

# What's Up? @St John's Hospital

Issue 57, March 1<sup>st</sup>, 2022

DOCTOR ! PLEASE THOROUGHLY CHECK  
WHAT'S WRONG. HE HAS STILL NOT  
GOT COVID.



G.R.K. Sarma 2/2/2022

**Caricature by Dr. Sarma Gosala  
(Professor, Department of Neurology).**



30 January 2022  
**WORLD  
NTD  
DAY**  
NEGLECTED  
TROPICAL  
DISEASES

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St John's National Academy of Health Sciences  
St John's Medical College Hospital, Bengaluru

# CONTENTS

<u>Message From The Editorial Team</u>	02
<u>World NTD Day</u>	03
<u>World Cancer Day</u>	06
<u>World Epilepsy Day</u>	07
<u>Research Genie App</u>	08
<u>Dr. Bindu Mathew appointed as Dean, RGUHS</u>	09
<u>International Childhood Cancer Day</u>	09
<u>Pediatric hematopoietic stem cell transplants</u>	10
<u>Physiotherapy in Chronic Kidney Diseases</u>	12
<u>Interview – St. John’s Postman</u>	14
<u>Survivor’s corner – Modern day use of Imaging - Double edged sword?</u>	16
<u>Rhyme Chyme Coffee blossom-The berry-ed scent</u>	18
<u>Team of the Month – Medical Records Department</u>	20
<u>IgNobel</u>	24
<u>Grey Matters</u>	25
<u>Pearls of Wisdom</u>	26
<u>Did You Know?</u>	26
<u>Quotable Osler and Medicine this month</u>	27
<u>References Medicine Dis Month</u>	28
<u>Research Snippets – DAGs</u>	30
<u>L Johny</u>	31
<u>Story of Medicine – Women in Medicine</u>	32

\* We now present a fully interactive menu. It works best with Adobe reader application (on computers, mobile phones, and tablets)



# MESSAGE FROM THE EDITORIAL TEAM

**Dear All!**

We are pleased to release the fifty seventh issue of “What’s Up? @ St John’s Hospital” magazine today.

The present issue is dedicated to World NTD (Neglected Tropical diseases) day which is observed every year on 30<sup>th</sup> January. We thank Dr. Archana S (Department of Community health) for providing us a write up. We also thank many of our readers who actively contributed and obliged to our requests for reports of various programs in the academy.

We have a story of a cancer patient who survived the wrong interpretation and psychological trauma of death in Survivor’s corner. The importance of a multidisciplinary team in management of cancer is highlighted. We showcase Medical Records department team in Team of the month.

Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. We are happy to evolve to meet the needs of our beloved readers. Happy Reading!!

**Editorial Team**



*Health related day...*

# World NTD (Neglected Tropical Diseases) Day

- Dr Archana S (Assistant Professor, Community Health)

30<sup>th</sup> January 2022

## **What are Neglected tropical diseases (NTDs)?**

NTDs are a diverse group of conditions that are mainly prevalent in tropical areas, where they mostly affect people who live mostly in impoverished communities. These are mostly found in Africa, Asia and Latin American countries. The WHO has established a list of 17 diseases based on their adverse impact, relative obscurity and availability of tools to tackle them. Some of the NTDs are given below.

- Buruli ulcer
- Dengue
- Chikungunya
- Dracunculiasis
- Human African trypanosomiasis
- Leishmaniasis
- Leprosy
- Lymphatic filariasis
- Mycetoma
- Onchocerciasis
- Rabies
- Scabies
- Schistosomiasis
- Soil-transmitted helminthiases
- Snakebite envenomation
- Taeniasis/cysticercosis
- Trachoma
- Yaws

## **Why are they called 'neglected'?**

To highlight that these diseases affect mainly poor and marginalized populations in low-resource settings and usually are not well funded.

## **What are the causative agents for NTDs?**

NTDs are caused by a variety of pathogens including viruses, bacteria, parasites, and fungi. Epidemiology of NTDs is linked to complex environmental conditions such as vast geographies, regular epidemics, and vectors having complex life cycles. Excluding NTDs that are spatially bound by their requirement for unique insect vectors or snail hosts (e.g., schistosomiasis, onchocerciasis, human African trypanosomiasis, and Chagas disease), India leads the world in terms of the total number of cases for each of the major NTDs.



## Health related day...

### What is the public health impact of NTDs?

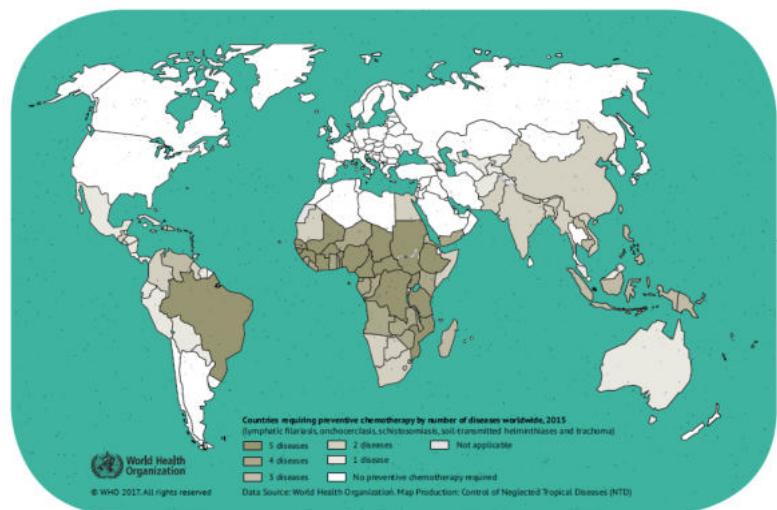
Impairs physical and cognitive development, contribute to child and mother morbidity and mortality. NTDs trap the poor in a cycle of poverty and disease. Globally, NTDs cause devastating health, social and economic consequences to more than one billion people.

### What are the strategies to control NTDs?

Of the 17 NTDs 1 has been targeted for eradication and 8 have been targeted for elimination by the WHO. The strategies to achieve this include

- Strengthening health systems
- Food safety and WASH (water, sanitation and hygiene)
- Integrated vector management
- Integrated one Health approach to the program design and delivery
- Mass drug administration /Chemotherapy: Some of these NTDs can be even eliminated from the affected countries by mass administration of safe and effective drugs or other interventions. 111 countries and territories are endemic for at least one NTD that can be treated with preventive chemotherapy. The following six NTDs can be controlled by this strategy.

- i. Dracunculiasis (Guinea Worm Disease)
- ii. Lymphatic Filariasis
- iii. Onchocerciasis
- iv. Schistosomiasis
- v. Soil-transmitted Helminths
- vi. Trachoma



### Relevance in the era of COVID-19.

- Interruptions to NTDs program leading to build up of undiagnosed and unobserved cases.
- Impact on supply chain of pharmaceutical products- lockdowns led to inability to get supplies, grounded airlines, delayed clearances consequently leading to expiry of medicines (examples include Praziquantel for schistosomiasis, stockout of leprosy medications)



## *Health related day...*

- Unofficial repurposing of drugs during the pandemic such as Ivermectin for which there was no proven benefit in treating COVID-19.
- Redirection of Amphotericin B from visceral Leishmaniasis for the treatment of fungal sequelae in COVID-19 patients in India.

