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BECAUSE
WE CHOOSE TO BE
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Hospital & Research Institute**

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GUEST EDITORIAL**Educational Research: A Need of the Hour**

Educational research generally refers to the systematic and critical investigation of any aspect of education that advances knowledge and benefits to the society by allowing people to live fuller lives.

In India, research in medical education is neglected in comparison to biomedical research. It is still a contemporary field and has started evolving in recent years. The MCI Vision document 2015 has realized this gap and included research methodology as one of the elective subjects. It has a great scope of expansion in medical education and improving health profession education. The research in medical education should start with undergraduate medical education. A transformation has been observed in Medical education research from simple descriptive studies towards justification or curriculum comparison studies to analytical studies comparing various curriculum and clarifying the need of introduction, innovation. Both qualitative and quantitative methods are used to justify the need of intervention.

Educational research is an important tool in helping us to improve our own teaching and learning. With educational research, it becomes evidence based practice to make educated decisions about curriculum adoption, new teaching strategies, management ideas, and other pedagogical choices. By conducting research in our own classrooms, our opinions, suggestions, and ideas will be taken more seriously by teaching colleagues and administrators. Research also makes us more reflective about our own practice.

Institutes play a crucial role in motivating teachers to conduct the education research and disseminate within the medical domain ensuring that significant findings are applied in educational practice to bring the desired changes.

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CHAIRMAN'S MESSAGE

Dear all,

Greetings!

Even though I am not a doctor, I have always had the highest regards for the sacrifices and the nobility with which doctors practise their profession. Despite the several hurdles that I had faced in my life, it is my life's experiences that have urged me to start a medical college and a hospital. My aim is not any personal gain or amassing wealth for my forthcoming generations. Coming from a very humble background, I see this as an opportunity given by God to me to serve the common man. This medical college and the hospital has been founded so that now and in times to come patients will benefit from highest standards of medical care.

It is to fulfil this aim, the Velammal family strives to unite in the spirit of discipline and dedication to service of mankind. The members of the Velammal family are different by choice. We pride ourselves in setting and abiding by highest standards of discipline. In whatever they do, they put the welfare of the community and the patient before their own interests. Bestowed with the best of the infrastructure and equipments, we boast of the best quality of service being delivered to patients and their near and dear ones.

We also set a role model to the younger minds that we shape here to become future doctors. We focus on sculpting them into valuable members of the society who lead a balanced, successful and healthy lives. We encourage them to be different and shine by the standards of the Velammal family.

I request the cooperation and support of all the members of the institution to be part of the journey in scaling heights and making a change in more lives for the better.

Regards,

M.V. Muthuramalingam,

Chairman, Velammal Educational Trust.

UNRUPTURED ANEURYSM OF SINUS OF VALSALVA DISSECTING INTO INTERVENTRICULAR SEPTUM A RARE ENCOUNTER

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ABSTRACT

Aneurysms of the sinus of Valsalva is a rare entity accounting for only 0.1 to 3.5% of congenital cardiac diseases.¹Majority of them presents with rupture, only 20% presents in unruptured state.²Of the unruptured aneurysms of sinus of Valsalva, the one dissecting into the interventricular septum is very rare. Hence we are reporting this rare case, and discussing the principles of management.

INTRODUCTION

Aneurysm of the sinus of Valsalva is a rare anomaly which may be congenital or acquired. They arise because of weakness at the junction of the aortic media and annulus fibrosus. Acquired ones are very rare and occurs due to degeneration of the elastic connective tissue either due to atherosclerosis or infection (endocarditis, syphilis, tuberculosis), trauma, systemic inflammatory disease (Behcets disease, ankylosing spondylitis) or connective tissue disorder (SLE, Marfans). Only 20% of these aneurysms are seen in unruptured form, and those dissecting into interventricular septum though reported earlier^{3,4} are very rare.

CASE REPORT

A 33 years old gentleman presented to our emergency department with history of syncopal attack. He was a hard working hotel labourer till the moment he fell with a transient period of unconsciousness and had a seizure. Initially he was taken to a neurology centre, suspecting seizure and was worked up with EEG and an MRI brain. These tests cleared him of any organic neurological problem. ECG revealed complete heart block and was referred here. He was put on temporary pacemaker and an ECHO scan revealed presence of an unruptured Sinus of Valsalva aneurysm dissecting into the interventricular septum. Cardiac computerised tomography scan revealed the aneurysm from sinus of Valsalva arising from the right coronary cusp sinus with no communication with any chamber. Once on pacemaker, he was haemodynamically stable.

He was taken up for repair of aneurysm electively. Routine technique was followed for establishing cardiopulmonary bypass. On aortotomy the mouth of the aneurysm was seen in the right coronary cusp sinus, as in majority of these cases. It was around 9mm in size and was filled with around 45ml of blood clots (fig. 1). The clots were evacuated and the cavity was freed of all contents. (fig 2). The thickened fibrotic wall of the aneurysm didn't collapse but it was not producing any obstruction on any of the cardiac lumen. The bulge into the right ventricle could be seen through the tricuspid valve but there was

no obstruction. The mouth of the aneurysm over the right sinus was closed with Goretex patch (fig 3) so that the lumen was excluded from the cavity. As the mouth is closed further blood accumulation can be prevented and thereby arresting further pressure effect and clot formation. Aorta was closed and he was weaned off cardiopulmonary bypass. A transoesophageal Echo revealed a cystic space in the interventricular septum (fig. 5) though there was no communication with aortic lumen.

Despite removal of the pressure effect his rhythm didn't recover to sinus. His intrinsic rate was around 70 per minute and maintained haemodynamic stability. A holter test followed by His bundle electrophysiological study revealed presence of block. Hence a permanent pacemaker was implanted in the 8th post operative day and he had an uneventful recovery and was discharged from hospital.

DISCUSSION

Sinus of Valsalva aneurysm is a rare condition which can be acquired or congenital. This occurs due to weakness between the aortic media and the annulus fibrosis layer. The condition is common in oriental population and that too more among males.

Majority of the aneurysms rupture and presents with symptoms secondary to cardiac failure due to an acute left to right shunt which develops secondary to rupture. Ruptured aneurysms will not further increase in size, as the shunt allows a route for blood to flow thus avoiding lateral pressure on the aneurysm wall. Unruptured aneurysm of Sinus of Valsalvas are rare, but will increase in size as the blood accumulates inside and exerts lateral pressure leading to its increase in size. It presents late due to its pressure effects. In majority their diagnosis is accidental while being investigated for some other condition.

The pressure effects produced by unruptured sinus of Valsalva aneurysm can be obstruction of right or left ventricular outflow tract (producing breathlessness or chest pain on exertion), conduction block (producing syncopal attacks), ischaemic effects secondary to coronary obstruction or embolic episodes from blood clots inside the aneurysm.

This patient had an aneurysm of the sinus of Valsalva arising from the right coronary cusp which has dissected into the interventricular septum. The aneurysm had grown and had around 45ml of blood clots inside. This enlarged aneurysm was producing pressure effect on the conduction bundle and has produced heart block causing syncopal attack. Long standing aneurysm wall will become fibrosed and the wall will not collapse even after evacuation of the blood clots inside and even

after closing the mouth preventing further communication with aorta. This results in continuation of the effects of aneurysm despite closing the mouth in certain situations as was reported by the same author previously in a case of Rt ventricular outflow tract obstruction which needed transannular patch.⁵This patient though developed an adequate intrinsic ventricular rhythm after the surgery and was off temporary pacing an electrophysiological study of His bundle revealed residual block and needed permanent pacemaker.

The residual cavity in the interventricular septum was seen in the postoperative ECHO. Attempts were not taken to obliterate the space or resection of the pouch as it is unnecessary as it may cause damage to interventricular septum.² There are also reports on glue being filled in the space for obliterating the space.¹ Here we had left it for its natural course considering that once cut off from aortic lumen pressure from either side of ventricle will reduce its size and ultimately obliterate the space.

CONCLUSION

We are reporting this case of aneurysm of sinus of Valsalva dissecting into the interventricular septum because of its rarity and challenges in management.

