



VELNEWS

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*Shri C. Panneerselvam, Hon'ble Deputy Chief Minister
of Tamil Nadu visited Velammal Medical College Hospital &
Velammal's Ida Scudder Memorial Auditorium,
Madurai on 28th January, 2018.*

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EDITORIAL**Vitamin D Deficiency: A public health concern**

The pandemic of Vitamin D insufficiency affects almost half of the global population with an estimated 1 billion people suffering from vitamin D deficiency (VDD). Several studies across India have documented a very high prevalence of vitamin D deficiency (70%–100%) in apparently healthy individuals among various age groups making it an important public health concern. Vitamin D is imperative for maintaining calcium and phosphate homeostasis, it optimizes bone health and muscle function and plays an important role in prevention of rickets, osteoporosis, and may offer protection against cardiovascular diseases, diabetes, hypertension, cancer and tuberculosis.

The high risk group prone to develop vitamin D insufficiency includes people with dark colour skin, limited mobility and who completely avoid sun light exposure. Adequate exposure to sunlight is essential for ultraviolet-B (UVB) induced vitamin D synthesis in the skin. Some researchers advise, minimum 45 minutes of direct sun exposure daily (Wavelength 290–310 nm) however, there is lack of definitive threshold level for exposure. Similarly a positive correlation is observed between level of physical activity and increased 25 OHD levels.

Vitamin D fortification of staple foods is the most cost effective community based intervention, however several constraints do exist while its implementation. There is an urgent need to find out the national prevalence of vitamin D deficiency Identification of this hidden epidemic as a major public health problem and design and implementation of extensive nutritional educational interventions at community level is required to curb the menace of this epidemic.

Dr. Samir Bele

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CHAIRMAN'S MESSAGE

Dear all,

Greetings!

I am indeed delighted to share with you that our Velammal Medical College Hospital and Research Institute has been recognised by the Medical Council of India. This fantastic news comes in just two weeks after the spectacular results of our first batch of students in their final year MBBS examination. We have had a success of 99.28% and 139 MBBS students have successfully entered their internship. I thank all the doctors, nurses, paramedical staff and the other staff of our institute for their support in achieving this feat.

I like to wish the first batch of interns a very fruitful year of acquiring new skills and knowledge for a life time of successful practice of medicine. You are no more students but budding young doctors. As seniors, you are the role models for the juniors. I request you that you look beyond monetary gains to save lives and lessening the misery of mankind. I wish you all also a healthy, disciplined married life where you overlook ego and misunderstandings and lead a balanced life.

I thank all of you for being the pillars of this institute since inception, when it began as a small initiative, now it has reached new heights of quality of care. I look forward to your continued cooperation in making a positive change in the healthcare scenario of Tamil Nadu. Reach out to your patients, spend more time with them and empathise with them. Communicate regularly and effectively with the patients. Remember we are here because of them, not they because of us.

As the famous quote goes “Winners don’t do different things. They do things differently”, let us join hands and make a change!

Regards,

M.V. Muthuramalingam,

Chairman, Velammal Educational Trust.

A RARE ETIOLOGY FOR PAEDIATRIC HYPERTENSIVE ENCEPHALOPATHY- TAKAYASU ARTERITIS**G. Mathevan, R.V. Jeyabalaji, J. Jenish Arun, U. Sridhurga, T. Karthikraj, S. Dhivya**

Department of Paediatrics, Velammal Medical College Hospital and Research Institute.

INTRODUCTION

Takayasu's disease is a chronic inflammatory disease of large and medium-sized arteries, involving the aorta and its main branches, the pulmonary arteries, and the coronary tree.¹ Since the original report of Takayasu's disease in 1908, the estimated worldwide incidence is 2.6 cases per million per year, with women in second and third decade of life more commonly affected than men. The disease has been mainly studied in Japan but Western studies have also been published. In Japan, predominantly proximal aortic involvement with features of "reversed coarctation" is seen.² In South East Asia and Africa, descending thoracic and abdominal aorta involvement with renovascular lesions is more commonly found.



CT Aortogram
(Post Left renal artery stenting)

CASE REPORT

A 14 year old boy, managed as status epilepticus outside was referred to our hospital for further management. Initially he presented with complains of headache for 1 day followed by seizures. There is past history of joint swelling with pain on and off in the lower limbs for the last 8 months for which he was on treatment with oral medications. No history of recurrent fever, skin rash, loss of weight or loss of appetite. At admission outside, child was in altered sensorium and status epilepticus. He was treated with intravenous anticonvulsants. His blood pressure was very high, and was started on labetalol infusion and nifedipine.

CSF study was normal; MRI brain was showing posterior reversible encephalopathy changes. His general condition and sensorium improved over next 1 week but hypertension was persisting requiring 4 antihypertensive medications. So he was referred here.

At admission to our hospital, Child was afebrile, normal sensorium and no focal neurological deficits but his blood pressure was 170/ 130 mm Hg with tachycardia. In view of persistent hypertension in spite of multiple drugs, secondary causes were considered.

Ultrasound Doppler of abdomen showed left kidney (8.6*3.1 cm) smaller than the right kidney (11*4.6 cm). Doppler showed stenosis in left main renal artery with high velocity turbulent flow in the prestenotic region and dampened flow distal to stenosis. CT angiogram showed wall thickening in aortic arch, abdominal aorta and focal mild stenosis in celiac artery at the level of its trifurcation with wall thickening and left renal artery stenosis. Laboratory investigation showed normal haemogram (Hb 13.2 g/dL, TLC 10,000 with 65% polymorphs, Platelet 3.96 lakhs), CRP 53 mg/l, ESR 43 mm in 1 hour, viral markers negative, Urine complete analysis was normal, Tuberculosis workup was negative. ECHO was normal. In view of raised ESR and CRP, possibility of underlying inflammatory disease was considered.

