

## REPORT OF WOMEN'S WING ACTIVITIES - OCTOBER 2005

**1 OCT** : World Elder's Day Celebrated. A visit to the Government Old age Home at Thevara by Dr. Pushpa Isaac & Mrs. Meera Bhat. Gave sweets & mosquito coils to 39 inmates living there. Visit to Home for Physically Handicapped Women at thevara. There are 15 inmates. Sweets were distributed. Anaemia is the main problem faced by these inmates : by Dr. Pushpa & Mrs. Meera Bhat. **2 OCT** : Geriatric camp at Mulavukad PHC – was attended by Dr. Maria Varghese & Dr. Rita Koor. 350 patients were examined. Gynaec & Urology Camp at Kodungalloor – attended by Dr. Valsala Kumari. 180 patients were examined and given appropriate treatment. **9 OCT** : Classes at Cheppanam Ayalkootam. Classes on Anaemia, menstrual disorders and women's diseases were conducted by Drs. Gracy Thomas, Dr. Pushpa Isaac, Dr. Valsala Kumari & Dr. Shantha George Eraly. 40 ladies attended. Visit to Providence Old age Home by Dr. Shantha George Eraly. 25 kg rice was given. School Health talk at Chinmaya Vidyalaya, Vaduthala by Dr. Derena & Dr. Gopal Pappali for boys. **14 OCT** : School Health talk at Chinmaya Vidyalaya, Vaduthala for girls by Dr. Shantha George Eraly & Dr. Shirley John. **18 OCT** : In association with YWCA visit to Udayamperoor village for health talk. AIDS – by Dr. Lisamma Joseph. Anaemia, Adolescent Health & Women's Diseases by Dr. Gracy Thomas, Dr. Shantha George Eraly & Dr. Valsala Kumari. **20 OCT** : Dr. Shirley Mathen took class on stress



incontinence at YWCA.

**24 OCT** : School Health talk at Bhavan's Vidya Mandir, Girinagar for girls of class 10<sup>th</sup> & 11<sup>th</sup> by Dr. Amy D'Souza. **26 OCT** : As per the request of the PTA and management of Raghava Panicker Memorial Higher Secondary School, Kumbalam, Dr. Abraham Varghese, Dr. Lisamma Joseph and Dr. Pushpa Susan Isaac conducted an interactive session on Adolescent Health Problems. It was attended by 200 students/teachers/parents/management. **26 OCT** : Dr. Gracy Thomas took classes for anganvadi teachers on Antinatal Screening and prevention of female foeticide at IMA Blood Bank conference Hall. 10 teachers attended. This programme was organized at the request of DMO, Ernakulam. **27 OCT** : School Health talk at Bhavan's Vidya Mandir, Girinagar for girls of class 6 to 9 by Dr. Shantha George Eraly. **28 OCT** : Health and sex education classes at Assisi Vidyaniketan School, Vazhakkala for the students of class 6 – 10. **30 OCT** : 1<sup>st</sup> State Convention of IMA Women's Wing at Kochi. **31 OCT** : Health and Sex Education classes at Assisi for students of 11<sup>th</sup> & 12<sup>th</sup>. Dr. Gracy Thomas, Dr. Girija Gurudas and Dr. Derena. Old news papers (85 kgs) were sold at V. Mart and purchased soaps for distribution to poor homes by Dr. Shantha George Eraly.

## Newborn Hearing Screening

*Dr. Abraham. K. Paul, Coordinator, New Born Hearing Screening Programme, IAP Cochin*

Child Care Centre, Cochin has successfully implemented the International Guidelines on Newborn Hearing Screening Programme by identifying and remediating hearing loss by fixing Hearing aid in an infant as young as 6 months. Thus IAP Cochin's Newborn Hearing Screening & Remediation Programme as per International guidelines attains goal. This is the youngest infant to receive hearing aid through this programme of Child Care Centre.

The American Academy of Pediatrics and the Joint Committee on Infant Hearing stipulates that hearing loss in infants should be detected early and hearing aid should be fitted before the infant is 6 months old. This is practised in all developed countries. Child Care Centre could successfully attain this goal through its Newborn Hearing Screening Programme, which was initiated in Jan 2003.