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FIGURE LEGENDS

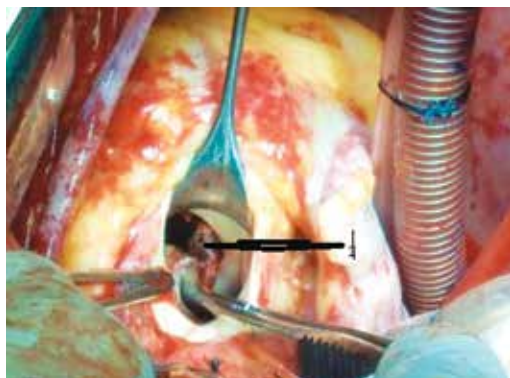


Figure 1

The aneurysm mouth with clots inside

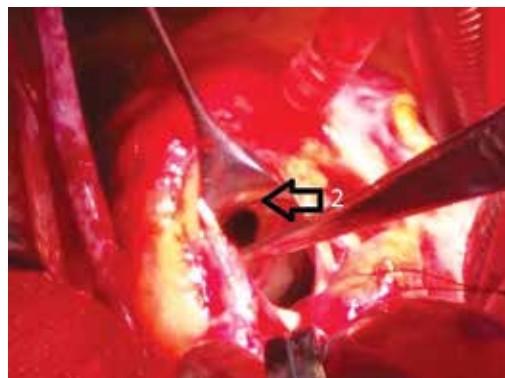


Figure 2

The mouth of the aneurysm after removal of clots



Figure 3

Post repair – patch can be seen over the aneurysmal opening



Figure 4

Post operative ECHO picture showing persistence of the cavitory space in inter ventricular septum

TRACHEAL RESECTION AND RECONSTRUCTION



Dr. A. Ram Prassath,
 Consultant CTVS Surgeon,
 Department of Cardiothoracic Surgery,
 VMC Speciality Hospital, Madurai.

CASE REPORT

An eighteen year old girl with post tracheostomy tracheal stenosis underwent successful tracheal resection and anastomosis.

HISTORY

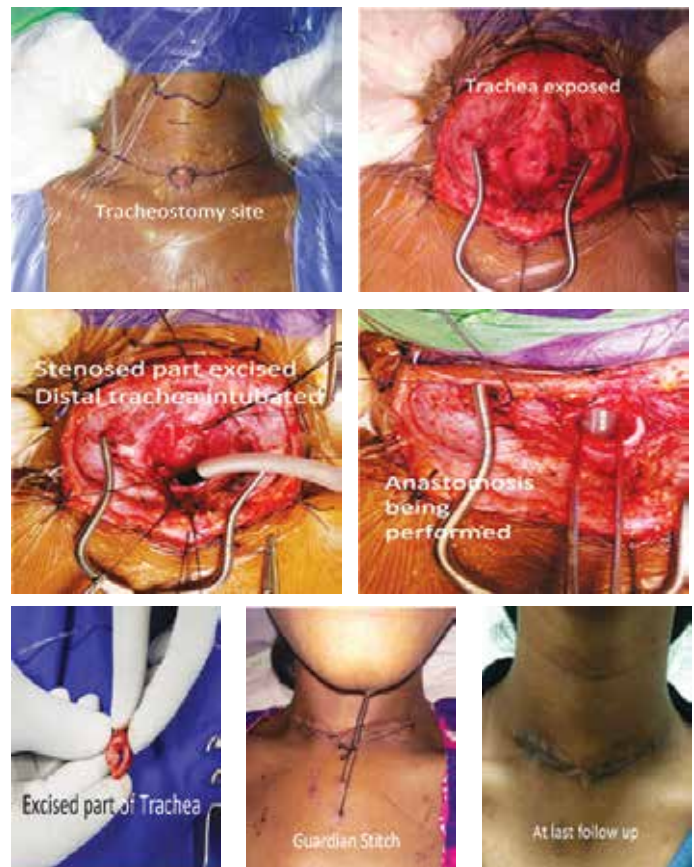
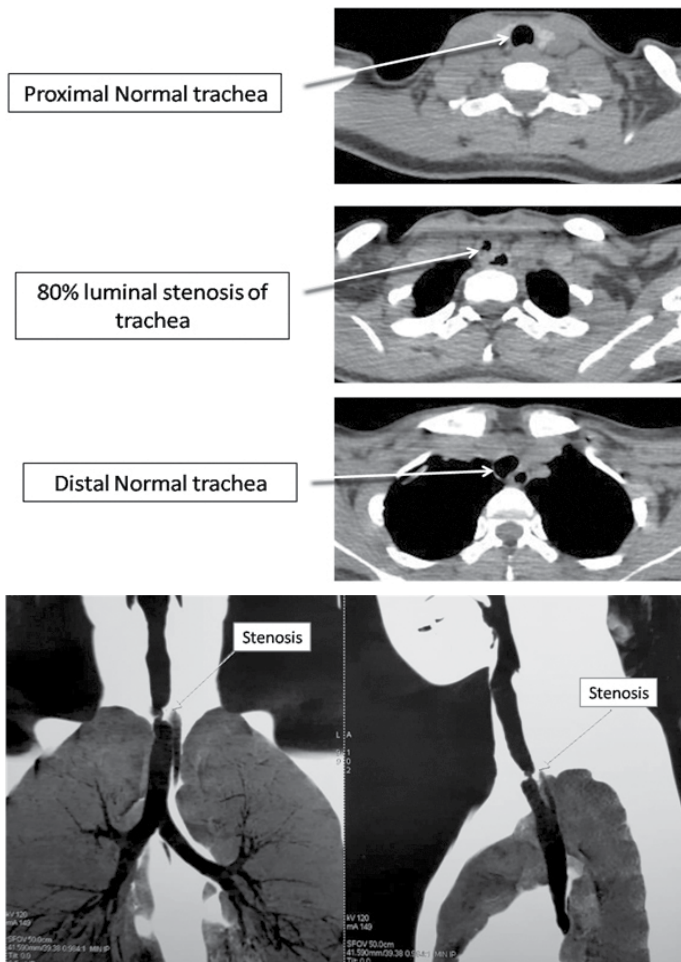
This girl had a history of organophosphorous poisoning for which she was managed elsewhere. She ended up in tracheostomy due to prolonged ventilation. After removal of the tracheostomy tube she was discharged. She developed gradual breathlessness and stridor after two weeks, and referred to our hospital for further management. She was stabilised medically and bronchoscopy was performed by Dr. Prem Anand (Pulmonologist). It was found to have tracheal stenosis involving more than 80% of the tracheal lumen. As the stenosis was fibrotic it was not amenable for bronchoscopic intervention. So, tracheal resection and reconstruction was planned by Dr. Ram Prassath.

ANESTHESIA CONSIDERATIONS

For any tracheal surgery securing airway and airway management is a challenging task. For this particular case negotiating the endotracheal tube beyond the stenosis (80% narrowing) was tricky. Our anaesthesia team Dr. SelvaKumar (Director of Anaesthesiology), Dr. Krithika, Dr. Dilip, Dr. Sasikumar, and Dr. Poornima did an excellent job in managing this case using fibroptic rail roading technique for intubation.

SURGICAL CONSIDERATIONS

Tracheal surgery is not routinely performed for its complexity and complications. It requires meticulous dissection to preserve recurrent laryngeal nerve and vascular supply of trachea. Failing to do so would result in permanent vocal cord palsy (requires permanent tracheostomy) and tracheal dehiscence in the post operative period, which is life threatening. This patient underwent 4 cm excised stenosed trachea and end to end anastomosis. She was extubated on table. Post operatively her neck was kept in a flexed position using guardian stitch (chin to sternum stitch) to prevent accidental extension of the neck. She was discharged in a stable condition with normal voice after a week. She is asymptomatic and doing well at her last follow up. CT scan, intra operative and post operative pictures are as shown.



