Sir Ganga Ram Hospital

newsletter

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Lt Governor of Delhi

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Founder's Day Celebrations

168th Founder's Day celebrations were held on 13 April 2019 as a mark of respect for Sir Ganga Ram Ji, who was born on this day in 1851 and it also commemorates the foundation of the hospital by Pandit Jawahar Lal Nehru on 13 April 1951. Shri Ashok Chandra, Chairman, Sir Ganga Ram Trust Society and Dr D.S. Rana welcomed all the guests especially the chief guest Lt Governor, his Excellency, Shri Anil Baijal.

Dr D.S. Rana introduced the chief guest as an IAS officer of 1969 batch, who held several key posts like Union Home Secretary, Vice Chairman DDA, Chief Secretary of Andaman and Nicobar Island and Lt Governor of Delhi (December 2016). Dr Rana fondly remembered Late Sir Ganga Ram Ji, a civil engineer by profession as founder of Sir Ganga Ram Hospital (1921) and Sir Ganga Ram Trust Society (1923). His legacy was carried forward by his son, Late Shri Sevak Ram Ji, who constructed a 750-bedded hospital in Lahore in 1943. The SGRH Trust Society was registered in 1948 under the chairmanship of Late Shri Bakshi Tek Chand. Dr Rana also applauded the role of Late Dharma Vira Ji – grandson-in-law of Sir Ganga Ram Ji, in ensuring the growth of the present hospital by creating a Board of Management comprising ambulant doctors working in the hospital.

Dr Rana proudly informed that SGRH is people's own hospital, which has witnessed exponential growth and is now a 670-bedded multispecialty tertiary care centre providing affordable healthcare to all the sections of the society. He specially mentioned about the facilities available in SGRH like 24-hour casualty services, free consultations, subsidized lab investigations, active charitable programme in the NCR under the guidance of Mrs Geeta Chopra (great-granddaughter of Sir Ganga Ram Ji), outreach programme under the leadership of Dr Harsha Jauhari and setting up of the department of alternative medicine headed by Dr A.K. Seth (a trustee of SGRH Trust Society).

Left to right: Dr S.P. Byotra, Dr D.S. Rana, Shri Anil Baijal, Shri Ashok Chandra, Smt Sujata Sharma

Dr Rana also informed the audience that on 28 March 2019, Sir Ganga Ram Hospital became the first private hospital to adopt Prime Minister Ayushman Bharat Jan Yojana Scheme. Dr Rana said that in the previous financial year nearly 57,000 patients attended emergency services; nearly 3.5 lakh patients attended our free OPD services; about 97,000 patients were admitted to the hospital of which 7400 patients were admitted to free wards and 31,000 free surgeries were performed to fulfil the objectives of Sir Ganga Ram Trust Society.

Shri Anil Baijal

Dr Rana appreciated the efforts of the ethical committee headed by Dr Samiran Nundy in ensuring the delivery of ethical healthcare and in preventing malpractices. He highlighted the commendable PG training programme of the National Board of Examinations in 42 disciplines with 270 PG students, making our hospital as the largest postgraduate DNB-accredited centre. Dr Rana also talked about the expansion and modernization programme, which includes the construction of multilevel car parking, OPD block, and a 10-storey building for radiotherapy.

Dr Rana said that the hospital is running a school of nursing since its inception, which has been graded as one of the best schools by the Nursing Council of India.

Dr Rana said that last year, the hospital featured 837 times in the print media and 271 times in the visual media. The hospital also received 31 awards of excellence in various categories of healthcare services, the hospital was been adjourned as one the most ethical, compassionate and trusted hospital in the country. Dr Rana sincerely thanked one and all for their cooperation and inspired all – to love all, serve all, hurt never; and help ever.

