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manohriday

THE JOURNAL OF SRI SATHYA SAI INSTITUTE OF HIGHER MEDICAL SCIENCES

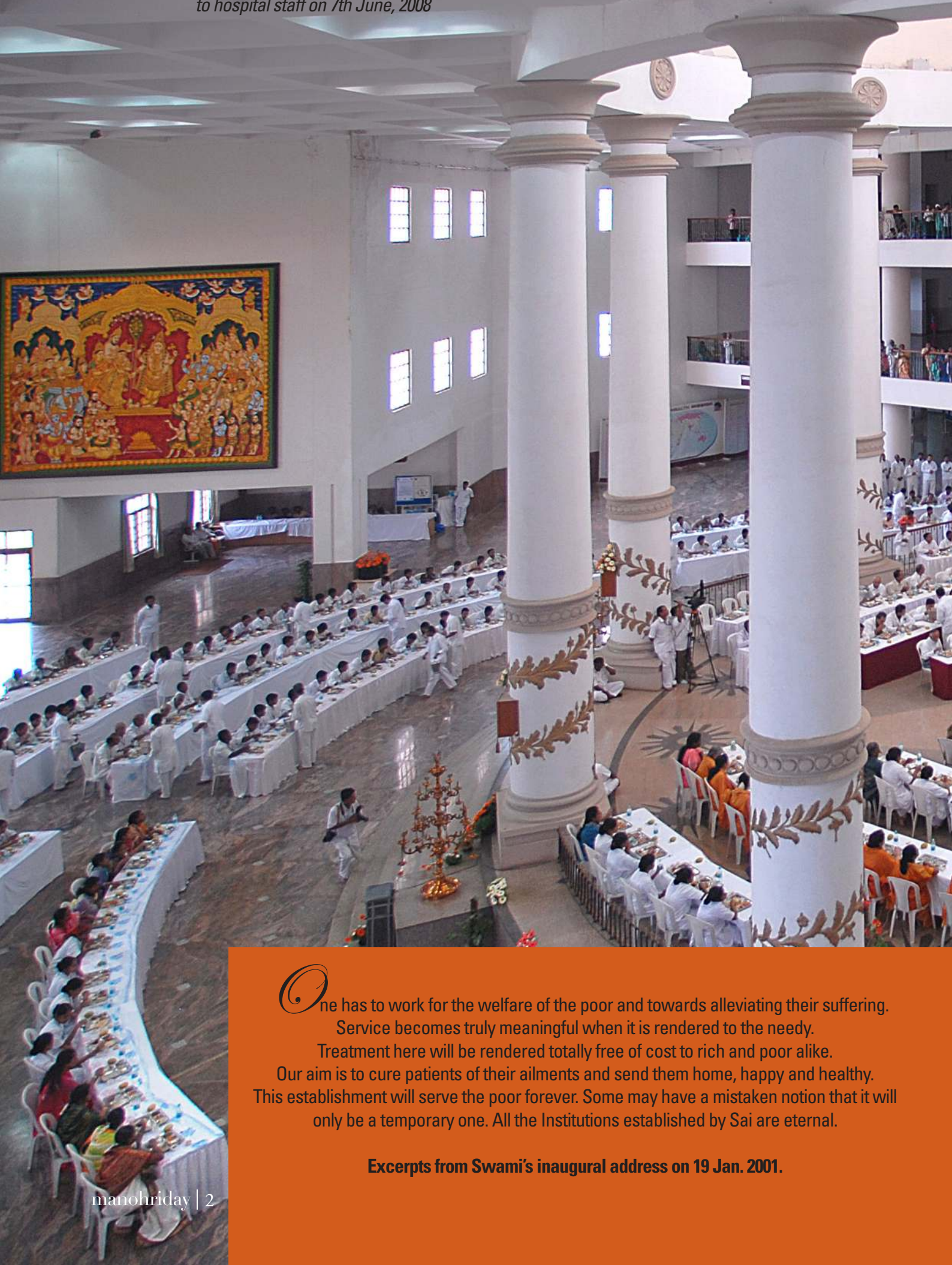


Cover Story

To Rukhsar from
Pakistan, the hospital
showcased a love that
knew no boundaries.
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*Photo taken on the occasion of Swami's Divine Address
to hospital staff on 7th June, 2008*



One has to work for the welfare of the poor and towards alleviating their suffering.
Service becomes truly meaningful when it is rendered to the needy.
Treatment here will be rendered totally free of cost to rich and poor alike.
Our aim is to cure patients of their ailments and send them home, happy and healthy.
This establishment will serve the poor forever. Some may have a mistaken notion that it will
only be a temporary one. All the Institutions established by Sai are eternal.

Excerpts from Swami's inaugural address on 19 Jan. 2001.





