



प्रारंभ

**AN OFFICIAL NEWSLETTER OF
GMERS MEDICAL COLLEGE,
GANDHINAGAR**

2024: Issue-3 (July - September)

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Welcome to GMERS Medical College, Gandhinagar

GMERS Medical College, Gandhinagar is an academic institution of repute under The Gujarat Medical Education and Research Society of Department of Health and Family Welfare, Government of Gujarat and located in the city of Gandhinagar, Capital of Gujarat State in Western India. It is one of the fastest growing Medical College of Gujarat. The institute strives to be among the top medical colleges in India in the spheres of medical education, research and health care services.



Dr. Shobhana Gupta
Dean

GMERS Medical College, Gandhinagar



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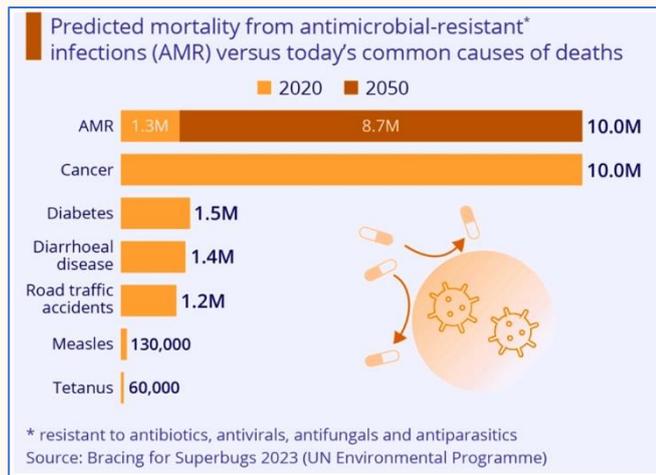
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From Editorial Desk: Addressing Antimicrobial Resistance (AMR) – A Call to Healthcare Professionals

Antimicrobial resistance (AMR) represents one of the gravest global health threats today. The growing resistance of bacteria to antimicrobials, rendering once-effective treatments futile, is an alarming trend that threatens to undermine decades of medical advances.



The Indian Council of Medical Research (ICMR), recognizing the severity of this issue, has been actively supporting and conducting research on AMR through the Antimicrobial Resistance Surveillance Network (AMRSN) since 2013. The AMRSN tracks resistance trends in key pathogens across India, providing critical data to guide clinical practice and influence public health policy.

AMR: A Looming Catastrophe

As clinicians and healthcare professionals, it is vital to grasp the consequences of antimicrobial resistance. AMR leads to longer hospital stays, increased medical costs, and heightened mortality. The ICMR's Annual AMRSN Report for 2022 reveals some disturbing trends that emphasize the need for urgent intervention in antibiotic use and infection control practices.

The 2022 AMRSN data collected from over 100,000 clinical isolates across Indian tertiary care hospitals points to a steady rise in antibiotic-resistant bacteria, particularly in pathogens such as *Escherichia coli*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa*, *Acinetobacter baumannii*, and *Staphylococcus aureus*. These

organisms, commonly isolated from patients with urinary tract infections, pneumonia, and bloodstream infections, are becoming increasingly resistant to first-line treatments, necessitating the use of last-resort drugs such as colistin and carbapenems.

Imipenem, one of the key carbapenems used in treatment of multidrug-resistant infections, has shown drastic reduction in its sensitivity. For *E. coli*, susceptibility to imipenem has dropped from 81% in 2017 to 66% in 2022. Even more worrisome is the decline in imipenem effectiveness against *Klebsiella pneumoniae*, with susceptibility plummeting from 59% to just 42% over the same period.

Key Pathogen Resistance Trends

The report highlights resistance trends across multiple pathogens, each raising alarms regarding current treatment approaches:

- **Enterobacterales Resistance:** *Escherichia coli* and *Klebsiella pneumoniae* show increased resistance, with imipenem and other carbapenems losing efficacy. The molecular characterization of *E. coli* isolates reveals CTXM-15 (39%) as the most common β -lactamase identified, contributing to high level of resistance.
- **Carbapenem-Resistant *Acinetobacter baumannii*:** Resistance rates for *Acinetobacter baumannii* to carbapenems were an astounding 87.8%, severely limiting therapeutic options. The prevalence of the *bla*OXA-23 carbapenemase gene, found in 76% of isolates, underscores the need for alternative treatment strategies.
- ***Pseudomonas aeruginosa* Susceptibility Trends:** While resistance to most antibiotics remained high, colistin and ceftazidime retained some effectiveness. However, nearly 40% of carbapenem-resistant isolates were found to harbour Class B metallo- β -lactamases, which complicates treatment efforts even further.
- **Methicillin-Resistant *Staphylococcus aureus* (MRSA):** MRSA rates increased from 28.4% in 2016 to 42.6% in 2022, indicating a rising prevalence of

this resistant strain. Although drugs like vancomycin and teicoplanin remain effective, the continued increase in MRSA rates is concerning.

AMR in Critical Care: A Crisis in ICUs

The high prevalence of AMR in intensive care units (ICUs) is particularly alarming. The report highlights that 75% of *Klebsiella pneumoniae* and 88% of *Acinetobacter baumannii* isolates causing bloodstream infections in ICUs were resistant to imipenem. Similarly, 87% of *Staphylococcus aureus* in ICUs were oxacillin-resistant, and nearly 42% of *Enterococcus faecium* isolates were vancomycin-resistant. Such high resistance rates demand a re-evaluation of infection control protocols in critical care settings, where vulnerable patients are at heightened risk.

Clinical Implications and Recommendations

The trends outlined in the AMRSN report have critical implications for clinical practice. Clinicians must be more judicious in prescribing antimicrobials, adhering to evidence-based guidelines for empirical treatment. Empirical use of broad-spectrum antibiotics such as fluoroquinolones should be curtailed, particularly in treating conditions like diarrhea and enteric fever, where resistance rates are exceedingly high. For instance, the report found that more than 90% of isolates of diarrheagenic *E. coli* and *Aeromonas spp.* were resistant to fluoroquinolones, rendering these drugs ineffective for many gastrointestinal infections.

Similarly, empirical use of ciprofloxacin or norfloxacin for diarrheal illnesses is no longer justified. For enteric fever, *Salmonella typhi* continues to show high susceptibility to azithromycin and trimethoprim-sulfamethoxazole, making these preferred options for oral treatment, with ceftriaxone recommended for intravenous use in severe cases.

The Path Forward: Strengthening Antibiotic Stewardship

Healthcare professionals must lead the charge in addressing the AMR crisis by adopting and promoting antibiotic stewardship. This includes:

- **Rational Prescribing:** Empirical antibiotic therapy should be guided by local antibiograms and AMR

data, with a focus on narrowing therapy based on culture results.

- **Infection Prevention:** Enhanced infection control practices, especially in critical care settings, are paramount. Surveillance, isolation of infected patients, and stringent hand hygiene can reduce the spread of resistant organisms.
- **Education and Awareness:** Clinicians must stay informed about resistance trends and emerging pathogens to better guide therapeutic decisions. Public education on the dangers of antibiotic misuse is equally crucial to curb self-medication practices.
- **Research and Development:** Continued research for developing new antimicrobials, rapid diagnostic tests, and alternative therapies, such as bacteriophages, is essential to counter the growing threat of resistant infections.

Conclusion

The rise in antimicrobial resistance is a wake-up call for healthcare professionals, especially doctors, who play a pivotal role in prescribing antimicrobials judiciously and rationally. The data from the ICMR's AMRSN serves as a sobering reminder of the importance of antibiotic stewardship and infection control in preventing further resistance. As clinicians, we have an ethical duty to safeguard the efficacy of antibiotics for future generations. Now, more than ever, we must act decisively to mitigate the AMR threat and preserve the life-saving power of antimicrobial agents.

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Dr. Darshan J Dave
Dr. Amit M Shah
Department of Pharmacology
GMERS Medical College
Gandhinagar

Basic Course in Medical Education (BCME)

The Medical Education Unit (MEU) of GMERS Medical College, Gandhinagar, successfully organized a Faculty Development Program titled “Basic Course in Medical Education (BCME)” from July 29 to July 31, 2024. This initiative aimed to enhance the teaching skills and professional growth of faculty members, focusing on the latest teaching-learning methodologies and competency-based education approaches. The program was held under the guidance of Dr. Shobhana Gupta, Dean of GMERS Medical College, Gandhinagar, with support from MEU Coordinator Dr. Darshan J. Dave and Co-coordinator Dr. Amit Upadhyah. It also included valuable contributions from the resource faculty members of the institute.

This three-day BCME program involved a total of 30 participants from various medical specialties, including faculty members from both GMERS Medical College, Gandhinagar, and GMERS Medical College, Sola, Ahmedabad. With oversight from the National Medical Commission (NMC) Coordinator, Dr. Nilima Shah, the program aimed to equip faculty members with skills essential for enhancing medical education in a structured and impactful manner.

The first day commenced with an introductory session led by Dr. Darshan J. Dave. Participants were introduced to the course and underwent a pre-test to gauge their baseline knowledge. This was followed by an interactive session on group dynamics, helping participants understand and apply these concepts within educational settings. Dr. Amit Upadhyah then delved into the learning process, discussing the principles and domains of learning. First day morning session was concluded with a session on the alignment of goals, roles, and competencies with the CBME (Competency-Based Medical Education) curriculum, led by Dr. Darshan J. Dave.



The afternoon focused on various teaching-learning methods (TLM), including interactive large group sessions and small group discussions. Dr. Sudarshan Gupta and Dr. Atul Shrivastav facilitated this session, emphasizing the evolving role of educators from information providers to facilitators.



This session was conducted by Dr. Amit M. Shah and team with primary objective to encourage participants to promote SDL among students. Later in the morning, Dr. Varsha Shah and Dr. Pratik Shah conducted an engaging session on effective clinical and practical skill teaching, focusing on utilizing skill labs and workplace-based teaching methods.



The day 1 concluded with an introduction to assessment led by Dr. Kirankumar Chauhan, who covered the principles and types of assessment, followed by a session on internal and formative assessment led by Dr. Ekta Dalal.



Post-lunch, the emphasis shifted to aligning TLMs with competencies, a session led by Dr. Dharmendra Dodiya, who demonstrated how to select appropriate teaching methods for various competencies.



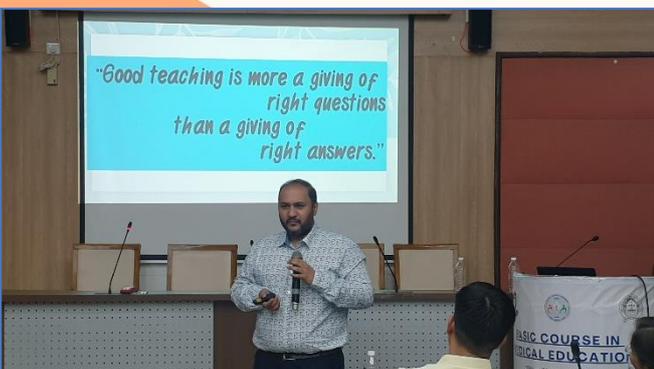
Day two opened with a session on the AETCOM (Attitude, Ethics, and Communication) module by Dr. Amit Upadhyah, where participants explored the integration of AETCOM in medical education. This was followed by a session on Self-Directed Learning (SDL).



The day concluded with an in-depth workshop on assessment planning, including the crafting of essay questions and case-based MCQs. This was facilitated by Dr. Jigish Desai and Dr. Jatin Patel, who engaged participants in hands-on activities to develop comprehensive assessment tools.



The final day began with a practical session on writing lesson plans, conducted by Dr. Kirankumar Chauhan. Participants then took part in a session on assessing clinical and practical skills, led once again by Dr. Varsha Shah and Dr. Pratik Shah, who emphasized the importance of using skills labs and assessment stations effectively. The focus on academic growth and networking was then highlighted by Dr. Amit M. Shah & team, who discussed opportunities for faculty development and the significance of networking within the educational sphere.



Dr. Ekta Dalal led a session on aligning assessment strategies with TLMs and competencies. The course concluded with a workshop on mentoring, where Dr. Amit Upadhyah shared principles of effective mentoring and how to apply them in undergraduate and postgraduate curricula. The day wrapped up with a session on drafting academic schedules, conducted by Dr. Sudarshan Gupta & team. Participants completed a post-test and provided feedback, marking the end of a productive program.



The feedback from participants was overwhelmingly positive, reflecting a significant improvement in their post-test scores. Many participants expressed a keen interest in enrolling in the Advanced Course in Medical Education (ACME) to further hone their skills, particularly those from clinical branches. Dr. Nilima Shah, NMC Coordinator, was impressed with the presentations delivered by the resource faculty and commended the teamwork demonstrated throughout the program.

The success of the BCME program is evident not only in the marked improvement in participants' understanding of medical education principles but also in the increased motivation among faculty to further their own education. By fostering an environment of continuous learning and collaboration, the MEU of GMERS Medical

College, Gandhinagar, has taken significant strides towards improving the quality of medical education.



GMERS Medical College, further solidifying its role as a leading institution in medical education.



Through such programs, the institution remains committed for developing faculty competencies in line with NMC's educational guidelines, thereby enhancing the overall standard of education provided to medical students. The success of this program sets a positive precedent for future faculty development initiatives at

The Medical Education Unit continues to strive for excellence in medical education by offering innovative and impactful training programs. The team looks forward to hosting similar programs in the future, fostering a culture of lifelong learning and professional growth among faculty members.

