



Sir Ganga Ram Hospital

newsletter

vol 26 no 2

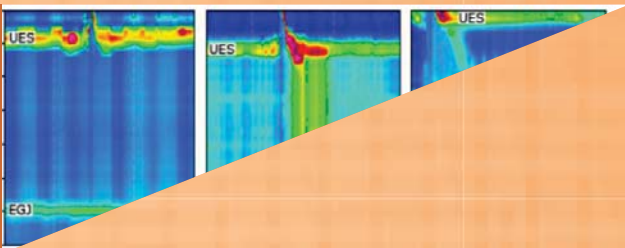
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April-June 2022

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Pioneering the treatment of Achalasia Cardia

Sir Ganga Ram Hospital successfully completes 400 'POEM' procedures

Achalasia Cardia is a debilitating disease which affects the food pipe, also called as the oesophagus. A recent advancement called POEM or Per Oral Endoscopic Myotomy has dramatically improved the treatment outcomes of this complex disorder. The Institute of Liver, Gastroenterology and Pancreaticobiliary Sciences (ILGPS) at SGRH has consistently been at the forefront of performing and pioneering POEM procedures in North India. Professor Anil Arora, the chairperson of ILGPS recently announced the successful completion of 400 POEM procedures in their department.

The oesophagus performs a vital function of transporting the food that we eat into the stomach for digestion. A valve-like muscle called as lower oesophageal sphincter (LES) is present between the oesophagus and the stomach which permits a one-way transit of oesophageal contents into the stomach. Professor Anil Arora explained that in Achalasia Cardia, the LES fails to relax and hence food cannot enter the stomach for digestion. As a result, patients with Achalasia Cardia have severe difficulty in swallowing and often vomit out the swallowed food. 'The situation can be devastating', Dr Arora said, 'with most patient suffering from significant loss of weight and very poor quality of life.'

Among the mostly limited treatment options for Achalasia Cardia, POEM has now become the preferred treatment option all over the world due to its non-surgical nature and excellent outcomes. In POEM, the non-relaxing LES is cut from within the cavity of the oesophagus using endoscopy. Reporting on their experience, Dr Shrihari Anikhindi, who is a Consultant Gastroenterologist at SGRH, reported excellent success rates of up to 95% at their centre. 'The entire procedure takes around 1–1.5 hours and is performed under general anaesthesia and hence is painless and quite comfortable for the patient. Most patients are able to resume normal eating from the very next day,' he said.

The median age of patients was 44 years (M=58%), with the youngest patient being 10 years while the oldest was 86 years, both

tolerating the procedure well. While the most common indication for performing POEM was Achalasia Cardia (n=98%), it was also performed for other spastic oesophageal motility disorders such as distal oesophageal spasm and Jackhammer oesophagus. The technical success rate was 97% with significant reduction of Eckardt score from 7.2 ± 1.4 prior to POEM to 1.22 ± 1.12 after POEM ($p=0.001$). When followed up for 1 year, 93% of the patients continued to have a clinical success with absence of dysphagia and an Eckardt score of <3 . No mortality occurred, significant morbidity was seen in only 6 (1.5%) patients who had perforation, pneumomediastinum or pneumopericardium, but were successfully managed.

Elaborating further, Professor Anil Arora said that 'thanks to

SGRH POEM Data

Demography

- n = 400
- M = 58%, F = 42%
- Median age = 44 years
- Minimum age = 10 years
- Maximum age = 86 years

Indications

- Type of Achalasia
- Type I = 112
- Type II = 264
- Type III = 16
- DES = 5
- Jackhammer = 3

Success

- Technical success: 97%
- Mean Eckardt score
 - 7.2 ± 1.4 prior to POEM
 - 1.22 ± 1.12 after POEM ($p=0.001$)
- Clinical success (Eckardt score ≤ 3) rates at 1 year: 93%

Adverse events

- Mortality
 - None
- Perforation
 - 2 (0.5%)
- Pneumopericardium/pneumomediastinum
 - 4 (1%)
- No major intervention needed
 - Subcutaneous emphysema: 99 (25%)
 - Pneumoperitoneum: 64 (16%)

