

infoKEM

Newsletter - February 2020

Know your Consultant



Dr. Snehavardhan Pandey
Associate Consultant, Hepatology

Dr. Snehavardhan Pandey has completed his graduation from Krishna Institute of Medical Sciences, Karad. He is a post graduate in Paediatrics from Lokmanya Tilak Municipal Medical College, Mumbai (DCH) and King Edward Memorial Hospital, Pune (DNB). He has completed his DM in Paediatric Hepatology from the Institute of Liver and Biliary Sciences, New Delhi. He has relocated to Pune, enjoys travelling, watching movies and is a certain 'foodie'.

Apart from running a Paediatric Hepatology OPD at KEM on every Wednesday, he also visits Nashik, Solapur, Ahmadnagar, Karad, Sangli and Kolhapur once a month. His main area of interest is paediatric pre & post liver transplant optimization and their long term follow up. He has managed more than 40 paediatric liver transplant recipients till now. He has keen interest in research and has published several research papers in national and international journals.

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40th Anniversary - TDH Rehabilitation & Morris Child Development Centre



“I wouldn’t change You for the world, but I would change the world for You”. Dedicated to the challenged child.

In the seventies, Paediatricians were busy treating malnutrition, diarrhoea, infectious diseases and there was no time or desire to manage challenged children. KEM Hospital under the leadership of Dr. Banoo Coyaji and Dr. Anand Pandit decided to tackle this problem. They were supported by Terre Des Hommes under the leadership of Mr. Gunther Hilliges from Germany and Mr. Adi Patel, and the TDH Rehabilitation centre came into existence on 19th September 1979 at KEM Hospital Pune. This centre was designed in a systematic and farsighted manner. All facilities and treatment required by the challenged children are available under one roof. This reduced the difficulties faced by the parents to a great extent and the pioneer centre has turned out to be a role model for the entire nation.



Dr. Anand Pandit addressing the audience



Dr. Yemul and Dr. Chaudhari with dancers

On the 9th of February, 2020 we celebrated the 40th anniversary of KEM Hospital’s TDH Rehabilitation and Morris Child Development Centre. 110 Delegates attended the programme. The programme commenced with an introductory speech by Dr. Anand Pandit, Director TDH Rehabilitation Centre. Children who were diagnosed to have a profound hearing loss, who later went on to have a cochlear implant surgery, displayed their skills by an energetic dance performance and sang the National Anthem. A short film was screened based on the TDH Rehabilitation Centre and Morris Child Development Centre. A musical instrument, tabla was played by a child having Attention Deficit Hyperactivity Disorder followed by a dance performance by a child having Cerebral Palsy. These children have been taking treatment and therapies since a long time at the TDH Centre. A parent who was taking therapy at the TDH centre – Dr. Ujjwal Nene spoke about her journey. The anchor for the programme was Dr. Sudha Chaudhari, Senior Paediatrician. A felicitation of the employees who have been a part of the centre since the past 30 years was done by Dr. Vishwanath Yemul, Medical Administrator. The programme ended with a round of the TDH Centre, highlighting the renovated and upgraded Occupational therapy department, which now has new equipment essential for sensory integration therapy. This was followed by lunch.

Celebration Pictures



Child having ADHD playing the tabla



Performance by the children earlier diagnosed to have profound hearing loss now having a Cochlear Implant



Glimpses of the new equipment at Occupational Therapy department



Dance by Rudra Balkawade Cerebral Palsy patient

ISPNC CON 2019

The 31st Annual Conference of Indian Society of Paediatric Nephrology, jointly organized by KEM Hospital, Pune and AFMC, was held at the Armed Forces Medical College, Pune from 20th to 22nd December.

The inauguration of the conference (by Lt. Gen. Nardeep Naithani, Director and Commandant, Armed Forces Medical College) was followed by the keynote address delivered by Dr. Kim Hui Yap, Paediatric Nephrologist, NUHS, Singapore and President of International Paediatric Nephrology Association.

