



**G.KUPPUSWAMY NAIDU  
MEMORIAL HOSPITAL**

(MultiSpeciality) Coimbatore - 641 037.



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**GKNM Hospital**  
**21<sup>st</sup> Annual Live Workshop**

# liveSURGE

Aortic Root and Zone Zero



The Department of Cardiothoracic Surgery organized a two-day International Conclave at The Residency Towers in Coimbatore. Delegates from both national and international participated in the two-day conference which comprised of live surgical demonstrations.

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## EDITORIAL

Dear Friends,

Here we are at the very beginning of 2024...the new year stretches before us holding promises and challenges! We, at GKNMH are looking forward to the opening of our state-of-art outpatient block and installation of a surgical robot that will complement the health care services that we offer to the community.

Our Outpatient EMR has outgrown its fledgling problems and has been acknowledged as one of the best healthcare digital initiatives in 2023. The inpatient EMR will follow suit undoubtedly.

We will also be aligning with the Ayushman Bharat Digital Mission (ABDM) that will provide our citizens with an ABHA number. This will facilitate seamless transfer of health records across the country. We live in exciting times indeed!

To fulfil the promise the next year holds, let us remember that ...

***“What the New Year brings to you will depend a great deal on what you bring to the New Year.”***

– Vern McLellen

With warm regards,



**Dr. Latha Balasubramani**

Consultant Gynae Oncosurgeon





## Interesting Case Capsules

### RIGID BRONCHOSCOPY & DEBULKING

Tracheobronchial obstruction is associated with significant morbidity from dyspnea and post obstructive pneumonia. Mortality also is very high in these cases. Most of the tumors are malignant. Surgery is considered the treatment of choice for localized and resectable tumors, but most of the times these patients with central airway obstruction, present in stridor to the emergency department where the tumour is inoperable.

Rigid bronchoscopy and mechanical debulking is an effective and safe procedure for airway obstruction resulting from these tracheobronchial tumors.

In the last 2 months we have done two cases of rigid bronchoscopy and achieved complete recanalisation. First was a case of a right upper lobe mass in an 80 year old female who presented in stridor. The tumour was compressing the lower end of trachea and causing almost 90% occlusion of the right main bronchus ( Fig.1a). By rigid bronchoscopy, using snare, cautery and cyro complete recanalisation was achieved ( Fig 1b). Post procedure the patient was extubated immediately. The histopathology was in favour of adenocarcinoma. Subsequently the patient did not have any stridor till date and is doing well.

Second is a case, which was initially managed at another centre for a right lower lobe mass with post obstructive pneumonia, where the bronchoscopic biopsy results were inconclusive. The tumour was a polypoidal mass which was completely occluding all the basal segments of the right lower lobe bronchus (Fig2a). By rigid bronchoscopy, complete recanalisation was achieved ( Fig.2b). The histopathology was in favour of hamartoma. The patient is doing well till date and is under our follow up with no further episodes of pneumonia.



**Dr. Vijayaravindh**  
Consultant Pulmonologist

Fig 1-CT images- on admision & Fig 2-after treatment. Fig 3 Lipid laden macrophages in BAL

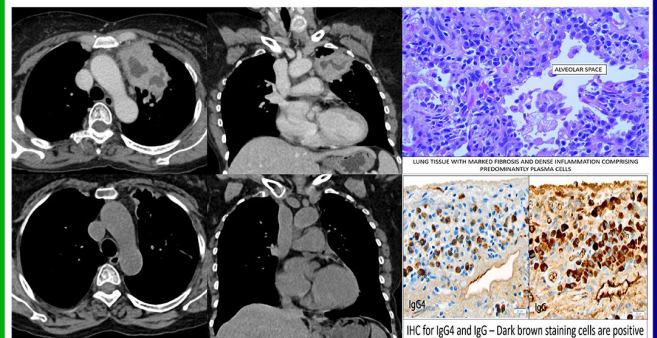
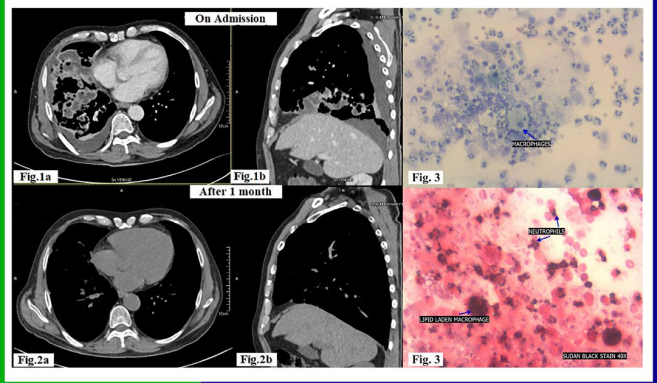


Fig 1a. Ct on Diagnosis, Fig 1b, Ct after treatment completion. Fig. 2 Histopathology of IgG.



## Parapharyngeal Space Tumours

Parapharyngeal space (PPS) tumours are rare tumours of head & neck Region. Divergent anatomic relationships and wide variety of neoplasms may involve Para pharyngeal space. The head and neck surgeon must be prepared to undertake the diagnosis and management of patients with tumors of Para pharyngeal space. The development of modern imaging ( CT & MRI )has in large measures been responsible for a better understanding of this complex anatomic area.

Para pharyngeal space is shaped like an inverted pyramid, with the base at the cranial base and the apex at the hyoid bone. Major structures in this area are pterygoid and Tensor veli palatini muscles, carotid and maxillary arteries, Jugular vein, cranial nerve IX to XII & V3. Post-styloid compartment is placed posteriorly and medially. It has carotid artery, jugular veins and cranial nerves IX to XII. Pre-styloid parapharyngeal space lies anterolateral to the fascia. It contains fat & deep portion of parotid gland. Most tumours in prestyloid parapharyngeal spaces are salivary gland origin and post styloid area are neurogenic and vascular origin.

