

What's Up? @ St John's Hospital

Issue 31, September 3rd, 2019

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ANNIVERSARY



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ANNIVERSARY

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



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MESSAGE FROM THE EDITORIAL TEAM

Dear All!

We are pleased to share thirty first issue of “What’s Up? @ St John’s Hospital” magazine today. This magazine is not just intended for posterity but to showcase the rich and vibrant work culture of St. John’s.

The editorial team of the magazine has grown to a 23 member strong team over the last one year. We welcome our newest member Mrs. Alma Lakra (Assistant Professor, College of Nursing) to the team.

Dear readers, the magazine turned ‘One’ last week! On this occasion, the editorial team is happy to share the Anniversary issue. The issue is themed to celebrate the same.

We thank the Director, Associate Directors and the Dean (SJMC) for their testimonials and their support in all our endeavours. We are extremely grateful to you, our readers for your encouragement, that has driven us this far.

We are soon going to bring about a lot more interesting sections in the near future. Please feel free to communicate with us to publish your achievements. Feedback on any section of the magazine is welcome. Happy Reading!!

Editorial Team





UPDATES THIS WEEK

NATIONAL EYE DONATION FORTNIGHT

25th August to 8th September

- *Dr.Shubashree Karat & Dr.Winston Padua*
- *(Department of Ophthalmology)*

Eye donation can bring about a big change in the lives of cornea blind people. In India, very few people have a good understanding about eye donation. Most people think that donating eyes is a disfiguring and stigmatic as well, which is one of the major factors contributing to the low number of eye donations.

The National Eye Donation Fortnight is celebrated every year from 25th August to 8th September.

The aim of this campaign is to promote eye pledging and educate people about the need for donations.



Many hospitals collaborate with the government or NGOs to organise eye donation campaigns every year during National Fortnight on Eye Donation, which is observed under the National Program for Control of Blindness.

HOPE FOR CORNEAL BLIND PEOPLE

Blindness from corneal disease is a major ophthalmic public health problem in India. Currently, there are estimated to be 1.2 million corneal blind persons in India, to which 25 000–30 000 people with corneal blindness are added every year. The majority of corneal blind people are young and their eye sight can be restored through corneal transplantation. They suffer vision loss due to injuries, infections, deficiency of Vitamin A, malnutrition, congenital and many other factors.





NATIONAL EYE DONATION FORTNIGHT

India needs about 1,00,000 corneal transplants every year to catch up with this massive backlog. Recent data shows the number of corneal transplants in India is 30,000. The number of eye donors has gone up over the years but it hasn't been able to close the gap of number of corneas required every year.

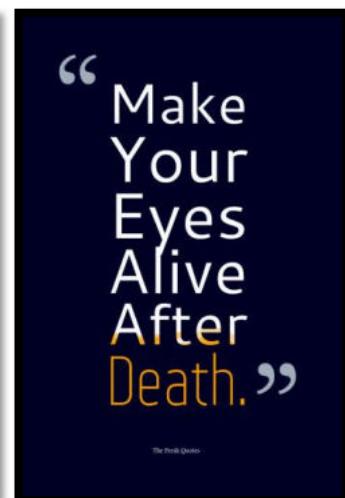
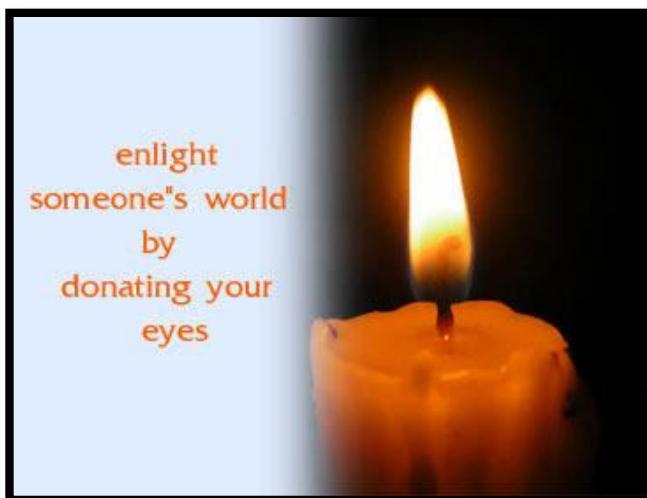


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Hence, it has become very crucial to educate people of all ages about eye donation.

EYE DONATION IN OUR HOSPITAL

Our hospital is an eye retrieval centre and a corneal transplantation centre. Our hospital is affiliated to Lion's eye bank, Bangalore. Any family that makes the noble decision to pledge the eyes of their loved one contacts their primary doctor. The duty doctor in Ophthalmology is called and informed about the intention to donate. The on call doctor gets the enucleation sterile kit and arrives at the patients bedside. The doctor then counsels the relatives and takes the signature on the consent form after explaining the procedure to the relatives. The doctor then under aseptic sterile precautions enucleates both eyes or removes the corneoscleral button. The eyeball or the corneoscleral button is then stored in a sterile container which is maintained in the cold chain and transported to the Lion's eye bank.





NATIONAL EYE DONATION FORTNIGHT

Eye donation is a noble cause! Don't miss the opportunity in restoring vision who need it the most after your death. Let's all practice before we preach, so pledge your eyes today!



28th August 2019 – Eye donation Awareness talk by Dr. Bhavya from Lion's eye hospital, Bangalore to boost eye donations in the institution. The talk was addressed towards staff of Departments of Ophthalmology, Emergency, Nursing and transplant co-ordinators.

TESTIMONIAL CORNER:

Hearty Congratulations to Dr. Avinash and the Editorial Team on completing one year of The Whatsapp@StJohns. Over the year, this imaginative initiative has grown from strength to strength through the creative and sustained efforts of the Editorial Team under the guidance of Dr. Sanjiv Lewin. St. John's image as an outstanding Medical College and Hospital with an ethical mission of compassionate and selfless service, especially of the underserved, has been greatly enhanced by your efforts. On behalf of the entire Academy, I thank you most sincerely for this voluntary venture, which has produced excellent results. I wish you all success as you take this initiative forward extending your efforts to include more aspects of the Academy like Patient Education, Website Management and Professionalism at all levels



Rev. Dr. Paul Parathazham
(Director, SJNAHS)





INDEPENDENCE DAY

15th August 2019

73rd Independence Day was celebrated on 15th August 2019. Mr. Ben Mathew (President of Student association, SJMC) gave the welcome address. The chief guest, Dr. Mario Vaz (Professor and Head, Department of Physiology, SJMC), unfurled the national flag.

Here we publish the Chief guest's address to the gathering:

"The Director, Deans and Executives of the Academy, fellow staff members, students and all gathered here.