The Scientific program was co-ordinated by Dr. Jyoti Sharma, Consultant Paediatric Nephrologist at KEM Hospital, Pune and Brig. Amit Devgan, Head of Department of Paediatrics at AFMC, under the patronage of Dr. F F Wadia, Director of Renal Unit, KEM Hospital, Pune and Maj. Gen. Madhuri Kanitkar, AVSM, VSM.

Faculty from all Paediatric Nephrology training centres in India participated. International faculty who shared their expertise were Dr. Pierre Cochat from France, Dr. Edwin Wong from Newcastle, Dr. Anne Wright from London, Dr. Rukshana Shroff and Dr. Divyesh Desai from Great Ormond Street Hospital, London.

The 3 pre-conference workshops, Scientific Eye (workshop for Reviewers), Drips and Dribbles (Non Invasive Urodynamics) and Probe (Bedside USG in Paediatric Nephrology), were well attended.

The conference was attended by 250 delegates from all over the country and included Paediatric Nephrologists, Nephrologists, trainees in Paediatrics and Paediatric Nephrology and Paediatricians. Trainees in Paediatric Nephrology showcased their exploratory work in oral presentations and 70 posters.



Organising Team



International and National faculty with the organising team members



Pre - conference workshops



Glimpses of AMOGS 2020

We are happy to share with you all that Dr. Suhas Otiv, Sr. Consultant in OBGY & Dr. Shreepad Karhade, Head-Dept. of Fetal Medicine were invited as faculty at AMOGS 2020, a state OBGY conference held at Amrawati on 14th, 15th & 16th February 2020.

Dr. Suhas Otiv delivered a talk on 'Antenatal Counselling for Congenital Anomolities' & he also conducted a Panel Discussion on 'Interesting Cases in Fetal Medicines'.

Dr. Shreepad Karhade, delivered a talk on 'Spontaneous Fetomaternal Hemorrhage'. All the presentations were very well appreciated by more than 800 delegates.

Dr. Shreepad Karhade under the guidance of Dr. Mugdha Parasnis , HOD TATA Centre, also contributed a chapter 'Obstetric Ultrasound in ART Conceptions' in the book 'AMOGS FOCUS - Fetal Medicine for Clinicians' which was published at AMOGS 2020.





Dr. Meenu Agarwal
National Director - Clinical Board, Morphous IVF
Chairperson - Imaging Science Committee FOGSI, Pune.

Obstetric Ultrasound in ART conceptions

Chapter 23

INTRODUCTION
Over the past decade, the use of assisted reproductive technology (ART) has increased dramatically worldwide and has made pregnancy possible for many infertile couples. Although the perinatal risks that may be associated with ART and ovulation induction are much higher in multifetal gestations, even singletons achieved with ART and ovulation induction may be at higher risk than singletons from naturally occurring pregnancies (1). However, it remains unclear to what extent these associations might be related to the underlying causes of infertility. Before initiating ART or ovulation induction, the obstetrician should complete a thorough medical evaluation to ensure that the patients are in good health. Any maternal health problems or inherited conditions should be addressed. Couples at risk of passing genetic conditions on to their offspring should be counseled appropriately.

Usually the couples undergoing ART treatment are under lot of stress and are very anxious. So it is always better to explain them regarding the complete ART procedure, possible outcomes , how the pregnancy will be confirmed , when the ultrasound examination will be done and further plan for management in the second and third trimester.

Usually the confirmation is done by assessing the maternal Serum hCG levels, two weeks after the embryo transfer. hCG levels > 200 mIU/ml are more likely to have on going pregnancy, hCG level > 600 mIU/ml have a likelihood of a multiple gestation pregnancy (2). The clinician should correlate the Beta HCG values with the number of embryos transferred.

