

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

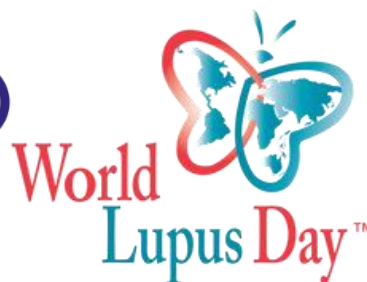
Issue 25, June 1<sup>st</sup>, 2019



Meraki 2019, St. John's Medical College Ethnic Festival.

PC: Rev. Fr. Vimal Francis

**NURSES**  
A VOICE TO LEAD  
HEALTH FOR ALL



#### EDITORIAL TEAM:

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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

हैलो सभी को!!!

Its our pleasure indeed to share twenty fifth issue of “What’s Up? @ St John’s Hospital” magazine today.

We plan show-casing published research done by the staff of St. John’s National Academy of Health Sciences. We request you to submit the articles which have been published in the year 2018 (January to December) for this section of magazine.

The present issue is themed ‘pink and purple’ to observe International Nurses Day and World Lupus day. We thank Dr. Vineeta Shobha (Professor and Head, Department of Immunology and Rheumatology) for providing us a brief report on ‘World Lupus day.

Do not miss the story of a 15 year old child which escaped the jaws of death in the section ‘Survivor’s Corner’. And our watchdog busts the myth of a video demonstrating ‘Cure for diabetes mellitus’.

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

**Editorial Team**



# UPDATES THIS WEEK

## WORLD LUPUS DAY – 7<sup>th</sup> May 2019

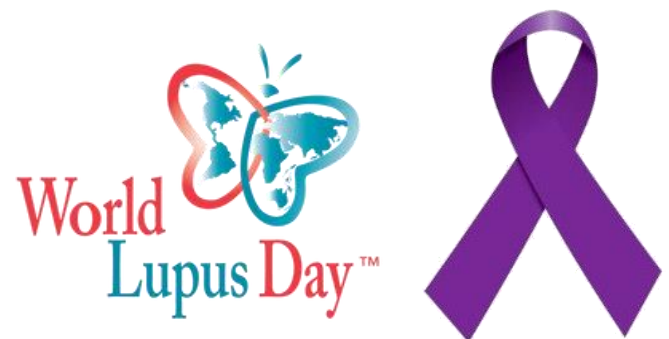
### *A Day with Lupus Warriors*

The 3rd Annual Observance of World Lupus Day was held in St. John's Medical College Hospital, Bangalore on 7th May 2019 by the Dept of Immunology and Rheumatology, a dedicated team headed by Dr Vineeta Shobha (MD, DM Immunology). More than 200 Lupus patients and their family members joined in this celebration for LUPUS DAY. The main purpose was to raise awareness and to show support for those living with it. Also to advocate more significant funding for lupus research and education.

**The Department has been a voice of people living with Lupus and related conditions since 2000.** It continues to provide support and information to patients. Also the department sensitizes the public regarding the impact of the disease on individual lives, communities and the country.

The program highlighted the fact that Lupus can affect anyone, anywhere, anytime, any age, any gender (even though women are 9 times more likely to have lupus than men). Lupus is a serious, chronic, autoimmune disease which can affect any part of the body. **While there is no established cause or cure for Lupus, knowing about it, detecting and managing it early can help to control its impact.**

Lupus advocacy is not only important for lupus patients, but also for supporters and organizations alike.



# UPDATES THIS WEEK

## WORLD LUPUS DAY

A more aware society is the one with empathy towards those living with lupus and helps in daily challenges that comes along with this. Despite the fact, there is still much to be done in regard to research and recognition.



The highlight of the program was the Q&A session held with the participation of medical professionals from different specialties such as Dermatology, Gynecology, Nephrology, Medicine, Immunology as well as Nutritionist where in all the patient's queries were resolved.



Ms. Deepa P (Division of Nutrition) gave out very useful suggestions about how balanced diet is important in Lupus as patients might experience fatigue, hair loss and other symptoms.

As sunscreen itself is considered as a part of treatment for Lupus, a demo was arranged to show the right way of application of Sunscreen under the guidance of Dr Ishwar Bhatt (Dermatologist) followed by demonstration of correct use of thermometer.

In general, people with **lupus** get the most and longest-lasting benefits from low-impact **exercises** such as swimming, walking, yoga, or stretching. A brief yoga session was arranged and well showcased by Dr Sowmya (MD Medicine) which fascinated the guests and developed a keen interest in them about daily exercises.



# UPDATES THIS WEEK

## WORLD LUPUS DAY

Towards the end, a major aspect about treatment cost and ways to support was discussed by The Clinical Social Work Department of St John's Medical College Hospital with our guests. The Department works tirelessly to help and support with funds to our Lupus patients who frequently experience physical, emotional, and social challenges that often result in unmet biopsychosocial needs.

### NEED OF THE HOUR IS TO:

- Increase public awareness of lupus and other autoimmune diseases.
- Assess and monitor quality of life among people living with lupus
- Implement integrated, comprehensive, coordinated patient-centered care models for lupus to improve overall health outcomes and quality of life
- Expand research in lupus, including epidemiologic, surveillance and public health research
- Work with the Government Organizations and NGO Services to establish a lupus specific section. To arrange and organize social and financial support for the long-term treatment

Finally, thanks to all the sponsors for their contributions of gifts and treats making it delightful for our dear guests.