I've been reading a book about the personal accounts of people who moved across the border at the time of Partition, leaving behind their homes, but not their memories, as they embarked on a new life. Their stories are vivid accounts of pain, resilience and survival against all odds and brought to me the price that had to be paid for freedom as no history book could illustrate. Decades on, it is easy to forget that Independence did not come easy but was the product of the aspirations, commitment and defiance of people across the breadth of this country. Today we honour them."

So, as we celebrate this Independence Day – what does it mean for me. Freedom certainly...freedom from exploitation of a colonial power, but, if I exploit another, have I merely replaced one lack of freedom with another. Freedom to express myself and carve my own destiny, but, if I suppress another, have I merely achieved my own ends while trampling on the aspirations of another. The list could go on."



INDEPENDENCE DAY

15th August 2019



“For me, independence and freedom are intertwined with the notion of citizenship. And this citizenship operates at an individual and a collective level. At both levels, it provides us with part of our identity and because of our common, shared identity, we are inextricably linked with each other. This allows us to stand shoulder to shoulder, speaking different languages, looking different, and celebrating our unique cultures all the while identifying ourselves as uniquely Indian

And it is for this reason as we study and work in a National institution that derives its students and faculty from diverse backgrounds that we can still see ourselves as heirs of a common history and as the collective architects of a better future for all. This was, indeed, the very idea that was expressed when St. John’s first started –that it would be an example of national integration, which would benefit and contribute to our entire country. Our collective citizenship calls us to respond to the needs of others –often those we cannot see and certainly do not know personally. It is the response of our Disaster Response teams in natural calamities that appear to be becoming the new normal. It is the response of the Unit of Hope to the unmet needs of children. It is the response of many of our graduates, lay and sister-doctors, who work in far-flung areas of immense need. And, it is our own response, whenever we choose to act not merely for ourselves but for the greater good.

There are many tasks before us in the health sector which remain unfinished. Let us commit ourselves this day to be good citizens of our country, so that we can merge our own aspirations with those on the fringes of society who also seek to realize their dreams.

I wish you all a very happy Independence Day. Jai Hind.”





INDEPENDENCE DAY

15th August 2019



Baby Shreenidhi Rajkiran, 3 year old daughter of Dr.Rajkiran Raju., Asst Professor in Department of Paediatric Surgery, studying in KG -1 class of National Public School, Jayanagar enthralled the gathering with a short speech on Independence day followed by a patriotic song.

Acknowledgments: Dr. Mario D Vaz (Prof and Head, Physiology) and Dr. Rajkiran (AP, Ped. Surgery)

TESTIMONIAL CORNER:

Kindly acknowledge my heartiest congratulations on this 1st anniversary of "St. John's What's Up" magazine's great accomplishment. I wish to extend my sincere appreciation to all those who have so generously volunteered their time and talents for the past one year to review and publish the What's Up magazine of St.John's. Special thanks to our Editorial team who have shared their valuable time and publishing the magazine on time.

Our knowledge is an important part of our identity and individuality. We value the knowledge that we have gained through our valuable and effortful experience. By sharing our knowledge, we become reference point. By sharing the knowledge, we are gaining more knowledge. By giving, we are gaining. What's Up magazine gives us platform to connect one another and appreciate one another. I gratefully acknowledge the initiators and motivators of this what's Up magazine.

Thanks and keep up the great work.



Rev. Fr. Jesudoss Rajamanickam
(Associate Director Finance, SJNAHS)





CME – ENDO UPDATE 2019

24th and 25th August 2019

Department of Endocrinology

The department of Endocrinology organised a CME - “Endo Update 2019 - Focus on Adrenals” conducted in Bangalore on 24th and 25th of August. It was aimed at disseminating knowledge and sharing ideas between endocrinologists across India. The inaugural ceremony was presided by our Director, Fr. Paul Parathazham and the Associate Director Finance, Fr. Jesudoss Rajamanickam. We had 4 international and 4 national faculty with special interest in adrenal disorders who delivered lectures in 4 master plenary sessions. The international faculty were Dr. Constantine Stratakis (Director of NIH); Dr. Gary Hammer (President of The Endocrine Society); Dr. Jerome Bertherat (Professor, Cochin Institute, Paris) and Dr. Massimo Turzolo (Professor, University of Turin, Italy). The national faculty were Dr. Nalini Shah (Professor, KEM, Mumbai); Dr. Nihal Thomas (Professor, CMC, Vellore); Dr. Anil Bhansali (Professor, PGI, Chandigarh) and Dr. Rama Walia (Professor, PGI, Chandigarh). More than 300 endocrinologists attended the conference and we received positive feedback from almost all delegates.



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





POCUS & FATE Workshop

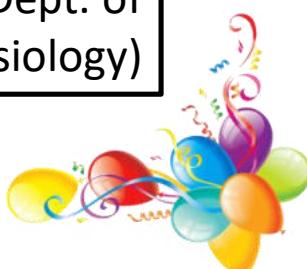
28th August 2019

Department of Anaesthesiology & SICU

Department of Anesthesiology and Surgical Intensive Care Unit in collaboration with University of Minnesota and Penn State conducted a hands on Point Of Care UltraSound (POCUS) and Focus Assessed Transthoracic ECHO (FATE) workshop on 28th August 2019.



Acknowledgement: Dr. Manjula (Dept. of Anesthesiology)





Thanksgiving Time

Several departments organized thanksgiving parties for all the nursing and administrative support staff for their invaluable support and hardwork during the NABH and MCI inspections.



14TH AUGUST: DEPARTMENT OF CARDIOLOGY



29TH AUGUST: DEPARTMENT OF GENERAL SURGERY



31ST AUGUST: DEPARTMENT OF NEUROLOGY AND NEUROSURGERY





FRIDAY CLINICAL MEETING

2nd August 2019

Jayashree memorial oration

A Surgical Odyssey

- Dr. Dileep. N. Lobo

Jayashree Memorial Oration is to commemorate Late Dr. Jayashree Thomas from 1968 batch of St. John's. Dr. Uma Murthy, batch mate of Late Dr. Jayashree introduced us to the brilliant girl who died at an young age of 30years, like a blazing star across the sky. She was best out going student of the batch, stood first in several subjects, was a recipient of Pope Paul prize, President's silver medal and Dean Louis Montero prize for best paper in 1977.

Dr. John Stephen introduced the speaker. Dr. Dileep Lobo is Professor of Gastrointestinal surgery and Deputy Head of Division – Nottingham Digestive Diseases Centre, University of Nottingham. He has more than 300 publications. His major area of interest is in metabolism and nutrition.