VELAMMAL DOCTORS PERFORM A LIFE CHANGING SURGERY: BRAIN ANEURYSM**Case History**

Mrs. Vanchinayaki, a 35 year old female who is a resident of Tharapuram, had loss of vision in her left eye for few months. She visited several hospitals in Coimbatore and Trivandrum where she was told that her life was in danger and she would not survive long. She has a 2 year old child who she had to take care of and felt helpless. Her relatives suggested her to visit Velammal Speciality Hospital at Madurai. Dr. Shyam D, Consultant Neurosurgeon who specialises in Cerebrovascular and Skull Base surgery evaluated her and found that she had ballooning of a major blood vessel in her brain (brain aneurysm). She underwent advanced digital subtraction angiography which revealed an aneurysm of size 2.5 cms, categorizing it as a “Giant” and also was present in a “very critical area of the brain”. The problem with this aneurysm was that it was “growing” and it had already caused loss of vision. If it had ruptured she would have lost her life instantly. She underwent critical testing named balloon test occlusion and her blood supply to the brain was assessed. Based on these results the treatment plan was formulated by the neurosurgery team lead by Dr. Shyam along with Dr. Ashok Kumar, Dr. Maria Subison, Dr. Kevin Joseph and neuroanesthetist Dr. Muthukumar. The aneurysm was successfully clipped and was discharged to home by 4 days and got a new lease of life.

Survivor Speaks

Mrs Vanchinayaki while speaking to our reporter after 2 months of follow up said that

“I had lost all my hope of living with my 2 yr old child when all the doctors told me that I will not be alive. Dr. Shyam gave me confidence and explained to me in detail about the disease process and the treatment plan. We were very satisfied with the facilities and the staff of Velammal Hospital and I decided to proceed with the treatment. The cost was also very affordable and I was given quality care. Today I am able to spend my time with my child because of the successful surgery”.

When asked about the disease Dr. Shyam said “aneurysms are a bulge or ballooning in a blood vessel in the brain. It can lurk without any symptoms or can present with headache, loss of vision, weakness of limbs or seizures. If it ruptures causing bleeding into the brain, death or permanent neurological disability can occur. This can be prevented by taking medical advice as early as possible without dismissing the symptoms. There is a successful national screening program in countries like Japan, where I was trained in these complex surgeries. We should also emulate the same and screen all patients with symptoms to prevent adverse events.”

The honorable Chairman of Velammal Education Trust, Sri M.V.Muthuramalingam and the management of VMC Speciality Hospital congratulated the team of doctors and the patient.

**SPINE BONE FRACTURE CORRECTION DONE BY PERCUTANEOUS METHOD****CASE REPORT**

A 52 year old Mrs. Jeyanthi was diagnosed to have carcinoma breast 14 years back. She was treated with surgery and Chemotherapy and was completely asymptomatic till one month back.

She developed severe back pain one month back and was not able to walk for few days. Oncologists and Neuro surgeons from Madurai Velammal Medical College Hospital examined the patient and found that patient developed metastasis in the lumbar vertebrae because of which the bone was unstable. PET scan revealed no metastasis in the body other than single lumbar vertebrae.



Neuro surgery team headed by Dr. Maria Subison decided to fix the unstable vertebrae using screws and rods. Normally this surgery needs long incision, muscle retraction, long

hospital stay and severe post operative pain. To avoid all this complication, it was decided to do this surgery in a minimally invasive method. In the minimally invasive method only small incision made in the skin and the remaining part of the surgery is done by percutaneous method.

Surgery was successfully performed, patient improved well and now she is walking without any support. Velammal Medical College Hospital Neuro Surgeons Dr. Ashok Kumar, Dr. Maria Subison, Dr. Shyam and Neuro anesthetist Dr.Muthu Kumaran said, “Spine fixation by minimally invasive method is technically demanding procedure. Only few hospitals in India is doing this procedure. This procedure is done only in Velammal Hospital in south Tamil Nadu”. Neuro surgeon Dr.Maria Subison informed that the Neuro surgery department of Velammal Medical College Hospital has performed more than 25 minimally invasive spine surgeries.

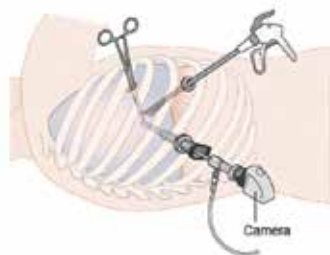
Shree. M.V.Muthuramalingam, Honorable Chairman, Velammal Education Trust, Dean Dr. R. M. Rajamuthiah and other management faculties congratulated the Neuro surgery department for doing many minimally invasive spine surgeries with good results.



**VIDEO-ASSISTED THORACOSCOPIC SURGERY (VATS)
IN VELAMMAL MEDICAL COLLEGE AND HOSPITAL**

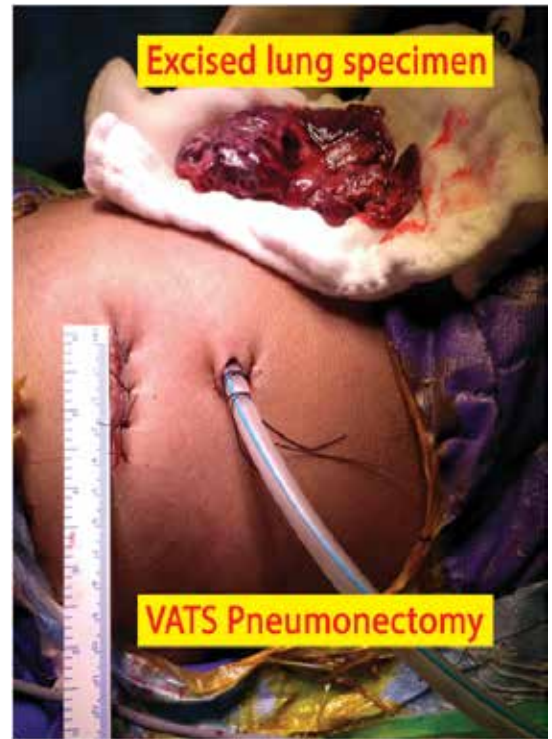
Dr. A. Ram Prassath,
Consultant CTVS Surgeon,
Department of Cardiothoracic Surgery, VMC Speciality Hospital, Madurai.

Video assisted thoracoscopic surgery is a method of performing various thoracic procedures. It involves one to three small skin incisions (5mm to 10mm) through which ports are inserted. One port is for the camera and other ports are for the specially designed long instruments. Nowadays, many VATS procedures are performed through a single port.



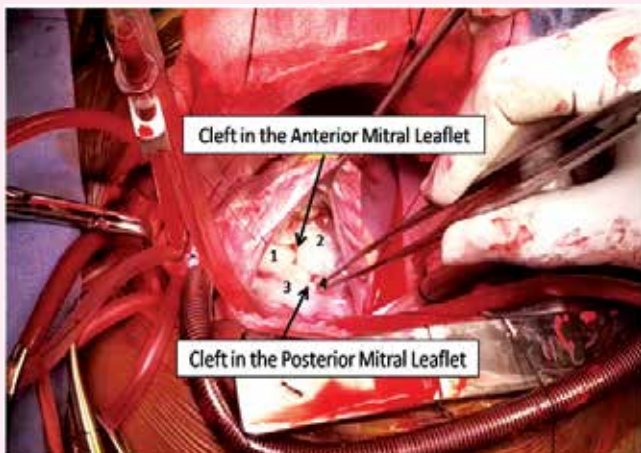
VATS procedure is preferred over the traditional long incision open thoracotomy procedures. As there is less postoperative pain, minimal scar, early recovery and lesser hospital stay in VATS procedure. And almost all open thoracotomy procedures can be done in VATS.

The institute has so far performed many VATS procedure in like VATS decortication for empyema, clotted hemothorax, VATS pleuropericardial cyst excision, VATS lobectomy for bronchiectasis, and VATS pneumonectomy for destroyed lung. Velammal Medical College and super speciality hospital was first to perform advanced VATS in South Tamil Nadu.



EXTREMELY RARE CONGENITAL HEART ANOMALY SUCCESSFULLY OPERATED AT VELAMMAL HOSPITAL

Quadricuspid mitral valve means, cleft in both anterior and posterior mitral leaflet. It is a very rare finding and hardly 4 cases have been reported till date in the medical literature. Dr. Ramprassath along with Dr. Karthik operated a 22 year old male with common atrium AV canal defect with severe mitral regurgitation with Quadricuspid mitral valve.



