



DMA NEWS BULLETIN

FORTNIGHTLY

DELHI MEDICAL ASSOCIATION

VOLUME 51
ISSUE-4

OFFICIAL ORGAN ORGAN OF DELHI STATE BRANCH INDIAN MEDICAL ASSOCIATION

President
Dr. Girish Tyagi
M: 9868116491

Hony. State Secretary
Dr. Arvind Chopra
M: 9910515062

Hony. Finance Secretary
Dr. Ashok Aggarwal
M: 9810048230

Hony. Associate Editor
Dr. Kamal Parwal
M: 9811112714

32
PAGES

25th May, 2019 | Email: delhimedicalassociation@gmail.com | Web: www.delhimedicalassociation.com | Price Rs. 5.00

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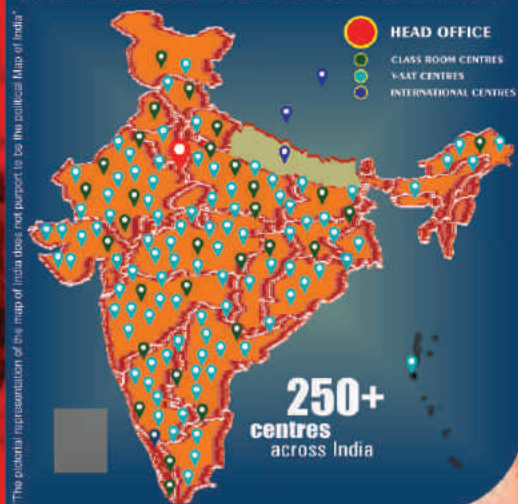
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**Molecular
Section**

North Delhi Pathology Clinic
27/5, Shakti Nagar, Nangia Park, Delhi-110007



- Molecular diagnostics (RT-PCR) is now available for more than a decade. It has given us the confidence of delivering sensitive, specific test results, especially for infectious diseases that affect masses. This technology has provided a quantum leap in the delivery of patient care by expediting diagnosis and improving the efficacy of treatment.
- Unfortunately till recently molecular diagnostics have not met the expectations of the Medical profession as authentication of reports was done by scientists not having a medical background.
- Most important issues such as clinical correlation, contamination, the stability of reagents, multiple vendor engagement and standardization were ignored altogether in order to cut the cost.
- Further, so as to keep the prices low, laboratories indulged in batch testing which increased Turn around Time (TAT) and Molecular diagnostic remained the domain of chain labs only.
- Recently introduced CB-NAAT (Cartridge Based Nucleic Acid Amplification Test) Testing is considered GAME CHANGER in the field.
- Sophisticated design of hardware and highly sensitive, specific, efficient, linear range, clinical validation, reproducibility, and precision makes result generated by CB-NAAT systems comparable to the best of the reference RT PCR equipments. These systems ensure that all processes and protocols of RT-PCR testing - starting from sample preparation to the final reporting of the result are completed on the same day.
- Realizing the importance of molecular diagnostics North Delhi Pathology Clinic has opted for these CB-NAAT Systems. These RT-PCR equipments have adequately addressed prevailing limitations. They have proven to be reliable, sensitive, cost-effective and fast with a low turn around time.

CB-NAAT Testing

-Cartridge Based Nucleic Acid Amplification Test:
A Rapid cost effective RT-PCR for common infectious diseases

Available CB-NAAT - RT PCR tests

Chikungunya

Viral Load

Specimen: Plasma
Reporting: Same day



M.tuberculosis

with Rifampicin Resistance

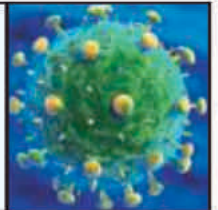
Specimen: Site Specific*
Reporting: Same day



HIV

Viral Load

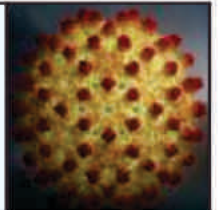
Specimen: Plasma
Reporting: Same day



Hepatitis B

Viral Load

Specimen: Plasma
Reporting: Same day



Hepatitis C

Viral Load

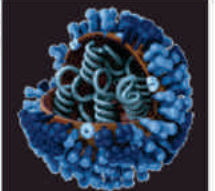
Specimen: Plasma
Reporting: Same day



H1N1, Flu A & B

Qualitative

Specimen: Nasal Swab
Reporting: Same day



* Pulmonary: Sputum etc. and Extra-pulmonary: Pus, Fluids, FNA, Biopsy etc.



9873247824, 23841122



8:30 AM to 6:00 PM



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PRESIDENT'S PEN...

Strike by Doctors...

Strike is a legitimate form of collective protest in democracy. At the same time, the guiding principles of medicine is the alleviation of suffering. Thus the issue will remain a contentious one in case of doctors decided to go on strike.

Strike by doctors always precipitates intense ethical debates. Those who see strike action as unethical often cite some or the other arguments in support of their views.

Doctors at Corporation run hospitals (Hindu Rao Hospital, Swami Dayanand Hospital, Kasturba Hospital etc.) are forced to become accomplice of a tyrannical political system between state government and MCD.

Resident Doctors life is all about struggle for existence and surviving every day. This strike by young residents is not for economic demand only. Just look at the miserable conditions that resident doctors work under which they have been repeatedly described in lay press. Suffice to say that their living and working conditions, coupled with not getting salary for last three months, made it impossible for them to work efficiently and to live with dignity. Directly or indirectly, sooner or later, such oppressive working conditions are bound to result indicates suboptimal work quality and output and finally strike when not getting a response from authorities even after reminding them time and again.

One cannot/shouldn't expect from a young resident doctor to provide good patient care when he is not getting salary for three months, apathetic working conditions, improper security, non availability of drinking water and emergency medicines. He is facing assault routinely without any support from his seniors and organisation. After repeatedly reminding the authorities about all these, there is no option or scope available but to go on strike.

Resident doctors humiliation or exploitation is not new to medical profession. Extended duty hours, Non availability of - hostels, duty rooms, good food, water or sanitary facilities, patient's relatives agitation, abuse and violence are some of the precipitating factors.

But Exploitation of Resident Doctors of Hindu Rao hospital has reached its peak because they are not getting paid from last 4 months. We are living in a society which won't do social services especially for doctors, There landlords are asking them to vacate rooms, there mess owners are threatening them that they will not feed them, their laundry services, grocery and all their daily livelihood was on the mercy of others who won't believe in charity.

When everyone around Doctors are forcing them to pay dues or face consequences then Doctors are left with no other option then to stop working till we get money for bare minimum things required for survival like food, clothes and shelter.

I request all my Medicos friends from all over India to stand in solidarity with Hindu Rao hospital because No government or Media or bureaucrats can understand the suffering of our colleagues. DMA supports young resident doctors and will take up their genuine demands to the logical conclusion.

Dr. Girish Tyagi
President



Hony. Associa Editor's Pen...

Dear all,

By the time this comes to you the whole nation must be cherishing long nurtured hopes from the new or renewed central government. Month of thick and rather ugly political activities shall have a long breather till the elections for delhi assembly are due late this year.

Medical fraternity across the nation once again lives on too many expectations from new government about extra efforts and pragmatic directions from policy makers for not only health of the indian citizens at large but also healthy professional atmosphere for the healthcare providers.

Needless to reiterate here ,the health care "industry" is the fastest growing sector of indian economy as it registers over 15% growth rate consistently over last decade and projected to be rising to over 22% growth in next 5 years.

Apart from mega clinical and medical or paramedical education segment the health sector includes the pharmaceutical industry, medical equipment segment and a big health care insurance sector. Obviously the health sector is a skilled manpower based industry and therefore the largest employment generator at all the levels whether highly skilled or semi skilled or otherwise.

It is ironical that even after the ostensible facts that the whole of indian population is in appalling health situation and we are shamefully placed far lower in international ranking even below small neighbouring nations, our political class across the parties are hardly

serious about the health care agenda as reflected in a budgetary health care allocation less than 2% of GDP as against 13 to 15% of GDP in highly developed nations with multiple times gross national production.

Unfortunately, even after 72 years of independence where the nation has witnessed so many cultural, social, technological, economical and educational transformations ,our political class continues to be using the ancient Orthodox means of emotionally misdirecting the masses on cast, creed, religion, gender and regional sentiments to gain the political points. Surprisingly people of this nation still obliges them by empowering to governance on these regressive issues.

In the last parliament we had over 35 members with 'mbbs' degrees and still hardly 3 or 4 might have openly expressed their views regarding long standing issues of medical fraternity like reforms in CPA for compensation capping, amendments in PC-PNDT act, Clinical establishment act, Bridge courses, quackery etc.

This raises a question that the politically heavy health care community, both in numbers and clout can only elect few of them to higher positions, only to keep their "never filled" hopes alive from the leaders elected for the attention towards the very community and fraternity they come from.

It reminds me of an age old saying that never persuade a friend to contest elections because if he looses you also loose your heart, and if he wins you certainly loose a friend.

Yes, I hope my above feelings are proven wrong with this set of new and renewed parliamentarians.

Dr. Kamal K. Parwal

9811112714, 8800635155

drkamalparwal@gmail.com



Chairman's Pen...

DMA NURSING HOME & MEDICAL ESTABLISHMENT FORUM

Dear Friends,

The members of DMA Nursing Home & Medical Establishment Forum are passing through turmoil stage as Govt. has imposed so many policies on small

nursing homes/hospitals, which are as follows.

1. Fire NOC
2. Barcoding and DPCC registration
3. Conversion and parking charges
4. Property Tax (increase in use factor 2 to 4 in East Delhi Municipal Corporation)
5. E.S.I. case.
6. GIPSA
7. NABH

Many other problems which we are facing at our setup daily.

