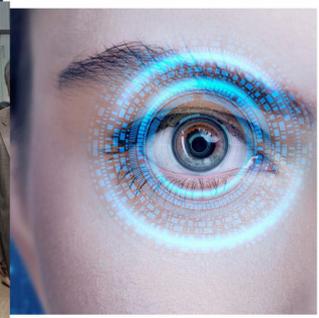


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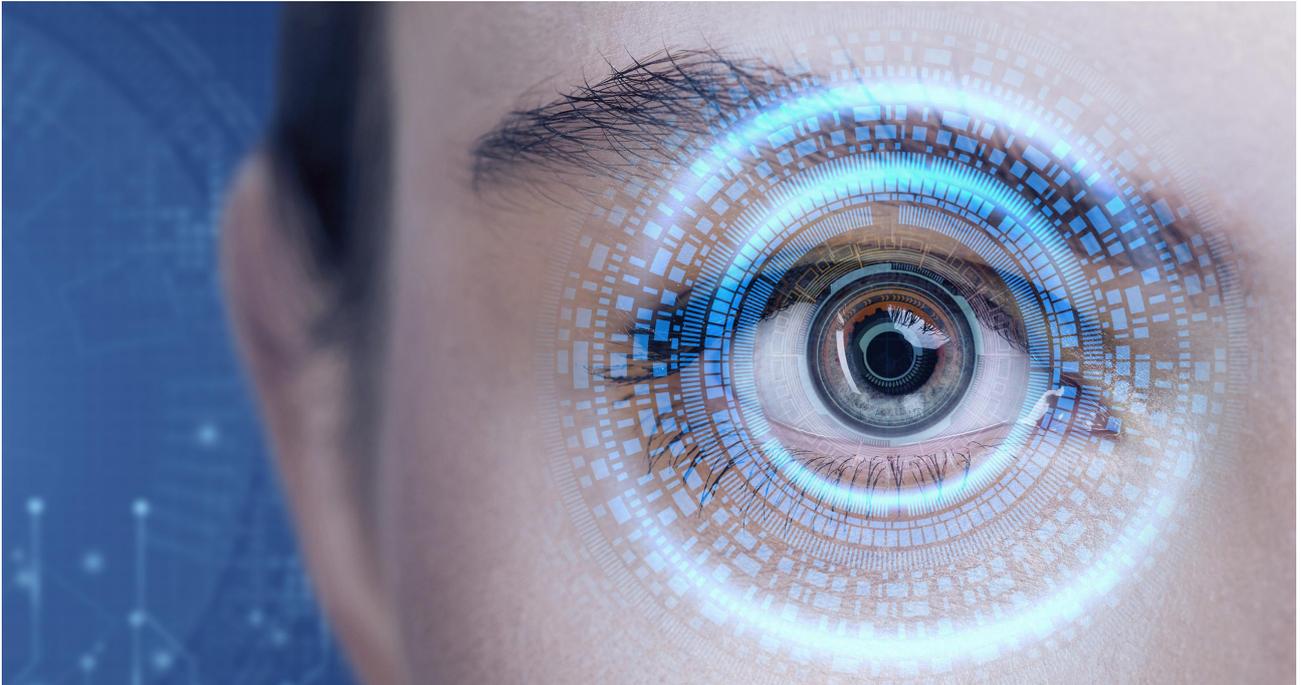


Celebration of Doctors' Day









Refractive Surgery

Refractive surgery is a surgical procedure to correct the refractive power of the eye. It is done to get rid of glasses and contact lenses or to reduce the number/ power of glasses. Refractive surgeries are used to treat eye errors such as myopia (far-sightedness), hypermetropia (near-sightedness), presbyopia, and astigmatism.

WHO IS ELIGIBLE FOR THE SURGERY?

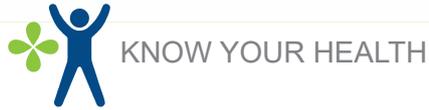
This surgery can only be done on patients above the age of 18 years with stable power of glasses. Eye surgeons decide on the available options only after proper investigation of the eyes.

