Monthly Face Value Rs. 08=00 - Yearly Face Value Rs. 96=00

AHMEDABAD MEDICAL ASSOCIATION
(Branch of Indian Medical Association) ESTD 1902
AMA House, First Floor, Opp. H. K. Arts College,
Ashram Rood, Ahmedabad - 380009 Phone : (079) 26588775

AHMEDABAD MEDICO NEWS

Email: amagsbima@yahoo.co.in | Website: www.ahmedabadmedicalassociation.com

VOL. 19 MAY - 2024 ISSUE - 1

Please Save Mob, No: **97268 88775** of AMA to get regular updates

Message From President & Hon. Secretary

Dear members,

What we have set, is a true example of team work. Simultaneously 8 (eight) workshops at different places on same day, same time; that's again completely packed – could only be possible by a team work of co-ordinators, organizing institutes / hospital, enthusiastic participants & organizers of AMA. Undoubtedly, 4th May was a remarkable day in the history of Ahmedabad Medical Association. Another history making day was 5th May, houseful auditorium; outstanding scientific sessions; vibrant inauguration ceremony with pre sence of Mr Jay Shah - BCCI secretary & many legendary doctors – on the stage & off the stage; the entire event AMACON 2024 was exemplary. Another exceptional aspect of the event was, every compartment of healthcare system were on common platform – the doctors, corporate sectors, medical students, government & UNICEF. We are sure that, we will continue with such team work in future too.

The ecosystem of healthcare is changing very fast. It is obvious that, within short span, we will be moving from conventional system to new digitalized way; & this transformation is not in our hand, it will happen. What is in our hand, is to update ourselves with newer modalities. Automation, artificial intelligence, robotics, evidenced based medicine will definitely going to take place in our day to day practice. We need to

assure, these updates shall not affect our present way of proper medical management& empathy towards patients & their relatives.

Dinesh Paliwal has quoted, "Giving back to the communities and institutions that helped us achieve success is a value we share and a privilege we embrace."

The message from **Ron Conway** for a successful person is, "I believe that we all have a responsibility to give back. No one becomes successful without lots of hard work, support from others, and a little luck. Giving back creates a virtuous cycle that makes everyone more successful."

AMA create platform for every successful doctor to enter in such virtuous cycle. "Aao Gaon Chalen" – camps in rural & urban slums, CPR – COLS training & organ donation awareness drive – these are the mainstream & on-going social programmes of Ahmedabad Medical Association; nutritional kits distribution to TB patients, blood donation camps, various awareness programmes & many more other social events are regularly arranged by AMA. It's our humble request to more &more members to join any of such events, they are interested in.

Let's celebrate the world Environment Day 2024 together with the theme of "Land restoration, desertification and drought resilience"

Just to remember the quote of Gary Snyder

"Nature is not a place to visit. It is home."

Jai AMA **Jai IMA**

Dr. Tushar Patel
President

Dr. Urvesh Shah
Hon. Secretary

Ahmedabad Medical Association

Education Department
Government of Gujarat

SSIP i-Hub
(A Gujarat Government Enterprise)

AMACON 2024

A workshop on startup and innovation for medical students (IMA-MSN)

Empowering Youth Strengthening Healthcare









AMACON 2024
The Annual Conference of Ahmedabad Medical Association

Marengo CIMS Hospital

CARDIOLOGY WORKSHOP












AMACON 2024
The Annual Conference of Ahmedabad Medical Association

zydus Hospitals

GASTRO - ENTEROLOGY WORKSHOP









AMACON 2024

The Annual Conference of **Ahmedabad Medical Association**

PULMONARY & CRITICAL CARE WORKSHOP

KD Hospital
કુસુમ વીરજલાલ હોસ્પિટલ














AMACON 2024

The Annual Conference of **Ahmedabad Medical Association**

STAVYA SPINE HOSPITAL & RESEARCH INSTITUTE PRIVATE LIMITED

SPINE WORKSHOP












AMACON 2024

The Annual Conference of **Ahmedabad Medical Association**

Apollo HOSPITALS

HEMATOLOGY WORKSHOP












AMACON 2024
The Annual Conference of Ahmedabad Medical Association

SAL HOSPITAL
Healthcare with Human Touch

NURSING CRITICAL CARE WORKSHOP










AMACON 2024
The Annual Conference of Ahmedabad Medical Association

Sterling HOSPITALS

EMERGENCY MEDICINE WORKSHOP












AMACON 2024 AHMEDABAD MANAGEMENT ASSOCIATION

AMACON 2024 JB AUDITORIUM HALL

AMACON 2024 JB AUDITORIUM HALL












AMACON 2024 JB AUDITORIUM HALL

AMACON 2024 JB AUDITORIUM HALL

SPOUSE ACTIVITY AT AHMEDABAD MANAGEMENT ASSOCIATION

AMACON 2024 HT PAREKH HALL

AMACON 2024 HT PAREKH HALL











AMACON 2024 ORAL PAPER & POSTER PRESENTATION S1 HALL

LADIES CULB PROGRAMME

VOTING AWARENESS DRIVE AT AMA

અમદાવાદ મેડિકલ એસોસિએશન દ્વારા
મતદાન વધારવા માટે અનોખી પહેલ

ડોક્ટરો દર્દીને પ્રિસ્ક્રિપ્શન પર મતદાન કરવાનો સંદેશો આપશે

» મતદાન જાગૃતિ અભિયાનમાં હાથ 'મતદાન જાગૃતિ' અભિયાન અંતર્ગત એક કાર્યક્રમનું આયોજન કરાયું હતું. જેનો એસોસિએશન સાથે જોડાયેલા નામાંકિત તબીબોએ અનુક મતદારના હાથ લીધા હતા. આ ઉપરાંત ઉપસ્થિત સૌ તબીબોએ

અમદાવાદ મેડિકલ એસોસિએશન બનશે મતદાન જાગૃતિ અભિયાનમાં સહયોગી

Voting awareness drive at AMA

The Ahmedabad Medical Association organised a voting awareness drive as part of which, around 500 renowned physicians (Padma Shri etc) were handed voting awareness stamps - these stamps will be used by the physicians on their prescriptions to create awareness among their patients about their right to vote.


