

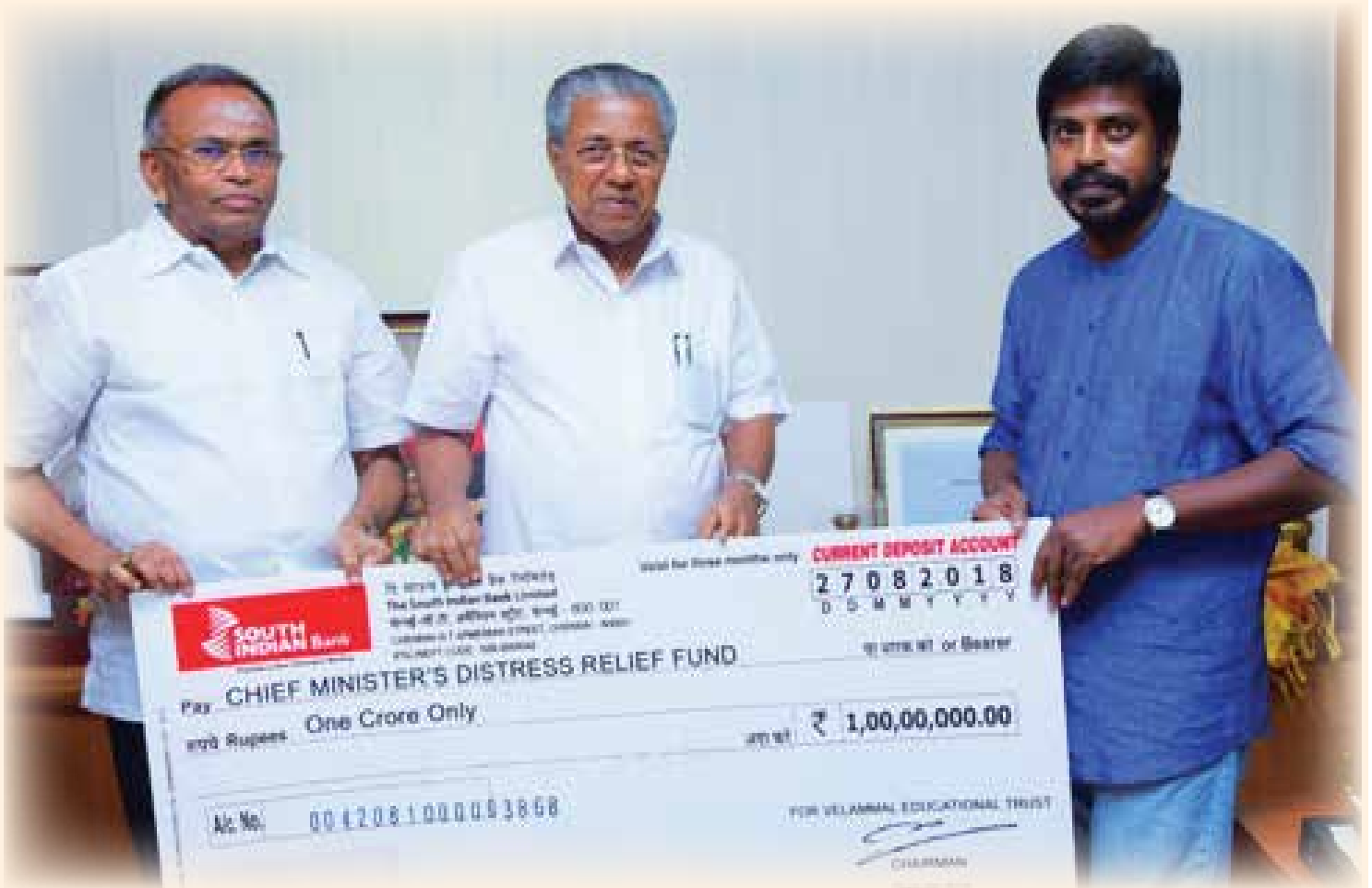


# VELNEWS

July - September 2018  
Quarterly Publication

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Madurai

## Velammal Educational Trust donates Rs 1 crore to Kerala Chief Minister's Distress Relief Fund



Shri Pinarayi Vijayan, Hon'ble Chief Minister of Kerala receives the cheque from  
Shri M.V.Muthuramalingam, Hon'ble Chairman of Velammal Educational Trust, Madurai

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Hospital & Research Institute

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**EDITORIAL****DISSEMINATION OF RESEARCH FINDINGS**

The aim of dissemination of research is to communicate the research finding, extend knowledge and report interventions to target audience in order to make them informed decision for better practices, eventually to improve community health.

The need/importance of dissemination of educational research is

1. To meet the need of rapid and continues demand for better medical practices, research has become important and with the use of effective dissemination strategy one can fulfill the need of knowledge user. It strengthens the capacity of practitioners, supports their needs; and helps them to access, assess, adapt and apply research evidence in their daily work.
2. Proper dissemination strategy helps implementation of effective, evidence based interventions in practice settings which results in better health services to the society.
3. It helps to bring the recognition to the researcher and the institute through the scholarship valued by peers and wider dissemination outside the local context.
4. Research dissemination can have an influence on policy and practice, resulting in required optimistic outcomes nationally.
5. It provides improved learning opportunity and effective teaching to the student community and in general advancement of medical education system.
6. Researcher by disseminating research findings encourages professional audience for research. Future perspective of any published research can be explored further by framing important research question.
7. Faculties through research and dissemination get opportunity for promotion, professional development and reward in home institute.