Smt Sujata Sharma welcomed everyone on the Founder's Day celebrations and congratulated all the doctors and staff for

taking SGRH to great heights, truly inspired by the ideals of the founder. Speaking on the life and achievements of Sir Ganga Ram Ji, she informed that Sir Ganga Ram was born to a poor family at Mangtanwala in Punjab. After his early schooling in Amritsar and Lahore, he studied civil engineering from Thomason College of Engineering Roorkee in 1873 and subsequently worked as Assistant Engineer in Public Works Department, Lahore. He underwent higher training in water works and sewage in Bradford in UK, served in Lahore for 12 years – this period is called Ganga Ram period of architecture. His contributions in the field of architecture include setting up of unique sanitation and water works, general post office, the Lahore museum, the Lahore high court, Aitchison College, the Mayo School of Art, Punjab Public Library, Lahore Cathedral, Government College of Lahore, Albert wing of Mayo Hospital, Hailey College of Commerce. The Dayal Singh Mansion and Lahore College for Women, town planning in Lyallpur and Amritsar-Pathankot railway line are some of his other architectural marvels. After retiring prematurely from government service, he worked as superintendent engineer for historical projects like Ijlas-e-khas, Secretariat building, Victoria Girls School, Moti Bagh Palace, etc. She enumerated his contributions in the field of water harvesting and agriculture. She stated that he was instrumental in starting famous lift irrigation projects and farming technology,

Shri Anil Baijal lighting the lamp. On the left is Shri Ashok Chandra

Renala hydroelectric project and his model village of Gangapur still exists in today's Faisalabad. He was knighted by the Queen of England in Lahore in 1922 for his engineering, agricultural and philanthropic work. She also informed the guests about his social services. His pioneering works include the establishment of the widows' remarriage association in Punjab with 456 centres all over India, and Lady Maclagan Girls High School and Lady Maynard Industrial School for Women. He started Sir Ganga Ram Charitable dispensary in Lahore in 1921, which became Sir Ganga Ram Free Hospital in 1923. He was heading the Indian Agriculture Commission when he passed away in London 1927. He earned like a hero and spent like a saint.

The Chief Guest Shri Anil Baijal thanked all the members of the Sir Ganga Ram fraternity and congratulated the awardees. He also paid rich tributes to Sir Ganga Ram Ji. Shri Baijal appreciated the excellent and ethical healthcare provided by the hospital, backed by latest technologies and services of eminent consultants. He congratulated the management on earning an eminent position in medical education and research, on the success of outreach programme in Delhi and slums of NCR and on supporting one small rural centre in district Hamirpur, Himachal Pradesh. He urged the doctors to develop a compassionate and sympathetic attitude towards their patients and he reiterated the fact that doctors also need to strike a balance between personal and professional life.

Shri Baijal said that he was aware of the issues and difficulties faced by the management in upgrading the College of Nursing and problems faced due to shortage of space. He expressed his willingness to help the management to overcome the obstacles in further growth of the hospital so that it continues to serve all sections of the society. He thanked all for inviting him to the Founder's Day celebrations.

Left to right: Dr S.P. Byotra, Dr D.S. Rana, Shri Anil Baijal, Shri Ashok Chandra, Smt Sujata Sharma, Dr Chand Wattal

Compiled by
Dr Archna Koul, Department of Anaesthesia

Case Report

Neonatal Intestinal Surgery: Challenges

Neonatal surgery is a challenging task and the challenges become multifold in the presence of prematurity, low birth weight, re-operations after previous failed surgery, presence of associated congenital anomalies and increased susceptibility to sepsis. Most commonly performed surgery in the neonatal period involves intestinal problems such as hernias, intestinal atresia, necrotizing enterocolitis (NEC), anorectal malformations, intestinal malrotation, Hirschsprung disease, meconium ileus and congenital bands or adhesions. Although with advanced neonatal intensive care, availability of total parenteral nutrition and effective infection control measures and better anaesthesia management, there has been an improved overall survival of neonates, yet, from majority of high volume paediatric surgery departments in north India, neonatal surgical mortality is still as high as 35% to 45%.[1] We report two neonates from our neonatal intensive care unit (NICU) at Sir Ganga Ram Hospital, who would not have survived without the timely and combined efforts of the medical and surgical team.

