infoKEM Newsletter

KEM Hospital PUNE
Quality and ethics in patient care

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What's Inside

Speakers Note

Talk given by Dr. F. F. Wadia as Chief Guest at Valedictory Function of the Annual Conference of the National Alliance of Transplant Co-ordinators (NATCO)

When invited to speak, I felt that there were many other better qualified persons. However, I couldn't resist the temptation to speak about a group of people for whom I have deep respect and great admiration – the Medical Social Workers who eased seamlessly into Transplant Co-ordinators.

The ZTCC Pune was the second in Maharashtra State after the pioneer effort in Mumbai. We started off in 2004 and were registered as a Trust a couple of years later. I have been associated with it since the beginning and must here pay tribute to our first Chairman, Air Marshal Ramdas whose sterling work laid the solid foundation of our organization.

With no aid from Govt. then, or indeed now, we had to gather resources with our own efforts. Progress with deceased donor transplantation was slow and it was not until we were able to get on board a Central Co-ordinator, that the program began to take off. This was Aarti Gokhale who brought her experience and passion as a Renal Co-ordinator to the job. In addition to her core work of proper allocation of organs, she was able to set in motion a very active program to spread awareness. This resulted in steady increase in deceased donor transplantation until I am happy to say, Pune stood first in the State last year, and so far in the current year too.

The point I would like to make here is that most of our hospital TX Co-ordinators in Maharashtra started as Medical Social Workers. I feel strongly that this background has added great value to their role as TX Co-ordinators, because they bring counselling skills, empathy and knowledge of the social and family factors to their interaction with patients. At the same time, they remain impartial. So, on the one hand patients will speak more openly with them than with the medical team. They are then able to sense cases where the patient is acting under coercion. On the other hand, it is my own experience that the current of empathy many times was able to convince hesitant or resistant patients to willingly accept the concept of transplantation – whether live or deceased donor.

Now the scene is rather different, in that fresh Co-ordinators come from varied backgrounds – I know of Homeopaths, ICU Co-ordinators, a Nutritionist and even a Surgeon. They bring valuable insights from their own fields which will contribute to increased professionalism. At the same time, it remains important that the vital empathy and counselling skills we spoke about earlier, do not take a back seat. Just as doctors now need formal training in such matters, it is vital that this aspect should form part of all Co-ordinators' training courses too. Of course, we already have this process going, notably by the Mohan Foundation, or the ZTCC Pune and so on. I hope that these sterling efforts will act as

models for the less well-developed parts of our country.

Turning now to a different angle – I think all will agree that no field in medicine is more fraught with ethical problems than transplantation. I feel here that Co-ordinators play a very important role. Because of their expected impartiality, they are able to help resist unwelcome pressures.
As I noted earlier, in living donor transplantation, pressures both positive and negative may come from family members, or sometimes due to the natural enthusiasm of the medical team. Here the Co-ordinator would be able to sense the real situation and be of help in the primary interests of the transplant pair.

If we look at deceased donor transplantation, the Co-ordinator plays a more central role, but one where ethical concerns are even more important. Perhaps the emphasis on the work differs somewhat between the roles of a Central Co-ordinator and Hospital Co-ordinators.
The Central Co-ordinator's primary role is to ensure transparent allocation of organs according to laid down procedure. She is able to remain completely at arm's length in the process and should be able to resist pressures to deviate – which may come from various points of the compass including political ones.

The Hospital Co-ordinator on the other brings those other values, which we have already seen, to the process of fair and safe allocation from within her flock. I don't think we need to elaborate much on this aspect.

Finally, I will allude to another point. The ethical promotion of transplantation, of whichever kind, is one of the important roles of a TX Co-ordinator. With the increased and unfortunate commercialization of high-level medicine, a tendency may arise where the thin line between promotion and "marketing" (pardon my use of this term) may be breached. It is important for all of us to remember that in transplantation it is not the pursuit of numbers which matters, but the interest and welfare of the patients. And it is here that the Co-ordinators can play their most valuable role.

Thank you for listening.

Knee Joint Replacement Surgery: A Life Changing Opportunity

Incidence of hip and knee osteoarthritis is increasing in India. Increasing longevity, urban lifestyle combined with obesity are the main causes of knee arthritis. Hence, the need of patients requiring joint replacement surgery is also on a steep rise. Rheumatoid arthritis requiring joint replacement surgery also remains as a cause though the incidence has gone down significantly in last 2 decades due to better DMARDs and biological agents.