Possibility of Takayasu aortoarteritis was considered in view of hypertension with evidence of vasculitis in angiogram. Immunologic workup done (ANA, PANCA, CANCA, Cardiolipin antibodies and lupus anticoagulant) was negative. He was started on oral steroids, aspirin and clopidogrel. Left renal artery stenting was done on 1/3/18 by cardiologist. Slowly antihypertensives were tapered over next 3 days. Pulse cyclophosphamide was given for further immunosuppression of vasculitis.

DISCUSSION

Pediatric takayasu arteritis is a challenge to the clinician. Both the natural history and the time from onset of symptoms to diagnosis are variable. It is likely that the non-specific clinical presentation of childhood TA contributes to a delay in diagnosis. Children frequently have hypertension, headaches, fever and weight loss at diagnosis of TA. Angiographic criteria must show narrowing of the aorta, its primary branches, or large arteries in the proximal upper or lower extremities. Changes are usually focal or segmental.³ Ultrasonography, and gallium as well as whole-body positron emission tomography (PET) scanning may provide useful information to assess the degree of inflammatory involvement of the vessels.

Medical management depends on the disease activity and the complications that are present. ⁴ Some may have only mild forms of Takayasu's arteritis while others deteriorate considerably. The two important goals of treatment are controlling the inflammatory process and controlling the hypertension. Corticosteroids are the most important therapeutic agents and are necessary in active disease. Therapy is continued until patients achieve remission. For patients who do not achieve remission on corticosteroids, cytotoxic agents such as methotrexate or cyclophosphamide may prove effective; azathioprine is another possible option. For relapses, combinations of the above can be used.

Hypertension is treated with antihypertensive agents, and aggressive therapy is necessary to prevent complications. Antiplatelet agents and heparin may prove useful in preventing stroke. Few procedures are necessary. Grafts have been used to bypass regions of severe stenosis or occlusion.

Takayasu arteritis in children is a serious illness, with a significant mortality if diagnosed in advanced stages. Hence evaluating all paediatric cases of hypertension for secondary causes is essential for correct diagnosis and proper management.

Acknowledgement :

We thank the radiologists, nephrologists, cardiologists and rheumatologist of our Institute for their active contribution in the diagnosis and management of this patient.

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HAND REPLANTATION

Dr. S. Manoh, MBBS, MS Ortho, D Ortho, DNB, FNB (Hand & Microsurgery),
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A 34 year old male from Srivilliputhur had sustained traumatic amputation of right wrist while working in a cotton mill. He was evaluated and taken for emergency surgery. Within 7 hours following injury, the amputated part is replanted to the patient. With operating microscope the amputated part was dissected. Successful replantation depends on early identification of the structures, adequate shortening of bones and skeletal stabilization, meticulous repair of tendons and coaptation of nerves. Anastomosis of dorsal veins, radial and ulnar arteries were done. Skin closure done.

Post operative supervised physiotherapy helps to restore the tendon excursions. Sensory and distal motor recovery depends on fascicular repair and the nerve grows distally at a rate of 1 mm/day. Amputated parts from the level of finger tip to above elbow amputation can be replanted.

Success of replantation depends on the mode of injury, mode of package and transportation, early surgical replantation and post operative care and supervised physiotherapy.

How to bring the amputated part?

Amputated part is placed in a clean plastic bag. It is placed in another container bearing ice. At no point of time ice should come in direct contact with amputated part.





PEA NUT IN A WRONG SPOT

Dr. P. Prem Ananth DTCD, DNB (RESPI/PULMO), FCCP (USA)

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INTRODUCTION

Foreign-body aspiration is often a serious medical condition demanding timely recognition and prompt action. Delayed diagnosis and subsequent delayed treatment is associated with serious and sometimes fatal complications. In adults, however, foreign-body aspiration can be tolerated and remain undetected for a long time.

Aspiration describes an event where the intake of solid or liquid materials becomes inadvertently retained in the airways and the lungs. Aspiration of foreign bodies into the airways are a rare occurrence in adults but an important consideration in certain clinical presentations. The most common presenting symptoms of a foreign body in the airways include chronic cough, dyspnea and hemoptysis.



CASE REPORT

A 69 year old male came to our hospital with the complaints of cough and difficulty in breathing. History revealed that, the patient was living with only one lung ie right lung, as his left lungs was removed 40 years back because of tuberculosis.

While he was eating peanut a week ago, he accidentally aspirated and subsequently developed severe cough, breathing difficulty. His symptoms kept increasing day by day and he became comatose before reaching hospital. This made us to suspect that he might have aspirated the pea nut in to his lungs while eating.

Since the patient was suffering from severe respiratory failure, he was initiated with ventilator support. As the patient condition continued to deteriorate, it was planned to perform bronchoscopy through endotracheal tube which revealed a peanut lying in right lower lobe bronchus. The forceps was inserted through the bronchoscopy and after 3 hours of hard core efforts, the pea nut was retrieved safely piece by piece without any complication. After this patient right lung started functioning better and he was weaned from ventilator after 2 days. Patient breathing became normal later and revived of critical condition. The procedure was very difficult and challenging because, our patient had only one lung that too since lower part of right lung is impacted with aspirated pea nut, functioning of lung had decreased drastically. He was simultaneously subjected to both artificial ventilation and foreign body retrieval with bronchoscope. Bronchoscope had to be performed simultaneously through endotracheal tube which is also connected to the ventilator. Moreover, bronchoscope maneuver cannot be performed for more than few minutes through endotracheal tube, since patient respiratory gas exchange has to be maintained, by alternately connecting the endotracheal tube to ventilator. Because of the advanced technique, patient was devoided of further complication of retained foreign body, major thoracic surgery and death was averted.