GUJARAT FIRST

HOME | READ | WATCH

ગુજરાત | વિધાનસભા ચૂંટણી 2024 | રાષ્ટ્રીય | આંતરરાષ્ટ્રીય | એજ્યુકેશન-કરિયર | સ્પોર્ટ્સ

AHMEDABAD MEDICAL ASSOCIATION: અમદાવાદ મેડિકલ એસોસિએશનના ડોક્ટર્સ દ્વારા પ્રિસ્ક્રિપ્શન સાથે અપાશે મતદાનનો મેસેજ


आज तक

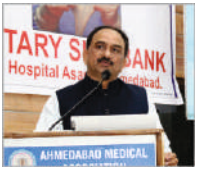
चुनाव 2024

VOTING

MACHO

अहमदाबाद में मतदान प्रतिशत बढ़ाने के लिए अनोखा प्रयोग, डॉक्टर मरीजों की पर्ची पर लगा रहे अवेयरनेस स्टैंप

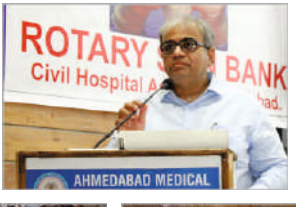
AWARENESS PROGRAM FOR SKIN DONATION ON 12 MAY 2024







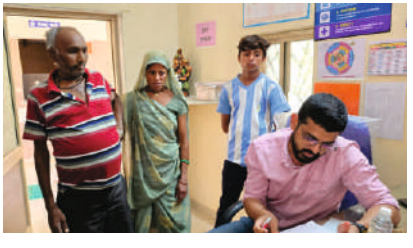





AAO GAON CHALEN







OUR ESTEEMED DONORS FOR REDEVELOPMENT OF IMA HQ. BUILDING FUND

Dr. Sahil Nitin Shah
Ahmedabad ₹ 1,00,000/-

Dr. Kiran C. Kothari
Ahmedabad ₹ 1,00,000/-

KAVISHA GROUP
BORNTOBUILD!

Organised by Ahmedabad Medical Association (AMA) & Kavisha Group

DATES	VENUE
20 th may to 6th June, 2024	MK Farm, Bhadaj
FORMAT	**ENTRY FEE**
15-over night matches	₹11000 per team

Eligibility restricted to allopathic doctors, MBBS students & interns from Ahmedabad and Gandhinagar.

Maximum 4 students or interns allowed per team. Minimum 3 league match.

PRIZES

25000 for the winner, 15000 for the runner-up
Individual awards for different categories!

Managed by
Dr. Tushar Patel,
President of AMA

Organised by
Kavisha group

For registration and further details, please contact +91 99099 13087

Let's unite for a healthier future, combining cricket and family.

KAVISHA PREMIER LEAGUE

COORDINATOR

Dr Divyang Dalvadi 99099 13087 | Dr Rutvij Parikh 98980 97604 | Dr Virendra Shah 98250 22001
Dr Chandresh Sharma 982584 7506 | Dr Dipak Patel 98250 69528

Organised by Ahmedabad Medical Association (AMA) & Kavisha Group

SCHEDULE OF LEAGUE ROUND

DATE	TIME	TEAMS
20-5-2024	9.00 pm	GMDC STRIKERS Vs ISCCM SUPER KINGS
	11.00 pm	ADITI AVENGERS Vs GOLDEN MAVERICKS
21-5-2024	9.00 pm	ISCCM SUPER KINGS Vs STALLION
	11.00 pm	ADITI AVENGERS Vs INVINCIBLE
22-5-2024	9.00 pm	RISING RANGERS Vs LIFELINE ELEVEN
	11.00 pm	STALLION Vs THE KILLING MACHINE
23-5-2024	9.00 pm	LIFELINE ELEVEN Vs INVINCIBLE
	11.00 pm	BOOM 11 Vs GMDC STRIKERS
24-5-2024	9.00 pm	STALLION Vs BOOM 11
	11.00 pm	OLYMPIAN SPORTS MAVERICKS Vs THE KILLING MACHINE
25-5-2024	9.00 pm	GOLDEN MAVERICKS Vs LIFELINE ELEVEN
	11.00 pm	ISCCM SUPER KINGS Vs OLYMPIAN SPORTS MAVERICKS
26-5-2024	9.00 pm	BOOM 11 Vs OLYMPIAN SPORTS MAVERICKS
	11.00 pm	BJ BLASTERS Vs RISING RANGERS
27-5-2024	9.00 pm	ADITI AVENGERS Vs RISING RANGERS
	11.00 pm	BJ BLASTERS Vs GOLDEN MAVERICKS
28-5-2024	9.00 pm	BJ BLASTERS Vs INVINCIBLE
	11.00 pm	THE KILLING MACHINE Vs GMDC STRIKERS

A.M.A. BULLETIN INDEX

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AHMEDABAD MEDICAL ASSOCIATION YEAR : 2023-2024

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9825082672

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9825174671

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9898097604

IMM. PAST PRESIDENT
Dr. JITENDRA HARGOVANDAS SHAH
9824022362

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Dr. KUNTAL HARSHADBHAI GAJJAR
9825087821
Dr. ALPA ATULBHAI GANDHI
9825065061
Dr. YOGESH ANJANIKUMAR GUPTA
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Dr. ARPIT CHELABHAI PRAJAPATI
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Dr. BIPIN JIVANBHAI PATEL
9925024474
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Dr. PINAKIN SURESHBHAI PATEL
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9998722345
Dr. MONIKA BHAVESHBHAI VYAS
9925039149

OTHER THAN P.G.