Dear readers,

In Sanskrit, “Mano Hriday” stands for a symphony of the mind with heart, intelligence with idealism, competence with deep commitment. Life at the hospital often weaves the two together, bringing forth a remarkable spectrum of events that showcase what is possible when a Master’s Mission to make healthcare accessible to all, inspires the best in man. Through this quarterly Journal, we hope to share these events with all of you.

Our readers include staff of our hospitals, current and former consultant physicians, alumni of our training programs, visiting physicians from overseas, our business partners, friends, neighbors, and Sai devotees around the world. All have been touched by this unique free hospital system. We hope that this model of social responsibility can be an inspiration for other institutions, healthcare professionals, and well wishers.

The columns in our current edition span noteworthy clinical events, technological initiatives and patient stories, that make working at Swami’s hospital special. In this issue we have focused on the work in the Whitefield Super Specialty Hospital. In our future quarterly editions we will report on activities in all of the Sai hospitals. A special thanks goes to the team that has worked tirelessly on this issue.

In this issue we introduce our new Director at Whitefield, Dr. Swarna Bharadwaj who joined in April 2012. We also welcome Dr. Choudary Voleti, our Chairman of Cardiac Sciences who has joined SSSIHMS Prashantigram as its new Director in October, 2012.

We would love to hear from you. In the future we will publish letters to the Editors. We hope that your ideas and questions spark our initiative to report on what interests the readers. We request that our alumni keep us informed as to their current positions, publications, and awards. Write to newsletter@sssihms.org.in

– The Editors



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It's not often that children from Pakistan arrive at our hospital for heart surgery. When they do, however, there's a story to be told. This story began a few months ago when a humanitarian organization in Pakistan heard of the free heart surgery we offered to children at our hospital. A few phone calls and mail exchanges later, these families were on their journey of hope to India.

Pakistan and India may be divided by a deceptively thin, dotted line on the world map, but the actual journey one makes to get here from a remote village in Pakistan is daunting. 17 hours to get to Lahore by road, 22 hours to Delhi across a dusty, rugged landscape, and 36 hours chugging away to Bangalore. Needless to say, after close to 6 days of travel, both Rukhsar and Sahil's family were left with grimy, sleep-deprived faces and the unmistakable rancid odour of sweat-stained clothes that spoke of their arduous journey. But it did little to take the hopeful smile off their faces. "Salaam Namaste" were our first words exchanged.

Sahil's uncle, Mubarak Ali, calls it a miracle of Allah. Teaching Arabic in a school, he was drawn into the journey when his barely 8-year-old nephew was diagnosed with a hole in the heart. "We thought it was the end. How could we afford this treatment when we barely made enough to feed the family three full meals in a day?" he asks. A visit to the nearby clinic in Sukkur and a chance meeting with a Pakistani doctor threw up the possibility of a cure. "He told us about Sai Baba's hospital and showed us a picture on the internet. That was the first time we slept soundly after many days."

More than 1000 kilometers away, 14-year-old Rukhsar's story was slightly different. "She could barely do any work at home, and had frequent bouts of fever and infection. As it is, she is such a timid child. The disease crushed her completely," says her rickshaw-driver uncle Shafi Mahmood, who accompanied her to the hospital. "I have two kids of my own, and struggle to give them the best I can. I couldn't see her suffer." When a local heart foundation threw open the possibility of having her treatment in India, Mahmood jumped at the offer. "I worked overtime for a week and took a loan to make this journey possible. Her life was more important than anything else to me."

The plight of the poor in Pakistan is heart-wrenching. Like in India, there is a social stigma attached to being a heart patient, and local beliefs cripple one from leading a normal life. Rukhsar remembers being sent back home from the local public school often. "The moment they knew I had a heart disease, no one wanted me within arm's length. I became a "risky" proposition to anyone around me. I was an alien in my own world, someone who was expected to drop dead and leave suddenly," says the cherubic teenager.

And so, when the two families were brought together in Lahore under inexplicable circumstances, their celebration of gratitude had just begun. "We have relatives who gave us nothing, despite knowing we were undertaking a journey, not many would," says Mahmood. "We were living in the hope of a future. We don't have many happy memories from our past to hold on to."

What was the journey to India like? "The only thing I wanted was to be able to get my daughter here without an infection," says mother Firdous. "I wrapped her up in all my clothes in the sweltering heat of a train bogie, and didn't let her eat anything unfamiliar."

Sahil is the quieter of the two, with eyes that barely rise to meet yours. "He has always been a quiet child," says Mubarak, "he takes time to open up to strangers. And yet, as he entered the hospital, the little one couldn't keep himself from running on the lawns and throwing himself on his back in child-like glee. He is used to seeing sterile-looking cubicles, menacing needles and gloomy faces all around," says Mubarak, "I don't think he associated this beautiful structure with a hospital."

