

THE OPTIMIST

.... *Newspedia of GMC Baramulla*

National Board of Examination accreditation to department of Orthopaedics for DNB Courses - Total seats increased to 54

For the first time in GMC Baramulla video bronchoscopy with bronchi alveolar lavage and biopsy was done.

Virtual Foundation Stone of 50 Bedded Critical Care Block(CCB) laid





Building the New Ark

All the parables are timeless and teach us the enduring lessons to make our lives better and leave a positive mark on the canvas of reality. The parable of Ark is one of the greatest parables that has relevance even today if interpreted a bit differently so that we all benefit from its timeless wisdom. The Ark was built to save the creation from the wrath of Nature. The building started before the appointed flood and the Leader called all the creation to board and accommodate with each other for future, for life, for creation to endure and perpetuate for times to come. All sane entities hearkened the call. Followed the leader and obeyed the command with great discipline and agility. **The World was saved!**

Our scenario is different which I accept: we all inherited a broken Ark. All the elements were against us. The Nature was on us. The Covid-19 dismantled the infrastructure and exerted an unbearable pressure on our resources. But the System in place pushed back and endured and continued. The Policy of the Govt won the war. The Ark—the Institution that we all were entrusted with to save and contribute towards the future medical academics and patient care, was in shambles. There were two objectives: rebuild and repair the existing Ark; and sail it to safer shores out from the troubled waters. Together we achieved both to a great extent and degree.

But this process will never end, there will always remain things to repair and new ways to explore. **Together as a team we can achieve this for generations to benefit.**

This Ark has lot of potential as it is filled with raw and original and energetic talent which is most important ingredient for a new organisation to survive and thrive. Besides this, unless there is mutual cooperation, accommodation, coordination and positiveness the Ark can't sail and it will fail for history is replete with so many examples.

This issue is but a strong testament that we are a new Ark sailing and renewing with each passing moment as the institution is now galloping to its pristine stage.

Our all the major domains: Academics, Healthcare, Community outreach and scholarly temperament are showing complete signs of a thriving and sustainable and enduring Medical School.

The start of the year is excellent.

And this year is special for so many reasons: Our First Batch of MBBS (2019) are passing out. It is a momentous occasion for this budding Medical School. Despite limited resources and vagaries of nature at play both faculty and students showed great patience and established through the actions this coming of age Institution. **Like a True Optimist.**

Editor-in-Chief/Principal

Prof(Dr) Ruby Reshi



Editor's *Note*

The Medicine-Society interaction, employing the techniques and methods of conventional mass media and new age media instruments, has ever been easy and achievable to realise the objective of informing and updating the citizens regarding the ever expanding World of Medicine. This has ensured the old myths and superstitions are busted and dusted resulting in alleviating the combined suffering of the communities. It all leads to the increased Public confidence on the institutions.

The Media outreach through our handles and now this second issue of the Newspedia Magazine is continuously working to bring all the great and extraordinary success stories of the medical experts of the Institution for the people to absorb and trust the Institution in bringing affordable and accessible healthcare to the doorsteps in addition to the thriving academics for amplifying the existing man power.

The Newspedia is full of content regarding different Departments and Sections and extensive coverage of the Media & Creative Cell to bring information for all to update and know. The Journey of the Institution will never end till the time rolls up back to null point.

This issue has some additional features and information on the administrative arm of the institution to increase the access of the staff and public to the relevant and respective offices for ease of disposal of work and redressal of issues if any.

One more feature is the Expert Speak section wherein the faculty has touched on some pressing and advanced concepts to build a positive and pragmatic narrative.

This issue has greatly been possible due to the efforts of the contributing Departments in communicating the stories and content with the Media & Creative Cell. The coordination with the Cell has been impeccable especially of the Department of Ophthalmology and ENT.

In the end, my creative team again adopted single objective of getting this issue to the final stage despite multiple bottlenecks. The work of Ms Taiba Hameed again remains beyond ordinary.

The team members, Mr Khursheed Ahmad Parray and Mr Altaf Hussain Khan despite other unavoidable engagements extended the support and expert help in ensuring the issue saw the light.

Like always...

The Optimist Must Win!



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More Specialties Conferred DNB Seats, Cementing Post Graduate Studies in the Institution



Principal, GMC Baramulla, Dr(Prof) Ruby Reshi, briefing on the new NBEMS accreditation in the specialties of General surgery (4 Post MBBS DNB seats per year), Pathology (3 Primary DNB and 1 secondary DNB seats per year). Dermatology (1 primary and 1 secondary DNB seats per year) along with faculty members GMC Baramulla.

Principle held Brainstorming Session with Faculty on new Curriculum, and its Implementation



Dr (Prof) Ruby Reshi, Principal GMC Baramulla held a brainstorming session regarding academics with faculty members with emphasis on knowledge transfer and discipline.

Key areas emphasized in session revolved around:

- A. Faculty Attendance
- B. Elective Posting of Final Year MBBS students
- C. Time Table of MBBS Phase 3-1, 2
- D. Upgradation and Utilisation of Skills Lab



<https://tinyurl.com/c6w5bzmp>

National Board of Examinations Grants Accreditation to Department of Orthopaedics GMC Baramulla for start of DNB Courses thus bringing total Seats to 54 in the Institution



We are pleased to announce that the National Board of Examinations in Medical Sciences (NBEMS) has granted Accreditation to the Department of Orthopaedics at Associated Hospital Government Medical College, Baramulla for start of DNB courses in the specialty starting from the next academic session. The accreditation allows the department to take *3 (Three) DNB- Post MBBS and 2 (Two) DNB- Post Diploma* candidates each year in the specialty.

It is pertinent to note that Government Medical College Baramulla currently runs a DNB Programme, offering Post MBBS DNB, Post Diploma DNB, and Post MBBS Diploma courses in 11 specialties. With the inclusion of one more department, the total number of specialties offering DNB courses has increased to 12, with a yearly intake capacity of 54 candidates.

This accreditation reasserts GMC Baramulla's commitment to providing high-quality postgraduate education and training in the multiple specialties and showcases the dedication and hard work of the faculty and staff in ensuring that that the institution touches newer heights in academic excellence.

Principal GMC Baramulla Dr. (Prof.) Ruby Reshi has congratulated the department of Orthopedics on this significant achievement. In her message she has expressed happiness in the continued success and growth of the DNB program in the hospital and reaffirmed her confidence in the institution's ability to provide quality postgraduate training opportunities for aspiring medical professionals.

Academic Review and Assessment of the Department of Anatomy GMC Baramulla



As a part of the Review and Assessment of MBBS Academics Phase Wise, Principal GMC Baramulla, Dr(prof) Ruby Reshi took an assessment round of the Department of Anatomy GMC Baramulla and directed the Department to ensure consistent upgradation of the medical academics including punctuality of the staff. The Principal emphasized the importance of the domain of Anatomy being most crucial and a major cornerstone of later advanced domains, the strong foundation of which shall ensure an informed and analytical medical graduate. The department was further directed to work out the actionable deficiencies so that a robust system is put in place in the interest of the academics.

The review and assessment of other departments shall soon follow so that the existing scheme of things are put on the next updated path and overall academics is further fine tuned with the new curriculum system.

Academic Assessment of the Department of Biochemistry



The Principal GMC Baramulla, Prof(Dr) Ruby Reshi, took a detailed administrative review and assessment of the Department of Biochemistry GMC Baramulla with emphasis on research and updation of diagnostics of the Central Lab. The teaching faculty were in particular advised to maintain punctuality and diligence in both teaching and other departmental tasks. The Principal also led emphasis on completely orienting the existing teaching methodology with the NMC mandated guidelines besides putting in efforts to further upgrade the services of the Central diagnostic Lab vis a vis research.



<https://tinyurl.com/yc7a66at>

Elimination Round of WHO Quiz Held among MBBS Students



Bedside Clinical Teaching of Second Year MBBS students by Dr. Yasir Bashir, Assistant Professor General Medicine GMC Baramulla.



<https://tinyurl.com/4d4nup57>



The Department of Community Medicine conducted Elimination Round for WHO Day Quiz 2024 among MBBS Students of GMC Baramulla which was conducted nationwide among the Medical colleges of the Country. The Quiz competition is being organised by Indian Association of Preventive and Social Medicine (IAPSM) in which many colleges are participating across the country. Among the teams who participated today from GMC Baramulla in Elimination round, 4 teams with highest scores shall be selected for the Final Round scheduled on 8th April 2024.

External Examiners of the Final year MBBS to the Department of Surgery expressed satisfaction on the quality of Education being imparted



The external examiners to the Department of Surgery GMC Baramulla, Prof(Dr) K.S Mehta , HOD General Surgery ASCOMS Jammu and Prof(Dr) Lata Nilesh Bhoir Head of the Unit Department of Surgery BJ Medical College Pune expressed satisfaction with the quality of Medical Academics being delivered as per the NMC mandated New Curriculum System with the aim to generate analytical Medical graduates.

