What's Up?
@St John's Hospital

Issue 29, August 1st, 2019

BIRDS Flying Back!

We welcome Golden Jubilee Batches – '68, '69, '70. Silver Jubilee Batches '92, '93, 94

ALUMNI REUNION

2nd August 2019

Golden shower on grassland! In front of the college block.
PC: Dr. Avinash

WORLD ORS DAY
29th July 2019

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

CONTENTS

MESSAGE FROM THE EDITORIAL TEAM

Dear Readers!

We are pleased to share twenty ninth issue of "What's Up? @ St John's Hospital" magazine today.

As you are aware, we are showcasing published research done by the staff of St. John's National Academy of Health Sciences in the section called 'St. John's Fountainhead'. We request you to submit articles which have been published in the year 2018 (January to December) for this section of the magazine.

The present issue is themed sky-blue to highlight 'World ORS Day'. We thank Dr. Pavithra DS (Senior Resident, Department of Pediatrics) for providing us a wonderful write up on ORS (Oral Rehydration Solution) and ORS Day.

Do not miss the story of a 38 year old female who was successfully treated by Nephrology in the section 'Survivor's Corner'. Our Watchdog busts the fake message circulating on Whatsapp on 'coconut oil for Dengue fever'.

Dengue season is here, we hope you enjoy the poetic narration on this dreaded disease by Dr. Jyothi Idiculla in the section, Rhyme Chyme.

Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. Happy Reading!!

Editorial Team

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UPDATES THIS WEEK

WORLD ORS DAY

29th July 2019

- Dr. Pavithra DS (Senior Resident, Dept of Pediatrics)

ORS.. Hmmm!! Oral Rehydration Solution. How much do we know about it?? Is it just meant for the solution prepared from WHO and UNICEF prescribed formulation? Rather not.

Let's get back to those days where the mortality was very high because of cholera causing severe dehydration and electrolyte imbalance. William Brooke O' Shaughnessy, in 1830s formulated an intra-venous fluid therapy based on the fact that there was tremendous amount of water and salt lost in the stools of patients with cholera , which decreased the mortality rate.

An Indian physician Hemendra Nath Chatterjee in 1957 published data on treating people with ORT(oral rehydration therapy). Similar reports of decreased mortality in diarrhea and cholera were noted with the use of ORT by many people across the world during wars and in refugee camps.

WHO and UNICEF as a joint venture developed the official guidelines for the manufacture of ORS. Currently we are using a low osmolar ORS with osmolarity of 243 mOsm/L. Oh.. if we have a low osmolar ORS now, was there a high osmolar ORS. Indeed, yes. Then why the switch?? It was noted that with low osmolar ORS there was decrease in the stool volume with decreased incidence of vomiting in children.

Do we always need a WHO formulated oral rehydration salt for preparing ORS? NO. It can be prepared at home using a prescribed amount of sugar, salt and water. Hmmm..that seems easy. Never thought some sugar, salt and water could save a life!! Did u?

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WORLD ORS DAY

29th July 2019

When do we use it?? Is it only when the child is dehydrated?? No. It's an important therapy also to prevent dehydration.

How much to give?? Based on the severity of the dehydration, there are WHO plans formulated and therapy is administered based on the same.

Every year to reinforce the importance of ORS and create public awareness Indian association of Pediatrics celebrates ORS day. This year it is celebrated on July 29th with the theme of "THE AMRUTH IN DEHYDRATION". Let's not keep our children devoid of " Elixer of Life"!!!

CLICK HERE TO KNOW INGREDIENTS OF HOME MADE ORS

CONTENTS

1979 Batch Alumni
40th Year Reunion
24th and 25th July 2019

The 1979 Batch Alumni ('The 79' ers') had their 40th reunion on 24th and 25th of July 2019. When we asked them their thoughts after 40 years – here was the answer –

"All of us feel it's a privilege and an honour to be Johnites. The Values imbibed in us from our early days make us stand out from others. We love John's and continue to celebrate the spirit of St. John's wherever we may be."

Here are a few pictures…..

Dr. Sylvia Kamath interacting with her old students

Trip to St. John's National Academy of Health Sciences

CONTENTS

1979 Batch Alumni Reunion

Release of Photo Book

The Momentos

The Ladies from the batch of1979

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1979 Batch Alumni Reunion

1979 Batch:

Standing, top row (right to left)
Vivek Nazareth, Jacob .C. Tony, Terrence D'Costa, Babu Joseph, Mario Vaz, Raja Reddy Mathias, Ivo Fernandez , MichaelSebastian, Vijay Prabhu, Beryl D'souza, Mahil Cherian

2nd row- Mathews Allapat , Fr Jose Padayatty, Andrew Vasnaik , Sr Lily Jose,Mary Dilip, Neelam Kusuma, Sr Regina, Lovina Lobo, Sr Valsala George, Allan Rodrigues, Joseph Francis

kneeling down- (front) Jawahar Mathias, Jaishankar Raman, Jasmine Padayatty, Ashalatha Shetty, Shirin Vasanth, Sr Deepa, Sr Immaculate, Sanjay Seth.

Courtesy: Dr. Neelam Kusuma

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INSULIN DISCOVERY DAY

26th July 2019

In commemoration of insulin discovery day, the Department of Endocrinology conducted a quiz for residents and trainees across all the departments in the hospital on 26th July 2019. In keeping with the theme, all questions were related to insulin. 13 teams registered for the preliminary round and the top five teams were selected for the final quiz show.

PRIZE WINNERS:

First Place – Dr. Kiranmala and Dr. Aaron (Dept. of Medicine);
Second Place – Dr. Gayathri and Dr. Pradeep (Dept. of Pharmacology);
Third Place – Dr. Gitanjali and Dr. Nikhit (Dept. of Pediatrics)

Acknowledgement: Dr. Belinda George
(Associate Professor, Dept. of Endocrinology)

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FRIDAY CLINICAL MEETING

12th July 2019

ANIMAL MODELS IN DRUG DISCOVERY AND DEVELOPMENT

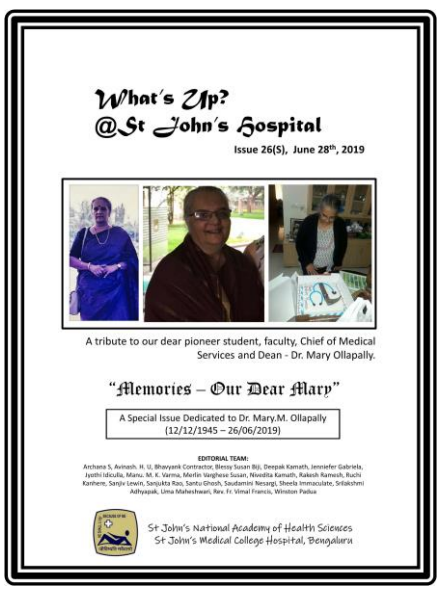
- By St. John's Research Institute.

Dr. Tony Raj introduced the speaker Dr. Yogananda Moolemath who is an Adjunct Associate Professor in the Division of Molecular Medicine, SJRI. He opened the talk by cited the examples of two drugs;

1. Thalidomide which was used for morning sickness but which turned out to be teratogenic,upon which it's usage was withdrawn.
2. The other example was a monoclonal antibody which in it's first trial itself caused multi-organ failure in human subjects.

The first drug was not tested adequately in animals for its teratogenicity and the second one despite passing testing in animals was found to be harmful to humans. This makes animal experiments sound like a double-edged sword.

However, subsequently, he gave some more examples which clearly stated that utmost care should be taken in choosing animal models for experiments which he described in steps like understanding basic research, animal model development etc. and that the failure of animal models could be because of several other factors and not just that the animal model was not suitable for the experiment. The essence of the talk was that there needs to be judicious use of animal models in medical experiments.