### **Campaign key message to tackle NTDs and move towards universal health care by 2030.**

- *Re-energise*- shine a spotlight on NTDs and the suffering they cause.
- *Innovate*- innovative services to ensure continued access to NTD services during COVID-19.
- *Encourage*- Encourage collaboration across sectors such as health, education, nutrition, mental health.
- *Equity*- equity in access, care, and recognition.
- *Engage* educate communities and support community health workers to delivery care to the vulnerable groups.



30 January 2022  
**WORLD**  
**NTD** NEGLECTED  
TROPICAL  
DISEASES  
**DAY**



*Updates this month...*

# WORLD CANCER DAY

4<sup>th</sup> February 2022

On account of World Cancer Day on 4th February 2022, 4th-year B.Sc. nursing conducted a health education program in the OPD foyer. The theme of the program was '**close the care gap**'. The chief guest of the program was Dr. Hari Menon (Professor and Head, Department of Medical Oncology). Rev. Fr. John Varghese (Associate Director Hospital), Rev. Dr Charles Davis (Associate Director College), Rev. Fr. Jesudoss Rajamanickam (Associate Director Finance), Dr Arvind Kasthuri (Chief of Medical Services), Rev. Sr. Ria Emmanuel (Chief of Nursing Services) and Prof. Reena Menon (Principal, St. John's College of Nursing) were also present for the program. The health education program included a skit and mime on the theme. Dr. Hari Menon addressed the program. He accentuated the importance of spreading awareness and the need for continuous care and treatment of cancer patients. Rev. Sr. Ria Emmanuel inaugurated the poster exhibition.



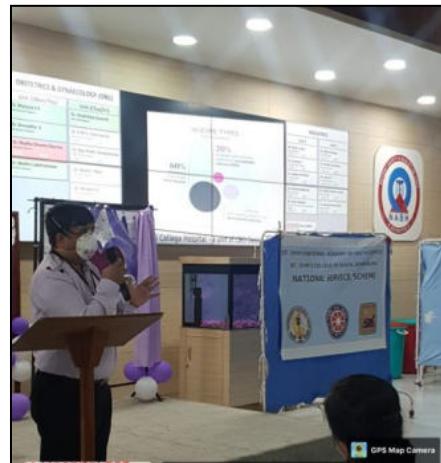
Acknowledgement: Prof. Reena Menon, Principal, College of Nursing

# WORLD EPILEPSY DAY

14<sup>th</sup> February 2022

On World Epilepsy Day, Feb 14th 2022, the students of 3<sup>rd</sup>-year BSc from St. John's College of nursing did their part in spreading awareness about epilepsy. An educational program was conducted for the public attending the OPD. The educational program, began by invoking God's blessings with a prayer song after which the guests of honor, watered a sapling to mark the beginning. The guests of honor included Rev. Fr. John Varghese (Associate Director Hospital), Rev. Dr Charles Davis (Associate Director College), Dr Arvind Kasthuri (Chief of Medical Services), Dr Meryl Antony (AMS), Rev. Sr. Ria Emmanuel (Chief of Nursing Services), Prof. Reena Menon (Principal, St. John's College of Nursing) and Dr Bindhu Mathew (Vice Principal).

The Chief Guest of the day was Dr. Raghunandan Nadig (Professor, Department of Neurology). He emphasized the need to refer to them, as **'persons with epilepsy'** rather than patients. He reiterated the early identification, triggering factors and compliance to treatment. An exhibition of educational posters and the PPT prepared by the students were displayed for the entire day for public viewing. The theme of the day, **"share a little love"** was revealed. The students depicted the causes, signs and symptoms, management and myths about epilepsy in the form of a role-play and mime.



Acknowledgement: Prof. Reena Menon, Principal, College of Nursing



*Updates this month...*

# Research Genie App

The Research Genie app is the creation of Dr. Ramesh. A, (Professor, Otolaryngology Head & Neck surgery) & Dr. Nachiket. S (Professor, Anatomy). Design inputs were provided by Ruchira Ala Bunga (Intern, St. John's Research Institute). The coding was performed by Compuhive Knowledge Hub pvt ltd. St. John's Medical College Research Society owns copyright for Research Genie.



The app is based on a logical framework exclusively directed at participants who have successfully completed the research methodology sessions designed and conducted by St. John's Medical College Research Society, Bengaluru.

## **Logical framework behind Research Genie:**

Research Genie starts with stating the steps for knowledge creation. Schematic and easily understandable diagrams depict the various components of research methodology. These diagrams are designed for rapid recapitulation of all the sessions on research methodology.

First the user is prompted to define the target population with help menus for assistance. After this, a highly interactive window opens. This channels the thinking process of the user to accurately choose the most appropriate research pathway to answer a particular research question. Each pathway comprises of blank templates with prompts, schematic visuals of data patterns, information required for sample size calculation, summary measures and tests of significance specific for the chosen domain of research. If the user goes into a wrong pathway, the flow gets interrupted and prompts the user to start again. This process iterates till the most appropriate research methodology for a given research question is selected. This ensures that the user is guided to the correct research domain. Background Resources required for getting complete value from Research Genie:

1. Course book "A Magic Journey into the World of Research in Medical Sciences"
2. Concept card used in the Research Methodology sessions.

Acknowledgement: Dr. Ramesh A,  
Professor, Dept. of ENT



*Updates this month...*

## Dr. Bindhu Mathew has been appointed as Dean of Faculty of nursing at RGUHS

### Congratulations

Dr. Bindhu Mathew, Vice Principal – PG & Professor & Head, Department of Medical Surgical Nursing, has been appointed as Dean of faculty of Nursing at Rajiv Gandhi University of Health Sciences, Karnataka. Hearty congratulations to Dr. Bindhu Mathew and we wish her all success in her tenure as the Dean (Nursing) at RGUHS.



Acknowledgement: Prof. Reena Menon, Principal, College of Nursing

## International Childhood Cancer Day

24<sup>th</sup> February 2022

Dept Of Pediatric Hematology Oncology & Bone Marrow Transplant organized a program to commemorate International childhood cancer day and acknowledge the contribution of various teams across the institution in the care of children with cancer on 24<sup>th</sup> February 2022. The theme this year was ***‘through our hands’***. The program was graced by Rev. Fr. John Varghese (Associate Director Hospital), Dr Arvind Kasthuri (Chief of Medical Services), Rev. Sr. Ria Emmanuel (Chief of Nursing Services), heads of departments of oncology, team members of oncology, nursing, medical social work and allied pediatric department.



