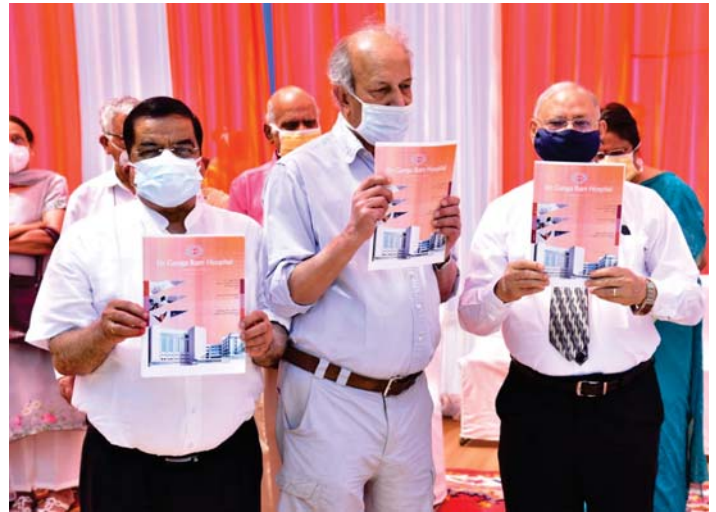


SGRH Annual Day Function: 13 April 2021

The Ganga Ram Trust Society and its Board of Management in view of Covid restrictions held a brief Annual Day function with minimum number of attendees, on 13 April 2021. The Chairman, Board of Management, other dignitaries and the administrative staff paid their tribute by garlanding the statue of Sir Ganga Ram in the campus lawns. On this day, the April issue of the newsletter also was released and e-copies mailed to its faculty and other physicians in the city of Delhi and outside.

Late Sir Ganga Ram Ji, a civil engineer by profession founded 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. 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 sections of the society. The hospital is currently at the forefront of providing services to the Covid patients including some of the most demanding procedure like ECHMO.

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 the Public



From left to right: Dr D.S. Rana, Dr S. Nundy and Dr S.P. Byotra releasing the latest issue of the newsletter

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 the Ganga Ram period of architecture. His contributions to the field of architecture include setting up of unique sanitation and water works, general post office, the Lahore museum, 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. 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 the government service, he worked as superintendent engineer for historical projects like Ijlas-e-khas, Secretariat building, Victoria Girls School, Moti Bagh Palace, etc.

His contributions to the field of water harvesting and agriculture are innumerable. He was instrumental in starting famous lift irrigation projects and farming technology, 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.

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.

(excerpts from Smt Sujata Sharma's welcome address delivered on 13 April 2019: www.sgrh.com/publication/sgrhnewsletter/July-Sept., 2019 issue vol.23; No.3)



Robotics in Urology: State of the art

Robotic assistance in laparoscopic surgery was introduced at the turn of this century, marking a milestone in surgical history. Urologists were early adopters of robotic technology. Robotic technology itself has advanced in terms of the platforms available, instrumentation and incorporation of associated technology for ease and accuracy. Newer platforms are emerging as competitors to Intuitive da Vinci Robot and are expected to hit the market in the near future.

Advantages of robotic surgery

Robotic platform enables surgeons to perform laparoscopic surgeries with enhanced precision, decreased blood loss, 10x magnification, tremor-free movements, seven degrees of freedom using endo-wrist technology resulting in improved outcomes. Scientific studies have proved equivalence of oncological outcomes compared to open surgeries with earlier recovery.

Applications of robotic surgery in urology

The most common application of robotics in urology worldwide is for radical prostatectomy for organ-confined prostate cancer. The prostate is an organ situated deep in the pelvis and as such is not easy to approach with open surgery. The presence of the dorsal venous complex (DVC) anterior to the prostate makes it susceptible to severe blood loss. Anastomosis of the urinary bladder to the urethra done via open or laparoscopic techniques is extremely difficult due to the depth of the organs involved. Robotic technology has changed this scenario and we are now able to perform the operation in 3 hours with 100 ml of blood loss and discharge after 24–48 hours post-surgery. The accuracy and ease of suturing is a big advantage for us when dealing with the DVC and anastomosis.