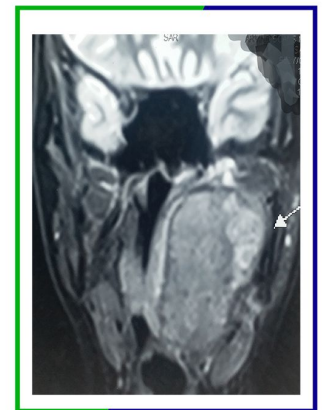
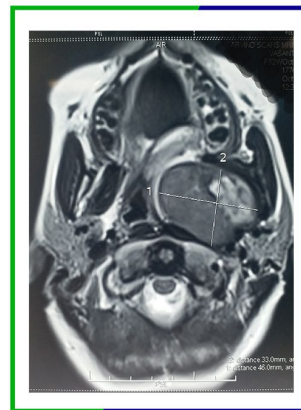
Symptoms and physical findings are related to the anatomic site, tissue of origin & size of the tumour. Displacement of medial wall of oropharynx & tonsil is the first sign of para pharyngeal space tumour due to lesser resistance.

Neck mass in sub mandibular area, pain and neuropathies may occur if the tumour is arising from nerve. Trismus (difficulty in opening the mouth) is due to infiltration of pterygoid muscles or mechanical obstruction of coronoid process of mandible. Hearing loss due to middle ear effusion and obstructive sleep apnoea symptoms like snoring, restless sleep is often due to airway obstruction.



**Dr. Mohanraj**

Consultant Surgical Oncologist



Our patient a 52 year old lady presented with difficulty in taking solid food & pain during swallowing for 20 days. She had a bulge in the soft palate. No mass was palpable in neck. MRI Scan of neck showed pre-styloid parapharyngeal Tumour. FNAC of the Tumour was suggestive of Tumour salivary gland origin. Her chest X Ray & Endoscopy was normal. Tumour was excised through neck ( Trans cervical, Trans mandibular approach). Patient has recovered well. Final histopathology was pleomorphic Adenoma (Benign salivary gland Tumour).



# World Hospice and Palliative Care day

**Theme: Compassionate communities: together for Palliative Care. – 14<sup>th</sup> Oct 2023**

*World Hospice and Palliative Care Day (WHPCD) is a unified day of action to celebrate and support hospice and palliative care around the world. It was established in 2005 and it has become one of palliative care's most significant global days.*

When we talk about Palliative care, the first response we get from most healthcare professionals is "Oh no, the patient has not reached there yet!"

I wonder whether there is any specific time to allow anyone live in comfort and happiness? Most of the times, these questions are asked because of lack of understanding in the difference between terminal and palliative care. Palliative care aims to provide physical and mental relief from the suffering, irrespective of the stage of disease in any curable or non-curable chronic conditions. Terminal care is only a part of what Palliative care has to offer and this is more about keeping patients comfortable in their last days..

Palliative care is not something to be feared about. Like how sugar adds on to the taste of your coffee, Palliative Care provided along with treatment for serious medical problems like cancer, renal, heart and neurological problems like Parkinson's disease, Dementia etc, can provide relief and comfort. Irrespective of the stage of the disease Palliative Care can improve quality of life of patients.

Just offering few minutes of OPD consultation for a patient whose life is limited due severe heart failure or COPD or renal disease or metastatic cancer, may not address all the issues and concerns the patient and their family are going through.

They may have physical, psychological, social and spiritual issues which needs to be addressed and a more holistic approach is required. This is what Palliative Care is all about.

Quite often we get called when patients are literally dying in the ICU undergoing futile treatment and when family have opted not to escalate treatment. Our role as Palliative Care Physicians is very much limited at that stage and all we can at that point is to withdraw or withhold certain treatment and allow them to die at peace. In most cases patients would have suffered enough in isolation from family before we get to see them. If only we were involved earlier when the disease was progressing or patient's condition was declining, we could have had a more meaningful involvement in their care. The transition towards supportive care and acceptance of the condition is also much easier for patients and their families, when we are introduced earlier in the trajectory of the illness.

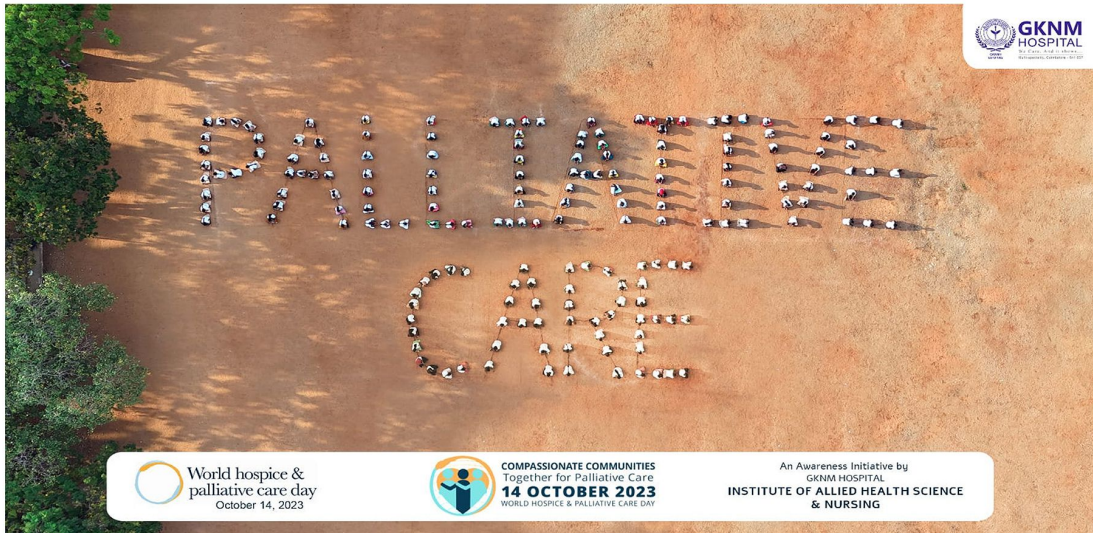
On the occasion of WHPCD we kindly urge all the healthcare professionals to consider Palliative care at an earlier stage when treating patients facing life limiting medical conditions. We now have a well-established palliative care program in our hospital that can support patients in the hospital, hospice or at their home. It only requires that little effort to involve us in your patient's care and allow them to have a better quality of life.