DISCUSSION

Unlike foreign-body aspiration in young children and in the elderly, this occurrence is uncommon in adults. In the adult population, such aspiration is most commonly secondary to unconscious accidental ingestion during general anesthesia, sedation, intoxication, seizures or neurologic disorders affecting the oropharynx.

The foreign bodies can be dietary or nondietary but are associated with similar sequelae. The foreign body may be lodged into the main bronchi and its branches and may even reach the lung. The right main bronchial is frequently implicated because of its more vertical path.

The swallowing and cough reflexes are important respiratory defense mechanisms which protect patients from aspiration. When these mechanisms are suppressed; it predisposes patients to aspirate foreign bodies. Risk factors include alcoholism, general anesthesia, loss of consciousness, intubation, neuromuscular disorders, and structural abnormalities of the pharynx and esophagus as tracheoesophageal fistula, Zenker's diverticulum, or achalasia.

The most common aspirated foreign bodies are typically food and broken fragments of teeth. Radiographic findings in these patients are typically nonspecific but may reveal areas of increased opacities, post obstructive infiltrate or chronic volume loss, and atelectasis. CT scanning of the chest may also show an intrabronchial or intraparenchymal mass. Definitive diagnosis of an aspirated foreign body can be confirmed by visualization with indirect laryngoscopy or bronchoscopy, as in our case. Bronchoscopic retrieval with grasping forceps can be performed with either fiberoptic or rigid bronchoscopy.

64TH ANNUAL CONFERENCE OF INDIAN ASSOCIATION OF CARDIOTHORACIC & VASCULAR SURGEONS - THE VMC PRESENCE**Dr. K. Vijayakumar K, Consultant Cardiothoracic Surgeon, VMC Speciality Hospital, Madurai**

The 64th annual conference of the Indian Association of Cardio Thoracic and Vascular Surgeons of India was held at Visakhapatnam from February 1st to 4th. As usual parallel to this conference the allied speciality of Extracorporeal technology too held its national conference.

Ocurring just two and half years after its inception the VMC Cardiac Surgery department could academically enter into the national conference with three papers. Consultant cardiac surgeons Dr. L. Mohanakrishnan, Dr. Job and Dr. K. Vijayakumar participated in the surgeons conference and Mr. Saravanan chief clinical perfusionist participated in the extra corporeal technology conference.

VMC name figured in the National conference souvenir, (figure 1) which was distributed to all participants- delegates and faculties (national and international), through an article "Surgical challenges in a rare case of high ascending aortic origin of right coronary artery". The article was made around a case which was operated at VMC speciality hospital.

This rare anomaly of high ascending aorta origin of right coronary artery, is said to occur in only 0.006% of all coronary angiographies.¹ Because of the rare nature of the condition the surgical problems are not widely discussed and many a time, this anomaly comes to the fore with problems on table. The article highlighted four issues:

- (1) When the artery takes intra mural course from its high origin, it may get accidentally transected during aortotomy for aortic valve replacement.
- (2) In children when patient is taken for surgery without angiogram, while dissecting the aorto pulmonary groove for creating space for clamping, it may get accidentally injured.
- (3) While clamping the aorta in paediatric cases without knowing the course of artery it may lead to clamping of RCA, leading to cardioplegia not perfusing RCA territory, thus compromising the myocardial protection.
- (4) A hemodynamic vice situation can occur when the vessel courses between the right ventricular outflow tract and aorta causing relative ischaemia.

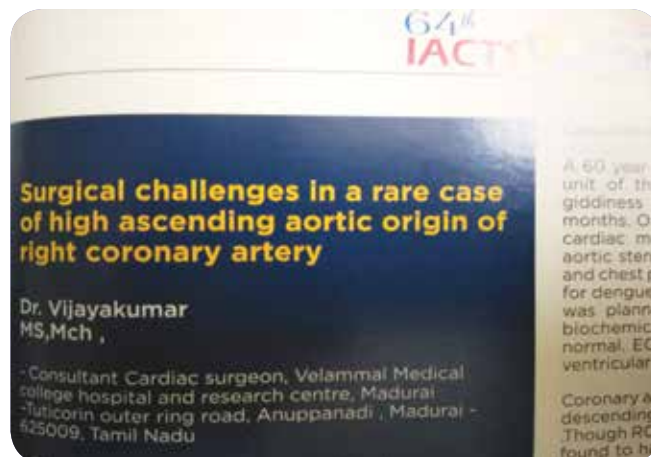
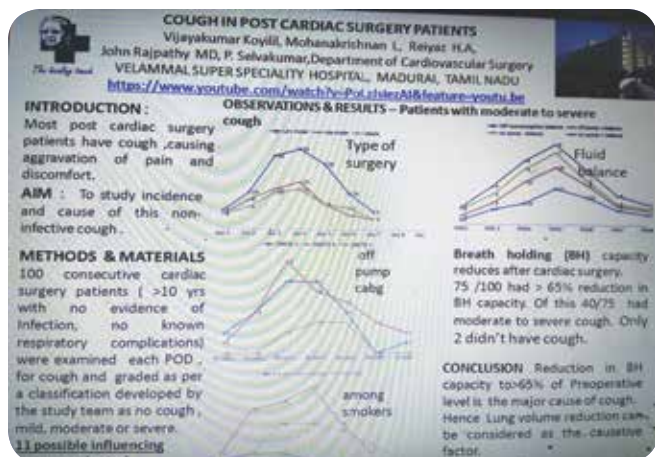
The article concluded that when we have made a diagnosis of high origin, it will be safer to get a CT angiogram to delineate the full course of vessel, in patients planned for surgery where above mentioned risks are there.