Case 1

A late preterm baby girl was antenatally diagnosed at 24 weeks' gestation with 'long dilated segment of bowel with raised echogenicity' and a third trimester scan showed 'distended stomach bubble, distended small bowel loops and reverse peristalsis, suggestive of suspected bowel atresia'. The baby weighing 2820 g was delivered at 36 weeks' gestation by lower segment caesarean section (LSCS) in view of decreased fetal movements. Plain X-ray abdomen done after birth showed multiple air-fluid levels indicating proximal small intestinal obstruction (Fig. 1). After initial stabilization and investigations to rule out any other associated anomalies, she underwent exploratory laparotomy, which revealed grossly dilated meconium-filled, proximal jejunum up to 35 cm from duodeno-jejunal junction, multiple jejunal and ileal atresias of varying types (type 4) with apple-peel deformity of distal atretic ileum (type 3-B) and most distal atresia at approximately 5 cm proximal to ileo-caecal junction (Fig. 2). Several small, 1–2 cm long, atretic segments were resected and end-to-back jejuno-ileal and multiple end-to-end ileo-ileal anastomoses (at four sites) were done to maximize the salvage of small intestinal length (Fig. 3). A naso-jejunal tube was placed across the first anastomosis and an orogastric tube was placed for gastric decompression. As postoperative ileus resolved, enteral tube feeds were initiated on postoperative day 6 but had to be intermittently discontinued due to abdominal distension, melena and loose stools. Two weeks after surgery, gastric and jejunal tubes were removed and oral feeds were tried but not tolerated well. The baby developed culture-positive urinary tract infection at 4 weeks postoperatively and intravenous antibiotics were started. In the sixth week, oral contrast gastrointestinal study was done which showed severe gastro-oesophageal reflux (GER) and delayed contrast movement in the proximal jejunum with smooth passage of contrast into the rectum within an hour (Fig. 4). Anti-reflux medications were started and gradually oral feeds were advanced to full enteral feeds. At 2 months after surgery, while in NICU to complete the antibiotics course, she developed meningitis and left femoral deep vein thrombosis (DVT), which were managed medically. She gradually recovered completely and full oral feeds were established. The baby

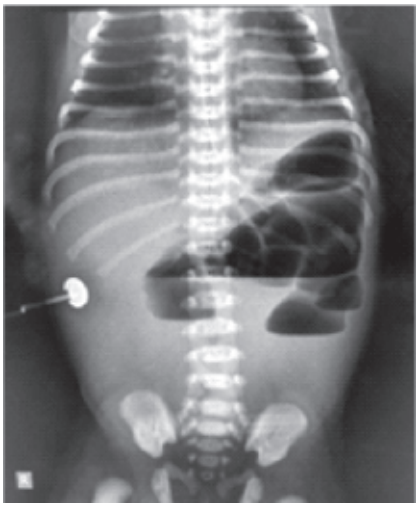


Fig. 1. *Plain X-ray abdomen showing multiple air fluid levels (Case 1)*

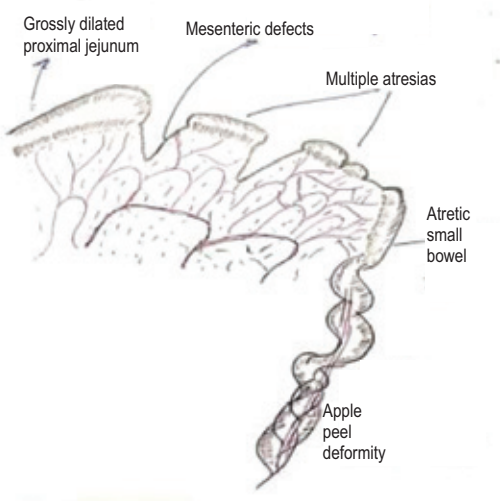


Fig. 2. *Line diagram depicting multiple atresias and apple peel deformity (Case 1)*

