



DMA NEWS BULLETIN

FORTNIGHTLY

DELHI MEDICAL ASSOCIATION

VOLUME 51
ISSUE-9

OFFICIAL ORGAN OF DELHI STATE BRANCH INDIAN MEDICAL ASSOCIATION

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Dr. Rakesh Sharma announces the installation of **QwikCheck™ Gold Semen Quality Analyser**

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consisting of various Seminal fluid parameters based on WHO 2010 Guidelines.

Seminal Fluid Parameters available

Automated Test Results		Total Ejaculation Report
✓ Sperm Concentration	✓ Motile Sperm Conc. (MSC)	✓ Total Sperm Count
✓ % Motility (total)	✓ Progressive Motile Sperm Conc (PMSC)	✓ Total Motile Sperm Ct.
✓ Progressive Motility (PR)	✓ Functional Sperm Conc (FSC)	✓ Total Progressive Motile Sperm Ct.
✓ Non-Progressive Motility (NP)	✓ Average Path Velocity (APV)	✓ Total Functional Sperm Ct.
✓ Immobility (IM)	✓ Sperm Motility Index (SMI)	✓ Total Normal Morphology
✓ % Normal Morphology		

About 2010 World Health Organization reference values for semen analysis

Semen analysis is the initial but most important laboratory test conducted to evaluate male factor in all infertile couples. It is very difficult to establish values that express fertility because many factors may affect the test and finally fertility depends on both the partners.

In the year 2010 World Health Organization (WHO) published its 5th guidelines and reference values after standardizing procedures for assessing human semen. Identification of healthy individuals, i.e., fertile individuals, was based on the definition of infertility i.e. Inability to conceive after having 12 months of unprotected intercourse (Time to Progeny-TTP).

These guidelines and reference values are based on extensive analysis of 1,953 samples, 5 studies, 8 countries on 3 continents. Established values are lower than those published previously in 1999. The new reference values have clinical impact because they now classify men who were previously considered infertile as normal. Further it is important that these values must be interpreted only by a physician after integrating couple's pertinent information and overall clinical assessment.

North Delhi Pathology Clinic 27/5 Shakti Nagar, Delhi 110007 Email: ndpc@ndpc.com Visit us at www.ndpc.in			
Patient Information		Sample Info	
Printed Name	XXXXXXXXXX	Sample Date	01.01.2010
Patient ID	XXXXXXXXXX	Age	30-39
Ref by Dr.	XXXXXXXXXX	U.O.R.	01.01.2010
Sample Information			
Sample ID	XXXXXXXXXX	Sample Received Date & Time	01.01.2010 & 10:00
Sample Collected Date & Time	01.01.2010 & 09:00	Sample Received Date & Time	01.01.2010 & 10:00
Address	XXXXXX	Liquidation Number	15
Sample Type	MSU	Sample Volume	2.0 ml
MSU Concentration	45	MS	7.5
Automated SQA Parameters		RESULTS	REFERENCE
Sperm Concentration (Count)	32.0	Million	15-20
Total Motility (PMSC)	40	%	30-42
Total Progressive Motility (PR)	30	%	21-28
Non-Progressive Motility (NP)	10	%	10-15
Immobility	10	%	10-15
Whiskering Index	0	%	2-4
Motile Sperm Concentration (MSC)	12.8	Million	8-12
Progressive Motile Sperm Conc (PMSC)	9.6	Million	6-8
Functional Sperm Concentration (FSC)	1.2	Million	1-2
Average Path Velocity (APV)	18	microns	15-20
Sperm Motility Index (SMI)	21		15-20
TOTAL PER EJACULATION			
Total Sperm Number	384	Million	39-46
Total Motile Sperm (PMSC)	14.4	Million	10-15
Total Progressive Motile Sperm (PR)	10.8	Million	7-10
Total Functional Sperm (FSC)	1.44	Million	1-2
Total Whiskering Index	0	Million	1-2

Lower Reference Limits/ Range (based on WHO 2010 Guidelines)

Parameter	Lower limits	Range
Semen volume	1.5mL	1.4 - 1.7
Total sperm number	39 million/ejaculate	33 - 46
Sperm concentration	15 million/mL	12 - 16
Progressive motility	32%	31 - 34
Total (progressive & non-progressive) motility	40%	38 - 42
Morphologically normal forms	4%	3 - 4



9873247824, 23841122



8:30 AM to 6:00 PM



www.ndpc.in



PRESIDENT'S PEN ...

National Medical Commission

NMC bill passed in Lok Sabha and Rajya Sabha with some minor amendments. DMA welcome the bill with some reservations on certain clauses and will try to modify in rules by discussion with health ministry officials. Honourable. Health Minister Dr Harsh Vardhan has assured that he will look minutely on all the contentious points. Some of the issues which needs deliberations are as follows :

- oo Autonomy of NMC should be maintained for that elected representatives should be increased through medical councils and states.

- oo Regulation of fee by private medical colleges by means of capping on the maximum fee one can charge. Ideally meritocracy should prevail over the individual ability to purchase education and profession has to be distinguished from business.

- oo Issue of Community Health provider. There should be some mechanism to ensure that the individuals granted limited licence shall restrict to limited practice only that too only in primary and preventive healthcare and not in secondary healthcare.

Our Doctors are not going to rural areas because of poor healthcare infrastructure in rural areas and no additional privileges for doctors who are serving in those areas. Healthcare infrastructure in rural areas should be strengthened and percentage of GDP spent by Govt. on public health to be increased.