The visiting examiners and HOD General Surgery GMC Baramulla , Dr. H Vaqar Ahmad had a brief interactive discussion with Principal/Dean, Prof(Dr) Ruby Reshi regarding the different aspects of Medical academics.

The institution shall soon have the first batch of MBBS (2019) completing the degree course followed by mandatory internship this year. The visiting external examiners were in particular satisfied and impressed with the knowledge transfer among the MBBS students



Principal GMC Baramulla took Exhaustive Academic Round of the Associated Teaching Hospital



Dr (Prof) Ruby Reshi, Principal GMC Baramulla took an academic assessment round of the Associated Hospital involved in the clinical teaching of students. Principal emphasized on the systematic transfer of clinical skills involving case history, physical examination, writing of investigations and discussion of case studies so that holistic and all round clinical orientation is achieved and realized in a student.

The principal also took the round of the emergency department and checked on the patients recently injured in a catastrophic accident resulting in substantial loss of human lives.

During the round to the Associated Hospital, the nursing staff were sensitized regarding the biomedical waste management involving the proper disposal as per the color coding guidelines.



<https://tinyurl.com/yvpbr836>

The External Examiners to the Department of Paediatrics showed satisfaction with the knowledge transfer to the Students



The external examiners to the Department of Paediatrics, Prof(Dr) Qazi Iqbal, Department of Paediatrics SKIMS and Prof(Dr) Khurshid Ahmad Wani, Department of Paediatrics GMC Srinagar , showed elation at the academic infrastructure of the institution despite being in the infant stage of development and also were quite satisfied with the medical academics being delivered as per the NMC mandated New Curriculum System with the core objective of producing methodical and analytical medical graduates. The visiting examiners along with the faculty members of the department of paediatrics accompanied by Dr. Suhail Ahmad Choh, HOD Department of Paediatrics and Prof(Dr) Ghulam Rasool Mir had a brief discussion with Principal GMC Baramulla, Prof(Dr) Ruby Reshi on the different scenarios of the academics and the journey so far.

The first ever Batch of MBBS students (2019) shall soon complete the degree programme followed by mandatory internship this year.



Early Clinical Exposure class on Peripheral Intravenous Cannulation was conducted by the Department of Anatomy GMC Baramulla in the Emergency Department.



Early Clinical Exposure of Phase 1, underlays principles of providing a clinical context and ensuring patient centricity. Early clinical exposure provides for the clinical correlation to basic sciences learning ; provision of authentic human contact in a social or clinical context that enhances learning in the early/pre-clinical years of undergraduate education.



<https://tinyurl.com/mt6yhy9e>



<https://tinyurl.com/yjv4jk4m>

Review of the Department of Physiology GMC Baramulla



As a part of ongoing review and assessment exercise to check the implementation of NMC mandated new curriculum system and general academics, Principal GMC Baramulla, Prof (Dr) Ruby Reshi took a through review of the Department of Physiology GMC Baramulla. The Department was advised to maintain and create a well-coordinated and academically sound interactions in the interest of student academics so that complete knowledge transfer is achieved and realised. The Principal emphasised that a proper administrative mechanisms be created with the delegation of functional areas/units to each faculty member so that work efficiency and overall academic productivity is increased and sustained. The Department was also asked to work out the next phase of updation particularly in the areas of technical manpower and student lab activities.



<https://tinyurl.com/58ckbtbw>



Institutional Review Board Meeting held discussion on more than 20 research proposals



A meeting of the Institutional Review Board (IRB) of GMC Baramulla was held today on 22-4-2024 in the Conference Hall. A total of 20 research proposals from different departments encompassing diverse scientific fields were presented. Out of these, 3 proposals were from researchers of other Institutions as well. Those proposals which needed modification were instructed to review the proposals as per the instructions from board members. The highlight of this IRB meeting was that for the first time as many as 8 students of MBBS Final Year also presented their research proposals thus reflecting increasing enthusiasm about research amongst undergraduate students.



<https://tinyurl.com/3wbxk2f5>



Principle took a detailed Assessment of the Department of Pathology



While to review and assess the Department of Pathology, Principal GMC Baramulla, Prof(Dr) Ruby Reshi marked detailed technical points ranging from both research and academics for the Department to execute and work on so that both students and patients are benefitted in a steady manner. The Department was advised to work out most critical yet actionable deficiencies so that existing structure is further chiseled for the best academics and diagnostic services. The Principal also advised the senior faculty members to guide the department in the realisation of best teaching and best research activities so that a robust system gets established for the future generations to benefit.



<https://tinyurl.com/mrxftxdv>



Thriving Academics of Bsc Paramedics GMC Baramulla



The thriving academics of Bsc Paramedics with the first batch (2020) soon completing the degree programme with the extra ordinary efforts of Medical faculty GMC Baramulla under the constant administrative as well as academic nudge from the Principal GMC Baramulla, Prof(Dr) Ruby Reshi has finally been able to establish a full fledged on going paramedical courses with four batches being imparted medical knowledge and practical experience in the concerned subjects.

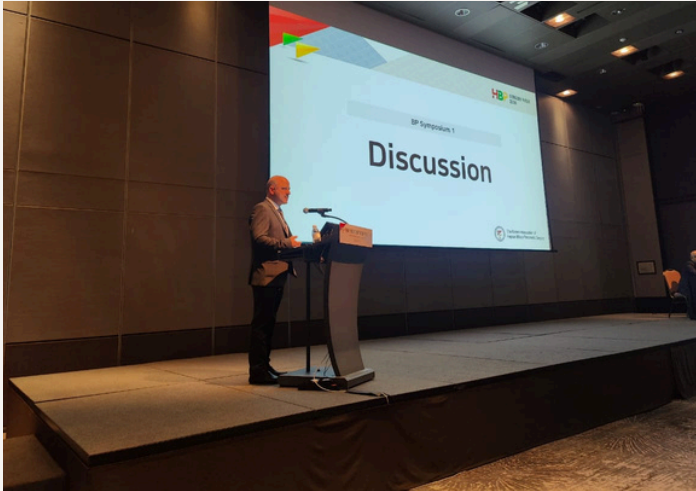
The paramedical academics of the GMC Baramulla is an astounding success story in whole J&K especially among new medical colleges. Not one day has been wasted. Not one year has been wasted. The degree is on time. This is being achieved due to the sharp and incisive administrative work of Dr. Nisar Ahmad Khan, HOD General Medicine and Incharge Principal Paramedics along with the senior most resource person, Mr. Zahoor Ahmad, Department of Pathology.

Soon new entrants will augment the paramedical structure of the Government. It is a model worth to imitate and repeat for other Govt Colleges.

In video, the Principal GMC Baramulla took a review of the paramedical academics followed by the interaction with first year students and the teaching faculty.



<https://tinyurl.com/3hmj52f9>



Dr. Afak Yusuf Sherwani, Senior Consultant of the department, was invited to speak and moderate sessions at the prestigious 60th Annual Congress of the Korean Association of Hepato-Biliary Pancreatic Surgery (KAHBP), held at Grand Walkerhill, Seoul, South Korea on March 20-March-2024. Dr. Sherwani delivered a lecture during the Bilio-Pancreatic Symposium I and moderated the Bilio-Pancreatic Symposium III, focusing on various laparoscopic procedures related to gall bladder diseases. This international conference brought together 745 surgeons from 48 countries, including renowned experts in the field of Hepato-Biliary Pancreatic (HBP) surgery. Being one of the surgeons representing India, Dr. Sherwani showcased his expertise by participating as a speaker and moderator in scientific sessions of the conference. This achievement highlights the dedication and excellence of the surgical department at GMC Baramulla, under the leadership of Dr. Hakeem Vaqar Head department of Surgery GMC Baramulla. The Principal GMC Baramulla, Prof. Dr. Ruby Reshi, and the Medical Superintendent Associated Hospital GMC Baramulla, Dr. Parvaiz Masoodi extended heartfelt congratulations to the Department of Surgery for this remarkable achievement on an international platform. This accomplishment underscores the commitment of GMC Baramulla to excellence in medical education, research, and global engagement.

First Module of this Years Basic Life Support Started in the Institution



GMC Baramulla started another Module of Basic Life Support with day one training (26 April 2024) imparted under the expertise of Dr. Wasim Salman, Associate Professor and Head Department of Anaesthesia, Dr. Afaq Yusuf Sherwani, Senior Consultant Department of Surgery, Dr. Pervaiz Ahmad and Dr. Umar Iqbal, wherein paramedical staff, Junior Residents, Senior Residents and other supporting staff participated. The training shall continue till 30th April 2024 in the Simulation Lab GMC Baramulla (New Academic Block).



<https://tinyurl.com/3c6nand3>



For the first time in GMC Baramulla video bronchoscopy with bronchio alveolar lavage and biopsy was done.

The Department of Chest Medicine undertook the procedure for a 34 yr old male patient from Uri with Post Tubercular lung Fibrosis and LUL Aspergilloma for diagnostic BAL under the expertise of Dr. Shumail Bashir (Associate Professor).