CLICK HERE FOR ACCESSING SPECIAL ISSUE ON DR. MARY OLLAPALLY

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Dengue diary

- Dr Jyothi Idiculla

The dreaded dengue is in season
The flavivirus is the sole reason

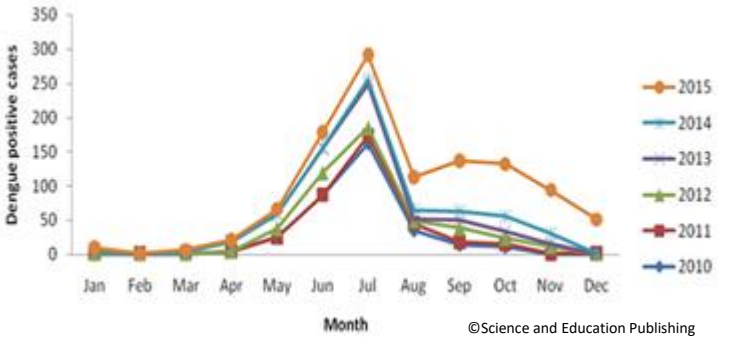
Transmitted by Aedes mosquitoes
Flying about in houses and patios

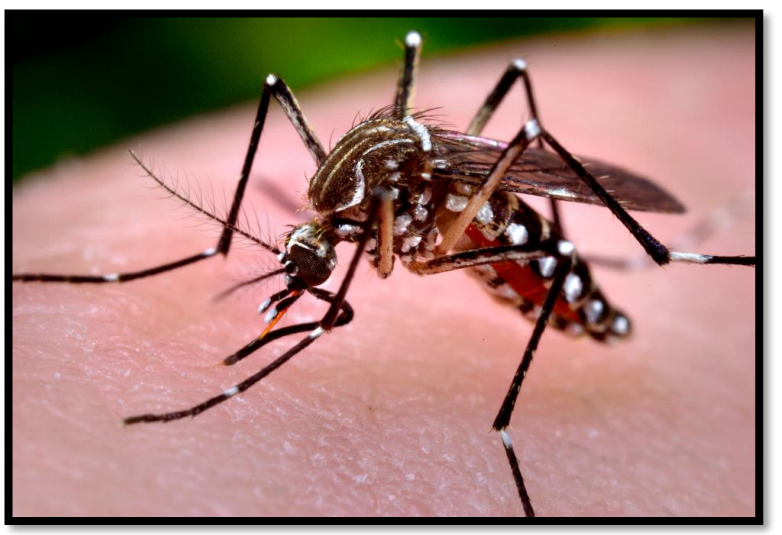
After about a fortnight of incubation
The disease has its manifestation

Fever sets in all of a sudden
With muscle, head and joint pain

Shoots up till one is flushed and hot
Relentless leaves the patient not

As the patients rush to the clinic
In search of help from a medic





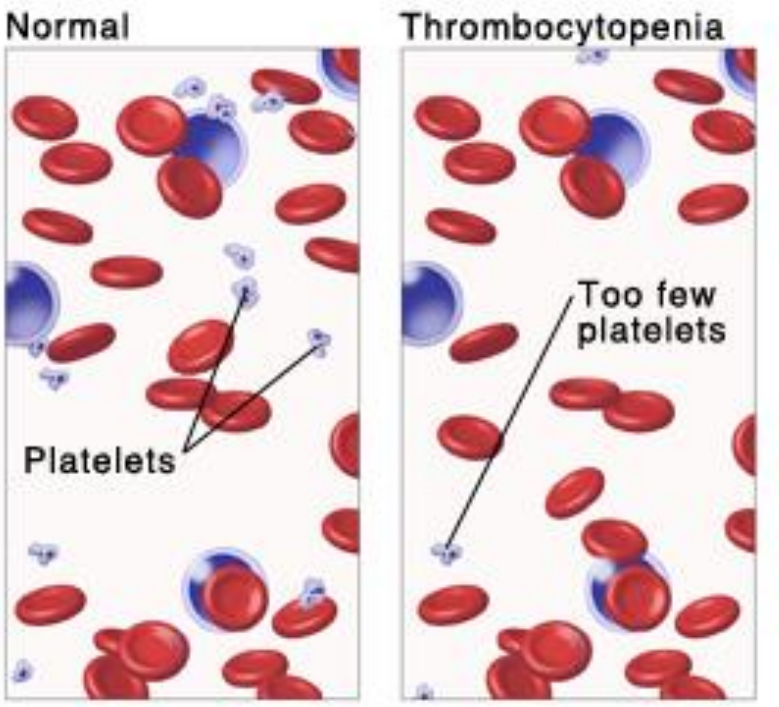
With thoughts just on falling "platelet"
Anxiety and stress are all that is felt

Hospital beds are in high demand
The numbers just go out of hand

As the doctors and nurses try to treat
Working hard without taking a seat

Some may develop a reddish rash
And as the platelets counts crash

Petechiae may develop on the skin
Scaring the wits out of their kin



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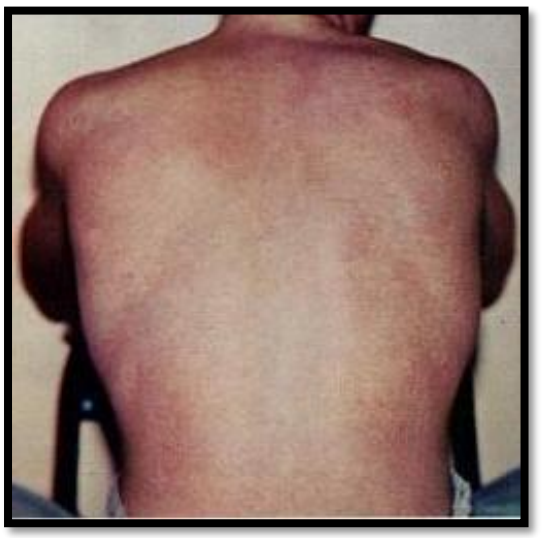
Rhyme Chime...

Dengue diary contd..

- Dr Jyothi Idiculla

And as doctors try their best to explain
Patients are unable to calm their pain

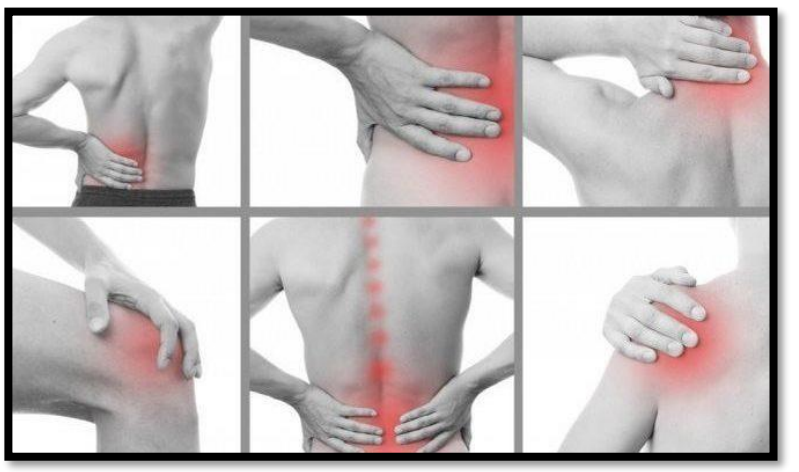


©Wikipedia

And as they lose their body water
They are on IV drips by the meter

Organs may get the angry blow
As the true colours of dengue show

Transaminitis, hepatitis, myocarditis
Respiratory distress and pancreatitis



©Hudson Valley Scoliosis

Though scary beyond words
Needing platelets and IV fluids

Most afflicted slowly recover
And the nightmare is finally over

Some land up in intensive care
And all resorting to intense prayer

On tubes and machines and fluid line
Waiting for it all of it to decline

©Stepwards

Though this happens only to some
The memories are so very fearsome

Even when they become well again
The story is that of terror and pain

With very few succumbing to disease
Nobody for sure,can be at ease

When this fever strikes in action
All are in a maze of trepidation

©Flickr

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VALIDITY

Validity is the second important criterion for evaluating a research tool. It is the degree or extent to which an instrument accurately measures the concept that it is supposed to measure.