Basic Course Workshop in Medical Education

29th-31st JULY, 2024

Organized by Medical Education Unit (MEU),
GMERS Medical College, Gandhinagar



World Breastfeeding Week Celebration

World Breastfeeding Week was celebrated from August 1 to 7, 2024 at GMERS Medical College and General Hospital, Gandhinagar, under the leadership of Dean Dr. Shobhna Gupta and Medical Superintendent Dr. Niyati Lakhani. The event, jointly organized by the Departments of Pediatrics and Obstetrics & Gynecology, along with hospital staff, spanned the entire week and aimed to raise awareness about the critical importance of breastfeeding for both maternal and infant health.

The celebration kicked off with an inauguration ceremony, honored by esteemed guests, including the Honorable Minister of Women & Child Development, Smt. Bhanuben Babariya, MLA Smt. Ritaben Patel, Mayor Meera Patel, and Commissioner of Women and Child Development, Dr. Ranjit Kumar Singh. The dignitaries shared insights on breastfeeding's numerous benefits and its impact on the health of both mother and child. In recognition of their efforts, breastfeeding mothers were felicitated by the dignitaries, who expressed their appreciation for these women's commitment to their children's health.



The week-long program included multiple initiatives aimed at both patients and healthcare providers. Health talks and skits on breastfeeding's importance were delivered by pediatricians, obstetricians, and nursing staff across the hospital's wards, including the Pediatric Ward, Post-Natal Ward, NICU, NRC Ward, as well as OPD. These sessions highlighted the necessity of breastfeeding for the physical and emotional well-being of both mother and child.

In addition to educational activities, creative events were organized. A poster and slogan competition focused on the benefits of breastfeeding saw enthusiastic participation from undergraduate students and nursing staff. The competition provided a platform for students to express their ideas on the subject and promote awareness through creative visuals and messages.



Seminar was held to further enhance medical students' understanding of breastfeeding practices. It had provided in-depth knowledge on the proper techniques of breastfeeding, its health benefits, and how healthcare professionals can support and promote breastfeeding in clinical settings.



growth, nurturing, and sustainability—values inherent to breastfeeding.



The World Breastfeeding Week celebration successfully promoted breastfeeding awareness throughout the week. It fostered a supportive environment for breastfeeding mothers, ensuring the benefits of this natural practice are recognized and supported within the community and healthcare system. The collaborative efforts of the hospital staff, under the guidance of Dean Dr. Shobhna Gupta and Medical Superintendent Dr. Niyati Lakhani, ensured a memorable and impactful week, reinforcing the critical role of breastfeeding in promoting a healthy start in life for infants.

The event also featured a symbolic tree plantation ceremony, conducted by the dignitaries, representing

Closing the gap: Breastfeeding support for all



A call to highlight the diversity of breastfeeding women at every stage and emphasize the role of families, communities, and health workers in supporting them.

**World
Breastfeeding
Week** 01-07 August



Promoting the Gift of Sight: Celebrating the 39th Eye Donation Fortnight

The Department of Ophthalmology, GMERS Medical College and General Hospital, Gandhinagar, celebrated the 39th Eye Donation Fortnight from August 25 to September 8, 2024, to raise awareness about the importance and benefits of eye donation. Various activities were organized as part of this event.

An informative lecture and a visit to the Eye Bank were conducted for nursing students, explaining the procedures of eyeball collection, storage, and distribution. Pledge cards were introduced to patients in the outpatient department, and voluntary registrations for eye donations were encouraged.



Dr. Khushi Shah participated in the show “Hello Doctor”, streamed live on Doordarshan Girnar, where the topic of eye donation, including who can donate and how eyes can be used, was discussed. The show aimed to spread the message of voluntary eye donation.



An awareness rally was organized within the hospital premises and inaugurated by Shri R.B. Patel (Ophthalmic Joint Director), Dr. Utpal Jani (OSD), and Dr. Jigish Desai (Head of the Department of Ophthalmology). The participation of faculty members,

resident doctors, UG students, interns, nursing staff, optometrists, and staff working with the NPCB contributed to the rally's success.



A state-wide story writing competition on eye donation was also conducted. Dr. Shilpa Bhatt and Dr. Bhargavi Parth evaluated the entries, and Dr. Chirag Gohil, Jagravi Vaidya, and Hardika Patel won 1st, 2nd, and 3rd prizes, respectively.

The successful celebration of the Eye Donation Fortnight 2024 was held under the guidance of Respected Dean Dr. Shobhna Gupta and Respected Medical Superintendent Dr. Niyati Lakhani.

**Useless to Dead,
Priceless to Blind.
Light Up a Life,
Donate Your Eyes.**

Eye donation involves a **Corneal Transplant**. Corneal blindness can be treated by replacing the damaged cornea with the donated one, provided the cornea should be removed within six hours of the person's death.

“One kind donor can gift vision to two corneal blind persons”

**National
Eye Donation
Fortnight** 25 Aug - 8 Sep



"દાદાજી ની સાથે હું ચાલું"

આજે ભવલ લાલુક બની કાન્ડા ની દાદાજી ની લાકડી લઈ ઉરે છે અંકિલા આવતા નીકે: દર્ષ અને કામ રી રવી પડ્યાં. બળે આંખે આંખે યી લુલકાલ તા અંધકાર ની ભ્રમંતી હતી. આજે આંખી વધ કરી. આંખી અંકિ વાલ ની અંતિ મન ની વાલને રૂંઠે અંતલાની રચી હતી

વિમલ નું બાળપણ માતા-પિતા વગર દાદાજી ના સંદર્ભમાં દેશ દેશ પુરું થયું અને બાલ્યુ દરિયા પાસે કરી ગામડા માંથી અમદાવાદ ગઈ માં છે અનિચ્છિત વતવા ગયાં. દિવસે માં અંકિ જ મિત્ર સમીરે કમલે વાળી રચી. સમીરે અંતિ માતા-પિતા ની કલેલ પુકી અંધળ લગાવા દિવસે માં આવા: દાં. બંને જલા દેર સંવહારે અંકિલ રે. વિમલ ના ગામડે અંકિ સંવહારે અને વિમલ સંવહારે સમીર ના કલેલ માં પરિવર માં રહે.

સમય ના વરેલા માં લગભર પુરું કરી અને વિમલે અમદાવાદ માં નોકરી લીધી. અને સમીરે કલેલ માં માતા-પિતા સાથે સ્થાયી થયાં. વિમલ ના દાદા ગામડે અને વિમલ ના બે વર્ષ પછી વિમલ ના ઘરે કાન્ડા ની જન્મ થયાં. પતિ-પતિ બંને નોકરી કરતા અંધળ ગરબર લોકાની કામી પાતાની અસ્તી. આજ ના સમય માં માતા-પિતા મારે બાલક ની આપવાની સમય કીતી ગયાં. ધીરે ધીરે અંકિલા વાપરવાનું કુચલા બાલકી માં ઘરે-ઘરે ફેલાયું છે. ઇન્કા સમય પછી કીરિના ની મદાસરે આંખી સીરે કાન્ડા નું લગભર અને સમલ બધું દંપુ અંકિલાવે

કીરિના ગયા પલા કાન્ડા ની માદા ની કુખાની આપતી ગયાં. લોક કલેલ પછી વિમલે કાન્ડા ની અમદાવાદ ના સારી આંખ ના કીકર ની બતાવું. કીકરે મિદાન અંકિ આંખે કી કાન્ડા ની અંકિ આંખ ની ફેરિ આંખી છે અંકિ અંકિ આંખે રોડિલ આંખી અને લીગ આંખે LAZY EYE હતી. કીકરે અંકિ પલા કામું કે વડુ પડતા અંકિલાવે ની ઉપચી અને અંકિ આંખે ગલાઈ છે અંકિ માદા ની કુખાની છે. ઇન્કા દાં લખી આંખી. અંકિલાવે ની ઉપચી વધ કરવા કચું અને ઇન્કા આંખ ની ફસરલ ની સલાદ આંખી. ઇન્કા દાં આંખ માં કાન્ડા ની માદા ની કુખાની પરી ગયાં.

વંચલ કાન્ડા અને અંતિ અસ્તી સ્કૂલ માં ચાલું રહે. અંકિ અંકિ અંકિ અંકિ આંખ માં વાળી. સ્કૂલ ના પ્રાણક અને પ્રિન્સીપાલ કાન્ડા ની આંખ ની કીકરેલ લઈ ગયા. સ્કૂલ તરફ યી વિમલ લાઈ ની પલા ફીલ યી અંકિ કરવામાં આવી. અને અંકિ પલા કીકરેલ પદેચા. સમન લપાસ પછી આંખ ના કીકરે કચું કે અંતિ અંકિ આંખે કી જે શકિત શાળા હતી. સમી આંખ ની આંખી કીકરે ફરી ગઈ છે. તાલ્કાલીક અંકિપરેશન કચું પડ્યાં. વિમલ અને સમી પરિન સંમલ થયા અને કાન્ડા ની અંકિ આંખે નું અંકિપરેશન ચઈ ગયું. તબા મહિના ની કાલજી મિચમીલ આંખ ની તપાસ અને સ્કૂલ માં કાન્ડા ની કીકરે પછી સારવાર પુરી થઈ. કીકરે કચું આંખ માં વાળું છે. અને આંખ માં કીકરે ઉપર વાધવાના કરાઈ અને તાંબા દેવાના કરાઈ સદે દારી થઈ ગઈ છે. અને કાન્ડા ની અંકિ આંખ તાંબા રડા જે રટી ગઈ છે. અંકિ આંખ તી કાન્ડા ની LAZY હતી. અને લીગ સારી આંખ માં ફેરિ ઇરી ગઈ. આ દુકીલ વિમલ અને સમી પતિન મારે આવાલ જમક હતી.

સમય આગળ વધતી રચી: વિમલ અંકિ-અંકિ કીકરે ની કાન્ડા ના આંખ ના લવચક મારે સલાદ લેતી રચી. અંકિ આંખ ની કીકરે ના કીકરે લાલ્કીલે અને તેના કાલ્કાલીકે સલાદ આંખી કી આંખ ની કીકરે નું કાન્ડાલાલે અંકિપરેશન કરવા યી ફેરિ પાછી આપવાની શક્યતા અંકિ છે. અને આ લાલ્કીલે માં પાંચ વર્ષ વરી ગયા. કાન્ડા નું લગભર વેળું લગભરું. વિમલ આ સમય માં દાદાજી ની લડુ પાદ કરતી અને અંકિલા હીરા સમી ગુમગુમ બની રહેતી.

સમય ની આઈલેલ દાંને દાંને ચાલતી હતી. અને વિમલ ની અંકિલા માં કલેલ યી સમીર ની ફીલ આવા: અંકિ કાન્ડા-કાન્ડા કચું કે અંતિ અંકિલાવે નું અમદાવાદ માં અંકિલાલે થયાં છે. અમદાવાદ ની અંકિલાલે સરલેલે કીકરેલ માં સમીરે ના અંકિલાવે વિમલ દેતા અંકિ અંકિલાવે આંખે પદેચા. ની સમીરે જલાવું કે અંકિલાવે ની લગભર તી સારી છે. પલા પચા કીમા માં છે. કીકરે કીકરે છે કી પચા ઉચ્ચાંગ કીકરે પલા પચા કીમા માં છે. કીકરે કીકરે ના નાંમકિલ તબા સુરી સમીરે પછી ગયા છે. અમદાવાદ શરે ના નાંમકિલ તબા સુરી સમીરે સમીરે ના પચા ની તપાસી અને કીમા માંથી બારે આપવાની કીકરે શક્યતા ગઈ અંકિલાવે. ની સમીરે ની સલાદ આંખી કીકરે ઉચ્ચાંગ કીકરે પચા ના અંકિલાવે નું દાન કરે તી સમાજ ની મારે અંકિલાવે. મારી કીકરેલ માં સમીરે ના પચા ની કીકરે અને આંખ નું (નિતલાન) કરાવું શકકી કરવામાં ચાલું.

સમીર ની વિમલ ના પુરા કાન્ડા ની આંખ ની લકીલે પછી અંકિલાવે હતી. અંકિલાવે રડતા રડતા વિમલ ની કચું ની આ મારા પચા ની આંખ કાન્ડા ની કામ માં આપવી તી મન લગાઈ છે મારા પચા મુખે છે. ભારે ગમતીન વાલાવલા માં હુદેબાર અમદાવાદ ની સંપર્ક કરવામાં આવાઈ ની કીકરે લાલ્કીલેલે કી સંકી આંખ ના કીકરે ના મિલ્કાંત દેતા તેમી ની આ આંખી ઇલાની અંકિ કરવામાં આવી.

તાલ્કાલીક કાન્ડા ની કી.લાલ્કીલે ના કીકરેલ માં દાદાલે કરાવું આંખી અને અંકિ સરલેલે કીકરેલ માં સમીરે ના પચા ની બી આંખી નું દાન કરવામાં ચાલું અને અંકિ આંખી મારી અંકિ આંખ ની કીકરે નું કાન્ડાલાલે કાન્ડા ની આંખ માં કરાવું આંખી. અને કી.લાલ્કીલે ના કીકરેલે મુખલે આ તાલ્કાલીકે આંખી. અને કી.લાલ્કીલે ના કીકરેલે પચું છે અને કાન્ડા ની ફેરિ પાછી મલકી. કીકરેલે ની સારવાર પછી વિમલ ના પુરા કાન્ડા ની અંકિલાવે ની સારવાર પછી અંકિલાવે આ સંકલ અંકિપરેશન પછી કાન્ડા ની અંકિલાવે ફેરિ પાછી મલકી આ સંકલ અંકિપરેશન પછી કાન્ડા ની અંકિલાવે લકીલે ગયા. દાં માં દરિલા માં મારા માર્કસ લઈને પાલ થયાં.

