HEART BYPASS SURGERY— MYTHS & FACTS

HEALTHCARE

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What is bypass surgery?

Heart bypass surgery is an operation in which a blood vessel is taken from your chest or leg and is attached to the blood vessel of your heart (coronary artery) past the area which is having a blockage causing symptoms like chest pain, tightness, shortness of breath etc. By doing this, the area which had reduced blood supply due to blockages starts receiving the blood again, thus relieving the symptoms.

When is bypass surgery needed?

It is believed that bypass surgery is used on the last resort when everything has failed, it is not so. There are two ways of improving the blood supply to the heart muscle; one is bypass surgery, the other one being PCI (percutaneous coronary intervention). The feasibility and indications of these procedures differ from patient to patient. The decision as to which procedure is suitable for a given patient is taken by the team of heart specialists comprising of Cardiologist, Cardiologists & Interventional Cardiac specialist. Multiple factors like patient’s age, diameter, nature and length of blockages and heart functions are also considered while reaching a conclusion.

Why a bypass surgery?

A common question asked by about the best treatment option for the patient’s heart and life, advised by heart specialist.

Recovery after bypass surgery

Recovery after surgery takes a lot more time as compared to the non-surgical techniques but most of the patients are discharged within a week of surgery, fit enough to climb stairs and do their routine activities. By the end of 4 weeks, they can go back to work and after 6 weeks most of them are fit to pursue any activity as their age and body permits including driving.

Risk of bypass surgery

With the advances in surgical, anesthetic & intensive care techniques and with state of the art equipment, the risk of bypass surgery is not more that the risk of any other heart procedure like PCI (stenting) in good hospitals with experienced team. Can bypass surgery be done in diabetics patients?

It is a myth that if a patient is diabetic, he/she won’t be able to tolerate bypass surgery. In fast world over & in India also most bypass surgeries are done in diabetic patients. Diabetic patients with multiple blockages show better results after bypass surgery.

Bypass surgery is the last option.

As with time, more of the younger population is getting affected by heart diseases, the indication of bypass surgery as the first procedure is gradually increasing. And this surgery is being advised as the first best option.

VARIOCOSE VEINS

Here’s what you can do about them

What are varicose veins?

Veins have the job of taking blood back to the heart. Your legs have 2 groups of veins: superficial veins, which lie near the skin; and deep veins in the leg muscles. Blood passes from the superficial veins through perforator veins to the deep veins in the leg muscles. When the leg muscles are used, as in walking, they act as pumps sending the blood up the leg. Veins have one-way valves to overcome the effect of gravity. When the walls of the leg veins lose their elasticity and the valves stop functioning properly, blood can flow backwards and pool in the superficial leg veins, causing the veins to swell and become varicose. When veins become visibly treated and swollen, they are known as varicose veins. They most commonly occur in the legs.

Factors that can increase your chances of developing varicose veins include:

• increasing age
• pregnancy
• family history of varicose veins

being overweight
• being female and
• standing still or sitting for long periods of time.

Initally, varicose veins are usually painless. Over time they can cause symptoms and signs such as:

• aching pain in the legs, especially when standing and walking
• cramps in the legs
• mild swelling of the legs and feet
• darkened skin in the area around the varicose veins
• an itchy rash (varicose eczema).

It is recommended having a doppler ultrasound to look at the veins in your legs, check for blood clots and check whether the valves in the veins are functioning properly.

How are Varicose veins treated?

The treatment of varicose veins has undergone a paradigm shift from open removal of the entire diseased vein to a minimally invasive operation. Varicose vein treatment, also known as endovenous ablation, uses radiofrequency or laser energy to close varicose veins in the legs. Endovenous ablation is safer, less invasive than conventional surgery, and leaves virtually no scar.