Dr. Lobo's oration titled as 'Surgical odyssey' was a summary of his work over the last 20years. His talk was begun with a objective note about 'Why should a surgeon do research?' He noted that only 10 surgeons have won Nobel till date. Research is to help mankind, for academic advancement and it is satisfying and fun, to become an expert. He highlighted the main obstacles for research as the time discrimination, lack of equipoise & clinical pressures. He suggested to follow Barker's rules - pick a good mentor, collaborate, enjoy competition and be lucky, devote and put effort.

He started with the basic concepts of fluid and electrolyte therapy and history of normal saline. Hamburger called it indifferent saline where RBCs are most stable. Sidney Ringer 1883 discovered Ringer lactate. Based on his works and the literature 'Near Zero Fluid Balance Concept' was explained. It was shown how postoperative infusion of normal Saline increased risk of hyperkalemia and metabolic acidosis. Use of Ringer Lactate solution was substantially better than use of Normal saline in the postoperative period.





FRIDAY CLINICAL MEETING

2nd August 2019

Jayashree memorial oration

A Surgical Odyssey

- Dr. Dileep. N. Lobo

Restriction of fluid and sodium in the perioperative period is beneficial in reducing the perioperative morbidity and hospital days. It was noted that, if patient gains more than 2.5-3kg body weight due to fluid overload, increases the risk of perioperative complications.

It is very important to maintain **Normovolemia** - both hypo and hypervolemia create problems at cellular level and leads to complications.

TESTIMONIAL CORNER:

It is hard to believe that it is a year since What's Up ? @St John's Hospital was first brought out. It is even harder to believe that it came like clock work without delay in a single issue! This is a great achievement and I congratulate the editorial team.

In the period of only a year the magazine has also evolved to incorporate newer sections and currently it covers facts of the hospital, to research to humor. This has made it a magazine with something of interest for everyone in the hospital. It has not also helped disseminate information about different departments, but also helped to bring departments together.

Going forward, I wish the What's Up @ St John's team continued success and the magazine grow from strength to strength.



(George D'Souza)
Dean, SJMC



Rhyme Chime...

Journal Chronicle

- Dr Jyothi Idiculla

The spark was lighted in last July
To start a noticeboard weekly, aye
It only comprised just four sections
Osler, medicine and wise sections
As editors grew from two to twenty two
Thursday issues became monthly too
Sections burgeoned and were widely read
Latest being grey matters and fountainhead
Whatsup st John's is always fondly awaited
With campus colours and shades intergrated
Covering every corner of this institution
Introducing a full team in every edition
Kudos on the first anniversary of this scheme
To CMS and oncologist for the corridor dream



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



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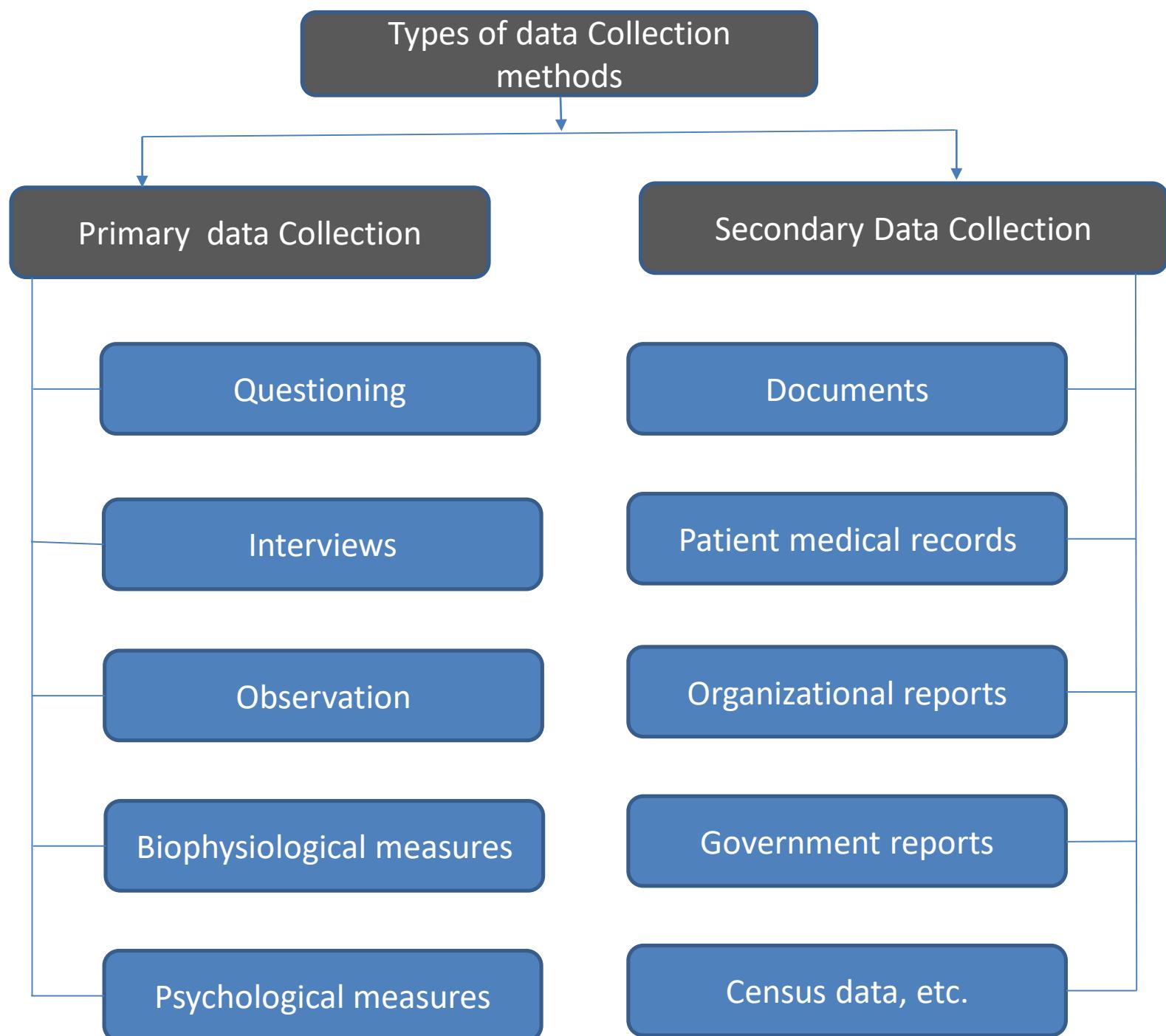
RESEARCH SNIPPETS

DATA COLLECTION METHOD

Data Collection in research involves gathering information in order to achieve an answer to the research problem. Consistency & Accuracy in data collection is crucial for the success of any research study.