Once the OPD investigations were carried out, both the children were admitted to the cardiac ward. In the ward, both children attracted a lot of friends. "I didn't know there were so many others like me," says Rukhsar, breaking into a smile. Both her mother and uncle plainly say that they haven't seen her so happy in a long time. Even on the day of her surgery, as the nurse helped braid her hair and fit her into surgical clothes, all she spoke about to her mother was what she would do once she was cured. "She loves running but her condition doesn't allow much exertion," says Firdous. "Now she is already talking about long strolls in the fields, and taking on her siblings in a playful dash."

Each child had successful surgery. True, the hospital does cure the body, but that's just the tip of the iceberg. In the few days Sahil was at the hospital, the child journeyed from 'I-can't-look-at-you' to 'Won't-you-shake-my-hand-when-I-wave?' Rukhsar swung from a quiet, pensive child to an ear-to-ear grinning vivacious thing. There's optimism in their voice, a confident swagger as they walk. The hospital doesn't merely mend your heart. It transforms your being.

Across the Divide

When Bhagawan was once asked why we did not advertise, he spoke of how each patient cured here is a moving advertisement of our love and care. Rukhsar and Sahil may have arrived here as children from Pakistan, but they return as ambassadors of a love that could not tell the difference between their country and ours. When little Rukhsar does decide to race against her siblings among the golden ears of wheat, her heart will beat stronger, gently reminding her that the extra years coursing through her veins are a special gift of love from a hospital far, far away, in a country she may never see again.



Showcasing love that knows no boundaries ...

“We have to maintain the Institution’s reputation as a centre of excellence”



Dr. Swarna Bharadwaj, the hospital’s Director holds a distinguished career as a medical educationalist and administrator. In this candid conversation, she shares her personal, professional insights and hopes for the institution.

Did you always want to become a doctor?

No (emphatically). That was last on my list! I topped the All India Board in Physics and wanted to do Physics (Hons) but was denied a seat as there were only boys in the class. I was given Maths (Hons). I stormed in to the Vice Chancellor’s office to demand an explanation as to why I was denied my choice of subject. He called up my father to complain about my audacity. My father told him that I was made like that - I questioned everything.

Having being denied Physics (Hons) I joined pre-medical college and when I got admission in medical college, my father made me change my mind about what I wanted to do. I didn’t like studies as they weren’t my choice

of subjects. But I couldn’t leave the course for fear of my father. I still managed to pass all subjects in the first attempt – one of the 6 out of 60 girls in my class.

Being a teacher – I just loved it. But, being an administrator is a thankless job! (Laughs)

So you have traversed all domains in medicine - from being a clinician to an educationalist and now an administrator?

Yes. I enjoyed being an educationalist the most, but Swami had other plans when he created the position of a medical superintendant at our hospital in Prasanthigram. Now he has given me the opportunity to be the Director of this hospital.



What was your first interaction with Swami like?

I was not a devotee earlier, but when I first saw him I felt an undeniable vibration that touched me very deeply. He referred to me as being a “good person” more than once, and ever since I surrendered to him, he has changed my life completely. Things I never aspired for fell into my basket. I could eat anything, sleep anywhere and did not lose my temper during trying situations.

Do you have a role model?

I have a very strange habit of taking a few good points from each person – I join them all together and make my own hero – I have not admired one particular person

How do you see our institution as being unique?

So many miracles occur here – patients that we think will not survive, walk out cured. I know it is the Divine Hand. That we have been able to sustain this institution for more than 20 years is itself a miracle. Nowhere else in the world is medical care totally free. There is no billing section here – we don’t even charge for diet! Also, no other institution in India has attracted so many experts from foreign countries. They are always keen to come and work here on a voluntary basis. This is the only institution that

makes efforts to teach and practice human values. Nowhere else in the world would you hear people saying that the patient is God.

What would you say are the goals you have set to achieve during your tenure here as Director?

We have to maintain the institution’s reputation as a centre of excellence. We should aim for excellence not only in the medical field but also on an ethical basis as medicine is fast becoming an industry in the corporate world. I would also like to see the products of this institution (the doctors, nurses, etc.) become role models and lead the world. Without advertising and marketing, I would like the medical world all over to know that this model is replicable everywhere. Free healthcare of the highest quality can be delivered, provided there is social responsibility.

What challenges did you face in your new role as an administrator in this institution?

Establishing strict discipline has been a challenge, but I try to address this by setting an example. I myself am a very punctual person. I am in office at 8 am sharp every day.

