

குழந்தையின் இரைப்பையில் மேக்னெட் பால்ஸ்:
அறுவைசிகிச்சை மூலம் அகற்றி பி.எஸ்.ஜி. மருத்துவமனை சாதனை



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பி.எஸ்.ஜி. மருத்துவமனைக்கு, நான்கு வயதான பெண் குழந்தை மூன்று நாட்களாக வயிற்று வலி மற்றும் வாந்தி காரணமாக அழைத்து வரப்பட்டது. ஆய்வு செய்ததில், அக்குழந்தையின் இரைப்பையில் நிறைய மேக்னெட் பால்ஸ் (Magnet balls) இருப்பது கண்டுபிடிக்கப்பட்டது.

அவை அனைத்தும் ஒன்றுடன் ஒன்று இறுக்கமாக ஒட்டி பெரிய பந்துபோல மாறி இருந்தது. இதையடுத்து மருத்துவர்கள், முதலில் எண்டோஸ்கோபி (Endoscopy) முறையில் உணவுக்குழாய் வழியாக அறுவை சிகிச்சை யின்றி அவற்றை அகற்ற முயற்சித்தனர். ஆனால் இறுக்கமாக ஒட்டியிருந்த அந்த மேக்னெட் பால்ஸ் களைப் பிரிக்க முடியாததால், அறுவைசிகிச்சை மூலமே அவை அகற்றப்பட்டன. குழந்தை இப்பொழுது நலமாக உள்ளது. இந்த அறுவை சிகிச்சையை மருத்துவமனையின் குழந்தைகள் நல அறுவை சிகிச்சை நிபுணர் டாக்டர் பாவை அருணாச்சலம் மற்றும் அவரது குழுவினர் சிறப்பாக செய்தனர்.

மேக்னெட் பால்ஸ் போன்ற விளையாட்டுப் பொருட்களை விழுங்கும் சம்பவங்கள் தற்போது அதிகளவில் நடந்து வருகிறது. மூன்று வயதிற்குக் கீழே உள்ள குழந்தைகளுக்கு சிறிய அளவிலான விழுங்கக்கூடிய பொருட்களைத் தருவதை பெற்றோர் தவிர்க்க வேண்டும்.



மேக்னெட் பால்ஸ் மிகவும் சிறிதாகவும் பல வண்ணங்களிலும் வருவதால் நான்கு முதல் ஐந்து வயது குழந்தைகளுக்கும் இது ஆபத்தாகும்.

இந்த காந்தப் பொருட்கள் இரைப்பை அல்லது குடலில் ஓட்டை போடும் அபாயமும், இதனால் குழந்தையின் உயிருக்கும் ஆபத்து ஏற்பட வாய்ப்புள்ளது.

அதுமட்டுமின்றி எலக்ட்ரிக் விளையாட்டுப் பொருட்களில் உள்ள பேட்டரியையும் குழந்தைகள் விழுங்க வாய்ப்பு உள்ளது. எனவே இந்த விளையாட்டுப் பொருட்களை பெற்றோர் தவிர்ப்பது நல்லது என மருத்துவர்கள் பரிந்துரைத்தனர்

Better speech and hearing month

Speech Language Pathologist and Audiologist (SLP&A) are group of professionals who identifies, diagnose and rehabilitate issues related communication, swallowing, hearing and balance. We treat patients across the wide range of age starting from neonates till geriatrics. We work in hospitals, regular schools, special schools, and multi disciplinary rehab centers, industrial units, and hearing aid cochlear implant companies, nongovernmental and governmental organizations.