# UPDATES THIS WEEK

## INTERNATIONAL NURSES DAY

12<sup>th</sup> May 2019



INTERNATIONAL  
**NURSE**  
DAY

**International Nurses Day** is celebrated around the world every May 12, the anniversary of Florence Nightingale's birth. The theme of 2019 was '**A voice to lead – Health for all**'. "Health for All means that health is brought into reach of everyone in a given country." Health in this context means not just the availability of health services, but a complete state of physical and mental health that enables a person to lead a socially and economically productive life



FLORENCE NIGHTINGALE  
(1820-1910)



# UPDATES THIS WEEK

## INTERNATIONAL NURSES DAY

### Celebrations in St. John's National Academy of Health Sciences 13<sup>th</sup> May 2019

Nurses are the heart beat of the hospital. International nurses day was celebrated on 13th May 2019 at St. John's auditorium. The day was the culmination of a week long activities for nurses week, which included sports, fun games and cultural events organised by Student Nurses Association (SNA) and Trained Nurses Association of India (TNAI) of SJMCH unit.

The programme began with a holy eucharistic celebration. Rev. Dr. John Thekkekara (Head, Department of MHA) was the chief celebrant. This was followed by a public function wherein Mrs. Saroja Jaykumar, M.Sc.(N), (Assistant General Manager – Medical Services, Manipal Health enterprises Pvt. Ltd.,) was the chief guest. Rev. Dr. Paul Parathazham, Director , SJNAHS was the presiding officer.

#### APPRECIATION AWARDS

For outstanding contribution in nursing were awarded to the following ward incharge:

- Ms. Divya V. L – 4<sup>th</sup> Rear Private Ward
- Ms. Jeya Flora – Female Surgery Ward
- Ms. Jyothi Mary – Kidney transplant unit
- Ms. Elizabeth P.V. – 3<sup>rd</sup> floor Operation Theatre
- Ms. Aleyamma Joseph – Male Surgery Ward B Side
- Ms. Sunu Padmanabhan – 5<sup>th</sup> Private Ward

Ms. Udhaya Cecilia, 3<sup>rd</sup>yr B.sc. nursing student ( 2016 batch) received a special appreciation award for her presence of mind and vigilant observation which saved the life of a 11 month infant in PICU.



# UPDATES THIS WEEK

## INTERNATIONAL NURSES DAY

The annual college magazine of St. John's College of Nursing - "Jhnessence" – 2019 was released by Director- Rev. dr. Paul Parathazham. This year's theme was ASTRAEA – In keeping with the IWD theme – 2019 "Think equal, build smart, innovate for change"

Address by the Chief guest and presiding officer were motivating and inspired the staff and student nurses of the academy. The nurses week report was presented by SNA and TNAI unit of SJMCH.





# UPDATES THIS WEEK

## STROKE WARD - INAUGURATION

17<sup>th</sup> May 2019

Department of Neurology



A dedicated 14 bedded stroke ward was inaugurated and blessed by the management on 17<sup>th</sup> May 2019. Stroke is the 3rd leading cause of mortality and morbidity in our country. A high end cathlab and Stroke ward keeps the stroke patients streamlined for early rehabilitation. Stroke ward is equipped with advanced VIOS patient monitoring system for real-time monitoring of the patients.



# UPDATES THIS WEEK

## MECHANICAL THROMBECTOMY FOR ACUTE CEREBRAL STROKE

28<sup>th</sup> May 2019

Mechanical Thrombectomy using stent retriever was performed on a patient with acute cerebral stroke for the first time in St. John's by the Interventional Neuroradiology team.

59 years old female patient, known hypertensive, presented to emergency with sudden loss of consciousness followed by right sided upper and lower limb weakness (0/5 power) with slurring of speech, diagnosed to be stroke in window. After MRI, bridging thrombolysis was started (iv Alteplase) and was immediately taken up for Mechanical Thrombectomy in state-of-art biplane Cathlab (Allura Philips Clarity FD 20/15 Biplane). Left internal carotid artery (ICA) runs showed abrupt cut off of left supraclinoid ICA and no flow across MCA (middle carotid artery) (Image1). Stent retriever was deployed across left MCA (Image 2). Post thrombectomy runs showed ~70-80% opening of left MCA and its branches with partial opening of inferior division (TICA score -2A) (Image -3). Collateral supply was good from right ICA. Patient is now under observation with power of 2/4 in right upper and lower limb.