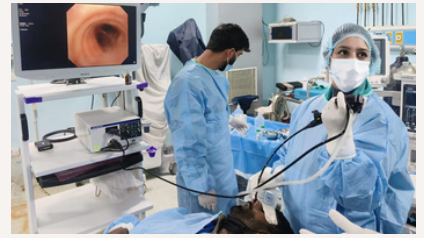
Another patient was a 57 yr old male with suspected lung cancer.

This is the first time a procedure like this has been done in GMC Baramulla adding to its mission of better diagnostics and patient care.



The procedure was undertaken by Dept of TB & Chest with support from the dept of anaesthesia under Dr Wasim Salman and technical staff Mr Arshid Maqbool, Mr Rafeeq and others.

Bronchoscopy is an invasive diagnostic test useful for diagnosing diseases like lung cancer, atypical infections, interstitial lung diseases, evaluation of hemoptysis, etc under the leadership of the worthy Principal and support by MS Associated Hospital such diagnostic facilities would mean less referrals and early diagnosis.



First Ever Small Incision Cataract Surgery(SICS) Under Topical Drops Performed at GMC Baramulla

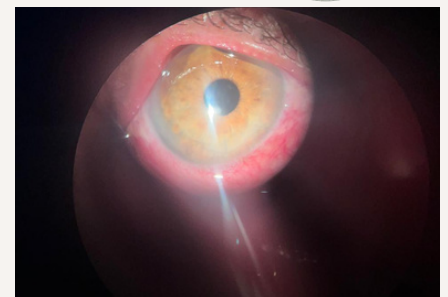
Dr. Abdul Aziz Makayee (Senior Consultant) Department of Ophthalmology GMC Baramulla performed the procedure with no need for local anaesthesia proving to be less time-consuming, ensuring quicker visual rehabilitation and a smoother journey to recovery.

The expert team involved: Dr *First Ever* Small Incision Cataract Surgery(SICS) *Under Topical Drops* Performed at GMC Baramulla

Dr. Abdul Aziz Makayee (Senior Consultant) Department of Ophthalmology GMC Baramulla performed the procedure *with no need for local anaesthesia* proving to be less time-consuming, ensuring quicker visual rehabilitation and a smoother journey to recovery.

The expert team involved: Dr Sabia Salam (Senior Resident); Dr Prashant Saxena (DNB Resident); Dr Saadat Hamid (DNB Resident); Mrs. Neelofar (Theatre Assistant)

The Department is highly grateful to the tireless efforts of the Principal GMC Baramulla, Prof(Dr) Ruby Reshi as well as the Medical Superintendent Associated Hospital, Dr Parvaiz Masoodi for consistent support in ensuring best patient care services.



<https://tinyurl.com/bdhavxjn>

Laser Hemorrhoidectomy Workshop held by the Department of General Surgery GMC Baramulla

Laser hemorrhoidectomy workshop held by the Department of General Surgery under the expertise of Dr. H Viqar Ahmad (HOD) with Principal GMC Baramulla, Prof (Dr) Ruby Reshi joining the team of surgeons in the OT of the Associated Hospital GMC Baramulla.

In video, HOD Department of Surgery GMC Baramulla, Dr H Vaqar Ahmad explaining the pros of the newly introduced Laser hemorrhoidectomy Services.



<https://tinyurl.com/5n945phd>

GMC Baramulla marked a significant achievement with 4 successful cochlear implant surgeries, bringing the total to 10.



Three patients received free cochlear implants through the ADIP Scheme, while one adult patient self-funded the Nucleus cochlear implant. Notably, two patients were from South Kashmir's Anantnag district, one from URI, and one from Baramulla.

Dr. Zafarullah Beigh, Assistant Professor in the ENT department, conducted the surgeries under the mentorship of AIIMS New Delhi faculty.



Patients with bilateral severe to profound sensorineural hearing loss undergo thorough evaluations, including audiological and radiological investigations.

Documents of eligible patients meeting income (< 22500 pm) and age criteria (1-5 yrs prelingual & 5-18 yrs post lingual) set by ADIP are uploaded for free implant approval on the ADIP website. Those not meeting ADIP criteria are provided alternative funding options such as NGOs, CSR, or self-funding. Surgeries for all eligible patients are conducted free of cost at GMC Baramulla.

A dedicated OPD for hearing-impaired children is held every Friday in the superspeciality section of the OPD Block. Healthcare providers in the Kashmir Valley are urged to direct such patients to this OPD for comprehensive evaluation and management.

The success of the Cochlear Implant Surgery Program is attributed to the continuous efforts of esteemed Principal Prof Ruby Reshi, who regularly procures high-end equipment needed for performing such advanced surgeries and directs collaboration among various specialties. Credit is extended to the Medical Superintendent Associated Hospital, Dr Parvaiz Masoodi for providing logistical and moral support for the smooth conduct of these surgeries.

Special thanks are expressed to all faculty members, senior and junior residents from both ENT & Anesthesia departments, paramedics, and nursing staff, C arm Technician and Audiologists for their cooperation and effort during the two days of cochlear implant surgeries.

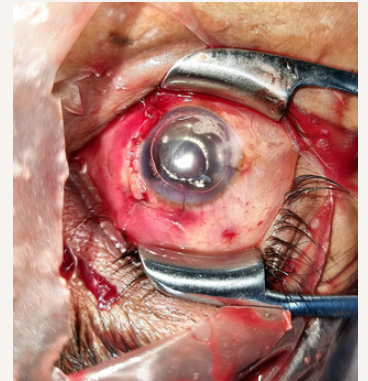
First Ilizarov Reconstruction Surgery Performed by the Department of Orthopedics

The Ilizarov Reconstruction surgery was performed in severely comminuted proximal tibial fracture by the Department of Orthopaedics on a road traffic accident victim, hailing from a far flung area, with severe injury to the knee as well.



First Ever Scleral Tear Repair Surgery At GMC Baramulla

Another milestone, another step forward, with First Ever Scleral Tear Repair Surgery At GMC Baramulla.



With first ever night time scleral tear Surgery performed by the Department of Ophthalmology, by the team of experts led by Dr. Shabana Khan(AP) thus adding another accomplishment and displaying deep commitment to innovation with elimination of patient referral.

Under the leadership and guidance of worthy Principal, Prof(Dr) Ruby Reshi this groundbreaking surgery at GMC Baramulla signifies a new era of comprehensive and accessible healthcare. We're proud to be at the forefront of surgical innovation, providing specialized care even in the darkest hours.

FibroScan Test Facility Started in the Gastroenterology Unit GMC Baramulla



In the interest of the patientcare services, the institution started the FibroScan facility with the installation of the latest Fibroscan. This new functional unit will help in the patients with liver diseases non invasively.

Interventional Radiological procedure Pigtail of Liver Abscess performed by the Department of Radiology

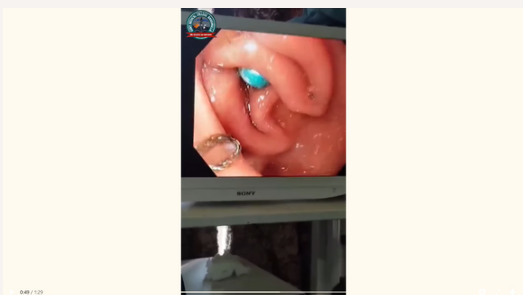


Interventional Radiological procedure Pigtail of Liver Abscess performed under the supervision of Prof(Dr) Tariq Gojwari by Dr. Faiz Altaf Shera(AP), Dr Ranbir Singh Sodhi (Consultant), Dr Khursheed Ahmad (SR), assisted by Mr Ishtiyag Rasool. The procedure has minimal complications compared to open surgical procedure with short patient stay in Hospital.

16 years old female presented with pain abdomen, after obtaining history she had ingested foreign body (safety pin) and after proper evaluation foreign body was removed with Snare under short sedation. This procedure was first of its kind done in endoscopy lab by Dr Zaffar Kawoosa Associate Professor department of Medicine and his endoscopy team.



<https://tinyurl.com/4bemzup2>



Laparoscopic Ventral Mesh Rectopexy performed

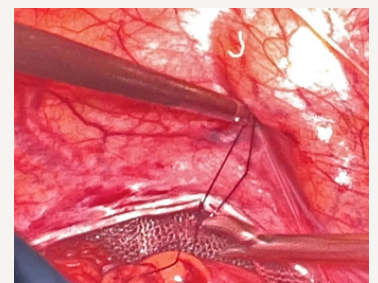
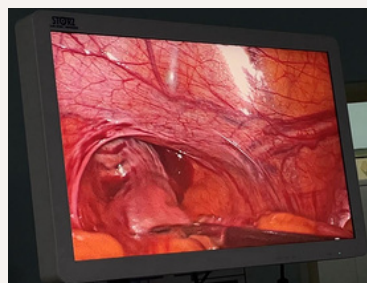
A 38 year old male presented to general surgery OPD with complaints of obstructive defecation and with history of something coming out of rectum. The patient was evaluated from opd and was diagnosed as a case of full thickness rectal prolapse . Anesthesia clearance was obtained and patient was posted for a Laparoscopic Ventral Mesh Rectopexy.



