

Newsletter

KHETARPAL HOSPITAL

VOL 01 NO. 01

MARCH 2008

From the director's desk

It gives me consummate pleasure and echelons of gratification in watching the very first 'Khetarpal Hospital Newsletter' announcing its arrival in blacks and whites and making its innate presence felt in health-care institutions. As another year will pass down the lane, Khetarpal hospital would have witnessed seventeen summers and seventeen winters and this newsletter would creep out of its infancy stage. The sole motto of this effort is to share rational elements of knowledge gathered with the passage of endless hours of soliloquy performed after sweat-soaked-schedules of surgeries, swallowing brighter portions of the day and darker portions of the night. The lantern of knowledge requires a bolster from multitude of palms, so as every beam of light evolved from it becomes a part of the scintillating hue, engulfing silhouettes of discrepancies, disbeliefs and distortions existing in the medical world. With each dying day, a doctor comes across many enigmas embedded in human body, some of them are unfolded and conquered in the state of their nascent appearance, while some of them lie unfathomable in labyrinthous lanes of time. The purpose of this creation is to disperse and discuss the quanta of knowledge that I have gathered with every stroke of scalpel through the roller-coaster ride of my life as a surgeon till date that has witnessed more than 25000 surgeries being fashioned by my fingers. The sky-rocketing pace of advent of modern technologies has boosted the scope of surgery as a definitive treatment modality in a variety of diseases. With widening horizons in virtually every field of medical sciences it becomes an onus on the part of each of us to utilize every existing method and technology and to invent newer ones with the solitary aim of getting the bodily ailments vanished in the most comfortable, complication-free, curative mode.

CONCERNS AND RATIONALE OF BARIATRIC SURGERY



FUTUREPROOF VISION FOR TREATMENT OF OBESITY

India is facing an obesity crisis among its upper middle class and upper socioeconomic strata as millions of its rural poor still struggle for enough to eat. As the country becomes richer, many people are becoming fatter and, like Westerners, they are seeking medical help. Although obesity in the West is associated with poverty, in the developing world it is a problem for the newly rich. Seventy-six per cent of women in the capital, New Delhi, are suffering from abdominal obesity, according to a survey by the All-India Institute of Medical Sciences. Although Indian food was always high in calories, families now spend more than ever on eating out and buying processed food, according to many national surveys. Dr Anil khetarpal has started the laparoscopic (keyhole) procedure for moderate and morbid obese patients at Khetarpal Hospital, New Delhi with a full bloom since the fall of 2007.



www.khetarpalhospital.com

Although the burden of disease is high, many sufferers don't understand the malefactors associated with obesity. Many patient education programs, seminars and regional conferences were carried out in 2007 to target the obese population and to infuse the basic understanding of the disease in them in its rationality. With obesity come related plethora of problems, from diabetes to lung diseases and heart failure. An estimated 25 million Indians have diabetes, and this is forecast to grow to 57 million by 2025. At Khetarpal Hospital, many bariatric procedures were carried out in 2007 and the trend in witnessing a greater peak in 2008. Most of the patients were subjected to 'Laparoscopic adjustable Gastric Banding' though few patients needed a bigger procedure 'Gastric Bypass'. Although in India, bariatric procedures are in practice for last more than 2 years, the fact that we have been able to do so successfully in a medium sized hospital with dizzying number of cases spells the vision and futuristic approach of the hospital. A dedicated 'Bariatric Core Team' is involved with the medical, surgical, psychological, social and behavioral facet of the bariatric program. Bariatric Patient Support Group has been established and meetings of the obese population were co-ordinated with the successfully operated patients and to spread the word of hope



To say that obesity is caused by merely consuming too many calories is like saying that the only cause of the American Revolution was the Boston Tea Party.

Adelle Davis



- 1901 George Kelling invented Cystoscopy
- 1901 D.O.Ott invented Culdoscopy
- 1929 H Halk invented Angled Laparoscope
- 1934 J.C.Ruddock invented Lens system with biopsy channel for liver biopsy
- 1938 Janos Veress invented Needle
- 1960 Prof Kurt Semm invented Co2 Insufflator
- 1982 Ger performed Laparoscopic Hernia Repair
- 1983 Semm performed Laparoscopic Appendectomy
- 1987 Mouret performed Laparoscopic Cholecystectomy
- 1990 Arregur performed TAPP, Edward Phillip and Jean L Drformed TEPP and Prof Udwadia performed Laparoscopic Cholecystectomy in India
- 1991 Bernard Dallemagre performed Highly selective vagotomy and Nissen's fundoplication

ISO 9001:2000 CERTIFIED

History Of Laparoscopic Surgery

Attempts at minimally invasive therapy for afflictions of the gastrointestinal tract date back to the time of Hippocrates, who described noninvasive remedies for conditions e.g intestinal obstruction,rectal prolapse, and hemorrhoids . The first experimental laparoscopy was performed in Berlin in 1901 by the German surgeon Georg Kelling, who used a cystoscope to peer into the abdomen of a dog after first insufflating it with air .The first human laparoscopy was performed in Sweden by jacobaeus in 1910 to investigate ascites. Diagnostic laparoscopy enjoyed some popularity in the early twentieth century, but early laparoscopists were limited by a lack of technology.