Treatment options in early knee Osteoarthritis: Early knee arthritis can be very well managed conservatively by NSAIDS, rest, activity modification and Physiotherapy. Nutritive supplement for cartilage and intra articular injections of hyaluronic acid/ steroid/ PRP can also be used in some cases.

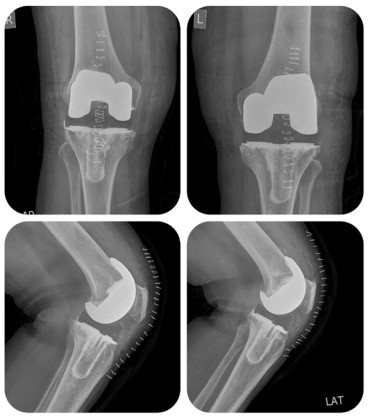
Treatment options for advanced knee Arthritis: Patients with advanced knee arthritis have very limited walking, altered gait pattern (slow and waddling gait), analgesic dependence and difficulty in using stairs. There is deformity in both planes i.e varus/valgus combined at times with varying degrees of flexion deformity or hyperextension. The limited mobility has a huge impact on patients' social and recreational lives, making them functionally crippled. This can also lead to social isolation and clinical depression.

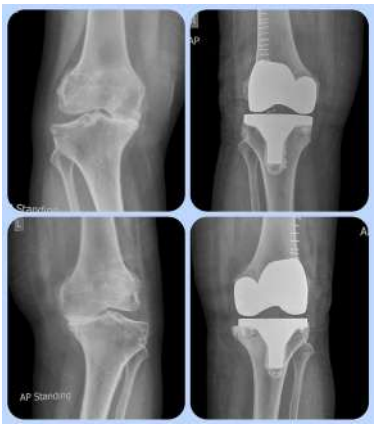
These patients deserve joint replacement surgery to make them functionally better again and relieve their pain.

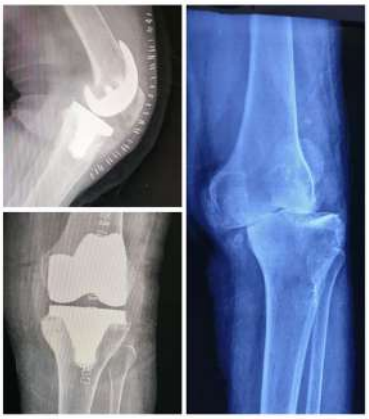
Goals of a Total Knee Replacement surgery: The goal of surgery is pain relief and deformity correction. This is achieved by making the knee stable (balance the ligaments), correcting the deformity and achieving neutral alignment in both planes.

The standard knee replacement surgery is a misnomer, it is actually a **knee resurfacing surgery.** The femoral and tibial surface is cleared off the osteophytes and worn out surfaces are cut with a precision saw. The jigs are used to get the desired alignment and the ligament balancing is done manually step by step releasing the concave side (medial in varus and lateral in valgus knee). Posterior knee is also cleared off osteophytes and synovium and posterior capsule released in flexion deformities through the same incision.

Present day knee replacement surgery is more predictable due to the access of **various**







sizing options in terms of in between sizes and inserts of least count of 1 mm helping the surgeon to achieve accurate ligament balance and alignment.

In severe deformities and in cases where intra medullary instrumentation is contraindicated **hand held robotic navigation devices** are very helpful in getting the alignment of femoral and tibial component and helping to **verify the cut.**

Third generation cementing techiniques make the cementing of the knee femoral, tibial and patellar components safe and effective.

Various prosthetic surface materials are available for the young arthritis knee patients. Oxidise zirconium (Oxynium) is a ceramised metal with better corrosion resistance and wettability.
Another coating is **TiNbN (Gold knee):** It comprises a **TiNbN coating** with the least wear property, which is 40% lesser than regular CoCr, the hardest surface (8 times harder than CoCr), 2 times stronger than other implants of similar category and the most biocompatible non-allergic surface material so as to decrease long term prosthetic wear.

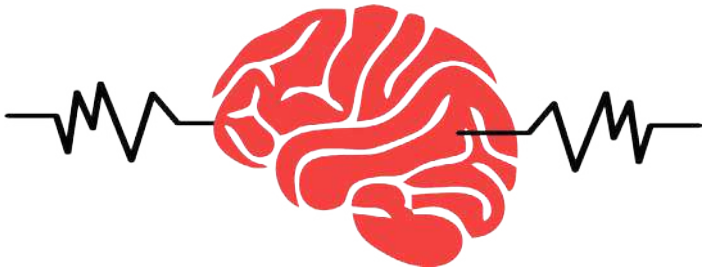
The standard all poly TKR is also being used to reduce wear in patients who have good bone quality.

