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Felicitation Programme for the Doctors of Department of Cardiology & Cardio Vascular Thoracic Surgery, Velammal Medical College Hospital & Research Institute, Madurai.



In the Presence of Honorable Minister for Information Technology, Dr. M. Manikandan,
Honorable Chairman, Velammal Educational Trust, Shri. M.V. Muthuramalingam,
Mr. Veera Ragava Rao, District Collector, Madurai and Dr. R.M. Raja Muthiah, Dean, VMCH&RI.

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GUEST EDITORIAL**Communication Skills Teaching and Learning:
Need of the Hour**

Good communication skills are crucial for an optimal doctor-patient relationship; it significantly improves the accuracy, efficiency and supportiveness, level of satisfaction for both patient and doctor ultimately contributing to improved health outcomes for patients. Patient listening, empathy, patient centeredness and shared decision making are the important aspects of consultations which are frequently neglected.

While experience can be a good teacher of clinical skills unfortunately, communication skills do not necessarily improve with time and experience. Several studies have demonstrated that communication skills can be taught effectively and behavioral changes resulting from communication skills training can be retained. Communication is now recognized as a core clinical competency and there have been huge advances in the field of communication skills teaching in the last few years. However teaching communication skills needs entirely different approaches from that of teaching other clinical subjects. The goal is to ensure that students should not only cultivate the nuances of communication and interpersonal skills, but adhere to them throughout their careers.

The Medical Council of India reaffirms the need of teaching communication skills to undergraduate and postgraduate in its "Vision 2015" document and proposes new teaching-learning approaches including a structured longitudinal program on attitude, communication, ethics and professionalism which is known as the attitudinal and communication (ATCOM) competencies. There are several modes of teaching communications which includes lecture, demonstration, individual practice, videotaped interviews, and individual coaching. Teaching methods like observation and feedback are proven to be most effective tools for teaching communication skills. There is an urgent need of standardizing teaching and assessment of communication skills and integrating them into the existing curriculum in order to improve the quality of care and patient outcome.

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CHAIRMAN'S MESSAGE

Dear all,

Greetings!

With the third quarter of the year coming to a close, I take immense pleasure in welcoming the fifth batch of MBBS students to our institution. It is with pride I share our Velammal Medical College Hospital and Research institute is one of the most preferred and opted institution by parents and students in South India. With almost a lakh students of varying disciplines being groomed under the Velammal Educational Trust, our goal has always been to deliver quality education with strict discipline.

The medical profession, amongst all others, is something I consider special and divine. The doctors are entrusted with noble task of saving lives and alleviating suffering. Thus they are remembered for an eternity. It is into this sacred profession that we have 150 new students stepping in. Congratulations to the parents who have invested their time, money and efforts on these children. It must be indeed a pride to watch them step into the premises of a medical college and realise their dreams. I encourage the students to dream big and have high academic goals.

We have excellent staff with vast teaching experience and state of art infrastructure. Students should make optimal use of all the resources available to them. They should aim to be empathetic, skilled and knowledgeable doctors. In this era of social media, it is easy for youngsters to get distracted and lose focus. It is my request to them to stay focused on their purpose of getting themselves enrolled in a medical school and to use these communication media to further improve their academic goals. I encourage you to participate in various academic fora and shine beyond the confines of the routine curriculum. Students are also encouraged to conduct research, participate in conferences and make presentations.

I wish all the students the very best of the future and may you hold the name of the institution high!

Regards,

M.V. Muthuramalingam,

Chairman, Velammal Educational Trust.

REDO CARDIAC SURGERY: WHERE WE STAND**Vijayakumar K¹, L. Mohanakrishnan², P. Selvakumar³**¹Consultant Cardiac Surgeon, ²Director of Cardio Thoracic and Vascular Surgery, ³Director of Medical Services and Head of Cardiac Anesthesiology Department, Velammal Speciality Hospital, Madurai**BACKGROUND**

With improvement in health care facilities and with government sponsored insurance cover, cardiac surgery has become an accessible specialty. This has resulted in the increase in number of cardiac surgeries performed. A direct fall out of this is the increase in number of patients needing reoperations, which we call as redo cardiac surgery.

Redo cardiac surgery may be of two categories:

1. For an independent condition, unrelated to the ailment for which first surgery was done.
2. For the progress of the same pathology for which the initial surgery was performed. Whatever be the pathology redo open heart surgery is a challenge to surgeon and its results can be an assessment of the surgical unit.

INTRODUCTION

Redo cardiac surgeries are recognized to have higher risk than the routine surgery when performed for the first time. Previous surgery, results in adhesions between heart and the anterior chest wall and at times, if pleura was opened during previous surgery, lung too will stay plastered on cardiac surface. In case of post coronary artery bypass grafting, the chance of injury to grafts too causes the risk to go up. The cause for higher risk includes –

1. On table intra operative accidents (intra operative adverse events)
 - Injury to cardiac chambers during Sternotomy
 - Injury to grafts of previous surgery.
 - Injury to great blood vessels
 - Life threatening arrhythmias
 - Lung injuries
2. Chance of increased bleeding, due to creation of raw areas during dissection of adhesions.
3. Disease per se will progress and become severe at the time of reoperation.

The first two factors can be modified by proper preoperative preparation and planning and by operating skill. This paper assesses the results of redo surgery in this centre from inception in July 2015.

MATERIALS AND METHODS

The surgical records were examined and all redo open heart surgeries done in Velammal Medical College Hospital cardiac surgery unit since its inception in July 2015 were enumerated and its course examined for morbidity and mortality. The cases were assessed by considering the method of cannulation. Incidence of intra operative adverse events, rescue action taken and its result were taken into account. The operative mortality was examined and it was classified as immediate mortality secondary to intra operative adverse events, immediate mortality due to other causes in first 2 weeks, late mortality after 2 weeks. Incidence of re-exploration for bleeding wound infection too was assessed.

RESULTS

There were 15 redo surgeries in the 2 years after inception of cardiac surgery unit in Velammal Speciality Hospital is given below.