Reliability of an instrument is necessary before validity can be considered. An instrument that is not reliable can not be valid.

Types of validity:

- Content validity – It is a subjective judgment about whether the measurement makes sense or not. Does the instrument adequately cover all domains of the variable by measurement. It is determined by a panel of experts.

- Construct validity– The extent or adequacy of measurement of a concept. For psychological parameters that are abstract, a construct validity is important to draw inferences from the test scores. eg: feelings of grief, satisfaction, quality of life. It is determined by group technique and multimethod approach.

- Criterion validity – Determines the relationship of an instrument to certain criterion. Extent to which different instruments measure the same variable which can be determined by conducting correlation. eg: LOC measured using GCS & Four score method. It can also be determined by comparing against a gold standard.

Objectivity, Sensitivity and specificity are important measures of validity which will be discussed in the next issue.

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IG NOBEL 😂

1995 - PEACE

The Taiwan National Parliament

Kicking, Gagging and Punching!!

The Taiwan National Parliament was awarded Ig Nobel 1995, for demonstrating that politicians gain more by punching, kicking and gouging each other than by waging war against other nations.

The Legislative Yuan of the Republic of China (Taiwan) is probably the most notable modern example of legislative violence. In the history of the Legislative Yuan, numerous violent acts have occurred during parliamentary sessions. It is popularly referred to locally as "Legislator Brawling“.

National assembly is a place for courtesy, respect and thoughtful exchange of ideas. But they exchanged punches!. The two opposing parties took the matters to their own hand punching, kicking and gagging each other. The legislators were taken to the hospital with bleeding lips and bruised eyes. Proving that law making can be a very dangerous business!

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YouTube

REF: https://www.improbable.com/ig/winners/

SURVIVOR's CORNER

Mrs. R, aged 38 years, a known case of class III Lupus Nephritis on irregular follow up, had been on low dose steroid & MMF (Mycophenolate Mofetil) as maintenance therapy. She had defaulted with her medicine and presented to us last year with gross nephrotic state – water oozing from skin in legs & thigh. She was started on pulse cyclophosphamide after serological tests, biochemical tests & blood counts. She had persistent vomiting for many days with cyclophosphamide (endoxan), hence given 3 doses of Rituximab 2 weeks apart but her nephrotic state persisted and she had diuretic resistance.

She was re-biopsied, started on multitargeted therapy – steroid/ MMF / Tacrolimus, but showed no improvement. Patient took second opinion from elsewhere – was suggested medical nephrectomy, but patient was not willing.

We started her on slow continuous ultrafiltration (SCUF) & Eurolupus protocol (low cyclophosphamide every 15 days). She was continued on SCUF for nearly 3 months; slowly her proteinuria improved, nephrotic state became better, she was weaned off SCUF. This was a challenging case as far as management is concerned with almost 3 months SCUF. Now she is doing extremely well with maintenance therapy – low dose steroid and Azoran (Azathioprine).

Congratulations to Nephrology Team!

COURTESY: Dr. Renuka, Professor and Head, Department of Nephrology

GREY Matters!

FOOD FOR THOUGHT

Name the conditions associated with food names

1

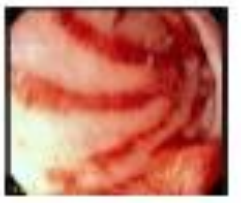
2

3

4

5

6



7

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9.

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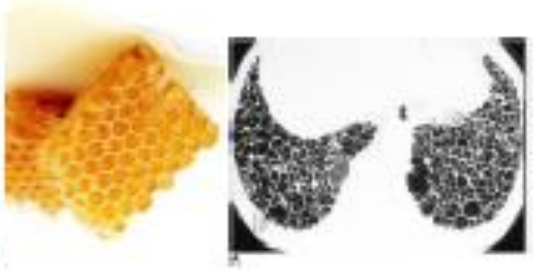

CLICK HERE FOR ANSWERS

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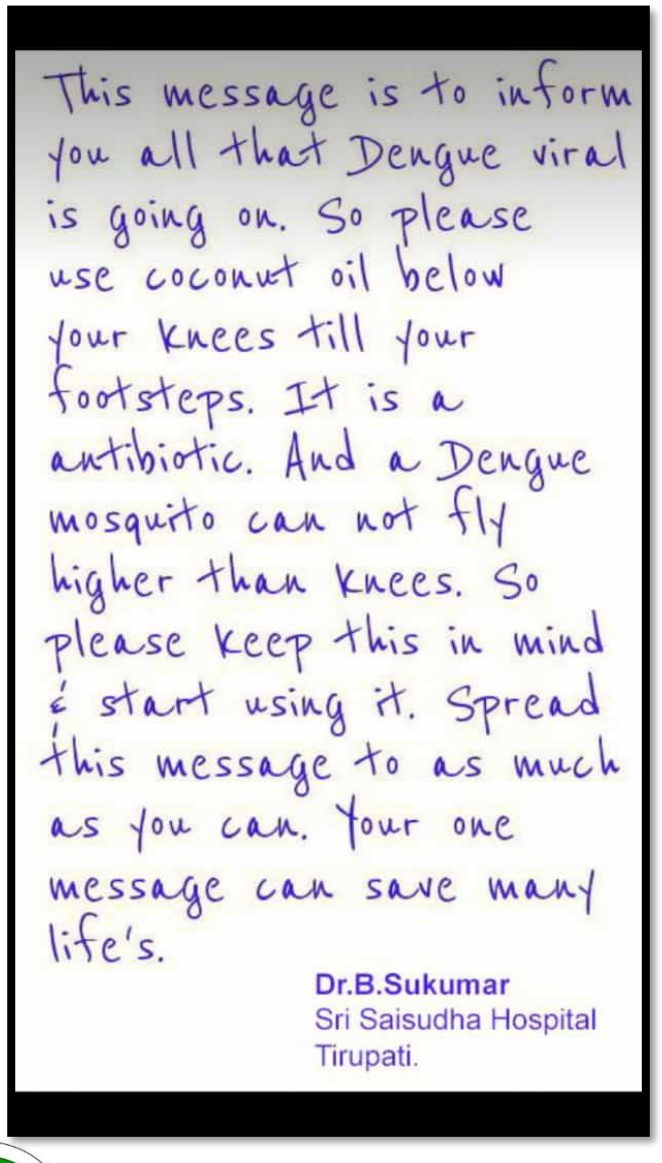
St John's WATCHDOG

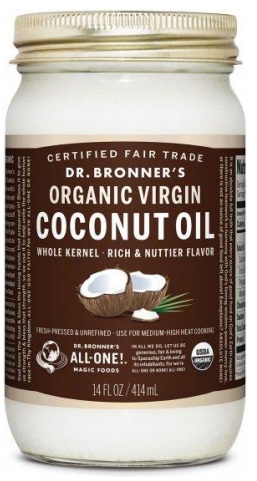
WhatsApp

COCONUT OIL – ANTIDENGUE ANTIBIOTIC??!!

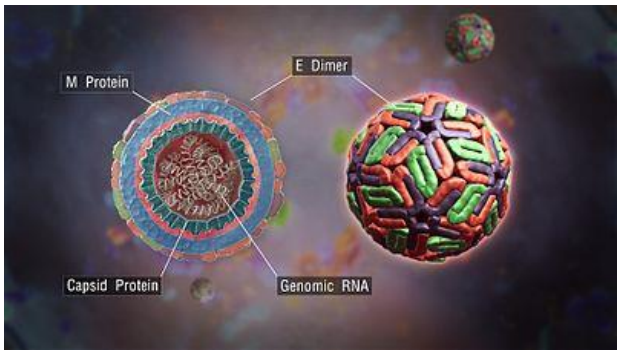
Overview : Since it's dengue season, we have a Whatsapp message that has gone viral pertaining to the ability of coconut oil to prevent dengue due to its ***antibiotic*** properties. In this issue, we examine this viral piece.

