



MGM POST

MEDICAL NEWSLETTER

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CONTENTS

P3-5

Message from the
Director and CEO
MGM Awards

P6-12

Healthcaring Chronicles

P13

Health Bulletin

P14-18

Healthcaring Stories
Insights in Nursing Practice
Health Quize
Do's and Don'ts

P19-25

MGM Malar Milestone
Academic Course
MGM Facts
MGM Events
MGM Gallery

MESSAGE FROM THE DIRECTOR



Dr Prashanth Rajagopalan
Director

Extraordinary change always begins with an extraordinary vision.

Five years ago, we set out to change the landscape of healthcare with the goal of providing the highest quality of care supported by best-in-class infrastructure and technology, matched with an unsurpassed patient experience.

Today, we are seeing that vision being realized. It's an absolute joy to witness MGM Healthcare spreading its wings as a world-class healthcare provider with the acquisition of MGM Healthcare, Malar – Adyar where we build upon distinguished legacy of Malar Hospital and restore it to its former glory.

As we take these strides, it is important to share the clinical advances at our hospitals and the acts of hope and care that our team has accomplished. I'm pleased to see this edition of MGM Post showcasing some truly remarkable case studies from a heart transplant for an infant who had to be airlifted from Bulgaria, to treating a complex case of acute myeloid leukemia at MGM Cancer Institute.

Our physicians, nurses, and staff are at the core of everything we do, and as we continue growing our mission, I thank every one of them for their relentless dedication and commitment to the healthcaring movement.

Together, we will always do more, better.

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER



Mr Harish Manian
Group CEO

As an organization, we have built a comprehensive brand in the healthcare community. This year, we have achieved significant milestones in the healthcare industry.

Serving people with better healthcare is our goal, and we are working towards it every day. This MGM post speaks about the intricate complexity of each case and the advanced technology and clinical talents we possess, which have brought significantly positive outcomes.

Here, I take this moment to acknowledge and appreciate the tireless efforts that our team has dedicated, leaving no stone unturned in enhancing the patient's experience.

We will continue to work as a team in making healthcare much more accessible for people around the world.

AWARDS

E4M Media award 2024 - **Best brand in India (Chennai)**
MGM Healthcare

India Today **Woman Achiever in Business 2024** - Dr Urjitha Rajagopalan

Times of India **Health Excellence Award 2024**

- Neurosurgery
- Spine Surgery
- Minimal Access (GI) & Bariatric Surgery

Economic Times **Fertility Awards 2024**

Obstetrics & Gynaecology, MGM Healthcare Malar - Adyar

Sankara TV - **Navashakthi Awards - Business Leadership Category - 2024**
Dr Urjitha Rajagopalan

AHMP (Association of Healthcare Marketing Professionals) 2024

- **Best Branding initiative**
- **Best Community initiative**

Transtam: 2023

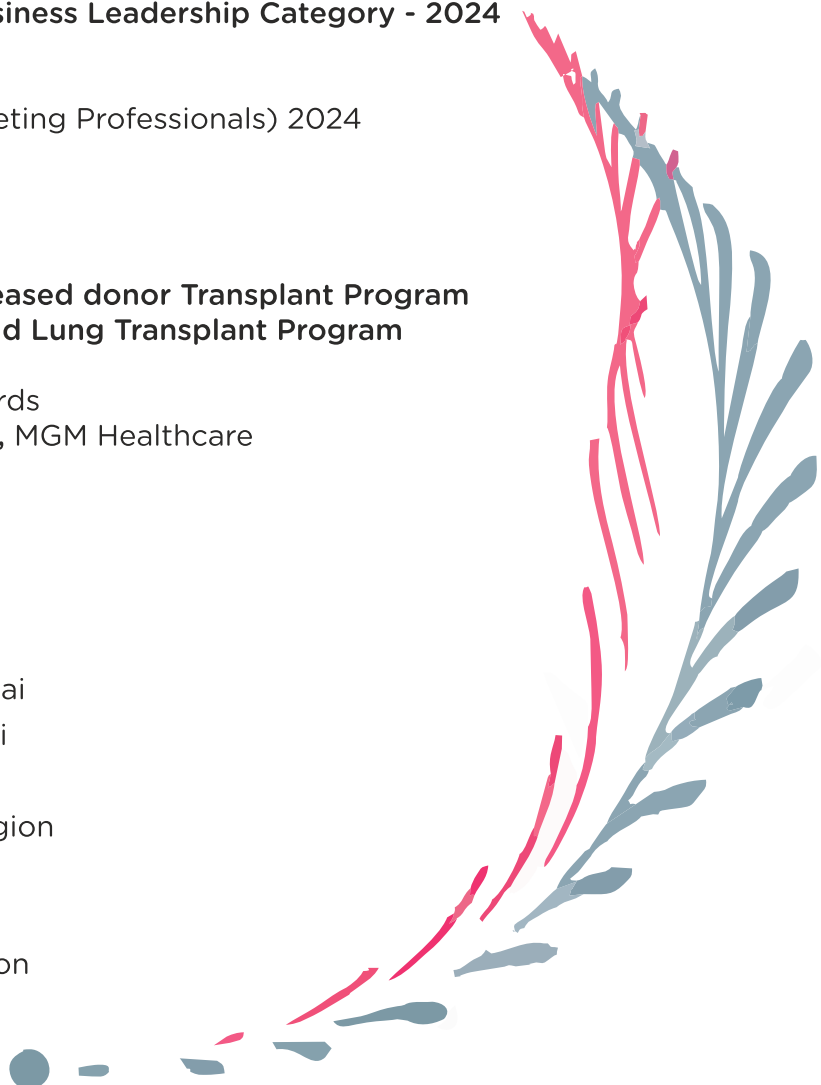
- **Outstanding performance in the deceased donor Transplant Program**
- **Outstanding performance in Heart and Lung Transplant Program**

Hospital Management Asia (HMA) Awards

Best in Community Engagement: 2023, MGM Healthcare

Times of India - 2023

- Bariatrics 2nd position in Chennai City
- Bariatrics 3rd position in South Region
- Bariatrics 12th position Nationally
- Hair / Trichology 3rd position in Chennai
- Ophthalmology 7th Position in Chennai
- Orthopedics 3rd position in Chennai
- Orthopedics 10th position in South Region
- Dermatology 4th position in Chennai
- Diabetology 2nd position in Chennai
- Diabetology 8th position in South Region





A heart that transcended borders!