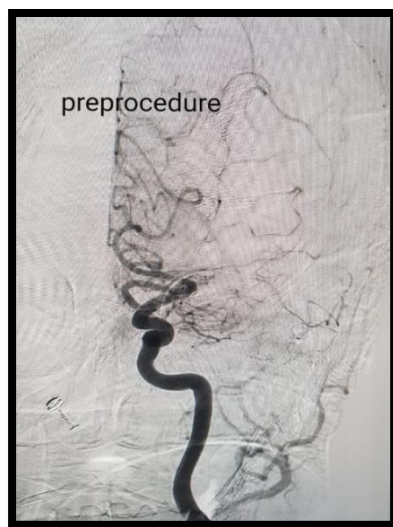


IMAGE 1

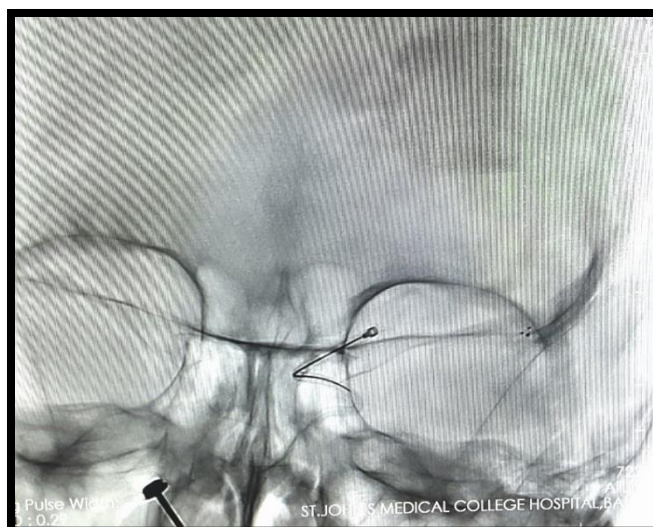


IMAGE 2

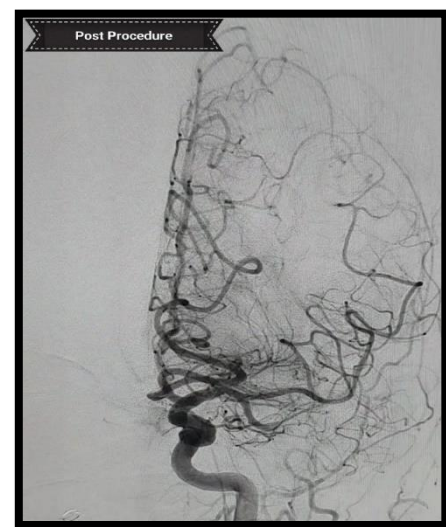


IMAGE 3

**Congratulations to the Interventional  
Neuro-radiology Team**



# UPDATES THIS WEEK

## MERAKI – 2019

27<sup>th</sup> May 2019

### St. John's Medical College Ethnic Festival

St. John's Medical College witnessed a colourful and vibrant ethnic festival 'Meraki 2019' on 27<sup>th</sup> May 2019. The festival began with a procession comprising of executives, faculty and students at 10AM. The event symbolised 'The unity in diversity' of our culture rich country 'India'. There were ethnic themes representing different states were delightful. The ecstatic ethnic bands – Dhol kunitha, Nasik Dhol, Shingarimelam and Panchavadyam, accompanied the procession. The procession was followed by the cultural fest by the staff and students. The program was a grand success.





# UPDATES THIS WEEK

## MERAKI – 2019





# UPDATES THIS WEEK

## FRIDAY CLINICAL MEETING

3<sup>rd</sup> May 2019

### Mentorship in St. John's – Where do we stand?

Department of Medical Education of St. John's Medical College held a session about Undergraduate student mentorship on 3<sup>rd</sup> May, 2019. The session was led by Dr. Deepthi Shanbhag (Department of Community Medicine) and Dr. John Stephen (Professor and Head, Department of Medical Education).

Dr. John Stephen began the session by talking about the meaning and principles related to mentorship. Mentoring is a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé). This was followed by Dr. Deepthi Shanbhag giving an update about the current status of the program, its achievements and future direction.

The session concluded with a short address by the Director, SJNAHS, Rev. Fr. Dr. Paul Parathazham. He began by saying that it was an ethical imperative for an institution like St. John's to have a structured mentorship program and exhorted interested faculty to devote some time to UG mentorship. He told the faculty that the mentorship program would have established its utility even if it were to make a difference to the life of one student in a batch. He thus allayed concerns from some faculty who expressed their guilt about not reaching out to every student. The Director drew example from his long career as an academician and teacher and told the audience that the most important thing a mentor could do for the student was to share their (mentor's) own mistakes and gently guide the students along the right path.



# PoeTree in Red

- Dr. Jyothi Idiculla



Gulmohar trees in the campus [PC: Dr. Jyothi Idiculla]

Flamboyant she is, Delonix regia,  
called gulmohar, this ruby regina  
True this enchantress clad in red  
A campus flame she has stirred!

# RESEARCH SNIPPETS

## HYPOTHESIS

Once the objectives of the research and research design have been finalized and the subjects to be included determined, it is necessary to write down a supposition / speculation / presumption. This is known as hypothesis in research terms. It is the basis for the scientific investigation and plays an important role in the research process. It provides a bridge between theory and practice. A hypothesis is not required, if only one variable is being examined.

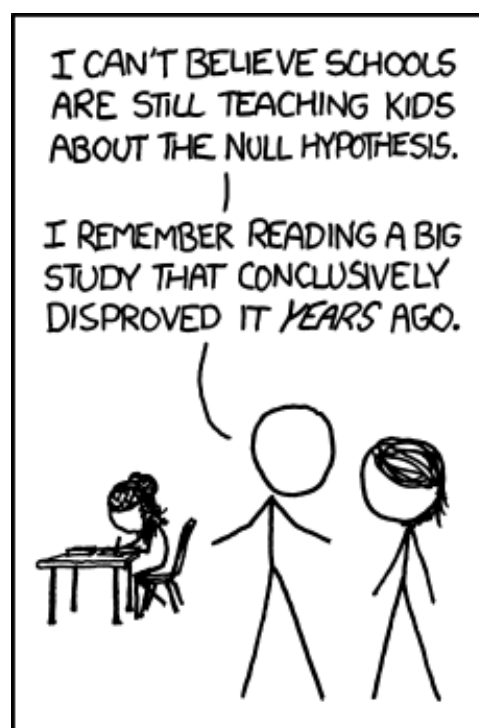
A hypothesis is nothing but a declarative statement, which explains the relationship between two or more variables. It predicts the answer to the research question. It translates the research problem into a clear explanation or prediction of the expected results.