For partial nephrectomy, we can give as good an oncological outcome with robotics as for open surgery minus the large incisions. Recovery is quick and blood loss is minimized. Even complex partial



nephrectomies for solitary kidneys are performed with ease.

The other common indications in urology are radical nephroureterectomy for upper tract urothelial cancers, radical nephrectomy for kidney cancer, radical cystectomy for urinary bladder cancer, reconstructive procedures such as pyeloplasty for PUJ obstruction, ureteric reimplants, bladder augmentations and conduits. Less commonly it is being utilized for retroperitoneal lymph node dissection (RPLND) and inguinal lymph node dissection (RVEIL). More recently some centers have applied the technology to kidney transplantation recipient surgery with successful outcomes.

What is recent in robotic urology?

Robotic technology is rapidly evolving.

- The latest platform rolled out by intuitive surgical the world leader, is the fourth generation single-port (SP) platform, wherein a 2.5 cm port suffices to introduce the camera as well as 3-wristed instruments.
- Use of firefly technology to detect fluorescence using indocyanine green (ICG) is a feature that helps to accurately assess vascularity. This helps us in partial nephrectomy to delineate the tumour from normal parenchyma as well as lymph node dissection.
- Incorporation of real-time ultrasound images into the console using a drop-in probe while operating helps in better delineating the tumour in partial nephrectomy. This TilePro technology is a boon for endophytic renal masses.
- Use of the IRIS feature of the Da Vinci platform helps in developing 3D preoperative models of anatomical structures that help in preoperative planning and intra-operative reference.

Emergence of newer robotic platforms

Though intuitive surgicals have dominated the world market in robotic surgery with the Da Vinci, there are almost a dozen other newer platforms which are in various stages of development and testing. Some of these have acquired FDA approval for clinical use. In addition, some of these robots have features that are not available in the da Vinci platform, like haptic feedback. Among the ones that are being used for urological surgeries are Meere Revo-i (Korea), Senhance (USA), Versius (Cambridge, UK). Google is making inroads into robotics with artificial intelligence incorporated so as to achieve robotic guidance rather than robotic assistance.

Overall, the future of robotics looks very bright. Development of newer platforms will definitely bring down costs and lead to newer features.

*Contributed by Dr Ashwin Mallaya, Consultant Urologist
Department of Urology*

An interesting case of spinal lesion

A 13-month-old child presented with decreased movement in both lower limbs and inability to stand for the past 20 days. He also had a history of dribbling of urine and stool incontinence for the past 3 days. On examination, he was found to have hypotonic weakness in both lower limbs along with patulous anal sphincter. MRI spine (plain and contrast) was done. Based on MRI findings, he was suspected to have intramedullary glioma. On surgery, there were dense adhesions of the lesion with the cord. On histopathological examination, he was found to have intramedullary tuberculoma. The MRI images are shown in Figs 1–5.

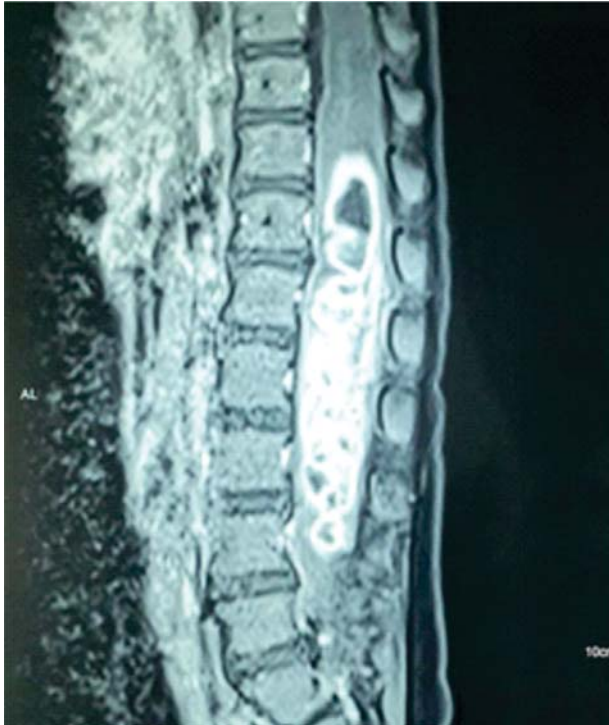


Fig. 1. Sagittal image (post-contrast) showing heterogeneously enhancing dorso-lumbar intramedullary lesion