The message: The message is from one Dr.B.Sukumar from Sri Saisudha Hospital, Tirupati. The message reads, "This message is to inform you all that dengue viral is going on. So please use coconut oil below your knees till your footsteps. It is a antibiotic. And a dengue mosquito cannot fly higher than the knees. So please keep this in mind and start using it. Spread this message to as much as you can. Your one message can save many life's."





© Dr. Bronner's



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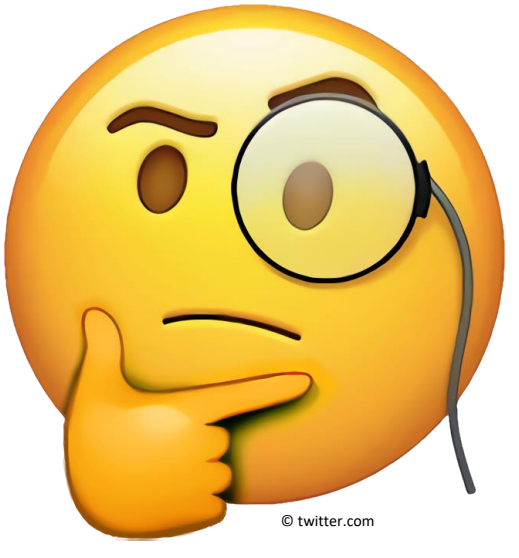

© twitter.com

WhatsApp

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COCONUT OIL – ANTIBIOTIC??!!

Facts :

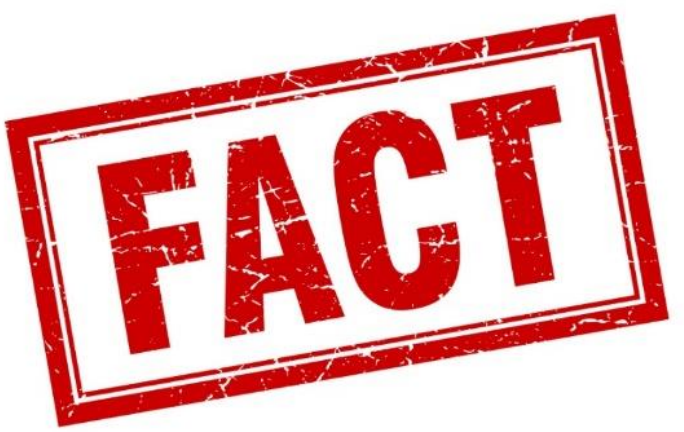
Dengue is caused by a virus (Flavivirus) which is spread by the Aedes mosquito. There is no such thing as a dengue mosquito.

Small in-vitro (wetlab) studies have shown that certain medium chain fatty acids in coconut oil may kill bacteria such as C. Difficile (Pubmed search). This ability has not been evaluated in humans. In any case, the antiviral properties of coconut oil have not been evaluated. However, *studies show that certain medium chain fatty acids in coconut oil may have repellant actions*. However, this is no substitute for topical repellants such as DEET.

Mosquitoes that spread dengue don't fly higher than the knee - Mosquitoes would naturally bite areas that are more accessible such as the ankles. However, suggesting that mosquitoes would not cross the knee joint and bite above has no scientific basis.

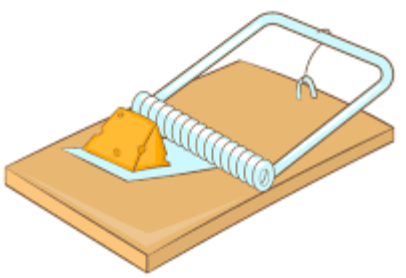
So what steps minimize dengue risk? (CDC Recommendation) :

1. Wearing full sleeve shirts and pants, especially at dawn and dusk.
2. Using topical mosquito repellants containing DEET.
3. Eliminating mosquito larval breeding sources – do not allow water to stagnate in the house or in the garden and neighbourhood.
4. Use mosquito nets – preferably treated with permethrin.



LAUGHTER IS THE BEST MEDICINE...

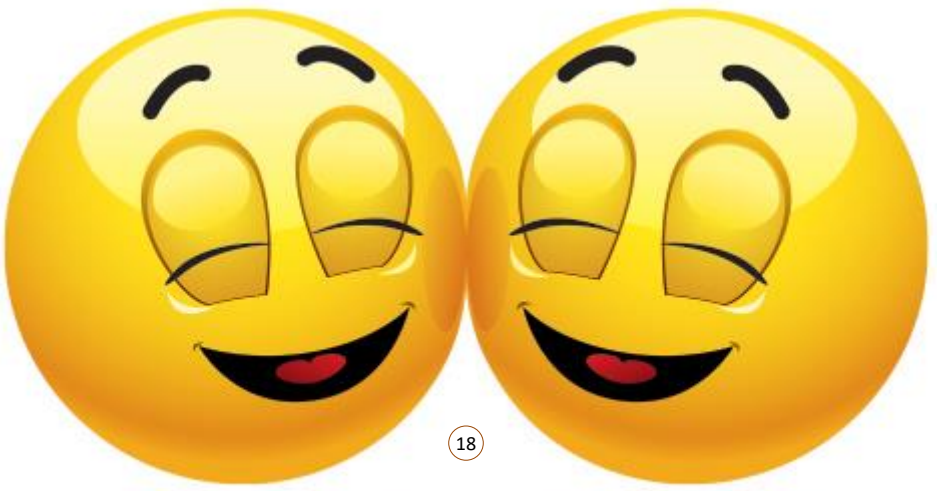
When the coffeemaker went on the fritz, I joked that maybe it was the fault of the cockroaches. Our office manager was not amused.
"We don't have cockroaches," she said, putting me straight.
"What about all the roach traps?" I asked, pointing to one.
"A lot you know – those aren't roach traps," she sniffed.
"They're mousetraps."



I recently asked a friend, "Has your son decided what he wants to be when he grows up?"
"Yes, he wants to be a rubbish collector," my friend said.
"That's an unusual ambition to have at such a young age," I managed to reply.
"Well," said the boy's father, "he thinks that rubbish collectors only work on Tuesdays."

We took our two teenage sons to a restaurant that was packed with fans watching a sporting event on TV. The harassed waitress took our order, but 30 minutes later there was no sign of our food. I was trying to keep my boys occupied when suddenly shouts of victory erupted from the bar.
"You hear that?" said my 13-year-old. "Someone just got their food."

Never trust math teachers who use graph paper. They're always plotting something.



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New Section!!

"ST. JOHN'S FOUNTAINHEAD"

We will publish Abstracts of your published research……

Based on criteria laid down by the Editorial Board……

Email your Full Articles at the earliest to Dr. Santu Ghosh

santu.g@stjohns.in

Articles published in the year 2018 (1^{st} January to 31^{st} December 2018)

CONTENTS

Early Competing Deaths in Locally Advanced Head-and-Neck Cancer.

Muzumder S[1], Nirmala S[1], Avinash HU[1], Kainthaje PB[1], Sebastian MJ[1], Raj JM[2]

1 Department of Radiation Oncology, St. John's Medical College and Hospital, Bengaluru, Karnataka, India.
2 Department of Biostatistics, St. John's Medical College, Bengaluru, Karnataka, India.

Abstract

INTRODUCTION:

The competing (noncancer) deaths have increased with aggressive treatment approach and better disease control in locally advanced head-and-neck cancer.

AIM:

The aim of this study is to find incidence, cause and predictors of early competing mortality in locally advanced head-and-neck cancer patients undergoing combined modality therapy.

SUBJECTS AND METHODS:

In this retrospective study, a total of 125 locally advanced head-and-neck patients treated from January 2013 to June 2017 were analyzed. The total number of deaths, cause, and the time of death from the start of therapy was recorded. To study the risk factors of competing deaths, univariate and multivariate logistic regression was applied. Data were analyzed using SPSS v. 24 software.

