

Teaching Pearls 15 of 24 (Contd. from last page)
What adult motorists can do for children

1. At school zones, drive very slowly and do not scare children by blaring horns
2. If there is a perplexed child on the road, stop the car and assist the child instead of blaring the horn. The scared child might behave unpredictably and surprise other motorists, causing accidents.
3. In Western Countries, if a school bus stops to drop off or pick up a child, all traffic in both directions will stop until the bus starts moving. In India, we could at least slow down and be extra vigilant for children crossing the road near the stopped bus.
4. Be extra careful where children are playing nearby. In their excitement, they may dart across the road to pick up the ball without looking at the road status.
5. Maintain speed limits in crowded roads, as it allows efficient emergency stops. A vehicle traveling faster takes greater distance to stop, and the collision velocity will be higher, as will be the kinetic energy exchanged $E=1/2 MV^2$ that determines the severity of injury.
6. At 30 kmph impact, a pedestrian has a 90% chance of surviving, while only 50% survive at impact speed of 45 kmph (Source: WHO manual on Pedestrian safety). This is the main reason for city speed limit.
7. Impact speed is influenced by traveling speed and braking. Most speed is lost in the last few metres of braking. For example, when a car traveling at 40 km/h has come to a stop after braking, a car that was initially traveling at 50 km/h would still be traveling at 41 km/h. Thus, a difference of 10 km/h in initial traveling speed can result in a difference of 41 km/h in impact speed.

(Safe transportation of children in motor vehicles was covered in September 2014 issue)



House Surgeon's Christmas

Croissants, pastries, choco-rum balls---[for others]
Hither and thither i am attending calls;---[for me]
Carols, church bells, filling the air-----[for others]
All work, no play, no time to spare;----[for me]
Festivities, feasting, all day long
Patients more patients, to casualty throng;
Merry- making, laughter, for young and old alike
Worries galore about temperature spike;
Charts to write,blood samples to send
Accident, emergency, sick patients to tend;
Well past midnight, I catch up some sleep
Only to be disturbed by the sound of 'beep';
Finally i slip to nrem stage[of sleep]
But at the nick of the moment, I wake up with rage;
'Happy Christmas' cried, the fellow housie boys
'Sleep well, sleep well' said their sheepish voice.

DR MAGGIE XAVIER



Upcoming Events

- Dec 31 New Year Celebration - IMA House
- Jan 8 Cochin Clinical Society meeting - Lourdes Hospital
- Jan 15 Community Service Day
- Jan 25 World Leprosy day
- Feb 15 State Working Committee meeting at Cochin

World Diabetes Day



TRAUMA LIFE SUPPORT SOCIETY OF INDIA

IMMEDIATE TRAUMA LIFE SUPPORT COURSE
20, 21, 22 February 2015, Kochi, India
3 day Workshop for doctors. Basic lectures and practical hands on training in the following life saving procedures:

- Endotracheal intubation
- Cricothyroidotomy
- Tracheostomy
- Central venous cannulation
- Peripheral venous cut down
- Pericardiocentesis
- Diagnostic peritoneal lavage
- Intercostal drainage
- Cardio-pulmonary resuscitation

For details of registration, please contact :
Course Directorate
Ernakulam Medical Centre
NH Bypass, Kochi - 682028
E-mail: mail@mccochin.com
Ph: 0484 - 2907000, 2807101, 2807401
Mob: 098470 40493

Limited Seats
20th, 21st, 22nd February 2015



IMA COCHIN NEWS

Megaphone

Monthly Newsletter from Indian Medical Association, Cochin Branch



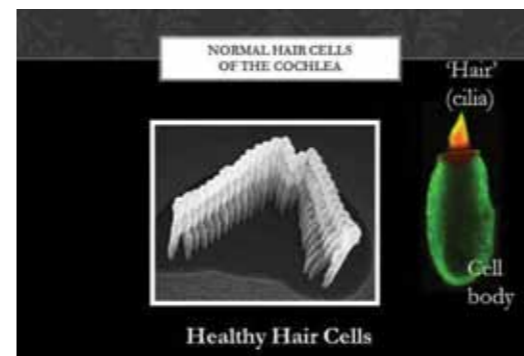
Issue 135
December
2014



IMA Cochin wishes all members
Merry Christmas & a Happy New Year



Cochin IMA against Noise Pollution



The above slides show the effect of loud sound on the sensitive hair cells in our Cochlea, which cannot be replaced. Permanent hearing loss occurs.

INDIAN MEDICAL ASSOCIATION
COCHIN BRANCH 2014-2015

President: Dr. Sunny P. Orathel
Secretary: Dr. Rajeev Jayadevan
Treasurer: Dr. Muhammed Ismail P.M.