Hypothesis is a formal statement that presents the expected relationship between an independent and dependent variable.

### Types of hypothesis:

**Null Hypothesis** states that no relationship exists between the dependent and independent variables. Eg: there is no association of smoking with lung cancer.

**Research hypothesis** is the alternative to the null hypothesis. The research hypothesis states that, there is a relationship between two or more variables. Eg: Smokers have a higher chance of developing lung cancer





COMING SOON.....

**New Section!!!**

**“PUBLISHED  
RESEARCH!”**

We will publish Abstracts of your  
published research.....

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

**[santu.g@stjohns.in](mailto:santu.g@stjohns.in)**

Articles published in the year 2018 (1<sup>st</sup>  
January to 31<sup>st</sup> December 2018)

# IG NOBEL



## 1994 - ECONOMICS

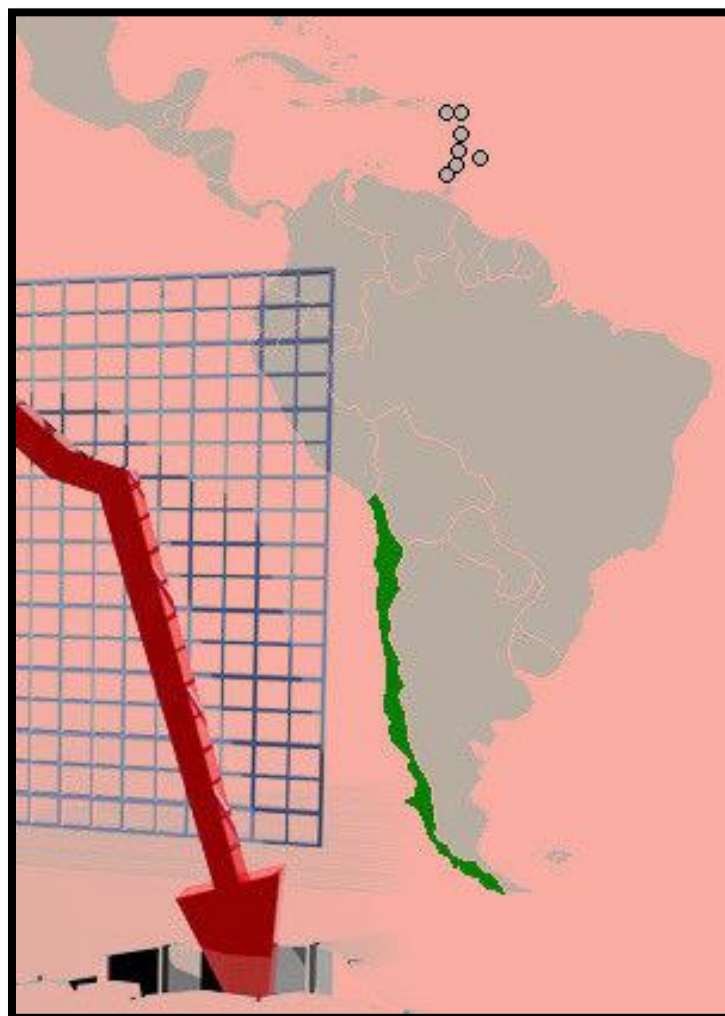
### Jan Pablo Davila

**“davilar,” meaning, “to botch things up royally”**

Jan Pablo Davila of Chile, tireless trader of financial futures and former employee of the state-owned Codelco Company, for instructing his computer to "buy" when he meant "sell," and subsequently attempting to recoup his losses by making increasingly unprofitable trades that ultimately lost 0.5 percent of Chile's gross national product. Davila's relentless achievement inspired his countrymen to coin a new verb: "davilar," meaning, "to botch things up royally."

Davila, a Chilean stock broker lost \$206m in the early 90s. Juan Pablo, who worked for the state-owned Codelco, originally lost \$30m when he entered a trade as a buy instead of a sell. In panicked attempts to recover the money, Davila had cost the company \$176m by the end of the day and risked up to \$1.8bn over the next six months, losing a total of \$206m. As punishment, Davila lost his job, served three years in prison!

This is one of the costliest examples of ‘Fat Finger Syndrome!’







# SURVIVOR'S CORNER

A 15 month old boy was admitted to the hospital with respiratory distress, bony malformations, developmental delay and severe malnutrition.

Investigations showed anaemia, vitamin D deficiency, a positive Mantoux test and consolidation and collapse on the CT chest.

The child required multiple admissions to the PICU and invasive ventilation for a week. After extubation, he had multiple episodes of severe bronchospasms related to GERD.



He was operated for a fundoplication, gastrostomy and tracheostomy. He was on anti-tubercular therapy, bronchodilators, steroids and Vitamin D.

After a prolonged hospital course, the little boy was discharged on BIPAP. Several departments –Paediatrics, PICU, Pediatric nephrology, Pediatric surgery, Nutrition and social workers worked together in treating him, arranging for home ventilation and supporting his family financially.

He is doing well on follow up and his gastrostomy is closed, a tracheal reconstruction done and he no longer needs oxygen!

NOTE: The Picture and the contents are published with the informed consent of the child's parents.

