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Autism: Guide for parents

Autism spectrum disorder is a group of developmental disorders, wherein the child has primarily difficulties in social communication, behaviour, play and sensory processing issues.

Do's for parents

- In case you feel that your child is not pointing to what he or she wants, or not using words by 15 months, visit your paediatrician and discuss the possibility of Autism spectrum.
- Your child will have better outcomes if you seek professional help early.
- Create need for the child to communicate. Let him or her ask, show, share things with you.
- Let your child learn self-help skills like eating, drinking, and toilet training.
- Create opportunities for play and interaction with peers.
- Play with your child and reinforce their efforts at play and social communication.
- Ignore or distract when your child has a tantrum.
- Every tantrum has a purpose, try to analyse the cause and modify it to prevent the behaviour next time.
- Let him or her develop as per their own pace.
- Identify what they are good at and use it to overcome their weakness.
- Anticipate, prepare and plan a social event like a birthday so that they comply better
- Needs of your child vary with age. Keep a close follow up with your doctor and therapist.



Don'ts for parents

- Don't disregard your concerns. Don't lose out on precious early intervention time.
- Every child does not need all therapies. Working ourselves at home too is equally important.
- Don't use gadgets at eating time and at sleep time, instead play with your child.
- Don't try to change every behaviour. Only change those that are socially unacceptable or harmful to self or others
- Don't give in to tantrums.
- Don't tell the child what not to do.
- Don't keep repeating instructions or rephrasing them.
- Don't punish or shout. It does not work.
- Don't look for magic cures to autism.
- Don't focus only on academics. The child needs to learn self-help and communication
- Don't discuss your child's negative behaviour in front of him or her.
- Don't compare him or her with anyone else. Each child's ability is different.

Parents, therapists, doctors, teachers all need to work in unison to help every child with Autism spectrum disorder achieve his or her optimal functional outcome.



Dr. Archana Kadam
Developmental Paediatrician



Occupational Therapy

Occupational therapy is an important part of the rehabilitation team.

It is the art and science which facilitates development of skills and functions required to be independent in the activities of daily living. The word 'occupation' refers to the therapeutic activities planned to restore lost function and diminish dysfunction.

The broad aim of occupational therapy is to make an individual as independent as possible in Activities of Daily Living (ADL).

To gain independence in ADL we require

- Gross motor coordination
- Fine motor coordination
- Sensory Integration
- Cognition
- Motivation

An occupational therapist must access all these areas to bridge the gap between abnormality and normality, and try to minimize disability.

Occupational therapy is recommended for

- Children: pediatric OT
- Senior citizens- Geriatric OT
- People having mental health issues – psychiatric OT





Here at TDH Rehab centre we specifically deal with children from 2 ½ months to 12 years of age. Babies having CP, Developmental delay, Autism, Attention deficit, hyperactive disorder and scholastic backwardness are treated here in our department.

Specific aims of pediatric OT include:

