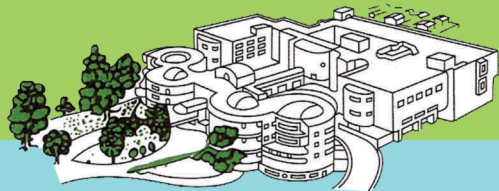


Health Services
Education
Research



newsletter

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The need of the hour: global cooperation for a better world

Over half a century ago Canadian media specialist Marshall McLuhan coined the term "global village" to describe the phenomenon of the world's culture being reshaped by technological advances that allow instantaneous sharing.

Sharing helps break down divides between peoples of different cultures, thus expanding the culture of individual geographies.

The past two decades have well served to exacerbate the march towards the creation of a global village. With modern communication technologies such as the internet and wireless, it is so easy to know what is happening in another part of the world. The world wide web keeps us informed, and social media gives us a chance to opine, all in real time. We are privileged to be able to plug into events as they unfold, sitting in the comfort of our home.

Parallel to the development of technology, travel and migration has also played a role in creating a global village. Migration has reshaped the demography of much of the developed world, making living and working spaces a melting pot of diverse cultures and ethnicities.

We've spatially and culturally shrunk the world as never before in history but what of becoming aware that we are one big family, and reflecting that awareness in our daily lives?

Pooling our expertise and skills would help tackle looming environmental challenges such as global warming and climate change. As I write this I hear that Tesla founder Elon Musk has released all of Tesla's electric car patents, as part of an effort to fight climate change. At a more basic level, cooperation across regions and nations is vital to ensure that millions across the world access the basic resources and health services they need for a decent life.

Sadly, global cooperation faces hurdles of its own. The biggest stumbling block to greater sharing is the dearth of values underlying cooperation, such as compassion, love, kindness and generosity.

So the question becomes, can we collectively become more focused on imbibing these values and bringing them to play in our day-to-day lives? Can we commit to introspection to gradually become better versions of ourselves to create a better world?

At Global Hospital I have seen thousands enjoy better health because someone, sometimes sitting on the other side of the planet, decided to lend a hand to one of our outreach projects for poor people. The need of the hour is for each of us to consider our future with greater awareness and sensitivity. We can come together to make the world a better place.

– Dr Partap Midha
Medical Director

Training in life support



Life Support (BLS) training in progress

Basic Life Support (BLS) training was conducted for medical officers, nurses and support staff on June 6 and June 23. Senior medical officer Dr Hari K Reddy and clinical associate Dr Dignesh Patel conducted these sessions.

Investing in surgical equipment

On June 7 a new laparoscopy set was inaugurated at the Radha Mohan Mehrotra Global Hospital Trauma Centre, Abu Road by Suresh Kothari, chairperson of the Urban Improvement Trust, Abu Road.

The Radha Mohan Mehrotra Medical Relief Trust supported the procurement of this new Olympus 3 chip HD laparoscopy set with sonic beat ultrasonic dissector.

To spread awareness of the new acquisition, a general surgery camp was organised at the hospital from June 8 to 10.



New laparoscopic equipment



Managing trustee BK Nirwair addressed the audience at the inauguration ceremony of the new laparoscopic equipment; Suresh Kothari, chairperson of the Urban Improvement Trust, Abu Road, is seen to his left



Devji Patel, Member of Parliament Lok Sabha for Sirohi-Jalore led the ceremony to commemorate World Blood Donor Day

World Blood Donor Day

On the occasion of World Blood Donor day, which falls on June 14 every year, Rotary International Global Hospital Blood Bank felicitated blood donors. Their invaluable gift of blood has contributed to the huge success of the blood bank. Over 99% of the blood processed at the blood bank is donated by volunteers, a remarkable feat!

Here's a look at some of the salient comments made at this event:

Blood donation is the noblest donation because it really saves the lives of the people.

