

1st
LAPAROSCOPIC
COLOPLASTY
IN THE KONGU REGION

A rare Surgical Milestone Achieved at
PSG IMSR & HOSPITALS



Setting New Benchmarks in
Minimally Invasive Gastrointestinal Surgery



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INTERNATIONAL NURSES DAY 2026 CELEBRATED

The Department of Nursing Service at PSG Hospitals successfully celebrated International Nurses Day 2026 on 12th May 2026 at the PSG IMSR Auditorium with great enthusiasm and dignity. The event was organized to recognize the dedication, compassion, and tireless service rendered by nurses in the healthcare sector.



The celebration commenced at 3 PM with a prayer song, followed by a warm welcome address delivered by Dr. M. D. Anuratha, Nursing Superintendent. The theme for International Nurses Day 2026 was unfolded during the programme, highlighting the invaluable role of nurses in strengthening patient care and community health.

The function was graced by distinguished dignitaries including Dr. J. S. Bhuvaneshwaran, Dr. T. M. Subbarao, and Dr. R. Jeyadeepa. Their felicitation and inspirational addresses appreciated the relentless commitment of nurses and emphasized their critical contribution to modern healthcare services.



As part of the celebration, awards were presented to outstanding nursing professionals in recognition of their excellence, dedication, and patient-

centered service. Prize distribution for various competitions and activities conducted in connection with Nurses Day added excitement and encouragement among the participants.

Special guests including Mr. V. Jaganathan, Dr. M. D. Varunn, and Dr. K. S. Rajkumar also addressed the gathering and conveyed their appreciation to the nursing fraternity.



The programme concluded with a heartfelt vote of thanks delivered by Mrs. D. Jeyamoni, ANS, followed by an entertaining cultural programme performed by the nursing staff and students. The event created a memorable platform to honour the spirit, resilience, and selfless service of nurses who continue to serve as the backbone of the healthcare system.



RARE MINIMALLY INVASIVE SURGICAL MILESTONE ACHIEVED



Dr. MAHENDRAN S
Department of
Surgical Gastroenterology

A highly complex and rare gastrointestinal reconstructive surgery was successfully performed through a totally laparoscopic approach for the first time in the Kongu region at PSG IMSR & Hospitals. The challenging procedure was carried out by the Department of Surgical Gastroenterology led by Dr. Mahendran S and Dr. Balu, Dr. Karthikeyan, Dr. M. Sachin Karthick on a 23-year-old female patient suffering from severe post-corrosive esophageal stricture following accidental toilet cleaner (containing acid) ingestion.

The young patient had consumed a corrosive substance in October 2025, resulting in extensive damage to the lower part of the esophagus (food pipe) and the gastroesophageal junction. Over the following months, she experienced progressive difficulty in swallowing, recurrent vomiting, nutritional compromise, and severe narrowing of the food pipe. Despite undergoing multiple endoscopic dilatation procedures, the narrowing repeatedly recurred, making oral intake increasingly difficult and significantly affecting her quality of life.

Detailed investigations revealed a long-segment distal esophageal stricture extending up to the gastroesophageal junction. Since repeated endoscopic treatments failed to provide sustained

relief, the multidisciplinary gastroenterology and surgical team decided to proceed with definitive surgical reconstruction.

Since the patient was a young girl, open surgery could have caused more pain and a larger scar. Therefore, the surgical team chose a minimally invasive laparoscopic approach. The surgical team performed an advanced "Laparoscopic (Right Colon) Coloplasty," an extremely demanding reconstructive procedure in which a segment of the patient's right colon along with distal ileum was mobilized and used as a substitute conduit to restore continuity between the throat and stomach. Traditionally, such surgeries are performed through large open incisions involving significant postoperative pain, prolonged recovery, and increased morbidity. However, in this landmark achievement, the entire abdominal component of the surgery was completed laparoscopically using minimally invasive keyhole techniques.

The operation involved meticulous dissection around vital structures, retro-mesenteric tunneling, substernal conduit creation, cervical esophageal mobilization, and multiple intracorporeal stapled and hand-sewn anastomoses. The procedure demanded exceptional surgical precision due to the altered anatomy caused by corrosive injury and dense inflammatory changes.

According to the surgical team, this is among the most technically challenging gastrointestinal reconstructive procedures and performing it laparoscopically represents a significant advancement in minimally invasive gastrointestinal surgery in the Kongu belt. The successful completion of this surgery demonstrates the growing expertise and capability of regional centers in handling highly advanced esophageal reconstructive surgeries.

Following surgery, the patient was managed in a multidisciplinary postoperative care setting involving surgical gastroenterology, anesthesiology, respiratory medicine, nutrition,

ENT, and rehabilitation teams. Although she initially developed postoperative hypotension and later transient left vocal cord immobility, both complications were promptly recognized and managed effectively. She gradually recovered, tolerated oral liquids and soft diet, and was discharged in stable condition with nutritional support and speech therapy advice.

This achievement highlights the evolution of minimally invasive gastrointestinal surgery at PSG IMSR & Hospitals and marks an important milestone in the management of complex corrosive

esophageal injuries within the Kongu region. The successful outcome offers new hope for patients suffering from severe esophageal strictures who previously required large open surgeries or referral to metropolitan tertiary centers.