*Updates this month...*

## **Pediatric Hematopoietic Stem Cell Transplants**

***new steps forward at St Johns....***

*- Dr Anand Prakash, (Dr Vandana Bharadwaj, Dr Jyothi M  
Department of Pediatric Hematology Oncology and BMT*

Pediatric hematopoietic stem cell transplants (bone marrow transplants) are now regularly being performed done by Department Of Pediatric Hematology Oncology. Some of the new techniques of bone marrow transplant, performed recently for the first time at St John's for children are summarised here.

SK, 8-year-old boy with beta thalassemia major (transfusion dependent anemia) underwent a Matched Unrelated Donor transplant (MUD); donor cells were from the Datri (Indian SCT registry). He did not have any siblings who were matched and hence we chose a Matched unrelated donor. He tolerated transplant extremely well and is now 2 ½ months post transplant with good chimerism and no longer needs red cell support (cured of thalassemia).

***Capacity to perform hemoglobinopathy transplants especially from MUD donors is also an important step for our transplant program as thalassemia is very common in our country and currently BMT is the only permanent cure.***

K, 3 year old boy with high risk Acute Myeloid leukemia had a haploidentical transplantation (from father) with Post transplant cyclophosphamide (PTCy). Transplant in this child helps improve his survival in high risk AML which often relapses if treated only with chemotherapy without BMT. Baby tolerated transplant well and is now 3 months post transplant doing well. The child's father works as a delivery staff in Zomato and we are glad we had support of St Johns and MSW department to support us through transplant.



**Stem Cell Infusion**



## *Updates this month...*

***Capacity to perform a PTCy haplo transplant is important as it is a good strategy to decrease cost of care, important for most patients from our country, especially for patients coming to St. John's.***

J, 2-year-old with Wiskott Aldrich syndrome (Immune deficiency with low platelet counts- needs urgent transplant to prevent infections and bleeding) had a successful Matched sibling donor transplant from his brother. He is now 3 months post transplant with normal platelet counts and good donor chimerism

***Capacity to perform immunodeficiency transplants is important as many children in India die of Primary Immune deficiency where the only cure is BMT. Early referral for transplant is the key to save these children.***

The PHO team would like to thank the management for their constant encouragement, the Nursing team (BMTU and PHO OPD) for their excellent nursing, the Adult Hematology team for donor harvests (from adult donors), the Immunohematology and Transfusion medicine team for stem cell and blood product support, Radiation oncology (for TBI), PICU for intensive care consult support and our social workers in PHO for coordinating NGO support. A special thanks to our PHO fellowship students for their hard work and meticulous care of these very complex patients!



**Sibling donor harvest**



**Stem cell infusion  
in BMTU**



**Child with  
AML 1  
month post  
SCT**



# Physiotherapy in Chronic Kidney Disease

This month the discussion is on the role of physiotherapy in patients with Chronic Kidney Disease. The spectrum of patients varies from predialysis CKD, hemodialysis, peritoneal dialysis to kidney transplantation.

Why should a patient affected with Chronic Kidney Disease undergo Physiotherapy?



There is a list of reasons why a patient suffering from CKD undergoes physiotherapy. Literature shows protein-energy malnutrition, sarcopenia, use of steroids, metabolic disturbances are common occurrences in patients suffering from CKD. There are multiple benefits of rehabilitation, even though evidence strongly recommends exercises, implementation of these programs are rather scarce. The exercises commonly prescribed are aerobic training, progressive resistance training, and flexibility. These interventions are only prescribed after a thorough and detailed assessment by a Physiotherapist. The exercises are tailored according to the current exercise capacity and tolerance, stage of CKD, treatment the patient is undergoing, and risk evaluation.

The benefits of these exercises are studied extensively in the literature. Systematic reviews have elaborated on the effects of exercises on cardiopulmonary functional parameters, reduced oxidative stress, better regulation of blood pressure, increased GFR, improved muscle mass and VO<sub>2</sub>max, even parameters like c-reactive protein and interleukin-6 are said to reduce post-exercise. The exercises are commonly referred to as intradialytic training and non-intradialytic training. Intradialytic training is a set of exercise interventions performed even during dialysis. There are guidelines available that are used by a physiotherapist for these interventions and safety. The known benefits of intradialytic training are improved solute removal, increase in HD efficiency and enhanced functional and psychological status. A few studies are published on the benefits of exercise pre-creation of arteriovenous fistula.



# Physiotherapy in Chronic Kidney Disease

“Blood Flow Restriction-BFR” training is said to improve the diameter and distensibility of the cephalic vein and the diameter and flow of the radial artery. Evidence is also towards administering structured exercise protocol for patient’s under-going renal transplantation. Post-transplantation exercise training has shown to improve physical function, quality of life, even few markers of cardiovascular disease such as cardiac autonomic function and arterial stiffness.

There are multitudes to therapeutic interventions used in these patients. After a detailed assessment, the management should strictly follow the guidelines and literature specific to the spectrum the patient falls under. The risk should be determined and closely monitored during the training. The duration, type, intensity, and frequency should be planned by a physical therapist.

Adding exercise prescription as one of the management plans for CKD patients is the road forward.

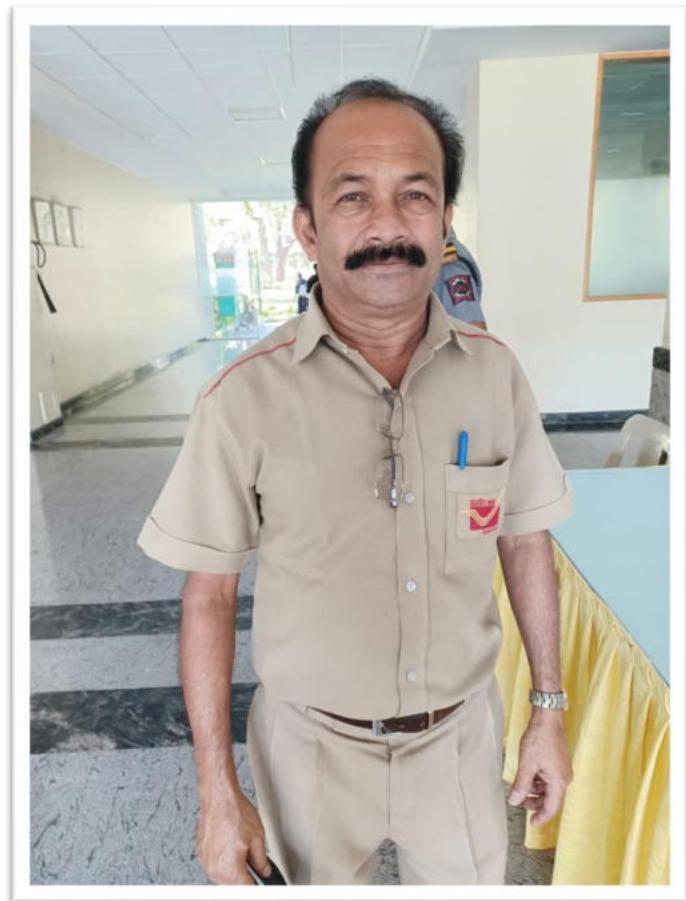
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# Interview: Postman to St. John's National Academy of Health Sciences

COVID-19 has disrupted our lives in one way or another. Has the pandemic also torn us apart?

