

ILS TIMES

SALT LAKE • DUMDUM • HOWRAH • AGARTALA



Dr. Poonam Kapoor

MBBS, MD (PATHO), BHU
Consultant Histopathologist,
ILS Hospitals Laboratory Head,
ILS Hospitals

Welcome to the latest edition of our newsletter!

Cutting-edge robotic surgery

Revolutionising patient care with ethics and compassion

In this issue, the spotlight is on remarkable advancements in robotic surgery that are transforming the landscape of patient care at our hospital.

As we enter the era of robotic surgery, it's important to strike a balance between innovation and ethical considerations in the ever-evolving world of modern medicine. The intersection between innovative technologies and ethical dilemmas has never been more prominent. Venturing into uncharted waters makes it imperative for healthcare professionals to navigate these territories with care, ensuring that progress is achieved while upholding the highest standards of patient care and ethical principles.

The winds of innovation propel us forward, and the compass of ethics must guide our course. Healthcare professionals must champion advancements that enhance patient care while actively addressing the challenges that arise. By fostering a culture of responsible innovation, we can collectively ensure that our journey into the future of medicine is not only pioneering but also technically sound.

Behind every diagnosis and treatment plan lies a doctor who listens attentively, communicates clearly, and provides unwavering support to patients and their families. It's not just about treating illnesses; it's about forging human connections and

instilling hope. The heartening smile, comforting touch, and reassuring words all contribute to the healing process in immeasurable ways.

At ILS, we combine the principles of innovation, humanity, humility, and ethics in patient care through the amalgamation of robotics and the human touch. We strive to strike a balance in healing both the body and mind with compassion and care.

CBD 360°

CBD 360° was a one-day conference conducted on August 5th.

It provided an invaluable platform for medical professionals to learn and exchange insights directly from skilled surgeons, radiologists, and gastroenterologists in real time, focusing on the issues surrounding the common bile duct. This event was an invaluable learning and teaching initiative of ILS in association with the AMASI chapter of Eastern India, under the leadership of Dr. Om Tanta. The event's success was further amplified by enthusiastic participation from 250 delegates, including faculty members from Kolkata, Delhi, Chennai, Bhubaneswar, and Imphal.





Dr. C Sai Krishna

MS (PGI Chandigarh), MCh (AIIMS-Delhi),
FACS (USA), FIACS

Cardiothoracic Vascular Surgeon
ILS Hospitals Agartala

OPEN HEART SURGERY AT ILS HOSPITALS AGARTALA

Male child aged 3 years was referred to ILS Hospitals Agartala with a diagnosis of “hole in the heart” after preliminary screening under the RBSK (Rashtriya Bal Swasthya Karyakram) scheme for children.

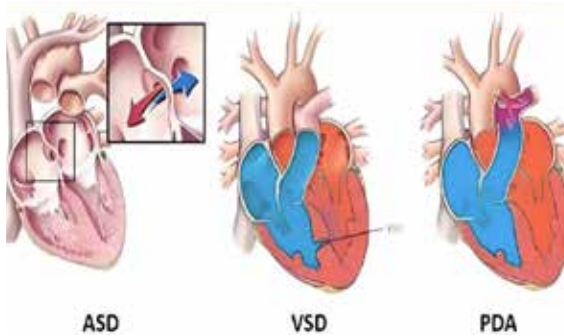
During evaluation the parents informed that the child becomes easily tired and is having difficulty in breathing with sweating and has forceful heart beat since 3 months of age. In addition child has not gained weight and was developing recurrent chest infections and cough which were being treated multiple times with antibiotics. His symptoms have worsened recently and he has been avoiding food due to breathing difficulty while eating.