CORNEA BASED REFRACTIVE SURGERY

The power of glasses can be corrected with the help of laser and it is further divided into 3 types.

A) PRK (Photorefractive Keratectomy- Surface Procedure)

In this procedure, the topmost layer of the cornea, also known as the epithelium, is carefully removed. This is followed by further processing with an excimer laser, which reshapes the surface of the cornea. This improves the patient's refractive power. Contact lenses are worn for a few days to allow the eye to heal. Through PRK, the corneal epithelium is removed, allowing cells to regenerate after surgery. The epithelium is very thin and usually returns to normal within 3 days.



B) LASIK (flap based procedure)

A flap (100-120 microns thick) is created in the upper layer of the cornea. This flap can be created in two ways.

1. Microkeratome:

A microkeratome is a precision surgical instrument with a blade designed for creating the corneal flap in LASIK surgery.

2. Femtosecond laser:

It is a special laser that precisely creates the flap on the cornea. A separate machine is required for its processing. Femtosecond laser assisted LASIK is also known as Femto-LASIK/bladeless LASIK.

After the flap is created by either of the above two methods, and placed over the remaining corneal bed. At the end of the procedure, the flap is placed back on the corneal bed or surface. And the patient is discharged home with medication.

LENS BASED SURGERY

(PROCEDURES IN EXCEPTIONAL SITUATIONS IN NON SUITABLE CANDIDATE FOR LASIK)

Lens-based surgeries include an 'intraocular' procedure to correct the number of glasses. The types are as follows:

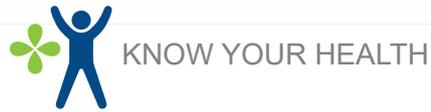
Implantable Collamer Lens (ICL): - In this surgery, an artificial lens is placed in front of the original lens in the eye.

Refractive Lens Exchange :- The natural lens of the eye is removed and replaced with an artificial intraocular lens of suitable capacity.



DR. AMBARISH DARAK

Ophthalmologist



Epilepsy in children

Bridging the Gaps in Treatment: Part 2

Swaraj, a four-year-old boy came to the Epilepsy Clinic with multiple (almost daily) uncontrolled seizures. Despite initial resistance from his parents, thorough investigations were carried out, leading to a confirmed diagnosis of epilepsy. Swaraj was promptly started on anti-epileptic medication, and his parents were counselled and educated about medical care and seizure management.

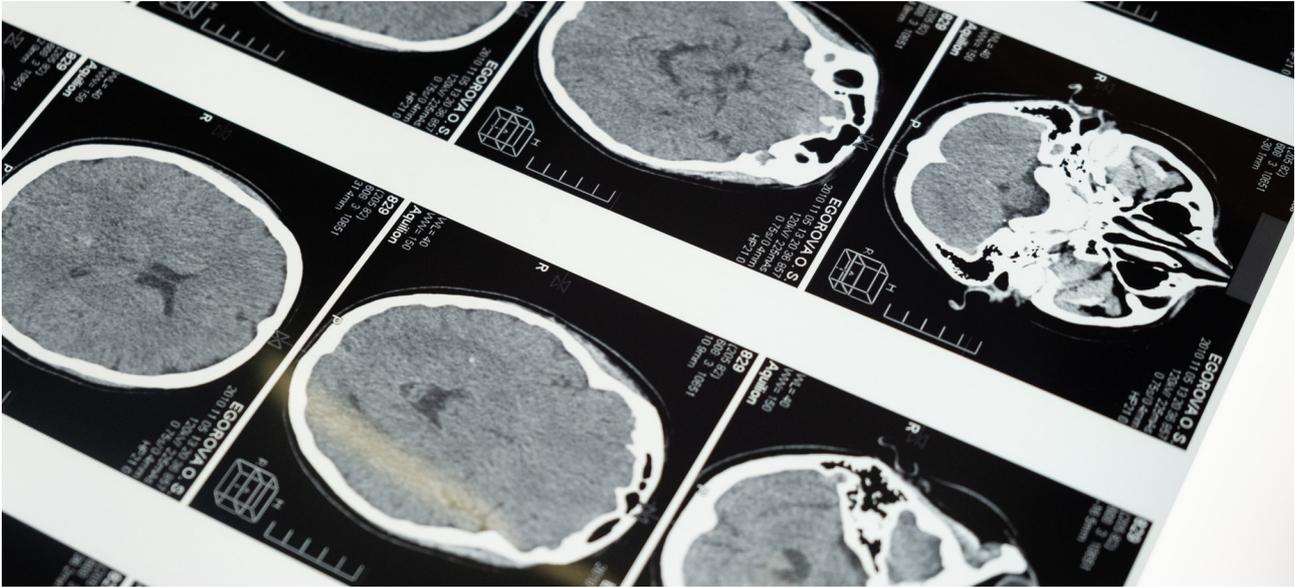
Thanks to the collaborative efforts of the neurologist and developmental psychologist Swaraj's co-morbid learning difficulty was also addressed. Regular follow-up visits allowed us to assess his progress in the medical, academic, and social domains-and helped his parents understand and adjust to a chronic disorder like epilepsy.