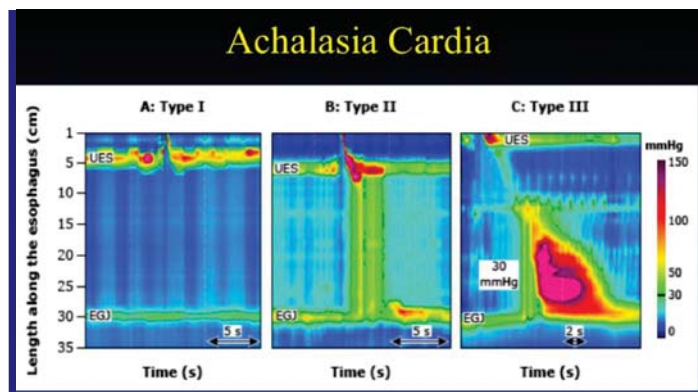


Fig. 1. Manometry showing types of Achalasia Cardia

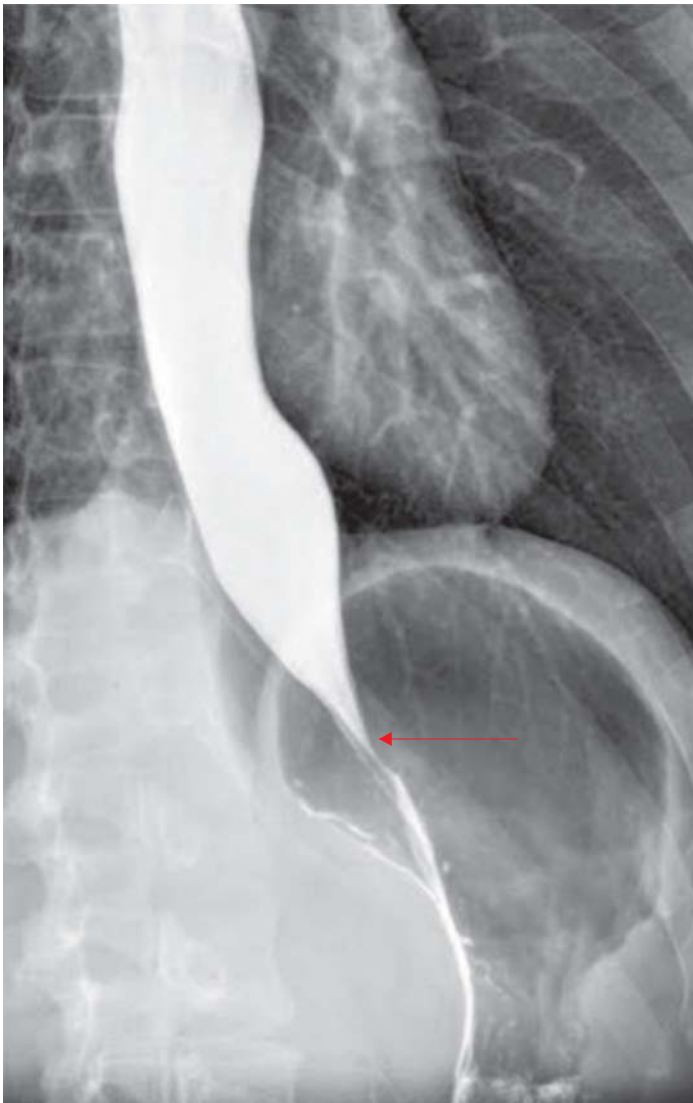
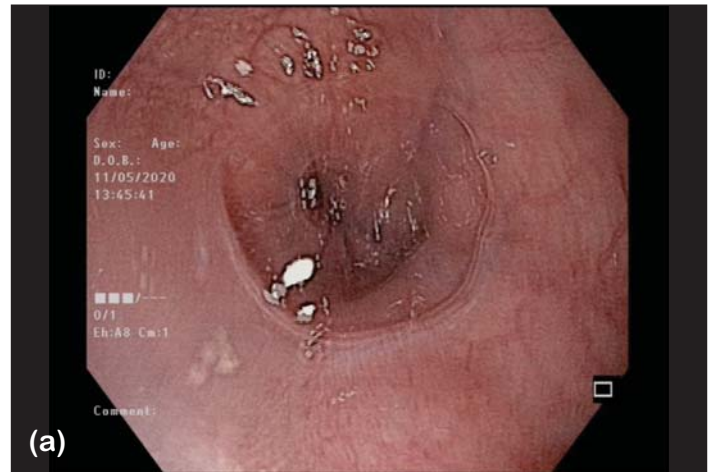