On examination at ILS hospitals Agartala the child was found malnourished and extremely underweight at 8 kgs, as expected weight for his age is around 15 kgs. Chest X ray, ECG were done which showed enlargement of the heart. Echocardiography was also done which showed two large holes in his heart, leading to disrupted communication between the upper and lower chambers of the heart (atrial and ventricular septal defects). In addition, there was a connection (patent ductus arteriosus) between the major blood vessels that supply blood to the body (aorta) and lungs (main pulmonary artery).

These multiple defects that the child had by birth, were causing significant

strain on the heart leading to recurrent symptoms due to increased strain on the heart and enough blood was not circulating through the child's body. The child also had infection which was treated with antibiotics before he underwent surgical correction of his heart defects.

In spite of multiple challenges of poor nutritional status, low body weight and co-existent infection, open heart surgery was done and all defects were corrected successfully and the child recovered fully & was discharged from the hospital within 5 days of after a total hospital stay of 7 days.



ILS Foundation Day

10th July 2023 | Cultural Programme



A Case of TKR in Severe Valgus Deformity

Introduction:

Valgus deformities in Osteo-Arthritis knee are less in number if not rare than the more common Varus deformity. Valgus OA is commonly seen in inflammatory arthritis like Rheumatoid Arthritis rather than in primary OA. The tolerability to deformity and the resultant pain in valgus knees is more compared to varus knees as a result these patients present late and sometimes it will be very difficult to correct and may end up in complications.



Dr. Subhasish Deb

MBBS, FRCS Joint Replacement Trauma & Orthopaedic Surgeon

Dr. Bimalendu Sen

MBBS Orthopaedic Consultant

Case Summary

A 63 years female patient presented with severe valgus OA left knee since 12yrs, severity increased since 4yrs. About 30° valgus deformity on lying down position which is exaggerated on weight bearing.

After relevant investigations and fitness patient was taken up for TKR. Low molecular weight Heparin and ankle pumps started on day 1. Pneumatic compression stockings applied, and patient was made to walk on day-2 and drain removal done. In such cases re-assurance that patient's knee proprioception comes back is very important as patient adjusts



to her new knee (corrected) position.

Regular physio started after first week and suture removal done on 12th post-op day.

ROM exercises started after suture removal and full ROM achieved after 3weeks.



Post-op X-Ray of Both Leg



Pre-op X-Ray of Both Leg

Discussion:

Valgus deformities present late and are difficult to correct, complications like footdrop due to popliteal nerve stretch/injury are not uncommon and patient should be made aware of. Re-assurances about nerve stretch recovery (if it's a neuropraxia), return of proprioception and adjustment to newly corrected position should be given to the patient. TKR in OA knee with valgus deformity is a rewarding procedure and patient feels pain relief and free off deformity makes the patient socially more active in the community.



Doctors' Day Celebration



Pyogenic ventriculitis in an adult woman



Dr. Himansu Shekhar Mohanty

MBBS, DNB, Fellow in Oncoradiology (European Society of Radiology)

Dr. Arnab Kar

MBBS, MD (Internal Medicine)
Department of Imaging and Interventional Radiology ILS Hospitals, Howrah

Clinical History:

63 year old female patient presented to ER department of ILS Howrah with acute drowsiness. She was a known case of chronic kidney disease undergoing hemo-dialysis.

Patient was shifted to intensive care unit for further management as ongoing sepsis was suspected.

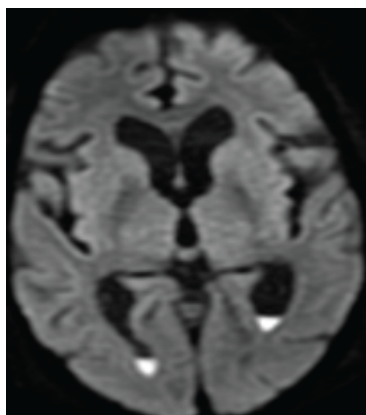
To investigate further CT venogram was suggested which revealed right IJV complete thrombosis.