We need to evolve a culture where the institution takes a more important place than the individual. Strong hierarchies and definitive, accountable

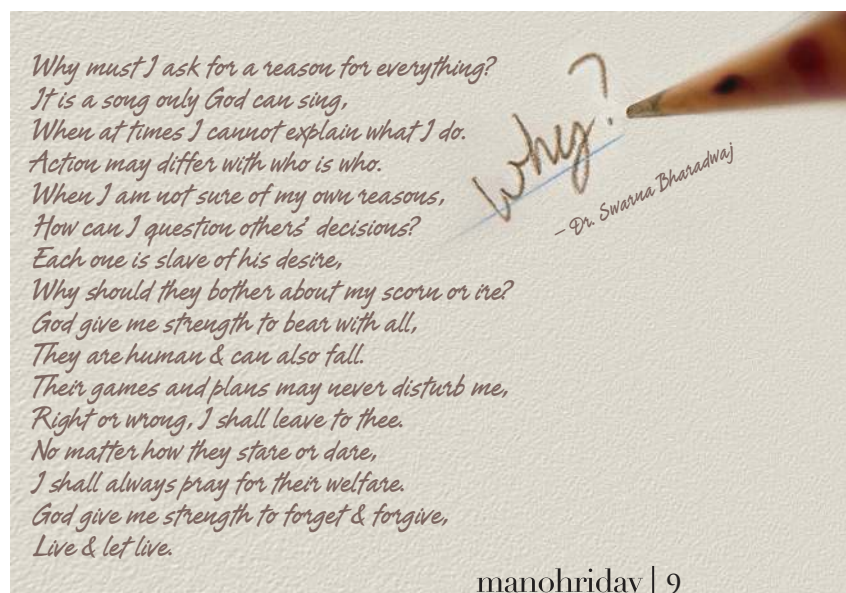
roles are necessary. Replacing staff, especially at the medical level, is a challenge. Individuals tend to gather experience and leave.

Managing the diversity of patients that arrive at the Institute from around the country is a challenge. There are socio-economic and linguistic barriers that we need to be sensitive to. Managing a waiting list for certain categories of surgeries is also a challenge.

Here, we also have a Nursing College and a College for Allied Sciences. Trying to shape the youngsters into professionals with values in a secular manner is a challenge. My ultimate goal is to keep my team happy and productive.

The stuff we don’t know about you:

- I like listening to good music - both Carnatic and Western music. I especially like M.S. Subbulakshmi and the 50’s pop singer and actor, Pat Boone.
- I read and write poetry. My favourite poets are John Milton and Thomas Edgar Moore.
- I slipped into medicine by accident, and a chance meeting with my anatomy professor pushed me into teaching.



Fast-tracking Care for Patients with Subarachnoid Hemorrhage (SAH)

▲ Subarachnoid Haemorrhage (SAH) is a neurosurgical emergency associated with 30% mortality at first occurrence. It is usually due to rupture of a vessel which supplies blood to the brain. The chance of death increases to more than 50% with each subsequent bleed.

Given the acuteness of the condition, the department of neurosurgery has fast-tracked the admission process, and developed a protocol whereby patients with SAH arriving at the Emergency Dept. are moved directly into intensive care. Through training received from the Cardiology Dept., the neurosurgeons have picked up the skills to perform the cerebral angiograms on the biplane cathlab. This has reduced the dependency on the interventional radiologist, who normally performs these procedures. This minimizes the patient treatment time and provides the surgeon with a first hand exposure to the anatomy before surgery.

Post-surgery, as part of the protocol, a post-clipping angiogram is performed to confirm the successful clipping of the aneurysm. Only after ensuring that the aneurysm is clipped completely, is the patient discharged.

Given the seriousness of an SAH, this protocol effectively verifies whether the patient received the complete aneurysm treatment in the hospital. It also saves the patient a return visit for a check angiogram.

"The department has treated nearly 130 aneurysm cases over the last two years based on these protocols, with good outcome. The process not only saves time to emergent surgery for SAH caused by aneurysms but also checks for the completeness of the surgery in the same admission," says Dr. Sunil V Furtado, HOD, Neurosurgery.

Echocardiography gets a Shot in the Arm

▲ In an effort to be recognized as a centre of excellence in echocardiography training and research, the Department of Cardiology has struck up a research collaboration with the Karolinska Institute, Sweden, one of the world's leading medical institutions.

Dr. Aristomenis Manouras, a cardiologist from the Swedish Institute, recently visited the hospital to interact with the team and initiate some studies. "Good quality research requires a combination of skilled personnel, quality infrastructure and a conducive academic environment. I find all three in this Institution," says Dr. Manouras.



The echo lab has also upgraded its infrastructure to include high-end colour doppler equipment capable of performing real-time three-dimensional analysis, strain

and deformation imaging. Thanks to an active training agreement with GE Ultrasound, the department has also initiated a series of national workshops and conferences in echocardiography, drawing doctors from around the country.

"Our aim is to fashion the best training programme in echocardiography in the country, and offer the benefits to cardiologists nationwide. We want to promote patient care through world-class physician training," says Dr. Srikanth Sola, Consultant Cardiologist at our hospital and adjunct professor at the Cleveland Clinic, United States of America.

World Anesthesia Day

▲ World Anesthesia Day was celebrated by the Dept of Anesthesiology & Critical Care Medicine on 16 Oct. 2012. World Anaesthesia Day commemorates the first successful demonstration of ether anaesthesia on 16 Oct. 1846. This ranks as one of the most significant events in the history of medicine and took place at the Massachusetts General Hospital, home of the Harvard School of Medicine. The dept. put up some educative posters about the History of Anesthesia and the role of Anesthesiologists.