NOC for Fire

No doubt we should comply the basic norms stipulated by fire department, Govt. of NCT of Delhi but structural changes of the building are not possible in older nursing homes, which are in semi rura/by lanes of Delhi.

Our members are trying to pursue with Govt. to simplify the norms in structural changes in building.

Definitely with the help of Dr. Girish Tyagi our president and Dr. Arvind Chopra, Hony. State Secretary, we are pursuing with the DPCC

department to do registration manually as well as online.

Bar-coding

We had a meeting with the vender to reduce their rates of bar-coding. DMA Nursing home & medical Establishment Forum is going to arrange another meeting to decided the final rates for the same.

Property Tax

Every time East Delhi Municipal Corporation increase the use factor from 2 to 4, which is not implemented by South Delhi as well as North Delhi Municipal Corporation.

I would request the members of East Zone who know the Mayor to please come forward to resolving this issue forever, otherwise medical setups of east Delhi will have to pay hefty amount of property tax.

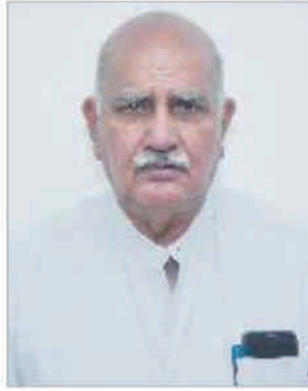
Conversion and parking charges

The matter is pending in the Hon'ble High Court of Delhi, if unfortunately its decision goes against us then we have to deposit a huge amount to DDA.

We are trying to our level best to solve all above mentioned issues to help our members. Any suggestion from your side is welcomed by the Forum.

Dr. Rajender Sharma

Chairman, DMA NH & MEF



Hony. State Secretary's Pen...

Dear All,

The recent unfortunate fire incidence at Karol Bagh Guest House which led to death of few innocent inhabitants has led to a number of actions and reactions and has tighten the responsibility for keeping the public facilities fire safe. The authorities and the courts have demanded strict compliance of the fire safety measures at all these places which are dwelling units like guest house and hotels.

The hospitals and nursing homes which are also the dwelling units for patients and the relatives are also covered under the Fire Act as the institutional use of the building and requires strict fire safety measures to be enforced on the building which includes the provision of 50k ltr water tank at the ground floor and 5k ltr water tank on the top floor with rising water hose and the water spinnaker and adequate number of fire extinguishers.

As a reaction to the above incidences, the fire department is demanding that even small nursing home of even one bed is required to have all these requirements which are necessary for the fire safety of the building and in absence of a NOC from the fire department, the health department refuses to renew the licences of the hospital. This activity is becoming a threat to the existence of more than 20000 beds in Delhi existing in residential premises and not equipped with Fire fighter arraignment to the tune of institutional building.

We are in seize of the matter and are discussing the legal and legitimate angels of the same.

At one point, Delhi Medical Association is deeply concerned about the fire safety of the patients and their relatives taken treatment at any medical facility and are strongly recommend that all medical facility in Delhi should take all possible measure necessary to make their facilities fire safe and the to the extent get a inspection reports from a 3rd party assurer for fire safety.

We also recommend that a self attested affidavit must be issued by keeper of the all health facilities which should make the basis of the renewal of the license of the facility.

As the same time we also conscious that out of the master plan 2021, the institutional use has been loud to the residential building after paying the compounding conversion charges. As per the Master Plan only the buildings which are running commercial activities in the basement are required to take fire safety clearance and other buildings only have to take fire safety measures as per the use.

Since the uses of the health facilities has been permitted under the master plan in existing residential building having a right of way as prescribed in Master Plan any further structural change has not required.

We are persuing our opinion with various authorities looking for a positive solution till then we recommend that all health facilities to take all NECESSARY FIRE SAFTEY measures of their own for the benefit of the medical establishments as well as the patients and their relatives.

I am publishing the recently issued frequently asked questions and their answers issued by the Fire Department in this News bulletin.

Dr. Arvind Chopra
Hony. State Secretary

DELHI FIRE SERVICE

GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI

Frequently asked Questions

Ques.-1 Will it be necessary to obtain NOC from Delhi Fire Service prior to construct a building?

Ans.-1 The buildings which are covered under rule 27 of Delhi Fire Service Rules 2010 are required to obtain NOC/ fire safety guidelines/ recommendations from Delhi Fire Service. The issued fire safety guidelines/ recommendations clearly specify about the fire and life safety systems to be installed in the proposed building.

Ques. 2 Which buildings are covered under rule 27 of Delhi Fire Service Rules 2010.

Ans. 2 The list is as under;

- (1) Residential buildings (other than hotels and guest houses) having height more than 15 meters or having ground plus four upper stories including mezzanine floor.
- (2) Hotels and guest houses having height more than 12 meters having ground plus three upper stories including mezzanine floor.
- (3) Educational buildings having height more than 9 meters or having ground plus two upper stories including mezzanine floor.
- (4) Institutional buildings having height more than 9 meters or having ground plus two upper stories including mezzanine floor.
- (5) All Assembly buildings.
- (6) Business buildings having height more than 15 meters or having ground plus four upper stories including mezzanine floor.
- (7) Mercantile buildings having height more than 9 meters or having ground plus two upper stories including mezzanine floor.
- (8) Industrial buildings having covered area on all floors more than 250 square meters.
- (9) Storage buildings having covered area on all floors more than 250 square meters.
- (10) All Hazardous buildings having covered area on all floors more than 100 square meters.
- (11) Underground Structures.

Ques. 3 At How many stages NOC from Delhi Fire Service is required to be obtained.

Ans. 3 For the buildings specified under Rule 27 of DFS Rules 2010, NOC is

required at two stages.

- a) The first stage is prior to construction of building wherein building plans are approved and fire safety recommendations are issued.
- b) The second stage is after the construction of building when all the recommended fire safety measures are installed shall be verified and Fire Safety

Certificate (FSC) shall be issued.

Ques. 4 What is the procedure for submission of building plans?

Ans. 4 Normally the buildings plans are required to be submitted through /referred from the concerned building sanctioning authority i.e. concerned Municipal Corporation of Delhi, DDA, NDMC, Delhi Cantonment Board, DUSIB etc. However if the layout plan is approved by the concerned civic agency than the building plans can be directly submitted under simplified procedure.

Ques. 5 what is the validity of the NOC/ fire safety recommendations issued / building plan approved?

Ans. 5 The fire safety recommendations once issued are valid till the internal/ external lay out/ use of the building/ means of escape are not changed.

Ques. 6 What is the validity of Fire Safety Certificate (FSC) issued by Delhi Fire Service.

Ans. 6 The Fire Safety Certificate issued under rule 35 unless sooner cancelled shall be valid for a period 5 years for residential buildings (other than hotels) and 3 years for non-residential buildings including hotels from the date of issue.

Ques. 7 Whether the FSC issued is final forever?

Ans. 7 No, the FSC are to be renewed at least six months prior to the expiry. Application for renewal of Fire Safety Certificate granted under rule 35 as valid under rule 36 shall be made to the Director in Form 'I' in First Schedule along with a copy of the Fire Safety Certificate six months before the expiry of the Fire Safety Certificate.

Ques. 8 Who will install and maintain the fire safety systems?

Ans. 8 The onus lies on the owner/ occupier of the building. Delhi Fire Service does not authorize any person/ vendor for the said purpose.

Ques. 9 What if, the fire safety systems are non functional?

Ans. 9 Any loss due to non functional fire safety systems shall be borne by the owner/occupier of the premises including the legal proceedings.

Ques. 10 How many staircases are required to be provided in the building.

Ans. 10 The number of staircases normally depends upon the requirement of the travel distance. However the provisions of 4.6.2 and additional occupancy wise requirements under clause 6 of NBC part 4 shall also be taken in to consideration.

Ques. 11 Is there any restriction on the maximum height of the building?

Ans. 11 The maximum height of the building is restricted as per the provisions of Master Plan of Delhi and the notifications issued by the Government from time to time.

Ques. 12 What is the minimum required width of the road on which building shall abut?

Ans. 12 The minimum required width of the abutting road is 12 meter.

Ques. 13 What should be the scale of the building plans ?

Ans. 13 The building plans shall be on the scale of 1:100 , the key plans on 1: 10,000 and site plan should be on 1:500 for a site up to 01 hectare and not less than 1:1000 for a site more than 01 hectare..

Ques. 14 What about the design and installation of Automatic Sprinkler System ?

Ans. 14 The design and installation of the Automatic Sprinkler System shall be as per the specifications contained in IS 15105 published by Bureau of Indian Standards.

Ques. 15 What about the installation of the smoke management systems?

Ans. 15 The smoke management systems shall be fully ducted and air changes requirement shall be as per national Building Code of India. The fresh air supply shall be discharged at ground level and the exhaust shall be taken out from ceiling level.

Ques. 16 Whether the model of the building is required or not?

Ans. 16 If the height of the proposed building is more than 15 meters than model of the building is required.

Ques. 17 What are the requirement of refuge area in the building?

Ans. 17 For buildings more than 24 meters in height, the refuge area as per NBC part IV is required to be provided.

Ques. 18 is helipad required on the terrace of the high rise building?

Ans. 18 Helipad is required to be provided on the terrace of those buildings which have height more than 60 meters.

Ques. 19 what is the rate of replenishment of water is required for the fire water tanks?

Ans. 19 The rate of replenishment shall be 1000 liter per Minute.

