



Sir Ganga Ram Hospital

newsletter

vol 24 no 1

visit us at www.sgrh.com

January–March 2020



Immunization Clinic
Dr P.K. Pruthi, Dr Anupam Sachdeva
Institute of Child Health
... page 2



Case Report
Robotic surgery for complex hernia
Institute of Minimal Access, Metabolic
and Bariatric Surgery
... page 3



**SGRH Annual Day
Celebration**
Doctors Forum Society
Sir Ganga Ram Hospital
... page 6



Immunization Clinic

The Institute of Child Health in association with the Delhi Government has started a free Immunization Clinic at Sir Ganga Ram Hospital. The clinic was inaugurated by Shri Satyendra Jain, honourable Health Minister, Delhi Government.

The inauguration ceremony was held on a day which marks Children's day, 14 November. Dr D.S. Rana, Chairman, Board of Management, SGRH presided over the ceremony. Dr Anupam Sachdeva, Chairman, Department of Paediatrics, welcomed the guests and gave an overview of the planned functioning of the clinic. Shri Satyendra Jain underlined the need for vaccinating every child and the role of preventive medicine to avert disease, disability and even death in certain cases.

The vaccines will be administered on Monday, Wednesday and Friday. A dedicated nurse who has completed all training as per the Government of India guidelines will be an integral part of this clinic. The vaccination clinic will help achieve the immunization goals as per Mission Indradhanush. Through the IMI (Intensified Indradanush Mission), the government aims to reach each and every



Inauguration of Immunization Clinic by Shri Satyendra Jain, honourable Health Minister, Delhi Government

child at least up to the age of 2 years. The focus is to improve the immunization coverage to >90% in a very short time.

The vaccination clinic will not only provide free vaccination to children, but also give health education regarding breastfeeding, diarrhoea and use of oral rehydration solution (ORS), nutrition,

vitamins, milestones of a developing infant, and growth. Growth monitoring will be done by checking the weight and height/length of the child at every visit. Information will be provided to the mother regarding the vaccines which need to be given and the diseases from which the vaccines will protect.

The vaccines will be stored at the recommended temperature and cold storage will be maintained.

The vaccination clinic staff will be educated by a paediatric consultant at regular intervals.

The vaccines which will be provided at the clinic are: Hepatitis B, BCG, Rotavirus, Pentavalent vaccine, Pneumococcal vaccine, Oral polio, Tetanus toxoid, MMR/measles and Typhoid. In addition, Vitamin A supplements will be given at intervals as recommended by the universal immunization schedule.

*Compiled by
Dr P.K. Pruthi*

*Dr Anupam Sachdeva
Institute of Child Health*



Robotic surgery for complex hernia

Introduction

The concept of hernias and their treatment have been present since the beginning of human history.¹ The surgical treatment of hernias has developed throughout the evolution of surgery. The fascination with hernia surgery is in part driven by its prevalence and by the variety of treatment options. Minimally invasive hernia surgery has a goal of a robust repair with minimal complications, and new robotic techniques are being developed in complex abdominal wall hernias with promising results. Wristed movements, three-dimensional visualization, and excellent ergonomics for the surgeon have contributed to this technique becoming a more adoptable technique than its laparoscopic counterpart. The robotic platform potentially offers some advantage over laparoscopy, with the ability to perform intracorporeal sutures quickly and effectively.²

The case

The patient presented with a large incisional hernia at the open appendectomy site. On examination, a large defect was palpable at

the previous incision site with cough impulse present (Fig.1). CECT abdomen revealed disruption of linea semilunar on the right side, with a 12 cm defect having large bowel and omentum as content of hernia sac (Fig. 2). A robotic unilateral eTEP approach without crossover was planned.