Is the fiber of our communication broken, particularly aging systems that seem to be becoming more obsolete as time goes? Though COVID has certainly disturbed the precarious economic balance of various industries, we are proud to tell you that the communication services, at least at St. John's remain alive and kicking, be it digital or traditional! Mr Ashwath Narayana is a postman who has been working in the Indian Postal Service for the past 30 years.



**Mr Ashwath Narayana,  
Postman**

St. John's - SJMC, SJMCH, SJCON, and SJRI - has been on his route, nearly everyday for 10 years now. A jovial man with a smile on his face, he told us that he's enjoyed his deliveries of speed post, bills, health insurance documents, and parcels to St. John's and hasn't had a single negative experience in the ten years he has worked here.

Mr. Ashwath tells us that the number of letters and parcels coming to St. John's have reduced by nearly 50% since the pandemic started, but that doesn't mean that his work has reduced proportionately! His route was undisturbed, he tells us, and even in the peak of the first wave his movements were not curtailed by the police enforcing the lockdown. Such are the privileges of being a civil servant! We wondered if Mr. Ashwath or his colleagues were apprehensive of delivering post to a COVID care centre like St. John's in the peak of the pandemic, but Mr. Ashwath was shaking his head even as we finished asking him the question. "No, absolutely not. In such a hard time, the frontline workers at St. John's were fighting for us, we felt proud to do our part to serve them!", he tells us.



## *Interview...*

Of course, it helps that Indian Post ensured his wellbeing and continuity of his salary, though they could not provide bonuses or incentives. BBC articles (<https://www.bbc.com/news/world-asia-india-52268601>) from the initial days of the pandemic laud India Post for donning the 'lifesaver' role, stepping in to deliver essential medical equipment and drugs to hospitals when no other private transportation was permitted to. The senior superintendent of the postal service in UP, Mr. Alok Ojha says, "We are the best-connected service in India. We are everywhere. And in this case, we knew we could help." Mr. Ashwath is one of many dedicated postal workers who embody that sentiment. The next time you are near the college entry at about 11:30 am, keep an eye out for Mr. Ashwath, and know that he's doing his part and rooting for you.

Interview taken by: Justin Minz, Shivangi Choudhary (BSc 2019).  
Article written by: Dhvani Ravi, MBBS 2018





# SURVIVOR'S CORNER

## *“Modern day use of Imaging - Double edged sword?”*

The modern-day clinician faces many challenges. One of them is appropriate use of newer imaging modalities and their interpretation in clinical context. The following case scenario hopefully elaborates this.

A 48 years old anxious lady presented to the surgical oncology OPD for a second opinion. Her primary complaint was umbilical discharge for 3 days. She had been evaluated outside with ultrasound abdomen which revealed a mass in the upper pole of left kidney, a bulky pancreas and a minute collection behind the umbilicus. Consecutive CECT and PETCT scans followed which showed multiple cysts in pancreas, a neoplastic mass in upper pole of left kidney and an ovarian cyst with FDG uptake in all these sites. Corroborating the above reports, the specialist doctor diagnosed the patient with stage 4 pancreatic cancer and told her that she has a few months to live. In the meanwhile, her umbilical discharge had disappeared after a course of antibiotics!

The patient appeared devastated from her previous consultation, when I first met her in the OPD. Close perusal of PETCT scan and blood workup suggested a less devastating prognosis. She was suffering from benign cystic neoplasm of pancreas with stage 1 renal cell carcinoma and right ovary seemed to have a luteal cyst. The prognosis is excellent in stark contrast to what she had been told. These findings were confirmed during the surgery. She underwent nephron-sparing surgery for stage 1 renal cell carcinoma and made good recovery post operatively. At discharge, she was in disbelief as I reassured her that all was well with her.

Imaging on one hand helped pick up early renal cell cancer and on the other hand wrongful interpretation of imaging caused undue anxiety to patient. She could have possibly missed the opportunity for curative treatment had it not been for the second opinion at St John's. The paradigm of clinical medicine has seen a rapid change in last few years from clinical examination-based approach to an investigation dependent approach. When the treating clinician doesn't suggest an investigation "Dr.Google" takes over, suggesting a plethora of investigations. Interpreting investigations in clinical context is a scientific skill acquired with practice and dedication in contrast to reading reports which the educated patient too does well!