The patient presented with complaints of dyspnoea on exertion NYHA class II for the past 3 years. He was born of consanguineous marriage. He did not have any other complaints. Physical examination revealed an ejection systolic murmur in the apical region, loud second heart sound with fixed and wide split S2. ECHO confirmed the diagnosis of Partial AV canal defect with common atrium with severe mitral regurgitation.

He was planned for neoatrial septation with mitral valve repair. The same was performed. During the intraoperative assessment of mitral valve in was found that both anterior and posterior mitral leaflet had clefts. So an intra-operative diagnosis of Quadricuspid mitral valve was made. Mitral valve was repaired. Then neo septation of atria was created in the pericardial patch.

He had a smooth post-operative course and ECHO showed no shunt across the patch with mild mitral regurgitation. He was discharged in a stable and asymptomatic condition. He was doing well in the last follow up.



DISQUIETING TRENDS IN THE MEDICOLEGAL SCENARIO

Dr. S. N. Krishnamoorthy, M.D., D.A., D.N.B., B.G.L., P.G.D.M.L.E.,

Professor & Head, Dept. of Anaesthesiology, VMCH & RI

The greatest inequity of the otherwise benevolent Consumer Protection Act is that ordinarily there is no provision to place the facts of a medical case before an independent and competent medical team. The entire cache of the pleadings, defense statements and expert opinions are evaluated only by the adjudicator who is a medical lay entity. Added to this insult is the injury that expert opinions are not binding upon the Courts and the adjudicator is free to apply his own perceptions, prejudices, lopsided and oblique thinking in the process of adjudication. The frontiers of medical science are expanding so rapidly that even a doctor is unable to keep up with the latest advancements in the other specialties; however, with his basic medical qualification, he may be able to collate the required material and opine on the issue. It is not an exaggeration to state that the nuances, niceties, the intricacies and complexities of the medical profession can never be understood in its entirety by non-medical people including adjudicators. Thanks to the law, a non-medical person judges medical issues; the result of this absurdity is skewed justice and unnecessary penalization of the medical personnel, the following 2 cases would illustrate this point.

Case No. 1 : P. Eswari kannan Vs. K.K.R. ENT hospital, Chennai

The son of the complainant underwent "Mastoidectomy, Meatoplasty, Ossiculoplasty" on 11.1.99 for the complaint of headache at the respondent hospital. Surgery was done by Dr. Ravi Ramalingam, PG qualified in ENT surgery under the tutelage and supervision of his father / senior ENT surgeon Dr. K. K. Ramalingam, a renowned ENT surgeon. Patient was discharged on 13.1.99. Apparently, patient was not relieved of the symptoms and consulted VHS, Adyar on 12.2.99 and admitted at RRGHS on 17.2.99 where he died. Cause of death was stated as "post-mastoidectomy meningitis". The complainant brought an action in the district consumer forum, north Chennai.

The bench, DCDRF, north Chennai said Dr.Ravi Ramalingam, completed his MBBS degree in 1992 and MS (ENT) in 1994 and DNB (ENT) in 1995. Even though he completed his MS (ENT) in 1995, he had registered the degree only after seven years in 2003. Therefore on the date of doing the surgery Dr.Ravi Ramalingam had not registered his master degree with the Tamil Nadu Medical Council.

The bench said "mere possession of a qualification/degree will not permit him to practice unless and until qualification is registered with the Tamil Nadu Medical Council." Therefore we hold that Dr. Ravi conducted an unauthorized surgery and therefore committed deficiency. The bench directed the hospital to pay compensation of Rs.15 lakh to the woman.

Dear doctor, are you able to reconcile yourself with the reasoning of the forum? The doctor was not found lacking in qualifications or skills which are the core issues in deciding professional competency. Expert opinion also pointed out the lack of material to establish deficiency. The forum did not accept the opinion of the experts. Instead, it has taken an irrelevant and extraneous matter namely non-registration of the degree to fasten deficiency on the doctor. Non-registration of medical degree with the competent authority does not rob the doctor of his skills and competence. It is a side issue extraneous to consumer law for which the remedy and penalty lie elsewhere. In the future if the State Medical Council seized of this issue decides to punish the individual for the delay in registering the degree, then the case turns into a "double jeopardy" i.e; two punishments for a single offence. No doubt, non-registration of the degree is 'negligence' but it is not "medical negligence". Clearly this case can be termed as a case of non-medical negligence.

(Sec 2 (1) (g) of consumer protection act - "deficiency" means any fault, imperfection, shortcoming or inadequacy in the quality, nature and manner of performance which is required to be maintained by or under any law for the time being in force or has been undertaken to

be performed by a person in pursuance of a contract or otherwise in relation to any service.)

A plain reading of the act should dispel all doubts in this matter.

Case no.2: Medical director, Amrita Institute of Medical Sciences & Research & Ors. Vs. Unnikrishnan & Ors.

A nine year old child was operated for "squint" surgery. Towards the end of the procedure child suffered 'cardiac asystole'. Successful resuscitation was done. Because of the continuous bradycardia, a pacemaker was inserted and shifted to ICU where she expired.

Case was filed in the district forum and the claim was upheld; complainant was awarded 6 lakhs. Hospital filed appeal in the state forum which was also dismissed. Hence revision petition filed in the National forum.

Complainant's allegations:

Negligence in the administration of anaesthesia, no proper consent, manipulation of medical records, glycopyrolate written as glyco etc.

NCDRC findings:

1. Consent taken is just a routine and ritualistic consent. Complications specific to squint surgery not explained in the consent. (The same finding was also noted by the state forum.)
2. Anaesthetist claimed "retrobulbar" block was given by the surgeon; but none of documents made any mention of the block. Hence no block was given.
3. Glyco instead of glycopyrolate in the OT record. Such abbreviations are misleading to the consumer fora. NCDRC stated there are several meanings of the word glyco [on a diligent search of thesaurus, I found none] and use of confusing abbreviations in medical records is deficiency of service.

In this case also, we as doctors are unable to see eye to eye with the findings of the learned forum. Certainly the word "glyco" in a medical case sheet would only mean glycopyrolate and not the energy drink glyco promoted by the tata company. The context and the situation should not have been lost sight of. In every profession, abbreviations are used and they may not be immediately comprehensible to others. For example judiciary uses the abbreviation "Ors" for "others". Shall we take it to mean oral rehydration solution? To use an American slang, the finding "sucks".

The above 2 cases hold a lot of lessons for us:

- a. Consent form should be drafted with care. It should not be taken lightly. The complications specific to that particular person for that particular surgery should be clearly mentioned. The text cannot be common one to all patients undergoing surgery. Apart from surgery, if any additional procedures are being contemplated, e.g. blood transfusion etc, consent for such additional procedures should also be taken separately.
- b. All procedures and techniques done on the patient should be written clearly and legibly. Courts follow a simple dictum - "if it is not written, then it was not done".
- c. Non-standard abbreviations should be avoided completely.
- d. Additional qualifications should be registered with the MCI without any delay.

Thanks to all such unfair decisions taken by the medical lay authorities and the sporadic violence unleashed on doctors and medical establishments, practising medicine is getting burdensome by the day. Already doctors in Gujarat have taken a decision to shut down intensive care units and to desist from admitting their children in MBBS. From 1st of June, 2018, the Private Clinical Establishments Regulation Act has come into force and practicing doctors can expect a lot more hassles and hurdles in their practice in the coming days.

NATIONAL UNDERGRADUATE CONFERENCE IN NEUROLOGY & ENDOCRINOLOGY - APRIL 2018

The Department of Physiology and Department of Medicine conducted UGBeaCON 2018, a National Undergraduate Conference in Neurophysiology and endocrinology from 19.4.2018 to 21.4.2018 with Dr. Anu HOD of Physiology as the Organizing Secretary and Dr. Chandrasekar Prof and HOD of Medicine, Dr. Vadivel murugan Prof of Medicine, Dr. Anju vijayan Associate Prof of Medicine as Organizing Chairman for the conference. The conference was accredited with 30 credit points under The Tamil Nadu Dr. M.G.R. Medical University. It was attended by 26 colleges from all over Tamil Nadu and Puducherry.

