IRAGOCON 2024

Annual National Conference of Indian Railway Association of Gynecologists & Obstetricians - 2024

Date : 4th & 5th January 2024

SOUVENIR

Theme

"Empowering Women's Health - Strategic Advances in Clinical Healthcare"

"Honouring the life of
Dr. Preetha Arumai Singh MD,DGO (1937 to 2022")

Venue : AWTI Auditorium, ICF, Chennai - 600 038.

GOVERNMENT OF INDIA/भारत सरकार

MINISTRY OF RAILWAYS/रेल मंत्रालय

(RAILWAY BOARD/रेलवे बोर्ड)

No. 2021/H/24/1/CMD-GM Conference **New Delhi, Dated .12.2023**

General Manager(s),
All Indian Railways,
Including PUs and RDSO & DG/NAIR.

Sub: Indian Railway Association of Gynaecology and Obstetrics Conference in Central Hospital, Southern Railway co-hosted by ICF Hospital, Chennai - regarding.

Ref: SR's letter No. SRH/MD/IRAGO/CON/2023 dated 12.12.2023.

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With reference to above cited subject, it is hereby informed that Indian Railway Association of Gynaecology and Obstetrics Conference is being organized at Central Hospital, Southern Railway and ICF Hospital, Chennai on 04th & 05th January, 2024. Director General (RHS) will preside over the Conference.

It is, therefore, requested that Pr. CMDs of Zonal Railway/Pr. CMOs of Production Units may please be directed to attend the conference. Three IRHS officers from each Zone and two IRHS officers from each Production Unit may please be spared well in time before to attend the programme as per schedule.

This issues with the approval of DG/RHS.

15/12/23

(Dr. Arunangshu Sarkar/ डॉ. अरुणांशु सरकार)
Executive Director, Health (G)/ कार्यकारी निदेशक, स्वास्थ्य (सा.)
Railway Board/रेलवे बोर्ड

Copy to: Pr. CMDs/Pr. CMOs, All Indian Railways including PUs and RDSO for necessary action.

IRAGOCON 2024

WOMEN EMPOWERMENT

Souvenir

Annual National Conference of Indian Railway Association of Gynaecologists & Obstericians - 2024

on 4th & 5th January 2024

Tamilnadu Medical Council

#914, Poonamallee High Road, Arumbakkam, Chennai, India - 600 106.
https://tamilnadumedicalcouncil.org

Continuing Medical Education Certificate

IRAGOCON 2024

From **04 Jan, 2024** to **05 Jan, 2024** (2 Days)

Conducted by

Railway Hospitals, Southern Railway

Program venue

AWTI Auditorium, ICF, Chennai, Perambur, Chennai, Chennai, Tamil Nadu, India-600038

This institute activity has been reviewed, accredited, and it has been awarded

3
Credit Hours*

* One additional credit hour will be awarded to the speakers per day

Dr. S. Sivaram Kannan
REGISTRAR i/c

XHVPFRWC

Please use this link to verify
https://www.tamilnadumedicalcouncil.org/verify/XHVPFRWC
or Scan the QR Code

Awarded on
27 Dec, 2023

Invitation

IRAGO & IMA Southern Railway
IRAGOCON-2024

On behalf of the organizing team,
we solicit your esteemed presence
on the occasion of inauguration of the

Annual National Conference of
Indian Railway Association of
Gynecologists & Obstetricians (IRAGO)
in association with IMA-SR to be held

on 4th JANUARY 2024, at 10:30 am

SR & ICF INVITE YOU

CHIEF GUEST

Dr. Sugandha Raha
DG (RHS) / Railway Board

GUESTS OF HONOUR

Shri R.N. Singh
GM Southern Railway

Shri B.G. Mallya
GM / ICF

in the presence of

Dr. S. Kalyani
MD/RH/PER

Dr. M. Ravindran
PED (Health)/ Railway Board

Dr. Aniruddha Kirtania
PCMD/SR

VENUE : AWTI Auditorium, ICF, Chennai - 600 038.

Banquet Dinner : 4th January 2024, 7.30 p.m. onwards
at Sterling Club, Nungambakkam, Chennai - 34.

DOCTORS CLUB
S.Rly & ICF

ORGANIZING COMMITTEE

S. No	Doctors Name	Allotted Work
1	**Dr. S. Kalyani, Dr. V. Nirmaladevi, Dr. K.S. Rajarajeswari, Dr. G.C. Aperna priya, Dr. K. Jayarakini, Dr. S. Hajira Fathima. Dr. R. King Gandhi**	Scientific Committee
2	**Dr. S. Jayasri, Dr. Vasudha, Dr. Therasal Valarmathi,** ANOs RH/PER and ICF	Reception Committee
3	**Dr. Shilma, Dr. Brindha, Mrs. Padma,** Pharmacist, MAS, Staff Nurses of RH/PER	Compering Committee
4	**Dr. M. Bhaskaran, Dr. A. P. Preetham, Dr. Praveen, Dr. Venkateshwaralu, Dr. Sathya Babu** CMO/ICF	Accommodation
5	**Dr. V. Kannan, Dr. K. Suresh, Dr. V. Vijayabhaskar, Dr. Gauthaman, Dr. Sunilbabu. P, Dr. Sathyababu,** CMO/ICF	Transportation
6	**Dr. N.M . Kumar, Dr. Kusuma Mathai, Dr. M. Subramani, Dr. Sathyababu CMO/ICF, Dr. Prasanna,** ICF, Staff of RH/PER and ICF **(Sasikala and Team)**	Relaying of Workshop
7	**Dr. R. King Gandhi, Dr. M. Kannan, Dr. Balaji, Dr. A. Babu, Dr. K. Jayasudha**	Food Committee
8	**Dr. J. Chitra, Dr. Nibedita Mitra,** ANOs of RH/PER and ICF, **Mr. Jayachandran,** CHI/RH/PER	Stage Decoration
9	**Dr. R. Saravanan, Dr. P. Vigneswaran**	EQ Committee
10	**Dr. Anu Peter, Dr. Shilma, Dr. Kalaivani, Dr. Saipriya & Dr. Habeeba, Dr. G. B. Vidyashankari,** Staff Nurses of RH/PER	Culturals
11	**Dr. M. Sivakami, Dr. G. Kavitha, Dr. S. Kalyani**	Purchase of Mementos
12	**Dr. Musarat Feshan, Dr. M. Kavitha,** ANOs of RH/PER and ICF	Stage Mementos
13	**Dr. Kamatchi Selvam, Dr. M. Siddharth, Dr. A. Arun Kumar, Dr. P. Vigneswaran**	Invitation and Souvenir Committee
14	**Dr. Nibedita Mitra, Dr. Shilma, Dr. Brindha**	Inaugural function lamp lighting arrangement
15	**Dr. K. Muruganandam, Dr. S. Ragavendra, Dr. G. Arun Kumar, Dr. Rani Riaz, Dr. K.P. Lalitha,** HIs of SR & ICF	VIP Protocol Management

आज़ादी का अमृत महोत्सव

GOVERNMENT OF INDIA भारत सरकार
MINISTRY OF RAILWAYS रेल मंत्रालय
(RAILWAY BOARD रेलवे बोर्ड)

Azadi Ka Amrit Mahotsav

डॉ सुगंधा राहा
महानिदेशक (रेलवे स्वास्थ्य सेवा)

Dr. Sugandha Raha
Director General (Railway Health Services)

28th November, 2023

MESSAGE

I am glad to know that Indian Railways Association of Gynaecologists and Obstetricians is organising the conference on 'Empowering Women Health Care - Strategic advances in Clinical Health Care' at Chennai on 4th and 5th January, 2024 in co-ordination with Southern Railway and ICF.

The problems associated with Obstetrics and Gynaecology are in general less discussed and understood amongst the public due to social inhibition attached to it. As such, the patients, the women, land up in Hospital with complications, which require complex management with expertise. This conference is the one with aptly chosen theme wherein advance treatment modalities with regard to women health care will be discussed by eminent specialists, improving the women health care.

I wish the Conference all success.

सुगंधा राहा
28/11/'23

(Dr. Sugandha Raha)

Room No.1, Fourth Floor, Railway Offices Complex (COFMOW), Tilak Bridge, New Delhi – 110002
Tel: 011-47843130 E-mail: dgrhs@rb.railnet.gov.in

भारत सरकार / GOVERNMENT OF INDIA
रेल मंत्रालय / Ministry of Railways
दक्षिण रेलवे / Southern Railway

R.N.SINGH
General Manager

महाप्रबंधक कार्यालय / General Manager's Office
चेन्नै / Chennai - 600 003.

MESSAGE

It is a matter of pride for us that Indian Railway Gynaecology and Obstetrics Conference (IRAGON) 2024 is being co-hosted by Southern Railway along with ICF during 4th and 5th January, 2024

This conference stands as a testament to our collective commitment towards enhancing focus on women's well-being and healthcare in general. The theme of the Conference "Empowering Women's Health – Strategic Advances in Clinical Healthcare" reflects our vision to implement clinical advancements to holistically address the healthcare needs of women in Railway family.

The comprehensive healthcare being a dynamic landscape, requires continuous & collaborative efforts, for updating our skills in line with the latest clinical practices in this field. This Conference serves as an ideal platform where leading Medical experts in this field and the Railway Doctors converge to share expertise on evolving clinical approaches with a view to adopt and proliferate global best practices and strategies.

I am sure that this Conference will not only deepen the understanding of latest concepts in this field but also forge mutually beneficial collaborations amongst participants to help achieve impactful advancements in the area of women health in the Railway families.

I wish all the participants a stimulating and rewarding experience during this Conference.

With Best Wishes,

(R.N.Singh)
General Manager

Dated 27th Nov.2023.

दूरभाष / Tel: 044-2533 2157
फैक्स / Fax: 044-2533 1765
E-mail : gm@sr.railnet.gov.in

बी.जी. माल्या
महाप्रबंधक

B.G. MALLYA
GENERAL MANAGER

भारत सरकार, रेल मंत्रालय
सवारी डिब्बा कारखाना
चेन्नै - 600 038
Govt. of India, Min. of Railways
Integral Coach Factory
Chennai - 600 038

MESSAGE

It gives me a great pleasure that the National Conference of Indian Railway Association of Gynaecologists and Obstetricians (IRAGOCON – 2024) is being organized by Southern Railway Headquarter Hospital and ICF Railway Hospital in association with IMA – Southern Railway, on 4th & 5th January, 2024 at AWTI Auditorium, ICF.

The organizing committee has planned an excellent Scientific Seminar and other activities and invited eminent speakers in the field. I wish that Gynaecology and Obstetrics experts from all over Indian Railways should avail this opportunity to interact with experts from other organizations and get benefitted by sharing of knowledge and experience.

I am hopeful that the conference will be thought-provoking, interesting and extremely beneficial to all the participants. I extend my greetings and best wishes to the participants as well as the organizers.

I wish the conference a grand success.

5.12.2023

(B.G. MALLYA)
General Manager

Tele: **DOT**: 044-2626 3920 (O) **RLY**: 060-47000 (O) **Fax**: 044-2628 4756
E-mail: gm@icf.railnet.gov.in **Home Page**: http://www.icf.indianrailways.gov.in

भारत सरकार
रेल मंत्रालय
रेलवे बोर्ड, रेल भवन
रायसीना रोड, नई दिल्ली–110001
GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
RAILWAY BOARD, RAIL BHAWAN
RAISINA ROAD, NEW DELHI-110001

I am glad to know that Southern Railway Headquarters Hospital, Perambur is organizing the National Conference of Indian Railway Association of Gynaecologists and Obstetricians – IRAGOCON 2024 on 4th and 5th January, 2024 at AWTI Auditorium, ICF, Chennai – 600 038. The pioneering health care provided by the doyens of the speciality at the Department of Gynaecology and Obstetrics of RH/PER has established "Benchmark" standards; an ample testimony being the zero % MMR record achievement by this department during the past 11 years. I extend my heartiest regards and congratulate each and every Obstetrician & Gynaecologist working towards saving lives and are responsible for achieving commendable MMR & NMR. Their commitment towards minimizing maternal mortality & morbidity along with reaching the SDG goals has initiated them to organize this National Conference of the Indian Railway Association of Gynaecologists and Obstetricians at RH/ PER on 4th & 5th January 2024.

Women's health education literacy is a vital tool in achieving our motto of providing comprehensive promotive, preventive, curative and rehabilitative health care to ensure holistic and realistic health care standards. New diseases and surgical / medical problems are on the rise along with the expectations of the patients for good quality Gynaecology & Obstetrics services using modern scientific techniques and technologies at optimal, economic and customized manner.

I am sure that this National Conference will provide an excellent platform for scientific interactions between expert Gynaecologists, Obstetricians, and experts from all other related specialities from different parts of the country and enrich their knowledge & skills through fruitful deliberations during their lectures, live workshops, panel discussions and scientific paper and poster presentations.

I wish a grand success for IRAGOCON 2024.

Dr. M. Ravindran
Principal Executive Director (Health)
Railway Board, New Delhi

भारत सरकार / GOVERNMENT OF INDIA
रेल मंत्रालय / Ministry of Railways
दक्षिण रेलवे / Southern Railway

Dr. Aniruddha Kirtania
PCMD / Southern Railway

SOUTHERN RAILWAY
Office of the Principal Chief Medical Director
Southern Railway Headquarters
Chennai - 600 003.

Date : 23-11-2023

It gives me a feeling of pride and honour that Indian Railway Gynaecology and Obstetrics Conference is being organised and co-hosted by Southern Railway HQ Hospital along with ICF Hospital in Chennai on 4th and 5th January, 2024

With the theme "Empowering Women's Health - Strategic Advances in Clinical Healthcare," this conference represents a crucial milestone in our collective journey towards prioritizing and enhancing healthcare strategies for women within the railway system. It defines our shared commitment to leveraging strategic clinical advances to empower and ensure the well-being of the women we serve.

As we convene to deliberate on strategic approaches, progressing clinical advancements and healthcare solutions, this conference serves as a fertile ground for fostering collaboration, sharing experiences, and shaping the future of women's health in the Indian Railways.

We are proud to be part of this scientific endeavour, and Chennai, our host city, provides an inspiring setting for this event. Amidst its cultural richness, let us come together to not only expand our knowledge but also to forge partnerships among Doctors from Indian Railways that will drive impactful changes in the healthcare for women.

May this conference be a catalyst for innovative ideas, fruitful collaborations, and a renewed commitment to empowering women's health through strategic clinical approaches.

Wishing all participants and delegates a productive and enlightening experience during the Indian Railway Gynaecology and Obstetrics Conference 2024.

23/11/23

Dr.Aniruddha Kirtania
PCMD / Southern Railway

सत्यमेव जयते

भारत सरकार / GOVERNMENT OF INDIA
रेल मंत्रालय / Ministry of Railways
दक्षिण रेलवे / Southern Railway

चिकित्सा निदेशक का कार्यालय,
Office of the Medical Director,
रेलवे अस्पताल/Railway Hospital,
अयनावरम/Ayanavaram,
चेन्नै/Chennai-600 023.

सं./No.

दिनांक/Dated 29.11.2023 20..

Dr. S. KALYANI
Medical Director

It is with great pleasure and anticipation that I extend a warm welcome to each one of you to the 5th Edition of the Indian Railway Association of Gynaecology and Obstetrics Conference. After a long gap of 11 years, we reconvene to Chennai, a city well known for its rich heritage, culture and traditions, to celebrate advancements in the field, empower women, and foster the exchange of invaluable knowledge.

Our IRAGOCON 2024 Conference theme "Empowering Women's Health - Strategic Advances in Clinical Healthcare," significantly marks an opportunity to fortify our commitment to empowering women through healthcare initiatives within the Railway Family. By sharing expertise, experiences, and innovative practices, we aim to elevate the quality of care and services offered in Gynaecology and Obstetrics.

Our primary goal remains focused on building a robust and supportive professional medical community within Indian Railways. Collaboration, learning, and networking are the cornerstones upon which we aim to construct a stronger, more cohesive healthcare ecosystem.

As we embark on this enriching journey together, I encourage all participants to engage actively, share insights generously, and forge connections that will undoubtedly contribute to our collective growth.

Once again, a heartfelt welcome to the 5th Edition of the Indian Railway Gynaecology and Obstetrics Conference. Let us make this gathering a shining tribute to our dedication towards women's health and the advancement of medical expertise for our esteemed Railway beneficiaries.

May this gathering of IRHS Officers be an opportunity not just for professional growth but also for building lasting camaraderie and relishing the warmth of Southern Railway and ICF's hospitality during the two day events.

Warm regards

Medical Director, Southern Railway Head Quarters, Perambur.
Indian Railway Association of Gynaecolony and Obstetrics Conference

Under the initiation & support from
Dr. M. Ravindran PED (Health) RB/NDLS, **Dr. Aniruddha Kirtania,** PCMD/SR
& continuous guidance from **Dr. Sugandha Raha,** DGRHS/RB, the energetic team of Doctors and all the staff at RH/PER, RH/ICF along with the medical and other departments of Southern Railway have orchestrated the organization of this conference melodiously and picturesquely
for the delight of all the scientific community.

Dr. K. Satyababu,
MD, DMRD, FIAMS,
Principal Chief Medical Officer,
ICF Hospital, Chennai

भारत सरकार, रेल मंत्रालय
सवारी डिब्बा कारखाना
चेन्नै - 600 038
Govt. of India, Min. of Railways
Integral Coach Factory
Chennai - 600 038

Office of the PCMO
ICF Hospital,
Chennai – 600038.

Dated: 29.11.2023

Dear Esteemed Gynaecologists,

It is with immense pleasure and honor that we extend a warm welcome to all of you at IRAGOCON 2024 hosted by Southern Railway and ICF. Your presence, I am sure, will add invaluable expertise and insights to this conference, contributing to the advancement of women's health care in our nation. May the exchange of ideas and experiences during this event pave the way for advancements in the field of Gynaecology, ultimately benefitting the health and well being of countless Railway beneficiaries. As you embark on this journey of knowledge sharing and camaraderie, you can look forward to fruitful discussions and meaningful connections during this conference. We are grateful for your dedication and commitment to women's health and for your graceful presence with us at Chennai!

We thank the Lord Almighty for making IRAGOCON 2024 a reality!

Wishing you a successful and enriching conference!

Sincerely,

K. Satya Babu

Dr. K. Satyababu,
MD, DMRD, FIAMS,
Principal Chief Medical Officer, ICF Hospital, Chennai.

MESSAGE FROM ORGANISING SECRETARY

Dear Delegates & Participants,

It is with great pleasure and anticipation that we welcome you to the Indian Railway Association of Gynaecology and Obstetrics Conference IRAGOCON 2024 in the vibrant city of Chennai on 4th & 5th January 2024, after a gap of 11 years .

As the Organizing Secretary, I am honoured to be part of an event that brings together distinguished professionals, experts, and enthusiasts in the field of gynaecology and obstetrics. Our conference aims to provide a platform for sharing knowledge, fostering collaborative discussions, and promoting advancements in women's health. Our theme, "Empowering Women's Health: Clinical Care Strategies in Gynaecology and Obstetrics," reflects our collective commitment to stay at the forefront of medical advancements for Women's Health. Throughout this event, we will delve into advancements in the field , share insights on evolving medical practices, and engage in discussions that shape the future of women's healthcare.

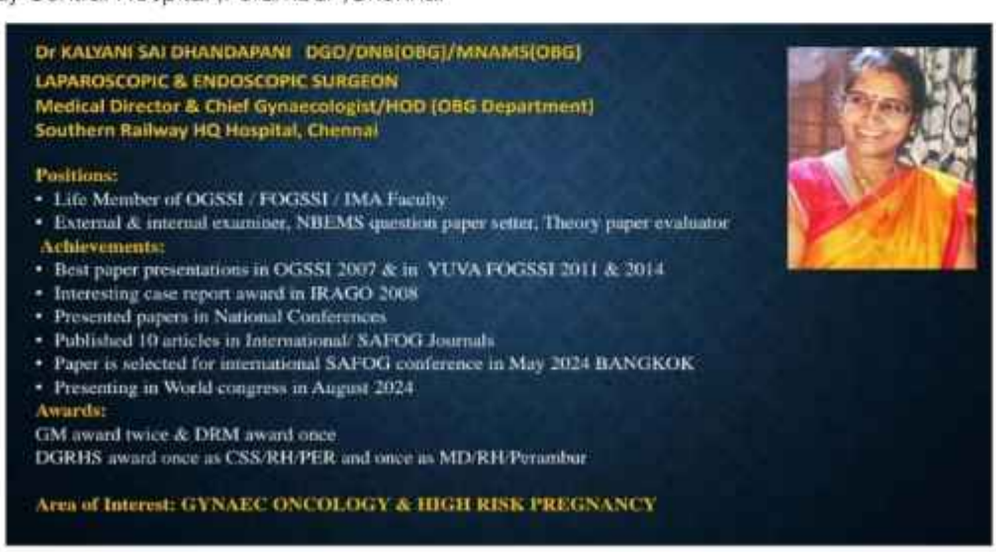
This year's conference is a testament to our commitment to excellence in healthcare, and we have created a diverse program featuring live Surgical workshops, talks by renowned and expert speakers, interactive sessions, and opportunities for networking. The scenic backdrop of Chennai adds to the enriching experience, creating an atmosphere conducive to learning and collaboration.

We extend our gratitude to all participants, sponsors, and partners who have contributed to the success of this event. Together, let us explore new horizons in Gynaecology and Obstetrics, leaving a lasting impact on the future of women's health.

Looking forward to your active participation and fruitful interactions.

Warm regards,

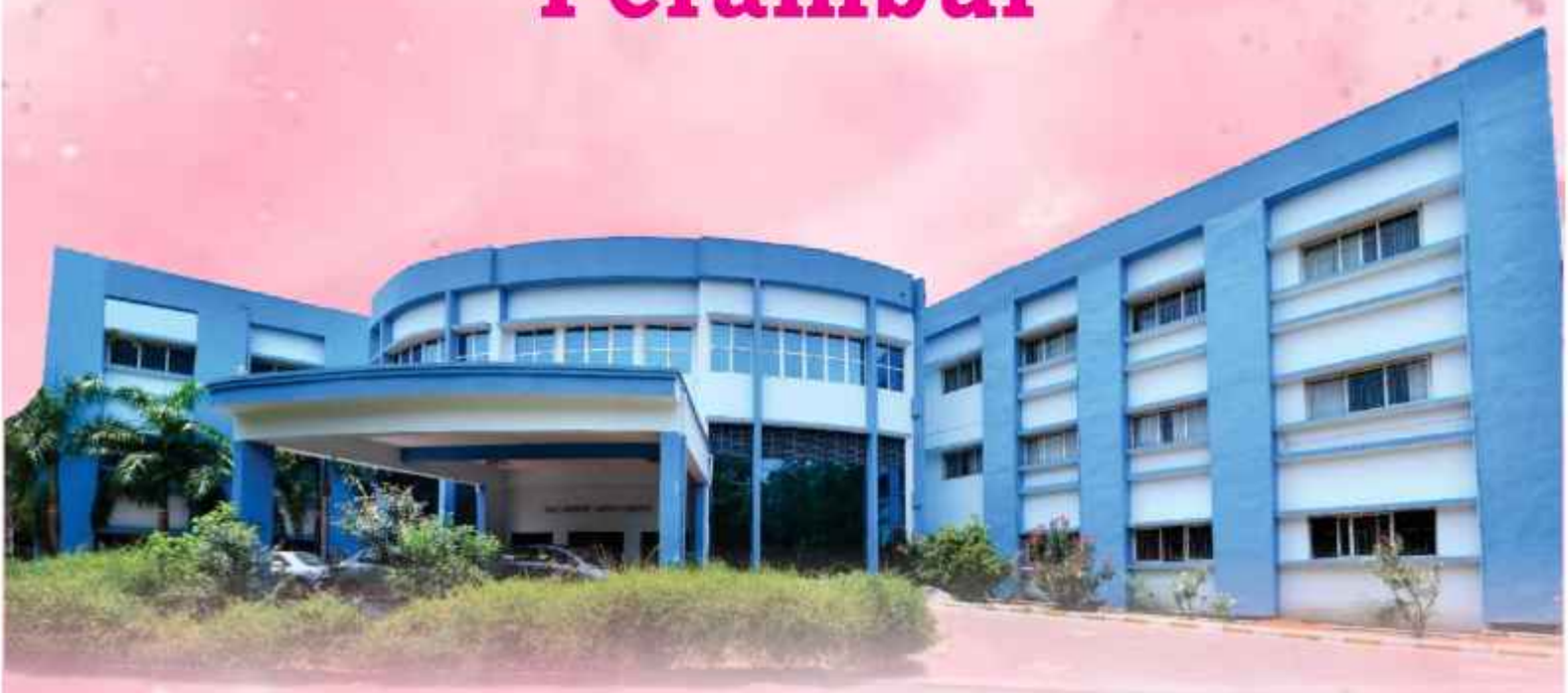
Dr. Kalyani .S
Organizing Secretary
Indian Railway Association of Gynaecology and Obstetrics Conference 2023
Medical Director & HOD Department of Gynaecology and Obstetrics
Southern Railway Central Hospital ,Perambur ,Chennai



Highlights from

Southern Headquarters Hospital

Perambur



Department of Obstetrics and Gynaecology

Southern Railway HQ Hospital, Perambur

Our department provides tertiary care obstetric and gynaecology services to railway beneficiaries from across the zone. We offer a spectrum of services, ranging from simple promotive and preventive care to more sophisticated curative surgeries and palliative medicine.

Faculty:

- **Dr. S. Kalyani,** MNAMS, DGO., DNB (OG)., Chief Gynaecologist and MD/RH/PER
- **Dr. V. Nirmala Devi,** DGO., Chief Consultant
- **Dr. K.S. Raja Rajeshwari,** MD., MRCOG., ACHD
- **Dr. G.C. Aperna Priya,** DNB (OG), ACHD
- **Dr. Jayarakini,** MD(OG)., ACHD
- **Dr. Hajira Fathima,** DGO., DNB (OG)., ADMO

Facilities in the department :

1. State-of-the-art Labour Room

Our labour room is designed to be aesthetically pleasing, while at the same time, ensuring functional efficiency. It is equipped with the latest systems to ensure that highest standard of care is met in the following services

- 24/7 Diagnostic ultrasound
- 24/7 Fetal surveillance systems
- Emergency obstetric and neonatal resuscitation equipment
- Labour Analgesia- Inhalational (Entonox) and epidural
- Operative vaginal delivery
- Obstetric High Dependency Unit- To cater to high risk patients with eclampsia, DIC, heart disease,etc

Our staff nurse administering Entonox to a laboring mother.

Our PG resident doing an ultrasound scan

Our Obstetric HDU offers sophisticated multidisciplinary critical care for unstable patients

2. Private rooms and general ward based inpatient services
3. 24/7 emergency theatre services with hysteroscopy and laparoscopy facilities, in addition to elective theatre services(4 days/week)
4. Outpatient clinic- 6 days a week -Services offered under one roof- Adolescent gynaec clinic, High Risk Pregnancy clinic, Subfertility clinic, Postnatal and Family welfare clinic, Gynaec Oncology clinic.
5. Antenatal yoga- 2 days a week
6. Maternal Mental Health Awareness, Care and Support Sessions held fortnightly , in association with Thunai, an NGO

Services Provided :

Preventive Gynaecology :

- The department regularly conducts screening camps (pap smear and breast examination) at various locations across the zone. Abnormalities detected are followed up and treated at RH/PER.
- Pap smear is taken for all married women aged above 30 years attending OPD. Endometrial biopsy is also taken when indicated. Nearly 100 women are screened every month for gynaec malignancies.
- HPV Vaccination against carcinoma cervix is offered to adolescent girls and unmarried women.

Health Promotive services (Gynaecology)

- A yoga instructor has been engaged on contract basis to teach yoga and antenatal exercises to pregnant ladies.

- Programmes on menstrual hygiene, breast and cervical cancer awareness, school health programmes with deworming initiatives are held regularly.
- Breast feeding week, World cancer day are observed with conduct of relevant programmes.
- Sanitary napkin dispensers have been installed in our department.
- We offer all the various methods of contraception and perform nearly 60-70 laparoscopic sterilization procedures every year.
- Dietary counselling for pregnant women with gestational diabetes and lifestyle modification counselling for women suffering from PCOS.

Curative Services:

Outpatient Services

Over a 100 patients benefit from our numerous outpatient services daily. Screening for sexually transmitted infections is done during gynaec examination and treatment for the same provided.