Swaraj's story highlights the importance of early intervention, medication compliance, and a holistic multidisciplinary approach to managing paediatric epilepsy, ultimately providing hope for a brighter future for these young patients.



Successful management of paediatric epilepsy is not a simple, one-stop solution but rather a complex and ongoing journey. It requires the collaborative efforts of doctors, caregivers, healthcare infrastructure, family and social support. Epilepsy management involves a multidisciplinary approach, where neurologists, developmental psychologists, physical therapists and other specialists work together to provide comprehensive care to achieve optimum outcomes.

The journey begins with accurate diagnosis and treatment initiation. Doctors carefully evaluate the child's medical history, conduct various tests usually an EEG examination, some blood tests, and MRI/CT scans, and tailor a treatment plan that includes anti-epileptic



medications. It is crucial for caregivers and families to understand the importance of medication compliance, proper dosage, and potential side effects as well.

Compliance refers to the extent to which individuals with epilepsy, or parents of children with epilepsy, adhere to the physician's instructions regarding how and when to take the prescribed medication, as well as any recommended lifestyle modifications. Compliance holds particular significance in epilepsy treatment due to the potential risk of seizures if the medication's blood levels drop too low. Poor adherence to medication regimens has long been recognized as a major factor contributing to treatment failures in epilepsy, presenting an ongoing challenge in achieving the essential therapeutic goal of seizure control.

Open communication, education about the medication's purpose and potential side effects, and strategies for integrating medication into daily routines- such as use of calendars; utilising reminder alarms in watches or mobile phones; using cues (medicine placed near a toothbrush to aid the morning and evening dose), can contribute to improved compliance rates.

Beyond medication, epilepsy management requires a supportive healthcare infrastructure. This includes regular follow-up visits, where doctors assess the child's progress, adjust the treatment plan if needed, and provide guidance and counselling to caregivers. Access to specialized clinics, diagnostic facilities, and trained healthcare professionals is vital to ensure optimal care.

It is well known however that Epilepsy services are currently largely limited to urban areas, leaving rural communities with insufficient access to specialized healthcare and facilities. To address this issue and improve accessibility, a public health approach model can be implemented using existing healthcare infrastructure. The immediate focus could be on



capacity building of healthcare providers, utilizing appropriate diagnostic technology, and ensuring a consistent supply of epilepsy medications.

Several approaches have begun to be employed by India and other developing countries to deliver epilepsy services in rural areas. These include the fixed satellite clinic model- where apex institutions establish clinics in remote locations, the camp approach where specialists or trained physicians conduct rural camps, the mobile clinic approach involving a single visit by a neurologist, and the rural approach which integrates epilepsy care into primary healthcare services.