Letter drafted to residents associations to educate society about the effects of noise pollution. Please see editorial. Copy of letter enclosed with this issue of Megaphone.



Brainstorming meetings about Safe Sound initiative by Cochin IMA

President's Message

Dear friends,
Gone are the days when IMA functions were just meetings and CMEs. Now the Association is taking up more community activities and social responsibility. Initiatives like safe sound, village adoption, charitable activities are the new assignments we plan this year for the community. For all the endeavors, we need your support and cooperation.
Strength of any Association is in its memberships. But many of our young doctors are yet to become members and thus losing the benefit of the schemes designed by IMA. Health Scheme is one amongst many schemes. It covers the benefit of Rs 2 lakhs per year in case of illness. But the upper age limit of joining the scheme is 55 years. Because of the sheer pressure from members, State IMA opened up the scheme to the benefit of members of all age groups till December 31, 2014.
We remind you all that only a few days are left to grab a chance to join the health scheme with no age limit.
Wish you all a merry Christmas and a Healthy and Prosperous New Year.
Jai Hind, Jai IMA
Dr Sunny P. Orathel
President, IMA Cochin



DECEMBER CME

Date : 17th Dec. 2014, Wednesday
Time : 8.00 pm; Venue : IMA House

Type 2 diabetes management- what next after Metformin? - Panel Discussion

Chair : Prof. R.V. Jayakumar, AIMS, Kochi

Panelists : Role of DPP4 inhibitors - Dr Shyamala Menon, Senior Physician, Medical Trust Hospital

SGLT2 inhibitors : Dr Jayaprakash, Endocrinologist, Medical Trust Hospital

Current guidelines : Dr Arun Menon, Endocrinologist, AIMS, Kochi

Individualised care and patient empowerment : Dr. K. Hari Senior Physician, Aster Medcity

Joint Meeting by

IMA Cochin ■ Cochin Diabetes Club, Professional Association of Clinical Endocrinologists (Kerala)

Sponsored by
NOVARTIS

6th World Congress of Diabetes India
9 - 12 April, 2015
Hotel ITC Grand Chola Convention Centre
Chennai (Tamil Nadu, India)

Theme: Toward better Diabetes Prevention & Control

Visit: www.diabetesindia2015.com
to avail Early Bird Registration Discount & more details

More than 200 National Faculties and 50 International Faculties

Category	Up to 17 th Jan 2015	Up to 17 th Feb 2015	SPOT
Indian Delegates	Rs. 8000	Rs. 10000	Rs. 15000
Accompanying	Rs. 4000	Rs. 6000	Rs. 10000
Foreign Delegates	US \$ 250	US \$ 300	US \$ 400
Accompanying Person	US \$ 200	US \$ 250	US \$ 300
Corporate Delegates	Rs. 4000	Rs. 5000	Rs. 7000
Healthcare Professionals (Doctors & Nurses Excluded)	Rs. 2000	Rs. 3000	Rs. 4000
Residential Registration**	Rs. 2000	Rs. 4000	Rs. 5000

Last Date for Abstract Submission - 15th February, 2015
For more details please login to: www.diabetesindia2015.com

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WIMA Cochin Activities

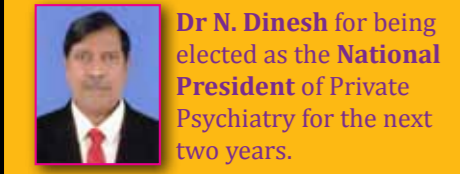


Dr Shirly John elected as President and Dr Sheela C Babu will continue as secretary.



Congrats to Drs Sudhindran, Arun Menon, Shirly, Sumukhan, Chandrika, Deepak Varma, Sudhish Karunakaran, Geetha, Ismail, Sagar and others for participating in the Cochin Half Marathon

Congratulations



Dr N. Dinesh for being elected as the **National President of Private Psychiatry** for the next two years.

Dr Arun Menon for his recent trip to UK as Examiner for MRCP (UK) for the Royal College of Physicians.



Dr Thomas Mathew has been elected by Kerala Orthopedic Association to deliver its prestigious Silver Jubilee oration during its Annual Conference in January 2015 at Vythiri.



IAP Cochin for being elected as Best Branch in recently held Dakshin Pedicon at Thrissur



Dr. Rajesh Ramankutty and team for successfully performing the first heart transplantation at Caritas Hospital. This is the second institute in Kerala doing such a surgery. 1) First non-metro city in India to do so. 2) Second cardiac surgical team after Lisie Hospital team to do in Kerala.