During the surgery an ultrasound is used to visualize the varicose vein. A laser fiber or radiofrequency electrode is advanced to the desired location within the vein. Laser radiofrequency energy is then applied, heating the vessel and causing it to close. The tip of the fiber or electrode is exposed by pulling the catheter back slightly.

Following the procedure, the faulty vein will shrink and “scar down.”

Pressure is applied to prevent any bleeding and the opening in the skin is covered with a bandage. No stitches are generally needed. This procedure is usually completed within an hour. Additional procedures such as sclerotherapy may be necessary to treat associated small veins.

Benefits

• No surgical incision is needed—only a small nick in the skin is all that is sufficient & leaves no scar.
• When compared with traditional techniques, endovenous ablation is more effective, has fewer complications, and is associated with much less discomfort during recovery.
• Most of the veins treated are effectively invisible even in ultrasound one year after the procedure.
• Most patients report symptom relief and are able to return to normal daily activities immediately, with little or no pain.

Risks

• It is generally a safe operation, however, infrequently encountered issues include local infection, some bleeding and bruising, in about less than 1%.
• Blood clots that are formed in the veins can travel to the lungs; however, this is an extremely rare occurrence and is prevented using blood thinning agents in immediate post-operative period.

Both modalities of endovenous surgery (Laser & Radiofrequency) are offered at QRG Health City. The team has the largest experience of management of varicose veins by endovenous therapy in Faridabad.

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ON PANEL OF ALL MAJOR TPA & GIPSA FOR CASHLESS TREATMENT
A.

Arthritis means inflammation of joint and surrounding tissue. There are more than 200 types of disease that affect joints. The predominant disease is osteoarthritis. Other forms of arthritis include rheumatoid arthritis, gout etc. The more severe forms of arthritis like inflammatory arthritis can affect younger age group also.

Facts about osteoarthritis:

- It is disabling and impair a person’s day to day life style
- Physical activity has a positive effect on arthritis, it improves pain, stiffness, function and mental health.
- Arthritis is developed because of growing age & weight, injury, infections, degeneration in metabolism
- Treatment is to control pain, stiffness, minimize joint damage and improvement of quality of life. It constitutes of medicines, physiotherapy and patient education.
- Risk factors are growing age, gender females have more chances of developing osteoarthritis, overweight, Joint injuries, infection and occupations requiring repetitive knee bending or squatting.

What is osteoarthritis of knee?

Degenerative or mechanical arthritis affects the smooth patellar over the ends of bones i.e. cartilage. This damage is usually more on the weight bearing surfaces. The main job of this smooth polished cartilage is to provide a friction less surface for joint gliding and movement. It is also a shock absorber when we jump over the knee. When this cartilage is damaged the surface becomes rough producing pain.

B.

To comprehend this damage the body tries to heal but the result is abnormal bony proliferation called osteophytes which further affects joint function.

Treatment of knee osteoarthritis:

- Physical therapy, medicines, maintaining ideal body weight, light exercises are the important part of therapy in early stages of disease.
- Surgical treatment is required when the cartilage is totally worn out. It consists of arthroscopic surgery, realignment of leg axis, and replacement of cartilage by synthetic surface i.e. joint replacement, either total or partial.
- Total knee replacement is there in the world for decades. In this surgery the surface is totally replaced thereby producing a hinge like knee motion. Patients who have severe deformity and want new ligaments are benefited by total knee replacement.
- Partial knee replacement is a promising option where only the worn out surface of knee is replaced. All the four ligaments of knee and 75% of the normal surface is preserved. It produces more natural knee motion providing better satisfaction of patients. Patients are able to sit cross legged and even squat over this procedure. It is minimally invasive surgery done by 3-4 inch of incision. The recovery time is much shorter than total knee replacement surgery. It has no serious side effects and has very short hospital stay. Some patients are even operated as a day care surgery.

Partial knee replacement is being intensively studied in Oxford University England for the past 40 years. It is established that 20 year survival rate of Oxford partial knee is 91% which is similar to Total knee replacement. Due to these encouraging results, it is having a lifetime warranty in USA.