Ques. 20 Can other fire safety arrangements such as water mist, gas based systems can be used?

Answer-20 As per the requirement of the built in environment above systems can be used but the fire safety systems recommended at the time of approval of building plans cannot be compromised.

Question-21 Whether international Codes of Practices are accepted?

Ans. 21 International Codes of practices normally not considered however if it is the requirement of the built in environment than entire scheme of the fire safety systems shall be prepared as per the said International Codes of practice.

Ques. 22 What is the capacity of the pumps to be installed in the fire pump house?

Ans. 22 The capacity of the pumps shall be determined by the actual discharge requirements as per IS 15105/ NBC part 4. The higher values shall be considered.

Ques. 23 Is it mandatory for all the basement to have automatic sprinkler system?

Ans. 23 The basement having area more than 200 SQM shall be required to provide automatic sprinkler system.

Ques. 24 From where the fire extinguishers can be purchased?

Ans. 24 Delhi Fire Service does not authorize any person/ vendor for the sale purchase of any fire and life safety systems. The systems should be as per BIS standards and can be procured from anywhere.

Ques. 25 what is the code of practice followed by Delhi Fire Service?

Ans. 25 Delhi Fire Service follows National Building Code of India 2005.

Ques. 26 What are the parameters of the building based upon which the fire safety guidelines are issued ?

Ans. 26 The basic parameters are the type of occupancy, height of the building and the floor area of the building.

Ques. 27 How various industrial occupancies are classified in to different degree of hazard.

Answer-27 The classification of various industrial occupancies are as per Annexure 'B' of NBC part IV.

Ques. 28 what are the low hazard industrial occupancies?

Ans. 28 The list is as under: Abrasive manufacturing premises, Aerated water factories, Agarbatti manufacturing premises, Analytical and/or Q.C. Laboratories, Arecanut slicing and/or Betelnut factories, Asbestos steam packing and lagging manufacturers, Battery charging and service stations, Battery manufacturing, Breweries, Brickwork, Canning factories, Cardamom factories, Cement factories and/or asbestos or concrete products, manufacturing premises, Ceramic factories, crockery, stoneware, pipe manufacturing, Clay works, Clock and watch manufacturing, Clubs, Coffee curing, roasting and grinding factories, Condensed milk factories, milk pasturising plants and dairies, Confectionery manufacturing, Electric lamps (incandescent and fluorescent) and T.V. tube manufacturing, Electroplating works, Engineering workshops, Fruits and vegetables dehydrating and drying factories, Fruits products and condiment factories, Glass and glass fibre manufacturing, Godowns and warehouses (non-combustible goods), Gold thread/gilding factories, Gum and/or glue and gelatine manufacturing, Ice candy and ice-cream and ice factories, Ink (excluding printing ink) factories, Mica products manufacturing.

Ques. 29. What are the Medium hazard industrial occupancies?

Ans. 29 The list is as under: Aluminium factories, Atta and cereal grinding, Bakeries and biscuit factories, Beedi factories, Bobbin factories, Book-binders, envelopes and paper bag manufacturing, Cable manufacturing, Camphor boiling, Candle works, Carbon paper/typewriter ribbon makers, Card board box manufacturing, Carpenters, wood wool anti furniture makers, Carpet and durries factories, Cashew nut factories, Chemical manufacturers (us-hg raw materials having F.P > 23°C), Cigar and cigarette factories, Coir factories, Cold storage premises, Computer installations, Cork products manufacturing (coir, carpets, rugs and tobacco) (hides and

skin presses), Dry cleaning, dyeing and laundries, Electric substations/distribution stations, Electrical generating stations except underground powerhouses, Enamelware factories, Filler and wax paper manufacturing, Flour mills, Garment makers, Ghee factories (other than vegetable), Godown and warehouses (other than non-combustible goods), Grains and seed disintegrating or crushing, Grease manufacturing, Hosiery, lace, embroidery and thread, Hospitals including 'X' -ray and other diagnostic clinics (institutional buildings), Incandescent gas mantle manufacturers, Industrial gas manufacturing (only halogenated, hydrocarbons inert gases), Man-made yarn/fiber (except acrylic fiber/yarn), Manure and fertilizer works (blending, mixing and granulating only), Mercantile occupancies (departmental stores, shopping complex, etc), Mineral oil blending and processing, archives, record rooms, Oil and leather cloth factories, Open storage of flammable liquids (in drums, cans, etc), Oxygen plants, Paper and cardboard mills (except raw material yard), Piers, wharves, dockyards, Plastic goods manufacturing, Ply wood/wood veneering factories, Printing press premises, Pulverizing and crushing mills, Residential apartments, hotels, cafes, restaurants, Rice mills, Rope works, Rubber goods manufacturing, Rubber Tyres and tubes manufacturing, Shellac factories, Silk filatures, Soaps and glycerin factories, Spray painting, Starch factories, Tea factories (including blending packing of tea), Telephone exchanges, garages, Textile mills, Tobacco chewing and pan masala making, Tobacco re-drying factories, Woolen mills.

Ques. 30 What are the High hazard industrial occupancies?

Ans. 30 The list is as under: Aluminum/magnesium powder plants, Bituminized paper/hessian cloth/tar felt manufacturing, Bulk storage of flammable liquids (tank farm, etc), Celluloid goods making, Chemical manufacturers (where raw materials have a F.P. < 23°C), Cigarette filter manufacturing, Cinema films and T.V. production studios, Coal, coke and charcoal ball and briquettes making, Collieries, steel plants, Cotton seeds cleaning and delinting factories, Cotton waste factories, Distilleries, Duplicate/stencil paper making, Fireworks manufacture, Foamed plastic and/or converting plants, Godown of warehouses (combustible/hazardous goods) (H), Grass, hay, fodder and BHOOSA (chaff), Hazardous occupancy buildings (J) Industrial gas manufacturing (except halogenated, hydrocarbon gases/inert gases), Industrial units (G-3 occupancies), Jute mills and jute presses, Linoleum factories, Man-made fibers (only acrylic fiber/yarn making), Match factories, Mattress and pillow makings (foam plastics), Metal or tin printers (if more than 50 percent is engineering, shift to ordinary hazard), Oil mills, Oil extraction plants, Oil terminals/depots, Paints/Varnish factories, Paper and cardboard mills (only raw material yard), Pressing factories, Printing ink making, Resin, lamp black and turpentine manufacture, Saw mills, Surgical cotton manufacturing, Tarpaulin and canvas proofing factories, Turpentine and resin distilleries, Tyre retreading and resolving factories, Underground shopping complexes (F-3). Ammonia and urea synthesis plants, Explosive factories, LPG bottling plants, Petrochemical plants, Petroleum refineries. NOTE — In case of complexes having segregated plants with varying degrees of hazards, the competent authority having jurisdictions shall be consulted to decide the level of protections to be provided.

Ques.31. Does Delhi Fire Service issue part NOC/ recommendations for a specific floor/occupancy in a building?

Ans. 31. Yes, if the floor/occupancy is separated from the other floors/occupancies of the building as per provisions of NBC-2005.

Ques. 32 What are the Fire Protection requirement of industrial occupancies?

Ans. 32 The table is as under:

Low Hazard (G-1)	Extinguishers	Hose reel	Dry Riser	Wateriser	Down Comer	Yard hydrant	Automatic sprinkler system	MOEFA (MCP)	Detection syate	Underground tank	Overhead tank	Pump at ground level	Terrace pump
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★ Data is 90° Align

Built up area more than 500m ²	Built up area more than 100m ² and upto 500m ²	Built up area up to 100m ²
R	R	R
R	R	NR
NR	NR	NR
R	NR	NR
R(if height is more than 15 meter)	R	NR
R	NR	NR
R	R (in basement, if area exceeds 200m ²)	R (in basement, if area exceeds 200m ²)
NR	NR	NR
R	NR	NR
1,00,000	NR	NR
10,000	5000 (in basement, if area exceeds 200m ²)	5000 (in basement, if area exceeds 200m ²)
01 E+01 D pump of 2280 LPM +01 Jockey of 180LPM	NR	NR
450	450	450 (in basement, if area exceeds 200m ²)

Moderate Hazard (G-2)

Built up area more than 500m ² and upto 1000m ²	Built up area more than 100m ² and upto 500m ²	Built up area upto 100m ²
R	R	R
R	R	R
NR	NR	NR
R	NR	NR
R(if height is more than 15 meter)	NR	NR
R	NR	NR
R	R	R
R	NR	NR
R	NR	NR
75,000	NR	NR
20,000	10,000	10,000
01 E+01 D pump of 2280 LPM +01 Jockey of 180LPM	NR	NR
900	900	450

R-means required to be provided, NR-means not required to be provided, E-electric pump, D diesel pump	Built up area more than 500m ²	Built up area more than 300m ² and upto 500m ²	Built up area more than 150m ² and upto 300m ²	Built up area more than 50m and upto 150m	Built up area upto 50m ²	High Hazard (G-3)	Built up area more than 500m ² and upto 1000m ²	
	R	R	R	R	R		R	R
	R	R	R	R	R		R	R
	NR	NR	NR	NR	NR		NR	NR
	R	R	R	NR	NR		NR	R
	R(if height is more than 15 meter)	R(if height is more than 15 meter)	NR	NR	NR		NR	R(if height is more than 15 meter)
	R	R	NR	NR	NR		NR	R
	R	R	R	R	R		R	R
	R	R	NR	NR	NR		NR	R
	R	R	R	R	NR		NR	R
	1,00,000	50,000	25,000	NR	NR		NR	1,00,000
	20,000	20,000	10,000	5,000	5,000		5,000	20,000
01 E+01 D pump of 2280 LPM +01 Jockey of 180LPM	01 E+01 D pump of 2280 LPM +01 Jockey of 180LPM	01 E+01 D pump of 2280 LPM +0 Jockey of 180LPM	NR	NR	NR	01 E+01 D pump of 2280 LPM +01 Jockey of 180LPM		
900	900	450	450	450	450	900		

Question-33. What are the fire and Life safety parameters, which are required to be followed in a building, covered under Rule 27 of DFS rules 2010?