The Department of Surgical Gastroenterology at PSG IMSR & Hospitals continues to expand the boundaries of advanced laparoscopic and reconstructive gastrointestinal surgery, reaffirming its commitment to delivering world-class patient care with cutting-edge surgical expertise.



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A RARE SURGICAL MILESTONE ACHIEVED AT PSG IMSR & HOSPITALS

1st Totally LAPAROSCOPIC COLOPLASTY IN THE KONGU REGION

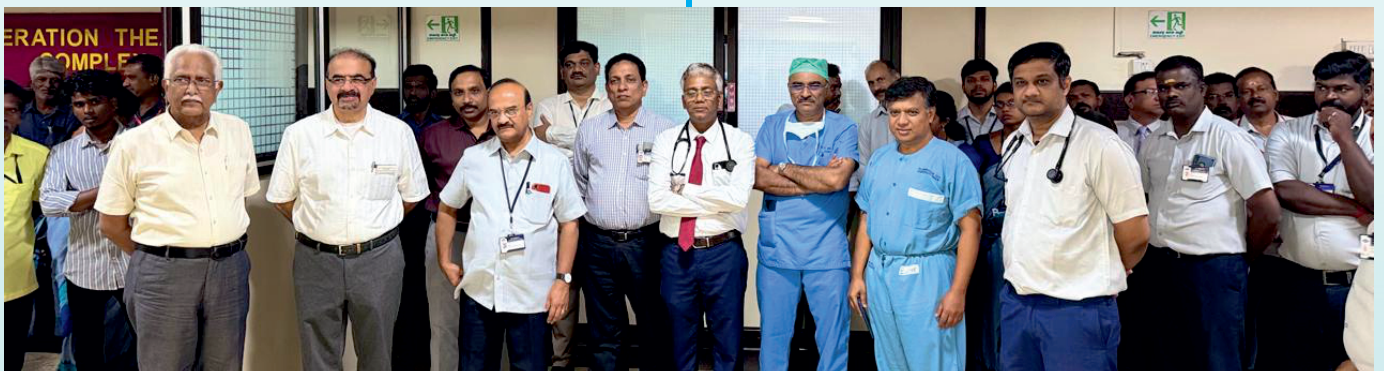
Setting New Benchmarks in Minimally Invasive Gastrointestinal Surgery

INAUGURATION OF ADVANCED TRANSPLANT UNITS & CTICU

PSG Hospitals marked a significant milestone in advanced healthcare with the successful inauguration of its renovated Transplant Units and Cardiothoracic & Vascular Intensive Care Unit (CTICU) on March 25, 2026. The event, held at A-Block, 2nd Floor, witnessed the presence of esteemed medical professionals, administrators, and staff members.



This state-of-the-art upgrade reinforces PSG Hospitals' commitment to delivering world-class, patient-centric care. The newly inaugurated facilities include the Cardiothoracic & Vascular ICU, Heart Lung Transplant Suites, ECMO Centre, Multi-Organ Transplant Intensive Care Unit, and the Renal Rebirth Unit—each designed to meet the highest standards of critical care and transplant medicine.



The advanced infrastructure integrates cutting-edge technology with specialized clinical expertise, ensuring improved outcomes for patients requiring complex and life-saving procedures. The CTICU and transplant units have been meticulously designed with features such as controlled environments, enhanced infection prevention protocols, and streamlined patient pathways to ensure safety and efficiency.



Speaking on the occasion, the leadership of PSG Hospitals emphasized the institution's continuous efforts to elevate healthcare standards and expand access to advanced medical services. The initiative stands as a testament to PSG Hospitals' vision of excellence, innovation, and compassionate care.

The inauguration of these upgraded facilities further strengthens PSG Hospitals' position as a leading center for transplant and critical care services, not only in the region but across the country. With this advancement, the hospital continues its mission to provide comprehensive, high-quality healthcare to patients in need.

A NEW ERA IN CARDIAC PACING: Lead to Leadless- Implantation of the World's Tiniest Dual-Chamber Leadless Pacemaker



Dr. R. B. VIDHYAKAR
Associate Professor,
Department of Cardiology

Cardiac pacing has undergone a remarkable transformation over the past few decades, from the 1950s to the present era, evolving from bulky external pacing systems to highly sophisticated minimally invasive technologies as in Fig 1. Conventional pacemakers, though lifesaving, require the implantation of a pulse generator within

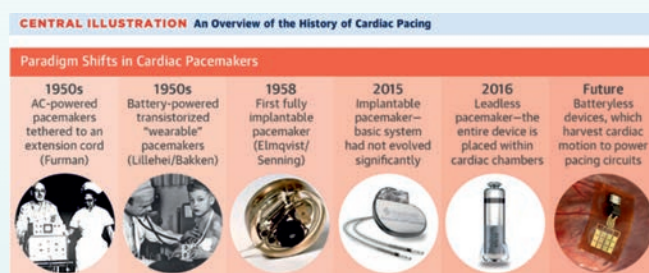


Fig 1 History of cardiac pacing

a surgically created pocket along with transvenous leads that pass through the veins into the heart. While effective, these systems may be associated with complications such as pocket infections, lead fractures, venous thrombosis, lead displacement, and long-term device-related morbidity and are still considered the Achilles' heel of this rhythm-control therapy. The leadless permanent pacemaker system was developed as an option to bypass the weakness of the transvenous approach. Advances in battery technology and deep miniaturisation of

electronics now offer the opportunity to implant the whole pacemaker system into the right ventricle.