Surgical technique

Pneumoperitoneum was created from the Palmer's point using a Verres' needle and we performed a diagnostic laparoscopy to inspect the contents of the hernia sac by inserting a 5 mm port at the Palmer's point. The peritoneal cavity was then deflated, and access was made in the retro-rectus space via the right subcostal region using optical entry. Three ports were inserted on the right side on linea alba, in retro-rectus space. The DaVinci Si Robotic system was docked (Figs 3 and 4), eTEP (extended view totally extraperitoneal) space (Fig. 5) was developed and right-sided TAR (transversus abdominis release) was done (Figs 6 and 7) saving the neurovascular bundles along the way to prevent the denervation of



Fig. 1. Preoperative picture of the patient



Fig. 2. Preoperative CT scan showing large right-sided incisional hernia



Fig. 3. Docking of the robot



Fig. 4. Close-up picture of the docked robot

the rectus abdominis muscle. The posterior rectus sheath complex and anterior defect was closed using barbed sutures (Figs 8 and 9). A 20 cm × 25 cm medium weight polypropylene mesh was placed (Fig. 10).

Result

The operative time was 160 minutes and estimated blood loss was 50ml. Postoperative stay in the hospital was uneventful and the patient was discharged 2 days later. She is doing well at 3 months' follow-up (Fig. 11).

Discussion

The robot offers advantages including a 3-dimensional view, accurate and precise dissection, and enhanced freedom of motion within reduced space.³⁻⁵ Visualization is steady and allows depth perception that is lacking in traditional laparoscopy. Additionally, this technology provides adaptive down-scaling of the surgeon's

movement, eliminating tremor. Articulation provides safer and more efficient dissection. The degrees of freedom of each instrument permit virtually every angle desired for retraction, dissection and resection. Optimal visualization and manipulation coupled with a more ergonomic operation provide a safe and comfortable option for this difficult case. These benefits outweigh any disadvantages of using the robot. Cost is always of concern as the initial price of the robotic system is high. With every subsequent use, the cost of the individual procedure decreases.

The system is not amenable to use for every surgical procedure due to its size and time-consuming setup but difficult cases such as this one justify its use.

Conclusion

Robotic eTEP/TAR is a safe and feasible approach to tackle large incisional hernias. Robotic system provides distinct advantages in dissection, identifying the planes and suturing in eTEP space. This