- oo National Exit test (NExT) modalities to framed minutely before implementing it. Govt has three years of window period to implement it. Common exam at the same time through out country will be a difficult and challenging job. Hopefully medical students will learn to develop clinical skills rather than attending coaching classes during internship period.

- oo Bar to practice : Section 34(2) states that " any person who contravenes any of the provisions of this section shall be punished with imprisonment for a term which may extend to one year or with fine which may extend to five lakh rupees or both ". This imprisonment should be increased to more than three years (may be seven) to make it a Cognizable and non bailable offence.

Extortion Racket of Lawyers

Last fortnight some of our members having nursing home/hospital got legal notices on the letter head of Sharma & Co. and Shuvam Shivam Co. having address Chamber No. 1 & 2, C. L. Joseph Road, Tis Hazari Delhi. The contents of these notices are though similar yet intimidating with the wording close your hospital / nursing home within 15 days from the date of receipt of the notice failing which they have instructions to initiate both civil and criminal proceedings against them. The contents of allegations against doctors are verbatim same including name and address of the alleged patient, intact they have simply being copied and paste.

All the legal notices were sent without the lawyer's signature but having stamp of Delhi Bar Association. The lawyers chamber mentioned on the letter head belongs to one Jatinder Kumar Sharma and advocate Shuvam Shivam is working under him.

Further with reference to these notices a lady posing herself an Advocate with the name of Kanika calling on behalf of Advocate Jitender Kumar Sharma and adv. Shuvam Shivam and asks to hold a meeting of nursing home owners with lawyers to settle the issues though negotiation (in terms of money).

In such one of nefarious efforts both of these advocates along with two associates have been apprehended on 31st July by team of PS Preet Vihar vide case FIR No. 119/19 U/a 385/384/34 IPC while negotiating on extortion money of Rs 1100/- and accepting Rs 1,00,000/- in front of police witness as part of the demand from Malik Radix Hospital at Host Restaurant, Connaught Palace, place and time fixed by them. Lady has been arrested and is in judicial custody. Police is investigating the case and other persons involved in this racket are yet to be arrested.

Role of Dr Ravi Malik is to be applauded as he risking his life exposed the mafia and intact was instrumental in registration of FIR and getting the lady arrested by the police.

If any of the doctors/ Nursing Home owner have received any such notice or call from any unscrupulous element plz contact DMA office or any office bearer so that proper action can be taken.

A delegation of DMA has met top officials of Delhi Police to arrest all those involved in this criminal activity.

We have also written to Delhi Bar Association and Delhi Bar Council for taking action against the member lawyers.

Dr. Girish Tyagi
President

Hony. Associate Editor's Pen...

Dear all,

The entire medical fraternity across the nation is once again on streets to protest the bulldozing of National medical council bill in an utter disregard to the overwhelming opinion of the fraternity.

The NMC bill has been on the cards for more than 2 yrs now, and medical associations had been protesting since then, but pushing the bill with the arrogance of brute majority is a matter of great disappointment specially when one of the most sincere, honest and popular stalwart of medical fraternity is at the helm of affairs in union government.

We all expected that honorable health minister shall take the fraternity in confidence by objectively deliberating on the issues freely, with an open mind and allay the apprehensions raised.

The reconstituting of any public service institution to address the changing needs of society should always be taken in positive spirit, but any such attempts by government should be well thought of, thoroughly analysed for long term outcome and should clearly spell the need of any big reform or deform like this.

The need of the NMC bill as often cited is that MCI has become den of corruption and an icon of inefficiency with total hegemony of a small coterie.

Since I am not in great love for the functioning of MCI over



decades and tempted to believe above reasoning, but I do not endorse the approach of "changing the rules of game to defeat the opponent"

What a common stake holder fails to understand is, why the health ministry is playing hide and seek game for past 10 yrs by dissolving, reinstating, promulgating the ordinances, letting the bill go infructuous by natural expiry of parliamentary term and then continuously pouring in short term and ad hoc amendments.

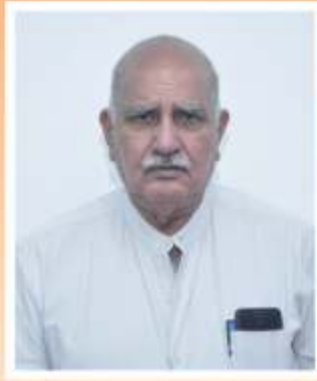
To my mind, if change of basic constitution of any institution is effected it should never be going beyond basic tenets of democracy, federalism and inclusiveness. Unfortunately the present bill for NMC does not hold good on above parameters.

If it is done to break the hegemony of few allegedly corrupt or inefficient individuals than it is like demolishing the house to kill a rat.

However since government of the day is hell bent upon it, let us try hard to ensure that new structure not only serves it's dream purpose but safeguards a conducive environment of service to the society by medical professionals.

drkamalparwal@gmail.com

Dr. Kamal Parwal
Hony. Associate Editor



Hony. State Secretary's Pen...

Dear Friends,

Recently, Government passed the NATIONAL MEDICAL COMMISSION BILL 2019 as a biggest reforms in the medical education of the country. The Bill proposes to replace the Medical Council of India with a National Medical Commission, a central authority responsible for regulating medical education in the country

The Health Minister assured Parliament that the Bill would improve access to quality and affordable medical education, and ensure supply of adequate medical professionals.

The Bill, among several other changes, proposes a common final-year MBBS exam called the National Exit Test (NEXT), which has to be cleared for practicing medicine. The NEXT will also be used as admission test for those seeking entry into post-graduate medical courses, screening test for foreign medical graduates and enrolment into the State or the National Registers.