The advent of leadless pacemakers represents a revolutionary advancement in modern cardiac electrophysiology. These miniature self-contained devices are implanted directly inside the heart using a catheter-based minimally invasive technique, thereby eliminating the need for surgical pockets and transvenous leads. Their extremely small size, lower infection risk, improved cosmetic outcome, faster recovery, and reduced lead-related complications have made them one of the most significant innovations in contemporary cardiology.

First introduced in 2012, three different Leadless pacemakers (LPMs) have been introduced: the Nanostim LPM (St. Jude Medical/Abbott, Chicago, IL, USA), the Micra transcatheter pacing system (Medtronic, Minneapolis, MN, USA), and the AVEIR LPM (Abbott) shown in (Fig 4,5,6). The first LPMs were limited to a selective group of patients, who only required ventricular pacing in VVI(R) mode. To enlarge this selective patient population, the next generation of LPMs was introduced offering atrioventricular (AV) synchronous ventricular pacing (Micra AV) as in fig 7. Recently, the first dual-chamber LPM (AVEIR DR) (fig 6) is available offering all pacing modes including AAI(R), VVI(R), and DDD(R), but at a much higher cost compared with conventional pacemakers.

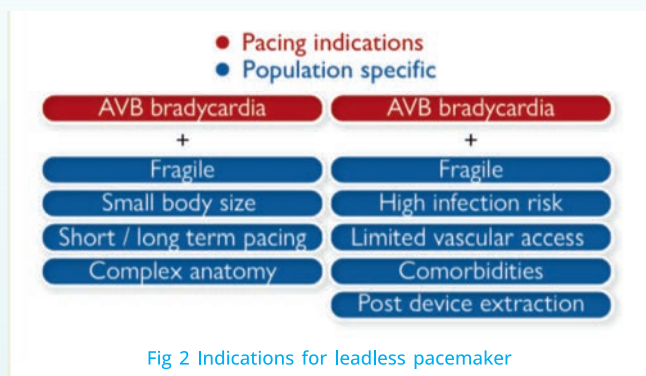
The recently introduced dual-chamber leadless pacing system AVIER LPM from Abbott further represent a major leap in cardiac rhythm management by enabling physiological atrioventricular synchrony while maintaining the benefits of a completely leadless system.

Common Indications for Leadless Pacemaker Implantation:

Leadless pacemakers are particularly beneficial in carefully selected patients where conventional pacemaker implantation may be technically difficult

or associated with increased procedural risk. Common indications include specific group of patients with bradycardia as in Fig 2:

- Elderly and frail patients
- Bedridden or minimally ambulatory patients
- Patients with difficult venous access
- History of pacemaker pocket infection or device-related infection
- Patients at high risk for lead-related complications
- Chronic kidney disease and dialysis patients
- Patients requiring minimally invasive cardiac rhythm management
- Complex congenital heart disease pre and post-surgical management
- Selected patients requiring physiological dual-chamber pacing



Because of their minimally invasive nature, leadless pacemakers are increasingly becoming an attractive option in complex, comorbid, and high-risk patients.

Case:

Our patient was an elderly female with multiple longstanding medical comorbidities, including Type 2 Diabetes Mellitus, systemic hypertension, severe rheumatoid arthritis with fixed flexion deformities, and Acute Kidney Injury (AKI Stage II). Owing to advanced rheumatoid arthritis and severe musculoskeletal deformities, she had been largely

bedridden for nearly two years with markedly restricted mobility and minimal ambulation, resulting in significant functional limitation and frailty.

She was brought to the emergency department with complaints of progressive breathlessness, generalised fatigue, reduced effort tolerance, and worsening orthopnea. Her symptoms had acutely worsened over a short duration, eventually progressing to severe respiratory distress. On presentation, she was found to be in acute pulmonary oedema with features of decompensated heart failure.

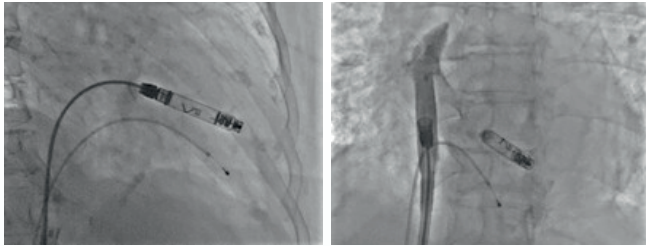
Clinical examination revealed significant bradycardia with hemodynamic instability. Electrocardiographic evaluation demonstrated complete heart block (third-degree atrioventricular block) with a slow escape rhythm, correlating with her clinical deterioration.

The patient's overall clinical condition posed several unique therapeutic challenges. Her severe fixed flexion deformities secondary to rheumatoid arthritis made positioning extremely difficult for any invasive procedure. In addition, prolonged immobility, frailty, diabetes, renal dysfunction, and multiple systemic comorbidities significantly increased the procedural risk and the possibility of complications associated with conventional transvenous pacemaker implantation.

