into this hospital now becoming the Chairman Trust Society, the first of its kind in the 100 years of this hospital, do you think this is a change that can augment the growth due to a better understanding of a healthcare facility and how it can be improved to benefit the patients? Earlier, the Chairmen Trust Society were the most respected and distinguished citizens of the country without a medical background who saw their role as a friend, guide, and philosopher besides an observer to the Chairman BoM and would not participate in the day-to-day functioning of the hospital. Your presence is a major departure from the past, as mentioned above. How do you see yourself in this role?

My principal objective will be to ensure strategic coordination and implementation of the hospital's growth, encompassing both internal and external factors. The responsibility for overseeing the daily operations of the hospital will remain with the Board of Management, which possesses exceptional expertise in preserving the hospital's heritage. Notably, as Chair of the Trust Society having risen to the position after working in the hospital as a consultant for over 41 years provides me with a unique insight into the operational intricacies of the Board of Management as it manages the task of providing quality care at affordable costs to a large number of patients constantly trying to improve their experience.

Q: How do you see the expansion outside the hospital premises?

Over the last five decades, under the management boards the hospital witnessed phenomenal growth and is a well-known healthcare brand nationally and internationally. However, we have not utilized this hard earned brand value and need to enlarge our footprints outside this hospital.

Personally, I strongly feel that without compromising the growth and charitable status of our hospital, we should seriously

contemplate to expand beyond the precincts of this hospital. This is important to keep our legacy alive amongst top healthcare facilities. I do hope that I shall be able to persuade and convince my colleagues in the Sir Ganga Ram Trust Society (SGRTS) to take steps in this direction.

Our aspiration has always been to establish a medical college and hospital under the SGRH brand and work in this unexplored path also.

Q: Everything a healthcare facility could do was impacted by the COVID-19 pandemic. What lessons have we learnt from this once-in-a-lifetime experience? You led this institution from the front.

Dealing with this global natural disaster was an enormous challenge. The global health sector collapsed as a whole. There was an instant problem when an institution starts losing money, it can never operate well. The doctors and employees of this institution continued to work hard and honestly, they are our greatest assets. Nevertheless, despite the hospital's financial losses, no employees were let go, and salaries were paid on schedule. The resources were provided by the Trust Society by diverting the funds earmarked for construction of the OPD block. The hospital's development was slowed down by the loss of Rs 170 crore over a period of three years. All official directives were complied with in letter and spirit during COVID. Our microbiology lab was among the first groups of PCR labs that were allowed to perform COVID testing. During such trying circumstances, the lab operated round the clock. As a vital component of my job, I used to go to the COVID Unit every day and spend more than two hours there. This made it easier for me to comprehend the issues at hand. I acquired first-hand knowledge about gaps from my interactions with doctors as well as from seeing the condition of critically ill patients and made all efforts to fill the gaps. Those were really challenging times.

Q: Your life's fundamental compass has been commitment and care for the destitute and disadvantaged; what influenced you to become this way?

From an early age, I observed my father wholeheartedly serving society, and my mother and grandmother, among others, provided him with unwavering support. Consequently, such dedication emanates from within the family. It is widely acknowledged that happiness cannot be obtained through material gain unrelated to service to humanity. Consequently, it is not difficult to comprehend the factors that have influenced my current disposition.

Q: Since you have assumed the role of principal custodian of our hospital, what message do you wish to convey to the physicians and staff?

'Have a sense of belonging to SGRH.' This is of utmost importance and should remain foremost in our minds while serving this great institution. It is this message that I wish to impart or convey to my colleague physicians and the hospital staff. It is a brief but clear proposition.

There is no 'I' in my journey of 41 years through this esteemed institution. 'We' have built it together and we will continue to do so in future.