Laparoscopic Rectopexy is a challenging procedure with regard to technical difficulties due to working deep in narrow male pelvic with difficult ergonomics. A 6x12 cms mesh was sutured to the rectum and then tacked to the sacral promontory to support the redundant rectal wall.

The procedure was performed by by Dr H Vaqar Ahmed HOD surgery ably supported and assisted by Dr Abid H Wani Asst Prof, Dr Tajamul Hassan Asst Prof and Dr Faud Sadiq consultant. The patient was anesthetised. Dr Yasir, consultant and his team. Mr Mudasir and Mr Asif offerered assistance in the procedure.

The procedure was completed uneventfully and the results were confirmed postoperatively with complete resolution of prolapse. The patient had an uneventful course after surgery.



Free Hearing Aid Cum Screening Camp Organised by the Department of ENT GMC Baramulla in collaboration with DEIC GMC Baramulla and Voluntary Medicine Society Bemina Srinagar in the Auditorium Hall GMC Baramulla.



<https://tinyurl.com/43sttayp>

Hospital Infection Control Meeting Held in the Principle's Chamber



Principal GMC Baramulla, Prof(Dr) Ruby Reshi chaired the meeting on hospital infection control in the Chamber with Infection Control Committee deliberating on different modalities involved in streamlining the infection control. The Department of Microbiology shall be involved in capacity building of the healthcare workers regarding best infection control practices.

Apart from other key decisions taken in the meeting there shall be a separate dedicated infection control nursing officer to achieve the desired goals.



<https://tinyurl.com/2szt4nmz>

Newly Procured NON Contact Tonometry Added to the Department of Ophthalmology

Department of Ophthalmology GMC Baramulla under the expertise of Dr. Abdul Wahab Bhat(HOD), added newly procured Non Contact Tonometry (NCT) to the departmental armamentarium.

The Department is highly thankful for the arduous efforts of the Principal GMC Baramulla, Prof(Dr) Ruby Reshi and Medical Superintendent Associated Hospital, Dr Parvaiz Masoodi.



Secondary Orbital Implant in a Pthysical Eye Using Four Petal Technique Performed



Secondary orbital implant post evisceration in a pthysical eye using four petal technique performed by the Department of Ophthalmology GMC Baramulla. The technique involves quadrisectioning the sclera into four petals with respective recti muscle attached to each and placement of a large 18mm orbital implant. The sclera is sutured in two layers covering the implant.

Surgical team involved :

Dr. Abdul Wahab Bhat (HOD)

Dr. Aarij Zaffar (SR)

Dr. Prashant (DNB RESIDENT)

Dr Saadat Hamid (DNB RESIDENT)

Dr. Nazira (DNB RESIDENT)

Ms Neelofar and Mr Manzoor (OT STAFF)



Endoscopic Removal of Tape Worm Performed by Gastroenterology Unit

50 years female presented with abdominal discomfort. Upper GI Endoscopy revealed long tape worm (*Taenia saginata*) in the intestine. Tape worm was removed endoscopically by forceps. Procedure was done by Dr Hilal Ahmad Dar (Gastroenterologist), Assistant Professor Medicine. The other staff of the endoscopy lab included Mr Ishtiyah, Ms Mehnaz and Mr Ashraf.



<https://tinyurl.com/cudzmccep>



Department of Paediatrics Inspected for Academics and Patientcare Services

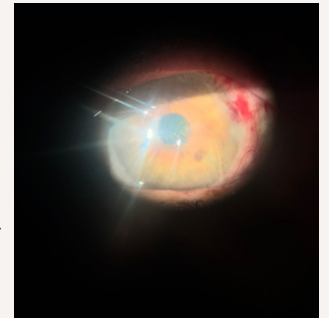
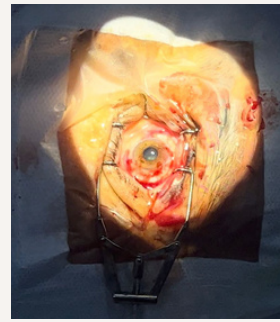


Prof(Dr)Ruby Reshi, Principal GMC Baramulla, took an exhaustive inspection cum assessment of the Department of Pediatrics focusing on the parameters of patient care delivery services and academics-both MBBS and DNB. Principal interacted with the visiting patients and the attendees to inquire about the services being rendered by the institution. Some immediate actionable deficiencies were noted for quick redressal.



<https://tinyurl.com/3c6nand3>

A Wide Excision Biopsy with 4 mm margins, accompanied by Mitomycin C Adjuvant Therapy, and an innovative Amniotic Membrane Graft Performed



In a groundbreaking procedure at the Department of Ophthalmology, GMC Baramulla, a wide excision

biopsy with 4 mm margins, accompanied by mitomycin C adjuvant therapy, and an innovative amniotic membrane graft, was performed on a 55-year-old female patient diagnosed with OSSN (ocular surface squamous neoplasia).

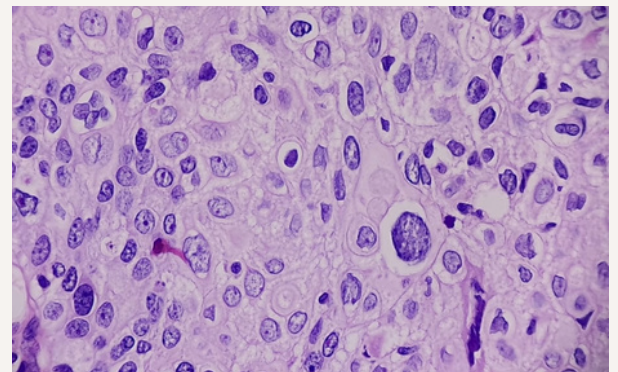
The Procedure was performed under the expertise of Dr. Abdul Aziz Makayee (Sr Consultant) and the team comprising of Dr. Sabia Salaam (Senior Resident);Dr. Prashant Saxena (DNB Resident);Dr. Saadat Hamid (DNB Resident);Ms Neelofar and Mr Tariq (OT Assistants)

The intricate procedure showcased the hospital's commitment to pioneering advancements in ocular oncology.

The Department is thankful to the untiring support of Principal, Prof(Dr) Ruby Reshi in facilitating this surgical intervention.

The Department is also thankful to Dr. Parvaiz Masoodi(Medical Superintendent) for help and support.

The Pathologists the department is thankful to: Dr. Baba Iqbal (Associate Professor) and Dr. Nuzhat Jabeen (Senior Resident).



Dr. Zafarullah Beigh, Assistant Professor (ENT) awarded a Certificate of Surgical Competency for Cochlear Implantation by AIIMS.

Dr. Beigh's dedication and commitment to advancing his skills in the field of cochlear implantation have been recognized by this prestigious certification. With this achievement, he has demonstrated his expertise in the surgical management of hearing loss, particularly in the realm of cochlear implants.



Having successfully completed the rigorous mentorship program under faculty of Department of ENT All India Institute of Medical Sciences, New Delhi. Dr. Beigh has now attained clearance to independently perform cochlear implant surgeries .

This milestone not only reflects his individual proficiency but also highlights the hospital's commitment to providing high-quality healthcare services to the community.

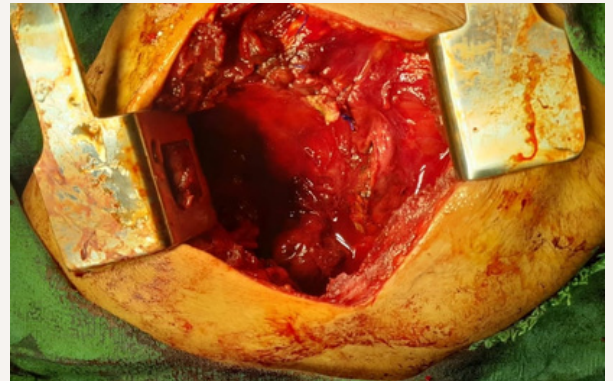
“

No greater opportunity responsibility, or obligation can fall to the lot of a human being than to be a physician. In the care of suffering he needs technical skill, scientific knowledge and human understanding... **Tact, Sympathy and understanding** are expected of a physician, for the patient is no mere collection of symptoms, signs , disordered functions, damaged organs, and disturbed emotions. **[The patient] is human, fearful and hopeful seeking relief, help and reassurance.**

-Harrison's Principles of Internal Medicine, 1959

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First Thoracic (Chest) Surgery Performed



A 25 year male presented with USG and CT documented empyema(pus) in the chest cavity excavating to the right chest wall subcutaneously with the diagnosis of Empyema necessitans.