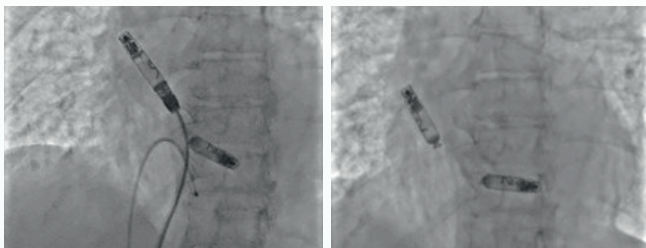
Given the urgent need for permanent pacing and the high-risk nature of conventional device implantation in this patient, the heart team decided to proceed with implantation of a dual-chamber leadless pacemaker system as a minimally invasive and safer alternative. The procedure was carefully planned with multidisciplinary coordination involving the cardiology and cardiac anaesthesia team.

The procedure includes deployment of both ventricular and atrial capsules via large-bore access through either the femoral or internal jugular veins as in (fig 3,9) and is deployed via large soft, flexible specialized deflectable catheter systems with the

help of fluoroscopy in the cath lab as described in fig 3. The capsule is implanted into the myocardium via flexible tines as in Micra fig 10, or via screws, as in the Avier system, either at the RV apical septum or the RV outflow tract.



a) Positioning of RV capsule b) Deployment of RV capsule



c) Deployment of RA capsule d) Both RA and RV capsule in position

Fig 3 Implantation of Leadless pacemaker

Importantly, PSG Hospitals had previously performed the first single-chamber leadless pacemaker implantation in Coimbatore (fig 7), reaffirming the institution's continued leadership in adopting cutting-edge cardiac technologies and delivering advanced electrophysiology care.

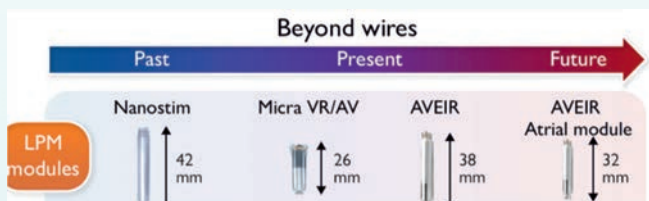


Fig 4 Different leadless pacemaker modules in the market

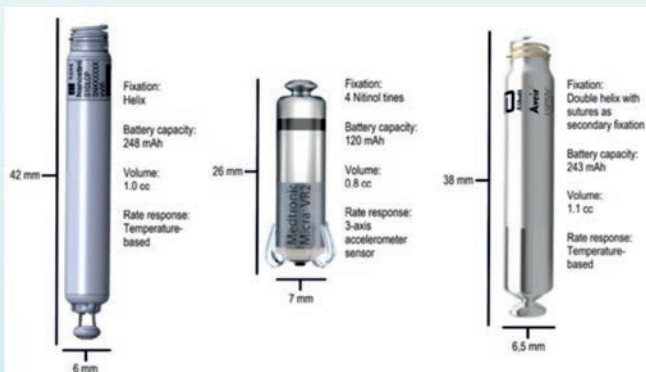


Fig 5 Comparison of dimensions of Nanostim, Micra, Avier Leadless pacemaker capsules



Fig 6 AVEIR™ Leadless Pacemaker



fig 7 MICRA™ Leadless Pacemaker

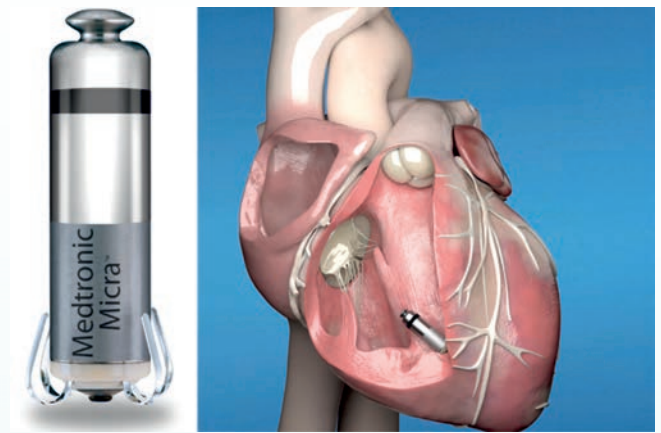


Fig 8 Enlarged image of Micra AR and its fixation at RV apex

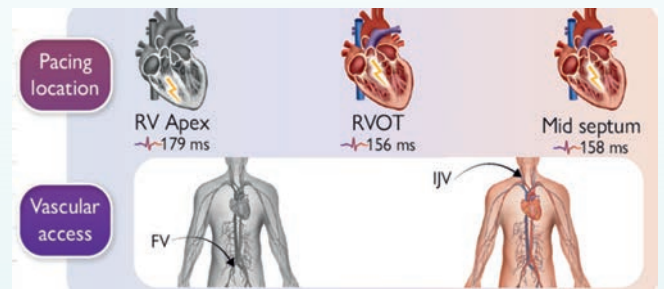


Fig 9 LPM location and access route for implant.

The Future:

Leadless pacing is here to stay. It is a rapidly evolving technology suitable for different pacing modalities and various patient populations.

Long-term outcomes are promising, and complication rates decreased due to more experience and new developments. With several upcoming leadless technologies and improvements in currently available technologies, the future of pacing is beyond wires. Leadless cardiac defibrillators and cardiac resynchronization technologies are in the pipeline.



Fig 10 shows the deployment of tines into the myocardium during implant.