**CONTENTS**

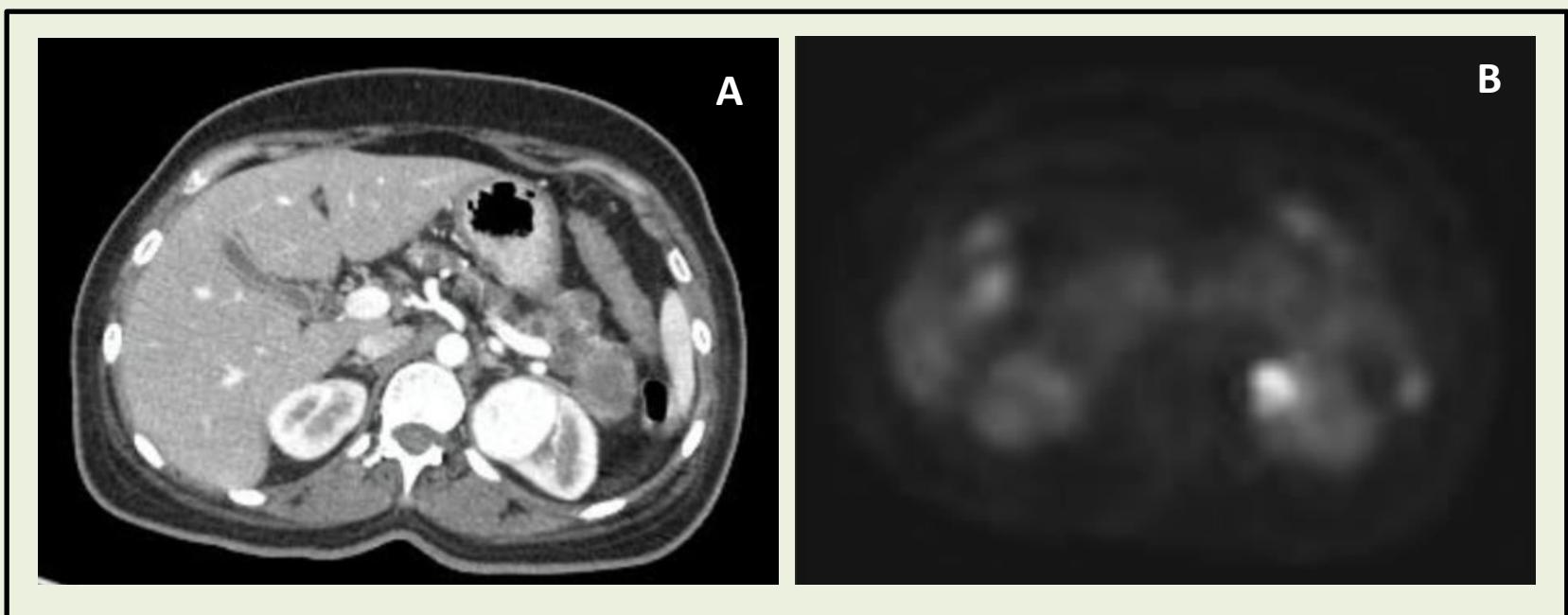




# SURVIVOR'S CORNER

## *“Modern day use of Imaging - Double edged sword?”*

The human body is a Universe in itself and so is the science of healing. As doctors we have all encountered situations when we realized that our knowledge about illness and health is limited. It's important to accept this and persevere with a thirst to learn and understand more of what is unknown. Seek advice of colleagues, refer to concerned specialists and discuss with them, especially when making a rare/sinister diagnosis for atypical presentation. The Oncology center at St John's conducts weekly multi-disciplinary tumor board meetings which are crucial for the treatment and diagnosis of cancer patients. Complex clinical scenarios, treatment planning and patient specific concerns are addressed by specialists from all fields of cancer care at these meetings. We hope our clinician colleagues will use this to our patients' benefit.



A: CECT portal phase image showing left renal tumor and pancreatic tail cysts,  
B: PETCT image showing FDG uptake in left kidney tumor

Acknowledgement: Dr. Medha Sugara, Associate Professor, Department of Surgical Oncology

**CONTENTS**





# Rhyme Chime...

## Coffee blossom-The berry-ed scent

- Dr Jyothi Idiculla

As spring breaks into the acreage  
The buds open to play on its stage (1)

A twinkly girl spots an inflorescence  
When the white florets hold her in suspense (2)

The robusta plant is in full bloom  
The air is pregnant with its perfume (3)

Each floret is a future coffee seed  
To be ground and brewed, indeed! (4)

The tiny carpel of the wilted flower head  
Turns into a brown seed on its bed (5)

Coffea, the unified genus of the bushy plant  
With over a hundred types to decant (6)

From Brazil, Vietnam and Indonesia  
To Columbia, Ethiopia and India (7)

The picked berries are harshly tormented  
Till all the flesh is fully fermented (8)

The beans are then dried in the sun  
And, here the long journey has begun! (9)

Coffee, sweet or bitter, dark or white  
A kick on your senses just sets you right (10)



Spotted By: Dr. Twinkle Agarwal,  
Department of Community Health.

[CONTENTS](#) 



## Coffee blossom-The berry-ed scent

Are the nostrils tickled by the smell  
Or the caffeine stirring up every cell (11)

Through the gut of the Asian palm civet  
A costly cup for the palate untreated, yet (12)

The Ethiopian goat-herd who noted his sheep  
Dancing and prancing without any sleep (13)

Who imparted his find to the local abbot  
Is long forgotten in the annals, but (14)

Out of Africa the seed speedily travelled  
And, in its magic many folks revelled (15)

Baba Budan, beans in his thick long beard  
Smuggled to India and tenderly reared (16)

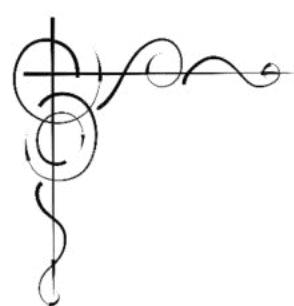
Atop Chikmagalur stands a holy shrine  
To homage this Sufi saint, in an earthly sign (17)

Cappuchino and espresso of the high street  
Or South India's own filter, sugary sweet (18)

Raise a toast as the elixir, you gaily swill  
For all the toiling hands behind the till! (19)

Spotted By: Dr. Twinkle Agarwal,  
Department of Community Health.

[CONTENTS](#) 



# Team of The Month

## Medical Records Department(MRD)

*“Quality Healthcare Through Quality Information”*

*“Patient forgets but records remember!”*

A state of the art Medical Record Department is established with qualified medical record (MRD) professionals in the year 1975 at St. John’s Medical College Hospital. The Department is headed by a Medical Record Officer.



**Top row from left to right:** Infant Allan, Manu D’Silva, Nelson David, Ganesh, Vignesh, Antony D’Souza, William Sandesh, Anil Kumar, Satish Kumar, Mohan, Beenamma Thomas, Shanwaz Begum, Priya, Maria Lenna, Ranjitha, Sini, Sandhya, Shanthi R. **Middle row from left to right:** Thara D, Chethana, Pushpa HG, Arpudha Allin, Arokia Swamy, Manuel Kumar, Pushpalatha K, Sr.Julius Mary, Pavithra, Mary Shilpa, Saleen Sheeba **Front row from left to right:** Sreesha, Lilima, Madhura, Jeevitha, Priyanka, Flora, Shwetha, Japamala Rani

The department has laid down written standards, developed with the institutional mission and vision to meet the standards of comprehensive medical record policies. The MRD works round the clock to fulfil various needs of the patients. As per the 2019 statistics MRD handled an average of 2500 outpatients and nearly 200 inpatient admissions per day.





# Team of The Month

It manages twenty-one counters across the hospital in the main entrance, Silver Jubilee block, oncology block and emergency department. The department follows the serial numbering system for filing the records. All the outpatient records are being filed after consultation by end of each day which will facilitate easy retrieval of records.

## GOAL

- To maintain a modern and scientific Medical Record system in compliance with international standards.
- To ensure that Medical Records contain comprehensive and accurate social, Medical, and vital information which will facilitate the provision of effective medical services



**SCOPE OF SERVICES: HOSPITAL-WIDE:** The function of the medical records services is broadly classified into the following four different categories

- A. Outpatient Services
- B. Inpatient Services
- C. Emergency Services
- D. Medical Records Library





# Team of The Month

## PURPOSE OF KEEPING MEDICAL RECORDS

- A. Patient benefits:** It maintains all the essential patient data and serves as a reference for delivering tailored treatment.
- B. Physician benefits:** Helps in decision making and continuum of patient care. Important document in medico-legal issues.
- C. Health Care Institutions:** For an institution, the medical records helps in Quality Assurance by regular audits. It forms the basis for preparing operating budgets. Statistical Data will assist in controlling bed allocation based upon the type of patients and their length of stay.
- D. Research and teaching:** The medical records are most important source of information in health research.
- E. National Health Agencies:** It helps the government to device a disease control program and allocation of budget.

## FUNCTIONS OF MEDICAL RECORDS DEPARTMENT:

- Preservation and issue of medical records to the patient & doctor.
- After receiving the inpatient records, the MRD does the deficiency check, completion, assembling, ICD coding and indexing. It archives the records for future references. There are nearly 200 discharges everyday.
- Generating daily, monthly and yearly statistics.
- Registration of all the birth and death to Registrar of birth and death online.
- All Foreign national's inpatient admissions are registered to Foreign Regional Registration Offices (FRRO).