Some of the important venues of dissemination are

- IRB and other meeting, Journal club/seminars, rewards, highlighting on website, blogs & newsletter (Institute level).
- Responsive dissemination through educational clearinghouses.
- Professional organization (professional body, conference and discussion panel, meeting, newsletter).
- Peer reviewed publication, Journals (Academic Medicine, Medical Education, Medical Teacher, Med. Ed. Online, Teaching & Learning in Medicine, Evaluation in the Health Professions, etc. and discipline specific journals).
- Workshops and Exhibits.
- Factsheets and policy briefs.
- Websites and blogs.
- Social media, networking & applications (Facebook, Whatsapp, Telegram, Twitter, MethodSpace, LinkedIn, Academia.edu etc.)
- Media interviews and other mass media (newspaper, TV, radio, etc.)

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## CHAIRMAN'S MESSAGE



Dear all,

Greetings!

I am proud to share that Velammal Medical College Hospital and Research Institute, within a decade of its inception, is in par with institutions that have been around for more than 30 years. Our institute boasts of an average daily OPD of 1500 and in-patient occupancy of around 800 patients. I congratulate the team of cardiologists in our hospital who put up a spectacular show at the National Holistic Cardiology Conclave under our institute's patronage with eminent cardiologists from all over the world participating, presenting and lecturing. I can visualise our institute progressing ontrack towards achievement of my vision- to create an institute on par with the likes of CMC, Vellore and the central government institutes. I request all your co-operation to achieve the same. You are all aware that this institute was not founded with monetary benefits in mind. It was founded to heal the vulnerable and needy of their suffering and pain. It is in this motive that we donated Rs 1 crore to the Kerala Chief Minister's Flood Relief Fund as a humanitarian gesture and Rs 25 lakhs for Harvard Tamil Chair.

I encourage all our students to be inspired by great minds like Dr. Ida Scudder who worked selflessly for the community and changed the lives of many people for the better, which is why they are revered and fondly remembered even today. I remind you, that the medical degree is not an end in itself. It is the beginning of a life full of dedication, hardwork and service to the needy. You are one of the four pillars of this institute alongside the parents, teachers/ doctors and the management. When you grow in strength and knowledge, it brings laurels to our institute and your parents and teachers. The management supports you in every way. I welcome NEET and am the only one amongst all chairmen of private medical institutes to do so. My ultimatum is to facilitate your development into responsible citizens of tomorrow.

I hope we all stand together in spirit and work hard towards a healthier tomorrow.

Warm regards

Regards,

**M.V. Muthuramalingam,**

Chairman, Velammal Educational Trust.

**CORONARY CAMERAL FISTULA WITH LV ANEURYSM - A RARE ENTITY****Dr. Vijayakumar K. Mch<sup>1</sup>, Dr. Mohanakrishnan L. Mch<sup>2</sup>, Dr. Shanmugha Sundaram DM<sup>3</sup>, Dr. P. Selvakumar MD<sup>4</sup>**<sup>1</sup>Consultant Cardiac Surgeon, <sup>2</sup>Director Cardiothoracic Surgery, <sup>3</sup>Consultant Cardiologist and Electrophysiologist, <sup>4</sup>Director of Anesthesiology Department, Velammal Speciality Hospital, Madurai**ABSTRACT**

Coronary cameral fistula (CCF) is a very rare entity, which is mostly congenital. Of the fistulas the one opening into left ventricle is still rare. Right coronary artery (RCA) fistula into left ventricle (LV) with formation of an aneurysm at the site is extremely rare. We are reporting this case for its rarity and because of ambiguity in its aetiology.

**INTRODUCTION**

Coronary cameral fistula is a very rare entity occurring in only 0.08 -0.3% of people undergoing coronary angiogram and of these rare cases it is still rare to have a fistula into left ventricle (1.2% of the fistulas).<sup>1</sup> Majority of left ventricle communicating fistulas are from left coronary artery system. Right coronary artery fistula into left ventricle is still uncommon. Though majority of these fistulas are congenital, acquired ones too have been described following trauma (surgical and non surgical) and following myocardial infarction. This case is presented as congenital with discussions of it not being acquired.

**CASE REPORT**

A 35 years old lady, euglycaemic and normotensive, came to this centre with complaints of occasional palpitation. She didn't have any relevant history of cardiac disease. On examining she was found to have normal sinus rhythm with rate of 90 per minute. Cardiovascular system examination didn't reveal any murmur. ECG had Q waves in Lead II and III. A possibility of old inferior wall infarct was entertained and ECHO was done. This showed an aneurysm in the submitral area without any valvular regurgitation. Coronary angiogram showed tortuous ectatic right coronary artery communicating with left ventricle (Fig 1). There was no stenotic lesion in any coronary artery. A CT scan revealed an aneurysm from mid and apical segments of infero septal and inferior wall. The RCA was tortuous and was seen reaching the posteroinferior aspect of the aneurysm. (Fig 2). A diagnosis of right coronary cameral fistula into left ventricle with aneurysm at site of entry was made and decided to operate in view of aneurysm. On table there was an aneurysm whose margins were very distinct and had mild calcification showing the chronicity of the lesion (Fig 3). It had a wide mouth of 1 cm and the RCA was found to open into the aneurysm in the posteroinferior aspect (Fig 4). The RCA was closed and the mouth of aneurysm being narrow was closed with mattress sutures. The LV wall was repaired with horizontal mattress sutures reinforced with hard felt and another layer of continuous

sutures. Pre repair and post repair transoesophageal ECHO showed no mitral regurgitation. Patient came off bypass with no inotropic support and recovered well postoperatively.

**DISCUSSION**

Coronary cameral fistula (CCF) is a rare anomaly occurring in 0.08 to 0.3% of patients undergoing coronary angiogram. Of these, majority arises from right coronary artery (RCA) (55%), left coronary artery (35%) and both (5%).<sup>2</sup> In very rare situation all three vessels will be communicating.<sup>3</sup> The communication may be of three types as arterio luminal connection, arterio sinusoidal and arterio capillary type.<sup>4</sup> Most of them are congenital except very rarely when acquired fistula occur secondary to surgery, trauma (like stab injury or gunshot) and infarction. Gold standard investigation is coronary angiogram to know the site of communication, the number, origin and termination. These findings can also be obtained by cardiac CT angiogram. In this case the CT gave all needed valuable information.