The second presentation was an e-poster presentation (figure 2) of an original study performed at VMC on post-cardiac surgery patients. One of the commonest complaint that a post cardiac surgery patient have is cough. A study was done to find out the root cause of this cough. About 11 parameters which can cause cough was observed for all category cardiac surgery patients and it was found that the basic cause of cough is the post operative lung volume loss. When the effective lung volume reduces to less than the preoperative volume by 65% they suffer from severe cough. The paper hence concluded that lung expansion exercises with chest physiotherapy is the main stay of post operative cough management.

The third was an oral presentation by chief clinical perfusionist of VMC, Mr. Saravanan at the conference of extra corporeal technology. The paper was on perfusion strategies for surgery on Thoraco abdominal aorta especially aneurysms. To aid the surgery, patients with large thoraco abdominal aortic aneurysm, used to be put on extra corporeal circulation partially – called partial cardiopulmonary bypass. Previously left heart bypass was the technique which was used for the purpose. Now with advent of minimally invasive surgery and with new perfusion canulas, these surgeries are performed with femoral arterial and femoral venous / ivc canulation. The previous strategy of canulating left atrium or superior pulmonary vein is now becoming obsolete. This was the essence of his presentation done by comparing the intra operative and postoperative results of patients who underwent surgeries with these different strategies.

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NATIONAL CONFERENCE ON KNEE REPLACEMENT AT VMCH&RI



Department of Orthopaedics, VMCH & RI, Madurai organized a National conference on knee replacement surgery. Orthopaedicians from all over India participated in the conference. The conference was inaugurated by Shree M.V. Muthuramalingam, honorable Chairman, Velammal Educational Trust. Dr. R.M. Rajamuthaiah, Dean, Dr. Somasundaram, Medical Superintendent and Dr. Selvakumar, Director of Medical Services, VMCH&RI accompanied the chairman. Welcome speech was given by Dr. Mithran, Dept. of Orthopaedics, VMCH&RI. Prof. Dr. Ravivarman, HOD, Dept. of Orthopaedics, delivered a speech on knee replacement surgery.

Orthopaedicians who participated in the conference shared their views, experiences and ideas on recent advances and instrumentations in knee replacement. Live Knee replacement surgery was projected on screen and doubt clarification sessions were organized by senior orthopedicians. Dr. Mithran explained about the surgical advancements and techniques of full and partial knee replacement. The chief orthopaedician who participated in the conference were felicitated by Shree M.V. Muthuramalingam with mementos. At the end, vote of thanks was given by Dr. Shanmuganathan.

SPECIALTY STATE CONFERENCE



Specialty State Conference was organized by the Department of Craniofacial Surgery and Dentistry at Kodaikanal on December 13th & 14th 2017. The Chief Guest, Dr. R. M. Raja Muthiah Dean, Velammal Medical College Hospital and Research Institute, Madurai, has inaugurated the program.

SYMPOSIUM ON TREATMENT MODALITIES OF OBSTRUCTIVE JAUNDICE AT VMCH&RI

Velammal Medical College Hospital and Research Institute conducted a symposium on treatments modalities of obstructive Jaundice at VMCH & RI. Shree M.V. Muthuramalingam, Honorable Chairman, Velammal Educational Trust, presided over the programme while Dr. R. M. Rajamuthaiah, Dean, Dr. Somasundaram, Medical Superintendent, Dr. Selvakumar, Director of Medical Services, Mr. Subramani, COO, and Dr. Kannan, Chief doctor, Rajaji Government Hospital accompanied with him. Welcome speech was given by Dr. A. C. Arun, Department of Surgical Gastroenterology. Dr. Jahangir Basha, Gastroenterology Surgeon, Asian Institute of Gastroenterology, Hyderabad was invited as a special guest to the programme. He delivered the speech concerning gallstones, gallbladder obstruction, gallbladder cancer, obstructive jaundice and respective treatment modalities. He also discussed the recent advancements in managing the obstructive jaundice through endoscopy rather than surgery. At the end of the session Doubts raised by the audience were clarified. The symposium was valedicted with vote of thanks by Dr. Sudhan.

**VMCH&RI- SPARSH LEPROSY AWARENESS CAMPAIGN 2018 – “CREATE LEPROSY FREE WORLD”**

On behalf of the department of ‘Public health and Preventive medicine’, National leprosy eradication programme has implemented ‘Sparsh Leprosy Awareness Campaign 2018’. Central Leprosy Control Centre along with State Health Department and other Government sectors are involved in the campaign. All private medical colleges are also actively participating in the campaign by conducting discussion/symposium regarding leprosy eradication. Dr. K. V. Arjun Kumar, Deputy Director of Health Services, Madurai, started the symposium. Dr. Samyappan, DDMS (LEP) delivered a speech concerning leprosy eradication and activities implemented towards the campaign. He explained that awareness can be created in the community through free skin examination camp, drawing competitions for school and college students and leprosy awareness rally. Speech on free government schemes and incentives to the leprosy patients were provided. He also quoted that Mahatma Gandhiji’s vision of creating “Leprosy Free World” can be achieved by wholehearted involvement of the community. Deputy Director, DDMS (LEP) Dr. Amutha, Dr. Siva kumar, Mr. Syed mohammad sadhuli. Dr Gnana sekharan, Dr. Nirmal, Dr. Narmadha Devi (Dept. of Dermatology, VMCH & RI) and all other dept. doctors participated in the program. Dr. AS. Krishnaram, HOD, Dept of Dermatology, VMCH & RI presented memento to the guests. At the end of the program, nursing staffs took SPARSH LEPROSY PLEDGE to work together and fulfill the dream of Mahatma Gandhi, to create a “Leprosy-Free India”.