FIRST ULTRASOUND EXAMINATION AFTER ART
The first ultrasound examination is done two weeks after the Beta HCG levels are positive. This coincides with 6th to 7th week of pregnancy(3). In case of pregnancy resulted from ART , the ART derived gestational age should be used to assign the estimated due date (EDD) . For example, the EDD for a pregnancy resulted from in vitro fertilization should be assigned using age of embryo and date of transfer i.e. Day 3 transfer or Day 5 transfer (3). To assign EDD in case of Day 3 transfer , use embryo transfer date and then add 263 days. For Day 5 transfer use embryo transfer date and add 261 days to assign EDD. Gestational age once assigned should never be changed. At present most of the reporting software have the option of entering Embryo transfer date i.e. day 3 or day 5 transfer along with Last menstrual period date. Based on the gestational age assigned, the first ultrasound examination is scheduled at 6 to 7 weeks.



Dr. Shreepad Karhade
Head, Department of Fetal Medicine
K.E.M. Hospital, Pune.



Media Coverages



शनिवार, ८ फेब्रुवारी २०२० ३

» प्रासंगिक

बाल रुग्णसेवेची चार दशके

देशाच्या बाल आरोग्य धोरणाला आकार देणाऱ्या पुण्यातील केईएम रुग्णालयाच्या बालरोग विभागाला येत्या रविवारी (ता. ९) चाळीस वर्षे पूर्ण होत आहेत. त्यानिमित्ताने बाल रुग्णसेवेच्या चार दशकांच्या वाटचालीवर टाकलेला हा प्रकाश...

लहान मुलांच्या आजारांचं नेमकं निदान आणि त्यावर प्रभावी उपचार म्हटलं, की पुण्यातील 'केईएम'चा बालरोग विभाग असं हे चार दशकांचं नातं. या विभागाने खडखडीत बरी केलेली मुलं त्यांचा चाक्रिसाचा वाढदिवस आता साजरा करीत आहेत. दिव्यांग लहान मुलांसाठी फारच कमी सोयी असलेला तो काळ होता. या मुलांना चांगल्या उपचारांच्या पायाभूत सुविधा मिळणं हे मोठं आव्हान होतं. पण, 'केईएम'मधील बानू कोयाजी यांच्या प्रेरणेने हे आव्हान पेलण्याची जिद्द निर्माण झाली. सामान्य मुलांच्या उपचारांसाठी रुग्णालयाकडे निधी नसायचा, तर अशा दिव्यांग मुलांसाठी निधी असण्याचा प्रस्न येत नव्हता. पण, सर्व दिव्यांग मुलांवर एकाच ठिकाणी उपचार करता येतील का, याचा विचार केला, सखोल अभ्यास केला. या महत्वाकांक्षी प्रकल्पात देशातील आणि परदेशातील मित्रांनी मदत हाताने मदत केली. हा काळ होता १९७६-७७चा.

लहान दिव्यांग मुलांवर उपचारांचं, त्यांचं पुनर्वसन करण्याचं एक प्रारूप पुण्यात विकसित झालं. काळंतराने हेच प्रारूप 'आरबीएसके' (राष्ट्रीय बाल स्वास्थ्य कार्यक्रम) म्हणून साकार झालं. देशभरात अशा 'डीईआयसी' (डिस्ट्रिक्ट अर्लई इंटर्व्हेनल सेंटर) उभारण्यात येऊ लागल्या. हे प्रारूप निर्माण झालं तेच मूळ अत्यंत प्रतिकूल परिस्थितीत. याचा फायदा खूप दिव्यांग मुलांना झालेला आपल्याला आता दिसतो. मुलांच्या शरीराबरोबरच त्यांच्या मानसिक आरोग्याचा आणि भावनिकतेचा गांभोर्पित विचार यात केला आहे. आधुनिक काळातही हे पूर्वीतकच देशातील वेगवेगळ्या रुग्णालयांत बापरलं जातं, हे त्याच वैशिष्ट्य आहे.

- डॉ. आनंद पंडित, बालरोगतज्ज्ञ

Sakal Pune Today - 8th Feb' 20, Page 3

पुणे शहर

रक्त तपासणीतून कर्करोगाचे निदान

उपचारांना नवी दिशा; 'आयजेसी'मध्ये शोधनिबंध प्रसिद्ध

सखुवाईची झुंज सुरुच...