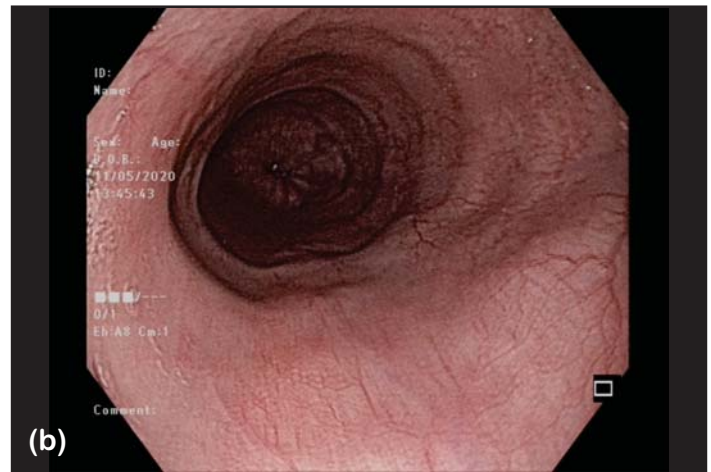
Fig. 2. Barium study showing hold up of contrast at lower end of the oesophagus due to tight lower oesophageal sphincter



Fig. 3. Cutting of the oesophageal muscle from within the oesophageal wall with specialized endoscopic device during the POEM procedure



(a)



(b)

Fig. 4. Endoscopic view of patient with Achalasia Cardia

recent strides in medical technology, the diagnosis and treatment of swallowing disorders has undergone a sea change. What we can achieve today in this field, was nearly impossible even 20–30 years back. With state-of-the-art advanced diagnostic procedures like manometry, a state-of-the-art GI motility laboratory and high-definition endoscopes, we can pin-point the diagnosis in all patients with swallowing disorders like Achalasia Cardia. Add to that, having an established and well accomplished advanced endoscopy unit helps us in providing end-to-end solutions to their complex problems.'

Professor Anil Arora also said that their success with POEM procedures has opened up new frontiers in third space endoscopy and they are now focusing on even more advanced therapeutic endoscopy such as endoscopic submucosal dissection, endoscopic mucosal resection, endoscopic full-thickness resection etc. for management of early gastrointestinal cancers or subepithelial tumours of the gastrointestinal tract.

Compiled by Anil Arora, Shrihari Anikhindi
Institute of Liver, Gastroenterology and
Pancreaticobiliary Sciences

No lifestyle change is possible without mind style changes



P.K. Sethi

– metabolic syndrome are getting more and more in focus.

Lifestyle changes are rightly getting emphasis as one of the solutions to help deal with these problems.

Nobody doubts the value of these lifestyle changes. The question is how many in our society can accomplish them? This question invariably took me back to an incident which my wife narrated to me a few years ago.

This was when my wife was working as a child specialist doctor in Majedhia Hospital. She used to drive through GK-II in New Delhi, rather than Khanpur, as she felt that this route was less crowded. But when turning near Alaknanda to the right, she faced huge difficulty. She used to get very nervous as she found endless cyclists, pedalling down on the main road going from Tughlaqabad to Chandni Chowk on their daily work. One day she grumbled her fear to me. In a lighter mood I asked, 'Do you ever realize what those cyclists might be thinking?' They probably feel more nervous and terrified seeing a lady driver hesitantly coming from the right side getting more scared of getting run over by a car.

The next day while attending a meet on 'Lifestyle changes and a healthy life', my mind suddenly flashed to this endless cycle riders. In a large country like ours, many of my countrymen probably lead such a life. Can they afford to change their lifestyle?