આને બાલ્યુ દરિયા પાસે કરી કાન્ડા ની કીકરેલે પુકી કીકરે નું મનકે. તી તે કીકરે કીકરે આંખ ની કીકરેલે અંકિલાવે હુદેબાર કાલ્કાલીકે લાવા આંખે કીકરે કીકરે આંખ ની કીકરે ની લકીલે વાલા દર્ષે અંકિ ની ફેરિ પાછી મલકી.

આ આંખી આલ વર્ષ ની વાલે વિમલ નવર મમસ અંકિ રચી દેતા અને કીકરે અંકિલાવે કાન્ડા ની દાદાજીની લાકડી સાથે અંકિ મનમાં બાંધે "દાદાજી ની સાથે હું ચાલું"

ફેરિ અંકિલાવે...

Divisional Round of Pediatric Quiz

The Department of Pediatrics, GMERS Medical College and General Hospital, Gandhinagar organized the 18th IAP Divisional Round of the Postgraduate Pediatric Quiz on September 4, 2024, in the hospital auditorium. Postgraduate students from seven medical colleges in Ahmedabad and Gandhinagar participated in this prestigious event. Dr. Ekta Dalal served as the Divisional Round Coordinator, with Dr. Nisha Upadhyay and Dr. Nirali Dhivar acting as quizmasters. Faculty members from various medical colleges graced the occasion. The team from Shri Narendra Modi Medical College, Ahmedabad, emerged as the winner, while GMERS Medical College and General Hospital, Gandhinagar's own postgraduate team secured the 2nd runner-up position.



This academic event provided a valuable platform for postgraduate students to demonstrate their knowledge and fostered a spirit of healthy competition and collaboration among participants. It further encouraged the exchange of ideas and expertise, contributing to professional growth in the field of pediatrics. The department extends congratulations to all participants and heartfelt gratitude to the dignitaries for their support in making this event a success.

“HEALING
HANDS
CARING
HEART”



Workshop on Good Clinical Practice (GCP) for Final Year Post Graduate Students

The Institutional Ethics Committee (IEC), in collaboration with the Department of Pharmacology, GMERS Medical College and General Hospital, Gandhinagar, organized a Workshop on Good Clinical Practice (GCP) for final-year MD/MS and DNB students on September 14, 2024. The workshop aimed to provide an in-depth understanding of the ethical guidelines that govern clinical research and to prepare participants to conduct clinical trials in a responsible and ethical manner.



The workshop began with a registration and pre-test session, setting the stage for assessing the participants' knowledge of GCP guidelines. This was followed by a series of lectures designed to build on their foundational knowledge and provide new perspectives on clinical research ethics.



Dr. Darshan J. Dave (Professor and Head of Department of Pharmacology and Member Secretary of IEC), initiated the academic sessions with a lecture on 'Ethics in Clinical Research', delivering a powerful introduction to the importance of ethics in medical research. His talk began by citing historically disastrous incidents, such as the Nazi trials on war prisoners and the Tuskegee Syphilis Study, both of which led to the development of

stringent ethical standards in research. These examples highlighted the dire consequences of unethical research practices and the imperative for modern-day researchers to adhere to global ethical guidelines. Dr. Dave went on to discuss the International Council for Harmonization (ICH) Good Clinical Practice (GCP) guidelines, which set a universal standard for clinical trials. He emphasized that these guidelines aim to protect human rights and maintain the integrity of scientific data, reinforcing the necessity for ethical conduct in research.



Following Dr. Dave's session, Dr. Atul Shrivastav (Associate Professor, Department of Pathology) delivered a comprehensive talk on the 'Roles and Responsibilities of the Ethics Committee'. He covered the structure and composition of the ethics committee and the specific roles that each member plays in ensuring the ethical soundness of clinical trials. Dr. Shrivastav highlighted the committee's key role in reviewing research protocols and monitoring ongoing trials to ensure compliance with ethical standards. This session was crucial for educating participants on how ethics committee function as gatekeeper of participant welfare in clinical research.



Dr. Pratik Shah (Associate Professor, Department of General Surgery) then spoke about the 'Roles and Responsibilities of the Investigator', outlining the pivotal role of investigators in conducting clinical trials. His talk covered important topics such as the communication process with ethics committee, regulatory authorities, and the importance of maintaining data accuracy and quality. Dr. Pratik emphasized that investigators bear the responsibility of ensuring that all aspects of the trial adhere to GCP guidelines, from data management to participant safety, making it clear that investigators play a central role in the ethical conduct of research.



consent form. Dr. Amit took the discussion further by addressing complex aspects such as consent for vulnerable populations, concept of re-consent, informed consent in pediatrics, and situations where a consent waiver may be applicable. His nuanced discussion offered participants practical insights into the challenges they might face in real-world clinical trials, especially when dealing with vulnerable groups.

The workshop concluded with a post-test, which revealed a significant improvement in the participants' understanding of GCP principles compared to the pre-test results. This clearly demonstrated the effectiveness of the sessions in enhancing their knowledge.



The final academic session was delivered by Dr. Amit M. Shah (Associate Professor, Department of Pharmacology), who spoke on the 'Informed Consent Process'. He provided a comprehensive overview of the rationale behind obtaining informed consent and detailed the essential components of a well-drafted

The valedictory session, presided over by Dr. Shobhana Gupta (Dean, GMERS Medical College), along with the resource persons, involved the distribution of certificates to the participants. The event was a resounding success, with participants gaining a solid understanding of GCP guidelines and ethical principles.



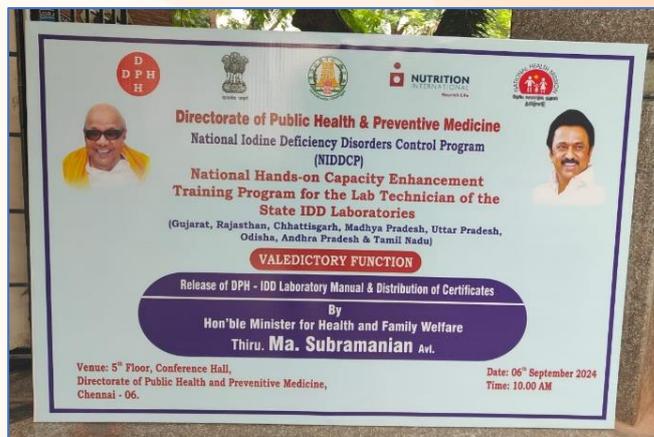
National Iodine Deficiency Disorders Control Programme (NIDDCP) by State IDD Laboratory (Gujarat)

Iodine Deficiency Disorders (IDD) are the leading preventable cause of impaired brain development and subsequent mental retardation among children worldwide. Millions of people are at risk globally, particularly in the South Asian region. Therefore, eliminating IDD is a critical health priority to reduce the disease burden in communities.

Continuous monitoring and evaluation are essential components of an effective IDD elimination program. Ensuring that adequate amount of iodine reach the target population requires the implementation of robust processes and effective monitoring systems. The iodine content in salt serves as a key indicator of the effectiveness of the salt iodization process, while median urinary iodine concentration remains the primary measure of the program's impact.

IDD monitoring laboratories in each state play a crucial role in the successful implementation of the National Iodine Deficiency Disorders Control Programme (NIDDCP). State IDD laboratories in India are located in Gujarat, Rajasthan, Chhattisgarh, Andhra Pradesh, Uttar Pradesh, Madhya Pradesh, Odisha, and Tamil Nadu. These laboratories provide vital, evidence-based data on the availability of iodized salt at the household and retail levels and ensure adequate dietary iodine intake by estimating urinary iodine excretion (UIE).

In this institute, an Iodine Deficiency Disorder Laboratory operating under the Biochemistry Department, located in OPD building room no. 340, 3rd floor, since November 2018. This laboratory receive approximately 200 samples per month for the estimation of urinary and salt iodine. Dept. of Biochemistry is having a dedicated technician, Mr. Saurabh Joshi, who possesses expertise in this work.



Recently, the Directorate of Public Health and Preventive Medicine and the NIDDCP conducted a National Hands-on Training Programme for all laboratory technicians of State IDD labs from 3rd to 6th September. The training focused on the estimation of urinary iodine excretion (UIE) using the Sandell-Kolthoff Reaction and the analysis of iodine content in salt samples using the iodometric titration method. Mr. Saurabh successfully completed the training in Chennai and was awarded a certificate of completion by the Honorable Minister of Health and Family Welfare, Thiru. Ma Subramanian Avl. This achievement is a source of pride for entire GMERS family.

Family Adoption Visit

Family adoption visits to Balva village for the 2021-2022 batch and Nardipur village for the 2023-2024 batch were conducted on 25/09/2024 and 26/09/2024, respectively, under the guidance of Dr. Jignesh Chauhan, Head of the Department of Community Medicine.



During these visits, students conducted anthropometric measurements of all family members present at home. Health education on non-communicable diseases was also provided to all family members.

Comprehensive Primary Health Care (CPHC) Assessment

The Department of Community Medicine conducted a comprehensive primary health care assessment in Gandhinagar district under the guidance of Dr. Jignesh Chauhan, Head of the Department of Community Medicine. In this assessment, twenty-three Ayushman Arogya Mandirs (including 9 PHCs and 14 sub-centres)

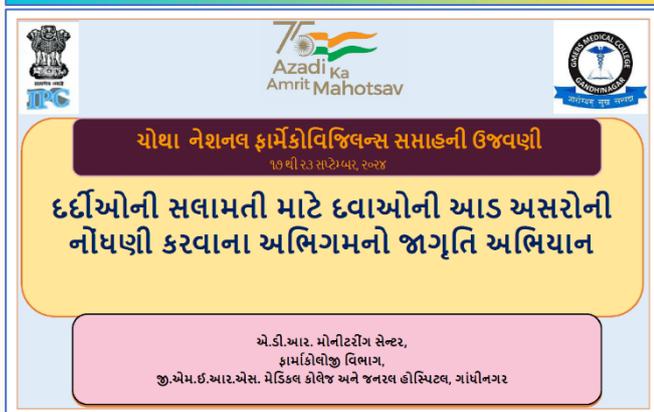
in Gandhinagar district were evaluated based on various parameters affecting the quality of health care delivery, such as infrastructure, availability of health care personnel, capacity building of health care personnel, and patient satisfaction. This was done through field visits and interviews with various health care personnel.



4th National Pharmacovigilance Week Celebration

The Fourth National Pharmacovigilance Week was celebrated from September 17 to 23, 2024, by the Department of Pharmacology, GMERS Medical College, Gandhinagar, under the aegis of the Indian Pharmacopoeia Commission and the National Coordination Centre for the Pharmacovigilance Programme of India (PvPI), Ministry of Health & Family Welfare, Government of India. During these seven days, various awareness and sensitization programs were conducted for healthcare professionals and community members. The theme for this year's Pharmacovigilance Week was "Building ADR Reporting Culture for Patient Safety."

half-hour intervals. At the end of each session, patients and caregivers were encouraged to ask questions related to their specific pharmacotherapy concerns. Additionally, general points for the safe use of medicines were displayed on a multimedia projector throughout OPD registration hours in the local language.



Throughout the week, an awareness program on proper drug usage and their potential adverse drug reactions (ADRs), along with alert card distribution, was conducted in the Outpatient (OPD) and Inpatient (IPD) areas of GMERS General Hospital for the community. General awareness instructions, with a special emphasis on guidance for avoiding common adverse effects, were provided under the guidance of Professor and Head, Dr. Darshan J. Dave. Faculty members from the Department of Pharmacology and pharmacovigilance associates conducted periodic 15-minute awareness sessions at



A sensitization lecture for nursing students and staff was held at C.M. Patel College of Nursing, Gandhinagar, on the topic of reporting suspected ADRs. The session, titled "Sensitization Lecture for Nursing Students on Best Practices in Pharmacovigilance," was conducted by Professor and Head, Dr. Darshan Dave, who is also the Adverse Drug Reaction (ADR) Monitoring Centre Coordinator. Approximately 150 nursing professionals attended the session, where they were trained, through a presentation, on how to accurately complete ADR reporting forms.





Two awareness skits were also performed by MBBS students, highlighting the challenges faced by pharmacists in ADR reporting and suggesting measures to overcome these hurdles. Approximately 20 students participated in this event, which was also graced by the Dean.



In line with this year's Pharmacovigilance Week theme, "Building ADR Reporting Culture for Patient Safety," AMC had also organized a community awareness drive on ADRs and their reporting. To spread awareness at the grassroots level, we engaged with the public through one-on-one conversations at their homes in Sector 6 and the quarters surrounding the hospital campus. Identification and reporting of ADRs were explained in detail by distribution relevant pamphlets.