However, the NMC Bill has sparked protests from the resident doctors across government hospitals in the country, including the premier healthcare institutions like AIIMS, New Delhi.

Why are doctors protesting?

It is because of the constitution of the NMC itself. The protestors say that the Bill will reduce the representation of elected members from 75 percent in MCI to 20 percent in NMC. Also, there was an allegation that the non-elected members will be government officials or those nominated by the government, giving the bureaucrats full control on the functioning of NMC.

The second reason, doctors are concerned about the NMC Bill contains provision under Section 32 which allows community health workers to practice modern medicine. Doctors allege that the provision will institutionalize quackery.

According to the Bill, the Commission may grant limited licence to practice medicine at mid-level as Community Health Provider to such person connected with modern scientific medical profession who qualifies such criteria as may be specified by the regulations. The government intent for having Community Health Providers is to help tackle the disease burden in rural areas.

Section 32 will allow 3.5 lakh Community Health Providers to practice modern medicine.

Doctors have also raised concerns about NEXT - the single national level exit exam to issue licenses for doctors.

Doctors say that giving single exam too much weight age can have an adverse impact on the career of medical aspirants.

There is also a counter argument that the Bill may not bring down corruption and commercialization in medical education in any significant way.

The NMC Bill decreases seats under controlled fee structure from 85 percent to 50 percent, helping the private colleges, many are owned by politicians themselves.

Delhi Medical Association always stood with the government to provide the quality Health care services on the affordable cost to the citizens

As MCI has now been replaced by the Board of Governors, the new National Medical Commission bill has become imperative, we welcome the introduction of National Commission Bill but also demands that at the time of implementation of the bill our issues should be taken care of.

Dr. Arvind Chopra

Hony. State Secretary



Delhi Medical Association
Celebrates

105th FOUNDATION DAY

on
Wednesday, 14th August, 2019

Flag Hoisting Ceremony

By State President
Dr. Girish Tyagi

1.00pm - 2.00pm Lunch

2.00pm - Flag Hoisting

Dr. Arvind Chopra
Hony. State Secretary
9910515062

Dr. Ashok Aggarwal
Hony. Finance Secretary
9810048230

DATE CHANGE



DMA FOUNDATION CELEBRATION

2 0 1 9

Delhi Medical Association

Celebrates

105th FOUNDATION DAY & AWARD CEREMONY

on

Sunday, 18th August, 2019

at

DMA Auditorium, Daryaganj, New Delhi

PROGRAMME

Inter Medical College Debate Competition	: 4.00pm
Topic : Assault on Doctors-Impact on Medical Profession.	
Scientific Session	: 5.00pm
Inauguration and Award Ceremony	: 7.00pm
Dinner	: 8.30pm

Dr. Girish Tyagi
President
9868116491

Dr. Arvind Chopra
Hony. State Secretary
9910515062

Dr. Ashok Aggarwal
Hony. Finance Secretary
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Dr. Naresh Chawla
Chairman, Foundation Day
9811035060

BRANCH NEWS

IMA Central Delhi Branch Organises



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- Life Style & Diabetic
- Diabetic Case based approach in Clinic
- Drug Management of Diabetes
- Complication of Diabetes
- CVOT

at DMA Auditorium, Daryaganj, New Delhi.

From 2.00pm - 5.00pm

Preceded by Lunch

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Dr. Vinod Goyal
Fin. Secretary, IMA CDB
Mob. 9868525757

IMA-DWARKA BRANCH NEWS

Learning Curve 2019

The Glittering Doctors Day Celebration was organised by Indian Medical Association Dwarka on 21st July, Sunday at Hotel Radisson Blu Dwarka. The Doctors Day is Celebrated in Memory of Dr. B. C. Roy, Freedom Fighter, First Chief Minister of Bengal and Surgeon Par Excellence.

The event involved 9 Didactic Scientific Sessions from Eminent Luminaries in their field. A special one hour session "Medicolegal Issues in Clinical Practice" was specially organized for members-expert **Dr. M.C. Gupta** gave answers to various questions. This session was moderated by **Dr. Prakash Lalchandani**.

The scientific sessions were conducted very professionally by **Dr. Deepmala** and **Dr. Ruchi**.

The glittering felicitation ceremony was conducted by **Dr. Prakash Lalchandani**, organising Chairperson of conference. He emphasized on various aspects of violence against medical profession. The Chief Guest of Felicitation Ceremony was **DCP Dwarka District, Mr. Anto Alphonse**, who shared his thoughts with learned gathering.

The new office bearers also took charge from previous team of office bearers in front of packed audience. The various other dignitaries who also attended the function and felicitated were-

Dr. Girish Tyagi - President, Delhi Medical Association
Dr. B. B. Wadhwa - President Elect, Delhi Medical Association
Dr. Harish Gupta - Past President, Delhi Medical Association
Dr. Naresh Chawla - Past President, Delhi Medical Association
Dr. Rakesh Gupta - Past President, Delhi Medical Association
Dr. Anil Bansal - Past President, Delhi Medical Association
Dr. Sandeep Sharma - President, IMA South Delhi Branch
Dr. Jagjit Singh - Past President, IMA West Town Branch
Mr. Mukesh Sinha, Editor Dwarka City Newspaper was Special Invitee and felicitated by dignitaries on dais.

The event concluded with sumptuous Dinner and Live Musical Evening.