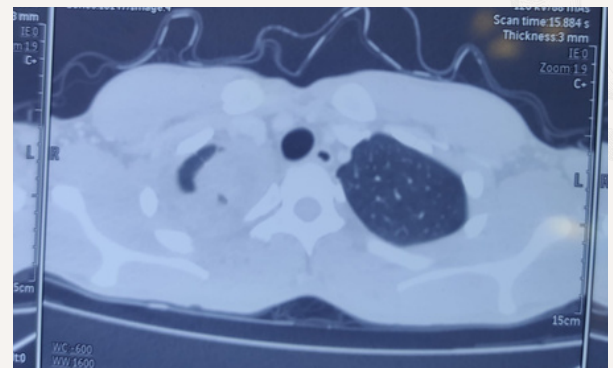
Empyema necessitans is thoracic surgical emergency.

Right posterolateral thoracotomy with decortication done by Dr H.Vaqar(HOD Surgery), Dr Mir Mushtaq ,Dr Aijaz with the Anaesthetic support of Dr Tahira (Consultant Anaesthesia).

The technical support was rendered by Mr. Nazir Ahmad, Mr. Mudasir, Mr. Ab Hameed.

The department expressed appreciation to Dr Shumail Bashir, Associate Professor(Chest Medicine), Pulmonologist, and Department of Radiodiagnosis for timely diagnosis and referral to the surgical department.

The Department is highly committed, under the leadership of Principal GMC Baramulla, Prof(Dr) Ruby Reshi, to treat all the patients with chest surgical problems at GMC Baramulla with cutting edge precision.



Community Medicine: Medicine to Grass Roots: Community Outreach

National De Worming Day Observed at RHTC Kalantra GMC Baramulla

The Department of Community Medicine GMC Baramulla through Rural Health Training Centre Kalantra concluded the National Deworming Drive with the distribution of around 3300 Albendzol Tablets among Asha and Agandwadi Workers.

The technical staff of the Centre also visited catchment area schools and successfully provided on-site 700 Albendzol Tablets with emphasis on precautionary measures.

The staff involved, under the supervision of Officer Incharge, Dr. Uruj(Associate Professor) are, Mr Ab Qayoom Shah (VC/MSW), Mr Irfan Khan (HI), Mr Firdous Ahmad (BHW), Mr Mohd Sultan (driver), and FGM students currently posted to the Centre.



On World Health Day Community Awareness Activities held at RHTC Kalantra

Awareness generation on the eve of World Health Day, 2024 was observed by the Department of Community Medicine GMC Baramulla through RHTC Kalantra at Iqra High School Kalantra.

The team of medical officers, interns, health inspector and medical social worker deliberated on this year's theme of World health day, "My Health, My Right".

There was also awareness and interaction regarding different aspects of health and health education with the staff of the RHTC Kalantra under the supervision of the Officer Incharge, Dr. Uruj(Associate Professor Department of Community Medicine GMC Baramulla).



Glaucoma Screening Camp Held at PHC Boniyar

The Department of Ophthalmology at GMC Baramulla organized a successful glaucoma screening camp at PHC Boniyar in view of ongoing glaucoma week -providing essential eye care to the community with the examination of 100 patients.

From this proactive initiative, four individuals were identified with suspected glaucoma, highlighting the importance of early detection and intervention in preventing vision loss.

The department is highly thankful of the Principal, Prof (Dr)Ruby Reshi and Dr. Parvaiz Ahmad Masoodi (Medical Superintendent) for conducting the camp.

The team included, Dr Shabana Khan Assistant Professor ; Dr Nadia Manzoor (SR); DNB residents: Dr Sheikh Asif; Dr Kartika; Dr Nadia Babar and Mr. Naseer Ahmad(Optometrlist).



Department of SPM started Family Adoption Program(FAP) for First Year MBBS(2023) Students

As per the guidelines of NMC, under the supervision of Dr. Zahid Ali Khan HOD Community Medicine GMC Baramulla, family adoption program (FAP) for First year MBBS students Batch 2023 in village Zand Faran Zam Zam Pora of Medical block Sherri has been started. In which each student has adopted a family which was earlier identified by the resource persons of the Department. The staff who were actively participating in this program are Dr. Ishtiyaq Ahmad, Mr. Abdul Aziz Parray, Mr. Zahoor Ahmad Harray, Ms. Ruksana Ali and Mr. Mohsin Rasool.



National Deworming Day held at UTHC Bagh e Islam



Urban Training Health Centre Bagi Islam celebrated National Deworming Day under the supervision of Dr. Zahid Ali Khan (HOD) Community Medicine GMC Baramulla covering different educational institutions of the town with the distribution of Albendazole Tablets among children.

The field staff involved in the program are Dr. Sozia Mohd (LMO), Mr. Zahoor Ahmad Harray (VC), Ms. Rukshana Ali (PHN), Mr. Mohsin Rasool (HI), Mr. Abdul Aziz Parray (Lab Tech).



Administrative/ Administration

Virtual Foundation Stone of 50 Bedded Critical Care Block(CCB) laid at GMC Baramulla by the Prime Minister

Virtual Foundation Stone of 50 Bedded Critical Care Block(CCB) was laid at GMC Baramulla by Prime Minister Shri Narendra Modi, under Pradhan Mantri Ayushman Bharat Health Infrastructure Mission(PM-ABHIM).

The ceremony was attended by Principal GMC Baramulla, Prof(Dr) Ruby Reshi along with the Medical Superintendent Associated Hospital, Dr Parvaiz Masoodi, HOD General Surgery , Dr. H Vaqar Ahmad and other Senior Officers of administration and faculty members. The event saw enthusiastic participation of MBBS students.

In addition to GMC Baramulla, twelve more CCBs were virtually inaugurated by Prime Ministers in the rest of the Medical Colleges & district hospitals of J&K. This health infrastructure intervention shall address much needed critical care services in the border district as most of the critical care services are confined to the centrally situated tertiary care hospitals.



Admin Secretary Health and Medical Education Department, Dr Syed Abid Rasheed(IAS) took an extensive assessment of the functioning of the Govt Medical College Baramulla and Associated Hospital



Government Medical College (GMC) Baramulla welcomed Dr. Syed Abid Rashid (IAS), Administrative Secretary of Health & Medical Education, for an extensive day-long visit to the Associated Hospital.

Accompanied by Deputy Commissioner Baramulla, Sh. Minga Sherpa (IAS), Dr. Syed Abid Rashid engaged with hospital authorities, doctors, and patients, gaining a firsthand understanding of the institution's current status and challenges.

“GMC Baramulla has made remarkable progress in a short time, evolving from a district hospital to a renowned institute attracting students nationwide for MBBS and postgraduate studies,” he said.

Accompanied by key officials, including DC Baramulla Shre Minga Sherpa(IAS), Principal GMC Baramulla Prof. Dr. Ruby Reshi, and Medical Superintendent Dr. Parvaiz Masoodi, Dr. Abid conducted a thorough inspection of various areas of the Associated Hospital. Directives were issued to address departmental concerns and enhance operational efficiency, reflecting the commitment to continual improvement.

Addressing the hospital's achievements, the Administrative Secretary applauded GMC Baramulla for its excellence in advanced surgeries and specialized treatments. He stressed the need for a collective effort to elevate the institution to global standards, recognizing its geographical significance and aspirational district status.

During the visit, Dr. Syed Abid Rashid interacted with media representatives, welcoming their valuable suggestions and feedback.

GMC Baramulla Celebrates 75th Republic Day with the active participation of Staff and Faculty

"Faith is the bird that feels the light when the dawn is still dark." - Rabindranath Tagore.

On the eve of 75th Republic Day 2024, the flag hoisting ceremony was held in the institution with Principal GMC, Prof(Dr) Ruby Reshi unfurling the flag accompanied by MS Associated Hospital, Dr Parvaiz Masoodi and faculty members. The event saw enthusiastic participation of students and staff despite cold weather conditions. The Principal GMC Baramulla Prof(Dr) Ruby Reshi shared the republic day message advising all the members to exhibit complete disciplined behaviour all the time.

"Let's pledge to make this Nation progressive and welfaristic and put service before self ; and uphold the Constitutional Ideas in all our interactions" emphasized the Principal in her message.



The Festival of Spring, the Holi Celebrated by non local Students and Staff



In the cordial and colorful environs of GMC Baramulla, the Spirit of Spring was celebrated with peace and harmony witnessing participation of Students, Staff and Scholars all exuding the one energy for Holi, having an active support and blessings of Principal GMC Baramulla, Prof(Dr) Ruby Reshi.

The Colors maketh the Universe!



<https://tinyurl.com/4kyezcrb>



Let's Talk About Dementia

What is Dementia?

Dementia is a collective name for progressive degenerative brain syndromes which affect memory, thinking, behaviour and emotion. Dementia knows no social, economic or geographical boundaries. Although each person will experience dementia in their own way, eventually those affected are unable to care for themselves and need help with all aspects of daily life. There is currently no cure for most types of dementia, but treatments, advice, and support are available.

How prevalent is it?