Most of the patients are asymptomatic and are being diagnosed as an incidental finding. In this case, she had approached local physician with non specific complaints of occasional palpitation and an ECHO done revealed incidentally that she has an aneurysm. These fistulas can present as angina secondary to coronary steal phenomenon. It can also cause congestive cardiac failure due to left to right shunt in cases which drain into the right side of heart and may cause pulmonary hypertension. It can cause arrhythmias, aneurysmal dilatation and rupture. Endocarditis too is postulated but has not been substantiated. Though fistula to LV theoretically cannot have a high shunt it can at times mimic aortic regurgitation like situation and cause failure and LV dilatation.<sup>5</sup>

In majority of fistulae with left ventricular communication, the arteries connect through a leash of hypertrophied trabeculae and sinusoids or leash of capillaries and enter the lumen (arterio sinusoidal or capillary variety). This patient has a coronary cameral fistula of arterio luminal type from RCA. Probably this has caused the aneurysmal dilatation at the end of vessel where the communication exists, as the LV pressure is directly transmitted to the arterial wall. It can also be due to an infarction distal to the communication site in the RCA due to steal phenomenon which gradually lead to aneurysm. Another possible etiology can be an infarction at the site leading to aneurysmal dilatation of the infarcted wall with an acquired communication to the vessel. This possibility we are not favouring as the patient had

no evidence of coronary disease in any other vessel segment. Even RCA was free of disease. Moreover she was asymptomatic and had no known major risk factors for coronary disease.

Treatment for CCF is a must in all symptomatic patients. Communication can be closed surgically and if needed a bypass graft has to be done distally. Interventional coil blockage of the communication can be done when communication is small. In this patient though she was essentially asymptomatic she was surgically treated as she had an aneurysm which can cause thrombo embolic episodes, rupture or arrhythmias. She was treated by excising the aneurismal wall, closing the RCA communication and repairing the left ventricle.

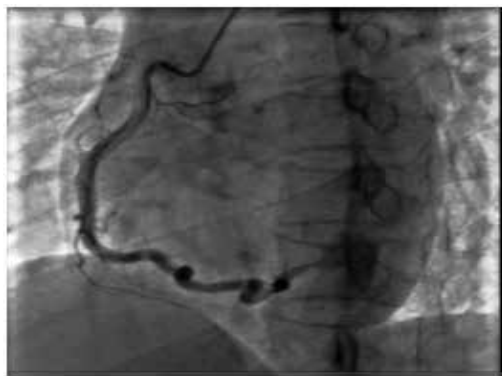
**CONCLUSION**

Coronary cameral fistula is a rare entity and one arising from right coronary artery communicating with left ventricle producing an aneurysm is extremely rare. Hence we are reporting this case. We also suggest that an arterio luminal type of fistula into left ventricle can result in aneurysm formation.

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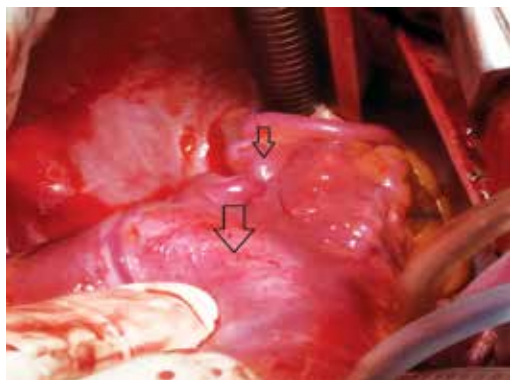
**Figure 1**

Coronary angiogram of RCA. Arrow pointing to Coronary cameral – arterio luminal fistula.



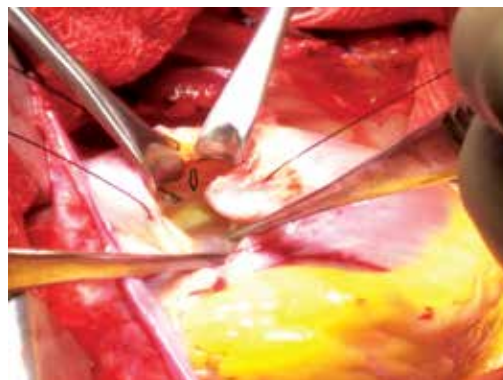
**Figure 2**

Cardiac CT scan showing RCA – LV fistula (horizontal arrow) and the aneurysm in inferior wall (white arrow) The vertical arrow shows mouth of LV aneurysm



**Figure 3**

Operating photo shows tortuous RCA (arrow 1) and the well defined LV aneurysm seen with whitish colour. (arrow 2)



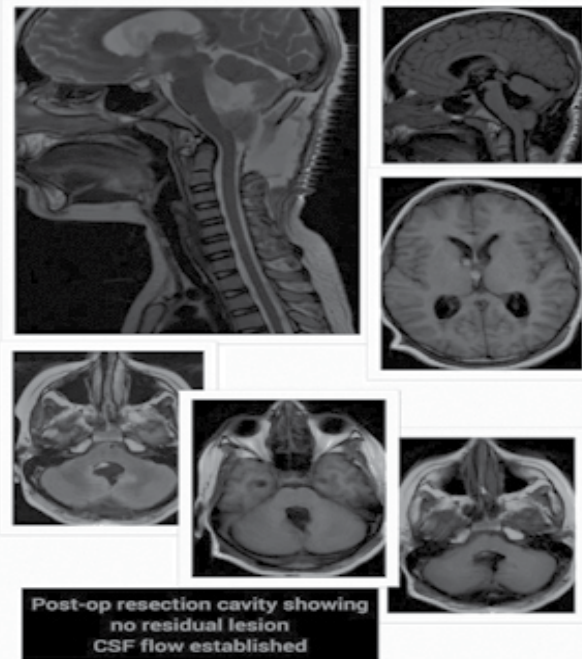
**Figure 4**

Aneurysm is opened and the RCA communication is marked by the intra coronary shunt placed inside opening. (arrow)