Answer-33 The fire and life safety provisions in aforesaid buildings are required to be in accordance with the National Building Code of India 2005, mainly pertaining to the following 20 points.

- (1) Access to building
- (2) Number, Width, Type and Arrangement of exits.
- (3) Protection of Exits by means of fire check door (s) and or pressurization.
- (4) Compartmentation.
- (5) Smoke Management System.
- (6) Fire Extinguishers.
- (7) First-Aid Hose Reels.
- (8) Automatic fire detection and alarming system.
- (9) MOEFA.
- (10) Public Address System.
- (11) Automatic Sprinkler System.
- (12) Internal Hydrants and Yard Hydrants.
- (13) Pumping Arrangements.
- (14) Captive Water Storage for fire fighting.
- (15) Exit Signage.
- (16) Provision of Lifts.
- (17) Standby power supply
- (18) Refuge Area.
- (19) Fire Control Room
- (20) Special Fire Protection Systems for Protection of special Risks,;

Question-34. What additional information shall be provided on the plans for obtaining fire safety guidelines ?

Answer-34 The additional information are as under:

1. Access to fire appliances/vehicles with details of vehicular turning circle and clear motorable accessway around the building;
2. Size (width) of main and alternative staircases along with balcony approach, corridor, ventilated lobby approach;
3. Location and details of lift enclosures;
4. Location and size of fire lift;
5. Smoke stop lobby /door, where provided;
6. Refuse chutes, refuse chamber, service duct, etc;
7. Vehicular parking spaces;
8. Refuse area, if any;
9. Details of building services — Ai-conditioning system with position of fire dampers, mechanical ventilation system, electrical services, boilers, gas pipes, etc;
10. Details of exits including provision of ramps, etc, for hospitals and special risks;
11. Location of generator, transformer and switch gem room;
12. Smoke exhauster system, if any;
13. Details of fire alarm system network;
14. Location of centralized control, connecting all fire alarm systems, built-in-fire protection arrangements and public address system, etc;
15. Location and dimensions of static water storage tank and pump

room along with fire service inlets for mobile pump and water storage tank;

16. Location and details of fixed fire protection installations, such as, sprinklers, wet risers, hose-reels, drenchers, etc; and

17. Location and details of first-aid fire fighting equipments/installations.

Question-35. What is the time frame for disposal of my building plans by Delhi Fire Service?

Answer-35 If all the conditions are fulfilled then the building plans will be approved within 21 days under rule 34 of Delhi Fire Service Rule 2010.

Question - 36 What if I got approved my building plans in low hazard industry and due to some reasons I want to change the production, which falls under moderate or high hazard category?

Answer - 36 The fire safety guidelines shall be reviewed as per the trade use and modified guidelines shall be issued for the new category.

Question 37- If any fire occurred in my factory then what I will have to do?

Answer - 37 Immediately, You should call Delhi Fire Service on 101, mentioning the complete address, telephone number and nearest landmark. Meanwhile the

trained fire personnel at your premises should evacuate the complete building in orderly manner and use the inbuilt fire fighting arrangements to extinguish the fire. Designated persons shall immediately stop all the operations and switch off the main electric supply.

Question.- 38 Will I be required to pay any amount/expenditure bill to Delhi Fire Service for attending fire/ emergency / rescue calls?

Answer - 38 No, the fire fighting/ emergency / rescue services provided by Delhi Fire Service within the jurisdiction of National Capital Territory of Delhi are free of cost.

Question -39 In case of any fire/ emergency / rescue in my premises, what is the procedure of obtaining the fire/ incident report?

Answer.- 39 The fire/incident report can be downloaded free of cost from the website of this department www.dfs.delhigovt.nic.in after three working days. The report is prepared as per the provisions contained in Delhi Fire Service Act 2007 and Rules 2010 (Form - 'S') of 1st schedule.

Question -40 Whether Delhi Fire Service imparts training and conduct mock drills/ demonstrations?

Answer - 40 Yes, a written request addressed to Director, Delhi Fire Service may be sent and fix up date and time. The mock drill/lecture cum demonstration will be free of cost. However, the services of Fire Safety Management Academy of this department can be availed on nominal charges as per sixth schedule of Delhi Fire Service Act 2007 and Rules 2010 for getting the employees trained in fire fighting.

Question -41 From where I can get the booklets of Delhi Fire Service Act 2007 and Rules 2010, Building Bye Laws and National Building Code of India?

Answer -41 The Delhi Fire Service Act 2007 and Rules 2010 is available on our website www.dfs.delhigovt.nic.in, which can be downloaded free of cost. Other two are the printed publications can be purchased from market.

OBITUARY

DMA regrets to inform untimely demise of Shri Bahadar Chand F/o Dr. Sunil Mehendiratta on 14th May, 2019.

We pray to God to rest his soul in peace and give strength to the family to bear this irreparable loss.

Dr. Girish Tyagi
President, DMA

Dr. Arvind Chopra
Hony. State Secretary, DMA

Dr. Ashok Aggarwal
Hony. Finance Secretary, DMA

IRON DEFICIENCY ANEMIA IN CHILDREN

Frequently Asked Questions



Dr. Deepak Bansal

MD, DNB, FIAP, MAMS

Professor, Hematology-Oncology unit

Dept. of Pediatrics, Advanced Pediatrics Center

Postgraduate Institute of Medical Education and Research
Chandigarh, India.

deepakbansaldr@gmail.com

Q1. Is iron deficiency common in children?

Ans. Yes, it very much is. According to the National Family Health Survey - 4 (2015-16), the average prevalence of anemia (<11.0 g/dl) in children of age 6-59 months in India is 58.4%. The prevalence in Delhi (National Capital Territory) is 59.7%.

Q2. Has the prevalence of anemia in children reduced over the years in India, and in Delhi?

Ans. As indicated in Table 1, the average prevalence of anemia in children in India has reduced marginally from 69.4% to 58.4% in the last decade. On the other hand, the prevalence has to some extent increased in Delhi.

Table 1. Prevalence of anemia in children (Age: 6-59 months) in India and Delhi as per the National Family Health Survey (NFHS)

	NFHS-4 (2015-16)	NFHS-3 (2005-06)
India	58.4%	69.4%
Delhi (National Capital Territory)	59.7%	57.0%

Q3. What is the prevalence of anemia in children in developed countries?

Ans. The worldwide average prevalence of anemia in children (<5 yrs) in selected countries is indicated in Table 2.

Table 2. The worldwide average prevalence of anemia in children (<5 yrs)

	The worldwide average prevalence of anemia in children (<5 yrs)
USA	6 %
UK	13 %
Australia	15 %
Japan	13.2 %
Germany	12.4 %
China	21.4 %
Bangladesh	40.3 %
Sri Lanka	25.6 %
Nepal	42.7 %
India	59 %

Q4. Why is the prevalence of anemia so high in children in India as compared to other countries?

Ans. The predominant reasons are:

a) **Excessive intake of cow's milk.** Milk (cow's milk) is a favorite 'food' for children in India. Parents tend to consider milk as 'whole food' for children. Indeed, exclusive breast milk is recommended until 6 months of age by the Indian Academy of Pediatrics. However, weaning with adequate solid foods must start at 6 months of age, which is very often delayed or inadequate in children in India. There is low concentration and poor bioavailability of iron in cow's milk.

b) **Predominantly wheat or rice-based diet.** The diet in India typically lacks protein and has wheat or rice as an essential component. Wheat is an iron-rich grain; however, it contains inhibitors of iron absorption. Although a vegetarian diet is likely to contain iron in amounts equivalent to that in non-vegetarian diets, animal-based hemoglobin iron is better absorbed (15–40%) compared with plant-based iron (1–15%).

c) **Lack of fortification of food with iron.** The Govt. of India has tried sporadically to encourage fortification of wheat or other foods. However, availability is limited. In addition, there are cultural issues in acceptance. E.g., the rotis made from iron-fortified wheat flour (atta) are darker in color.

d) **Maternal iron deficiency during pregnancy**

e) **Premature birth**

Q5. Is iron deficiency anemia a significant medical concern? Does mild or moderate anemia lead to any problems in children?

Ans. Yes, iron deficiency anemia has major medical concerns, which often get ignored. Symptoms of anemia, including pallor, fatigue, irritability are easily overlooked. What is more significant is that in young children, iron deficiency anemia leads to

impaired neurocognitive development, including slower auditory and visual processing. The neurocognitive outcomes are worse for children with more severe and chronic iron deficiency anemia. Trials of administration of iron in young children have demonstrated benefits in psychomotor development. However, there is some evidence that psychomotor development does not always recover after iron replacement.

Q6. Which foods are rich in iron? What dietary advice should I give to the parents of a child with anemia?

Ans. The overwhelming cause of anemia in children below 5 years of age is excessive intake of cow's milk. It is not easy to change dietary habits (e.g., the introduction of egg in diet). Vegetarian foods that are rich in iron, e.g., green leafy vegetables, lentils, beans, jaggery, etc. are unlikely to be taken in large quantity by children. As such iron deficiency anemia in children is best prevented and treated by supplementation of iron.