Child Care Centre has taken up this ambitious project taking cue from the Universal New Born Hearing Screening Programme existing in the developed countries, where, all newborns are discharged from hospitals only after screening for hearing deficit and other screenable disorders. The incidence of hearing loss in general population is 2-4 /1000. Since the 'high risk' newborns (birth weight < 1500gm, neonatal jaundice, meningitis, birth asphyxia, babies requiring ventilation, ototoxic medication, family h/o hearing loss, intra-uterine infections, craniofacial anomalies, syndromes associated with hearing loss) have a higher incidence of hear-



ing loss (2-4%) it will be a more practical approach to screen at least high risk newborns in our setup. Child Care Centre has infrastructure to screen all high-risk newborns born. The trained person visits all hospitals within the city limits and attends to any call from any hospital. Cochin, probably is the only city in India, where such a facility exists.

It is advisable that all newborns be screened before discharge from hospitals but at least all high-risk newborns must definitely be screened, because the incidence of hearing loss is very high. The importance of early identification is emphasized considering the fact that; if a hearing problem exists, it should be detected and remediated at least before 6 months of age so that language development will occur normally. If detected after one year, language development will be adversely affected. Detection after 2-3 years, will make the child a deaf-mute. Even mild hearing loss, if not detected early, can significantly retard the child's development, especially speech, language and intellectual development.

Remember :

■ Hearing loss if any, should be detected and remediated at the earliest - at least before the baby is 6 months old. ■ Even minimal hearing loss can retard language development. ■ All children with speech delay should have a hearing assessment at the first investigation. Never ever make a casual statement that "he will be alright, he will speak later" without a proper assessment.



# IMA COCHIN Newsletter

Official Bulletin of Indian Medical Association, Cochin Branch

29  
NOV.  
'05

## From the President's Desk

Dear Colleagues,

One more Festival of Lights and Ramadan are over and this is the time where fellowship, friendship and brotherhood are exchanged among our fellowmen. Still we see the happenings in our society are contrary to the tenets of these lofty principles.

My mind was parading through the recent happenings in our country and society at large, I was really fascinated by the words of wisdom of Sri Vajpayee former Prime Minister of India. While addressing his partymen more than a month ago, he said, "there can be no restriction on thought which is a constantly evolving process. There should be room for fresh thoughts and ideas. It is difficult to pinpoint the final principles of any ideology. It is, therefore, not right to adopt an attitude that we have accepted as our final principle of ideology in the ultimate truth. It is essential that our ideology, the test of being beneficial for the thought process will not come to halt any time". Let this be an eye opener to us.

Nov. 14<sup>th</sup> is the 'World Diabetic Day'. This year's slogan is **Diabetes and Foot Care; Put feet first and prevent amputations**. In this context it is our bounden duty to propagate this message among the lay public and it is very gratifying to note that we have taken the initiative in this regard in co-operation with Lakshmi Hospitals, AIMS, Cochin Physicians Forum and Manorama - 'Arogyam'. My compliments to them.

With regards,

**Dr. E. Varghese Mathew**



President

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## Secretary's Column

Dear friends,

Our women's wing members organized the first convention of IMA Women's wing under the Kerala State Branch on 30th Oct 2005. The women's wing members especially the Chairperson Dr. Gracy Thomas and Secretary Dr. Pushpa Susan Isaac deserves all credit for this wonderful show. Hearty Congrats !!!

The executive committee have decided to organize the Family Nite on Jan 22nd, Sunday. Please keep the date free and start practising.

It's eight months after we took over. There can be several short comings. But what we really miss is your comments/suggestions/recommendations/criticism. Please feel free to mail us at secretary.ima@gmail.com

Best wishes,

**Dr. Abraham Varghese**



## NOVEMBER MONTHLY MEETING

Date : Nov. 30, 2005 (Wednesday) Time : 8.00 P.M. Venue : IMA Hall

### Scientific Session : THE PAINFUL SHOULDER

Moderator : **Dr. Sachidanandan R.**

Speakers : **Dr. Jose Thomas Pappanacherry, Dr. Lazar Chandy  
Dr. Thomas Mathew, Dr. Jaithilak**

Meeting sponsored by

**COCHIN ORTHOPAEDIC SOCIETY**

I have ensured the welfare of my family.

**Have you?**

The most effective way to ensure the welfare of your dear ones.....