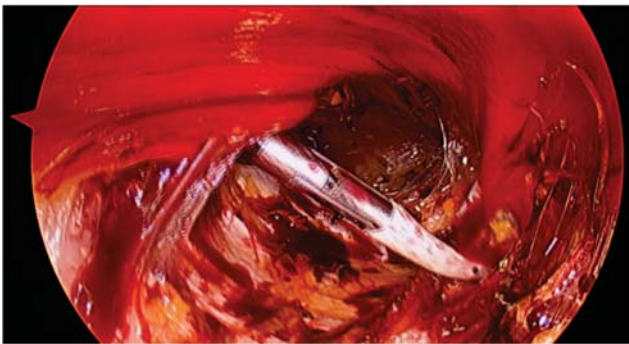


Fig. 5. Dissection of the right retro-muscular space

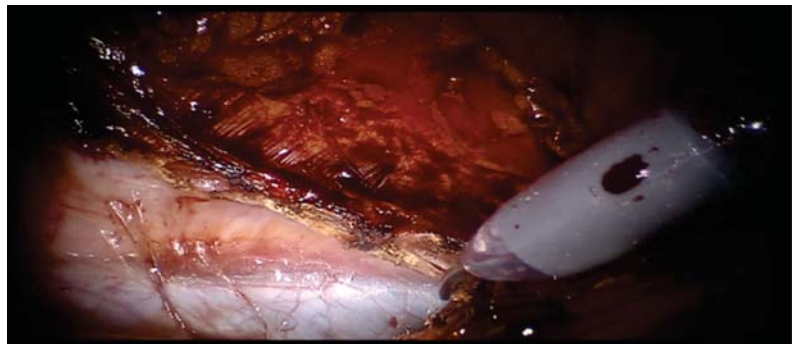


Fig. 6. Robotic transversus abdominis muscle release

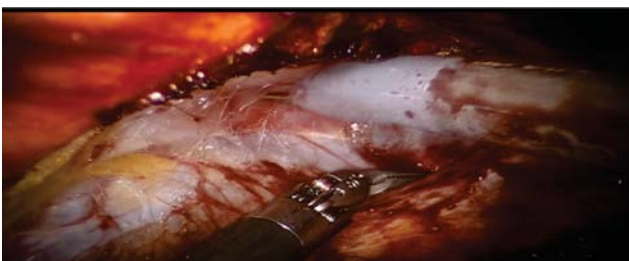


Fig. 7. Robotic dissection of the pre-transversalis fascia space



Fig. 8. Closure of the peritoneal defect

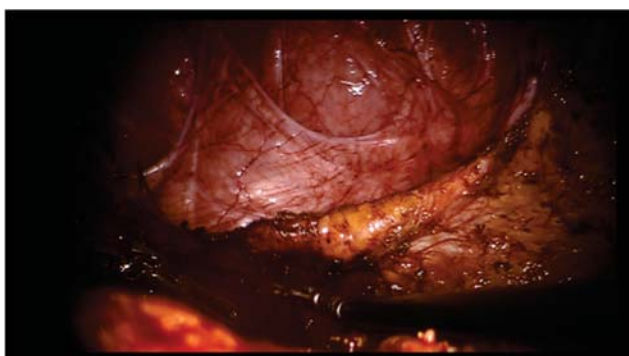


Fig. 9. Closure of the anterior abdominal wall defect

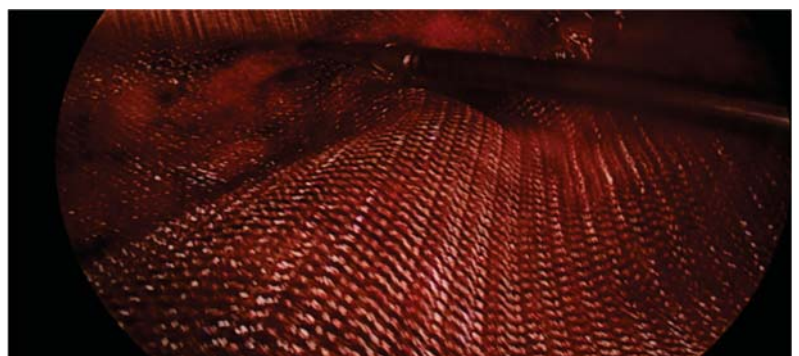


Fig. 10. Placement of mesh in the retro-muscular space



Fig. 11. Postoperative picture of the patient

case was unique as it was a unilateral eTEP/TAR without crossover, using robotic approach.

References

1. Lichtenstein IL, Shulman AG. Ambulatory outpatient hernia surgery. Including a new concept, introducing tension-free

repair. *Int Surg* 1986;**71**:1–4.

2. Tayar C, Karoui M, Cherqui D, Fagniez PL. Robot-assisted laparoscopic mesh repair of incisional hernias with exclusive intracorporeal suturing: A pilot study. *Surg Endosc* 2007;**21**: 1786–9.
3. Laurent B, Laurent B. Robotic-assisted adrenalectomy compared to lateral transperitoneal laparoscopic adrenalectomy. *Am J Surg* 2008; **195**:433–8.
4. Jungle CH, Hurng S. Comparison of robot-assisted laparoscopic adrenalectomy with traditional laparoscopic adrenalectomy. 1-year follow-up. *Surg Endosc* 2008;**22**:463–6.
5. Lanfranco AR, Castellanos AE, Desai JP, Meyers WC. Robotic surgery: A current perspective. *Ann Surg* 2004;**239**:14–21.

Compiled by

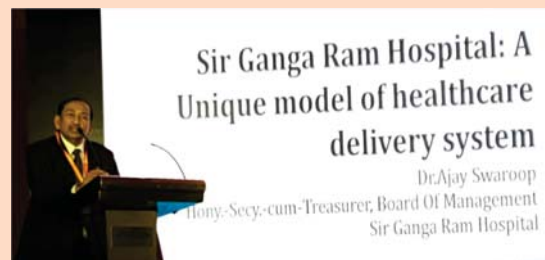
Vivek Bindal, Daksh Sethi, Sudhir Kumar Kalhan,

Mukund Khetan, B. Ramana

Institute of Minimal Access, Metabolic and Bariatric Surgery

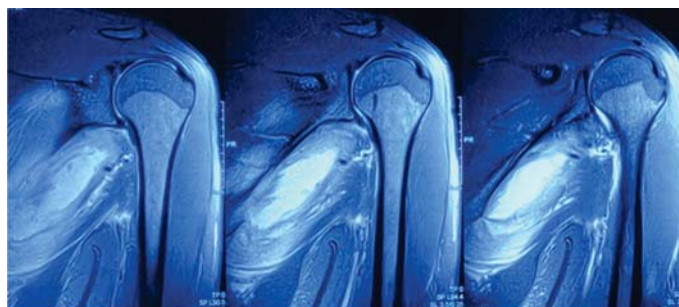
Congratulations Sir Ganga Ram Hospital Family!!!