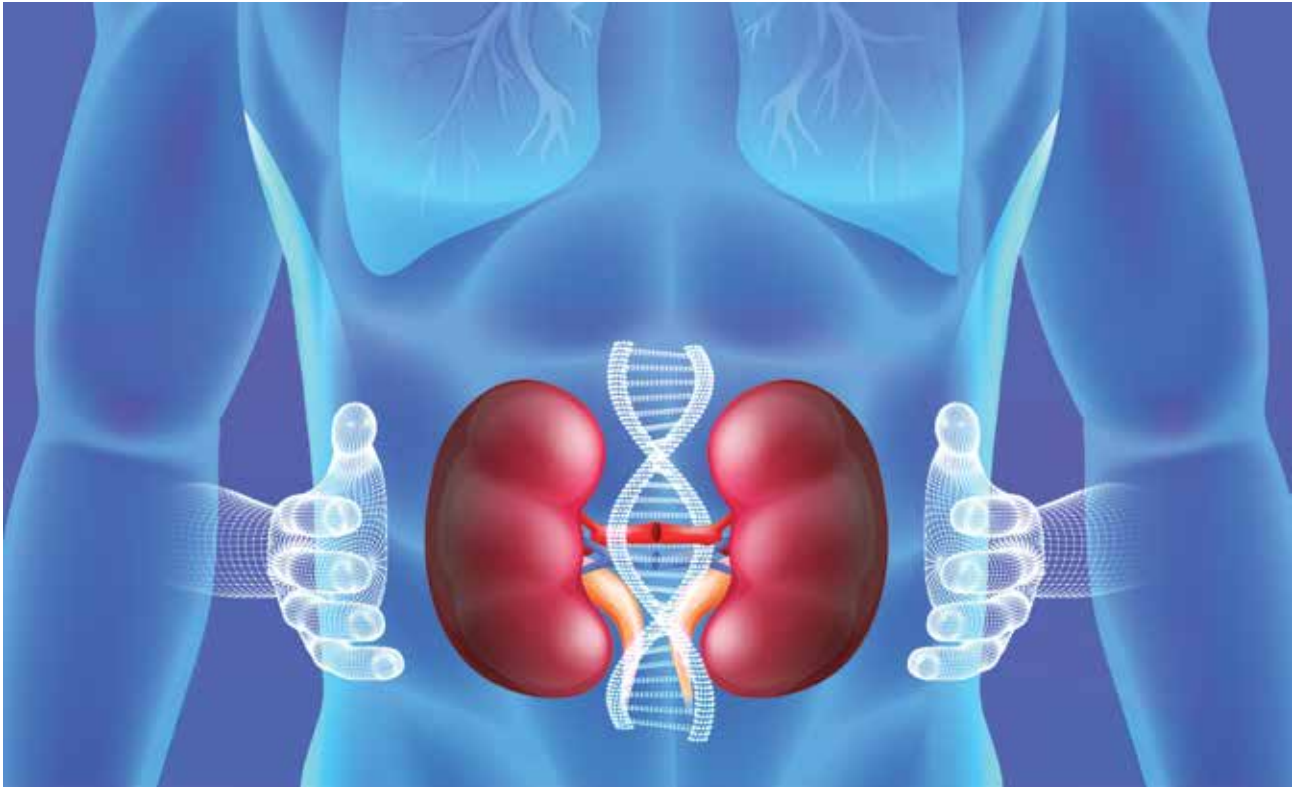
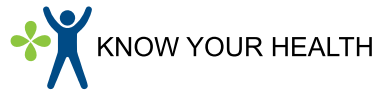
- Gain maximum Independence in ADL
- Ensure maximum use of Both the upper limbs
- Develop perceptual abilities
- School readiness

We have high risk clinics 3 days a week. Those babies who are referred to us are given a home training program and stimulation kit, and if a delay is still noticed at the next visit, then the baby is taken up for regular therapy. Sensory integration therapy is provided for children with autism and hyperactivity. Children with scholastic backwardness usually come with writing issues. The underlying cause for writing i.e., eye-hand co-ordination, perception, tone abnormality is assessed and treated.

We work as a team with, physiotherapists, psychologists, speech therapists, orthotist, doctors and parents. Parents are the most important members of our team because parents are the best therapists for their child, and they are the one who are going to carry out therapy at home and make the child useful and important members of society.



Bharti Patil
Occupational Therapist



First of its kind Nephrogenetic Unit at KEM

WHAT IS THE NEED?

- Ten percent of all adult onset kidney diseases and up to 30% of childhood onset kidney diseases have a genetic etiology. These percentages are estimated to be higher in populations with higher rates of consanguinity (marriage between blood relatives) as is prevalent in this region.
- Genetic testing helps establish/ refine the diagnosis and helps in delivering personalised patient care.
- Specific treatment can be offered for certain inherited disorders, e.g. Coenzyme Q for children in certain cases of steroid resistant nephrotic syndrome
- Genetic counselling and prenatal testing may help families prevent recurrence of similar disease in the next baby.
- Molecular genetic studies are an integral part of selecting kidney donors to increase the chances of success of kidney transplantation for some disorders.
- Identifying a genetic basis of a disease may also help in withdrawal of unnecessary medication or may help in planning appropriate management.



COMMON NEPHROGENETIC CONDITIONS

Some of the adult onset conditions for which there is a strong association of genetic factors are atypical haemolytic uremic syndrome (aHUS), polycystic kidney diseases and recurrent kidney stones.

Some of the childhood onset conditions for which there is a strong association of genetic factors include steroid resistant nephrotic syndrome/ congenital nephrotic syndrome, polycystic kidney disease, Glomerulocystic disease, kidney conditions associated with other system abnormalities like deafness, developmental delay like Alport syndrome, Joubert syndrome etc., prenatal onset kidney disorders and renal tubular acidosis

Genomic technologies have advanced rapidly over the last 2 decades. So far, the tests are expensive and always as a part of 'out of pocket' expense, not covered by insurance companies. The complexity of the field, from requesting for the correct test, interpretation of the report in context of the clinical features and counselling of patient/ caretakers may benefit from well-defined multidisciplinary management administered by a dedicated team. Consequently, we have chosen to establish 'Nephrogenetic clinic' that includes collaboration between adult and pediatric nephrologists, a clinical geneticist and a genetic counsellor/ coordinator.

WHO SHOULD ATTEND NEPHROGENETIC CLINICS?