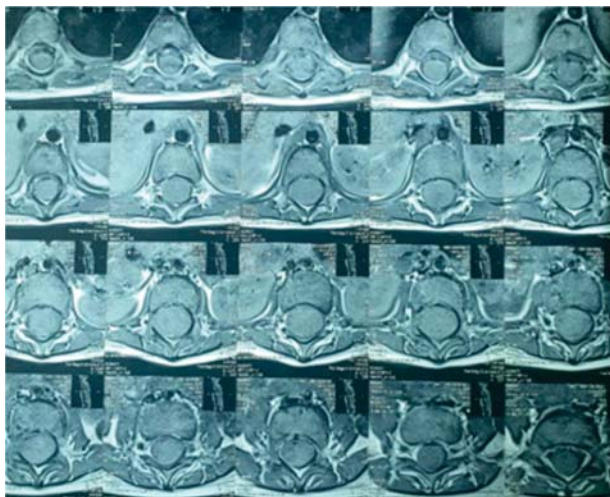


Fig. 2. T1 image axial section showing lobulated hypo to isointense lesion

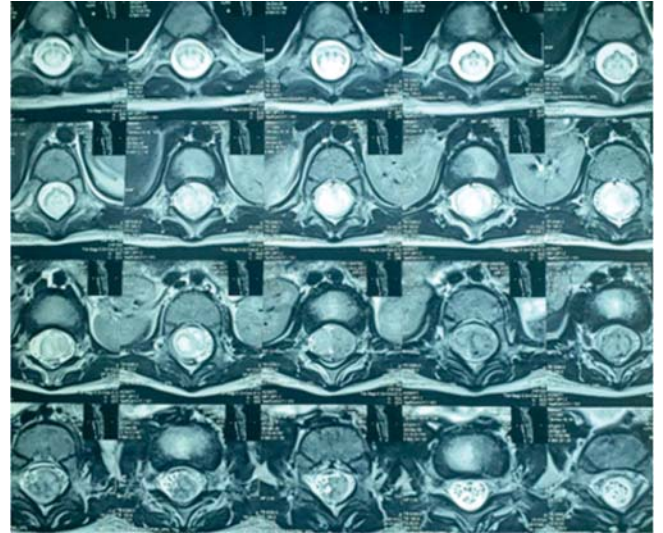


Fig. 3. T2 image axial section showing heterogeneous iso to hyperintense lobulated intramedullary lesion

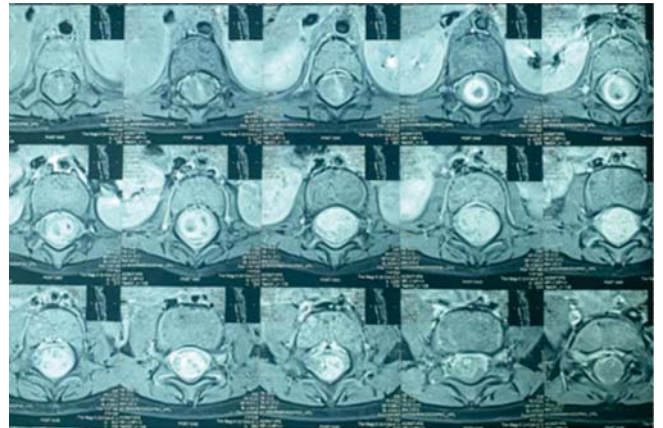


Fig. 4. Post-contrast axial sections showing heterogeneously enhancing lobulated lesion