A Tale of Hearts: From Bulgaria to Chennai

A case report of an ABO-Incompatible Paediatric Heart Transplant

Dr K R Balakrishnan, Chairman & Director **Dr Suresh Rao KG**, Co-Director
Dr Ravi kumar R, Senior Consultant & Associate Clinical Lead
 Institute of Heart and Lung Transplant & Mechanical Circulatory Support

Introduction:

This case centers around a one-and-a-half-year-old Bulgarian child suffering from terminal heart failure due to Dilated Cardiomyopathy (DCM), who underwent an ABO-incompatible heart transplant in India. The journey encompasses challenges of intercontinental transport, multiple cardiac arrests, innovative resuscitation techniques and ultimately the successful transplantation of a donor heart across blood group barriers.

Case Presentation:

The case began with the urgent airlift of the child from Bulgaria to Chennai, during which the child experienced two separate cardiac arrests, one over Karachi airspace and another upon arrival at MGM Healthcare. Despite these challenges, the medical team, led by Dr K R Balakrishnan, Dr Suresh Rao KG, and Dr Ravi Kumar initiated an aggressive resuscitation measure, including prolonged CPR and veno-arterial (VA-ECMO) support. The child exhibited resilience, awakening after 48 hours of critical care, albeit still requiring ECMO assistance.

Management:

Following stabilization, the medical team faced the decision of whether to proceed with implanting an artificial heart pump. However, a

timely opportunity arose with the availability of a donor heart from Hospital in Mumbai, although of a different blood group. Despite the risks associated with ABO incompatibility and donor heart dysfunction, the decision was made to proceed with the transplant due to the child's critical condition and lack of suitable domestic recipients. Post-transplant, the child required continued ECMO support and tailored immunosuppression to manage the ABO-incompatible organ.

Outcome:

The culmination of this extraordinary journey resulted in the child's complete recovery, marked by a successful transition from intensive care to general ward, showcasing the remarkable progress in medical technology.

The case underscores the collaborative efforts of global medical expertise, innovative infrastructure and governmental support through agencies like TRANSTAN and NOTTO. MGM Healthcare's commitment to exceptional patient care and groundbreaking medical advancements shines through, reaffirming its position as a pioneer in organ transplantation.

With over 600 heart and lung transplants performed, MGM Healthcare continues to rewrite the boundaries of medical possibility, offering hope and renewed life to countless patients.



Happy patient who regained their hearing potential



Prof Dr Sanjeev Mohanty utilizes a surgical microscope for magnification and visualization

Sounds of Hope!

A case report of Bilateral Simultaneous Cochlear Implantation in progressive hearing loss

Prof Dr Sanjeev Mohanty - Senior Consultant & HOD, **Dr Haripriya GR** - Consultant
Dr Deepthi P - Associate Consultant, **Dr Balaji K** - Registrar **Dr Guna Keerthana** - Registrar,
Mr Eliyas M - Audiologist, **Ms Veena Vetrivel** - Audiologist
 Institute of ENT, Head and Neck Surgery

Introduction:

Cochlear Implantation (CI) stands as a pivotal procedure for individuals facing profound hearing impairment, offering substantial clinical benefits across various etiologies of hearing loss. Particularly, bilateral cochlear implantation has shown significant improvement in comprehension, especially among adults. For individuals experiencing progressive hearing loss, conventional hearing aids may reach limitations, leaving them deprived of auditory stimuli from their surroundings. In such cases, cochlear implantation emerges as a viable solution, reactivating the auditory nerve through surgically placed implants within the cochlea, facilitating the transduction of acoustic signals into electric impulses.

Case Presentation:

The case centers around a 52-year-old gentleman employed in the public sector, who encountered progressive hearing loss subsequent to a viral fever episode five years ago. Despite initial management with hearing aids and subsequent rehabilitative efforts, his hearing continued to deteriorate. His struggle intensified amidst the challenges posed by the COVID-19 pandemic, particularly with masked communication hindering lip-reading and facial expression cues. This resulted in profound frustration and depression. Following counselling, the patient opted for bilateral cochlear implantation, aiming to salvage his auditory function.

The surgical challenge lay in preserving residual hearing while reinforcing the non-functional portion of the auditory nerve.

Under the able leadership of Prof Dr Sanjeev Mohanty and his team at MGM Healthcare, the

patient underwent a hearing preservation surgical technique with wireless speech processing technology, which is the first-of-its-kind combination surgery in the state of Tamil Nadu, conducted amidst the pandemic

The procedure was completed successfully without complications, leading to the patient's discharge within 48 hours of hospitalization.

Management:

The management approach involved comprehensive pre-operative assessments, including audiological evaluations and radiological inputs, to determine candidacy and surgical feasibility.

The patient received thorough counselling regarding the benefits and risks of cochlear implantation. Prof. Dr Sanjeev Mohanty and his team employed a hearing preservation surgical technique along with wireless speech processing technology, ensuring optimal outcomes while navigating the patient's cardiac comorbidities, adding complexity to the procedure.

Outcome:

Following activation of the implanted devices and auditory training post-surgery, the patient demonstrated remarkable improvement in speech comprehension and communication skills.

A profound sense of satisfaction and confidence was evident upon discharge, reflecting the successful restoration of auditory function and enhanced quality of life. This achievement underscores MGM Healthcare's commitment to surgical excellence and signifies yet another milestone in their repertoire of surgical accomplishments.

A Menace in the Head!

A case report of Ruptured Wide-Necked Anterior Communicating Artery Aneurysms

Dr Roopesh Kumar – Director and Sr. Consultant, **Dr Saranyan** – Consultant
Dr Rajesh Menon - Consultant, **Dr LS Harishchandra** – Consultant, **Dr Arulvelan** – Sr. Consultant
Department of Neurosurgery

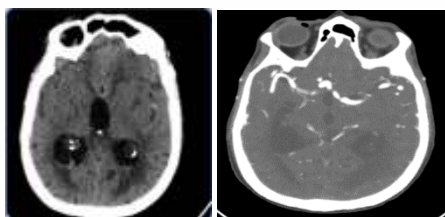
Introduction:

The Department of Neurosurgery at MGM Healthcare presents two cases of ruptured wide neck Anterior Communicating artery aneurysms with Diffuse Subarachnoid haemorrhage, both effectively managed through craniotomy and microscopic clipping, resulting in positive patient outcomes.