RESULTS:

A total of 51 deaths (31 cancer deaths and 20 competing deaths) recorded at a median follow-up of 16 months (1-62 months). The incidence of early competing mortality was 12% (*n* = 15) with a median time of 2.7 months from treatment initiation. Sepsis was major cause of early competing death (*n* = 13). On univariate and multivariate logistic regression analysis, competing death was significantly associated with pharyngeal (oropharynx, hypopharynx, and larynx) site primary (odds ratio [OR] = 3.562; 95% confidential interval [CI] = 1.207-10.517; *P* = 0.016), and Stage IVA/IVB disease (OR = 5.104; 95% CI = 1.123-23.202; *P* = 0.021).

CONCLUSION:

Competing deaths is one of the multifaceted problems in locally advanced head-and-neck cancer patients. Sepsis being single most cause of early competing deaths in Stage IVA/IVB pharyngeal and laryngeal cancer.

Indian J Palliat Care. 2018 Oct-Dec;24(4):446-450. doi: 10.4103/IJPC.IJPC_91_18.

Obstructive Sleep Apnea in a rural population in South India: Feasibility of health care workers to administer level III sleep study

Ashna M Pinto, Uma Devaraj, Priya Ramachandran, Bobby Joseph,[1] and George A D'Souza

Department of Pulmonary and Sleep Medicine, St. John's Medical College, Bengaluru, Karnataka, India. [1]*Department of Community Medicine, St. John's Medical College, Bengaluru, Karnataka, India*

Abstract

OBJECTIVES:
To estimate the occurrence of obstructive sleep apnea (OSA) and its risk factors in a rural Indian population using screening questionnaire and Level III sleep study. To determine the feasibility to train community health workers to administer Level III sleep study in the high-risk population.
MATERIALS AND METHODS:
The study was conducted from seven villages with adult population of 2247, in Mugalur, near Bengaluru, from January to April 2014. Berlin questionnaire was used to screen 321 participants chosen by stratified random sampling. A total of 26 out of 321 patients underwent Level III sleep study at home, administered by the health workers, who were trained in three sessions to hook up the machine. Data were verified by a certified sleep physician.
RESULTS:
The mean age was 39.43 ± 15.6 years with the M:F ratio of 0.98:1. Prevalence of risk of OSA by Berlin questionnaire was 8.72% (95% confidence interval [CI] 5.63, 11.81) in the total population, 7.4% in males and 11.7% in females. Older age (odds ratio [OR] 3.97; CI 1.63, 9.6), hypertension (OR 11; CI 4.3, 28.2), obesity (OR 2.35; CI 1, 5.5), and higher Mallampati score (OR 3.78; CI 1.7, 8.4) were significantly associated with high risk of OSA (P = 0.0001-0.04). Twenty-six patients underwent Level III sleep study and OSA was diagnosed in 12 patients. The mean apnea-hypopnea index (AHI) of this group was 9.7/h. The prevalence of OSA by AHI criteria was 3.74%.
CONCLUSIONS:
OSA is underdiagnosed in rural populations, although risk factors are present. Training community health workers to administer Level III sleep study is a feasible and cost-effective strategy.

Lung India. 2018 Jul-Aug;35(4):301-306. doi: 10.4103/lungindia.lungindia_433_17

THE QUOTABLE OSLER

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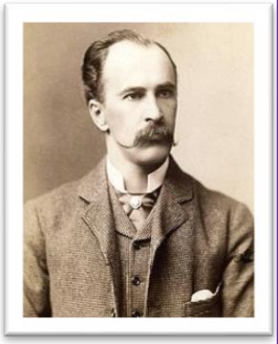
Equanimity is bearing with composure the distress of others:

It has been said that in prosperity our equanimity is chiefly exercised in enabling us to bear with composure the misfortunes of our neighbours.

©Psychology Today



SIR WILLIAM OSLER

©Justin Constantine

Humility gives permanence to powers:

The Art of detachment, the virtue of method, and the quality of thoroughness may make you students, in the true sense of the word, successful practitioners, or even great investigators; but your characters may still lack that which can alone give permanence to powers - the grace of Humility.

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

MEDICINE DIS WEEK

A Bird's Eye View.....

Does immediate Cardiac Angiography help in Cardiac Arrest without ST elevation?

The role of immediate coronary angiography and percutaneous coronary intervention (PCI) in the treatment of patients who have been successfully resuscitated after cardiac arrest in the absence of ST-segment elevation myocardial infarction (STEMI) remains uncertain. In a multicentric randomised trial (COACT trail) of 552 patients, it was found that among patients who had been successfully resuscitated after out-of-hospital cardiac arrest and had no signs of STEMI, a strategy of immediate angiography was not found to be better than a strategy of delayed angiography (median time of 5 days) with respect to overall survival at 90 days.

- Lemkes JS et al. N Engl J Med. 2019;380(15):1397.

Can Cholecystectomy for Symptomatic Gall Stones resolve Abdominal Pain?

International guidelines advise laparoscopic cholecystectomy to treat symptomatic, uncomplicated gallstones. 10-41% of the patients complain of persistent post cholecystectomy abdominal pain! In a multicentre, randomised, parallel-arm, non-inferiority study of 1067 patients with abdominal pain and ultrasound-proven gallstones or sludge, both usual care (cholecystectomy at the surgeon's discretion) and a restrictive approach (selection of patients for surgery based on presence of criteria consistent with biliary colic) resulted in similar rates of abdominal pain at 12 months. The findings should encourage surgeons, to warn patients that cholecystectomy may not always relieve their abdominal pain!

-van Dijk AH et al., Lancet. 2019;393(10188):2322..

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Coronary Angiography after Cardiac Arrest without ST-Segment Elevation

J.S. Lemkes, G.N. Janssens, N.W. van der Hoeven, L.S.D. Jewbali, E.A. Dubois, M. Meuwissen, T.A. Rijpstra, H.A. Bosker, M.J. Blans, G.B. Bleeker, R. Baak, G.J. Vlachojannis, B.J.W. Eikemans, P. van der Harst, I.C.C. van der Horst, M. Voskuil, J.J. van der Heijden, A. Beishuizen, M. Stoel, C. Camaro, H. van der Hoeven, J.P. Henriques, A.P.J. Vlaar, M.A. Vink, B. van den Bogaard, T.A.C.M. Heestermans, W. de Ruijter, T.S.R. Delnoij, H.J.G.M. Crijns, G.A.J. Jessurun, P.V. Oemrawsingh, M.T.M. Gosselink, K. Plomp, M. Magro, P.W.G. Elbers, P.M. van de Ven, H.M. Oudemans-van Straaten, and N. van Royen

ABSTRACT

BACKGROUND

Ischemic heart disease is a major cause of out-of-hospital cardiac arrest. The role of immediate coronary angiography and percutaneous coronary intervention (PCI) in the treatment of patients who have been successfully resuscitated after cardiac arrest in the absence of ST-segment elevation myocardial infarction (STEMI) remains uncertain.

METHODS

In this multicenter trial, we randomly assigned 552 patients who had cardiac arrest without signs of STEMI to undergo immediate coronary angiography or coronary angiography that was delayed until after neurologic recovery. All patients underwent PCI if indicated. The primary end point was survival at 90 days. Secondary end points included survival at 90 days with good cerebral performance or mild or moderate disability, myocardial injury, duration of catecholamine support, markers of shock, recurrence of ventricular tachycardia, duration of mechanical ventilation, major bleeding, occurrence of acute kidney injury, need for renal-replacement therapy, time to target temperature, and neurologic status at discharge from the intensive care unit.

RESULTS

At 90 days, 176 of 273 patients (64.5%) in the immediate angiography group and 178 of 265 patients (67.2%) in the delayed angiography group were alive (odds ratio, 0.89; 95% confidence interval [CI], 0.62 to 1.27; P=0.51). The median time to target temperature was 5.4 hours in the immediate angiography group and 4.7 hours in the delayed angiography group (ratio of geometric means, 1.19; 95% CI, 1.04 to 1.36). No significant differences between the groups were found in the remaining secondary end points.

