

ACTION TIMES



EVERY THING INSIDE PANTS IS NOT FUNGAL INFECTION

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Marketing at Glance

October 2014 to April 2015



Online Media



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From the desk of C.E.O



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I have immanence pleasure to share you "Marketing at Glance" in last six months of time at hospital.

This edition is an acknowledgment of our business development activities and our treaty with various agencies. I would also like to share that we had tied up with one of the best PR Agency & Creative Agency in this geography. Our group symbolizes high quality care with comparable standard globally & this cannot be archive without our expert & experienced team of specialists & highly trained paramedicals.

I also look forward of your support & cooperation on to provide us the best of your medical cases & knowledge to promote. All these activities cannot be accomplished without the support & vision of our management.

ओपन सर्जरी के बिना आंत में फंसी मेश बाहर



(TOI & HT Coverage)

hindustantimes



(HT Coverage)

Haryana OPD

Days : Tuesday & Friday
 Time : 4pm to 6pm
 Venue : Asha Sanjivani
 Hospital, Rohtak

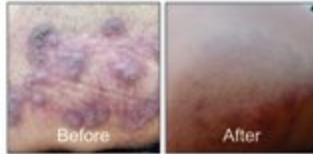


EVERY THING INSIDE PANTS IS NOT FUNGAL INFECTION



Dr. Vijay Singhal
Jr. Consultant Dermatology

50 YEAR OLD FEMALE PATIENT CAME TO THE OPD. She had seen multiple doctors in the past 30 years for her complaints. She had some red patches on her buttocks. Every time she visited a doctor she was loaded with antifungals and creams for local application. When there was no improvement, then various antibiotics and other creams and ointments were prescribed. But there was no improvement with the medicines. When she visited our hospital, clinical diagnosis of lupus vulgaris was made. It is a type of skin tuberculosis. She was investigated further and skin biopsy was done. Skin biopsy showed multiple



granulomas, which confirmed the diagnosis. Other investigations including chest X Ray were within normal limits. She was started on ATT (anti tubercular treatment). She was given isoniazid, rifampicin, pyrazinamide and ethambutol for 2 months and then isoniazid and rifampicin for next 7 months. She responded dramatically with the above regimen. All her lesions vanished completely.

This case is being published to highlight the importance of clinical dermatology in practice and to stress upon the fact that everything inside the pants is not fungal infection.

LAPAROSCOPIC CANCER SURGERY



Dr. Pradeep Jain
Chief - Action Center for GI,
Minimal Access Surgery
& Bariatric Surgery

Laparoscopic surgery is a technique of doing the same conventional GI Surgery by minimally invasion into the abdominal or chest cavity. In this technique these cavities are entered through multiple tiny holes with very small diameter cannulas with slender instruments and camera. Because of no muscle cutting, slightest possible skin incisions and minimum handling of tissues, there is little body reaction and markedly reduced pain after surgery. Due to these benefits there is marked decrease in need of pain killers, very good breathing efforts, shortened ICU stay after Laparoscopic surgery which results in early mobilization, early feeding, early discharge, early return to work after the surgery and better cosmetic results.

Since the advent of therapeutic laparoscopy in 1980s, the level of laparoscopic surgery in the field of GI surgery (including cancers) are increasing tremendously. In the beginning only routine surgeries like cholecystectomy, appendicectomy, hernia repair, ovarian cystectomy, hysterectomy were being carried out. But in the last decade of last millennium with gaining experience and refinement in hand instruments, improved endovision systems and precise energy sources and gradual acceptance of laparoscopy by Certified and dedicated Trained GI Surgeons the whole gamut of GI surgeries came in vogue by laparoscopic means. During this period, the plethora of publications came in Literature to prove the feasibility, efficacy and safety of the laparoscopic surgery in almost whole of Gastrointestinal tract eg. Esophagus (food pipe), Stomach, Liver, Biliary system, Pancreas, large and small intestine. These surgery are being performed by trained GI Surgeons with Laparoscopic methods because of their vast experience in conventional GI Surgery and very sound knowledge of regional anatomy with very good results.