Q7. How best should the high prevalence of iron deficiency anemia in children in India be managed?

Ans. The Ministry of Health and Family Welfare, Government of India, in 2013, launched the National Iron Plus Initiative as a comprehensive strategy to combat the public health challenge of iron deficiency anemia. There are age-specific interventions with supplementation with iron-folic acid and deworming for all age groups, i.e., children ages 6-59 months, children ages 5-10 years, adolescent girls and boys ages 11-19 years, pregnant and lactating women, and women in the reproductive age group (20-49 years). The National Iron Plus Initiative attempts to holistically address preventive as well as curative aspects of the challenge across all age-groups. The schedule of iron-folic acid supplementation has been reviewed to render administration as well as compliance simpler.

Q8. Has the anemia prophylaxis program been successful?

Ans. Iron supplementation has been the backbone of the national nutritional anemia prophylaxis

programme. However, it has had limited success in dealing with iron deficiency anemia. This is chiefly because of frequent disruption in the supply chain of iron folic acid tablets and low compliance to iron supplementation. In addition, several states are not prioritizing the interventions of both iron-folic acid supplementation and deworming. A disciplined implementation at the grass root level is necessary for the success of the ambitious, though the critically desired program. Iron fortification of salt or flour is an alternative strategy to address iron deficiency anemia in India.

Q9. As per the National Iron Plus Initiative Program, when and for how long should a child be on iron?

Ans. In India, every child should be on iron – all the time... The supplementation with iron is illustrated in Table 3. In addition, periodic, bi-annual deworming with albendazole is recommended.

Table 3. Supplementation of iron-folic acid, as per the National Iron Plus Initiative Program

Age	When	How Much?
6 to 60 months	Fixed days: twice a week	1 ml IFA syrup = 20 mg elemental iron + 100 mcg FA
5 - 19 years	Once a week	5-10 years: 45 mg elemental iron + 400 µg folic acid tablets 10-19 years: 100 mg elemental iron + 500 µg folic acid tablets
Pregnant and lactating women	Every day for at least 100 days, starting after the first trimester, at 14-16 weeks of gestation followed by the same dose for 100 days in the post-partum period.	100 mg elemental iron and 500 mcg of folic acid
Women in Reproductive Age Group (15-45 Years)	Once a week	100 mg elemental iron and 500 mcg of folic acid throughout the calendar year

Q10. How best to treat iron deficiency in children?

Ans. Ferrous sulfate has stood the test of time and is still the preparation of choice. Three mg/kg/day of elemental iron in 2-3 divided doses is

recommended. Once a daily dose is equally effective. It is good to instruct rinsing of mouth after syrup to avoid staining of teeth. Parents should be told not to interrupt therapy for minor inter-current ailments. The author does not prefer highlighting GI adverse effects, as these are uncommon in children. Iron is continued for 2 months following normalization of Hb to replace stores. Excess milk and relative lack of solid food is a common underlying cause, which should be rectified. The patient should be deformed.

Q11. Which iron preparations should be prescribed to children?

Ans. Large numbers of commercial preparations are available that companies aggressively market on presumed benefits. The gold standard continue to be ferrous sulfate which has good bioavailability and is inexpensive. Govt. of India supplies ferrous sulphate syrup (5 mL = 20 mg elemental iron + 0.5 mg folic acid), pediatric strength tablets (20 mg elemental iron + 0.1 mg folic acid) and adult strength tablets (100 mg elemental iron + 0.5 mg folic acid), free of cost. Ferrous fumarate is tasteless and stable in syrup as compared to sulfate. A combination of iron with ascorbate increases iron absorption, however at the cost of more adverse effects, therefore carrying little advantage. Heme-based preparations, Ferric ammonium citrate, and iron polymaltose complex, may be less efficacious. It is a good practice to check labels, as a variety of strengths are available. Parenteral iron is rarely indicated.

Q12. Does the timing of umbilical cord clamping at birth influence iron stores?

Ans. Holding the baby 10–15 inches below the introitus in vaginal deliveries and below the level of the incision in cesarean sections; and delaying the cord clamping for 30–60 seconds after birth increases the blood volume in the newborn. It augments the iron stores in the vulnerable period of infancy. WHO recommends delayed umbilical cord clamping (not earlier than 1 min after birth) for improved maternal and infant health and nutritional outcomes.

Q13. When to start iron in exclusively breastfed, full-term neonates?

Ans. American Academy of Pediatrics recommends iron supplements from 4 completed months of age in the healthy, term, breastfed infants (1 mg/kg/d), until appropriate iron-containing complementary foods are introduced. Iron is started as early as 2 weeks in preterm babies who are tolerating full feeds, at a dose of 2–3 mg/kg/day and continued till 1 year.

Q14. What if there is a suboptimal response to iron?

Ans. The most common cause is poor compliance with iron. Often the administration of iron is interrupted or stopped entirely in the mistaken belief of adverse effects or during intercurrent minor illnesses. Celiac disease is to be excluded in refractory iron deficiency anemia; typical GI symptoms may be lacking.

Q15. What are the essential messages regarding iron deficiency anemia in children?

Ans.

- a) Iron deficiency anemia is widespread in children in India, including urban areas, and across all socio economic status. The prevalence is 60% in Delhi in children <5 years.
- b) The most common causes include the delayed and suboptimal introduction of solid food, excessive intake of cow's milk, and a predominantly wheat or rice-based diet.
- c) Iron deficiency leads to impaired neurocognitive development.
- d) Regular supplementation with iron-folic acid is necessary to prevent anemia.
- e) Every girl/woman in India should be on iron supplements from 6 months of age, till 45 years.
- f) Every boy should be receiving iron supplements from 6 months of age, till 19 years.
- g) Ferrous sulfate is the recommended preparation. Adverse effects are uncommon, and should not be highlighted in children.

Ensure compliance with iron-folic acid. Do not interrupt therapy for minor intercurrent illnesses or fevers. Inform parents that iron deficiency lowers the IQ... It shall ensure compliance.

For last couple of years DMA Building was lacking a proper ladies washroom. On the occasion of Mothers Day, with the efforts of newly elected team a ladies washroom was inaugurated on 19th May, 2019 at 1st floor of DMA by Ms. Ushaji who take care of cleaning of DMA Building.



DPCC camp in DMA on 21st May by IMA Central Delhi



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Place of Birth: Delhi.

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Email: realdocraj@gmail.com

FIRST DMA PHOTO DIRECTORY PROFORMA 2019



Dear Members,

We are pleased to inform you that Delhi Medical Association is going to publish its First DMA Photo Directory 2019 along with DMA Photo ID Card for the members of Delhi Medical Association. You are requested to fill the Proforma (Both for Directory and DMA ID) and send it to DMA office along with your latest photograph. The nominal charge for the Photo ID card is Rs. 100/- . **Send cash/cheque in favour of "DELHI MEDICAL ASSOCIATION"**.



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(First Name)

(Middle Name)

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IMA No. DMC No.

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Blood Group

Educational Qualification

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University

Speciality

Year of Joining (MBBS)

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.....

Clinic Address

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Spouse (Dr./Mr./Ms) Spouse DMA No.

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President

M: 9868116491

Dr. Arvind Chopra

Hony. State Secretary

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DR. GIRISH TYAGI

Blood Group :
Mob. No. : 987116491
Date of Birth :
Address : I-124, Ashok Vihar-I
Delhi-110052



DELHI MEDICAL ASSOCIATION



DR. ARVIND CHOPRA

Blood Group :
Mob. No. : 9910515062
Date of Birth :
Address : E-1301, Neel Padam-1
Vaishali, Sec-V, Gzb (Opp. Anand
Vihar Bs Stand Gzb.)



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KIND ATTENTION

Delhi Medical Association is going to issue photo ID Cards to the Members of Delhi Medical Association. You are requested to kindly fill the Directory proforma & send it back .

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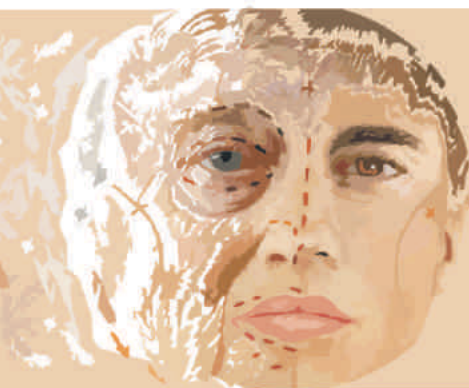


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FOR POSTGRADUATE
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Department of Plastic & Cosmetic Surgery An Overview....

The Department of Plastic and Cosmetic Surgery at Sir Ganga Ram Hospital is recognized nationally and internationally for its state of the art tertiary level care in all disciplines of plastic surgery. About three thousand major surgeries are done every year while emergency services are available round the clock. The Department is among the centres of excellence in microsurgery, aesthetic surgery and hand surgery.



Spectrum of Services :

Aesthetic / Cosmetic Surgery

- ▶ Rhinoplasty (Nose correction)
- ▶ Liposuction and body contouring
- ▶ Male breast reduction (Gynaecomastia correction)
- ▶ Tummy tuck / Abdominoplasty
- ▶ Breast - Augmentation/ Reduction/ Lift (Mastopexy)
- ▶ Hair restoration surgery (Hair transplantation)
- ▶ Eye bag surgery (Blepharoplasty)
- ▶ Fat grafting (Lipo injection)
- ▶ Dimple creation
- ▶ Surgery for facial scars, acne marks/ white patches
- ▶ Lip augmentation /reduction
- ▶ Face lift (Rhytidectomy)
- ▶ Endoscopic aesthetic surgery
- ▶ Gender Affirmation Surgery, FTM & MTF (Sex Change)

Plastic & Reconstructive Surgery

As Sir Ganga Ram Hospital has highest referral for Plastic & Reconstructive Surgery we are attending to patients of all severity in emergency and in planned way.