VISIT OF HON'BLE DEPUTY CHIEF MINISTER, TAMIL NADU TO VMCH & RI

Shri O. Panneerselvam, Hon'ble Deputy Chief Minister of Tamil Nadu came to Madurai on 28th January, 2018 for attending various functions. Meanwhile, he visited Velammal Medical College Hospital & Velammal's Ida Scudder Memorial Auditorium. Dr. R.M. Raja Muthaiah, Dean, Dr. S. Somasundaram, Medical Superintendent and Dr. Selvakumar, Director of Medical Services received Honorable Deputy Chief Minister. Dr. Raja Muthaiah explained the available medical services and special features of VMCH to him. Shri O. Panneer Selvam appreciated the infrastructure and health services provided by our hospital.



12TH MEMORIAL YEAR



In the memories of Mrs. Velammal, Honourable Chairman, Shri M.V. Muthuramalingam has provided the gift of Rs.10000 to all the babies born during the month of February 2018 at Velammal hospital. During the occasion, Dr. R.M. Raja Muthaiah, Dean, Dr. Somasundaram, Medical Superintendent, Dr. Rajarajeshwari, HOD (OBG), Dr. Madhavan, HOD (Pediatrics) accompanied along with the chairman. Children between the age group 1-5 years were provided with free blood examinations and medical services. Also, Special pediatric care for Asthma, allergy, Respiratory and skin diseases was organized from February 5th to 25th 2018.

LAMP LIGHTING CEREMONY FOR IInd BATCH OF VELAMMAL SCHOOL & COLLEGE OF NURSING 19.01.2018



The lamp lighting ceremony of IInd batch students of Velammal School and College of Nursing was celebrated on 19.01.2018, Friday at 09.30 AM, in the presence of Shri. M. V. Muthuramalingam, Honorable Chairman, Velammal Educational Trust.

Prof. Dr. S. Chandrakala, Principal, Velammal School and College of Nursing have gave warm welcome to dignitaries and invitees. Ceremony was started by lighting the Kuthuvilakku. Prof. Dr. G. Nalini JeyavanthSantha, M.Sc (Nursing), Ph.D. Principal, Sacred Heart Nursing College, Madurai honored the lamp lighting ceremony as chief guest. She emphasized about the significance of lamp and the role of nurses. She motivated the budding nurses to have compassion and commitment while serving the patients.

Prof. S. K. Vijipriya, Vice Principal, Velammal School and College of Nursing guided the blooming nightingales to recite the nightingale pledge. Dr. R. M. RajaMuthaiah, Dean, Velammal Medical College Hospital & Research Institute, Dr. S. Somasundaram, Medical Superintendent, and Dr. P. Selvakumar, Director of Medical Service & Director of Anesthesiology & Intensive Care, Dr. Mohanthy, Vice Principal, VMCH&RI felicitated the students. Prof. Mrs. Indhuja, Velammal School and College of Nursing, extended the gratitude to the dignitaries and invitees.

Report submitted by

Principal,

Velammal School & College of Nursing, Madurai.



IN VELAMMAL MEDICAL COLLEGE

The 69th republic day was celebrated in Velammal Medical College Hospital and Research Institute, Madurai on 26th January 2018. Various hospital staffs including doctors, paramedical staffs, nurses, and other staffs participated in the event. In addition, the students of Velammal Nursing College were actively involved in the function. All security guards of Velammal medical college gathered in front of flag pole which is located before the hospital. Dr. R.M. Raja Muthaiah, Dean, VMCH & RI, hoisted the national flag and he delivered a speech on health and medical services. Mr. Subramani, COO of VMCH&RI and Mr. Vishwanathan and Mr. Pommi, CSO of VMCH&RI participated in the function.



Congratulations to

FACULTY



Dr. Trupti Bodhare, Professor, Department of Community Medicine, VMCH & RI for getting selected for **PSG-FAIMER (Foundation for Advancement of International Medical Education and Research)** fellowship program for the year 2018-2020.



OPHTHALMOLOGY CONFERENCE

Dr.K. ILANGO, Professor of ophthalmology, was invited as a Guest speaker from Ophthalmology Department, Velammal Medical College Hospital and Research Institute for the All INDIA OPHTHALMOLOGY CONFERENCE which was held in Coimbatore. He spoke on the title **“integrating low vision service in to clinical practise”** at the low vision symposium which was held on February 25th. The symposium was well attended and interactive from the participants.



Dr. Jaiganesh Selvapandiyan, Dr. Suvetha Vasu and Dr. Ramanujam Venkatasamy, Department of Psychiatry, Velammal Medical College Hospital and Research Institute for publishing a paper titled **“Strangulated child’s psychological trauma intervened with imagery based cognitive therapy”** in Australian and New Zealand Journal of Psychiatry.

HINDI CLASS







Spoken Hindi classes have been conducted by the Hindi Pandit for the Nurses.



