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# INDUS ALIVE

Year 8 Vol.14, JANUARY-FEBRUARY 2025, CHANDIGARH

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

**Committed to building  
better Healthcare**

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

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**2025**  
*New Year*



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# Social Activities

## Free Medical Checkup Camp organised by Indus Hospitals



Specialities	Doctor Name	Qualifications	OPD Days
Anesthesia & Pain Management	Dr. SPS Bedi	MBBS MD	Mon to Sat
	Dr. Arjun Joshi	MBBS MD	Mon to Sat
	Dr. Devinder Grewal	MBBS MD	Mon to Sat
Cardiology & Interventional Cardiology	Dr. Mahesh Garg	MBBS MD DM	Mon to Sat
Cardio Thoracic Vascular Surgery	Dr. Ashwani Bansal	MBBS MS MCh	Mon to Sat
Colorectal Surgery	Dr. Pankaj Garg	MBBS MS	On Call
Critical Care & Emergency Medicine	Dr. Jogesh Aggarwal	MBBS MD	Mon to Sat
ENT Surgery	Dr. Potluri Praneeth	MBBS MS	Mon to Sat
Family Medicine	Dr. Sakshi Grover	MBBS DNB	Mon to Sat
Gastroenterology Surgery	Dr. BS Bhalla	MBBS MS	Mon & Wed
Gastroenterology	Dr. Rajan Mittal	MBBS MD DM	Mon to Sat
General Surgery	Dr. Anil Kr Sharma	MBBS MS	Mon to Sat
Gynaecology & Obstetrics	Dr. Sujata Bhardwaj	MBBS MD DNB	Mon to Sat
Internal Medicine	Dr. Kanwar Singh Bhinder	MBBS MD	Mon to Sat
Internal Medicine	Dr. Mayank Sharma	MBBS MD	Mon to Sat
Joint Replacement & Sports Medicine	Dr. B. Harna	MBBS, MS, DNB	Mon to Sat
Microbiology & Transfusion Medicine	Dr. Parminder Kaur Gill	MBBS MD	Mon to Sat
Nephrology & Dialysis	Dr. Narinder Sharma	MBBS MD DNB	Mon to Sat
Neurology	Dr. Ruchi Jagota	MBBS MD DM	Mon to Sat
Neurosurgery	Dr. Rajnish Kumar	MBBS MS MCh	Mon to Sat
Nutrition & Dietetics	Dt. Niyati Tejaswini	Msc	Mon to Sat
	Dt. Gauri	MSc.	Mon to Sat
Oncology (Orthopedics)	Dr. Rajat Gupta	MBBS MS DNB	On Call
Oncology (Radiation)	Dr. Vinod Nimbran	MBBS MD	Tue   Thu   Sat
	Dr. Kamalpreet Kaur	MBBS DNB	Mon to Sat
Medical Oncology	Dr. Deepak Singla	MBBS MD DM	Mon to Sat
Oncology (Surgical)	Dr. Ashwan Kallianpuri	MBBS MS MCh	Mon to Sat
	Dr. Ashwani K Sachdeva	MBBS MS MCh	Mon to Sat
Orthopedics & Joint Replacement	Dr. VPS Sandhu	MBBS MS	Mon to Sat
Pathology	Dr. Ankush Nayyar	MBBS MD	Mon to Sat
Pediatrics, Neonatology & Hematology	Dr. Kushagra Taneja	MBBS MD	Mon to Sat
Pediatrics Surgery	Dr. Abhishek Gupta	MBBS MS MCh	Mon to Sat
Pediatrics Cardiology	Dr. Amitoz Singh Baidwan	MBBS DNB FNB	Mon to Sat
Plastic & Reconstructive Surgery	Dr. Ritwik Kaushik	MBBS MS MCh	Tue   Thu   Sat
Psychiatry, Behavioral & Drugs Rehabilitation	Dr. Prannay Gulati	MBBS MD	Mon to Sat (1st & 3rd Thu Outside)
	Dr. Vikas Bhateja	PhD(Cognitive Psy.) M.phil (Cl. Psy)	Mon to Sat
Counseling Psychologist	Mrs. Sarnit Chopra	MA PGDFCG	Mon to Fri
Pulmonology & Sleep Medicine	Dr. Kanwaljit Singh	MBBS MD	Mon   Wed   Fri
Radiology	Dr. Bhavneet Singh	MBBS MD, DNB	Mon to Sat
	Dr. Jaspreet Singh	MBBS MD, DNB	Mon to Sat
Renal Transplant Surgeon	Dr. Rajan Sharma	MBBS MS MCh	Mon to Sat
Skin, Laser & Cosmetic Medicine	Dr. Ramandeep Kaur	MBBS MD	On Call
Urology	Dr. Prashant Bansal	MBBS MS DNB	Mon to Sat
Vascular Surgery	Dr. Vishal Attri	MBBS MS	Mon to Sat (Every Fri Outside)

## 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 forefront 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](mailto:feedback@indushospital.in)

For sending in your articles,  
Queries and suggestions:

Contact:

**Dr. Navtej Singh 98760 82222**

**Email : [alive@indushospital.in](mailto:alive@indushospital.in)**

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For more details contact : Mr. Inderdeep Singh - 09888110310

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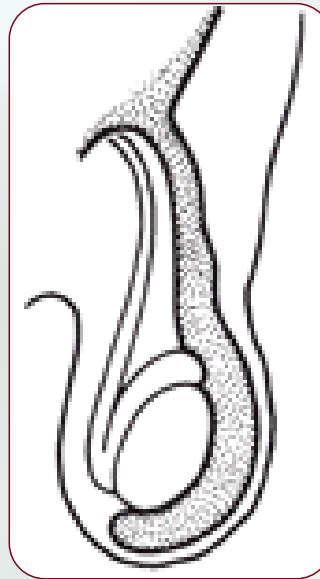
# PEDIATRIC INGUINAL HERNIA