BRANCH NEWS

IMA-EAST DELHI BRANCH NEWS

Doctors Day Celebrations

Branch celebrated Doctors Day on 3rd July 2019 at IMAEDB Bhawan. A talk was delivered by Dr. D.R. Rai on How to Steer Yourself "as a Doctor" in adversity. CME was organized in association with FOGSI Infertility Committee. Talk was delivered by Dr. Sonja Malik on "Recent Advances of Management of Fibroids". A Book edited and authored by Dr Narendra Malhotra and Dr Poonam Goyal on FIBROIDS was distributed free to all delegates.



Blood Donation Camps

IMA East Delhi Branch organized blood donation camps on the occasion of Doctors Day on 7th July 2019 at Monga Medical Centre, Krishna Nagar & Goyal Hospital & Urology Centre and more than 400 units Blood collection in a day in just 2 camps.



CME on Role of Nutrition in Obesity During Pregnancy & Role of Genetics in Recurrent Pregnancy loss

CME on Role of Nutrition in Obesity During Pregnancy & Role of Genetics in Recurrent Pregnancy loss on 12th July 2019 at IMAEDB Bhawan.



CME on Surgery of Headache & Panel Discussion on Vertigo

CME on Surgery of Headache & Panel Discussion on Vertigo on 13th July 2019 at IMAEDB Bhawan.



Workshop on PC PNCT

IMA East Delhi Branch in association with PNCT Section (East Delhi) and East Delhi Legal Services Authority organized Workshop on PC PNCT - New Guidelines and Updates on 15th July 2019 at IMAEDB Bhawan.



IMA-WESTOWN BRANCH NEWS

IMA Westown celebrated Doctor's Day on 21st July 2019 at Hotel Picadily, Janakpuri. Few illustrious members of the branch were also felicitated by Dr. Ramesh Datta, IMA Fin. Secy. The event included CME by eminent doctors of Delhi.



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. 140/- . **Send cash/cheque in favour of "DELHI MEDICAL ASSOCIATION".**



(Surname)

(First Name)

(Middle Name)

Name

LM/CLM Branch No.

IMA No. DMC No.

Date of Birth Marriage Anniversary

Blood Group

Educational Qualification

Name of College(MBBS)

University

Speciality

Year of Joining (MBBS)

Residential Address

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Clinic Address

.....

Mobile 1. 2.

Landline Res..... Clinic.....

E Mail

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

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M: 9868116491

Dr. Arvind Chopra
Hony. State Secretary
M: 9910515062

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School of Nursing at Sir Ganga Ram Hospital

A tradition of excellence

The School of Nursing, Sir Ganga Ram Hospital, was established in 1956 with the aim to provide specialized knowledge, practical skills, caring values and preparing the nurses for a fulfilling and rewarding career. The Nursing Hostel Block was inaugurated on 15 August 1956 by Shri D.P. Karmarkar, Hon'ble Minister of Health, Government of India. The School had a humble beginning with admitting 12 students for a 3 ½ year General Nursing and Midwifery Diploma Course.

Affiliated to the Delhi Nursing Council, the School of Nursing (SGRH) presently admits 40 (forty) students annually for the 3 year Diploma courses and is among the leading centres for generating trained womanpower in the field of nursing. Students are admitted on the basis of their performance in the competitive entrance examination and counseling. The diploma is awarded after the successful completion of the course by the Delhi Nursing Council. The academic program at the School is conducted according to the syllabus specified by the Indian Nursing Council and the teaching is imparted by a well-qualified faculty, complemented by all kinds of practical settings - hospitals, homecare, public health, skilled nursing facilities, occupational settings, primary care centers, day care centres and much more. Over 2000 nurses have qualified from the School so far and are gracefully employed at key hospitals in the country and abroad.

A large number of Specialists and Super Specialists at SGRH contribute by delivering lectures in various fields of medicine and nursing on the latest developments.

Aims & Objectives

- ▶ Demonstrate competency in providing health care to individual, sick or well, using nursing process.
- ▶ Apply knowledge from the humanities, biological and behavioral sciences in functioning as a nurse.
- ▶ Function effectively with members of the health team and community applying the knowledge of human relations and communication skills in her work.
- ▶ Participate as member of the health team in delivery of curative preventive, promotive and rehabilitative health care services.
- ▶ Mobilise community resources and their involvement in working with the communities.
- ▶ Demonstrate interest in activities of professional organizations.
- ▶ Demonstrate use of ethical values in their personal and professional life.
- ▶ Recognize the need for continuing education for professional development.
- ▶ Demonstrate basic skills in teaching patient and giving nursing care to them.
- ▶ Demonstrate basic skills in administration and leadership while working with other members of health team and community.
- ▶ Assist in research activities.

Comprehensive all round learning

During the last 58 years with the growth and achievement of the hospital, the School of Nursing has remarkably done well in all its dimensions, be it academics, community health programmes, competitive or extra curricular activities.

Some of the key events and activities are :