Radiology Procures Dragon™ VRS

▲ The Radiology department has procured a tool to enhance its staff productivity and report turn around times - a Voice Recognition System (VRS) from Dragon™. Using Dragon™, radiologists can, in real time, dictate into the Radiology Information System (RIS), letting them instantly review, sign and make their reports available for clinicians.

Additional benefits include more detailed reports for clinical decision-making, zero transcription costs apart from improved patient care.

Congenital Device Implantation Training at the Institute

▲ Device implantations are advanced catheter-based procedures for closing holes in the heart. The procedure is performed by passing device - mounted catheters through a small incision in the inner thigh, thus minimizing patient trauma, risk of infection and hospital stay. The procedure leaves no visible scars and patients are discharged within 12 hours after the procedure, ready to lead a normal life.



The Department of Cardiology, with the support of Vascular Concepts, conducts regular training programmes for interested cardiologists from around the country on how to perform these procedures. The training programmes are conducted free of cost. Over the years, the department has developed considerable expertise in performing these procedures and is now sharing its experience with other cardiologists.

“Cardiologists who come to train are thrilled by the interaction and one-on-one time that the Sri Sathya Sai Institute provides,” says chief coordinator Dr. P.K. Dash, HOD, Cardiology, who works along with Dr. Ravi Narayan, honorary visiting consultant, in carrying out these training programmes.

Since 2008, more than 80 interventional cardiologists have been trained so far, and these numbers should only grow in the months to come. Interested cardiologists can contact : cardiacblr@sssihms.org.in.



New Director of SSSIHMS, Prasanthigram



Dr. Choudary Voleti, has taken charge as the Director of the Sri Sathya Sai Institute of Higher Medical Sciences, Prasanthigram on 29 Sept. 2012 and continues to be the Chairman of the Cardiac Sciences in the Prasanthigram and Whitefield hospitals.

Prior to joining SSSIHMS in 2005, Dr. Voleti practised cardiothoracic surgery in the United States for more than 30 years. He served as Instructor in Surgery at Stony Brook University - New York, Assistant Professor of Surgery at University of California - Los Angeles, Chairman of the Department of Surgery at Pomona Valley Hospital and Cardiothoracic Surgery at Kaiser Foundation Hospital - Los Angeles.

We wish Dr. Voleti the very best in his new role as Director.

CME on Chest Imaging

▲ On 9 Sep. 2012, the departments of radiology, SSSIHMS-WFD and SSSIHMS-PG jointly organized a CME at SSSIHMS-WFD in the central dome conference hall on “Chest Imaging”. This is the 9th CME conference since Nov. 2009.



CME on Cardiac CT and MRI

▲ With the intent to provide quality education to radiology residents and radiologists, Sri Sathya Sai Academy for Radiology Education (SACRED), the academic wing of the radiology department, SSSIHMS in association with Indian Association of Cardiac Imaging (IACI), has organised a 2-day CME (Continuing Medical Education) on “Cardiac CT and MRI” on Saturday and Sunday, 1 & 2 Dec. 2012 at SSSIHMS, Bangalore.

Till date, SACRED has conducted 9 such CMEs across specialties with national and international faculty.

Participants who attended the Workshop in Case-Based Neurology



Workshop in Case-Based Neurology

▲ The Department of Neurology conducted a two day workshop in “Case Based Neurology” in October 2012. Dr. Joshy, HOD Neurology, SSSIHMS, presented nearly 200 case studies including pictures and video clips. “This unique style of experiential presentation is a right brain approach to teaching Neurology” said Dr. Joshy. Each case was presented holistically, encompassing patient observation, examination, evaluation, testing, diagnosis, and treatment. In each case a goal is identifying “lessons for life” covering such topics as evolutionary brain development, history of Neurology, brain function and effects on learning, and quieting the mind. One highlight was a section on “Chronic Stress and Soul Needs” – a condition faced by many doctors as well as patients. Dr. Pradeep Kumar from Brookefield Hospital, Bangalore, said, “We wish more such workshops were available on a regular basis.”



Nursing College News

The Nursing College at the Institute inducted its fifth batch of 49 Nursing and Paramedical students on 1st September, 2012. After four years, the first batch of nursing and allied health professionals successfully passed out of the Institute and most of them have been absorbed by the hospitals run by the Sri Sathya Sai Central Trust in Whitefield and Prasanthigram.

In keeping with the ideals of the Founder, we believe in imparting value-based education that is oriented towards all-round development.