CONCLUSIONS

Among patients who had been successfully resuscitated after out-of-hospital cardiac arrest and had no signs of STEMI, a strategy of immediate angiography was not found to be better than a strategy of delayed angiography with respect to overall survival at 90 days. (Funded by the Netherlands Heart Institute and others; COACT Netherlands Trial Register number, NTR4973.)

The authors' full names, academic degrees, and affiliations are listed in the Appendix. Address reprint requests to Dr. Lemkes at the Department of Cardiology, Amsterdam University Medical Center VUmc, De Boelelaan 1117, 1081HV, Amsterdam, the Netherlands, or at j.lemkes@vumc.nl.

This article was published on March 18, 2019, at NEJM.org.

DOI: 10.1056/NEJMoa1816897

REFERENCE 2: MEDICINE DIS WEEK

Restrictive strategy versus usual care for cholecystectomy in patients with gallstones and abdominal pain (SECURE): a multicentre, randomised, parallel-arm, non-inferiority trial

Aafke H van Dijk, Sarah Z Wennmacker*, Philip R de Reuver, Carmen S S Latenstein, Otmar Buyne, Sandra C Donkervoort, Quirijn A J Eijsbouts, Joos Heisterkamp, Klaas in 't Hof, Jan Janssen, Vincent B Nieuwenhuijs, Henk M Schaap, Pascal Steenvoorde, Hein B A C Stockmann, Djamila Boerma, Gert P Westert, Joost P H Drenth, Marcel G W Dijkgraaf, Marja A Boermeester, Cornelius J H M van Laarhoven*

Lancet 2019; 393: 2322–30

Published Online April 26, 2019 http://dx.doi.org/10.1016/S0140-6736(19)30941-9

This online publication has been corrected. The corrected version first appeared at thelancet.com on May 9, 2019

See Comment page 2280

*Contributed equally

Department of Surgery (S Z Wennmacker MD, P R de Reuver PhD, C S S Latenstein BSc, Prof C J H M van Laarhoven PhD), Department of Gastroenterology and Hepatology (Prof J P H Drenth PhD), and Department of IQ healthcare (Prof G P Westert PhD), Radboud University Medical Centre, Nijmegen, Netherlands; Department of Surgery (A H van Dijk, Prof M A Boermeester PhD) and Department of Clinical Epidemiology, Biostatistics and Bioinformatics (Prof M G W Dijkgraaf PhD), Amsterdam University Medical Center, Academic Medical Center, Amsterdam, Netherlands; Department of Surgery, St Antonius Hospital, Nieuwengein, Netherlands (D Boerma PhD); Department of Surgery, Maas Hospital Pantein, Boxmeer, Netherlands (O Buyne PhD); Department of Surgery, Onze Lieve Vrouwe Gasthuis, Amsterdam, Netherlands (S C Donkervoort PhD); Department of Surgery, Spaarne Gasthuis, Hoofddorp, Netherlands (Q A J Eijsbouts PhD, H B A C Stockmann PhD); Department of Surgery, Elisabeth-Tweesteden Hospital, Tilburg, Netherlands (J Heisterkamp PhD); Department of Surgery, FlevoHospital Almere, Almere,

Summary

Background International guidelines advise laparoscopic cholecystectomy to treat symptomatic, uncomplicated gallstones. Usual care regarding cholecystectomy is associated with practice variation and persistent post-cholecystectomy pain in 10–41% of patients. We aimed to compare the non-inferiority of a restrictive strategy with stepwise selection with usual care to assess (in)efficient use of cholecystectomy.

Methods We did a multicentre, randomised, parallel-arm, non-inferiority study in 24 academic and non-academic hospitals in the Netherlands. We enrolled patients aged 18–95 years with abdominal pain and ultrasound-proven gallstones or sludge. Patients were randomly assigned (1:1) to either usual care in which selection for cholecystectomy was left to the discretion of the surgeon, or a restrictive strategy with stepwise selection for cholecystectomy. For the restrictive strategy, cholecystectomy was advised for patients who fulfilled all five pre-specified criteria of the triage instrument: 1) severe pain attacks, 2) pain lasting 15–30 min or longer, 3) pain located in epigastrium or right upper quadrant, 4) pain radiating to the back, and 5) a positive pain response to simple analgesics. Randomisation was done with an online program, implemented into a web-based application using blocks of variable sizes, and stratified for centre (academic versus non-academic and a high *vs* low number of patients), sex, and body-mass index. Physicians and patients were masked for study-arm allocation until after completion of the triage instrument. The primary, non-inferiority, patient-reported endpoint was the proportion of patients who were pain-free at 12 months' follow-up, analysed by intention to treat and per protocol. A 5% non-inferiority margin was chosen, based on the estimated clinically relevant difference. Safety analyses were also done in the intention-to treat population. This trial is registered at the Netherlands National Trial Register, number NTR4022.

Findings Between Feb 5, 2014, and April 25, 2017, we included 1067 patients for analysis: 537 assigned to usual care and 530 to the restrictive strategy. At 12 months' follow-up 298 patients (56%; 95% CI, 52·0–60·4) were pain-free in the restrictive strategy group, compared with 321 patients (60%, 55·6–63·8) in usual care. Non-inferiority was not shown (difference 3·6%; one-sided 95% lower CI –8·6%; $p_{non\text{-}inferiority}$=0·316). According to a secondary endpoint analysis, the restrictive strategy resulted in significantly fewer cholecystectomies than usual care (358 [68%] of 529 *vs* 404 [75%] of 536; p=0·01). There were no between-group differences in trial-related gallstone complications (40 patients [8%] of 529 in usual care *vs* 38 [7%] of 536 in restrictive strategy; p=0·16) and surgical complications (74 [21%] of 358 *vs* 88 [22%] of 404, p=0·77), or in non-trial-related serious adverse events (27 [5%] of 529 *vs* 29 [5%] of 526).

Interpretation Suboptimal pain reduction in patients with gallstones and abdominal pain was noted with both usual care and following a restrictive strategy for selection for cholecystectomy. However, the restrictive strategy was associated with fewer cholecystectomies. The findings should encourage physicians involved in the care of patients with gallstones to rethink cholecystectomy, and to be more careful in advising a surgical approach in patients with gallstones and abdominal symptoms.

Funding The Netherlands Organization for Health Research and Development, and CZ healthcare insurance.

Introduction

Symptomatic gallstone disease constitutes a substantial and increasing health problem in Western society.[1] Yearly, there are more than 1·8 million ambulatory visits for symptomatic gallstones in the USA.[2] 5% of all patients with cholelithiasis develop complications such as cholecystitis, cholangitis, or biliary pancreatitis.[3] The remaining 95% of patients are at risk for symptoms arising from cholecystolithiasis. Typically, these patients develop episodes of biliary colics, defined by the ROME III criteria as acute severe abdominal pain located in the right upper quadrant or epigastrium lasting 15–30 min or longer.[4] Most patients do not develop typical attacks, but might report non-specific abdominal sy

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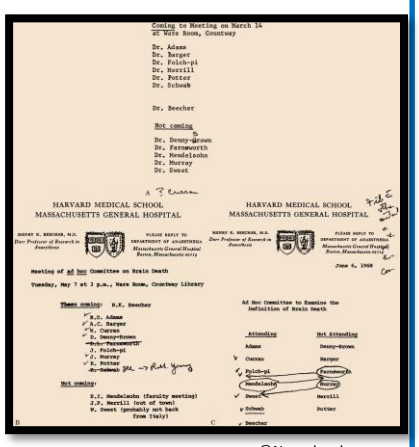
THE STORY OF MEDICINE

Deliberating Death in the Summer of 1968


Coming to Meeting on March 14
at Ware Room, Countway

Dr. Adams
Dr. Barger
Dr. Folch-pi
Dr. Merrill
Dr. Potter
Dr. Schaub

Dr. Beecher

Not coming

Dr. Denny-Brown
Dr. Farnsworth
Dr. Mendelsohn
Dr. Murray
Dr. Sweet

HARVARD MEDICAL SCHOOL
MASSACHUSETTS GENERAL HOSPITAL

HARVARD MEDICAL SCHOOL
MASSACHUSETTS GENERAL HOSPITAL

June 6, 1968

Meeting of ad hoc Committee on Brain Death
Tuesday, May 7 at 1 p.m., Ware Room, Countway Library

Ad Hoc Committee to Examine the Definition of Brain Death

Attending
Adams
Barger
Folch-pi
Mendelsohn
Schaub
Beecher

Not Attending
Denny-Brown
Farnsworth
Murray
Merrill
Potter

©Neurologyk

Fifty years ago, the Harvard criteria for brain death were published. A multidisciplinary committee provided "a definition of irreversible coma" and discussed decisions that physicians and family members could make for a patient. When the requirements the committee outlined were met, a patient would be declared dead.