On the first day of the conference three workshops were conducted. They were organized by Dr. Rekha from the Department of Physiology. Workshop on New diabetic gadgets was conducted by Dr. Vadivel Murugan and Dr. Sangeetha from the Medicine Department. The second workshop was conducted by Dr. Jeyashree from Community Medicine Department on Research Methodology. The third workshop was on CT and MRI of Brain conducted by Dr. Mariappan and Dr. Rajalakshmi Preethi from the Radiology Department. Accomodation for the visiting students and faculties, well appreciated by every student and faculty, was arranged in the Velammal Medical college hostel itself by Dr. John Rajpathy. Dr. Shanthi from the Physiology department who was the treasurer of the conference also took charge of the food and refreshments for all the three days.

The second day started with the inauguration of the conference. The function was graced by the Hon. Chairman Shri M.V.Muthuramalingam Sir, The Dean, The Medical Superintendent, Dr. Chandrasekar and other dignitaries from various fields. After the inauguration the academic sessions were underway. Dr. Mythili Bhaskaran, Ex. Dean of Stanley Medical College, gave a talk on "The Good Bad and the Ugly" which was followed by a talk by Dr. Vadivel Murugan on "Overview of Type II Diabetes". After a small break, Quiz on UG Neurophysiology and Psychiatry began. From a total of 18 teams, the top 5 teams were selected from a preliminary written exam and the final quiz was conducted. The Quiz master was Dr. J Keba from the Department of Physiology. UG Quiz was won by the team Salem Kumaramangalam Medical College followed by Mahatma Gandhi Medical College, Puducherry and Saveetha Medical College, Chennai.

In the afternoon debate prelims, case and paper presentations were organized. Debate prelims was conducted by Dr. Vallish from the Department of Pharmacology to select the final list of teams. Case presentation won by, Madras Medical College & Sree Balaji Medical College and paper presentation, won by Thirunelveli Medical College & Kilpauk Medical College was judged by faculties from the Department of Medicine and organized by Dr. Saravanan from the Department of Physiology.

The last day also started with lectures. Dr. T S Sivakumar, Neurologist in VMC specialty hospital" gave a lecture on "Neurology Old and New" and Dr. Subramanian, Rheumatologist in VMC, gave a speech about career guidance. Short films made by various colleges were screened during the break time. First place for short film contest was shared between Madurai Medical College and Melmaruvathur Adhiparasakthi Medical College. An honorary prize was given to Shreedhar Priyan (CRR) of Velammal medical College for short film making.

After the lectures role play event started which was won by Coimbatore Medical College. The event was organized by Dr. Kaniethapriya from Department of Physiology. Off stage events like poetry writing, painting & model making were also conducted in the conference. The Off-stage events were organized

by the faculties of the physiology department. The last event of the conference was the debate, which was conducted by Dr. Vallish, was won by Chettinad Medical College. All the competitive events were conducted separately for Velammal students also and judged by faculties from other medical colleges. The following students from Velammal Medical College received first prize for various events, Dinesh (Final year) for model making, Vaira praveena (Second Year) for case presentation, Pooja Devi (Second year) for paper presentation. Feedback was received from the students as well as from the visiting faculty. The valedictory function was attended by the Dean of Velammal Medical College. Dr. Anu thanked the physiology and medicine department and the student volunteers for making the entire event a grand success.



UGBeaCON inagural Function



Speech by Dr Sivakumar Neurology Old and New



Speech by Dr Subramani - Career Guidance



UGBeaCON Prize Distribution



UGBeaCON Modelmaking Prize distribution



UGBeaCON New Diabetic Gadgets Workshop



UGBeaCON Painting Competition



Honouring the Judges



UGBeaCON The Audience



UGBeaCON Team

WORLD LUPUS DAY- WHAT IS WHAT?

LUPUS or SLE- (systemic lupus erythematosus) is one of the commonest autoimmune diseases affecting young women of child bearing age. It is a multisystem disease and if untreated, it can cause significant morbidity and mortality. World lupus day is celebrated on 10th May all over the world, in order to raise awareness among the public, patients and doctors.

What is lupus?

Lupus or SLE- systemic lupus erythematosus is an autoimmune disease affecting all major organs in the human body. It's like our immune defence cells collude with external agents like viruses and attack our own cells and systems. The exact reason is still not known yet. It affects girls more than boys at 9:1 ratio. Due to better diagnostic tests and improving awareness we do see more and more patients with this condition.

**Why do we get it?**

SLE affects girls more frequently, from childhood to early adults up to 30s. Due to viruses or environmental factors or stress, our own immune cells affect our internal organs and skin and releases cytokines and immune mediators. They cause derangement of organs like lung, kidney, eyes and brain. It is caused due to hyperactive immune system but destroying the native organs. If mother had SLE there is more chance of the girl child to get the disease.

How can we recognise lupus?

Usually patients have multiple symptoms from head to foot. Commonly recurrent fever but all tests are normal, painful joints, rash, sun sensitive skin, hair loss, mouth ulcers are presenting features. Others include cough and breathlessness, hematuria, diarrhea, weight loss and purpura. Headache and stroke also are not uncommon.

Apart from common tests, we need Peripheral smear, Coombs test, ANA test, ANA profile test, complements and urine tests for blood and protein. Chest X ray, ECG, ECHO and Kidney biopsy and CT scan are other tests which may be indicated. Recurrent miscarriage also needs evaluation for lupus and antiphospholipid syndrome.

How do we treat?

Corticosteroids are used for induction therapy and other drugs include mycophenolate, azathioprine, hydroxychloroquine and cyclophosphamide which are taken long term and needs counselling for pregnancy and breast feeding. Supportive drugs include calcium, aspirin, nifedipine, and analgesics. Compliance is very important.

Can we get married?

There is no bar or restriction for the person with lupus not to get married. It will not affect sexual life.

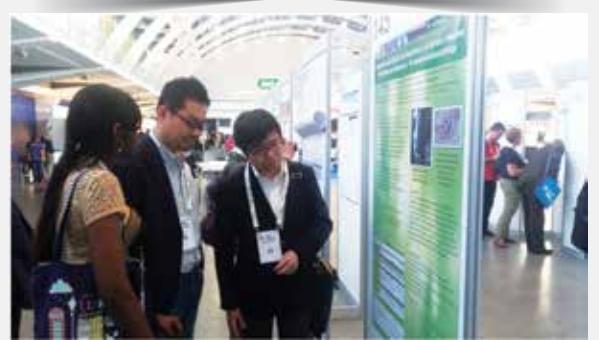
Any pregnancy issues?

However if childbearing is planned, then counselling is done with regards to medication change and frequent follow up once pregnant are important. Risk of disease flare and high BP are there but closely monitored pregnant patient will lead a successful confinement and delivery of healthy baby.

Very rarely new baby can get lupus.

Conclusion: SLE is a multisystem disease and needs early recognition and treatment to prevent morbidity and mortality. Awareness is improving but needs to do more to educate the public and allied health professionals.

Dr. N Subramanian MD, MRCP, FRCP
Asst. Prof in Medicine and Consultant Rheumatologist.

LISBON AUTOIMMUNE CONGRESS

Ms. Jane S Sathiavadivu involved in the discussion with Japanese Rheumatologists in the conference



Dr. N. Subramanian delivering his talk on biosimilars in RA and SpA in Lisbon, Portugal.

I am delighted to share this news that two of our interns have been selected to present their short study in Rheumatology in the annual Autoimmune Congress at Lisbon, Portugal.

Ms. Jane S Sathiavadivu and Ms. Yuva Vishalini presented on “An Observational study on Vasculitis with reference to immune histopathology “and “Profile of Autoimmune Rheumatological diseases in children” respectively. It was well received and got big appreciation. Presenting in International conference in UG period is really a great boon to their confidence and I hope they will continue their hard efforts in research in future. I presented our work on Biosimilars in RA and Spondyloarthritis -2 years data and it was appreciated by the judges and audience and first of its kind in South India. It evoked keen interest among the Europeans to consider biosimilar drugs. On behalf of Rheumatology department I would like to thank all the specialities involved in finishing our work and to our Dean, MS and the Chairman for their unflinching support.