Initial laparoscopes caused intraabdominal bowel and vascular thermal injury.In 1929, Kalk advocated a second puncture site for the establishment of pneumoperitoneum, described several diagnostic and therapeutic laparoscopic procedures, and devised a sophisticated lens system. He has been called by some the **"father of modern laparoscopic surgery"** . Fiberoptic technology and closed-circuit videolaparoscopy evolved in the 1950s. Kurt Semm in particular became a powerful advocate of laparoscopy and was responsible for the development of numerous laparoscopic instruments& described techniques for laparoscopic tubal thermocoagulation, oophorectomy, and adhesionolysis and is credited with performing the first laparoscopic appendectomy in 1983.

Some Uncommon cases done recently

Rare case of Pancreatic fracture operated successfully. No post operative complications.

Surgical resection of Gastrointestinal Stromal Tumor. No post operative complication.

Laparoscopic drainage (With morcellation and fenestration)of a large hydatid cyst, at superior surface of liver along with laparoscopic cholecystectomy. No Post-Operative Complications.

Laparoscopic cholecystectomy which yielded more than 500 stones (average size 4mm),in which gall bladder was distended to the limit that tracing its margins proved challenging.No Post-Operative Complications.

Laparoscopic splenectomy performed in a young boy with lacerated spleen in record less time with the state-of-the-art perfection. No Post-Operative Complications.

Removal of a cystic mucinous mass arising from ovary,and almost filling entire abdominal cavity(Weight appx 18 kg)with hysterectomy.No Post-Operative Complications.

Percutaneous Nephrolithotomy performed successfully in a 90 year old female. No Post-Operative Complications.

Lobectomy (Upper lobe,lung)performed in a young patient with severe restrictive airway disease.No Post-Operative Complications.

First Hospital in asia to join hands with ICU DATA SYSTEMS, a USA based organization with an entire line of critical care technology solutions available, all designed to improve patient care and enhance unit productivity. Utilizing its proprietary technology, ICU Data Systems also enables the Intensive Care Units of hospitals to easily comply with JCAHO standards and HIPAA mandates.

First Hospital in Asia to bring iCuro to India. **iCuro™ (ICU Real-time Observer)** is ICU Data Systems' flagship product. This revolutionary product is FDA-cleared and UL-certified, and provides real-time ICU patient data management solutions with clinical integrated system.

First Hospital in India to have started the concept of Smart Card in the hospital with the sole purpose of application of latest technology in the hospital management systems to uplift the standards of patient care with the intentions of minimal hassles to the patient or the doctors, enhancing the positive results overall. The Smart Card (Powered by ITDOSE) notion has revolutionized the theory of management of patient in a hospital setting with an understandable stress over OPD patients as well.The chip of the card contains all the data regarding patient's medical/surgical history with updated details concerning to hospital visits, admissions, investigations, treatments and other pertinent features.The rationale is to maximize the output bestowed over the patients and to rub shoulders with the latest technologies practiced in the world with regards to the health care systems.



passion
to excel

MESSAGE FROM MEDICAL SUPERINTENDENT

Individual responsibility is critical to controlling health care costs and improving individual health and health care and neither hospitals nor physicians are exempt. A recent Wall Street Journal article reported that insurers will no longer pay for care resulting from serious doctor or hospital care errors. Hospitals would not be allowed to balance bill patients for such services. The article went on to report that Medicare, too, will no longer pay for care from objects left after surgery, surgical site infections, blood incompatibility, urinary-tract infections from catheter, bedsores, and falls in the hospital. In other words, insurers want the hospital to be responsible and accountable for the cost of hospital errors and deficient care.

It is our individual responsibility to assess the quality of the physicians and hospitals we attend before we utilize their services. It is also important to pay attention while receiving these treatments as well. This level of responsibility advances the cause of all, including the best hospitals and doctors. Reporting the problem and identifying the opportunities for improvement are the first steps. Taking the opportunity to align financial payment with performance and requiring accountability is one current improvement being led by the market.