Like all other years, candidates enrolled for the programme from across the country, some coming from as far as Nepal, Sikkim and West Bengal. "The quality of education offered here is comparable with the best we can get outside

and is not compromised for the reason that it is given free," a student said. Over the years, the nursing college has established a reputation of offering education aimed at developing the complete persona of nursing professionals. The college not only focuses on nursing education, but also has vital additions such as education in human values, moral classes, self-reliance activities that contribute to the overall development of students.

Mrs. A.E. Manjuri, Principal of the College, spoke of the difference between this college and the others. "In keeping with the ideals of the Founder, we believe in imparting value-based education that is oriented towards all-round development." Mrs. Rekha, lecturer of Psychiatric Nursing believes that the programme blends the traditional with the modern and aims at moulding individuals with a strong moral foundation and character. "The spirit of nursing lies in the ability to serve with love beyond the call of duty. That is precisely what the Sathya Sai system is about," she says.

We wish the new batch the very best for the coming year!



A new wing is added to the nursing hostel

Less than a year after the inauguration of 'Karuna', the nursing hostel, the second wing was inaugurated on 27th July 2012. The new wing comprises a spacious prayer hall and 40 additional rooms for the growing number of students that join the nursing programme at the Institute.

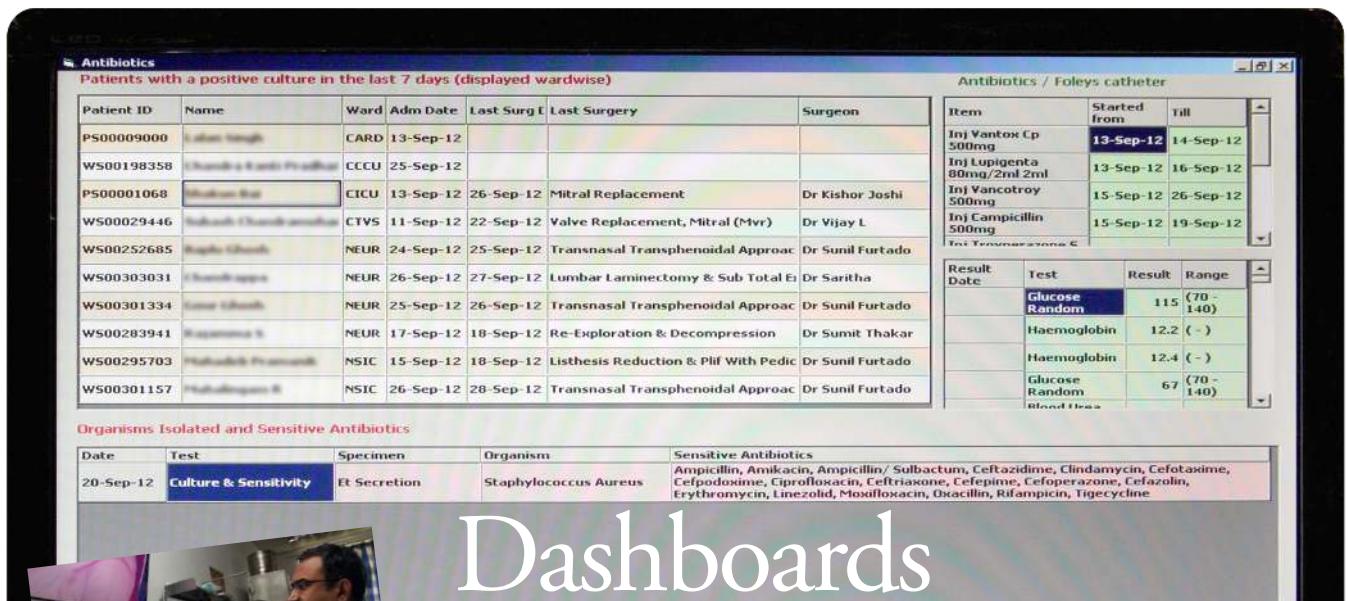
"Our intention is to create a home away from home for our students," says warden M. Sai Meera.

The hostel is integral to the system of all-round development of students at the Institute. "Living together creates a diverse community that is bonded in love and respect," says the warden. "Each student comes from a different socio-economic and geographic background, but they remain a family during their years of study."

Each room has been built to accommodate 4 students, and is fully furnished with individual cupboards, cots and study spaces. Care has been taken to ensure an ambient environment for the students. The warden recounts how the first wing of the hostel began in March 2010, with Swami sending vibhuthi during the ground-breaking ceremony, conducted in the presence of the members of the Trust. Since then, the corridors bustle with the energy and enthusiasm of young students that enter the programme. Each floor also contains recreational spaces for reading, an audio-visual room, indoor sports and cultural events. There are also special care facilities for students if they fall ill.

Keeping in mind that a family that prays together stays together, there are daily "share and care" sessions as part of the evening prayer. Girls are also encouraged to participate in extra-curricular activities such as gardening, hydroponics and sports.





Dashboards

Dashboards are the new buzz word in IT-enabled healthcare. These tools offer an instant, convenient and real-time monitoring of health systems and processes. Our Institute has its share of successes in the area of infection control too.