Emergency

- ▶ Maxillofacial Injuries.
- ▶ Extremity Trauma with Compound and Hand Injuries.

Planned

- ▶ Crush Injury Hand, Upper Limb, Lower Limb – Reconstruction.
- ▶ Severe Soft Tissue (Skin, Muscle, Tendon) Injury and Loss – Reconstruction.
- ▶ Replantation and Revascularization of Digits, Ear, Scalp & External Genitalia.
- ▶ Ear, Nose, Eyelid, Cheek and Lip Reconstruction.
- ▶ Vascular Malformation Treatment.
- ▶ Re-Surfacing for Large Scars, Congenital Pigmented Lesion (Nevus) Burn - Tissue Expanders.
- ▶ All Types of Flap Surgeries.

Reconstructive Microsurgery

Reconstructive Microsurgery is the other area of Plastic Surgery where we have taken long strides. SGRH can boast of being the leading centre in the whole of north India for replantation surgery for finger, hand or limb amputations. Besides this complex reconstruction for major tissue losses either due to trauma or cancer is mostly done by advanced microsurgical techniques.

- ▶ Mandible, tongue, Cheek reconstruction for facial tumour and trauma.
- ▶ Microvascular free tissue transfers (Skin, Muscle, Bone, Composite).
- ▶ Reanimation for facial nerve (Smile Reconstruction) palsy.
- ▶ Vascular Malformation
- ▶ Replantation and Revascularization of digits and limbs.
- ▶ Reconstruction of peripheral nerve and brachial plexus injuries.
- ▶ Recanalisation of vas, fallopian tubes & Vasoevididyma anastomosis



Maxillofacial Surgery

Over 300 operations on children with clefts of lip and palate are conducted every year. Reconstruction of maxillofacial soft tissue and bony injuries is done using advanced bone fixation techniques.

- ▶ Cleft Lip and Palate and Other Facial Clefts and Deformities.
- ▶ Facial Bone Distraction.
- ▶ Severe Facial Soft Tissue Repair.
- ▶ Microtia
- ▶ Anotia
- ▶ TM Joint Surgeries.
- ▶ Orthognathic Surgeries.

Hand Surgery

- ▶ Complex hand injuries
- ▶ Carpal tunnel syndrome
- ▶ Dupuytren's contracture
- ▶ Tendon transfers
- ▶ Toe transfers/ Pollicization
- ▶ Congenital hand anomalies
- ▶ Soft tissue tumors
- ▶ Brachial Plexus injuries
- ▶ Surgery for rheumatoid
- ▶ Syndactyly, Polydactyly

Congenital and Acquired Defects of Trunk and Genitalia

- ▶ Gender Affirmation surgery-FTM & MTF
- ▶ Vaginal Reconstruction
- ▶ Penile Reconstruction
- ▶ Hypospadias and Epispadias
- ▶ Chest and Abdominal Wall Reconstruction
- ▶ Hairy Naevus

Burn Injury

- ▶ Acute Burn Management
- ▶ Fire Cracker Injury
- ▶ Burn Deformity Correction

Academics and Teaching

The Department is the first in a private hospital in India to start DNB training programme in plastic surgery in the year 2001. The curriculum of department aims to make the trainees independent surgeons with basic training and knowledge of plastic surgery. The faculty actively participates in imparting microsurgery training at the Ethicon Institute of Surgical Education.

Research and Publications

Faculty has published many articles and papers in many indexed journals. The faculty is involved actively in the thesis of their DNB trainees.

Workshops and Conferences.

The department routinely organize various international & national conferences and our faculty members are regularly invited at various forums.

Community Outreach Activities

Department of Plastic and Cosmetic Surgery is actively involved in social services. It organizes routinely medical camps in remote areas of the country to provide free medical consultation and treatment. We organise camps where needy patients are seen and then treated free of cost at Sir Ganga Ram Hospital.

Smile Train Project

The Department is affiliated with Smile Train Inc. of USA (a non-government charity) and runs the Smile Train SGRH Cleft Project in which poor and needy patients with facial clefts are treated free of cost at Sir Ganga Ram Hospital.



Helpline No.: 011 - 42252081



The Plastic & Cosmetic Surgery Team

Sitting (left to right): Dr. Lalit Choudhary, Dr. Vasundhara Oberoi, Dr. Anubhav Gupta, Dr. S.S. Gambhir, Dr. Mahesh Mangal, Dr. Suresh Gupta, Dr. R.B. Ahuja, Dr. S.S. Saha, Dr. Vivek Kumar, Dr. Bheem Singh Nanda

Standing (left to right): Dr. Nikhil Jhunjhunwala, Dr. Pooja Gupta, Dr. Nakul Somani, Mr. Raju, Dr. Himanshu Ranjan, Dr. Chirayu Parwal, Sis. Sobha Thomas, Mr. Kripa Shankar, Dr. Uma Sharma, Dr. Sanjibani Sucha, Dr. Dimpay Sharma, Ms. Shivani Thakur, Mrs. Gunjan Gulati, Ms. Dhira Arora, Sis. Renju Jacob, Dr. Vivek Gupta, Dr. Gourav Siwas, Mr. Rajesh Jamwal

Message from the Chairman



Dr. D S Rana
Chairman
Board of Management

The Department of Plastic and Cosmetic Surgery at Sir Ganga Ram Hospital is amongst the best centers in the country for advanced Cosmetic Surgery, Reconstructive Microsurgery and Craniofacial Surgery.

More than 3000 major plastic surgical procedures are performed every year and patients from across the world come here for these treatments.

We have highly dedicated team of consultants who are known globally for their excellent academic and clinical work.



Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi - 110060, 24 Hour Helpline : 25750000, 42254000, Fax: +91-11-25861002, E-mail: gangaram@sgrh.com Visit us at: www.sgrh.com



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PROGRAMME

Lunch & Registration

Welcome Address

Address by Chief Guest Shri Vijay Dev,

Chief Secretary, Delhi Government.

Water Conservation in existing infrastructure (PRACTICAL APPROACH)

- Advantages of Solar Panel

- Pledge for installation of Solar Panel / Plant Tree

Re-define Biomedical Waste Need of hour

How to use roof tops to plant trees and make Delhi Green

Sunday the 2nd June, 2019

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- Yoga

- Breakfast

- Education About Saving Environment

- Chief Guest - Secretary Environment, Government of Delhi

Dr. Girish Tyagi
President
M: 9871116491

Dr. Arvind Chopra
Hony. State Secretary
M: 9910515062

Dr. Ashok Aggarwal
Hony. Finance Secretary
M: 9810048230

Dr. Rakesh K. Gupta
Chairman, WEDC
M: 9958123123

APPEAL FROM DIRECTORATE OF FAMILY WELFARE

Govt. of NCT of Delhi, Vikas Bhawan-II, 7th Floor, B & C Wing, Civil Lines-Delhi-110054 Tel. No. 23813218-19

Reduction of childhood mortality is one of the prime goals of National Health Policy. Childhood diarrhoeal diseases continue to be a major killer among under-five children contributing to 10 percent of under five deaths in the country. Around 1 lakhs children die due to diarrhoea annually in the country. Diarrhoeal deaths are usually clustered in summer and monsoon months and the worst affected are children from poor socio-economic situations.

Diarrhoea is considered when the stools have changed from usual pattern with increase in frequency and change in consistency (more water than faecal matter). Almost all the deaths due to diarrhoea can be averted by preventing and treating dehydration by the use of ORS (Oral Rehydration Solution) and administration of Zinc tablets along with adequate nutritional intake by the child during diarrhoea. Diarrhoea can be prevented by exclusive and continued breastfeeding, timely introduction of appropriate and safe complementary feeding, use of safe drinking water, hand-washing, sanitation and immunization.

The effect of diarrhoeal mortality remains high in children and hence in continuation of efforts, it has been decided to organize an Intensified Diarrhoea Control Fortnight (IDCF) this year from 28th May to 8th June 2019, with the ultimate aim of 'zero child deaths due to childhood diarrhoea'.

Intensified Diarrhoea Control Fortnight (IDCF) consist of a set of activities to be implemented in an intensified manner from 28th May to 8th June 2019 for prevention and control of deaths due to dehydration from diarrhoea across the State of Delhi. These activities mainly include-intensification of advocacy & awareness generation activities for diarrhoea management, strengthening service provision for diarrhoea case management, establishment of ORS-Zinc corners, prepositioning of ORS in households with under-five children and awareness generation activities for hygiene and sanitation.

The overall objective of IDCF is to ensure high coverage of ORS and Zinc use rates in children with diarrhoea with emphasis on the high priority areas and vulnerable communities, along with inculcating appropriate behavior in care givers of under-five children for diarrhoea prevention & management.

Timely and appropriate treatment by ORS and Zinc can save many lives. The ORS & Zinc use rate remains low in the state of Delhi. This coverage needs improvement to reach the target of 90 percent by 2025 as per the India Action Plan for Pneumonia and Diarrhoea (IAPPD).

Members of DMA as partner to Department of Health & Family Welfare in carrying out the Health Initiatives of Delhi Govt. are requested to ensure that advocacy and awareness generation is carried out for diarrhoea management, ensure that standard treatment guidelines be followed for management of diarrhoea cases and ensuring every prescription of diarrhoea management to have ORS & Zinc for 14 days in age appropriate dosage. The age appropriate dosage of Zinc tablets is 10mg/day x14days for infant between 2-6 months and 20mg/dayx14days for 6 months to 5 years. This intervention will ensure high coverage of ORS & Zinc use rate in children with diarrhoea.