She had leucocytosis, increased CRP and features of encephalopathy. Urine culture revealed candida albicans for which appropriate management was given. However patient did not improve

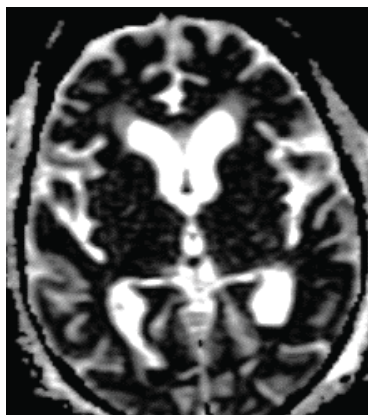
Imaging Findings:

Diffusion-weighted (Fig. 1A) MRI indicated areas of high intensity in the CSF in the bilateral occipital horns of the ventricles. Apparent diffusion coefficient (Fig. 1B) showed corresponding areas of low intensity.

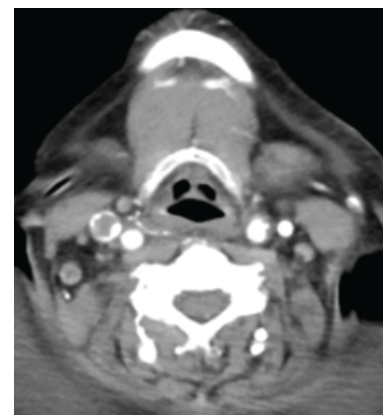
The diagnosis was corrected to pyogenic ventriculitis. Cerebrospinal fluid (CSF) analysis did not show any signs of tuberculosis or any other bacteria. Our inference was patient had already taken multiple lines of antibiotic therapy which had made CSF aseptic.



1A: Axial DWI image shows high intensity in the CSF in the bilateral occipital horns of the ventricles



1B: Axial apparent diffusion coefficient (ADC) images showed corresponding areas of low intensity.



Axial CT venogram showing intaluminal thrombus in right IJV.

Conclusion:

Pyogenic ventriculitis is similarly referred to as ventricular empyema, intraventricular abscess, ependymitis, or pyocephalus. Clinical presentations of pyogenic ventriculitis are non-specific and include headache, fever, seizure, focal neurological dysfunction, neck stiffness, and loss of consciousness.

Patients are often misdiagnosed with meningitis or encephalitis, and the possibility of pyogenic ventriculitis is often ignored. The choroid plexuses are covered by debris, bacteria, leukocytes, and protein matrices, so the results of a CSF analysis may sometimes not accurately reveal the severity of infection in the ventricles.

The changes in MRI should thus be taken into consideration. Diffusion-Weighted Image (DWI) is the most sensitive test for diagnosing pyogenic ventriculitis.

WOMEN'S DAY CELEBRATION



IDEACON 2023 7th July, 2023



BLOOD DONATION ON CSR DAY 30th March 2023



DOCATHON 2nd July 2023



Percutaneous Cholecystostomy:



**Dr. I. Bandyopadhyay,
Dr. D. Roy & Dr. K. Saha**

MBBS, DNB, Radiology
ILS Hospitals, Dumdum

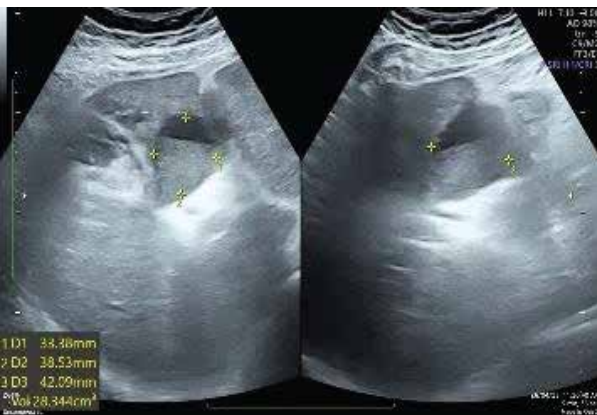


Fig 1 & Fig 2 : An abscess showing sign of liquefaction in segment IV B with subcapsular extension, impending rupture, abutting an over distended Gall Bladder.