Dr Manju Singh

HOSPITAL NEWS

Obesity Awareness Project

On 24th October (World Obesity Day), 2007, Khetarpal Hospital organized an awareness camp for all the overweight and obese patients. The summit consisted of free BMI checkup with detailed individualized history and evaluation followed by patient education seminar. Participants were focussed regarding the effect of obesity over the entire body systems and modes of available managements. There can be a life after obesity and the need of hour remains to spread the awareness amongst the target population. With abundant advancements in medical and surgical management modes of obesity, the healthcare organizations and social groups should act in synergy to let the obese strata of the population derive the benefits and revert back to normal life.



Liposuction Summit

The department of Cosmetic and Aesthetic Surgery, Khetarpal Hospital organized a summit on 'Liposuction' in december 2007. Liposuction remains a most sought after procedure by a magnitude of the patients and thus imparts extensive focus of plastic surgeons. This summit was headed by Dr S P Bajaj, MCh (Plastic and Cosmetic Surgery, Former head of department, Safdarjang Hospital, New Delhi) and attended by many renowned Plastic surgeons. By audio-vido means of communication, the topic was elaborated by details of procedures with presentations of rare cases. Involvements of patients had been tremendous and individual concerns were taken care of by the specialists. Such programs have been carried out at Khetarpal Hospital in the Past with similar gusto and motive. Many patients registered for the Cosmetic surgery workshop to be held in April 2008

HEALTH ARTICLE

Surgical Management of Diabetes- What Lies Ahead

Evidence is accumulating that the best treatment for Type 2 diabetes related to obesity may well be the most drastic: stomach-shrinking surgery, perhaps accompanied by intestinal rearrangements. That such extreme remedies would even be considered is a measure of how intractable the intertwined epidemics of obesity and diabetes have become in India. Diabetes of all types is a vicious disease that kills more than 1 lac indians each year, making it the one of the leading cause of death in this country. A study in 2000 AD revealed that prevalence of diabetes in urban adults >20 years remains a staggering 12.1%.

There is no cure, only the hope that it can be controlled by strict dieting, drugs and a lifetime of careful living. Unfortunately, many patients are unable to comply with the onerous regimen, pounds lost are ultimately regained and legions of patients suffer heart attacks, blindness, kidney failure or foot amputations. Other studies have shown that gastric bypass surgery, a riskier operation in which the stomach is stapled and the intestinal tract rearranged, is even more effective achieving remission in a matter of days or weeks, well before substantial weight loss has occurred. This is apparently because the operation causes metabolic changes that lower blood glucose levels beyond what weight loss alone can accomplish. Gastric banding procedure is known to cause the disappearance of diabetes in 30%-40% of all the cases. The difference was because of weight loss. There were no serious complications from the minimally invasive procedure. Studies have shown that gastric bypass surgery, in which the stomach is stapled and the intestinal tract rearranged, is even more effective achieving remission in a matter of days or weeks, well before substantial weight loss has occurred. This is apparently because the operation causes metabolic changes that lower blood glucose levels beyond what weight loss alone can accomplishing a long run without compromisation of vital functions

It is being predicted with a sense of assurance from bariatric surgeons worldwide that surgery will become a common treatment for diabetes in coming years. Before that happens, it will be essential to see how patients fare over an extended period and get a better fix on which patients are most likely to benefit from costly surgeries that always bear some risk

Quotes

These are not issues that we have guidebooks about. They are issues that we have to summon up what we believe is morally and ethically and spiritually correct and do the best that we can with God's guidance. How do we create a system that gets rid of micro-management and the regulation and bureaucracy, and substitutes instead human caring, concern and love-- that is our real challenge in re-defining our health care system.

Hillary Clinton

Man was created for health, so was mankind created for happiness; and to speak of its misery only, though that misery be everywhere and seem everlasting, is only to say words that fall lightly and soon are forgotten. Why not speak as though mankind were always on the eve of great certitude, of great joy.

Maeterlinck

PHOTO GALLERY



UPCOMING EVENTS

Organization of Laparoscopy
Camp in March 2008

CME on Post Operative Bariatric
Care for Staff nurses & paramedics
in March 2008

Free 'Body Fat Measurement'
camp in February 2008

Bariatric Patient Support Program
to be organized in February 2008

Contributions

Editor In Chief
Dr Anil Khetarpal

Assistant Editors
Dr Manju Singh
Dr Darshana

Associate Editor
Dr Smita Khetarpal

Co Ordinator
Dr Kamal Singh

Editorial Advisory Board
Dr S P Bajaj
Dr S K Jain
Dr Rakesh Nathani
Dr Manoj Sareen