COUNSELING FOR NURSES

Every Thursday counseling classes have been conducted by psychiatric doctors and psychologist.

OVERALL TOPPERS IN MBBS (2013-14)

			
MIMI JANET. A I Rank (77%)	KAVIYA KUMARI. R II Rank (75%)	VASUKI. R II Rank (75%)	ARUNA. V III Rank (74%)
No. Of Students appeared = 140			Pass Percentage = 99.29%
No. Of Students pass = 139			

WELCOME TO THE VELAMMAL FAMILY

Dr.B.G.Mahesh Krishna	Professor - Forensic Medicine
Dr.R.Sumana	Professor - Anatomy
Dr.R.Lavanya	Associate Professor - Pathology
Dr.C.Karpagavel	Associate Professor - General Surgery
Dr.S.Sujatha	Associate Professor - Radiology
Dr.P.Premanand	Assistant Professor - Chest & TB
Dr.T.Brajesh	Assistant Professor - Pharmacology
Dr.T.Hemalatha	Assistant Professor - Pharmacology
Dr.P.Praveena	Assistant Professor - Community Medicine
Dr.D.Shyam	Consultant - Neuro Surgeon
Dr.M.Navinath	Consultant - Nephrology
Dr.Ramprassath.M.S	Consultant - CTVS
Dr.M.Navin Thariq	Consultant - Cardiac Anaesthesia
Dr.G.Sasikumar	Associate Consultant - Cardiac Anaesthesia
Dr.K.Karunakaran	Junior Consultant - Neurology
Dr.M.Senthil Kumaran	Junior Consultant - Plastic Surgery
Dr.M.Pragatheeswarane	Junior Consultant - Urology
Dr.G.Suresh	Junior Consultant - Urology
Dr.S.Scyndhia	Intensivist - ICU
Dr.Faridh Raja Mohamed	Senior Resident - Respiratory Medicine
Dr.R.Akila	Senior Resident - Dermatology
Dr.A.Pradeep Karthikeyan	Senior Resident - General Medicine
Dr.J.Mohamed Azarudeen	Senior Resident - Paediatrics
Dr.K.Kalirajan	Senior Resident - Radiology
Dr.R.E.Sanghamithra	Senior Resident - Ophthalmology
Dr.Obuli Vijay Shankar O	Senior Resident - Orthopaedics
Dr.D.Anandadurai	Senior Resident - General Medicine



APRIL

- 1 April - Dr. R. Kowsalya, Medical officer
Dr. G. Karthikeyan, Assistant Professor / SR, General Surgery
- 2 April - Dr. B. Sathindra Sasmitha, Junior Resident, Intensive Care Unit
Dr. Shafna Azeez, Junior Resident, Paediatrics
- 3 April - Dr. S.R. Hari Sudhan, Sr.Resident, Orthopaedics
- 4 April - Dr. S.N. Krishnamoorthi, Professor, Anaesthesiology
- 6 April - Dr. G.Vithya, Assistant Professor, Microbiology
- 10 April - Dr. Janani K, Junior Resident, Speciality
Dr. P. Santhosh Chakravarthy, Senior Resident, General Medicine
- 12 April - Dr. K. Bharath, Assistant Professor, Anaesthesiology
- 13 April - Dr. K. Vijaya kumar, Consultant-cardiothoracic surgeon, Cardio thoracic
- 14 April - Dr. Vallish.B.N, Assistant Professor, Pharmacology
- 16 April - Dr. P.Thangaprakasam, Assistant Professor, General Surgery
- 17 April - Dr. Suma B.Pillai, Professor, Pathology
- 20 April - Dr. R.M. Raja Muthiah, Dean, Administration
Dr. K.C. Midun Chandar, Senior Resident, General Medicine
Dr. D. Anitha, Assistant Professor, OBG
Dr. B. Rita, Medical Officer-Rural Health Center, Community Medicine
- 23 April - Dr. S. Maheswaran, Associate Professor, ENT
- 24 April - Dr. Pandidurai S, Junior Resident, General Surgery
Dr. A. Lailathu Nisha Begum, Junior Resident, Paediatrics
- 25 April - Dr. E. Ratheesh, Junior Resident, Orthopaedics
Dr. R.Vidhya lakshmi, Junior Resident, General Surgery
- 26 April - Dr. M. Mariappan, Associate Professor, Radiodiagnosis
- 30 April - Dr. AR. Karthik, Assistant Professor, Anaesthesiology
Dr. S. Sathish, Junior Resident, Neurology
Dr. D. Alwin Gunaraj, Senior Resident, General Surgery

MAY

- 2 May - Dr. B. Vanarani, Veterinary Officer, Veterinary
- 5 May - Dr.Geetha Kishan Siddapur, Associate professor, ENT
Dr. K. Jeyashree, Assistant Professor, Community Medicine
- 9 May - Dr. R.V.A. Arthy Jeya, Junior Resident, General Medicine
Dr. S. Chandrasekar, Professor, General Medicine
Dr. R. Senthil Murugan, Assistant Professor, General Medicine
Dr. M. Saravanan, Assistant Professor, Physiology
Dr. K. Rekha, Assistant Professor, Physiology
- 10 May - Dr. K.J. Jeevitha, Sr.Resident, OBG
- 11 May - Dr. P. Shunmuga Sundaram, Assistant Professor, General Medicine
Dr. Jhansi Charles, Professor & HOD, Microbiology
- 12 May - Dr. P. Prem Ananth, Assistant Professor, Respiratory Medicine
- 13 May - Dr. S.Mohan Raj, RMO, Administration
- 14 May - DR. K. Priyadarshini, Junior Resident, Speciality
- 15 May - Dr. Ruban Chakravarthy K.M, Junior Resident, Intensive Care Unit
- 16 May - Dr. P. Selva Kumar, Consultant, Anaesthesiology
- 18 May - Dr. S. Adhithya Muthu, Junior Resident, Speciality
Dr. M. Rathi Nivedhana, Junior Resident, General Medicine
Dr. K.N. Subramanian, Assistant Professor, Orthopaedics
- 19 May - Dr. M. Sandhiya Devi, Junior Resident, Casualty
Dr. S. Suresh Bhalaji, Senior Resident, General Surgery
- 20 May - Dr. Ilayaraja M, Junior Resident, Casualty
Dr. S. Thamilarasi, Professor, Pharmacology