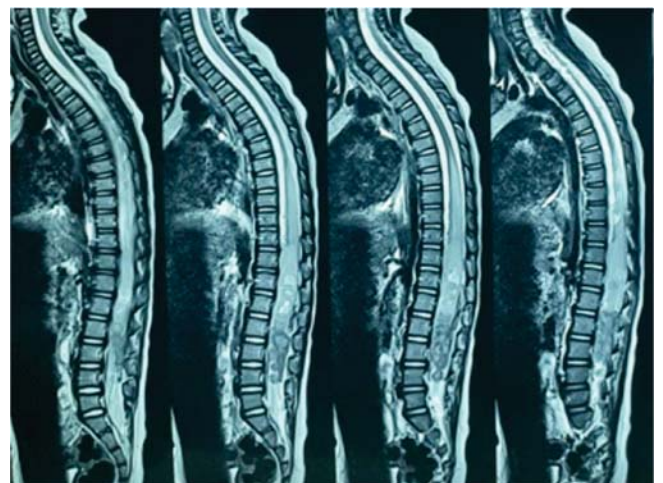


Fig. 5. T2 sagittal image showing heterogeneous iso to hyperintense lesion affecting dorso-lumbar spinal cord

Contributed by Dr Ajit Kumar Sinha and Dr Shrey Jain, Department of Neurosurgery

Median arcuate ligament syndrome

Median arcuate ligament syndrome (MALS) is an uncommon condition caused by the extrinsic compression of the celiac trunk (CT) and celiac ganglion, secondary to an anatomical abnormality of the median arcuate ligament fibres. Either the MAL is positioned lower than normal or the celiac trunk is placed above leading to compression of the celiac trunk. It is characterized by postprandial epigastric pain, chronic abdominal pain, weight loss, nausea and vomiting.

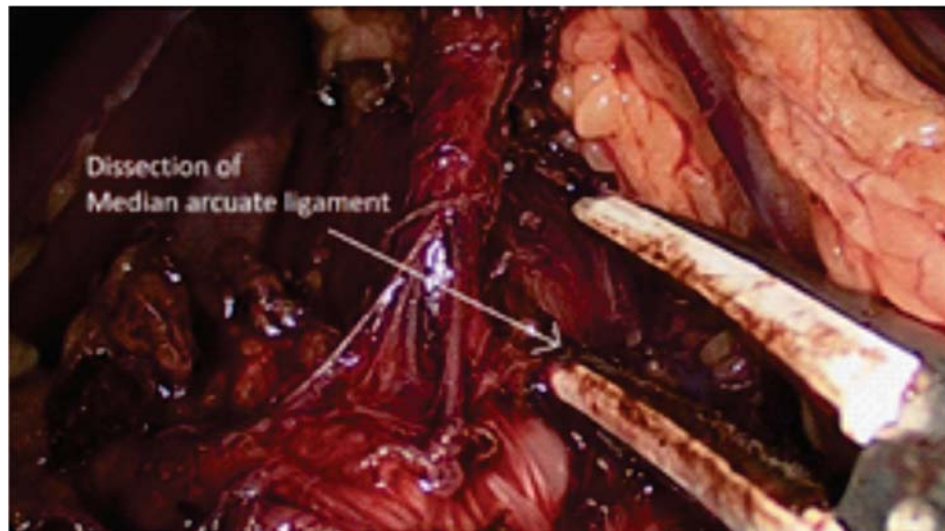
Mechanism of the symptoms

Ischemic theory

This generally acknowledged theory suggests that reduced blood flow through a compressed celiac artery leads to foregut ischaemia resulting in epigastric pain, although the development of collateral vessels usually prevents a progression of ischaemia.

Neuropathic theory

The pain associated with MALS has a neuropathic component resulting from a blend of chronic compression and overstimulation of the celiac ganglion which



Dissection of median arcuate ligament

may lead to direct irritation of sympathetic pain fibres and/or splanchnic vasoconstriction and ischaemia.

