

THE RIMS TIMES

AUGUST 2023

ISSUE No.1





Dr. D. Masthan
FOUNDER

***“Selfless service and compassion towards patient
is the utmost priority”***

**Prof. Mohamed Rela**

MS, FRCS, DSc

HPB Surgery & Liver Transplantation, Liver Disease & Transplantation,
Trauma Centre and Care, Abdominal Trauma

Chairman & Director, Rela Hospital

“Work hard without expecting benefits. Benefit comes as a result”

EDITORS NOTE

It is a profound privilege to present the first Newsletter from Rela MS Hospitals, Redhills. This will serve as a polished showcase of our hospital's ongoings and achievements.

It has been 5 years since inception, and we are operating with a long-term goal of healthcare excellence.

We are growing at a fast pace. This is only the beginning. I thank everyone from the editing team and the contributors towards building this newsletter and welcome so much more for our future editions!



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Dr. Rijoe Rajulin
MBBS, MD (Paediatrics)
Medical Director &
Consultant - Paediatrician

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RENDEZVOUS WITH PROF. RELA

INTRODUCTION

Dr Mohamed Rela is a world-renowned Liver Transplant surgeon, considered one of the best in the world. He holds the Guinness Record for performing a liver transplant on a 5-day-old baby. He does challenging surgeries in his field and authors several academic chapters and articles with over 600 publications.

Performing Liver Transplant in a 5-day-old female baby got you enrolled in the Guinness world record(1997) -Was it the most challenging case ever, or did any other case surpass it?

For any baby requiring operation who is less than 3 kg is a challenging procedure. But I have done many more challenging procedures where it was life-threatening at the time of the operation. The 5-day-old neonatal liver transplantation surgery was a relatively controlled procedure, but it requires technical expertise regarding small anastomosis of blood vessels.

You have seen many cases of Acute Liver Failure requiring Liver Transplantation. Which etiology has the best prognosis?

Acute Liver Failure has a worse prognosis comparing Chronic Liver Failure .mc indication of ALF in this country is SERO-NEGATIVE (non-A and non-B hepatitis).mc etiology is Rat



Prof. Mohamed Rela
Chairman & Director, Dr. Rela Institute

killer poisoning Sero-negative patients (slightly better)are more stable than paracetamol poisoning/rat killer poisoning because they are very sick at the time of transplant

In the case of liver transplantation in decompensated liver disease, comparing cadaveric vs live donor livers, which one has a better outcome?

Cadaver transplant is easier to do and can be done with people not so specialized, whereas living donor transplant is more difficult because it requires a certain level of technical expertise. Also, it requires a donor operation where you cannot go wrong. In terms of complexity, a living donor is more complex than a cadaver. In terms of outcome, living donor liver is better as we know

the quality of the liver, and they are usually young donors. Cadaveric donors come from dead people, and the process of death would have damaged organs whether it is a Road traffic accident, Hypoxia, or Organ Damage; we are retrieving it from a brain-dead person, and therefore, the quality of an organ is always superior in living donor liver. In general, there is a 2-5% better outcome in a living donor than a cadaveric donor.

Liver transplant preservation a recent clinical trial compares-conventional low-temperature storage of transplant donor livers with storage at physiological body temperature(normothermic machine preservation). The trial's primary objective was to assess Early Allograft Dysfunction (EAD), an

early post-transplant liver injury and function marker. What are your thoughts on this?

If the organ is of good quality, it doesn't make any difference with cold storage. Cold storage can be done for up to 8-10 hours. It won't cause any harm if the donor quality is good and if the donor is not sick, not on any inotropes, or not in ICU for an extended period.

Normothermic Machine Preservation has done two things

1) It has allowed us to use marginal organs because you can resuscitate an organ in a machine.

2) It allows for the organs to be preserved so that you don't have to operate them in the middle of the night; you can put them on the machine and then operate them conveniently to improve the outcome.

In NMP, you can do specific tests and discard the organ if the lactate is high or not getting cleared, but if you put that in a patient and find out it is not working, the patient might die. The machine perfusion allows us to assess the organ leading to reduced EAD (Early Allograft Dysfunction).

what is it that made you pitch in towards this speciality?

I thought it was a new field and opportunity and took it up.

At what point did you feel you should start and provide your valuable service for the Indian

community, or was it the actual plan all along?

It was never the initial plan; one of my friends asked me to visit and set up a transplant programme in Hyderabad. So I said I would come and help for a year. But after being here for a year, I found a huge opportunity and need in India, so I stayed back.