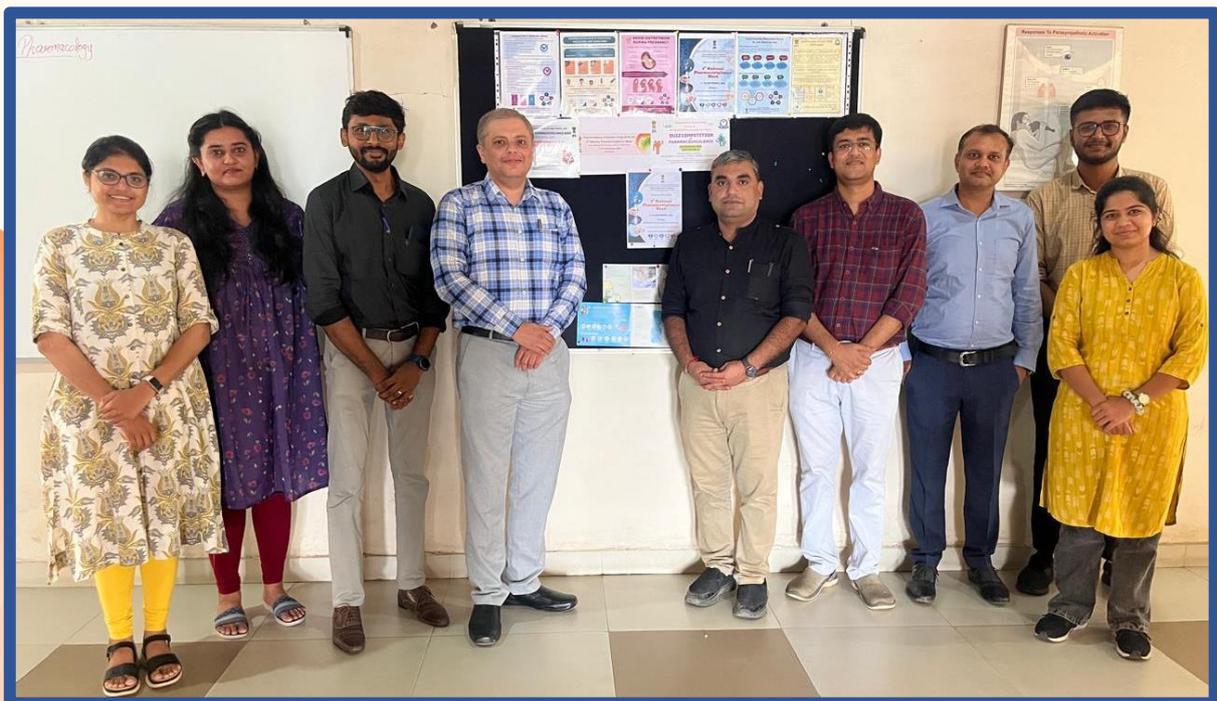
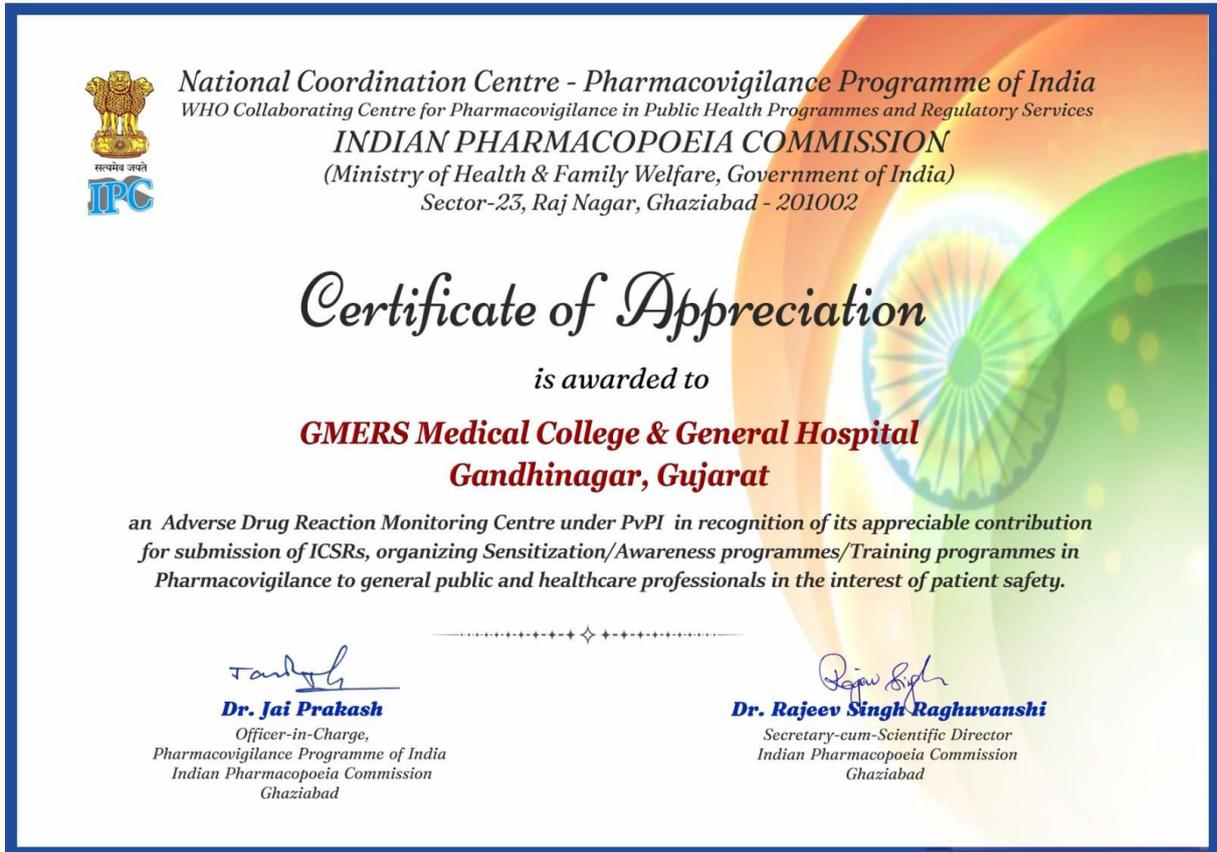
A quiz competition for MBBS students and intern doctors was held on September 23, 2023. Eight teams participated, with four teams selected through a screening process to compete in the final quiz, which comprised four rounds. The quiz rounds were designed to cover various ADRs of different drugs, including image-based ADR identification, a color-based clue round, a "Who Am I" round, and the final round, "Drug Phamble"—a crossword puzzle incorporating drug names and ADRs. All participants received certificates in recognition of their enthusiasm and contribution. Miraj Metaliya, Paras Pandya and Vatsal Domadiya (Final year Phase I) secured first place, followed by Harigna Patel, Aman Balar, Parth Khorat (intern doctors) in second place, and Ekta Pandey, Bansi Raiyani and Ummehani Rangwala (Second MBBS) in third place. The winners were honored with prizes and certificates presented by Dean Dr. Shobhana Gupta and Additional Dean Dr. Darshan Dave.



Fourth National Pharmacovigilance Week was concluded by covering all aspects of awareness and sensitization to foster a culture of ADR reporting among MBBS students, faculty members, nurses, pharmacists, other healthcare professionals, and the community.

The ADR Monitoring Centre at GMERS Medical College, Gandhinagar, has been operational since January 28, 2020. Within a span of 4.5 years, and through the collective efforts of the entire pharmacovigilance team under the able leadership of Professor Dr. Darshan Dave, this centre has achieved the 5th rank out of 859 ADR monitoring centers across India, as part of the Pharmacovigilance Programme of India run by the Indian Pharmacopoeia Commission, Ghaziabad, and the

National Coordination Centre, Ministry of Health & Family Welfare, Government of India. This rank was awarded based on the regular submission of Individual Case Safety Reports (ICSRs) and the conduct of various awareness and training programs on pharmacovigilance for the public and healthcare professionals, all in the interest of patient safety.



Tejomaya: A Cultural Extravaganza

The Tejomaya cultural event organized at GMERS Medical College, Gandhinagar, was a vibrant three-day celebration dedicated to the theme of Indian heritage. With the aim of promoting cultural understanding and connection among students and faculties, the event captured the essence of India's rich traditions, arts, and values.

The event kicked off with an elaborate inauguration ceremony that set the tone for the festivities. Esteemed dignitaries, including the Dr. Manish Ramavat (CEO, GMERS), Dr. Shobhana Gupta (Dean), Dr. Niyati Lakhani (Medical Superintendent), and various faculty members, graced the occasion with their presence. Their words of encouragement resonated with the audience, inspiring students to embrace their cultural identity while fostering a spirit of unity within the community.

Following the inauguration, an award ceremony celebrated academic excellence and sports achievements, underscoring the college's commitment to holistic development. This blend of academic recognition and cultural celebration created an electric atmosphere, sparking enthusiasm and camaraderie among students and faculty alike.

Throughout the three days, a myriad of events unfolded, each meticulously designed to encourage participation and foster connections.



Dance performances celebrated the myriad styles of Indian dance—from classical to folk—and highlighted the students' talent and creativity. Each performance resonated with the rhythm of celebration, inviting the audience to immerse themselves in the joyous spirit of cultural expression. The Fashion Show ignited energy, with students showcasing traditional and contemporary attire that reflected the diversity of Indian culture. The vibrant colors and intricate designs were not just visual delights; they fostered a sense of pride among participants and spectators. Singing competitions filled the air with melodious tunes, as participants poured

their hearts into performances ranging from classical renditions to contemporary hits.



The heartwarming atmosphere encouraged students to showcase their musical talents while fostering connections through shared love for music. The open mic session, Alfaaz, became a platform for self-expression, allowing students to share poetry, stories, and humor with their peers. This nurturing space promoted creativity and built strong narratives of personal experiences, further deepening community bonds. The Treasure Hunt added a layer of excitement and adventure, encouraging teamwork and problem-solving. Participants raced across the college grounds, forging connections and memories that echoed long past the event's conclusion.



Traditional games such as Antakshari and Dumb Charades delighted participants, promoting laughter and camaraderie. Antakshari winners—Nayan Radadiya, Jagravi Vaidya, Kalindi Desai, and Nancy Akbari—exemplified this spirit of joyful competition, breaking barriers and fostering relationships in an environment filled with enthusiasm and joy. The stage was graced with dramatic performances, unlocking a rich tapestry of storytelling that reflected Indian heritage. These dramatizations engaged audiences emotionally, with students connecting through narratives steeped in culture and tradition. Artistic expressions flourished through Painting and Sketching, where students translated their impressions of Indian heritage onto canvas. Photography showcased moments

of joy and piqued appreciation for visual aesthetics, capturing the essence of the event in vibrant frames.



Debate winners—Ravirajsinh Gohil, Vatsal Patel, and Herik Dhameliya—demonstrated their intellectual prowess through intense and engaging discussions, leaving the audience captivated by their eloquence and insight.



Quiz winners, Dr. Abhijit Yadav, Dr. Janak Patel, and Dr. Meetu Singh, shone through their knowledge, making a mark with their quick thinking and depth of understanding.

Culinary talent shone brightly during the Cooking and Pani Puri competitions, revealing a deep-rooted love for Indian cuisine. Students came together to create delicious dishes, sharing flavors and experiences,

further enhancing their bonds with one another. Mehendi and Rangoli competitions added traditional flair, with intricate designs symbolizing beauty and creativity. Mehendi winner—Kinnari Patel—and Rangoli winners—Hiyaa Balakrishnan, Liza Bhingradiya, and Nidhi Patel—showcased their artistic brilliance, bringing the vibrant colors of Indian artistry to life.



Other activities, including the Personality Contest and E-Games, added modernity to the traditional theme, attracting all participants. The Faculty Idol competition allowed faculty members to showcase their hidden talents, creating a sense of community and reinforcing the idea that learning transcends the classroom.

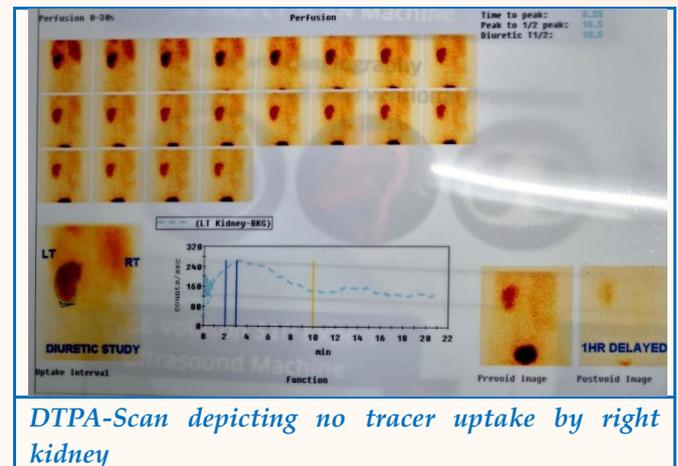
As Tejomaya came to a close, the enthusiasm felt throughout these three days lingered, leaving participants with cherished memories and newfound friendships. This cultural extravaganza not only highlighted Indian heritage but also reinforced the importance of connection and collective celebration within the vibrant GMERS Medical College, Gandhinagar community, instilling a sense of pride and belonging among all.

Case Report: Obstructive Uropathy Resulting in a Non-Functioning Kidney Complicated by Psoas Abscess

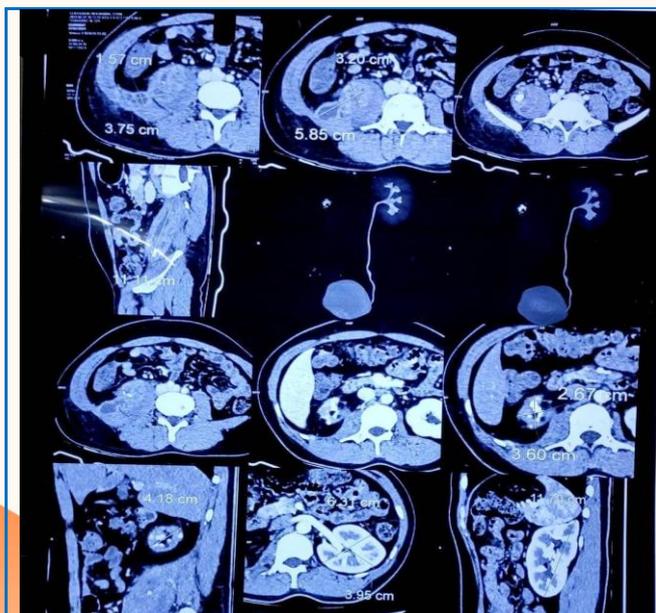
Obstructive uropathy is a condition characterized by the blockage of urinary flow, which can lead to significant renal damage and complications if left untreated. In rare instances, chronic obstruction may result in a non-functioning kidney, which can subsequently cause severe infections or abscess formation.