In summary:

- Valve surgeries:9
- Congenital defect surgeries:4
- Coronary surgeries:2
- Combined coronary + valve:2
- Others (Bentall+Mitral valve replacement combined):1

Case No.	Age/ Sex	First Surgery	Present Diagnosis	Present Procedure	Result
1	62/F	Open Mitral Valvotomy 1991	Aortic Stenosis (AS), Mitral stenosis, Single vessel coronary disease	DVR +CABG SVG- OM	Uneventful
2	33/M	Mitral Valve Replacement (MVR)2007	Stuck prosthetic valve	REDO -MVR	Uneventful
3	45/F	DVR+ Tricuspid Valvotomy	Severe Tricuspid regurgitation (TR)	Tricuspid valve replacement	Femoral cannulation Late mortality
4	67/M	CABG(2011)	POST CABG, AS	AVR	Late mortality
5	55/M	AVR- 1999	Severe MS	DVR	Uneventful
6	52/M	Atrial septal defect (ASD) closure (1976)	Ascending aortic aneurysm with AR, MS	Bentall procedure + MVR	Uneventful
7	70/M	CABG 5grafts(2015)	Occluded grafts angina	CABG-2 grafts LAD, OM	Uneventful
8	63/M	MVR 2010	Bioprosthetic valve MR(St Jude Biocar valve)	Redo MVR	Uneventful
9	9/M	VSD closure+RVOT resection 2012	Residual VSD +RVOT obstruction	Closure VSD+ RVOT RESECTION	Femoral cannulation Uneventful recovery
10	12/M	Atioventricular canal defect repair 2008	Large residual ASD	Residual ASD closure	Uneventful
11	3/M	VSD closure (2015)	LVOT obstruction	Excision subaortic membrane	Uneventful
12	37/M	MVR 2008	Post MVR,severe AS	AVR	Uneventful
13	65/M	CABG+MVR 2004	Stuck valve + Occluded grafts	CABG+MVR SVG – LAD, PDA	expired
14	16/M	Tetrology of fallot –Intra cardiac repair 2002	Residual RVOT gradient subvalvar membrane	ICR -RVOT membrane resection	Uneventful
15	34/F	MVR 2016 TTK CHITRA	Stuck valve	Re-replacement MVR	expired

Abbreviations :

DVR - Double Valve Replacement
CABG - Coronary Artery Bypass Grafting
SVG - Saphenous Vein Grafts
LAD - Left Anterior Descending Artery
OM - Obtuse Marginal
AVR - Aortic Valve Replacement
AS - Aortic Stenosis
AR - Aortic Regurgitation
MR - Mitral Regurgitation
VSD - Ventricular Septal Defect
RVOT - Right Ventricular Outflow Tract
LVOT - Left Ventricular Outflow Tract

There were two operative adverse events.

1. Case 3 - Post DVR tricuspid valve replacement. Here almost immediately after sternotomy on opening there was an injury to right atrium (RA) which needed femoral cannulation.

2. Case 9 – Repair for residual RVOT obstruction. Here too there was RA chamber injury needing femoral cannulation. Subsequent to femoral cannulation and putting patient on cardiopulmonary bypass, dissection and surgery went uneventfully. Immediate mortality after intra operative adverse event was: 0. Immediate post operative (first 2 weeks) mortality:2

Case 13 had stuck mitral valve and the patient was on low cardiac output with NYHA class III symptoms. He had an episode of near arrest and was resuscitated with ventilator support. Had renal failure and taken up for urgent surgery. Though he initially maintained stable haemodynamics, he went in for intractable renal shut down and consequently

went in for haemodynamic instability and couldn't be saved. Case 15 too had stuck mitral valve 6 months before coming to this centre, thrombolysed twice elsewhere in a space of 5 months, initially with streptokinase and second time with urokinase. She didn't recover with these conservative measures and came to this centre with severe pulmonary oedema and landed in ventilator with biochemical derangement of liver and renal function tests. Here too it was an urgent redo Mitral valve replacement and she stayed in severe low output syndrome in post operative period and succumbed.

Two late mortalities due to causes unrelated to the redo surgical aspect was excluded from this discussion.

Post operative bleeding needing re-exploration: Nil

Wound infection: Nil

DISCUSSION

Redo cardiac surgery till recently was considered as a procedure which carries higher morbidity and mortality. With proper planning and team work involving anaesthetist, perfusionist, nursing staff, the surgical team can pull through any complex procedure.

This audit proves the safety of redo procedures as our early mortality was only 2/15 (13%) and this too was unrelated to the technique but to the disease per se. Both these patients had stuck mitral valve and were having class IV symptoms while taking up for surgery. This condition per se carries high mortality as per statistics. Maciejewski et al¹ 18.6%, Vohra et al² 12% and when the patient is in NYHA Class IV it is 30% (Wauthy et al³) and Tamur Fouda⁴ et al.

Redo Sternotomy followed by cardiac surgery needs excellent planning and communication between the team members in the theatre.

First step in planning a redo surgery involves studying the previous operation notes in detail. Look for any untoward incident that had happened last time, any anatomical variations or difficulties encountered and also whether the pericardium is used or not and also the details of the grafts done previously. From these we can predict the problems we may encounter.

Clinical examination of the patient and his investigations to be seen to decide on the grafts he needs in coronary disease patients, the number of previous cardiac surgeries via sternotomies done, history of any radiation to chest and the extent or presence of right ventricular failure and dilatation.

Radiological imaging with an X-ray chest and CT scan of thorax is mandatory to see the material used for sternal closure last time and to see the extent of adhesions between the sternum and the subjacent cardiac tissue. Any dilated cardiac chamber or graft adherent will be seen.

From the above mentioned inputs we can decide whether to go for elective alternate site cannulation prior to sternotomy. In general those who had chest irradiation prior due to some malignancies or those with severe right heart failure with RA, RV dilatation needs elective femoral cannulation. Radiological pictures will also give the number of sternal wires used in the previous surgery.

Prior to the start of the procedure proper discussion and coordination between the surgical team and the anaesthetist and perfusionist on the strategies to follow in the event of an on table adverse event should be drawn. Strategies to prevent non surgical bleeding also should be spelled out. Availability of blood products and haemostatic drugs has to be checked. Use of centrifugal pumps and modified ultra filtration on bypass should be diligently planned.

Details of operative technique and the tips for it are beyond the scope of this article. But we suffice to tell that if diligently planned and skillfully performed, the redo procedure can be very safe.

CONCLUSION

Redo Sternotomy cardiac surgery carries higher risk for morbidity and mortality. As the number of patients needing redo procedures is going to increase in future, appropriate techniques and strategies have to be planned to improve the results. Our experience here in this centre has proved that with proper planning the results are good. In patients who had chest irradiation prior, or has severe right heart failure with dilatation of RA and RV or multiple sternotomies before it is better to go for elective femoral cannulation, all other patients can be operated with sternotomy followed by usual cannulation techniques.