PSG HOSPITALS SUCCESSFULLY LAUNCHES ADVANCED LYMPHEDEMA CARE CLINIC WITH EXPERT WORKSHOP

PSG Hospitals marked a significant milestone with the successful launch of the PSG Advanced Lymphedema Care Clinic, an initiative aimed at providing specialized, comprehensive care for patients suffering from lymphedema. The program was jointly organized by the PSG Institute of Oncology and the Department of Physical Medicine & Rehabilitation (PMR).



The launch event was followed by a highly informative one-day workshop titled "A Comprehensive Approach to Lymphedema: Prevention and Management Protocols." The session brought together healthcare professionals, therapists, and students, emphasizing the importance of early diagnosis, prevention strategies, and advanced management techniques in lymphedema care.

The workshop was led by Mr. Nileshkumar Elangovan, Physiotherapist from ICMR-NIVCR, who shared valuable insights into evidence-based practices, patient-centered rehabilitation approaches, and the latest advancements in lymphedema management. The interactive session enabled participants to gain practical knowledge and enhance their clinical skills.



The newly launched clinic is dedicated to delivering multidisciplinary care, combining oncology, physiotherapy, and rehabilitation expertise to improve patient outcomes and quality of life. This initiative reinforces PSG Hospitals' commitment to advancing specialized healthcare services and promoting awareness about lymphedema.

The event witnessed enthusiastic participation and was widely appreciated for its educational value and clinical relevance.



AWAKE CRANIOTOMY SUCCESS AT PSG HOSPITALS: A Milestone in Patient-Centered Neurosurgical Care



Dr. THIRUMOORTHY
Head of the
Department of Neurosurgery

At PSG Hospitals, we continue to push the boundaries of advanced medical care with a strong focus on patient safety, precision, and quality of life. In a recent remarkable case, our Neurosurgery team successfully performed an awake craniotomy on a 45-year-old female patient who presented with persistent headache.

Detailed evaluation revealed a large insular tumor measuring 6.2 × 4 × 5.3 cm, involving the left temporal and parietal lobes. The tumor was located in the dominant hemisphere and affected critical regions responsible for speech and motor function (eloquent cortex). Despite the size and complexity of the tumor, the patient remained neurologically preserved, apart from her presenting complaint.

Given the tumor's proximity to vital functional areas, the surgical team opted for an awake craniotomy - an advanced neurosurgical technique that allows real-time monitoring of brain function during the procedure. This approach is particularly crucial in cases where preserving speech, movement, and cognition is of utmost importance.

The surgery was meticulously planned and executed by our expert neurosurgical team, comprising Dr. Thirumurthy, Dr. Jayaprakash, Dr. Vinoth, and Dr. Varsha (Senior Resident), in close

collaboration with neuroanesthesiologist Dr. Aravind and the Department of Anesthesiology.

Using sophisticated anesthesia techniques, the patient was kept comfortable, cooperative, and pain-free throughout the procedure. Continuous intraoperative neurological monitoring was carried out using structured patient feedback and functional testing, enabling the surgical team to precisely identify and preserve critical brain functions while safely excising the tumor.

The surgery was completed successfully with total tumor removal, and importantly, the patient remained neurologically intact both during and after the procedure.

Histopathological examination confirmed the diagnosis of a Grade 2 astrocytoma. Following surgery, the patient underwent radiotherapy under the guidance of the Radiation Oncology team. She has since made a full recovery and continues to do well on regular follow-up.

This case stands as a testament to the power of multidisciplinary collaboration, advanced technology, and clinical expertise. The seamless coordination between neurosurgeons, anesthesiologists, nursing staff, operation theatre team, pathologists, and oncologists played a pivotal role in achieving this successful outcome.

We extend our sincere gratitude to the Department of Anesthesiology, the neuroanesthesia team led by Dr. Aravind, the dedicated OT staff and nurses, the Department of Radiation Oncology, and the pathology team for their invaluable support.

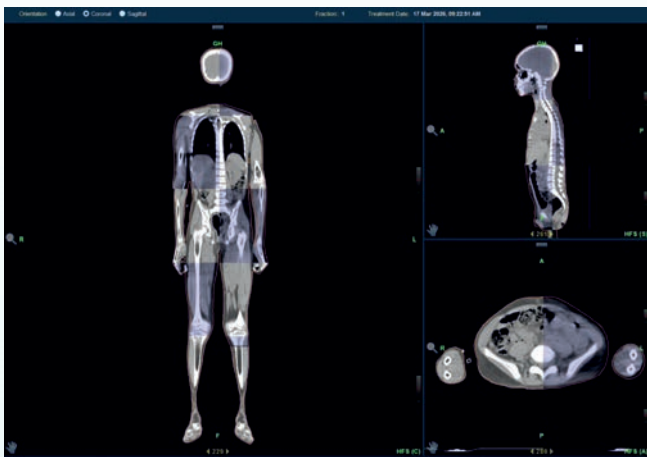
We also thank Dr. J.S. Bhuvaneshwaran, Dr. T.M. Subba Rao, and PSG Management for their constant encouragement in enabling such innovative and life-changing procedures.

At PSG Hospitals, we remain committed to delivering cutting-edge, patient-centered care - ensuring not just survival, but a better quality of life.