At our hospital, we SLPs and Audiologists provide our services both inpatient and outpatient units at the Department of Physical Medicine and Rehabilitation, Developmental pediatrics and Department of Otorhinolaryngology. We provide hearing screening for newborn babies and oro-motor stimulation for tube fed babies in the intensive care units. Early intervention programs are provided for children with delay in speech and language milestones, autism, attention deficit and hyperactive disorder, mental sub normality and hearing impairment. We also provide fluency enhancement therapy for individuals with stuttering, voice therapy techniques and vocal hygiene practices that are customized for individuals with voice issues such as hoarseness or breathiness of voice following an ENT evaluation. We carryout routine audiological evaluation to estimate the hearing

sensitivity of the individual, prescribe hearing aids. We analyze the candidacy criteria for fitting with cochlear implants and make appropriate recommendations to the ENT surgeon. We also carry out aural rehabilitation post hearing aid and cochlear implant fitting.

We conduct detailed speech and swallowing evaluation for individuals with stroke, post craniectomy surgeries, post meningioma surgeries, tracheostomy, encephalopathy, seizure disorder, ventilator dependent patients, head and neck cancers and degenerative neurological conditions.

In order to create awareness about SLP&A to the public and various other health care professionals, "Better Speech and Hearing Month is celebrated in the month of MAY every year globally. To mark this occasion, we SLP&A of our hospitals displayed posters on early speech and hearing milestones, importance of early identification and intervention of hearing loss, voice care techniques, hazardous of noise pollution, speech and swallowing rehabilitation in neurogenic conditions. Pamphlets on the same (Tamil and English) were also distributed to the public. We also had booths to carry out screening for hearing loss and voice problems using audiometer and voice analysis software respectively. We were able to reach around 350 to 500 beneficiaries through this program.

by Speech language Pathologist and Audiologist
PSG Hospitals



Better speech & hearing Awareness





BRACHYTHERAPY

A BOON TO GYNECOLOGICAL CANCER PATIENTS

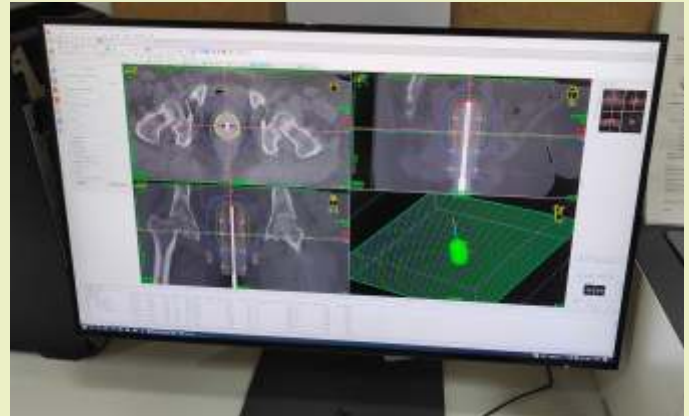
Brachytherapy (BT) is a radiotherapy technique where radioactive sources are inserted near tumors to safely deliver high doses of radiation to eliminate and shrink tumors. Brachy- means short distance in Greek. It is different from Teletherapy or EBRT (External Beam Radiotherapy) which delivers radiation at a distance from outside the body.

It can be used as monotherapy or in conjunction with other cancer management. Brachytherapy can be delivered by several means, including

- Intraluminal (into lumen of cancers of esophagus, bronchus)
- intracavitary, (into uterine Cavity and cervical cancers)
- interstitial (into tissues- soft tissue sarcoma, tongue)
- surface mould therapy (skin cancers)

Sources are permanently(gold seeds in cancer prostate) or temporarily implanted within the tumor .

Most commonly used technique is Intracavitary brachytherapy for cervical cancer patients- still the most common cancer among women in India. These are temporarily placed Iridium 192 sources which are computer-controlled after-loaded automatically into the empty applicators inserted into the uterine cavity and fornices under short GA. Hence, no hazard of radiation exposure to the oncologist performing procedure, anesthetist and theatre staff. Such Remote after loading technique is commonly used for high-dose-rate brachytherapy with high-energy radioisotopes, to deliver higher ablative doses to



tumour safely.

55 year old female diagnosed to have cancer cervix stage II B, surgery not preferred due to involvement of parametrium and size > 4cm, which warrants administration of adjuvant Radiotherapy. As combining two modalities carries more morbidity, it is preferred to go ahead with Radical chemo-radiation upfront.