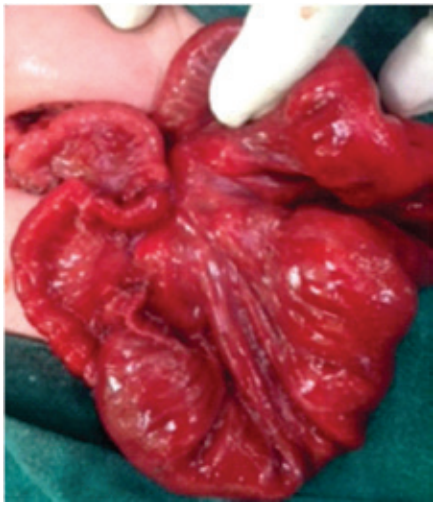


Fig. 3. *Completed multiple intestinal anastomoses (Case 1)*

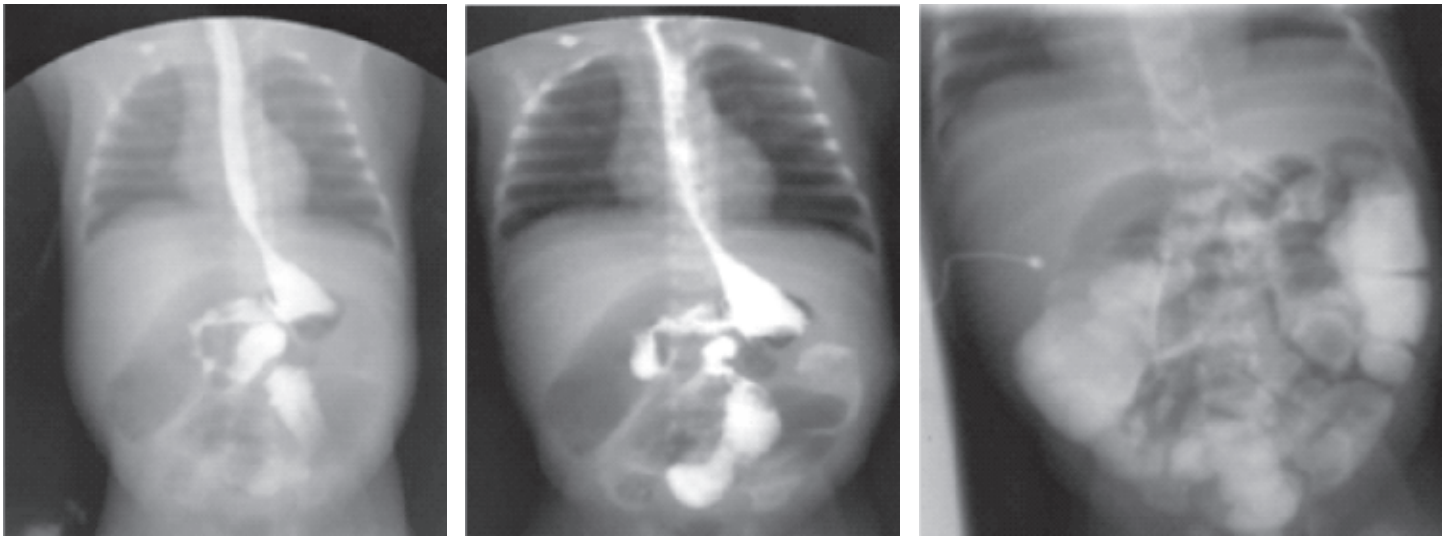


Fig. 4. *Oral contrast meal follow-through study showing slow transit in the jejunum but contrast seen in the rectum within an hour (Case 1)*

was discharged at 3 months after surgery with adequate weight gain and discharge weight of 4440 g. On follow-up at 10 months, the baby's weight is 8100 g and she is thriving well with normal developmental milestones.