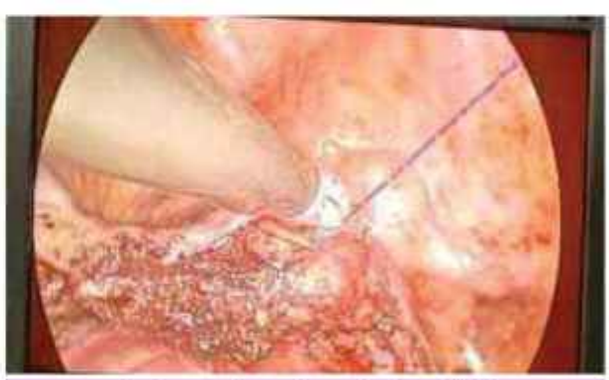
Inpatient Services

Category	2022	2023 (upto September)
Vaginal deliveries (including Instrumental)	524	360
LSCS	328	255
Major surgeries (including laparoscopy)	696	568
Minor Surgeries (including laparoscopy)	78	45

Our surgical work in pictures

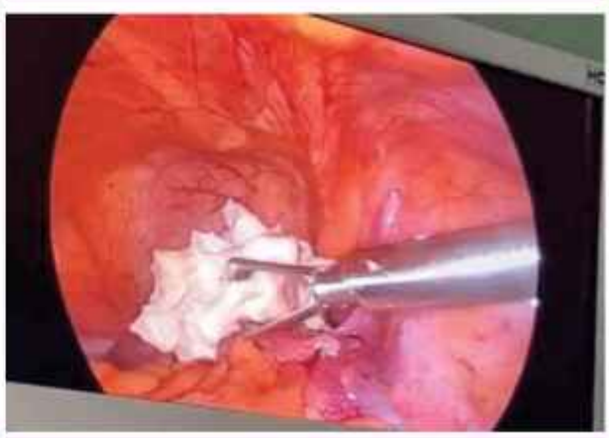
Laparoscopic procedures done at our department include total laparoscopic hysterectomy, pelvic lymphadenectomy, myomectomy, cystectomy, vault sacrocolpopexy, detorsion of ovary, salpingectomy for tubal ectopic, etc.

Isolated fallopian tube torsion in an adolescent

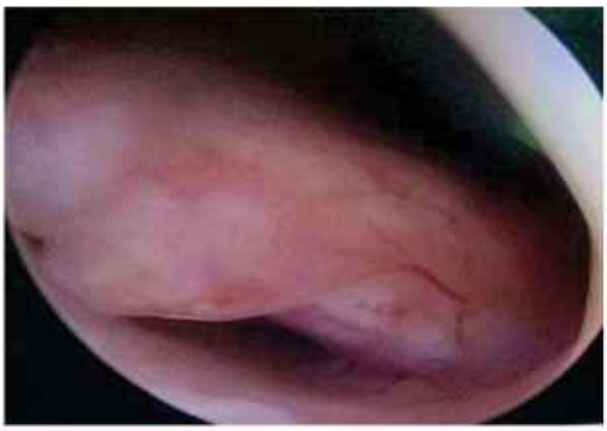


Endosuturing of vault after TLH

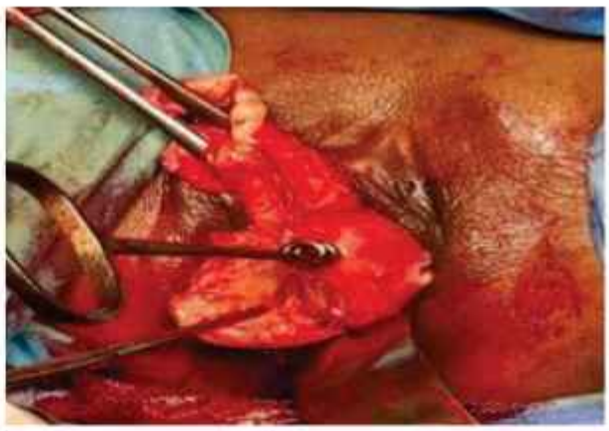
Laparoscopic myomectomy in progress



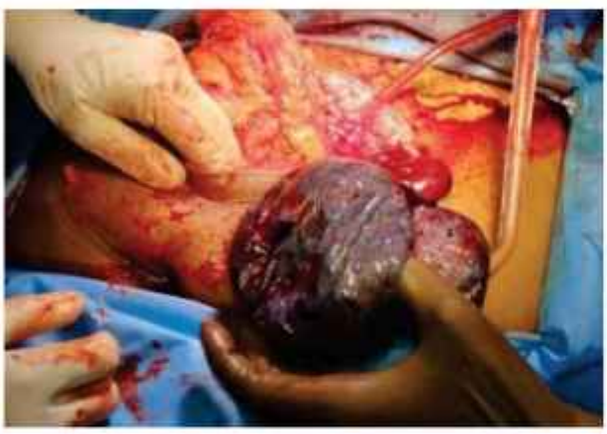
Fibroid morcellation during lap myomectomy



Hysteroscopic visualisation of a polyp prior to polypectomy



Non Descent Vaginal Hysterectomy of a 14 week sized uterus



Torsion of a dermoid cyst in pregnancy

Laparoscopic ovarian cystectomy in progress

Gynaec Oncology Services

- Medical oncology clinic runs every week for assessment and follow up of gynaecological malignancies.
- Advanced immunohistochemistry and molecular subtype testing is done.
- Recently licensed drugs such as PARP inhibitors, monoclonal antibodies like Pembrolizumab and immunotherapeutic agents are also made available.
- Surgeries such as staging laparotomy, cytoreductive surgeries, laparoscopy for endometrial malignancy, pelvic and para aortic lymphadenectomy, Wertheim's hysterectomy, etc are performed.

Academic achievements:

Our PG residents are equipped with good surgical skills, encouraged to develop a temper for scientific research and imbibed with a sense of service to humanity, making them amongst the best doctors in the field.

It is a matter of great pride for us that owing to the high standard of academics and patient care established in the department, OG residents of RH/PER are held in high regard within academic circles and among their peers.

Students' achievements

Our student Dr Sneha bagged the NBE gold medal for best performance in final year exit examination 2020 (declared in 2022). DNB residents of our department always perform exceptionally well at the National Board final examinations, and for the past several years, we have had a 100% pass result each year.

For the past 3 consecutive years, our students have been national winners in the quiz conducted by Indian Menopause Society. In the last one year, our students have won five I prizes and two II prizes in state

& national level quiz competitions, have presented 9 papers and 4 posters at national and state level conferences, and won prizes for all of them, including a gold medal at OGSSICON 2022 won by our PG Dr. Nandhana

Faculty's achievements

- In the last one year, 8 scientific papers from our department have been published in national and international indexed journals, under the authorship of Dr.Kalyani, Chief Gynaecologist and 4 scientific papers under the authorship of Dr.K.S.Raja Rajeswari,ACHD.
- All senior faculty in the department are regularly invited for external examinership and paper evaluation by reputed universities.
- Our department is a centre for the conduct of NBE final practical examinations.
- Dr V Nirmala Devi, retired as PCMD/SR and is now a senior consultant in the department, which benefits immensely from her rich experience.
- Dr Kalyani.S, Chief Gynaecologist and MD/RH/PER is in charge of administrative duties as part of both the posts. Also, implemented Swachchata Pakhwada at RH/PER and made it a resounding success. Dr Kalyani has also been instrumental in reviving the IRAGO - Indian Railway Association of Gynecologists and Obstetricians, and for conceptualising the conference, IRAGOCON 2023.
- Dr GC Apernapriya is in charge of drug procurement stores at RH/PER.
- Dr K.S.Rajarajeshwari,ACHD; is in charge of the health & family welfare department of RH/PER and is involved in conduct of all the public awareness programmes for observance of health related important days at RH/PER, in addition to school health programmes on menstrual hygiene,deworming and STD prevention.

The way forward..

Procurement of a central foetal monitoring system and high-end LDR beds for labour room is on the anvil. Team OG/RH/PER is working towards another ambitious goal- that of setting up an IVF centre at our hospital. With help from PCMD/SR and DGRHS, we hope the centre will start functioning in the coming year.

Department of Anaesthesiology

General, Superspeciality, Pain and Palliative Care Services

MAJOR OPERATION THEATRE COMPLEX, RH/PER

"Hours of boredom and moments of Terror !!!"

The Department of Anaesthesiology caters to all the supportive, diagnostic and therapeutic services related needs of Medical & Surgical broad and super-specialties with excellent coverage of perioperative intensive care services, acute & chronic pain management services and palliative care services along the lines of established National and International standards and guidelines. The Department of Anaesthesiology has been constantly upgrading its performance through continuous quality improvement process by way of regular updating of knowledge and skills scientifically & academically. Through judicious use of time-tested, modern, effective and efficient techniques & technologies with humane approach for providing Anaesthesiology services to our beneficiaries, our Team Anesthesiology has always aimed for achieving total satisfaction of all the beneficiaries.

The Department of Anaesthesiology has developed and transformed itself magnificently by converting all its potentialities into realities from a non-descript unit of 1930s to an Internationally reputed and representing institution of excellence in performance towards beneficiaries' safety and satisfaction in this 21st century.

The Department of Anesthesiology, Critical Care and Pain & Palliative Care comprises of a team of Five Anaesthesiology Consultants, headed by Dr. V. Kamatchi Selvam, ACHD, and fully supported by Dr. Kusuma Mathai, Senior Consultant, Dr. S. Jayasri, ACHD, Dr. Amirtha Balaji, ACHD and Dr. Subramanian, SrDMO in providing continuously safe & optimal anaesthesiology services for a wide spectrum of surgical & medical cases.

Apart from the regular specialties and the extraordinarily demanding situations arising out of

the past three waves of the COVID-19 pandemic, the departments of Neuro- surgery, Onco-surgery, Plastic surgery, Facio-Maxillary Surgery, Vascular surgery and related interventions, Non Operative Room interventions/ procedures, Labour Analgesia and Diagnostic & Therapeutic Endoscopic surgery have grown enormously in the recent past and a sizeable number of advanced and complex procedures are being added to the armamentarium of modern scientific health care facilities at a faster pace due to technological improvements in the fields of medicine, surgery, artificial intelligence etc., every year.

The regular open procedures have paved way to Laparoscopic surgeries needing our anesthetic expertise for the challenging demographic profiles with multiple co-morbidities. A large number of regional anesthesia techniques including various brachial plexus blocks at various levels, lumbar and sacral plexus nerves blocks at different levels including sciatic, popliteal, femoral and ankle blocks (taking advantage of the Peripheral Nerve Stimulation and Ultra Sound Guidance techniques) have replaced the general and spinal anesthesia techniques adding to the safety and comfort of seriously ill and elderly frail patients with severe co-morbidities interfering with their risk benefit ratios during the perioperative period.

Many challenging difficult airway cases are managed with the help of different types of Video laryngoscopes, LMAs and Ambuscope/ fiber-optic intubation. "24/7/365" - Round the clock labor analgesia services are also provided by the department. All the operation suites are well equipped with modern anaesthesia work stations empowered with state of the art Anaesthesia gas delivery, ventilation, monitoring and internationally defined and accepted safety features like hypoxia guard, warning alarms etc., Recently, two more latest anaesthesia workstations have been commissioned for patient care anesthesiology services in our Anaesthesia department (at a cost of nearly Rs. 50 lakhs). The 4 bedded general surgical ICU has been upgraded to 6 bed capacity, well equipped with ventilators and monitors and is being efficiently managed by the anesthesiologists.

The department is recognized & accredited by the National Board of Examinations since 1984 and at present, has an intake of 2 primary and 2 post diploma candidates per year. An active academic schedule is pursued and 100 percent success rate in the NBE MS Final examinations has been consistently achieved by our DNB students. Also scientific paper and poster presentations are made regularly at various forums including ISA National Conferences, Railway Association of ISA, Continuing Medical Education Programs, clinical meetings and webinars. Elite academicians like Professor V Nagaswamy as our academic consultant are regularly conducting online and physical academic sessions and interactions along with our own faculty members.

We have an active diagnostic and therapeutic pain relief services setting that provide a full-fledged, integrated pain and palliative care, taking advantage of the scientifically proven and safe clinical practices from alternative medical systems like homeopathy, acupuncture, physiotherapy etc.,. Reputed and popular Pain medicine specialists like Dr. Jegadish Basker, FRCA are our HVS consultants who offer world class pain and palliative care services and support our team of consultants and trainee students to reach newer horizons in the rapidly evolving domains of Anesthesiology, Intensive care and Pain & Palliative Care medicine at par with global standards.

We are regularly conducting Public Awareness campaigns promoting Health Awareness on COLS, BLS & ACLS, Perioperative safety, palliative care etc., through widespread and continuous Health Education activities at every opportunity to interact with our health care beneficiaries. We hope to advance with continuous quality improvements in our professional & clinical, academic and research activities using modern technology with more and more emphasis on humane approach along with the well sustained cooperation of our colleagues and support of our seniors.

Department of Cardiac Anaesthesiology
Southern Railway Headquarters Hospital, Perambur

The Department of Cardiac Anaesthesiology at Railway Hospital, Perambur is manned by a team of Three Railway Medical Officers and one senior Resident. The DNB Anaesthesia Post Graduate Trainees are also posted in the department in rotation to get trained in Cardiac Anaesthesia. The patients posted for procedures in Cardiac Surgeries in Cardio Thoracic Operation Theatre and Cardiac Catheterization Laboratory (Cath Lab) are provided services such as Pre-Anaesthesia check-up, State of Art Intra-operative Anaesthesia care, Post Operative Analgesia, and ICU care.

Dr. N.M. KUMAR
ACHD/RH/PER
MBBS, DA, DNB, MNAMS
YEARS OF SERVICE: 28

Dr. S. SHILMA
DMO/RH/PER
MBBS, MD
YEARS OF SERVICE: 07

Dr. P. VIGNESWARAN
DMO/RH/PER
MBBS, MD
YEARS OF SERVICE:06

The range of procedures done include:

Coronary Artery Bypass Grafting (CABG), Valve Repairs and Replacements, Repair of Congenital Cardiac Anomalies, Thoracic and Lung Surgeries, Coronary Stenting, Pacemaker Implantations. On an average, two to three Cardiac Surgical Procedures are done every day.

In addition to the regular Anaesthesia services, special services such as Provision of One Lung Ventilation for Lung Surgeries, providing ECMO facility coordinating with allied specialities, Anaesthesia care for Transcatheter Aortic and

Mitral Valve Replacement (TAVI & TMVr), ASD,VSD, and PDA device closures, Radiofrequency ablation procedures, Video Assisted Thoracoscopic Surgeries (VATS), Minimally Invasive Cardiac Surgeries (MICS), Perioperative Transoesophageal Echocardiography as a tool of monitoring the adequacy of repairs and cardiac functions.

Cardiac unit RH/PER

The Cardiac Unit currently has five consultant cardiologists -

Dr. Lakshmi Gopalakrishnan
Dr. Sriram Rajagopal
Dr. P. V. Thanuja
Dr. S. Senthil Kumar
Dr. M. Siddarth

and six residents are working in the department.

The Cardiac Unit at Railway Hospital, Perambur was started in 1978 and was the brainchild of Dr. T.J. Cherian. Many leading Cardiologists and Cardiac Surgeons have spent the formative years of their career at this centre. It runs DNB Cardiology program successfully for decades.

Currently the unit has two state of the art cath labs to perform diagnostic and interventional procedures ranging from paediatric interventions to complex valve, coronary and peripheral vascular interventions with facilities for coronary imaging, physiological assessment.

Coronary Care Unit (CCU) or Intensive Care Unit (ICU)is available for patients requiring intensive care, these units within the cardiology department are equipped with advanced monitoring equipment and staffed by healthcare professionals experienced in critical care.

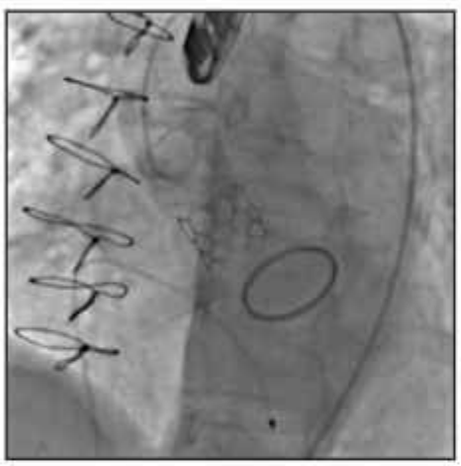
- Primary PCI for acute myocardial infarction are being done round the clock 24X7.
- ECG, TMT, Holter& ambulatory BP monitoring facilities are available.
- It has 3D ECHO with TEE capabilities for advanced imaging for diagnosis and treatment for structural heart diseases.
- It has IABP & ECMO to support the failing hearts.
- It has electrophysiology and radio frequency ablation suite to tame hearts with tachyarrhythmias.
- Single and dual chamber pace makers and ICDs & CRTs are also done.

It is the referral centre for Cardiology and Cardiovascular Surgery for the Indian Railways and also treats patients who are not from the Railways.

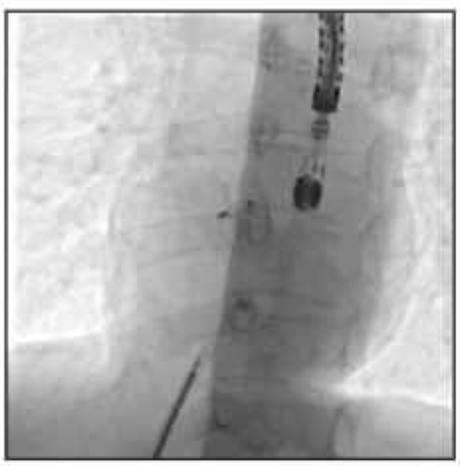
All this has been done within the Railway set up which has resulted in a significant cost saving for the organisation and the procedures are done only for clear clinical indications and in agreement with current accepted treatment guidelines thereby promoting patient safety as well as avoiding unnecessary costs.

One of the most notable aspects of cardiology is its commitment to prevention. Cardiologists work closely with patients to manage risk factors, like high blood pressure, high cholesterol, and diabetes, to prevent the development or progression of heart diseases. Lifestyle modifications, such as diet and exercise recommendations, are often key components of their treatment plans.

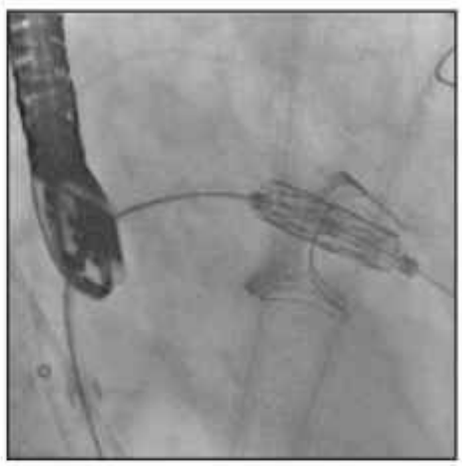
Our cardiology department is committed to excellence in every aspect of cardiac care, from diagnosis to treatment and recovery, making it a leader in cardiovascular medicine.



TAVR



ASD device closure



Mitral valve in valve

Sl. No	Procedure	2023	2022
1	Coronary Angiogram	969 (F- 374 & R-595)	1064(F- 391 & R-673)
2	Percutaneous Coronary Intervention	376 (F- 225 & R-151)	348(F- 264 & R- 84)
3	Peripheral Angiogram & Cath Study	14	19
4	FFR + PCI	1	7
5	FFR	5	14
6	Balloon Mitral Valvuloplasty	28	23
7	Balloon Pulmonary Valvuloplasty	1	1
8	TAVR	4	8
9	TMVR	1	-
10	Peripheral Angioplasty	47	32
11	Renal Angioplasty	3	-
12	Arterial Embolization	6	3
13	ASD Device Closure		2
14	Permcath Insertion	23	21
15	Pacemaker	93	77
16	ICD	4	7
17	CRT	4	1
18	Electrophysiological Study	9	13
19	EPS & RFA	12	5
20	IVC Filter	1	-
	Total	**1601**	**1645**

DEPARTMENT OF CTVS (RH/PER)

Department of CTVS in RH/PER has been functioning as a premier Institute and Referral Centre for our entire Indian Railways.

At Present, there are three IRHS Doctors

Dr. N. R. RAVISHANKAR
CHD/RH/PER
MBBS, MS, MCh (CTVS),
MA (HINDI & SANSKRIT)
YEARS OF SERVICE: 25

Dr. V. ANAND KUMAR
ACHD/RH/PER
MBBS, MS, MRCS (Edin.), MCh (CTVS)
FMAS (FELLOWSHIP IN MINIMAL ACCESS SURGERY)
YEARS OF SERVICE: 18

Dr. A. ARUN KUMAR
Sr.DMO/RH/PER
MBBS, DNB, MCh (CTVS)
YEARS OF SERVICE: 02

List of surgeries rendered by the CTVS Team:

1. Simple and Complex Congenital Cardiac Surgeries.
2. Open Heart Surgeries like MVR/AVR/DVR & Combined Procedures (Valve + CABG).
3. CABG - Off Pump/On pump.
4. VATS - Video Assisted Thoracoscopic Surgery, apart from common Lobectomies and other Lung Surgeries.
5. MICS – Minimally Invasive Cardiac Surgeries for selected cases.
6. Bronchoscopic Procedures – Basic and Advanced.
7. ECMO Unit - as a part of heart failure programme collaborating with other specialists.
8. Complex Total Arterial Revascularisation - for Young CABG patients.
9. Cervical Mediastinoscopy –Mediastinal Lymph Node Biopsy (for Onco Patients)
10. Rib Fixation – Titanium Plate Rib Fixation for Poly Trauma and Flail Chest patients in conjunction with Ortho Department and General Surgery Department.
11. Vascular - A-V Fistulas, Femoropopilitial Bypass Grafting, Pseudo-Aneurysm repair of Peripheral Arteries. Special Major Cases like Complex Thoracoabdominal Aneurysm Surgeries were done. Carotid Endarterectomies, Peripheral Vascular Interventions like Balloon Plasty/Stenting, CDT (Catheter Directed Thrombolysis) for Acute Limb Ischemia patient. Femoral Endarterectomies (Open/Forgarty) are being done.
12. Major contribution as a team for TAVR.

Future Plan/Development proposal:

1. Advanced MICS/ Hybrid Procedures (need to procure Equipments)
2. Robotic Cardiac Surgery.
3. Heart and Heart Lung Transplant Programme.

DERMATOLOGY, VENEREOLOGY & LEPROSY

Salient features:

This Department renders medical care on the following;

- Clinical Dermatology
- Pediatric dermatology
- Cosmetology
- Venereology and
- Dermatosurgery
- Trichology
- Dermatopathology
- Leprosy.

DVL OPD days – Monday. Tuesday, Thursday & Friday

Timing – 1400 hrs – 1600 hrs

Procedure day – Wednesday

The Department is equipped with whole body phototherapy unit (A), cryosurgery instruments (B), radiofrequency ablation machine (C), light microscope (D) for bedside diagnosis (Minor OT) which are being utilized for the beneficiaries.

Statistics :

This Department sees a regular OPD Registration between 45-50 daily for the medical services provided to the beneficiaries of this Railway in Central Hospital from 2 PM onwards.

DVL care has been given to the beneficiaries of 2077 on an average from Aug 2023–Oct 2023

The medical care provided from this DVL OPD on some of chronic diseases are as follows:

Psoriasis	Lichen planus	Pemphigus vulgaris	Vitiligo	Chronic Infecious disease	Leprosy	Eczema	Chronic urticaria
90	45	4	28	>250	12	>200	35

The aforementioned DVL OPD registration is apart from the consultation/care given in the general OPD in the morning hours from Monday to Saturday.

Recent achievements:

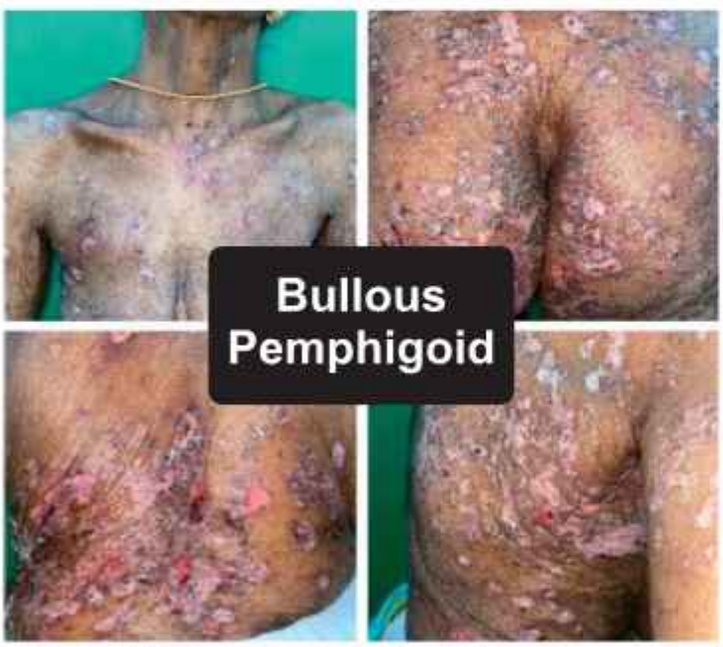
Injection Secukinumab has been procured for severe psoriasis which is made available to the railway beneficiaries and thanks to our MD and CMD for their sanction. Also, a set of required medicines and instruments are expected to be procured shortly.

Necessary steps have been taken in a short span of time (August 2023 to October 2023) to treat railway beneficiaries in relation with skin, hair, nail and mucous membranes.

A 46 years old Trackman has been suffering from severe psoriasis for several years and he has been treated timely with Injection Secukinumab; achieved a good result by 3 weeks with clearance of skin lesions.

In addition to the aforementioned type of diseases, the Department has taken effort to treat rare diseases (see Figure 2) with minimum human resources, limited time, minimum available facility but without beds, low cost (compared with private hospitals) has achieved and continuing to manage in providing services with industry standards.

This Department renders services to all beneficiaries referred from other Departments of this hospital out of the DVL OPD hours as a result, reduced the cost of from the RH/PER accounts.



70-year-old Female, Pensioner dependent presented with extensive blistering all over the body for a period of 2 weeks, diagnosed as Pemphigus (rare disorder); the necessary medical care has been initiated immediately and managed temporally without dermatology intensive care (DICU) unit. Pemphigus once thought to be a deadly disease is now can be managed with newer drugs which are available with us.

Dream for future :

1. Regularization of the DV&L care and treatment to the beneficiaries similar to other Departments of Southern Railway Head Quarters Hospital.
2. Arrangement of special sessions or seminars, workshop and training for the para medical staff in relation to DV&L care.
3. To perform various dermatosurgical / treatment procedures by increasing the number of required human resources.
4. Lasers have revolutionized the field of dermatology for various indications ranging from curative treatment to cosmetic treatment hence, procurement of lasers, dermatosurgery instruments and equipment.
5. Starting of dermatology intensive care (DICU) unit to manage pemphigus and toxic epidermal necrolysis patients who require reverse barrier nursing.
6. Steps to initiate DNB program.

Dr. A. Therasal Valarmathi, MD (DV&L),
Sr DMO/RH/PER.

DEPARTMENT OF OTORHINOLARYNGOLOGY

The Department of ENT was established by Dr Prabhakaran and the DNB program was started by him in the year 1991. Dr A Elangovan, a renowned Laser surgeon, who took over the helms from Dr Prabhakaran, guided and nurtured the growth of this department. It is now being headed by Dr Musarrat Feshan and Dr A P Preetham.

DNB Program

It has 1 primary seat and 1 post-diploma seat. Regular classes, guest lectures and journal clubs are being held in the department. Almost all the students have cleared their final theory and practical examinations and majority of them have done so in their first attempt. Students have been presenting papers at various national forums.

Publications:

A total of 13 original research papers from the department have been published in International journals over the last 10 years. The last publication published in the month of October is "Puthukudy PA, Feshan M, Muthu D. A prospective study of clinicopathological profile and outcome of otomycosis in patients presenting to a tertiary care center. Int J Otorhinolaryngol Head Neck Surg 2023;9:805-10."