Methods used for data collection depends on the design, scope & time frame of the study.

TYPES OF DATA COLLECTION METHODS





IG NOBEL

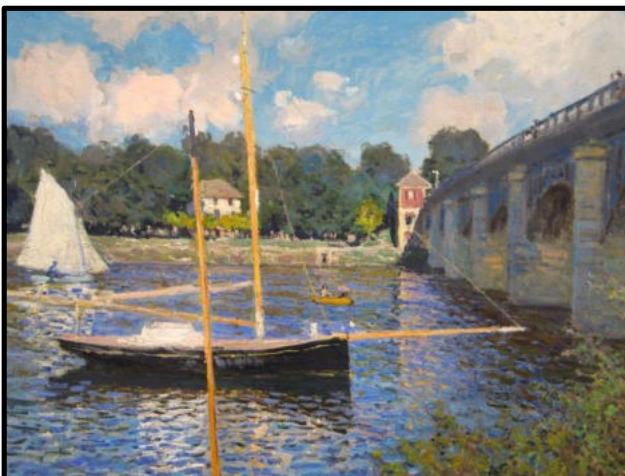


1995 - PSYCHOLOGY

Shigeru Watanabe, Junko Sakamoto, and Masumi Wakita

Painting from Picasso and Monet... But Pigeons?!

Shigeru Watanabe, Junko Sakamoto, and Masumi Wakita, of Keio University, for their success in training pigeons to discriminate between the paintings of Picasso and those of Monet.



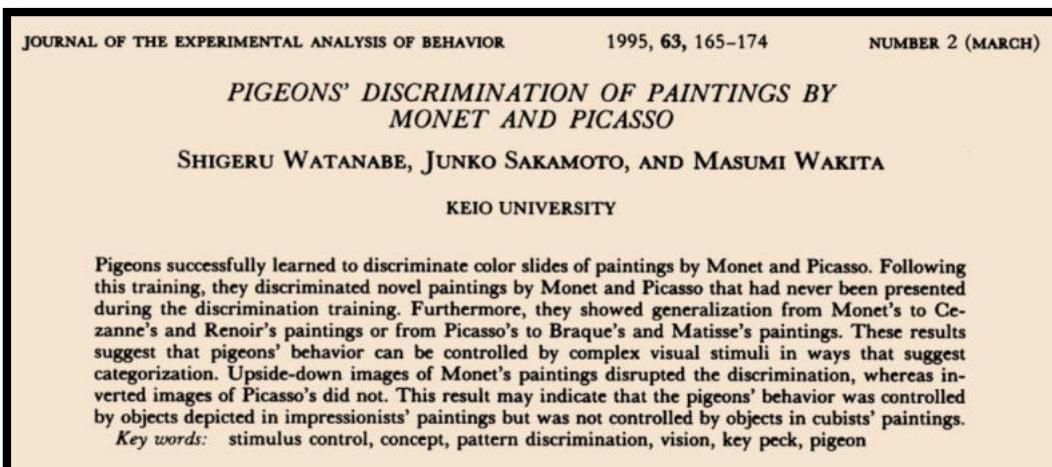
Argenteuil, 1874, by Claude Monet
© Wikipedia



Pigeons can
classify with
90%
Accuracy!



1909, *Femme assise*
(*Sitzende Frau*), by
Pablo Picasso.
© Wikipedia



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SURVIVOR'S CORNER

65 year old lady, diabetic, but otherwise healthy, underwent an elective laparoscopic cholecystectomy at an outside hospital. In the postoperative period, she developed a hospital acquired pneumonia and hence was referred to SJMCH for multispecialty care.

On arrival at SJMCH on 4/6/19, she was in respiratory distress and florid sepsis with septic shock. She was intubated and admitted to MICU for further management.

Then followed a gruelling course in hospital during which she had multiple blood stream infections and ventilator associated pneumonia for which she received an array of antibiotics. A pigtail catheter insertion was done for a right sided empyema . Prolonged ventilation required her to undergo a tracheostomy as well. Cardiac arrest resulting from a possible tracheostomy block /cardiac arrhythmia was another significant event in her turbulent course in hospital. Emerging from all these, battered and bruised, she was finally deemed stable enough to be shifted to the ITU.

In the ITU, the next major challenge was attempting a closure of the tracheostomy port. The thick and copious tracheal secretions made this task impossible. After much deliberation, cross consultation with ENT department and another cocktail of antibiotics, it was finally possible to downsize the tracheostomy tube. A complete closure of the tracheostomy tube was considered impossible until a significant reduction in secretions was attained.

However, after a 2 month ordeal in hospital, this brave woman was ultimately discharged from hospital on 16/8/19. Still sporting a tracheostomy tube, she is definitely worse for the wear, but undeniably a true survivor. Her story highlights the importance of appropriate and timely medical intervention along with good interdepartmental cooperation in ensuring good care to the patient. She also serves as an epitome of sheer will power in patients.





GREY *Matters!*



The Dr. Jekylls and Mr. Hydes! PART 1: DOCTORS AS WRITERS!

1. This famous physician-playwright-short story writer was an artist too!
2. Which medical doctor wrote under 3 different pen names before reverting to his original name?
3. This doctor turned a writer during her maternity leave. Her writings have spun off into a famous television series. Name the author and the series.
4. This American surgeon was not only a writer but the founder of the Narrative Medicine Program at Columbia University
5. This Indian-American neurologist, author of many books was showcased in the popular American series Nova.
6. The lead character in the series Gideon's Crossing was based on this physician who was also a staff writer for the New Yorker and a best-selling author.
7. This writer hung up his physicians' boots, enlisted in WW-1 and was later recruited into the British Secret Service. Almost all his works have been adapted into movies!!
8. This grave of this British poet- doctor whose life was snuffed out too early by tuberculosis, bears the words: "Here lies One whose Name was writ in Water."
9. One of the earliest books of this Scottish physician contained controversial ideas on Medical ethics and inspired the founding of the NHS. Name the physician and his book
10. This physics doctoral student who turned to medicine after a friend's illness is practicing cardiologist and has authored 3 best selling medical memoirs



[CLICK HERE FOR ANSWERS](#)





St John's WATCHDOG



WhatsApp

NAVEL NEWS!!

Overview : A message has been circulating on WhatsApp and Facebook of late pertaining to oil message across the belly button.

The message: According to Science, the first part created after conception takes place is the belly button. After it's created, it joins to the mother's placenta through the umbilical cord. Our belly button is surely an amazing thing! According to science, after a person has passed away, the belly button is still warm for 3 hours the reason being that when a woman conceives a child, her belly button supplies nourishment to the child through the child's belly button. And a fully grown child is formed in 270 days = 9 months.

