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INDUS ALIVE

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A Health & Wellness Magazine by INDUS HOSPITALS, Mohali, (Pb.) India

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The latest techniques and treatments to ensure an Active, Healthy & Independent Lifestyle

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From us to you

Throughout the year we generate awareness around specific conditions and diseases that people struggle with daily. Indus Healthcare is committed to bring today's most pressing health issues to the forefont for public awareness.

In this issue of Indus Alive you will find various topics related to health issues, their management and follow-up.

Looking forward for your feedback and suggestions.

feedback@indushospital.in

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Basics to understand BURNS

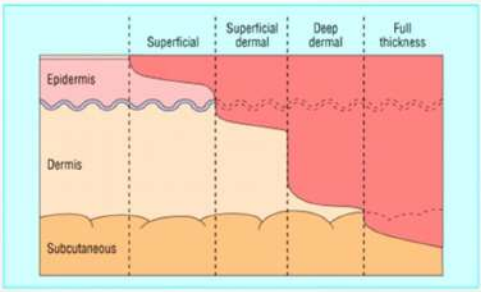
Every year 7 million people suffer burns (1.4 lakh deaths)
Similar rates in Males and Females
70% victims are in range of 15–40 yrs age
80 % of all admitted patients suffered burns following accidents in kitchen

TYPES OF BURNS

- Thermal: direct contact with heat (flame, flash, scald, contact)
- Electrical
- A.C. - alternating current
- D.C. - direct current
- Chemical
- Frostbite

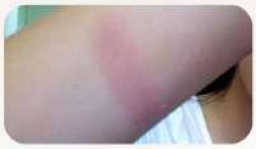
Burns are classified by depth, type and extent of injury

- Every aspect of burn treatment depends on assessment of the depth and extent



FIRST DEGREE BURN

Involves only the epidermis
Tissue will blanch with pressure
Tissue is erythematous and often painful
Involves minimal tissue damage
Eg. Sunburn

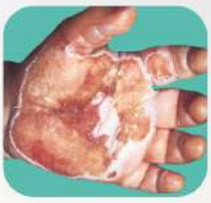


2ND DEGREE SUPERFICIAL DERMAL

Epidermis & Papillary dermis damaged
Healing by proliferation of epithelial cells from hair follicles & sweat ducts
Blisters present
Extremely painful
Heal in two weeks

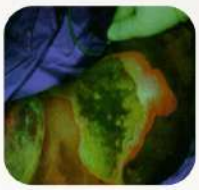
2ND DEGREE DEEP DERMAL

Healing by proliferation of epithelial cells from residual skin appendages
Dry
Hypoaesthetic
Less painful
May heal in 3 - 4 weeks time or convert into full thickness burns requiring skin grafts



THIRD DEGREE BURNS

Referred to as full-thickness burns
Charred skin or translucent white color
Coagulated vessels visible
Area insensate - patient still c/o pain from surrounding second degree burn area
Complete destruction of tissue and structures



FOURTH DEGREE BURN

- Involves subcutaneous tissue, tendons, muscles and bone

ESTIMATION OF BURN SIZE

- Rule of Nines:
  Quick estimate of percent of burn
- Lund and Browder:
  More accurate assessment tool
  Useful chart for children - takes into account size proportion of body parts

BURN INJURY CLASSIFICATION:

MINOR BURNS

- Total involved BSA<5%
- No significant involvement of hands, feet, face, perineum
- No full thickness component
- No other complications
- May typically be treated as outpatients

MODERATE BURNS

- Involvement of 5-15% BSA, OR any full thickness component
- Involvement of hands, feet, face, or perineum
- Any complicating features (e.g., electrical or chemical injury)
- Should be admitted to the hospital

SEVERE BURNS

- Total burn size >15% BSA
- Full thickness component >5% BSA
- Hypovolemia requiring central venous access for resuscitation
- Presence of smoke inhalation or CO poisoning
- Should be admitted to an ICU

EMERGENT/
RESUSCITATIVE PHASE MGT- PREHOSPITAL CARE

- Extinguish the flames, Cool the burn (DON'T USE ICE OR COLD WATER. NORMAL TEMPERATURE CLEAN TAP WATER IS ENOUGH)
- Cover the wound
- Irrigate chemical burns
- Use cervical collar, spine board and splints before moving the patient
- Transported to the nearest emergency department.

Emergency Room Care

- ABC protocol-airway, breathing, circulation-must be followed.
- Careful search for other life-threatening injuries is the first priority.

ONLY AFTER MAKING AN OVERALL ASSESSMENT OF THE PATIENT'S CONDITION SHOULD ATTENTION BE DIRECTED TO THE BURNS.