PSG INSTITUTE OF ONCOLOGY ACHIEVES MILESTONE WITH FIRST TOTAL BODY IRRADIATION USING RADIXACT X9 TOMOTHERAPY

PSG Institute of Oncology has marked a significant milestone in its journey of delivering advanced cancer care by successfully completing its first Total Body Irradiation (TBI) treatment using the state-of-the-art Radixact X9 Tomotherapy system.

The procedure was performed on a 10-year-old child diagnosed with Acute Myeloid Leukemia (AML), who is currently being prepared for an Autologous Bone Marrow Transplant (BMT). Total Body Irradiation plays a crucial role in conditioning patients prior to transplantation, helping to eliminate residual cancer cells and suppress the immune system to improve transplant success rates.

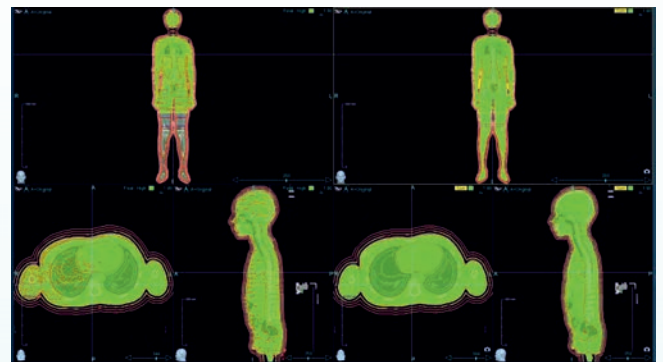


The use of Radixact X9 Tomotherapy represents a major advancement in precision radiotherapy. This technology enables highly targeted radiation delivery across the entire body while minimizing exposure to critical organs. Such precision is particularly vital in pediatric cases, where safety and long-term outcomes are of paramount importance.



This achievement reflects PSG Institute of Oncology's commitment to adopting cutting-edge medical technologies and delivering patient-centric care. It also highlights the strength of a multidisciplinary approach, bringing together experts from Pediatric Oncology, Radiation Oncology, medical physics, and nursing to ensure seamless execution of complex treatments.

The success of this procedure is a testament to the dedication, coordination, and expertise of the entire



team. From meticulous treatment planning to precise delivery and patient care, every step was carried out with the highest standards of clinical excellence.

Speaking on this milestone, the team expressed gratitude for the collaborative effort and reaffirmed their mission to continuously enhance cancer care services. The introduction of advanced treatments like TBI using Tomotherapy further strengthens PSG's position as a leading center for comprehensive oncology care.

As PSG Institute of Oncology continues to push the boundaries of innovation, this milestone stands as a beacon of hope for patients and families seeking advanced, reliable, and compassionate cancer treatment.

Fighting cancer with advanced technology and Compassionate care, PSG Institute of Oncology transforms lives, restores health, and renews hope every day.

TRANSFORMING LIVES THROUGH ADVANCED PAEDIATRIC SURGICAL CARE



Dr. PAVAI ARUNACHALAM
Department of
Paediatric Surgery

At PSG Hospitals, every child is given the opportunity to lead a healthy and fulfilling life through compassionate, multidisciplinary, and evidence-based care. One such remarkable success story involved a young child diagnosed with a rare and complex condition known as 46 XY Disorder of Sex Development (DSD) associated with severe penoscrotal hypospadias and undescended testes.

The child was initially brought up as a female before detailed medical evaluation revealed a 46 XY chromosomal pattern. The case was further complicated by an obstructed inguinal hernia, unilateral undescended testis, and severe genital ambiguity. Such cases require careful assessment, ethical considerations, family counselling, and coordinated decision-making involving paediatric surgeons, endocrinologists, genetic specialists, and psychologists.

Following extensive evaluation and multidisciplinary discussions, the child underwent staged surgical management. The first phase included hernia repair and bilateral orchidopexy to position the testes appropriately. Subsequently, after comprehensive counselling and confirmation of male sex of rearing, the child was planned for definitive genital reconstruction.

The Department of Paediatric Surgery successfully performed a technically demanding single-stage urethroplasty for severe penoscrotal hypospadias, along with urinary diversion through a suprapubic catheter. The procedure addressed a significant urethral defect and required meticulous reconstruction to restore normal urinary function and improve future quality of life.

The surgery was performed by the expert paediatric surgical team under the leadership of Dr. Pavai Arunachalam, supported by a dedicated multidisciplinary team. Post-operative recovery was closely monitored, and the child showed excellent healing with satisfactory functional outcomes.

This case highlights the importance of early diagnosis, multidisciplinary expertise, and advanced surgical capabilities in managing complex DSD conditions. At PSG Hospitals, specialized paediatric surgical services combine cutting-edge technology with compassionate care to deliver life-changing outcomes for children and their families.

Through clinical excellence and patient-centred care, PSG Hospitals continues to set benchmarks in the management of rare congenital conditions, offering hope and renewed confidence to families facing complex medical challenges.