We will continue to show case our Velammal flag in National and International arena.

Submitted by

Dr. N Subramanian MD, MRCP, FRCP
Asst. Prof in Medicine and Consultant Rheumatologist.

BLS – ACLS TRAINING PROGRAMME



A three day training program was organized in Velammal Medical College Hospital & Research Institute. Cardiac arrest has been a common situation encountered in many public places like mall and cinema theatre etc. To manage this situation we need a proper guidance and training. Velammal Medical College Hospital and Research Institute has taken the initiative in doing this at all level. American Heart association accredited BLS(Basic Life Support) & ACLS(Advanced Cardiac Life Support)workshop has been conducted at Velammal Medical college Hospital and Research Institute under the guidance of ICU team lead by Dr.S.Vijay Anand incharge of critical care. Inauguration was done under the presence of Dr. R. M. RajaMuthiah, Dean, Dr. S. Somasundaram, Medical Superintendent, and Dr. P Selvakumar Director of ICU and Anesthesiology. The function was attended by the head of departments, faculties and staff nurses.

It is the three days programme where all healthcare professional will be trained in handling cardiac resuscitation. It will be conducted every month on the first Friday, Saturday and Sunday at Velammal Medical College Hospital and Research Institute. This workshop will train all participants in recognizing unresponsiveness of the patient, whether he needs cardiac massage or shock to resuscitate him. This program will help them to gain confident and approach the situation in a systematic manner. It also trains them to use AED (Automated External defibrillator) available at major public places like Airport, Railway station, temples and shopping malls.

INAUGURATION OF SECOND UNIT OF ADVANCED MRI SCAN AT VELAMMAL HOSPITAL, MADURAI

Advanced MRI Siemens Magnetom Sembra 1.5 Tesla Machine has been introduced in our prestigious hospital. Honorable chairman shree M.V. Muthuramalingam, inaugurated the second unit of MRI scan at Velammal Hospital. Dr. R.M. Raja Muthiah, Dean, Dr. Somasundaram, Medical Superintendent, Dr. Krishnakumar, HoD of Radiology, Dr. Mariappan, Dr. Rajalakshmi Preethi and Mr. Subramani, COO participated in the inauguration. The MRI Siemens Magnetom Sembra 1.5 Tesla Machine at VMC is the first machine operated in the south Tamil Nadu. The special features of the machine are, high resolution, high accuracy, time consuming, less noise and environmental friendly. Brain, heart and other oncological investigation can be easily carried out using the machine. Currently, there are two units of MRI scans at Velammal hospital that helps to reduce the time delay and enhances the better treatment to the patients.

SUTURE TECHNIQUE TRAINING PROGRAMME FOR INTERNS ORGANIZED BY THE DEPARTMENT GENERAL SURGERY, VMCH&RI



SPORTS DAY CELEBRATION AT VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

Annual sports day 'Xperanza 2018' was celebrated at Velammal Medical College. Shree. M.V. Muthuramalingam, Chairman, Velammal Educational Trust, presided over the event while Dr. Marudupandiyan, Dean of Madurai Medical College, participated as a chief guest. Welcome speech was given by Miss. Munshira, Student of VMC. Dr. John Rajpathy, Sports co-ordinator, introduced the chief guest to the audiences. Our honorable chairman and chief guest hoisted the national flag and sports day flag respectively. Students did the sports march followed by, olympic lamp lighting ceremony. Dr. Marudupandiyan, chief guest delivered the speech regarding medical students should participate in sports which they like. Various games like 800 metre and 1500 meter relay race, shot put and other games had been conducted separately for boys and girls. Winners received medals and trophy from the chief guest, Dr. Marudupandiyan. Mr. Sivachidambaram and Mrs. Vallikannu, Physical Directors coordinated all sports events.



TAMIL NEW YEAR CELEBRATION



Tamil New Year is celebrated enthusiastically all over. On 14th April 2018, Velammal Medical College Hospital, Madurai celebrated Tamil New Year with music programme at Ida scudder auditorium which is located within the premises of the campus. Play back singers who participated in various reputed televisions' music programme attended the programme. Shree. M.V. Muthuramalingam, Chairman, Velammal Educational Trust, presided over the function. Mr. Ganesh Natarajan, Vice Chairman, Dr. R.M. Raja Muthiah, Dean, Dr. Somasundaram, Medical Superintendent, Dr. P Selvakumar, Director of ICU and Anesthesiology, Mr. Manivannan, Chief Administrative Officer and Mr. Subramani, Chief Operating Officer presence made the event successful. All doctors, nurses and workers of Velammal Medical College Hospital enjoyed the music programme.



Nurses' day was celebrated in Velammal Medical College Hospital and Research Institute on 12th May 2018. The function was presided by shree. M.V. Muthuramalingam, Chairman, Velammal Educational Trust. Dr. R.M. Raja Muthiah, Dean, Dr. Somasundaram, Medical Superintendent, Dr. P Selvakumar, Director of ICU and Anesthesiology, Dr. Ganesh Veerasekar, Senior General Manager, Mr. Subramani, COO and Mr. Manivannan, CAO participated in the function. The function was started with lighting the lamp by all the guests, followed by cake cutting by our honourable chairman. Prizes were distributed for the best performing nurses. During the function, a speech was delivered regarding 'Florence nightingale's incredible nursing services'. All the students of Velammal nursing college and school of nursing participated in the function. At the end of the function, all nurses and Head of nursing department presented the memento to our honourable chairman. The entire function was well organised by Mrs. Anita Anibai, deputy director of nursing department, Mrs. Jemimah, matron and Mrs. Nandhini, nurse.

World Vitiligo Day Celebration at Velammal Medical College Hospital, Madurai

Vitiligo is a chronic stigmatizing disease which mainly affects melanocytes from epidermis basal layer, leading to the development of hypochromic and achromic patches. The disease creates a significantly negative social and psychological impact on affected people, because of misconceptions. Therefore, "The World Vitiligo Day" is observed and celebrated on June 25th of every year to create extensive awareness on vitiligo and it is a day dedicated to all living with vitiligo globally.

In view of above initiative, department of Dermatology, Velammal Medical College Hospital, Madurai celebrated World Vitiligo Day on June 25th 2018. Dr. Narmadha Devi delivered the welcome speech. Dr. Shanmuga Priya, explained the various types of vitiligo, treatment modalities of vitiligo using video clips. Dr. Reena roseline, Psychiatrist explained about the psychological impact faced by the affected people and public ignorance about the disease. Dr. Nirmal, surgeon delivered a speech on laser techniques for management of vitiligo. The II year MBBS students enacted a skit, to create awareness about vitiligo. The above speeches and skit attracted the attention of all doctors, staffs, patients of VMCH& RI and created public awareness. Lastly, the vote of thanks was delivered by Dr. Akila. The above programme was well organized by Dr. Krishnaram, head of the department, Dermatology, Dr. Gnanasekhar and Dr. Sakunthala. The event was made successful by support of our honorable chairman Shree. M.V.Muthuramalingam along with administrative staff of VMCH & RI.



World No Tobacco Day Celebration by Velammal Medical College Hospital, Madurai



Every year, on 31st May, WHO and partners mark World No Tobacco Day (WNTD), highlighting the health and other risks associated with tobacco use, and advocating for effective policies to reduce tobacco consumption. Tobacco use is an important risk factor for the development of coronary heart disease, stroke and peripheral vascular disease.

The Focus of World No Tobacco Day 2018 was "Tobacco and heart disease."

Cardiovascular diseases (CVD) kill more people than any other cause of death worldwide, and tobacco use and second-hand smoke exposure contribute to approximately 12% of all heart disease deaths. Tobacco use is the second leading cause of CVD, after high blood pressure. Tobacco kills up to half of its users. Tobacco kills more than 7 million people each year. More than 6 million of those deaths are the result of direct tobacco use while around 890 000 are the result of non-smokers being exposed to second-hand smoke.