A case of a 22-year-old male who developed a psoas abscess secondary to a nonfunctioning kidney caused by chronic obstructive uropathy was presented. The patient presented with a one-week history of intermittent fever, lower back pain that aggravated with movement, and vague abdominal discomfort. Physical examination revealed tenderness in the left lumbar region, a positive psoas sign, and restricted hip movement due to pain. Initial blood tests and renal function tests were within normal limits, apart from urinalysis, which suggested sterile pyuria.

multiloculated psoas abscess (5.8x3.1cm in size) was identified as having a fistulous communication with the right hilar area with multiple calcific foci along the track. A DTPA scan confirmed the absence of function in the right kidney.

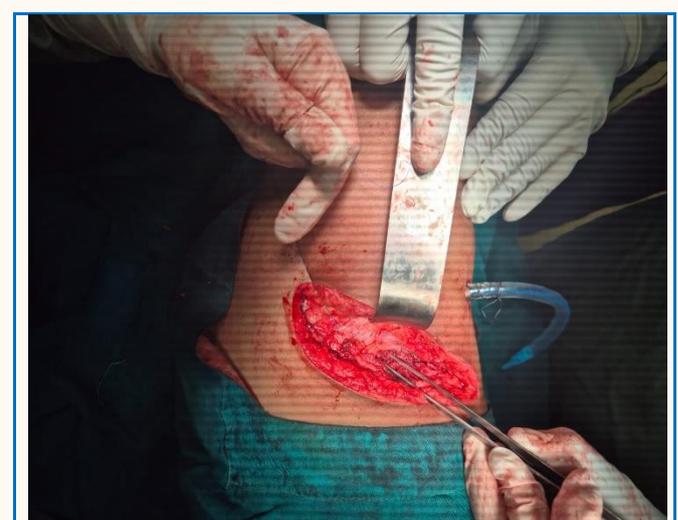


The patient was initially managed with intravenous broad-spectrum antibiotics to cover potential Gram-negative organisms. After stabilizing the patient and achieving infection control, a right nephrectomy with drainage of the psoas abscess was performed. Postoperative care included continued antibiotic therapy, pain management, and physiotherapy for mobility.



CECT-Scan depicting the right kidney and non-visualization of right ureter

Imaging studies, including an ultrasound and CT scan of the abdomen, revealed a non-excreting chronic atrophic small right kidney (26x36x41mm size) with multiple calcifications within and no contrast excretion from the pelvicalyceal system along with non-visualization of the right ureter, consistent with a nonfunctioning kidney. Additionally, a large



Intra-operative picture of right nephrectomy with psoas abscess drainage

The patient showed significant improvement following surgery, with resolution of fever, resolution of pain, and clear and adequate urine. The patient was discharged after two weeks of hospitalization and continued on antibiotics for an additional week.



Intra-operative picture of right nephrectomy with psoas abscess drainage

This case highlights the rare but serious complication of chronic obstructive uropathy leading to a nonfunctioning kidney and subsequent psoas abscess formation. In this patient, the obstruction was likely due to a longstanding ureteropelvic junction (UPJ)

obstruction, a congenital or acquired narrowing that impedes urine drainage from the renal pelvis into the ureter. Over time, this obstruction caused severe hydronephrosis which led to progressive deterioration of renal function. The obstructed and infected kidney likely served as the source of infection, leading to the formation of the abscess. The psoas muscle, due to its proximity to the kidney and its extensive blood supply, becomes a vulnerable site for abscess formation.

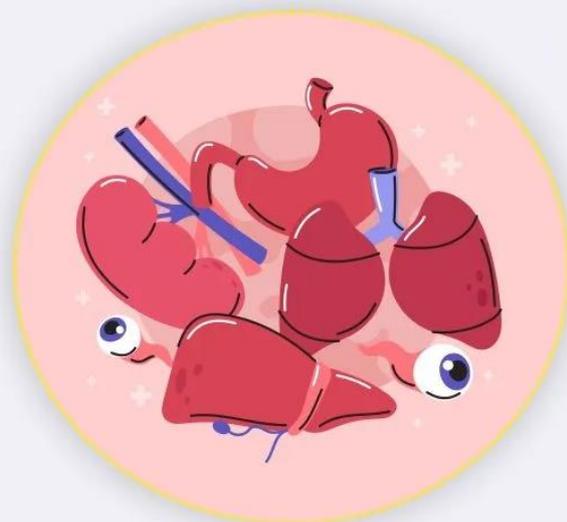
Hence, early recognition and intervention are crucial in managing obstructive uropathy to prevent severe complications. Imaging plays a key role in diagnosing both the underlying cause and extent of the complications and prompt surgical intervention, coupled with appropriate antibiotic therapy, can lead to favourable outcomes even in complex cases involving nonfunctioning kidneys.

We are very thankful to the entire team, including Dr. Pratik Shah (Associate Professor, General Surgery), Dr. Abhijit Yadav (Assistant Professor, General Surgery), Dr. Dharti Patel (Senior Resident, General Surgery), Dr. Vignesh (DNB Resident, General Surgery), Dr. Sheetal (DNB Resident, General Surgery), Dr. Chirag (DNB Resident, General Surgery) and all others who contributed in the successful management of this case.

INDIAN ORGAN DONATION DAY

03 AUGUST

Organ donation can save or improve the lives of many people.



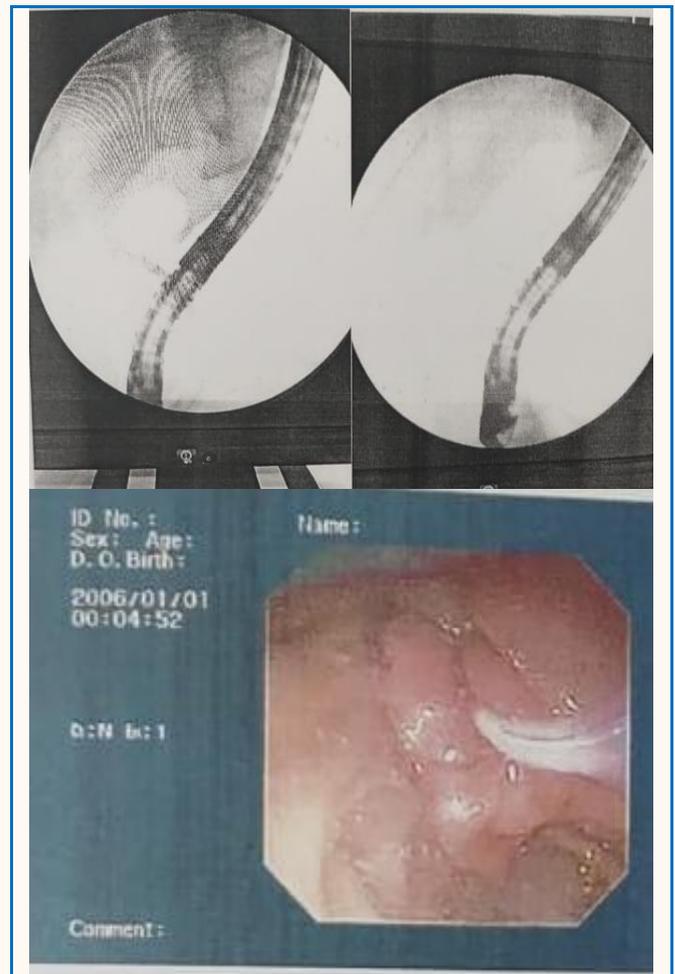
Successful Management of a case of Vasculo-Biliary Injury during Laparoscopic Cholecystectomy

Cholecystectomy is one of the most common operations performed by general surgeons worldwide to remove the gallbladder. However, it may sometimes result in unintended damage to the common bile duct (CBD). Vasculo-biliary injuries are rare but significant complications that can arise during laparoscopic cholecystectomy. These range in severity, from minor CBD leaks to complete transactions, leading to clinical consequences such as bile leakage, jaundice, and infection.

Here, we present a case of a 54-year-old male who underwent laparoscopic cholecystectomy for symptomatic gallstone disease and developed a vasculo-biliary injury intraoperatively. The case was successfully managed with T-tube placement at the Department of Surgery, GMERS Medical College and General Hospital, Gandhinagar.

The patient presented to the surgical OPD with recurrent, intermittent colicky pain localized to the right hypochondrium (RHC), nausea, yellowish discoloration of urine, and diarrhea. Blood and radiological investigations revealed an 8.6 mm soft calculus in the distal end of the CBD, along with its dilatation. He underwent endoscopic retrograde cholangiopancreatography (ERCP) with stent placement and returned to the surgical OPD for planned laparoscopic cholecystectomy a month later.

Intraoperatively, severe adhesions, a sessile gallbladder, and obscured Calot's triangle anatomy were identified, making the laparoscopic approach difficult and necessitating conversion to an open procedure. Despite efforts, the CBD stent could not be located, and subtotal cholecystectomy was performed due to adhesions, with a drain placed in Morrison's pouch. Postoperatively, an MRCP was performed, but no evidence of the stent was found.



ERCP: Post-cholecystectomy leak with complete mid-CBD obstruction



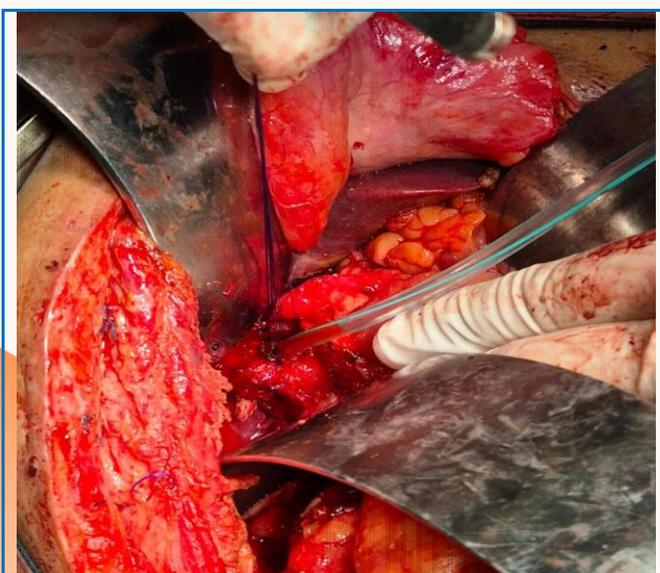
Intraoperative picture of laparoscopic cholecystectomy

The patient exhibited a daily bilious drain output of 200-300 ml, along with RHC pain and tenderness, suggesting the formation of a low-output fistula. Initially managed conservatively, the patient's condition worsened. An ERCP revealed complete obstruction at the mid-CBD level, and ultrasound showed a 144-cc intraperitoneal collection, indicating biliary peritonitis.



Site of bile leakage in CBD

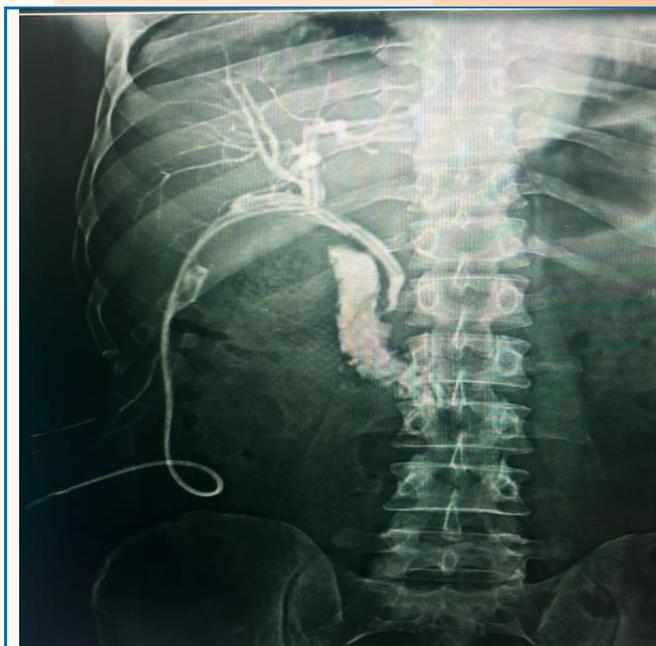
The patient underwent re-exploration surgery, where bile leakage with a two-thirds circumferential transection of the CBD and a gap of less than 1 cm was found. Adhesiolysis and drainage of 300 ml of bile were performed. The patency of the CBD was confirmed using IFT and saline push. Considering the ongoing inflammation, adhesions, and sepsis, damage control surgery was carried out, with the placement of a Kehr's T-tube. The defect was repaired using multiple interrupted sutures with PDS 4-0 and PDS 5-0 sutures, followed by warm saline irrigation and placement of a Morrison's drain.