Before this definition, physicians questioned the appropriateness of providing continued care for unconscious patients deemed to have no chance of recovery. There was also a rise of transplant surgeries, brain dead patients are potential organ donors.

Harvard Criteria for Brain Dead:

a. Unreceptivity and unresponsivity.
b. No movements or breathing.
c. No reflexes.
d. Flat electroencephalogram.
e. No hypothermia (temperature below 90°F, or 32.2°C).
f. No central nervous system depressants.
g. All tests repeated at least 24 hours later, showing no change

Nevertheless, the ethical tensions it confronted are still deliberated 50 years later.

REF: N Engl J Med 379;5; 2018

CONTENTS

PEARLS OF WISDOM

Life is about using the whole box of crayons.

- *RuPaul*

© DeviantArtk

©Quiet Revolution

What is beautiful is good, and who is good will soon be beautiful.

- *Sappho*

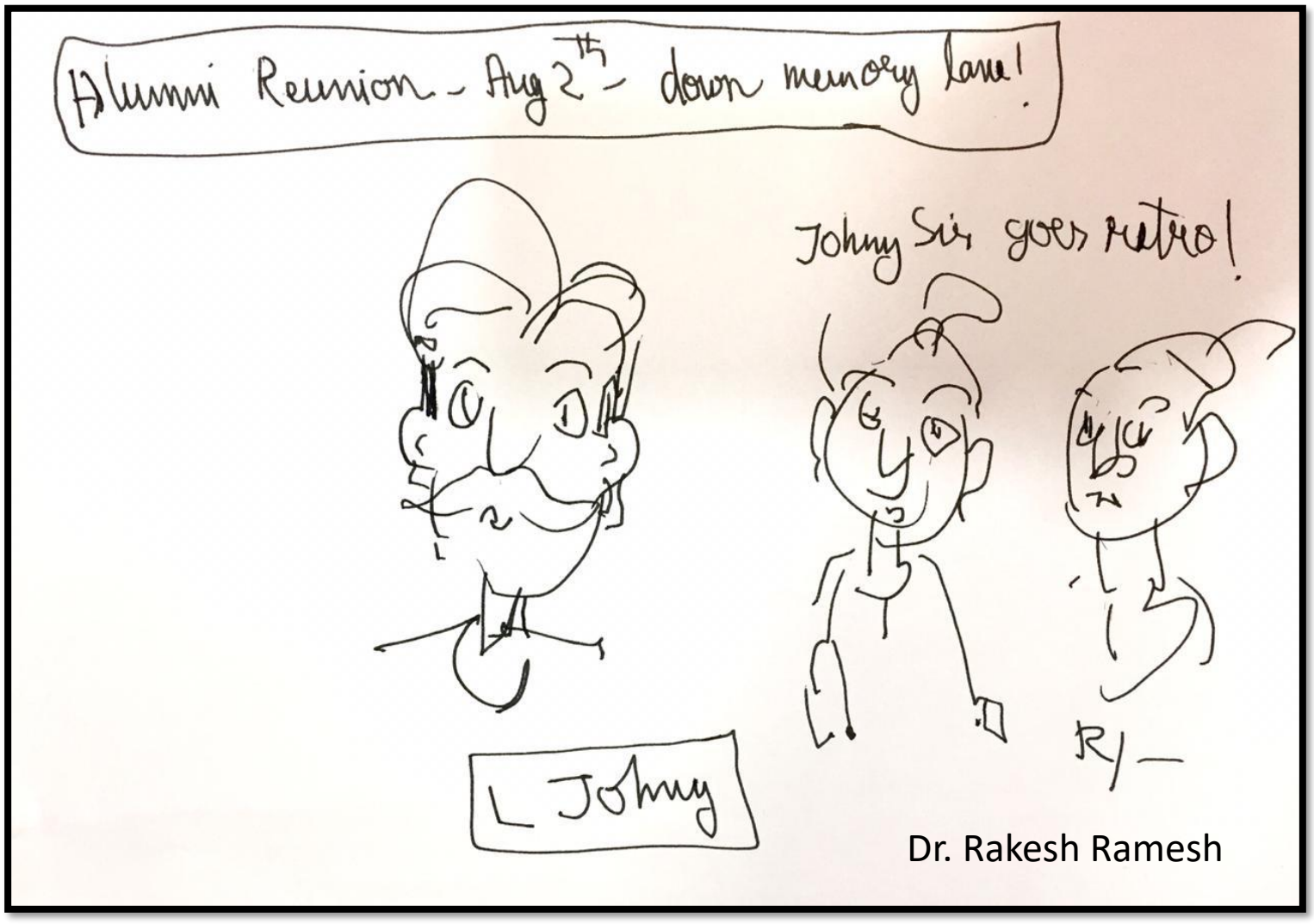
Knowledge, in truth, is the great sun in the firmament. Life and power are scattered with all Its beams.

- *Daniel Webster*

© ARworld089.com

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

L Johny



Dr. Rakesh Ramesh

Did You Know?

The scientific name for the fear of long words is

"Hippopotomonstrosesquippedaliophobia"

Its Indeed Strange that fear of long words should have a term that 's one of the longest words in a dictionary.

CONTENTS

DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

Write to Dr. Avinash. H. U: ***avinash.hu@stjohns.in***

GREY Matters!

FOOD FOR THOUGHT

Name the conditions associated with food names

ANSWERS

1. Bread and butter-Pericarditis,

2. Strawberry gallbladder- cholestearosis,

3.Blueberry muffin rash-Congenital rubella,

4. Cola colored urine- rhabdomyolysis,

5. Nutmeg liver-Congestive Hepatopathy,

6. Watermelon stomach – Gastric antral vascular ectasia,

7. Cherry red spot- Central retinal artery occlusion,

8. Chocolate cyst- ovarian endometriosis,

9. Sago spleen- Amyloidosis

10. Honey comb- interstitial lung disease

CLICK HERE TO GO BACK TO QUESTION

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ANNOUNCEMENTS

St John's National Academy of Health Sciences

World Breastfeeding Week Celebration

1-7th August 2019

THEME: Empower parents, enable breastfeeding

EMPOWER PARENTS · ENABLE BREASTFEEDING

WABA | WORLD BREASTFEEDING WEEK 2019

QUIZ COMPETITION
Team of 3
(2 nurses+1 doctor)
Date : 2/8/19
Venue: Mini Auditorium
Contact Person: Dr.Prashantha YN
Register at the neonatal office

SLOGAN COMPETITION
Single participant
SPECIFICATION: Chart Size: 29* 21cm.
WORD LIMIT :15-20 words
Wordings should be hand written
Last date for Submission: 25/7/19

POSTER COMPETITION
Single participant
Specifications:Paper size 22*33 in.
Border of the chart:1 inch
Last date for Submission: 25/7/19

JAM
Register
Teams made on spot
Date: 7/8/19
Venue: Peds Classroom
Contact: Dr Naina / Dr Avni

All submissions to be given to neonatal office.
Topic of slogan & poster should encompass the theme

Exciting Prizes!!

Limited Participants
HURRY, REGISTER NOW!!