Introduction:

63-year-old female patient presented to ER department of ILS Howrah with acute drowsiness. She was a known case of chronic kidney disease undergoing hemo-dialysis.

Patient was shifted to intensive care unit for further management as ongoing sepsis was suspected.

To investigate further CT venogram was suggested which revealed right IJV complete thrombosis.

She had leucocytosis, increased CRP and features of encephalopathy. Urine culture revealed candida albicans for which appropriate management was given. However patient did not improve

Indication:

The general indications for PC include:

- Presence (radiological diagnosis) of acute cholecystitis in patients with temporary or permanent problems that may interfere with surgery including hydropic gallbladder in addition to clinical findings of cholecystitis,
- Inability to catheterize intrahepatic biliary tract during percutaneous biliary drainage despite a reasonable number of attempts.
- Empiric cholecystostomy due to fever of unknown origin.

Procedure:

USG / CT guided percutaneous, transhepatic cholecystostomy is done under local anaesthesia and all aseptic precautions. Transhepatic, sub-costal access is made after Sono graphically confirming adequate width of healthy liver parenchyma prior to /GB wall. Abscess is punctured with 18 G, 15 cm puncture needle.

Conclusion:

PC may serve as the bridge to laparoscopic or open surgical treatment when a temporary definitive treatment cannot be provided. According to several studies, it is also a safe and definitive treatment in patients with high surgical risk.

Contraindication:

The primary indication of PC is the presence of a surgical contraindication that prevents surgery. Therefore, the method has no absolute contraindication. The only exception is intestinal interposition, which may prevent access by obstructing the trajectory. The presence of ascites on the access route or presence of massive gallstones that prevent the formation and locking of the catheter's loop is among relative contraindications. Although coagulopathy and/or the use of antiplatelet and/or anticoagulants are relative contraindications. Cholecystectomy, whether open or laparoscopic, poses significant risk to patients with advanced age and/or comorbid diseases. Both of these factors are present in the majority of patients with acute cholecystitis.

International Nurses Day

12th May 2023



OUR NURSES OUR FUTURE

Managing difficult stone:



Dr. Subhadip Laskar

MBBS, MD (General Medicine)
DNB (Gastroenterology)
ILS Hospitals, Howrah

ILS Hospitals, Howrah has a well supported Gastroenterology Department, furnished with the latest Olympus Endoscopes and state of the art ERB facilities for APC, Sphincterotomy, ERCP and Fibroscan.

Conclusion:

In patients with multiple large stones, lithotripters with a sleeve system can be employed multiple times without withdrawal of the endoscope, facilitating stone fragmentation. Mechanical Lithotripsy has been widely used as it is a readily available, cost effective, and simple procedure.

Mechanical lithotripsy was successful in about 80% of patients with large BD stones.

The only significant factor that accounted for failure of mechanical lithotripsy was stone impaction with either an inability to pass the basket proximal to the stone or a failure of the basket to open fully around the stone to allow it to be grasped properly

Stone size alone was not significant as a predictor for success or failure.

Endoscopic Papillary Large Balloon Dilation Reduces the Need for Mechanical Lithotripsy in Patients with Large Bile Duct Stones: A Systematic Review and Meta-Analysis (Madhoun et al Diagnostic and Therapeutic Endoscopy 2014)