This is the reason all our veins are connected to our belly button which makes it the focal point of our body. Belly button is life itself! The "PECHOTI" is situated behind the belly button which has 72,000 plus veins over it. The total amount of blood vessels we have in our body are equal to twice the circumference of the earth.

Applying oil to belly button CURES dryness of eyes, poor eyesight, pancreas over or under working, cracked heels and lips, keeps face glowing, shiny hair, knee pain, shivering, lethargy, joint pains, dry skin.

REMEDY For dryness of eyes, poor eyesight, fungus in nails, glowing skin, shiny hair - At night before bed time, put 3 drops of pure ghee or coconut oil in your belly button and spread it 1 and half inches around your belly button.

For knee pain - At night before bed time, put 3 drops of castor oil in your belly button and spread it 1 and half inches around your belly button.

For shivering and lethargy, relief from joint pain, dry skin - At night before bed time, put 3 drops of mustard oil in your belly button and spread it 1 and half inches around your belly button.



WhatsApp





NAVEL NEWS!!

The message contd.. WHY PUT OIL IN YOUR BELLY BUTTON? You belly button can detect which veins have dried up and pass this oil to it hence open them up. When a baby has a stomach ache, we normally mix asafoetida (hing) and water or oil and apply around the naval. Within minutes the ache is cured. Oil works the same way. Try it. There's no harm in trying. You can keep a small dropper bottle with the required oil next to your bed and drop few drops onto navel and massage it before going to sleep. This will make it convenient to pour and avoid accidental spillage.



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St John's WATCHDOG



WhatsApp

NAVEL NEWS!!

Facts :

The **navel** (clinically known as the **umbilicus**, colloquially known as the **belly button**) is a protruding, flat, or hollowed area on the abdomen at the attachment site of the umbilical cord. The umbilicus is a prominent scar on the abdomen, with its position being relatively consistent among humans.

Parts of the adult navel include the "umbilical cord remnant" or "umbilical tip", which is the often protruding scar left by the detachment of the umbilical cord. This is located in the centre of the navel, sometimes described as the *button*. Around the umbilical cord remnant, is the "umbilical collar", formed by the dense fibrous umbilical ring. Surrounding the umbilical collar is the periumbilical skin. Directly behind the navel is a thick fibrous cord formed from the umbilical cord, called the urachus, which originates from the bladder.¹

The umbilical cord develops from and contains remnants of the yolk sac and allantois. It forms by the fifth week of development, replacing the yolk sac as the source of nutrients for the embryo. The cord is not directly connected to the mother's circulatory system, but instead joins the placenta, which transfers materials to and from the maternal blood without allowing direct mixing.

In absence of external interventions, the umbilical cord occludes physiologically shortly after birth, explained both by a swelling and collapse of Wharton's jelly in response to a reduction in temperature and by vasoconstriction of the blood vessels by smooth muscle contraction. In effect, a natural clamp is created, halting the flow of blood. In air at 18 °C, this physiological clamping will take three minutes or less.²

Oils rubbed into the skin can't effectively make their way to our blood. As a result, beyond making the outer skin layer smoother; applying oils to the belly button doesn't make much of a difference to the internal environment at all.

REFs: Khati et al, *Radiographics*. 1998 18 (2): 413-4
Cohain, *Birth*. 2010 37 (1): 84-85.



WhatsApp





LAUGHTER IS THE BEST MEDICINE...



When I returned a recipe book to my local library, the librarian noticed there was water damage to the book and asked me to pay for it. As I wasn't carrying any money, I said I would pay next time I was in. There was a different librarian on duty the next day when I dropped by. She swiped my library card and my account came up on the computer screen. In the "notes" section, it read: "Customer says he'll hand in the \$20 next time, but I don't think he will."



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© www.clipartmag.com

My newly retired husband was watching as I went about my daily routine. I vacuumed, cleaned, ironed and sorted the laundry, and after making us both a cup of coffee, I sat down. Hubby looked at me thoughtfully. Was he finally realising he could help, I wondered?

My hopes were dashed when he said, "Isn't it wonderful how you always find ways to keep yourself so busy?"

I was in a couple's home trying to fix their internet connection. The husband called out to his wife in the other room for the computer password. "Start with a capital S, then 123," she shouted back. We tried "S123" several times, but it didn't work. So we called the wife in. As she input the password, she muttered, "I really don't see what's so difficult about typing Start123."



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A little boy in my infant class came into school and told me he could spell his mum's name. "M-U-M," he said proudly. Before I could congratulate him, another little boy said excitedly, "That's how you spell my mum's name too!"





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
(1st January to 31st December 2018)





Immobilization versus no immobilization for pelvic external beam radiotherapy

Udayashankar AH, Noorjahan S, Srikantia N, Babu KR, Muzumder S.

Department of Radiation Oncology, St John's Medical College Hospital, St John's National Academy of Health Sciences, Sarjapur Road, Bangalore 560034, India.

Abstract

AIM:

To identify the most reproducible technique of patient positioning and immobilization during pelvic radiotherapy.

BACKGROUND:

Radiotherapy plays an important role in the treatment of pelvic malignancies. Errors in positioning of patient are an integral component of treatment. The present study compares two methods of immobilization with no immobilization with an aim of identifying the most reproducible method.

MATERIALS AND METHODS:

65 consecutive patients receiving pelvic external beam radiotherapy were retrospectively analyzed. 30, 21 and 14 patients were treated with no-immobilization with a leg separator, whole body vacuum bag cushion (VBC) and six point aquaplast immobilization system, respectively. The systematic error, random error and the planning target volume (PTV) margins were calculated for all the three techniques and statistically analyzed.

RESULTS:

The systematic errors were the highest in the VBC and random errors were the highest in the aquaplast group. Both systematic and random errors were the lowest in patients treated with no-immobilization. 3D Systematic error (mm, mean \pm 1SD) was 4.31 ± 3.84 , 3.39 ± 1.71 and 2.42 ± 0.97 for VBC, aquaplast and no-immobilization, respectively. 3D random error (mm, 1SD) was 2.96, 3.59 and 1.39 for VBC, aquaplast and no-immobilization, respectively. The differences were statistically significant between all the three groups. The calculated PTV margins were the smallest for the no-immobilization technique with 4.56, 4.69 and 4.59 mm, respectively, in x, y and z axes, respectively.

CONCLUSIONS:

Among the three techniques, no-immobilization technique with leg separator was the most reproducible technique with the smallest PTV margins. For obvious reasons, this technique is the least time consuming and most economically viable in developing countries.