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AGAINST ALL ODDS**P. Selvakumar¹, P. Venkatesh², Swaminathan C³, Dhivya Bala⁴**¹Director Anaesthesia and Intensive Care, ²Consultant Neurologist, ³ICU Registrar, ⁴Junior Resident**INTRODUCING**

Tetanus is a deadly disease caused by a bacteria called *Clostridium tetani*. The disease is caused due to contamination of wounds with *C. tetani* spores present in the environment. The spores then germinate to produce tetanospasmin which is a heat labile toxin.

“The tetanospasmin attaches to peripheral nerve endings and travels to CNS where it blocks inhibitory impulses to motor neurons and leads to severe spastic muscle contractions which is a classic characteristic of Tetanus”.

It usually begins with mild spasms in jaw muscles (lock jaw). The incubation period is usually 10 days but may be up to several months. The disease is preventable by vaccination called tetanus toxoid however there are instances where the unlucky ones fall prey to the disease.

Here we present you a case about this one man who truly fought against all odds.

CASE PRESENTATION

NA 58 year old male was brought to the emergency room with the following history for past 5 days;

- Deviation of mouth
- Neck rigidity
- Muscle stiffness
- Stiffness of B/L Lower Limbs
- Dysphagia
- Slurring of speech.

Patient was initially treated elsewhere and brought here for further management.

He was assessed by general physician and neurologist, history revealed small laceration with iron rod on the fingers one week back. Tetanus prophylaxis, injection TT followed by tetanus immunoglobulin 5000U IM in multiple sites was given. Serum tetanus antibody was sent to assess the host's protection level.

Neurologist evaluation ruled out rabies and other muscular dystrophies. Patient was admitted in special ICU where the spasms became severe and patient developed trismus, neck stiffness, jaw stiffness and convulsions. Airway secured patient connected to ventilator and ventilated with control mode ventilation.

Patient was kept under deep sedation with muscle relaxants (“Knock Out”) for a period of more than 96 hours. Antibiotics was started 24 hours into the treatment, important parameters such as urine output, blood gases, electrolytes, and cardiac functions were kept under intense observation and corrected accordingly.

Injection magnesium sulphate was started as infusion dose and continued for 48 hours as generalised spasm was persistent. DVT (Deep Venous Thrombosis) prophylaxis started in the form of injection heparin IV in order to prevent PE (pulmonary embolism) as patient was bed ridden.

Elective tracheostomy in view of prolonged ventilation was performed on day 5 and nutrition in the form of TPN (total parenteral nutrition) was also started. The treatment modality was what we called G3 – (Good Sedation, Good Ventilation, Good Nutrition).

Blood, Urine, ET cultures sent as patient had persistent fever spikes. Antibiotics were escalated, culture reports revealed the growth of *Klebsiella pneumoniae* and *Pseudomonas aeruginosa* for which antibiotics changed to extended spectrum. However persistent spasticity was present for which Injection Botulinum Toxin was given which did decrease the spasticity.

Patient was slowly weaned off ventilator support after 10 days and connected to T-Piece. Oxygen slowly tapered off and he was left in room air on the 13th day. Comprehensive chest physio, limb physio, high protein diet were all continued. Fever spikes subsided, patient become hemodynamically stable without ionotropes and in room air.

Tracheostomy tube changed to metal tube on Day 17 as patient had intermittent fever spikes. Oral liquids started, after 21 days of fighting for survival he stood up, walked, spoke and finally conquered. Patient ultimately shifted to room side on day 23 without any neurological deficit.

DISCUSSION

Magnesium was preferred as it is a calcium antagonist which acts by reducing acetyl choline release and by reducing the muscle response to acetyl choline which aids in relieving of rigidity and spasms, it also reduces autonomic dysfunction. Botulinum Toxins are confined to nerve terminals of lower motor neurons which inhibit the release of acetyl choline and activation of voluntary muscles. Randomised trials have showed favourable results. Finally patient's serum tetanus antibody levels which was found to be unsatisfactory which meant he was more prone to the disease.

CONCLUSION

Tetanus is a deadly disease which has high mortality if left untreated. In this paper we presented a case where timely interventions helped in saving a man's life. We really thank the whole team of special ICU of all doctors, staffs and all support staffs in the management of the patient.

“INDEED IT REALLY WAS ABOUT TEAM WORK”

VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE
MEDICON 2017



The department of General Medicine in Velammal Medical College Hospital has been the fastest growing department with the support of all specialities in the management of complex patients. The department had conducted the 3rd annual update- named MEDICON 2017, held at Hotel Pandyan on 17th September 2017, with distinguished speakers from the region and different eminent specialists from south India, delivering the key aspects to raise the awareness of current updates.

It was inaugurated by Shri M. V. Muthuramalingam, our beloved chairman, Dr. R. M. Raja Muthiah, Dean, Dr. Issac Christian Moses, State API President and Prof. V. T. Premkumar, API President Madurai. The organising team led by Prof. Dr. Chandrasekaran, Prof. Dr. Vadivel Murugan and Prof. Dr. Ranisolai have taken lot of initiatives to make it successful. We hope that this conference would have improved the understanding and management of spectrum of diseases.

This was well attended and about 170 delegates had participated in the deliberations and shared their experience. Medical students also attended and gained valuable knowledge.

Two special features of this MEDICON were the well organised MEDICON QUIZ for PGs, which was attended by MD PG students from 3 different medical colleges. We also had poster presentation by UGs and PGs and UG quiz also as new programmes this year.

Students who got prizes in various conferences and quiz competitions were honoured by the Dean. We are proud to announce that this MEDICON conference had the accreditation by the Tamil Nadu Dr. MGR Medical University and the Tamil Nadu Medical Council, Chennai. I am sure this would add another feather in the cap of department of Medicine.

We thank all those who helped to make sure this is successful.

Dr. N. Subramanian

Organising Committee, MEDICON 2017.