Production Director
Mrs Renu Khetarpal

Design Head
Mr Fazal

CONSULTANTS ON PANEL

MEDICAL SUPERINTENDENT
Dr Manju Singh, MD
COSMETIC SURGEON
Dr S P Bajaj, MS, MCh
NEUROSURGEON
Dr R Nathani, MS, MCh
Dr D K Chaturvedi, MS, MCh
ENDOSCOPIC SPINE SURGEON
Dr Arun Bhanot, MS, MCh
CTV SURGEON
Dr S K Jain, MS, MCh
PHYSICIAN
Dr Sanjay Gogia, MD
Dr B N Singh, MD
Dr Mohit Saran, DNB
CARDIOLOGIST
Dr Rajat Mohan, MD, DM
Dr Ashwini Mehta, MD, DM
NEPHROLOGIST
Dr Ashish Kalra, MD, DM
Dr Vikram Kalra, MD, DM
NEUROLOGIST
Dr Uday Sharma, MD, DM
Dr Rajeesh Anand, MD, DM
ONCOLOGIST
Dr Ajay Mehta, MD, DM
ANAESTHETIST
Dr Manju Singh, MD
Dr Smita Sharma, MD
GASTROENTEROLOGIST
Dr Sriram Aggarwal, MD, DM
Dr Rajneesh Gulati, MD, DM
ORTHOSURGEON
Dr R C Arya, MS
Dr Raju Kalra, MS, DNB

ARTHROSCOPIST
Dr Monu Singh, MS
PAEDIATRICIAN
Dr Raman Sethi, DCH
Dr Pankaj Goyal, MD
Dr Alok Bhandari, MD
GYNAECOLOGY & OBSTETRICIAN
Dr Suman Jogi, MD
Dr Anurag Chaturvedi, DGO, DNB
ENT SURGEON
Dr Darshana, MS
OPHTHALMOLOGIST
Dr Surendra Nath, MS
Dr Anubha Singh, MS
RADIODIAGNOSIS
Dr N K Sharma, MD
ULTRASONOLOGIST
Dr S Sayal, MD
Dr Neeraj, MD
PATHOLOGIST
Dr R C Khandpur, MD
Dr Manoj Sareen, MD
PSYCHIATRIST
Dr Shashi Bhushan, MD
DERMATOLOGIST & VD SPECIALIST
Dr Sandeep Khurana, MD
PSYCHOLOGIST
Ms Deepti
Ms Gagandeep Kaur
PHYSIOTHERAPIST
Dr J P Oberoi
Dr Naresh
Dr Harpreet Singh
DIETICIAN
Ms Nimisha

Minimal Access General Surgery . Laparoscopic Hernia Repair . Laparoscopic Assisted Vaginal Hysterectomy . Total Laparoscopic Hysterectomy . Laparoscopy For Gall Bladder Stone . Laparoscopic Removal Of Ovarian Cyst . Laparoscopic Bariatric Surgery . Diagnostic Laparoscopy . PCNL . URS . Extra Corporeal Shockwave Lithotripsy . Flexible Ureteroscopy . Laparoscopic Splenectomy . Laparoscopic Appendectomy . Minimally Invasive Procedure For Piles . Endoscopic Spine Surgery . Malignancy Surgeries . **Specialities** . Anesthesia and Pain Clinic . Andrology . Psychiatry and Deaddiction . Neurology . Gastroenterology . Endocrinology . General Medicine . Cardiology . Ophthalmology . Pulmonology . Paediatrics . Maternal and Child Health . Nephrology . Immunology . Rheumatology . Oncology . Geriatrics . Dermatology and Venereal Diseases . Bone and Joint Relacement . Arthroscopy . Cardiothoracic and Vascular Surgery . Neurosurgery . Endocrine Surgery . ENT Surgery . Cosmetic and Aesthetic Surgery . Infertility Clinic . Stroke Clinic . Urogynaecology Surgery . Surgery For Incontinence . Metabolic Surgery For Diabetes and Morbid Obesity .

KHETARPAL HOSPITAL

Multi Disciplinary Super Specialty Hospital

Center of Excellence for all Laparoscopic,
Endoscopic and Bariatric Surgeries
F-95, Bali Nagar, Najafgarh Road, New Delhi

An emblem of excellence, driven by ethical values infused with competency of highest standards to impart dedicated patient care. Founded in 1992 with a vision to provide world class care to everyone, Khetarpal Hospital has continually escalated its stature by adapting and innovating newer technologies and adding dimensions to absolute patient care with inimitable outcomes.

PHONE

25923139, 25923140
25923141, 25923142
25923143, 25923144

FAX

25115746, 25193344

MOBILE

9910116211
9953763911

WEBSITES

www.khetarpalhospital.com
www.delhiobesitycenter.com

E MAIL

anilkhetarpal@gmail.com
anilkhetarpal@hotmail.com