- 21 May - Dr. A. Rihana Yasmin, Junior Resident, Obsterics & Gynaecology
Dr. R. Vetri Nallathambi, Assistant Professor, Orthopaedics
- 22 May - Dr. I. Sudharsan, Junior Resident, General Surgery
- 23 May - Dr.P.Anuratha, Junior Resident, General Medicine
- 24 May - Dr.Biprojit Debbarman, Assistant Professor, Forensic Medicine
- 25 May - Dr.S.Rajamohan, Senior Resident, Radiology
- 27 May - Dr.K. Yegumuthu, Assistant Professor, Pathology
- 30 May - Dr.R. Yoganandha, Professor, Dentistry

JUNE

- 2 June - Dr. T. Kirubha, Junior Resident, Speciality
- 4 June - Dr. M. Krishnaveni, Junior Resident, OBG
Dr. R.V. Jeya Balaji, Professor, Paediatrics
Dr. V. Manikandasamy, Assistant Professor, Paediatrics
- 5 June - Dr. U. Vimal Muneeswaran, Junior Resident, General Medicine
- 6 June - Dr.Usha Ravikummar, Professor, Pathology
Dr. A.S. Kanietha Priya, Assistant Professor, Physiology
- 7 June - Dr. A. Karthika, Junior Resident, General Surgery
Dr. Parineeta Suman, Assistant Professor, Anatomy
Dr. T. Rajendran, Assistant Professor, Microbiology
- 8 June - Dr. S. Muthuramalingam, Professor, Ophthalmology
- 9 June - Dr. P.K. Mohanty, Professor, Bio Chemistry
Dr. S. Anu, Professor, Physiology
Dr. S. Dinesh Prabhu, Junior Resident, Neurology
- 10 June - Dr. M. Krishnaveni, Junior Resident, Casualty
- 13 June - Dr. S. Venkatesh, Assistant Professor, General Surgery
- 15 June - Dr. P. Prakash Karath, Sr.Resident, Anesthesiology
Dr. P. Sethuammal, Medical officer, Blood Bank
Dr. A. Sangeetha, Assistant Professor, General Medicine
Dr. S. Selvachidambaram, Professor, General Surgery
Dr. N. Ashok Kumar, Neurosurgeon, Neurosurgery
Dr. V. Jothilakshmi, Assistant Professor, OBG
Dr. K. Mosus Arockyaraj, Junior Resident, Orthopaedics
- 17 June - Dr. G. Kavitha, Associate Professor, Gynaecology
- 18 June - Dr. R. Aaron Aravind Regis, Junior Resident, Orthopaedics
- 19 June - Dr. Jim Divakar, Senior Resident, ENT
Dr. Sumanth Kumar, Assistant Professor, Bio Chemistry
- 20 June - Dr. Dhayanithy, Junior Resident, Urology
- 21 June - Dr. J. Madhusudhanan, Consultant,
Gastrointestinal & hepato-pancreatico-biliary surgery
Dr. T. Dharani, Junior Resident, General Medicine
- 22 June - Dr. J. Neela Rani, Junior Resident, Gynaecology
Dr. N. Nagarajan, Junior Resident, Respiratory Medicine
- 23 June - Dr. K. Maheswari, Assistant Professor, Paediatrics
Dr. Poorana Priya P, Assistant Professor, Pathology
- 25 June - Dr. N. Backiyalakshmi, Junior Resident, Intensive Care Unit
Dr. I.Veeramani, Sr.Resident, Paediatrics
- 26 June - Dr. D.Vimala Parasakthi, Medical officer, Camp
- 27 June - Dr. S. Muthu kumar, Assistant Professor/SR, Orthopaedics
- 29 June - Dr. S. Annadurai, Junior Resident, General Medicine
Dr. M. Mariappan Junior, Junior Resident, Speciality
Dr. B. Kiruthikaa, Consultant, Anesthesiology



DEPARTMENT OF PHYSIOLOGY - QUIZ – RENAL PHYSIOLOGY
DATE – 04/1/2018



The Department of Physiology organized a quiz program in renal physiology for 1st MBBS students (2017-2018 batch) on 04/01/2018 between 10am to 1pm. The quiz was conducted in lecture hall number 4 in VMC. The participants for the quiz were selected by a preliminary written exam among 85 interested students. The top 15 students were selected for the quiz. The students were divided into 5 teams with three members each.

Team A – Soumya, Rakha, Rakhshana

Team B – Mukesh Khanna, Sreelakshmi, Uma bhagavathy

Team C – Riya, Naveen Prabhu, Dumpa Roshiny

Team D – Gayathri, Sree Vaishnavi, Vishnu sreenivasan

Team E – Joseph, Pooja Shankar, Karigha

The chief guest for the event was Dr. Saravanan, Nephrologist from VMCH & RI. All the questions were prepared by the faculty of the department of Physiology.