Prescribing patterns and safety of biologics in immune-mediated rheumatic diseases: Karnataka biologics cohort study group experience

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Abstract

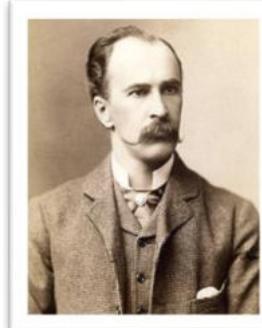
Introduction: Biologics are widely used in Autoimmune rheumatologic diseases (AIRDs), however the need to capture real life data which monitors indications, adverse reactions cannot be over emphasized.

Methods: This is a cross-sectional ambidirectional multi-center study conducted over 8 months from January 2016 to August 2016, across 12 tertiary care rheumatology centers in Karnataka, India conducted by members of the Karnataka Rheumatology Association.

Results: The most common biologic prescribed is tumour necrosis factor antagonist etanercept. Commonest indication for biologics being Spondyloarthropathy group of disorders. The most common cause for stopping biologics is clinical improvement. Only 4.8% of patents discontinued biologics due to ADRs.

Conclusion: The prescribing patterns, mode of use, prebiologics screening methods, and adverse event profile are similar across centres. Pre-screening for latent tuberculosis (TB) is consistent across centres, and TB prophylaxis appears to be effective in preventing its reactivation.

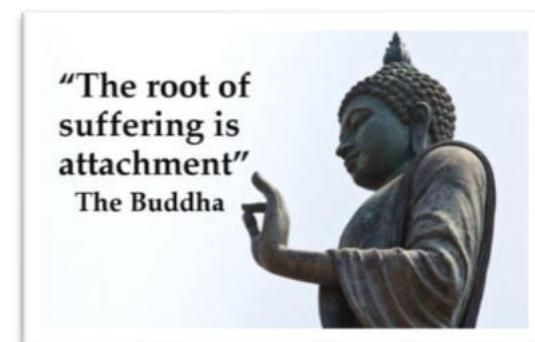
THE QUOTABLE OSLER



SIR WILLIAM OSLER

The art of detachment is a precious gift:

A rare and precious gift is the Art of Detachment, by which a man may so separate himself from a life-long environment as to take a panoramic view of the conditions under which he has lived and moved: it frees him from Plato's den long enough to see the realities as they are, the shadows as they appear. Could a physician attain to such an art he would find in the state of his profession a theme calling as well for the exercise of the highest faculties of description and imagination as for the deepest philosophic insight.



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



MEDICINE DIS WEEK

A Bird's Eye View.....

Antibiotic Overuse and Adverse events for Community Acquired Pneumonia (CAP).

Recommended duration of antibiotic use in CAP is 5 to 7 days. However, it has been noted that there is high percentage of patients who get longer duration of antibiotics. In a large retrospective cohort of 6481 patients, 67.8% of patients were prescribed excess antibiotics. Antibiotics prescribed at transition from hospital to outpatient care accounted for most of the excess use. Excess treatment was not associated with lower rates of any adverse outcomes, including death, readmission, emergency department visit, or *Clostridioides difficile* infection. Each excess day of treatment was associated with a 5% increase in the odds of antibiotic-associated adverse events (diarrhoea and rash) reported by patients after discharge.

- Vaughn VM et al. *Ann Intern Med.* 2019 Jul 9. doi: 10.7326/M18-3640.

Anesthesia for Obese patients (PROBESE trial).

An intraoperative higher level of positive end-expiratory positive pressure (PEEP) with alveolar recruitment maneuvers improves respiratory function in obese patients undergoing surgery, but the effect on clinical outcomes is uncertain. PROBESE trial was a large RCT on more than 2000 obese patients to determine whether a higher level of PEEP with alveolar recruitment maneuvers decreases postoperative pulmonary complications in obese patients undergoing surgery compared with a lower level of PEEP. The primary outcome was a composite of pulmonary complications within the first 5 postoperative days. It was found that there was no reduction in primary outcome with higher level of PEEP & alveolar recruitment maneuvers.

- Bluth T et al., *JAMA.* 2019 Jun 18;321(23):2292-2305.



REFERENCE 1: MEDICINE DIS WEEK

[Ann Intern Med.](#) 2019 Jul 9. doi: 10.7326/M18-3640. [Epub ahead of print]

Excess Antibiotic Treatment Duration and Adverse Events in Patients Hospitalized With Pneumonia: A Multihospital Cohort Study.

[Vaughn VM](#)¹, [Flanders SA](#)², [Snyder A](#)², [Conlon A](#)², [Rogers MAM](#)¹, [Malani AN](#)³, [McLaughlin E](#)², [Bloemers S](#)², [Srinivasan A](#)⁴, [Nagel J](#)⁵, [Kaatz S](#)⁶, [Osterholzer D](#)⁷, [Thyagarajan R](#)⁸, [Hsaiky L](#)⁸, [Chopra V](#)¹, [Gandhi TN](#)².

[+ Author information](#)

Abstract

BACKGROUND: Randomized trials demonstrate no benefit from antibiotic treatment exceeding the shortest effective duration.

OBJECTIVE: To examine predictors and outcomes associated with excess duration of antibiotic treatment.

DESIGN: Retrospective cohort study.

SETTING: 43 hospitals in the Michigan Hospital Medicine Safety Consortium.

PATIENTS: 6481 general care medical patients with pneumonia.

MEASUREMENTS: The primary outcome was the rate of excess antibiotic treatment duration (excess days per 30-day period). Excess days were calculated by subtracting each patient's shortest effective (expected) treatment duration (based on time to clinical stability, pathogen, and pneumonia classification [community-acquired vs. health care-associated]) from the actual duration. Negative binomial generalized estimating equations (GEEs) were used to calculate rate ratios to assess predictors of 30-day rates of excess duration. Patient outcomes, assessed at 30 days via the medical record and telephone calls, were evaluated using logit GEEs that adjusted for patient characteristics and probability of treatment.

RESULTS: Two thirds (67.8% [4391 of 6481]) of patients received excess antibiotic therapy. Antibiotics prescribed at discharge accounted for 93.2% of excess duration. Patients who had respiratory cultures or nonculture diagnostic testing, had a longer stay, received a high-risk antibiotic in the prior 90 days, had community-acquired pneumonia, or did not have a total antibiotic treatment duration documented at discharge were more likely to receive excess treatment. Excess treatment was not associated with lower rates of any adverse outcomes, including death, readmission, emergency department visit, or *Clostridioides difficile* infection. Each excess day of treatment was associated with a 5% increase in the odds of antibiotic-associated adverse events reported by patients after discharge.