Dr Mithun Abraham Prakash, S/o Dr. Prakash Abraham and Susan Prakash who was awarded the prestigious P. Kutumbiah Gold medal in Clinical Medicine on 17.11.2014 at CMC Vellore during his MBBS graduation. He is the recipient of numerous other awards and medals.

From the Editors Desk

Dear friends,

Over the years, Cochin IMA has been championing several social causes that prove our commitment to society. Much of our work is preventive. Two years ago, we outlined an entity called 'Hazardous Human Road Behavior', as a major cause of road deaths, much like smoking is a hazardous health behavior that leads to cancer deaths. Numerous road safety awareness campaigns have followed state-wide since.

This past month, our campaign against noise pollution has gathered momentum. We held several brainstorming meetings involving doctors as well as socially committed members of the general public. Interestingly, we chose to hold these meetings in round-table format, eliminating the traditional 'class-room style' of meetings, to promote better discussion, interaction and outcomes. We generated an idea bank, and a list of 40 workable ideas has been compiled. More actions are to follow.

For those who haven't gone into the details of noise pollution, the menace of sound may not seem much, as it is basic human tendency to accept the status quo without questioning. But once we understand the physics, physiology and pathology behind it, we will suddenly feel an awakening inside us that there is something seriously wrong with the way our society treats sound, especially when we realize how noise pollution is almost absent in developed nations. It is then that we will begin to make small changes in our own lifestyle, such as reducing the volume of the car radio, talking with the audio technicians during meetings to reduce the bombardment on our ears, reduce our honking rates, and even keep the phone an inch away from our ears while talking. To me on a personal level, the knowledge that loud noise causes permanent loss of 'hair cells' in the cochlea, was a behavior-changing fact.

In the years to come, the realization our society will eventually have about sound pollution will be no less dramatic than the realization that came a few decades ago, with expanding knowledge about AIDS and Hepatitis B, that it was no longer acceptable to reuse old steel needles for injections - now everyone insists on a disposable needle.

Enclosed with this edition of Megaphone is a letter drafted by Cochin IMA to start generating awareness about noise pollution. Please make copies and distribute these to your neighbours or residents associations.



Dr Rajeev Jayadevan



Dr Salini Sudhindran

Panel Discussion on Liver Transplantation held at IMA House on 26th Nov. 2014

Is Liver Transplantation the best option, Or the last option?

Discussants : Dr Sudhindran, AIMS, Dr Prakash, PVS Hospital, Dr Charles Panackel, Medical Trust Hospital; Moderator : Dr. Philip Thomas, Lakeshore Hospital

TEN MAIN POINTS

1. Unlike kidney transplantation which started in 1954 using live donors, liver transplant started a decade later in 1963, with the liver donated by a deceased, brain dead donor. Fifty years later, with the increasing application of this life saving transplant, the demand has outstripped the supply of organs from deceased donors. Currently in the US, the number of patients waiting for liver transplant is estimated to be 17000, with the number of donations only 4000 per year. In India, where the largest numbers of liver and kidney transplants are done outside of the USA, there are 25,000 patients waiting for a liver transplant, with only about 300 deceased donors per year. There is thus a strong case for the development of live donor liver transplantation across the globe. (Sudhindran)

2. With KNOS, Kerala Network for Organ Sharing, Mrithasanjeevani, established in 2012, Kerala has quickly grown its deceased donor program to become the largest state for organ donation after Tamil Nadu which is first, having established their deceased donor program in early 2000s. This year there have been 42 deceased donor organ donations in Kerala, with 32 liver transplants being done from deceased donors. (Sudhindran)

3. The survival of patients diagnosed with cirrhosis is worse than many cancers today. Decompensated cirrhosis is diagnosed when ascites, encephalopathy, GI bleeding, and jaundice occur. Spontaneous bacterial peritonitis carries a particularly grave prognosis. Hepatocellular cancers occur on follow up as cirrhosis predisposes to malignancy. Overall survival is only 54% at 2 years following decompensation in a cirrhotic. In a Child's C patient, survival is only 45% at 1 year and 38% at 2 years. Based on MELD score, 3 month mortality shows a linear correlation with the increase in score: Below a score of 20 patients are usually at home and 3 month mortality is estimated at 6%. With the score rising into the 20s, mortality goes up to 52% (out patients) and 76% (in-patients). With a score in the 30s, patients tend to be hospitalized with 3 month mortality excess of 80%; and this increases to 100% with the score over 40. (Panackel)

4. Patients with a MELD score of 15 or more and a CTP score of 7 or more can be expected to achieve improved survival with liver transplantation (Panackel)

5. Surgical details differ according to whether the donor is a deceased donor, or a live donor. In the latter case, proper selection of the donor is key to the safety of the donor and a successful outcome for both donor and recipient. Generally live donors are between the ages of 18 and 55 years, and have a



Medical Camps conducted by Cochin IMA



30th Nov 2014 - Dr Haneesh conducted BLS training for a family trust at Edathala Devi Temple Auditorium.