## World Hospice and Palliative Care day

Let us start by taking these few little steps in our institution and work towards building an organised compassionate community. One day we hope that every community becomes a compassionate community. It's an antidote to the alienation and polarisation that is happening in too many places in our societies and makes the delivery of hospice and palliative care much more effective, truly meeting the needs of patients and those close to them.

### WHPCD awareness program, 14th October 2023.

Drone picture & short awareness video on Palliative care made *by Nursing and Allied specialty students.*





# Prevalence of Germline Pathogenic BRCA mutations in women with High grade Serous ovarian cancers

*Vidya Kannan, B Sivanesan, R. Banu & Latha Balasubramani*

Original Article Published: 05 May 2023 Volume 21, article number 40, (2023) – Indian Journal of Gynecologic Oncology

## Abstract

### Introduction

Ovarian cancer is the most lethal of all gynaecological malignancies. These malignancies are known to harbour mutations in BRCA genes. Germline mutations in these genes make ovarian cancer more amenable for treatment with poly-ADP ribose phosphate inhibitors (PARPi) as maintenance chemotherapy.

### Background

The prevalence of BRCA mutations has been found to be higher in women with high grade serous ovarian cancers. However, data regarding prevalence of BRCA mutations in ovarian cancers in the Indian population is scarce.

### Methods

Women with a diagnosis of high grade serous ovarian cancers on histopathology were studied for BRCA mutations. Women with other synchronous tumours were excluded. Blood samples from 33 women with high grade serous ovarian cancers were collected, and BRCA mutation analysis was done.

### Results

The total prevalence of BRCA mutations in our study was 33%. BRCA 1 mutations were seen in 19% while BRCA 2 mutations were seen in 18%. Only three of the 11 women with pathogenic mutations had a positive family history of breast or ovarian cancer in first degree relatives. The remaining eight though harbouring deleterious mutations did not have any positive family history. Only one out of the 11 women with pathogenic mutations had a personal history of breast cancer which had been treated a few years prior to the diagnosis of ovarian cancer.

### Conclusion

A positive family history of breast or ovarian cancer, or a personal history of breast cancer alone cannot be used as a criterion for BRCA mutation analysis. Benefits of mutation analysis for the index patient include usage of PARPi for maintenance chemotherapy. For BRCA positive family members, chemo prevention with oral contraceptive pills (OCP), risk reducing surgeries and increased clinical surveillance can be planned.

## Authors and Affiliations

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**Department of Oncology**  
GKNM Hospital, Coimbatore, India – **Latha Balasubramani**

## Publications

### 3 Poster Presented at Indian Cancer Congress 2023



**Dr. Arulraj**

HOD- Surgical Oncology



**Dr. Muthuraman, DNB**

Surgical Oncology

### "Neoadjuvant Therapy and Esophageal Resection: A Critical Analysis of 100 Cases and Clinical Impact"

Muthuraman, R.\* and Arulraj, P.\*\*

\* DNB Resident, \*\* Head & consultant, Department of Surgical Oncology, GKNM Hospital, Coimbatore – 37

#### AIM

To assess the surgical outcomes, pathological response and 3- year survival rates of esophageal resection after neoadjuvant treatment

#### METHODOLOGY

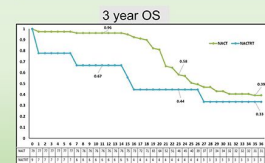
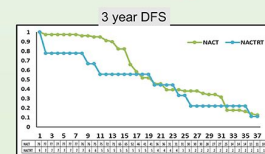
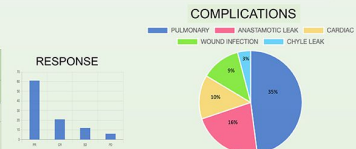
- Retrospective study of 100 esophageal resection after neoadjuvant treatment
  - Squamous cell carcinoma and adenocarcinoma
  - Thoracic esophagus & OGJ Tumors
- EXCLUSION CRITERIA**
- Tumor with a proximal limit < 20 cm
  - Metastatic carcinoma, ECOG > 2
  - Unresectable post neoadjuvant treatment
- EVALUATION**
- History, clinical examination, upper GI scopy and biopsy, Contrast enhanced CT of thorax and abdomen, MDT discussion, Fitness for surgery

#### NEOADJUVANT THERAPY-

- SCC- weekly cisplatin/carboplatin and paclitaxel +/- concurrent radiotherapy of 41.4 Gy in 23 fractions over 5 weeks
- Adenocarcinoma- 5-Fluorouracil, leucovorin, oxaliplatin and docetaxel
- Response assessment by CT Thorax
- Surgery- within 6 weeks of therapy,
- Trans thoracic or Transhiatal esophagectomy with esophago-gastric conduit anastomosis and two field lymphadenectomy
- Surgical outcomes, pathological response were assessed
- Patients have been followed up on 3,6,12 months, then for every 6 months

#### RESULTS

MEAN AGE	58.3 Years		
M:F RATIO	59:41		
LOCATION	MIDDLE- 15	LOWER- 53	OG JUNCTION- 32
HISTOLOGY	SQUAMOUS- 70      ADENOCARCINOMA-30		
NEOADJUVANT	NACT - 89	NACTRT - 11	
APPROACH	OPEN -85	HYBRID-15	
The median interval between NAT and surgery- 5.2 weeks			
SURGERY	OPEN	HYBRID	
MEAN BLOOD LOSS (ml)	423 ± 85	352 ±111	
DURATION (Minutes)	304 ± 27	391 ± 63	
POST OP STAY (Days)	8.27	6.46	
R0:R1	5/85	0/15	
NODE YIELD	11.7 (6-39)	14.1 (8-22)	
	NACT	NACTRT	
pCR (21%)	17%	54%	
Anastomotic stenosis Mild to Moderate	7%		
MEDIAN DFS & OS	21 Months, 26 Months		