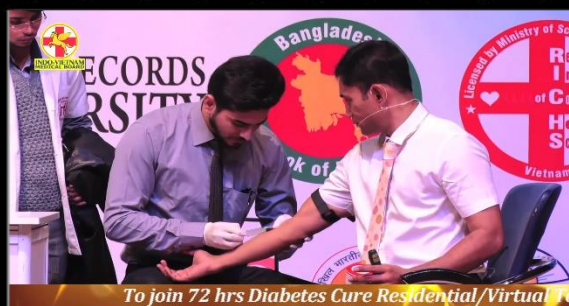


## BLOOD SUGAR LIVE EXPERIMENT TO CURE DIABETES MELLITUS

**Introduction :** In this issue of St.John's Watchdog we discuss the authenticity of claims contained in a video on Youtube titled " Blood Sugar Live Experiment to cure diabetes". The video was posted on 20/11/2017. The video has been watched by 37 lakh people and parts of the video continue to virally circulate to this day.

**Content :** The most controversial part of the video is 2 minutes, 51 secs long and circulates on WhatsApp. In this short version we see 'Dr'.Biswaroop Roy Chowdhury, a 'medically renowned nutrionist' with a doctorate from 'Alliance International University, Zambia' on stage with his team addressing a large audience with a banner in the background proclaiming 'Indo-Vietnam Medical Board'.

Dr.Biswaroop has a glucometer in his hand and is seen telling the audience that after he added a blood sample containing glucose, the glucose level went up to more than 500 mg/dl. He then instructs his assistant to add a blood sample containing fructose. He proclaims that the 'result became 109 mg/dl'. He further goes on to claim that when fruits are eaten in larger quantity, it reduces the blood sugar. He then advocates diabetes patients to have "1 kg of mangoes, a dozen bananas or grapes as much as required, and then they won't have diabetes". He then says that "The lie of 100 years is don't eat mango, because they know that if they get cured then who will come to us (meaning doctors)". He then says that he has published this finding in a respectable medical journal.







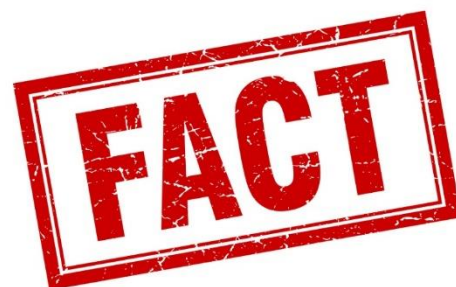
## FRUCTOSE FOR DIABETES?

### FACTS:

1) The glucometer test strips measure with accuracy the levels of blood glucose, not fructose (a simple fruit sugar and chemically slightly different from glucose). This explains how the speaker was able to fool his audience into believing that the blood 'sugar' was magically lowered. Fructose consumption in large quantities such as that advocated by Biswaroop is dangerous in diabetics since it increases the risk of non-alcoholic fatty liver disease (NAFLD) as well as levels of small, dense LDL-cholesterol ('bad' cholesterol), thus increasing the risk of heart disease and other vascular events. It is pro-inflammatory and also worsens insulin resistance. This is especially true of food containing 'added fructose' in the form of high fructose corn syrup (HFCS) and sugar (which contains fructose), but less so with fructose contained in whole fruit. (DiNicolantonio JJ, Added Fructose: a principal driver of type 2 diabetes mellitus and its consequences, Mayo clinic proceedings, March 2015).

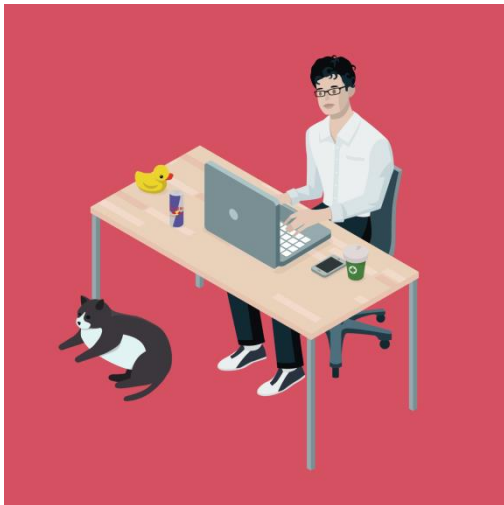
2) The title of the video is misleading, since it leads people to understand that diabetes can be 'cured' just by eating fruits or consuming fructose. This is wrong for the reasons put forth in point (1). A person with diabetes will need to avail of evidence based treatments under the care of a qualified physician, to avert end organ damage.

3) When we checked about Alliance University, Zambia, we found that it was de-registered in 2018 by the Zambian government since it did not have infrastructure. This also invalidates Biswaroop's degree. We also found that the Advertising Standards Council of India (ASCI) had upheld that Biswaroop's 'Indo-Vietnam Medical Board' propagated false advertisements.





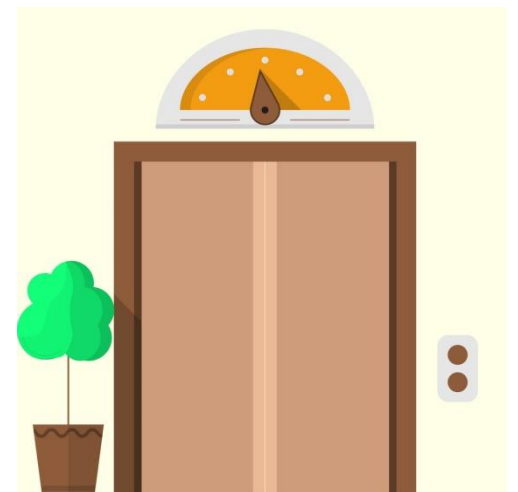
# LAUGHTER IS THE BEST MEDICINE...