सुपूर्वी नवी उपचारांची शोधात होती. पण, नवी पुणे येथील 'आयजेसी'मध्ये शोधनिबंध प्रसिद्ध झाला आहे. यातून कर्करोगाचे निदान करण्यासाठी नवी दिशा मिळेल असा दावा आहे. 'आयजेसी'मध्ये शोधनिबंध प्रसिद्ध झाला आहे. यातून कर्करोगाचे निदान करण्यासाठी नवी दिशा मिळेल असा दावा आहे.

Sakal Pune Main Issue - 4th Feb'20, Page 3

केईएम हॉस्पिटलच्या 'तरे देस होम्स' (टीडीएच) केंद्राचा ४० वर्षे पूर्ती समारंभ

४० वर्षांच्या या केंद्राच्या ४० वर्षे पूर्ती समारंभ साजरा करण्यात आला. यावेळी डॉ. आनंद पंडित यांनी या केंद्राच्या विकासाबद्दल माहिती दिली. यावेळी डॉ. आनंद पंडित यांनी या केंद्राच्या विकासाबद्दल माहिती दिली.

Punyanagari Arogyanagari - 13th Feb'20, Page 6

LGBTIQ INCLUSION IN HOSPITALS

Queer rights body, city hospitals prepare manual for inclusive healthcare

ANURADHA MASCARENHAS PUNE, FEBRUARY 25

In a first-of-its-kind initiative, city-based organisations Samaghatka Trust and Hindu Queer Rights Foundation in collaboration with Bharati Hospital and KEM Hospital, have prepared a manual for LGBTIQ inclusion in hospitals.

The manual is the brain-child of Bindumadhur Khan, an LGBTIQ activist who has been working on health and rights issues of

the LGBTIQ community for more than 17 years. "Hospitals will find this manual very useful to start work on LGBTIQ inclusion as it provides information on the basic issues that need to be kept in mind when fine-tuning policies for LGBTIQ inclusion," said Khan.

The manual will be available for free distribution in the first week of March. We will also ask Indian Medical Association to help in this effort," he told The Indian Express.

Studies support improved health among LGBTIQ people in places where greater equality exists, and there is a need for queer-friendly health professionals in the community.

The manual discusses two models of implementation, Core Unit Model and Systems Model, said Khan. In the Core Unit Model, the focus is on LGBTIQ inclusion in specific units of a hospital. Currently Bharati Hospital, located in Dhankawadi, is implementing the Core Unit Model, where the psychiatry department and Sex Reassignment Surgery services have been the focus. Bharati hospital has also signed an MoU with Samaghatka

Trust for this.

The implementation of the model at Bharati Hospital is being led by Dr Jagu Shetye, professor and Head of psychiatry department. When he pointed out that nearly 10 per cent of the population belongs to sexual minorities. The number of people seeking help are increasing with information online, on social media and increased awareness among the youth, said Dr Shetye.

"We learned that a large number of LGBTIQ patients actually don't prefer to come to general hospitals too much. So,

where do they go, in Pune or even across India, if at all, where they can be sure their particular problems will be met with understanding and solutions?"

What is the quality of care they will receive? Can they afford that care? Do they avail of insurance? When they are sick and vulnerable, do they receive the assurance of a positive, safe and friendly environment in waiting rooms, changing rooms... and clinics," said Taylor Mowbray, a psychologist who is the curatorial health and psychosocial services and programme lead, Diversity and Inclusion Initiative at KEM Hospital, Pune.

"What do we have to do as a hospital to be... inclusive? How can we work on two key objectives: access to inclusive and affordable quality healthcare and providing jobs in a safe workplace. We started with the big questions. This has led to many insights and solutions. We keep asking questions. We are learning and learning as we continue our work," said Mowbray.

KEM Hospital has started work with the Systems Model, said General Administrator Shrinikandha Shree. The Systems Model is one where the entire hospital's policy and practices are being streamlined towards LGBTIQ inclusion. "The value of a broadly equipped-out diversity and inclusion initiative like this is that we can now do so with awareness, and this major conscious, informed intent. This allows us to take deliberate, considered and effective steps to be inclusive and sensitive in our care and services that improve the health, work and lives of our patients, visitors and employees," said Wadhwa.