A unique chance to help your colleagues....

## IMA SOCIAL SECURITY SCHEME

### BL D BANK NEWS

OCTOBER 2005

Total 1599 units of blood were collected and 3273 units of blood and its components issued. Patients in 84 hospitals were beneficiaries. 10 blood donation camps were conducted.

**Dr. K. Narayanan Kutty**  
Secretary

### IMA MEDICINE BANK

Working Hours : 10.00-2.00 p.m.  
Medicines donated by :

1. Dr. Biren J. Thoompungal
2. Dr. Jeelson c. Unni
3. Dr. Srinivasa Kamath
4. Dr. E. Varghese Mathew
5. Dr. Babu John Mathews
6. Dr. Sashikala V. Prabhu
7. Dr. Muhammed Ismail
8. Dr. P. Ramakrishnan
9. Dr. Syamala Menon
10. Dr. Gracy Mathew
11. Dr. Geetha Mary Philips
12. Dr. Varghese Cherian
13. Dr. Paul Puthooran
14. Dr. Abraham P. George
15. Dr. M.G. Sbramaniom
16. Dr. Babu Vasudevan
17. Dr. T.L. Prabhu
18. Dr. M. Chandrika
19. Dr. B. Valsaraj
20. Dr. A.S. Krishnan
21. Dr. Paulose Chacko
22. Dr. Sujit Vasudevan

**Dr. N. Gopalakrishnan**  
Convenor

### Welcome to New Members

1. Dr. Anabi Shahi A.
2. Dr. Faza Ur Rahman T.
3. Dr. Biju T.N.
4. Dr. Reshmi Nair
5. Dr. Vivekaraj J.
6. Dr. Jayaprakash K.K.

## CARCINOMA BREAST: CURRENT CONCEPTS IN MANAGEMENT

Dr. Santhosh John Abraham, Dr. Anusha Varghese

Carcinoma breast is the commonest malignancy in women all over the world. In the UK the incidence has gone up to 1 in 9. There is annual increase in incidence by 2%. Since the malignancy is getting detected relatively early and there is availability of effective chemotherapy and hormonal treatment, the longevity of survival has been substantially improved in the recent past. Though in India, we do not have any community-based statistics, all the available data from the various hospitals show an increasing incidence in cancer breast.

It is now well established that carcinoma breast is a systemic disease and the aim of treatment is to improve the disease free survival of the patient. Every attempt is to be taken for an early detection of disease. Mammogram and Ultrasound evaluation of the breast are the most important tools in the evaluation of breast with no palpable lumps whereas a Fine Needle Aspiration Cytology (FNAC) is the most important tool to assess a palpable breast lump.

Mammogram is a non-invasive soft tissue X-ray of the breast taken in cranio-caudal and lateral oblique views after breast compression. It is not an accepted modality of investigation as a mass-screening programme but should be used in high-risk category. It helps to de-

termination include :

1. Previous irradiation to breast and chest wall. 2. Pregnancy. 3. Failure after a previous conservation. 4. Co-existent connective tissue disorders.

Relative contra-indications for breast conservation include

1. Presence of multifocal / multicentric disease. 2. Certain unfavourable sites like centrally located lesions. 3. Adverse tumour: breast volume ratio resulting in unacceptable final cosmesis. 4. Patients who are educationally backward and hence cannot understand the importance of follow up. 5. Economically unsound with resultant inability to afford more expensive treatment. 6. Patient's desire.

Interference of the axilla is the most important cause of morbidity in breast cancer management. It is now thought that nodal metastasis in breast cancer occurs in a predictable fashion and hence the first draining lymph node (Sentinel lymph node) is histologically proven to be non-metastatic there is no need for any further axillary nodal clearance. Sentinel node can be located by dye injection technique or with the help of a gamma probe. Indications for axillary irradiation are also redefined and include 1. Four positive

## ABSTRACT OF SCIENTIFIC SESSION ON 26 OCT 2005

tect, localize and characterize the breast cancers mainly by various types of calcifications. Combined with USS breast it can predict malignancy with almost 90-95% accuracy. Mammogram machine to be useful needs breast fixation and localization devices to take guided FNAC or biopsy.