Advanced post operative management: Pain management by blocks, epidural, skin patches, intra articular infiltration of a combination of drugs all have drastically reduced the post operative pain.
Along with pain management immediate **same day mobilization** and ambulation allows the knee to start functioning and does not allow the adhesions to form. The patient is made to stand the same day.

The average stay is 4-5 days for single knee replacement and 6-7 days for single staged bilateral surgery. The knee function continues to improve up to 2-3 months post operatively. There are no limitations hereafter on walking, climbing, travelling and other recreational activities.

Dr. Devendra Vartak
Associate Consultant
Orthopaedics and Joint Replacement

Paediatric Epilepsy : FAQs and Commonly Asked Questions



What is epilepsy?
Many (20:1000) children experience single seizures in early life. Not all provoked (ex fever,injury) seizures constitute epilepsy.
Epilepsy is the tendency to get recurrent unprovoked seizures by various mechanisms . It is not very uncommon and can be seen in 4-8 : 1000 children.
Epileptic encephalopathy is specific subset of devastating pediatric epilepsy (like infantile spasms) in which by virtue of extensive recurrent electric disturbance, the motor and cognitive outcome of baby is severely compromised.

Why do we need to focus on children?
Children are largely a dependent population for their care. since they are in phase of acquiring growth and development; uncontrolled epilepsy can result in adverse developmental, behavioural , scholastic and personality outcome . Also over and under-treatment along with environmental and parental factors can result into undesirable outcomes which may have long term consequences .
It may be different than typical or adult seizures:

- Staring blankly / day dreaming like episodes.
- Sudden dropping of head or body parts.
- Stiffening of fists and body with or without impaired consciousness

It has to be wisely and accurately differentiated from other episodes like break-holding spells, syncope and paroxysmal disorders which may lead to false diagnosing with epilepsy.

What can cause it?
It is either / or electrical and structural changes in neuronal circuits in developing brain.

A] Structural cases:
a) Developmental malformations like polymicrogyria and dysplasias
b) acquired causes by virtue of the injury to brain in form of trauma, infections, neoplasm, vascular events like stroke.
B] Electronic disturbance: Various age related epilepsy and epileptic encephalopathy like BRE (Benign Rolandic Epilepsy), CSWS (Continuous Spike and Wave during Sleep) which may be

genetic in origin.

C] Others: Several metabolic, immune and genetic causes which are recently getting diagnosed widely with variety of refined tests. There is still a small proportion of epilepsy where the cause can

not be determined in spite of extensive investigations.

Who is at maximum risk?

Kids with

1. Delayed development
2. Birth complications like delayed cry and spesis
3. NICU stay , prematurity and Low birth weight
4. Syndromes (Downs, Angelmans) and Autism
5. Brain injury due to mechanical factors like fall or trauma
6. Family history of seizure

How to assess it?

- Detailed history of the event with possible videos and eye witness
- A thorough clinical examination with specific focus on developmental and motor deficits
- Detailed Family history of epilepsy

What tests are done in a child with epilepsy?

The diagnosis of epilepsy involves various tests of the brain which includes:

1. EEG (Electroencephalogram): It is cornerstone for diagnosis has to be done in very meticulous way, VEEG to demonstrate seizure and electric changes during the same.
2. Neuro-imaging with preferable 3T MRI with specific epilepsy protocol to target the area of interest.
3. In resistant cases PET / SPECT scans.
4. In Selective PTS genetic tests, Advanced metabolic and immunological tests and genetic tests (these are mainly blood investigation).

How is epilepsy managed?

Treatment of epilepsy goes far beyond only giving medicines.

A] General:

1. It is very important to acknowledge that the child has epilepsy ruling out various other causes which may mimic epilepsy by an expert.
2. It is also necessary to know where the disorder lies on the mild to severe spectrum.
3. Constant counselling and awareness can help in the acceptance of the diagnosis and adherence

for follow up.
4. First aid and precautions must be re-emphasised on multiple occasions preferably through AV medium.
5. The nasal midazolam spray should be kept handy in case of an episode.
6. List of do's and don'ts and triggers have be carefully given and explained to caregiver well.
7. Special attention to be given at environments like school, playgrounds and transport.

B] Specific:

Medications: Many new and old generation ASM (Anti Seizure Medicines) medications are very effective in controlling epilepsy in majority of cases.

In resistant cases

a. Diet modification like ketogenic diet
b. Epilepsy surgery like hemispherotomy to specific ressective surgery
c. Vagal nerve stimulation

C] Genetic epilepsies:

Can recurre in next sibling prenatal counselling and diagnosis need to be emphasised.