What did you consider the most significant hurdle in your professional life?

I think the biggest hurdle in India is people not being able to afford high-quality treatment. I worked in NHS, where all the treatment is free, so you can do whatever you want without worrying about the cost.

Unfortunately, in India, it is not the case. I think the Tamilnadu government is supporting transplantation which is a huge boon. So the biggest hurdle for me practising in India is that we cannot serve the community.

If you could return to your first day of medical school and do all your training again, what would you want to change or do differently?

Nothing I enjoyed my life; I've had good friends. UK training has been good. I never regret going to the UK instead of the US or other countries. And didn't regret coming back here either. I think I've had a good life and been lucky with what I've done. I don't think I can change it if I change it, I risk not being successful.

What message or advice do you want to give the younger generation?

You work hard and enjoy what you do without looking for too many benefits. The benefit will come automatically, but if you chase the benefit, you will fail.

What are your thoughts regarding our Rela MS hospital -Redhills?

I always felt it had potential. I am disappointed that it has not realized its potential. I hope that you can work well together and make it successful. I always believe in this place; it's only a question of time. I hope that this will do well.

Interviewer
Dr. M. Nissi

INTERVIEW FROM OUR MD



Dr. M. Harish Shanawaz
Managing Director, Rela MS Hospital

How would you help our employees connect to the vision?

It is through orientation and one on one communication. I believe in a top-down approach. I share the vision and mission directly with the people I meet in recurrent meetings, and through them to their team, the vision passes.

How would you describe your leadership style?

I believe in setting clear expectations, assessing team members' skills, and empowering them to make decisions and take ownership of their work. I'm not into micromanaging, but I would like to provide suggestions and corrections in their tasks

What Is the Biggest Challenge That You Foresee in This Position?

Getting the teams to work together to streamline our workflow. Improving team collaboration and connection and leveraging my team strength to connect to our hospital vision.

Tell us some things you like and some things you dislike about your current position.

It is exciting to aid patients in improving their quality of life. I also like the challenge of providing speciality treatment with our utmost best to patients. More importantly, working with our hospital team, meeting you all, and working together.

I don't like it when, sometimes, I have to make tough decisions for the wellness of our organisation. Especially when a skilled person reaches us with

Dr Harish, Tell us about the vision of our hospital.

I want to provide best-in-class quality treatment and patient care to serve the local people around this area with multispecialty treatment, and this was and is the vision of my parents. This hospital started initially as a nursing home, and we later decided to bring forth affordable healthcare services under one roof.

hope for the job, we may have to say no to them.

What is the strength of our hospital?

We have some of the best infrastructure, well-equipped futuristic machines, and a great team of medical professionals and technicians. We are strategically located to be a standout multi-specialty hospital in this area.

What are the top priorities for the hospital in the coming year?

My priorities would be emphasising the quality of clinical outcomes and better doctor-patient relationships. I want the medical disciplines to be streamlined and more departments to be initialised, such as oncology, cosmetology, plastic surgery, and more

What Can Our Hospital Improve On?

I'd like a more transparent, scheduled and streamlined process with standard operating procedures and coordinated teamwork.

What serves as a guiding principle in your life?

My dad was a very big inspiration to me, and he taught me compassion, generosity, and never to compromise on integrity for anything or anybody. I believe in growing and flourishing together with people we trust.

What do you do to make employees feel valued at work?

I always look forward to my employees' feedback/opinions and perspectives in every single aspect, and I consider their views in making decisions that way; I hope I make them valued at work.

Do you have a hobby outside of work that helps you be a better leader?

My foremost hobby is fitness. I try to be conscious of my physical health. I believe that helps me to navigate difficult times, and I read self-development books that get me on to be better in profound ways.

How do you seek constructive feedback?

Rather than feedback, I look for constructive criticism to look

into their perspective and make exemplary decisions.

What level of growth do you hope to see in the next five years?

I hope to see the growth of our organisation even in these six months to 1 year as a much more productive enterprise. We have already gained expertise in teammates. I hope to see it be a smooth, well-oiled organisation. Preferably, I would like to see a 10-15% growth every year in these five years and even more departments such as oncology, cosmetology and wellness clinic. I wish our hospital to become a futuristic health-care service.

Describe a day when you've just had the greatest working day. You're driving home, and you're on cloud nine. What was it about that working day that made you so happy?