Children with congenital heart disease for non-cardiac surgery: Anaesthetic considerations

Introduction

Congenital heart defects (CHD) are the most common type of birth defects, occurring in approximately 1 in 125 live births.¹ With advances in medical and surgical care and increased survival rate of these babies, about 30% of such children present for various non-cardiac surgeries due to associated extracardiac anomalies like tracheoesophageal fistula, anorectal malformation (ARM), renal and skeletal pathology. Children and adults with heart disease are at increased risk of mortality and morbidity when undergoing non-cardiac surgery.^{2,3}

It is a huge challenge for an anaesthesiologist to manage these babies while presenting for non-cardiac surgery as they may present with corrected, palliated or non-corrected cardiac defects. In our tertiary care setup, the surgeries for ARM constitute the majority of non-cardiac surgical procedures. Moreover, these babies with ARM undergo staged surgeries such as an urgent colostomy in the early neonatal period, followed by a definitive and corrective surgery and later colostomy closure, mostly during infancy or early childhood. We present here three interesting cases posted for anorectal surgery with different cardiac defects, the challenging scenarios of decision-making for a successful outcome.

Case 1

A 1.5-month-old male baby weighing 4.5 kg with absent anal opening, sacral dysgenesis, Echo showing patent foramen ovale, ostium secundum ASD (2.5 mm), mild TR, normal size chambers and perimembranous VSD of 6 mm, with L to R shunt and pressure gradient of 20–21 mmHg. He also had divided sigmoid

colostomy and proximal stomal stenosis. He was posted for definitive repair, posterior sagittal anorectoplasty (PSARP). On preoperative evaluation, the PSARP was deferred in view of a subtle history of diaphoresis while feeding, very young age, presence of colostomy and hesitant doctor parents. The parents were advised to continue conservative management with distal rectal wash and proximal stomal dilatation, and the patient was also referred to the cardiologist of SGRH. Repeat Echo showed dilated LA/LV, moderate PAH with pressure gradient of 77.8 mmHg and so was advised syrup furosemide 0.4 ml once daily and aldactone 5 mg OD. After 10 days of medication, the baby developed tachycardia and tachypnoea (64/min) and went into cardiac failure and the cardiologist increased the dose of both the drugs, furosemide and aldactone, to twice daily doses for 15 days and advised against GA/non-cardiac surgery and also warned that if further deterioration occurs the baby may require corrective cardiac surgery before non-cardiac surgery. However, the baby

improved within 15 days with normal respiratory rate and reduced intensity of diaphoresis during feeding. After 3 weeks of decongestive therapy the repeat Echo showed almost closure of ASD and VSD regressing. Then the baby (5.8 kg, 3 months' age and SpO₂ 99% on room air) was operated under GA with standard monitoring and with additional cardiac risk and infective endocarditis prophylaxis. Surgery was completed uneventfully and the baby was discharged on postoperative day 4. The baby was continued on maintenance decongestant therapy with follow-up every 2 months. He subsequently underwent colostomy closure at 5.5 months of age uneventfully. The baby is still on decongestant therapy with no symptoms, diaphoresis only with more than 15–20 minutes of feeding time.

Case 2

A 2-month-old female baby weighing 5 kg with low anorectal malformation (ARM), perineal fistula, bilateral hydronephrosis and two ostium secundum ASDs of 6 mm each, dilated RA and RV and good LV function with normal pulmonary pressure. Informed high-risk consent was taken from parents for PSARP on the day before surgery. But on the day of surgery the parents refused to consent for a major surgery like PSARP; instead they wanted a staged procedure till the baby was a bit older. Therefore, sigmoid colostomy was done. The baby remained stable perioperatively and was discharged on postoperative day 2.