Case Presentation:

In Case 1, a 76-year-old male with a history of hypertension and irregular treatment experienced sudden onset severe headache and altered sensorium. CT imaging revealed diffuse subarachnoid hemorrhage with intraventricular bleed, indicating vascular pathology associated with the anterior cerebral circulation.

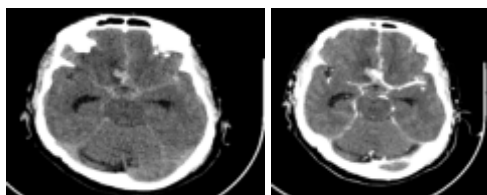
Emergency CT cerebral angiogram unveiled a wide neck ruptured saccular aneurysm of the anterior communicating artery, measuring 7 mm tall and 5.7 mm broad accompanied by a hypoplastic right ACA.



CT brain plain showing diffuse SAH with hydrocephalus and CT Angio showing aneurysm of the Anterior Communicating Artery

Similarly, Case 2 involved a 47-year-old male presenting with SAH secondary to a ruptured wide-necked anterior communicating artery aneurysm.

CT scan revealed diffuse SAH with intraventricular haemorrhage and cerebral edema. CT angiogram revealed a wide-necked aneurysm involving the anterior communicating artery projecting to the right antero-superiorly, with dimensions of 3.6mm neck, 12 mm height, and 5.5mm width accompanied by right A1 segment hypoplasia.



Case 2: CTA showed a wide necked aneurysm involving Anterior Communicating artery aneurysm projecting to the right antero-superiorly incorporating the right A2 neck 3.6mm. height 12mm, and width 5.5mm with A1 segment hypoplastic

Management:

Two management options were presented: endovascular stent-assisted coiling or open surgical microsurgical clipping.

After careful evaluation by the Neurologists, Neurosurgeons, and Interventional Radiologists the option of microsurgical clipping was chosen. Both patients underwent an emergency left pterional craniotomy and microsurgical clipping of the aneurysm.

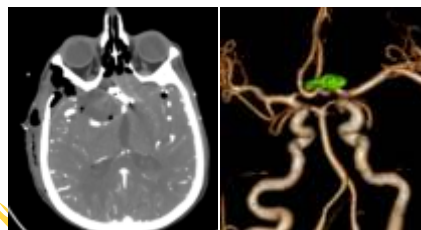
The procedure proceeded without complications, achieving complete obliteration of the aneurysm with clips in situ.

Postoperatively, these patients were managed with anti-edema measures and antiepileptics to prevent complications. Continuous monitoring for cerebral vasospasm and delayed ischemia was carried out both clinically and radiologically.

Postoperative care included anti-edema measures, vasospasm medications, and ventilatory along with Tracheostomy due to poor respiratory reserve.

Continuous monitoring of haemodynamic parameters and cerebral vascular pressure using Transcranial Doppler was performed.

The patients exhibited no new neurological deficits postoperatively and was subsequently discharged for physiotherapy and rehabilitation.



Case1: Post-Operative CT imaging showing complete obliteration of the aneurysm with clips in situ resolving SAH and no hydrocephalus



Case2: Post OP CTA showed total obliteration of the aneurysm with preserved collaterals and A2 on contralateral side apart from Post OP changes. There was no evidence of residual aneurysm

These cases highlight the importance of prompt referrals, comprehensive workups, and goal-directed surgical management in the successful treatment of wide-necked anterior communicating artery aneurysms.

Dangerous Curves Ahead – The Story of Scoliosis

Dr Karunakaran – Director and Senior Consultant, **Dr Vijayaraghavan G** – Senior Consultant
Dr Nikita Michelle – Resident Medical Officer, MASS – MGM Advanced Spine Specialty

Introduction:

Scoliosis, an abnormal sideways curvature of the spine, affects millions worldwide, including children. While often asymptomatic, severe cases can lead to debilitating pain and deformity. We present the case of Jacintha (name changed), an 11-year-old girl diagnosed with severe scoliosis, necessitating surgical intervention to restore her quality of life.

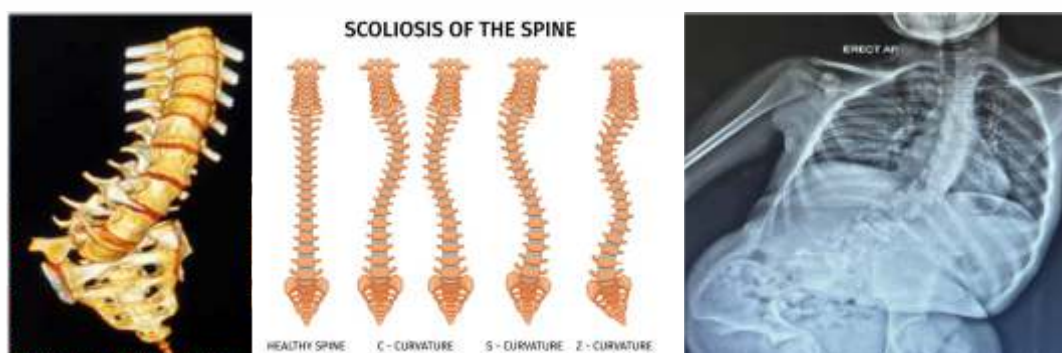
Case Presentation:

Jacintha's x-ray and 3D Recon by CT imaging depicting severe scoliosis

underwent a complete workup including an MRI, 3-Dimensional Imaging and reconstruction of the Entire Spine by CT scan. Ultimately, she was diagnosed with Neurofibromatosis with L5 - S1 Spondyloptosis (Complete Slip of One Vertebra Over the Other) and severe right Thoracolumbar Scoliosis.

It was obvious that the curved spine should be corrected by performing a complex surgery.

The preparation for the surgery involved preoperative detailed imaging and 3-Dimensional planning to decide the



Fighting the Disease:

When the parents of this 4-year old Girl Jacintha (Name Changed), noticed sideways curvature of spine, they did not immediately think it was anything serious. However, when a scan was taken a year later, she was diagnosed with Scoliosis. With progressing age, the Scoliotic curve increased in severity, deforming the spine and chest wall permanently. After years of suffering to conduct her daily activities at school and home it became evident that, Jacintha now a 11-year-old pre-teen, would need a surgery as living with Scoliosis has more than its fair share dangerous of twists and turns.

What is Scoliosis?

Scoliosis is an abnormal sideward curvature of the spine. It is usually mild with no symptoms but can occasionally lead to back pain and abnormal posture.