If you advise them to have regular exercise to avoid heart attack and stroke, they may turn around and tell you, 'Doctor, I daily do cycling from Tughlaqabad to Red Fort – a stretch of many kilometres everyday and I do the same exercise while going back to my house. At that time, my whole body is in pain and tired. Each muscle is tired and aching.'

Lifestyle changes

- Exercise every day – be physically active.
- Choose good nutrition – a healthy diet is one of the best weapons to fight metabolic disease – lower blood pressure (BP) and cholesterol.
- Aim for a healthy weight.
- Manage diabetes.
- Stop smoking.
- Reduce stress.

Diet: The next lifestyle change is that of simple diet. The poor guy carries his lunch box with a few chappatis, some onion and simple katori of dal, rare luxury of having some seasonal vegetable, which is possible if he can afford it.

Stress: One can imagine his stress cycling down on such a hazardous road, full of cars/ buses/ having trucks and bikes moving in and out. Chances of accidents are so high that every minute some accident may happen. Daily stress is exhausting. It would be incredulous if you suggest that he should change such a stressful job. With great difficulty and on someone's recommendation he might have got this job, and he is managing his family on a minor salary.

In other words, a majority of people, who are in the low-income group, cannot simply afford to change their lifestyle even if they want to.

What about the middle class?

All over the world, including India, a lot of people are moving out of poverty line to middle class. Can they afford to change their lifestyle?

They can be made aware of the benefits of changes of lifestyle. They may attend classes for lifestyle changes. They may seem to be the right group to be targeted for teaching the benefits of lifestyle changes. Surprisingly, the effect is short-lived.

For regular exercise they may feel two rounds of their colony are enough. During this period also they are on mobile talking to clients or contacts discussing scheme to make more money, getting more stressed. Much of their time is spend getting their children to get admitted to the right school. Booking in right schools starts even before the wife delivers the child. When children are grownup, a large part is spent in getting their child into the right school or professional college.

In Indian society most of them spend restless nights to get right matches for their children. So no time for regular exercise. Life is full of stress. They do not have the luxury of lifestyle changes. I know many of my patients have anxiety, sleeplessness and depression because they are constantly worried about their daughters not getting married. This stress is always eating them. On the other hand, in Western society, after high school they leave their children to choose their careers or matches.

In my long career as a doctor I have seen only one person truly changing his lifestyle. Mr Vijayan, was CEO of a leading British company in Delhi. He had a very lucrative job with plenty of perks. One day he consulted me, I found he had a stroke with lots of risk factors – diabetes, hypertension, hypercholesterolaemia. He was put on medicine for the same. He even went to Europe, consulted a

leading stroke neurologist. His diabetes, BP and cholesterol were difficult to control. Every time in addition to medicine, I emphasized lifestyle changes. I had known that as a CEO of a large company, he worked very hard and passed through much stress. He was lost on follow-up, till one day he suddenly reappeared. He looked very happy and contented and showed me his medical records. His BP was normal, diabetes and cholesterol, much controlled with minimal medicine. He said he followed my advice literally and changed his lifestyle completely. One day he chucked his job and went back to Kerala, where he had plenty of farm land and a big house. He lived on his cultivated land, employed many farmers and lived his life without stress, with no competition.

It struck me that he could change his lifestyle because he had enough assets to fall back on. So lifestyle changes are not possible except for a few. It is easy to advise, difficulty to follow. Much more important is mind style change. For every change to be accepted and executed mind style change is must. Even for BP control, you have to make the patient accept that BP control is a must for his problem and accept regular medicine, the same is true for control of diabetes and even regular exercises.

To stop smoking, you have to make up your mind. To reduce weight you need to have right determination and mind to do right diet control.

Let us take some examples. One day while taking ward rounds,

I came across this middle-aged patient who was a heavy smoker. In addition to high BP and diabetes, he had a stroke involving his right side but speech was spared. With medicine his BP and diabetes was getting controlled and he was improving. When I advised him on quitting smoking, he got irritated and replied that he will not quit smoking, he is not scared of dying but will not quit smoking. All my junior doctors were looking towards me, that how I will handle such a rebellious patient. All my team knew that I was a crusader for anti-smoking.