Case 3

A 2-year-old male weighing 9.5 kg, a case of ARM with Ebstein's anomaly with ASD having colostomy *in situ* was admitted for

Anaesthesia plan

- Minimize fasting deficit
- EMLA cream application
- Smooth IV induction of anaesthesia
- Adequate monitoring (invasive BP, ABG as indicated)
- Maintain normothermia
- Bubble precautions – avoid air bubble in IV line
- Beware of arrhythmias
- Maintain preload
- Avoid overload – early inotropes
- High FiO₂/ fraction of inspired oxygen, low PIP and PEEP
- Adequate postoperative pain relief (USG-guided caudal epidural blocks in sacral abnormalities)

PSARP surgery. There was history of peripheral cyanosis with SpO₂ of 85%–88% on room air and polycythemia. Echo showed a large ostium secundum, ASD, R to L predominance, mild TR, small RV and large RA. Intraoperatively, invasive BP monitoring with radial artery cannulation was done and adrenaline infusion was required to manage hypotensive episodes.

Discussion

A thorough preoperative assessment with respect to history and clinical examination is indispensable for identifying and anticipating risks in babies with CHD. For uneventful anaesthesia in these patients, we need to understand the physiology and recognize the associated risks.^{4,5} During infancy, since the level of physical activity is less, it is very important to rely on findings such as tachycardia, tachypnoea, blue tinge of skin or lips, rapid breathing or diaphoresis while feeding to assess the functional cardiac status.

It should be kept in mind that the chest signs can be congestive or pneumonic and should be treated appropriately by decongestive therapy or antibiotics, respectively. In case I, the baby was healthy looking, but on the basis of a definitive history of diaphoresis during feeding; the baby was further investigated by repeating Echo and was given decongestive therapy for 3 weeks before definitive surgery; thus an impending catastrophic heart failure was avoided by deferring the elective surgery.

Small defects cause minimal haemodynamic alterations whereas moderate to large defects can be associated with volume overload and congestive symptoms. Anorectal surgical risks include long duration of surgery and modified jack knife position, which decreases vital capacity, lung compliance and left ventricle stroke volume index. Moreover, since the position is awkward (Fig. 1), in an emergency situation of severe cardiovascular compromise it will be time-



Fig. 1. Modified prone jack knife position

consuming to undo the position and prepare for resuscitation. Keeping all these factors in mind, the parents need to be counselled and informed high-risk consent should always be obtained.

In case II, the parents refused to accept the risk involved till the child grew older, thus the baby underwent a staged procedure instead of the definitive procedure.

Broadly, the anaesthesia goals are to allow adequate forward pulmonary and systemic blood flow by avoiding increase in pulmonary vascular resistance and decrease in SVR. Ventricular function should be supported when needed. Factors which reduce pulmonary blood flow like hypoxia, hypercarbia, acidosis, hyperinflation and increased haematocrit should be avoided.

Our routine anaesthesia plan comprises minimizing fasting deficit, EMLA cream application, a smooth IV induction of anaesthesia and standard monitoring with invasive BP monitoring in special indications (Fig. 2). The objective is to maintain preload, avoid overload with early inotropes and prevent IVC compression.

Conclusion

Giving anaesthesia to CHD patients is challenging and there are no evidence-based recommendations for management of these patients. There is no single approach to such patients as they have different abnormalities. With advanced treatment options, it is best to have a



Fig. 2. Standard monitoring with invasive BP

multidisciplinary approach involving anaesthesiologists, surgeons, cardiologists, intensivists, paediatricians and neonatologist in the decision-making process.

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Compiled by

Dr Jasmine Kumar, Dr Deepanjali Pant,
Dr A. Koul, Dr Jayashree Sood
Institute of Anaesthesiology, Pain and
Perioperative Medicine

HOSPITAL NEWS



Sir Ganga Ram Hospital was awarded the Best Medical Care Services Award at the 64th Annual Conference of the Delhi Medical Association on 26 November 2023. The award was received by Dr Anil Bhalla, Honorary Secretary, Board of Management, SGRH

Dr Abhinav Gullani, Consultant, Department of Chest Medicine received the Assembly Education award at the 27th Annual Conference of the Asia Pacific Society of Respiratory held at Singapore in November 2023 for his research on 'Radial endobronchial ultrasound for peripheral pulmonary lesions'.