In India, it affects 3% of all children i.e. more than 39 million. In 70% of the cases, it is Congenital or due to a defect in the Vertebral Column or due to a neuromuscular anomaly. Whatever the cause, it is mostly asymptomatic or rarely exhibits mild symptoms. However, the curvature increases significantly during the growth spurt just before puberty and may worsen rapidly.

The solution

With the fear of having to live with a permanently deformed spinal curvature, the parents approached Dr.Karunakaran at MGM Healthcare, Chennai. Jacintha then

placement of screws and the areas of osteotomy (cutting of bone to correct deformity). The team also needed support from the Pulmonologist, the Neurologist, the Neurosurgeons, and Anaesthetist to plan the complete course of the surgery, postoperative care and rehabilitation.

The surgery was conducted under General Anesthesia with constant Intraoperative Neuro Monitoring (MEP/SSEP) and Fluoroscopic Guidance, lasting a full ten hours.

Deformity correction of the curvature was done by slow, controlled, gradual compression and distraction by the cantilever mechanism. Gradual correction of the Spondyloptosis with posterior release at intermittent intervals and hook placement at lumbar levels after derotation and osteotomy were performed.

A Lumbo-peritoneal shunt was also performed after repositioning the patient in the right lateral position under the same anaesthesia by neurosurgeons Dr Harishchandra & Dr Rajesh Menon. Thus, Dr Karunakaran, Dr Vijayaraghavan, and the MGM Healthcare team successfully completed a 10-hour long surgery on Jacintha.

Her postoperative care went as planned by regular visits by the Pulmonologist to improve her lung function, physiotherapists, Rehabilitation specialist to mobilize her and assist her in getting back to activities of daily living.

Jacintha now stands tall, walks with pride with her head held high in joy and relief.

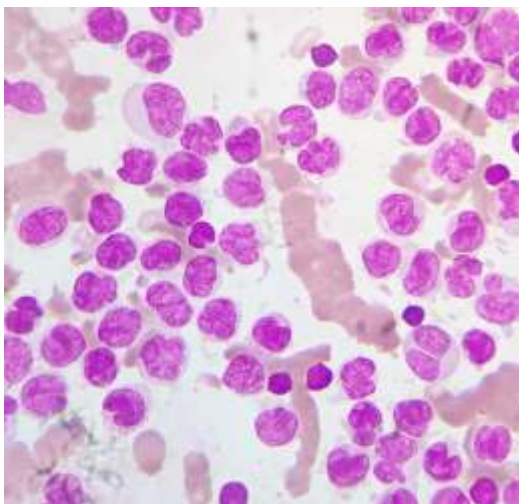
Too much of anything is good for nothing!

A case report of Acute Myeloid Leukemia (AML)

Dr Gopinathan M - Consultant,
Department of Hemato-Oncology, MGM Cancer Institute

Introduction:

Acute myeloid leukemia (AML) poses a significant challenge for haematologists due to its complex pathophysiology and potential complications. This clonal hematological disease involves abnormal proliferation of myeloid cells, leading to bone marrow infiltration and systemic manifestations. Hyperleukocytosis, a hallmark of AML, presents additional challenges, as elevated white blood cell (WBC) counts can result in vascular complications such as leukostasis, impacting multiple organ systems. Prompt diagnosis, molecular profiling, and timely initiation of therapy are crucial in mitigating the risks associated with AML and hyperleukocytosis.



Case Presentation:

A 70-year-old gentleman with a history of hypertension, ischemic heart disease, and cardiac remodeling drugs presented with respiratory distress, bone pains, lethargy, and low-grade fever for 1 week. Evaluation revealed signs of respiratory and metabolic acidosis, along with cytopenia and organ dysfunction indicative of AML-M5b FAB. Molecular profiling revealed mutations in FLT3-ITD, NPM1, and SF3B1 genes.

The patient's condition was complicated by leukocytosis and impaired renal, liver, brain, and cardio-pulmonary function due to leukostasis, characteristic of FLT3-ITD mutated AML.

Management:

Stabilization involved high-flow nasal cannula (HFNC) support and emergent leukapheresis to reduce WBC count, alongside hydroxyurea and cytarabine infusion. Fluid balance, electrolytes, renal, and cardiac status was optimised. Following leukapheresis and cytoreduction, the patient underwent azacytidine-venetoclax induction therapy, with anti-mold, antibacterial, antiviral prophylaxis. He developed severe pancytopenia for which stringent neutropenic nursing was followed. Multi-disciplinary collaboration facilitated optimal dose chemotherapy administration and supportive care, contributing to the patient's recovery.

Outcome:

The patient's clinical condition improved gradually with normalization of blood counts and resolution of organ dysfunction. After 42 days of hospitalization, including successful induction therapy, the patient was discharged home with stable vital signs and improved function.

Take home points:

- AML presenting as hyperleukocytosis and underlying co-morbidities is challenging for the clinician as we need to administer chemotherapy with compromised organ reserves.
- A rapid diagnosis with understanding of molecular pattern is essential, since the outcomes are time-dependent and also adding targeted therapies like midostaurin as in this case.
- Multi-disciplinary approach paves the way for better optimization and ability to deliver optimal dose of chemotherapy for each patient.

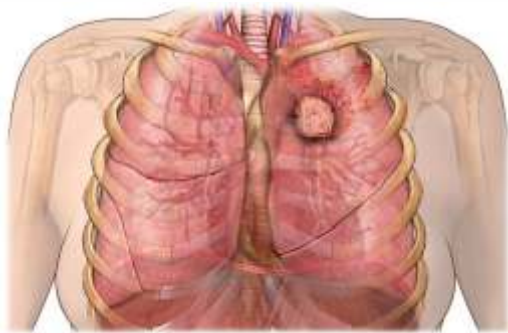
Choosing the right weapon in medical oncology

Management of Neuroendocrine Tumour with T Everolimus

Dr M A Raja - Senior Consultant-Medical oncology, Director - Oncology Services

Introduction:

The management of neuroendocrine tumours (NETs) poses a significant challenge due to their heterogeneous presentation. Here, we present a case of a 26-year-old male diagnosed with a neuroendocrine tumour, whose symptoms improved drastically with the administration of a single daily tablet.



Neuroendocrine tumor in lung.

Case Presentation:

In April 2022, a 26-year-old male presented with breathlessness and was diagnosed with an anterior mediastinal mass with supraclavicular nodes and bilateral pulmonary lesions on PET CT.