Dementia affects >1% of people aged 60-64, and the prevalence doubles every 5 years after 60 years, reaching 30-50% of people >85 years. Dementia is going to be the future global epidemic. Presently every three seconds someone in the world is being diagnosed with dementia and the incidence rate is increasing. It is estimated that by 2050, 152 million people will be living with dementia globally, 68% in low-middle income countries alone. Dementia is now widely recognised as one of the most significant health crises of the 21st century.

What causes dementia?

There are numerous factors which can cause dementia ranging from impaired blood supply to brain, head trauma, infections, vitamin deficiencies, etc., but the most common cause of dementia are the neurodegenerative illnesses like Alzheimer's disease, Parkinson's disease etc. Alzheimer's Disease alone accounts for nearly sixty to seventy percent of all dementia cases. Alzheimer's disease usually presents in the seventh decade of life. It is a gradually progressive disease in which the brain parenchyma gets filled with abnormal protein clumps which leads to the death of neurons (brain cells) and shrinkage of the brain mass (grey matter).

What are the risk factors of dementia?

A family history of dementia, chronic medical conditions like hypertension and diabetes, alcohol abuse, depression are some of the factors which increase the risk of developing dementia at a later age.

What are the symptoms of dementia?

People suffering from dementia usually present with forgetfulness, often misplacing items, forgetting names, appointments etc. Gradually they also have difficulty in navigating paths, recognizing familiar faces and places, difficulty in speech etc. Ultimately the person becomes more and more dependent on caregivers for routine daily activities. Other symptoms like change in social behaviour, lack of self-care & concern for others, suspiciousness, hearing noises/seeing images which are not around, may also develop as a result of which patient may become irritable/ aggressive

How is dementia diagnosed?

Early detection and diagnosis is important for proper management of the illness. If any elderly individual has memory issues, he/she should visit his/her GP who may refer them to a psychiatrist or a neurologist. There is no specific diagnostic test for Alzheimer's disease, however the doctor may write series of investigation like blood tests to rule out other causes of memory loss. He/she may also have to undergo CT/MRI brain to detect the degree and site of brain atrophy. Currently many newer diagnostic tests are coming up but, most of them are in experimental stage at present.



Dr Tajamul Hussain

Associate Professor & Head
Department of Psychiatry, GMC Baramulla

How is dementia treated?

The goal of treatment in dementia is to improve the quality of life of these patients so that they can live a life of dignity. There are both pharmacological and non-pharmacological methods of management. The most widely used medications in dementia are the cognitive enhancers which slow down the progression disease to some extent. In addition, the various behavioural changes which occur with dementia like agitation, wandering, compulsive behaviour etc. can be managed with various psychotropic medications. However, non-pharmacological methods play a vital role in managing these behavioural changes. It is here that the patient's family member's/care givers play a vital role in caring for them. They can not only ensure that the patient takes medications at right dose and time but with proper training they can also manage various odd behaviours.

Is dementia preventable?

Dementia is not completely preventable but it has been observed that regular physical exercise, formal education, maintaining adequate blood pressure and blood sugar levels etc. are somewhat protective.

As a dementia carer what should I do?

Since dementia is a chronic progressive illness, there is a lot of burden on caregivers which can lead to depression and anxiety in caregivers as well. Caregivers of these patients are under a lot of stress and they should take care of their own mental and physical health also. There is no harm in seeking help from the treating doctor or even keeping a nurse or a helper just to ease out the burden. However, it has been observed that various protective factors like high self-esteem, control, good social support and religious beliefs play a major role in alleviating caregiver burden and improves resilience in them.

As a common citizen what can I do?

If any of your family members, friends or relatives complain of memory problems, don't wait but advise him/her to seek medical consultation. Help to spread awareness about the illness and reduce the stigma faced by the patients or their relatives. Help the caregivers of dementia in whatever ways you can, because who knows tomorrow you may be in their position.

Geriatric Mental Health & Memory Clinic GMC Baramulla

The Department of Psychiatry GMC Baramulla started a super-speciality clinic of Geriatric Psychiatry & Memory Clinic from on occasion of world Alzheimer's Day 21st September 2022. This clinic runs on every Saturday in addition to the general psychiatry OPD. All the elderly patients (>60 years) with mental health or memory issues are evaluated in detail and managed as per the latest guidelines. This is probably the first such clinic in whole of North Kashmir. This has been possible with the support of college administration with special interest shown by the Principal madam.

Establishment of thoracic(Chest) & Vascular(Blood Vessel) Trauma Theatre set up necessity at GMC Baramulla

Baramulla also known as Varmul (Kashmiri pronunciation: [vɑrmull]) in Kashmiri, is a town and a municipality in the Baramulla district in the Indian union territory of Jammu and Kashmir. It is also the administrative headquarters of the Baramulla district. It is on the bank of the River Jhelum downstream from Srinagar, the summer capital of Jammu and Kashmir. The town was earlier known as gateway of Kashmir, This was main business hub of valley. Baramulla is a major centre of business and education in Northern Kashmir. Baramulla has one Government medical college which caters population of districts of Kupwara, Bandipora, and part of Budgam. The catering area of Government medical college Baramulla suffering from accidents due to road traffic and fall from height which directly involves the chest and blood vessels. Majority of these patients gets referred to higher centre because of lack of chest trauma and vascular trauma theatre set up. North Kashmir being a border zone having problems in transportation for more than seven decades has witnessed an epidemic of chest and vascular injuries due to road traffic accidents. Sher-i-Kashmir Institute of Medical Sciences is the only tertiary care hospital where facilities for the management of chest and vascular injuries are available catering a population of more than ten million people.

Thoracic(Chest) trauma accounts for up to 35% of trauma-related deaths in India and encompasses a broad range of injuries that can cause significant morbidity and mortality. Prompt evaluation during the primary trauma survey is key to identifying those injuries that are immediately life-threatening and require rapid intervention. Once these conditions are ruled out, less urgent thoracic injuries are often readily diagnosed during the secondary trauma survey and successfully managed by applying the fundamental principles of advanced trauma life support. Thoracic trauma is broadly categorised by mechanism into blunt or penetrating trauma. The most common cause of blunt chest trauma is motor vehicle collisions (MVC) which account for up to 80% of injuries. Other causes include falls, vehicles striking pedestrians, acts of violence, and blast injuries. The majority of penetrating trauma is due to gunshots and stabbings, which together account for 20% of all major trauma in India. Blunt chest trauma is more common than penetrating trauma and directly comprises 20 to 25% of trauma deaths. Among patients presenting after motor vehicle collisions, higher morbidity and mortality are associated with high-speed collisions and with a lack of seat belt use. Poorer outcomes are also seen in patients with advanced age and higher injury severity scores (ISS). Despite its higher incidence, less than 10% of patients suffering blunt trauma to the thorax require operative intervention, whereas 15 to 30% of patients sustaining penetrating chest injuries will need operative intervention. Penetrating chest trauma is associated with higher overall mortality. Incidence varies based on geographic location, predominating in urban areas, those prone to interpersonal violence, and areas of conflict. Life-threatening injuries diagnosed during the initial trauma evaluation require prompt higher overall mortality. Incidence intervention. Still, the most common injuries due to thoracic trauma are pneumothorax and hemothorax, which are definitively managed in 80% of cases with tube thoracostomy. The size of the chest tube used is a clinical decision based on the pathology seen on a chest x-ray. If both pneumothorax and hemothorax are present, a size 28-Fr or 32-Fr chest tube is usually considered as this will facilitate the evacuation of both air and blood while minimizing the chance of the tube obstructing due to clot. If no effusion is present, small-bore catheters are appropriate, although many trauma clinicians will still opt for formal chest tubes instead. Occult pneumothorax is a pneumothorax that is seen on CT but not on a chest x-ray. They are incidentally found in 2 to 10% of trauma patients who undergo chest CT. Patients can be observed if the pneumothorax is less than 8 mm.

However, occult pneumothoraces are associated with a 5% to 10% risk of expansion and should, therefore, be monitored closely. Patients whose pneumothoraces expand or those who become symptomatic warrant tube thoracostomy. Chest wall injuries are common in blunt thoracic trauma, and the vast majority are treated non-operatively. Most of these injuries are seen in the setting of MVCs, especially when patients are seat-belted or sustain frontal impact to the steering wheel. Rib fractures are found in up to 10% of all trauma patients and 30% of patients presenting with chest trauma. Sternal fractures and scapula fractures are less common, accounting for 8% and 3.5%, respectively, of blunt thoracic trauma patients. Rib fractures are diagnosed clinically or radiographically, typically on initial chest x-ray. Patients will complain of pain and dyspnea and, on physical exam, may be found to have tenderness, crepitus, or diminished breath sounds. The latter signs should raise suspicion for underlying pneumothorax. Patients with less than three rib fractures and no associated injuries are appropriate candidates for outpatient management with oral analgesics. However, consideration for outpatient management should be on a case-by-case basis.