© www.deviant.com

My email password has been hacked. That's the third time I've had to rename the cat.

My wife always prefers the stairs, whereas I always like to take the elevator. I guess we are raised differently.



© www.vectorstock.com



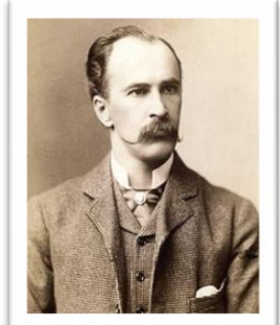
© Clipart-library.com

Q: How do you know when you've reached your Math Professors voice-mail?  
A: The message is "The number you have dialed is imaginary. Please, rotate your phone by 90 degrees..."





# THE QUOTABLE OSLER



SIR WILLIAM OSLER

## Have your nerves in hand:

The first essential is to have your nerves well in hand. Even under the most serious circumstances, the physician or surgeon who allows "his outward action to demonstrate the native act and figure of his heart in complement extern," [from *Othello* by William Shakespeare (1564-1616)] who shows in his face the slightest alteration, expressive of anxiety or fear, has not his medullary centres under the highest control, and is liable to disaster at any moment.



© coronadosafe.org

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



## MEDICINE DIS WEEK

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

### L-Glutamine in Sickle Cell Disease.

Oxidative stress contributes to the complex pathophysiology of sickle cell disease (SCD). Oral therapy with pharmaceutical grade L-glutamine might reduce the oxidative stress in SCD related pain. In a multicentric, randomised, placebo-controlled, double blind phase-3 trial on 230 patients, L-glutamine group had significantly fewer pain crisis than the placebo group ( $p = 0.005$ ). L-glutamine group also had fewer hospitalisations. It was concluded that patients who received L-glutamine either alone or with hydroxyurea had lower number of pain crisis as compared to placebo.

- Niihara Y et al., *N Engl J Med.* 2018 Jul 19;379(3):226-235..

### Prophylactic mesh during colostomy does not prevent Parastomal hernia.

Prevention of parastomal hernia (PSH) is important as it often causes discomfort and leakage from stoma dressing. The incidence of PSH is as high as 78%. In a double blinded multicentric randomised controlled trial, which randomised 232 patients undergoing colostomy to non-mesh and mesh group. In mesh group, a light weight polypropylene mesh was placed around the colostomy in the sublay position. The mesh surgery took 36 minutes longer compared to non-mesh arm. No difference in rate of PSH was observed ( $p=0.866$ ).

-Odensten C et al., *Ann Surg.* 2019 Mar;269(3):427-431.

## ORIGINAL ARTICLE

## A Phase 3 Trial of L-Glutamine in Sickle Cell Disease

Yutaka Niihara, M.D., M.P.H., Scott T. Miller, M.D., Julie Kanter, M.D., Sophie Lanzkron, M.D., M.H.S., Wally R. Smith, M.D., Lewis L. Hsu, M.D., Ph.D., Victor R. Gordeuk, M.D., Kusum Viswanathan, M.D., Sharada Sarnaik, M.D., Ifeyinwa Osunkwo, M.D., Edouard Guillaume, M.D., Swayam Sadanandan, M.D., Lance Sieger, M.D., Joseph L. Lasky, M.D., Eduard H. Panosyan, M.D., Osbourne A. Blake, M.D., Tamara N. New, M.D., Rita Bellevue, M.D., Lan T. Tran, M.P.H., Rafael L. Razon, M.D., Charles W. Stark, Pharm.D., Lynne D. Neumayr, M.D., and Elliott P. Vichinsky, M.D.,  
for the Investigators of the Phase 3 Trial of L-Glutamine in Sickle Cell Disease\*

## ABSTRACT

## BACKGROUND

Oxidative stress contributes to the complex pathophysiology of sickle cell disease. Oral therapy with pharmaceutical-grade L-glutamine (USAN, glutamine) has been shown to increase the proportion of the reduced form of nicotinamide adenine dinucleotides in sickle cell erythrocytes, which probably reduces oxidative stress and could result in fewer episodes of sickle cell–related pain.

## METHODS

In a multicenter, randomized, placebo-controlled, double-blind, phase 3 trial, we tested the efficacy of pharmaceutical-grade L-glutamine (0.3 g per kilogram of body weight per dose) administered twice daily by mouth, as compared with placebo, in reducing the incidence of pain crises among patients with sickle cell anemia or sickle  $\beta^0$ -thalassemia and a history of two or more pain crises during the previous year. Patients who were receiving hydroxyurea at a dose that had been stable for at least 3 months before screening continued that therapy through the 48-week treatment period.

## RESULTS

A total of 230 patients (age range, 5 to 58 years; 53.9% female) were randomly assigned, in a 2:1 ratio, to receive L-glutamine (152 patients) or placebo (78 patients). The patients in the L-glutamine group had significantly fewer pain crises than those in the placebo group ( $P=0.005$ ), with a median of 3.0 in the L-glutamine group and 4.0 in the placebo group. Fewer hospitalizations occurred in the L-glutamine group than in the placebo group ( $P=0.005$ ), with a median of 2.0 in the L-glutamine group and 3.0 in the placebo group. Two thirds of the patients in both trial groups received concomitant hydroxyurea. Low-grade nausea, noncardiac chest pain, fatigue, and musculoskeletal pain occurred more frequently in the L-glutamine group than in the placebo group.