She completed 5 weeks course of external radiotherapy in LINAC and underwent Intracavitary brachytherapy procedure under T.I.V.A , for 3 times , once a week and the patient is doing well currently.

63 year old patient of cancer endometrium (uterus) who had underwent surgery, radical hysterectomy and pelvic lymph node dissection, stage I B, Grade 2 was planned for adjuvant Vaginal vault brachytherapy by HDR to prevent vault recurrences. She underwent insertion of vaginal cylinder applicator without anesthesia and later Planning CT scan images taken, brachytherapy dose planned and executed. After completion of 3 sessions of weekly brachytherapy, the patient is on regular follow up with us.

To conclude, Brachytherapy is a boon to cervical and uterine cancer patients as it can deliver very high curative dose of radiation without much side effects/ doses to nearby normal tissues.

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BREASTFEEDING

Breastfeeding is a natural act but also a learnt process for both the mother and the baby. Breastmilk is considered as the most ideal food for a newborn with all the required nutrients that aid in optimal physical and mental development of the baby.

The World Health Organization recommends,

- Early initiation of breastfeeding within one hour of birth, popularly known as the Golden hour.
- Every baby should be exclusively breastfed for the first six months of life.
- Safe complementary food to be introduced after 6 months, alongside continuing breastfeeding for a minimum of two years of baby's life or beyond

Prior education during the antenatal period is found to play a major role with the mother and the family gaining the necessary information to prepare themselves for the journey ahead. The immediate postpartum period is a crucial time in establishing breastfeeding for the mother-baby dyad. Some of the common challenges encountered during this period include- positioning and latch issues, sore/cracked nipples, pain while breastfeeding, engorgement, the mother doubting her milk supply, sleepy / fussy / unsettled baby etc. With timely guidance, the mothers can gain confidence in handling breastfeeding with ease. Additional necessary support is to be offered to mothers and their babies who are under NICU care (preterm babies, term babies with difficulties at birth, congenital anomalies etc). For these babies, Donor Human Milk is of immense help by serving as a bridge to sustain the babies on exclusive human milk diet until they transition to Mother's Own Milk.



At PSG Hospitals, we have an in-hospital Human Milk Bank operating under the name Kamadenu.

Apart from the technical help, nutrition advice and support for physical recovery that is being offered in the postnatal period, giving attention to the mental and emotional wellbeing of the mother is of prime importance. Worldwide there is a surge in the breastfeeding professionals and awareness activities to protect and promote breastfeeding. On that note, every year, August 1 to August 7 is celebrated as World Breastfeeding week, with an assigned theme for every year. This year, the theme is, Making a difference for working parents, a population that would require continued support in sustaining their breastfeeding journey.

Hence Breastfeeding is a shared responsibility with the foundation being

SUPPORT

S

Surrounding (Family)

U

U (The mother herself)

P

**Professional
(Counselors and Educators)**

P

Peer (Support groups)

O

Other half (Partner)

R

Regimen (Policies)

T

Teaming Together !!!

Dr. S.Manjari
Junior Resident
(Lactation Professional)



Corporate Health talk at Alstom topic stress management



Festula camp at Pollachi.



PSG HOSPITALS
Department of Surgical Gastroenterology

Welcome you all

ACRSI SOUTH ZONE MEET
PSG Proctology Update 2023

Theme: Fistula demystified

DATE: MAY 28TH, 2023 VENUE: 'B' BLOCK AUDITORIUM, PSG HOSPITALS, COIMBATORE

பி எஸ் ஜி மருத்துவமனை பீளமேடு, கோவை
பொது மற்றும் குடல் அறுவைசிகிச்சை துறை நடத்தும்



பித்தப்பையில் ஏற்படும் பிரச்சினைகளுக்கான இலவச மருத்துவ முகாம்

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இடம் : பி எஸ் ஜி மருத்துவமனை 'B-Block', பீளமேடு, கோவை

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Gopichettipalayam Medical camp