I quietly said that I was happy that my patient was not scared of dying. I told him gently that if he does not quit, the next attack may leave him completely paralysed and his ability to speak or communicate may be affected, the disability may be worse than dying. It is tough to get dependent on others, not able to sit up or speak – is he prepared for that life? I repeated what in a movie our hero Actor Amitabh Bachchan said in Hindi, '*Laloo, woh jeena bhi koi jeena hai?*' (That life is not worth living)'. Then I left the room.

The next day, while making daily rounds, I was surprised when my patient said he has now understood and has quit smoking. I was really pleased.

What made it happen? It was his realization and change of mindset about smoking which changed his lifestyle.

Contributed by P.K. Sethi
Department of Neurology

Medicine Update 2022

The Department of Medicine conducted the 33rd Annual Medicine Update on 13 March 2022 at hotel Shangrila, Ashoka Road, New Delhi. It was a medical bonanza and a much awaited event post-COVID-19 pandemic and gave all of us an opportunity to learn, interact and grow academically over a feastful lunch. The conference was inaugurated by Dr D.S. Rana, Chairman, Board of Management. The welcome address was given by Dr S.P. Byotra, Chairman, Department of Medicine and a souvenir was released during the ceremony.

The theme of the update was 'Evidence-based Medicine: The past, the present and the future'. We discussed topics related to the geriatric age group, which included falls, anaemia and urinary complaints in the elderly. The COVID-19 pandemic was discussed and recent advances including IgG4 diseases as well as JAK-2 inhibitors. Common medical problems including diabetes mellitus, hypertension and heart failure were given special attention. The panel discussion in the conference between the delegates and faculty gave an opportunity for good interaction and was very well



appreciated by all. The medicine quiz, being the most attractive event of the day, was enjoyed thoroughly by all the delegates.

Dr S.P. Byotra was the Organizing Chairperson and Dr Rishikesh Dessai and Dr Vinus Taneja were the Organizing Secretaries of Medicine Update 2022. The conference ended with very high spirits and immense amount of enthusiasm for the next ones to follow!

International Down Syndrome Day was celebrated by the Indian Academy of Pediatrics, Delhi and the Institute of Medical Genetics and Genomics, SGRH on 21 March 2022 along with 50 families of Down Syndrome.

Cochlear Implant Heritage

The 12th annual 'Cochlear Implant Heritage' was organized at Sir Ganga Ram Hospital. Dr Asha Agarwal, Audiologist Cochlear Implant Consultant, invited 100 implant families. The event focused on sensitizing the group about the challenges faced by families post-implantation due to the cost involved for the care and maintenance of device. The event comprised of cultural programme and also had recipient interactions and skits. The entire event was hosted by a cochlear implantee.

All these efforts were rewarded as the Chairman Dr D.S. Rana was very impressed by observing how cochlear implant had changed the lives of recipients and helped them achieve their goals in life. He announced that he would support care and maintenance cost for 50 recipients.



General Awareness Programme – Palliative Medicine

The Department of Palliative Medicine, SGRH held a webinar with the teachers of Manavsthal School R-Block branch on 17 March 2022. About 80–90 teachers participated in the programme. The aim was to create public awareness and impart basic knowledge in the upcoming field of Palliative Care.

Introductory remarks were made by Dr Jayashree Sood (Chairperson, Institute of Anaesthesiology, Pain and Perioperative Medicine, Joint Secretary, Board of Management, Member of SGRH Trust Society). She emphasized that palliative medicine takes care of not only cancer patients but also patients with chronic life-limiting diseases. 'Palliative Medicine: what it is and why is it relevant in today's day and age!' was highlighted by Dr Kanika Chandra, Associate Consultant in the Department of Preventive Health and Wellness (SGRH), and also affiliated with the Department of

Palliative Medicine (SGRH).

Dr Bimla Sharma (Vice-Chairperson, Institute of Anaesthesiology, Pain and Perioperative Medicine, HOD, Palliative Medicine, SGRH) discussed Pain Management and about morphine and the various myths surrounding it. The very important nursing issues in 'Home Care in Palliative Medicine' were highlighted by Nursing Officer Monika Bahri. An interactive Q&A Session with good participation from the audience was conducted. Dr Atul Kakar (Senior consultant and Vice-Chairman, Department of Internal Medicine, SGRH) and Dr Bimla Sharma answered the queries. Dr Atul Kakar explained the other symptoms apart from pain, which these patients may experience.