Biopsy revealed a neuroendocrine tumour (NET), confirmed by immunohistochemistry (IHC) showing positivity for cytokeratin, synaptophysin, and chromogranin, consistent with metastatic NET.

Initial treatment with four cycles of sandostatin showed no response, and a Gallium 68 DOTANAC scan revealed no significant uptake.

Subsequent radiation therapy (IMRT) to the mediastinum and six cycles of chemotherapy with Etoposide and Carboplatin also yielded no response.

In April 2023, CT chest showed no improvement, with a new pericardial effusion noted on echocardiography.

The diagnosis and treatment were done elsewhere with no significant improvement.

At this point, the patient was brought to our

centre in May 2023 with severe pain and orthopnea.

The patient underwent pericardial drainage and received narcotic analgesics. A new CT chest again showed no change. Sclerotic changes were seen in the sternum, C7, and D2 vertebrae. A new biopsy from the mediastinal mass revealed a grade 2 carcinoid tumor, CK/Synaptophysin/Chromogranin positive, Ki67 1-2%.

Management:

The patient was meticulously evaluated by Dr M A Raja and initiated with T. Everolimus 10 mg once daily, an mTOR inhibitor oral targeted therapy.

He experienced symptomatic improvement, with reduced dyspnea and independence from supplemental oxygen.

Throughout his treatment course, the patient encountered various medical issues, including knee pain, urinary infection, and oral mucositis, which were managed appropriately.

Outcome:

A PET CT performed in October 2023 demonstrated a decrease in the size of the mediastinal mass, indicating a positive response to Everolimus therapy. The patient continues to take T. Everolimus 10 mg once daily and is able to ambulate without respiratory symptoms. Further investigation with an extended gene panel has been initiated to identify potential driver mutations and explore newer targeted therapies.

Again, a PET CT performed in January 2024 showed significant improvement, and the patient is now ambulating freely.

This case highlights the need for a correct therapeutic approach. When the DOTA scan is negative, sandostatin is ineffective, and when Ki 67 is low, chemotherapy would be ineffective. A lot of time was lost, and the patient became critically ill when these treatments were administered.

Our presentation aims to highlight that while chemotherapy and radiation therapy fell short, a single tablet accomplished what they could not.

Lu-177 DOTATATE Therapy for Neuroendocrine Tumours

Dr Lokeshwaran MK - Associate Consultant
Nuclear Medicine and Theranostics, MGM Cancer Institute

Introduction:

Neuroendocrine Tumours (NET) are a heterogeneous group of malignancies, accounting for less than 1% of all malignancies, and are characterized by various presentations associated with indolent biological behaviour. These tumours arise from neuroendocrine cells distributed in several areas of the body. Most patients remain asymptomatic for a long time until the disease has widely metastasized. Due to its indolent behaviour and late detection, treatment becomes tricky as both the primary lesion and metastatic burden need to be addressed. The approach to management depends on the respectability of the tumour. Patients presented with respectable or early-stage cancer have excellent clinical outcomes and symptom control. However, in patients with unresectable disease, initial treatment involves somatostatin analogues such as octreotide or lanreotide, mainly focusing on symptom control and halting further tumour growth. For patients with progressive disease on first-line treatment or those with a heavy metastatic burden, Lu-177 DOTATATE systemic therapy can be given as palliative treatment and to stop further progression of disease.

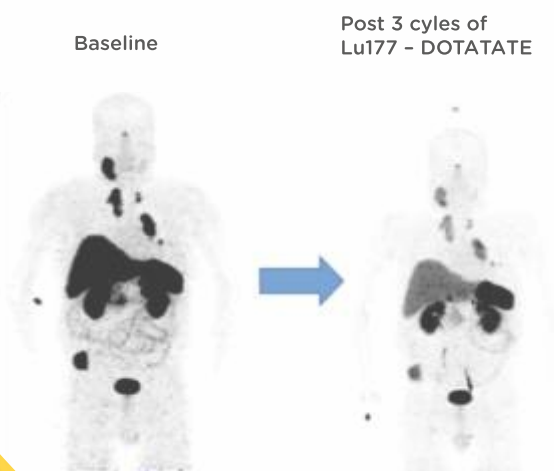
Mechanism of action:

Well-differentiated NETs express Somatostatin receptors (SSTRs) on the cell surface, which can be used as targets in Lu-177 DOTATATE therapy. The therapy comprises IV administration of a radioisotope (Lu-177) attached to a somatostatin receptor analogue (DOTATATE). The DOTATATE molecule pulls the radioisotope along with it and attaches to the NET cell. The receptor-peptide complex is internalized through endocytosis due to its strong affinity for

these SSTRs. Inside the cell, the radioisotope damages the cell through various radiation-induced cell death processes.

Take-home points:

- NETs are very rare and slow-growing tumours.
- They usually have a very indolent course.
- They are mostly diagnosed when there are full-blown metastases to other organs.
- Initial treatments are mainly to alleviate symptoms rather than to cure.
- Lu-177 DOTATATE therapy can be used for palliation or to stop further progression of diseases in favourable patients.



Case of metastatic medullary carcinoma thyroid. Post-177Lu -DOTATATE therapy there is decrease in size and tracer uptake of the metastatic lesion. There was also decrease in S.calcitonin from 5612 pg/dt to 437 pg/dl.



Health Bulletin 1

Harnessing the power of WBV therapy for better health and resilience

Whole Body Vibration

Dr Rajendran AJ - Senior Consultant and Clinical Lead
Department of Rehabilitation Medicine

What is WBV?

Whole Body Vibration (WBV) therapy involves exposure to a vibrating platform while in a standing, sitting, or squatting position. This platform induces oscillations of a specific amplitude and frequency in the human body, causing muscles to contract and relax. Under medical supervision, individuals can gain significant health benefits from this therapy.

Benefits of WBV:

Over the past 20 years, vibrating platforms have gained popularity in performance centers, universities, and the medical field. Gyms have also adopted WBV to assist individuals with obesity.

WBV for ICU Patients:

Patients in the ICU often experience physical weakness and reduced mobility, leading to decreased quality of life. WBV therapy has shown promise in treating muscle wastage and improving muscle strength in critically ill patients. A study conducted on ICU patients demonstrated the safety and effectiveness of WBV, providing hope for immobile patients who cannot undergo traditional physiotherapy.