**MEDULLOBLASTOMA WITH OBSTRUCTIVE HYDROCEPHALUS IN A 9 YEAR OLD BOY**

**Dr. SHYAM D, M.S., M.Ch., (Neurosurgery)**

Fellow, Cerebrovascular Surgery (Japan), Consultant Neurosurgeon, Velammal Medical College Hospital and Research Institute



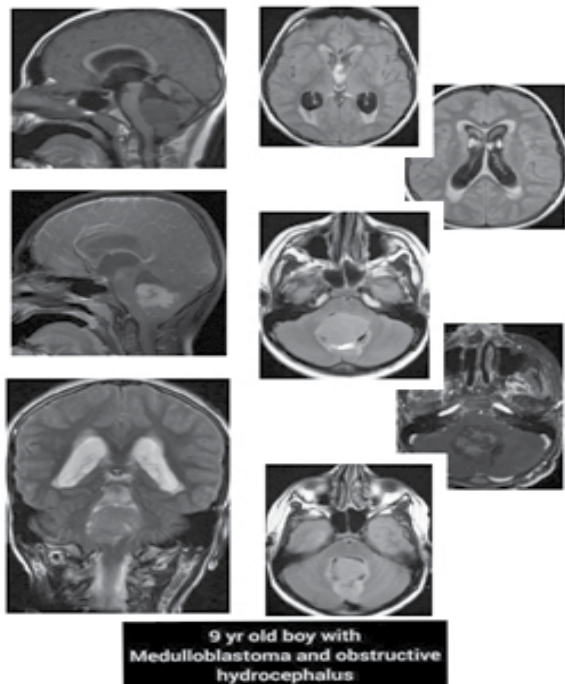
**CASE REPORT**

This is a young boy with a huge fourth ventricle space occupying lesion and hydrocephalus. He underwent microsurgical excision of the lesion. Post operative MRI showed complete removal of the lesion with restoration of the CSF pathways. Usually we perform a CSF diversion procedure before the definitive surgery but the current literature says once the tumor is removed completely there is no need. We were able to achieve the same.

Post op period was a storm. He was delivering a urine output of 1 liter an hour.

It was excellently managed by Dr. Sri Dhurga and Dr. Navinath. The boy now recovered completely and does not require CSF diversion. The histopathology was Medulloblastoma WHO Grade IV. We are sharing this case from the department of Neurosurgery.

Thanks to Dr Kevin and Dr Mukilan for their excellent support.



**ASICON PRE CONFERENCE WORKSHOP AT VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE, MADURAI**

ASICON pre-conference workshop was held at Velammal Medical College Hospital & Research Institute being organized by Association of surgeons of India (ASI). The workshop is a part of ASICON 2018, a state level conference. During the workshop live surgeries were performed including modified radical mastectomy by doctors from Madurai and Kanyakumari. The workshop also featured live satellite transmission of surgeries performed by doctors at Erode, Madurai and Chennai including a robotic surgery guided by Dr. Ramesh Aradhanari, MMHRC, Madurai. The Directorate of Medical Education, Dr A. Edwin Joe inaugurated the workshop. The Chairman of ASI, Tamil Nadu and Puducherry chapter Dr S. Easwaramoorthy, Dean VMCH & RI Dr. R M Raja Muthaiah, Dean Government Rajaji Hospital Dr. D. Maruthupandian, Dr. Mohamed Rela, Liver Transplant Surgeon, Gleaneagles Global hospital, Organising Chairman of ASICON 2018, Dr. S Babu, together felicitated the workshop.

**CAN YOU HEAR ME?****Dr. S. Pookamala MS, DNB,**

Assistant Professor, Department of ENT, Velammal Medical College Hospital &amp; Research Institute, Madurai

Hello everyone, can you hear my voice. It's me- tiny cell within human ear. Yeah, you guessed it right!!! My name is cochlear hair cells. I live within the inner ear of human beings. My main purpose of life is to convert sound energy into electrical energy that is I help a person to hear. I am a very sensitive person, that's why God has kept me well protected within the hardest bone of human body (petrous bone). Since ages, our ancestors have been living happily within the human body in a very peaceful environment. But, of late our generation and our offspring have been leading a "very stressful" life. Reason for our stress is multifactorial, most common one being excessive loud noise. Other stress factors include chemical toxins (ototoxic drugs), radiofrequency waves from mobile phones, head injury, infections etc...

In this modern world of digitalisation and globalisation everything is found in abundance, including loud noise. We, the hair cells are quite sensitive to loud noise. Technically, any noise with sound intensity of greater than 85 decibel is referred as loud noise. Exposure to such loud noise level is very common in situations like industries with heavy machinery, during aircraft take-off/ landing, rifle shooting practice sessions and disasters like bomb blast etc. Most of the noise level which we, the hair cells get exposed to daily usually falls within 65 dB, that is well within the safe limit. Nevertheless in this modern world, we are getting more and more exposed to loud noise very often. Common situations include heavy traffic (horn sound), DJ sound system in party, listening to music with full volume, noise from construction activities and they create noise pollution almost every day. Noise pollution, whether it is sudden single exposure or persistent long term exposure is very harmful to my body.