Additionally, training general practitioners in epilepsy care, involving key informants such as school teachers and community leaders in identification and education, utilizing community health workers for identification, referral, and follow-up, and implementing a community-based rehabilitation model could be beneficial. Thus helping bridge the gap in healthcare accessibility and ensuring better care.

Further, complementary therapies are sometimes considered as additional approaches to traditional treatments. One such therapy that has gained attention is the ketogenic diet (modified Atkin's diet). The ketogenic diet is a high-fat, low-carbohydrate, and low-protein diet that aims to alter the chemical balance in the brain, potentially reducing the likelihood of seizures. Particularly for children with seizures that are not effectively controlled by antiepileptic medications, research has shown a potential reduction in the frequency of seizures in some children. It is important to note that the ketogenic diet should only be undertaken under the supervision of an epilepsy specialist and with the guidance of a dietitian to ensure proper implementation and monitoring.

Epilepsy surgery may be an option when medicines don't control seizures. This is a condition known as medically refractory epilepsy or drug-resistant epilepsy. Epilepsy surgery is done to stop seizures or limit their severity. Surgery also is done to lessen seizure-related deaths, decrease the use of anti-seizure medications and decrease the possible side effects of the medicines.

Equally important to medical treatment is the role of family and social support. Epilepsy can have a significant impact on the child's daily life, education, and social interactions. Families need to provide a nurturing environment, address any learning difficulties or developmental challenges, and encourage adherence to medication and healthy lifestyle habits.

Unfortunately, misconceptions and stigma surrounding epilepsy present significant challenges for individuals and families affected by the condition. Numerous studies highlight the persistent lack of public understanding about seizures and epilepsy.

Addressing this issue requires educational initiatives targeted at individuals with epilepsy, their families, and the wider community. Such efforts are crucial in reducing stigma, which,



in turn, can contribute to improved diagnosis and treatment outcomes.

Public awareness campaigns, mnemonic devices, street-play models, audio-visual communication channels and comprehensive epilepsy education programs in schools and educational institutions are effective strategies for increasing understanding and dispelling misconceptions. Support groups and community organizations can offer additional guidance, share experiences, and provide emotional support for both the child and their caregivers.

The provision of counselling services for patients and their families at healthcare institutions is also essential. These sessions play a vital role in promoting acceptance, building resilience, and preventing the dissemination of misinformation and incorrect practices related to epilepsy management. Support Groups and other social welfare organisations can aid families with adjustment and understanding of the disorder as well.

At the individual level the journey of managing paediatric epilepsy is filled with ups and downs, successes and challenges. It requires ongoing collaboration, communication, and teamwork between doctors, caregivers, healthcare infrastructure systems, and the child's support network. By working together, this collective effort can help improve the quality of life for children with epilepsy, empowering them to thrive and reach their full potential.

At the country level- Epilepsy remains a significant public health challenge in India, characterized by stigma, socioeconomic disparities, a large treatment gap, and a deficient healthcare system. Addressing this issue requires a multidisciplinary approach involving neurologists, public health professionals, psychiatrists, psychiatric social workers, psychiatric nurses, and program managers. A comprehensive public health response is needed, encompassing prevention, improved care, and rehabilitation- which is sustainable, cost-effective, and integrated into existing programs. Key elements include service delivery, capacity building, integration, mobilization of public support, and increased awareness.

By adopting this integrated public health model, India can effectively address the burden and impact of epilepsy while ensuring holistic care and support for individuals living with the condition and help bring out the best in them.



Dr. Abhijeet Botre
Associate Consultant
Paediatric Neurology



Janine Garda
Neuropsychologist & Coordinator
(Neurosciences Dept)



Workshop on 'Effective Parenting in Autism (0-5 years)' was organised by TDH team for the parents on 5th June, 2023





Skin Check-up Camp at Vadu

On 18th June 2023, the Department of Dermatology organised a free skin check-up camp at the Vadu centre. The response from the surrounding villages was remarkable, as people availed the opportunity for free consultations and received medicines free-of-cost as well. A total of 324 people were screened in this camp.