Sir Ganga Ram Hospital was felicitated as the 'world's top 50 healthcare brands' award at Dubai by the International Forum on Advancement in Healthcare (IFAH), award which was received by Dr Ajay Swaroop, Honorary Secretary-cum-treasurer (Board of Management) and the team at Dubai.



A 28-year-old man presented to the outpatient department with complaints of progressive pain in the left shoulder for the past 10 days. Clinical findings showed the position of the left shoulder in internal rotation and limb across the chest. There was generalized discomfort around the left shoulder. No active movement was possible and any attempted passive movement was significantly painful. Local temperature was raised. Blood investigations showed increased total leucocyte count $20.27 \times 10^3/\mu\text{l}$, as well as a raised C-reactive protein at 104 mg/L.

MRI was done, which showed infective mucositis of the subscapularis and teres minor muscles. Surgical debridement and drainage of pus was planned. By the posterolateral approach over scapula, pus was drained and a thorough washout of the subscapularis muscles area as well as area surrounding teres minor was carried out. Wound was closed over a drain. Pus was sent for culture and sensitivity. Staphylococcus aureus (methicillin sensitive) was isolated sensitive to clindamycin and penicillin antibiotics. The patient improved significantly, restoring the full range of motion by the end of 4 weeks.



Dr Ashis Acharya, Consultant, Orthopaedic & Sports Medicine, Sports Medicine Unit, Department of Orthopaedics

SGRH Annual Day Celebration

Cricket is everyone's passion in India. This year at Sir Ganga Ram Hospital Annual Day, which was celebrated on 1 December 2019, it was different, with many additional games and sports. It was heartening to see a large turnout, most of whom stayed till the end.

The day started of course with cricket. First we had the children's cricket followed by women's cricket. It was delightful to see the ladies slug it out for the medals. Simultaneously, we had the highly contested badminton league matches. Dr Bhasin and partners, the undisputed badminton champions, were dethroned by Dr Anshul and partners. The final was a game to watch. It was exciting till the last.

The men's cricket however had a different flavour. The Surgeons under Captain Dr Mrinal with able assistance from Dr Samir were pitted against the Physicians under Captain Dr Neeraj with clever inputs from Dr Arun. You had to be there to feel the atmosphere of competitive spirit. Large scores were piled up by the Surgeons in spite of very good bowling and fielding by the Physicians. They had some really good bowlers. Some of the

boundaries hit by Dr Samir and Dr Mrinal were a delight to watch. With a perfect dress code, it seemed as if a club league was happening. The commentators Dr Manchanda and Dr Ujjwal were at their level best.

More than hundred Consultants and their families were enjoying the light winter sun and gentle breeze on Talkatora grounds with hot snacks and special juicy drinks by Dr Bhasin. The ladies and children under the able guidance of Dr Shweta were busy with painting competition, lemon race, darts match and a whole load other games.

A thousand helium-filled balloons went up the air as Dr Rana, Dr Byotra and Dr Ajay Swarop gave away the prizes with Dr Sood, Dr Grover, Dr Duggal, and almost a lot of consultants cheering the winners. The thrill, enjoyment and the happiness filled the winner's faces. The family spirit of Ganga Ram was evident in all with happiness glowing as they went home.

It was indeed a great day to remember forever.