OPD and OT statistics:

01 Jan to 30 Sep 2023
13141

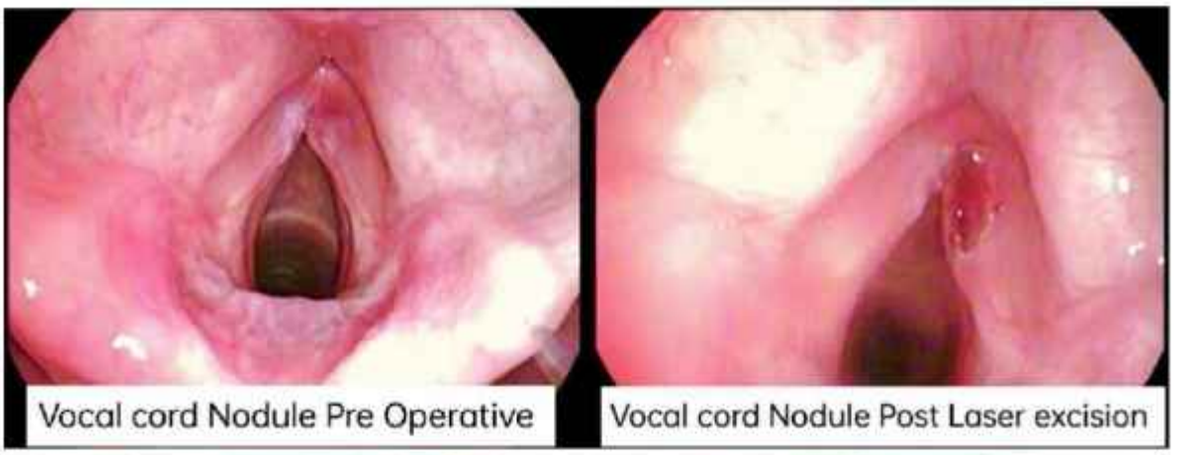
01 Jan to 30 Sep 2023	
Type	**Number**
Special	237
Major	489
Minor	1010
Trivial	2680

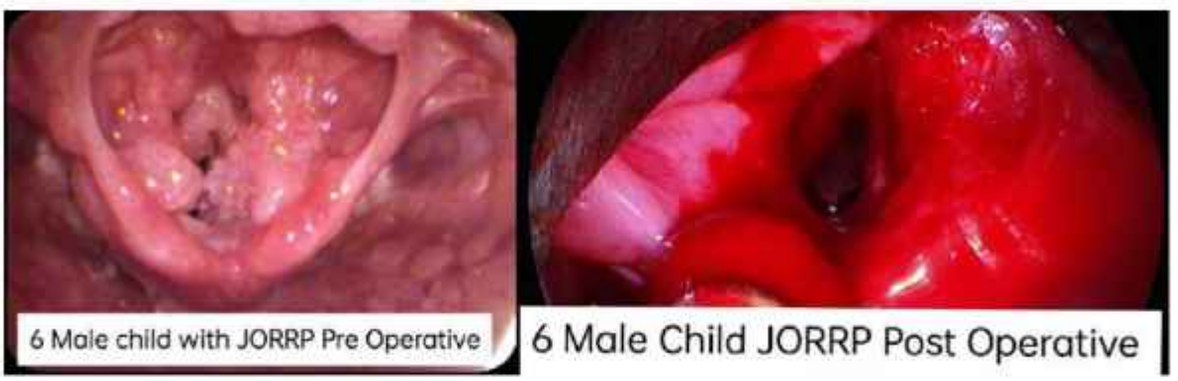
Surgeries:

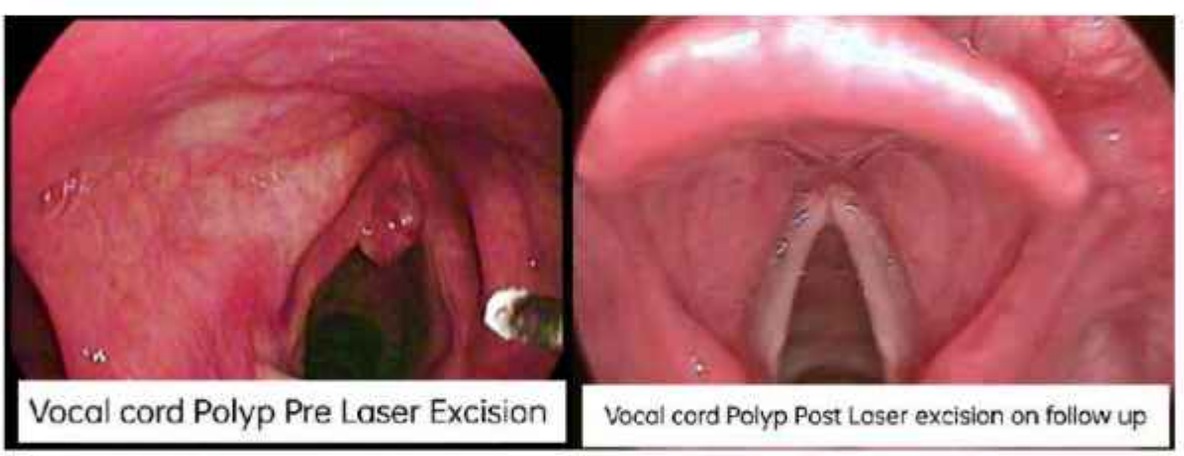
All types of ENT surgeries of the Ear including Tympanoplasty, Mastoidectomy, Ossiculoplasty, Functional endoscopic sinus surgeries for Chronic sinusitis, Endoscopic septoplasty, Septorhinoplasty, Tonsillectomy and tracheostomy are being done regularly Special Surgeries include surgeries for Sleep Apnea and Snoring like UPPP - Uvulopalatopharyngoplasty and evaluation by DISE (Drug Induced Sleep Endoscopy) is also being done. Pediatric bronchoscopy, pediatric JORPP, MLS, Endoscopic Microdebrider assisted Laryngeal Papilloma removal, Endoscopic CSF leak closure, and endoscopic Dacrocystorhinostomy for chronic epiphora are some of the advanced surgeries being done Fiberoptic Laryngoscopy and Bronchoscopy with laser surgeries of the larynx and trachea are being routinely done. Many cases of tracheal and subglottic stenosis are being referred from many private hospitals and medical colleges in Chennai for laser surgeries.

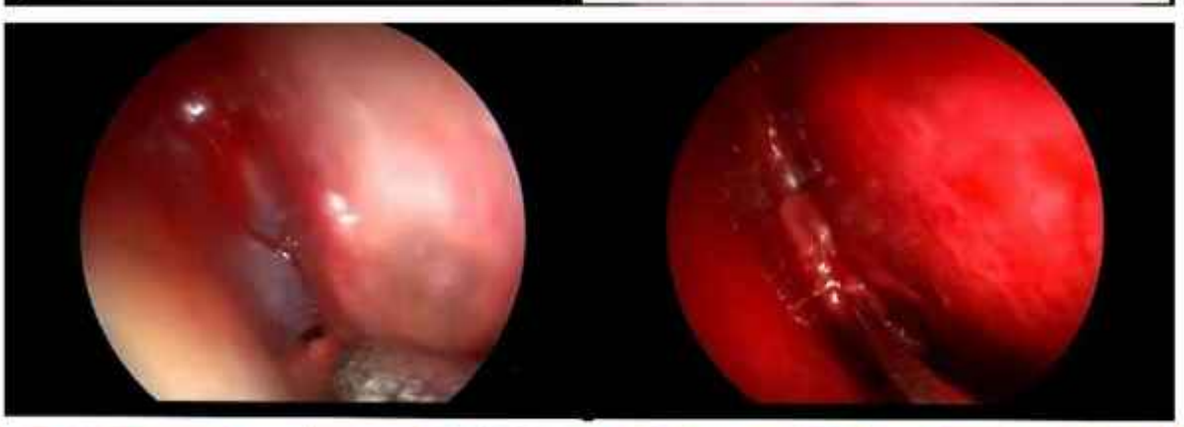
Oncological surgeries such as Partial laryngectomy, Total laryngectomy, Partial and total Maxillectomy, Radical neck dissection are being done here. No oncology case is being referred for any Oncology surgeries outside except for Radiotherapy. Chemotherapy is given in-house.

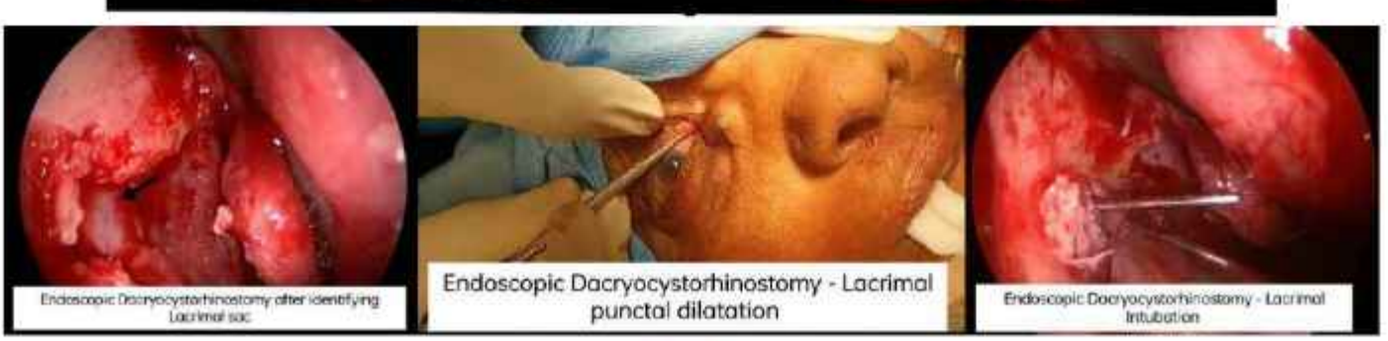
Cases of Dysphagia are being regularly managed in the Department. FEES (Fiberoptic Endoscopic Evaluation of Swallowing) is regularly done.


Vocal cord Nodule Pre Operative
Vocal cord Nodule Post Laser excision


6 Male child with JORRP Pre Operative
6 Male Child JORRP Post Operative


Vocal cord Polyp Pre Laser Excision
Vocal cord Polyp Post Laser excision on follow up




Endoscopic Dacryocystorhinostomy after identifying Lacrimal sac
Endoscopic Dacryocystorhinostomy - Lacrimal punctal dilatation
Endoscopic Dacryocystorhinostomy - Lacrimal Intubation

Mucormycosis Pre debridement

Mucormycosis Post Debridement with Sphenopalatine fossa clearance

Mucormycosis:

Mucormycosis Usually only about 3 to 4 cases of Mucormycosis are treated every year in the ENT department at RH PER. In 2021 due to the COVID-19 pandemic, a sudden increase in the cases of Invasive Fungal Sinusitis like mucormycosis was seen. 21 cases were admitted at RH PER, of these 5 cases died in the Covid ward even before being referred to the ENT Department. 16 cases of Rhinocerebral-Orbito-Mucormycosis were successfully treated and discharged from the ENT Department after repeated extensive debridement of the lesions and treatment with Amphotericin B. Not even one case was referred to any outside hospital.

Preventive ENT:

Routine universal screening of neonates for hearing loss under the National Programme for Prevention and Control of Deafness (NPPCD) by OAE has been routinely being done since 2013. About 15 to 20 cases are being done every month for neonates.

Faculty:

Dr. Musarrat Feshan and Dr A.P. Preetham have gone as an examiner for the final DNB practicals examination multiple times.

Dr Musarrat Feshan has been invited for the final theory paper correction.

Dr A P Preetham has gone as an observer to Dr Jayakumar, the famous laryngologist of India.

Dr Musarrat Feshan is in charge of the DNB program at RH/PER besides her routine work.

Dr. A.P. Praetham is in charge of the steward section besides his routine work.

The Future....

The department aims to start an All India Laryngology referral center shortly. Stroboscope for the study of voice and vocal cords has already been sanctioned under M&P program. A set of laryngeal instruments is expected to be procured shortly. A large number of laryngeal surgeries are already being done at our center and now Laryngeal framework surgery is to be started shortly.

DEPARTMENT OF GENERAL MEDICINE

The Department of General Medicine at Southern Railway Headquarters Hospital, Perambur, is a comprehensive healthcare unit with a total of 142 beds, which includes a 17-bed Intensive Care Unit (ICU) and High Dependency Unit (HDU). This department is further divided into various specialized wards, including a Male Medical Ward, Female Medical Ward, Nephrology Ward, and Chest Ward. The department is staffed by a team of highly skilled medical professionals, consisting of 4 Indian Railways Health Service (IRHS) Physicians and 2 Gastroenterologists.

The department offers a wide spectrum of healthcare services to patients across various medical specialties. This includes providing critical care in the ICU, as well as both outpatient and inpatient management for a diverse range of medical conditions that encompass Pulmonology. Medical Gastroenterology, Nephrology, Haematology, Rheumatology, Neurology, Medical Oncology and Endocrinology. Additionally, the department plays a pivotal role in managing cardiac emergencies initially in the Medical ICU, with continuous monitoring by cardiologists. The Medical Intensive Care Unit (ICU) is equipped with 22 ventilators, 3 High Flow Nasal Oxygen (HFNO) machines, Multipara monitoring system, an ABG (Arterial Blood Gas) machine, portable bronchoscopy unit, CRRT machine, SLED machine, USG machine. The department has effectively managed numerous complex cases, including severe sepsis with multiorgan dysfunction, brain stem stroke, cortical venous thrombosis, and pulmonary embolism.

The Department of General Medicine also specializes in performing a variety of complex medical procedures. These procedures are conducted with precision and include vascular access in critically ill patients and those requiring renal replacement therapy under ultrasound guidance, diagnostic and therapeutic bronchoscopy like tracheal stenting, pleurodesis, ICD (Implantable Cardioverter Defibrillator) insertion, USG (Ultrasound) guided transbronchial and transthoracic lung biopsies, diagnostic and therapeutic upper gastrointestinal (GI) endoscopy, ERCP (Endoscopic Retrograde Cholangiopancreatography), bone marrow biopsy, renal biopsy, liver biopsy, liver abscess aspiration, spirometry, Body box plethysmography, bedside EEG (Electroencephalogram) and nerve conduction studies, and bedside diagnostic and interventional ultrasonography.

Notably, the department has introduced ECMO (Extracorporeal Membrane Oxygenation) services, marking a groundbreaking development in the history of Indian Railways. ECMO is an advanced therapy reserved for severe respiratory or cardiac failure cases where conventional treatments are insufficient. Its implementation has been made possible through a collaborative effort involving cardiothoracic surgeons, anesthetists, intensivists, and dedicated support staff.

The Department of General Medicine also offers specialized treatment modalities like Continuous Renal Replacement Therapy (CRRT), Slow Low Efficiency Dialysis (SLED), and life-saving advanced procedures for treating poisoning cases. These include hemofiltration for specific poisonings like Carbamazepine, plasma exchange therapy for acute liver injuries, intravascular lipid emulsion therapy for herbicide poisonings, Continuous Ambulatory Peritoneal Dialysis (CAPD), Automated Peritoneal Dialysis for home-based care (APD), permanent catheter insertion, arteriovenous fistula creation, angioplasty for venous thrombosis/occlusion, and pre- and post-renal transplant care, which are conducted in a dedicated Nephrology unit.

In addition to providing clinical care, the department is actively involved in medical education. It offers a Post Graduate academic course in DNB (General Medicine) accredited by the National Board of Examinations. Annually, the department admits 4 primary DNB candidates and 1 sponsored DNB candidate from Government Institutions. The department conducts regular academic activities, including formative assessment tests, and encourages research presentations in various journals and conferences by postgraduate students and faculty members. Furthermore, the Department of General Medicine is recognized as a center for conducting final DNB practical exams for candidates from different institutes, underlining its academic excellence.

Faculty

Dr. K.Muruganandam
M.D (Gen Med), DNB (Gen Med)
ACHD - HOD and In charge of
Female Medical ward and
Special Ward

Dr. V.S. Shanthi
M.D (Gen Med), DM (MGE)
Chief Consultant -
In charge of Male Medical ward

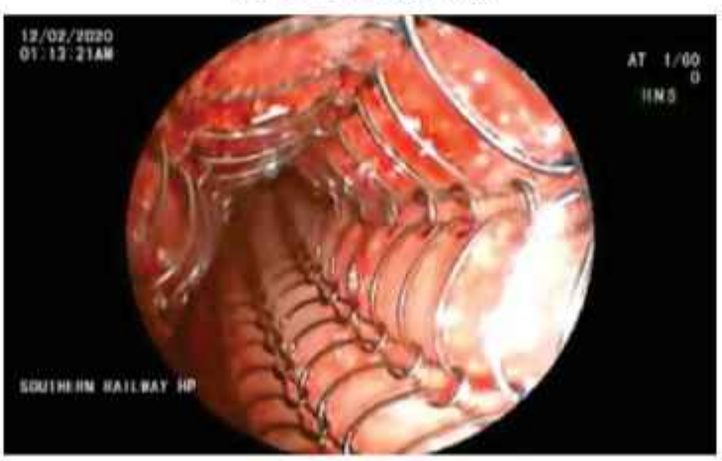
Dr. G.B. Vidhyashankari
DNB (Gen Med) ACHD -
In charge of Male Medical ward

Dr. K. Jayasudha
DGO, M.D (Gen Med) – Sr.DMO (SG) -
Incharge of Nephrology Department

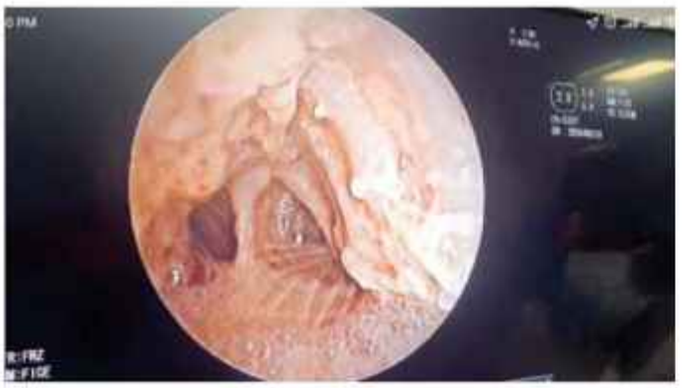
Dr. S. Ragavendra
M.D (Gen Med), DM (MGE)
Sr.DMO - In charge of
Female Medical ward

Dr. G. Arun Kumar
M.D (Gen Med) Sr.DMO
In charge of Medical ICU
and Chest ward.

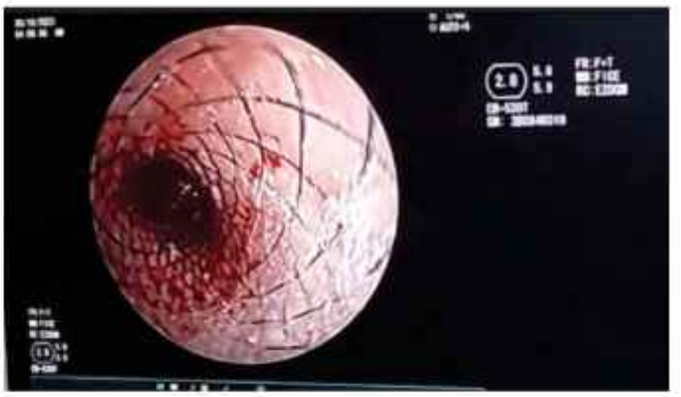
Tracheal stenting



Tracheobronchopathiaosteochondroplastica



Tracheal Y stenting



ECMO Therapy at Medical ICU (1st time in Indian Railways)

Procedure statistics

S.No	Procedure during last 1 year at ICU	Total
1	Central line	312
2	ICD insertion	56
3	Bronchoscopy	153
4	Lumbar Puncture	29
5	SLED	311
6	CRRT	14
7	LUNG BIOPSY	17
8	RENAL BIOPSY	07
9	LIVER BIOPSY	05
10	BMA	16
11	MECHANICAL VENTILATION	644

DEPARTMENT OF GENERAL SURGERY

SURGICAL TEAM

❖ Dr. R. KING GANDHI	❖ Dr. V. PAVALA KANNAN
❖ Dr. V VIJAYA BHASKAR	❖ Dr. GHAUTHAMAN R
❖ Dr. SIVAKAMI M	❖ Dr. SUNIL BABU P

DNB Trainee Surgeons

III Year	II Year	I Year
Dr. Aishwarya S	Dr. Vimal kumar	Dr. Arshad Salam
Dr. Navvi S	Dr. Shalini sridhar	Dr. V. Ravi Prasanth
Dr. A O J Narayana yadav	Dr. Dinesh kumar C	Dr. P. Subhashini
Dr. Devanand S	Dr. Pardhuman singh	

CONSULTANTS

SURGICAL GE	Dr. RAMKUMAR
UROLOGY	Dr. N HARISH BHATT
SURGICAL ONCOLOGY	Dr. AYYAPPAN S
MEDICAL ONCOLOGY	Dr. REJIV RAJENDRAN
PLASTIC SURGERY	Dr. DAMODAR RAJ
PAEDIATRIC SURGERY	Dr. SUBHA BHATT
INTERVENTIONAL	Dr. JAYARAJ RADIOLOGY VISWANATHAN
VASCULAR SURGERY	Dr. JAYANTH VIJAYAKUMAR

WORKLOAD

Ward / OPD	Number Of Admission / Patients For 2022 - 2023	Number of Admission / Patients From 2023 April To Till Date
OPD	29387	20317
MALE SURGICAL WARD	1443	818
FEMALE SURGICAL WARD	983	566
SEPTIC WARD	407	193

TOTAL SURGERIES DONE FOR THE YEAR 2022-23

2022- 2023	MAJOR	MINOR	>4 HRS	TRIVIAL	CASUALTY	TOTAL
GENERAL SURGERY	304	1060	24	215	3216	4819
UROLOGY	72	80		36		188
VASCULAR SURGERY						69
PLASTIC SURGERY	14	10		7		31
PAEDIATRIC SURGERY						9
INTERVENTIONAL RADIOLOGY						303
ONCOLOGY	19					19

TOTAL CASUALTY PROCEDURES DONE FOR THE YEAR 2022-23

CASUALTY PROCEDURES	FROM 2022 - 2023	FROM 2023 APRIL TO TILL DATE
TRIVIAL	1633	993
MINOR	1395	714
MAJOR	188	177
TOTAL	3216	1884

ACHIEVEMENTS

- Dnb Training With More Than 80% Passout Since 1985.
- Advanced Laparoscopic Surgeries With State Of The Art Equipments Including Recent Addition Of 3d Laparoscopic System
- Advanced Oncosurgical Procedures.
- Advanced Vascular Surgical Procedures.
- Latest Chemotherapies For All Types Of Cancers Including Latest Hormone/immuno Therapies
- Patient Friendly Chemoport Provision For Chemotherapy.
- Advanced Trauma Management And Icu Support
- Advanced Interventional Radiological Procedures

Comprehensive Cancer Care

- All type of cancers is managed and treated here.
- More than 80% of onco surgical cases are managed by railway surgeons.
- Surgical oncologist has performed 19 special major onco surgeries in 2022-23.
- All special investigations, Chemotherapies and radiotherapies are given as per medical oncologist review.
- Latest form of Immunological and hormonal treatment also available for railway patients.
- Pain clinic for advanced cancer care also available.

Laparoscopic Surgery

- All special major keyhole surgeries are done at RH/PER at par with Govt and corporate institutions.
- In the year 2022-23 total 158 laparoscopic surgeries done.
- Following surgeries are regularly done. Laparoscopic appendicectomy
  - Laparoscopic cholecystectomy, CBD Exploration
  - Laparoscopic hydatid cyst excision
  - Laparoscopic diaphragmatic hernias repair
  - Laparoscopic Fundoplication
  - Laparoscopic GJ / JJ / Gastrectomy / splenectomy /cystogastrostomy
  - Laparoscopic Bariatric surgeries
  - Laparoscopic Colonic resections (Right/Left/Total)
  - Laparoscopic LAR / APR
  - Laparoscopic Radical Nephrectomy, ureterolithotomy, Pyeloplasty, Ureteric re Implantation, Varicocelectomy
  - Laparoscopic ventral and inguinal Hernia surgeries,
  - Diagnostic Laparoscopy

Equipment

3d / HD Advanced Laparoscopic System

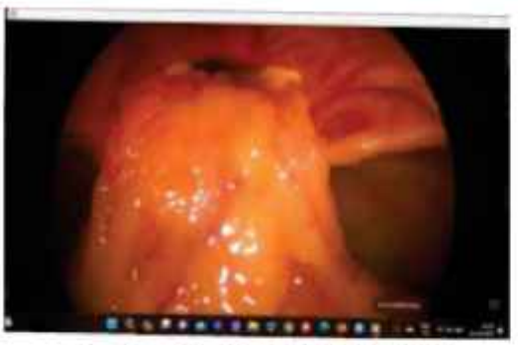
Advanced Plasma Steriliser

Advanced Vessel Sealing / Harmonic Device

Holmium Laser For Urology

SPECIAL CASES TO MENTION

LAPAROSCOPIC REPAIR OF MORGAGNI DIAPHRAGMATIC HERNIA



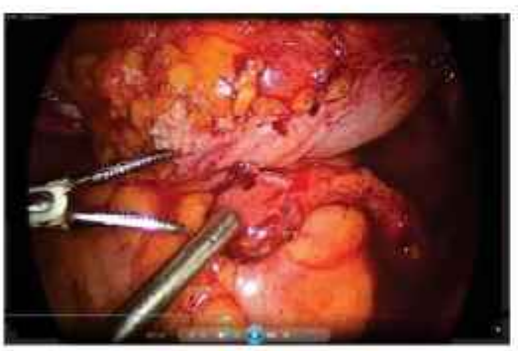
1] OMENTAL HERNIATION

2] DEFECT AFTER REDUCING THE CONTENTS

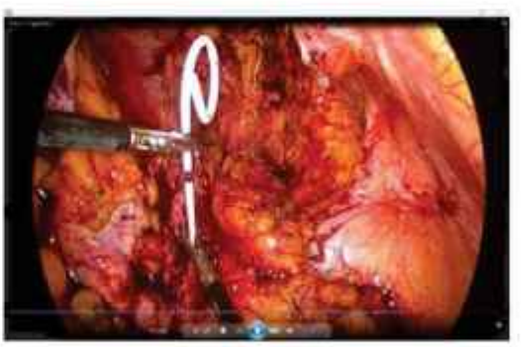
3] REPAIR OF DEFECT

4] MESH PLACEMENT

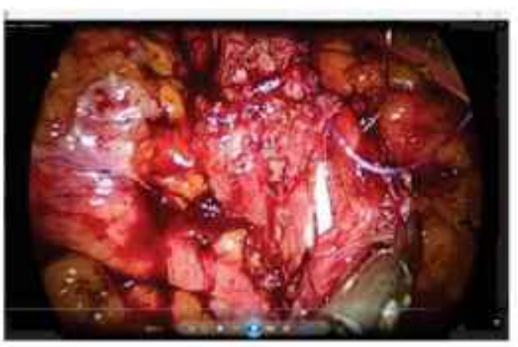
LAPAROSCOPIC URETERIC REIMPLANTATION



1] URETERIC SPATULATION



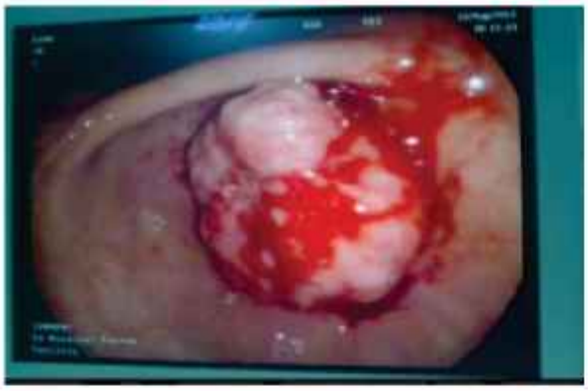
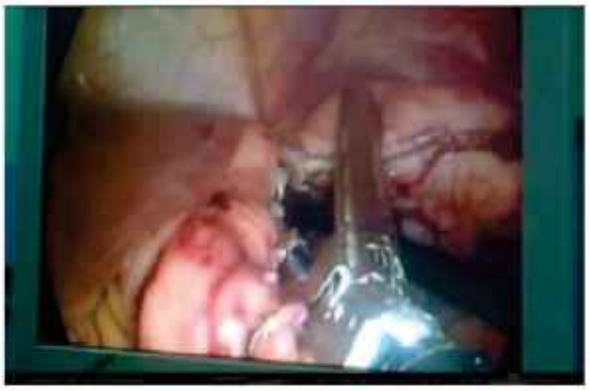
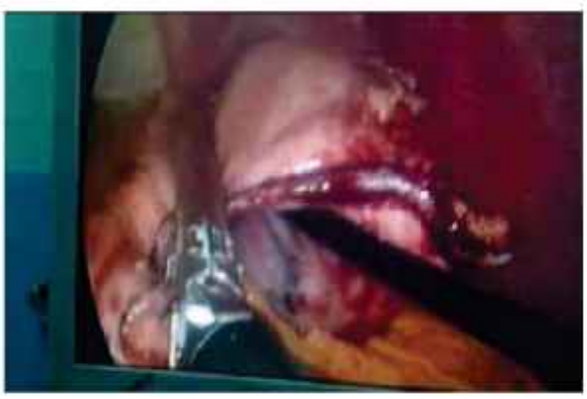
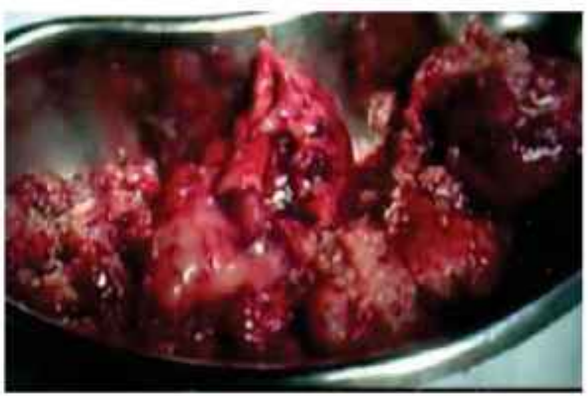
2] DJ STENT