In the start of this millennium Randomized controlled Trials (highest level of research proofs) further established the efficacy and oncological equivalence in Laparoscopic Cancer Surgery of Gastrointestinal Surgery. In laparoscopic surgery there is an advantage of magnification of visual field and good energy sources for excellent hemostasis (stopping of bleeding).

To start laparoscopic cancer surgery, it requires a great knowledge of anatomy, vast experience of GI Surgery and excellent skills to perform Laparoscopic surgery. Dr Pradeep Jain and his team of surgeons are highly trained in field of GI Surgery with Laparoscopic means. They are performing Laparoscopic GI Surgery for more than 20 years (that includes cancer and bariatric surgery besides routine surgery). Dr Pradeep jain is pioneer in starting laparoscopic cancer surgery of Esophagus, Stomach, Pancreas, Liver and Colon Rectum in North India. In fact They have the largest spectrum and numbers of performing Laparoscopic GI surgery in entire North India. Besides Laparoscopic Cancer Surgery Dr Pradeep Jain is performing Laparoscopic Bariatric Surgery for Morbid Obesity, which makes him the the Only Surgeon doing entire spectrum of GI Surgery laparoscopically

Free Asthma Check Up for Children

2nd May 2015

Time : 10 am to 1 pm

Venue : OPD, Sri Balaji Action Medical
Institute, Paschim Vihar

Free Check up includes:

- Consultation
- PFT (Lung Function Test)
- Counseling
- Diet Counseling

by Dr Jasmeet Kaur Wadhwa
Senior Consultant Paediatric Pulmonologist



TIMES EVENTS



4 to 6 April 2015 : 220 peoples were provided Free General & Emergency facility at RSS at Blue Sapphire, GT Karnal road



5 April 2015: 115 people attended Free Cancer Awareness Camp in association with Asha Sanjivani Hospital, Rohtak



11 April 2015: 150 Students attended Health talk on Management of Oral Cancer by Dr Rajesh Jain at PDM Dental College, Bhadurgarh



17 April 2015: 60 doctors Attended the CME on Radiation Oncology by Dr. Dinesh Singh & Dr. Babita Singh, Action Cancer Hospital organized by Academic committee



19 April 2015: 150 doctors attended the health Talk by Dr. Monika Jain (Sr.Consultant,Gastro) on Occasion of IMA Outer West Branch Annual Day function at Radisson Blue, Paschim Vihar



25 April 2015: 50 doctors attended the CME on "Laprosopic Management of Acute Abdomen & Hernia" by Dr.Subhash Aggarwal (Sr.Consultant,General Surgery) in association with IMA Bhiwani was organized at Baya Tourist Resort, Bhiwani.

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A UNIQUE CASE OF MESH MIGRATION



Dr. Subhash Aggarwal
Head of General Surgery



Dr. Monika Jain
Chief of Gastro



Dr. G.S. Lamba
Chief of Gastro

Mesh migration after laparoscopic incisional hernia repair is a rare occurrence. Clinical presentations are variable and related to the organ involved. Mesh migration to a completely intraluminal position is exceedingly rare of the rare. When erosion occurs, infection, abscess, fistula, or obstructions are the most common sequelae.

Mrs. Madhu Goyal a 53-year-old, hypertensive, morbidly obese female was admitted in April 2015 with complaints of pain upper abdomen off and on for one month. The pain used to spread to whole of the abdomen. It was associated with nausea and vomiting.

In the past patient had undergone open surgery for uterine fibroid (removal of Uterus, ovaries and fallopian tubes) and gall bladder stones (removal of gall bladder). In 2011 she was admitted with large incisional hernia at the site of gall bladder surgery scar and had symptoms of sub-acute Intestinal obstruction. Laparoscopic repair of the incisional hernia was done after removing bowel adhesions. Intra peritoneal on lay Goretex mesh was fixed to the anterior abdominal wall with four corner sutures and teckers (International standard of fixing mesh laparoscopically). The post-operative period was uncomplicated.