Another common, unavoidable stress factor in our life is radiofrequency waves emitted by mobile phones. These days mobile phones have become very indispensable to my master(human being). But the radiofrequency waves emitted by mobile phones is something very new to my life. Only for the past 25-20 years, I get exposed to these waves on a daily basis. The exact effect of these waves on my body and my life is still not clear. But WHO (World Health Organisation), the authority on world health has classified these waves as "possibly carcinogenic". As of now, there is no clear idea/evidence on long term effects of such radiofrequency waves, only time will have answer for this!!!

Other less common stress factor includes chemical toxins- aptly called ototoxic drugs. Unfortunately some of the essential and lifesaving medications are ototoxic and the list includes drugs

like aminoglycoside antibiotics (amikacin, streptomycin), cisplatin (anti-cancer drug), frusemide, quinine (anti-malarial) etc. These drugs release free radicals which are lethal to my body. Injudicious use of these chemicals can cause severe irreversible damage to my body.

Many a times I get exposed to all these stress factors simultaneously. Such kind of simultaneous exposure is too much for a tiny cell like me to bear and I usually get succumbed to it. So hereby I make a humble appeal to you all to save my life and to save your hearing in turn. Here with I present few suggestions which are simple and easy to follow. My requests for a stress free life are

**Noise pollution:**

- Avoid unnecessary usage of sound horn in vehicles while driving.
- Adopt "No horn day" to create public awareness
- Avoid listening to music in full volume
- Limit the noise level in music concert and DJ event to safe limits

**Mobile phone radiations:**

- Limit the duration of phone calls
- Use hands free, ear phone for long duration calls

**Ototoxicity:**

- Avoid usage of ototoxic drugs (if possible)
- Follow safety precautions while using ototoxic drugs
- Withhold the offending drug at the slightest evidence of ototoxicity

Good news is that, my voice has reached the ears of WHO already. Every year WHO is celebrating World Hearing Day on March 3<sup>rd</sup> with a theme for every year ("Hear the future"- World Hearing Day theme for 2018) and World deafness awareness week is celebrated on last week of September. These events are held every year to create awareness on how to prevent deafness, hearing loss and to promote ear care. I am sure all these events shall bear their fruit one day. I thank everyone of you for listening to my voice and I am sure that it will make a huge impact on my life and shall bring peace back to my life- sorry our life again.

Note: This year we are celebrating "National deafness awareness week" in our hospital from 24th to 30th September. ENT department of VMCH&RI is making arrangements for the same. Department shall be conducting various events like CME talk, hearing screening clinic, free consultation sessions for patients with hearing problem and public awareness talks/drama during the whole week.



VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE, MADURAI  
DEPARTMENT OF PAEDIATRICS AND COMMUNITY MEDICINE



### World Breastfeeding Week 1st August – 7th August 2018

The World breast feeding week is co-ordinated by World alliance for breast feeding action, a global network of individuals and organisations concerned with protection and promotion of Breastfeeding.

Based on WHO/UNICEF global strategy for infant and young child feeding, BFHI sets standards for quality care. This year world health assembly embraced annual celebration by member states as valuable way for breast feeding promotion everywhere.

Velammal Medical College Hospital and Research Institute is a tertiary care teaching hospital in Madurai, South India. We observed World Breast Feeding Week from August 1 to 7, 2018. Several activities based on theme 'Breast feeding - Foundation of Life' were carried out both in community and hospital to create awareness on breast feeding.

#### OBJECTIVES OF BREAST FEEDING WEEK

- ❖ Galvanize support from all sectors of society and government for promotion, protection ,support of breast feeding
- ❖ To build alliances without conflict of interest, to strengthen policy and programmes on IYCF.
- ❖ To mobilize action for appropriate feeding practices

**\*Activities done between (1-4 August 2018): LKT nagar, near to Urban Health Training Centre, Viraganoor, Madurai**

IEC activities which includes charts, posters, demonstrations were organized for ANM, postnatal mothers, family members and the public with theme focussing on establishing exclusive breast feeding ,feeding infants nothing but breast milk for first six months of life prevents undernutrition and promotes brain development.



#### COMMUNITY AWARENESS

- ❖ Introduction and the outlining of the motives of the campaign to the mothers
- ❖ Projecting placards portraying information on breast feeding
- ❖ Explained in detail on benefits of breastfeeding and its importance
- ❖ Composition of breast milk
- ❖ Various positions and attachments while feeding
- ❖ Talk was given on expressed breast milk management of breast conditions
- ❖ Sessions about talk on physiology of breast feeding, latching, complementary feeding, artificial feeds and its disadvantages explained
- ❖ Importance of colostrum which is the newborn's first vaccine as vital antibodies and immunity boost protects from childhood illnesses.
- ❖ Initiation of breast feeding within first hour of life safeguards against newborn deaths was also stressed among the community
- ❖ The participants also clarified their queries with the doctors

#### AWARENESS PROGRAMME FOR BREAST FEEDING MOTHERS AND CAREGIVERS

- ❖ Interactive session on how breast milk works, lactating Vs bonding, care of breast before and after feed, difficulties encountered and its treatment, nutrition for mother and its advantages were explained
- ❖ Concerns of mother were clarified during this session

#### LACTATION COUNSELLING FOR POSTNATAL MOTHERS GIVEN BASED ON,

- ❖ Exclusive breast feeding
- ❖ Demand feeding
- ❖ Hunger cues
- ❖ Signs of effective feeding
- ❖ Benefits to mother and baby
- ❖ Minor ailments of breast,management during postnatal period
- ❖ Can continue upto 2years

#### INFANT FORMULA FEEDING DEMERITS EXPLAINED

- ❖ Malnutrition from overdiluting formula
- ❖ Risk of unsafe water, unsterilized equipment, potential bacteria in powdered formula
- ❖ Return to breast feeding may not be an option due to decreased milk production after formula feeding was also explained.