Devji Patel, Member of Parliament Lok Sabha for Sirohi-Jalore presided over this programme held on June 15

He praised the work done by the Rotary International Global Hospital Blood Bank, and wished for similar facilities in Sirohi and Jalore.

Our aim is to ease access to healthcare, to ease the lives of people living in and around Sirohi district, so that they need not travel far for want of better health-care facilities.

Dr Pratap Midha, medical director of J Watumull Global Hospital Research Centre, Mt Abu

People/organisations honoured with mementos and certificates included Sudhir Jain and Shailesh Jain from Mt Abu, Adarsh Credit Cooperative Society, North Western Railways Employees Union, Muslim Naujawan Committee, JK Lakshmi Cement (Officers Club), USB Group of Colleges, Bajrang Dal BHP Sirohi, Lions Club Abu Road, Binani Cements, CRPF, HDFC Bank, Mahavir International, Marble Association and many others.



His Excellency the President of India Ramnath Kovind (third from left) flanked by union minister of Health and Family Welfare Jagat Prakash Nadda (second from left) with a few of the awardees, including Rupa Upadhye (second from right)

Best nurse award

Rupa Upadhye, chief of nursing staff, was awarded the National Florence Nightingale Award for the year 2017-18. This is the highest award for nurses in the country. His Excellency the President of India, Ramnath Kovind, presided over the award ceremony held at Rashtrapati Bhawan in New Delhi on May 12, International Nurses Day.

Two nurses from each state of India received a cash award, a certificate and a medal.

Investing in surgical equipment



The new laparoscopic equipment is put to use in the operation theatre

Prakash Sakraney from USA supported the procurement of new laparoscopes, equipment that enables keyhole surgery through high end cameras. Laparoscopic surgery is of great benefit to patients—enabling smaller incisions, which help speed up healing.

The existing laparoscopic

equipment included two cameras, one over two decades old and the other over a decade old. Both those cameras, in technical parlance, were single chip cameras, in reference to their capability. The current standard is three chip cameras. Technology has improved tremendously in these last few years.

Super-specialty services

Visiting nephrologist Dr Manjunath Doshetty from Gulbarga, Karnataka, offered consultation once in April and June respectively. Twenty four patients benefited. Nephrologist Dr Anand Narayan Malu from Solapur, Maharashtra, saw 10 patients during a visit in May.

Visiting cardiologist Dr Mohit Gupta from Delhi offered consultations to

25 patients in May. Another visiting cardiologist Dr C P Purohit from Udaipur saw eight patients in June.

Visiting joint replacement surgeon Dr Narayan Khandelwal from Mumbai operated on 36 patients between April and June 2019. He was assisted by Dr Kailash Kadel, consultant, Orthopaedics, and Dr Murlidhar Sharma, registrar, Orthopaedics & Emergency Department.

Staff participation in training

Staff ~ Course ~ Organised by ~ When ~ Where

Dr Hina Mukadam, Senior Clinical Associate ~ Basic Life Support, Advanced Cardiac Life Support courses ~ Life Supporters Institute of Health Sciences ~ April 27 to 29 ~ Mumbai

Dr Niranjana Upadhyaya, Senior Dental Surgeon ~ Full Mouth Rehabilitation course ~ Osstem Implant India ~ April 12

to 13 ~ Ahmedabad

Lectures for staff development

Dr Sanjay Gehlot, District TB Officer, Sirohi, delivered a lecture on Recent advances in the management of tuberculosis, on May 24

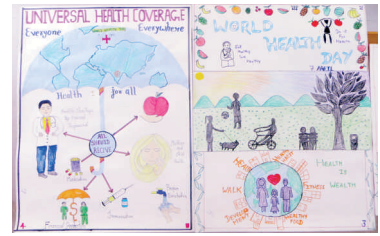
Dr Puneet Batra, visiting orthodontist from New Delhi spoke on National Accreditation Board for Hospitals and Healthcare Providers (NABH) standards for a dentistry department, on June 1.