#### CONCLUSION

- Neoadjuvant therapy followed by resection has become the standard of care
- NACTRT group had significantly better pathological response compared with the NACT group (p < 0.001); however no significant survival difference between them
- In our study, outcomes are comparable to the results from other high volume centres

- CROSS 2012
- NEOCRTEC 2018
- REAL WORLD DATA
- Japanese Nationwide study- okamura et al, doi: 10.1245/s10434-023-13686
- INDIA-Esophageal Cancer in India: Current Status and Future Perspectives

#### REFERENCES

- Shapiro J, van der Gaast A. CROSS study group. Neoadjuvant chemotherapy plus surgery versus surgery alone for oesophageal or junctional cancer (CROSS): long-term results of a randomised controlled trial. *Lancet Oncol*. 2015 Sep;16(9):1090-1098. doi: 10.1016/S1473-2165(15)00040-6. Epub 2015 Aug 5. PMID: 26254683
- Neoadjuvant Chemoradiotherapy Followed by Surgery Versus Surgery Alone for Locally Advanced Squamous Cell Carcinoma of the Esophagus (NEOCRTEC2010): A Phase III Multicenter, Randomized, Open-Label Clinical Trial. *J Clin Oncol*. 2018 Sep 20;36(27):2798-2803. doi: 10.1200/JCO.2018.79.1483. Epub 2018 Aug 8. PMID: 30089078. PMCID: PMC6145832
- Okamura A. Neoadjuvant Chemotherapy or Neoadjuvant Chemoradiotherapy for Patients with Esophageal Squamous Cell Carcinoma: Real-World Data Comparison from A Japanese Nationwide Study. *Ann Surg Oncol*. 2023



## 3 Poster Presented at Indian Cancer Congress 2023



### LARGE SOLID PSEUDOPAPILLARY TUMOR OF PANCREAS A CASE REPORT

Muthuraman. R (DNB Resident) and Arulraj. P ( Head & Consultant )  
Department of Surgical Oncology,  
GKNM Hospital, Coimbatore

#### INTRODUCTION

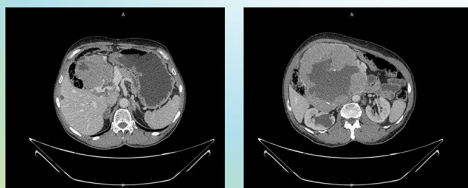
- Solid Pseudopapillary Tumors of the pancreas are rare neoplasms, with low malignant potential
- It is also called as Frantz tumor or Hamoudi tumor or papillary cystic neoplasms
- It constitutes 3% of pancreatic tumors
- Male : Female ratio – 1 : 10
- Most common site – tail of pancreas
- Usually presents with abdominal pain or a mass or as an incidental finding
- Tumor markers are of little value
- On imaging, it is seen as a heterogeneously enhancing lesion with solid and cystic areas, with peripheral enhancement and central calcification
- ES-FNA may be useful when imaging is inconclusive
- On histopathology presence of papillary fronds with degenerative pseudopapillae are diagnostic indicators
- SPTs are usually positive for neuron specific enolase, CD10, AMCAR, A-1AT and beta catenin on IHC
- Ki 67- predictor of malignant potential

#### CASE REPORT

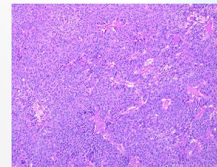
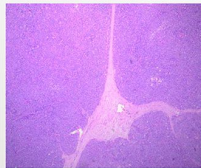
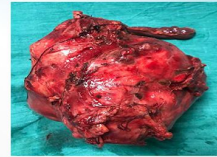
- A 67 year old male with no comorbidities presented with complaints of abdominal pain for 2 months
- O/E- 15x10 cm mass palpable over upper abdomen, extending just below umbilicus

#### CECT ABD & PELVIS

- 17x16x16 cm well encapsulated heterogeneously enhancing lesion in head of pancreas, no infiltration of adjacent structures, Body and tail of pancreas was atrophic with dilated MPD, peripancreatic nodes+, no disease elsewhere



- CA 19-9 was 21.18 IU/L, CEA- normal
- LFT, amylase and other blood Inv- WNL
- Underwent pylorus preserving pancreaticoduodenectomy (PPPD)



- HPE showed solid pseudopapillary tumor with free margins (pT3N0), no LVSI and PNI
- The patient is currently on follow up for about 2 years , without any recurrence on clinical examination and imaging

#### CONCLUSION

- SPTs are rare neoplasms with excellent survival and low recurrence rates (low malignant potential)
- rarely need adjuvant systemic therapy (R1 margins)
- Although most tumors are large, SPTs usually are amenable to complete resection
- Has excellent survival rates after complete surgical resection (10-year disease-specific survival rate of 96%)
- To define SPTs as “malignant” – presence of vascular invasion, or lymph node or hepatic metastasis

#### REFERENCES

- Blumgart's surgery of liver, biliary tract and pancreas CHAPTER 60, 868-875.e3
- La Rosa S., Bongiovanni M.: Pancreatic solid pseudopapillary neoplasm: key pathologic and genetic features. Arch Pathol Lab Med 2020; 144: pp. 829-837
- Gandhi D., Sharma P., Parashar K., et. al.: Solid pseudopapillary tumor of the pancreas: radiological and surgical review. Clin Imag 2020; 67: pp. 101-107
- Ghio M., Vijay A.: Molecular alterations in solid pseudopapillary neoplasm of the pancreas: the achilles heel in conquering pancreatic tumorigenesis. Pancreas 2021; 50: pp. 1343-1347

## 3 Poster Presented at Indian Cancer Congress 2023



### FIBROUS DYSPLASIA OF CHEST WALL – A CASE REPORT

Muthuraman. R (DNB Resident) and Arulraj. P ( Head & Consultant )  
Department of Surgical Oncology,  
GKNM Hospital, Coimbatore