WBV for Nonalcoholic Fatty Liver Disease (NAFLD) Patients:

Regular exercise is crucial for managing NAFLD,

a prevalent liver disease. However, not all patients can engage in daily exercise due to various reasons. WBV therapy offers a convenient alternative, providing similar benefits to physical exercise. A study conducted on NAFLD patients confirmed the effectiveness and convenience of WBV as an exercise option.

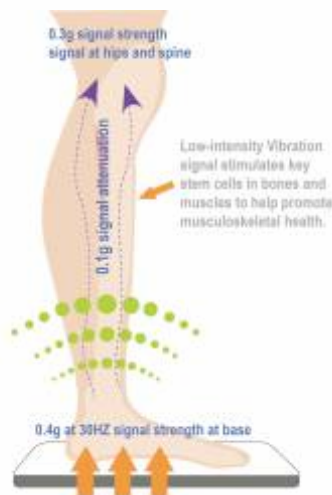
WBV for Chronic Obstructive Pulmonary Disease (COPD) Patients:

COPD is a lung disease that obstructs airflow. WBV therapy has been found effective and safe for patients with COPD, even in severe cases. A study conducted on individuals with COPD revealed the feasibility and safety of WBV training.

WBV for the Geriatric Age Group:

Elderly individuals, particularly those over 65, are susceptible to frailty. WBV therapy can improve their quality of life and functional mobility, combating the effects of a sedentary lifestyle. Research has shown that WBV enhances muscle power, control, and strength, benefiting conditions such as sarcopenia, osteopenia, stroke, Parkinson's disease, and low back pain.

In conclusion, WBV therapy shows promise in improving physical functions and treating various conditions, although its widespread clinical acceptance is still pending.



HEALTHCARING STORIES

Tales of Hope



A journey of resilience from Poland for liver transplant



Scan the QR Code to watch



Akash's Journey to Health and Happiness at MGM Healthcare



Scan the QR Code to watch



Family, Love, and Lifelong Bonds: Celebrating joy at Varam



Scan the QR Code to watch



Empowering Health, Transforming Lives

Ms Lydia Rodgers - Nursing Superintendent



Florence Nightingale's Oath

Nursing stands as a cornerstone of healthcare, embodying compassion, expertise, and unwavering dedication. At the heart of patient care, nurses serve as advocates, educators, and healers, bridging the gap between medical knowledge and patient understanding.

Beyond administering treatments and medications, they provide comfort, support, and clinical expertise during some of life's most vulnerable moments. Nurses play a pivotal role in promoting health and well-being, contributing to the prevention of illness and the management of chronic conditions.

Their tireless commitment to excellence not only improves individual patient outcomes but also strengthens the overall structure of healthcare systems worldwide.

In the complex landscape of healthcare, nurses are the linchpin, ensuring the smooth operation of clinics, hospitals, and other healthcare

facilities. They collaborate with multidisciplinary teams to develop and implement comprehensive care plans tailored to each patient's unique needs.

From assessing symptoms and monitoring vital signs to administering medications and performing procedures,

nurses are at the forefront of delivering high-quality, evidence-based care.

Moreover, nurses serve as educators, empowering patients and their families with the knowledge and skills necessary for self-care and disease management. They provide guidance on medication adherence, lifestyle modifications, and preventive measures, striving to enhance patient outcomes and reduce healthcare disparities.

Despite the challenges they face, including long hours, emotional strain, and increasingly complex healthcare environments, nurses remain steadfast in their commitment to the profession and the well-being of those they serve.

Their dedication and resilience exemplify the core values of nursing: compassion, integrity, and advocacy. As the healthcare landscape evolves, nurses continue to adapt and innovate, driving positive change and shaping the future of healthcare delivery.

Biomedical Waste Management: Knowledge, Practice, and Attitude of Nursing Staff in High-Risk Areas

Ms Sujatha M - Chief Nursing Officer

Introduction:

Hospitals and other healthcare institutions are essential in everyone's life, at one stage or another. In the process of caring for society, they inadvertently generate "waste" day in and day out, which may pose potential health hazards to healthcare workers. Types of waste requiring special attention include those that are potentially infectious, sharps (such as needles and scalpels), other objects capable of puncturing the skin, plastic waste from medical procedures, pharmaceutical waste, and various chemically hazardous materials used in laboratories. It is the duty of every "occupier" that a person who has control over the institution and or its premises—to take all necessary steps to ensure that waste generated is handled without any adverse effects on human health and the environment, and that the waste is discarded within a 48-hour period.

Disposal of biomedical waste at MGM Healthcare



Background:

Biomedical waste management is crucial for preventing health hazards to patients and the public. It's a global concern. Proper segregation and disposal of waste into appropriate containers are essential to prevent the spread of infection.

Handling, segregation, mutilation, disinfection, storage, transportation, and final disposal are vital steps for the safe and scientific management of biomedical waste in any healthcare setup.

Healthcare workers need to be trained in these processes. However, personnel responsible for biomedical waste disposal often lack adequate training, leading to inappropriate management and insufficient implementation of regulations. Employees frequently use coloured bags without organized segregation or treatment.

Studies have concluded that regular training and awareness sessions among nursing personnel are necessary to increase knowledge about hospital waste management.

Population:

The study included nursing staff from high-risk areas.

A structured knowledge questionnaire was prepared and used to assess knowledge regarding biomedical waste management based on objectives containing 10 questions. It consists of items on demographic data such as age, gender, educational qualification, working experience, information source, and previous training.



Results:

- Majority of participants were aged 21-25 years, predominantly female, with undergraduate qualifications, and had 1-5 years of work experience.
- Most gained knowledge through training sessions, with 81% having attended previous sessions.
- Majority adhered to BMW guidelines, infection control policies, and used appropriate protective equipment.
- Nearly all prevented sharp-related injuries and followed segregation policies.
- Most agreed on the importance of safe BMW disposal, teamwork, and the necessity of personal protective equipment and disinfection.

Discussion/Findings:

Participants showed adequate knowledge of BMW management, with 70% demonstrating proficiency. However, continuous training and monitoring are essential to ensure proper implementation.

Recognition and incentives can motivate staff to adhere to BMW protocols.



Conclusion:

The study reveals adequate knowledge among nursing staff regarding BMW management, but ongoing training and monitoring are essential. Continuous education campaigns, both on and off the job, alongside regular monitoring and recognition initiatives, are recommended to ensure effective BMW management.