I can't recall a specific day, but whenever there are three or more well-done surgeries, transplant surgeries lined up, signing a deal for the welfare of our organisation, or welcoming a proficient person to our team, I feel happy.

What's the most adventurous thing you've ever done?

When I went trekking in Topslip, Pollachi, with a group of friends, we were chased by a 7-foot-long horned bison, somehow we escaped, and it was the most adventurous memory.

If you could be a superhero, who would it be?

Iron man.

What book have you read recently?

TheSecert - Rhonda Byrne.

What's your go-to food when you are running short of time?

Preferably, Pizza.

What's the most memorable vacation you've ever taken?

Disneyworld.

What's your favourite hobby or pastime?

Videogames.

What's your favourite movie or TV show?

The Lord of the Rings / The Office.

What kind of music do you listen to?

I usually listen to all music genres, but my favourite is classical.

If you could live anywhere in the world, where would it be?

New York.

Who was your inspiration as a kid?

Goku (a Fictional Anime character) from the Dragon ball z series.

Interviewer
Bhavana

ROLE OF NURSE IN HOSPITAL QUALITY CONTROL

Introduction

Quality planning and control are about meeting standards and being confident in the quality of care. Nurses and midwives can get a level of assurance in the quality of their care in many ways.

Objectives/Goal

To take care of all quality implementation and monitoring as per national standards.

Quality Control

It is a specific type of controlling, which refers to activities that evaluate, monitor, or regulate consumer services.

Q.C. includes daily surveillance activities, monitoring of quality indicators, conducting audits and quality improvement projects, attending hospital committee meetings, ensuring empowerment of nursing staff and performing CAPA(Corrective And Preventive Action) and RCA(Root Cause Analysis) for incident reporting.

Standards

The organization provides

policies, procedures, protocols, and guidelines to follow standards of care.

Feedback

Seeking feedback from people who receive and provide care is a strong signal of the quality of care.

Risk management

Nurses and midwives adopt a proactive approach to managing risk in everyday practice. They identify risks and have plans to reduce the chances of risks occurring. If risks occur, they minimize their impact.

Audit

Audit is a process that seeks to improve care and outcomes through a systematic review of care against explicit criteria described in standards, policies and protocols.

Clinical audit

Clinical audit is a structured review of performance to ensure that what should be done is being done. A clinical audit provides pointers to enable

improvements.

Protected disclosure

The organization receives and responds to nurses' and midwives' concerns. Arrangements for dealing with protected disclosures are also known as whistleblowing. Safe nursing and midwifery staffing: Safe nurse and midwife staffing refer to having enough nursing or midwifery staff with the proper knowledge and skills, in the right place, at the right time to provide safe and quality care to patients and service users.



Mrs. Thevabhala Subhasri
R.N., R.M., P.B. BSc (N), MBA
Chief Nursing officer

INTRAMUSCULAR GLUTEAL ABSCESS MASQUERADING AS HIP JOINT PATHOLOGY

The Department of Surgery at **RIMS** would like to share an interesting case we had in recent times.

A 3-year-old male child presented to us with complaints of difficulty walking and fever for the past ten days. The child was initially managed elsewhere with blood investigation and Ultrasonography-hip to diagnose etiology. His Total count was **23000**. USG hip showed no effusion the patient was managed with oral antibiotics.

The child was then presented to our hospital for further management. On examination, he was febrile, and a large abscess of size **10cm x 3cm** was present in the perianal region. Ultrasonography was repeated, and we decided to proceed with incision and drainage, where **50ml** of Pus was drained.

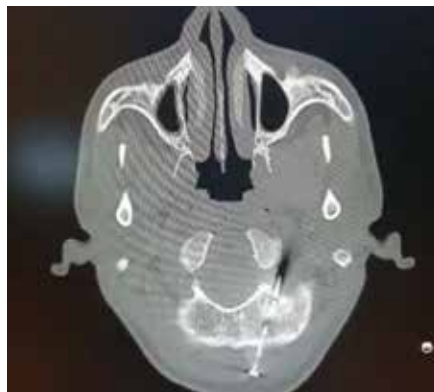
The suspected cause, thought of as a **HIP JOINT PATHOLOGY**, was later found to be a hidden gluteal abscess.