Your contribution will help State of Delhi to have Impact on reduction of MRI, CDR & attaining the goal of "Zero" Deaths due to Diarrhoea in State of Delhi.

Dr. Girish Tyagi
President, DMA

Dr. Arvind Chopra
Hony. State Secretary, DMA

Dr. Nutan Mundeja
Director, Directorate of Family Welfare

Dr. Suresh Sethi
SPO (RCH)

Mother's Day Celebrations at DMA

In India we celebrate mothers day every day but globalization & market forces has influenced us to celebrate a particular day dedicated to mother. Mothers day is second sunday of May month.

In India maternal health is synonyms of reproducing a healthy baby in conducive environment.

This time we took the opportunity to attract attention towards other problems of Motherhood. 12th May was the official Mother's day due to parliamentary election 19th May was considered as the final date for this program. To make this occasion informative interesting & relevant the opportunity was given To Dr. Seema Patni past President IMA-DNZ by Dr. Girish Tyagi & Dr. Arvind Chopra under the guidance of Dr. Ashvini Dalmia.

Dr. Uma Sharma Padam Shree & Padam Bhushan awardee Kathak dancer invited as Chief guest with Dr.K.K Agarwal. Guest of honor Ms. Nutan Mundeja Ms. Kaushal Kishore. Program was divided in three parts first is Academic feast with Theme of Challenges Of Motherhood second to felicitate mothers who fought with odd situation in upbringing of their children & came out with flying colours Fighters Mothers.

Third & last part is Cultural Activity by happy mother's.

Academics have renowned speakers who spoke on various aspect.

Ms. Chhavi Gupta a dietitian spoke on keep the spring blossom where she suggested the role of good diet in keeping fit & avoiding many diseases.

Dr. Charu Sharma topic was Mammys make over .being a Cosmetic & Plastic surgeon she explained various new techniques to keep herself young. This arouse much intrest in the audience satisfactory answers were given by Chairperson Dr. Sunita Kaushik cosmetic surgeon from North Delhi branch. Preparation for good mother is explained by, Dr. Meenakshi Ahuja. President Delhi Gynaecology Forum, as Foundation of Good Motherhood. Dr. Kavita Aggarwal & Dr. Anita Rajora chaired this session.

Now a days infertility is increasing gradually. Dr. Arvind Vaid spoke on

the topic "Fighting for motherhood." He explained the various aspect of infertility.

"Meeting the daily goals" Dr. Gourav Gupta Psychiatrist informed how much stress a mother bears in upbringing of her child and balance her daily activities Sort from this mothers suffer with various physical problems also in breast abdomen in anal region where they feel shy in sharing. This topic is covered by Dr Seema Patni a General Surgeon North zone branch. as "Silent Sufferings of Motherhood. Dr. Vishal Aggarwal senior Rheumatologist advised how to live with disease*overcoming the challenges boldly & joyously." This topic was really encouraging to woman with chronic problems. Lastly Dr. Tapaswini Pradhan Head & Neck onco surgeon at Fortis Hospital, taught regarding preventive aspect of common cancers in mothers " protection & swift action against crucial problems.

Fighters Mother awards were awarded to Cancer survivor mothers Dr. Ritu Arya ,Dr. Shubhangi Malviya ,Kiran Banerjee. Dr Ritu Arya & Dr Malviya shared their experiences also.

Finally the cultural events changed the environment totally joyous Skit by Dr. Kiran Kukreja & Team IMA SDB - Patient Pareshan, Doctor Hairan was hilarious. Heart touching-Poem by Dr. Deepmala from Dwarka Branch. Poem by Dr. Savita Saini, IMA EDB Group Dance by Delhi North zone Dr. Surekha Jain Dr. Madhu Verma Dr. Meena Chawla made the whole hall dance. Dr. Ruchi Singhal poem was full of emotions. Performance by Dr. Neelam Lekhi and Dr. Shama Batra from IMA East Delhi Branch rocked the audience. Poem by Dr. Priya Pancholi, was thought provoking. Laughter Yoga by Dr. Santosh Sahi, SDB, made the audience laugh louder. Dance performance by Dr. Shefali Jain, JPB was marvellous. Group Dance from Dwarka was amazing Show Stopper- Walk by organisers was the end of show. The success of the show was teamwork and enthusiasm of Dr. Savita Puri. Dr. Kiran Kukreja Dr. Neelam Lekhi. Dr. Deep Mala Support of Dr. Vishal Aggarwal Dr. Sunita Lamba Dr. Poonam Verma Dr. Amardeep was remarkable.

The program was well attended. Time management remained a plus point started & finished well on time.

MOTHERS DAY PROGRAMME

19th May 2019, New Delhi

Registration

3.00-3.45pm - Registration

3.45-4.00pm - Programme start by Dr. Arvind Chopra , Hony. State Secretary

Welcome and Brief about Scientific Dr. Girish Tyagi

4.00-6.30 pm - Scientific Session Co-ordinator Dr. Seema Patni and Dr. Savita Puri

4.00-4.15 - Silent Suffering of Mothers - Dr. Seema Patni, Chairperson Dr. Kavita Aggarwal, Dr. Sunita Lamba

4.15-4.30 - Good Foundation of Motherhood- Dr. Meenakshi Ahuja, Chairperson Dr. Anita Rajoria, Dr. Neelam Lekhi

4.30-5.00 - Fighting for Motherhood - Dr. Arvind Vaid, Chairperson Dr. Susheela Gupta and Dr. Sunita Kaushik

5.30-5.45 - Keep the Spring Blossomed - Ms. Chhavi Gupta, Chairperson & Dr. Shailja Jain & Dr. Kiran Kukreja

5.45-6.15 - Fighter mothers - Dr. Shubhangi Vaidya, and Dr.

Keerti Malviya

6.15-6.30 - Overcoming the Challenges Boldly & Joyously - Dr. Vishal Aggarwal, Chairperson Dr. Vandana Gupta and Dr. Shama Batra

6.30-6.45 - Protection & Swift Action Against Crucial Problems - Dr. Tapasvani Pradhan Chairperson, Dr. Sarla Sharma

7.00-9.00 pm - Inauguration, Felicitation & Cultural Programme

Inauguration

Co-ordinator - Dr. Arvind Chopra

Call the dignitaries on dais

Dr. Girish Tyagi

Dr. Arvind Chopra

Dr. Ashok Aggarwal

Dr. Seema Patni

Chief Guest/Guest of Honour- Dr. Uma Sharma. Padma Bhushan, Kathak Dancer

Dr. Nutan Mundeja, Director, Family Welfare, Ms. Kiran Kaushal, Member State Consumer Forum

- Flower Welcome of the Guests
- Lamp Lighting
- Welcome Address by President, DMA Dr. Girish Tyagi
- Brief about Mothers Day
- Felicitations of Fighters Mothers
- Address by Chief Guest
- Mementos Presentation to Guests
- Vote of thanks

Handed over to Dr. Kiran Kukreja/Dr. Deepmala/Dr. Neelam Lekhi

- Deep Dance by Dr. Sarita Ahuja - 3 min
- Dance by Dwaka Branch- 10 min
- Skit by Dr. Kiran Kukreja & Team IMA SDB - Patient Pareshan, Doctor Hairan -10 min

- Poem by Dr. Deepmala from Dwarka Branch.- 5 min
- Vocal song by Dr. Surekha Gupta. IMA OWB - 5 min
- Performance by Dr. Neelam Lekhi and Dr. Shama Batra from IMA East Delhi Branch- 10min
- Poem by Dr. Priya Pancholi, 9999085223- 5 min
- Dance performance by Dr. Shefalli Jain, JPB -5 min
- Poem by Dr. Savita Saini, IMA SDB, 986811623- 5 min
- Group Dance from Delhi North Zone- 10 min
- Poem by Dr. Ruchi Singhal
- Laughter Yoga by Dr. Santosh Sahi, SDB, 9810931540
- Show Stopper- Walk by organisers

9.00 pm - Dinner











BRANCH NEWS

IMA - DNZ BRANCH

1. IMA-DNZ in association with NDPF organised a CME along with AGBM and CONVOCATION WITH AWARD CEREMONY ON 31MAR 2019 at Hotel City Park, Pitampura. Chief Guest was DR Ashok Rana, Director General Health Services, Delhi Govt. Guest of Honour were Dr Arun Gupta, President DMC and Dr Girish Tyagi, President DMA and Secy. DMC. Dr NN Jha took over as the President of IMA-DNZ
2. IMA-DNZ Organised World Health day celebrations on 7/04/19 from 9.00AM to 1.00PM. Venue: 82 Singhu Border Road, Narela. Doctors from the branch offered voluntary services more than 350 patients were treated. Health education talks were given.
3. CME on "CHOICE OF PAIN RELIVER" was held on 25/04/19 at Hotel City Park. Dr Naresh Chawla delivered a very educative talk.
4. DPCC camp was organised the branch on 9/05/19 and 14/05/19, many doctors from the branch took benefit of the camps.
5. 47 Doctors of the branch undertook a study tour of Eastern European countries. They visited Prague, Vienna, Munich and Budapest and interacted with the health authorities.

Dr. Madhu Varma
Editor, "DOCTOR", IMA DNZ Newsletter



IMA-KBB BRANCH

IMA KBB organised a special screening of the IPL Finals 2019 on 12 th May at Delhi Eye centre where members enjoyed the match and had an Antakshri competition.