Health Quiz

“Tickle the Doctor in You”



1 Which of the following is a common symptom of food poisoning?

- A) Runny nose
- B) Muscle soreness
- C) Nausea and vomiting
- D) Blurred vision

2 What is a common indicator of a migraine headache?

- A) Blurred vision
- B) Stiff joints
- C) Increased appetite
- D) Tingling sensation in the toes

3 Which of the following is a risk factor for cardiovascular disease?

- A) Regular exercise
- B) High cholesterol levels
- C) Adequate sleep
- D) Low sodium intake

4 What is a frequent symptom of seasonal allergies?

- A) Fever
- B) Sneezing
- C) Loss of taste
- D) Rapid heartbeat

5 Which of the following is a common characteristic of a panic attack?

- A) Deep relaxation
- B) Decreased heart rate
- C) Shortness of breath
- D) Increased appetite

6 Which of the following is not a type of white blood cell?

- A) Neutrophil
- B) Erythrocyte
- C) Lymphocyte
- D) Monocyte

7 What is the function of the pancreas?

- A) Production of bile
- B) Regulation of blood sugar levels
- C) Production of red blood cells
- D) Filtering waste from the blood

8 Which vitamin is essential for the absorption of calcium?

- A) Vitamin A
- B) Vitamin C
- C) Vitamin D
- D) Vitamin K

9 Which organ is responsible for detoxifying the body and metabolizing drugs?

- A) Liver
- B) Heart
- C) Lungs
- D) Spleen

10 Which of the following is a common symptom of an allergic reaction?

- A) Fever
- B) Runny nose
- C) Muscle cramps
- D) Dry skin

Answers

1 C 2 A 3 B 4 B 5 C 6 B 7 B 8 C 9 A 10 B

Do's and Don'ts for Managing Hypertension:

Do's:

1. Monitor your blood pressure regularly at home and keep a record.
2. Follow a healthy diet rich in fruits, vegetables, whole grains, and low-fat dairy products while limiting sodium intake.
3. Engage in regular physical activity such as brisk walking, jogging, cycling, or swimming for at least 30 minutes most days of the week.
4. Maintain a healthy weight by balancing your caloric intake with physical activity.
5. Limit alcohol consumption
6. Quit smoking or using tobacco products to reduce your risk of heart disease and stroke.
7. Manage stress through relaxation techniques like deep breathing, meditation, yoga, or hobbies.
8. Take prescribed medications regularly and as directed by your physician.
9. Stay informed about your condition and follow your physician's recommendations for lifestyle changes and medication adjustments.
10. Get regular check-ups with your physician to monitor your blood pressure and overall health.



Don'ts:

1. Don't consume excessive amounts of salt or salty foods, as this can raise blood pressure.
2. Don't eat processed or packaged foods high in sodium, such as canned soups, processed meats, and salty snacks.
3. Don't rely solely on medication to control hypertension without making lifestyle changes.
4. Don't ignore symptoms or skip medications without consulting your healthcare provider.
5. Don't consume excessive amounts of caffeine, which can temporarily raise blood pressure.
6. Don't engage in strenuous physical activities without consulting your healthcare provider, especially if your blood pressure is not well-controlled.
7. Don't smoke, as it can increase blood pressure and pose other health risks.
8. Don't ignore stress or fail to manage it effectively, as chronic stress can contribute to hypertension.
9. Don't consume excessive amounts of alcohol, as it can raise blood pressure and interfere with medication effectiveness.
10. Don't neglect regular check-ups with your physician, even if you're feeling well, as hypertension often has no symptoms until it causes complications.

MILESTONE

The Beginning of the Healthcaring Movement in Adyar



MGM Healthcare Malar, formerly known as Malar Hospital, joined the MGM Healthcare Group in 2024, marking the beginning of an era of excellence. Malar Hospital has gloriously served Chennai for 30 years with heartfelt dedication and commitment.



160+
consultants



11,000+
inpatients



650+
staff and
employees



180
beds



60
ICU beds



5
Operating
Theatres

MGM Healthcare Malar offers tertiary care services across 30+ specialties and has touched 40,000 lives, remaining committed to delivering world-class healthcare services.

The 7-storey facility comprises 180 beds, 60 ICU beds, and 4 Operating Theatres, equipped with cutting-edge facilities such as a digital panel Cath lab and an advanced dialysis unit.

Our motto at MGM Healthcare Malar, Adyar, is 'Doing More, Better,' and time and time again, we are here to justify it, embodying the vision and mission of the MGM Healthcare Group.

MGM Healthcare Academic Course:

1. Course: Diploma Anaesthesiology

Course Name: DA (NBEMS)

Duration: 2 years

Department/Core Subject: Anaesthesia

Course Co-ordinator: Dr Senathi Nanda Kishore

No. of Students per Year: 4

Award: Diploma

Awarding Body: National Board of Examinations in Medical Sciences

How to apply: NEET Counselling

Eligibility: MBBS

2.Course: Diploma in Radio Diagnosis

Course Name: DMRD (NBEMS)

Duration: 2 years

Department/Core Subject: Radiology

Course Co-ordinator: Dr. Prabhu Radhan

No. of Students per Year: 2

Award: Diploma

Awarding Body: National Board of Examinations in Medical Sciences

How to apply: NEET Counselling

Eligibility: MBBS

3. Course: Diploma in Family Medicine

Course Name: D Fam Med (NBEMS)

Duration: 2 years

Department/Core Subject: Family Medicine

Course Co-ordinator: Dr. Swamikannu

No. of Students per Year: 4

Award: Diploma

Awarding Body: National Board of Examinations in Medical Sciences

How to apply: NEET Counselling

Eligibility: MBBS

4. Course: Diploma in Tuberculosis and Chest Disease

Course Name: DTCD (NBEMS)

Duration: 2 years

Department/Core Subject: Pulmonology

No. of Students per Year: 2

Course Co-ordinator: Dr.Soumitra Sinha Roy

Award: Diploma

Awarding Body: National Board of Examinations in Medical Sciences

How to apply: NEET Counselling

Eligibility: MBBS

5. Course: Diploma in Paediatrics

Course Name: DCH (NBEMS)

Duration: 2 years

Department/Core Subject: Paediatrics

No. of Students per Year: 4

Course Co-ordinator: Dr.Binu Ninan

Award: Diploma

Awarding Body: National Board of Examinations in Medical Sciences

How to apply: NEET Counselling

Eligibility: MBBS

6. Course: Obstetrics & Gynaecology

Course Name: DGO (NBEMS)