Dr. Rhoshini
MBBS, MS, DNB (Gen Surg)

A REMARKABLE FEAT IN NEUROSURGERY BY OUR VERY OWN NEUROSURGEON DR. ANBUSELVAM

23 years old Northindian Laborer was brought with severe pain and with a bleeding injury in the back of the head. He was said to have been hit by a coil nail and the X-ray skull revealed nail lodged at the cranio vertebral junction. CT scan and CT Angio revealed the nail to be very close to the vertebral artery which supplies the important Brainstem areas of the brain. The spinal cord was also close to the nail



The nail was a “coil nail” which means it had side flanges which prevent the removal of the nail in an easy way. He was put on a hard cervical collar and was intubated fibreoptically. Then he was made to lie on prone and through a suboccipital incision the nail was exposed. The bone was gently drilled using a Diamond burr and the nail was removed and the patient walked home after a day.



Dr. Anbuselvam
MBBS, MCh (Neuro Surgeon)

WORLD BRAIN DAY

WHAT AND WHY?

WORLD BRAIN DAY or International brain day is a global healthcare event observed on the **22nd of July** of every year, commemorating the awareness of brain diseases and promoting brain health.

The World Federation of Neurology and the World Federation for Neuro Rehabilitation kept the 2023 World Brain Day theme as 'Brain Health and Disability: Leave no one behind'.

Brain disabilities affect every age group, ethnicity, gender and socioeconomic status. This year's theme will inspire a global initiative to close the gaps in disability education and awareness and break down the barriers to health care for individuals with disabilities. When it comes to brain health, may we leave no one behind!

We will raise global awareness to improve access and reduce equity gaps. Brain disabilities can be prevented, treated, and rehabilitated. Universal access to professional care, treatment, rehabilitation and assistive technology is essential—and it starts with education. Brain health is a human right which applies to everyone, everywhere. Join us on World Brain Day as we ensure no one is left behind.

The critical elements in achieving this are:

PREVENTION: Brain disabilities can be prevented, treated and rehabilitated.

AWARENESS: Global brain health awareness can reduce the disability associated with brain disorders.

ACCESS: Universal access to care, treatment, rehabilitation and assistive technology is essential.

EDUCATION: Education increases equity for those living with brain disabilities.

ADVOCACY: Brain health is a human right that applies to everyone, everywhere.

EVENTS

AUTISM DAY OBSERVED ON 03.04.2023



NURSES DAY

OBSERVED ON 12.05.2023

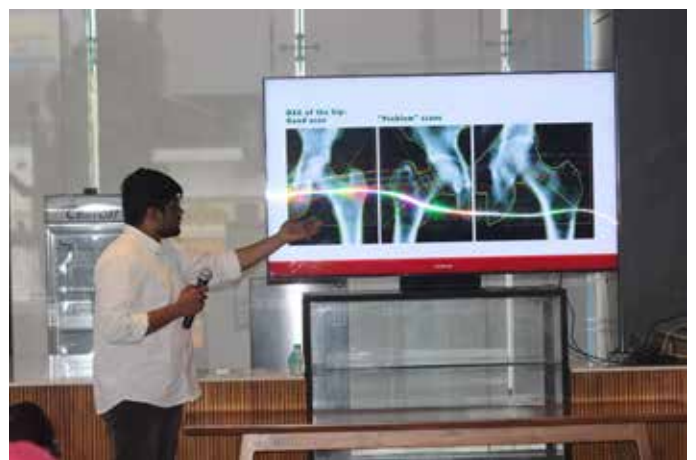


DOCTOR'S DAY

OBSERVED ON 01.07.2023



SYMPOSIUM ON OSTEOPOROSIS CONDUCTED ON 19.07.2023



RECENT ACADEMIC SESSIONS

Pediatrics - Dr. Rijo Rajulin

1. Basics of pediatrics
2. Journal Presentation by Dr Ragavi -"EFFECT OF OBESITY ON THE RECOVERY PROFILE AFTER GENERAL ANESTHETIC IN CHILDREN".
3. Journal Presentation by Dr Sathish-"IDENTIFYING AND VALIDATING PEDIATRIC HOSPITAL AND ZINC FOR MIS – C THROUGH ADMINISTRATIVE DATA".
4. SEMINAR ON – "SEVERE ACUTE MALNUTRITION" by Dr Nissi