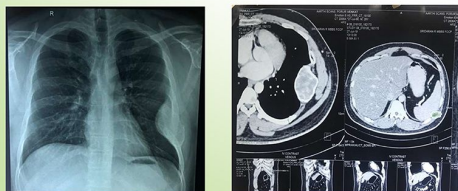
#### INTRODUCTION

- Fibrous dysplasia is a fibro-osseous lesion of unclear etiology wherein normal bone is replaced by abnormal fibrous tissue and immature bone.
- It is a benign skeletal, developmental, non-inherited disorder caused by a postzygotic genetic mutation.
- GNAS-1 gene mutation in chromosome 20
- M:F = 1:1
- Sites- Femur, ribs, craniofacial bones
- It can affect any bone in the body and is more common in adolescents and young adults.
  - Two types of fibrous dysplasia are:
    - Monostotic (most common)
    - Polyostotic (20%)

#### CASE REPORT

- A 29 year old gentleman presented with complaints of left sided chest pain for 10 months.
- Examination - revealed a single 6 x 6 cm hard mass in the left side of the chest wall, no swelling elsewhere
- **Biopsy** revealed ossifying fibroma

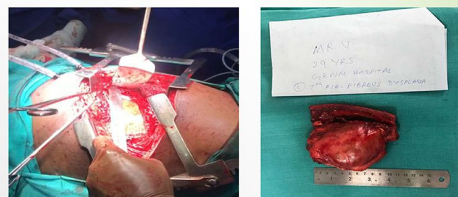
**CECT THORAX** : Well defined unifocal heterogeneously enhancing expansile osteolytic lesion measuring 91 x 48 mm in the lateral aspect of left 7th rib with no significant adenopathy.



- Slide review was in favour of **fibrous dysplasia**.
- Case was discussed in MDT and planned for Excision.

- Wide monobloc excision with partial excision of 7<sup>th</sup> rib with chest wall reconstruction using mesh and bone cement was done on 28/9/2019.

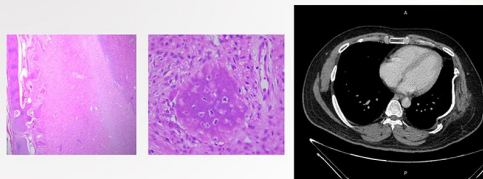
- **Intra op findings** revealed- A 10 cm smooth wall encapsulated tumor in the 7<sup>th</sup> rib with no infiltration into surrounding structures.



- Post operative period was uneventful and the patient was discharged on 5<sup>th</sup> postoperative day.

- **Histopathology** reported fibrous dysplasia of 7 rib with no evidence of malignancy

- **Follow up CECT Thorax** showed no evidence of recurrent or residual tumor for 3 years



#### CONCLUSION

- Malignant degeneration occurs in 4% of cases of fibrous dysplasia and is more common with the monostotic type.
- Polyostotic type-McCune-Albright syndrome and mazabraud syndrome
- This case was reported for its rarity and benign nature. This case has been successfully managed in our institution with simple and cost effective reconstruction.

#### REFERENCES

- Czerniak B: Fibrous dysplasia and related lesions. In: Czerniak B, ed: Dorfman and Czerniak's Bone Tumors. 2nd ed. Saunders; 2016:570-616
- Bianco P et al: Fibrous dysplasia. In: Glorieux FH et al, eds: Pediatric Bone. 2nd ed. Elsevier; 2012:589-624



## Publications

### 2 papers presented at ASIA PACIFIC SOCIETY OF RESPIROLOGY CONFERENCE

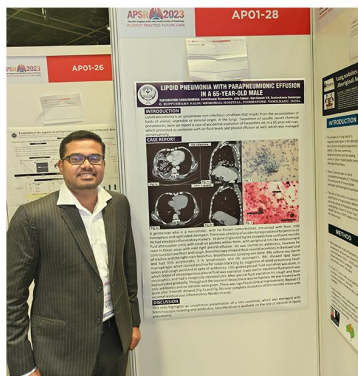


16 - 19 NOVEMBER 2023  
SUNTEC SINGAPORE CONVENTION & EXHIBITION CENTRE

CURRENT PRACTICE FUTURE CARE

#### Dr. Vijayaravindh, Consultant Pulmonologist

Team Pulmonology of GKNM Hospital presented 2 cases in the 27th Congress of the Asian Pacific Society of Respiriology (APSR 2023) which was held from 16 to 19 November 2023 at Singapore.



## Clinical Research

### Certificate Course in Clinical Research:

*"If we knew what we were doing,  
it would not be called research, would it?"*

- Albert Einstein

**Pavithra Ramanath**  
Senior Research Associate



Clinical Research involves identifying research problems related to clinicals and implementing its findings in routine practices, in order to improve the quality of patient care. The goal of clinical research is to provide the highest quality and most cost-effective care possible. In order to practice evidence-based medicine, practitioners must understand the concept of research and know how to accurately evaluate this research.

In GKNM Hospital, this course is designed to assist the working professionals to acquire an understanding of the research methodology and statistical methods as a basis for identifying research problems, planning and implementing a research plan.

The concept behind starting the course was welcomed by the management and the encouragement has enrolled 16 GKNMH employees from Clinical HODs, Consultants, Nursing to Physician assistants and Laboratory technicians. This diverse crowd embarked on the structured learning schedule and will sail for the next seven months with the Department of Research. It is

inspiring and energising to see other Consultants willing to take lectures in their area of expertise in terms of RESEARCH.

The Department of Research may be small comprised of three full time researchers and statisticians, but we surely have strong believers and supporters who extend their time and mind space constantly.



# Congratulations

## CII WR – Innovation in Healthcare & Hospital Technology Award -2023(All India)

Confederation of Indian Industry awarded GKNM Hospital as Winner of **“Best Home Healthcare Initiative”** and 2nd Runner up in **“Best Healthcare Digital Initiative”** for the year 2023 (All India)



**Dr. Sundarakumar**, Medical Informatics Officer & consultant Pulmonologist of GKNM Hospital received the award at an award function held at The Lalit Hotel, Mumbai.