C.

The more severe forms of arthritis include:

- Proximal symmetric oligo arthritis
- Psoriatic arthritis
- Spondyloarthritis

D.

This disease is 1-2 times more prevalent in females than males. It affects younger age group also.

E.

The predominant forms of arthritis include:

- Reactive arthritis
- Gout
- Rheumatoid arthritis

F.

Prostate cancer is a major health issue in men. It is the second most common cancer in men worldwide. It is more common in America, Europe, and African countries. Incidence is lower in Asian countries. Risk of developing prostate cancer is higher in men who have a family member suffering from prostate cancer.

How can we prevent prostate cancer?

- There is no definitive preventive strategy or dietary measure to reduce the risk of developing prostate cancer.
- Cigarette smoking is said to increase the risk of prostate cancer.

What are the Symptoms of Prostate Cancer?

PROSTATE CANCER—poor urinary stream, straining while urinating, frequent urination, especially at night, pain or burning with urination.

- BLOOD in the urine.
- PAIN—in the hips, pelvis, and spine.

How is Prostate Cancer Diagnosed?

A. Digital Rectal Examination (DRE)

In this test a lubricated finger is inserted in the rectal passage by the urologist to feel the texture of the prostate gland. A hard irregular prostate increases the suspicion of prostate cancer.

B. Prostate specific antigen (PSA) test

This test is a blood test that measures the level of prostate specific antigen (PSA) in the blood.

C. Trans Rectal Ultrasonic (TRUS) Guidance

How is prostate cancer treated?

A. Surgery:

Surgical treatment of prostate cancer involves removing the entire prostate as well as the seminal vesicles (small glands near the prostate), with or without the removal of lymph nodes—a procedure called RADICAL PROSTATECTOMY.

B. Radiotherapy: It uses radiation to destroy prostate cancer cells.

C. Hormone therapy: It involves hormonal injections or surgical castration in order to cut down testosterone hormone production in the body, which indirectly kills the cancer cells.

D. Chemotherapy: A number of chemotherapeutic agents are available for treating prostate cancer. These are basically used in high risk advanced or widespread prostate cancer.

Living with prostate cancer

Prostate cancer is one of the slowest growing tumours of the human body. It may sometimes take years before giving clinical signs of the disease. Even in advanced stages it responds well to hormonal therapy and chemotherapy.

Dr. Harish Ghotra
Orthopaedic and Joint Replacement
OPD: 10 am – 2 pm

Dr. Harish Kumar Chaudhary
HOD—Urology & Kidney Transplant
OPD: 10 am – 12 pm

Dr. Mohit Chaudhary
OPD: 11 am – 1 pm

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Opt for Short Stay Urology Surgeries at QRG. Go back home in just 2 days.

With a short stay surgery, the patient can be discharged within 48 hours of admission. Done to improve the quality of patient care by reducing the length of hospital stay, this is convenient for the patient and the caregiver, as well as it helps the patient quickly get back to normal life.

Benefits of minimally invasive short stay surgery:

- Earlier return to home
- Lower infection rate
- Quicker patient ambulation

Dr. Manish Choudhary
Orthopaedic surgeon

OPD: 11 am – 2 pm

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GLOMERULONEPHRITIS

Acute Glomerulonephritis

- Pullofness of face on waking up
- A rash that is brown or contains traces of blood
- Decreased urination
- Fluid in lungs leading to coughing and shortness of breath
- High blood pressure.

Chronic Glomerulonephritis:

- Develops over the years, often without apparent symptoms. But it can lead to complete kidney failure.
- Blood or protein in the urine
- Swollen ankles or face
- Decrease in urine output
- Urinating often during the night
- Bubbles or foam in the urine, caused by excess protein

A person with kidney failure may have a poor appetite, nausea, and vomiting. They may feel weak, and have difficulty sleeping, with muscle cramps during the night. Their skin may be dry and itchy. Some patients have intense kidney pain in the upper back, behind the ribs.