General Medicine - Dr. Manjula J

1. Sepsis and Management
2. Hypo/Hyperkalemia Management & PFT
3. Herpes Zoster

General Surgery - Dr. Divya

1. Pancreatitis
2. Suture Techniques
3. Cholelithiasis

Neuro Surgery - Dr. Anbuselvam

1. Neurological Assessment
2. CNS Extension
3. SAH Subarachnoid Hemorrhage

Cardiology - Dr. Aswani Latha

1. Basics of ECG
2. Practical aspects in cardiology – 1
3. Practical aspects in cardiology – 2

Emergency Medicine - Dr. Uma

1. ACLS Protocol – Part 1, 2, 3

Critical Care Medicine / Anesthetist - Dr. Ben Franklin Jacob

1. ABG
2. Basics of ICU
3. Basic Modes of Ventilator

CREATIVE CORNER



For our first issue our theme is based on recent global tragedy,

“SAD STORY OF TITAN SUBMERSIBLE”

this was the second submersible designed and built by OCEAN GATE (A Private Company with questionable safety standards) which imploded on 18th June 2023 while transporting five tourists to visit the wreckage of **TITANIC**

We asked our staffs, their insights on this incident in the form of **Poetry & Art**



POETRY THEME

THE SAD STORY OF TITAN SUBMERSIBLE

அயர்லாந்தில் உருவாகிய அழகே!

உன் உயரமோ **882** அடி, உன்
வேகமோ **21 KM** ஆயிரம் பேர்
வந்தாலும் சளைக்காமல்
வரவேற்கும் உறவினர் நீ ஐ வரை
கொன்று அவர்களின் உறவினருக்கு
சோகத்தை தந்ததும் நீயே.

அன்பு என்பது ஆழ்கடல் போன்றது
கரையில் தேடினால் சிப்பி
கிடைக்கும் மூழ்கி தேடினால் தான்
TITAN கிடைக்கும் என்று

மூழ்கி உன்னை நாடியவர்களின்
நாடியை நிறுத்திவிட்டாயே!
அவர்கள் உன் நிறுவனத்தின்
உறுப்பினர்கள் ஆனால் நீ அவர்கள்
உயிருக்கு எதிரியாகிவிட்டாயே!

கடல் அலை மீது அழகாய்
அசைந்தாடும் அதிசயம் நீ
அதிசயத்தை காண வந்து ஆபத்தில்
சிக்கியவர்கள் இவர்கள் இவர்களின்
மனம் எவ்வாறு கதரியதோ?

எவ்வித கடிலில் சிக்கினார்களோ?

தத்தளிக்கும் தண்ணீரில்
தத்தளித்து போனார்கள்
இவர்களின் மரணத்தை
வார்த்தையில் சொல்லிட
முடியாதே...

Ms. M. BAKKIYA LAKSHMI (NURSING)

கடலின் ஆழத்தில் இருக்கும்
மூழ்கிபோன கப்பலின்

அழகை காண சென்றவர்கள்
கப்பலின் அழகை காண்பதற்கு
முன்பே கடலின் ஆழத்தின் அழிவில்
சென்று

உயிர் பிரியும் வலியை உணரும்
முன்பே உயிர் பிறிந்தனர்.

Ms. M. TAMILARASI (NURSING)

மூழ்கிய கப்பலை கான
நீர்மூழ்கி கப்பலில் சென்று...நீரீன் அழுத்தம்
தாங்காமல்....ஆழியில்
அழிந்த ஆயிர கணக்கானவர்கள்
சொப்பனத்தில் சென்ற ஐவர்கலின் கனவு...

Mr. G. ARUN (MAINTENANCE)