The welcome address was given by Dr Rekha.

Round 1 – History & Functional anatomy – Prepared & conducted by Dr. M. Shanthi

Round 2 – Hidden identity & Recent advances – Prepared & conducted by Dr. M. Saravanan

Round 3 – Clinical case & Buzzer round – Prepared by Dr. John Rajpathy & Conducted by Dr. Rekha

Round 4 – Cryptex – Prepared & conducted by Dr. J. Keba

Round 5 – Rapid fire round – Prepared & conducted by Dr. S. Anu

Round 6 – Jumble words – Prepared & conducted by Dr. A. S. Kanietha Priya

Round 7 – Connexions – Prepared & conducted by Dr. K. Rekha.

❖ Every round had separate audience questions also for the other students.

❖ The first place was secured by Team C
Riya, Naveen Prabhu & Dumpa Roshiny.

❖ The second place was secured by Team E
Joseph, Pooja Shankar & Karigha.

The chief guest presented certificates to the winners and appreciated the participants and the faculty of Physiology for their efforts.

Vote of thanks was given by - Dr. Rekha and Dr. Anu.

**BEST NURSES AWARD FOR
JANUARY TO MARCH 2018**

JANUARY MONTH



Mrs. Subbuthai
CT ICU



Miss. Suvitha
Urology



Miss. Shanmuga Priya
5A

FEBRUARY MONTH



Miss. Chitra
5B



Miss. Muthu Lakshmi
Paediatric



Miss. Krishna Priya
VSW - I



Miss. Pavithra
VSW - II

MARCH MONTH



Miss. Kalai Vani
SICU - Spl



Miss. Karpaga Lakshmi
Urology



Miss. Rajeshwari
MMI

NURSES RESPONSIBILITY IN QUALITY CHECK, ENSURED IN CATH LAB

Quality Check is essential to ensure patient & staff safety as well as produce best procedural outcomes possible. Quality check verifies that equipment & products are meeting the best recommended manufacture standards & they are performing at the necessary level to provide patient care.

Quality check points:

- To maintain a clean catheterization laboratory through fogging the department on a monthly basis and send a culture swab to the microbiology department to collect the sterility report. It helps to monitor infection control.
- To maintain team time out checklist for patient procedure details
- To check the equipment's working condition on a daily basis with a checklist
- The medical gases that need to be checked on daily basis, are Oxygen, Helium, Nitrogen and other gases available in the unit
- Educate the staffs regarding radiation exposure and other safety measures followed in Cath Lab.
- To ensure safety measures for doctor and staff like wearing lead aprons, vests, thyroid collars and eye goggles.
- Wearing TLD badge for radiation exposure and TLD badge monitoring is crucial for personal protection and monitoring radiation exposure.
- Patient safety and outcomes depend upon having safe equipment. It is the responsibility of each staff members to make sure the necessary equipment available for all procedures performed in the Cathlab.
- Maintain the unit temperature and refrigerator medication temperature through monitoring the daily checklist.
- Maintain instruments sterile by sending them to the CSSD department and maintaining the register.
- On table explanation and education to the patient about the procedure and table movements to provide anxiety free environment.
- Health education to the patient about post-operative care and immobilization.
- Dispatch the cath reports and CD to the patient for further references by maintaining records.

Ms.Rathna Mala - RNRM,
Mrs. Sathya Kumari - RNRM.

NURSES MEDICATION MANAGEMENT INITIATIVE PRINCIPLES OF DRUG ADMINISTRATION

- Nurses should administer drugs with clarity
- Read the label of the drug thrice before administration.
 - When taking from the medicine cupboard.
 - While or before preparing the drug.
 - Before replacement.
- Identify the patient correctly prior to administration. Call the patient by name & ask them to tell their name. Also look into the ID Band.
- Do not leave the medicine on the table & walk away.
- Ensure that the patient had taken food before drug administration. Follow specific orders.
- Wait at the bedside of the patient to see whether the patient swallows the drug.
- Evaluate the outcome of the drug which was administered.
- Check appropriate parameters prior to administration E.g., Antihypertensive.
- A registered nurse should be aware of the action of all the drugs prior to drug administration.
- Explain the action of the drug to the patient prior to drug administration.
- Carry soft skills.
- Immediate documentation in the MAR Nurses register.
- Do not give the medication in the relatives hands & walk away.
- Nurses, at no cost, should touch the MAR for prescription writing.
- Never document in the MAR without administering the drug.
- Label the drug prior to preparation of the second drug.

Medication Right

- Right Patient
- Right drug
- Right dose
- Right route
- Right frequency
- Right assessment
- Right documentation
- Right education
- Right evaluation
- (Drug – drug- food Interaction)
- Right of patients to refuse the medicines.

VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE WORLD WOMEN'S DAY CELEBRATION - 2018



World women's day is celebrated on March 8th of every year. In current world, women are not only a part of family, but also occupy a vital role in the society. Cancer is a life threatening health issue among women that causes destruction to physical, mental and social wellbeing of women. Therefore, to reduce the suffering, early cancer screening is required. In view of developing healthy women-healthy country, Department of Oncology, VMCH&RI has organized free cancer screening camp between 5th and 11th march 2018 for all women as a part of world women's day celebration.

Prepared by - Assist. Nursing Director.

EVENTS



New Cath Lab Inauguration on 01.01.2018



New OPD Inauguration, Department of Urology, VMCH&RI