LIMITATION: Retrospective design; not all patients could be contacted to report 30-day outcomes.

CONCLUSION: Patients hospitalized with pneumonia often receive excess antibiotic therapy. Excess antibiotic treatment was associated with patient-reported adverse events. Future interventions should focus on whether reducing excess treatment and improving documentation at discharge improves outcomes.

PRIMARY FUNDING SOURCE: Blue Cross Blue Shield of Michigan (BCBSM) and Blue Care Network as part of the BCBSM Value Partnerships program.

TESTIMONIAL CORNER:

The Magazine is very informative, it is updating our knowledge on issues pertaining to health in the entire Academy. Secondly, through this 'What's Up' Magazine, I have been able to reach the like minded people within the country and abroad.



Rev. Fr. Pradeep Kumar Samad
Associate Director Hospital, SJMCH

JAMA | [Original Investigation](#) | [CARING FOR THE CRITICALLY ILL PATIENT](#)

Effect of Intraoperative High Positive End-Expiratory Pressure (PEEP) With Recruitment Maneuvers vs Low PEEP on Postoperative Pulmonary Complications in Obese Patients

A Randomized Clinical Trial

Writing Committee for the PROBESE Collaborative Group of the PROtective VEntilation Network (PROVENet) for the Clinical Trial Network of the European Society of Anaesthesiology

IMPORTANCE An intraoperative higher level of positive end-expiratory positive pressure (PEEP) with alveolar recruitment maneuvers improves respiratory function in obese patients undergoing surgery, but the effect on clinical outcomes is uncertain.

OBJECTIVE To determine whether a higher level of PEEP with alveolar recruitment maneuvers decreases postoperative pulmonary complications in obese patients undergoing surgery compared with a lower level of PEEP.

DESIGN, SETTING, AND PARTICIPANTS Randomized clinical trial of 2013 adults with body mass indices of 35 or greater and substantial risk for postoperative pulmonary complications who were undergoing noncardiac, nonneurological surgery under general anesthesia. The trial was conducted at 77 sites in 23 countries from July 2014-February 2018; final follow-up: May 2018.

INTERVENTIONS Patients were randomized to the high level of PEEP group (n = 989), consisting of a PEEP level of 12 cm H₂O with alveolar recruitment maneuvers (a stepwise increase of tidal volume and eventually PEEP) or to the low level of PEEP group (n = 987), consisting of a PEEP level of 4 cm H₂O. All patients received volume-controlled ventilation with a tidal volume of 7 mL/kg of predicted body weight.

MAIN OUTCOMES AND MEASURES The primary outcome was a composite of pulmonary complications within the first 5 postoperative days, including respiratory failure, acute respiratory distress syndrome, bronchospasm, new pulmonary infiltrates, pulmonary infection, aspiration pneumonitis, pleural effusion, atelectasis, cardiopulmonary edema, and pneumothorax. Among the 9 prespecified secondary outcomes, 3 were intraoperative complications, including hypoxemia (oxygen desaturation with SpO₂ ≤92% for >1 minute).

RESULTS Among 2013 adults who were randomized, 1976 (98.2%) completed the trial (mean age, 48.8 years; 1381 [69.9%] women; 1778 [90.1%] underwent abdominal operations). In the intention-to-treat analysis, the primary outcome occurred in 211 of 989 patients (21.3%) in the high level of PEEP group compared with 233 of 987 patients (23.6%) in the low level of PEEP group (difference, -2.3% [95% CI, -5.9% to 1.4%]; risk ratio, 0.93 [95% CI, 0.83 to 1.04]; P = .23). Among the 9 prespecified secondary outcomes, 6 were not significantly different between the high and low level of PEEP groups, and 3 were significantly different, including fewer patients with hypoxemia (5.0% in the high level of PEEP group vs 13.6% in the low level of PEEP group; difference, -8.6% [95% CI, -11.1% to 6.1%]; P < .001).

CONCLUSIONS AND RELEVANCE Among obese patients undergoing surgery under general anesthesia, an intraoperative mechanical ventilation strategy with a higher level of PEEP and alveolar recruitment maneuvers, compared with a strategy with a lower level of PEEP, did not reduce postoperative pulmonary complications.

TRIAL REGISTRATION ClinicalTrials.gov Identifier: [NCT02148692](#)

JAMA. 2019;321(23):2292-2305. doi:10.1001/jama.2019.7505
Published online June 3, 2019.

- [+ Visual Abstract](#)
- [← Editorial page 2285](#)
- [+ Supplemental content](#)

Author and Group Information: The PROBESE Collaborative Group authors and collaborators appear at the end of this article.

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Section Editor: Derek C. Angus, MD, MPH, Associate Editor, JAMA (angusdc@u)

CONTENTS



PREVENTING PELLAGRA



Pellagra, was also called *mal de la rosa* and often mistaken for leprosy



Dr Joseph Goldberger

Pellagra — from the Italian for ‘rough skin’ — was known as the disease of the ‘three Ds’: **D**ermatitis, **D**iarrhoea and **D**ementia. Occurring around the world, and killing as many as 63 per cent of its victims, it first appeared in the US during the Civil War. At the beginning of the 20th century, it had reached almost epidemic proportions there, particularly in orphanages, insane asylums and small towns

In 1914, Dr Joseph Goldberger of the US Public Health Service, rejecting claims that pellagra was infectious or insect-transmitted, and noting that it invariably affected the poor, decided to look at nutrition. At an orphanage in Mississippi where pellagra was rife, he cured children by feeding them protein-rich foods. He also induced pellagra in volunteers at a prison farm by feeding them only low-protein foods.

In 1911, researchers at Yale University discovered that ‘black tongue’ in dogs was the same as pellagra in humans. Goldberger and his team began experiments with dogs, and found that brewer’s yeast was an excellent pellagra preventive. Goldberger called its active ingredient the ‘P-P [pellagra-preventing] factor’. Only in 1931, eight years after his death, was the P-P factor found to be nicotinic acid (niacin), part of the B vitamin complex.



CONTENTS



PEARLS OF WISDOM

Heaven is under our feet as well as over our heads.
-Henry David Thoreau



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It's not whether you get knocked down, it's whether you get up.

- Vince Lombardi

The world is good-natured to people who are good-natured.

- William Makepeace Thackeray



© <https://imgur.com/gallery/OU30m>

THE ASSASSINATION

- Dr Srilakshmi Adhyapak

The sky stretches vast,
Reflecting a kaleidoscope of events past.
Tinged amber by the setting Sun,
Mute sentinel to the assassin's gun.