Case 2

A full-term baby boy born at term by vaginal delivery, and on formula feeds since birth, developed progressive abdominal distension, irritability and feed intolerance on day 18 of life, for which he was initially managed conservatively, but when he showed no signs of improvement and with suspicion of intestinal perforation, he underwent emergency abdominal surgery in Nagaland on day 23 of life with diagnosis of NEC. He was found to have multiple intestinal perforations with gangrene of the entire jejunum and proximal ileum, for which resection of gangrenous bowel and end-to-end anastomosis of the small bowel was done. But unfortunately, the baby developed anastomotic leak with severe peritonitis and intraperitoneal haemorrhage and was shifted to Sir Ganga Ram Hospital by air-ambulance on postoperative day 5 at 4 weeks of life and weighing 4100 g.

At admission, the baby was on oxygen support by nasal cannula, severely tachypneic, with tense distended abdomen, with an abdominal drain in place with dirty haemorrhagic drain output and bilious discharge from main wound dressing. On investigations, the baby had severe thrombocytopenia and hypocalcaemia. Plain X-ray abdomen at admission showed extensive pneumoperitoneum and large intraperitoneal tube drain (Fig. 5). After initial medical management and stabilization, the baby was taken up for emergency re-exploratory laparotomy. Intra-operative findings revealed complete breakdown of anastomosis between the fourth part of duodenum and proximal ileum and lesser sac filled with large amount of clotted blood with tube drain and extensive biliary

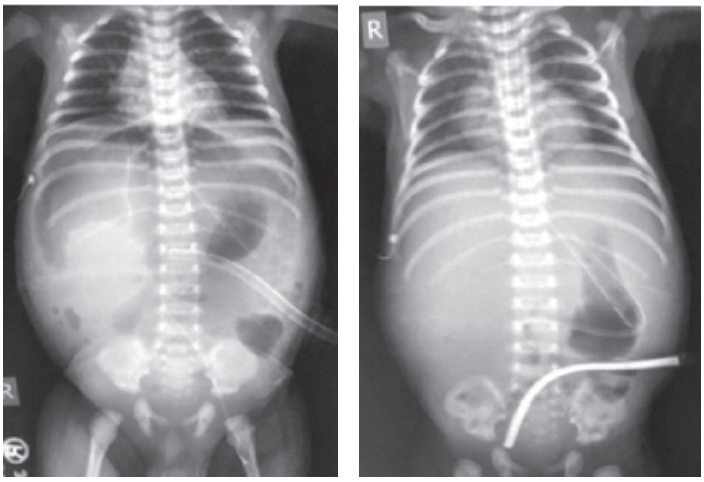


Fig. 5. *Plain X-ray abdomen at admission and at one week after surgery (Case 2)*

peritonitis (Fig. 6). Thorough peritoneal lavage was done and primary bowel anastomosis was done between freshened healthy bowel margins of the third part of duodenum and proximal ileum and complete haemostasis ensured. An oro-gastric tube for stomach decompression and a trans-anastomotic naso-ileal tube were placed. Blood culture sent at admission reported growth of *Burkholderia cepacia* and Candida and peritoneal fluid grew *Candida pelliculosa* and antibiotics were upgraded according to the sensitivity report. On postoperative day 4, the baby had apnoea and focal clonic seizures and was re-intubated and required ventilator support for a week. The baby also had significantly high stool output leading to weight loss despite being on total parenteral nutrition (TPN). Finally, on postoperative day 12, the baby was started on extensively hydrolysed enteral feeds along with PN which helped partially, but problem of loose stools and failure to gain weight persisted. The baby was then started on amino-acid based enteral formula with PN along with enteral motility-reducing drugs, which