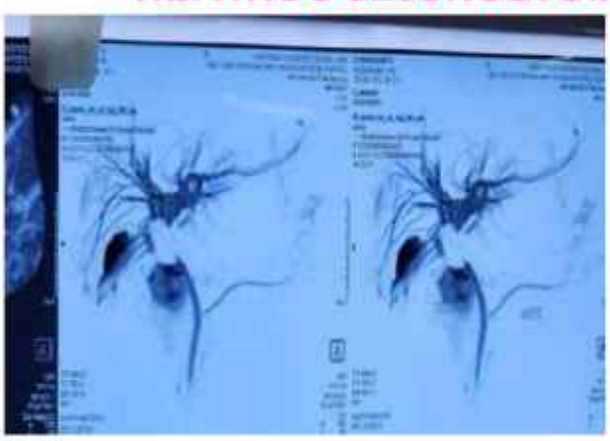
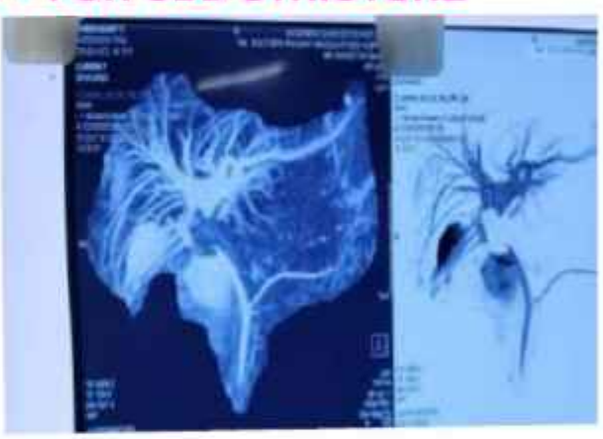
3] URETERIC REIMPLANTATION

4] SUBMUCOSALTUNNELING

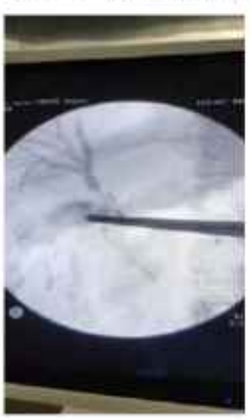
LAPAROSCOPIC SLEEVE RESECTION OF GIST

SURGICAL MANAGEMENT OF CBD INJURIES
HEPATICO JEJUNOSTOMY – FOR CBD STRICTURE

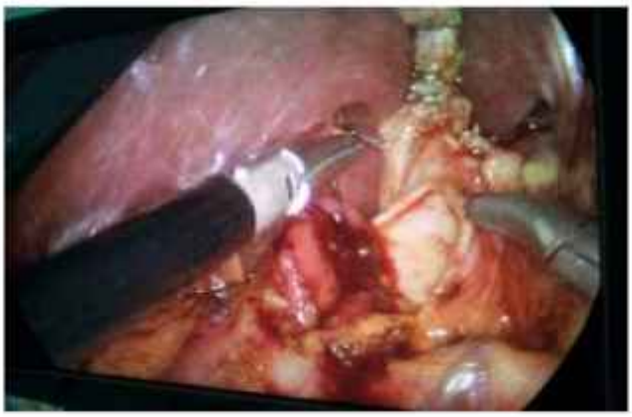
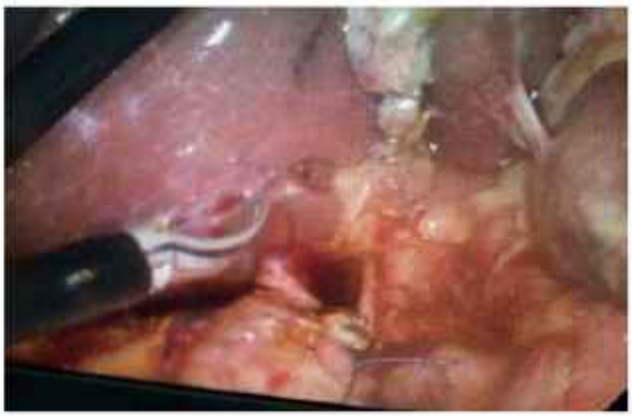
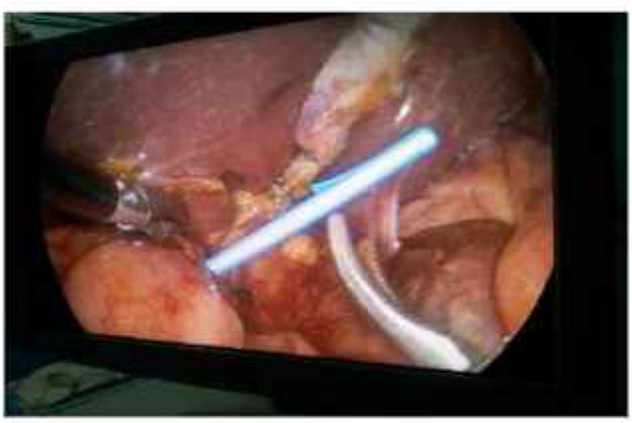
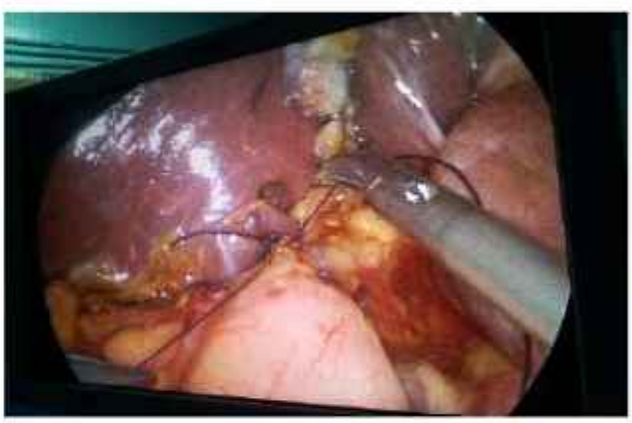
PIC 1 & 2 - PREOPERATIVE MRCP IMAGES SHOWING CBD STRICTURE



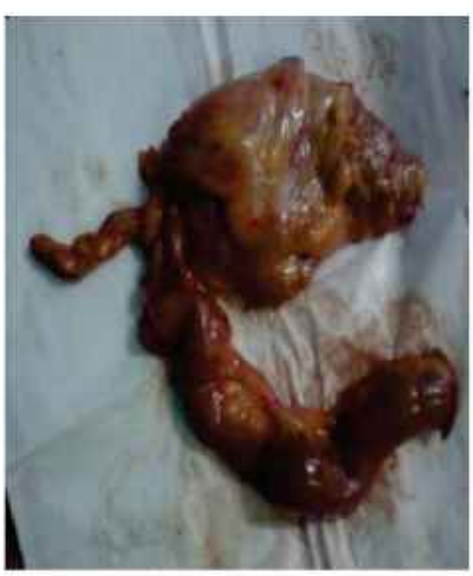
3] INTRAOP CHOLANGIOGRAM – SHOWING

4] POST OP CHOLANGIOGRAM ABBERANT POSTERIOR SECTORAL DUCT

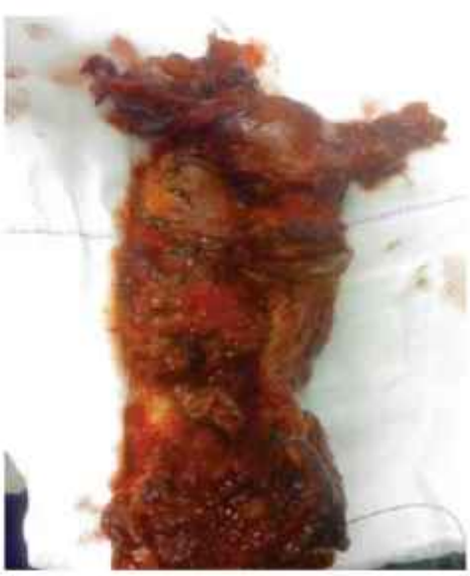
LAPAROSCOPIC CHOLEDOCHO JEJUNOSTOMY

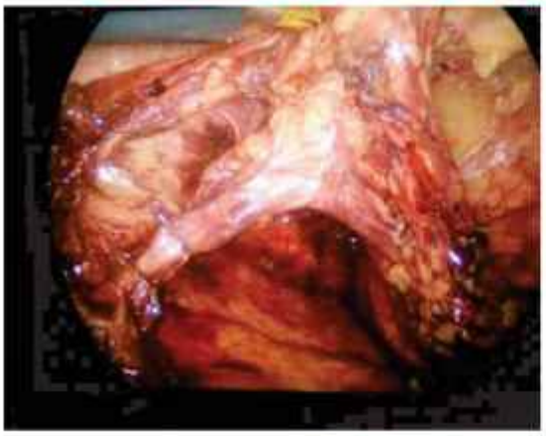
LAPAROSCOPIC RIGHT HEMICOLECTOMY

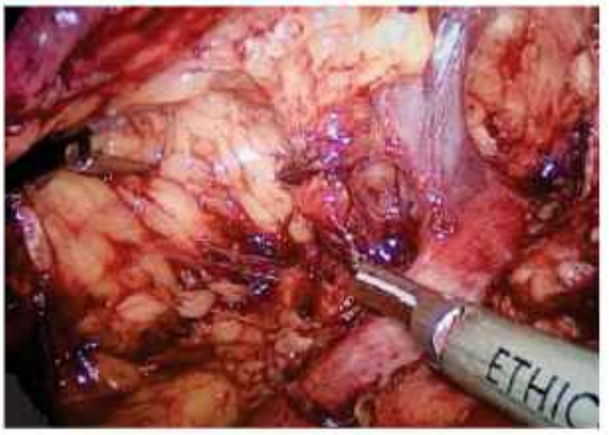


LAPAROSCOPIC POSTERIOR PELVIC EXCENTRATION

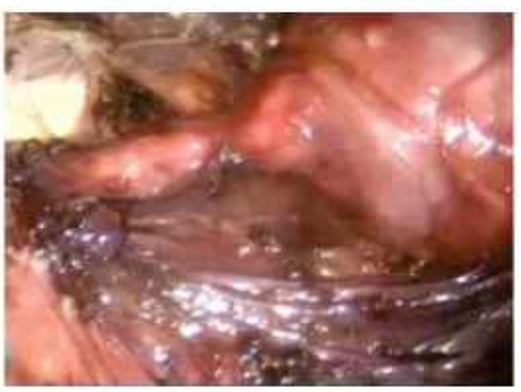


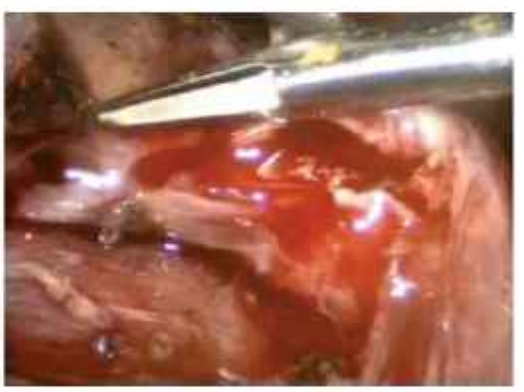
LAPAROSCOPIC RADICAL NEPHRECTOMY- RIGHT

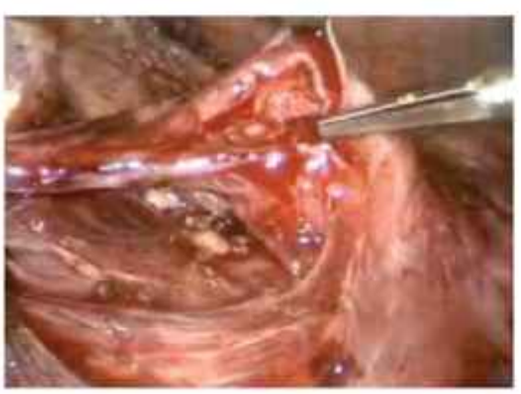


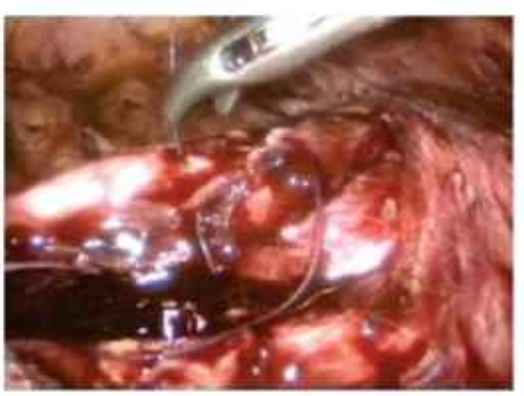


LAPAROSCOPIC PYELOPLASTY FOR PUJ OBSTRUCTION

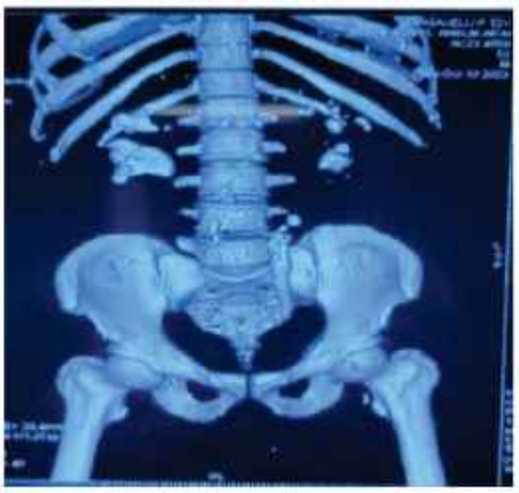
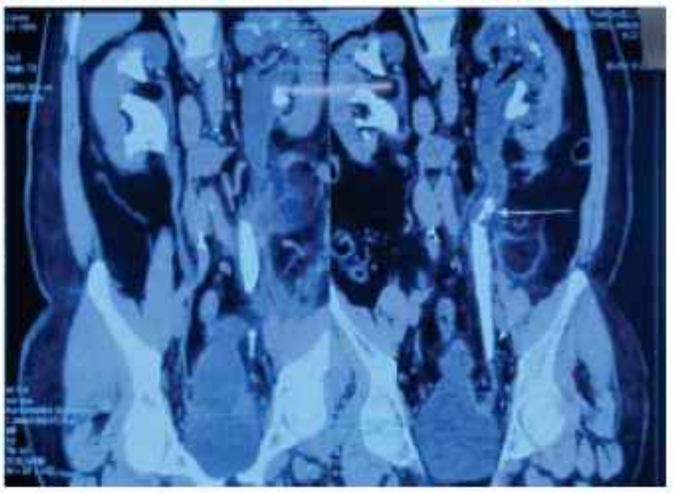






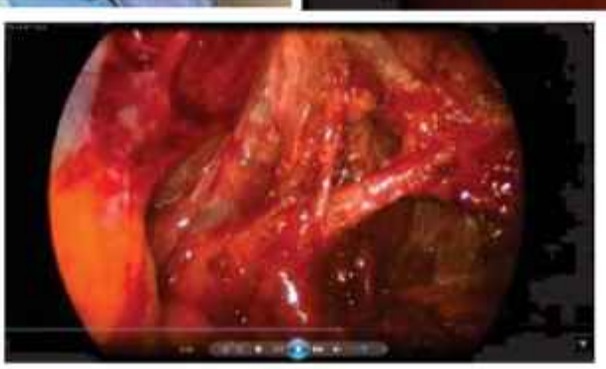


HYBRID TECHNIQUE - LAPAROSCOPIC LEFT URETEROTOMY + CALCULI RETRIEVAL WITH URETEROSCOPIC ASSISTANCE

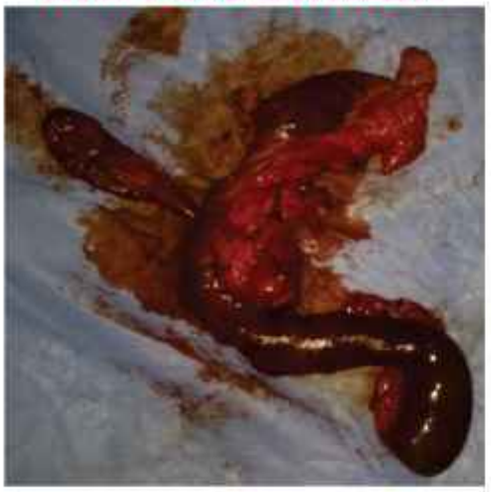



LAPAROSCOPIC CHOLECYSTECTOMY IN SITUS INVERSUS PATIENT

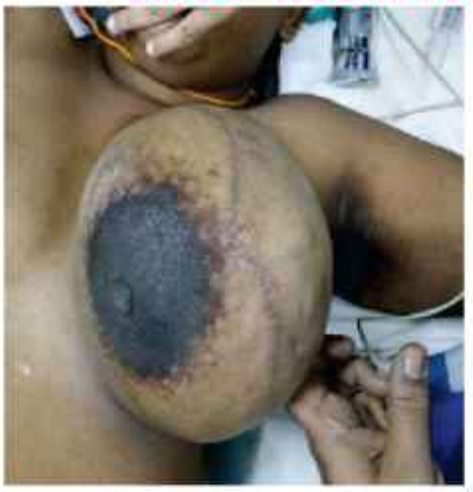




WHIPPLES SURGERY



LIPOSARCOMA OF BREAST



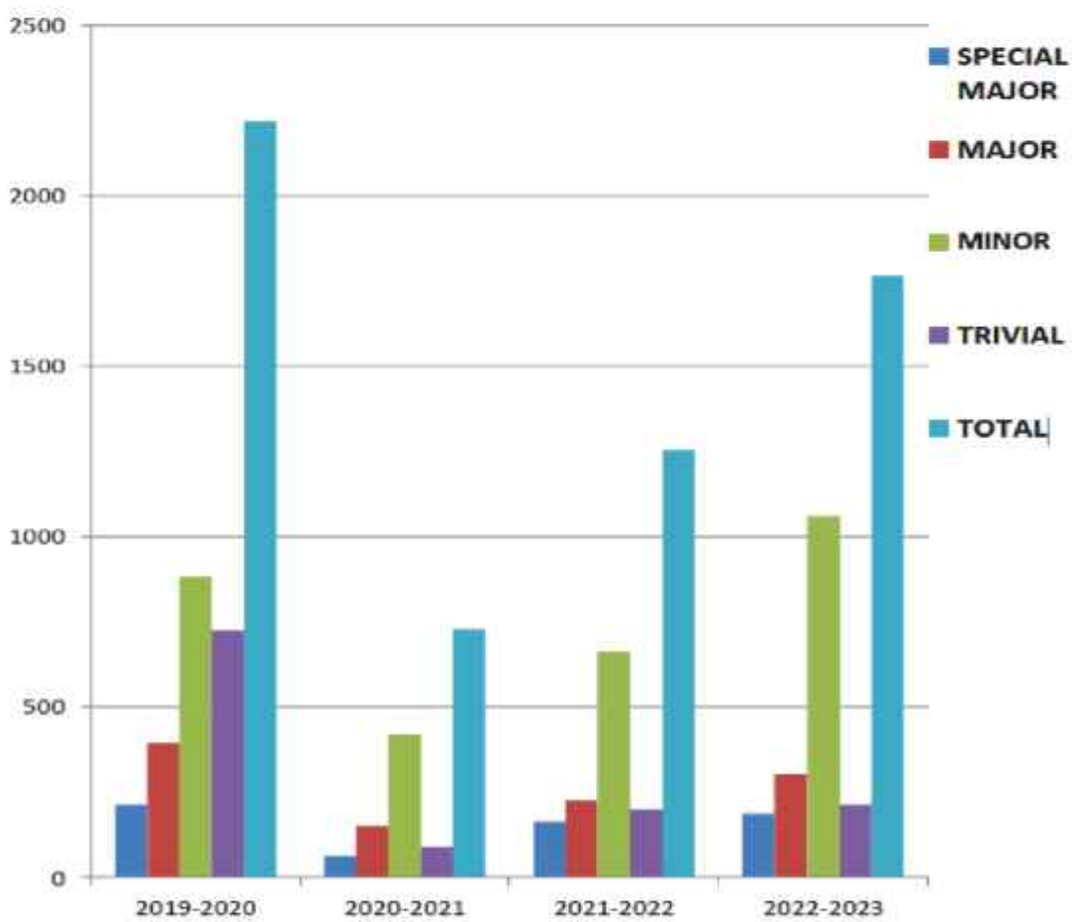
BARIATRIC SURGERY

Before Surgery – 132 Kgs

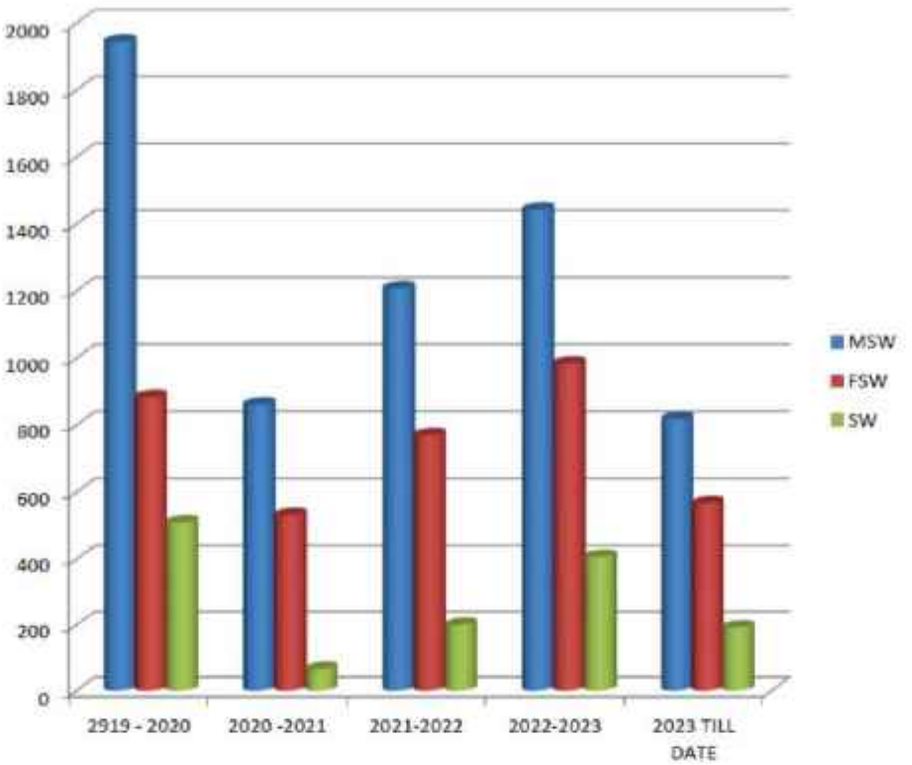
After 1 Year of Surgery - 92 Kgs

HUGE VENTRAL HERNIA – ABDOMINOPLASTY +MESH REPAIR

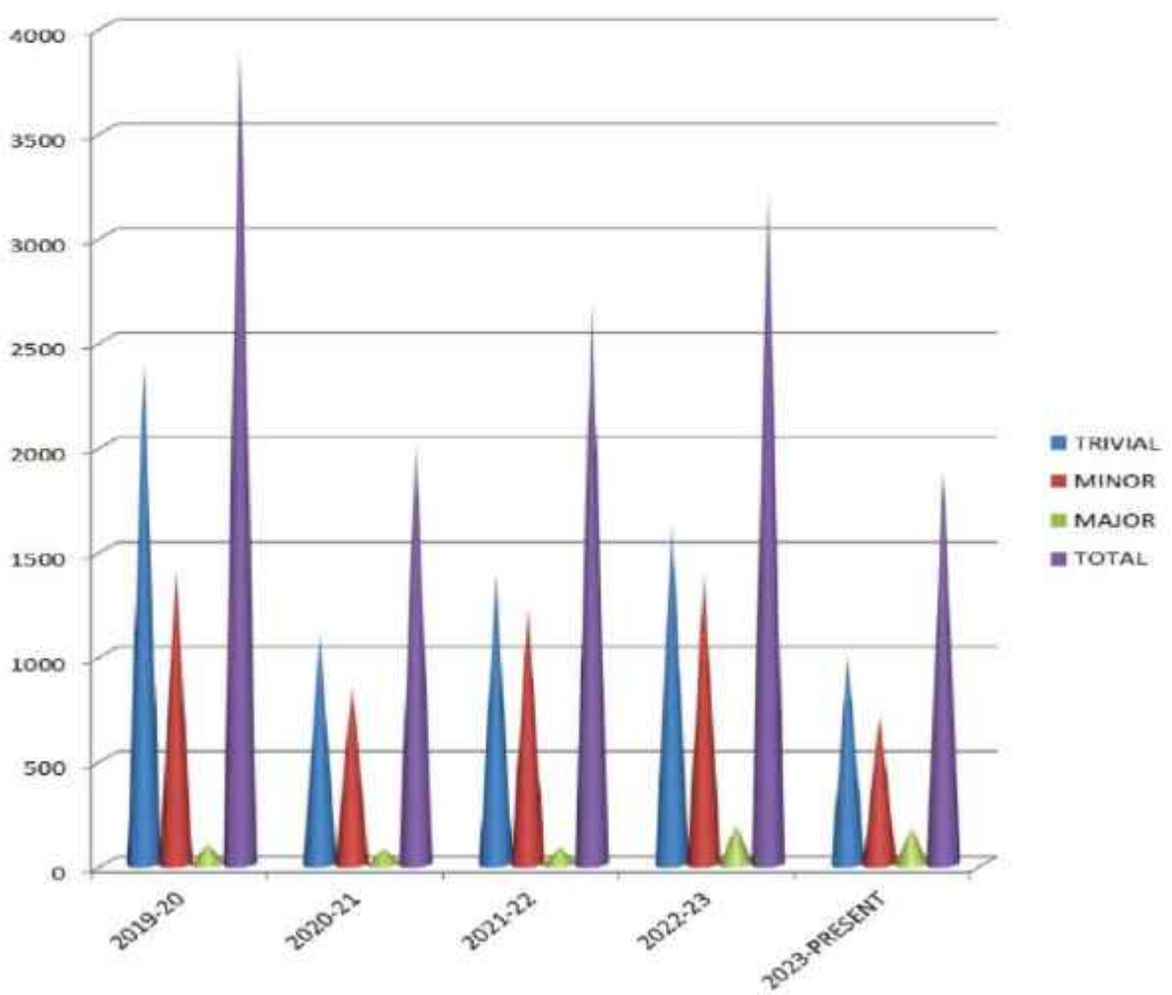
TOTAL OPERATION THEATRE GENERAL SURGERY STATISTICS FROM 2019 TO 2023



WARD WISE TOTAL ADMISSIONS FROM 2019- 2023 TILL DATE



CASUALTY SURGICAL PROCEDURES FROM YEARS 2019- TILL DATE



DEPARTMENT OF LABORATORY MEDICINE

The Department of Laboratory Medicine commenced its operation during 1930 along with the opening of the Hospital. Earlier it was headed by Dr. Sanjeevi and Dr. R.A. Krishnan. It was shifted to the present building during 1962 and Dr. A.N. Murthy was responsible for the full – fledged modernization during 1970's. What started with a manual Colorimeter for Biochemistry and few microscopes today possesses all State – of – Art equipment in the Department of Hematology, Clinical Pathology, Biochemistry, Immunochemistry, Histopathology, Microbiology, Blood Centre and Molecular Biology, and conducts about 1000,000 investigations every month.

The policy Statement of the Laboratory is " Quality reports in Optimal Time". Towards this all the samples are Bar – coded and Bi directional interfacing software is available with the Analyzers used for investigations. The focus is minimal pre- examination, examination and post examination errors.

We currently have fully automated Clinical Chemistry analyzers (Two), an integrated analyzer, Immunochemistry analyser, Blood Culture system, Microbial Identification system, Hematology analyser (Three), HbA1C analyser , Motorized microtome, Tissue Processor, Autostainer, ELISA system, Real Time PCR system, automated Coagulation analyser and automated blood grouping and cross matching equipment to manage the daily work load of investigations.

Computerised reports are issued on the same day and the laboratory is connected with the wards through networking , enabling real time transmission of reports. Special emphasis is given to both participation in External Quality Assessment with peer Groups and running Internal Quality Control daily. The department has got NABL Accreditation (ISO 15189:2012) on 21/07/2015 and is the First laboratory to get such Accreditation in Indian Railways. The Pathology department has been conferred with DNB accreditation in the month of November 2019.

Well equipped Blood Centre which provides Whole Blood, Packed Red blood cells, Fresh Frozen plasma and Platelet Concentrate: Being the first to commence Component Therapy facilities in Indian Railways during 2005. Our institution is the First railway Hospital in the country having Molecular Diagnosis facilities which was started during 2011. Lab has started RT PCR testing for SARS- CoV-2 from 18th May 2021 onewards.

In 2023 we have procured the Mass spectrometry Microbial Identification system Maldi-Tof system. KOH mounting and fungal stains are performed on nasal and BAL samples, We detected numerous mucormycosis in samples during the covid period in 2021.

Dr. A. Jaisri
ACHD/LAB/RH/PER

Dr Anu Peter
CSS/RH/PER

Dr. K.Suganya,
M.D (Pathology) & DNB (Pathology),
SrDMO / Lab / RH / Per

Dr. P. Ramaprabha M.D. (Microbiology)
ADMO / Lab / RH / Per

DEPARTMENT OF NEPHROLOGY

Dr Radha Vijayaraghavan
MD (Gen Med),
(DM Nephrology)
ACHD/RH/PER

HD TECHNICIANS

S. Ganesan	Arunkumar V.P
D. Celestine	Anima .V
Ananthi Manokaran	S. Rajkumar
S. HanumanthaNaik	ZannoviaShijjLyngdoh

Dr. K Jayasudha
DGO MD (Gen. Med.)
Sr. DMO(SG)/RH/PER
(In-charge of Nephrology Department)

We began our nephrology services with the first HD machine in medicine department in the entire Indian railway medical services in 1974. This simple and robust beginning has been nurtured and developed by dedicated team of IRHS physicians with the support of higher railway administration, eminent Nephrology consultant(non-railway), devoted and enthusiastic staff members in delivering exemplary round the clock services.