Intraoperative picture of T-Tube placement in CBD

Over the next 10 days, bilious output increased in the T-tube and decreased in the Morrison's drain. A T-tube cholangiogram confirmed patency, and the tube was removed after 15 days. After 24 hours with no collection and no symptoms, the Morrison's drain was also

removed, and the patient was discharged on 22nd post-operative day.



Postoperative T-Tube cholangiogram

This case demonstrates that early recognition and prompt management are crucial in minimizing morbidity and mortality in vasculo-biliary injuries during laparoscopic cholecystectomy. Adjunctive techniques like Kehr's T-tube placement can be effective in managing complex injuries and promoting healing.

Close postoperative monitoring and follow-up are essential to assess the integrity of the biliary and vascular structures, ensuring favorable long-term outcomes. This case underscores the importance of surgical expertise, intraoperative vigilance, and a multidisciplinary approach in managing challenging cholecystectomy complications.

We extend our gratitude to the entire team involved in the successful management of this case, including Dr. Mehul Patel (Oncosurgeon), Dr. Pratik Shah (Associate Professor, General Surgery), Dr. Umesh Vaishnav (Associate Professor, General Surgery), Dr. Vikas Macwana (Assistant Professor, General Surgery), Dr. Abhijit Yadav (Assistant Professor, General Surgery), Dr. Prayas Bachani (Senior Resident, General Surgery), Dr. Vignesh (DNB Resident, General Surgery), Dr. Sheetal (DNB Resident, General Surgery), and Dr. Chirag (DNB Resident, General Surgery), among others.

A Masterclass in Reconstructive Surgery: Wide Local Excision and Karapandzic Flap Reconstruction for Lower Lip Squamous Cell Carcinoma

In oncologic surgery, the challenge is not only to eradicate the disease but also to restore the patient's function and appearance as closely as possible to preoperative state. This dual objective was the focus of a recent case where our surgical team successfully performed a wide local excision combined with a reconstructive Karapandzic flap on a 60-year-old female patient diagnosed with squamous cell carcinoma (SCC) of the lower lip.

Squamous cell carcinoma (SCC) of the lower lip accounts for over 25% of oral cancers. SCC is often associated with chronic sun exposure, smoking, tobacco intake, or immunosuppression. The lower lip, due to its greater exposure to ultraviolet (UV) radiation, is more commonly affected than the upper lip. This cancer can be aggressive, with potential for local invasion and metastasis to regional lymph nodes. Therefore, the surgical treatment plan for SCC patients includes tumor excision, lymph node dissection, and reconstruction.

the defect. The flaps were meticulously rotated and sutured into place, with careful attention to symmetry and alignment to avoid tension, which could compromise the blood supply. The mucosa was closed separately, and the skin was sutured to minimize scarring and maintain the natural curvature of the lip. A modified neck dissection was performed, removing lymph nodes from levels I-III while sparing the sternocleidomastoid muscle, internal jugular vein, and spinal accessory nerve to reduce morbidity.

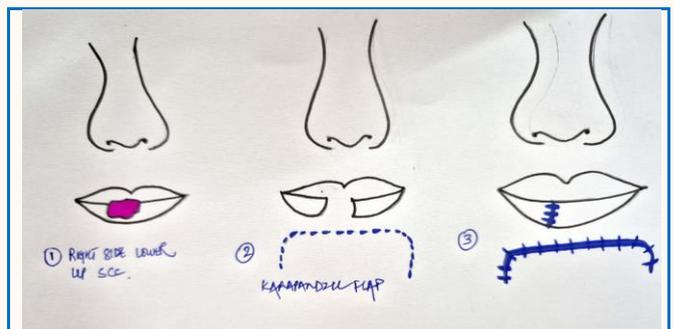


Preoperative picture showing the site of lesion

A 60-years-old female was presented with a rapidly growing ulcerative lesion on the right side of her lower lip. A biopsy confirmed SCC, and the patient was planned for surgery. An incision was made around the tumor, extending into adjacent normal tissue to ensure complete excision. An inverted curvilinear incision was made below the lower lip along the natural skin creases and extended laterally to design rotational flaps to cover



Intraoperative picture (above-lower lip)



Karapandzic technique flap incision

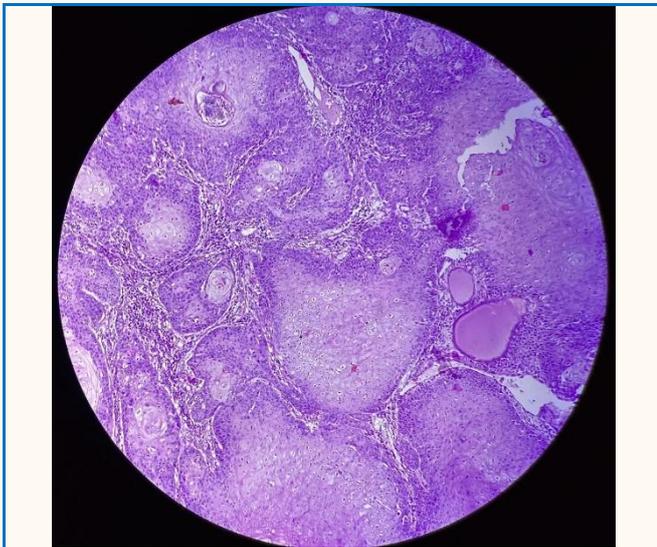
The patient was closely monitored postoperatively for any signs of flap ischemia, hematoma, or infection. The recovery process involved speech therapy and physiotherapy to assist in regaining oral function, particularly articulation and eating. The cosmetic outcome was excellent, with the patient retaining a near-

normal appearance of the lower lip and no significant functional deficit.

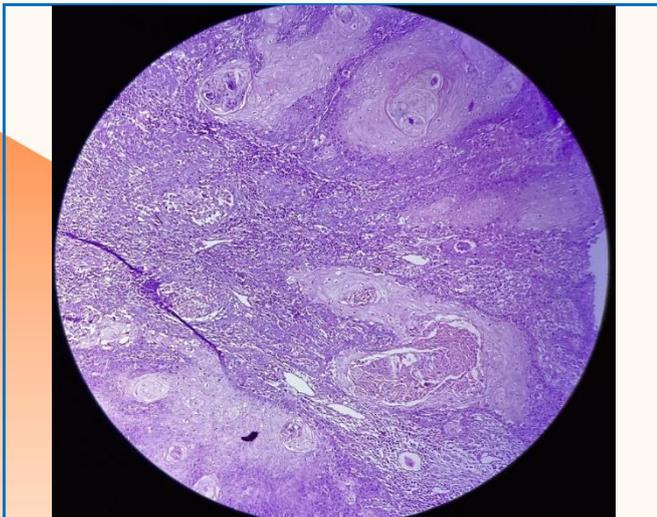


Postoperative day 1

Postoperative day 10



Severe dysplastic squamous epithelium with underlying stroma infiltrated with malignant tumor cells



Keratin pearl formation seen

This case exemplifies the delicate balance between oncologic control and reconstructive success that surgeons strive for. The wide local excision ensured the complete removal of the squamous cell carcinoma, while the Karapandzic flap provided reliable and aesthetically pleasing reconstruction of the lower lip.

In conclusion, the surgical success achieved in this case highlights the importance of a multidisciplinary approach and the surgeon's expertise in utilizing advanced reconstructive techniques.

We extend our heartfelt gratitude to the entire team, including Dr. Mehul Patel (Oncosurgeon), Dr. Pratik Shah (Associate Professor, General Surgery), Dr. Abhijit Yadav (Assistant Professor, General Surgery), Dr. Nikunj Suthar (Associate Professor, Pathology), Dr. Dharti Patel (Senior Resident, General Surgery), Dr. Vignesh (DNB Resident, General Surgery), Dr. Sheetal (DNB Resident, General Surgery), Dr. Chirag (DNB Resident, General Surgery), and all others who contributed, directly or indirectly, to the successful outcome of this case.

Engaging Patients for Patient Safety

A call to stakeholders and policymakers to incorporate patients in policy creation, co-designing safety initiatives, health care administration, and self-care. **World Patient Safety Day- September 17**

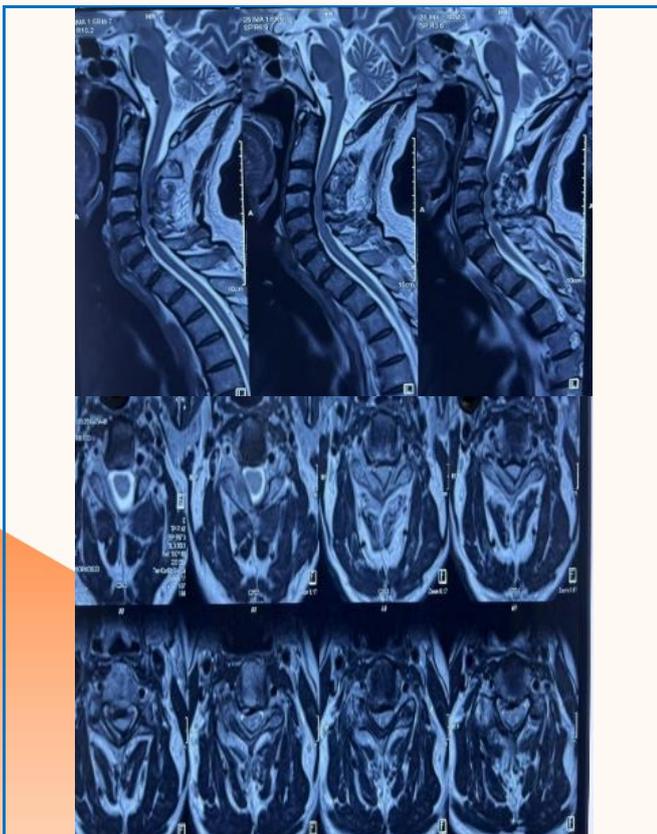
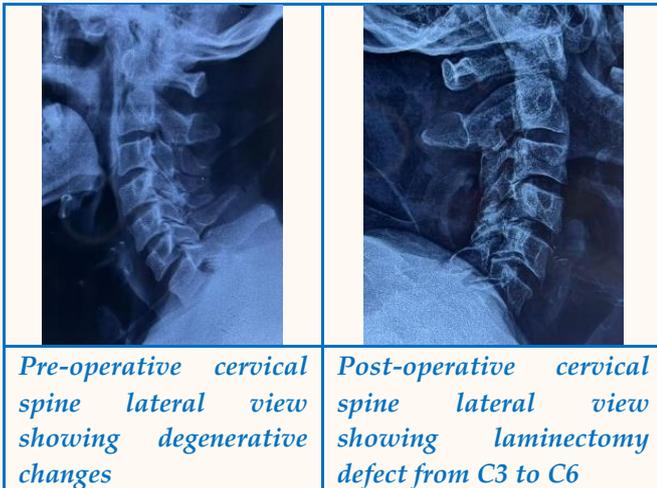

World Patient Safety Day
17 Sept

Case Report: Cervical Myelopathy

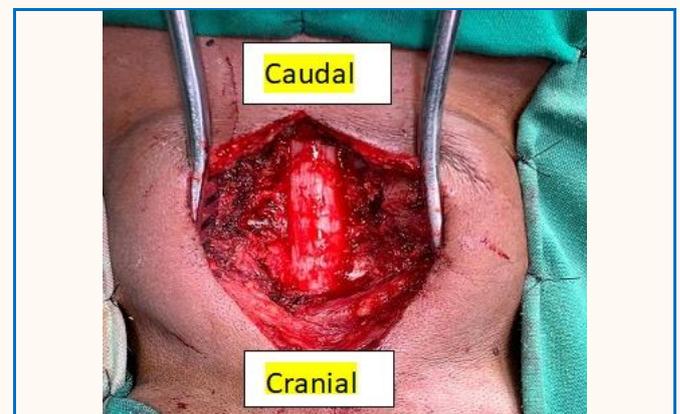
A 62-year-old male laborer presented with complaints of difficulty in walking, clumsiness in both hands, tingling sensations in his hands and feet for one month, and difficulty performing daily activities like combing hair and dressing. He also experienced significant balance loss while walking, along with a loss of bowel and bladder sensation.

revealed brisk (Grade 3) deep tendon reflexes, a positive Hoffman's reflex, plantar extensor response, and ankle clonus. A generalized increase in muscle tone was observed in both upper and lower limbs (Grade 2 – Modified Ashworth Scale). Shoulder abductors (C5) and elbow flexors (C6) were bilaterally weak (Grade 3 – Manual Muscle Test Score). Bilateral hand grip was weak (Grade 3). Hypoesthesia was noted from C5 to T1 and L2 to S1 dermatomes bilaterally. Hip flexors (L2), knee extensors (L4), and ankle dorsiflexors (L5) were all weak (Grade 3 – Manual Muscle Test Score) bilaterally. A working diagnosis of an upper motor neuron lesion with long tract signs was made, which, along with a history of leg stiffness, strongly suggested myelopathy.

Cervical X-rays revealed degenerative osteophytic changes. MRI confirmed spondylotic changes and canal stenosis at C3/4, C4/5, C5/6, and C6/7 levels. After routine blood investigations and pre-operative assessment, the patient was scheduled for surgery. A posterior cervical laminectomy was performed from C3 to C6, freeing the spinal cord. The patient was shifted to the ward uneventfully.



MRI cervical spine sagittal and axial view showing cord compression at C3/C4, C4/C5, C5/C6, C6/C7 level



Intra-operative image showing decompressed spinal cord

On post-operative day 2, the patient's sensations and spasticity had improved significantly. Bedside sitting was initiated after applying a Philadelphia collar. The patient was discharged on post-op day 6 and advised to follow up in the outpatient department.