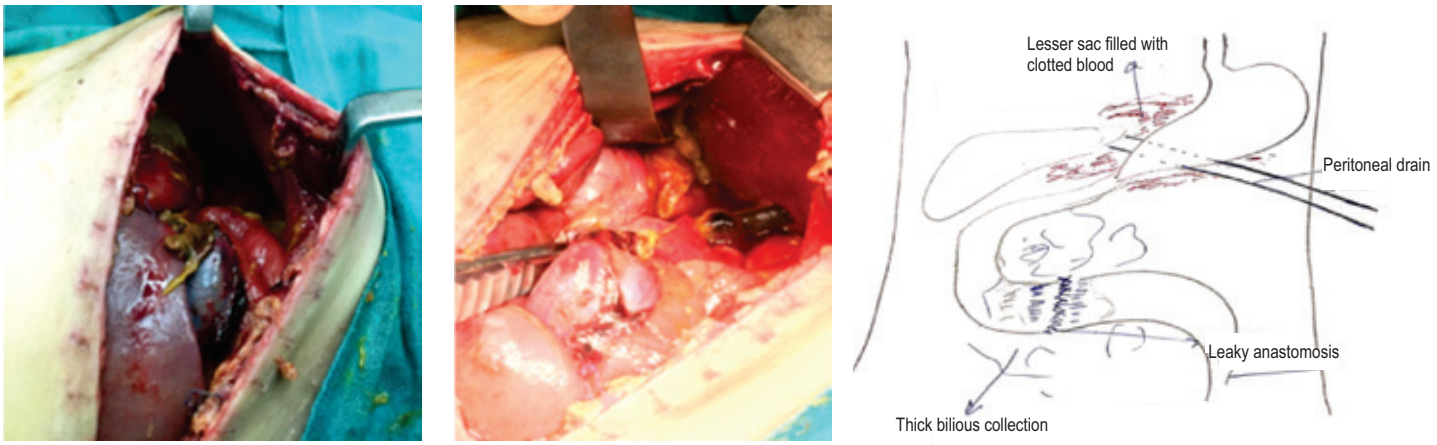


Fig. 6. *Intraoperative pictures showing anastomotic leak and tube drain; line diagram showing intra-abdominal findings at exploration (Case 2)*

gradually helped in establishing full enteral feeds and improving weight gain. The baby could be discharged finally after a month, with discharge weight of 3810 g. On last follow-up at one year age, the baby is thriving well with normal developmental milestones.

Discussion

It is well demonstrated by the above two cases that the challenge in neonatal intestinal surgery is first and foremost related to good technical skill as getting the intestinal anastomosis heal well without leak at the initial surgery is of foremost importance. When there is need for multiple small intestinal anastomoses in the same neonate, then the risk of anastomotic failure is greatly enhanced. It has been repeatedly emphasized that the margin of error is negligible in the surgery of newborn. This has also been recently reported by Puri *et al*. that intraoperative stress factors, expertise to minimize complications requiring re-operations and the postoperative care are largely responsible for neonatal surgical mortality, which is 33.3% in their series.[1] Both our neonates eventually had successful outcome because of excellent postoperative medical management and excellent microbiological support.

Reference

1. Puri A, Lal B, Nangia S. A pilot study on neonatal surgical mortality: A multivariable analysis of predictors of mortality in a resource-limited setting. *J Indian Assoc Pediatr Surg* 2019;**24:**36–44.

Compiled by
Dr Alpana Prasad, Vice Chairperson & Senior Consultant
Department of Paediatric Surgery

Conference on Gynaecology Oncology

The Department of Medical Oncology, Surgical Oncology and Gynae/Obstetrics organized a conference/workshop on 'Controversies in Gynae Oncology' on 4–5 May 2019.

The conference was attended by national and international doctors along with over 300 delegates. Foreign faculty from Spain, the UK and Bhutan participated in the workshop.