Students conducted a rally to spread awareness of the right to healthcare

Students create awareness

>> On World Health Day, which falls on April 7 every year, second year students of Saroj Lalji Mehrotra Global Nursing College arranged a health check up programme and health awareness rally for children studying in the government school in village Chandela. Students also participated in a poster making competition. The slogan for World Health Day 2018 was Health for all.



On World Health Day 2018, students participated in a poster making competition

>> On May 12, Nurses Day, the principals, staff and students of Saroj Lalji Mehrotra Global Nursing College and Global Hospital School of Nursing competed in rangoli making and speech delivery. They presented a few cultural items. The winners carried away prizes and certificates. Shakuntala Trivedi, activity coordinator, and Harsha Dhakan, PRO, from Shivmani Geriatric Home presided over the event.



Dr Pratap Midha, medical director of J Watumull Global Hospital & Research Centre, flagged off a rally to spread awareness of the ill effects of tobacco

Day. To mark this occasion, Dr Pratap Midha, medical director of J Watumull Global Hospital Research Centre, Mt Abu, flagged off an awareness rally, in the presence of Shashi Bala Gupta, principal of Saroj Lalji Mehrotra Global Nursing College, and Maya Bisht, principal of Global Hospital School of Nursing. Students of the college presented a skit to create awareness about the

harmful effects of tobacco. The audience members were encouraged to take a pledge to abstain from the use of tobacco.

>> Globally May 31 is celebrated as No Tobacco

>> Saroj Lalji Mehrotra Global Nursing College hosted a national seminar on Depression: A global issue on May 14 and 15. The seminar aimed at sensitising doctors, nurse educators, nurse administrators, staff nurses, nursing staff and nursing students on managing depression with care, psychosocial assistance, counselling and hypnotherapy, to help people lead normal lives. The event included presentations by eminent speakers, scientific paper presentations, poster competitions and cultural programmes.



A seminar on depression was well attended

About 250 delegates attended the seminar. They were drawn from MM College of Nursing, Mullana; Padam Shree Nursing Institute, Falna; Smt Dakuben Saremalji Sancheti Nursing Institute, Sumerpur; and Shri USB College of Nursing, Abu Road, Sirohi. Some hospital staff also attended the event.

>> The first souvenir of the college was released by Dr Pratap Midha, medical director of J Watumull Global Hospital Research Centre, Mt Abu, Dr Satish Gupta, director, Medicine & Cardiology, Radha Mohan Mehrotra Global Hospital Trauma Centre, BK Dr Savita and Shashi Bala Gupta, principal of Saroj Lalji Mehrotra Global Nursing College.



The first souvenir of the college was released during an event in May 2018



Surgical consultations clinic

A fortnightly general surgery clinic was inaugurated at Jalore. Over April, May and June, consultant gastrointestinal, general & laparoscopic surgeon Dr Dilip Kothari (*seen in photo*) made six visits to the city, seeing 80 patients. He went on to operate on four of those patients. Plastic surgeon Dr T Ayyappan also offered consultations in April and May. He saw 14 patients.



Dr Nagma Shah interacted with many beneficiaries to collect data that formed the basis of the programme evaluation

Are you (the community) being served?

Australian Friends for Global Hospital (AF4GH), a charity established in Australia to further the work carried out by the hospital, supported an in-depth review of the major community interventions, to determine whether those were meeting the needs of the communities served. The Indian Institute of Public Health Gandhinagar (IIPHG) was contracted to conduct the review. This was led by Dr Mayur Trivedi, Associate Professor, IIPHG, supported on the ground by students Dr Nagma Shah and Dr Manas Sharma.

J Watumull Global Hospital & Research Centre provided logistic support to the research team.

The interventions studied included the Village Outreach Programme (VOP), the school health/nutrition programme under the VOP, the Community Service Programme (CSP) and the tuberculosis medicine (Directly Observed Treatment, Short-course) distribution programme including the nutritional support provided to patients by the VOP and CSP teams.



Dr Nagma Shah with a tuberculosis patient

They came. They saw. They said...