Dr Parveen Bhatia, Senior Consultant, Institute of Minimal Access, Metabolic and Bariatric Surgery was honoured with the Jewel of ASI award 2023 at the Annual Conference of The Association of Surgeons of India held at Visakhapatnam.

The Institute of Anaesthesiology, Pain and Perioperative Medicine organized the second edition of the Chronic Pain Update Series on the theme of 'Chronic Pelvic Pain' on 18 November 2023. The event brought eminent speakers from different specialties such as Gynaecology, Urology, Gastroenterology and Psychiatry to share their thoughts and experiences on evaluation and management of chronic pelvic pain. Subsequently, various interventional procedures in chronic pelvic pain were demonstrated live from the operation theatre. The workshop was attended by doctors of various specialties and was well appreciated.

World Hospice and Palliative Care Day 2023

The Department of Palliative Medicine celebrated the 'World Hospice and Palliative Care Day 2023' on 11 October 2023 at Sir Ganga Ram Hospital (SGRH). The programme was graced by Dr D.S. Rana, Chairman, Sir Ganga Ram Trust Society; Dr Ajay Swarup, Chairman, Board of Management (BoM), SGRH; Dr S.P. Byotra, Vice-Chairman, BoM, SGRH; Dr Jayashree Sood, Honorary Secretary, BoM, SGRH; and Dr Anil Bhalla, Joint Secretary-cum-Treasurer, BoM, SGRH. Dr Gowri Nambiar Sengupta, Deputy Director General Health and Family Welfare was the Guest of Honour. Dr Bimla Sharma, Head of Department, Palliative Medicine welcomed the guests and participants to the event. The programme was attended by more than 100 delegates. The scientific programme had lectures and panel discussions, which were

delivered by national and international faculties. Notable speakers included Dr Seema Mishra (AIIMS), Dr Rajinder Dharmija (IHBAS), Dr Sachidanand Jee Bharti (AIIMS), Dr Dhvani Metha (Vidhi Centre), M/s Gilly Burn (UK), M/s Hanife (ELNEC India) and Mr Hamza (DNip Care).

A short mesmerizing skit on the theme 'Awareness of Palliative Care in the Community' was presented by the undergraduate students of Atal Bihari Vajpayee Institute of Medical Sciences, RML Hospital, followed by prize distribution for the winners in various competitions.

The event ended with a commitment to further improve palliative care services in the hospital.

— Dr Puneet Rathore, Associate Consultant, Dept of Palliative Medicine

FALS Bariatric Course and CME 2023

The Department of Laparoscopic, Laser and General Surgery, SGRH, Max-BLK Hospital and Manipal Hospital in association with the Indian Association of Gastrointestinal and Endoscopic Surgeons (IAGES) organized a Fellowship in Advance Laparoscopic surgery (FALS) Bariatric Course and CME 2023 from 1 to 3 December 2023 at Jaypee Siddhartha, New Delhi. IAGES is one of the largest association of Minimal Access Surgeons of India. The fellowship was conducted in the Exam and Non-Exam category. The initial two days were packed with didactic lectures, which were delivered by stalwart national faculties.

The topics included were anatomy, physiology, and management of obesity-related diseases. Detailed bariatric surgeries were also included. On day 2, an online MCQ exam was conducted in the evening while viva was conducted for non-exam category candidates. On day 3, eight live surgeries were performed by

national faculties. The surgeries included Sleeve Gastrectomy, RYGB, OAGB, Banded sleeve gastrectomy, Re-sleeve, Sleeve gastrectomy to RYGB, Sleeve gastrectomy to MGB, etc. All patients were discharged uneventfully. The programme was very well received and was attended by 75 delegates. A total of 65 national faculties participated in this academic extravaganza. The programme was inaugurated by Dr Ajay Swarup, Chairman, BoM; Dr S. Easwaramoorthy, IAGES President; Dr Satish Midha, IAGES Secretary; Dr Subhash Agarwal, IAGES President Elect, Dr Deep Goel, Organizing Chairman; and Dr Tarun Mittal, Organizing Secretary.