There were more than 20 plenary lectures, panel discussions, debates and invited oral presentations focusing on topics including H. Mole, Germ Cell Tumours, Ovarian and Endometrial Carcinoma - Sarcoma. In addition, there were more than ten video presentations on various surgical aspects of gynaecological cancers including HIPEC, sentinel lymph node dissection, RPLND, trachelectomy, pelvic exentration, etc. Newer aspects of genomics in ovary cancer including the role of PARP inhibitors were discussed at length. Prevention of cervical cancer with vaccination and screening methods were also discussed. The students participated in big numbers and presented posters related to the subject. The best papers were given suitable reward.

The conference was inaugurated by Dr Indu Bhushan, CEO Ayushman Bharat, PMJAY in the presence of Dr D.S. Rana, Chairperson, Board of Management, Dr S.P. Byotra, Vice Chairperson, Board of Management, Dr S.K. Bhandari, Trustee and Advisor Gynae/Obstetrics and Dr I. Ganguli, Chairperson and Dr Kanwal Gujral, Co-Chairperson Gynae/Obstetrics.

Organizing Chairpersons

Dr Shyam Aggarwal Dr Rakesh Koul Dr Harsha Khullar
Dr Debasis Dutta Dr Geeta Mediratta Dr Punita Bhardwaj