- Avoid hypothermia
- Remove constricting clothing and jewelry
- A large-bore (16- or 18-gauge) intravenous catheter should be inserted in a non-burned area
- Urinary catheter

Emergency Assessment of Inhalation Injury

- History is essential
- Acrid smell of smoke on clothes should raise suspicion.
- The rescuers should be questioned carefully
- Careful inspection of the mouth and pharynx
- Hoarseness and expiratory wheezes are signs of potentially serious airway edema or smoke poisoning.
- Copious mucus production and carbonaceous sputum are sure signs, but their absence does not rule airway injury out.

Fluid Resuscitation

- Fluid requirement calculations are based on the time from injury, not from the time fluid resuscitation is initiated.
- IV fluid resuscitation should be commenced in adult burns exceeding 15 to 20 %TBSA and pediatric burns exceeding 10 % TBSA.
- Most Physiological fluid is Ringer Lactate (RL)

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Are You Suffering from :

- Stroke & Paralysis
- Cerebral Palsy
- Parkinson's Disease
- Spinal Cord Injury
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- Back Pain & Stiffness
- Sciatica
- Prolapsed Intervertebral Disc (PIVD)
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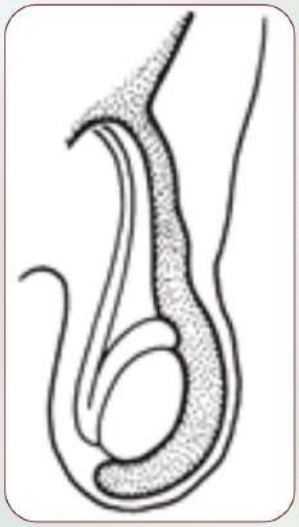
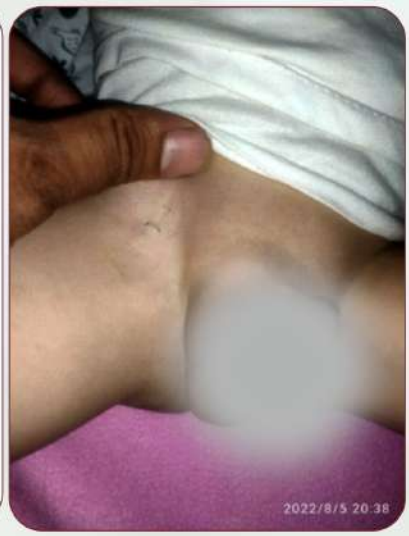
PEDIATRIC INGUINAL HERNIA

Busting myths and exposing the dangers

Inguinal hernias are one of the commonest surgical disorders among children. This seemingly trivial condition can lead to life threatening complications from delay in treatment which often results from ignorance among general population and lack of awareness even among healthcare professionals.

ETIOLOGY/ EMBRYOLOGY : All pediatric inguinal hernias are indirect inguinal hernias resulting from patent processus vaginalis sac. Processus vaginalis is an extension of peritoneum through an internal ring. The resultant persistent communication between abdomen and scrotum leads to intestines and omentum entering persistent sac presenting as inguinal hernia.





CLINICAL FEATURES AND DIAGNOSIS: Children present with intermittent bulge in groin, labia and scrotum especially with the activities that lead to increased intra abdominal pressure like crying or straining. Affected children may present at birth, or not until days weeks, months or years later. Diagnosis can be made often with through history and physical examination with ultrsonography needed in few equivocal cases only.

MANAGEMENT : Since no inguinal hernia is going to resolve spontaneously surgery is the only treatment. Surgery in pediatric inguinal hernia involves high ligation of patent sac called inguinal herniotomy which can be done either via open surgery through inguinal skin crease incision or laparoscopically. Contrary to the popular belief among general population as well as lots of qualified healthcare professionals there is no minimum age to operate hernia among children. Current standard of care is to operate hernia as soon as it is diagnosed in order to avoid potential catastrophic and life threatening complications discussed below.

NON REDUCIBLE HERNIA : Delay in treatment can result in a previously reducible inguinal swelling to turn into a non reducible one also called as incarcerated hernia which can quickly progress to strangulated hernia from vascular compromise resulting from constriction usually at internal ring.
In addition to a fixed irreducible swelling in an inguinal region, child may present with excessive cry, features of intestinal obstruction i.e. abdominal distension, vomiting, failure to pass stools, flatus or features of frank peritonitis if strangulation has already occurred.

Overall rate of incarceration is estimated to be at 12-17% with rates as high as 30 % in full term infants. The treatment of incarcerated/ strangulated hernia involves surgery in a similar fashion as with reducible hernias however with an extended incision and may necessitate resection and anastomoses quite often by extending the incision to full fledged laparotomy depending on the amount of vascular compromise of the obstructed intestines.

Hence, incarcerated inguinal hernia lands the child in an emergency, turns the relatively straightforward surgery into a complicated one with increased per operative complications and hospital stay. In addition, there is increased risk of post operative complications including recurrence and testicular atrophy that are rarely seen with elective repairs.