- ▶ **Annual Lamp Lighting Ceremony** : Lamp lighting ceremony is an important landmark in the life of a student nurse as this is the day when she starts her professional career with more responsibility and grace.
To name a few chief guests who have graced the occasion : Mrs. Meenakshi Lekhi, Mrs. Anupriya Patel, Mrs. Malika Nadda, Prof. (Dr.) Aruna Broota, Mrs. Sushma Swaraj, Dr. Kiran Bedi, Mrs. Vyjayanti Mala Bali, Mrs. Brinda Karat, Mrs. Margaret Alva, Dr. G. Josephine R. Little Flower
- ▶ **Cultural Activities** : The School of Nursing had won hat trick for Best S.N.A. (Student Nurses Association) Unit, Delhi State. Student nurses actively participate in Delhi State competitions organized by SNA and TNAI (Trained Nurses Association of India). There is also participation at national level in various conferences / competitions organized by TNAI.
- ▶ **SGRH Cultural Activities** : The students have been actively participating in the annual hospital functions like Founder's Day, Dharma Vira Birth Anniversary Celebrations and Independence Day Celebrations
- ▶ **Community Health Projects** :
 - Knowledge assessment, awareness and prevention regarding protein energy malnutrition among urban community in Toda Pur.
 - Awareness camp in the Jagjwan Niwas on Swine Flu among the Urban Community.
 - Awareness camp in the Dhasa Village on Prevention of HIV among the Rural Community.
 - Awareness Camp in Khalsa Senior Secondary School regarding Adolescent Health Menstrual Hygiene among the school going girls.
- ▶ **Research** :
 - A study to evaluate the effectiveness of structured teaching programme on Diabetes Mellitus in terms of knowledge among adolescent children of selected Government and Private schools of Delhi.
 - A study to evaluate the effectiveness of structured teaching programme on knowledge regarding polycystic ovarian disease among the GNM student nurses of Sir Ganga Ram Hospital, School of Nursing
- ▶ **Annual Sports Day** : This is a mega event depicting the energy and zeal in the student nurses.



Faculty & First Year Students on Lamp Lighting Ceremony

Testimonials

"It is one of the schools which has been able to maintain the academic standard in nursing education and prepared the nurses who are providing excellent nursing care to the community nationally and internationally. The hardworking and dedicated principal and teachers have been the role model for these young students. Learning nursing competencies under the supervision of nursing teachers in this renowned hospital with specialties and excellent infrastructure facilities gives the students confidence to work in any setting. I am confident that the contribution made by this school of nursing under the able leadership of principal, teachers and administration will take this school a long way"

First President, Delhi Nursing Council

"I have seen the progress and development of the School of Nursing for the last decade. There is a consistent improvement in the concept of teaching the art of nursing nurtured by a dedicated and devoted faculty. This has enhanced the level of nursing care available to the patients in the hospital and will bring further recognition to Sir Ganga Ram Hospital as a top institute in North India"

Secretary General, TNAI

Mrs. Rita Sapra, Principal, School of Nursing is also the Executive Member, Delhi Nursing Council.

The Faculty at the School of Nursing actively participates in the professional organization activities of The Trained Nurses Association of India (TNAI), Delhi Nursing Council and Indian Nursing Council.

Library

School of Nursing library houses around 2000 nursing books on various specialties. The library has grown along with the school. Along with the books it possesses project reports on various health projects conducted by the students in rural and urban community and also research reports conducted by the nursing interns.

Message from the Chairman



Dr D S Rana
Chairman
Board of Management

The School of Nursing is an integral and core area of excellence at Sir Ganga Ram Hospital. The academic and clinical training imparted to the nursing students provide them opportunities to work with various categories of patients, acquire high degree of skills and confidence in the transformation into a professional nurse.

My best wishes are always with the nightingales of the School of Nursing at SGRH.



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



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Annual Sports Day



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SMASHING RECORDS BY DAMSONIANS IN 2018-19

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Clinical Establishments Act Standards for Clinic or Poly Clinic (Only Consultation)

Clinic or Polyclinic (Only Consultation)

1. Definition

- 1.1 A clinic may be defined as a Clinical establishment providing examination, consultation, prescription to outpatients including dispensing of medicines by a single general practitioner or a specialist doctor or a super specialist doctor.
- 1.2 A polyclinic may be defined as a Clinical establishment providing examination, consultation, prescription to outpatients including dispensing of medicines by more than one doctor or general practitioners or specialist doctor or super specialist doctors.

2. Scope (as applicable)

- 2.1 These set of common minimum standards framed are applicable to a single practitioner or more than one doctor clinic manned by a General physician or specialist doctor or super specialist or a group of doctors who are themselves providing patient care services like dispensing of medicines, Injection and dressing.
- 2.2 To provide examination, consultation, prescription to outpatients by a single doctor or general physician or specialist doctors or super specialist doctor or group of doctors who are themselves providing patient care services like dispensing of medicines, Injection and dressing.

3. Infrastructure

- 3.1 The physical facility shall be developed and maintained to provide safe and secure environment for patients, their families, staff and visitors. It shall be situated in a place having clean surroundings and shall comply with local bylaws in force, if any, from time to time.
- 3.2 Appendix 1.
- 3.3 The following other signage shall be well displayed in the language understood by the local languages at the gate or on the building of the clinic.
 - a) Name of the doctors(s) with registration number.
 - b) Fee structure of the various doctors or specialists.
 - c) Timing of the clinics (For example : from 8am-2pm)
 - d) Services provided within the Facility.

4. Furniture & Fixtures

- 4.1 Appendix 2.

5. Human Resources

- 5.1 The general practitioner or specialist doctor or super specialist doctor as per the scope of the clinic or polyclinic shall be registered with State or Central Medical Council of India.
- 5.2 The services provided by the medical professionals shall be in consonance with their qualification, training and registration.

- 5.3 In a clinic or polyclinic, minimum one support staff must be available to meet the care treatment and service needs of the patient. However number may be depend upon the workload and scope of the service being provided by thye clinical establishment.

6. Equipment or Instruments or Drug

- 6.1 Appendix 3, Appendix 4 & Appendix 5.