Case report

A 40-year-old female presented with complaints of vague epigastric pain since 2003 (18 years) associated with nausea and vomiting. The pain increased after eating food. She also had weight loss of 10 kg in the past 5 years. Endoscopic and USG abdomen findings were normal. It was mainly a diagnosis of exclusion.

In February 2021, CT angiography was performed which revealed compression of the celiac trunk by the median arcuate ligament and post-stenotic dilatation of the celiac artery.

Two approaches for dissecting the median arcuate ligament

1. To dissect along the left gastric artery and access the coeliac trunk (bottom-up approach)
2. To dissect the right crus and identify the aorta. Then the coeliac trunk is approached (top-down approach)

We followed the bottom-up approach and accessed the coeliac trunk along the left gastric artery and dissected the median arcuate ligament. We also dissected the coeliac ganglion. Post-operatively, the patient recovered symptomatically.



Post-stenotic dilatation

Compiled by
Dr Tarun Mittal,
Dr Ashish Dey, Dr Anmol Ahuja,
Dr Shyam Sundar Rengan,
Department of Laparoscopic
and General Surgery

Parenting in Covid Era

*To all the amazing parents,
‘You’re braver than you believe, and stronger than you seem,
and smarter than you think.’ — A.A. Milne*

Around the globe, the Covid-19 pandemic has impacted the lives of all people in a manner never seen before. It has become an unprecedented crisis due to its geographical spread, unpredictable nature, unique social distancing and lockdown measures, sudden widespread disruption to our economies and educational system, overwhelming health infrastructure, etc. The ongoing second wave of the pandemic has brought new challenges in the form of more infectivity, increasing fatalities, high rate of infection in young adults and children along with limited availability of hospital beds, ICU set-ups, life-saving drugs and medical equipment, etc. Parenting has always been tough, but online classes, working from home, and the financial uncertainty surrounding Covid-19 have made it more difficult.

Parental stress during Covid-19: What does the literature say?

Various studies conducted across the world indicate that parental stress has increased manifold since the start of the Covid-19 pandemic. Most commonly reported concerns were fear of contracting the virus, lack of social support, managing online classes, financial crisis, etc. However, on the positive side, some reports suggest that bonding between the parents and their children has improved during the pandemic as they got to spend quality time with one another.

Effective parenting: What needs to be done?

- **Address your child's fears**

Discuss with your children regarding the ongoing pandemic. They already must have some knowledge; allow them to open up to you. Address their concerns honestly, but do not provide them too

Country	Researchers	Sample size	Results
USA	Brown <i>et al.</i>	183 parents with a child under the age of 18 years	35% reported loss of employment or income, 15% faced difficulties managing child's academics, 14% faced difficulties managing work from home, 12.7% had depressive symptoms, 10.7% had fear of contracting the virus, 4% had relationship difficulties. ¹
USA	Adams <i>et al.</i>	433 parents with ≥1 child aged 5–18 years	71.1% reported an increase in parenting-specific stress. Common stressors were changes in routine, online education, and worries regarding Covid-19. ²
Canada	Gadderman <i>et al.</i>	618 parents with children < 18 years	44.3% of parents reported worse mental health as a result of Covid-19, 27.7% reported increased alcohol consumption, 8.3% suicidal thoughts/feelings, 11% reported stress about being safe from domestic violence. Parents also reported more frequent negative as well as positive interactions with their children due to the pandemic (more conflicts 22.2%; increased feelings of closeness 49.7%). ³
USA	Dana Alonzo <i>et al.</i>	330 adults	Non-parents were 70% less likely to endorse feelings of stress as compared to parents. ⁴
India	Sahithya <i>et al.</i>	227 parents	67% of parents perceived moderate-severe stress since the Covid-19 lockdown. Mothers, parents of children with developmental disorders, parents having interpersonal difficulties with spouse and children, excessive screen time in children had significantly higher stress compared to parents without these difficulties. ⁵
India	Grover <i>et al.</i>	1871 across different age groups	74% reported worry, 72% reported health anxiety, 30% low mood, 21% fear of death and 10% reported alcohol use. Around 50% of participants reported marked improvement in their relationships with their spouse (47.4%), children (44.2%), and parents (47.3%). Further, about 60% of them reported marked improvement in their relationship with their neighbours (61.8%) and office colleagues (59.6%) during the lockdown. ⁶