Role of glomeruli

- The glomeruli filter waste and excess fluids efficiently. If the filtration stops, the kidneys may stop working completely, resulting in kidney failure.
- The kidneys remove waste and excess fluids from the body. If they are damaged, there may be a lack of urine output.

INFLAMMATION OF KIDNEY

What are fibroids?

- Fibroids are the most frequently seen tumors during the reproductive system. Fibroids, also known as uterine myomas, leiomyomas, or fibromas, are firm, compact tumors that are made of smooth muscle cells that have no symptoms, or have only mild symptoms.
- Women with fibroids may experience:
  - Heavy or prolonged menstrual periods
  - Menorrhagia
  - Menometrorrhagia
  - Abnormal bleeding
  - Menstrual cramps
  - Pelvic pain
  - Discomfort during intercourse
  - Abdominal pain
  - Infertility
  - Abnormal pregnancy
  - Fibroid enlargement

How are fibroids diagnosed?

- Fibroids can only be found during a routine pelvic examination. This, along with an abdominal examination, may indicate a firm, irregular pelvic mass. In addition to a complete medical history and physical and pelvic examinations, diagnostic procedures for uterine fibroids may include:
  - Transvaginal ultrasound / Transabdominal ultrasound
  - Magnetic resonance imaging (MRI)
  - Hysterosalpingography
  - Hysteroscopy
  - Endometrial biopsy
  - Blood test.

Fibroids can be diagnosed if they are large or are causing significant symptoms, treatment may be necessary.

Advantages of laparoscopic myomectomy:

- Faster return to normal activities
- Faster healing
- Better cosmetic outcome
- Less chances of hernia
- Pain-free earlier.

What are the symptoms of fibroids?

- Some women who have fibroids have no symptoms, or have only mild symptoms, while other women have more severe, disruptive symptoms.
- Symptoms of uterine fibroids may include:
  - Heavy or prolonged menstrual periods
  - Menorrhagia
  - Menometrorrhagia
  - Abnormal bleeding
  - Menstrual cramps
  - Pelvic pain
  - Discomfort during intercourse
  - Abdominal pain
  - Infertility
  - Abnormal pregnancy
  - Fibroid enlargement

Fibroids can be diagnosed if they are large or are causing significant symptoms, treatment may be necessary.

Non-invasive procedure

- MRI-guided ultrasound surgery (US-MS)
- MRI-guided focused ultrasound surgery (FUS)
- MRI-guided embolization of fibroids
- Embolic agents are injected into the arteries supplying the uterus, cutting off blood flow to fibroids, and shrinking them.

Mycotomy (removal of fibroids)

- There are three main types of Myomectomy procedures:
  1. Hysteroscopic myomectomy
  2. Laparoscopic myomectomy
  3. Open myomectomy

- Hysteroscopic myomectomy involves the removal of fibroids through a small incision in the abdomen.
- Laparoscopic myomectomy is a minimally invasive surgical procedure to remove the uterus.

Advantages of laparoscopic myomectomy:

- Faster return to normal activities
- Better cosmetic outcome
- Less chances of hernia
- Pain-free earlier.

Vaginal hysterectomy

- It is adopted for very large fibroids.
- It is a minimally invasive surgical procedure to remove the uterus.
- It is performed under general anesthesia.
- The patient is discharged from the hospital on the same day or the following day.

Some women who have fibroids...


**LOW BACK PAIN - THINGS TO KNOW**

Nearly everyone has low back pain at some time during the life. True or False?

True. Low back pain is a very common symptom that affects almost everyone in their lifetime. It affects men & women equally usually between the age of 30-50 mainly due to sedentary life style.

Is it always serious?

No, most of the low back ache are not serious. Most of these pains are musculoskeletal arising from muscle/tendons/bone and joints of the back.