IMA KBB organised Menstrual Awareness Camp on 3 rd May 2019 at Govt Girls Higher Secondary School C Block Naraina Vihar and around 400 school girls took part.



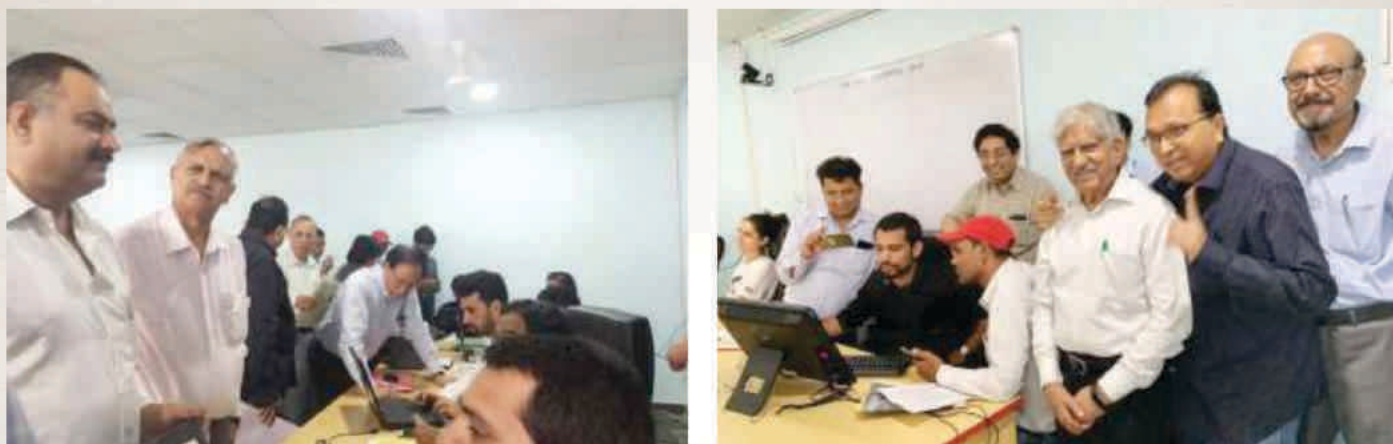
IMA - OUTERWEST BRANCH

IMA Outerwest Branch Celebrated Silver Jubilee Foundation year along with Annual Day on 28 April. Dr Sameer Gupta handed over charge of president to Dr. Hans Raj Satija. Dr. Harshvardhan was the Chief Guest. Dr Girish Tyagi. Dr Harish Gupta and Dr. A. Chopra were the guests of honour.



IMA - SOUTH DELHI BRANCH

DPCC Camp at Spinal Injury Centre, Vasantkunj on 10/05/19.35 registered.



IMA-JANAKPURI BRANCH

IMA Janakpuri is organizing its Annual convention on 19th May at Medico House, D26, Institutional Area 5 pm onwards we are also organizing our Annual Trip, on 2nd June to Thailand, where almost 80 branch members and their families are going

Regards

Dr. Gagan M.S. Malhotra
Hony Sec. IMA Janakpuri

ACTIVITIES OF IMA EDB REPORT AS PER ON 3RD MAY 2019

New Team Installation done at the event of Annual Day on 28th April, 2019 at Hallmarks Banquets, Delhi. Office taken by new team from 29th April 2019.

Dr. Poonam Goyal, President, Dr. Shama Batra-Hony. Secretary, Dr. Gautam Singh-Hony. Secretary Finance, Dr. Asheem Gupta-Vice President, Dr. Kumar Gandhi-Vice President.

30th April 2019 Gynaecology Meet

CME on Luteal Phase support talk by Dr. Bhavana Mital and Estrogens in Menopause talk by Dr. Poonam Goyal at Hotel Leela Ambience. Attended by 30 Doctors and CME was preceded by Lunch 1st May 2019.

Executive Committee Chaired by Dr. Poonam Goyal Meeting held at IMA EDB Bhawan to discuss about Financial Takeover,

DPCC Registration, Family Day Celebration, Panel Problems. Attended by more than 30 doctors from EDB Executive Committee.

2nd May 2019 Gynaecology Meet

IMA East Delhi Branch in association with Women Doctors Wing, Delhi organized a Gynaecology Meet on 2nd May 2019 at IMA EDB Bhawan. Dr. Ila Gupta, Sr. Gynaecologist spoke about evidence Based Practice in COC and Dr. Anita Verma talk about How to Stay Healthy in 10 minutes & physical exercise were learned by female Doctors.

Thanks

Dr. Poonam Goyal-President, **Dr. Shama Batra-Hony**. Secretary, **Dr. Gautam Singh-Hony**. Secy. Finance



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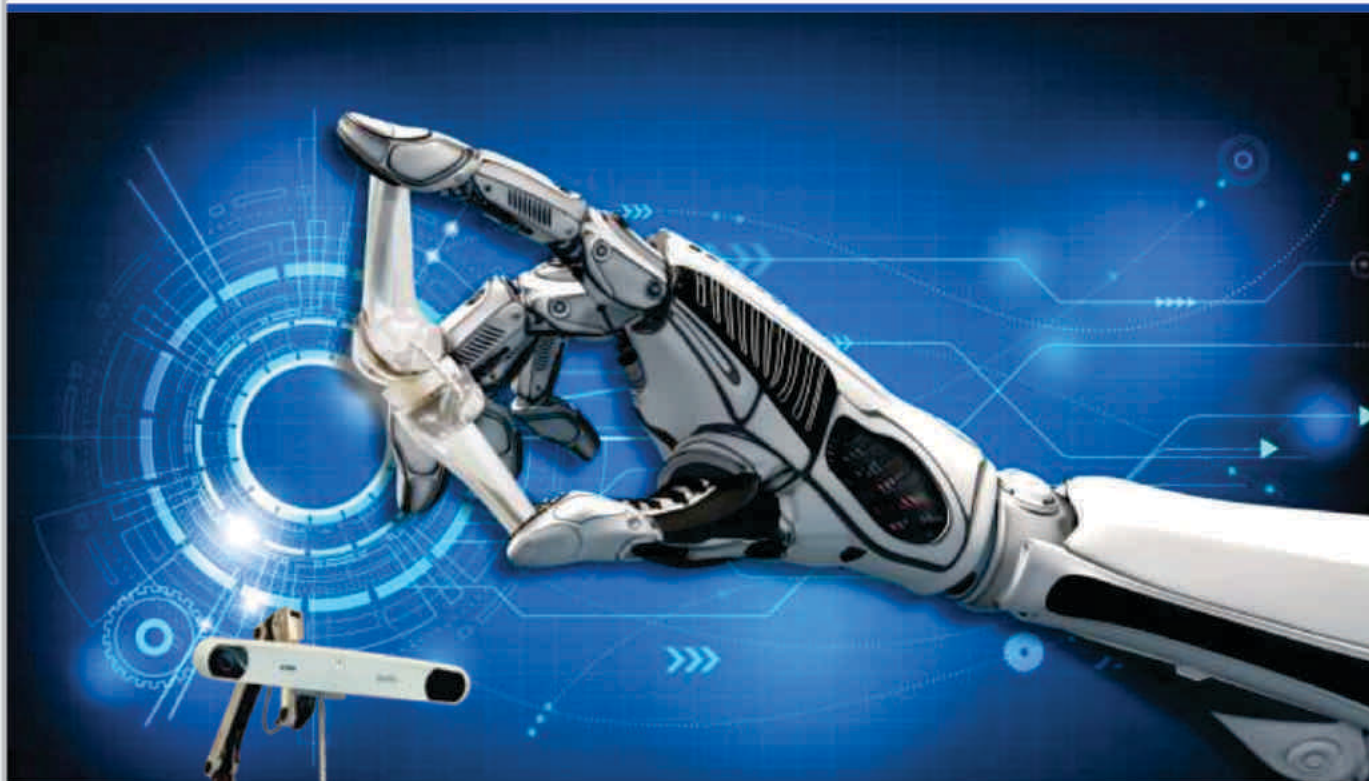
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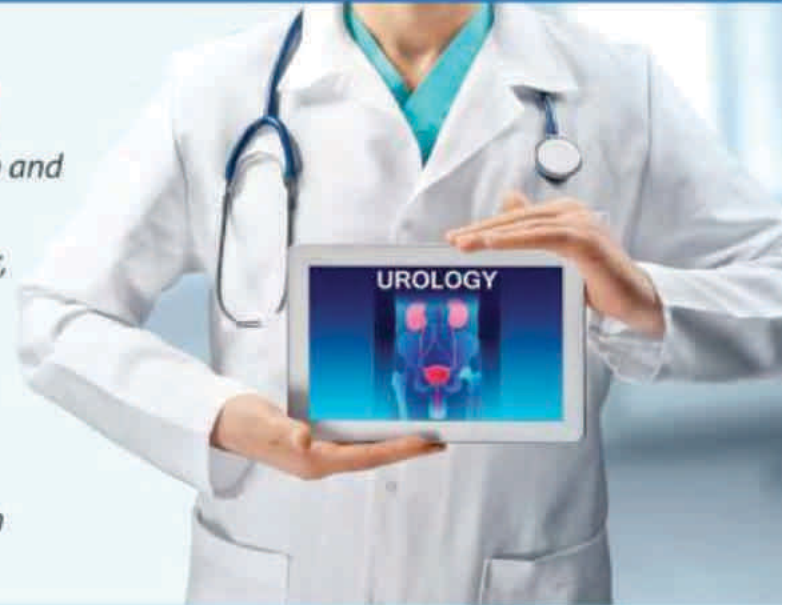


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