Infection Control

A cross-functional team comprising the Information Technology (IT) department, Infection Control secretary and a Quality Control faculty member have introduced an infection control dashboard in the respective wards and critical care areas. This aids the surgeons, nurses and authorized health professionals in monitoring patient antibiotic treatment and delivering prompt care to patients. This dashboard prototype came into existence in Jan 2012. Each screen offers an instant view of admitted patients, details of culture results, organisms isolated and response to antibiotics.

At the click of a button, these details provide a clear picture to the nurse or the infection control team, helping them monitor the overall infection in the hospital. Moreover, since this dashboard is directly interfaced with the hospital information system, entries are error-free and up-to-date.

What are the advantages?

- Single-window-access to all relevant patient records.
- Convenient, hospital-wide access that minimizes delay in decision making.
- Optimal antibiotic administration in keeping with culture results.
- Instant access to previous test records, specifically cultures with antibiotic status and antibiotics administered, thereby offering a comprehensive history.
- The dashboard also gives the details of patients with UTI (Urinary Tract Infection) and the dates on which the catheter was inserted. This helps the infection control nurse in surveillance of UTI rates.

What more can we expect in the coming months?

- Additional details, including vital clinical parameters such as fever, pulse rates, BP etc. which can be studied before administering the antibiotics.
- Details of the stock availability of the antibiotic in the hospital, so that the surgeon immediately can immediately look into the alternatives for the antibiotics and precious time is not wasted in administering care.
- Details of negative cultures may also be included in the dashboard.

Dashboards are the new buzz word in IT-enabled healthcare. These tools offer an instant, convenient and real-time monitoring of health systems and processes. Our institute has its share of successes in the area of infection control too.



Riding High on Tele-health

“Telemedicine is not uncommon in today’s health scenario. We mainly use it to save registered patients effort and expenditure in returning to the hospital for routine follow-up,” says M. Subramaniyan, Senior Manager - Telemedicine and Hospital IT.

5-year-old Mahendro Patro was offered a right modified Blalock Taussig shunt at our hospital for complex congenital heart disease in 2008 when he was barely a few months old. His father Debendra Patro, who earns ₹ 1,600 a month, spent close to three times this amount just to bring his wife and new born to the hospital from Bhubaneswar, Odisha, 1370 kilometers away. The journey by rail took him one and a half days to reach Bangalore, and the additional expenses towards his family’s stay in Bangalore during the child’s treatment burnt a large hole in his pocket.

“The telemedicine centre is the difference between ₹ 5,000 and ₹ 5, which is what is spent by them to come to the nodal centre in Kharavel Nagar,” says Satyaswarup Mohantey, the IT in-charge at the nodal centre in Odisha. Drawing on the goodwill of doctors and other professionals willing to provide services to these people, the nodal centre is also



attached to the local medical college and a few diagnostic centres that offer additional tests, if required, to these poor patients at a concession. Medicines and counselling services are also offered free of cost.

“Losing patients due to lack of follow-up post procedure is a very real challenge faced by the medical fraternity today,” says Dr. Ravi Dadlani, Consultant Neurosurgeon. Fortunately, telemedicine minimizes this possibility. He recounts a patient with tuberculosis of the spine who was operated at the hospital but could not walk at the time of discharge. Many months later, the patient appeared at a telemedicine consultation with a comfortable stride. “She wanted to know if she could try footwear with heels,” says Dr. Dadlani, with a smile.

A total of 2834 patients have benefitted since the telemedicine services began in 2007. Similar experiences are shared by the volunteers in the Barackpore centre, which offers identical services to patients from West Bengal. Follow up is more rigorous, the patients are better monitored, and the volunteers who participate in the exercise feel a tremendous sense of contribution and fulfillment.

Thanks to telemedicine, the years ahead promise many more smiles and a lot fewer miles to these patients.

“The telemedicine centre is the difference between 5000 rupees and 5 rupees”

A total of 2834 patients have benefitted since telemedicine began five years ago.

As telemedicine runs into its 5th year at our Institute, there is a lot to cheer about. Making a small beginning in the year 2007 with the support of satellite connectivity provided by the Indian Space Research Organization (ISRO), this is now a full-blown service that has benefitted thousands of cardiac and neuro patients who stay in faraway Odisha and West Bengal.

The CTVS Department is getting spruced up!

The CTVS department has received four Schaerer electro-hydraulic tables from Switzerland. Schaerer has been a pioneer in the manufacture of high-quality operating tables, and they have been specializing exclusively in them for over 100 years.

The tables are highly sophisticated and capable of all the regular surgical positions required by the surgeons and anaesthetists.

Being electro-hydraulic, they are operable via a remote. Also, the tables feature an eccentric column, which facilitates better manoeuvrability. The new tables would be very convenient for the OT staff to operate instead the foot-pedal in the older OT tables.