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Dr. MAHESH RATILAL JIVRANI
9825343198
Dr. MUKESHBHAI AMBALAL KHADALIA
9879314410
Dr. HITENDRAKUMAR JAYANTILAL NAYAK
6351165535
Dr. ARVINDKUMAR TRIKAMLAL PANCHAL
9825846300
Dr. HETAL KAPILBHAI PANDYA
9428813460
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9879495551
Dr. PIYUSH BHOGILAL SHETH
6353852205
Dr. PURAV ASHOKKUMAR THAKKAR
9925082878
Dr. IMTIYAZ GULAMBHAI VOHRA
9426324247

BULLETIN COMMITTEE

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Dr. URVESH SHAH
Dr. RAJESH DESAI
Dr. RUTVIJ PARIKH
Dr. BIPIN PATEL
Dr. ARPIT PRAJAPATI
Dr. YOGESH GUPTA
Dr. ASHISH BHOJAK
Dr. NIDHI BHATNAGAR
Dr. AMIT PRAJAPATI
Dr. ANISH JOSHI
Dr. ABHAY DIXIT
Dr. K. R. SANGHAVI
DR. ATUL GANDHI

AIRWAY WORKSHOP

Date : 16-6-24, Sunday
Time : 9.00 am to 1.00 pm
Venue : Khyati Multipseciality Hospital, Nr. Pakwan Cross Roads, Opp. Rajpath Club, Bodakdev, Ahmedabad

Lectures

1. Airway anatomy and physiology
2. Ariway devices and adjuncts
3. Intubation, Percutanoeous tracheostomy and Cricothyrotomy
4. Difficult airway algorithm

Work station

1. Preoxgyenation & Intubation
2. Percutaneous tracheostomy, Cricothyroidotomy
3. Airway equipment & adjuncts

Faculties:

Dr. Parul Gaadhe
Dr. Yogin Mistry
Dr. Naimish Chavda
Dr. Dular Patel

Sessions will be preceded by breakfast & followed by lunch

Registration:

Rs. 500 for AMA members,
Rs. 1000 for Non members

For registration contact Dr. Yogin Mistry 9724082267

ABHISHU CRITICAL CARE ASSOCIATES

Dr. Anish Joshi
9898539059

Dr. Vivek Dave
9825172804

AMA COORDINATORS

Dr. Bhadresh Shah
9825288988

Dr. Alpa Gandhi
9825065061

Dr. Tushar Patel
President, AMA

Dr. Urvesh Shah
Hon. Secretary, AMA

AHMEDABAD MEDICAL ASSOCIATION SENIOR CITIZEN CLUB

Dear Members,

Membership of senior citizen club is now open for all the members of Ahmedabad Medical Association.

Fees :

(1) Couple Member : Rs. 500/- for one year

(2) Single Member : Rs. 300/- for one year

The existing members are requested to renew their membership.

AMA Senior Citizen Club Coordinators

Dr. K. R. Sanghvi
Dr. Ramesh C. Shah
Dr. Kirit C. Gadhvi
Dr. Abhay S. Dixit

Dr. Tushar Patel
President, AMA

Dr. Urvesh Shah
Hon. Secretary, AMA

OBITUARY

May their soul rest in eternal peace.

DR. MRUNALINI D. SHAH

L-980 M.B.B.S.

Date of Birth : 08-10-1950

Date of Death : 02-04-2024

DR. ARUN S. DIVATIA

L-225 M.S. (OPTHAL)

Date of Birth : 30-07-1937

Date of Death : 17-04-2024

We send our sympathy & condolence to the bereaved family.

Report of AMACON 2024 Date 4th & 5th May 2024

The annual conference of Ahmedabad Medical Association was held on 4th & 5th May, 2024. It was a unique conference, in which Pre-conference Workshops were organized at 8 different places simultaneously on 4th May, 2024 & Grand Conference was organized at Ahmedabad Management Association, IIM Road on 5th May, 2024.

A workshop on startup and innovation for medical students was organized at i-Hub, KCG Campus, Ahmedabad for empowering the youth and strengthening healthcare. Dr. Tushar Patel, Dr. Mehul Shah and Dr. Amiruddin Kadri spearheaded a vibrant panel discussion aimed at igniting the entrepreneurial spark among medical students. Mr. Hiranmay Mahanta (CEO, i-Hub) underscored the organization's pivotal role in nurturing healthcare startups and bridging academia-industry gaps. Mr. Jaykumar Joshi (Program Head, i-Hub) provided insights into the transformative Mind to Market initiative, empowering students to transform their ideas into flourishing startups. Further, the Founders of 4 healthcare startups inspired attendees, where they shared their invaluable experiences with the medical students. Dr. Shiva Murrakka, founder of Syncbio Research Pvt Ltd., emphasized the proactive role entrepreneurs play in problem identification, regardless of immediate solutions. Mr. Vaibhav Shitole, founder of IOTA Diagnostics Pvt. Ltd., shared valuable insights into their growth trajectory, highlighting the consistent support provided by i-Hub in their journey. Additionally, Dr. Karnav Patel, founder of ALTEA ENTERPRISE, captivated the audience with the roller coaster ride of their startup's evolution into a thriving business, now exporting

to over 50 countries. The event served as a dynamic platform for knowledge exchange and inspiration, showcasing a culture of innovation and entrepreneurship within the healthcare ecosystem. Likewise Cardiology Workshop at CIMS Hospital, Gastro-Enterology Workshop at Zydus Hospital, Pulmonary & Critical Care Workshop at KD Hospital, Spine Workshop at Stavya Spine Hospital, Haematology Workshop at Apollo Hospital, Nursing Critical Care Workshop at SAL Hospital and Emergency Medicine Workshop at Sterling Hospital were organized in which hands-on training was also provided to the participants and young budding medical students.