— Dr Tarun Mittal
Senior Consultant

Department of Laparoscopic, Laser and General Surgery

The 5th Sir Ganga Ram Live Operative Spine Course

The Department of Spine Surgery conducted the 5th live operative spine surgery course from 19 to 21 October 2023, at the SGRH auditorium, with live surgeries being relayed simultaneously from two operation theatres. In response to the need for less invasive surgery, reduced blood loss, shorter hospital stays, and a faster recovery, Dr Seok Bong Jung from Korea and Dr Pramod Lokhande from Pune, who are experts in these procedures, along with our department consultants, performed 17 live surgeries. We also invited the Bangladesh Spine Society as a guest society for this course, and they were represented by their President, Past President, President-elect, and General Secretary of the society. Most of the department alumni from the past 15 years attended the meeting. Eminent spine surgeons of the Delhi Spine Society shared their knowledge with the delegates.

On 21 October, the conference concluded with the 2nd Sir Ganga Ram Spine Oration and dinner at Hotel Jaypee Siddhartha. Shri Bibek Debroy, Padma Shri, Chairman, Economic Advisory Council to the Prime Minister (EAC-PM) and Chancellor, Deccan College Postgraduate and Research Institute, Pune, Government of Maharashtra, delivered the oration titled 'Happiness and Well-being: What Do We Know?'

Dr Asis Mukherjee, a pioneer in spine surgery, and Dr Chand Sahai, a spine anaesthetist, were both honoured with the Lifetime Achievement Award by the Spine Department in recognition of their significant contribution to patient care and teaching. The Chief



Felicitation of the Guest Orator, Shri Bibek Debroy, Economic Advisor to the Prime Minister

Guest was Dr D.S. Rana, Chairman of the Trust Society, and the Guest of Honour was Dr Ajay Swaroop, Chairman of the Board of Management (BoM). Then Vice Chairman Dr S.P. Byotra, Secretary Dr Jayashree Sood, and Joint Secretary-cum-Treasurer of BoM Dr Anil Bhalla also graced the occasion. Dr V.K. Malik, Dean of GRIPMER, and most of the Ganga Ram faculty were there. The spine course was well appreciated by all and was the news headline on major TV channels.