**SOLID FOODS SHOULD BE PHASED AFTER 6 MONTHS OF AGE**

**KURINJI STREET  
AUGUST 2, 2018**



**BRAHMAPUTRA STREET  
AUGUST 2, 2018**



- ❖ To meet the growing needs of baby, mashed foods as complement to continued breast feeding
- ❖ Food to be given in spoon or cup not in bottle explained
- ❖ Clean and safe food
- ❖ Ample time needed to learn to eat solid foods

**ACTIVITIES DONE ON AUG-6/8/2018**

**PALLIVASAL STREET - AUGUST 6, 2018**



In Rural Health Training Centre, Ladanenthall, a group of community members, post natal mothers were organized and assembled in Anganwadi Centre, a skit was enacted in view of helping every new born and to make the community realize the life saving benefits of exclusive breast feeding .



**ACTIVITIES DONE ON AUG -7/8/2018**



In Anganwadi centre (kozhimedu) near urban health centre, a skit was enacted and the breast feeding week message was conveyed to antenatal and postnatal mothers by the intern doctors.



**KOZHIMEDU - AUGUST 7, 2018**

**HOSPITAL BASED PROGRAMMES**



❖ **Quiz programme for III year MBBS (medical undergraduates)** students was conducted and the best team was awarded (August 1, 2018)

❖ **Mrs P. Haritha, counsellor trained under Breastfeeding Promotion Network of India (BPNI)** addressed the mothers in antenatal and postnatal wards, our tertiary care hospital to promote breast feeding. She clarified the queries of the expectant and postnatal mothers (august 2, 2018).

Two documentary films directed and filmed by intern doctors were projected at the auditorium for around 300 members comprising of patients, family members, doctors and paramedical staff (August 6, 2018).

On August 7, 2018 - Group discussion on Breastfeeding - perception, problems and other concerns was well organized and moderated by Faculties of Obstetrics and Pediatrics, Velammal hospital, Madurai.

Healthy Baby Contest was held for babies born between feb, 2017 – February, 2018. Babies more than 3rd percentile according to BFHI was awarded based on lot system. Door to door surveys are executed periodically for further follow up.

Faculties of department of Community medicine, Obstetrics and Pediatrics worked together and made the Breast feeding week event successful.

Breastfeeding Foundation of life - “Inform, Anchor, Engage, Inspire”

## Congratulations

to the members who have involved in the organ donation and transplant programme of our esteemed institution for their exceptional commitment and contribution towards motivation of 11 organ donations and saving over 50 lives.

Velammal Hospital has been ranked as number 2 by Transplant Programme Authority of Tamil Nadu among the Private hospitals and Government hospitals in Tamil Nadu who practice organ donation programme for this year till July.

Congratulations to Dr. R.M. Sathish Kumar, Sr. Consultant, Urology being honoured for Ideas & Innovations at Association of Southern Urology Conference.



We are happy to share the Velammal Medical College hospital and Research Institute is one among 20 institutes who won the WBW 2018 contest organized by Breastfeeding Promotion Network of India (BPNI). The institute also received certificate from World Alliance for Breastfeeding Action for celebrating breast feeding week.

### CME ON VECTOR BORNE DISEASES CONTROL ORGANIZED BY THE DEPARTMENT OF COMMUNITY MEDICINE, VMCHRI



A CME was conducted in the department of Community Medicine, VMCHRI on 20th of August 2018. In order to emphasize on the importance of vector borne diseases and its control, speakers from public health are called and presentation was done on various aspects on vector borne diseases. The various topics discussed were Introduction & Epidemiology on Vector Borne Diseases by Dr. Saravanan K, Community Participation in vector borne disease control by Dr. John Victor, District Malaria Officer, Madurai and Sri Lankan model on elimination of malaria by Prof. Trupti Bodhare. A student debate was organized in the end on whether vector borne diseases can be eliminated or not?

**WELCOME TO THE VELAMMAL FAMILY ....**



**Dr. R. Prabhakaran**  
Professor  
General Medicine



**Dr. T. Thirunavukkarasu**  
Professor  
Anaesthesiology



**Dr. S. Pookamala**  
Assistant Professor  
ENT



**Dr. B. Mukilan**  
Assistant Professor  
Anaesthesiology



**Dr. P. Kavya,**  
Assistant Professor  
OBG



**Dr. A. Karthick Ramalingam**  
Assistant Professor  
General Medicine



**Dr. R. Ramanan,**  
Assistant Professor  
Anaesthesiology



**Dr. E. Rabindranath**  
Consultant  
Gastroenterology



**Dr. P. Sasidharan**  
Consultant  
Cardiology



**Dr. J. Giridhar Muthu**  
Consultant  
Cardiology



**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  
Dr. K. Saravanan, Assistant Professor, Community Medicine
- 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. 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, Anaesthesia
- 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. Karuppiyah, 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. Suganthy, Associate 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

*Congratulations* Students.....

**COLLEGE TOPPERS IN FIRST MBBS (2017-2018 BATCH)**

I Rank (85%)		II Rank (84%)	III Rank (83%)	
				
<b>Rakha Adershni D</b>	<b>Shree Lakshmi</b>	<b>Riya M</b>	<b>Naveen Prabhu A</b>	<b>Sowmya K</b>
No. of Students Appeared = 150 ; No. of Students Passed = 126			Pass Percentage 84%	