In view of the above Velmmal Medical College Hospital, under the leadership of honorable Chairman Shree. M.V. Muthuramalingam organized an initiative of signature campaign on 31st May 2018 at Madurai Periyar bus stand and Madurai railway junction. The signature campaign was inaugurated by Madurai Corporation Commissioner, Mr. Aneesh Sekhar and Divisional Railway Manager, Mrs. Neenu Ittyerah at Periyar bus stand and Madurai railway junction respectively. Dr. R.M. Raja Muthiah, Dean, Dr. Somasundaram, Medical Superintendent, Dr. Ganesh Veerasekar, Senior General Manager, Dr. Rajkumar, Oncologist, Dr. Samir Bele, HoD Community Medicine, Dr. Prem Anandh, Pulmonologist and Mr. Subramani, Chief Operating Officer presence made the event successful. The interns posted in the community medicine department had created awareness regarding the hazards of tobacco through slogans, placards and distributions of pamphlets. The entire programme was very informative and created public attention.



WELCOME TO THE VELAMMAL FAMILY



Dr. Ganesh Veerasekar
Senior General Manager
&
Medical Secretary to Chairman



Dr. M. Kavitha
Consultant - Neurology



Dr. J. Kevin Joseph
Consultant - Neuro Surgery



Dr. M. Ganesh Kumar
Consultant
Neuro Surgery



Dr. P. Karthik
Junior Consultant
Cardio Thoracic Surgery



Dr. S. Suganya
Consultant - Surgical
Endocrinology



Dr. K.C. Lakshmaiah
Professor & Consultant
Medical Oncology

Dr.M.Raju	Assistant Professor - MHC
Dr.Jayachandran	Assistant Professor - Anaesthesiology
Dr. P. Veenalakshmi	Assistant Professor - Anatomy/ MHC
Dr. K. Saravanan	Assistant Professor - Community Medicine
Dr. B. Sudharsan	Assistant Professor - Community Medicine
Dr. Mariette Jane Pious	Assistant Professor - Microbiology
Dr.S.Sujatha	Consultant - Radiology
Dr.Arunkumar	Senior Resident - Orthopaedics
Dr.R.Faridh	Senior Resident - Chest & TB
Dr. B. Saranya Devi	Senior Resident - Paediatrics
Dr. M.S. Manoj	Senior Resident - General Medicine / ICU
Dr. Krishna Bharathi	Senior Resident - General Surgery
Dr. RM. Ramachandran	Senior Resident - General Medicine
Dr. P.S. Sairam	Senior Resident - General Medicine / MGE
Dr. Rahul Eknath Patil	Senior Resident - Urology
Dr.R. Srinath	Senior Resident - General Surgery
Dr. G. Naveen Kumar	Senior Resident - Anaesthesiology & ICU
Dr. M.Muthu Vignesh	Senior Resident - Orthopaedics



JULY

- 1 July - Dr. D. Sriramulu, Consultant, Nephrology
Dr. J. Caroline, Sr. Resident, Ophthalmology
- 2 July - Dr. R. Venkatesh Kumar, Sr. Resident, Anesthesiology
Dr. M. Deepika, Jr. Resident, Cardiology
Dr. V. Ramar, Professor, Orthopedics
- 4 July - Dr. M. Anju Vijayam, Associate Professor, General Medicine
Dr. M.J. Muralikannan, Sr. Resident, General Surgery
Dr. S.S. Vignesh Kumar, Jr. Resident, Speciality
- 7 July - Dr. M. Azam, Jr. Resident, ENT
- 9 July - Dr. R. Lavanya, Sr. Resident, Anesthesiology
- 10 July - Dr. S. Mahesh Kumar, Consultant, Cardiology
Dr. C. Sivagami Sundari, Sr. Resident, OBG
- 12 July - Dr. Malarvani, Medical Officer, Urban Center, Community Medicine
- 14 July - Dr. N. Padmavathi, Jr. Resident, General Medicine
- 15 July - Dr. J.X.A. Manfred Fernando, Sr. Resident,
Cardio Thoracic and Vascular
Dr. C. Azad Gowri Mukunthan, Medical officer, General Medicine
- 16 July - Mr. M. Ramkumar, Tutor, Anatomy
- 17 July - Dr. A. Visali, Jr. Resident, Paediatrics
- 19 July - Dr. B. Vishnu Varthan, Sr. Resident, General Medicine
- 21 July - Dr. N. Kanniappan, Assistant Professor, Orthopaedics
- 22 July - Dr. N.S. Mani, Professor & HOD, Radiology
- 23 July - Dr. M.J. Krishna Kumar, Sr. Resident, Orthopaedics
- 24 July - Dr. A. Vijaya Sethupathi, Jr. Resident, Neurology
- 27 July - Dr. R. Vadivelu, Assistant professor, Cardiology
- 29 July - Dr. R. Deepa Vinitha Rani, Assistant Professor, Ophthalmology
Dr. G. Mathevan, Professor, Paediatrics

AUGUST

- 1 August - Dr. R.M. Sathish Kumar, Assistant Professor, General Surgery
- 3 August - Dr. M. Saravanan, Assistant Professor, Paediatrics
- 4 August - Dr. R. Ganesan, Professor, General Surgery
- 5 August - Dr. C. Praveen Kumar, Sr. Resident, General Medicine
- 7 August - Dr. N. Uwaraja, Emergency Physician, Casualty
- 8 August - Dr. L. Ramya, Jr. Resident, General Medicine
- 9 August - Dr. R. Gnanasekaran, Assistant Professor, Dermatology
Dr. T. Gomathy, Professor, Pathology
- 10 August - Dr. S. Dhivya, Sr. Resident, Paediatrics

- 11 August - Dr. S. Raja Sankar, Professor, Anatomy
- 13 August - Dr. V. Sandhya, Sr. Resident, General Medicine
Dr. A.G. Santhana Krishnan, Consultant, Neurology
- 14 August - Dr. J. Mohan, Professor, Pharmacology
- 16 August - Dr. L. Ramya, Jr. Resident, General Medicine
- 17 August - Dr. J.N.C. Hamilton, consultant, Anaesthesiology
Dr. M. Rani Solai, Associate Professor, General Medicine
- 18 August - Dr. S. Yogaraj, Assistant Professor, Radiology
- 19 August - Dr. R. Sakunthala, Sr. Resident, Dermatology
Dr. A. Ramesh, Associate Professor, Microbiology
- 20 August - Dr. Sabita Singh, Assistant Professor, Anatomy
- 22 August - Dr. S. Rajarajeshwari, Professor, Gynaecology
- 24 August - Dr. B. Renuka Devi, Assistant Professor, Gynaecology
- 25 August - Dr. P. Ramadevi, Sr. Resident, Anaesthesia
Dr. S. Sindhu Bharathi, Jr. Resident, Speciality
- 26 August - Dr. A.S. Krishnaram, Professor, Dermatology
Dr. T. Karthikraj, Assistant Professor, Paediatrics
- 29 August - Dr. P. Sasikala, Professor, Anatomy

SEPTEMBER

- 2 September - Dr. B. Nisha, Assistant Professor, Anaesthesiology
Dr. J. Vinoth, Jr. Resident, General Medicine
- 4 September - Dr. L. Mohana Krishnan, Consultant, cardiothoracic surgeon
- 5 September - Dr. C. Swaminathan, Jr. Resident, Speciality
- 7 September - Dr. S. Harikrishnan, Sr. Resident, Chest & TB
- 9 September - Dr. P. Raj Kumar, Jr. Resident, Speciality
- 10 September - Dr. R. Narendranath, Jr. Resident, Gastroenterology
- 14 September - Dr. M. Saranya, Jr. Resident, General Medicine
- 15 September - Dr. A.C. Arun, Sr./Assistant Professor, General Medicine
- 16 September - Dr. R. Anandha Kumar, Assistant Professor, General Medicine
- 18 September - Dr. A. Dhanyan Harshidan, Assistant Professor, ENT
Dr. Laxmi.C.C, Associate Professor, Physiology
- 20 September - Dr. P. Suresh, Consultant, Anaesthesiology
- 21 September - Dr. M. Vijay Anand, Assistant Professor, Anaesthesiology
Dr. M. Gobinath, Professor, General Surgery
- 24 September - Dr. G. Saravana Kumar, Assistant Professor, Radio diagnosis
- 26 September - Dr. C. Ramanan, Sr. Resident, General Medicine
- 29 September - Dr. S. Janani, Jr. Resident, General Medicine
Dr. M. Mithran, Assistant Professor, Orthopaedics

Congratulations

to



Dr. T.V. Vikram Sagar,
Consultant Nephrologist, for having
been conferred with FRCP

Our MBBS students won prizes in the Inter Medical Sports tournament held at IRT, Perundurai Medical College

I PLACE IN 4*400 METRES RELAY



Vishwanathan C
(II Year)



Arun V
(II Year)



Ajith M
(II Year)



Kavi Lakshmanan R
(III Year)

Congratulation to the entire liver and kidney transplant team for having successfully performed the Liver transplant (8th) & Kidney transplant (20th) and also appreciate for their tireless & dedicated effort.