**FELICITATION PROGRAMME FOR THE DOCTORS OF
DEPARTMENT OF CARDIOLOGY & CARDIO VASCULAR THORACIC SURGERY,
VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE**

The doctors of Cardiology department were felicitated at 3rd floor hospital auditorium in Velammal Medical College Hospital on 14th August 2017. Honorable minister Dr. M. Manikandan, Ministry of information technology, Mr. Veera Ragava Rao, District Collector-Madurai, Honorable Chairman, Shri. M.V. Muthuramalingam, Velammal Educational Trust presided over the function while faculties of various department and students VMCH&RI participated in the program. The program was started with Tamilthaai Vazhthu. Prof. Dr. Raja Muthaiah, Dean, VMCH & RI, delivered the welcome speech and Dr. Selvakumar, Director of Medical Services, Velammal Specialty Hospital, delivered the presentation regarding progress of Velammal Specialty Hospital and department of Cardiology and Cardiothoracic surgery, he also discussed the various facilities and services offered in Velammal Hospitals and those that would be coming into action in the near future.

The Directors of Cardiology, Dr. A. Mathavan, Cardiothoracic Surgery, Dr. L. Mohana Krishnan and Anesthesiology, Dr. P. Selvakumar along with Dr. P. Shanmuga Sundaram and Dr. N. Job were felicitated with a gold ring for their tireless contribution in performing hundreds of procedures. The following doctors were also felicitated in the program by Honorable Minister Dr. M. Manikandan: Dr. J.N.C. Hamilton, Dr. B. Krithikaa, Dr. S. Ramkumar, Dr. Dhilip, Dr. K. Vijayakumar, Dr. R. Meenakshi Sundaram, Dr. Sathiya, Dr. M. Selva Ganesh, Dr. S. Mahesh Kumar and Dr. P. Vijay. On behalf of Cardiology, Cardio thoracic Surgery and emergency medicine departments, nurses and Technicians received prizes from Honorable Chairman.

Vote of thanks was given by Dr. Ramanujam, HOD, Department of Psychiatry, VMCH& RI. The day had been a worthwhile tribute to the hearts and minds that made Velammal Institutions a better place with each new day.



PANFACIAL POSTER



The healing touch

A RARE CASE OF PANFACIAL POLYOSTOTIC FIBROUS DYSPLASIA

Presented by: M. Abirami, 3rd year MBBS, VMCH & RI

Guided by: Dr. Maheshwaran, Associate professor, Department of ENT

Dr. Yoganandha, Professor and HOD, Department of Craniofacial surgery

Velammal Medical College Hospital & Research Institute

Introduction

Fibrous dysplasia is a type of benign fibro-osseous lesion. It is a congenital, non-inheritable, sporadic, developmental dysplastic, skeletal disorder that accounts for 7% of all benign bone tumors. It is characterized by the replacement of normal bone with excess proliferation of fibrous connective tissue with irregular trabecular bone. Fibrous dysplasia may be monostotic (involving a single bone), polyostotic (involving multiple bones) or as a part of Jaffe Lichtenstein Syndrome (Fibrous dysplasia with Café-au-lait spots) and McCune- Albright Syndrome (additional features of hyperfunctional endocrinopathies). 50% to 100% of cases of polyostotic fibrous dysplasia involves the face.

Case History

A 17 year old male patient reported to Velammal Medical College Hospital with the chief complaints of a localized diffuse swelling in the left side of face for the past 7 years noticeable since the age of 10.

Clinical examination:

On clinical examination, he presented with gross facial asymmetry involving bilateral maxilla and mandible (left side greater than right). On palpation, the swelling was bony hard in consistency with cortical expansion.



Figure 1: (left to right): Frontal, Worm's view, right and left lateral view- demonstrating extensive bony expansion with gross facial asymmetry.

Differential diagnosis

1. Cranio facial fibrous dysplasia
2. Cemento-ossifying fibroma
3. Cerubism
4. Osteoma

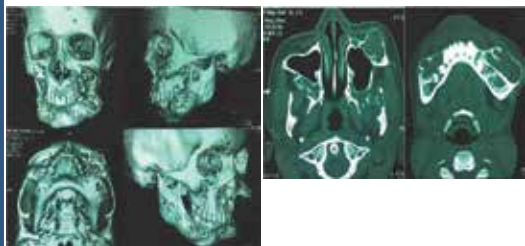


Figure 2: Volume rendered 3D computed tomography images demonstrating panfacial involvement with multilocular expansile fibro-osseous lesions.

Figure 3: Coronal sections demonstrating extent of involvement in the maxilla and mandible.

Investigations

3D Volume rendered Computed Tomography :
Panfacial involvement of bilateral maxillae and mandible.

Histo pathological examination:

A trephine biopsy was performed after routine surgical workup and biochemical investigations. The final Histopathological examination report was **FIBROUS DYSPLASIA**.



Figure 4 (left to right): Representative areas of HPE sections demonstrating A. Proliferative cellular tumour comprised of spindle cells, giant cells and bony trabeculae with ground glass appearance; B. Spindle cells are arranged in pattern less manner admixed with numerous multinucleated giant cells; C. Metaplastic bone surrounded by spindle cells in Chinese letter pattern.

Treatment

Staged surgical workup was formulated.

Extensive cortical expansion of the involved bones resulted in thinning of the overlying mucosa and obviated chances of use of transoral approach.

Under general anaesthesia, the left maxilla was accessed through the Weber-Fergusson incision with Diffenbach extension and the mandible through an Apron incision. The bony prominences were removed and remaining bone was recontoured. The post-operative period was uneventful and the patient was discharged on the sixth post-operative day.

Follow up

The patient has been followed up for a period of 3 years. There has been no clinical and radiological evidence of recurrence. Progressive soft tissue remodelling and restoration of facial symmetry is evident.