## CONCLUSIONS

Among children and adults with sickle cell anemia, the median number of pain crises over 48 weeks was lower among those who received oral therapy with L-glutamine, administered alone or with hydroxyurea, than among those who received placebo, with or without hydroxyurea. (Funded by Emmaus Medical; ClinicalTrials.gov number, NCT01179217.)

From Emmaus Medical, Torrance (Y.N., L.T.T., R.L.R., C.W.S.), University of California at Los Angeles (Y.N.), Harbor–UCLA and Los Angeles BioMedical Research Institute (J.L.L., E.H.P.), and University of Southern California (C.W.S.), Los Angeles, Kaiser Permanente Medical Center, Inglewood (L.S., O.A.B.), and UCSF Benioff Children’s Hospital and Research Center, Oakland (L.D.N., E.P.V.) — all in California; State University of New York–Downstate Medical Center (S.T.M.), Brookdale University Hospital and Medical Center (K.V.), Interfaith Medical Center (E.G.), Brooklyn Hospital Center (S. Sadanandan), and New York Presbyterian Brooklyn Methodist Hospital (R.B.) — all in Brooklyn, NY; Medical University of South Carolina, Charleston (J.K.); Johns Hopkins Hospital, Baltimore (S.L.); Virginia Commonwealth University Healthcare Systems, Richmond (W.R.S.); University of Illinois at Chicago, Chicago (L.L.H., V.R.G.); Children’s Hospital of Michigan, Detroit (S. Sarnaik); Carolinas HealthCare System, Charlotte, NC (I.O.); and Children’s Healthcare of Atlanta, Emory University, Atlanta (T.N.N.). Address reprint requests to Dr. Stark at Emmaus Medical, 21250 Hawthorne Blvd, Suite 800, Torrance, CA 90503, or at [cstark@emmausmedical.com](mailto:cstark@emmausmedical.com).

\*A complete list of the participating institutions and investigators in the Phase 3 Trial of L-Glutamine in Sickle Cell Disease is provided in the Supplementary Appendix, available at [NEJM.org](http://NEJM.org).

N Engl J Med 2018;379:226-35.

DOI: 10.1056/NEJMoa1715971

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[Ann Surg.](#) 2019 Mar;269(3):427-431. doi: 10.1097/SLA.0000000000002542.

## Use of Prophylactic Mesh When Creating a Colostomy Does Not Prevent Parastomal Hernia: A Randomized Controlled Trial-STOMAMESH.

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### Abstract

**OBJECTIVE:** The aim of this study was to determine whether **parastomal hernia** (PSH) rate can be reduced by using synthetic **mesh** in the sublay position when constructing permanent end **colostomy**. The secondary aim was to investigate possible side-effects of the **mesh**.

**BACKGROUND:** Prevention of PSH is important as it often causes discomfort and leakage from stoma dressing. Different methods of prevention have been tried, including several **mesh** techniques. The incidence of PSH is high; up to 78%.

**METHODS:** Randomized controlled double-blinded multicenter trial. Patients undergoing open colorectal surgery, including creation of a permanent end **colostomy**, were randomized into 2 groups, with and without **mesh**. A lightweight polypropylene **mesh** was placed around the **colostomy** in the sublay position. Follow up after 1 month and 1 year. Computerized tomography and clinical examination were used to detect PSH at the 1-year follow up. Data were analyzed on an intention-to-treat basis.

**RESULTS:** After 1 year, 211 of 232 patients underwent clinical examination and 198 radiologic assessments. Operation time was 36 minutes longer in the **mesh** arm. No difference in rate of PSH was revealed in the analyses of clinical ( $P = 0.866$ ) and radiologic ( $P = 0.748$ ) data. There was no significant difference in perioperative complications.

**CONCLUSIONS:** The use of reinforcing **mesh** does not alter the rate of PSH. No difference in complication rate was seen between the 2 arms. Based on these results, the **prophylactic** use of **mesh** to **prevent** PSH cannot be recommended.

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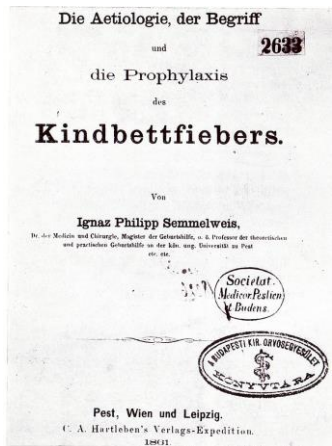
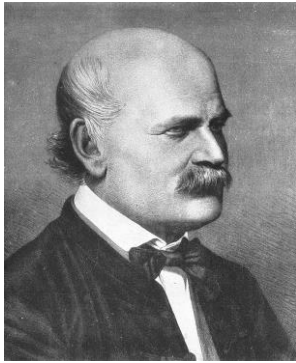
Saving the Mothers

In the past many mothers died within a week or two of giving birth from a disease called 'childbed', or puerperal fever. Childbed fever was particularly common in women who delivered in hospital and in the 19th century, these were almost always the poor, since the more well-to-do invariably gave birth at home.