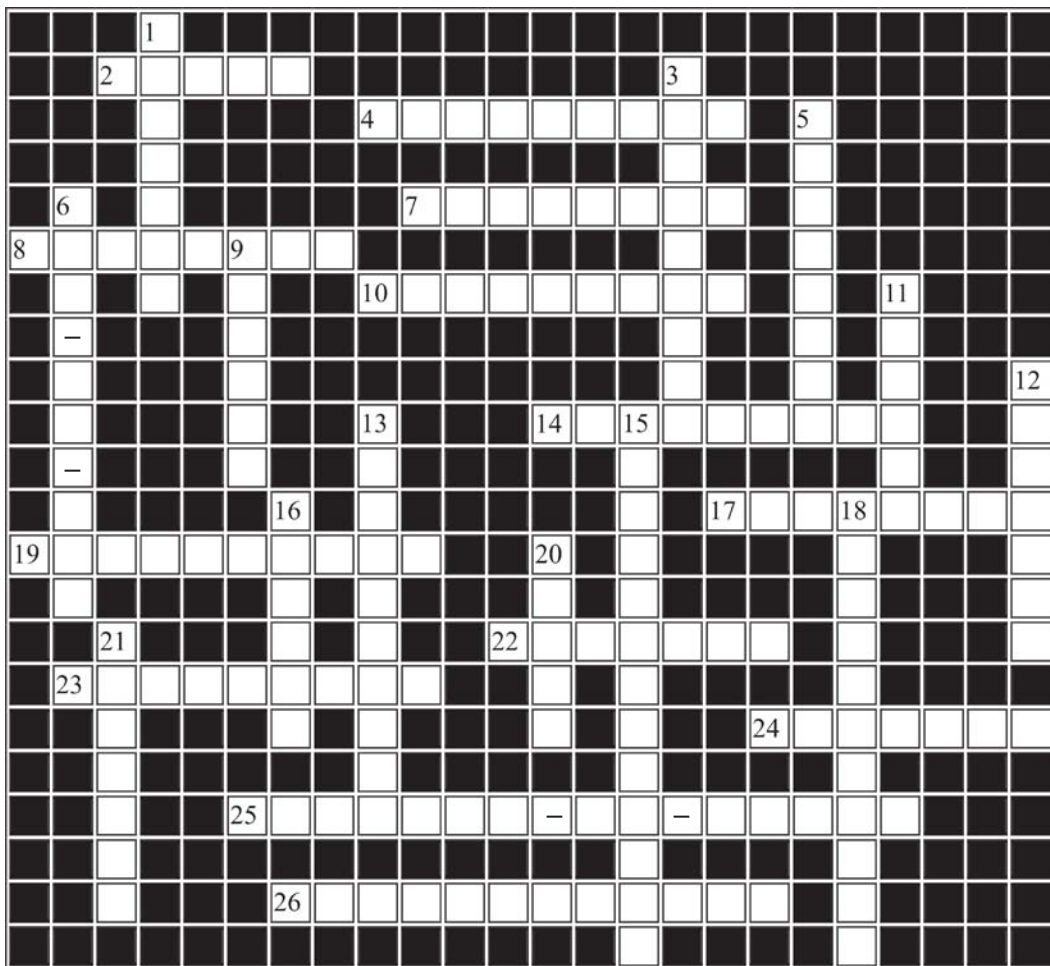
Vital inputs were provided on the 'Role of a Volunteer in Palliative Medicine' by Mr Tushar Jain (Assistant Manager at Centify, affiliated as a volunteer with the Department of Palliative Medicine, SGRH for the past 3 years).

The webinar was conducted successfully with good response from the teachers. We, in the Department of Palliative Medicine, feel the need to create positive awareness about the subject and make people more empathetic toward the suffering of others along with reducing the fear of facing death among those who are terminally ill. Further participation of young minds/students for slogan writing/skit performances will be encouraged. It will be our constant endeavour to hold webinars or seminars to educate different milieus.