The Indian Express - 25th Feb'20, Page 3



Dr. Snehvardhan Pandey

DCH, DNB -Paediatrics, DM -Paediatric Hepatology has joined us as an **Associate Consultant Paediatric Hepatology** in the Dept. of Paediatrics
OPD - Wednesday
Timing: 11:30 AM - 1:30 PM

Dr. Varsha Sidwadkar
DNB - Dermatology has joined us as an **Associate Consultant Dermatologist** in the Dept. of Medicine
OPD - Saturday
Timing: 11:30 AM - 1:30 PM



Dr. Ravindra Panse

Associate Consultant Surgeon (Diabetic Foot) in the Diabetes Unit
OPD- Monday
Timing: 11:00 AM - 1:00 PM
OPD- Thursday
Timing: 1:30 PM - 3:00 PM



Dr. Munaf Inamdar
MD- Medicine has joined us as an **Associate Consultant Diabetologist** in the Diabetes Unit
OPD- Monday
Timing: 9:00 AM - 1:00 PM



KEM Hospital is the First Hospital in Maharashtra to offer all the services needed for the hearing impaired, and Cochlear Implant under the auspices of the Big Ears Project.

Testimonials



“Nurses were very polite, professional and understanding. Listened to us patiently and answered all our queries. Special thanks to Head Sister for taking extra care. Excellent attention and care by Dr. Vaze and team. Patient recovered uneventfully from surgery. Overall experience was excellent!”

- Son of patient
from Nursing Home, ground floor

“Dr. Lobo, Dr. Amrut Oswal, Dr. Leena Shah and all Assistant Doctors, Nurses and other staff members, all were very good and helpful and the doctor's guidance helped our patient to recover. All things are excellent and well maintained in ICU as well as in rooms. The best thing was getting immediate medical treatment and check up. A big thank you to all KEM Hospital for taking good care of the patient like a family member.”

- Son of patient
from Nursing Home, 4th floor

“We would like to express our Gratitude towards the whole team of doctors that performed the Liver Transplant surgery on our Mother Mrs. Geeta Ruge.

Dr. Dinesh Zirpe has been a very good consultant and did all the due diligence regarding all necessary diagnosis to be done before deciding about the transplant.

We would also like to thank all other honorable doctors in the team Dr. Vibhute, Dr. Shrotriya, Dr. Sahil Rasane, Dr. Kalambe, Dr. Vaze, Dr. Aniruddha, Dr. Nandini, Dr. Sindhuja. They provided us and the patient with all technical information and made sure that we understand all aspects of the surgery and post surgery situations. They were very supportive throughout the process and provided us with appropriate updates. They made us feel confident and hopeful during the whole process.

We would especially like to mention Dr. Sahil Rasane who has been our primary specialist physician in this whole process. He has been a well wisher and advisor throughout. He was always available be it day or late at night.

Along with his immense medical knowledge we would like to appreciate the empathy he has extended towards our whole family. He has always provided us with helpful suggestions with utmost care towards our Mothers health. Thanks to jasmeet for all the coordination during this time and she really is a key person to be acknowledged.

Last but definitely not the least, we would like to thank the whole Nursing staff. Kirti Sister, Ashwini Sister, Mayuri Sister along with the rest of their colleagues have treated our Mother like their own family member. They have taken care of all her needs may it be food or taking her to the restroom. They have been meticulous in recording all the required readings and updating the doctors about her progress.

We thank the whole team from the bottom of our heart. This team collectively has brought to us a lot of hope and confidence that we still have a lifetime with our Mother. We wish them all the very best for their future endeavors.”

- Daughter of patient
from COT Recovery



FREE IVF CAMP


Camp Highlights

- Free Consultation
- Ultrasound
- Semen Analysis
- 10% Concession on IVF cycle after enrollment

Who Can Register ?