**Students who scored above 80% marks in the Tamil Nadu Dr. M.G.R. Medical University – August 2018 Examination**

Anatomy	Physiology	Biochemistry
1. AADIT KRISHNA S 2. GAYATHRI P J 3. NAVEEN PRABHU A 4. RAKHA ADERSHNI D 5. RIYA M 6. ROOBAVAHINI T S 7. SHIVANI P H 8. SHREE LAKSHMI K N 9. SNEHAA LAKSHMI V 10. SOWMYA K 11. SRILEKAA N	1. AKSHITHA MEENAKSHI V 2. AMEYA VENKATESH 3. POOJA SHANKAR 4. RAKHA ADERSHNI D 5. RIYA M 6. SHREE LAKSHMI K N 7. SOWMYA K 8. UMA BHAGAVATHY P	1. AADIT KRISHNA S 2. NAVEEN PRABHU A 3. RAKHA ADERSHNI D 4. RIYA M 5. SHREE LAKSHMI K N 6. SOWMYA K



**Pooja Swetha.P, Balamurali Krishna .M, & Priyadharshini. S (2015-16 Batch) achieved I place in “Breast Feeding Quiz” conducted by department of Paediatrics, VMC and III place in “Pathorun” conducted by department of pathology, GOVT. Stanley Medical college, Chennai**



**Ashwin Kumar. R and Chandrapriyan. T. S. (2014-15 Batch) won first prize in Pediatric quiz conducted by Madurai Medical College on 3<sup>rd</sup> September 2018**

**Madhavakumar (2015 batch) under the guidance of Dr. S. Anu participated and won third place in paper presentation titled “Effect of upper limb movements on lower limb muscles in SCI patients” at AXON 18 held at PSG institute of medical sciences, Coimbatore 13-9-18 to 15-9-18. He also won second place in quiz.**

**Students Shreelakshmi (2017 batch), Madhan (2015 batch) and Arun (2014 batch) participated in Accumbens 2018 – Junior quiz conducted by Meenakshi Medical College and Hospital, Kanchipuram on 19-9-18 and entered into the finals. The team secured fifth place.**

Students from the department of Physiology represented our college for presenting paper in the "APTCO – LEMECO 2018" conducted in Karpaga Vinayaga Institute of Medical Science, Madhuranthangam and have secured the following prizes.

Faculty	Student Name	Topic	Prize
Dr. Anu (Physiology), Dr. A.S. Kaniethapriya (Physiology), Dr. Jeyashree (SPM)	Prasanna Venkatesh (2016-2017 Batch)	"The brain listens the best to its master" – The memory benefit of hearing oneself	I - Prize
Dr.M.Shanthi (Physiology) Dr.K.Rekha (Physiology)	K.N.Shree lakshmi (2017-2018 batch)	Assessment of memory and cognitive functions in controlled and uncontrolled Type 2 Diabetes mellitus patients	II - Prize
Dr.M.Saravanan (Physiology)	R.Sharanya (2016 -2017 batch)	Reasoning ability and its association with NEET score in first MBBS students	II - Prize
Dr.S.Anu (Physiology) Dr.Uvaraja (Emergency medicine)	Vaira praveena (2016 -2017 batch)	Assessment of Psychomotor skill using mentally guided imagery and physical practices in Interns- A comparative study	III - Prize

#### Students participated and presented in the conference

Faculty	Student Name	Topic
Dr.S.Anu (Physiology) Dr.Preethi Rajalakshmi (Radiology)	Linford Nitin (2017-2018 batch)	Effect of double leg raise exercise test on abdominal fat
Mr.David Ebinezer (Anatomy) Dr.M.Saravanan (Physiology)	K.Sobana (2016 -2017 batch)	Etymology-Assessment of awareness among Medical fraternities and tool in medical curriculum



On behalf of the Madurai Moral Center, UNESCO Chair in Bioethics, Mr Venkatesh Karthikeyan (Student wing President) and Mr Prasanna Venkatesh (2016 batch student) attended the "ETHOS - National Bioethics, Medical and Research Conference" conducted by the UNESCO Chair in Bioethics (in Sri Guru Ram Das University of Health Sciences, Sri Amritsar, Punjab) between 31 Aug - Sep 2, 2018.

The team consisting of Mr. Venkatesh Karthikeyan (Final year MBBS, VMCH&RI), Mr Prasanna Venkatesh (Second year MBBS, VMCH & RI) and Dr Surbi Batra (RML hospital, Delhi) won the competition "ETHISCAN" and was awarded the title "The most innovative team" for solving various ethical issues in the given case scenarios.

Mr Venkatesh Karthikeyan won the Third place for Research Presentation on the topic "Prevalence and Pattern of Non - Prescription usage of Antibiotics in Madurai City, Tamil Nadu - a cross - sectional study" under the guidance of Dr B N Vallish, Assistant Professor, Department of Pharmacology, VMCH & RI.

**ADVANCED ENDOSCOPIC ULTRASOUND LAUNCH AT VELAMMAL HOSPITAL, MADURAI**

Endoscopic ultrasound is a minimally invasive procedure to assess gastrointestinal and lung disease. This advanced technology helps in evaluation of masses, tumours, cysts of pancreas, esophagus, colon, stomach, rectum, gall bladder, lungs. It helps to assess the extent/stage, and metastasis of the tumour. It helps in drainage of pseudocysts and to perform biopsy. Endoscopic ultrasound is both diagnostic and therapeutic.

In view of providing advanced healthcare to people, Shree M. V. Muthuramalingam, the honourable Chairman, Velammal Educational Trust, made available the Endoscopic ultrasound in Velammal Hospital. The Dean Dr. R M. Rajamuthiah, Medical superintendent Dr. S. Somasundaram, Chief Operating Officer Mr. E R Manivannan, Senior General Manager Dr. Ganesh Veerasekhar, Dr. P Selvakumar, other doctors and staffs felicitated the occasion.



**ORGAN DONATION CAMPAIGN ORGANIZED BY THE DEPARTMENT OF COMMUNITY MEDICINE**



Organ donation day was observed in Velammal medical college and hospital with various events creating awareness among the general public and medical students. The awareness programmes was conducted in rural health training centre, Ladanendal and urban health training centre Viraganoor, Madurai where general public were made aware about the importance of organ donation.