## Congratulations



### 23rd Annual Conference of Pediatric Cardiology Society of India

**Dr. Vijayakumar R** – Sr. Consultant Pediatric was awarded the " **Dr. Anita Saxena Innovation Award** " in the 23rd Annual Conference of Pediatric Cardiac Society of India which was held on 26th November at ITC Grand Chola, Chennai.

This award is for the Short term results with **Ozaki Valved Conduit "A simple solution for patients needing RV- PA conduit in low resource setting "**

Dr Anita Saxena is a Paediatric Cardiologist retired from AIMS, she did a lot of study in Rheumatic Heart Disease. This award is created by Pediatric Cardiac Society of India for innovation.



### Neonatology conference - OOTY NEOCON 2023

**Dr. Sowmya**- Chief of Neonatology, received an award in recognition as Senior Neonatologist at the conference.



## Welcome On Board





## Events

### ISCCM DAY 2023

8<sup>th</sup> Oct 2023

The Indian Society of Critical Care Medicine and GKNM Hospital jointly organized a one-day workshop for the nursing team on the topic "Critical Care Nursing Workshop on Sepsis" – the workshop was organized by Dept of Critical Care Medicine at GKD Auditorium. Nursing team from GKNMH and other institutions also participated.



### World Mental Health Day 2023 – 10<sup>th</sup> Oct 2023

*Theme : "mental health is a universal human right"*

The World Mental Health Day is observed on 10<sup>th</sup> Oct 2023. To create awareness on mental health among staffs & students of Institute of nursing, the faculty of Mental Health Nursing and DGNM II year students conducted various activities including games, made Selfie point & gave hand made gifts to all staffs and students in Institute of nursing.





## Events

# National Physician Assistant Day

14<sup>th</sup> Oct 2023

On the occasion of *Physician Assistant Day*, GKNMH PA's organized a one-day event with competitions and the winners were awarded with prizes.





## Events

### GKNMH – Cathlab Pooja

18<sup>th</sup> Oct 2023

GKNMH has another proud moment to have added the upgraded cathlab facilities with new philips azurion with cutting edge technology, Dr.Ragupathy Veluswamy, the CEO inaugurated the upgraded cardiac cathlab.



### GKNMH Hostel Day 2023

20<sup>th</sup> Oct 2023

HR Dept. of GKNMH hosted a Hostel Day event on the occasion of Aayudha Pooja Celebration. Competitions were organized and prizes were given for the Best Decorated Rooms. The event had food stalls by GKNM staffs. This gave an opportunity for the employees to showcase their talent. The event had cultural programs and games to engage the audience.





## Events

# Infection Prevention Week October 2023

21<sup>st</sup> Oct 2023

The 14th infection prevention week combined with Global Hand washing Day was celebrated between 16th to 21st October 2023. Various competitions were held and winners were awarded prizes. Awareness classes were held regarding basic infection control practices. All healthcare workers were involved in the competitions held and final day celebration.





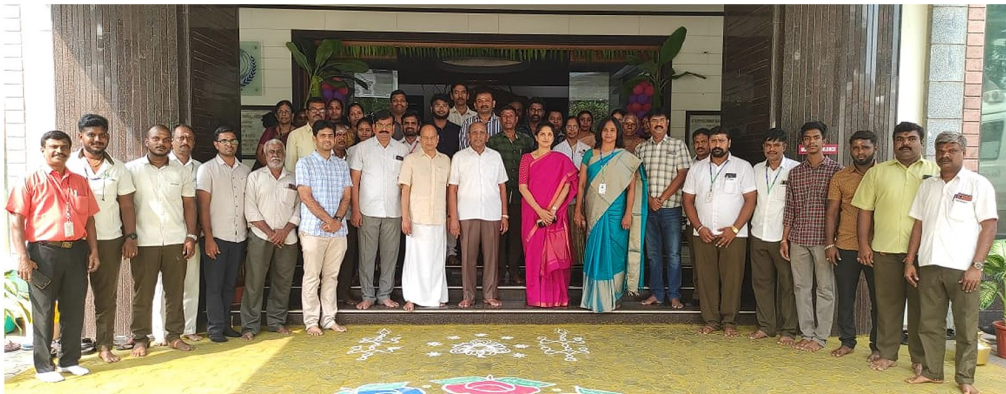
## Events

### Neonatology conference - OOTY NEOCON - 22<sup>nd</sup> Oct 2023

The Neonatology Association of Tamil Nadu Chapter organized a two-day Medical Conclave at Fern Hills Resort in Ooty. GKNMH participated in the event as a sponsor and exhibited the services to the visitors.



### GKNMH - Ayudha Pooja Celebration - 23<sup>rd</sup> Oct 2023





## Events

# World Stroke Day

29<sup>th</sup> Oct 2023

To create an awareness among the general public about signs and importance of BE FAST, a Mime Interactive Activity was held at Race Course by GKNMH along with BSc AHS. The activity was well received by the general public. An awareness video was prepared and shared in social media pages along with Dr. Rasmiranjan Padhi, Consultant Interventional Radiologist and the students of BSc AHS. Stroke awareness quiz and mime act competition was organized for GKNMH staffs and students. The winners were awarded with trophies by our CEO, Dr. Ragupathy Veluswamy. An interactive Session - Neuro Consultants Dr. G. Gnanashanmugam, and Neurosurgeon Dr. M.R. Bala Senthilkumaran of GKNM hospital addressed the GKNM Nursing students, nurses, physician assistants and technicians on the "Symptoms, Risk factors, Preventive measures and treatment options of Stroke" explaining the importance of time and immediate action.





### World Breast Cancer Awareness Month

31<sup>st</sup> Oct 2023

To create awareness among the women about the importance of Breast Self Examination after an age of above 30, free screening camp was organized on October 31st at SLB (Cameroon) a global technology company at Tidel Park, Coimbatore. A total of 40 women were examined and the community oncology volunteers educated about the self examination and symptoms of breast cancer. Dr. Latha Balasubramani, Consultant Gynaec-Onco Surgeon, VNCC, gave an awareness talk covering the importance of breast self examination, HPV vaccination options and about the importance of screening.