Patients with the following health issues can enroll for the camp:

Female Infertility Issues

- Blocked Fallopian Tubes
 - Endometriosis
 - PCOS
 - Pre failed IVF cycles
 - Poor Ovarian reserve
 - Recurrent Miscarriage
 - Long standing Infertility
 - Unexplained Infertility
- 

Male Infertility Issues

- Oligospermia
 - Azoospermia
 - Ejaculatory Dysfunction
 - Asthenozoospermia
 - Teratozoospermia
 - High DNA Fragmentation Index
- 

Pre-registration is Compulsory

📍 Tata Centre for Reproductive Health, 2nd Floor, Banoo Coyaji Building, KEM Hospital, Pune

📅 27th & 28th February 2020 ⌚ 10 AM – 3 PM

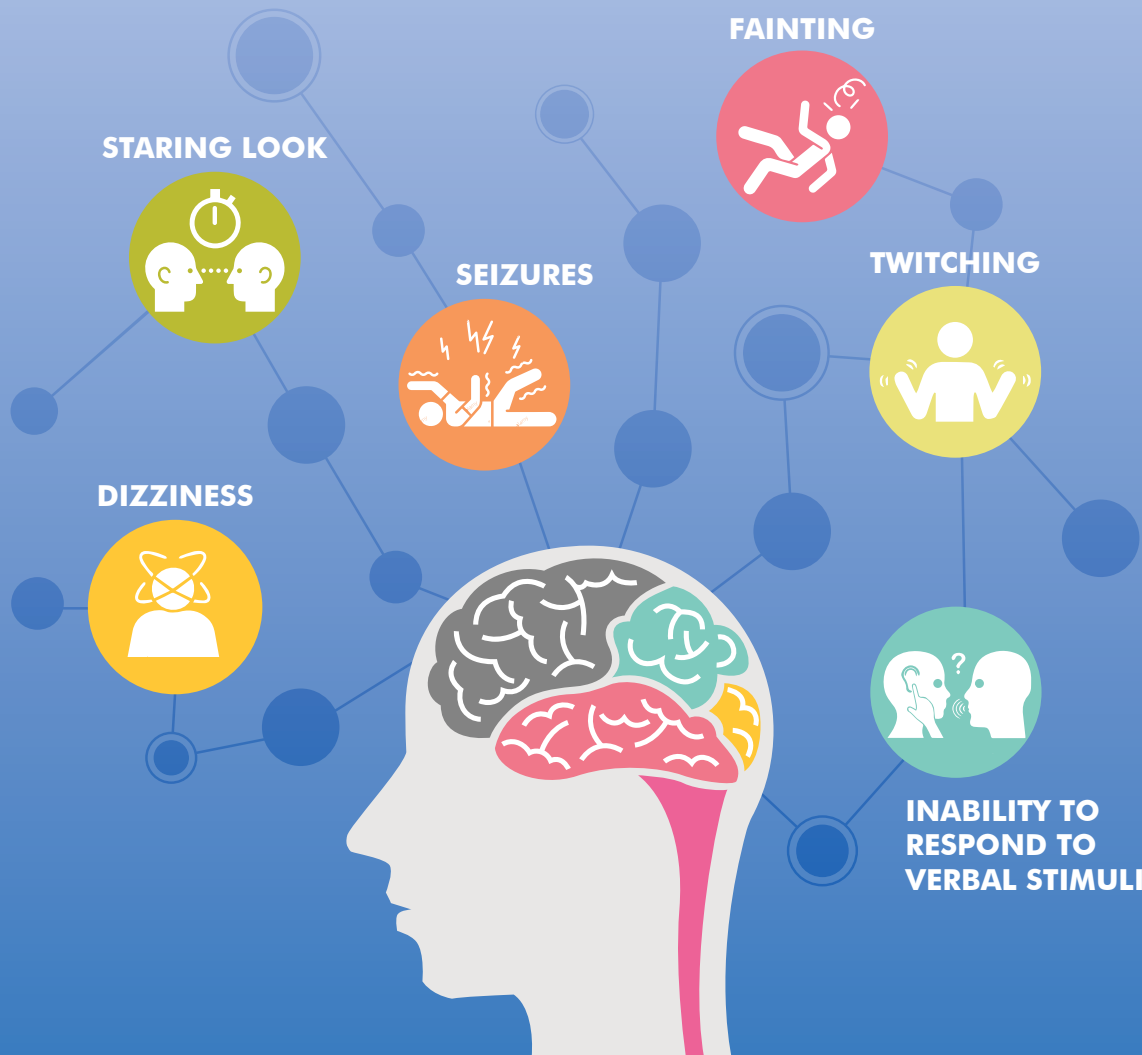
For Enquiry & Registration: ☎ +91 20 6603 7385 (Mon - Sat, 10 AM - 5 PM)