- Patients and families with above mentioned kidney conditions with presumed genetic etiology
- Family history of kidney diseases/ or advised by your doctor
- An affected family member with history of marriage between blood relatives
- When a family is concerned with future recurrences in the family
- Families who want to go for a genetic screen for optimising chance of kidney transplant success

LOCATION OF OPD

OPD 107, First Floor, Banoo Coyaji Building, KEM Hospital

Second Wednesday of every month

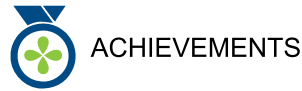
For appointment please call at 020 6603 7460, 020 2621 7460

TEAM INCLUDES

Medical Geneticist : **Dr. Meenal Agarwal**

Adult Nephrologist: **Dr. Valentine Lobo, Dr. Vipul Chakurkar, Dr. Sagar Kulkarni**

Paediatric Nephrologists: **Dr. Jyoti Sharma, Dr. Jyoti Singhal and Dr. Nivedita Pande**



The abstract submitted by Phidelia Kharkongor was adjudged as one of the top ten abstracts presented for poster presentation in the Indian Clinical Nutrition Congress organized by the Indian Association of Parental & Enteral Nutrition held at AIIMS, Delhi on the 19th and 20th of March 2022.

The abstract was co-authored with Dr. Umesh Vaidya.



NUTRIENT INTAKE AND GROWTH INDICES OF NEONATES IN THE NEONATAL INTENSIVE CARE UNIT (NICU)

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Background: Premature birth and intra uterine growth retardation (IUGR) both results in infant with low birth weight (LBW).LBW babies are born with immature organ systems hence feeding them during the initial week of life is challenging. Inadequate nutrition can further lead to growth retardation and other morbidities.

Objective: To explore the association between nutrient intake and growth of neonates admitted in the NICU.

Methods: Neonates admitted to the NICU were enrolled. Neonates with congenital anomalies, sepsis and those requiring surgery were excluded. The anthropometric measurements included weight, length and head circumference. Nutrient delivery via parenteral and enteral route was recorded and nutrients intake was calculated. Growth was monitored weekly and assessed using Intergrowth 21 charts.

Results: Total 53 neonates (females 49.1% & males 50.9%) were enrolled. Gestational age at birth was 30.94 ± 2.34 weeks, birth weight 1.15 ± 0.16 kg ($Z = -1.06$ SD), length at birth 37.02 ± 2.45 cm ($Z = -1.19$ SD) and head circumference 26.9 ± 1.6 cm ($Z = -0.62$ SD). Weight at discharge was significantly increased to 1.49 ± 0.18 kg ($p < 0.01$). Neonates were on total parenteral nutrition (TPN) for 7.8 ± 4 days and gradually weaned to enteral nutrition by 10.5 ± 4 day of life. Nutrient intake from TPN was energy 81.07 ± 13.9 Kcal/kg and protein 3.71 ± 0.76 gm/kg. Enteral nutrition comprised of expressed breast milk and human milk fortifier. Nutrient intake from enteral nutrition was gradually achieved to energy 158 ± 33.46 Kcal/kg and protein 3.98 ± 1.1 gm/kg by 3rd week. Weight gain and increase in length among neonates were significantly associated with intake of energy ($r = 0.951$, $p < 0.01$) and protein ($r = 0.407$, $p < 0.05$).

Conclusion: This study highlights growth of the LBW neonates in the light of route of nutrient delivery and nutrient intake during initial weeks of life



EVENTS AND ACTIVITIES

Thank you Dr. Govind Datar for 50 years of dedicated services...



Organisational Announcement

We are pleased to inform you that we have collaborated with the Vision Next Foundation to upgrade our Department of Ophthalmology and develop a Centre of Excellence in the field.

Headed by Dr. Ambarish Darak one of the country's foremost experts in refractive surgery, Vision Next has a well established reputation in Pune in the field of eye care.

For the time being the Unit will continue to function from its current premises on the 1st Floor of the Banoo Coyaji Building (OPD). It will shortly move to a different location in the hospital which has been designed as a stand alone unit with comprehensive facilities including ORs under one roof.

The Ophthalmology OPD will now run from 10:00 AM to 5:00 PM Monday to Saturday.

We take this opportunity to welcome Dr. Darak and his team on board and look forward to a fruitful collaboration.