We extend our heartfelt gratitude to the operating team, including Dr. Mitul Mistry (Associate Professor, Orthopaedics), Dr. Chirag Prajapati (Assistant Professor, Orthopaedics), and Dr. Rishav Raj (DNB Resident, Orthopaedics) for their skilled and dedicated efforts in the successful management of this case.

On examination, the patient walked with support and had a wide-based gait. Neurological examination

Diagnostic Capabilities Enhanced at Central Serving Laboratories

Central Serving Laboratories play a pivotal role in hospitals, supporting diagnosis, treatment, and prevention of diseases. The Clinical Biochemistry laboratory department analyzes approximately 450 samples/day for catering to more than 50 parameters including routine biochemistry and special parameters like TSH, Total T₃, Total T₄, Vitamin D₃, Vitamin B₁₂, S. Iron, TIBC (Total Iron Binding Capacity), Ferritin, CRP, HbA1c and many more. We are excited to announce a significant enhancement of our diagnostic capability at our setup. With the support of the Dean and superintendent madam, we have recently incorporated the new diagnostic parameters Total PSA and β -HCG which we believe will greatly enhance our diagnostic capabilities and allow us to offer more comprehensive care to our patients. Additionally, the test aligns with our mission to continuously improve the quality of care we provide to our patients.

The central service laboratory is not only committed to deliver high-quality reports and expanding the range of test parameters but also striving to improve the report delivery system so that the treating physician can receive the report as early as feasible. This system allows the doctors to access the laboratory results quickly and conveniently directly from their mobile, desktop in wards and laptop so they can treat the patient in accordance with it for the patient's benefit.

How to Use the System

- [1] *Scan the QR (quick-response) Code or use link:* The provided QR code and link will open the General Hospital Gandhinagar, Diagnostic Report Viewer page on your screen. The said page will ask for a user name and a password. Password and username have been provided to respective HODs of all clinical departments.



Link: <http://103.240.168.117/lisviewer>

- [2] *Enter MRD No.:* Enter the MRD Number of the patient in the provided box. It will show the patient list according to year.
- [3] *View the Report:* Select your patient then click on the report you want to view.



લાગણી નો અંકુર

અમદાવાદ ની સિવિલ હોસ્પિટલના બાળકો ના વોર્ડ ની બહાર દર્દીઓ ની ચલવપલવ વધુ હતી, જોકે આમ તો હંમેશા દર્દી ઓ ની ભીડ થી ઘેરાયેલી રહેતી સિવિલ હોસ્પિટલ આજે વધારે ભીડ થી ઉભરાયેલી હતી અને એમાંય હમણાં વર્ષેલા કમોસમી વરસાદ ના લીધે બાળકો ના વોર્ડ આગળ ભીડ વધારે હતી. એવા માં દર્દી ઓ ની ભીડ ને ચીરી ને ગળા માં સ્ટેથોસ્કોપ અને સફેદ એપ્રોન માં સજ્જ પાણ ચહેરા પર સહેજ થાક ની રેખાઓ સાથે ડૉ. નિરવ પ્રવેશી. હજુ હમણાં જ નિરવ એ બાળરોગ ના એમડી ના અભ્યાસક્રમ માં એડ્મિશન લીધું હતું અને ફર્સ્ટ યર રેસિડેન્ટ ડોક્ટર તરીકે બાળ રોગ ના વોર્ડ ની તમામ જવાબદારી ઉપાડી લીધી હતી, કામ ના બોજ હેઠળ દબાયેલી નિરવ એક બાળદર્દી ની માતા-પિતા સાથે વાત કરી રહી હતી, બાળક ના કેટલાક ટેસ્ટ કરાવવા માટે એના માતા પિતા ને કહ્યું હતું પાણ હજુ સુધી ટેસ્ટ નહોતા કરાવ્યા એટલે નિરવ ને ગુસ્સો આવ્યો,

“કેટલી વાર કહેવાનું બેન, આ ટેસ્ટ કરાવવા જઈ આવો પાણ હજુ સુધી ગયા નથી? માઝ બાળક છે કે તમારું ?” રાતાચોળ ચહેરે મન માં ને મન માં બબડતી નિરવ આગળ વધી ગઈ.

દૂર થી ડૉ. અવિજિત કે જે આ બાળરોગ વિભાગ ના વડા હતા એ બધુ જ નિહાળી રહ્યા હતા. એમને જોયું કે નિરવ ના આવા વર્તન થી એ બાળક ની માતા ને હૃદય માં કેટલું દુખ થયું હશે ! નિરવ એ લાગણી ના હાવભાવ ને પારખી શકતી નહોતી. ડૉ. અવિજિત ના માર્ગદર્શન હેઠળ એમડી નો અભ્યાસક્રમ કરી રહેલી નિરવ આમતો તેજસ્વી હતી, મહેનતુ હતી ને ખંત થી કામ કરતી હતી પાણ દર્દી સાથે લાગણી ના તંતુ બાંધી ને વાત નહોતી કરતી. દર્દી ને ડોક્ટર ના આવા વ્યવહાર થી દુખ થાય એ વાત હજુ સુધી નિરવ સમજી શકતી નહોતી અને આ વાત નું દુખ ડૉ. અવિજિત ને સતાવતું. તે નિરવ અને એમના બીજા વિદ્યાર્થીઓને પાણ દર્દી સાથે સારા વ્યવહાર ની સાથે સાથે એક લાગણી સાથે જોડાઈ ને સારવાર નું સમજાવવા માંગતા હતા પાણ કોઈ રસ્તો નહોતો સૂઝતો, અચાનક એક રસ્તો એમને એક વાત યાદ આવી ને તમામ વિદ્યાર્થી ને પોતાના તમામ વિદ્યાર્થી ઓ ને પોતાની ચેમ્બર માં બોલાવી લીધા. “આવ નિરવ, બેસો બધા. કોઈ કહેશો કે આપણાં હોસ્પિટલ માં બાળક નો મૃત્યુ દર કેટલો છે? ”

અચાનક સર ના આવા પ્રશ્ન થી બધાને નવાઈ લાગી.

“સર ગયા મહિને 36 બાળકો મૃત્યુ પામ્યા હતા, એમાં સર 40% બાળકો ન્યુમોનિયા ના લીધે અને”

નિરવ ને પ્રત્યુત્તર આપતા આપતા વચ્ચે થી જ ડૉ. અવિજિત એ અટકાવી.

“મે મૃત્યુ ના કારણો નથી પૂછ્યા, મારે તમને એક બીજી વાત કરવી છે.” ડૉ. અવિજિત જેમ જેમ બોલતા હતા એમ એમ નિરવ સહિત અન્ય વિદ્યાર્થીઓ પાણ અચરજ સાથે ડૉ. અવિજિત સામે જોઈ રહ્યા હતા.

“કેટલી સહજતા થી આપણે આ મૃત્યુદર નો આંકડો બોલીએ છીએ, શું તમે જાણો છો કે આ આંકડા પાછળ ની વેદના? એક બાળક ના મૃત્યુ બાદ એક માં ની વેદના?” ડૉ. અવિજિત નો સ્વર ભારે હતો.

બધા જ મૂક મને ડૉ. અવિજિત ની વાત ધ્યાન થી સાંભળી રહ્યા હતા.

“આજે હું તમને એક સુજ્ઞતા ની વાત કહીશ..” ડૉ. અવિજિત એ આગળ વાત શરૂ કરી.

“સુજ્ઞતા આજે ત્રણ દિવસ થી હોસ્પિટલ ના આઈસીયુ વિભાગ ની બહાર બેઠી

છે, ત્રણ દિવસ થી એનું બાળક ગંભીર રીતે બીમાર છે, ત્રણ દિવસ થી એ એકલી જ બેઠી છે, એનો પતિ એની સાથે નથી કેમ કે એ મજૂરી કરી ને ગુજરાન ચલાવે છે અને મજૂરી માં એક દિવસ ની પાણ રજા પડે એ અત્યારે પોપાય એવું નથી કેમ કે સુજ્ઞતા ખૂબ જ ગરીબ છે અને એ બંને એમના ગામ થી થી દૂર શહેર માં અહી વ્યવસાય ની શોધ માં આવ્યા છે. ત્રણ દિવસ થી એની છાતી દૂધ ના ભરાવા ના લીધે એકદમ કઠણ બની ગઈ છે, એ આઈસીયુ વિભાગ ની બહાર ના બાંકડા પર બેસી બેસી એ રાહ જોવે છે કે ક્યારે ડોક્ટર કે નર્સ બહાર આવે અને એવું કહે કે હવે તમારું બાળક સાજું થઈ ગયું અને હવે તમે એને તમારું દૂધ પીવડાવી શકો છો.



ડોક્ટર અને નર્સ બહાર આવે છે, જાય છે પાણ સુજ્ઞતા સામે નજર સુધ્ધાં પાણ નહોતા નાખતા, કેમ કે એના બાળક ની તબિયત માં સુધાર હજુ સુધી નહોતો થયો. એક આશા સાથે એ દરવાજો ખૂલે એટલે ડોક્ટર અને નર્સ ની સામે જોઈ રહે છે, એને મન માં એવું થાય છે કે ડોક્ટર હમણાં એવું કહેશે કે તમારું બાળક સાજું થઈ ગયું છે અને તમે હવે એને તમારું દૂધ પીવડાવી શકો છો ને ઘરે જઈ શકો છો પાણ સુજ્ઞતા ની આશા ઠગારી નીવડે છે.

ને અચાનક ત્રણ દિવસ ના અંતે આઈસીયુ નો દરવાજો ખૂલે છે, ડોક્ટર અને નર્સ એના બાળક ને લઈ ને બહાર આવે છે, સુજ્ઞતા રાજ થઈ જાય છે પાણ એની ખુશી ક્ષણભંગુર બની રહે છે. જ્યારે ડોક્ટર અને નર્સ નજીક આવે છે અને એનું બાળક એને ખોળા માં આપતાં એવું કહે છે કે માફ કરજો અમે તમારા બાળક ને બચાવી ના શક્યા.

સુજ્ઞતા એના બાળક ને ખોળા માં તો લઈ લે છે પાણ ડોક્ટર ની વાત માનવા તૈયાર નથી કે એનું બાળક મારી ગયું છે, કેમ કે એ સૂઈ પાણ જતું હતું ને ત્યારે પાણ આવું જ દેખાતું હતું. ડોક્ટર અને નર્સ તો બાળક ને આપી ને પાછાં ચાલી જાય છે, પાણ સુજ્ઞતા પોતાના બાળક ને ખોળા માં લેતાં જ એને ઉઠાડવા ના પ્રયત્નો ચાલુ કરે છે, એના નાના નાના હોઠ પર હાથ ફેરવે છે આની નાની નાની આંખો અને નાક પર પ્રેમ થી આંગળીઓ ફેરવે છે, તેના ગાલ પર એક વ્હાલભર્યું

ચુંબન કરીને હેત વર્ષાવે છે, એના હાથ નીચે પડી જાય છે તો હાથ ને પકડે છે, એની ડોક ને આધાર આપે છે. ખોળા માં પ્રેમ થી બાળક ને ઉઠાડતી ઉઠાડતી સુજતા હોસ્પિટલ ની બહાર જાય છે, હોસ્પિટલે બહાર એના માટે એમ્બ્યુલન્સ ની વ્યવસ્થા કરી છે, જેવી હોસ્પિટલ ની બહાર આવે છે કે બહાર નો કોલાહલ સાંભળી ને ખુશ થઈ જાય છે એને એમ કે હવે એનું બાળક ઉઠી જશે કેમ કે એને અવાજ માં ઊંઘવાની ટેવ નહોતી. એના બાળક ને ઉઠાડે છે અને પોતાના બાળક સાથે સંવાદ સાધે છે

“ઉઠ ને બેટા, હવે આપણે ઘરે જવાનું છે, ઉઠ ને બેટા તારે તારી મમ્મી નું દૂધ નથી પીવું. ઉઠ ને બેટા ઉઠ ને, જો હવે આપણે હવે પીપ પીપ માં ઘરે જવાનું છે, અહીં નથી રહેવાનું, આપણે ઘરે જઈ ને બંને જણા રમીશું. ઉઠ ને બેટા, ઉઠ ને ! કેમ આજે આવું કરે છે!”

ને ભારે હૈયે સુજતા એમ્બ્યુલન્સ ના એક ખૂણા માં ગોઠવાઈ જાય છે, અને ફરી પાછાં એ જ પ્રયત્નો એના ચાલુ રહે છે હવે તો એ દૂધ પીવડવા એટલી અધીરી બને છે કે છાતી ખોલી ને બાળક ના મોં માં મૂકી દે છે. અત્યારસુધી તો એવું બનતું હતું કે એનું બાળક ઊંઘ માં પણ જ્યારે છાતી મોં માં લે તો ધાવવા લાગતું હતું આપણ આજે એના હોઠ બિલકુલ ફફડતા નથી, એ જોઈ ને એને છાતી માં ભાર લાગે છે કે કેમ આજે એનું બાળક આવું કરે છે. ફરી પાછાં એ એના કપડાં સરખા કરે છે અને એને એ ક્ષણ યાદ આવી જાય છે કે જ્યારે એ એના બાળક ને નવડાવતી હતી, ત્યારે કેવા છબ છબિયાં કરતું હતું અને નવડાવી ને આ કપડાં પહેરાવ્યા ત્યારે એ કેવું સરસ મજાનું સ્મિત કરતું હતું, સુજતા ની આંખો માં આ વાત ને લઈ ને ચમક આવે છે અને હોઠ પર હાસ્ય આવે છે, પણ જ્યારે ભૂતકાળ માં થી વર્તમાન માં પાછી ફરે છે અને પોતાના બાળક ની બંધ આંખો પર જ્યારે નજર જાય છે ત્યારે એનું હાસ્ય વિલાઈ જાય છે, અને ફરી એ પોતાના બાળક ને ઉઠાડવા ના પ્રયત્નો ચાલુ કરે છે.