Final histopathological diagnosis

MULTIFOCAL POLYOSTOTIC PANFACIAL FIBROUS DYSPLASIA



Figure 5 1st row (left to right): Marking for Weber-Fergusson incision, Exposed lesion, Recontoured bone; 2nd row (left to right): Lesion exposed through left Apron incision, Recontoured bone, Closure at both sites

Figure 6 (top to bottom)



At the time of presentation



3rd post op month



6th post op month



1 year post-operative period



DOCTORS DAY CELEBRATIONS

Doctors day was celebrated on 31st July 2017 in the 3rd floor Hospital Auditorium at 2.00 PM. Prof. Dr. Babu verbalized IMA and physician’s Prayer. Welcome Address was delivered by Dr. Prakash Karath. Address by Mr. M.V. Muthuramalingam, Hon’ble Chairman, Velammal Educational Trust followed by Prof. Dr. R.M. Raja Muthiah, Dean, VMC Hospital and Research Institute. Chief Guest address by Dr. L.V.K. Moorthy, Chairman, Family Security Scheme, IMA, Tamil Nadu followed by Dr. M. Amanullah, Vice President, South Zone IMA, Tamil Nadu and Dr. C. Selvaraj, Imm. Past Vice President, South Zone IMA, Tamil Nadu. It was followed by appreciating the work of Faculties by Awards of Honor. Table shows the awards received by faculties of various departments of VMCH & RI. Vote of Thanks was delivered by Dr. R. Sudhakar. It was followed by CME organized by Medical Gastroenterology Department on the topic Natural History of Cirrhosis and Liver Transplantation by the speaker Dr. A.C. Arun, MD, DM and Liver Transplantation in VMC by Dr. A.G. Alwar Ramanujam, MS, DNB who delivered his speech on Logistics and Dr. J. Madhusudhanan, MS, MCh, FLTS on Techniques of Liver Transplantation.



Faculty	Award of Honor
Prof. Dr. S. Rajarajeswari	Years of service
Prof. Dr. V. Ramanujam	Years of service
Prof. Dr. M. Gobinath	Years of service
Prof. Dr. Jhansi Charles	Years of service
Prof. Dr. S. Nataraja Rathinam	Medical education
Dr. A. Madhavan	Establishment of Cath Lab
Dr. A.G. Alwar Ramanujam & team	Liver transplantation
Dr. R.M. Sathish Kumar & team	Renal transplantation
Dr. M. Virgin Joena	Administrative abilities
Dr. M. Mariappan	Interventional radiology
Dr. S. Manoh	Hand surgery
Dr. K. Bharath	Intensive care
Dr. B. Nirmal	Hair transplantation
Dr. M. Hari Balamurugan	Budding clinician





**WORLD BREAST FEEDING WEEK VALEDICTORY CEREMONY
VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE, MADURAI**



“Gold rings, cash awards, compliments for all students and sarees for all the women who had participated in the function”
First week of August is being observed as Breastfeeding Week since 1992 all over the world to emphasize the importance of breastfeeding. Breast milk has all the essential nutrients for a growing child during the first six month of life. Many studies have shown that the breast fed infant have lower incidence of allergic symptoms, gastroenteritis and underweight compared to bottle fed babies. Hence it is essential to educate the mother and public about the benefits of breastfeeding and there by improve the health of baby. This year, the department of Pediatrics in Velammal Medical College Hospital conducted various competitions for staff nurses, medical students, out patients and school children to create awareness about significance of breastfeeding.

The valedictory function of the breastfeeding week was presided by the honorable Chairman of the Velammal Educational Trust, Shri. M.V. Muthuramalingam. Dr. Jeyabalaji, Professor, Department of Pediatrics welcomed the gathering. Dr. S. Balashankar, Professor of Pediatrics, Madurai Medical College and Rajaji Hospital was the chief guest and he gave a wonderful guest lecture on the importance of breastfeeding. Dean of Velammal Medical College, Dr. R. M. Raja Muthaiah, Head of Department of Paediatrics, Dr. Mathevan, Professor Sundarapandian, Head of the Department of OBG Dr. Raja Rajeswari, Vice Principal of the College Dr. Mohanthy also honored the occasion.

Healthy baby contest for the children under 2 years who were born in Velammal Medical College Hospital and first three winners were awarded with golden rings. Drawing competition for school children (5-12years) was also conducted on the same day and first 3 winners were awarded with golden rings. The winners of the quiz programme conducted for the public were given cash award. Dr. Nataraja Rathnam, Professor, Department of Pediatrics delivered the vote of thanks. The programme was well attended by the faculties of various departments, medical students and general public.



NATIONAL SERVICE SCHEME: VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE UNIT CLEANLINESS DRIVES UNDER SWACCHH BHARAT ABHIYAAN

The Swachh Bharat Abhiyan is a massive movement that seeks to create a clean India. Government urged all NGOs, schools, colleges, social, cultural and political leaders, corporates, Government officials, collectors and sarpanches, to accelerate Swachhata activities during the September 15 – October 2 period.

Under the same concept our institution also took pledge to arrange a cleanliness drive under National Service Scheme. Our campus always remains to be very clean as our staff's maintained strict cleanliness inside campus. Bins have been provided in our campus at each every section for collection of garbage including residential quarters, hostels as well as on all roads also. For celebration of Swachh Bharat Abhiyan on 27th September 2017, we selected areas near to main entrance of our outpatient department and outside the campus on highway. 35 medical students and 10 housekeeping staff team prepared under NSS coordination along with the help of housekeeping department. Precautions were taken by wearing masks and using hand gloves during cleanliness drive. Cleanliness activities started from in front of outpatient department to generate awareness among common people. Then area near temple and main hospital entry gate covered. Later on students move on highways and done cleaning on road and on bus stand. Various garbage including paper cup, plastic bottle, plastics wrappers, empty coconut shell, news paper etc. collected in green bins. Sweepers from housekeeping department cleaned dust inside campus.



CELEBRATION OF 5 YEARS COMPLETION OF OPERATION THEATER AT VMCH&RI



THE CELEBRATION OF 71ST INDEPENDENCE DAY OF INDIA FLAG HOISTING BY DR. R.M. RAJA MUTHAIAH, DEAN VMCH&RI ON 15TH AUGUST 2017



PHARMACOLOGY QUIZ 2017

The department of Pharmacology organized a quiz for 2nd and 3rd MBBS students on 11th August 2017, between 2.00 pm and 4.00 pm in lecture hall - 2. Five student teams which topped the written preliminary round of the quiz held on 29th July 2017 competed in the quiz.

The questions were selected by all faculties from standard textbooks and other resources. Powerpoint preparation and animations were prepared by Dr. Vallish, who was also the quizmaster. Dr. Mohan and Dr. Brahadeesh kept the time and scores. Dr. Raj Kishore Mahato oversaw the entire event and also was responsible for query resolution.