VISION NE XT foundation
CORRECTIVE OPTICIAN
DARAKRISHN WALKER PATI EYE CARE HOSPITAL

KEM Hospital PUNE

KEM OPHTHALMOLOGY OPD

- Routine Eye Check Up
- Cataract Evaluation & Surgery
- Glaucoma Evaluation & Treatment
- Dry Eye Evaluation
- Diabetic & Hypertensive Retinopathy Screening
- Cornea & Refractive Surgery (LASIK) Workup

Find Out More
020 6603 7401

Visit Us
MONDAY TO SATURDAY : 10AM-5PM



EVENTS AND ACTIVITIES



Dialysis Beyond Textbooks

CME ON PRACTICAL ASPECTS OF HEMODIALYSIS

The Renal Unit, KEM Hospital, Pune conducted a CME on practical aspects of hemodialysis titled as “Dialysis Beyond Textbooks.” on the 23rd and 24th April 2022. Around 50 nephrology students and young nephrologists, from Pune, Mumbai, Jalgaon, Aurangabad and even Bengaluru, attended the program in the Research Center of KEM Hospital Pune.

The CME focussed on practical aspects of hemodialysis like water treatment system, dialysate individualization, doing adequate dialysis, managing a dialysis unit and also the economics of running a dialysis unit. Work-stations on collecting water samples, blood samples, selecting the dialyzer and hemodiafiltration- a recent addition to the armamentarium of renal replacement therapy, provided a hands on experience to the delegates. Case-based discussion on dialyzing unstable patients was also appreciated.

The faculty consisted of a mix of senior nephrologists from both teaching and non teaching units like Dr Umesh Khanna (Mumbai), Dr Dhananjay Ookalkar (Nagpur), Dr Umapati Hegde (Nadiad), Dr Avinash Ignatius (Pune), Dr Tarun Jeloka (Pune), Dr NC Ambekar (Pune), Lt Col Dr Sudeep Prakash (Pune) and Dr Pradeep D’costa, (Consultant Intensivist KEMH Pune) along with the consultants from the Renal Unit.



EVENTS AND ACTIVITIES



The CME was inaugurated by Lt. Gen. (Retd) Dr. Madhuri Kanitkar, PVSM, AVSM, VSM, Hon. Vice-Chancellor of Maharashtra University of Health Sciences, Nashik, who enthralled the audience with a description of her personal journey through Pediatric Nephrology, Medical Education and Research, as well as fighting Covid 19.



The delegates the program was much appreciated by the delegates whose feedback including a suggestion to hold the CME annually, will enable us to do even better in the future.



The entire Renal Unit worked hard to make this in-person CME happen and wish to thank Ms Chitra Sarase and her team, Mr. Chetan Mal and Mr. Rakesh Ubhe for their continuous help and KEM Hospital and KEM Hospital Research Center for their support.





DR. SWARAJ POTDAR
**MD (Dermatology,
Venereology & Leprosy)**
has joined us as an
Associate Consultant (Clinical
Dermatology & Hair Transplant)
OPD Timing
Every Wednesday,
11:30 AM to 1:30 PM



DR. SOURABH BOKIL
MD (Anaesthesiology)
has joined as a
Consultant,
Cardiac Anaesthesiology



DR. NIVEDITA PANDE
MDS
has joined us as a panel
Consultant
(Paediatric & Preventive
Dentistry)



DR. SUDHIR KAMBLE
MD (Pathology)
has joined as a
Locum Consultant,
Histopathology



FAMOUS PEOPLE WITH AUTISM

Autism can be challenging, but there are many people on the spectrum who have achieved great heights.

FAMOUS PEOPLE WITH AUTISM

Albert Einstein
Scientist

KEM HOSPITAL PUNE For more information call 020 6603 7460 | 020 2621 7460

FAMOUS PEOPLE WITH AUTISM

Daryl Hannah
Actress

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FAMOUS PEOPLE WITH AUTISM

Sir Anthony Hopkins
Actor

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FAMOUS PEOPLE WITH AUTISM

Charles Darwin
Naturalist

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FAMOUS PEOPLE WITH AUTISM

Emily Dickinson
Poet

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World Health Day 7th April

KEM Hospital PUNE
Quality and ethics in patient care

OUR VALUES

- Empathy with Compassionate Care
- Integrity
- Inclusivity
- Quality and Safety
- Innovation

WORLD LIVER DAY

Your liver releases bile—a fluid that helps in digestion by breaking down fats

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WORLD LIVER DAY

Regulating blood clotting is another important task performed by the liver

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WORLD LIVER DAY

Your liver helps clear drugs and poisonous substances from your blood

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WORLD LIVER DAY

Your Liver resists infections by removing bacteria from the bloodstream

KEM HOSPITAL PUNE For more information call 020 6603 7460 | 020 2621 7460

WORLD LIVER DAY

Your Liver produces cholesterol and special proteins to help carry fats through the body

KEM HOSPITAL PUNE For more information call 020 6603 7460 | 020 2621 7460

KEM Hospital PUNE

EARTH DAY

make every day save the planet

We do not inherit the earth from our ancestors, we borrow it from our children.