Eminent national speakers were invited to share their knowledge and expertise in the scientific sessions of the conference on 5th May, 2024. The scientific sessions were held parallel at J.B. Auditorium & H. T. Parekh Hall of the venue. The Inauguration Ceremony was graced by the august presence of Mr. Jay Shah – Hon. Secretary BCCI and President Asian Cricket Council, Dr Anilkumar Nayak - Hon. Secretary General IMA HQ, Dr Bharat Kakadia – President IMA GSB and Dr Mehul Shah – Hon. Secretary IMA GSB. Interactive Spouse Programmes and Scientific Paper and Poster presentations were the other highlights of the AMACON 2024. The prizes were given to the best three scientific papers and posters. The conference ended with the Valedictory Session and Lucky draw in the evening. The entire programme was nicely managed on stage by Masters of Ceremony Dr Rachna Solanki, Dr Aniket Tripathi & Dr Ashish Bhojak. The highly successful event ended with beautiful memories. The Grand Musical Event will be organized at Rajpath Club on 2nd June, 2024 as a part of celebration of AMACON 2024.

Report of Awareness Programme on 'Skin Donation' Date 12-05-2024

Ahmedabad Medical Association and Civil Hospital, Ahmedabad had jointly organized Awareness programme for Skin Donation on 12th May, 2024 at AMA Hall, Ashram Road, Ahmedabad. The programme was graced by the presence of Dr Tushar Patel – President, AMA; Dr Rakesh Joshi – Medical Superintendent, Civil Hospital Ahmedabad ; Dr Jayesh Sachde – Prof & Head, Dept of Burns and Plastic Surgery, Civil Hospital Ahmedabad; Dr Manav Suri - Professor, Dept of Burns and Plastic Surgery, Civil Hospital Ahmedabad and Dr Hiren Rana – Assistant Professor, Dept of Burns and Plastic Surgery, Civil Hospital Ahmedabad. The event was supported by Rotary Club, Kankaria and efficiently co-ordinated by Dr Rutvij Parikh and Dr Parth Patel.

Report of 'Voting Awareness Drive' by AMA

Ahmedabad Medical Association has organized a voting awareness drive for General Elections 2024 as a part of which around 100 renowned physicians from the city were handed over voting awareness stamps. These stamps were used by the physicians on their prescriptions to create awareness among their patients about their right to vote.

Ahmedabad Medical Association has also actively participated in community engagement programme organized by Red FM 93.5 at River Front Event Centre on 27th April, 2024 for promoting electoral literacy and democratic participation. The drone show coupled with cultural performances aimed to captivate and inspire attendees while highlighting the importance of Right to Vote.

More than 500 delegates present in the annual conference of Ahmedabad Medical Association AMACON 2024 on 5th May, 2024 had taken a pledge to cast a vote and promoting awareness for voting in the community.

મેડીમ-કલન

यत्र नार्यस्तु पूजयन्ते, रमन्ते तत्र देवताः

AMA Ladies Club તરફથી તા. ૨૧-૪-૨૦૨૪ રવિવારે ગીત-સંગીતમય કાર્યક્રમ યોજાઈ ગયો. તેમાં બધાએ ઉત્સાહપુર્વક કરાઓકે ગીતો ગાયા અને Music Quiz માં ભાગ લીધો. President Dr. Kshama Shah દ્વારા સંગીતનાં સાત સૂર તથા Voice Culture વિષે માહિતી આપવામાં આવી.

પ્રોગ્રામ નં. - ૯

તા. ૧૭-૫-૨૦૨૪ શુક્રવાર ના રોજ PCOS વિષે સેમિનાર તથા જનજાગૃતિ સંવાદ નું આયોજન કરવામાં આવ્યું હતું. જેમાં નિષ્ણાંત પાસેથી બહેનોએ જરૂરી માહિતી મેળવી.

પ્રોગ્રામ નં. - ૧૦

તા. ૨૬-૦૫-૨૦૨૪ રવિવાર ના રોજ ઘૂંટણની કાળજી વિષે પ્રોગ્રામનું આયોજન કરવામાં આવ્યું હતું. જેમાં નિષ્ણાંત પાસેથી બહેનોએ જરૂરી માહિતી મેળવી.

ડો. ક્ષમાબેન શાહ
(પ્રમુખ)
મો. ૯૩૨૭૦ ૬૬૬૪૦

ડો. મનીષાબેન મહેતા
(સેક્રેટરી)
મો. ૯૮૯૮૦ ૧૬૯૭૪

ડો. તુષાર પટેલ
(પ્રમુખ, એ.એમ.એ.)

ડો. ઉર્વેશ શાહ
(સેક્રેટરી, એ.એમ.એ.)