INTERNATIONAL EPILEPSY DAY

FEBRUARY
10

#EpilepsyDay #EpilepsyAndMe

COMMON SYMPTOMS



A FUTURE WITH EPILEPSY IS NOT A SCARY ONE ANYMORE

For Enquiry Contact: +91 20 2621 7460 | +91 20 6603 7460

SEXUAL & REPRODUCTIVE HEALTH AWARENESS DAY

12 FEBRUARY, 2020

**Protect your Sexual Health
by 3 simple Ts**

Talk. Test. Treat.



Infections with Human
Immunodeficiency Virus (HIV)

Sexually Transmitted Infections (STIs)

Reproductive Tract Infections (RTIs)

Unintended Pregnancy and Abortion

Sexual Dysfunction

Sexual Violence

Harmful practices such as
Female Genital Mutilation (FGM)



**Only Awareness can help us make
Responsible Decisions**

For Enquiry, Contact: +91 20 2621 7460 | +91 20 6603 7460

EATING DISORDER AWARENESS WEEK

24th February - 1st March, 2020



Feeding and Eating Disorders



Anorexia
Nervosa



Bulimia
Nervosa



Binge
Eating



Avoidant/Restrictive
food Intake



Rumination



PICA

Signs

Persistent disturbance or change of appetite | Unusual eating behaviour as per social and cultural norms
Skewed regulation of self-control and reward neural systems | Eating of non-nutritive or non-food substances | Severely impaired physical health, psychosocial and daily functioning

Symptoms

Symptoms and the severity of symptoms differ in specific disorders

Risk Factors

Temperamental, environmental, genetic, physiological, psychiatric comorbidity with other disorders

Weight, unhealthy body image ideals and low self-esteem issues

- Social isolation, difficult family dynamics
- Autism spectrum disorder, intellectual disability, depressive symptoms, obsessive traits, social anxiety, attention deficit hyperactivity disorder
- Experience of childhood obesity, child sexual or physical abuse, parental neglect and lack of supervision
- May run in families; transmission through genetic influence or learned behaviour patterns is possible

Remedy

See a psychiatrist or a clinical psychologist for:

- Clinical assessment of dietary intake, evaluation of parent-child relationship and family environment, physical examination and lab tests
- Behavioural interventions, supportive psychotherapy and relaxation techniques
- For severe cases, hospitalisation and nutritional supplements may be necessary



Many people with eating disorders look healthy, yet may be extremely ill.



Families are not to blame, and can be the patients' and providers' best allies in treatment.



Full recovery from an eating disorder is possible. Early detection and intervention are important.

For Enquiry: ☎ +91 20 2621 7460 | +91 20 6603 7460

How Does Domestic Violence happen?

In abusive relationships, there may be a cycle of abuse during which tensions rise and an act of violence is committed, followed by a period of reconciliation and calm.

Why does it happen?

Domestic Violence often occurs when the abuser believes that abuse is their right, acceptable, justified, or unlikely to be reported.

Who is involved?

Many people do not recognize themselves as either abusers or victims because they may consider their experiences as family conflicts that got out of control.



DOMESTIC VIOLENCE

Awareness

Break the Cycle of Abuse

Various professionals such as doctors, psychologists, social workers, lawyers and the police can help victims of domestic violence in different ways to plan their safety.



You are not alone

Reach out

We are here to listen and to help

Contact the Counsellor: Short dial: 1670, Office extension: 7612
Mental Health and Psychosocial Services (MHPSS)
Room.No.123, Nursing Home Building, First Floor, KEM Hospital Pune