Not just the tables. The halogen lights in all the four theatres have been replaced with high-brightness LED top-lights, imported from Dr. Mach GmbH, Germany.

Out of the 4 theatres, 1 theatre has a 3-dome configuration to cater to bypass surgeries and the other three theatres now have a 2-dome configuration.

In keeping with the latest in technology, LED lights have been chosen, which have a long life and emit much less heat, compared to the conventional halogen lights.

Both these upgrades have improved the comfort levels of the surgical team and have helped them focus better on what matters - critical patient care.



What's new at SSSIHMS ?

1. **Electrophysiology with 3D mapping.** Treated as a specialty within a super-specialty, electrophysiology deals with treating aberrant heart rhythms and is actively practised in relatively few cardiac setups. 3D mapping allows for more accurate diagnosis, lesser exposure to radiation and better patient outcomes.
2. **3D Echocardiography.** Newer technologies in echocardiography allow for real-time views of the whole heart, rather than mere 2D slices. This equipment adds significant value to clinical decisions by providing volumetric data, a perception of depth and real-time viewing of structures in 3D.
3. **Fractional Flow Reserve (FFR).** Fractional flow reserve (FFR) is a technique used in coronary catheterization to measure pressure differences across a coronary artery stenosis (narrowing, usually due to atherosclerosis) to determine the likelihood of the stenosis impeding oxygen delivery to the heart muscle.
4. **Patient Warming Systems and Blood and Infusion Warmers.** Used in the intensive care unit and operation theatres, these equipment prevent hypothermia in patients.



Campus Trees

The Whitefield campus has over 50 species of trees on, including a rare and sacred species of a ficus, called 'Krishna's Buttercup'. The tree grows to a height of 20-25 feet with a spreading canopy. It bears prop roots and provides very good shade. Its leaves are folded at the base to form cup-shaped structure. According to mythology, it is said that Lord Krishna used these leaves to eat butter. The birds enjoy its berries. Its wood is used in the manufacture of packing cases.





Ganesha Festivity Lights up the Campus

Ganesha Chaturthi is certainly the most colourful of festivals and holds a special place in everyone's calendar. This Ganesha Chaturdhi was no different and with the initiative of the Residents' Welfare Association, it was made even more special this year with the community Ganesha being installed in the Children's Park in the residential campus.

The festival this year spanned three days. The first day started early with Suprabhatam, Nagar Sankirtan and performing the Gana Homam. The Vratam and narration of the Ganesha story were done in the morning. Pujas were performed to the Ganesha idols at nine venues within the hospital.

In the evening, there was a bhajan session followed by a very colourful cultural programme presented by the children of staff staying on campus and by the students of the nursing college.

On the evening of the second day, there was a movie "Shirdi Sai Baba" screened in the Children's Park, which was well attended by the entire community. On the third day, the Ganesha idol was ceremoniously immersed amidst vedic chants and bhajans.



"Conserve Water" Drive

For the past 6 months, the Institute has been facing a severe water crisis. The hospital has been totally dependant on ground water from five borewells over the past decade, out of which only two provide a good yield. The total requirement of the hospital and residential campus put together is approx. 300 KL per day, out of which, the borewells yield only 230 KL per day. This deficit is being made up through purchases of water in tankers. Starting March 2012, water tankers made their debut into the hospital campus, with 7-8 daily trips. In August 2012, two additional borewells were drilled. Though the hope of doing away with tankers was not fulfilled, the purchase of tanker water has reduced by half.

On a proactive note, long-term capital investments are being planned to carry out rain-water harvesting and ground water recharge, which would help in keeping the ground aquifers well-fed. The projects include creating an artificial lake on campus, capable of holding up to 750 lakh litres and recharging the borewells.

Also, while recycled water is being used for toilet flushing in the Hospital building, the project of using recycled water in the residential campus and ancillary buildings is also being taken up.

A water awareness campaign is being initiated to reduce water wastage and encourage its reuse.

Statistics for Whitefields SSSIHMS. :1 Jan. - 30 Sept. 2012

Outpatient Visits	
Cardiology	37,544
Neuro surgery	13,860
Neurology	9,675
Total	61,079

Inpatient Admissions	
Cardiac surgery	1,100
Cardiology	2,959
Neuro surgery	1,403
Neurology	42
Total	5,504

Cardiac Catheterization Procedures	
Diagnostics	2,777
Interventions	1,836
Pacemaker implants	54
Total	4,667

Surgeries	
Cardiac surgery	1,040
Neuro surgery	1,356
Total	2,396

Laboratory Tests	
Biochemistry	2,22,002
Blood Bank	28,187
Haematology	2,74,809
Histopathology	1,026
Microbiology	3,924
Serology	25,479
Total	5,55,427

Radiology Exams	
CT	3,427
MRI	9,859
NCL	129
US	1,814
XR	12,606
Total	27,835





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