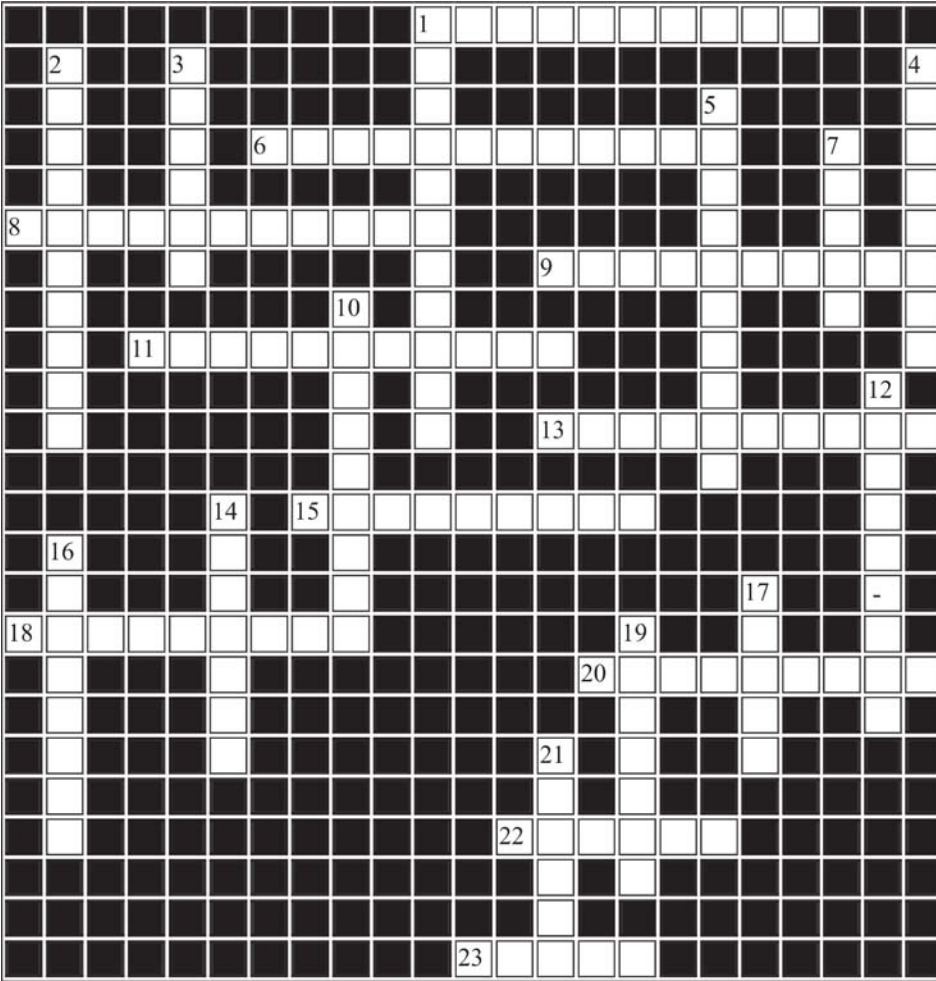
Compiled by Doctors Forum Society, Sir Ganga Ram Hospital



NEW ENTRANTS

Dr Ashwin Mallya Urology Associate Consultant 23.11.2019

Newsletter Crossword



Across

1. One pupil more dilated than the other (10)
6. Process of eating cells (12)
8. Performance of a wrongful act while treating (11)
9. Torn or jagged wound often contaminated with bacteria (10)
11. Transplant animal tissue into human (11)
13. A system of therapy where body can formulate its own remedies (10)
15. Period of training in a specific area under a qualified practitioner while living in a place officially (9)
18. A list of approved prescription medications for which an insurance company will pay (9)
20. Reflex spasm of the diaphragm accompanied by rapid closure of glottis (9)
22. Sharpness of vision or hearing (6)
23. Occurring in the wall of a blood vessel (5)

Down

1. A chromosome in which the centromere is located near the end (11)
2. These organisms do not have a distinct nucleus bounded by nuclear envelope (10)
3. Syndrome of missing X chromosome (6)
4. Suffix meaning weakness (8)
5. Strong desire to remove fluid by suction or needle (10)
7. Common between a teacher and an ophthalmologist (5)
10. Measurement of dosage of radiation absorbed by a living organism (9)
12. Another name of small wound via quicker way (5-3)
14. A single microbial strain separate from others (7)
16. Etiquette rules used in a medical ward to treat patients (8)
17. Woven bandage, name originated from a town in Palestine (5)
19. A number of chromosomes are duplicated (7)
21. Erythematous lesion with a blue necrotic centre following tick bite (6)

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

Congratulations

Dr D.S. Rana takes over as President, Asian Society of Transplantation

Dr D.S. Rana, Organizing Chairperson, 16th Congress of the Asian Society of Transplantation (16th CAST) and Chairman, Institute of Renal Sciences, Sir Ganga Ram Hospital took over as President, Asian Society of Transplantation on 30 September 2019 at the conference held in Greater Noida, Delhi NCR.