WE WELCOME FOLLOWING NEW LIFE MEMBERS

M.No.	Type	Name
12994	L	DR. PATEL SAHIL RAISAHMED
12995	L	DR. PRAJAPATI AMITKUMAR SOMABHAI
12996	L	DR. MODI MEGHAVI RAJESHBHAI
12997	LC	DR. DESAI DEVVRAT DILIPKUMAR
12998	LC	DR. KAKKAR DEEPTI DEVVRAT
12999	L Transfer Morbi to Ahmedabad	DR. BUDDHDEV NITIN A.
13000	L	DR. SHAH MANSI JAYESHBHAI
13001	L	DR. PANCHAL JAISHIL SAMIRBHAI
13002	LC	DR. GANGADIA YASH SHAILESHBHAI
13003	LC	DR. DALSANIYA KHYATI PRAVINBHAI
13004	L	DR. PRAJAPATI HIMANSHU KANTILAL
13005	L	DR. PATEL DHAVAL SURESHBHAI
13006	LC	DR. PATEL DHRUV DINESHCHANDRA
13007	LC	DR. PATEL JAINI MITESHKUMAR
13008	L Transfer Jamnagar to Ahmedabad	DR. SATVARA ASHA JAGDISHBHAI
13009	LIFE Transfer Rajkot to Ahmedabad	DR. DADHANIA DINESHKUMAR MOHANLAL
13010	L	DR. BHAVSAR KHAUSHI NARENDRABHAI

CHILD AND ADOLESCENT ROAD SAFETY – A CALL TO ACTION

Dr Narayan Gaonkar, Health Specialist, UNICEF Gujarat

Every child has a right to a safe & healthy environment to play, walk, and move, without harm. Injuries are the # 1 cause of death globally for those 5-19 years and a top 10 cause of years lived with a disability for children 5-19 years.They typically strike during ourmost productive years, causing huge health, social and economic harm to the society.Globally, road traffic accidents claim estimated 1.19 million lives annually (2021), with up to50 million people incurring non-fatal injuries. They are the leading cause of death for childrenand adolescents aged 5-19 years, with 220,000 fatalities annually. The impact of road trafficinjuries extends beyond fatalities, as they also rank as the tenth leading cause of years livedwith a disability (YLD) among children aged 15-19 years and the thirteenth overall cause ofYLDs for children aged 0-19 years. Ensuring the safety of children and adolescents on roadsis a major worldwide challenge that has far-reaching implications for public health andsustainable development.

We know what works; political will must match the scale and urgency of this crisis. The Global Plan for the United Nations Decade of Action for Road Safety 2021-2030 charts the way forward, and everyonehas a role in making safe, clean, affordable, and green mobility a reality.The global plan aims to reduce road traffic deaths and injuries by 50% by 2030, emphasizing a comprehensiveapproach addressing the transport system, safe roads, vehicles, and behaviours. Road safety,identified as a sustainable development issue, demands immediate attention,

with children facing in creased difficulty in assessing traffic risks due to their limited ability to judge distance, speed, and sound.

Road Safety Landscape in India and Gujarat

According to the National Crime Records Bureau (NCRB), in 2022, a total of 46,742 road accidents involving adolescents and youth were reported in India, resulting in 17,318 deaths and 44,874 injuries. Most of the accidents involved two-wheeler vehicles, such as motorcycles and scooters.Gujarat Ranks 9th withover 700 fatalities of children and adolescents due to road accidents. With 1% of the worlds' vehicles India accounts for 11% of all road accident deaths and 6% of total road crashes (MoRTH, 2018). More than 400 fatalities per day. Every day around 42 children / adolescents die due to road crashes in the country.Most of these deaths happen near the schools and colleges.

Priority Approaches / interventions: We know what works; political will must match the scale. and urgency of this crisis. Investing in the Safe Systems approach can substantially reduce the incidence and severity of road traffic injuries among young people. Interventions should be tailored to address the specific needs and circumstances of each country within the region with focus on the following.

1. **Education-** Providing road safety education & practice to children and supervising children on their walks/transport to school.
2. **Engineering-**Make Road design and infrastructure safer for drivers,passengers, cyclists, and pedestrians alike.Improving the infrastructure around schools and improving visibility for pedestrians can also minimise risks.

3. **Emergency management of post-** crash victims (prehospital and hospital Care). Ensure adequate child-friendly emergency response & services.
4. **Enforcement** by Police
    a. Minimum standards for school transport vehicles.
    b. Controlling speed around schools:
    c. Mandating the use of cyclist helmets
    d. Ensuring vehicle manufacture compliance with 8 UN safety regulations (eg. Safe vehicles with Airbags, Child restraint anchorage points etc)
5. **Evidence-** Academia and civil society must generate evidence and hold leaders to account for investing in safe, sustainable mobility options.
6. **Engagement-** Partnership strengthening with all concerned stakeholdersincluding various Government Departments, Academic institutions, CSOs, Professional bodies and development partners will be critical in reducing accidentals and deaths.

Professional bodies like IMA can substantially contribute for creating awareness, building capacities for post-crash management (prehospital and hospital care),creating evidence,and advocating with policy makers for investing more for improving road safety. Road safety is a shared responsibility and together we can make road journey safer of every child and adolescent in Gujarat and in India.

SKIN DONATION AND SKIN TRANSPLANT : ENHANCING LIVES THROUGH GENEROSITY AND MEDICAL ADVANCEMENTS

By Ahmedabad Medical Association

More that 7 million people in India suffer from burn injuries every year. 80% of these are women and children. Amongst these are acid victims, dowry victims, accident victims and others whose skin has been badly burnt. It is the second largest group of injuries after road accidents, and every year nearly 1 to 1.5 lakh people get crippled and require multiple surgeries and prolonged rehabilitation due to burn injuries. Out of the 10% of these which are life threatening, around half will succumb to their injuries.

Skin donation and skin transplant play vital roles in modern medicine, offering hope and healing to individuals facing severe burns, traumatic injuries, and debilitating skin conditions. Through the generosity of donors and the expertise of medical professionals, these procedures have become life-changing interventions, restoring not only physical appearance but also confidence and quality of life.