## *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 ultrasonography 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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### Are You Suffering from :

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Inventor  
**S. Jiwan Singh**  
(1896-1987)

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January 2023

# Cervical Cancer Awareness Month

January Month is sought as an opportunity to spread awareness about the cervical cancer which is the 4th most common cancer among females worldwide and second most common in India. According to GLOBOCON data, about 4/5th of the cervical cancer burden is found in the developing nations with more than 50% cases found in Asia alone. In 2020, more than 6 lakh women were diagnosed with cervical cancer with about 3.5 L died of the disease.

Cervical cancer is highly preventable cancer involving the lower part of uterus and is caused by infection with Human Papilloma virus (HPV). There are many types of strains exist for HPV among which HPV 16 & 18 are the most virulent known to cause invasive malignant disease. Other strains are mostly associated with benign genital warts. HPV virus is also associated with few other cancers such as cancers of vagina, vulva, anal canal, Oropharynx, and penile cancer among the males.

Prevention of Cervical cancer is mainly considered to be two types

**Primary prevention:** It is focused on preventing infection with cancer causing HPV by means of vaccinating the girls vulnerable to exposure to the virus.

**Secondary prevention:** is done through regular screening of at risk females with genital examination and PAP smear and HPV DNA testing done at regular interval to identify any premalignant change.

Based on the above methods, 99% of the cervical cancers can be prevented. WHO has issued targets for 2030 to control the cervical cancer which include

- Vaccination of 90% of girls with HPV vaccine by the age of 15 years
- Screening of 70% of women with effective methods by age of 35 years
- Treatment of 70% of women who were diagnosed with cervical disease.

In order to achieve above targets, awareness among the population about the nature of disease, its burden and methods to prevention and treatment is imperative.

## HPV Vaccines

First vaccine to used against HPV was approved in 2006. Vaccines are developed using recombinant DNA and cell culture technology forming virus like particles (VLPs). All vaccines contain VLPs for high risk HPV strains HPV 16 & 18. Quadrivalent and Nonavalent vaccines contains VLPs against other high risk viruses including HPV 31,33,45,52,58.

Various vaccines available in India are:-

- Bivalent vaccines - Cervarix
- Quadrivalent vaccine - Gardasil
- Nonavalent vaccine - Gardasil 9

These vaccines are approved for boys and girls aged 9-13 years for two doses 6 months apart. Three doses for girls aged above 15 years (0, 1, 6 month interval). Administration of vaccine is done intramuscularly in deltoid region and dose is 0.5ml.

HPV vaccines can also be given till the age of 26 years to women if they are not already vaccinated. Vaccination above 26 years age is although not recommended but it can be given after discussion with your doctor about the possible benefits and risk of getting new infections.

HPV vaccine is preventive, does not work if HPV infection if already present as it does not treat any existing infection.

## Screening

Secondary prevention involves use of PAP smear and HPV test to detect any premalignant change if the cervical mucosa and treat it early before it converts into cancerous form.

PAP smear involves collection of cells from cervix using a brush inserted through vagina and looking for any premalignant change in the cell layer which has potential to turn malignant

HPV testing involves detecting any potential cancer causing HPV strains on the liquid biopsy specimen.

## US preventive task force and American cancer society recommends

- Screening with PAP smear starting at the age of 21 years repeated after every 3 years.
- After 30 years, a PAP smear with HPV testing together or HPV testing alone is recommended, and to be repeated after 5 years if results are normal.
- Prompt action to taken after discussion with your doctor if any abnormal results come in the screening tests to prevent progression of disease.

Talking with your healthcare provider and getting Information about the disease, Vaccination with HPV vaccines and Screening for early signs can prevent development of Cervical cancer in more than 90% of the cases.

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# Childhood Obesity

## Public Health Challenge

**Childhood Obesity** is a condition in which a child is significantly overweight for his or her age and height. It is one of the most serious health challenges of this century. This problem is global and is steadily affecting all particularly in urban settings. The prevalence of obesity in children has been increasing at an alarming rate.

The centers for disease control and prevention defined overweight as or above the 95th percentile of Body Mass Index (BMI) for age and obesity as or above 95th centile of BMI.

Overweight and obese children are likely to stay obese into adulthood. The mechanism of obesity development is believed to be a disorder with multiple causes, environmental factors, lifestyle preferences and cultural environment play an important role in rising prevalence of obesity worldwide.

In general, this condition is assumed to be the result of an excess intake in calorie and fat diet with reduced physical activity. There is enough evidence to support that excessive sugar intake by soft drinks, increased portion size and steady decline in physical activity, increased time of viewing television have been playing key roles in the rising rate of obesity.

Childhood obesity can profoundly affect children's health, social and emotional well being and self-esteem, It is also associated with poor academic performance and a lower quality of life. Childhood obesity has been linked to numerous medical conditions. These include but are not limited to fatty liver disease, sleep apnea, diabetes, high bp, high cholesterol, gall bladder stone, glucose intolerance, menstrual irregularities and many orthopaedic problems.

The rising issue of childhood obesity can be slowed. The first step is to detect the problem which can be done by regular growth monitoring at health centre by treating pediatrician. A combined diet and physical activity intervention conducted at the community level with the support of school is more effective in preventing obesity. Moreover, if parents enforce a healthier lifestyle at home, many obesity related problems can be avoided.

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