Amazing environment. Simplicity even in complicated procedures. You sense spirituality here in rooms, wards, everywhere. They are blessings for the poor and tribal population around. Bhamasha Swasthya Bima Yojna, they have become an example in. Thanks a lot for upholding the faith and confidence of people, even from Madhya Pradesh and Gujarat.

Naveen Jain, IAS, Mission Director, National Rural Health Mission, Government of Rajasthan



Amazing uplifting environment, clean and inspiring. Does not smell like a hospital and there is a vibe of joy and gratitude.

Mynoo Maryel, Convener, World Dignity Forum, Bollywood & Hollywood Producer



Only few people are chosen by God to save mankind. I could see beautiful people here to serve mankind. Excellent service and excellent facility.

Dr N M Veeraiyan, Chancellor, Saveetha University



It is delightful to see the activities going on here. Please continue with the spirit of service and compassion.

Nishant Jain, IAS, Sub Divisional Magistrate, Mount Abu



I thank the whole team of Global Hospital & Research Centre, [under] the leadership of Dr Partap Midha. Very neat, organised patient flow. A well designed hospital, well equipped and a patient happiness-driven hospital. Wish you all the best in future to help the needy.

Dr B R Shetty, Chairman, NMC Hospital Group, Abu Dhabi, United Arab Emirates



It is always a pleasure to be with the angels of peace, the Brahma Kumaris. This hospital is a healing centre working tirelessly for the wellbeing of humanity. I am really delighted that I am here today sharing their experience of serving the people.

Ranjit Shekhar Mooshahary, Former Governor of Meghalaya (2008-2013)



An amazing, dedicated institution! It has been a learning and an experience. Thank you for the heart-warming hospitality.

Air Vice Marshal Sudhir Rai, DGMS (Air), Air HQ, New Delhi



An excellent medical facility providing medical care to all the people of this region. Very well maintained and neat. Provides facility to our Air Force clientele also. We are thankful for this effort. Great work and excellent facilities.

Air Commodore S Bhargava, PMO, HQ SWAC, Indian Air Force, Gandhinagar

Dr Nithin Sunku, consultant orthopaedics & joint replacement surgeon at Radha Mohan Mehrotra Global Hospital Trauma Centre, reported two cases:

Excising a bone tumour

A 15 year old girl from Sirohi district had been suffering from pain in the right knee since five months. She walked with some pain. She had minimal swelling and throbbing pain but she couldn't fathom why. There was no history of her being involved in an accident nor had she suffered a fall. Even rest did not relieve the pain. Pain killers would give relief for just a couple of hours.

On examination, Dr Sunku observed diffused swelling over the medial aspect of her right knee. The area over the medial condyle of the tibia was tender. An X ray showed a tumour in the proximal tibia.

A biopsy and CT scan confirmed the tumour was benign with lysis (destruction) of the bone.

She was advised surgery. Her father panicked at the thought of the cost until he was informed that the treatment would be covered by the



Pre-operative x-ray showing the tumour in the right knee bone



The extracted bone tumour

Government of Rajasthan under the Bhamasha health insurance scheme for poor people.

She was taken for surgery. Since she was young, the area where the bone tumour would be excised needed to be reconstructed. This was

the challenging part of the surgery. A bone window was created and the material was removed. The space was filled with artificial bone (calcium sulphate blocks) and it was supported with a medially locking plate.

The patient and her parents were very happy with the treatment and her recovery.

Bilateral fracture of the patella

It is very rare for a healthy person to suffer a fracture of the left and right patella (kneecap bone) simultaneously, with no injury to any other bone. Despite being subcutaneous and cancellous bone, the patella accounts for only 1% of all skeletal injuries.

But such was the condition of a 50 year old mason when a heavy stone fell on him while he was working at a construction site. Unable to steady himself, he had fallen down.

Examination showed that he had swelling, tenderness and abnormal mobility in both knees. There was a wound over his right knee. The skin on the left knee was okay. There were no signs of any injury on his head, chest or abdomen. An x-ray showed that he had suffered a fracture of both his patella (left and right).