Contact NICU office 080- 22065478 for registration.
Ms. Nilima/ Ms. Saritha ; Nursing tutors Ms Mary(OB ward)/ Ms . Bincy(NICU)
DATE OF ANNOUNCEMENT OF PRIZES: 2/8/19

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ANNOUNCEMENTS

WORLD BREAST FEEDING CELEBRATIONS -2019
Lactation workshop- 6/8/19 – Skill Lab, St. John's Medical College

Timings	Topic	Speaker/ moderator
8:45- 9 AM	Registration	
9:00 -9:15 am	Pretest	Dr Nalina
9:15 – 9:45 AM	Anatomy, Physiology & Advantages of Breast feeding	Dr Deepthi
9:45- 10:15 am	Antenatal Preparation & Counselling Lecture – PPT Antenatal Counselling Demo	OBG doctor Mrs Margaret
10:30 –11:00 am	Early Skin to skin contact & Early initiation (How to initiate, how to monitor) Lecture – PPT Demo on Mannequin	Mrs. Mary Ann
11:00-11:15am	Tea break	
11:15 -11:45 am	Position, attachment – Evaluation of an effective LATCH	Dr Prashanth
11:45 AM – 12:15 PM	Expression of Milk - Manual expression - Use of breast pump (When to use ,how to use , how to disinfect) - Video	Dr Bharathi
11:45-12:15 pm	Counselling skills (Positive messaging) Discussion on Parental Empowerment.	Dr Shashidhar
12:15- 12:45 pm	Videos on breastfeeding	Dr Nalina
12:45pm – 1 pm	Challenging situations in breastfeeding Multiples, Floppy infant, Cleft palate	
1:00-2:00 pm	LUNCH	
2:00 pm- 2:50 pm	Ward rounds Breast feeding assessment Expression of milk- manual/ pump Counseling skills.	 Dr Nalina Dr Bharathi Mrs Magaret
2:50 pm 4:00 pm	Panel discussion Breast and nipple problems High risk mother and baby NO milk, any other problems Maternal problems- illness, HIV	Mrs Margaret, Dr Shashidhar , Dr Deepthi ,Dr.Saudamini/Dr Prashanth, Dr Anjana **Moderator-** **Dr Bharathi B**
4:00 pm- 4:15 pm	Post test	Dr Nalina

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ANNOUNCEMENTS

SJMCAA

ALUMNI REUNION

Golden Jubilee batches – ’68, ’69, ‘70

Silver Jubilee: UG & PG batches – ’92, ’93, ‘94

AUGUST 2nd 2019

Organised by
St.John’s Medical College Alumni Association

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ANNOUNCEMENTS

Programme

Breakfast – Hostel Mess 9.00 A.M

Campus walk 10.00 A.M – 12.00 P.M

Holy Mass – Hospital Chapel 12.00 P.M

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Lunch – SJRI Admin block terrace 1.00 P.M – 2.00 P.M

37th Jayashree Thomas Memorial Oration
Pope Paul Auditorium - 2.30 P.M
"A *Surgical Odyssey*"

Dr.Dileep N Lobo MS, DM, FRCS,FACS,FRCPE
Deputy Head of Division and Professor of Gastrointestinal Surgery
University of Nottingham

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High Tea 4.30 P.M

AGBM 5.00 P.M

❖❖❖

Alumni Dinner – Annexe III Food court 7.00 P.M

Donor passes available - Please RSVP @ sjmcaa@gmail.com
For the whole day:
Alumni and family members @ Rs. 1000/person
Children <12 years @ Rs.500/person
Sister Doctors exempted
Donor passes for the alumni dinner alone @ Rs. 500

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ANNOUNCEMENTS

ALUMNI REUNION – CAMPUS WALK ROADMAP!

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ANNOUNCEMENTS

St. John's Medical College
Alumni Association

Cordially invites you to the

37th Dr. Jayashree Thomas Memorial Oration

To be delivered by

Dr. Dileep N Lobo

Professor of Gastrointestinal Surgery
and Deputy Head of Division – Nottingham Digestive Diseases Centre
University of Nottingham

"A Surgical Odyssey"

Pope Paul Auditorium
St. John's Research Institute, Bangalore

Friday, 2nd August 2019 2: 30 pm

Followed by High Tea

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ANNOUNCEMENTS

Care to cuddle?

Be a cuddle volunteer for babies in the NICU - give kangaroo mother care for abandoned babies.

Come to the NICU or contact Dr. Saudamini (9243472262) for details.

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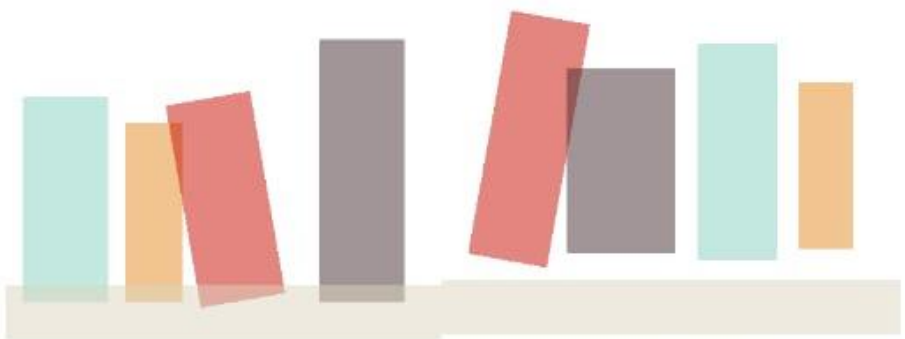
ANNOUNCEMENTS



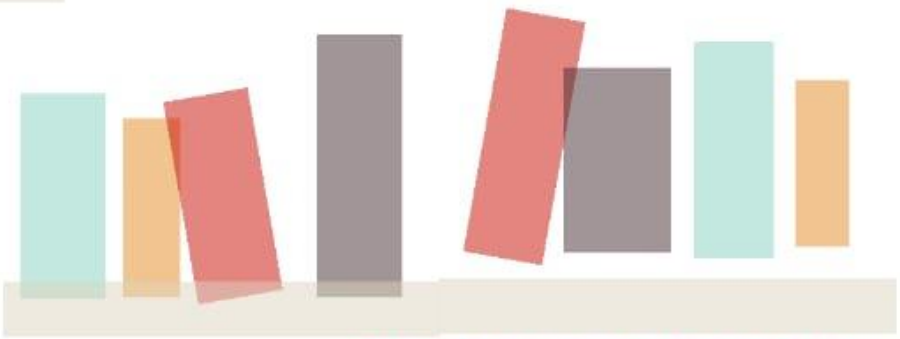
NOVELS, FICTION AND NON FICTION BOOKS , CHILDREN'S STORY BOOKS , MEDICAL/ NURSING TEXT BOOKS

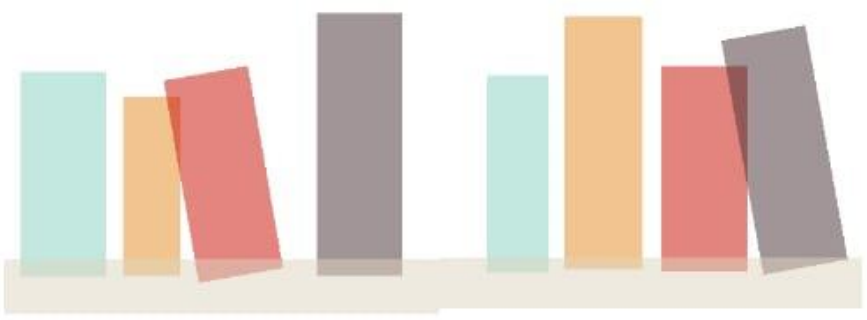
BOOKS IN GOOD CONDITION FROM RS 10 - RS 100 ONLY

CHILD FOR LIFE

BOOK FAIR '19

AUG 3, 2019, 12PM TO 4PM
INFRONT OF UNIT OF HOPE BUILDING
ST JOHN'S MEDICAL COLLEGE HOSPITAL.





FOR DONATION OF BOOKS
CONTACT :
DR AVITA JOHNSON
8095634563
080-49466133
STAFF CULTURAL SOCIETY

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