Road safety awareness class for drivers on 22.12.2014 at Naipunya public School, Trikkakkara by Dr Joy Joseph



State Office Bearers Meeting at IMA House on 23.11.2014



Dr. Sunny and Dr Rajeev represented Cochin IMA at Cochin IDA's installation ceremony on 6.12.2014 and gave felicitations



'Spoken English' class for high school students at ACS school Kaloor. 21.11.2014



Dr Rajeev receives memento from Padmashree Dr Philip Augustine from the Cochin Gut Club for his contributions as Cochin IMA Secretary



World COPD Day on Nov 20th : by IMA Cochin & Cochin Thoracic Society - Walkathon, CME on COPD



Ernakulam DTF Meeting at Muvattupuzha. Dr Alex Itticheria's residence on 27.11.14



November Monthly Meeting

healthy life style with no co-morbidities. Special attention is required to determine the degree of fat content in the liver and only donors with fat estimated to be less than 15% are accepted as live donors. Sometimes a liver biopsy may be required to determine this, although newer non-invasive methods employing CT and MRI scan are usually adequate. Anatomical considerations including liver volume(s) and vasculo-biliary anatomy also play an important part in donor selection. (Prakash)

6. Post operatively most recipients can anticipate ICU stay upto 2 weeks, and then in the ward for another 2 weeks. Live donors are usually discharged by 10th day and can go back to sedentary style activity/work in 3 - 6 weeks, but manual labor and strenuous exercise is best deferred till 6 months post op. Life long follow up is mandatory for recipients, with careful monitoring of immunosuppression drugs, and their general health, with particular attention to glucose and lipid control, cardiovascular health, and prevention of weight gain. Initially a triple drug based immunosuppression regimen is used, with gradual reduction to single drug (75% patients can achieve this by 6 months). Costs can be anticipated to be about Rs 20,000 per month at first, but this decreases to 10,000 per month with reduction in lab tests and meds. By 6 months, patients are expected to be leading a normal

life. Women experience a return of fertility and have had successful pregnancies. Men also have return of fertility after transplant. (Sudhindran).

7. Survival after liver transplant is much better and in stark contrast to the dismal survival figures quoted in #3 above. Survival is usually above 85% at 1 year and this remains above 80% at 3 years. By 5 years the survival drops slightly, but is still over 70%. (Prakash)

8. Cost of liver transplant varies between Rs.15 to 30 lakhs in India. Without transplant, after cirrhosis is decompensated, each admission can cost between Rs. 1 to 2 lakhs, and average cost per year is estimated to be Rs.15 Lakhs if the patient continues to live. (Sudhindran)

9. Medical costs escalate as the patient decompensates, and the cost of surgery is also higher with higher MELD scores. (all panelists). Preparing for transplant is best as MELD score goes above 15.

10. Timing of liver transplant is key to a successful outcome, and liver transplantation is ideally considered the best option rather than the last option for patients with cirrhosis and end stage liver disease

Philip G. Thomas
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Teaching Pearls 15 of 24
(This is part of an ongoing awareness series for road accident prevention. Please use this to educate teenagers and younger drivers in particular)

Children as Pedestrians

Things we adults need to know



Children as pedestrians are the most vulnerable of road users, and easily get into accidents. It is estimated that at least 26 dynamic judgmental skills are required to cross a road, and children do not possess all of these. If a child is crossing a road, there are some peculiarities in the way the child's brain handles the situation.

1. If there is a curve or an elevation on the road but no vehicle in sight, the child assumes there is no risk of an oncoming vehicle. They are unable to estimate risk beyond line of sight.
2. Children under 8 assume that any vehicle can stop instantly. They can't conceptualize braking distance or stopping distance for different speeds and for different vehicles.
3. Children are distracted by the colour of the car, rather than the speed at which the car is approaching. They also think larger vehicles are traveling faster, and therefore underestimate the speed of a smaller vehicle.
4. Their response, when surprised by an oncoming vehicle, can be unpredictable.
5. Due to their short stature, a car can directly hit the head of a child, compared to the waist of an adult.

Precautions when walking with children

1. Most roads in India do not have even basic safety arrangements for pedestrians. It is best to avoid using the road as a pedestrian or even as a motorist unless absolutely necessary.
2. Keep the child on the side away from the road while walking.
3. Remember that children are less visible to motorists due to their small size. Holding their hands will help avoid unexpected tragedies.
4. Never let a child cross the road without adult supervision.



(Contd. to next page)