THE HEROIC DEAD

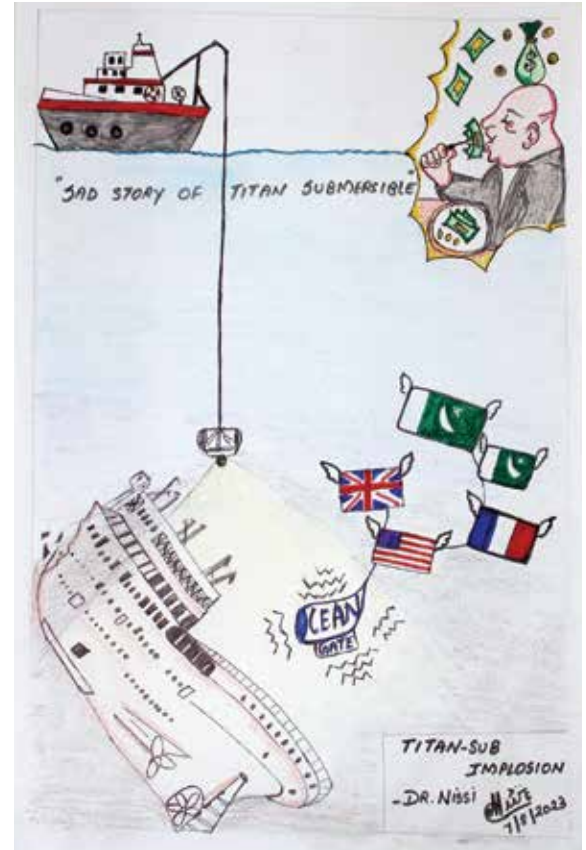
If in the noon they doubted, in the night.
They never swerved. Death had no power to appal.
There was one way, One Truth, One Life, and One
Light.
One Love that shone triumphant over all.
In the noon they doubted, at the last.
There was no way to part, no way but one.
That rolled the waves of Nature Back and cast.
In ancient days a Shadow across the Sea.
If in the noon they doubted, their last breath.
Saluted once a again the eternal goal,
Chanted a love song in the face of Death
And sent the Veil of darkness from the soul.
If in the noon they doubted, in the night.,
They waved the Shadowy world of strife aside
Flooded high heaven with an immortal light,
And taught the deep how its creator died.

Ms. P. PRINCY JERINA (NURSING)