Inauguration of Newly Renovated EEG Department

The Neurodiagnostics Department (EEG Department) underwent a complete renovation in the months of April and May, 2022. The department received a fresh new look along with some upgradations. The formal Inauguration of the department took place on the 1st of June, 2023. It was attended by Consultants from the Neurology department-headed by Dr Pradeep Divate, Medical Director Dr. Xerxes Coyaji, General Administrator- Ms. Shirin Wadia, Medical Administrator Dr. Vishvanath Yemul and several other hospital colleagues. A small ceremony was carried out and the ribbon cutting was done at the hands of Neurologists-Dr. A. Botre and Dr. M. Kharadi.





Health Awareness Programme for Senior Citizens

KEM Hospital, Pune in collaboration with BK Parekh's-Parkinson's Disease and Movement Disorder Society (BKP-PDMDS) is organizing small scale Health Awareness Programms around the city, for senior citizens.

One such programme was organised at – Nav Chaitanya Hasya Yoga Pariwar- Kamathe Garden Branch on Friday 23rd June, 2023. This NGO has several branches around the city, and they gather daily early morning for yoga, meditation and other exercises-providing its members much joy, peace and companionship in their advanced age. About 50 members of this group attended this program. Jyoti Mehta (Care Manager) and Janine Garda (Neuropsychologist & Neurosciences-Coordinator) represented KEMH along with Dr. Nikita Chhajed (physiotherapist) from BKP-PDMDS.

A small talk was organised focusing on signs, symptoms and care for the following conditions: Stroke, Dementia and Parkinson's Disease. "Healthy Aging" as a concept was discussed as well. Support and resources for the same were also provided. We ended the talk with a few rounds of fun cognitive + physical exercises, which the participants enthusiastically carried out. Information was shared on the Parkinson's Disease Support Group that runs weekly at KEM Hospital and pamphlets distributed to increase awareness about the same. It was a heartwarming experience and the NGO members were very appreciative of the initiative and requested more such programmes be organised for their other branches.



EVENTS AND ACTIVITIES

As a token of our gratitude for the generous contributions towards the establishment of our Oxygen Plant, we honoured our donors on 24th June in a small felicitation ceremony.





Retirement Function

Retirement function was held on 30th June, 2023 for Mr. Mallinath Waghmare (Housekeeping Staff), Smt. Tara Bidkar (Housekeeping Staff), Mr. Raju Makwane (Sr. Clerk/ DEO/ Cashier) and Mr. Kiran Abhyankar (Housekeeping Staff).





Session for Nursing Staff

Diabetes Unit, KEM Hospital arranged a diabetes education session for the nursing staff in our hospital. More than 100 nurses attended the session. Dr. Smita Dhadge, Full Time Consultant, Diabetes Unit discussed practical aspects regarding diabetes management in the wards and the common mistakes. She explained in detail about different types of insulin we commonly use in the wards, injection technique, sugar monitoring and urine ketone testing. Usually patients and their relatives have a lot of questions and concerns in their mind about the insulin treatment. Hence educating and empowering our nursing staff will definitely have a great impact on improving patient care across the hospital.

The session was moderated by Dr. C. S. Yajnik, Director, Diabetes Unit. He shared his vast experience in the field and gave valuable inputs for diabetes management in the hospital.





We congratulate our cochlear implantees on their super success!