7. Legal or Statutory Requirements

SN	Name of the Act or License	Licensing body
1	Registration of medical doctor with Central or State Medical Council	MCI or Sate Medical Council as applicable
2	Biomedical Waste Management Rules, 2016	State Pollution Control Board
3	Registration of the Clinic	State Council

8. Record Maintenance and Reporting

- 8.1 Every Clinical Establishment shall maintain medical records of patients treated by it and health information and statistics in respect of national programmes and furnish the same to the district authorities in form of quarterly reports.
- 8.2 All clinical establishments shall be responsible for submission of information and statistics in time of emergency or disaster or epidemic situation or as required from time to time by National Council, Clinical Establishment Act 2010.

9. Process

- 9.1 Registration
 - 9.1.1 Appendix 6
- 9.2 Biomedical Waste Management
 - 9.2.1 Biomedical waste shall be managed in accordance with the Bio Medical Waste Management Rules, 2016.
 - 9.2.2 Clinic waste generated shall be segregated at source.
 - 9.2.3 Needles and sharp waste shall be stored in tamper proof, leak proof and puncture proof container.

Appendix 1

SN	Location	Area Required	Remarks
1	Common area (Reception and waiting)	35 sq ft carpet area	
2	Consultation room (ancillary area)	70 sq ft including storage	Area specified under consultation room is only for single clinic and shall be multiplied accordingly by the number of consultation chambers.

Appendix 2

SN	Articles
1.	Table
2.	Chair
3.	Examination Table or Couch
4.	Screens
5.	Foot
6.	StepStools
7.	Storage Cabinet for records etc.
8.	BMW storage area

Appendix 3 (Essential Equipment)

SN	Name of Equipment	Minimum Specification	No. of Equipments
1.	Stethoscope		1
2.	Thermometer	(Non Mercury)	1
3.	Torch (flash lights)		1
4.	Sphygmomanometer (BP Apparatus)	(Non Mercury)	1
5.	Weighing Machine (Optional)	Adult	1

Appendix 4 (Essential Equipment)

SN	Name of Equipment	Minimum Specification	No. of Equipments
1.	Resuscitation Equipment Ambu Bag or Air Way	- Adult - Pediatric	1
2.	Oxygen Concentrator or Cylinder		1
3.	Fire Extinguisher		1

Appendix 5 (Legal or Statutory Requirement)

SN	Name of Actor License	Department or area	Licensing body
	Registration of medical doctor with Central or State Medical Council	Administration	MCI or State Medical Council
	Biomedical Waste Management Rules, 2016	Administration	State pollution control Board
	Local registration of the Clinic	Administration	State Council
	Pharmacy License	Administration	Indian Pharmacy Council

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This article is based on The Transplantation of Human Organs and Tissues Act, 1994 with the Transplantation of Human Organs and Tissues Rules, 2014, Universal Law Publishing an imprint of LexisNexis, Gurgaon, Haryana, India, 2019

Introduction-

Dealing with “Death” is an essential part of training for any physician, more so for the Intensivist because of its more frequent encounters in the critical care settings. But, one has to accept that death is associated with a certain amount of bewilderment not only for the family of the deceased but also for the treating physician and his / her team. This is likely to escalate further, when the Brain Stem Death (BSD) is declared, as nearly one third of the family members do not understand or accept that death has occurred.

The advancements in intensive care have led to the evolution of the concept of brain stem death. In India, it was legally adopted in 1994 with the enactment of Transplantation of Human Organ Act (THOA), which defined BSD and also described the process and manner of its certification. This act was amended further in 2011 and in 2014 Transplantation of Human organs and Tissue Rules were incorporated. As per law, all the clinicians when facing a situation of suspected BSD must follow the procedure as per Section 3(6) to ascertain and certify BSD in Form 10 (THOT Rules 2014). As per the THOT Rule 5b, once the BSD is declared, the doctor concerned is required to make a request i.e., make the relatives aware about the option to authorize or decline the donation of human organs or tissues or both, and the treating physician will record the consent or denial.

It is crucial to understand the processes involved in the BSD certification with an ever increasing shortage of the organs for transplantation. In addition, the declaration of BSD has a huge impact on the resource limited setups, especially in the developing countries, where futile medical efforts can be curtailed once the certification of BSD is performed. Therefore, it is crucial to understand that BSD certification should not be linked to organ donation or transplant related effort alone, but should be a part and parcel of day to day medical care. To meet these objectives, it is extremely pertinent for the physicians to acquaint themselves with the legal, ethical and pharmacophysiological aspects involved in the process of BSD identification, and certification.

These aspects will be step wisely discussed in the form of a protocol so as to grasp the concepts of this ultra-sensitive issue of BSD certification and organ donation.

Protocol for declaration of brain stem death:

A. Identify the potential donor

1. A deeply comatose patient with no respiratory drive with a known organic cause of central nervous system (CNS) injury (head injury, cerebro-vascular accident, brain tumor, post-neurosurgery etc.).
2. Less than 65 years of age, higher age group can be considered, if the team finds the organs are healthy and can be retrieved.
3. No extracranial malignancy (patients with brain tumors can be organ donors)
4. No gross sepsis or transmissible bacterial or viral infections that may affect the recipient.
5. Hemodynamically stable (few episodes of hypotension/ adverse cardiac events are acceptable for abdominal organs as long as the events were temporary)