Tempest's fury unabated seems,
Contorted rage bursting at the seams.
An act misguided sounds the knell,
Death's finality an unbroken spell.

An apostle of peace and servitude,
Lying in a bloodied heap amidst multitudes.
A prayer hall lit reverent,
Its silence shattered in cacophony non consonant.

Tears hot down every cheek cascade,
Sorrow writ large in furrowed arcade.
Stratum upon stratum akin to building blocks,
Coarse at the bottom and refined on top.

Base instincts spewing noxious,
Peace rent into shredded spirals anxious.
Sky, space or ether as apt,
An all pervasive truth plays its part.

Unperceived by senses mortal,
Bridging life and death's portal.
Fifth element of nature's five,
Transcending boundaries, heavenly nigh.

What lies beyond and what it is,
If what it is really is.
The mysteries of death and beyond,
Unraveled in dialogues bygone.

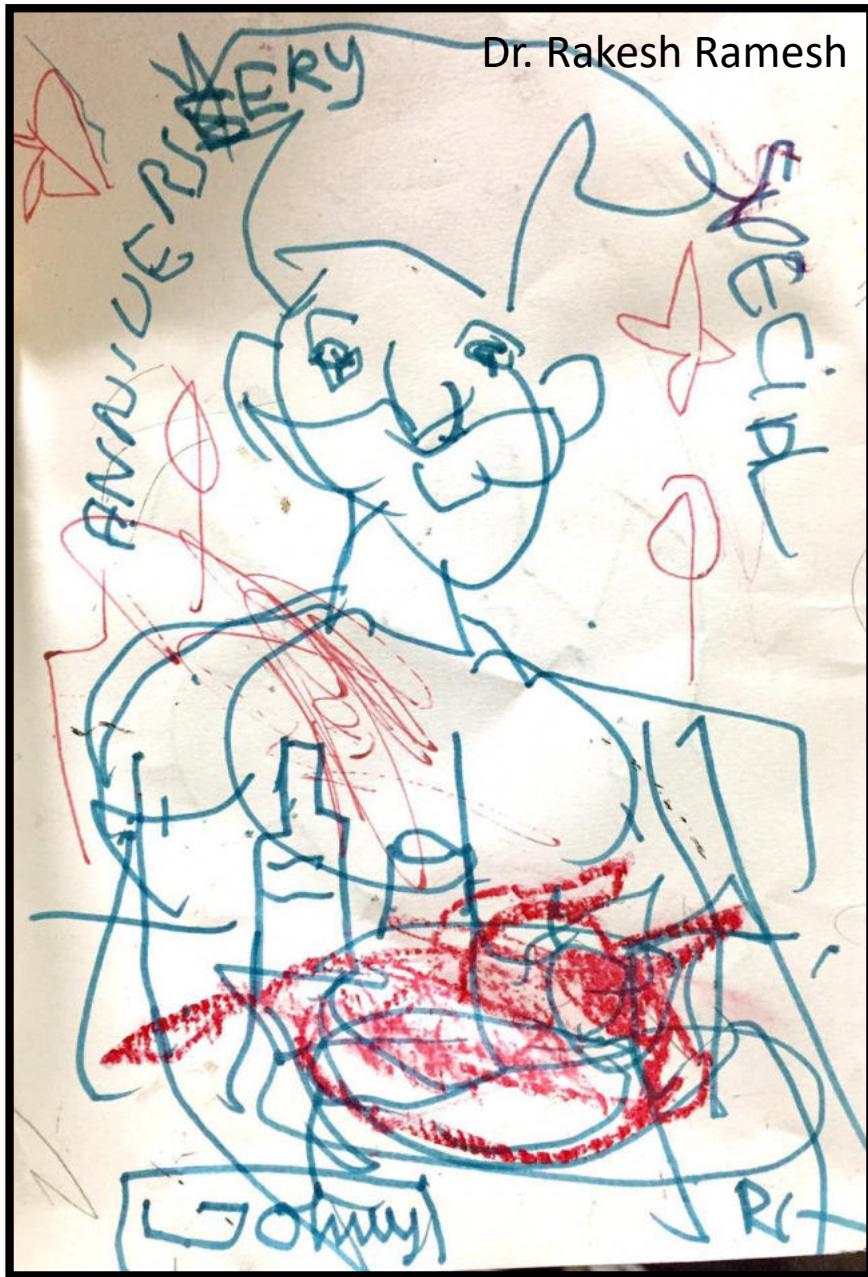
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What's Up?
@St John's Hospital



L Johnny

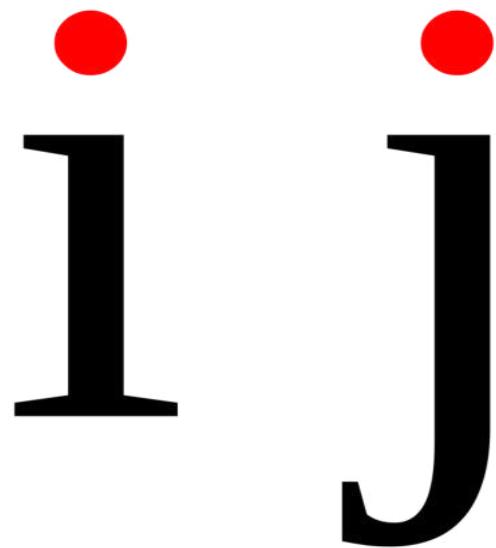


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Did You Know?

The dot over lowercase I and J is called a **tittle**? The word is very rarely used. As a phrase “jot and tittle” means every minute detail as in The King James Bible at Mathew 5:18: "For verily I say unto you, Till heaven and earth pass, one jot or one tittle shall in no wise pass from the law, till all be fulfilled”.

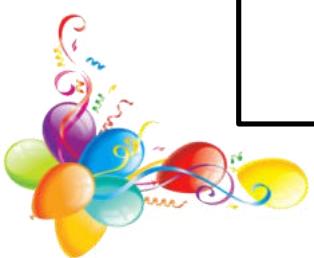
Since with or without the dot, i and j would still be pronounced thus, it is not a typical form of glyph strictest sense.



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DO YOU HAVE ANY INTERESTING CONTENT TO BE PUBLISHED?

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





GREY *Matters!*



The Dr.Jekylls and Mr. Hydes! PART 1: DOCTORS AS WRITERS!

ANSWERS

1. Anton Chekov
2. Michael Crichton
3. Tess Gerritsen; Rizzoli and Isles,
4. Richard Selzer,
5. V.S.Ramachandran,
6. Jerome Groopman,
7. Somerset Maugham,
8. John Keats,
9. A.J.Cronin;The Citadel,
10. Sandeep Jauhar

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