Today we provide tertiary care nephrology related services to trusting and understanding railway beneficiaries all over Indian Railways.

Growth of Nephrology department

In 1996 the Nephrology unit with dedicated beds, infrastructure and staff was started with a plan to develop it into a Renal transplant unit by Dr.K.S. Prabhakar and Dr.. A. Kalanidhi.

In 2001 Dr. Radha Vijayaragavan DMO General medicine was made in charge of the nephrology unit with a vision to expand it with full-fledged HD facilities.

She has been vital and instrumental in developing the department since then and initiated Continuous Ambulatory peritoneal dialysis (CAPD) in 2004, Continuous renal replacement therapy (CRRT) in 2007 and high end RRT in ICU like slow sustained low efficiency dialysis (SLED)/SCUF/Hemodiafiltration in 2019 along with smooth functioning of nephrology services specially the renal transplant programme with help of empanelled transplant centres. Till date from 2001 around 201 renal transplants have been done at empanelled centre.

Duly acknowledging her dedication and hard work she has been granted study leave to pursue DM Nephrology course in 2020. She will return from her study leave in Jan 2024 as a qualified nephrologist to render her services to the railway beneficiaries.

Dr. K. Jayasudha has been managing this department since January -2021.

To date this department has a total of 13 beds, 3 cabins for Post renal transplant patients and 6 bedded 24/7 haemodialysis unit. Nephrology clinic is functional from Monday to Friday.

Services like haemodialysis (Acute and Maintainace haemodialysis), CRRT (Continuous Renal Replacement therapy), SLED (Slow low efficiency dialysis), PLEX (Plasma exchange therapy), CAPD (continuous ambulatory peritoneal dialysis), APD (Automated peritoneal dialysis home based),

Permanent catheter insertion, Arteriovenous fistula creation, Angioplasty for venous thrombosis /occlusion, Renal biopsy, Renal artery embolization, pre and post renal transplant care is provided for railway beneficiaries all over INDIAN RAILWAYS.

During the COVID pandemic dedicated haemodialysis unit with three haemodialysis machine was installed in the dedicated COVID ICU to perform renal replacement in critically ill COVID patients and CKD patients on Maintainace haemodialysis who contracted COVID 19 infection.

Motivated and inspired by the performance of this department many of our general medicine DNB trainees have moved forward to complete DM/DNB Nephrology to become Nephrology consultants.

We also conduct regular awareness programmes for preventing onset and progression of renal disease.

In pipeline :

Expansion of HD unit due to constantly and rapidly increasing demand in view of changing demographic profile and prevalence rate of chronic kidney disease.

Future vision :

Establishing DNB Nephrology course in his department is very essentially needed in future and we need higher railway administration, support and guidance towards establishment of full-fledged Renal Transplant program capable Nephrology unit.

Statistics :

Total number of Renal Transplants done since 2001 – 2023 : 201 Nos .

	01-01-23 To 31-10-23
IPD admission	122
OPD strength	9867
Heamodialysis +SLED	4860+ 628
CRRT	12
CAPD	2
Plasma exchange	9
AVF CREATION	35
Plasma paresis	1
Renal biopsy	21
Venoplasty	28
Permanent catheter insertion.	23

DEPARTMENT OF NEUROSURGERY

Dr. G. Rajkumar
ACHD / Neurosurgeon

Since the start of Neurosurgery at RH / PER in 2013, 24x7 Neurosurgery emergency services, 3 days per week Outpatient services, All days In-Patient Services, 2 days per week OT services were available for the past 10 years. So far 1500 Neurosurgeries, majority of them special major were performed in RH / PER. Indian Railways has SAVED 26 CRORES / 260 MILLION on CGHS RATE in the past 10 YEARS as these surgeries were performed in RH/PER without any referral. For this Performance Railway Board National Award was conferred for outstanding service in other Fields Category in the year 2020.

Following Neurosurgeries were performed at RH / PER in the past 10 years.

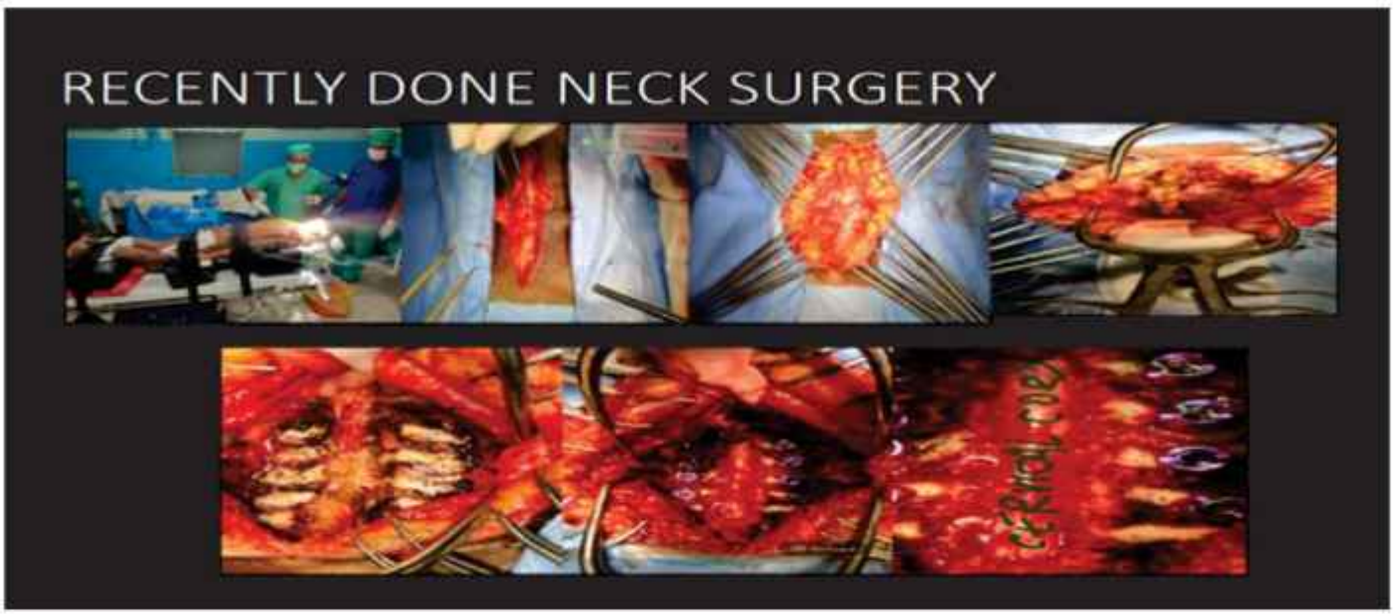
CRANIAL SURGERY SPINAL SURGERY

1. Skull Base For Tumors	1. Discectomy
2. Craniotomy - edh, sdh, ich	2. Pedicle Screw Stabilisation
3. Shunt Surgeries	3. Cervical Lateral Mass Stabilisation
4. Cranioplasty	4. Disc Replacement Surgeries
5. Endoscopic Pituitary	5. CVJ Surgeries
6. Vascular & Paediatric NS	6. Spinal Cord Tumors Surgery

Since the start of Neurosurgery with Loupe, drill & Mayfield Skull Clamp in 2013, STATE of ART Facilities like Operating Neuromicroscope Zeiss model(procured on 2017), Stryker Neuro OT table (procured on 2018), INOMED Intraoperative Neuromonitor (procured on 2019), Neuro Navigation EASY NAV (Procured on 2021), Cavitron ultrasonic Aspirator (procured on 2023) are available in RH/PER.

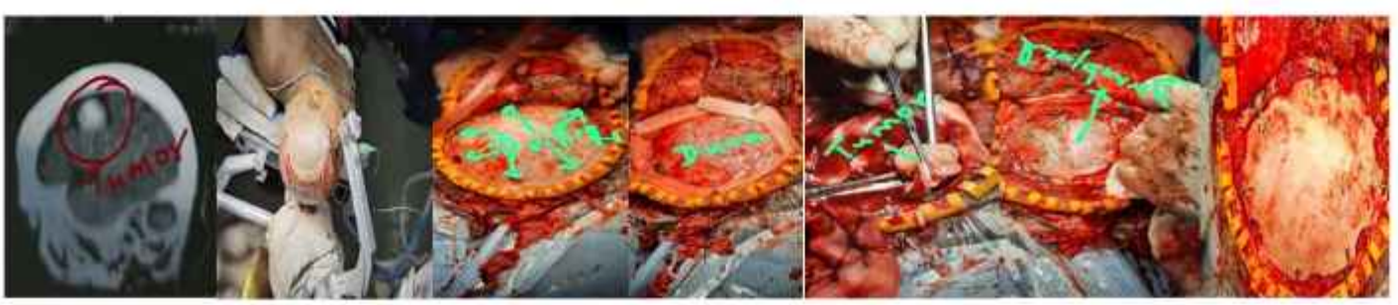
MICROSCOPE **NEURO TABLE** **IONM** **NAVIGATION** **CUSA**

Highest Number of cervical spine surgeries were performed at RH/PER when compared to any other hospitals in Indian Railways.



More than hundred spine surgeries are performed every year.In the past 3 years all Dorso lumbar surgeries were performed with aid of Neuronavigation for accuracy and complicated spine cases were performed with aid of intraoperative Neuromonitor for safety purpose to avoid postop deficits.

All types of cranial surgeries including skull base cranial tumor excision are performed at RH/PER with the aid of Neuromicroscope with good results.



DEPARTMENT OF OPHTHALMOLOGY

SERVICES PROVIDED

- OPD services – 4 days per week
- Operation theatre services – 2 days per week
- Emergency services - 24/7
- 30,000 – 35,000 OPD patients / year
- 1500 – 1700 surgeries / year

SURGERIES PERFORMED

- Manual SICS
- Phacoemulsification including paediatric cataract
- Glaucoma surgeries- Trabeculectomy, iStent implants
- Intravitreal Implant
- Pars Plana Vitrectomy for Retinal Detachment, vitreous haemorrhage, macular hole, ERM with Vitreo-Macular Traction.
- Pterygium excision with conjunctival autograft
- All types of Ptosis surgery - Fasenella servant, frontalis sling
- Squint Surgeries
- DCT, DCR
- Ectropion and Entropion surgeries
- Cyclocryotherapy
- Intra ocular foreign body
- Repair of globe rupture

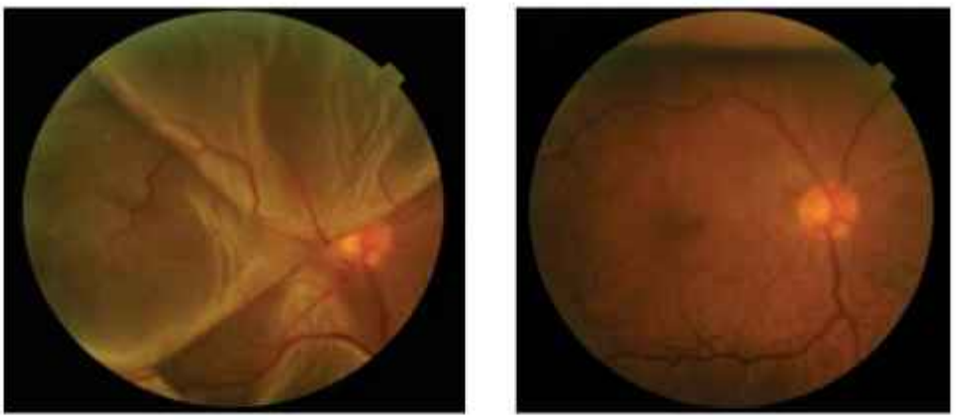
OPD PROCEDURES

- Laser peripheral Iridotomy
- Laser capsulotomy
- Pan retinal photocoagulation
- Perimetry
- OCT
- FFA

NEWER PROCEDURES

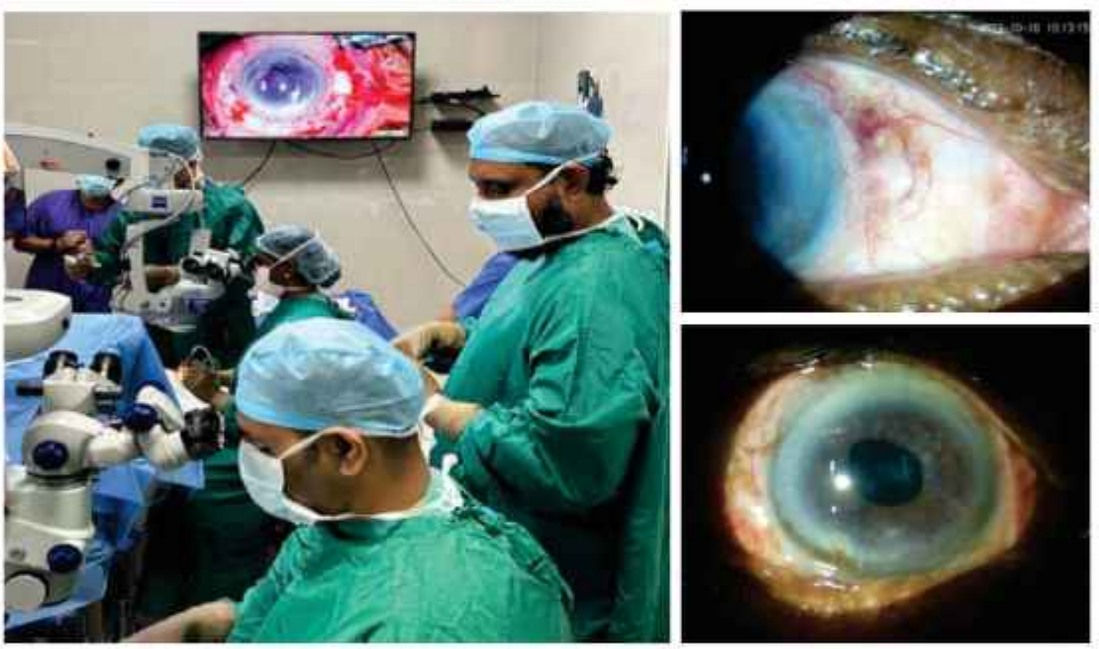
- Dropless cataract surgery (1st time in Indian Railways)
- Pneumatic retinopexy followed by cryo retinopexy (successful reattachment)
- CMT flex- newer type of scleral fixation IOL
- Corneal Transplantation License & Eye banking – under process

PNEUMATIC RETINOPEXY

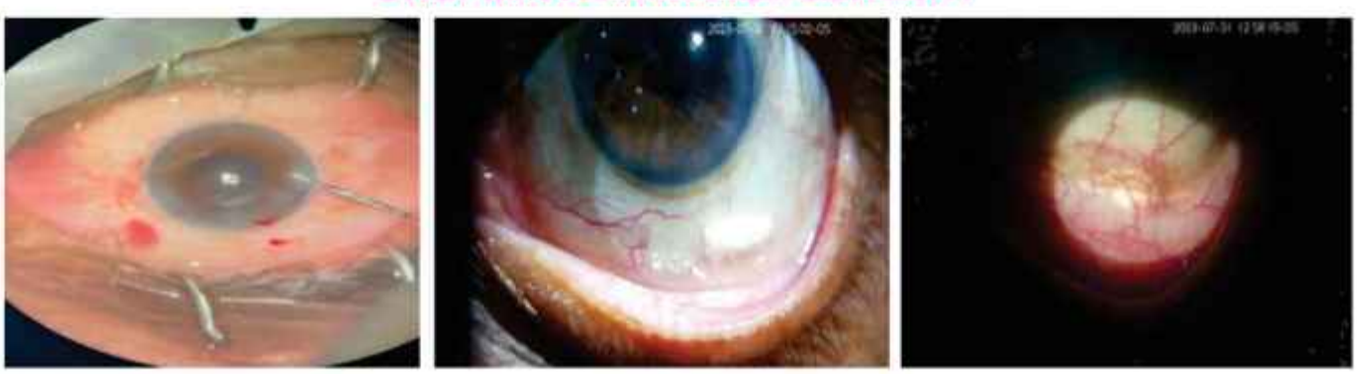


PRE-OP POST-OP

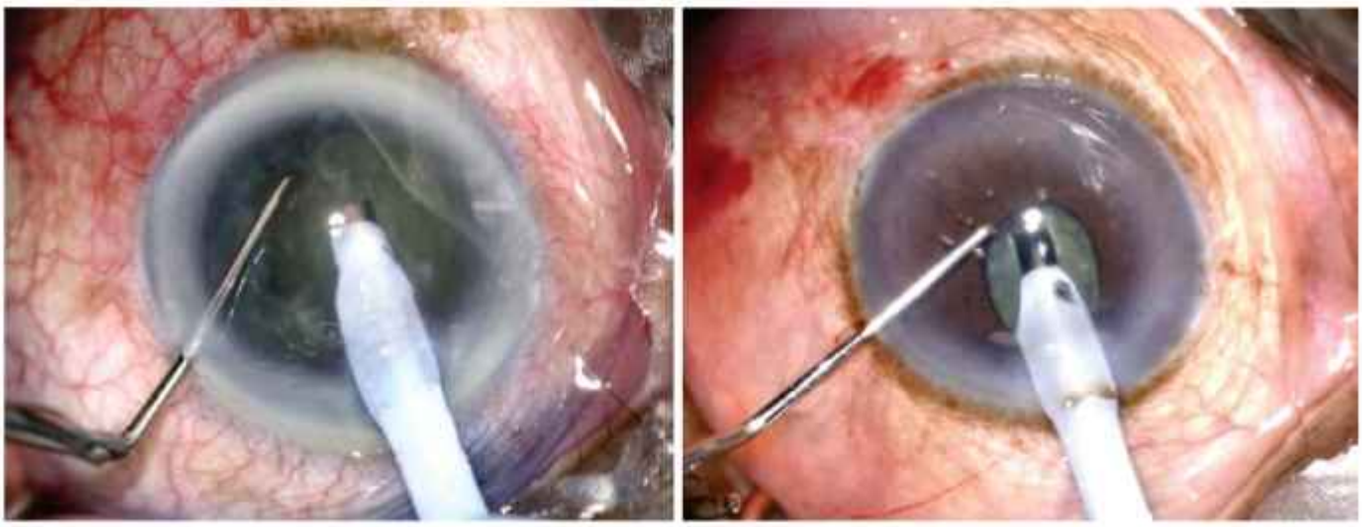
SFIOL (CMT FLEX)



DROPLESS CATARACT SURGERY



SMALL PUPIL CATARACT SURGERY



NORMAL DILATION

SMALL PUPIL

DEPARTMENT OF ORTHOPAEDICS

Southern Railway Hospital Orthopaedics department in Perambur is a referral hospital for railway patients from across India.It is well-equipped and staffed to handle complex and serious orthopaedic cases, including those referred from other divisional and zonal hospitals and healthcare facilities.With a 55-bed capacity, it is well-suited to handle a variety of Orthopaedic cases.The availability of specialized care and facilities contributes to the hospital's ability to offer comprehensive and high-quality medical services to railway patients.Dr. M. Ravi Kumar, who served as the Head of the Department (HOD) at Southern Railway Hospital's Orthopaedics department, played a pivotal role in bringing postgraduate seats to the department. Atleast twice a academic year Orthopaedic department is conducting DNB Practical exams.

This department consists of following team of Orthopaedic surgeons :

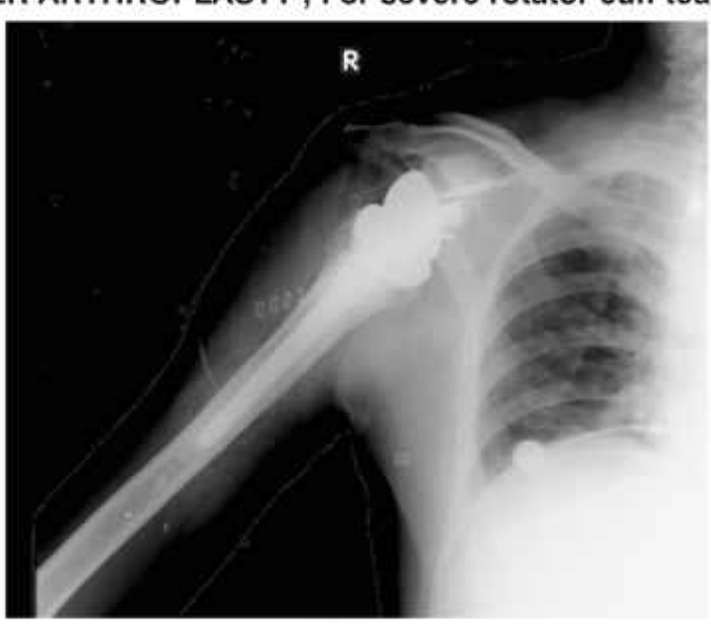
1. Dr V Kannan (HOD Orthopaedics)
2. Dr T E Ramesh (ACHD)
3. Dr M Ravikumar (chief consultant)
4. Dr Dhanalakshmi (chief consultant)
5. Dr Alan thomas (DMO)

Department of orthopaedics is providing 24x7 emergency orthopaedics services, 5 days a week OPD(out patient) services, all days in patient services and weekly 4 days of operative services .

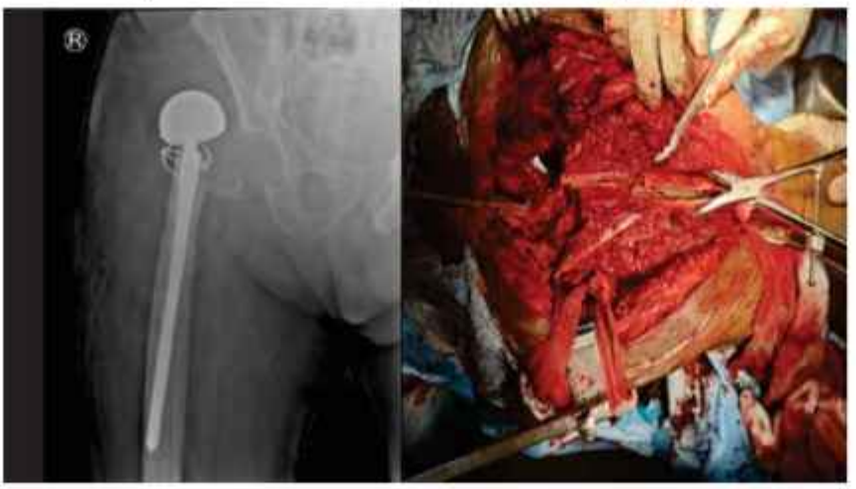
Following surgeries were being performed in the RH/PER

I.	ARTHROPLASTY :	Total hip replacement Total knee replacement
II.	ARTHROSCOPY :	Knee arthroscopy Shoulder arthroscopy Wrist arthroscopy
III.	TRAUMA CASES:	Including pelvi acetabular trauma Polytrauma and other major injuries

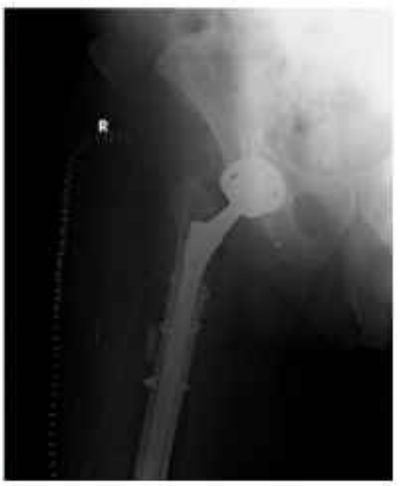
SPECIAL CASES :done in last 6 months
A.REVERSE SHOULDER ARTHROPLASTY ; For severe rotator cuff tear



A. Cemented bipolar prosthesis with dislocation of Hip (done elsewhere) treated with extended trochanteric osteotomy and removal of previous prosthesis and cement followed by uncemented long stem Total hip replacement in a single sitting

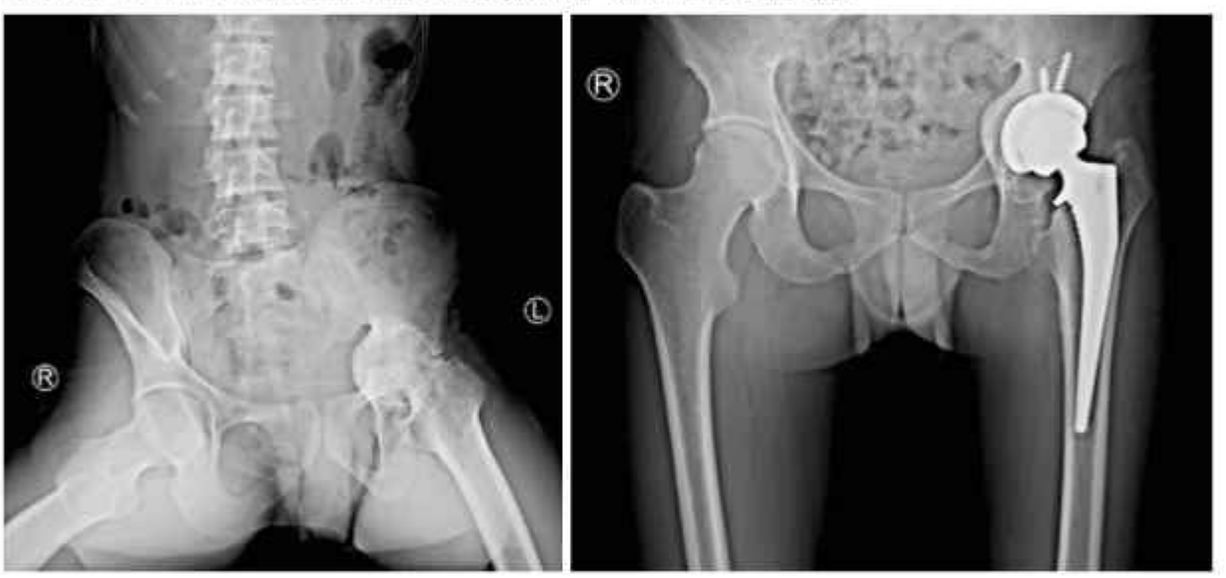


PRE OP XRAY DISSECTION INTRA OP



INTRA OPERATIVE PIC
POST OPERATIVE XRAY

A. TUBERCULOSIS OF HIP WITH PROTRUSIO ACETABULI AND HIGH HIP CENTER TREATED WITH UNCEMENTED TOTAL HIP REPLACEMENT.

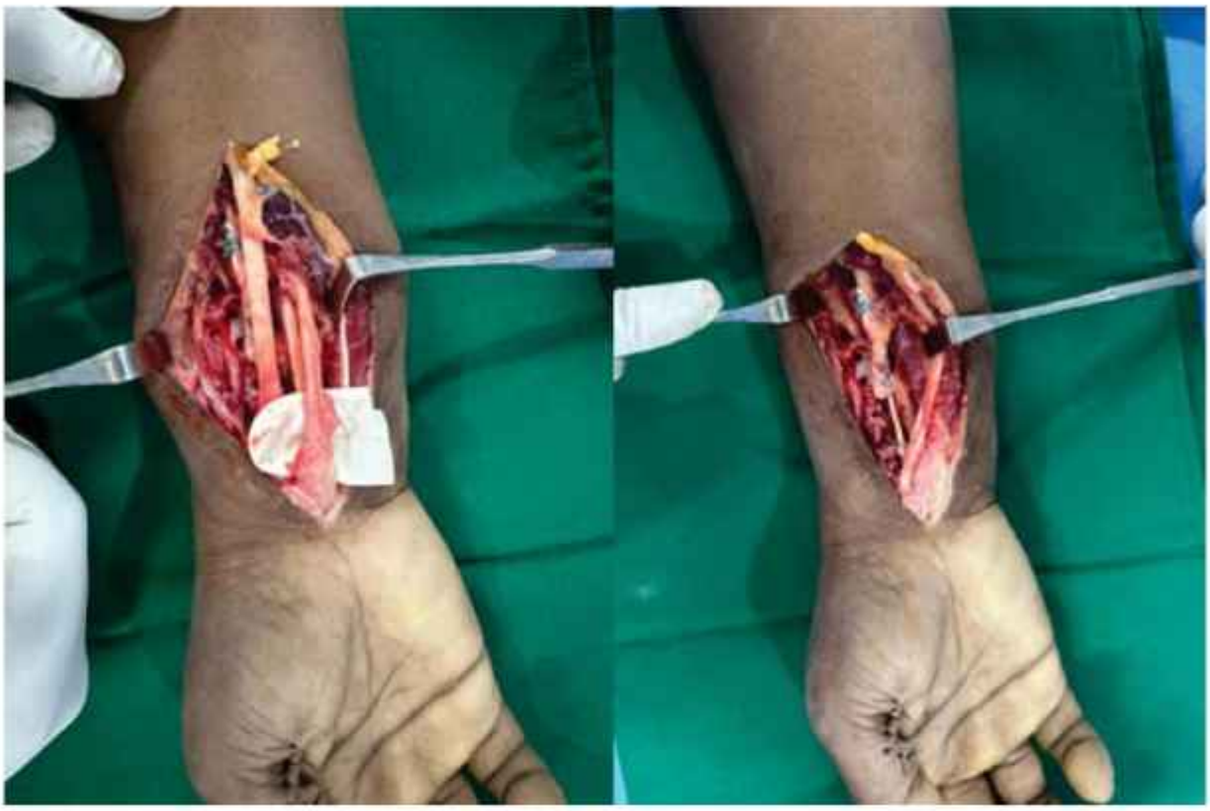


PRE OP POST OP

I. COMPLEX HAND RECONSTRUCTION PROCEDURES:

a. Flexor digitorum superficialis reconstruction using palmaris longus tendon

a. Flexor policis longus reconstruction using PL tendon by pulvertaft technique



PHYSIOTHERAPY DEPARTMENT :

The physiotherapists works closely with multidisciplinary team to create holistic and patient centred management plans and effective rehabilitation. Physiotherapists examine each individual and develop a treatment plan using various techniques to promote the ability, reduce pain, restore function and prevent disability.