B. Speak to the relatives and explain the need of the consultation with the BSD certification committee.

C. Initiate the following steps in the potential donor before the process of BSD certification and consent.

1. Ensure that the patient is well hydrated and preferably insert a central venous line. Maintain good oxygenation and acid-base balance, correct dyselectrolytemia, if any.
2. Maintain the patient's blood pressure by adequate fluids and vasopressor support, avoid high doses of catecholamines.
3. Give broad spectrum antibiotics to prevent sepsis. Follow strategies to prevent aspiration.
4. Maintain euglycemia, use insulin infusion, if required to keep blood glucose level at least < 200 mg/dl
5. Maintain urine output > 1-1.5 ml/kg/hr.
6. Treat Diabetes Insipidus with vasopressin or desmopressin, if indicated.
7. Check arterial blood gas and if the arterial carbon dioxide tension (PaCO₂) is very low, adjust the ventilator to normalize it (decrease the frequency). This is important from the viewpoint of the apnea test that needs to be performed for certifying the BSD.
8. Rule out eardrum perforation in-patients with head injury. (This is a prerequisite for the caloric test)
9. Rule out toxic/ metabolic causes, recent treatment with sedatives/ narcotics/ muscle relaxants
10. Check rectal temperature and correct hypothermia, if any. The rectal temperature needs to be 35° C or above for the BSD tests.

11. Inform the **hospital authorities and zonal transplant co-ordinating centre** that there could be a potential donor and that the treating physician should be consulted to set the time for the tests and the consent. This will help them to start moving on the potential recipient preparation and organizing BSD tests along with the donors blood group.

12. Send the following investigations. **The cost for these tests performed specifically for the purpose of organ donation should be borne by the hospital/ recipient.**

- a) Blood for grouping.
- b) Blood for urgent HIV, HBsAG and Anti HepC antibody
- c) Liver function tests
- d) Blood urea, serum creatinine, urine routine and microscopy.
- e) Blood for HLA typing and cross matching (if recipient identified)

D. After the blood results are acceptable, the process of organizing the first set of BSD tests can be started.

The test is to be performed jointly by the BSD certification committee that exists in the hospital.

Formulation of the BSD certification committee is as follows:

1. The treating physician/ surgeon/ intensivist - Consultant
2. Doctor incharge of the hospital
3. Neurosurgeon / Neurologist/ - from the list approved by transplant authority/ BSD certification committee (in the absence of Neurosurgeon/ Neurologist, Anaesthetist can be empanelled in the committee)
4. Physician / Surgeon / Intensivist- from the list approved by the transplant authority/BSD certification committee

The lists of approved physicians /neurologists /neurosurgeons are available with **BSD certification committee.**

When feasible, bring the family to the patient's bedside to see the clinical tests being performed to confirm the BSD.

Remember, in India, it is the BSD and not the brain death which is the legal requirement.

Confirm the absence of brainstem reflexes

1. Non reactive- mid-position (4 mm) or dilated (9 mm) pupils.
2. Absent corneal (cotton swab), gag and cough (to suction catheter tip or endotracheal tube movement) reflexes.
3. Absence of Doll's eye movements.
4. Cold caloric test.

The final confirmatory test, which is the apnea test is to be performed as follows

Apnea Test

1. Prerequisites
 - (a) Core temperature $\geq 36.5^{\circ}\text{C}$ or 97°F .

- (b) Systolic blood pressure ≥ 90 mm Hg.
- (c) Euvolemia. Option: positive fluid balance in the previous 6 hours.

- (d) Normal PaCO_2 , Option: $\text{PaCO}_2 \geq 40$ mm Hg.
- (e) Normal arterial oxygen tension (PaO_2). Option: preoxygenation to obtain $\text{PaO}_2 \geq 200$ mm Hg.

2. Connect a pulse oximeter and disconnect the ventilator.
3. Deliver 100% oxygen, 6L/min into the trachea. Option: place a cannula at the level of the carina.

4. Look closely for respiratory movements (abdominal or chest excursions).

5. Measure PaO_2 , PaCO_2 , and pH after approximately 8 minutes and reconnect the ventilator.

6. If respiratory movements are absent and arterial PaCO_2 is ≥ 60 mm Hg (option: 20 mm Hg increase in PaCO_2 over a baseline normal PaCO_2), the apnea test result is positive (i.e., it supports the diagnosis of BSD).

7. If respiratory movements are observed, the apnea test result is negative (i.e., it does not support the clinical diagnosis of BSD), and the test should be repeated.

8. Connect the ventilator if, during testing, the systolic blood pressure decreases to ≤ 90 mm Hg or the pulse oximeter indicates significant oxygen desaturation and cardiac arrhythmias are present; immediately draw an arterial blood sample and analyze arterial blood gas. If PaCO_2 is ≥ 60 mm Hg or PaCO_2 increase is ≥ 20 mm Hg over baseline normal PaCO_2 , the apnea test result is positive (it supports the clinical diagnosis of BSD); if PaCO_2 is < 60 mm Hg or PaCO_2 increase is ≤ 20 mm Hg over baseline normal PaCO_2 , the result is indeterminate, and an additional confirmatory tests like EEG, angiography and transcranial Doppler can be considered.

- Fix a time for the 2nd set of tests with a minimum gap of six hours. Co-ordinate with the team members and ask for a mutually convenient time.

- Signatures to be put after the second set of tests.

E. Consent

After the 1st sets of tests are performed and BSD is confirmed, approach the relatives (**Parents/ siblings/ children/ spouse/ legal guardians/ legal next of kin**) for the consent

1. This should be the responsibility of the treating physician/ surgeon/ intensivist, who has a rapport with the relatives.

2. Pre-requisite of this talk- Relatives must be made aware of the grave prognosis of the patient (time to time communication about the patient's condition is always helpful), assess family understanding, and choose a quiet place for discussion.