Patients over the age of 65 and those who are unable to maintain an oxygen saturation of 92% or have an incentive spirometer volume of less than 15 mL/kg should be admitted for respiratory monitoring. All patients with three or more rib fractures or those with displaced fractures are at increased risk for pulmonary complications, such as contusions, pneumonia, and delayed hemothorax, and therefore require admission.

Initial management involves providing adequate analgesia, thoracostomy drainage if indicated, and respiratory care, including incentive spirometry. Early and effective pain control is the mainstay of management and is achieved through a multimodal approach. Pain management begins with standing acetaminophen and NSAIDs with opioids administered as needed. Demand-only patient-controlled analgesia (PCA) with opioids is effective when pain is more severe, but patients should be transitioned to oral narcotics as they clinically improve.



Dr Mir Mushtaq

Consultant
CVIS Surgeon

In patients with multiple or displaced rib fractures and those with pain refractory to pharmacologic management, regional anesthesia techniques are employed. These include the placement of epidural catheters, paravertebral blocks, and intercostal nerve blocks. The EAST trauma guidelines advocate for the use of epidural anesthesia in patients with greater than three rib fractures or patients with fewer fractures but who are over 65 years old or have a significant history of cardiopulmonary disease. Compared to other forms of analgesia, a continuous epidural infusion has not been shown to reduce the need for mechanical ventilation, length of intensive care unit (ICU) stay, or mortality but has been shown to decrease the duration of mechanical ventilation. Paravertebral catheters administer a local anesthetic to the paravertebral space and have comparable efficacy to epidural catheters but with a lower rate of causing systemic hypotension. Surgical rib fixation is reserved for patients in whom adequate analgesia cannot be achieved due to fracture severity and those with impending respiratory failure. It is ideally performed within 48 to 72 hours of injury. Thoracotomy in the operating room has several indications in thoracic trauma. Most commonly, patients with massive hemothorax over 1500 mL and those with over 200 mL per hr of chest tube output over 3 consecutive hours require an operation. Additionally, those with cardiac tamponade, great vessel injury, massive air leak after thoracostomy procedure, diagnosed tracheobronchial injury, and open pneumothorax need surgical repair. However, minimally invasive techniques using video-assisted thoracoscopic surgery (VATS) have been increasingly utilized in hemodynamically stable patients after both blunt and penetrating thoracic trauma. Several series have demonstrated favorable outcomes using VATS, with improved postoperative pain compared to thoracotomy and a shorter duration of thoracostomy drainage. The most common indication is retained hemothorax after thoracostomy, but VATS has also been employed in the management of persistent pneumothorax as well as traumatic diaphragmatic injury.

Vascular injury presents a great challenge to the emergency resident because these injuries require urgent intervention to prevent loss of life or limb. Sometimes serious vascular injury presents with only subtle or occult signs or symptoms. The patient may present weeks or months after initial injury with symptoms of vascular insufficiency, embolization, pseudoaneurysm, arteriovenous fistula etc. Although the majority of vascular injuries are caused by penetrating trauma from gunshot wounds, stabbing or blast injury, the possibility of vascular injury needs to be considered in patients presenting with displaced long bone fractures, crush injury, prolonged immobilization in a fixed position by tight casts or bandages and various invasive procedures. Iatrogenic vascular injuries constitute about 10% of cases in most series; however the incidence is an increasing trend because more endovascular procedures such as angioplasty and cardiac catheterization are being performed routinely. Civilian trauma is more frequently seen in young males. However, it can occur at any age due to road accidents, firearms, bomb blasts and diagnostic procedures. Most of the time, civilian trauma causes less tissue damage. There is an epidemic of vascular injuries in Kashmir valley. Vascular injuries can be divided into following groups: Spasm, Thrombosis, Contusion/Intimal flap. All these thoracic and vascular injuries need thoracic and vascular instruments and theatre set up to manage these patients at peripheral tertiary health centres.

BRAF Status and Fate of patients with Papillary Thyroid Carcinoma: Our Role as Molecular Biologists

Genetic alterations are pivotal drivers of thyroid tumorigenesis and progression, offering a foundation for innovative approaches to thyroid cancer management. Among these alterations, the T1799A (V600E) BRAF mutation in Papillary Thyroid Cancer (PTC) shows significant clinical potential, transitioning from laboratory research to practical clinical applications. My more than 14 years of research, along with others, consistently identifies BRAF mutation as the predominant genetic anomaly in thyroid cancer, present in approximately 45% of PTC cases and 25% of anaplastic thyroid cancers. This mutation drives oncogenesis by aberrantly activating the MAP kinase signaling pathway.

Global studies corroborate BRAF mutation's unique role in fostering PTC aggressiveness. Notably, BRAF mutation correlates closely with extrathyroidal invasion, lymph node metastasis, advanced tumor staging, and, critically, disease persistence/recurrence, and reduced patient survival rates. Furthermore, it complicates radioiodine treatment efficacy by reducing tumor avidity. Mechanistically, BRAF mutation enhances tumor-promoting molecule expression or suppresses tumor-suppressing molecules, elucidating its role in PTC progression and aggressiveness. Recent findings also unveil its involvement in silencing iodide-handling genes, explaining the loss of radioiodine avidity in PTC. Thus, BRAF mutation emerges as a potent prognostic marker, indicative of poorer PTC outcomes.

Therefore, its detection in preoperative thyroid fine needle biopsy specimens offers a promising strategy for risk stratification in PTC, resolving clinical dilemmas regarding treatment extent in diverse clinical scenarios. We hope to identify a subset of clinically unilateral PTC patients who may benefit from more aggressive surgical intervention with a total thyroidectomy before initial surgical operation. Consequently, BRAF mutation's integration as a prognostic marker holds significant implications for thyroid cancer management.

There are several methods that can be currently used for the molecular identification of the BRAF mutations: the method usually used is the genomic polymerase chain reaction (PCR) amplification, followed by single-strand conformation polymorphism and validation of the results by DNA sequencing. Alternative methods such as colorimetric mutation detection, restriction fragment length polymorphism, mutant allele-specific PCR amplification, real-time allele-specific amplification, and, more recently, pyrosequencing have been proposed to detect BRAF mutations.

Keeping in view the facilities available at most of the research centres in Kashmir Valley, and our previous research which revealed the Mutant Allele Specific Amplification (MASA) to be 97% specific and 94% sensitive, it is the molecular test of choice to detect the most lethal mutation (BRAF V600E) in patients suffering from Thyroid Cancer in valley of Kashmir. The general principle underlying the MASA technique is to design a mutation-specific forward primer and wild-specific forward primer that produce the preferential amplification of a specific mutant allele and wild allele respectively. The reverse primer is same for both forward primers. Optimization of the annealing/hybridization temperature, buffer composition and genomic DNA, primers, and probe concentration are to be carefully tested. Ideally, PCR would be performed in a final volume of 25 μ L containing 50 ng of genomic DNA, 1X PCR buffer, 200 μ M each of the deoxynucleotides, 2.5 mM MgCl₂ and 0.75U Taq polymerase. Allele-specific PCR primers would be used by designing an allele-specific oligonucleotides differing in 3'-end. Two allele-specific primers (Wild-forward and Mutant-forward) are to be designed having a nucleotide that mismatches with mutant and wild sequences respectively, thus permitting allele discrimination. The two-nucleotide mismatch may reduce the annealing and amplification of wild-type allele, thus reducing false-positive results, but this may yield more false-negative results than using a primer with only one base substitution at the 3'-end. So, Primers with one base substitution (T/A) used in MASA assay warrant a perfect annealing for both wild-type and mutant alleles. Two tube reaction would be ideal for MASA. As per the annealing temperatures of allele specific primers the conditions are to be set in thermal cycler for running a reaction for almost an hour.



Dr. Mosin Saleem Khan
Assistant Professor and I/C Head, Biochemistry
Govt. Medical College Baramulla

The amplified products are to be detected and confirmed by comparing with DNA marker ladder by electrophoresis on agarose gel containing ethidium bromide (0.5 μ g/ml) in a mini gel system. A single band will be evident on electrophoresis from either of the tubes containing mutant-forward primer and wild-forward primer respectively, when using the same DNA sample in both tubes, depending upon whether DNA sample contains homozygous mutant or homozygous wild form of BRAF gene. The presence of band in both tubes provides the heterozygous status of BRAF mutation in those samples.

Clinical data and a comparative sequencing analysis of the samples used in various studies suggest that this assay is specific, easy to interpret, rapid, and reproducible, especially in our setting where the affordability is the main cause behind poor health care. Therefore, setting up of MASA in the upcoming Molecular Diagnostics Laboratory of Govt. Medical College Baramulla may contribute to the efficient and cost-effective detection of BRAF genetic alterations involved in Thyroid neoplasia. MASA may represent a valid inhouse, adjunctive tool for diagnosis and follow-up of thyroid cancer patients in FNAC resected tissues. Although specific indications and strategies using BRAF mutation for the management of PTC need to be defined, it is expected that the prognostic use of this remarkable molecular marker will add a new and effective dimension to the current risk stratification system of PTC and, hence, may have a significant impact on the practice of contemporary thyroid cancer medicine at Govt. Medical College Baramulla.