## INTERACTION WITH OTHER COMMITTEES:

The MRD is a part of medical records, Infection control, administrative and financial committees. Maintaining appropriately documented medical records is most important step in NABH and NABL accreditation of institution. Hence MRD closely works with quality team to ensure appropriate documentation.

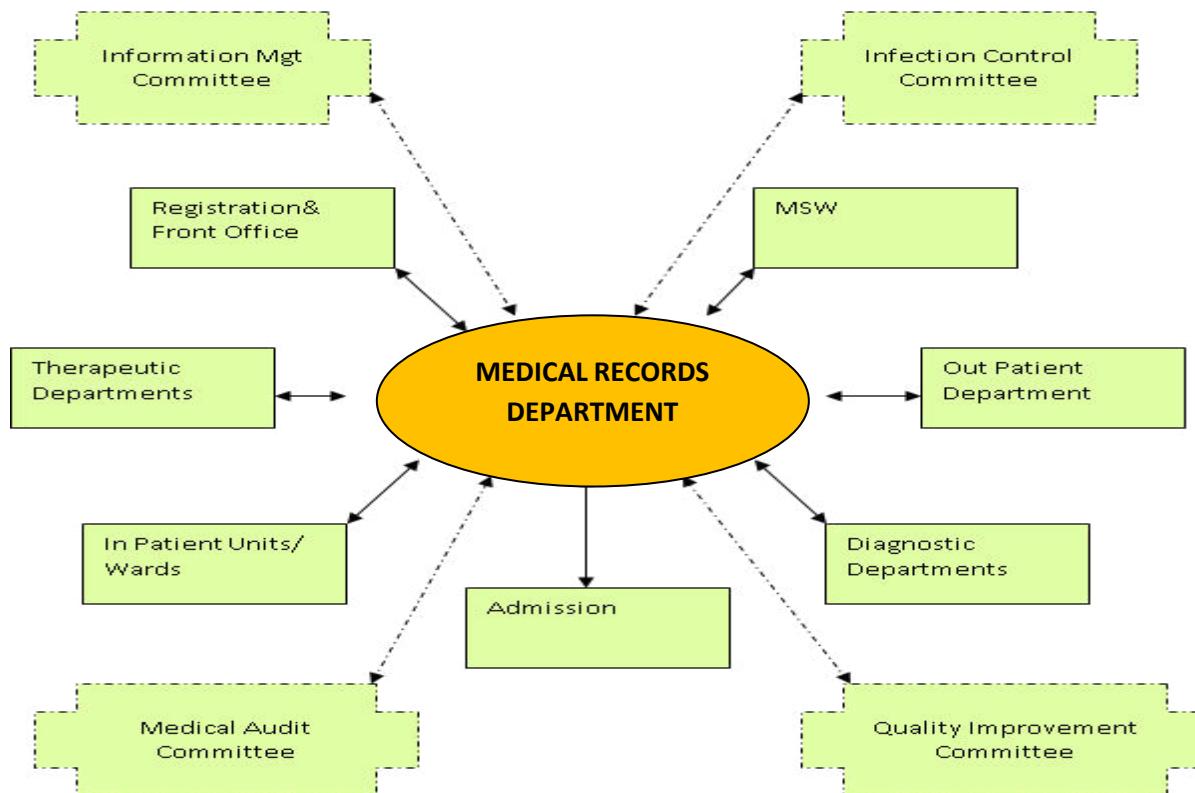




# Team of The Month

## INTERRELATIONSHIP WITH OTHER DEPARTMENTS

The medical records department maintains a good relationship with other departments of the hospital to maintain effective medical record services.



## HANDLING OF INFORMATION:

The MRD handles data by ensuring confidentiality by authorized staff. The information can be shared without patient consent if demanded by court of law, insurance companies or government agencies.



# IG NOBEL



## 1998 – BIOLOGY

### Peter Fong

Peter Fong of Gettysburg College, Gettysburg, Pennsylvania, for contributing to the happiness of clams by giving them Prozac (Fluoxetine which is a selective serotonin reuptake inhibitor (SSRI)).



©nas.er.usgs.gov

Freshwater clams are aquatic bivalve molluscs in the family Sphaeriidae, known as the fingernail clams. Parturition in fingernail clams (*Sphaerium* spp.) can be induced by external application of serotonin and serotonergic ligands. Selective serotonin re-uptake inhibitors (SSRIs) increase neurotransmission at serotonergic synapses by blocking re-uptake transporters.

The team from Gettysburg College, Gettysburg, Pennsylvania tested the efficacy of SSRIs (fluvoxamine, fluoxetine, paroxetine) at inducing parturition in the fingernail clam *Sphaerium striatinum*.





# GREY Matters!



## MEDICINAL FLORA

1. Name the plant and the drugs extracted from it.



2. This plant had been used as a beautifying agent and an important drug is derived from it. Name the plant and the drug derived from it.



3. The seeds of this plant are consumed as well as used to make drugs. Name the plant and the drugs made from it.



4. This plant is the source of an important chemotherapeutic drug. Name the plant and the drug



5. The leaves of this plant are widely abused and are a major cause of disease. Name the plant and the toxin derived from it



[CLICK HERE FOR ANSWERS](#)



[CONTENTS](#) 



# PEARLS OF WISDOM

'Tis always morning somewhere in the world.  
- Richard Henry Hengist Horne



©Andreasborn



©beautyandmist

Live life out Loud.

- Delaney

I am only one, But still I am one. I cannot do everything, But still I can do something; And because I cannot do everything, I will not refuse to do the something that I can do.

- Edward Everett Hale.



© Wikipedia

REF: 365 Days of Wonder: R.J.Palacio.

## Did You Know?

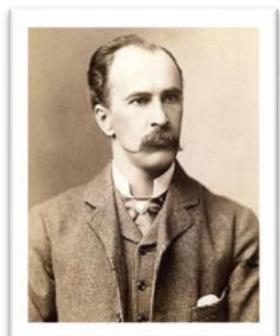
Cheetah is the fastest animal on Earth. The maximum speed cheetahs have been measured at is 114 km (71 miles) per hour, and they routinely reach velocities of 80–100 km (50–62 miles) per hour while pursuing prey.



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CONTENTS





SIR WILLIAM OSLER

## Do not judge one's colleagues by a patient's remarks.

Do not judge confreres by the reports of patients, well meaning, perhaps, but often strangely and sadly misinterpreting.

## Never believe a patient's criticism about a colleague.

From the day you begin practice never under any circumstances listen to a tale told to the detriment of a brother practitioner. And when any dispute or trouble does arise, go frankly, ere sunset, and talk the matter over, in which way you may gain a brother and a friend. Very easy to carry out, you may think! Far from it; there is no harder battle to fight.