Skin donation is a selfless act where individuals pledge to donate their skin tissue after death to benefit others in need. The donated skin is meticulously processed and stored under sterile conditions until required for transplantation. Donors of all ages, genders, and ethnicities can contribute, making it a universally accessible form of donation. The process is governed by strict ethical and regulatory standards to ensure the safety and efficacy of the donated tissue.

Skin transplantation involves the surgical grafting of donated skin onto a recipient's body to replace damaged or lost skin. This

procedure is particularly crucial for patients with extensive burns, where traditional wound healing methods are insufficient. Skin grafts can be partial thickness, involving the outermost layers of the skin (epidermis and part of the dermis), or full thickness, including the entire thickness of the skin.

The impact of skin transplantation goes beyond physical healing; it profoundly affects the psychological well-being of recipients. For burn survivors, skin grafts can restore mobility, reduce pain, and enhance cosmetic appearance, allowing them to reintegrate into society with newfound confidence. Similarly, individuals with chronic skin conditions such as vitiligo or severe scarring find relief and renewed self-esteem through skin transplantation.

Furthermore, advancements in skin tissue engineering have revolutionized the field of skin transplantation. Researchers are exploring innovative techniques to create bioengineered skin substitutes using a combination of synthetic materials and human cells. These engineered skin substitutes offer advantages such as reduced risk of rejection, faster healing times, and customized design to fit the patient's unique needs.

Despite the tremendous benefits of skin donation and transplantation, challenges remain, including the shortage of donor skin and the need for continued research to improve outcomes and accessibility. Public awareness campaigns and educational initiatives are essential to encourage skin donation and dispel misconceptions surrounding the process.

In India, anyone can potentially donate skin tissue, regardless of age, gender, or ethnicity. However, certain criteria must be met

for the donation to be considered suitable for transplantation.

Typically, individuals who wish to donate their skin must:

1. Be in good overall health
2. Have clear skin: Skin donors should not have any active skin infections, wounds, or lesions at the time of donation.
3. Be free from certain medical conditions: Conditions such as HIV/AIDS, hepatitis, and certain types of cancer may disqualify individuals from skin donation.
4. Consent to donation.

The process of skin donation in India typically involves the following steps:

1. Registration
2. Donation after death: Upon the donor's demise, their family or designated representatives should notify the appropriate authorities or healthcare facilities to initiate the donation process.
3. Evaluation: Healthcare professionals assess the donor's medical history, conduct a physical examination, and perform laboratory tests to ensure the suitability of the donated skin tissue.
4. Retrieval: Once deemed suitable for donation, the skin tissue is retrieved through a surgical procedure performed by trained professionals. The procedure is conducted with utmost care and respect for the donor's body.
5. Processing and storage: The donated skin tissue is processed and preserved under sterile conditions to maintain its viability until required for transplantation. Specialized facilities ensure

the proper handling, storage, and transportation of the donated tissue.

6. Allocation and transplantation: Transplant surgeons match the donated skin tissue to recipients based on factors such as tissue compatibility, medical urgency, and clinical need. The transplanted skin grafts are meticulously placed and secured onto the recipient's wound site during surgical procedures.
7. Follow-up care: Both donors and recipients receive appropriate post-donation/transplantation care to monitor healing, prevent complications, and ensure optimal outcomes.

Facts On Skin Donation:

- You don't have to pay anything to the Skin Donation Team, selling & buying organs is illegal.
- Anyone's skin can be transplanted on any one, there is no blood matching, no color matching, no age matching required.
- You need to produce the Death Certificate and its photocopy which will be evaluated by the Team Doctor before starting the procedure.
- There is no bleeding of disfigurement at the site where skin if harvested and the area is properly bandaged.
- Currently there are skin banks in Mumbai, Chennai and Bangalore.
- If there is no facility in your city for Skin Doctors to come home to retrieve the tissue, it can be done at a hospital.

Visit : https://notto.abdm.gov.in/

We doctors need to spread awareness and help save lives and improve quality of life.

BRONCHIALVEOLAR LAVAGE A guide for Physicians

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Bronchoalveolar lavage (BAL) is a common and relatively safe diagnostic procedure for the evaluation of patients with lung disease. It often provides valuable diagnostic information when clinical history, physical exam, routine laboratory testing, pulmonary function testing and radiographic imaging are insufficient to reach a definitive diagnosis. Compared to sputum analysis, BAL allows for targeted sampling of the lower respiratory tract with less microbial contamination from the upper aero digestive tract.

Since the first lung irrigation was performed through a rigid bronchoscope in 1927, the procedure of BAL has advanced to become safer and better tolerated . Development of the flexible bronchoscope in 1966 was a major breakthrough as bronchoscopy and BAL are now typically performed under conscious sedation. BAL is frequently paired with other bronchoscopic procedures such as endobronchial or transbronchial biopsies, transbronchial needle aspiration, bronchial brushings, and endobronchial ultrasound-guided needle aspirations. The lavage fluid can be evaluated with a variety of analytical tests including cell counts and differential, cytopathologic analysis, and cultures in addition to specific molecular and immunologic diagnostic tests.

Technique :

The bronchoscope is advanced distally into the bronchopulmonary segment of interest until it occludes the bronchus, thereby "wedging" the scope. Sequential aliquots of normal saline totaling at least 100 mL (and no more than 300 mL) should be instilled and at least 30% returned for optimal sampling. A minimum 5 mL (and ideally 10–20 mL) is needed for cellular analysis . Strict safety standards are advised including the use of sedatives and anesthetics and diligent monitoring of patients' vital signs, respirations, and oxygenation during the procedure . BAL fluid should be collected in a labeled sterile container and transported expediently to the laboratory for analysis . In localized disease, lavage of the involved segment is most likely to yield the best results. In diffuse disease, the right middle lobe or lingula is often chosen to optimize fluid recovery.