Parenting during the pandemic: Unique challenges

- All family members stay together the whole day: more chances of disagreement and conflict
- Double work pressure: manage household as well as professional commitments
- Keep children on track with their virtual school work
- No out-of-home recreational activities to keep children engaged
- No external support from extended family and friends
- Financial stress due to pay-cuts, loss of jobs
- Parent or child isolated/quarantined
- Parents struggling with their own psychological/emotional challenges, grief due to loss of loved ones

much information. Avoid excessive news feed; seek information from trusted news sites such as UNICEF and the Ministry of Health and Family Welfare (MoHFW). Always end a conversation on a positive note; reassure your children that the pandemic is not going to last forever and that you will always do your best to support and protect them.

- **Connect and communicate with your child**

Lockdown has given us a wonderful opportunity to connect with our children. If you are a parent of a toddler/young child, play with them, sing a song, dance with them, read books with them, have fun! With your teenage children, talk about something they enjoy (sports, music, movies, etc.), tell them stories from your own childhood, bake something together, exercise with them. Most importantly, ask your child to select an activity of their choice; this will make the activity more enjoyable for them and also build their self-confidence.

- **Maintain routine and structure**

Create a consistent, but flexible daily routine. Eat healthy meals at regular intervals, have 6–7 hours of uninterrupted sleep, exercise regularly, pay attention to your hygiene and grooming, and take out some time daily to devote to an activity you like. Create an academic routine to give your child a sense of normalcy during this uncertain time.

- **Create a nurturing home**

Adopt a calm and loving behaviour towards your children.

Appreciate them when they display appropriate behaviour, it boosts their confidence and self-esteem. Look for ways to enjoy quality time with your family on a regular basis. Share household responsibilities among your family members. Avoid arguments and conflicts as much as possible.

- **Help children with online classes and academics**

Reach out to other parents and exchange tips for keeping children focused and engaged. Plan an online study or activity meet where children can interact and learn from one another. Joining forces with other parents may help you feel motivated and empowered to face the crisis. Connect with the teachers to understand your child's academic strengths and challenges. Get creative with academic work, e.g. doing a fun science experiment together can be a good way of bringing lessons to life.

- **Address behaviour problems**

Children are under tremendous stress during these challenging times. Keep in mind that when children display unwanted behaviour, often it is a way to vent out their frustration. Use positive words when giving instructions to your child, such as 'Please put your plate in the sink' instead of 'Don't leave your plate on the table'. If your child is showing an undesired behaviour (e.g. throwing a tantrum, shouting), calm yourself down before responding and then try to deflect his focus to a more appropriate, alternate behaviour (e.g. playing a game). If your child puts up desired behaviour such as making their bed, watering the plants, etc., reward them with appreciation, cooking their favourite meal, etc. Be creative with the

consequences, e.g. make chits of possible consequences such as cleaning the closet, no gadgets for the day, etc. and put them in a jar, and when the child misbehaves, he has to pick up a chit and complete the task mentioned in it. Many a times, it is best to ignore the undesired behaviour in order to stop the child from doing so. Reach out to a mental health professional with any concerns about your child's behavioral or emotional well-being.

- **Monitor your child's use of social media**

Under the current circumstances social media has become the sole modality for us and our children to stay in touch with our loved ones and keep us updated with the latest information. But too much social media may overwhelm our minds with bombardment of Covid-related information and can lead to a myriad of negative emotions such as fear of missing out (FOMO), dissatisfaction, feeling of inadequacy, etc. Use an app to monitor the duration and content of your child's use of social media. Establish tech-free times and zones in your home, e.g. turn off the phone at certain times of the day such as when having dinner and spending time with family, do not bring the phone to dining table, etc. Educate the children about cyber safety; ask them not to accept request from strangers, not to share password with anyone, log out from the device they are using, use strict privacy setting, etc.