Pre-operative photographs of the fractured knee

He underwent an open reduction, cannulated connection screws were passed parallel to each other through the fracture using 18 gauge stainless steel wires. With tension banding, compression was achieved at the fracture site.

On the second day of his recovery period, the patient was taught to stand with the help of crutches. A brace

support was applied. The patient also underwent regular physiotherapy. Eventually he regained the full range of flexion and extension movements. Rare simultaneous fractures need to be treated well and promptly.



Post-operative x-rays showing the screws in place

This patient was also treated under the Rajasthan government's Bhamasha health insurance scheme.

Village Outreach Programme... a doorstep health service for 21 villages. Continuous interaction with the villages has created awareness of the hospital services and built their trust in the hospital. Presenting two young ones whose parents rushed them to the hospital when they fell sick, and who were nursed back to health by caring staff.

Case 1



Sumita when she was admitted

Sumita after she was discharged



A 1 year old baby girl, Sumita Garasia, from Chorvaphali, Chandela, a village falling in the Village Outreach Programme circle, visited the hospital for a persistent cough (it had lasted for 20 days) and fever (since 4 days).

Sumita hailed from a poor, tribal family. Many Garasias, the tribe she comes from, are landless and live below the poverty line. Her parents brought her to J Watumull Global Hospital & Research Centre because where they knew she would not be denied treatment for want of their capacity to pay.

When she was admitted, Sumita was lethargic, restless, severely malnourished and pale, and was taking in less air in the left lung.

An x-ray and ultrasonography of the chest confirmed massive pleural effusion. A blood test showed her WBC count was high (47000/cumm) and her haemoglobin was low (6.9 gm/dl).

With the help of an intercostal drain tube, thick fluid was drained out. She was administered antibiotics intravenously. She gradually improved. However, she needed to have medication for a prolonged period, the course of antibiotics continued after she was discharged.

When her parents brought her back for a follow up check some days later, Sumita was asymptomatic and her chest x-ray was better.

Case 2



A nine day old baby rushed to the hospital

A nine day old unnamed baby girl was brought to the casualty with gasping respiration with opisthotonus (an abnormal posture where the back becomes arched due to muscle spasms) with jaundice. She

was delivered preterm at 33 weeks of gestation at the government hospital in Mt Abu. Her mother had a very bad obstetric history. She had had three abortions.

The baby's weight at the time of admission was two kilograms. She was diagnosed with kernicterus, a rare kind of brain damage that can happen in newborns with jaundice.

She was intubated and put on a mechanical ventilator. Her blood investigation showed serum bilirubin level of 28 mg/dl with indirect bilirubin 27 mg/dl. Her mother's blood group was A positive, hers was B positive.

Her cerebrospinal fluid analysis was normal.

Quarterly Update April - June 2018

639

PATIENTS
CONSULTED
IN FIELD

881

VOP WALK
IN PATIENTS

58

ADMITTED
PATIENTS

She was put on intravenous fluid and antibiotics, and on double surface phototherapy. A double volume exchange transfusion was performed to prevent further neurotoxicity. After this, her serum bilirubin level decreased to 15 mg/dl. The double surface phototherapy was continued.

After two days, her serum bilirubin was retested, it had increased to 27 mg/dl. A direct Coombs test was done to rule out any major abnormality causing haemolytic anaemia. The exchange transfusion was repeated, which brought down the bilirubin to 14 mg/dl. The phototherapy continued.

Her serum bilirubin decreased day by day. Gradually, she maintained her vitals on a mechanical ventilator. She was self extubated while decreasing the dose of the midazolam infusion. Fortunately, she maintained saturation without respiratory distress on oxygen delivered by a nasal prong. She was also accepting the feed being given through a tube. Since her urine output was normal and her vitals were normal, her mother was advised to breast feed her. It all went off well. She was discharged 17 days after being admitted, much recovered.