D] Future trends:

Newer modalities of investigations mean that the exact biological basis of more and more epilepsy subtypes is unfolding; thus paving the way for accurate treatment options (like M-tor inhibitors in Tuberlous sclerosis). Soon Target based therapy understanding genetic epilepsy will change future era and treatment and prevent adverse reactions of ASM which the population is most worried about.

Dr. Abhijeet Botre
Associate Consultant
Paediatric Neurology

Home Physiotherapy Services by KEM

We are glad to announce that we at KEM Hospital, Physiotherapy Department have started Home Based Physiotherapy Programme for our patients. The aim is to provide our patients continuity of treatment and rehabilitation even after discharge from hospital. Be it chronic disorders or acute illness or post surgery, we provide an evidence based & protocol-led care plan. Our treatments are administered by highly qualified personnel at the convenience of a patient's home. Our Home Based Physiotherapy Program is not just convenient but also affordable and result oriented. Our Physiotherapists are skilled in the assessment and hands-on management of a broad range of conditions that affect the musculoskeletal, cardio-respiratory and nervous systems.

Events and Activities

Chronic Pain Management Camp at Vadu

On 22nd November 2020, Clinical Camp on Chronic Pain Management was organised at Vadu centre of KEM Hospital. It was unique for the people staying in Rural India as they were not aware that there is a Specialist for managing all types of chronic pain. It was for the first time that we organised such a activity for the people staying in rural areas.

It was a huge success, as more than 65 people came between 10.00 am to 5.00 pm to avail this services and the people were very happy as they came to know that there is a doctor who will patiently listen to their complaints on pain and also give treatment. We could gain confidence and faith amongst the people when we conducted the follow up OPD after 15 days on 6th December 2020.

Most common complaints of the people who came on that day were joint pains, neck pain, backaches, cancer pain, neuropathic pain and body aches.

We also introduced for the first time the concept of Palliative Care among the rural population this is the care given to the terminally ill persons with Cancer, Chronic Cardiovascular Respiratory and Kidney disease and Debilitating old age.

We thank the entire administration, especially Dr. Xerxes Coyaji, Dr. Madhur Rao for encouraging us and the full support given to us by Dr. Sanjay Juvekar, Mr. Pandurang Jadhav and the entire staff from Vadu for making this Camp a big success. Special thanks to Dr. Nayan Thota and Dr. Debjani Ghosh both resident doctors from the Dept. of Anaesthesiology for smooth conduct of this activity.

Dr. Joyshankar J. Jana
Consultant, Pain Medicine
Pain Management Clinic

Circular

Dr. Ashwin Rajbhoj, MD-Medicine, DNB-Medical Oncology has joined us as an **Associate Consultant Medical Oncologist.**

OPD Timings: Every Tuesday, 9.00 AM – 11.30 PM in Day Care Centre

Testimonials

Dr. Divate, Dr. Sabir, Dr. Bhushan and all other doctors and who treated me and all the staff, nurses, cleaning staff and everyone that assisted on 3rd floor were very helpful, polite and were always there when we needed. I find the service very nice and comfortable. We are happy with all the services.

- Patient from
Nursing Home 3rd Floor

All doctors and nurses in ward were very helpful. Special thanks to Dr. Gadkari and Cathlab members. All are highly efficient. Excellent treatment received. Superb!!

- Patient from
Nursing Home Ground Floor

Dr. Tehnaz and Ms. Apeksha have made our entire stay seamless and comfortable. Thank You!! Dr. Vinod Naik and his entire team were excellent. We are grateful to them. Thanks to all the nursing staff especially sisters, Misal, Ruplai Kadam, Ruplai Kakade. I also wanted to acknowledge the proactiveness of Mavshi's.

- Patient from
Nursing Home 4th Floor

Dr. Otiv, Dr. Seema and all doctors in labour room were very helpful. We owe to them. Doctors under Dr. Otiv Ma'am were also very helpful. Thank you all!!

- Relative of a patient from
Nursing Home 4th Floor

Health Awareness Communications

• World AIDS Day

• National Pollution Prevention Day

• **International Day of Disabled Persons**

• **Organ Donation Awareness**

• **World Patient Safety Day**


NEW YEAR HEALTH RESOLUTION
KEM® Hospital PUNE
Quality and ethics in patient care
Quit smoking
Eat healthy
Engage in regular physical activity
Spend quality time with family
Get health insurance
Donate blood & register for organ donation
Wear a mask