Cochlear Implants: A miraculous technology for treating Severe to Profound Sensorineural Deafness

Deafness means loss of hearing and it may be partial or total. Hearing impairment cannot be seen and hence its effects are not visible to others, so deaf suffers in silence. Unlike blindness, deafness often provokes ridicules rather than sympathy. The consequences for a child born with hearing loss are quite severe. It is well established that a child with hearing loss cannot develop speech and language abilities. This puts the child at a disadvantage in school, higher education, and limits future professional opportunities. The problem of the child deaf from the birth is quite different from that of the adult who has become completely deafened after school age or in adult life. The hard of hearing person whose deafness has developed slowly over the years is different again. But, for all of them, the handicap is the same – the handicap of the silent world, the difficulties of communicating with the hearing and speaking world.

It is important to note that without hearing a child cannot develop speech and language. Hence, the aim should be to recognize deaf child before the age of 1 year because till 3 years onwards neural plasticity of brain's auditory cortex (the area in brain responsible for hearing and speech and language development) is maximum and gradually reduces if adequate auditory stimulation is not there. Unfortunately, hearing loss is often not detected until a child is 2, 3, or even 4 years old, especially in rural areas due to the poor awareness about deafness and its relationship with speech and language development.

The best strategy to ensure that children with hearing loss are identified and treated early is to ensure that every baby is screened for possible hearing loss at the birth in hospital. Early detection and consequent treatment lead to better speech development in children, enhanced scholastic achievements in school, and limitless professional opportunities. This strategy has been implemented in countries such as USA, Singapore, Australia, UK, and many more and has shown great results.

Unfortunately, India does not have such a program in place. There is clearly a need for a "universal newborn hearing screening" program in India. Neonatal and infant hearing screening programs can eventually improve the linguistic and educational outcomes for the child. The importance of a screening program is to provide effective treatment at the earliest opportunity, thereby reducing suffering due to the impairment.

I urge every parent to screen their newborn babies for hearing. I also humbly request the paediatrician community in India to give hearing screening (OAE) the same level of importance as vaccination. Thus, focus should be on Early Detection of Newborn Hearing Loss and Intervention. "Hearing loss is a disability only if it is not treated".

For mild to moderate deafness, there are assistive devices known as Hearing Aids which can provide significant benefit to improve the hearing and hence resulting in better Speech and language outcomes.

But here we are talking about the more severe form of deafness, i.e., Severe to Profound Hearing Sensorineural Hearing loss. It is for this form of deafness, that we have a technological miracle called Cochlear Implant.

Over the last 2 decades, advancements in surgical technique, electrode design (Perimodiolar electrodes, Slim Modiolar electrodes, half banded electrodes) and improved speech processing strategies (ACE strategy) have led to increasingly better outcomes in CI recipients. As a result, FDA candidacy criteria have gradually expanded from initially only implanting post lingual deafened adults with profound bilateral SNHL to now implanting adults and children with greater degrees of residual hearing. Furthermore, a growing proportion of patients are undergoing CI for off-label or non-traditional indications including single sided deafness, retro cochlear hearing loss, such as with vestibular schwannoma, asymmetrical SNHL in adults and children with at least 1 ear that is better than performance cut-off for age, and children less than 12 months of age.

A cochlear implant is probably one of the best inventions in the recent history of medical science for bilateral severe-profound deaf. It is the first device that can restore one of the five senses. A universal newborn hearing screening program will only bolster desired listening and spoken language outcomes by enabling the hearing-impaired children access to cochlear implants sooner. The sooner a child gets access to hearing, the better are his/her chances of getting fully integrated into mainstream society.

Cochlear Implant System is an implantable bio medical electronic device consisting of an internal component called Cochlear Implant and external component called Speech/Sound Processor. The external component includes the microphone, battery, speech processor, external magnet, and transmitter antenna. The internal components include the internal magnet, antenna, receiver-stimulator, and electrode array. Sound is first detected by a microphone worn on the ear and subsequently converted into an electrical signal. This signal is then sent to an external sound processor, where, according to one of the several different processing strategies, is transformed into an electronic code. This digital signal is transmitted via radiofrequency through the skin by a transmitting coil that is held externally over the receiver-stimulator by a magnet. Ultimately, this signal is translated by the receiver-stimulator into rapid electrical impulses distributed to multiple electrodes on an array implanted within the cochlea (specifically, the Scala tympani). The electrodes, in turn, electrically stimulate spiral ganglion cells and auditory nerve axons, which then travel to the brain for further processing. By using these signals to systematically regulate the firing of intracochlear electrodes, it is possible to convey the timing, frequency, and intensity of sound.

The basic evaluation of CI candidates involves a medical, audiometric, and radiographic evaluation. A thorough otologic medical history should attempt to determine the aetiology of the hearing loss. Prelingual versus post lingual deafness, as well as duration of deafness is valuable information to elicit since very longstanding severe or profound hearing loss may predict a poorer outcome. Most pediatric CI candidates are prelingual deafened children, who are born with SNHL due to genetic mutations (e.g., connexin 26), perinatal environmental exposures, or unidentified (idiopathic) causes. These patients often obtain good speech outcomes after implantation with the best results, occurring when implanted within 6 months to 2 years of age. As explained earlier, this is linked to critical period of language development of brain which has maximum neural plasticity during initial 3 years in that also, lower the age of intervention, better are expected outcomes.

Preoperative discussion with patients (or the parents of children) should involve the risks, benefits, goals, and expectations of CI surgery, as well as the importance of post implantation rehabilitation and programming. For example, patients with cognitive or developmental disorders require careful consideration prior to implantation; although these patients may not always achieve open-set-word recognition, sound awareness alone may be a reasonable goal of surgery.

Candidacy for cochlear implantation relies heavily on the audiological evaluation. The goal is to identify those patients in whom the implant is likely to provide better hearing. Adult post lingual CI Patients, who endorse difficulty using the telephone, are often good candidates to refer for formal CI audiometric testing. Similarly, patients with less than 50%-word recognition during standard audiometric testing should be considered for CI candidacy testing. In recent years, the accepted audiometric criteria for implantation have expanded to include patients with more residual hearing, as the safety and efficacy of CI has been more established.



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In children, earlier implantation generally yields more favourable results. Post lingual deafened children or adolescents have excellent outcomes, achieving greater than 80% word understanding after implantation. In comparison, prelingual deafened children make slower progress toward oral communication and with more variable outcomes, but generally catch up to the post lingual deafened children by approximately 36 to 60 months postoperatively. Outcomes also depend on the surgery, the quality of habilitation, the device type, Unilateral or Bilateral intervention. Similarly, among prelingual deafened children, those implanted earlier (in the first year of life) perform better on word recognition testing compared with those implanted in the second or third year of life.

I hope you found my above article informative. It can be confidently said that Cochlear implantation has demonstrated one of the highest cost-effectiveness ratings of common medical interventions, particularly in children. The development of oral language and enrolment in mainstream schooling are common metrics for determining the effectiveness of cochlear implantation in children. Long-term studies have demonstrated that within 5 years of implantation, the rate of full-time assignment to a mainstream classroom increased from 12 to 75%, vastly reducing the utilization of support services.

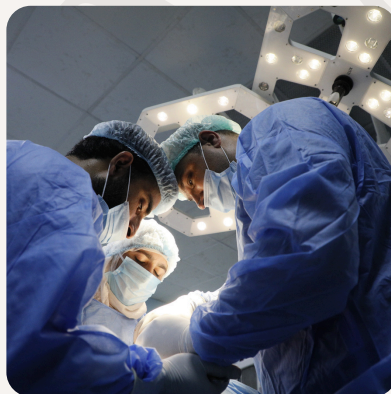
This entire program is collectively called as Cochlear Implant program as it involves various disciplines like Audiologists, Paediatrics, ENT Surgeons trained in Cochlear Implantation, Special educators, Speech therapists, Child Psychologist, Social workers, teachers and most importantly the parents.

We at Govt. medical College Baramulla, has a team of CI Surgeon, Audiologist, Rehabilitationist, and Special educators and are North Kashmir's first Cochlear Implant Program with all the facilities under one roof. We are also empanelled with ADIP scheme of Ministry of Social Justice and Empowerment for needy candidates under 5 years of age. We have started CI Program in 2023 and have already implanted more than 10 candidates including a world's most advanced cochlear Implant Nucleus CI632 with Kanso2 Sound Processor.

Candid Moments









The Administrative Offices/Units of the Institution have finally shifted to the newly constructed Administrative Block. This has further increased the work efficiency and productivity of the official business transactions besides making the working conditions for the employees much feasible and conducive. More infrastructural augmentation is being taken for the ease and access of students and staff.

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Executive Establishment



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THE WORD | THE LIGHT | THE COLOUR

THE OPTIMIST