The quiz was organized into 6 interesting and challenging rounds. The rank of the teams at the end of the quiz was:

1. T S Chandrappriyan (3rd year), R Ramkumaran (3rd year), S Pradeep (2nd year)
2. M Preethi Saratha (3rd year), S Sowmiya Prabha (3rd year), H Shafana Nasreen (2nd year)
3. M Arun (3rd year), A Arun Kesav (3rd year), M Bala Muralikrishna (2nd year)
4. V N Vivegaramyam (3rd year), R Ashwin Kumar (3rd year), S S Ajay Srinivas (2nd year)
5. S Suha Roshni (3rd year), P Shanmuga Priya (3rd year), P S Raja Praveena (2nd year)

Certificates were handed out to all the participants, and the top two teams (Team E and Team B) represented VMCHRI in the inter-collegiate pharmacology quiz held in Madurai Medical College on 22nd September 2017.



Tamil debate being conducted by Thiru. Solomon Pappaiah on 19-08-2017 at Ida Scudder Auditorium, Velammal Medical College Hospital Campus, Madurai.



**"HANDS ON TRAINING IN RIRS
" ORGANIZED BY DEPARTMENT OF UROLOGY, VMCH&RI
ON 05.08.2017**

ONCOLOGY CME



OBG CME

A CME on menopause and issues related to peri and post menopausal women was conducted by department of Obstetrics and Gynecology, Velammal Medical College Hospital and Research Institute in association with Indian menopausal society on 21.09.2017 from 1pm to 4 pm at 3rd floor hospital auditorium.

The topic was chosen because women spend about 1/3rd of their life time during the period. It was a great academic feast given by eminent speakers like Dr. Revathi Janakiram, Pesident IMS, Dr. Angayarkanni, Secretary IMS, Dr. Sasikala and Dr. Swathika, Asistant Professor from the department of Obstetrics and Gynecology, Velammal Medical College Hospital and Research Institute. The programme was a grand success and was attended by most of the faculties from all departments and by the final year MBBS students.



VMC SHOULDER CON 2017 ORGANIZED BY DEPARTMENT OF ORTHOPEDICS, VELAMMAL MEDICAL COLLEGE HOSPITAL MADURAI ON 22ND & 23RD JULY 2017



A CME PROGRAMME ORGANIZED BY DEPARTMENT OF PEDIATRICS, VMCH&RI ON 07-09-2017



A CME PROGRAMME ORGANIZED BY PAIN CLINIC, DEPARTMENT OF ANESTHESIOLOGY, VMCH&RI



OVERALL TOPPERS IN I MBBS (2016-17)



Akshaya A
(83.17%)



Susithran GPF
(78.50%)



Sankar
(77.50%)

SUBJECT WISE TOPPERS IN I MBBS (2016-17)



Abdul Kalam SB
Anatomy (84.5%)



Akshaya A
Physiology (86.5%)



Vaira Praveena R
Bio-chemistry (83.5%)

Congratulations



Meenakshi Srinivasan

Received the first prize in the exhibits conducted by Department of Microbiology, K.A.P.V. Govt. Medical College, Trichy. Received the first and third prizes in model exhibits and poster making respectively, conducted by Govt. Coimbatore Medical College. Also, She participated in the final round of the inter-medical college quiz programme conducted by Department of Community Medicine, Tagore Medical College, Chennai.



Abirami M

Received the first prize in poster presentation in an intercollegiate undergraduate mediquiz programme on otorhinolaryngology conducted by Department of ENT, Govt. Vellore Medical College and Hospital,



Swetha T.S.

Received the third prize in poster presentation in an intercollegiate academic extravaganza conducted by Madras Medical College, Chennai. Also, She participated in the final round of the inter-medical college quiz programme conducted by Department of Community Medicine, Tagore Medical College, Chennai.



Nivetha T.S.

Participated in the final round of the inter-medical college quiz programme conducted by Department of Community Medicine, Tagore Medical College, Chennai.



Harini M

Received the first and third prizes in model exhibits and poster making respectively, conducted by Govt. Coimbatore Medical College. Also, she won the first prize in the exhibits conducted by Department of Microbiology, K.A.P.V. Govt. Medical College, Trichy.



Yoga Keerthika P

Received the second prize in clinical case discussion in the 13th international medical students' research congress conducted by Govt. Stanley Medical College, Chennai.



Yuva Vishalini R

Secured the third place for presenting oral presentation-medicine titled "Recurrent Pancreatitis in a Milky Baby" at a national undergraduate medical conference at Sri Ramachandra Medical College & Research Institute, Chennai.

ACHIEVEMENTS IN SPORTS

- VMC students participated in the inter-medical college sports events, conducted by Chengalpattu Govt. Medical College. VMC girls team won the runners trophy in the badminton.
- Barath kannan secured the first place in athletics for 1500 meters.
- Udhistran won second place in athletics for 100 and 200 meters.
- Swathi Bala secured the third place in athletics for 800 meters.
- Kavi lakshmanan, Barath kannan, Dinesh and Udhistran won the second place in relay for boys.
- Deepa, Sarita, Darshini Baskaran and Swathi Bala won the second place in relay for girls.

Yuva Vishalini participated and secured winner position in the National Level Yoga Championship -2017 held at Saveetha School of Engineering, Chennai.





OCTOBER

- 1 October - Dr. V. Ramanujam, Professor, Psychiatry
 4 October - Dr. R. Ramesh, Associate Professor, General Medicine
 6 October - Dr. S. John Rajapathy, Professor, Physiology
 Dr. A.G. Alwarramanujam, Assistant Professor, General Surgery,
 Dr. M. Arun Kumar, Assistant Professor, General Surgery
 Dr. N. Sakthi Devi, Jr. Resident, MHC
 7 October - Dr. Kannathal, Emergency Physician, Casualty
 9 October - Dr. S. Jaya Prakash, Associate Professor, General Medicine
 Dr. K. Shanmathi Devi, Jr. Resident, OBG
 12 October - Dr. A. Sugaparanetharan, Sr. Resident, Psychiatry
 13 October - Dr. M. Brahadeesh, Assistant Professor, Pharmacology
 Dr. R. John Santha Vinothan, Consultant, Anesthesiology
 16 October - Dr. M.D. Ameen, Associate Professor, Radiology
 17 October - Dr. R. Thilak Babu, Sr. Resident, General Medicine
 19 October - Dr. M.S. Shanofer, Tutor, Dentistry
 20 October - Dr. R. Mohan Prakash, Tutor, Dentistry
 22 October - Dr. S. Renganathan, Sr. Resident, Anesthesiology
 23 October - Dr. B. Mouli Sankar, Jr. Resident, ICU
 24 October - Dr. R.S. Samdinesh, Jr. Resident, Casualty
 26 October - Dr. K. Sathish Christopher, Sr. Resident, General Surgery
 27 October - Dr. B. Jayaprabha, Jr. Resident, Speciality
 29 October - Dr. E. Geethu, Jr. Resident, Ophthalmology
 Dr. S. Lokeshkumar, Sr. Resident, Orthopedics
 30 October - Dr. Hari Bala Murugan, Jr. Resident, Casualty
 31 October - Dr. Chenthil Arun Mohan, Associate Professor, Dentistry