VARIOUS MODALITIES OF PHYSIOTHERAPY :

Chest physiotherapy, positioning, mobilization,gait training, balance training,functional training,heat modalities,orthotics and prosthetics fittings and rehabilitation of the patients towards normalcy.

DEPARTMENT OF PSYCHIATRY

Medical Officer In charge :
Dr. P. Hemalatha,
Additional Chief Health Director.

The Department of Psychiatry is not only the tertiary care centre for Southern Railway but also renders service to patients and their beneficiaries referred from other Zonal Railway hospitals.

Earlier this department was headed by renowned legends, Dr. Hariharan and Dr. Ramakrishnan, who were the pioneers and the pillars of psychiatry service in Indian Railways. Southern Railway Head Quarters Hospital, Perambur was the only Railway Hospital where the post of Clinical Psychologist was introduced and established by them. Our clinical psychologist Miss. R. Kannamma has retired after 29 years of meritorious service.

The department is at present functioning with one Psychiatrist- Dr.P.Hemalatha, DPM, Additional Chief Health Director.

Both outpatient and inpatient services are provided every day. The department sees a regular OP attendance of more than 6000 patients annually with an inflow of more than 600 new cases each year.

Psychiatry services provided:

Therapeutic management and counselling services are administered every working day at OPD in a systematically scheduled manner as follows:

SNo.	THERAPY PROVIDED	TARGET DISEASE	DAYS ALLOCATED
1	**De-addiction Clinic**	→ Substance abuse & → related disorders	Monday/ Wednesday/ Fridays
2	**Memory Clinic**	→ dementia & → related disorders.	Tuesday
3	**General Psychiatry clinic**	→ Anxiety → Depression → Psychosis → OCD etc.	Tuesday & Thursday
4	**Child Guidance clinic**	for all childhood disorders like: → ADHD → Autism → Mental Retardation → Speech & Language disorders → Learning disorders → Emotional problems of childhood and adolescence.	Saturday

The psychiatry ward consists of 4 beds and about 50 to 70 patients are admitted every year. Most of the patients are effectively managed with the latest drugs available and very few are referred to State Government Institutions for emergency services.

Rehabilitation activities:

In addition to routine services, the department has initiated and provided various rehabilitation activities as follows:

1. Alcoholics Anonymous → for substance abusers.

1. Al Anon → for partners of substance abuse

3. Cognitive rehabilitation clinic → for Dementia patients

Scientific Activities:

The Department has enthusiastically participated and presented various papers in several State and National Conferences.

Welfare Activities:

The Department consistently organizes and conducts various welfare programmes every year to combat the stigma of mental illness and to create awareness among general public and patients, at various busy locations like railway stations, schools, Loco and Carriage works, ICF and Perambur Railway Hospitals. List of programmes conducted are as follows:

1. World Mental Health Day
2. World Alzheimer's Dementia Day
3. World Suicide Prevention Day
4. Stress Management sessions
5. World Autism Day
6. World Disability Day
7. Child Sexual Abuse Day.
8. World Schizophrenia Day
9. Women's Day
10. Programmes- Post-Partum Depression

World Mental Health Day

World Dementia Day

World Autism Day

World Suicide prevention Day

World Schizophrenia Day

Child Sexual Abuse Day – Awareness on Good touch & Bad touch

Women's Day

Programme on Depression

DEPARTMENT OF PEDIATRICS

Southern Railway Hospital, Perambur is a referral hospital for railway patients from all over India. Our pediatric dept is a 50 bedded unit and we have a 10 bedded NICU.

The consultants in the Department are
Dr. Nibedita Mitra, Dr. G Kavitha,
Dr. V. Senthil Kumar and Dr. N. Sai Priya.

The consultants in the Department are Dr. Nibedita Mitra, Dr. G Kavitha, Dr. V. Senthil Kumar and Dr. N. Sai Priya.

We have a level II NICU where we treat the sick and preterm newborns. We have surfactant therapy, Bubble CPAP, Oxygen blender, Ventilator, Radiant warmers, single and double surface phototherapy, central supply of compressed air, vacuum suction, and Oxygen, HFNO, Trans cutaneous bilirubinometer, Blood gas analyzer, AED and Ultra- sonography machine.

Comprehensive and Evidence based preventive, promotive and curative services are provided from the Pediatric Outpatient Department. Over and above the vaccines included in the National Immunization schedule, Pneumococcal, HPV, Tdap and influenza vaccination has been started for all children

We are successfully managing critically ill pediatric cases like Diabetic Ketoacidosis, Shock, and acute emergencies. In the year 2022-23, our IPD admission was 2648 and OPD attendance was 29568.

We have been successfully running the DNB program in the department of Pediatrics from 1984 with exemplary results. It is a matter of pride that most of the students have done super- specialization and are renowned cardiologist, haemato- oncologist, neurologist etc. in various prestigious institutes all over India.

We have papers published in various National and International Journals.

OCCUPATIONAL THERAPY CLINIC

We have started occupational therapy clinic in Southern Railways Headquarters hospital on November 2022 under the department of Pediatrics. We are treating patient with different disorder in all age groups, children with autism spectrum disorder, sensory processing disorder, developmental delay, attention deficit disorder and other orthopedics , neurological disorders and adult patients with dysphagia, stroke, Parkinson's are getting benefited by our services. Our vision of the clinic is dedicated to excellence in patient care.

We have a sensory integration room exclusively designed for children with sensory processing disorder and autism spectrum disorder. This room is equipped with various tools and activities that cater to all the senses, including tactile, auditory, visual, olfactory, proprioceptive and vestibular sensory skills. We have a mobility training room that is equipped with variety of mobility aids to help individuals achieve independent transfer, locomotion, balance, appropriate gait and functional mobility. In addition, we have activities of daily living room which is designed to promote independence such as dressing, grooming, toileting, bathing and all other daily living activities.

We have started with 4 patients and 24 sessions in the month of November 2022 and now its 72 patients and 114 sessions in the September 2023.

DEPARTMENT OF RADIOLOGY

Since its establishment the Radiology Department has been playing an important role in diagnosis through radiography and ultrasonography. It provides the radiological services to the Railway population round the clock.The department has advanced by leaps and bounds to reach total digitalisation.We practice filmless radiology as Radiology Department is connected to all OPDs and Wards through HIMS and images can be viewed immediately by the clinicians.

Work carried out in the department

RADIOGRAPHY

1. Routine Radiographs -4000-4500/month
2. Emergency Bedside Radiographs - 700-800 / month
3. Radiological procedures like Barium studies, IVU, AUG, MCU and HSG -20-30 / month
4. OPG - 20 - 30 / month

ULTRASONOGRAPHY

About 300-400 ultrasonograms including 100-150 Doppler studies and 25-30 elastogram studies.

EQUIPMENT AVAILABLE

2 digital radiography machines are available with 2 detectors –

I one floor mounted DR system is installed in NRH;

II second is ceiling mounted, to be commissioned shortly at New Railway Hospital.

4 mobile conventional Xray machines.

1 CR System (Computerised Radiography).

Ultrasound machines- 02 High end ultrasonography machines with color doppler

PERSONNEL

Department in charge- Dr Senthil Kumar, Pediatrician

RADIOLOGIST - Dr Priya Shaunthini , CMS/MDU-available at RH/PER from Thursday-Saturday each week , for inpatient and emergency ultrasound services.

RADIOGRAPHERS-TEN

MATRON -1

HOSPITAL ATTENDANTS –FOUR

SANITARY CLEANER -ONE

Recent Achievements

A high end portable 500 mA DR machine was recently installed in the department, which is the first of its kind in Indian railways

MEDICAL GASTROENTEROLOGY DEPARTMENT

The Department of Medicine at Southern railway headquarters hospital aims to provide a comprehensive and multi-disciplinary approach to digestive health and to teach the art and science of gastroenterology to postgraduates undergoing DNB course training in the Internal medicine department.

The Gastroenterology and hepatology division at Perambur Railway hospital offers following lines of service with a team of physicians, nurses who are highly trained and dedicated to digestive health.

These lines of service include:

- Advanced And Therapeutic Endoscopy
- Gastrointestinal Cancer Screening,
- Liver and pancreatic Diseases,
- Inflammatory Bowel Diseases,
- Neuromuscular And Swallowing Disorders,
- Nutritional Sciences.

We are able to provide the best possible care to our patients by utilizing cutting edge technology, advanced research, and effective patient education.

DEPARTMENT OF DENTAL SURGERY

Dental Department of Perambur Railway Hospital is rendering its service for more than 4 decades. At present all type of contemporary Dental treatments are done here like Permanent fillings, Cosmetic fillings, Gingivectomy, Alveoplasty, Root planning, Intermaxillary fixation of fracture of maxilla and mandible, Root Canal treatments, Avulsed tooth reimplantation, Splinting of loose teeth, Facial bone fracture correction surgeries by ORIF (Orbital, Frontal, Maxillary, Mandibular and Nasal bone fractures). We also do Cosmetic corrective surgeries of mandible for skeletal malocclusion using BSSO plates. We do Hemi-mandibulectomy, partial or segmental resection of mandible with titanium recon plate fixation and Cyst enucleations. We also use Lactic Acid resorbable plates and screws for fixation of fractures in growing children and teenagers.

Acievements after taking incharge of Dental Clinic:

Achievements in Infrastructure:

1) Plan modification approval and execution of New Dental clinic/NRH.
2) Procurement of 2 new Dental Chairs and Condemnation of 2 old Dental Chairs.
3) Procurement Orthopantamogram for full mouth Xray.
4) Procurement of Endomotor and Apex locator for rotary Endodontics.
5) Procurement of Radiovisualography (RVG) for taking Digital X-Rays.

Achievements in Man-Power planning:

1) Enrolled 4 Maxillo-Facial Surgeons on case to case basis.
2) Enrolled one Endodontist on case to case basis.
3) Creation of 2 posts of observers with approval from PCMD.
4) First to enter MOU with private Dental Clinics in Indian Railways.

Future plans for the department improvement:

1. MOU with private Dental clinics is on process.
2. A high-end Ultra modern Dental Chair with Microscope used for Complicated Root Canal Treatments, Laser equipment for Laser based hard and soft tissue surgeries, physiodispenser for Implant placement and fixation, Intra-Oral Camera along with Direct Digital Dental X-Ray.
3. Creating a post of Part-time Dental Surgeon for extra manpower as we get 50 to 60 patients per day.
4. HVS for maxilla-facial surgeries.
5. Creating Dental-Auxillary posts as exist in other Railways including:

   i) Dental Hygienist for Oral Health counseling and Oral prophylaxis.

   ii) Dental mechanic for Denture fabrication.

6. Deputing one Dental Mechanic using staff benefit fund to provide Partial and Complete Dentures in house.
7. A dream of fully fledged Dental Laboratory for Porcelain and Zirconium crowns. The manpower of Part Time Dental Surgeon, HVS and Dental mechanic will be utilized for this purpose. Current Infrastructure can accommodate them.

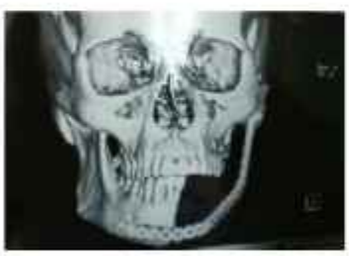
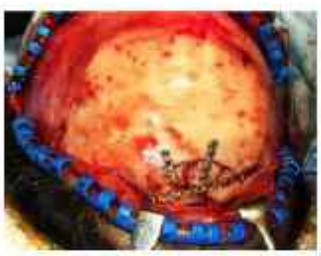
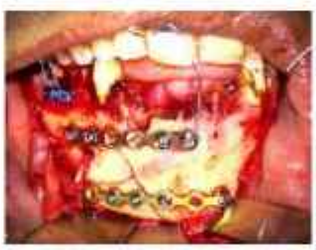
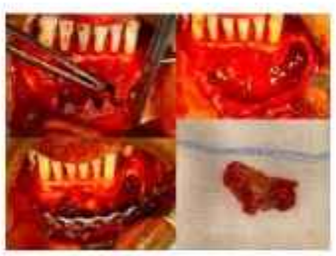
We have the infrastructure of 3 well maintained Dental chairs, Orthopantamogram for taking full mouth X-Rays, Radiovisualography for digital X-Ray imaging, Rotary Endodontic Equipments including Endomotor and Apex Locator.

We are the first to enter MOU with Private Dental Clinics in Indian Railways to foster the treatments that are not available with Railways at present like Artificial Dentures, Dental Crowns and Bridges etc.

Being a tertiary care hospital we contribute for the care of patients referred from Cardiology, Ophthalmology, ENT, Orthopedics, Nephrology and Surgery Departments to evaluate and treat the Dental foci of infection which in turn in improves the success rates of surgeries they perform. We also do Pre-radiation evaluation of Dental status and treatment of Cancer patients referred from Surgery and Other Departments.

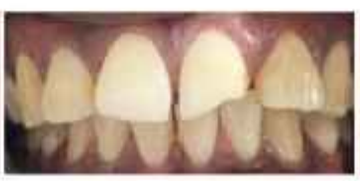
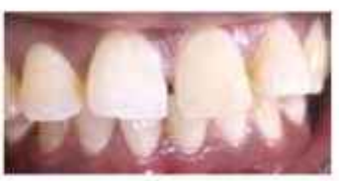
Equipments on Board including OPG



HEMIMANDIBULECTOMY ORIF FRONTAL BONE ORIF MANDIBLE CYST ENUCLEATION



BEFORE AFTER BEFORE AFTER

Dr. A. Babu,
ACHD/RH/PER,
Head of the Department of Dental Surgery,
(Ex.Sr.Lecturer, VMS Dental College)

"Many daughters have done, virtuously but thou excellent them all for her price is far above rubies"

Dr. Preetha Arumai Singh M.D.DGO
The physician, the myth and the legend.

Born January 23, 1937 Trivandrum, into an extremely pious and spiritual family of physicians, educators, and social activist and brought up with strong moral values and ethics.

Childhood education at Barton Hill School where she excelled in curricular, as well as extracurricular activities and passed out with the state rank. Finished her pre-degree from Women's College, Trivandrum as the state topper. She was also the Kerala state tennis champion. Graduated with a State first and honors from the bright and brilliant class of 1954 Trivandrum Medical College. Dr. Preetha Selene Moses MBBS started her medical career with the mission of dedicated service to the community, caring with compassion and respect,as the junior doctor at Peroorkada district government hospital, Trivandrum. Dr. Preetha Arumai Singh proceeded her epic and exciting train journey at Villupuram Railway Hospital, 1961. She then completed her post graduation in Obstetrics and Gynecology from Sri Avitam Thirunal maternity hospital – Trivandrum Medical College, Kerala University. Her travel now led her to Madurai Divisional Railway Hospital for the next eight years.

The journey continued as the head the department of obstetrics and gynecology at the Southern Railway headquarters hospital Perambur for the next 20 years.

She was instrumental in starting the Senior House Surgency program which was later expanded to the MNAMS / Diplomat of National Board. Her medical records were perfect and accurately written with beautiful penmanship and later on computerized.

Her residents jokingly called her the busy bee as she buzzed around the outpatient department with more than 150 patients daily, treating and teaching. They called her a tornado in the OR as she had unmatched speed and her C-sections were eight minutes skin to skin. Maternal mortality was driven

down to zero. She had a blemishless and perfect personal record.

After retirement, she joined church of South India medical mission hospitals as an honorary physician for the next 27 years, serving at Kalyani hospital and for the last three years at Rainy hospital. She traveled much throughout India, and trotted the globe on work and non-work related trips .She had an amazing network of friends and family. Her passion was her healing and comforting medical care and education ,the passport to the future.

She was instrumental in educating anyone she came across needing help. Having aged gracefully, doing what she loved the most – humbly, serving with love, care, and compassion for 63 fruitful years.

Heavens call came on September 28, 2022, riding her golden chariot and now walking the golden streets. 2 Timothy 4:7 "I have finished my course, I have kept my faith" Be blessed and be a blessing .

Endometriosis – An Enigma

Dr. A. Kurian Joseph M.D D.G.O (Obs & Gyn)
Obstetrician, Gynecologist & Endoscopic Surgeon

Presently Director – Joseph Hospitals – a 100 bedded Obs. Gyn. Endoscopy center in Chennai.
Visiting Consultant Endoscopic Surgeon to Dubai Hospital, Dubai
Vaginal surgeon – held workshops all over the country on Non descent vaginal hysterectomy
Endoscopy Training - Trained in endoscopic surgery at Mumbai and Hamburg. Trained in Nd YAG Laser surgery
Professional Activities & Appointments –

- AOFOG – President 2014-2015
- FIGO – Board member.
- Member program comm for FIGO Vancouver 2015
- International Society Gyn Endoscopy – Board Member till 2011, reelected 2016 Accreditation committee chairman.
- Trainer at ISGE Intensive Endoscopy courses in West Indies, Cameroon
- FOGSI – Vice President 2008; OGSSI – Past President.
- Organizing Chairman – AICOG 2015 at Chennai
- Chairman – Indian Association of Gyn Endoscopy – TN Chapter
- Royal College of Obs. Gyn – conferred FRCOG (Honoris Causa) 2023
- Delivered 15 Orations, several guest lectures and invited talks all over India and around the world
- Conducted Laparoscopic training workshops all over India, in 18 Asian countries and also some in Africa, Dubai, Fiji , Mongolia, West Indies
- Publications – Articles in several Journals and 10 Chapters in textbooks.

Endometriosis is a chronic inflammatory disease defined as the presence of endometrium-like tissue outside the uterus and has been one of the most intriguing conditions in gynaecology. It occurs mainly in the reproductive age group but spans all times from adolescence to menopause. The condition may be asymptomatic but at times may even mimic a malignancy. The resultant problems from pain, fertility issues, organ function compromise and mental health issues have made it a mysterious and difficult to understand condition. Endometriosis effect on society as costs both direct and indirect are comparable to diseases like Diabetes. Despite all this there are several aspects of the condition that remain unknown. Its origin is not clear, the spread varies in different individuals and the management options not clear.

I hope to present this disease which has been an enigma highlighting the knowledge both new and old and what we could do to handle the problem.

Fetal Therapy in Multiple Pregnancy – When, Whom & How?

Dr.S.Sudarshan

Consultant Fetal Medicine

Mediscan Systems

DNB (O & G) :

Southern Railway Headquarters Hospital (Chennai)

Fellowship in Fetal Medicine :

Mediscan Systems (MGR Medical University)

- Clinical focus:
  - Prenatal Diagnostic / Therapeutic Invasive procedures
  - High risk multiple pregnancies
  - First trimester USG
- Clinical Lead (FTS/Multiple Pregnancy/Intervention Unit) & Faculty– Fetal Medicine Fellowship Programme- Mediscan
- Adjunct Faculty - Fetal Medicine
  - Saveetha Medical College / PSG Institute of Medical Sciences & Research
- Conducted Multiple workshops on fetal echo / doppler / fetal intervention
- Organising Secretary– "CUSP" – National Conference In Fetal Care
- Invited speaker in National Conferences
- Awarded Yuva FOGSI Oration for 2021

The International Society of Foetal Medicine & and Surgery has drawn strict guidelines for fetal therapy. Fetal therapy involves 5 steps, accurate diagnosis, understanding nature of disease , decision on type and mode of procedure, counselling and having an informed consent based on the current evidence . The prevalence of multiple & higher order pregnancies are higher , with an increase in assisted reproduction. Multiple pregnancies can be either twin gestation or higher order pregnancies. Higher order pregnancies , have a significant risk of neonatal morbidity and maternal complications and careful multifetal pregnancy reduction enables improved pregnancy outcomes. Dichorionic twins can be complicated by major structural malformations, placental pathology, genetic abnormalities which can impact one fetus. Monochorionic twins can be complicated by Twin to Twin Transfusion Syndrome (TTTS) , selective IUGR or Twin anaemia polycythaemia sequence (TAPS), Twin reversed arteria perfusion (TRAP) in around 10-15%.The treatment of TTTS from stage 2-4, between 16-26 weeks is fetoscopic laser photocoagulation with 76% survival of at least 1 twin. Selective IUGR can be managed conservatively , except in certain scenarios where, the growth discordance is >35% with adverse doppler changes wherein a spontaneous single fetal demise can cause co-twin complications.

Selective fetal reduction can be done by either bipolar cord coagulation or Radiofrequency ablation with a successful outcome in 80-85%. Prenatal treatment options for TAPS include expectant management , intrauterine transfusion or laser. Twin reversed arterial perfusion is managed by interstitial laser ablation of the TRAP fetus early in pregnancy to avoid consequences to the co-twin. Key to improving pregnancy outcomes in these twins lies in early identification of the problem, a standardised follow-up protocol and intervening at the right juncture . Extensive counselling on the nature of the disease , complications of therapy and long term outcomes is essential prior to pursuing intervention.

Endocrinology in Pregnancy - Panel Discussion

Moderator : **Dr Uma Ram**
Panelists : **Dr. Ram Kumar,** Endocrinologist
Dr. Prakash, Neonatologist,
Dr. Nirmala Rajaram, Chief Gynecologist, Secundrabad
Dr. Mathangi, Gynecologist

Dr Uma Ram DGO, DNB, FRCOG, FICOG
Director and Consultant OBGYN
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Chennai

Chairperson, South Zone AICCRCOG
Examiner, part 3 MRCOG
Treasurer ATNRCOG
Faculty Maternal Medicine @ Gynecology Academy
Coordinator Perinatal mental health short course for Obstetricians
Contributed chapters, Edited books
Publications GDM and Multiple pregnancy

Areas of interest – GDM, Fetal Growth, Health awareness in women

Hobbies - Music, travel, reading

Thyroid and Pregnancy

The hormonal and physiological changes in pregnancy impact thyroid function. Maternal thyroid abnormalities have been associated with adverse pregnancy and neonatal outcomes. Maternal thyroid hormones cross the placenta and are vital for early fetal development before the fetal thyroid tissue becomes functional, around 16 weeks of pregnancy. Subclinical hypothyroidism (SCH), defined as elevated TSH levels with normal free T4 levels, is estimated to occur in 4 – 15% of pregnancies worldwide depending on the population and the cut-off levels used .

The benefit from treating overt hypothyroidism is clear. However the benefit of treating subclinical hypothyroidism is conflicting. Women with preexisting hypothyroidism who become pregnant need more T4 during pregnancy..Dose requirements increase, on average, 30 percent during pregnancy and may increase by as much as 50 percent, and the increase occurs as early as the fifth week of gestation. It is important to keep a check on the TSH levels once in 8-10 weeks and adjust the dosage.

In their 2017 guidance, American Thyroid Association (ATA) recommends population and trimester specific cut offs for the initiation of levothyroxine (LT4) treatment. They suggest treatment with LT4 if the TSH is ≥2.5 mIU/mL in anti-TPO antibody positive women or above the reference range if anti-TPO antibody is negative. Others have suggested that where country specific data was not available, an upper limit of 4.0mIU/mL may be used to guide treatment initiation. Most guidelines emphasise the importance of a population specific reference range for TSH in pregnancy.

The earlier 2011 ATA Guidelines had recommend that the upper limit of TSH should be 2.5 mIU/mL in the first trimester, and 3.0 mIU/mL in the second and third trimesters. This was changed as

subsequent studies from China, Korea and India demonstrated only a modest reduction in the upper reference limit of TSH in pregnancy. In India the prevalence of SCH ranges from 4.8 - 11 % and most of these studies are from northern India. The Endocrine society of India uses TSH 4.5mIU/ml as the cut off.

Gestational Diabetes

Gestational Diabetes (GDM) is defined as glucose intolerance first identified in pregnancy and includes a portion of women with pre-existing diabetes who are tested and identified for the first time in pregnancy. In India, the prevalence of GDM has increased and currently GDM is diagnosed in 15 to 20% of pregnant women. It is important to identify this problem because its impact on both the mother and the baby extends beyond pregnancy.

Maternal Physiology during pregnancy is primarily influenced by placental hormones. These hormones affect glucose and lipid metabolism and ensure that the fetus has an ample supply of fuel and nutrients at all times. This includes an increase in the lipolytic placental hormones as well as an increase in insulin resistance which causes a switch from carbohydrate to fat utilization. These changes are more pronounced in late pregnancy when there is increased fetal growth. In a normal pregnancy, the increase in insulin production from the beta cells helps to overcome this insulin resistance. If a woman's pancreatic function is not able to overcome the insulin resistance it results in GDM

In countries where the prevalence of gestational diabetes is high, such as India, universal screening of all pregnant women is recommended. In countries where the prevalence of gestational diabetes is low, then risk factor based screening is followed. Across the globe, South Asian ethnicity is included in the criteria for universal screening.

Current guidelines recommend that women are screened for gestational diabetes at booking and again at 24 to 28 weeks. The purpose of early screening is primarily to identify undiagnosed type 2 diabetes or prediabetes in women entering pregnancy. However, this screening identifies milder degrees of hyperglycemia not satisfying the criteria for overt diabetes or even prediabetes and this is referred to as early gestational diabetes mellitus (eGDM). GDM can therefore be classified into two types depending on the period of gestation when it occurs:

- Conventional gestational diabetes mellitus (cGDM):GDM diagnosed between 24 and 28 weeks of gestation
- Early gestational diabetes mellitus (eGDM): Intermediate hyperglycemia that is diagnosed earlier in pregnancy (i.e., <20 weeks of gestation) that doesn't satisfy the criteria for overt diabetes or prediabetes, but satisfies the criteria for GDM, is referred to as eGDM.

GDM is associated with several short term and long-term complications for the mother and baby. Studies have shown the benefit to the mother and fetus from managing GDM and maintaining euglycemia. The first step in the management of GDM to obtain glycemic control is nutritional advice and exercise. This is sufficient to achieve glycemic control is the majority of women with GDM. If this does not help achieve the glucose targets, then we would use insulin or oral hypoglycemic agents to achieve control. In addition to monitoring glucose levels, fetal growth trajectories help refine the management. Timing delivery is another important aspect of pregnancy management and will depend on the control achieved and on the medical management needed. The neonate of a mother with GDM is at increased risk for complications and will need additional care in the immediate post-natal period.

Traditionally the focus of management for GDM has been on glycemic control and immediate pregnancy outcomes. Over the past decade, we have understood that we while glycemic control is very important, lipid metabolism also plays an important role. Women with GDM are at increased risk for long term metabolic problems such as metabolic syndrome, Type 2 DM and cardiovascular disease within 10 years of their pregnancy. The neonates born to these mothers are also at increased risk for long term adverse outcomes. Post partum follow up is therefore crucial for women with HIP and it provides an opportunity for intervention to reduce the risk of NCD.

Invitro Fertilization

Dr. P. M. Gopinath

PRESENT DESIGNATION:	Director & Senior Consultant Institute of OBG & IVF SRM Institute for Medical Sciences Chennai
PRESENT AFFILIATIONS:	Past President of FERTILITY PRESERVATION SOCIETY OF INDIA Member OF international fertility preservation society Founder President of SOVSI Founder Secretary of FSI TAMIL NADU BRANCH Member of ESHRE / ASRM / IAGE / ISAR ASRM Board certified ANDROLOGIST
MAJOR ACHIEVEMENTS:	FMMC FICS FICOG MBA (Health services management) Speciality Training in Fertility Preservations- Sheba Medical Centre, Israel Former Prof of O & G Madras Medical College Past President OGSSI Organising secretary AICOG 2015 Chennai Leading lights in ART 2018 in IFS Cochin IKON of the year in south India 2019 Life time achievement award by IMA Nov 2022

IVF is a treatment for infertility, a condition in which you can't get pregnant after at least a year of trying for most couples. IVF also can be used to prevent passing on genetic problems to a child. IVF and ICSI are forms of assisted reproductive treatment (ART) in which eggs are fertilised with sperm outside the body. IVF is used for female infertility and unexplained infertility, and ICSI is used when there is a male cause of infertility. Recent trends in IVF technology are, Pre implantation Genetic Testing (PGT), Time-lapseEmbryo Imaging, Artificial Intelligence (AI) & Machine Learning, Ovarian Tissue Cryo preservation (OTC), Improved Culture Media, Egg Freezing Techniques and Single Embryo Transfer (SET). PGT allows for the screening of embryos to identify genetic abnormalities before implantation, increasing the chances of a successful pregnancy by selecting healthy embryos. Continuous monitoring of embryo development using time-lapse technology allows for better embryo selection based on growth patterns and milestones, improving IVF success rates. AI and machine learning analyze patient data and embryonic development to provide personalized treatment recommendations, optimizing IVF outcomes. OTC enables the freezing and preservation of ovarian tissue, containing viable eggs, for women undergoing cancer treatment or other medical procedures that may affect fertility. Advanced culture media formulations create an ideal environment for embryo development in the lab, leading to higher embryo quality and better IVF success rates.Vitrification, a rapid freezing method, has improved egg-freezing success rates, giving women more options for preserving their fertility.Reducing the risk of multiple pregnancies, SET involves transferring a single carefully selected embryo, maintaining high success rates while minimizing complications.These advancements represent the cutting-edge technologies and techniques that are transforming the field of In Vitro Fertilization, enhancing success rates and improving the overall experience for patients.