Dr D.S. Rana observed: 'Organ transplantation in Asia has progressed rapidly over time. Many countries have moved beyond kidney transplantation and embarked on heart, liver and other organ transplantations. There have also been greater investments in infrastructure and personnel without which no progress could be

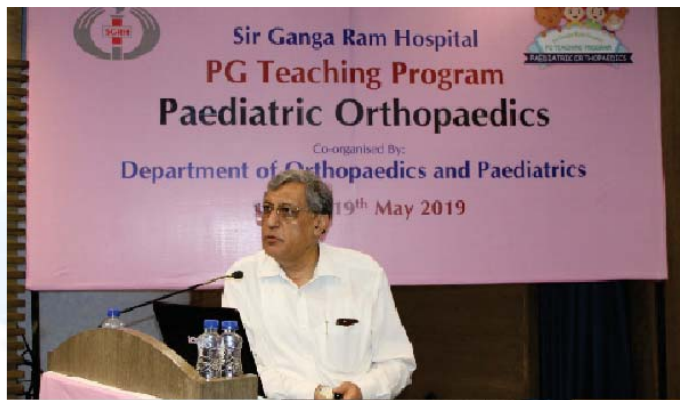


made. The major challenge continues to be the lack of organs particularly from cadaveric donors. To implement the deceased donor programme, the basic requirements start from different laws in the country, public awareness, infrastructure, trained personnel and the necessary funds. With the easy availability of living donors, especially for kidney transplantation, some Asian countries have become a prey to unethical practices. The AST has future plans to help and assist its member countries to develop and make further progress in organ transplantation, progress in related research and form a network for organ exchange through a central registry.'

Orthopaedic Academic Programme 2019

The Department of Orthopaedics conducted a series of CMEs and postgraduate training programmes in 2019 under the patronage of Dr D.S. Rana, Chairman, Board of Management, and Dr V.K. Nijhawan, Chairman, Department of Orthopaedics. Dr Manish Dhawan, Senior Consultant, Department of Orthopaedics was the Organizing Chairman; Dr Brajesh Nandan, Consultant, Department of Orthopaedics was the Organizing Co-Chairman; and Dr Ravi Chauhan, Clinical Associate, Department of Orthopaedics was the Organizing Secretary. On 2 February 2019, a teaching programme was held on 'Musculoskeletal Oncology'.

On 19 May 2019, a one-day teaching programme was successfully organized on 'Paediatric Orthopaedics'. A two-day 'Basic Ilizarov and Deformity' course was held on 8–9 June 2019. This was followed by the 'Indian Orthopaedic Association Postgraduate Teaching' programme on 28–30 June 2019. The 'Advance Deformity Course on Ortho SUV Frame' was held on 27–28 July 2019. On 1 September 2019, the department conducted a one-day course on 'Advance Deformity Correction' and on 19 October 2019, a 'Postgraduate Teaching Programme on Pelvis and Acetabulum' was held.



CROSSWORD ANSWERS

ACROSS

1. Anisocoria 6. Phagocytosis 8. Malfeasance 9. Laceration 11. Heterograph 13. Osteopathy 15. Residency 18. Formulary
20. Singultus 22. Acuity 23. Mural

DOWN

1. Acrocentric 2. Prokaryote 3. Turner 4. Asthenia 5. Aspiration 7. Pupil 10. Dosimetry 12. Short-cut 14. Isolate
16. Protocol 17. Gauze 19. Disomic 21. Aschar

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

Founder Patron: Late Shri Dharma Vira

Patron: Dr D.S. Rana

Editor: Dr C. Wattal Co-editor: Dr Vijay Arora

*Editorial Board: Dr A.K. Bhalla, Dr P.K. Pruthi, Dr Satnam Singh Chhabra, Dr Neeraj Jain, Dr Rajat Mohan,
Dr Anubhav Gupta, Dr Archana Koul, Dr Nitin Sethi*

Editorial and Production Consultants: BYWORD

Printed at: Indraprastha Press (CBT)

Design: Netra Shyam

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

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