Contraindication:

There is no absolute contraindication for BAL but in certain condition like refractory hypoxemia, arrhythmias, uncorrected coagulopathy,recent myocardial infarction or unstable angina , pulmonary hypertension to be considered as a relative contraindication.

Diagnostic tool:

Several characteristics of BAL fluid have been recognized to predict specific lung disorders. For example, with compatible clinical history and imaging, a lymphocytic-predominant BAL is adequate to support a diagnosis of pulmonary sarcoidosis or

hypersensitivity pneumonitis; or in a patient with an acute alveolar opacification on chest imaging, the presence of significant BAL eosinophils can indicate acute eosinophilic pneumonia with a fair degree of certainty . BAL may be useful in excluding certain disorders such as diffuse alveolar hemorrhage, eosinophilic lung diseases, and to a lesser degree, certain infections, thus narrowing the differential diagnosis . The differential cell count may even be normal in many pulmonary disorders such as chronic obstructive pulmonary disease, asthma, or some cases of drug-induced pneumonitis . BAL cell count and differential pattern often assists clinicians in supporting a particular diagnosis or excluding others, thereby providing helpful clues in challenging cases and improving diagnostic accuracy. Transbronchial biopsy and especially surgical lung biopsy retain a prominent role in the formal diagnosis of several lung diseases where BAL findings are nondiagnostic .

BAL is often performed to obtain respiratory samples in suspected infections for microbiologic culture and analysis when patients are unable to expectorate sputum even after attempt at sputum induction. However,after the initiation of antibiotics, even BAL loses sensitivity for many bacterial pathogens and becomes insensitive for fastidious microbes .Cytologic analysis of bronchoalveolar lavage (BAL) fluid may be helpful in evaluating some lung malignancies (eg, lymphangitic carcinomatosis) and diffuse lung diseases. Papanicolaou staining is typically used for detecting tumor cells and viral inclusion bodies.Periodic acid-Schiff (PAS) staining is used to identify PAS-positive lipoproteinaceous material in the distal air spaces and

macrophages in pulmonary alveolar proteinosis. Prussian blue staining for hemosiderin detects macrophages that have taken up red cells during chronic bleeding, as in diffuse alveolar hemorrhage. CD 1a immunostaining identifies Langerhans cells; greater than 5 percent positivity enables a diagnosis of pulmonary Langerhans cell histiocytosis. Newer diagnostic techniques including polymerase chain reaction (PCR) and other molecular assays enhance the role of BAL for identifying specific microbial infections. More recent diagnostic techniques such as matrix-assisted laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF) and PCR coupled to electrospray ionization mass spectrometry (PCR/ESI-MS) both show potential to provide rapid microbiologic results of BAL fluid that will enable clinicians to target particular organisms far sooner than conventionally possible . More recently, whole-genome sequencing, including real-time metagenomic sequencing, of BAL fluid has been used to diagnose and manage viral, bacterial, and fungal pneumonias in critically ill patients with and without immunosuppression . In addition, shotgun sequencing of BAL fluid has been used to characterize the metagenomics and microbiome of the respiratory tract of lung transplant recipients and patients with chronic lung diseases .

Therapeutic tool:

BAL is almost exclusively used as a diagnostic tool. But a modified BAL—really more of a bronchial wash—using smaller aliquots of saline to help dislodge distal mucous plugs is likely the most common therapeutic use mainly in ICU. The best evidence for

therapeutic use of BAL is for pulmonary alveolar proteinosis. Other rare reports of therapeutic lung lavage have been described for exogenous lipoid pneumonia from milk aspiration and another with kerosene aspiration utilizing low volume segmental lavage with good radiographic resolution. In children with refractory Mycoplasma pneumoniae pneumonia complicated by atelectasis, therapeutic BAL was shown to significantly shorten the duration of illness, time to radiographic resolution, and length of hospital stay.

Conclusion:

Bronchoalveolar lavage (BAL), performed during flexible bronchoscopy, is a minimally invasive technique for evaluating the immunologic, inflammatory, and infectious processes taking place at the alveolar level in diffuse lung disease. BAL is an excellent technique for evaluating opportunistic infections in immunocompromised hosts. Depending on the clinical situation, samples of BAL fluid may be sent for a variety of microbiologic analyses, including bacterial, viral and fungal cultures, and also direct fluorescent antigen (DFA) staining for Legionella or Pneumocystis jirovecii. Cytology of BAL fluid may be of use in the evaluation of some diffuse neoplasms affecting the lung (eg, bronchoalveolar carcinoma, lymphangitic carcinomatosis, and lymphoma). Additionally, genomic testing of BAL fluid may help clinicians differentiate patients with IPF from other forms of ILD as well as stratify patients with lung nodules into different risk groups for lung cancer.

THE ESSENTIAL GUIDE TO USE OF SPECIALIZED BLOOD AND BLOOD COMPONENTS

Dr. Jhalak Patel1, Dr. Vishvas Amin2
Indian Red Cross Society,
Ahmedabad District Branch

1. **Deputy Director-Medical, Transfusion Medicine Specialist.**
2. **General Secretary, Pathologist.**

Whole blood can be separated into different blood components namely Packed Red Cells (PRC/RCC/PRBC), Fresh Frozen Plasma (FFP), Platelets Concentrate (PC) and Cryoprecipitate (CRYO). Each blood component has different storage and temperature requirements and is used for different indications. If specifically indicated, blood components can be modified as Leucodepleted blood components; Saline washed blood components, Reconstituted Whole Blood and Irradiated blood components.