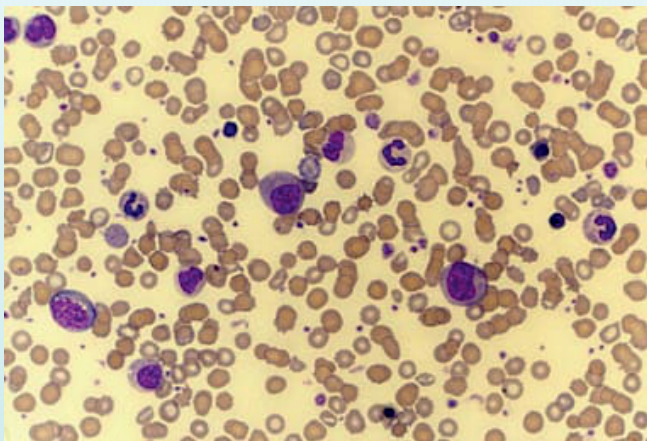
RARE BLOOD DISORDER DIAGNOSED THROUGH ADVANCED HEMATOLOGICAL EVALUATION



Dr. SARAVANAN T
Head of the Department of
General Medicine

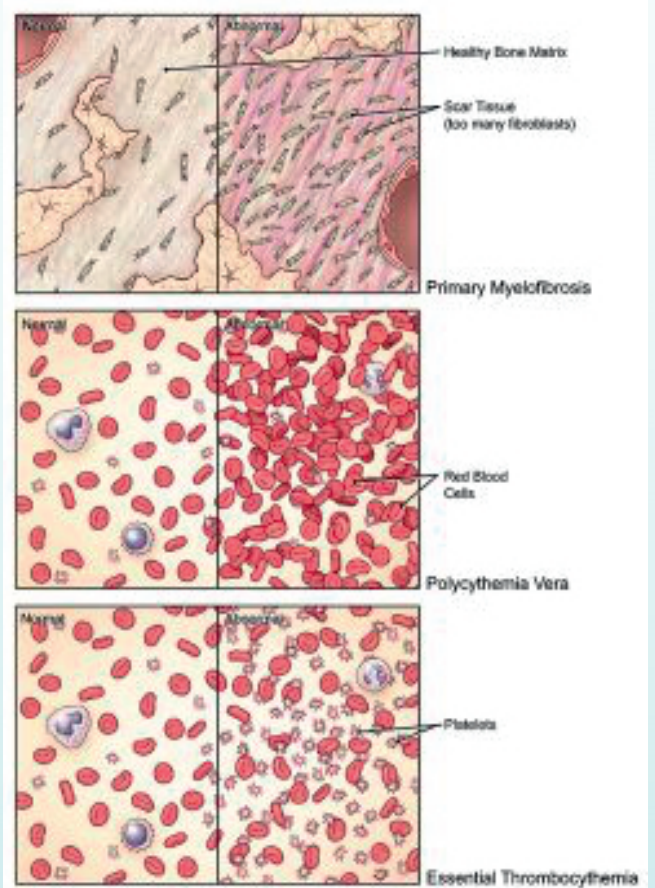
Successfully diagnosed and managed a rare myeloproliferative neoplasm (MPN), a group of uncommon blood disorders characterized by abnormal overproduction of blood cells in the bone marrow.

A middle-aged woman presented with persistent elevation of white blood cell and platelet counts, along with symptoms including recurrent giddiness, significant weight loss, early satiety, and episodes of gastrointestinal bleeding. Initial evaluations conducted elsewhere had raised suspicion of a hematological disorder, following which she was referred to PSG IMSR & Hospitals for specialized assessment.

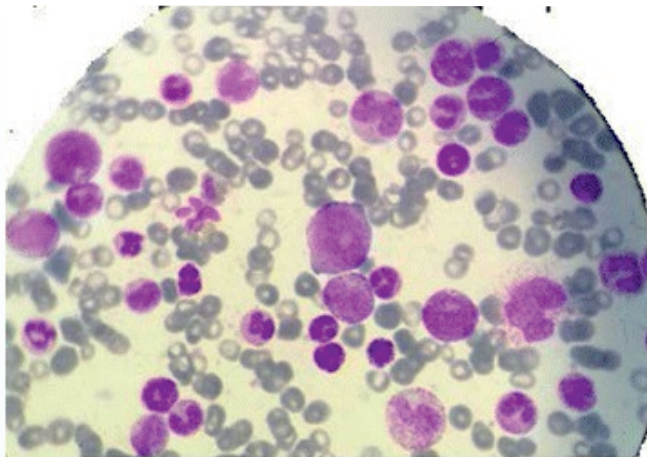


Under the leadership of Dr. Saravanan T, Head of the Department of General Medicine, the patient underwent a comprehensive diagnostic workup. Detailed investigations revealed persistent leukocytosis, thrombocytosis, elevated biochemical markers, and mild enlargement of the spleen. Advanced hematological evaluation, including bone marrow aspiration and molecular testing, identified the presence of the JAK2 (V617F) mutation, a key genetic marker associated with myeloproliferative neoplasms.

The findings pointed towards a rare chronic myeloproliferative disorder, with differential diagnoses including Essential Thrombocythemia and Polycythemia Vera - conditions that require specialized evaluation and long-term monitoring to prevent complications such as thrombosis, bleeding, and organ damage.