The objectives of the campaign were

- ❖ To promote public awareness about organ donation and transplantation
- ❖ To cultivate the idea that donating organ at the right time can save many lives
- ❖ To encourage people to register for organ donation

**ACTIVITIES DONE**

**On 12<sup>th</sup> of September** - A door to door awareness campaign for organ donation using placards and posters was organised at Silaiman, near our urban health centre, Viraganoor. Later the same day, a skit was performed in urban health centre.

**On 16<sup>th</sup> of September** - At Pattupoochi ( Ladanendal ), a skit was enacted to emphasize the importance of organ donation in India and how a single person by donating his organs can save nearly 8 lives. Myths on organ donation were also addressed. Queries of patients regarding the procedures involved in organ donation were also cleared. Participants were also encouraged to share this idea with their friends and families. We received a positive response from the audience. House to house awareness campaign with charts and posters were also carried out in Chellapanendal.

**On 18<sup>th</sup> of september** - A talk was organized in the medical college by the department of community medicine at the lecture hall by Mr. Mukesh (Transplant co-ordinator, Velammal Hospital) where medical students were the participants. The talk was about the principles of organ donation, the legal aspects, huge requirement of organs and the procedure for organ donation.

A skit was also enacted in the lecture hall to emphasize the need for organ donation.



### National Holistic Cardiology Conclave 2018



The National Holistic Cardiology Conclave 2018 was conducted on 28th & 29th July, 2018 at the IDA Scudder Hall, Velammal Medical College Hospital and Research Institute, Madurai. The scientific programme was meticulously planned to encompass a wide array of contemporary topics and showcase the cutting edge technologies in the field of Clinical and Interventional Cardiology. The primary objective of the conference is to spread the best practices in the field of Cardiology to non-cardiac centres in peripheral towns as well. This conference brought together under one roof, the collaborative efforts from Cardiologists and General physicians of reputed backgrounds from various National and International hospitals to disseminate the knowledge of new treatment strategies and technologies to participants. The structure of the programme had been carefully manicured to offer newer concepts to core interventional cardiologists and at the same time cater to the attending physicians in the areas of basic life-support and advanced cardiac life-support. The holistic conclave empowered the attending physicians to handle cardiac emergencies with high levels of confidence, knowledge and skills.

Smt. Nirmala Sitharaman, Hon'ble Defence Minister inaugurated the National Holistic Cardiology Conclave 2018. She lauded the initiative launched at the conference by Active Heart Foundation to train people on Cardiopulmonary resuscitation (CPR) and use of Automated External Defibrillator (AED), which are to be installed in public places. She emphasized that public awareness and responsibility in providing immediate assistance to persons facing cardiac attack is crucial in saving their lives before they could be taken to a hospital for treatment. She appreciated the organizers for training doctors working in rural areas on first response to be given to persons having cardiac problems.

Shree M.V. Muthuramalingam, the honorable Chairman of Velammal Education Trust, said that the hospital gave importance to have advanced equipment and highly skilled doctors to provide treatment. He appealed to the participants to try to make their knowledge and skill accessible to needy people.

Dr. A. Mathavan, Director, Cardiology, Velammal Medical College Hospital and Research Institute, and chairman of the conference, who runs the Active Heart Foundation, said that the AED equipment will be made available in public places like Mattuthavani Bus Stand and railway station through the foundation.

Eminent doctors from the field of cardiology Dr. K.M. Cherian, Dr. Samuel J. Asirvatham, Dr. Rajesh Dave, Dr. M.R. Girinath, Dr. S. Vijay Shankar, and Dr. S.S. Annamalai Samy were honoured at the function. Prof. Dr. R. M. Raja Muthiah, Dean, Velammal Medical College Hospital and Research Institute, Madurai, proposed a vote of thanks.

### VELAMMAL MEDICAL COLLEGE HOSPITAL & RESEARCH INSTITUTE MENTORSHIP PROGRAM

Mentor is a person who takes an interest in overall growth of a student. Considering the fact that the students come from different academic, socioeconomic & linguistic backgrounds it becomes essential for establishment of mentoring system in educational institution. Mentors are supposed to take utmost care to ensure that the student (Mentee) under them attains the requisite strength & aptitude to overcome the challenges in Medical Education.

VMCH&RI has set its goal high & expect the student community to continue their pursuit to attain excellence in their chosen field. Hence the faculty members (Mentors) will aid the students in their pursuit by giving proper advice & support. They shall ensure that the students develop a culture of discipline with reinforcement of ethics of Medical profession.

For this mentorship program to be effective mentors must ensure that a healthy mentor-mentee relation gets established. They guide the mentee in a right direction so that the mentee can achieve promising strides in their professional growth.

While there are no restrictions on the number of mentoring sessions it is essential that at least one meeting is conducted every month at a time which is convenient for both mentor & mentee. Periodic reports submitted by the mentors about the mentee to the higher authorities shall also ensure that the mentee can be guided towards the Student Counseling Unit if required. Such a unit is being constituted at VMCH&RI to meet any such challenging circumstances involving the mentee.

The outcome of this program is assessed over a period of time and shall be modulated to meet different challenges and needs of the mentees.



EVENTS



Smt. Nirmala Sitharaman, Hon'ble Defence Minister at the National Holistic Cardiology Conclave, Ida Scudder Auditorium, Velammal Medical College Hospital & Research Institute Madurai

DONATION FOR HARVARD TAMIL CHAIR



Shree M.V. Muthuramalingam, the honorable chairman of Velammal Educational Trust, presented a cheque for Rs. 25 lakh to 'MaFoi' K. Pandiarajan, Minister for Tamil Culture, towards establishing a Tamil Chair at Harvard University.