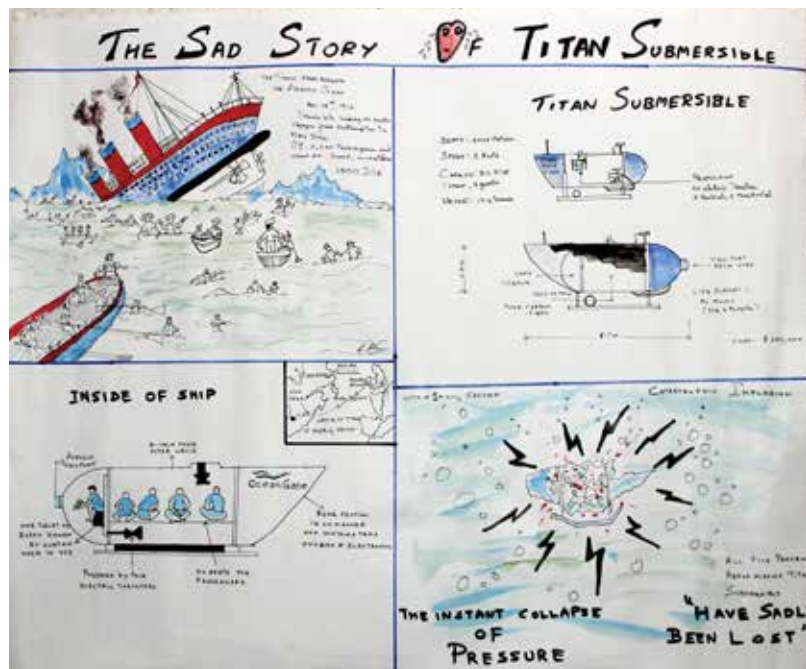
DRAWING



Mr. Senthil
Maintenance Department



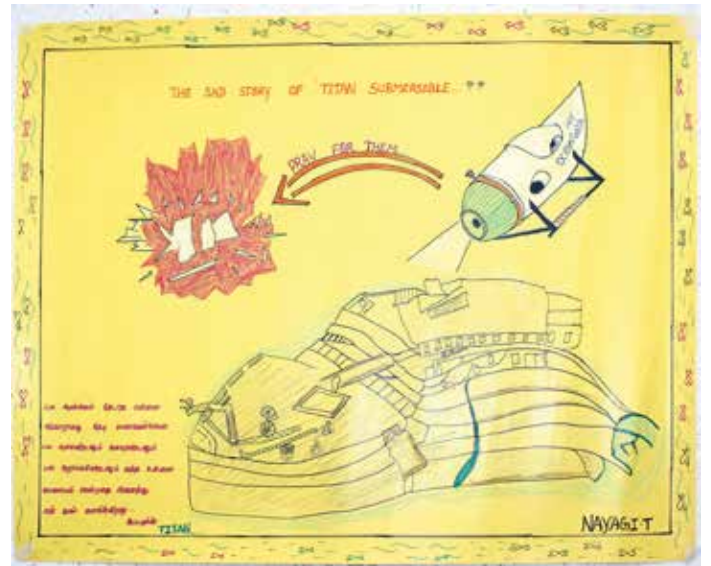
Dr. Nissi
DMO



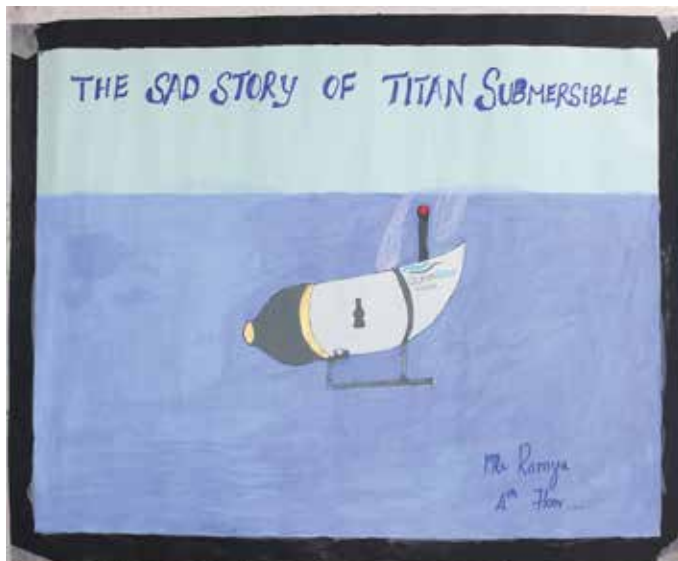
Mr. Arun. G
Maintenance Department



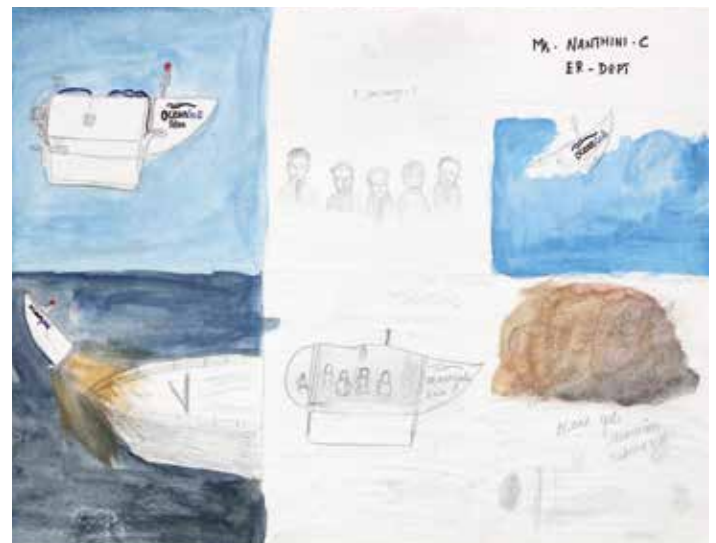
Ms. Nivetha. R
ICU Department



Ms. Nayagi. T
Nursing Department



Mrs. Ramya
Nursing Department



Ms. Nanthini. C
Nursing Department

EMPLOYEE OF THE MONTH



MEDICAL DEPARTMENT

Ms. Indhumathi
ICU - Staff Nurse



NON - MEDICAL DEPARTMENT

Mr. Kumar
maintenance Dept

EMPLOYEE BIRTHDAY - AUGUST



Saranya Dhanaraj
HR - Manager
3rd August



Priyanga S
Dietitian
7th August



Annal Gracy M
Staff Nurse
8th August



Melhin Hebi J
Radiographer
8th August



Mefin M
Biomedical
9th August



Sankavi K
Staff Nurse
10th August



Puvitha V
NICU - Nurse
14th August



Roothmary Y S
Pharmacy
14th August



Dr. Sivagami
Medical Services
15th August



Dr. Pavithra
Medical Services
17th August



Evangeline Y
Echo Technician
22nd August



Sangeetha P
PCS - Executive
23rd August



Abinaya Jayaraj
Lab - Incharge
25th August



Leena A
In-Charge Nurse
26th August



Narmadha M
Dialysis Technician
26th August

HEALTH CORNER

EAT TO BEAT OSTEOPOROSIS

Osteoporosis is a bone disease that develops when bone mineral density and bone mass decreases. This can lead to a decrease in bone strength that can increase the risk of fractures (broken bones).

Osteoporosis affects women and men of all races and ethnic groups. Osteoporosis can occur at any age, although the risk for developing the disease increases as you get older. Calcium, protein, vitamin D and Phosphorus are important nutrients for preventing osteoporosis. If one does not take in enough calcium, the body takes it from the bones, which can lead to bone loss. This can make bones weak and thin, leading to osteoporosis.