Key Words: IVF, ICSI, PGT, Time-lapseEmbryo Imaging, AI & Machine Learning, OTC, Improved Culture Media, Egg Freezing Techniques, SET

IVF Lab Setup

To set up an IVF lab, it is important to have a sterile, stable, and non-toxic environment. To ensure such optimum conditions, location of the IVF lab, non-sterile and sterile area to be clearly demarcated. Non- sterile comprises of reception, consultation room, store room, record room, and autoclave room. For an IUI lab set up, the semen collection room should be adjacent to the semen processing lab and the IUI room so that the temperature of the semen can be maintained. The sterile area must be air

conditioned where fresh air is filtered through an approved, and an appropriate filter system and is circulated at ambient temperature. The operation room and embryo transfer room should be well equipped with emergency resuscitative procedures and ultrasound for embryo transfer. The operation theatre should be along the embryology laboratory. Mimicking in vivo atmosphere is extremely important in terms of temperature, humidity, and air quality to optimize fertilization, cleavage, blastulation, implantation, and pregnancy rates. To ensure the same, infrastructure of the IVF laboratory is important which includes walls, doors, ceiling, floor, furniture, paints, water and gas supply and Heating, ventilation, and air conditioning system.IVF Equipment and IVF Consumables like, makler counting chamber, automatic sperm analysers, Sperm Class Analyser, Coda Inline and Xtra Inline Filters, IVF workstation,IVF chamber, CO2 Mini Incubator, Portable CO2 Incubator, CraftSuction Pump, CO2 Incubator, IVF Controlled Rate Freezer, micromanipulator, Laser for PGD and Embryo Biopsy, Oocyte and Embryo Analysis Software,Oosight Imaging System,glass heating device for Microscopes,Heating Systems for microscopes, Anti-vibration Platform and Table,Modular Incubator Chamber,IUI Catheters,Embryo TransferCatheters,Oocyte Collection Sets,Micropipettes for ICSI, IVF Pipettes,IVF Media for Assisted Reproduction, Seminal Collection Device, IVF Plasticware, Centrifuge and Spermfuge, Warming Plate and tray, Water Bath, Block Heater, Dry Bath, Portable Test Tube Warmer, Mixer or Shaker, Adjustable Volume Pipettor and Tips, Pipette Pump, Cryogenic Equipment, Cord Blood, Stem Cell, Lab Quality Management etc., are needed. Staff requirements are: Clinical director (HOD), Consultant, Counsellor, Registrars, Junior consultants, Embryologists, Andrologist, Art bank (RMO).

Key words: IVF lab, IUI lab, Air conditioning system, HEPA system, IVF equipment, IVF consumables, Embryologist.

Recent Advances in Endometrial Cancers

Dr. S. Ayyappan

M.S: MCh(Surg onco): FMIS: FRCS(Glas).

- Senior consultant, Academic Head, DNB Prog,Dept of Surgical Oncology, Apollo Cancer Hospitals, Chennai.
- Secretary , Tamilnadu Association of Surgical Oncologist
- Was honoured "Best doctor award" by the Dr MGR Medical University in 2011
- Robotic and Laparoscopic Surgeon
- **1985** batch of Madras Medical College
- Pioneer in Advanced laparoscopic gynec oncology/colorectal CA
- One of the first to perform **HIPEC** for advanced Ovarian cancers in the country
- Pioneer in Limb Salvage Surgery for extremity Sarcoma.
- Academic Contributions by publication and by faculty presence.
- Examiner for DNB exams.

Endometrial cancers comprise a diverse group of cancers, whose incidence is increasing. There have been various changes and advancements in the diagnosis, prognostication, surgery, and adjuvant management of endometrial cancers.

The molecular classification of endometrial cancers identifies the aggressive p53 abnormal subgroup and the POLE mut group that is associated with good prognosis. The MMRd group form an

intermediate group while the rest are grouped under NSMP (no specific molecular profile). The update with molecular classification has modified the adjuvant management in the form of de-escalation in the subset of patients in POLE mutation and escalation in the p53 mutated subgroup.

Minimally invasive surgeries with laparoscopic approach and Sentinel Lymph node biopsy are the recent additions, that has been found to be effective in reducing morbidity. Pathologically, ultrastaging of the sentinel lymph node is recommended to identify micro metastases and Isolated tumor cells. Immunotherapy has been recommended in the upfront and in the second line setting for recurrent and metastatic tumors. Dostarlimab is recommended in the MMRd (Mismatch repair deficient) subgroup and Pembrolizumab with lenvantinib in the MMRp (Mismatch repair proficient) group. These drugs have also been found effective in stage III cancers of the endometrium in recent trials. In young patients diagnosed with EIN (Endometrial intra epithelial neoplasia) /Grade 1 endometrial cancers, fertility preservation using progestins for 6 months and attempting pregnancy can be attempted.

Panel Discussion on Minimally Invasive Surgeries for Ovarian Carcinomas

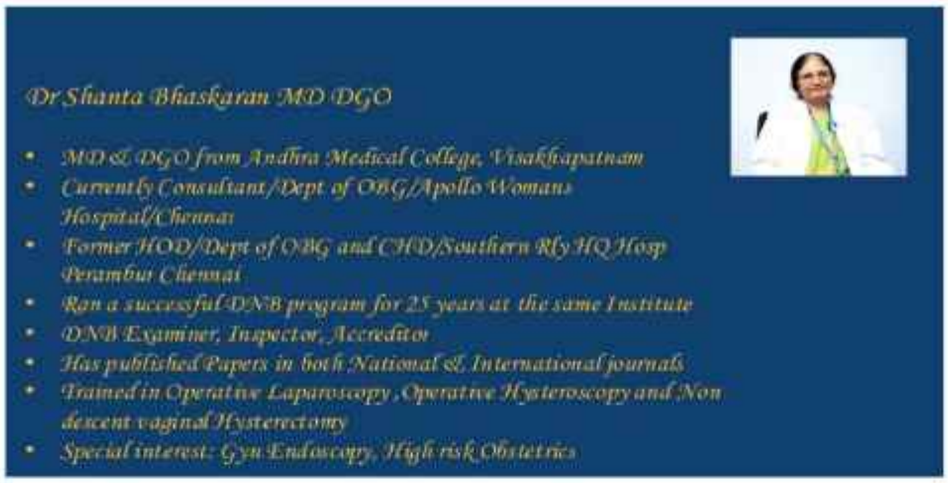
Moderator : **Dr. Sujay Suseekar** (Surgical Oncologist)
Panelist : **Dr. Subrata Lahiri,** Chief Consultant (SER)
Dr. Suresh Kumar Bondii, Medical Oncologist
Dr. Kishore Kumar Reddy, Surgical Oncologist

Dr Sujay Susikar. MS., MCh (Surg Onco)

Present Designation	Senior Consultant Surgical Oncologist
Present Affliation	Kauvery Hospital, Alwarpet
Major Achievements (Honours, Awards, Positions)	
Areas of Interest	Minimally Invasive Oncology Gynaec Oncology Breast Oncology

We will discuss the important question about the place of the minimally invasive approach in surgical treatment of ovarian cancer which remains to be evaluated and answered. Overall, we will discuss the potential role of minimally invasive surgery in treatment of ovarian cancer as follows: i) laparoscopic evaluation, diagnosis, and staging of apparent early ovarian cancer; ii) laparoscopic assessment of feasibility of upfront surgical cytoreduction to no visible disease; iii) laparoscopic debulking of advanced ovarian cancer; iv) laparoscopic reassessment in patients with complete remission after primary treatment; and v) laparoscopic assessment and cytoreduction of recurrent disease. The accurate diagnosis of suspect adnexal masses, the safety and feasibility of this surgical approach in early ovarian cancer, the promise of laparoscopy as the most accurate tool for triaging patients with advanced disease for surgery vs upfront chemotherapy or neoadjuvant chemotherapy, and its potential in treatment of advanced cancer will be discussed .

Concomitant Oophorectomy at Hysterectomy – to do or not?



Hysterectomy is the most commonly performed Gynaec surgery world over with around 30% of women in Australia & 45% in USA would have had it done by age 70. This is despite the presence of alternate uterine sparing surgeries available. It is commonly accompanied by BSO.

Is it correct & ethical to do BSO in all women with normal ovaries is the contention. It is technically easy especially when done abdominally or laparoscopically but ..... the aftereffects can be drastic if done in younger women.

The ovary is both a reproductive and endocrine organ. The stroma continues to produce hormones – Testosterone, Androstendione, DHEA in reproductive years, perimenopause & continues into postmenopause – with obvious beneficial effects and so the question – should BSO be done.

The fear is – increased perceived risk of ovarian cancer. The lifetime risk of developing it is 1.4% (1 in 70 women) & is the fifth leading cause of cancer death as 3/4th present in stage III/stage IV with a 5 year survival of less than 50%, the risk reduction is by 4% if BSO is done. In Hereditary ovarian cancer with overall risk of developing ovarian cancer is 25 to 50% the risk reduction is by 85%, hence BSO is justified. Also the risk of reoperation – around 5 to 10% - in those with PID, Endometriosis, CPP - as opposed to negative health effect – both all cause & CVS specific morbidity when done in younger women, which can be partly or wholly mitigated by administering ERT until natural age of menopause.

There are no RCT – only observational studies, consensus, expert opinion to support the data.

The ACOG expert opinion – remove after 55 years, avoid below 50 years, individualize 50 – 55 years.

With the growing understanding of long-term negative health consequences and advent of elective or opportunistic salpingectomy (OS), the pendulum has swung towards OS instead of BSO in women younger than 50 years.

Indications for BSO: AGE - > 50 years, suspected or gynaecological malignancy, risk reduction surgery – those with genetic factors after 35 yrs or completion of childbearing and to consider in those with CPP, Endometriosis, PID to reduce incidence of reoperation.

Consider Ovarian preservation & perform OS: Premenopausal with no genetic predisposition to ovarian cancer, no adnexal pathology. When BSO is done in this group – administer ERT upto natural age of menopause.

BSO can by done through any route – abdominally, laparoscopically, vaginally & the ovaries have to be removed in toto & unintentionally leaving any bit which can later grow – known as ovarian remnant syndrome. There should be adequate surgical margin especially so when ovary is adherent to surrounding vital organs as in severe endometriosis, pelvic adhesions. Ovarian remnant syndrome can pose a diagnostic & treatment challenge.

In 2005 Parker et al performed a study – Markov model to assess the optimal age for BSO at time of Hysterectomy & stated delaying upto 65 years to mitigate mortality – all cause & CVS specific. Later several large cohort studies and principally the updated Markov model – a study done by Rush et al & published in May 2022 stated that the original Markov model overestimated the CV risk & the increased risk stated above are negated, advised that it is safe to perform concurrent BSO at hysterectomy at 50 years & above. This updated model will have a profound effect on how we counsel patients.

Take home message:

- ❖ 50 years & above –BSO can be safely done – health neutral
- ❖ Less than 50 years – negative health implications – increase in all cause & CVS specific morbidity & mortality – avoid BSO & do OS instead & if indicated & done – consider giving ERT upto natural age of menopause.
- ❖ All this is done after careful counselling, informed consent and follow a shared decision-making policy after stating all facts.

References:

1. Cochrane Database July 20114
2. Up To Date Oct 2023 Elective oophorectomy or ovarian conservation at hysterectomy
3. UpToDate Sept 2023 Opportunistic salpingectomy for ovarian, fallopian and peritoneal cancer risk reduction
4. TOG 022; 24:131-136 Oophorectomy or ovarian conservation at time of Hysterectomy for benign disease
5. Obstetrics & Gynecology 139(5):735-744, May 2022 A revised Markov model evaluating oophorectomy at time of hysterectomy for benign indication: age 65 years revisited

Tips and Tricks in ultrasound for Obstetrician

Ultrasound Image Optimisation

Due to modern equipment and automatic image optimization, the ultrasound imaging currently requires only little technical and physical knowledge. However, in-depth knowledge of the device functions and underlying mechanisms is essential for optimal image adjustment and documentation. From a medical as well as an aesthetic point of view, the goal should always be to achieve the best possible image quality.

Knobology describes the pertinent knowledge and use of ultrasound equipment to the best settings and applications for patient care.

Image Quality

To achieve optimal image quality, adequate depth penetration, image width, spatial resolution, image contrast, artifact suppression and application of zoom are relevant

Six steps to achieve optimal settings for B-Mode

1. Transmission Power
2. Gain
3. Frequency
4. Depth penetration
5. Focal zone
6. Further settings

Myomectomy - The nuances

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Additional Chief Health Director,
Consultant Gynaecologist,
Southern Railway Headquarters Hospital,
Perambur, Chennai.

- Examiner DNB(OG), National Board of Examinations,
- General manager – Group cash Award for Hospital cleanliness and beautification, and for work done during COVID.

Publications: Computed tomography scan findings in eclampsia: a prospective study. International Journal of Reproduction, Contraception, Obstetrics and GynecologyRajeswariKSR et al. Int J Reprod Contracept Obstet Gynecol. 2018 Nov;7(11):4432-4438

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Areas of interest: **Gynae endoscopy, Infertility.**

" … in my early years as a gynaecological surgeon, a case occurred which profoundly affected my outlook. A lady, recently married, wishing above all things to have a child, underwent a subtotal hysterectomy on account of a single submucous fibroid.

VICTOR BONNEY

Uterine leiomyomata is one of the most common indications for gynecologic surgery, leading to 200,000 hysterectomies and 30,000 myomectomies per year. Whenever surgical management is needed, the decision to perform a myomectomy versus hysterectomy should be based on the patient's strong desire to retain fecundity and the patient's desire to retain the uterus.

Cramer, S.F. and Patel, A (The Frequency of Uterine Leiomyoma. American Journal of Clinical Pathology.1990) subjected 100 uteri to gross serial sectioning at 2mm intervals. They found 649 leiomyoma roughly 3 fold the no identified by routine pathological examination which suggests that it is almost never possible to surgically remove all when a myomectomy is performed.

The general principles of sound surgical techniques are as much a part of myomectomy as for any surgery.The most common surgical route for myomectomy is abdominal (>75%), followed by laparoscopic (~15%) and hysteroscopic (~10%) routes.

Abdominal myomectomy - Before embarking on the procedure, a detailed plan should be made regarding the type of skin incision, uterine incision, microsurgical techniques to be followed, techniques to achieve haemostasis, obliteration of the myoma bed, how to remove the fibroid, and methods of adhesion prevention. In open myomectomy, appropriate skin incision that gives adequate exposure is the key to shortest operating time.

Laparoscopic myomectomy - General rule for considering laparoscopic approach is,when you are able to give a uterine repair comparable or superior to that of an abdominal myomectomy and when there are fewer than four myomas. The biggest challenge in laparoscopic approach is retrieval of the specimen.Use of laparoscopic power morcellators typically reduce the risk of infection and shorten the post-operative recovery period. However,there is an increased risk of spreading unsuspected cancer and benign tissue within the abdomen and pelvis.US FDA(2020) has stated that laparoscopic power

morcellators are contraindicated in gynecologic surgery in which the tissue to be morcellated is known or suspected to contain malignancy and they should only be used with a containment system.

Hysteroscopic myomectomy - The impetus for hysteroscopic removal of leiomyomas has been threefold due to the development of smaller caliber rigid operative hysteroscopes with working ancillary channels, bipolar technology, improvements in fluid management systems, high-definition cameras, and emerging use of both resectoscopes and hysteroscopic tissue retrieval systems (HTRS), patient preference and resident training. There should be at least 1-cm-thick margin from the lesion to the serosal surface if hysteroscopic resection is planned. Risk factors for uterine perforation are cervical stenosis, markedly retroverted/retroflexed uterus, menopausal status, and small uterine cavities.Surgical scoring system like STEPW can be used preoperatively to evaluate the viability and the difficulty of a hysteroscopic myomectomy. Generally Type 0 and 1 myomas can be removed in a single procedure whereas type 2 myomas may need two step procedure. Intravasation of the fluid used to distend and irrigate the uterine cavity is the most dangerous complication of operative hysteroscopy. Goals of fluid management should be selecting of distention medium least likely to cause complications in the event of excess absorption, prevention of excess absorption and early recognition of excess absorption and prompt management.

Physiology Behind CTG - CAPSULE

Dr Balaji Shri Vishnu Veerasekaran, M.B.B.S.

Current: First year DNB resident
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Southern Railway Headquarters hospital,
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Service: Divisional Medical Officer,
Indian Railway Health Services [Batch – 2017]
Lien – Western Railway

Alma mater: Thanjavur Medical College (2009 - 2015)

Hobby: Music (Piano)

Since its introduction into clinical practice in late 1960s, cardiotocograph interpretation was predominantly based on 'pattern recognition' by determining various features observed on the CTG. Due to lack of robust guidelines on how to interpret CTG resulted in obstetricians reacting to various patterns observed on the CTG trace without understanding the pathophysiology behind the observed features.

The first recognised guidelines on CTG interpretation were published by ACOG in 1979 and subsequent international guidelines by FIGO in 1987. Due to lack of understanding of pathophysiology behind observed changes resulted in panic reactions to benign changes resulted in increased operative deliveries and lack of intervention to pathological changes.

Unfortunately increased operative deliveries did not significantly reduce the incidence of Cerebral palsy and perinatal deaths. In 1971, Beard et al. reported that even when significant abnormalities (Late decelerations and complicated baseline bradycardia) were noted on the CTG trace, more than 60 per

cent of foetuses had a normal umbilical cord pH (>7.25). This shows that mere pattern recognition of CTG traces increased false positive rate (90%) thereby resulted in 90 out of 100 caesarean sections performed for suspected fetal compromise entirely avoidable.

It is important to deal with the other side of the coin – 'misinterpretation of CTG' traces which has adverse effects on fotuses (poor perinatal outcomes, long-term neurological sequelae), their family and society as well. In 1997, the fourth 'Confidential Enquiries into Stillbirths and Deaths in Infancy' (CESDI) reported that more than 50 per cent of intrapartum-related stillbirths were due to 'grade 3' substandard care. These were lack of knowledge in interpreting traces, failure to incorporate clinical picture while interpreting CTG, delay in intervention even after recognising an abnormal CTG, lack of communication and common sense.

The recent concern is medicolegal implications of CTG misinterpretation, which are contributed from not only to claims arising from poor neonatal outcomes (cerebral palsy), stillbirths but also to complications arising out of emergency caesarean sections.

The interpretation of CTG has evolved since its introduction and the need of the hour is to understand the physiology behind CTG and act according to the pathophysiological changes observed in CTG traces.

Maternal Collapse - CAPSULE

Dr. Sadhana K, MBBS

PRESENT DESIGNATION:	Second year DNB resident
PRESENT AFFILIATION:	DNB resident Southern Railway Headquarters hospital, Perumbur
PUBLICATIONS: NATIONAL: INTERNATIONAL: PRESENTATIONS:	Success story of acute abdomen in pregnancy-torsion ovary case report : IJRCOG

Abstract : Maternal collapse is a rare life threatening event that occurs at any stage of pregnancy or upto 6 weeks post partum. Prompt identification and timely intervention by a multi disciplinary team is essential to improve maternal and fetal outcomes. Obstetricians should be familiar with the changes in standard adult resuscitation guidelines in pregnancy considering the maternal-fetal physiology. Emphasis is on manual uterine displacement and resuscitavive hysterotomy timely in individuals beyond 20 weeks gestation. Annual simulation training among maternity staff, team work and emergency preparedness will improve the outcome of maternal collapse.

VACCINES IN PREGNANCY - CAPSULE

Dr. Varshini .S, MBBS
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Department of Obstetrics and Gynaecology
Southern Railway Headquarters Hospital

Immunization during pregnancy is a crucial strategy to protect both the expectant mother and the newborn against infectious diseases. The transplacental transfer of maternal antibodies confer immunity to the newborn. Here is a compilation of vaccine recommendations in pregnancy.

VACCINE	RECOMMENDATION IN PREGNANCY
Td	Recommended
TdaP	Recommended
Inactivated POLIO	May be used if needed
COVID 19	Recommended
Hepatitis B	In some circumstances
Inactivated Influenza	Recommended
HPV	Not Recommended
MMR	Contraindicated
Varicella	Contraindicated
Meningococcal	May be used if needed

Hence, it is important to know the safety profile of various vaccines in pregnancy. Also, it should be noted that if pregnant women are vaccinated inadvertently during their pregnancy, it doesn't mandatorily need Termination of that pregnancy

Intracervical Anaesthesia - CAPSULE

Dr. Kiruba Hannah Vidhyantha MBBS, DGO
Final year DNB resident
Southern Railway Headquarters Hospital, Perambur
Publication : Chylous ascites following
Total Laparoscopic Hysterectomy done for
benign pathology : A rare complication : IJRCOG

There has been a paradigm shift in procedures carried out in out patient setting. The most common cause for abandonment of procedure is pain. Intracervical anesthesia is an upcoming procedure

recommended to alleviate pain prior to minor diagnostic and therapeutic procedures. The endocervix is richly supplied by Frankenhauser plexus causing pain during dilatation of cervix. WHO abortion guide recommends the use of NSAIDS with intracervical block to alleviate pain. 1% lignocaine is injected into the cervical stroma at the tenaculum site and at 3,6,9,12 o clock positions. It requires less precision and has the advantage of avoiding inadvertent injection into vessels which is common in paracervical block. The maximum dosage is 4 mg/kg without adrenaline and 7 mg/kg with adrenaline. Intracervical block used in adjunct with NSAIDS is the recommended choice of anesthesia for office hysteroscopy by RCOG. Patient satisfaction with General anesthesia and intracervical block was similar.

Intracervical anesthesia is a simple procedure that offers excellent pain relief with minimal complications in outpatient setting.

Interesting Cases from Railway Hospitals

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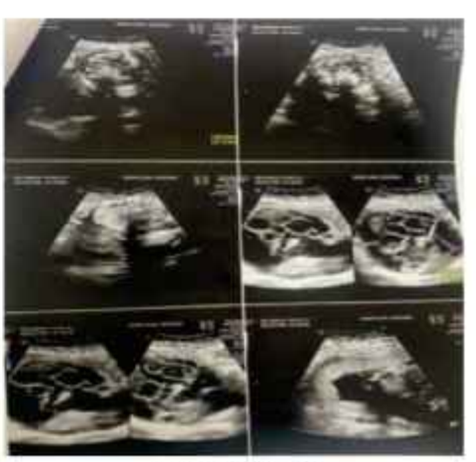
A CASE REPOI ƸSION OVARY

Dr. Kalyani, DNB, DGO / MD / RH / PER

INTRODUCTION

Ovarian Torsion is one of the acute emergencies in pregnancy associated with high fetal mortality and an estimated prevalence of about 2.7-3%1.Torsion occludes blood supply and lymphatic drainage of ovaries thereby leading to congestion,hemorrhage and necrosis.The majority of adnexal masses are discovered incidentally during prenatal ultrasound performed for obstetric indications.2 These account for about 30% of masses in pregnancy and usually regress spontaneously during the first of early second trimester of gestation3.Diagnosis of ovarian torsion in pregnancy is challenging and based on history and clinical examination.Surgical diagnosis(laparotomy/laparoscopy)remains the treatment of choice.



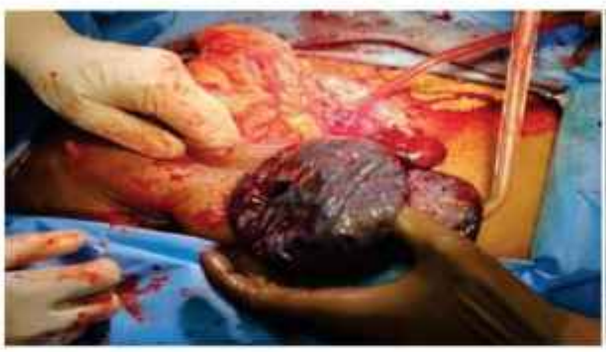
USG findings

CASE REPORT

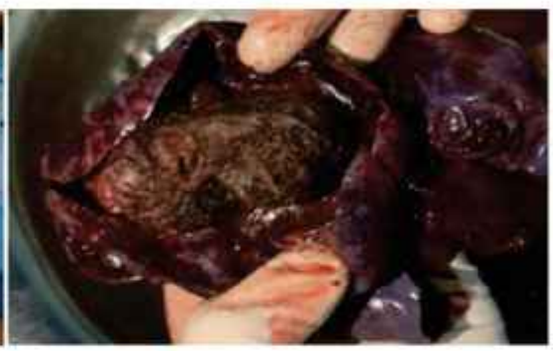
A 28 year old multigravida of 18 weeks gestation presented to our opd with complaints of abdominal pain more in right iliac region evolving for past 2 hours .It was continuous type of pain not relieved by analgesics.No h/o vomiting/fever/bleeding/leaking pv/dysuria.It was a spontaneous conception and dating scan done in nearby

clinic 2 months ago revealed a viable 8 weeks gestation with an adnexal cyst of 5*4.4 cm in right adnexa with no abnormal vascularity.

On examination, Patient was afebrile with tachycardia,abdominal examination revealed gravid uterus of 18 weeks size.Tenderness was present in right iliac fossa.P/s was done –os closed,no bleeding/spotting pv.No cervical motion tenderness.Appendicitis ruled out by imaging.Ultrasound with doppler done revealed a viable gestation of 18 weeks size with enlarged right ovary of size 11.7*11.1*9.4 cm with hyoperechoic stroma and cyst of 6.7*6.1 cm in right adnexa with internal linear trans-hyperechoic foci suggestive of Rokitansky nodules with no E/O vascularity.



INTRA-OP FINDINGS



CUT SECTION OF ADNEXAL CYST

With ovarian torsion as provisional diagnosis,patient was counselled about the risk of abortion,hemorrhage,need for oophorectomy and emergency laparotomy was proceeded.Under spinal anaesthesia,abdomen opened through Maylard's incision and bluish black hemorrhagic cyst of 16*15 cm which was torted thrice around its axis in the inguino-pelvic ligament forming the tubo ovarian complex was found.

Hemorrhagic peritoneal ascites was present.Ascitic fluid was sent for cytology.Entire mass could not be delivered out because of gravid uterus.Hence controlled aspiration of contents done without peritoneal spillage.Ovarian complex was detorted and checked.No return of colour or decrease in edema noted after 15 mins Hence Right salphingo-oophorectomy was proceeded without handling gravid uterus.Procedure was uneventful.Immediate post op-viability of fetus confirmed by Ultasonography.Post op antenatal care was given with additional Isoxsuprine for 2 weeks and weekly progesterone injection till 34 weeks of gestation.HPE reports were suggestive of mature cystic teratoma and mucinous cystadenoma-collision tumour.Peritoneal fluid did not contain malignant cells.Routine antenatal care was continued and an alive baby-2.9 kg was delivered by normal vaginal delivery at 39 weeks of gestation.

DISCUSSION

Ovarian torsion is the complete or partial rotation of adnexa along its axis.The most common symptom is acute pain with nausea,vomiting.Ovarian Torsion is more common in right than left with incidence of 3:2 due to the sigmoid colon which limits the moblity of left ovary.4,5 The most common ovarian tumours in pregnancy include Teratoma,Para-Ovarian cyst,serous cystadenoma,corpus luteal cyst.9-26 % torsions occur in apparently healthy adnexa and therefore show no initial abnormality on ultrasound.6 Diagnosis is based on clinical history and USG.

Based on Grey-Scale,adnexal torsion can be classified as7

class 1- coiling with arterial and venous ovarian blood flow- conservative approach,

class 2- coiling with arterial ovarian flow but no venous flow-surgical intervention required,

class 3- true strangulation-no ovarian blood flow-urgent surgical intervention required.

Complications of ovarian cyst include-Torsion,Hemorrhage,Rupture,Infection and malignant

transformation .Differential diagnosis includes Appendicitis, Ureteral or renal colic,cholecystitis and bowel obstruction.