3. Handle the discussion in a sensitive and appropriate manner, choose words carefully.

4. Explain the complete scenario, explain the concept of BSD, and use visual aids, if required- preferably to be done after the 1st set of tests conducted to confirm the BSD.
5. Explain to them that BSD has been confirmed in their relative and there are no chances of survival and that it is a matter of time before the heart also would stop.
6. Inform them about paucity of live donors and emphasize that if they agree for organ donation it could save other lives.
7. Give the relatives time to think and discuss it with other members of the family and friends.
8. Arrange for psychological/ bereavement counseling, if required.
9. Assess relatives' understanding, if they are willing to donate.
10. Please remember repeated meetings with different relatives may be necessary. All of them should be given a patient hearing and appropriate explanations should be offered.
11. If the relatives are willing their (close relative viz. father/ mother/ brother/ sister / son/ daughter/spouse) signature should be obtained on Form 8 (annexure 1) as appropriate.

F. After the consent has been obtained

1. Fix time for the 2nd set of tests. It should be at least 6 hours away from the first.
2. Discuss the matter again with the family members.
3. Inform the Transplant recipient teams.
4. Inform the retrieving surgeons so that they can fix a tentative theatre time for the retrieval. Retrieving teams will contact the anaesthetists on call for the retrieval.
5. Get the second set of tests performed like the first. The certifying team needs to sign in the space provided in Form 10 (annexure 2) after both the sets of tests.
6. Arrange for organ preservation solution in the ice-box so that it could be taken to the operation theatre.
7. In case of a medico-legal case (MLC) following additional steps need to be followed-
 - a. The police is informed to grant an NOC for organ retrieval and the police will decide whether to permit or not within the shortest possible time to facilitate timely organ retrieval.
 - b. On getting the permission from the police, the forensic expert in-charge will make themselves available in the retrieval centre to facilitate organs / tissues retrieval.
 - c. In addition, the retrieval centre is designated as a post-mortem centre and as far as possible the Forensic expert will complete the post-mortem at the retrieval centre

itself so that the body of the donor can be handed over to the relatives without delay. This will avoid the inconvenience and delay in the relatives getting the body of the donor, which occurs otherwise when the body is transported (often to a distant centre) for the post-mortem to be conducted the next day.

8. Once the 2nd set of tests is performed, transfer the donor to the operation theatre (OT) as per time fixed by the retrieving surgeons. The death certificate is to be filled in by the intensive care unit (ICU) doctor with the time of death being the timing of the 2nd set of tests. The retrieval surgeons should write the operation notes of the harvest and attach to the patient file.

After the cadaver has been brought back from the OT, it should be packed and the papers should be dispatched as usual. The Form 8 (consent) and Form 10 (BSD certification) should be dispatched to the appropriate authority the next day. There is no legal need to contact the appropriate authority before the organ retrieval.

- G. If the relatives request for more time for decision regarding the consent
 - ♦ Talk to them again after reasonable time
 - ♦ If they agree, go to step F
- H. If the relatives decline to give the consent
 - ♦ Go to step F
 - ♦ After confirming the BSD again with second test, contemplate withdrawing life support and death declaration.

I. For the retrieval team

As soon as the retrieval team is intimated about the possibility of a donor

- ♦ Keep in contact with the ICU about the progress of events.
- ♦ Inform anaesthetists to be on standby.
- ♦ Keep 10 to 12 bags of Ringer Lactate in OT fridge (half in freezer to make slush).
- ♦ Keep perfusion cannulae, plastic bags, rapid infusion set and ice box ready.
- ♦ Check on organ preservation solution and bring it to the OT an hour before the harvest. Keep the solution in the OT fridge and remove it only a few minutes before the perfusion. Give responsibility of perfusion to a person who should co-ordinate with the surgeon.
- ♦ For multi-organ retrieval keep sternotomy instruments and rib retractor in addition to general set.
- ♦ If the organ is to be sent out to another institution send details of the donor and anatomical variations (if any) on a piece of paper or speak to the recipient surgeon on phone.

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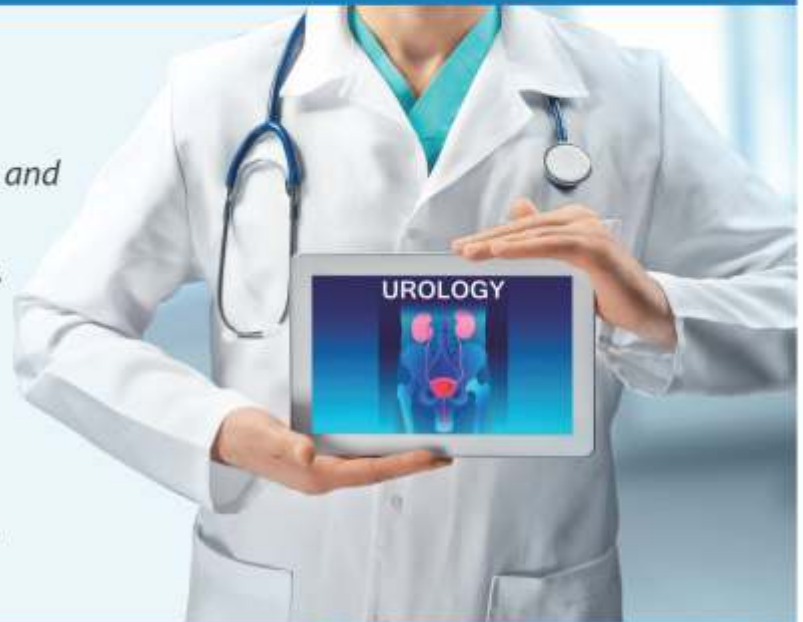


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