Compiled by
Kanika Chandra, Bimla Sharma
Department of Palliative Medicine

Newsletter Crossword



Across

2. Green outer whorl of a flower allowing passage of urine (5)
4. Relating to or resulting from lying down, e.g. sore (9)
7. Solid organ lesions arising from the outer surface of the organ of origin (8)
8. Largest of carpal bone, forming a head (8)
10. Helps the cell during cell division and locate the nucleus; not visible when cell not dividing (9)
14. Twinned pulse (9)
17. Small pouches of colon caused by sacculations, giving colon a segmented appearance (8)
19. Specialized protein complexes responsible for maintaining mechanical integrity of tissues (10)
22. Pairs of genes occupying a particular spot on a chromosome (7)
23. Pyramid shaped cartilage in larynx, essential to the production of sound (9)
24. Dilatation of a duct or hollow viscus or vessel (7)
25. Small ventricular septal defect, loud murmur, no symptoms (7-2-5)
26. Sounds that are not normally heard (12)

Down

1. Parasite introduced by tick, occurring at the same time as Lyme's disease (7)
3. Joint covering with a car to start with (9)
5. Failed mission, premature end (8)
6. Seasickness (3-2-3)
9. Anatomical cavity, within a bone or hollow organ (6)
11. Finger which has involuntary flexion of distal phalanx caused by avulsion of extensor tendon (6)
12. Soft swelling characteristic of late stage of syphilis (7)
13. Outermost covering of an organ or part, especially the outer coat of a blood vessel (10)
15. Ability to recognize writings on the skin purely by sensation or touch (13)
16. Living in a group, these bacteria are derived from the same mother cell (6)
18. Feeling bad for this part of the nervous system (11)
20. A helmet-shaped structure in certain flowers becoming tough fibrous sheet of connective tissue extending over the cranium (5)
21. A ring-shaped cartilage of the larynx (7)

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

World Hearing Day

On the occasion of 'World Hearing Day' on 3 March 2022, SGRH organized 'Hear Me' awareness rally led by Mrs Asha Agarwal, Senior Consultant at SGRH and Director at Asha Speech and Hearing Clinic. She and her team have been serving and treating children with hearing impairment for 40 years. Many children who are using Cochlear Implant or Hearing aids and their parents participated in the awareness rally and captured the attention of many people in the neighbourhood. This event was organized to educate and make people aware about the importance of hearing evaluation right after birth and to start intervention at an early stage of life.



ENTRANTS

Dr Prateek Thakur *Plastic Surgery Associate Consultant* 27.01.2022
Dr Megha Agrawal *Anaesthesia Associate Consultant* 01.02.2022
Dr Jay Relan *Paediatric Cardiac Sciences Associate Consultant* 10.02.2022
Dr Arunav Sharma *Paediatric Neurosurgery Associate Consultant (Ad hoc)* 26.02.2022
Dr Shoaib Ahmed *Cardiology Attending Consultant-ICCU* 01.03.2022
Dr Sumit Gupta *Dermatology Associate Consultant (Ad hoc)* 17.03.2022
Dr Shraddha Malik *Paediatric Cardiac Sciences Associate Consultant* 21.03.2022
Dr Huma Ali *Obstetrics & Gynaecology Associate Consultant* 21.03.2022

PROMOTIONS

Dr Anuradha Batra *Neurology Senior Consultant* 25.01.2022
Dr Laxmi Khanna *Sleep Medicine Senior Consultant* 24.03.2022
Dr Prashant Aggarwal *Anaesthesia Consultant* 24.03.2022
Dr Sumit Kalra *Anaesthesia Consultant* 24.03.2022

CROSSWORD ANSWERS

ACROSS: 2. Calyx 4. Decubital 7. Exophyte 8. Capitata 10. Centriole 14. Bigeminal 17. Haustrum 19. Desmosomes 22. Alleles 23. Arytenoid 24. Ectasia
25. Maladie-De-Roger 26. Adventitious
DOWN: 1. Babesia 3. Cartilage 5. Abortion 6. Mal-De-Mer 9. Antrum 11. Mallet 12. Gummata 13. Adventitia 15. Graphesthesia 16. Colony 18. Sympathetic
20. Galea 21. Cricoid

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