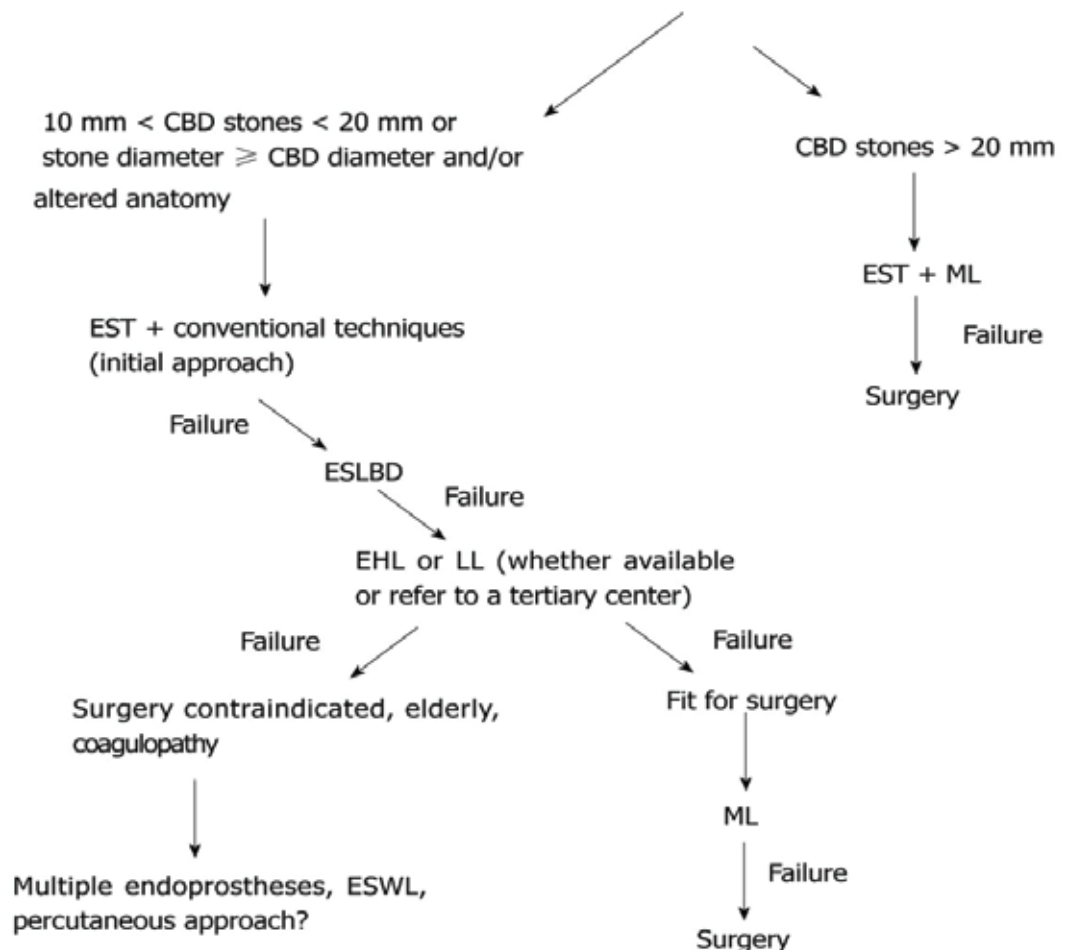
We have been able to perform several successful ERCPs at the Institute backed by the excellent and well experienced team of Anesthetists.

By definition Difficult CBD stones are those associated with

- Older age (> 65 years)
- Previous gastrojejunostomy
- Larger stone size ($\geq 15\text{mm}$)
- Impaction of stones
- Shorter length of the distal CBD arm ($\leq 36\text{mm}$) and
- More acute distal CBD angulation (≤ 135 degrees)