GKNMH along with Ladies Circle – Organized an awareness session at Annur Village, and around 150 women participated in the interactive session. Dr. Karthiga, Consultant Radiation Oncology, VNCC addressed the gathering.

**PINK DAY** – On behalf of VNCC Dept, to create an awareness among the general public about the importance of Breast Cancer Screening, the entire façade of VNCC block was lit with pink lights to connect with the theme Pink October.





## Events

# Employee Engagement Program

16<sup>th</sup> Nov 2023

Everyone likes to be recognized and appreciated for the work they do. GKNM Hospital has never failed to recognize and appreciate its employees. Along those lines, the Employee Engagement Program has been initiated and the employees who deserve to be honored are awarded for the work they do as individuals as well as teams every quarter of the year. The best performer/team is awarded the title and the CEO delivers words of encouragement and appreciation for them. The Best Individual and Teams were felicitated with certificates on November 16, 2023 for the quarter April to June 2023.





## Events

### International collaboration with the Mayo Clinic in Rochester, USA for children undergoing open heart surgery at GKNM Hospital

20<sup>th</sup> Nov 2023

*Children Heart Link team with medical volunteers from Mayo Clinic, Rochester, USA, visited GKNM Hospital to promote children heart surgery.*

GKNM Hospital started a dedicated paediatric heart surgery unit since 2014. About 450 children are undergoing open heart surgery every year at GKNM, with an operative mortality rate of around 1%. Most of the surgeries are done at a very subsidised rate with the help of various donors. GKNM has been one of the partners with Children Heart Link, an NGO in Minneapolis, USA, since February 2018. Children's Heart Link will bring medical volunteers from North America and help the unit train the ICU nurses better and overall improve the intensive care for children after open heart surgery.

Four medical volunteers from Mayo Clinic in Rochester, USA, visited GKNM Hospital and spent one week with the paediatric cardiac team at GKNM last week.

Dr. Mikel Nemergut, MD, paediatric cardiac anesthesiologist and intensivist; Ms. Bri Miller, respiratory therapist; Ms. Erinn Erickson, ICU Nurse; and Ms. Kim Weiss, ICU Nurse. During the visit, both teams (GKNM and Mayo Clinic, USA) shared their knowledge and skills. GKNM had performed open heart surgery on 11 children during this visit, and all the children had a good outcome. GKNM had already hosted multiple similar visits in the past. The CEO, Dr. Ragupathy Veluswamy, had committed to developing a centre of excellence for children with birth-related heart problems at GKNM to serve the needy children in and around Coimbatore and neighbouring districts.



## Events

### Lamp Lighting Ceremony

8<sup>th</sup> Nov 2023

The lamp lighting ceremony of the 38th batch of DGNM I year students was held on 08/11/2023 in G.K.D Auditorium organized by Institute of Nursing. The ceremony commenced with a welcome address by Prof. Shanthi.P, Principal, Institute of Nursing. Mrs. Revathy.D, Professor and Mrs.Mary Nursing Superintendent lit the lamps of the students while Prof. Shanthi.P, Principal, Institute of Nursing led the Nightingale's pledge followed by student nurses. Dr. Manoharan,CMO felicitated the novice nurses. Dr. Raghupathy Veluswamy, CEO delivered the Chief Guest address. The occasion ended with vote of Thanks by Prof Mrs. Rajeswari. S, Institute of Nursing followed by the National Anthem.



### Pulmonary Health Awareness Talk

24<sup>th</sup> Nov 2023

An outreach programme on "Pulmonary Health Awareness" was conducted at Lakshmi Electrical Control Systems, Unit 1, Arasar plant in Coimbatore for their senior level managers and staffs. The session had awareness talk by **Dr. Vijayaravindh**, Consultant Interventional Pulmonologist of GKNM Hospital.

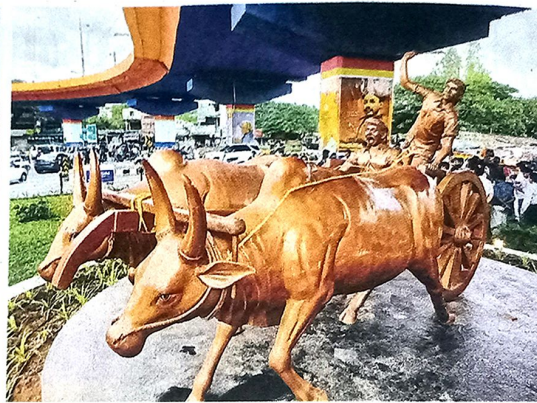




## Events

### Inaugural Event of Roundabouts A Horse with Jockey Statue at Race Course & Rekla Race Statue at Sungam - 29<sup>th</sup> Nov 2023

A Horse with Jockey & Rekla Race Statues were erected at Race Course Circle and Sungam Circle. GKNM Hospital joined hands with Coimbatore City Municipal Corporation in beautification of Coimbatore city under Smart city Project. GKNMH installed life size statues at Race Course & Sungam circles. The inaugural event was held on November 29th by **Thiru. Kranthi Kumar**, IAS, the district Collector of Coimbatore, **Thiru. V. Balakrishnan**, IPS, Commissioner of Police, **Thiru. Sivaguru Prabhakaran**, IAS, Commissioner, Coimbatore city Municipal Corporation in the presence of **Mr. Gopinath**, Vice president of KNC Trust along with the dignitaries from GKNM Hospital.



### GKNM Hospital hosted 21st edition of Cardiothoracic workshop

# liveSURGE

Aortic Root and Zone Zero



**Dr Chandrasekar Padmanabhan**, as the Program Director & Chairman Department Cardiothoracic Surgery has been the key player in making this Workshop a very renowned one with doctors from all over the world holding it in very high esteem and show a great interest to participate in. LiveSURGE is the most sought after meeting in the country and sets its own benchmarks each year.