What are the warning signs and when a doctor should be consulted?

Low back pain needs medical attention:

- If the low back pain is associated with numbness/weakness/trouble in passing urine or stools or with unexplained weight loss
- If it comes after a fall or injury
- If it is more than 2 weeks duration

What is Sciatica?

When a prolapsed/nurtured disc presses against the sciatic nerve that runs from the spinal column to our lower limb, it causes severe radiating pain (bursa) down the back of thigh and going to the foot. This pain is called sciatica and needs immediate medical attention.

Does Sciatica always require surgery?

Not always, it depends on case to case basis. First conservative treatment is started which includes Physiotherapy, back strengthening exercises & medication etc. On the basis of history, physical and radiological examination and patient assessment, surgery is planned.

What is fibromyalgia?

It is a chronic condition that causes diffuse muscle skeletal pain in various parts of the body including spine. Patients have multiple pains on the body which is a problem on touch. They also have multiple problems like anxiety, sleep disorder and are usually resistant to treatment.

That back pain could be spinal tuberculosis

15 years old Ashish came with radiculopathy, numbness in the legs, heaviness and stiffness in back. Soon, he had pain around his waist, resulting in loss of mobility. He could not sleep, sit and do daily chores. Even after popping painkillers, and postal changes for many days, the pain did not subside. Ashish came to QRG Health City with progressively increasing deformity in the middle back with severe pain and inability to walk. He was a case of treated blood cancer and was already on treatment for bone tuberculosis.

A biopsy was examined and investigated by the Neurosurgical team of QRG hospital. Dr. Vikram Dua (Director, Dr. Sashik Gupta [Senior consultant] and Dr. Ravi Shankar [Senior consultant]. Surgery: Anterior as well as posterior decompression and fusion was planned for correcting the deformity and pain. Now after completing 18 months of Ant tuberculosis treatment, patient is disease free and his deformity is almost gone.

Tuberculosis of spine is a common problem and treatment is possible with good results even in late cases, in good hands. Early detection of the disease makes it easier to get complete relief. Common symptoms of Tuberculosis are fatigue, weakness, evening rise of fever, night sweats, unexplained weight loss, back pain and stiffness of back.

**TROUBLE BREATHING: COULD IT BE ASTHMA?**

Above conditions can lead to a shortness of breath. An insight into the most common causes is enumerated below.

H ealthy lungs breathe in air and allow oxygen to enter the blood stream to circulate around the body and allow carbon monoxide to escape. When there is excessive carbon monoxide in our blood, it can cause loss of oxygen in our red blood cells or RBCs and builds up in our blood stream. Carbon monoxide poisoning can result in shortness of breath and can lead to die consequences in certain cases. Thus, it becomes important to consult a pulmonologist or chest specialist when you frequently experience such breathing difficulty.

**Are you losing your HAIR?**

Hair are an important aspect of our appearance. Having a full lustrous scalp hair reflects a healthy individual and adds to our self-confidence.

Hair loss and scalp problems are quite common. Generally we use hair conditioners so we need it more on face. Hair oil is essentially a conditioner, so we need it more accordingly.

1. Washing hair with shampoo

- Hair oiling after shampooing hair.
- Adequate amount of conditioner

2. Hair Oiling

- Excessive amount of oil may clog your pores and cause boils on scalp and worsen acne on face.
- Hair oil is essentially a conditioner, so we need it more on the lower two third of hair shaft.
- Once hair are oiled you cannot grow back
- Majority of hair loss problems are caused by diseases which do not cause destruction of hair follicles

Hence hair can be grown back with in a short span of time in certain patient may have to undergo biopsy to assess the condition of hair roots.

There are many new medicines which are available for hair loss and are quite effective. Certain medical conditions can also affect our hair, namely hypertension and anemia.

So, if there is not getting adequate response with treatment, we may have to run certain tests to rule out the medical conditions.