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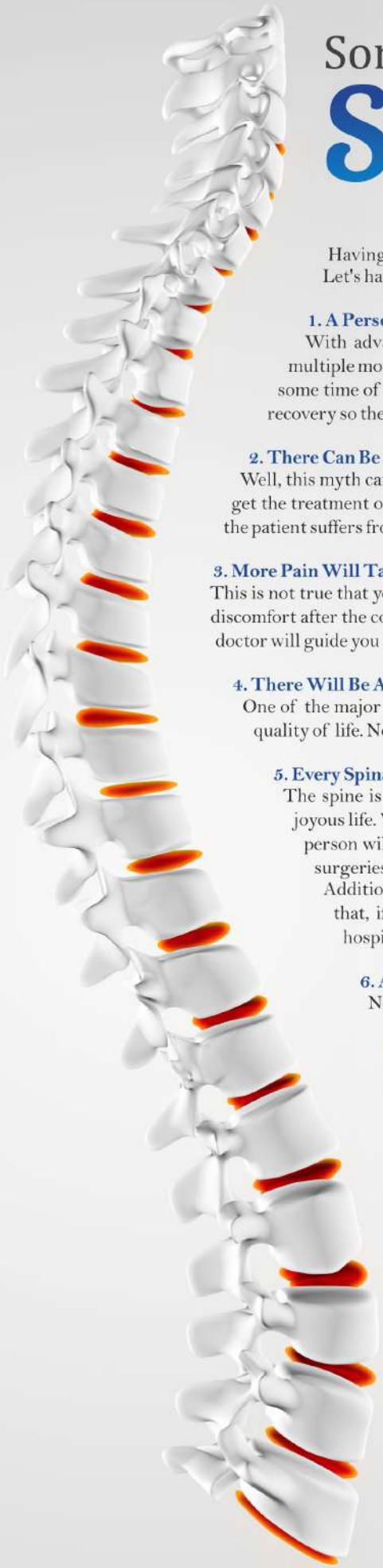

Some Myths about Spine Surgery

Having spinal surgery is truly a challenging time to deal with.
Let's have a look at the list of some commonly said myths about spine surgery.

1. A Person Requires Lengthy Bed Rest

With advancements in technologies, the time has gone when a person has to keep on bed rest for multiple months after spine surgery. At present, the surgeon suggests the patient walk or stand right after some time of the surgical method. And yes, a lot of ways are there to promote a better healing and faster recovery so the person would resume his usual day-to-day affairs shortly.

2. There Can Be A Possibility of More Than One Spinal Surgery

Well, this myth can happen, but in the rarest of cases. Generally, a person doesn't require more than surgery to get the treatment of his problem. A need for more than one surgery will be there if the problem doesn't fix and the patient suffers from a disturbance to the spine..

3. More Pain Will Take Place After The Completion of Surgery

This is not true that you will get complete relief from pain as the surgery finishes. Surely, there can be a feeling of discomfort after the completion of the procedure. During the initial days, you'll have to manage the pain where the doctor will guide you with some medicines. As time passes, the level will decrease.

4. There Will Be A Decreased Taste of Life After Surgery

One of the major objectives of performing spine surgery is to lessen the impact of pain and promote a better quality of life. No doubt, surgery is a big term for many of us and we hope not to face it in any part of our life.

5. Every Spinal Surgery Is A Major One

The spine is considered one of the most imperative parts of the body whose health is crucial to live a joyous life. When its health turns out to be terrible and surgery is recommended, it is not necessary that a person will have a major operation. With new inventions and technologies, a lot of minimally invasive surgeries are available,

Additionally, they have a reduced risk of infections and involve less post-surgical pain. Apart from that, if a person is guided with a minimally invasive operation, he will be discharged from the hospital shortly as such procedures require short hospital stays.

6. An Uncomfortable Situation To The Back Will Always Lead To A Surgery

No. every back pain does not require surgery.

7. There Will Be A Need To Take Medicines For A Lifetime

Another myth that is related to spine surgery is that a person will have to continue taking medicines for a longer period or till the end of life.medicines are given as neuro tonics and pain killers are obviously not needed.

8. Problems like Paralysis Can Occur Post Surgical Procedure

Some people have a fear of getting surgery. This may be due to the anticipation of some complications. Well, not only spine surgery, but almost every surgical operation can have some kinds of complications like infection, bleeding, or blood clots. Such happenings can occur in high risk case and complicated spine problems.

9. All the Physical Activities will be Stopped After Surgery

This can happen, but the talk is about a particular time. Right after the surgery, you will have a rehabilitation program in which you'll get in touch with a physical therapist. He will guide you with some exercises and therapies that will be beneficial for a better recovery.

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