On clinical examination for pain abdomen, nothing significant was found. All routine blood, urine examination and ultra sound abdomen were normal.

Pain abdomen did not respond well to symptomatic treatment hence computerized tomography (CECT) Abdomen was done. Computed tomography (CECT) scan of abdomen showed foreign body with metal

tecker in transverse colon. CECT findings were supported by colonoscopy. Colonoscopy showed mesh in transverse colon. In light of the patient's past history of incisional hernia repair (laparoscopic meshplasty) with mesh, this finding was consistent with migration of the previous surgical mesh into the transverse colon with teckers and prolene sutures. The mesh appeared to have eroded into the lumen, but there was no enterocutaneous fistula or any other enteric fistula. The patient had no external leakage of stool or gas to suggest an enterocutaneous fistula. She did not have peritoneal signs to suggest bowel leak into the abdomen. There were ulcers in transverse colon.

Mesh migration often results in significant bleeding or a fistula formation and requires operation.

Once there is erosion of the mesh into the bowel has occurred, the standard treatment is opening the abdomen with large incision and bowel resection with mesh. The resected margins of the colon are closed and ileostomy (i.e. temporary passage for fecal matter on the anterior abdominal wall) performed.

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INAUGURATION OF ACTION CENTER FOR GI, MINIMAL ACCESS SURGERY & BARIATRIC SURGERY



A new milestone was reached on 22nd April, 2015 with the inauguration of the GI Surgery Department with the leadership of Dr. Pradeep Jain-Chief, Department of Action Center for GI, Minimal Access Surgery & Bariatric Surgery and his surgery team comprising of Dr. Pankaj Aneja(Sr. Consultant) and Dr. Vivek Goel(Sr. Consultant).

The inauguration ceremony was a proud moment for everyone and was well attended by eminent people including our chairman -Lala Sh. Mange Ram Aggarwal, and other board members including Sh. R.C. Chharria, Sh. Subhash Aggarwal, Mrs. Shalu Aggarwal.



Upcoming Activities

- 9 May : Asthma CME at SBAMI
- 16 May : CME Dr Dinesh Singh
- 17 May : Cancer Awareness Camp at Karol Bagh
- 28 May : CME in association with Rani Bagh Physician.

CME on Pediatric Emergency

12 April 2015, SBAMI



CME on pediatric emergency was successfully conducted on 12 April 2015 by department of Pediatrics at Sri Balaji Action Medical Institute. Seventy Five delegates from various parts of Delhi as well as NCR attended the academic event. CME was inaugurated by Honorable CEO of the institute Prof. (DR) D P Saraswat with lamp lightening and saraswati vandana.

Lectures were delivered by eminent national faculty including Dr Krishan Chugh, Dr Nameet Jerath, Dr Bhaskar Saikia, Dr Pradeep Sharma and Dr Amit Aggarwal. The scientific session was an interactive session which was helpful for attending pediatrician to manage pediatric emergencies in their day to day practice. CME was also accredited by Delhi Medical Council for 2 and ½ hours. We thanks the management, administration and whole marketing team for their valuable time and support to make this academic event successful.



13 DOCTORS FROM 4 COUNTRY DOCTORS CAME FOR LIVE PAIN WORKSHOP & CME

A highly specialized workshop cum Training Course - "6th SPINE & PAIN Live Workshop" was organized by Dr. Neeraj Jain-Sr. Consultant - Spine & Pain specialist, SBAMI & ACH from 17-24th April, 2015.

The 8-day long workshop was very well attended by delegates from various countries such as Indonesia, Egypt, Muscat & Oman, besides delegates from within the country. The workshop was very informative & complete with practical training of Ultrasound/Endoscopic/Fluoroscopic/CT-guided/Epiduroscopic pain relief measures.



Pain check-up Camp was also organized on 18-19th April, 2015 that reached out to more than 250 patients.