CALCIUM – foundational mineral for building bones and maintaining bone structure.



1. Milk and its products
2. Ragi
3. Pulses
4. Green leafy vegetables
5. Salmon
6. Sardines
7. Sesame and Chia Seeds
8. Tofu (paneer made from soy milk)

VITAMIN D – Helps in maintaining blood normal blood calcium levels by improving its absorption in the blood stream.



1. Exposure to Sunlight
2. Egg yolk
3. Liver
- Fatty fish

PHOSPHORUS- in combination with calcium helps in providing structure and micro- architecture to the body.

1. Milk and milk products
2. Small fish
3. Green leafy vegetables

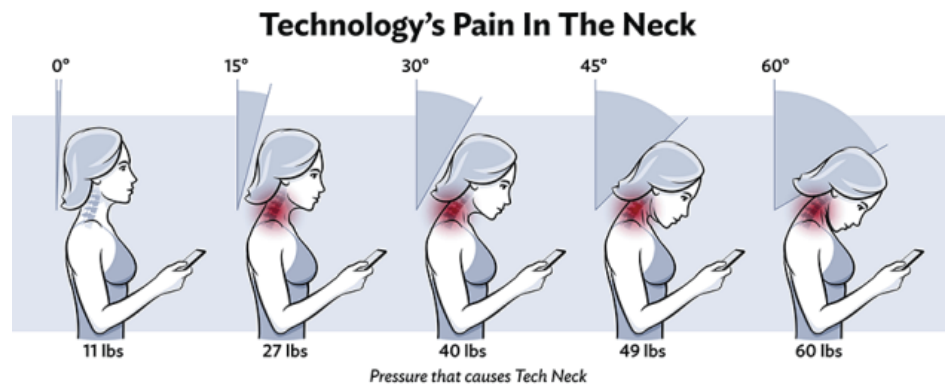
TIPS TO KEEP BONE STRONG

1. Include calcium rich foods daily in diet.
2. Consume recommended amounts of vegetables and fruits rich in vitamin C, which stimulates bone forming cells.
3. Make sure to get enough vitamin D from sun and food.
4. Smoking and Alcohol causes loss of bone mineral density.
5. Avoid excess consumption of coffee and cola, which lead to bone loss.

Ms. Priyanga
Dietician

SAY GOOD BYE TO "TECH-NECK"

For many of us, our smartphones are an indispensable part of our lives. These habits can cause a lot of side effects in every day life. Tech neck is caused by the strain on the neck muscle from looking down at our phones and tablets for long periods of time. This strain can cause pain, stiffness and even limited Range of Motion.



SOME ESSENTIAL EXERCISES TO RELIEVE TECH-NECK

ISOMETRIC EXERCISES

- 1) CHIN TUCKS (10 SECONDS HOLD , 3 SETS)



- 2) SHOULDER SHRUGGING EXERCISE -(10 SECONDS HOLD , 3 SETS)



STRETCHING EXERCISES

- 1) STERNOCLEIDOMASTOID STRETCH -(10 SECONDS HOLD , 3 SETS)



- 2) TRAPEZIUS STRETCH -(10 SECONDS HOLD , 3 SETS)



Physiotherapists

Mrs. Bhavana

Ms. Kemila

Ms. Ashika

WELCOMES



Dr. M. Anbuselvam
MBBS, Mch (Neurosurgery)



Dr. Ashiq Mohammed Jaffery
MBBS, MD (Radio Diagnosis)

ONCOLOGY TEAM



Dr. G. Arulkumar
MBBS, MS, MCh
(Surgical Oncology)



Dr. A. Rajeswaran
MBBS, MS, MCh
(Surgical Oncology)



Dr. K. C. Jyothish
MBBS, MD
(Radiation Oncology)



Dr. Poonkodi
MBBS, MDRT
(Radiation Oncology)



















Dr. Venkatachalam. V
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RIMS FAMILY



OUR SERVICES

DEPARTMENTS

-  Liver Transplantation
-  Renal Transplantation
-  Cardiology
-  Emergency Care & Trauma
-  General Surgery
-  General Medicine
-  ICU & Critical Care Services
-  Interventional Radiology
-  Neurology
-  Neuro Surgery
-  Nephrology
-  Orthopaedics
-  Obstetrics & Gynaecology
-  Oncology
-  Paediatrics
-  Psychiatric



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