FNAC of the breast is the investigation of choice to evaluate any palpable breast lesion. The accuracy rate of FNAC in breast is 96-98%. A core biopsy of the lesion will not only confirm tissue diagnosis but also will provide tissue for study of various prognostic factors.

Once the diagnosis is established the decision regarding treatment is taken after evaluating the patient, the local tumour and breast factors, the axillary and the metastatic status. Surgery and Radiotherapy are aimed at loco regional control of the disease while chemotherapy and hormonal manipulations are aimed at controlling the systemic disease. A judicious combination and sequencing of these various modalities is needed for the best outcome.

The Halstedian concept of cancer breast treatment is part of history today. Conservatism is generally the rule in carcinoma breast equally applicable to the surgery on breast and on axilla. Whenever breast conservative surgery is done the breast needs to be irradiated.

Absolute contra-indications for breast con-

nodes. 2. Half of the nodal yield is positive for metastasis. 3. Perinodal infiltration. 4. Unknown axillary status.

Though early detection with more conservative approach is accepted, the need for mastectomy in the western world even today is to the tune of 40% and that in our part of the world is more than 75%. Mastectomy leaves a formidable cosmetic defect, which has a bearing on the women's body image, self-esteem, way of dressing and social outlook, all contributing to a bad psychological status.

The disfigurement following mastectomy is corrected to a large extent by primary breast reconstruction. There are different techniques for post mastectomy primary breast reconstruction. 1. Implants. 2. Autologous tissue transfer- pedicled flaps and free tissue transfer. The workhorse in primary breast reconstruction is Transverse Rectus Abdominis Myocutaneous flap (TRAM). It provides excellent contour, colour and texture match and does not interfere with adjuvant local treatment like XRT or with early detection of local recurrence. TRAM provides an excellent breast mound. Nipple-areolar reconstruction can be done by tattooing, local flaps or by free labia minora transfer.



## STATE LEVEL IMA WOMEN'S WING CONVENTION



The first convention of IMA Women's wing under the Kerala State Branch was organized by Womens wing of Cochin branch on 30<sup>th</sup> Oct 2005 at Rotary Balabhavan, Ernakulam. This was inaugurated by Prof. Mercy Williams, Worshipful Mayor of Cochin Corporation. The Mayor in her inaugural address said the medical community should come forward with expertise and medicines for rural areas.

Dr Joseph Mani, President, IMA Kerala State presided over the function. Dr.P.V.George, Immediate Past National President IMA released the Souvenir. Dr.Ashoka Valsala, Dr.Anitha Balakri-

shnan, Dr.GracyThomas, Dr.Bhaskaran, Dr.Paulose, Dr.Ramesh, Dr.Emmanuel and Dr.Gangadharan also spoke on the occasion. Dr Uma Mohandas, Chairperson of the State Women's Wing welcomed the audience and Dr.Pushpa Susan Isaac proposed the vote of thanks. 150 members participated in this convention.

The inaugural function was followed by a talk on Anaemia by Mrs.Mumtaz Khalid Ismael, Nutritionist. The Women's wing members from different branches actively participated in a cultural program after the session.



## GLIMPSES OF IMA ACTIVITIES IN OCTOBER



Dr. P.V. Louis, Medical Director, Medical Trust Hospital welcoming the senior citizens in a meeting, organised by IMA Cochin & Medical Trust Hospital on 5th Nov. 2005. Dr. Mathew Dominic, Dr. Abraham Varghese, Mr. P.V. Antony, MD & Dr. C.J. John are also seen.



Skin Camp organised by IMA Medicine Bank, General Physicians Association & Edavanakkad Primary Health Centre on 20th October at Edavanakkad Village



Medicines and new garments for the relief of Kashmir Earth Quake victims were handed over by Dr. Varghese Mathew, President, IMA Cochin and Sri Joseph J. Palakkapilly, Hon. Secretary, Indian Red Cross Society to Sri Sreekumaran Nair, Director of AIRPORT CIAL and Sri Rajan Karnik, Regional Director of Jet Airways.



Dr.Lisamma Joseph addressing Plus two children at Kumbalam RPM Higher Secondary School on "Problems among the adolescents". Dr. Abraham Varghese and Dr. Pushpa Susan Isaac also participated in the interactive session. It was attended by about 200 students, teachers, parents & management representatives.