- **Leukocytes Depleted Red Blood Cells:**

- Leukocytes content to less than 5 x 106 in one unit of RBCs prevents non-hemolytic febrile transfusion reactions, transmission of cytomegalovirus or allo-immunization to human leukocyte antigens (HLA). This can be achieved by using leucodepletion filters more preferably done at lab side in comparison to bed side.

  # **Indications:**

  - Multitransfused patients like thalassemia.
  - Leukemia
  - Aplastic anemia
  - Immunosupressed
  - Immunodeficiency
  - Multiparous women
  - Prevention of recurrent FNHTRs
  - Prevention or delay of primary alloimmunisation to HLA antigen

- Prevention of CMV transmission in at risk individual

NOTE: Leucodepleted red cells are not indicated to prevent transfusion related GVHD.

- **Saline Washed Red Cells:**

- Washing of red cells removes 70 - 95 % of leukocytes and there is concomitant loss of 15 - 20 ml of red blood cells, but it is effective in removal of plasma proteins and micro aggregates.

Indications:

- Patients having recurrent attacks FNHTRs and urticarial reactions.
- Patients who have developed antibodies to plasma proteins.
- IgA deficient patient who has developed anti-IgA (incidence of IgA deficiency is 1 in 700 persons).
- Paroxysmal nocturnal hemglobiuria (PNH), sensitive to complement.

- **Reconstituted Whole Blood:**

- Reconstituted Whole Blood is red blood cells and plasma which has been combined at later point after separation and storage.

Indications:

- Exchange transfusion of neonates

- **IRRADIATED RBCS AND IRRADIATED PLATELETS:**

- Irradiation at the dose of 25-50 Gy, is currently the only method available for preventing Graft Versus Host Disease (GvHD).

Indications:

- Intrauterine Transfusion
- Premature infants weighing <1200g and/ or <32 weeks at birth
- Neonatal Exchange Transfusion subsequent to IUT or donation by first or second degree relative. For other exchange transfusion, irradiation is optional.

- Top-up transfusion subsequent to IUT or donation by first or second degree relative. Routine irradiation for top-up is not advisable for neonates.
- All granulocytes transfusion
- Congenital cellular immunodeficiency
- Transfusion with blood components donated by first or second degree relatives.
- Allogeneic blood components transfused to the bone marrow donor within 7 days before and during harvesting.
- Blood components transfused to autologous transplantation patients undergoing bone marrow or peripheral blood stem cell transplant.
- Hodgkin's Lymphoma.
- Patients treated with purine/ pyrimidine analogues.

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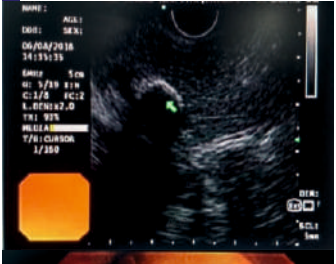
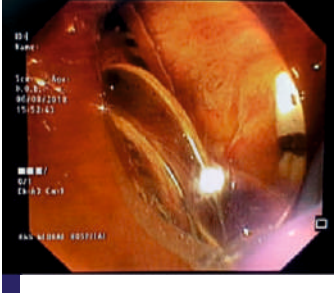
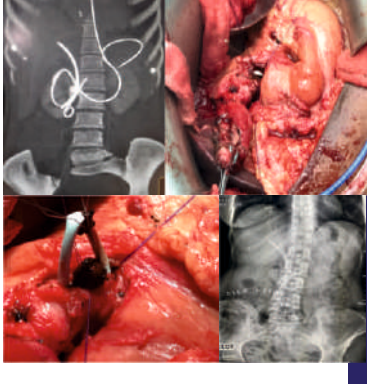




- 45 year female
- Obstructive jaundice Bilirubin 6, ALP 180
- USG CBD dilated CBD stone in mid CBD Lower CBD narrowed
- ERCP PD stent precut done Balloon sphincteroplasty done Balloon sweep failed Trapezoid mechanical lithotripter used.
- During ERCP the large CBD stone was engaged in a Dormia basket for mechanical lithotripsy.
- There was breakage of the wire near oral side
- The patient was taken in an emergency to operation theatre the same day.
- A longitudinal choledochotomy was done. The presence of an impacted basket plus large stone in the CBD was noted.

- Basket was cut and removed, then wire was delivered orally.
- CBD wash was given.
- CBD clearance was confirmed fluroscopically, and 7 Fr stent was placed and choledochotomy was closed with a 3-0 Vicryl continuous suture.
- Cholecystectomy was done.
- POD 4 patient was discharged, on follow up visit after 2 weeks, LFT was normal.
- Stents were removed after 4 weeks.



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The EVA hospital family is extremely delighted to share that our "Novel Technique of Complete Laparoscopic Approach of Management of Bowel Deep Infiltrating Endometriosis by Colorectal Resection" delivering the enormous benefits of Minimal Invasive Surgery to the patient, has been published in a renowned Pubmed Indexed international journal, the details of which are shared alongwith.

Bowel Endometriosis management by colo-rectal resection: Laparoscopic surgical technique & outcome

Background and Objectives: Bowel Deep Infiltrating Endometriosis (DIE) management by colo-rectal resection is a complex procedure. The purpose of the present study is to delineate a meticulous approach to the assessment of the patient, step-wise surgical technique, pre, and post-operative care, and its short-term and long-term outcomes.

Methods: This is a single centre retrospective study done on patients of bowel DIE managed by colo-rectal resection between January 2019 to June 2021.

Results: There was a significant improvement in the symptomatology of patients post-surgery. Our surgical technique is feasible with acceptable short-term and long-term outcomes.

Conclusion: Bowel DIE management can be proficiently executed withproper diagnostic approach, appropriate surgical expertise with exhaustive pelvic anatomy knowledge especially concerning autonomic nerve plexus.

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