REF: The Quotable OSLER: Edited by Mark E Silverman, T. Jock Murray, Charles. S Bryan



## MEDICINE THIS MONTH

*A Bird's Eye View....*

### Dietary calcium and fracture prevention in institutionalized older adults

Fracture benefit of calcium and/or vitamin D supplementation in older adults is conflicting. In a cluster randomized trial evaluating the initiation of dairy products (eg, milk, yogurt, or cheese to provide an additional 562 mg/day of calcium and 12 g/day of protein) in over 7000 institutionalized, vitamin D-supplemented, older adults (mean age 86 years), the incidence of fractures and falls was lower in the dairy product than control group. This supports the recommendation to use diet and/or supplements if dietary calcium intake is below recommended levels (1200 mg/day for older adults), especially in institutionalized individuals.

- Iuliano S et al, BMJ. Oct 2021

### Timing of elective surgery after COVID-19

In a multicenter study of >5000 patients in the United States with COVID-19 who underwent major elective surgery, surgery in the first four weeks after COVID-19 diagnosis was associated with higher risks of postoperative pneumonia, respiratory failure, sepsis, and pulmonary embolism. These findings are consistent with a prior international study that found increased 30-day mortality after surgery performed within seven weeks of COVID-19 diagnosis. Risks were higher in patients with symptomatic COVID-19 and highest in those symptomatic at the time of surgery. The decision to schedule elective surgery should consider the severity of COVID-19, the risks of complications, and the risks of delaying surgery.

- Halliday A et al, Lancet. Sept 2021.



## REFERENCE 1: MEDICINE THIS MONTH

### Effect of dietary sources of calcium and protein on hip fractures and falls in older adults in residential care: cluster randomised controlled trial

Iuliano S, Poon S, Robbins J, Bui M, Wang X, De Groot L, Van Loan M, Zadeh AG, Nguyen T, Seeman E.

#### Abstract

**Objective:** To assess the antifracture efficacy and safety of a nutritional intervention in institutionalised older adults replete in vitamin D but with mean intakes of 600 mg/day calcium and <1 g/kg body weight protein/day.

**Design:** Two year cluster randomised controlled trial.

**Setting:** 60 accredited residential aged care facilities in Australia housing predominantly ambulant residents.

**Participants:** 7195 permanent residents (4920 (68%) female; mean age 86.0 (SD 8.2) years).

**Intervention:** Facilities were stratified by location and organisation, with 30 facilities randomised to provide residents with additional milk, yoghurt, and cheese that contained 562 (166) mg/day calcium and 12 (6) g/day protein achieving a total intake of 1142 (353) mg calcium/day and 69 (15) g/day protein (1.1 g/kg body weight). The 30 control facilities maintained their usual menus, with residents consuming 700 (247) mg/day calcium and 58 (14) g/day protein (0.9 g/kg body weight).

**Main outcome measures:** Group differences in incidence of fractures, falls, and all cause mortality.

**Results:** Data from 27 intervention facilities and 29 control facilities were analysed. A total of 324 fractures (135 hip fractures), 4302 falls, and 1974 deaths were observed. The intervention was associated with risk reductions of 33% for all fractures (121 v 203; hazard ratio 0.67, 95% confidence interval 0.48 to 0.93; P=0.02), 46% for hip fractures (42 v 93; 0.54, 0.35 to 0.83; P=0.005), and 11% for falls (1879 v 2423; 0.89, 0.78 to 0.98; P=0.04). The risk reduction for hip fractures and falls achieved significance at five months (P=0.02) and three months (P=0.004), respectively. Mortality was unchanged (900 v 1074; hazard ratio 1.01, 0.43 to 3.08).

**Conclusions:** Improving calcium and protein intakes by using dairy foods is a readily accessible intervention that reduces the risk of falls and fractures commonly occurring in aged care residents.

BMJ. 2021 Oct 20;375:n2364. doi: 10.1136/bmj.n2364. PMID: 34670754; PMCID: PMC8527562.

FULL ARTICLE



CONTENTS



## REFERENCE 2: MEDICINE THIS MONTH

### The Risk of Postoperative Complications After Major Elective Surgery in Active or Resolved COVID-19 in the United States

Deng JZ, Chan JS, Potter AL, Chen YW, Sandhu HS, Panda N, Chang DC, Yang CJ.

#### Abstract

**Objective:** To assess the association between the timing of surgery relative to the development of Covid-19 and the risks of postoperative complications.

**Summary background data:** It is unknown whether patients who recovered from Covid-19 and then underwent a major elective operation have an increased risk of developing postoperative complications.

**Methods:** The risk of postoperative complications for patients with Covid-19 undergoing 18 major types of elective operations in the Covid-19 Research Database was evaluated using multivariable logistic regression. Patients were grouped by time of surgery relative to SARS-CoV-2 infection; that is, surgery performed: (1) before January 1, 2020 ("pre-Covid-19"), (2) 0 to 4 weeks after SARS-CoV-2 infection ("peri-Covid-19"), (3) 4 to 8 weeks after infection ("early post-Covid-19"), and (4)  $\geq 8$  weeks after infection ("late post-Covid-19").

**Results:** Of the 5479 patients who met study criteria, patients with peri-Covid-19 had an elevated risk of developing postoperative pneumonia [adjusted odds ratio (aOR), 6.46; 95% confidence interval (CI): 4.06-10.27], respiratory failure (aOR, 3.36; 95% CI: 2.22-5.10), pulmonary embolism (aOR, 2.73; 95% CI: 1.35-5.53), and sepsis (aOR, 3.67; 95% CI: 2.18-6.16) when compared to pre-Covid-19 patients. Early post-Covid-19 patients had an increased risk of developing postoperative pneumonia when compared to pre-Covid-19 patients (aOR, 2.44; 95% CI: 1.20-4.96). Late post-Covid-19 patients did not have an increased risk of postoperative complications when compared to pre-Covid-19 patients.

**Conclusions:** Major, elective surgery 0 to 4 weeks after SARS-CoV-2 infection is associated with an increased risk of postoperative complications. Surgery performed 4 to 8 weeks after SARS-CoV-2 infection is still associated with an increased risk of postoperative pneumonia, whereas surgery 8 weeks after Covid-19 diagnosis is not associated with increased complications.

Ann Surg. 2022 Feb 1;275(2):242-246. doi: 10.1097/SLA.0000000000005308. PMID: 34793348; PMCID: PMC8745943.