The 21 st Annual Workshop was conducted on the 1st and 2nd of December 2023 by the Department of Cardiothoracic Surgery, GKNMH in Coimbatore.

Started in 1998, the annual workshops of GKNMH has created a niche and has grown to be one of the best meetings in the country with the best in the world participating, demonstrating and sharing their experience in the field of Cardiothoracic Surgery.

This year the focus was on the aortic valve and the root. Prof Laurent De Kerchove from Brussels and Prof Ruggero De Paulis from Rome were the invited faculty. They are the world leaders in aortic valve repair and root surgery. Prof Hector Michelena from Mayo Clinic delivered the keynote address. Dr. Chandrasekar K from Mayo Clinic, Dr. JaiRaman from Melbourne and Dr. Bashi from Chennai were the other invited faculty.

The workshop was attended by 204 delegates from all over the country and South East Asia, and from as far as Brussels and Rome. 6 cases of different problems covering the entire spectrum were demonstrated live. The audience were glued to the proceedings for the entire 2 days. The live cases were supported by relevant lectures and videos to enhance the learning experience.

A collection of 85 videos of the past 20 years has been archived in the cloud to share with everybody and for anyone to access as a great learning tool and was launched during the workshop.

Team LiveSURGE once again showcased their skills to produce another great workshop filled with strong scientific content.



## Events

### Medi Expo 2023 – Free Medical Camp for General Public

Tirupur (2<sup>nd</sup> & 3<sup>rd</sup> Dec 2023) Ooty (10<sup>th</sup> Dec 2023)

GKNMH participated in the Free Medical Exhibition organized by Omega Events as Co-sponsors. The Event was held at two locations, on Dec 2nd & 3rd at Gayathri Mahal, Tirupur and on Dec 10th at Devangar Mahal in Ooty. GKNMH stalls were placed in both the locations and Free Heart Screening for Childrens with suspected Heart Defects along with free ECHO screening was done at the premises. **Dr. Aparna**, Consultant Paed Cardiologist and **Dr. Vinodh Kumar**, Consultant Paed CTU Intensivist gave consultation to the Children's and free ECHO screening was done for the needy children. Post graduates doctors from Obstetrics and Gynaecology Dept gave consultation on Women health and wellbeing.



### Physiotherapy Outreach Programme

Cameroon Technologies, Tidel Park

7<sup>th</sup> Dec 2023

Cameroon Technologies, Tidel Park, Coimbatore – The Physiotherapy Dept organized an outreach session at Cameroon Technologies (SLB) in Coimbatore for their senior level managers and staffs.



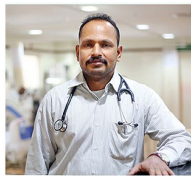


## Events

### CME PROGRAM in association with IMA Tirupur

22<sup>nd</sup> Dec 2023

GKNM Hospital along with Indian Medical Association Tirupur organized a CME program on Dec 22nd at RK Residency, Tirupur. Around 100 GP doctors participated in the program as a delegate. The CME was also eligible for TNMC credit hours.



TOPIC :  
**BRIDGING THE GAP IN BIRTH RELATED HEART DEFECTS**

SPEAKER: **Dr. VIJAYAKUMAR RAJU**  
MBBS, MS, MCH, Fellow mayo clinic and boston children hospital, USA  
Director - Centre for Paediatric Congenital Heart Disease  
GKNM HOSPITAL

Moderator - **DR. C. BARANIDHARAN**  
MBBS, DNB ( General Medicine), DNB ( Cardiology)

TOPIC :  
**ANEMIA IN CHILDREN- EVALUATION AND MANAGEMENT**

SPEAKER: **Dr. AJEITHA. L**  
MD (PEDIATRICS), PDF (PHO), Fellowship in pediatric BMT  
Consultant - Paediatric Hematology, Oncology and  
Stem Cell Transplant - GKNM HOSPITAL

Moderator - **DR. S. KANDHA SAMY**  
MBBS, DCH





## Events

### CME on Fetal Talks – Trendz Masterclass Series 2023 – 23<sup>rd</sup> Dec 2023

Dept. of **OBG & Fetal Medicine** of GKNM Hospital organized a half day CME under Trendz Masterclass Series 2023 at GKD auditorium, Coimbatore. Guest speaker for the event was Dr. Srividhya Sankaran, Consultant OBG & Fetal at Guy's and St. Thomas Foundation Trust, UK. Around 35 plus PG doctors participated in the program as a delegate. The CME was also eligible for TNMC credit hours.



Find the Total Number of Students in the Class.

Alex ranked 9th from the top and 38th from the bottom in a class. How many students are there in the class?

- A 45
- B 42
- C 46
- D 44



Answer:-

Since Alex ranked 9th from the top there are 8 students ahead of him. And he ranked 38th from the bottom that means 37 students are behind him.

So the total number of students will be  $8 + \text{Alex} + 37 = 46$ .












## G.KUPPUSWAMY NAIDU MEMORIAL HOSPITAL

( A UNIT OF THE KUPPUSWAMY NAIDU CHARITY TRUST FOR EDUCATION AND MEDICAL RELIEF )

(MultiSpeciality) Coimbatore - 641 037.



### “GKNMH UPAKARA”

-  “GKNMH UPAKARA” fund is created to accept donations / contributions under CSR Scheme from Individuals / Public / Companies.
-  To provide the core oncological services including Radiation oncology, Medical services, Haemato oncology, and Surgical oncology to the poor cancer patients.
-  To offer subsidized payment for Bone Marrow Transplant patients.
-  To subsidize payment to poor and needy cancer patients.
-  To subsidize care of poor patients, department wise, as designated by the donor.
-  The payment shall be made by Cheque / DD in favour of “**The Kuppuswamy Naidu Charity Trust for Education and Medical Relief**” payable at Coimbatore.
-  These donations are eligible for the exemptions u/ sec. 80G of the Income Tax Act.



Newsletter Team

Published by

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