Compiled by

*Dr R.S. Chahal, Organizing Chairman
Vice Chairman, Department of Spine Surgery*



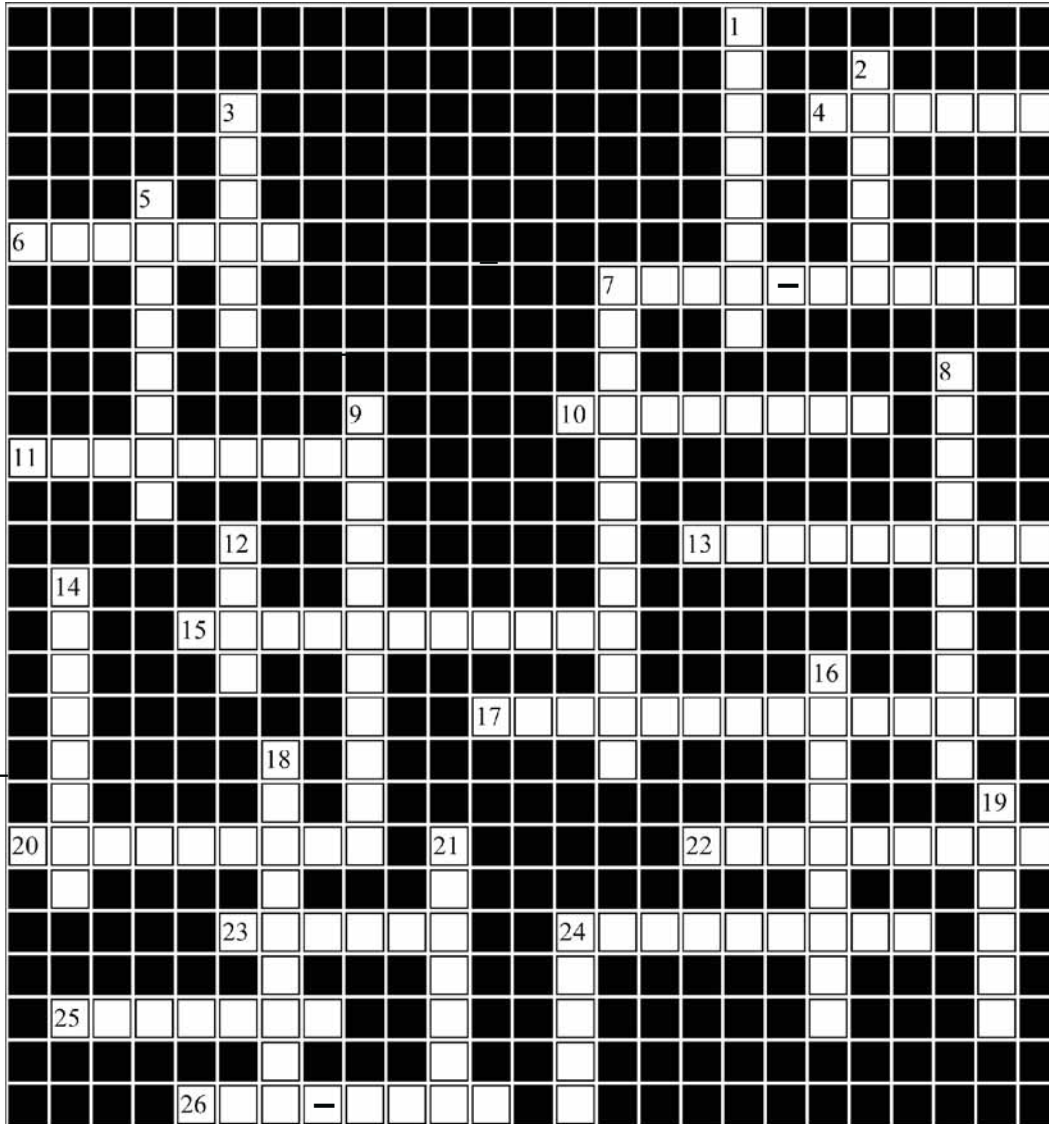
Dr Shyam Aggarwal, Chairman, Department of Medical Oncology, SGRH was awarded the life-time achievement award by the Indian Society of Medical and Pediatric Oncology at the Third Indian Cancer Congress 2023 held in Mumbai on 2-5 November 2023

Dr I.C. Verma, Emeritus Consultant and Advisor, Institute of Genetic Medicine, SGRH was felicitated with the Abbey Meyers Khushi Bridging RARE Awards for his life-time contribution to the cause of rare disorders at the Indo US Bridging RARE Summit 2023.



Dr Jayashree Sood, Vice-Chairperson, Board of Management and Chairperson, Institute of Anaesthesiology, Pain and Perioperative Medicine, SGRH was honoured with the prestigious Dr A.P. Singhal Lifetime Achievement National Award at the 70th Annual National Conference of the Indian Society of Anaesthesiologists, ISACON 2023 held at Gurugram on 24 November 2023