Duration: 2 years

Department/Core Subject: Obstetrics and Gynaecology

No. of Students per Year: 2

Course Co-ordinator: Dr. Lakshmi Aswathaman

Award: Diploma

Awarding Body: National Board of Examinations in Medical Sciences

How to apply: NEET Counselling

Eligibility: MBBS

7. Course: Otorhinolaryngology

Course Name: DNB Otorhinolaryngology

Duration: 3 years

Department/Core Subject: ENT, Head and Neck Surgery

No. of Students per Year: 2

Course Co-ordinator: Dr. Sanjeev Mohanty

Award: DNB

Awarding Body: National Board of Examinations in Medical Sciences

How to apply: NEET Counselling

Eligibility: MBBS

8. Course: Post Doctoral Fellowship in Shoulder, Elbow Hand & Sport Injuries

Course Name: Post Doctoral Fellowship in Shoulder, Elbow Hand & Sport Injuries

Duration: 6 months

Department/Core Subject: Shoulder/Elbow/Hand/Sports Injuries

No. of Students per Year: 2 every 6 months (4 per year)

Course Co-ordinator: Dr.Ram Chidambaram

Award: Certificate

Awarding Body: MGM Healthcare

How to apply: NEET Counselling

Eligibility: MS/DNB Orthopaedics

9. Course: Fellowship in Joint Replacement and Adult Reconstruction

Course Name: Fellowship in Joint Replacement and Adult Reconstruction

Duration: 6 months

Department/Core Subject: Orthopaedics

No. of Students per yr: 1 every six month (2 per yr)

Course Co-ordinator: Dr AB Govindaraj

Award: Certificate

Awarding Body: Department of Orthopaedics in collaboration with Johnson & Johnson, India

How to apply: Apply directly with the course director/Academic Coordinator

Eligibility: MS/DNB Orthopaedics

10. Course: Post Graduate Diploma Certificate

Course in Cardiac Anaesthesia

Course Name: PGDCCA

Duration: 1year

Department/Core Subject: Cardiac Anaesthesia

No. of Students per Year: 2

Course Co-ordinator: Dr Shapna Varma

Award: Certificate

Awarding Body: MGM Healthcare

How to apply: Apply directly with the course director/Academic Coordinator

Eligibility: DA Anaesthesia, MD Anaesthesia, DNB Anaesthesia

11. Course: Fellowship in Advanced Liver Transplantation (Surgical)

Course Name: Fellowship in Advanced Liver Transplantation

Duration: 1 year

Department/Core Subject: Liver Transplant and HPB Surgery

No. of Students per Year: 1

Course Co-ordinator: Dr Thiagarajan S (Director and Senior Consultant)

Award: Certificate

Awarding Body: MGM Healthcare

How to apply: Apply directly with the course director/Academic Coordinator

Eligibility: MS/DNB General Surgery

12. Course: Fellowship in Advanced Liver Transplantation (Anaesthesia and Critical Care)

Course Name: Fellowship in Advanced Liver Transplantation (Anaesthesia and Critical Care)

Duration: 1 year

Department/Core Subject: Liver Transplant Society of India

No. of Students per Year: 1

Course Co-ordinator: Dr Premkumar

Award: Certificate

Awarding Body: MGM Healthcare

How to apply: Apply directly with the course director/Academic Coordinator

Eligibility: MS/DNB General Surgery

13. Course: Fellowship of the Royal College of Radiology

Course Name: FRCR

Duration: 2 years

Department/Core Subject: Radiology & Imaging Sciences

No. of Students per Year: 2

Course Co-ordinator: Dr Prabhu Radhan

Award: Certificate

Awarding Body: MGM Healthcare

How to apply: Apply directly with the course director/Academic Coordinator

Eligibility: MBBS

14. Course: Membership of Royal College of Emergency Medicine

Course Name: MRCEM

Duration: 2 years

Department/Core Subject: Department of Emergency Medicine

No. of Students per Year: 4

Course Co-ordinator: Dr Ram Mohan

Award: Certificate

Awarding Body: MGM Healthcare

How to apply: Apply directly with the course director/Academic Coordinator

Eligibility: MBBS

15. Course: Membership of Royal College of Physician

Course Name: MRCP

Duration: 2 years

Department/Core Subject: Department of Internal Medicine

No. of Students per Year: 4

Course Co-ordinator: Dr Swamikannu

Award: Certificate

Awarding Body: MGM Healthcare

How to apply: Apply directly with the course director/Academic Coordinator/IMSTP

Eligibility: MBBS

MGM Fact File



600+ Heart, Lung
and Heart - Lung
Transplants



54+ Left Ventricular
Assist Device



550+
Successful
Oncology
Surgeries



10,000+ Surgical
interventions



5000+ Cathlab
Procedures



500+ Head & Neck Surgeries
(including skull base)
1500+ ENT Surgeries
(including Cochlear Implantation)



10,000+ Surgeries -
Mininal Access (GI)
& Bariatric Surgery



1000+ Maternity
Deliveries



25,000+
Emergencies
attended



3,00,000+
OP Consultations



10,000+ Surgeries -
Orthopaedics

EVENTS

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29

October 2023

World Stroke Day - Come Together for a Stroke - Free World. A doodle-filled art box was created as an initiative to raise awareness about stroke.

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27

November 2023

Lung Cancer Awareness Month From 80 to Zero, an initiative to raise awareness on lung cancer.

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1

January 2024

Thanksgiving Ceremony for the exceptional services of our staff rendered during the Michaung Cyclone.

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3

January 2024

Book launch on Cardiovascular and Kidney Disease in the Geriatric Population in Developing Countries.

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2

February 2024

Operational Control of MGM Healthcare Malar, Adyar

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8

March 2024

Women's Day Celebration at MGM Healthcare, MGM Cancer Institute, MGM Healthcare Malar, Adyar

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14

March 2024

32nd anniversary of MGM Healthcare Malar Adyar

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15

March 2024

Sleep Masterclass Conference organised by Department of Pulmonology

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30

March 2024

Masterclass on Adult Vaccination organised by Department of Infectious Diseases

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10

April 2024

World Parkinson's Day - Unite for Parkinson's, an initiative to show unity against Parkinson's.

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Gallery



Events conducted at MGM Healthcare Group







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#72, NELSON MANICKAM RD,
CHENNAI - 600029.

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Email: info@mgmhealthcare.in www.mgmhealthcare.in