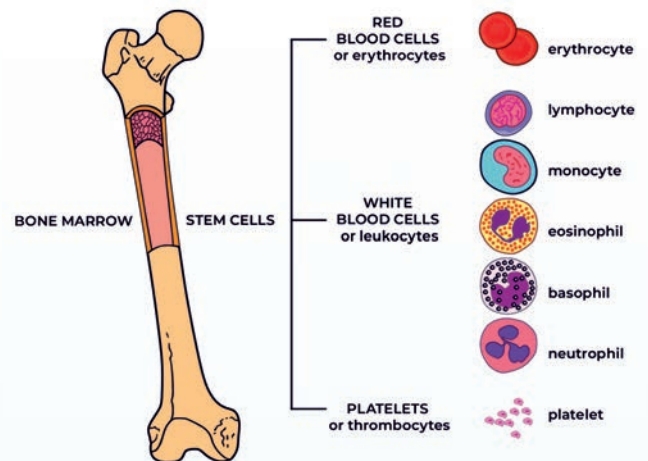


The patient received multidisciplinary care, including management of associated metabolic abnormalities and hypertension, along with supportive treatment. Following clinical stabilization and symptomatic improvement, she was discharged with a structured follow-up plan and ongoing hematological surveillance.



This case highlights the importance of early recognition of persistent blood count abnormalities and the role of advanced molecular diagnostics in identifying rare hematological disorders. The

successful diagnosis reflects PSG IMSR & Hospitals' expertise in managing complex blood diseases through state-of-the-art laboratory facilities, specialized clinical teams, and evidence-based patient care.



PSG IMSR & Hospitals continues to provide advanced diagnostic and treatment solutions for rare and complex medical conditions, ensuring comprehensive care for patients across the region.



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PSG IMSR & HOSPITALS SUCCESSFULLY TREATS COMPLEX INFECTED HEEL ULCER THROUGH TIMELY SURGICAL INTERVENTION



Dr. S. RAJESH KUMAR
Department of General &
Gastro Intestinal Surgery

The Department of General Surgery at PSG IMSR & Hospitals successfully treated a complex infected heel ulcer in a middle-aged woman through prompt surgical intervention and comprehensive wound care, preventing further tissue damage and facilitating recovery.



The patient presented with a chronic ulcer over the right heel that had progressively worsened over a period of three months. What initially began as a small fissure gradually developed into an infected ulcer associated with foul-smelling discharge, causing significant concern and affecting mobility.

Upon evaluation by the surgical team, the patient was diagnosed with an infected callous ulcer

involving the heel. Such ulcers can be particularly challenging because the heel bears the body's weight during standing and walking, making wound healing difficult. Delayed treatment may result in deeper infection, extensive tissue loss, prolonged disability, and the need for more complex surgical procedures.

Under the leadership of Dr. S. Rajesh Kumar, Head of the Department of General Surgery, the patient underwent emergency wound debridement under regional anaesthesia. During the procedure, all infected, necrotic, and non-viable tissue was meticulously removed, and the wound was thoroughly cleaned to eliminate sources of infection and promote healthy healing.

Following surgery, the patient received intensive wound care, antibiotics, pain management, and supportive treatment. The postoperative period was uneventful, and the patient demonstrated good clinical recovery. She was discharged in a stable condition with detailed wound-care instructions and scheduled follow-up for continued monitoring.

This case highlights the importance of early recognition and expert management of chronic foot and heel ulcers. Timely surgical debridement remains a critical limb-preserving procedure that can prevent progression of infection and significantly improve healing outcomes.

The successful management of this case reflects the expertise of PSG IMSR & Hospitals in advanced wound care, infection control, and limb salvage procedures. Through multidisciplinary care and evidence-based surgical practices, the hospital continues to deliver high-quality treatment for complex surgical conditions.

PSG IMSR & Hospitals remains committed to providing advanced surgical care and specialized wound management services, ensuring the best possible outcomes for patients with complex and challenging conditions.

SURAKSHA DAY CARE FACILITY

PSG Hospitals, designed to support patients who require supervision, nursing care, and rehabilitation during the day while allowing them to return home in the evening.

Suitable for:

- Elderly patients requiring nursing care, medication supervision, or assistance with daily activities.
- Patients undergoing rehabilitation following stroke, surgery, fractures, or prolonged illness.
- Patients with chronic neurological conditions like Dementia requiring daytime monitoring and therapy.
- Elderly or disabled patients visiting PSG Hospitals for consultations, investigations, or treatments who need a safe and comfortable place to stay during the day.
- Families seeking a reliable daytime care option for dependent elderly relatives.

For Referrals and Enquiries:

📞 98940 13739 / 99943 89987

🕒 9:00 AM – 5:00 PM (Monday to Saturday)

📍 SURAKSHA, 1st Floor, A1 Block,
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We seek your support in referring suitable patients and helping us establish this value-adding service, ensuring our patients and their families have access to safe, compassionate, and professional daytime care.

*Caring Hands. Trusted Care.
Complete Peace of Mind.*



PSG HOSPITALS
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Trusted Care.
Complete Peace of Mind.**

Providing professional nursing care and rehabilitation services in a safe, comfortable and supportive environment during the day.

IDEAL FOR WORKING FAMILIES
Your loved ones are in safe hands while you are at work.

ELDERLY PATIENTS WITH NURSING NEEDS
Professional nursing care, medication management, monitoring and assistance with daily activities.

FOR ELDERLY & DISABLED PATIENTS
A comfortable place for elderly and disabled patients visiting the hospital for consultations.

OUR SERVICES

- Trained Nursing Care
- Rehabilitation Services
- Nutritious Meals & Snacks
- Comfortable Rest Area

Suraksha
1st Floor
A1 Block, PSGSSH

9894013739
9994389987

We care, so you can focus on what matters.