Newsletter Crossword



Across

4. Abnormal granular tissue commonly over cornea (6)
6. In fact, inconsistent to known facts (7)
7. Invigorating workout in water (4-5)
10. A twist causing obstruction (8)
11. An extension from a central body part, forming a bigger establishment (9)
13. A lazy eye (9)
15. Grow eyebrows with this synthetic prostaglandin analogue, which acts as ocular hypotensive agent, useful in glaucoma (11)
17. Dryness of cornea and conjunctiva due to lack of vitamin (13)
20. A form of fibrous joint in which a peg like process fits into a hole, as the root of a tooth (9)
22. The largest muscle (9)
23. It itself is not used, but helps in a specific chemical reaction (6)
24. This smallest skeletal muscle regulates sound (9)
25. This seed has highest amount of magnesium (7)
26. Trying to find something, this British biochemist shared a nobel prize in 2001 for discovering protein molecule that controls division of cells (3-4)

Down

1. A graphical representation of the relationship between two related quantitative variables (8)
2. This plum has very high content of vitamin C (6)
3. A university classifying nephritis (6)
5. The strongest muscle based on its weight (8)
7. Eye changes its focus adjusting to other person's need (12)
8. Persistent irrational fear of contracting a disease (10)
9. Food travelling down (11)
12. Largest organ (4)
14. Smallest number of people, forming the bones of human body (8)
16. Pork and thin rope make up this tendon (9)
18. Supporting frame work where glomerular tuft capillaries ramify (9)
19. Narrow minded person having vision like in retinitis pigmentosa (6)
21. Same person classifying visual acuity and renal scars (7)
24. Dryness from latin word (5)

Created by Dr P.K. Pruthi, Director, Institute of Child Health

Pearls of Wisdom

*When You have a Dream
You have got to grab it and never let go.*

*Dr Ajay Swaroop, Chairman
Board of Management, SGRH*

Anaesthesia Update 2023

The Institute of Anaesthesiology, Pain and Perioperative Medicine under the chairmanship of Dr Anil Kumar Jain conducted its annual Anaesthesia Update on 10 December 2023. The theme for this year's update was 'Evolving Perspectives in Neuroanaesthesia: Exploring Prospects, Enhancing Practice'. The update was inaugurated by Dr D.S. Rana, Chairman, Sir Ganga Ram Trust Society in the presence of Dr Jayashree Sood, Vice-chairperson, Board of Management (BoM), SGRH; Dr Anil Bhalla, Secretary, BoM, SGRH and Dr S.S. Chhabra, Joint Secretary, BoM, SGRH. Besides the lectures, ultrasound-guided procedures were demonstrated by our faculty. The update was a resounding success with participation of faculty and delegates from all major hospitals of Delhi-NCR and adjoining areas.

Intensive Care Oncology Conference 2023



The Institute of Critical Care Medicine successfully organized the 'Critical Care Oncology Conference 2023' on 16 December 2023 under the leadership of Dr B.K. Rao, Chairman, Institute of Critical Care Medicine and Dr Shyam Aggarwal, Chairman, Department of Medical Oncology. This theme-based conference was attended by 110 delegates and faculty members.

NEW ENTRANT

Dr Arunav Sharma *Neurosurgery Associate Consultant (Ad hoc) 22.09.2023*

PROMOTION

Dr Dhruv Aggarwal *Vascular & Endovascular Surgery Consultant 22.09.2023*

CROSSWORD ANSWERS

ACROSS: 4. Pannus 6. Paradox 7. Aqua-Zumba 10. Volvulus 11. Appendage 13. Amblyopia 15. Bimatoprost
17. Xerophthalmia 20. Gomphosis 22. Sartorius 23. Enzyme 24. Stapedius 25. Pumpkin 26. Tim-Hunt

DOWN: 1. Nomogram 2. Kakadu 3. Oxford 5. Masseter 7. Accommodation 8. Nosophobia 9. Peristalsis 12. Skin
14. Skeleton 16. Hamstring 18. Mesangium 19. Tunnel 21. Snellen 24. Sicca

We welcome your comments. Please send us your feedback at 'sgrhnewsletter@sgrh.com'

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Sir Ganga Ram Hospital, Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi 110060

e-mail: gangaram@sgrh.com Fax: 011-25861002 EPABX: 25750000