Mangement of ovarian cyst is controversial. Surgical intervention may cause risks to the mother and her fetus, while observation without intervention will lead to unfavorable complications ,such as ovarian torsion or the development of tumor8.However Torsion cyst presenting as acute abdomen warants surgical exploration. With advancing gestation, Laparoscopy poses more risk than Laparotomy. Initially Salphingo - Oophorectomy was done for adnexal torsion, however recent studies report simple cystectomy with detorsion of adnexa as more effective management. Detorsion restores blood supply to ovary thereby preventing the need for oophorectomy. In our case,ovarian tissue was necrosed ,no colour change despite detorsion hence unilateral salphingo - oophorectomy was done. The ideal time for surgical resection is during second trimester between 16-28 weeks. Immediate intervention irrespective of gestational age is done in case of Torsion/malignancy.It is important to look for adnexal lesion during dating scan for effective managment of the same and to prevent such acute emergencies.

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Non puerperal complete uterine inversion in nulliparous virgin female

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ABSTRACT

Non-peurperal uterine invesion (NPUI) is extremely rare and accounts for 17% of all uterine inversion cases. A few more than 150 cases have been reported amongst which 10-15 have been reported in nulliparous females and 3-4 have been reported in virgin females from 1914 till date. A 40 years unmarried nulliparous female denying sexual activity presented to our hospital with acute non puerperal complete uterine inversion with something coming out per vaginum of sudden onset while straining at defection, lower abdominal pain and minimal bleeding per vaginum with history of uterine fibroid and chronic constipation. Diagnosis was confirmed with ultrasonography and examination under anaesthesia after written informed valid consent. After detailed counselling and obtaining written informed valid consent, the patient underwent exploration with a combined abdominal-vaginal approach. Following vaginal myomectomy, the uterus was repositioned using Haultain procedure after a failed attempt of Huntington procedure. Total abdominal hysterectomy with bilateral salpingectomy with vaginal vault suspension was done sparing bilateral ovaries. Diagnosis requires a high index of suspicion and their management is a challenge to gynaecologists due to its rare occurence, distorted pelvic anatomy and associated pelvic organ injuries during surgery. Good anatomical and clinical knowledge along with surgical skills is of utmost importance for successful outcomes.

KEYWORDS : Non puerperal uterine inversion, Nulliparous, Virgin, Acute complete uterine inversion.

Pregnancy with Psoriasis, Hypothyroidism, and Arthritis

Dr. Deksha Chaudhary DGO
ACMS/ASH/LJN/NER

Introduction

Pregnancy is a state wherein autoimmune disorders can be triggered and inflamed during its different phases due to the T cell cytokine-mediated responses

1. Typically, they do not manifest before pregnancy and are generally diagnosed during gestation, or the postpartum phase, or even long after the pregnancy period. Persons with pre-existing autoimmune conditions have been reported to have improvement or exacerbation of their symptoms during gestation, depending on the disease.

2 Case History : The lady, 31 years of age, presented with 12 weeks of pregnancy with complaints of itching in scalp, arms and legs, morning small joint pains, lethargy, and weakness. Antenatal investigations revealed the lady being Rh Negative and husband Rh Positive with other routine investigations being within normal limits. Fetal growth was normal to date.

During detailed inquiry about the history, it was found that she had a spontaneous abortion in 2018 at 10 weeks pregnancy followed by dilatation and evacuation with Anti-D given. She had an uneventful 2nd pregnancy, delivered a female child by LSCS in 2019, with Anti-D given post-delivery, as the child is Rh Positive.

Follow up investigation advised included routine tests with TSH, CRP, Rheumatoid factor tests which showed raised levels of TSH and ESR, CRP positive, and RF negative, in follow up visit (see Table 1).

Table 1. Routine and Additional Investigation Results

Test	Result	Date
Haemoglobin	11.4 mg % 12.1 mg %	14 August 2023 30 October 2023
Blood Sugar Random	129 mg % 87 mg %	14 August 2023 30 October 2023
LFT	Bilirubin 0.35 Bilirubin 0.6	14 August 2023 30 October 2023
HBsAg Rapid	Negative	12 September 2023
HCV	Negative	12 September 2023
HIV I and II	Negative	12 September 2023
VDRL	Negative	12 September 2023
Serum TSH	5.60 µIU/ml 3.57 µIU/ml	24 July 2023 22 September 2023
DIPSI	117.6	30 September 2023
Coombs Test Direct/Indirect	Negative	18 October 2023
RA Factor	Negative	30 October 2023
CRP	13.7	30 October 2023
ESR	58	30 October 2023
Anti CCP	<7 U/ml	30 October 2023
USG	SLF 16W SLF 29 weeks / Breech / BPD 74 mm / FL 55 mm / Placenta Anterior UUS / EFW 1345 gms / FHS Positive 142 BPM	24 July 2023 21 October 2023

Abbreviations: Anti CCP, Anti-cyclic citrullinated peptide; CRP, C-reactive protein; DIPSI, Diabetes and Pregnancy Study Group of India; ESR, erythrocyte sedimentation rate; HBsAg, Hepatitis B surface antigen; HCV, Hepatitis C Virus; HIV, Human Immunodeficiency Virus; LFT, Liver Function Test; RA, Rheumatoid Arthritis; TSH, Thyroid Stimulating Hormone; USG, Ultrasound Sonography; VDRL, Venereal disease research laboratory. Both arms and both legs had rashes with dryness and flakiness along with itchiness, which was suggestive of psoriasis because of which she was referred to a dermatologist and a physician. (See Figure 1).

Figure 1. Photographic Images of Pustular Psoriasis Affecting Legs and Arms

Patient presentation of both legs (A) and arms (B, C).

The patient had developed hypothyroidism and autoimmune disorders of psoriasis and symptoms suggestive of rheumatoid arthritis, during the current pregnancy, which was discovered when she was already 10-12 weeks pregnant.

On consultation with the dermatologist and the physician, the lady was prescribed Omnacortil, Naprosyn, Halobetasol + Salicylic Acid, and Salicylic Acid + Ketoconazole for the psoriasis. However, when she was explained the risk involved to the foetus due to the steroids, she refused consent and did not take any treatment for psoriasis and symptoms of arthritis. The symptoms of psoriasis have been increasing along with the advancement of the pregnancy but have not reached a severe stage as of now. For last one month she developed pustules with erythematous ring leading to pustular psoriasis. She is only taking regular medication for pregnancy in the form of Iron, Calcium, and B-Complex supplements. For pustules antibiotic cream is advised for topical application and 25 mcg of thyroxine for hypothyroidism.

All the routine investigations at 22 weeks showed CBC, TSH to be at normal levels, foetal growth is regular and normal, no apparent physical abnormality is seen in foetus during regular interval ultrasonography for foetal wellbeing.

Discussion

Subclinical hypothyroidism is the most common gestation related thyroid disorder, affecting 3-5% of all pregnant persons.3,4 In India, there is 11.07% pooled prevalence of hypothyroidism in pregnant women in India.5 A cut off 3.00 μIU/mL was posited for Indian settings.6 In the present case, the lady had Serum TSH levels of 5.60 μIU/mL on 24 July 2023, but the level had reduced to 3.57 μIU/mL by 22 September 2023 on Thyroxine 25 mcg dose.

Pre-existing rheumatoid arthritis in women ameliorates during pregnancy with a reappearance of the symptoms postpartum.2,7 An onset of RA during the pregnancy itself is a rare and unusual event,8 and the recently noted cases had the symptoms presenting in towards the end of the second trimester or

in the last trimester.8,9 For the present case, the lady presented with symptoms of RA (small joint pains in morning and stiffness), but investigation on 30 October 2023 showed RA Factor as negative, Anti CCP as <7. (See Table 1).

Since the period of risk of onset of psoriasis and the reproductive years of biological females overlap,10 there have been cases of individuals with pre-existing psoriasis going through pregnancies. However, an onset of psoriasis within the gestation period has been seen to occur in the form of Pustular Psoriasis of Pregnancy (PPP), a life threatening condition that typically manifests in the third trimester.11 For the case under investigation, the lady developed symptoms of psoriasis atypically around 10 weeks.

This bears similarity to Impetigo herpetiformis (IH) which displays clinical and histological features similar to PPP.12 IH was first identified in 1872 by von Hebra, who had described unfavorable maternal and foetal outcome in the five cases he studied. A holistic approach of treatment including input from obstetricians, dermatologists, and neonatologists is required for management of the same. IH has been reported to develop during the last trimester of pregnancy with a prompt resolution postpartum. Past cases included treatment of those resistant to systemic corticosteroids through CsA for controlling the disease.

At present, the case under investigation consulted a dermatologist however did not comply with the prescribed treatment for psoriasis due to the possible side effects of the medication. However, despite the associated conditions, her pregnancy is progressing normally.

Conclusion

In the present case, the autoimmune reactions manifested are of an atypical nature as according to the literature present, it is rare to develop psoriasis during the first trimester of pregnancy. In previously reported cases having an onset of psoriasis within the gestation period, the symptoms were seen to manifest in the second or third trimester with prompt subsidence of symptoms postpartum.11 With individuals having a pre-existing condition of psoriasis, it is generally suggested to control the symptoms before trying for a pregnancy, and for those with onset of psoriasis within pregnancy period, the symptoms are managed while taking maternal and foetal health risks into consideration.10 In the present case, as the manifestation of the symptoms has been atypical and not in line with the reported incidents of PPP or IH, there lies an ambiguity with regards to the prognosis. However, despite the lady not taking treatment for the psoriasis, the pregnancy is progressing normally. Nevertheless, the symptoms of psoriasis have been growing with time and there is a need to manage the condition due to the risk to maternal and foetal health.

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Scar endometriosis: A series of 12 cases over 8yrs

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Introduction

Scar endometriosis is a rare benign gynecological disease affecting women in the reproductive age group. It's incidence in post-caesarian and post-hysterotomy scar tissue is approximately 0.03-0.4% & 1.08-2% respectively. Endometriosis in operative site scar tissue may present as a discrete mass which may be painful and can be confused clinically with a variety of surgical conditions. It is extremely important to recognize the condition so as to avoid potential clinical pitfalls in the diagnosis of this treatable entity.

Discussion

This is a study of 12 cases which I have treated in the last 8yrs. In all my cases, patients presented with pain and swelling at the site of scar during menstrual cycle. In my case series, the time interval between surgery and clinical presentation varied from 1 to 5yrs. Patients were in second to third decade of their life. My case series had occurrences in post caesarian scar, post hysterotomy scar, laparoscopy scar and episiotomy scar. Diagnosis was based on history, clinical examination and a high degree of suspicion. USG and MRI was used to facilitate diagnosis and providing information about relationship of the mass to the neighboring structures, CA 125 was also done in all cases. HPE has been only definitive and confirmatory diagnostic tool in all my cases.

Treatment of choice for scar endometriosis is wide local excision of the lesion, which is both diagnostic as well as curative. Follow up of all these cases revealed that surgical treatment is effective with no relapse or recurrence of symptoms.

Conclusion

Scar endometriosis is a rare clinical entity and often mimics a variety of clinical conditions and hence present a diagnostic dilemma. High index of suspicion in women of reproductive age group having localized cyclical symptoms in a scar, following a previous obstetric or gynecological procedure helps in diagnosing this condition. Good surgical technique and due precautions should be exercised during surgery to avoid endometrial implantation in anterior abdominal wall, which otherwise may lead to scar endometriosis with its associated morbidity.

Conflicts of interest : None to declare

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Post-operative Multiorgan Failure after uneventful LSCS

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Abstract

Case Description :-

Mrs GK undergone elective LSCS for term pregnancy with CPD uneventfully at 10. 30 AM, developed mild bleeding p/v at 2.30 PM landing in ARF at 4.30 PM postoperatively on same day. Fall in Hb & Platelet, rise of Urea & Creatinine , but Liver enzyme normal. Pulse & BP was normal all throughout Surgery & Post-op period . Treated with Blood & platelet transfusion and dialysis.

On 3rd post-op day patient develop pulmonary oedema, accelerated HTN & severe. L.V. dysfunction needing intubation & ventilatory support in ICU

After 10 days pt. improved with normal Hb, platelet, PT & INR. No jaundice The abdomen explored & some clots around the uterine incision removed, no other intra abdominal abnormality found. Pt. become alright on 17th Post-op day with all normal activity except SOS Dialysis (Non –oliguric failure).

On 22nd PO day again one bout of vaginal bleeding with fall in Hb, platelet & raised INR. Blood & platelet transfusion given & Pt. improved. Full Coagulation profile was done but everything was normal.

Pt. was on SOS Dialysis up to 02 months . After that patient become absolutely alright with normal renal function.

Conclusion :-

A case of post-operative multiorgan failure after uneventful LSCS. The reason of failure was not known till last in this case. Possibility of DIC was thought of but not established Clinically & Biochemically. A thought provoking case.

Laproscopic Management of a rare case of utero - vesical fistula

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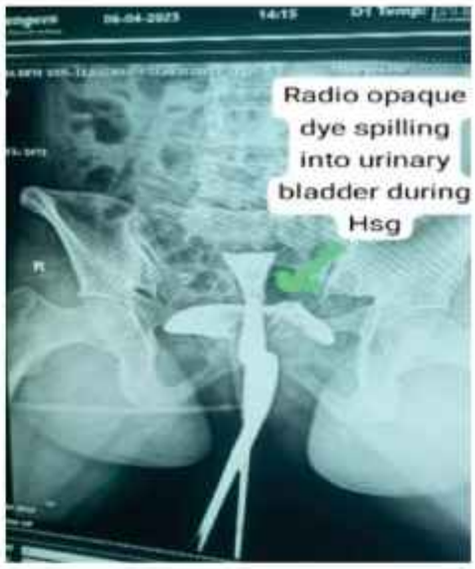
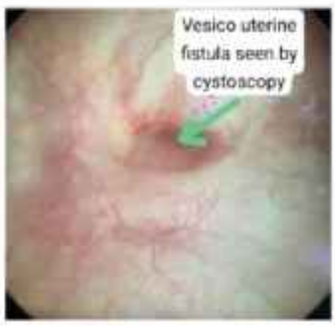
Abstract

Vesicouterine fistula is a rare condition where there is an abnormal communication between the uterus and bladder and the presentation being absence of Menstrual bleeding, cyclic presence of blood in urine with no urinary incontinence. Proper history and investigation can establish the diagnosis and the treatment is Surgical repair. We have a case of a 31 yrs old patient who developed Vesicouterine fistula following normal delivery after a cesarean section. After stepwise investigation by HSG and methylene blue and definite visualization by cystoscopy the laproscopic repair of the Vesicouterine fistula was successfully performed.

1. Introduction

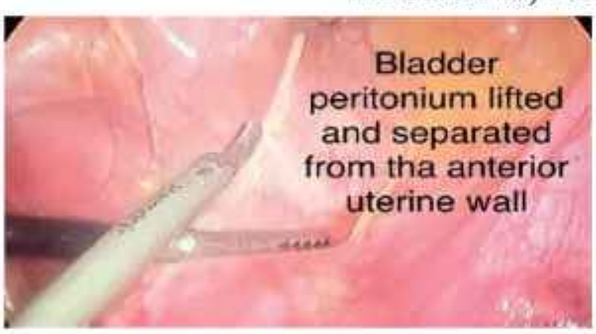


Vesicouterine fistula is the least common urogental fistula accounting for 1-4% (1) of all the urogenital fistula. About 800 cases are diagnosed throughout the world. The most common cause is the rising rate of cesarean section (83-93%) of causes. The classical presentation is absence of Menstrual bleeding, cyclic passage of blood in urine with no urinary incontinence.



Jozwik and Jozwik classified vesicouterine fistula inro three types based on the route of menstrual flow;

I Menstrual flow from the bladder only without urinary incontinence



II Menstrual flow from both the bladder and vagina with urinary incontinence.

III Normal menstrual flow from the vagina only (no menouria) with urinary incontinence.

Youssef syndrome corresponds to a type I vesicouterine fistula. (2) (3)

We have case presenting with Youssef syndrome after normal vaginal delivery following cesarean section, which was diagnosed and treated laproscopically.

2. Case report

A lady, 31 yrs P 3+0, with one normal vaginal delivery 12 yrs ago followed by a LUCS for non progress of labour 10 yrs ago, followed by a normal vaginal delivery 6 yrs after the LUCS. There was no evidence of instrumental delivery or prolonged or obstructed labour during the last vaginal delivery.

During the post partum period of her last delivery she developed sepsis and multi organ dysfunction for which she had a stay in ICU for 8 days as evident from her medical notes.

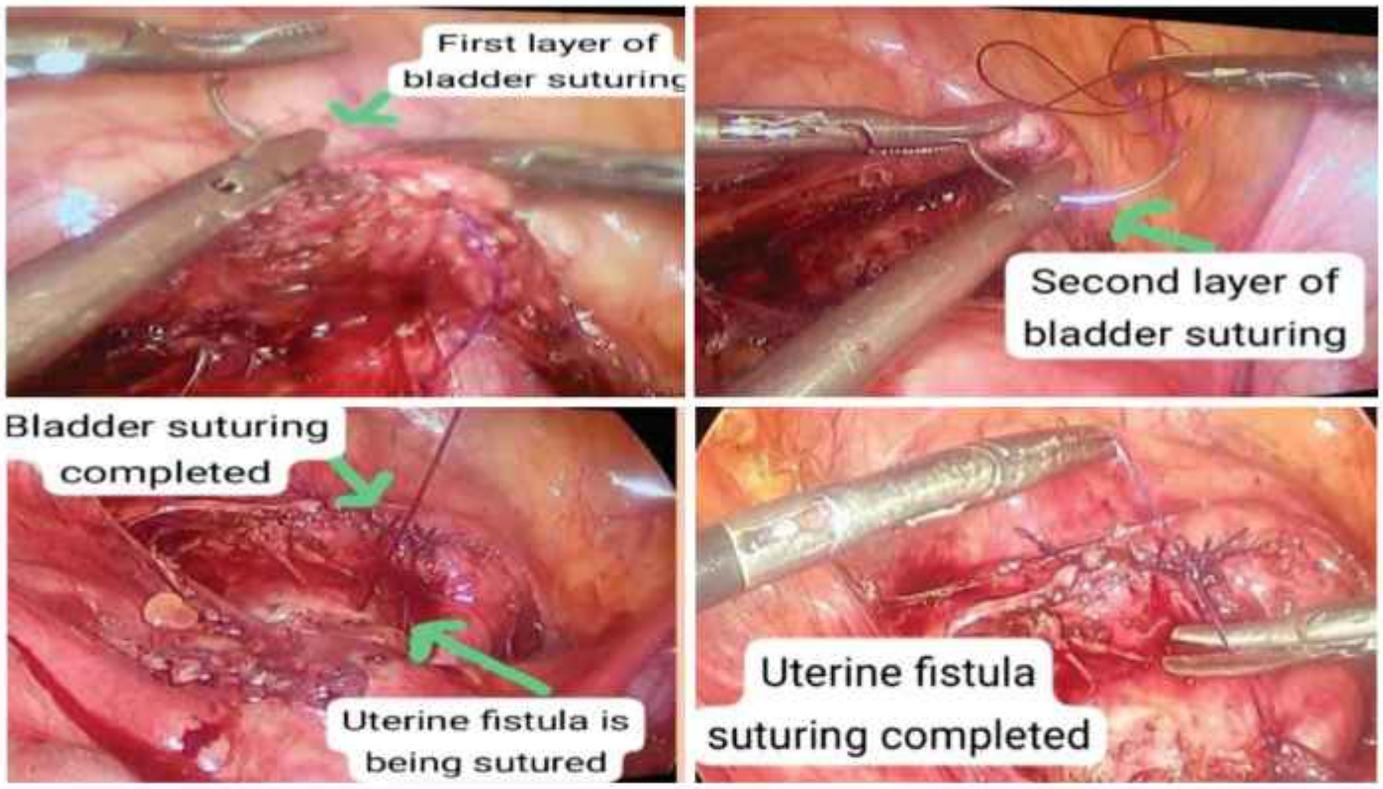
Following her last delivery she developed Menouria every month with no urinary incontinence. She also complained of dysmenorrhoea staring before menstruation and staying for 1st day of menstruation which also pointed towards the differential of scar endometriosis. The examination findings of per vaginal showed a healthy looking cervix, with normal sized uterus, no defect was delineated in anterior vaginal wall. The blood counts were normal and there was no evidence of infection in the urine culture. The ultrasonography failed to delineate any defect while the MRI scan showed a Communication between the uterus and he bladder.

Methylene blue test was done in which the patient was catherized and methylene blue was injected via an HSG cannula through the cervix and dye was seen to come out of catheter confirming presence of a defect.

Further HSG test was done which showed spillage of the dye to the bladder on installation of the dye.

Thus the confirmation of urogenital fistula was confirmed Further cystoscopy was done to confirm the site and size of he defect. The cystoscopy confirmed a defect in the posterior wall of the bladder.

Laproscopic repair of uterovesical fistula was done.



After administration of anesthesia, proper positioning and draping the patient was catherized and ureteric stenting was done, under visualization of laproscope the bladder peritonium was delineated and seperated from the anterior uterine wall. After meticulous detection the defect in both the uterine wall and bladder was identified.

The entire bladder was separated from the anterior wall of the uterus and bladder repair was done in 2 layers followed by the repair of uterus separately. After the repair again methylene blue was pushed in to test the integrity of the repair. The ureteric stents were removed and the catheter was instructed to be kept for 3 weeks post operation.

The postoperative period was uneventful, proper antibiotic coverage was given adn GNRH analouges were given for 3 cycles. After removal of the catheter and resumption after her first menstruation the problem of menouria was resolved.

Discussion :

Yuosuf syndrome many times can be iatrogenic but can mostely develop after cesarean section (4) followed by obstructed labour, induced labour, dilatation and curettage, forceps delivery, brachytherapy (5). In our case the patient developed the defect after VBAC, probably there might have been a defect in the cesarean scar which might have given away following menses after the normal delivery. The classical presentation is absence of menstruation, cyclic passage of blood in urine and absence of urinary

incontinence as in our case. Urinary incontinence can occur if the defect is at or below the level of the internal os or there is cervical incontinence (5). Most presentations of symptoms are late (6) over months to years in our case the patient presented 6 wks after normal delivery.

The diagnosis can be made by TVS (6) but in our cases the defect was not well delineated by TVS. MRI is considered to be the gold standard of diagnosis (7) which was helpful in our case too. HSG was another diagnostic modality which is very reliable in detection of the defect (5).

The treatment of vesico uterine fistula can be expectant, medical or surgical. In expectant management the fistula is expected to close overtime on its own (8) or medical management where prolonged amenorrhea was obtained by use of oral contraceptive pills or prosgestogens or GNRH analouges (9)

The definitive treatment is Surgical repair, in which primary cystoscopic fulgeration can be done as primary repair. The most definite treatment as in our case is laproscopic approach where the bladder is separated from vaginal wall and defect delineated and repaired separately. The advantages of laproscopic approach is less morbidity, less hospital stay and less blood loss (10)

Conclusion :

The VUF is a rare diagnosis which has been on rise because of the increased rate of cesarean sections, so we should be more vigilant while choosing cases that require LUCS and proper bladder dissection is to be undertaken during LUCS. Early diagnosis, proper investigations and meticulous repair can prevent the mental agony of the symptoms related to this syndrome for the patient.

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A near miss case of Heterotopic pregnancy

DR. Subrata Lahiri, MBBS, MD (O&G)

PRESENT DESIGNATION:	Chief Consultant, Central Hospital, S.E. Rly, Garden Reach, Kolaka 700043
PRESENT AFFILIATION:	Chief Consultant Gynaecologist South Eastern Railway HQ Hospital, Kolkata.
MAJOR ACHIEVEMENTS: (HONOURS), (AWARDS), (POSITIONS)	Organizing Secretary, 5th IRAGON Conference at South Eastern Railway, Central Hospital in 2011. General Manager/S. E. Rly GM Efficiency Award in 55th Railway week Award in the year of 2010. Railway Board Award for Highest number of Laparoscopic Ligation in the year of 1996-1997
PUBLICATIONS: NATIONAL: INTERNATIONAL: PRESENTATIONS:	Interesting case published in Journal of Indian Medical Association in the Vol.: 116, Number – 11, Nov. 2018.

Mrs. XB 39 years G3P1A1 was diagnosed by USG as missed abortion for which she had undergone evacuation. She was OK & without any problem for 8 days. On 9th day evening she had some pain for which she attended the casualty in the evening where doctors advised some medicines & she went home feeling better. Next day morning she had severe pain & fainting attack for which she was again brought to casualty. Being Durga puja the incharge did not take any risk & referred to a corporate hospital in Kolkata. There she was examined & USG done which revelead Adnexal mass with fluid collection in the peritoneal cavity (UPT positive) They diagnosed as ruptured ectopic & due to non availability of doctor they referred to another corporate hospital where they did not admit for the same reason. She then reported to our casualty at about 630 pm with severe shock, dehydration, severe pallor, or Norad drip, confused & disoriented. We did an urgent USG which showed massive peritoneal collection with a vague adnexal mass. Rapidly IV fluids given & 4 units of PRBC arranged & she was taken for Laparotomy. At laparotomy nearly 3 litres of partially clotted blood was removed & on checking a big rent was seen in the left tube. Left Salpingectomy & through peritoneal toileting was done. Total 6 units of PRBC was transfused. Patient had uneventful recovery & was discharged home.

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IRAGO - 2024 CONFERENCE PROGRAM SCHEDULE

DAY 1 DATE : 04-01-2024

Venue : AWTI Auditorium, ICF, Chennai - 600 038.

S.No.	TIME	EVENT
1	08.00 - 08.30 am	Registration
2	08.30 - 10.30 am	Live Operative Workshop Session 1 **Dr. S. Kalyani, Dr. V. Nirmala Devi,** **Dr. K.S. Raja Rajeswari, Dr.G.C.Aperna Priya,** **Dr. Jaya Rakini**
3	10.30-11.30 Am	IRAGO Conference - 2024 Inauguration Function Chief Guest : **Dr. Sugandha Raha, DGRHS/RB** Guests of Honour : **Shri. R. N. Singh, GM/SR/MAS** **Shri. B.G. Mallya, GM/ICF** Inauguration to be followed by Tea Break
4	11.30 - 12.30 pm	Live Operative Workshop Session 2
5	12.30 - 01.00 pm	Holistic Approach in Intra Uterine Therapy - Multifetal Gestation - **Dr. Sudarshan (Mediscan)**
6	01.00 - 02.00 pm	Lunch Break
7	02.00 - 02.10 pm	Tribute To Forerunners – **Dr. G.C. Aperna Priya** Celebrating the Life of Dr. Preetha Arumai Singh (1937- 2022) - **Dr. Shobita Arumai Singh**
8	02.10 - 02.40 pm	Dr. Preetha Arumai Singh Memorial Oration Endometriosis - An Enigma - **Dr Alapat Kurian Joseph**
9	02.40 - 03.10 pm	Endocrinological Disorders in Pregnancy - Panel Discussion Moderator : **Dr Uma Ram** Panelists : **Dr. Ram Kumar,** Endocrinologist **Dr. Prakash,** Neonatologist, **Dr. Nirmala Rajaram,** Chief Gynecologist, Secundrabad **Dr. Mathangi,** Gynecologist
10	03.10 - 03.20 pm	Physiology behind CTG **Dr. Balaji (DNB PG)**
11	03.20 - 03.30 pm	Tea Break
12	03.30 - 04.00 pm	Newer Developments in ART **Dr. Gopinath**
13	04.00 - 04.30 pm	IRMSA SR GBM
14	07.00 pm	Banquet Dinner

IRAGO - 2024 CONFERENCE PROGRAM SCHEDULE

DAY 2 DATE : 05/01/2024

Venue : AWTI Auditorium, ICF, Chennai - 600 038.

S.No.	TIME	EVENT
1	08.30 - 09.30 am	Interesting cases in Railway Hospitals - Paper Presentation By Delegates Chairperson : **Dr. V. Nirmala Devi,** **Dr. K.S. Raja Rajeswari, Dr. Rekha Kurian**
2	09.30 - 10.00 am	Delegate Quiz : **Dr Jaya Rakini**
3	10.00 - 10.30 am	Recent Surgical Advances in Gynecological Malignancies **Dr. Venkat P**
4	10.30 - 10.40 am	Tea Break
5	10.40 - 11.00 am	Maternal Collapse - Capsule **Dr. Sadhana. K (DNB PG)**
6	11.00 - 11.30 am	Panel Discussion on Minimally Invasive Surgery for Ovarian Carcinoma Moderator : **Dr. Sujay Suseekar** (Surgical Oncologist) Panelist : **Dr. Subrata Lahiri,** Chief Consultant (Ser), **Dr. Suresh Kumar Bondii,** Medical Oncologist **Dr. Kishore Kumar Reddy,** Surgical Oncologist
7	11.30 - 12.00 pm	Concomitant Oophorectomy At Hysterectomy - to Do Or Not? **Dr. Shanta Bhaskaran**
8	12.00 - 12.10 pm	Vaccines in Pregnancy - Capsule **Dr. Varshini (DNB PG)**
9	12.10 - 12.30 pm	Tips and Tricks in Ultrasound for Obstetrician **Dr. Priya Shaunthini**
10	12.30 - 12.40 pm	Intracervical Anesthesia – Capsule **Dr. Kiruba (DNB PG)**
11	12.40 - 01.00 pm	Myomectomy the Nuances **Dr. K. S. Raja Rajeswari**
12	01.00 - 01.30 pm	IRAGO GBM
13	01.30 pm	lunch