FULL ARTICLE



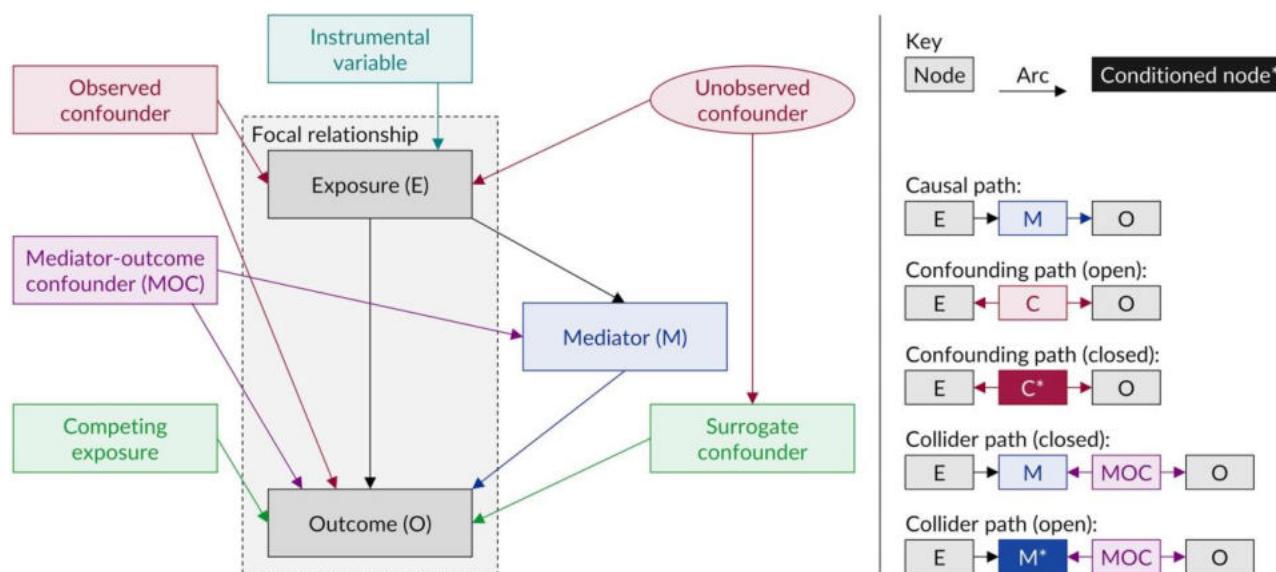
CONTENTS



# RESEARCH SNIPPETS

## Directed acyclic graphs (DAGs) to identify confounders

Directed acyclic graphs (DAGs) are an increasingly popular approach for identifying confounding variables that require conditioning when estimating causal effects. DAGs are non-parametric diagrammatic representations of the assumed data-generating process for a set of variables in a specified context. Variables and their measurements are depicted as nodes (or vertices) connected by unidirectional arcs (or arrows; hence 'directed') depicting the hypothesized relationships between them. An arc between two nodes denotes the assumed existence and direction of a causal relationship, but it does not specify the sign, magnitude, shape. A node cannot be caused by itself (hence 'acyclic') because no variable can cause itself at an instantaneous moment in time, and the future cannot cause the past.



A path is a collection of one or more arcs that connects two nodes. Paths may be either open or closed; open paths transmit statistical associations, closed paths do not. A causal path is one where all constituent arcs flow in the same direction from one node to another. The total causal effect of a specified exposure (i.e. cause) on a specified outcome (i.e. consequence), which together form the focal relationship, is the joint effect transmitted through all causal paths connecting the exposure to the outcome. With respect to the focal relationship, a confounder is a common cause of both the exposure and the outcome, a mediator is caused by the exposure and in turn causes the outcome



# RESEARCH SNIPPETS

(i.e., falls on a causal path between the exposure and outcome), and a competing exposure is a cause of the outcome that is neither caused by nor causes the exposure. A direct causal effect is the effect that does not act through one or more specified mediators. A confounding path is an open path between the exposure and outcome that passes through one or more confounders. These paths introduce confounding bias, which may be reduced by conditioning on one or more of the nodes on that path such that it becomes closed; this is typically achieved by including those nodes as covariates in a multivariable regression model. A collider path is a closed path between the exposure and outcome that passes through one or more colliders, which are nodes that receive two or more arcs; the simplest example occurs when the exposure and outcome both cause another variable (i.e., the collider) directly. Collider paths do not transmit statistical associations unless the constituent colliders, or one of their descendants, have been conditioned on. Such conditioning can introduce collider bias.

*Int J Epidemiol, Volume 50, Issue 2, April 2021, Pages 620–632, <https://doi.org/10.1093/ije/dyaa213>*



Art by: Dr. Rakesh Ramesh

L Johnny

CONTENTS



## Women in Medicine: In medieval Europe

Catholic women played large roles in health and healing in medieval and early modern Europe. A life as a nun was a prestigious role.

Women have always served as healers and midwives since ancient times. However, the professionalization of medicine forced them increasingly to the side-lines. As hospitals multiplied, they relied in Europe on orders of Roman Catholic nun-nurses, and German Protestant and Anglican deaconesses in the early 19th century. They were trained in traditional methods of physical care that involved little knowledge of medicine. The breakthrough to professionalization based on knowledge of advanced medicine was led by Florence Nightingale in England. She resolved to provide more advanced training than she saw on the Continent. At Kaiserswerth, where the first German nursing schools were founded in 1836 by Theodor Fliedner, she said, "The nursing was nil and the hygiene horrible." Britain's male doctors preferred the old system, but Nightingale won out and her Nightingale Training School opened in 1860 and became a model. The Nightingale solution depended on the patronage of upper-class women, and they proved eager to serve. Royalty became involved. In 1902 the wife of the British king took control of the nursing unit of the British army, became its president, and renamed it after herself as the Queen Alexandra's Royal Army Nursing Corps; when she died the next queen became president. Today its Colonel In Chief is Sophie, Countess of Wessex, the daughter-in-law of Queen Elizabeth II.



Florence Nightingale



Theodor Fliedner





# Background Picture – Cover page



Painting By: Dr. Deepthi Shanbhag, Department of Community Health.

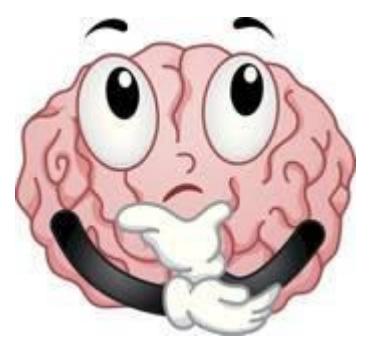


[CONTENTS](#)





# GREY Matters!

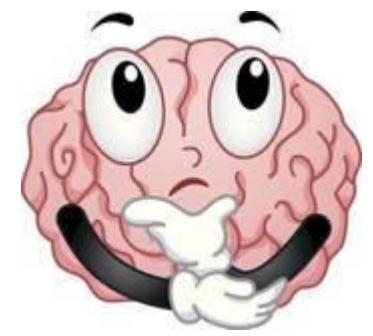


## MEDICINAL FLORA ANSWERS

1. Digitalis lanata(foxglove), Acetyl Digitalin, Delanoside
2. Atropa belladonna, Atropine
3. Papaver somniferum(poppy plant), Opium, Codeine
4. Podophyllum peltatum (mayapple), Etoposide
5. Nicotiana tabacum, Nicotine



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**CONTENTS**