એટલા માં એનું ઘર આવી જતાં એ બાળક ને લઈ ને એની ઓશરી માં પ્રવેશ કરે છે, એ જુએ છે કે પોતાના બાળક ના રમકડાં અસ્તવ્યસ્ત પડ્યાં છે, એક એક રમકડાં ને જોતાં જ જ્યારે એનું બાળક એ રમકડાં સાથે રમતું હતું એ ક્ષણ જીવંત બને છે ને વિચારે છે કે આ ઘૂઘરા સાથે એનું બાળક કેટલું રમતું હતું, હમણાં પેલી મોટર હાથ માં લઈ ને ફરતું હતું અરે હમણાં જ પેલો ખાટલા નો પાયો પકડી ને ઊભા થઈ ને એની માં ને બોલાવી ને સ્મિત આપતું હતું. પોતાના બાળક ની કિલકારીઓ થી ગુજતું રહેતું ઘર આજે સૂનું પડી ગયું હતું. ઘર ના એક ખૂણા માં એના નાના બાળક ની એક નવી કપડાં ની જોડ પડી છે, એને વિચાર્યું હતું કે કોઈ સારો પ્રસંગ આવશે ત્યારે એને એ કપડાં પહેરાવશે પણ હવે કદાચ એ પ્રસંગ નહીં આવે એવું વિચારી ને એ હોસ્પિટલ ને કપડાં ને કાઢી ને પોતાના મરેલા બાળક પર ભીની આંખે અને ભારે હૈયે નવા કપડાં પહેરાવે છે.

...અને એટલા માં જ આજુબાજુ જ્યારે ખબર પડે છે ત્યારે પાડોશીઓ અને વડીલો આવે છે એને સમજાવે છે સાંત્વના આપે છે અને એનું બાળક પાછું માંગે છે હવે દાટવા માટે. નથી આપવું એને એનું બાળક. શું કામ આપે એ એનું બાળક ? 9 મહિના પેટ માં અને 9 મહિના પેટ ની બહાર જતન કરી ને સાચવેલું બાળક શું કામ આપે એ કોઈ ને દાટવા? ઘણી સમજાવટ ના અંતે એ પોક મૂકી ને રડે છે અને રડી ને જ્યારે એ પોતાનું બાળક એક વડીલ ને દાટવા માટે આપે છે, જરા વિચારજો કે એક માં ના હૃદય ની સ્થિતિ શું હશે? સુજતા ની આંખો માં થી અશ્રુધારા વહેતી જ જાય છે વહેતી જ જાય છે. જ્યારે વડીલ એના મૃત

બાળક ને લઈ ને ઘર નો ઉંબરો જોવો ઓળંગે છે કે તરત એ વડીલ ને રોકે છે એમને ઊભા રહેવાની વિનંતી કરે છે ને કહે છે કે “એક છેલ્લી વાર મને મારા બાળક ને જોઈ લેવા દો.”

એ એના બાળક ને છેલ્લી વાર જોવે છે એના નાના નાના હોઠ પર હાથ ફેરવે છે આની નાની નાની આંખો અને નાક પર પ્રેમ થી છેલ્લી વાર આંગળીઓ ફેરવે છે, તેના ગાલ પર એક છેલ્લું વ્હાલભર્યું ચુંબન કરીને હેત વર્ષાવે છે અને પોતાના બાળક સાથે એક છેલ્લો સંવાદ સાધે છે.

“બેટા સૂઈ જાજે, હવે તને તારી મમ્મી ઉઠાડવા નહીં આવે.”
એ દોડતી જાય છે અને ઘોડિયા માં થી એક ઘૂઘરો લઈ ને એ વડીલ ને આપે છે એને ભારે અવાજ સાથે એક અરજ કરે છે “ આને જ્યાં પણ સુવડાવો, આ એક ઘૂઘરો એના હાથ માં મૂકી દેજો અને ઘોડિયા માં ઘૂઘરો પકડી ને જ ઊંઘવાની ટેવ લતી.”

અને જ્યારે એ વડીલ પોતના મૃત બાળક ને લઈ ને જાય ને દેખાતા બંધ થાય ત્યાં સુધી એ વહેતી આંખો એ નિહાળે છે. પોતાના બાળક ને વિદાય આપવા ઊંચો કરેલો સુજતા નો હાથ ઊંચો જ રહી જાય છે.”

ને વાત પૂરી કરતાં કરતાં જ ડો. અવિજિત નો સ્વર ભારે થઈ જાય છે અને ભીની આંખો એ જ્યારે એમના વિદ્યાર્થીઓ પર નજર ફેરવે છે તો દરેક ની આંખો ભીની હોય છે. એમને લાગે છે કે એમને જે સમજાવું હતું એ દરેક વિદ્યાર્થીઓ સારી રીતે સમજી ગયા છે.

નિરલ ની આંખો માં હવે ભારોભાર પરતાવો દેખાય છે. એક દર્દી પાછળ આટલી સંવેદના હોય છે એનો હવે એને ખ્યાલ આવે છે. પોતે જ્યારે મૃત્યુદર મોં આંકડા ને રજૂ કર્યો ત્યારે એને ખ્યાલ જ નહોતો કે એક બાળ મૃત્યુ સાથે આટલી બધી લાગણીઓ જોડાયેલી હોય છે. અને એક ડોક્ટર તરીકે પોતાનું કામ બીમારી ને સાથે સાથે આટલી બધી લાગણીઓને સાચવવાનું હોય છે એ હવે નિરલ ને સમજાય છે. નિરલ ના હૃદય માં હવે લાગણી નો અંકુર પાંગરી રહ્યો હતો.

નિરલ ની હવે કોઈ પણ દર્દી સાથે ની વાત માં પ્રેમ છલકાય છે, એ પ્રેમ થી એ દરેક ને સમજાવે છે, દરેક બાળ દર્દી સાથે એક લાગણી ના તંતુ સાથે જોડાઈ ને એમની સારવાર કરે છે, ને હવે વોર્ડ માં સહુ કોઈ ડો.નિરલ ના જ આવવાની રાહ જોવે છે.

નિરલ આજે એના શહેર ની બેસ્ટ પીડિયાટ્રિક ડોક્ટર છે, જે દર્દ ની સાથે સાથે એની સાથે જોડાયેલી સંવેદના ને પણ સમજે છે.

From his book "Sneh no Setubandha"

(Link: <https://amzn.eu/d/flhBn9X>)

“નીલ”

Dr. Nilesh Thakor,

Associate Professor,

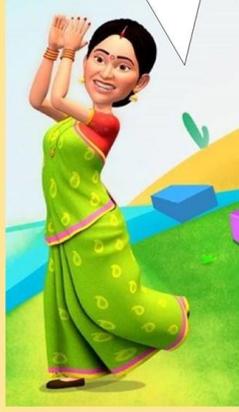
Department of Community Medicine

गोकुलधाम की ज़िम्मेदारी: ADR रिपोर्ट करके बचाएँ सबकी ज़िन्दगी!

अरे भाई, जैसी दुकान के माल की गुणवत्ता जांच करते हैं, वैसी ही दवाओं का भी फीडबैक देना ज़रूरी है। Adverse drug reactions को रिपोर्ट करो, ताकि सब सुरक्षित रहें। समझे के नहीं समझे?



हे माँ माताजी! जैसे घरवा में हम सब मिलके चरखा घुमाते हैं, वैसे ही हम सब मिलके ADR को रिपोर्ट करके रोगी सुरक्षा का चरखा घुमाएँ। अरे बाह, मजा नी लाइफ!



अरे जेटिया! जैसा मैं तुम्हें हर बार समझता हूँ, वैसा ही मैं सबको कह रहा हूँ—दवाई का गलत असर हो तो तुरंत रिपोर्ट करो। ये देश सेवा का काम है!



मैं एक सख्त सेक्रेटरी हूँ और ये मेरा फ़र्ज़ है कि सब सुरक्षित रहें। ADR को रिपोर्ट करना अपनी ज़िम्मेदारी समझो, वरना मैं फाइल लगा दूंगा! सुरक्षा में कोई समझौता नहीं!



Taarak Mehta
ka **BOOLTAH**
CHASHMAH

गोकुलधाम की
ज़िम्मेदारी: ADR
रिपोर्ट करके बचाएँ
सबकी ज़िन्दगी!

टप्पू सेना हमेशा एक्शन में रहती है! आप भी एक्शन में आएँ और अगर कोई दवा का साइड इफ़ेक्ट हो, तो उसकी रिपोर्ट करें। हम सब मिलके रोगी सुरक्षा का बैपियन बनें!



मैं हूँ होपटलाल, भारत का एकमात्र पत्रकार जिसे शादी करनी है! पर उसे पहले एक ज़िम्मेदार नागरिक होना ज़रूरी है। एडवर्स ड्रग रिएक्शन्स को रिपोर्ट करो, क्योंकि यह पेशेंट सेफ्टी का सवाल है!



यारों, मैं हूँ पंजाब दा पुत्रा! जे कोई दवाई तुम्हान कर रही है, तो रिपोर्ट करो! दिल से सबकी सेफ्टी की ज़िम्मेदारी उठाओ, क्योंकि हेल्थ मैटर्स, वीरे!

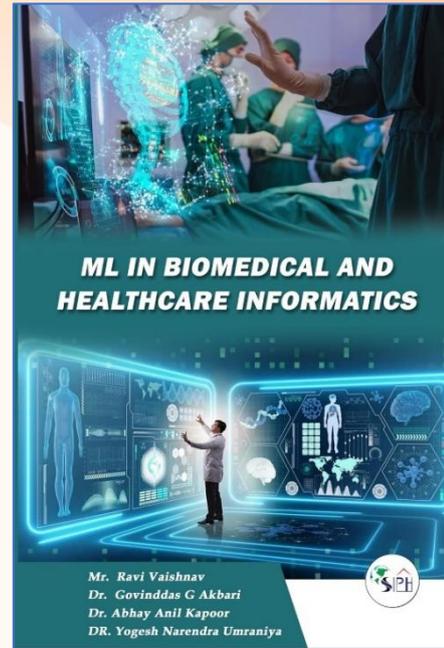


सही दवा इंसान की जान बचती है, लेकिन अगर गलत असर करे, तो रिपोर्ट करना आपका फ़र्ज़ है। हम सब मिलकर एक ऐसा कल्चर बनाएंगे जहाँ ADR रिपोर्ट करना आम बात है। You Share, We Care!



The rapid advancement of machine learning (ML) and data science has ushered in a new era in healthcare, where innovative technologies and data-driven approaches are transforming patient care, clinical decision-making, and biomedical research. As the healthcare sector increasingly embraces digital transformation, it becomes crucial to understand the potential, applications, and implications of these technologies to unlock their full benefits. This book, *ML in Biomedical and Healthcare Informatics*, co-authored by Dr. Yogesh Umraniya (Assistant Professor, Anatomy), aims to provide a comprehensive exploration of the intersection between machine learning, data science, and healthcare, highlighting the opportunities, challenges, and practical applications that define this dynamic field.

Healthcare is inherently complex, involving vast amounts of data generated from diverse sources such as electronic health records (EHRs), wearable devices, imaging technologies, and genomics. Machine learning offers powerful tools to make sense of this data, enabling the extraction of meaningful patterns, predictions, and insights that can enhance patient outcomes, streamline operations, and drive innovation. This book is designed to serve as a guide for students, practitioners, researchers, and anyone interested in the transformative impact of machine learning on healthcare. It presents a structured approach to understanding the role of machine learning in the biomedical domain, from fundamental concepts to advanced applications.



World 25 Sept Lung Day

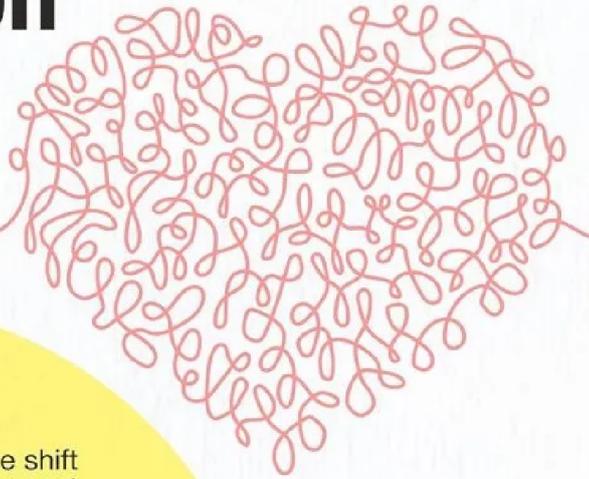
World Lung Day (WLD) is a dedicated global awareness and action towards better lung health observed on **September 25th**, every year, globally to celebrate the most recent achievements in lung health.





Theme 2024

Use **Heart** for Action



A global call to highlight the shift from awareness to empowerment with clear goals. It is a two-way action, focusing on influencing policies and promoting behaviour change in physical activity. This reflects the need for sustained efforts and collaboration.

World **Heart** Day
29 September