No	Patient Name	M	F	DOS	SSC %	HSC %
1	Roshan Trivedi	1		15-09-08	85.00	
2	Adwait Sawant	1		2-03-09	83.60	
3	Anushree Marathe		1	18-03-08	78.40	
4	Shrawani Kulkarni		1	31-10-11	75.40	
5	Pratiksha Nigae		1	6-09-10	62.40	
6	Alim Pathan	1		27-06-16	57.60	
7	Nikhil Mali	1		28-05-12	47.67	
8	Anshu Singh		1	5-05-14	47.40	
9	Sanika Saindane		1	23-06-08		78.17
10	Anush Lodam	1		23-11-09		76.33
11	Adarsh Patel	1		12-07-10		73.00
12	Yash Vyavhare	1		10-12-07		67.83
13	Asiya Sharwan		1	22-09-14		63.83
14	Muzkkir Khan	1		26-09-11		57.33
15	Siddhant Bhosale	1		30-07-07		52.83
9	Sanika Saindane		1	23-06-08		78.17
10	Anush Lodam	1		23-11-09		76.33
11	Adarsh Patel	1		12-07-10		73.00
12	Yash Vyavhare	1		10-12-07		67.83



Sanika Saindane
78.17%



Anushree Marathe
78.40%



Shrawani Kulkarni
75.40%



Alim Pathan
57.60%



Siddhant Bhosale
52.83%



Muzkkir Khan
57.33%



Yash Vyavhare
67.83%



	<p>DR. HARSHA JAIN MD (Pulmonary Medicine) DM (Pulmonary, Critical Care & Sleep Medicine) has joined us as an Associate Consultant Interventional Pulmonologist. OPD Timing Every Wednesday & Saturday 11:30 AM - 01:00 PM</p>
	<p>DR. PARAG MUNOT MD (Anaesthesia) has joined us as an Associate Consultant (Anaesthesia & Pain). OPD Timing Every Wednesday & Friday 01:30 PM & 03:30 PM</p>
	<p>DR. VIJAY MALSHIKARE FRCS (Glasgow), FCPS (Orthopaedics), D. Ortho, Fellowship in Hand and Wrist surgery (France) has joined us as a Panel Consultant Hand Surgeon.</p>
	<p>DR. SUDEEP YADAV DNB (General Surgery), M Ch (Plastic & Reconstructive Surgery) has joined us as a Panel Plastic & Reconstructive Surgeon.</p>



Today is the 99th day at KEM hospital and we are getting discharge with a big smile on our face Thank you so much from the bottom of my heart for taking such good care of my daughter Swamini! We are so lucky to have such amazing KEM hospital doctors, nurses, brother and all staff members. You are truly the real heroes of this real World.

Special thanks to Dr. SANDIP KADAM Sir, You're such a wonderful doctor and you always make me feel so safe. The compassion with which you treat the premature newborn babies is more effective than any medicine! Thank you, doctor.

*Thank you All NICU Team for all your support during this journey
You all are a perfect combination of responsibility and care.*

Your whole department have been outstanding and extremely helpful during an extremely difficult time for me. Thank you for your incredible intelligence in caring for premature newborn babies.

Regards.

Sunil & Mayuri Kanawade.



HEALTHCARE AWARENESS

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Big Impact**



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020 2621 7460 or 020 6603 7460



**DON'T BELIEVE IN RUMOURS,
MOST BRAIN TUMOURS ARE TREATABLE AND CURABLE**

Brain tumours can occur at any age.

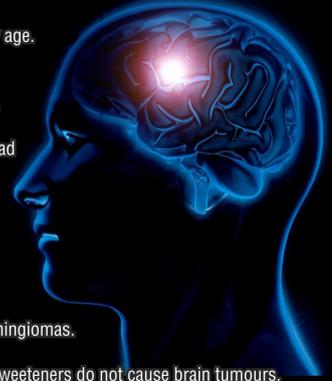
Not all patients with severe headaches have brain tumours.

Brain tumours do not always lead to death. 72% of brain tumours are benign.

Brain tumours are not usually caused by mobile phones or microwaves.

Dental X-rays do not cause meningiomas.

Aspartame and other artificial sweeteners do not cause brain tumours.



For more information reach out to us
020 2621 7460 or 020 6603 7460



#MensHealthMonth

**CULTIVATING HEALTHY HABITS
FOR A FULFILLING LIFE**



**#WorldEnvironmentDay
#BeatPlasticPollution**



**A PLEDGE FOR A
GREENER FUTURE ON
WORLD ENVIRONMENT
DAY 2023**

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