II PLACE IN 4*100METRES RELAY



Arun V
(II Year)



Ajith M
(II Year)



Thanisk R
(II Year)



Kavi Lakshmanan R
(III Year)

Congratulation to the entire transplant team for their tireless & dedicated effort of retrieving 50 solid organs from Cadavers within short span of time

VOLLEYBALL RUNNERS UP

1. V. Dinesh - IV MBBS
2. S. Pragatheeshwar - IV MBBS
3. R. Kavilakshmanan - III MBBS
4. S. Sugandhaprakaush - III MBBS
5. K. Dev Daniel - III MBBS
6. D Akshaya Siddeshwar - III MBBS
7. Haridharan - III MBBS
8. R.Vinoth Kannan - II MBBS
9. M. Unnadhan - II MBBS
10. M. Ajith - II MBBS
11. A. Ajithkumar - II MBBS
12. Thanisk R - II MBBS

II PLACE IN 4*100METRES AND 4*400 METRES RELAY



Swathi Bala G
(II Year)



Keerthana K.S
(III Year)



Reshma S
(CRRRI)



Deepa M
(III Year)

THROWBALL RUNNERS UP

1. S. Reshma - CRRRI
2. Dhanushri Parvathi - CRRRI
3. Priyadharshini - III MBBS
4. A Akshaya - III MBBS
5. Madhumitha E - III MBBS
6. Aarthi C.K - III MBBS
7. A.Swathy - III MBBS
8. Monisha Preethi - II MBBS
9. K.S. Keerthana - III MBBS
10. M. Deepa - III MBBS
11. Abarna - III MBBS
12. G.Swathi Bala - II MBBS

II PLACE IN 100 METRES RUNNING RACE



Deepa M
(III Year)

II PLACE IN 400 METRES RUNNING RACE



Kavi Lakshmanan R
(III Year)



Deepa M
(III Year)



ANTI NARCOTICS CLUB

In view with the international day against drug abuse and illicit trafficking, the Anti-narcotic club was formed in our Velammal institute with CRRRI's MBBS and allied health students and conducted a rally along with the Commissioner of Madurai city. The rally was a grand success and the students were spreading the messages regarding the ill effects of drug abuse and illicit usage of narcotics via placards and slogans. The rally was mainly focused on promoting the awareness regarding the drug abuse.

INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLICIT TRAFFICKING - 2018



Department of Psychiatry, Velammal Medical College Hospital celebrated “International Day Against Drug Abuse and Illicit Trafficking” by organizing a relapse prevention program to acknowledge patients who have recovered from addiction. The program was conducted on June 26th between 12:00 and 1:00 pm in Nambikkai ward. Patients who underwent de-addiction treatment in Nambikkai ward and is now abstinent were invited with their families. Around 60 patients attended the function. Our chief guest, Mr. Jim Jesudoss, spoke on 2018 theme “Listen first – Listening to children and youth is the first step to help them grow healthy and safe”. He emphasized on supportive parenting, prevention of drug use and role of families on well being of children and youth. Our Dean Dr. Raja Muthiah and MS Dr. Somasundaram, along with our Department Head and other doctors graced the occasion. Recovered patients were presented with tokens of appreciation to motivate them continue journey of recovery. They also shared their pre-post recovery journey and feelings with others which would aid relapse-prevention. The programme was followed by free lunch for all patients and their family members.

MOBILE HEALTH CLINIC



Velammal Medical College Hospital & Research Institute is committed to provide affordable, accessible and quality health services especially to the vulnerable and marginalized population residing in the rural areas. Mobile Health Clinics are proven to be a cost effective health care delivery model to increase the access to health care and promote better health outcomes in targeted vulnerable population. The department of Community Medicine is organising mobile Health clinics with the basic objective of to provide a range of

preventive, promotive and curative services to the rural population taking healthcare service delivery to the door steps and enable referrals to those who are in need of such services.

At least 08 camps are being organized every month in the villages. The routine services including health check up, screening for non communicable diseases like diabetes, hypertension etc., family welfare services, basic lab services, referral services, health education and counseling services will be provided to needy population.

A set of basic laboratory investigations and all drugs for a period of 3 days will be provided free of cost. On an average around one fifty patients are treated and counselled in each health camp. People of the localities where the camp is conducted are satisfied with the health services provided and want more camps to be conducted in their villages.



**INTERNATIONAL YOGA DAY
CELEBRATION 2018**



Velammal Yoga Club, in association with Department of Pharmacology, Velammal Medical College Hospital and Research Institute, Madurai celebrated Yoga Day on 21st June 2018, Thursday, between 2.00 PM to 4.00 PM in the Hospital Auditorium, as a part of the International Day of Yoga.

The function was headed by Dean of VMCHRI, Dr. R M Raja Muthaiah, Medical Superintendent Dr. Somasundaram, and Vice Principal Dr. P K Mohanty. Dr. Raj Kishore Mahato, Professor and Head of Department of Pharmacology, VMCHRI delivered a lecture on Stress and Yoga, and explained the scientific basis for Yoga. This was followed by a demonstration session of Yoga postures, coordinated by Mrs. Vallikannu, Department of Physical Education. Certificates were distributed to the students by Dean and Medical Superintendent. The programme concluded with a meditation session guided by Dr. Raj Kishore Mahato.

Around 200 participants including faculty and students of Velammal Medical College, Velammal College of Allied Health Sciences, and Velammal College of Nursing attended the function.



CMEs ORGANIZED BY DEPARTMENT OF MICROBIOLOGY, VMCH&RI, MADURAI



Department of Microbiology organized a CME on “Results matter-Protecting Precious Life” on 13-03-18 in our auditorium. Professor and HOD of Microbiology, Dr. Jhansi Charles inaugurated the function which was followed by welcome note by Mr. Saravanan Swami, Regional sales manager-Tamil Nadu, Ortho Clinical Diagnostics. Dr. Balajee, Chief of lab services, Sr. consultant & HICC officer, Global hospitals, Chennai, highlighted the clinical significance of high sensitive ID testing in pre operative screening, followed by Dr. Kiran goal, Asst. Prof from Dr. Somerwell CSI medical college, Karakonam, Kerala presented the recent updates on hospital acquired infections. CME was attended by faculty across various departments of our institute along with MBBS students who clarified

their various doubts with the speakers during the open discussion. CME came to an end with the vote of thanks by Dr. Ramesh, Professor, Department of Microbiology.

Department of Microbiology organized a CME on “Appropriate Antibiotic Usage” on 04-06-18 in our auditorium. Professor and HOD of Microbiology, Dr. Jhansi Charles inaugurated and gave the welcome note. Dr. Yashpal Chug, PDCR, Sr. Medical advisor, GlaxoSmithKline, Asia & Pacific markets, highlighted the importance of appropriate antibiotic usage in clinical practice. CME was attended by faculty across various departments of our institute along with MBBS students who clarified their various doubts with the speaker during the open discussion. CME came to end with the vote of thanks by Dr. Ramesh, Professor, Department of Microbiology.

EVENTS



SIGNATURE CAMPAIGN ON WORLD NO TOBACCO DAY



INAUGURATION OF SECOND UNIT OF ADVANCED MRI SCAN AT VELAMMAL HOSPITAL, MADURAI



SHOULDER KNEE CON 2018