NOVEMBER

- 2 November - Dr. S. Shanmuganathan, Professor, Orthopedics
 4 November - Dr. M. Subbiah, Assistant Professor, Orthopedics
 5 November - Dr. S.B. Rena Rosalind, Assistant Professor, Psychiatry
 7 November - Dr. A. VIDHYA, Sr. Resident, Anesthesia
 10 November - Dr. P. Devaki, Assistant Professor, OBG
 11 November - Dr. T. Malarvizhi, Assistant Professor, Anesthesiology
 Mr. A. David Ebenezer, Assistant Professor, Anatomy
 12 November - Dr. G.S. Ashok, Assistant Professor, Anesthesiology
 Dr. Rajkishore Mahato, Professor, Pharmacology
 13 November - Dr. E. Jozhi, Medical officer, General Medicine
 14 November - Dr. N. Job, Consultant, Cardio Thoracic
 19 November - Dr. E. Shanmugavalli, Assistant Professor, Anesthesiology
 Dr. R. Meenakshi Sundaram,
 Associate Consultant, Cardio Thoracic
 21 November - Dr. M. Senthil Kumar, Sr. Resident, Radiodiagnosis
 22 November - Dr. N. Subramanian, Assistant Professor, General Medicine
 23 November - Dr. M. Sivasnegha, Jr. Resident, OBG
 Dr. Swathika, Sr. Resident, OBG
 Dr. V. Ravi Raman, Professor, Orthopedics
 27 November - Dr. V. Sethu Madhava Kumar, Sr. Resident, Anesthesiology
 Dr. Ravi Shankar, Associate Professor, Pathology
 30 November - Dr. N. Gunasekaran, Director of Insurance,
 Corporate Relations

DECEMBER

- 1 December - Dr. N. Saranya, Jr. Resident, Intensive Care Unit
 4 December - Dr. S. Radhika, Sr. Resident, Pediatrics
 5 December - Dr. J. Sophiya, Jr. Resident, Speciality
 6 December - Dr. T. Nirmaladevi, Professor, Anesthesiology
 Dr. R. Padmesh, Jr. Resident, Casualty
 13 December - Dr. S.V. Karuppiah, Jr. Resident, Orthopedics
 14 December - Dr. Alex Mathew, Sr. Resident, General Medicine
 15 December - Dr. V. Paneerselvam, Sr. Resident, Anesthesiology
 16 December - Dr. S. Manoh, Assistant Professor, Orthopedics
 Dr. D. Fatima Farzana, Jr. Resident, Pediatrics
 19 December - Dr. K. Suganthi, Assistant Professor, Bio Chemistry
 20 December - Dr. M. Mohanraj, Sr. Resident, General Surgery
 21 December - Dr. N. Brindha, Jr. Resident, Nephrology
 23 December - Dr. K. Shanmuga Priya, Sr. Resident, Dermatology
 25 December - Dr. S. Nataraja Rathinam, Professor, Pediatrics
 29 December - Dr. K.A. Deenul Hudha, Jr. Resident, General Surgery
 30 December - Dr. T.V. Vikram Sagar, Consultant, Nephrology

WELCOME TO THE VELAMMAL FAMILY

Dr. S.C. Ganesh Prabhu	Professor - Anaesthesiology
Dr. N. Sivaprahasam	Professor - General Surgery
Dr. C. Deepak	Assistant Professor - General Surgery
Dr. R. Saravanan	Assistant Professor - General Medicine
Dr. S. Vijay Anand	Assistant Professor - Anaesthesiology
Dr. Devagar	Assistant Professor - Dentistry
Dr. R. Vignesh	Consultant - Neurology
Dr. T. Sivakumar	Senior Consultant - Neurology
Dr. Dilip Vijay	Senior Resident - Anaesthesiology
Dr. P. Bhavya Manosila	Senior Resident - General Surgery
Dr. P. Nirosha	Senior Resident - Paediatrics
Dr. A. Jeya Suriya	Senior Resident - General Medicine
Dr. H. Kalyana Prabhakaran	Senior Resident - Radiology
Dr. Suriya Subramanian	Senior Resident - General Surgery
Dr. T. Kabila Rajee	Senior Resident - OBG
Dr. P. Vijay	Senior Resident - General Medicine
Dr. A. Mohanasundaram	Senior Resident - General Surgery
Dr. M. Sathiya Selvam	Senior Resident - General Surgery
Dr. R. Sakuntala	Senior Resident - Dermatology
Dr. S. Sathia Narayanan	Senior Resident - Anaesthesiology
Dr. K.S. Venkata Prasanna	Senior Resident - General Surgery
Dr. K. Kala	Senior Resident - Anaesthesiology
Dr. S. Revathy	Senior Resident - Paediatrics
Dr. R. Jeyanth	Senior Resident - Paediatrics
Dr. AR. Arun Sundara Rajan	Senior Resident - General Surgery
Dr. J. Vivek	Senior Resident - Urology
Dr. B. Dasabharathy Yuvashree	Senior Resident - OBG
Dr. P. Malar Raj	Senior Resident - General Surgery
Dr. S. Vijayabanu	Emergency Physician - Casualty
Dr. M. Rajendra Sundaram	Medical Officer - Thiruparankundram Clinic
Dr. Muhammed Jeffin	Medical Officer - Casualty



On 6th september the MBBS Batch of 2017-18 was cordially invited into the Velammal Family during a formal innaugural program held at the hospital auditorium. Parents, relatives, anxious “freshmen students”, teaching faculty including some senior students filled the auditorium to its capacity. Following Dean Dr. R. M. Rajamuthiah’s hearty



welcome, the honourable chairman of Velammal Educational Trust Shri M.V. Muthuramalingam presided over the meeting. In his presidential address, he expressed the high standards and discipline expected from students and the vast array of excellent facilities available here to make their academic pursuits possible. The function closed with much appreciation and gratitude from the vice principal Dr. P.K. Mohanty to students and their parents for choosing Velammal Medical College.