- **Managing finances**

Involve children in making a family budget. Discuss with your children what things are essential and where you can cut down the expenses. Making a budget together gives children a sense of responsibility and helps them understand that we all need to make tough decisions in a crisis situation.

- **Help your children cope with loss and grief**

Acknowledge your child's emotions; it is absolutely normal to feel sad, helpless, guilty or angry after loss of a loved one. Be cautious while discussing about the death of a loved one as some children may not have a proper understanding of the concept of death and may feel overwhelmed with too much information. Encourage children to express their emotions, younger children may not be able to express their emotions verbally and may use drawing pictures, story telling instead. Comfort your child by telling that even if the person is not physically present, he continues to live in the hearts of his loved ones. Try to stick to the routine as much as possible because it is important for your child to understand that life does go on. Finally, do not ignore your own grief as showing your emotions reassures the child that feeling sad or upset is okay.

- **Take care of your own well-being**

Stay connected with your family and friends through regular chats

Take-home message

- A: Appreciate and acknowledge yourself and your children.
- B: Be calm and vigilant.
- C: Connect and communicate with your children; care for self and others.
- D: If in distress, seek help.

and calls. Avoid social media that makes you stressed. Share domestic duties with family members, it is okay to ask for help when you feel burdened with too many responsibilities. Set aside a specific time daily for some activities you enjoy. Set up a specific work space separate from your leisure spaces and work there. Practice relaxation exercises to calm your mind: Meditation, yoga, prayer, writing a journal, etc. Appreciate yourself for your efforts. It is normal to feel stressed, frustrated and afraid at this uncertain time. Be kind to yourself and avoid self-criticism.

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Compiled by

Dr Deepak Gupta, Consultant,

Pediatric Psychiatry Services, Institute of Child Health

Dr Nabanita Sengupta, Clinical Assistant,

Pediatric Psychiatry Services, Institute of Child Health

NEW ENTRANTS

Dr Satish Kumar Agrawal *Cardiology Attending Consultant-ICCU 01.04.2021*
Dr Ajeet Kumar Ramamani Tiwari *Surgical Oncology Associate Consultant 01.04.2021*
Dr Shivam Khare *Gastroenterology Associate Consultant 01.04.2021*

PROMOTIONS

Dr Satish Kumar *Orthopaedics Senior Consultant 08.06.2021*
Dr Dharendra Kumar Dhiraj *Orthopaedics Senior Consultant 08.06.2021*
Dr Nandita Dimri *Fetal Medicine Senior Consultant 12.04.2021*
Dr Mithilesh Kumar *Anaesthesia Consultant 24.05.2021*
Dr Anirban Roy *Anaesthesia Consultant 24.05.2021*
Dr Alok Kumar *Anaesthesia Consultant 24.05.2021*
Dr Mrinal Pahwa *Urology & Renal Transplant Consultant 24.05.2021*
Dr Satinder Singh *ENT Consultant 12.04.2021*
Dr Neeraj Gupta *PICU (Pediatrics) Consultant 12.04.2021*

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22. Capsule 23. Sinistrocardia

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1. Refsum 2. Factitious 3. Glottis 4. Toes 5. Elastoderma 8. Crops 11. Egotism 12. Patient-zero 13. Chromhidrosis
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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



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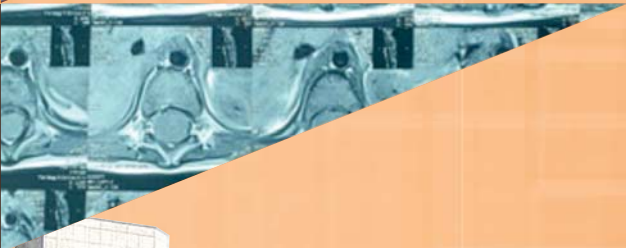
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