In 1847, as a 28-year-old assistant at the Vienna Lying-in Hospital, **Ignaz Semmelweis** noticed a striking difference between the incidence of deaths from childbed fever in the hospital's two obstetric wards (29.3% vs 3.2%).

Semmelweis found that ward with lower mortality was run almost exclusively by midwives, who were careful about cleanliness. Where as the ward with higher mortality was the province of medical students, who entered directly from the dissecting rooms without washing their hands, wearing the same blood- and tissue-splattered coats in which they had performed autopsies.

**Ignaz Semmelweis** insisted that the students wash their hands with a solution of lime chloride before entering ward. The results were conclusive: within one year, the mortality rate in the ward fell to just over 3 per cent, and the following year, it further declined to 1.27 per cent.



PEARLS OF WISDOM

Paradise on Earth is where I am.  
- Voltaire



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In this world, one needs to be little too good in order to be good enough.

- Pierre Carlet de Chamblain de Marivaux

Good actions are the invisible hinges on the doors of heaven.

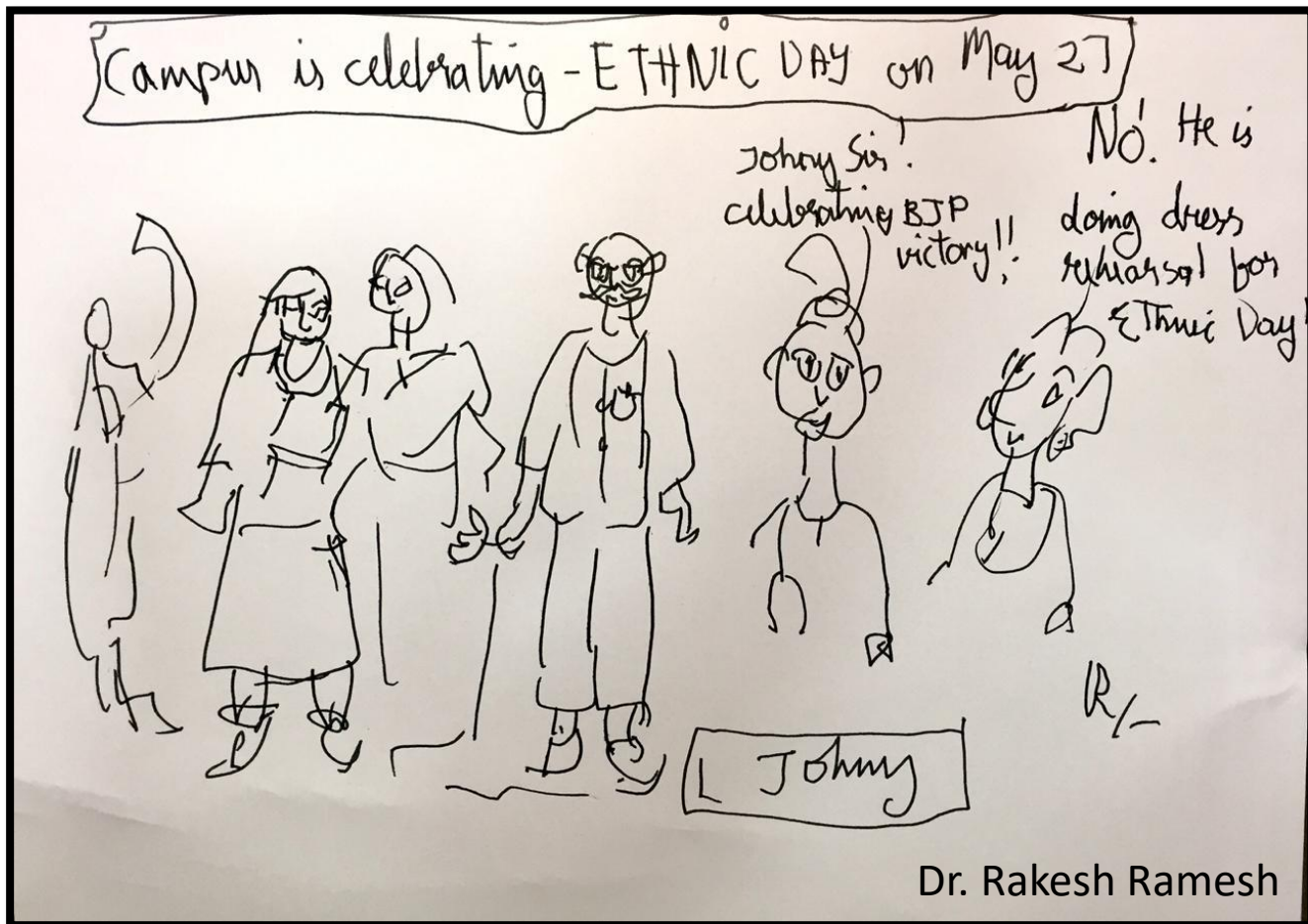
- Victor Hugo



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# L Johnny



## Did You Know?

According to numbeo.com, a website that crowdsources data from across the internet to calculate the quality of life ranking of cities in an unbiased manner, the coastal city of Mangalore in Karnataka state is ranked 80th among 225 global cities in 2019. This ranking beats the likes of Singapore, Doha (Qatar), Berlin (Germany) and Chicago (USA). The index takes into account a variety of variables such as availability of education, healthcare, property price to income ratio, pollution, etc. For more details check <https://www.numbeo.com/quality-of-life/rankings.jsp>. Mangalore model of development anyone...??



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