The Fresher’s Orientation and Curriculum Implementation and Support Program (CISP) began on 6th September and ended on 8th September 2017 at lecture hall 1. Dr. Jayashree spoke on “Transition from school to college and personal grooming”. Her dynamism quelled the anxiety of the new comers and set the tone for other lectures impact. Dr. Mohanty Vice Principal briefly reviewed the MBBS course and gave an overview of the curriculum. Dr. Yegu and Dr. Rena engaged the student with their energetic group dynamics and ice breaking session. The students showcased their talent during this hour, it a was time filled laughter and fun. Dr. John Rajpathy who is the chief warden of hostel educated the students regarding ragging and various sources of help available on the campus and online. He also gave much advice regarding the extracurricular activities and the sources available to enjoy and engage in a fruitful , happy campus life. The others gave an excellent discourses on Study Skills and Time Management by Dr. Senthil Murugan, Basic life support by Dr. Uvaraj, History of Medicine by Dr. P. K. Mohanty, Stress Management by Dr. Rena, Medical Ethics by Dr. John Rajpathy, Universal Precaution by Dr. Yegu. The program culminated with a guided tour of the hospital by the department of Community Medicine. The innaugural program and CISP was organised by the Velammal Medical Education Unit and wishes the MBBS batch of 2017-18 success in all their academic endeavours.

Dr John Rajpathy
Coordinator MEU.

VMC YOGA CLUB

VMC Yoga club was started on 20.9.2017 under the guidance of Dr. P. K. Mohanty, Vice Principal, VMCH&RI. The yoga club was started with the objective to enable the students to have good health, to possess emotional stability and to integrate moral values. At present 18 students and 3 faculties have enrolled their names and registered in the Yoga club. The participants meet once in a week. Basic yoga is taught to them under guidance.

Activities of the club

1. Basic Yoga Asana
2. Breathing exercises
3. Meditation techniques
4. Tips regarding stress management and health awareness

All the Asanas will be practiced under expert guidance. Interested Students and Faculties can enroll their names- be a member and avail the Benefits.

Coordinators of VMC Yoga Club

1. Dr. Raj Kishore Mahato, Professor and HOD(Pharmacology) - Phone:8489022474
2. Dr. M. Brahadeesh - Asst. Professor(Pharmacology) - Phone: 9952184280
3. Mrs. L. Vallikannu (In charge Assistant Physical Trainer) - Phone:8248096899.



INAUGURATION OF DMLT COURSE AT VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

A 2 year Diploma in Laboratory Technology (DMLT) was started at Velammal Medical College Hospital and Research Institute after getting approval from the Tamil Nadu Government. The basic qualification for this course was +2 with science subjects. The course was inaugurated by our Dean, Vice Principal and Mr. Manivannan the chief administrative officer on 6-7-2017 in the seminar room in the 4th floor. A total of 15 students joined the course. Orientation classes were conducted for 2 months and the regular classes were started on 1-9-2017. These students study the laboratory subjects, Biochemistry, Physiology and Pathology.

**INAUGURATION OF VELAMMAL COLLEGE OF ALLIED HEALTH SCIENCES
(NEW ACADEMIC YEAR - BATCH 2017 - 2018)**

On 23rd August 2017 Velammal College of Allied Health Sciences, A unit of VMCH & RI, Celebrated the Inauguration functions for its new batch students. The Honorable Chairman Thiru M.V. Muthuramalingam, inaugurated the new academic year blissfully by lighting the lamp.

VELAMMAL COLLEGE OF ALLIED HEALTH SCIENCES, affiliated with the Tamil Nadu Dr.MGR Medical University running courses such as B.Sc ACCIDENT & EMERGENCY CARE TECHNOLOGY, B.Sc CRITICAL CARE TECHNOLOGY, B.Sc CARDIAC CARE TECHNOLOGY, B.Sc DIALYSIS TECHNOLOGY, B.Sc OPERATION THEATER & ANAESTHESIA TECHNOLOGY.

The new batch inauguration programme Presided by Chairman Thiru M.V. Muthuramalingam, felicitated by Dean Dr. R.M.Raja Muthiah. In the inaugural ceremony speech chairman sir insisted that “The students should be proud of their course and the Course should be proud of them”, the attitude of the person is more valued than the degree certificate. He also added that the education has to be utilized in the right manner to reach the heights in their career, personal life and the formation of better society.

The new students and their parents attended the programme. The CAO, Er. Manivannan, Vice Principal Dr. P. K. Mohanty, Velammal Medical College, Principal Dr. S. Chandrakala, Velammal College and School of Nursing, And all the HOD's of Velammal Medical College and staff of VCAHS participated and blessed the new students. Prof. A. Jasmin, Principal of Velammal College of Allied Health Sciences, welcomed the gathering, tutor Mrs. Manimegalai delivered the vote of thanks and the programme ended with the high tea.

INAUGURATION OF CHAPEL AT VELAMMAL MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

In order to establish religious harmony in the Velammal Medical College campus, our honorable chairman has built a temple, a chapel and a mosque inside the college campus. The Chapel was inaugurated on 16-8-2017 by the Grace Most Rev. Dr. Antony Pappusamy, the Archbishop of Arch Diocese Madurai, Rt Rev. Dr. M. Joseph, the CSI Bishop of Madurai and Ramnad Diocese and Rev. Dr. Augustin Jeyakumar, the Executive Secretary, UELCI and LWF National Committee of India in the presence of our honorable chairman Shree M.V.Muthuramalingam. The function started with a brief service in the chapel followed by the inaugural function in the nearby pandal. The gathering

was welcomed by the Dean, Velammal Medical College. The heads of the prominent 3 denominations of Christianity awarded our Chairman with the title, ‘SamayaSangamaVithagar’ in appreciation of his establishment of religious harmony at Velammal Medical College Hospital and Research Institute. The three heads felicitated our Chairman and blessed the audience. The function came to an end with vote of thanks by Mr. Peter Kennedy, the COO. The whole programme was led by Dr. Mrs. Jhansi Charles, HoD, Dept. of Microbiology and Mrs. Anitha Babu, the Nursing Director.

EVENTS



INAUGURATION OF CHAPEL



INAUGURATION OF DMLT COURSE



INAUGURATION OF VELAMMAL COLLEGE OF ALLIED HEALTH SCIENCES



INAUGURATION OF AL AMEEN MASJID