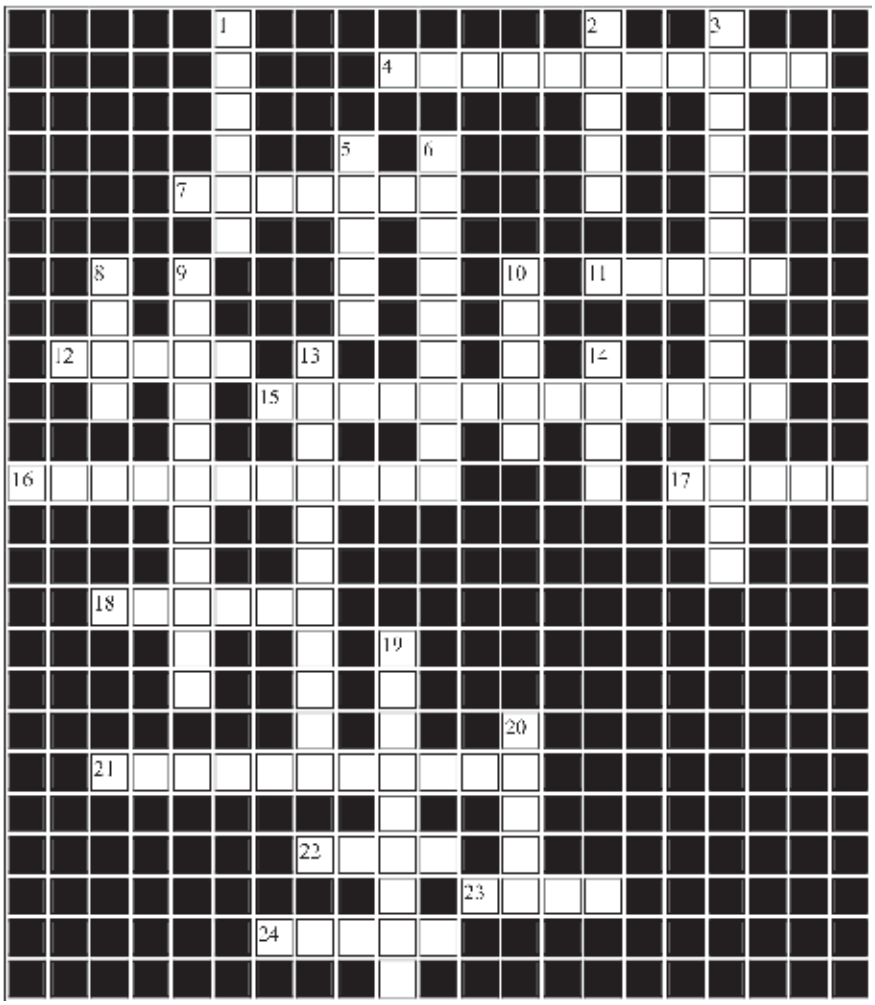
Organizing Secretaries

Dr Chandra Mansukhani Dr Mala Srivastava

Joint Secretaries

Dr Kanika Jain Dr Mamta Dagar

NEWSLETTER CROSSWORD



ACROSS

4. Difference in body structure suggesting genetic or congenital disorder (11)
7. Programme to provide care to terminally ill patient (7)
11. Mouth-like surgical opening on the surface of the body to create access to internal organs (5)
12. Having tendency to keep face down (5)
15. Goose bumps (13)
16. Inspect to determine health status (11)
17. Large intestine with a punctuation mark (5)
18. Artificial electronic parts replacing body parts that do not work properly (6)
21. These substances make you see or hear things that are not real (11)
22. This muscle belongs to young cow (4)
23. A chronic kidney disease (damage to proximal renal tubule) caused by a crator (4)
24. Passage allows fluid to be pushed to another compartment (5)

DOWN

1. This protective liquid keeps you high even before you are born (6)
2. Take bribe to transplant (5)
3. Study of effects of climate on living beings (14)
5. Structures providing habitation to bees cause allergy (5)
6. Cancellation of debt without evidence of disease (9)
8. A person under the protection of another in a separate area in a hospital (4)
9. Branch of physiology that studies the mechanics of body movements (11)
10. This student allows light to enter the eyes (5)
13. Agreement to shorten a muscle (11)
14. Hasty changes in itchy skin colour (4)
19. Formation or resorption of bones by cover girls (9)
20. Sudden and short (5)

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

NEW ENTRANTS

Dr Kavita Tyagi *Cardiology Associate Consultant 16.04.2019*
Dr Manas Kalra *Institute of Child Health Consultant 07.06.2019*
Dr Shrihari Anikhindi *Gastroenterology Associate Consultant 08.06.2019*

PROMOTIONS

Dr Ajay Yadav *Vascular Surgery Senior Consultant 07.06.2019*
Dr Amrendra Pathak *Urology Senior Consultant 07.06.2019*
Dr Brajesh Nandan *Orthopaedics Consultant 07.06.2019*
Ms Ashis Acharya *Orthopaedics Consultant 07.06.2019*
Dr Vivek Bindal *iMAS Consultant 07.06.2019*
Dr Belal Bin Asaf *Thoracic Surgery Consultant 07.06.2019*
Dr Vinant Bhargava *Nephrology Consultant 07.06.2019*
Dr Srikrishna Das *General Surgery Consultant 07.06.2019*
Dr Ashish Dey *General Surgery Consultant 07.06.2019*
Dr Abhjit S. Pahwa *Anaesthesia Consultant 07.06.2019*
Dr Ashwin Marwaha *Anaesthesia Consultant 07.06.2019*
Dr Vipin Tyagi *Urology/KTU Consultant 07.06.2019*

Congratulations

Sir Ganga Ram Hospital was presented with the 'Leading Multi-Specialty Hospital in India' award and Dr Jayashree Sood, Chairperson, Department of Anaesthesia, SGRH with given the 'Excellence in Anaesthesia Management' award by the Indian Medical Association at Hyderabad on 4 May 2019.

CROSSWORD ANSWERS

ACROSS

4. Dysmorphism 7. Hospice 11. Stoma 12. Prone 15. Horripilation 16. Examination 17. Colon 18. Bionic 21. Psychedelic 22. Calf 23. Dent 24. Shunt

DOWN

1. Liquor 2. Graft 3. Bioclimatology 5. Hives 6. Remission 8. Ward 9. Kinesiology 10. Pupil 13. Contracture 14. Rash 19. Modelling 20. Acute

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

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