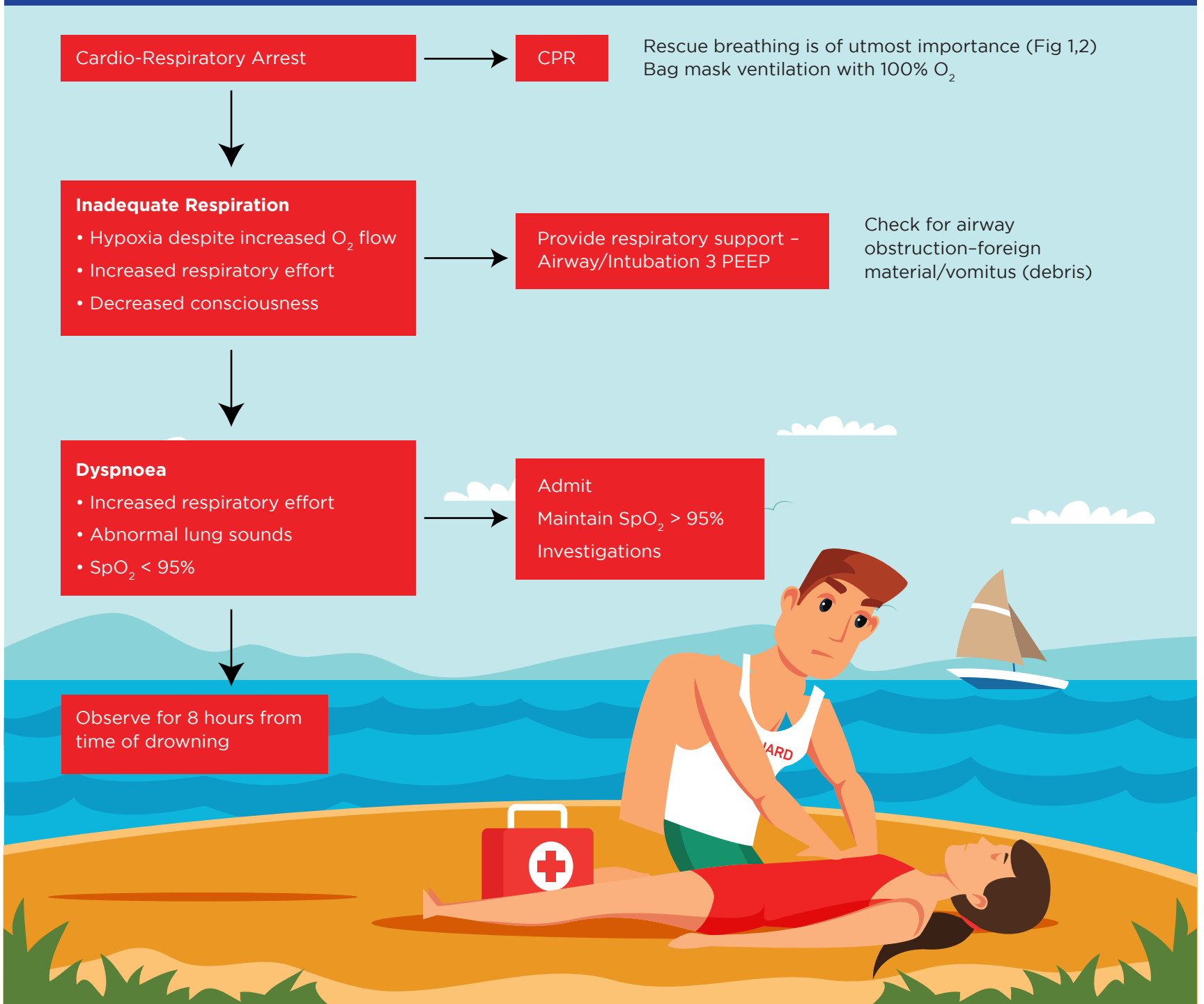
Strategies for endoscopic extraction of large bile duct stones

[Stefanidis G, et al. World J Gastrointest Endosc 2012; 4(5): 167-179
DOI: 10.4253/wjge.v4.i5.167]



EST: Endoscopic Sphincterotomy; ML: Mechanical Lithotripsy;
EHL: Electrohydraulic Lithotripsy; LL: Laser Lithotripsy;
ESLBD: Endoscopic Sphincterotomy and Biliary Drainage

Treatment flowchart for drowning



(CPR: Cardiopulmonary resuscitation; PEEP: positive end-expiratory pressure)

