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INDUS ALIVE

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

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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
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ENT Surgery	Dr. Praneeth Potluri	MBBS MS	Mon to Sat
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Internal Medicine	Dr. Mayank Sharma	MBBS MD	Mon to Sat
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	Dt. Gauri	MSc.	Mon to Sat
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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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BIOMEDICAL WASTE MANAGEMENT IN THE HOSPITALS

Safe Disposal Today...
A Healthier Tomorrow



Manage Biomedical Waste for a Safer Environment

What is Biomedical Waste?

Bio-Medical Waste (BMW) management is of utmost importance as its improper management poses serious threat to health care workers, waste handlers, patients, care givers, community and finally the environment. Simultaneously, the health care providers should know the quantity of waste generated in their facility and try to reduce the waste generation in day-to-day work because lesser amount of BMW means a lesser burden on waste disposal work and cost saving.

Key Facts

- India is likely to generate about 775.5 tons of medical waste per day by 2022 from the current level of 550.9 tons per day growing at compound annual growth rate (CAGR) of about 7%, reveals ASSOCHAM-Velocity joint study.
- The Bio-Medical Waste (BMW), is defined as any waste generated during diagnosis, treatment or immunization, of human beings or animals or in research activity.
- The waste produced in the course of healthcare activities has a great potential and possibility for causing injury and infection than other type of waste.
- There are major changes in the new BMW rules 2016. These new rules are more comprehensive in nature and contain important features of BMW (M and H) rules, 1998 with several new provisions added to these new rules. BMW (M) rules 2016 contains 4 schedules, 5 forms and 18 rules.

Additions made in Biomedical Waste Rules 2016

- The laboratory waste, microbiological waste, blood samples and blood bags are to be pretreated through disinfection or sterilisation on-site in the same manner as prescribed by WHO or NACO guidelines, which should then be sent to the CBMWTF for final disposal
- Within 2years from the date of notification of these rules, the use of chlorinated plastic bags, gloves and blood bags are to be phased out
- The healthcare workers and others involved in handling of BMW need to be trained at the time of induction, and at least once every year, thereafter
- Immunise all its healthcare workers and others involved in handling of BMW for protection against diseases including hepatitis B and tetanus
- Major accidents caused by fire hazards, blasts occurring while handling BMW and the remedial action accordingly taken need to be reported to State Pollution Control Board.

CONCLUSION

Newer guidelines have been simplified, and the rules have been made easier to be followed by various health agencies. However, there is always a scope of improvement. Antibiotic resistance is a burning issue today, and it is often conferred by specific genes called as antibiotic resistance genes. The major cause of the accumulation of these genes in the environment is human activity including the waste generated from various health agencies,and the failure of wastewater treatment plants to remove these genes during processing. As observed in various Indian water matrices, a very high hazard quotient represents a potential environmental concern; especially in pharmaceutical industrial wastewater. This is something
which we need to focus on priority in future lest our country faces dire consequences in terms of environmental, agricultural and medical fields. Hospitals are the main source of antibiotics
which are released into environment and to reduce these residues, research to improve knowledge of the dynamics of antibiotic release from hospitals is essential.
Furthermore, newer technologies need to be adapted fast in our country. Most medical waste is being incinerated; a practice that is short lived because of environmental considerations.
The burning of solid and regulated medical waste generated by healthcare system creates many problems such as emitting toxic air pollutants and toxic ash residues, which are the major source of dioxins in the environment. Public concerns about incinerator emissions and its toxic emissions, as well as the creation of strict regulations for medical waste incinerators, are causing many healthcare facilities to reconsider their choices in medical waste treatment. The newer non-incineration treatment technologies can be adapted to create a toxin-free environment.

Types of biomedical waste (rule 2016) in schedule I

Category	Type of bag/container used	Type of waste	Treatment / disposal options
Yellow	Non-chlorinated plastic bags	Human anatomical waste Animal anatomical waste Soiled waste Expired or discarded medicines Chemical waste, Chemical liquid waste Discarded linen, meattresses, beddings contaminated with blood or body fluids microbiology, biotechnology and other clinical laboratory waste.	Incineration/plasma pyrolysis/deep burial
Red	Non-chlorinated plastic bag or containers	Contaminated waste (recyclable) tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes and gloves	Autoclaving/microwaving/hydroclaving and then sent for recycling. Not to be sent to landfill
White	Puncture, leak, tamper proof containers (Translucent)	Waste sharps including Metals: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades or any other contaminated sharp object that may cause pucture and cuts. This includes both used, discarded and contaminated metal sharps	Autoclaving or dry heat sterilisation followed by shredding or mutilation or encapsulation
Blue	Cardboard boxes with blue coloured marking	Glassware: Broken or discarded and contaminated glass including medicine vials and ampoules except those containing cytotoxic wastes Metallic body implants	Disinfection or autoclaving/macrowaving/ hydroclaving and then sent for recycling

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Diabetes and Kidney disease

Q1: What is Diabetes?

Ans: Diabetes is a disease that occurs when blood glucose, also called blood sugar, is too high. Blood glucose is main source of energy and comes from the food we eat. Insulin, a hormone made by the pancreas, helps glucose from food get into cells to be used for energy. Sometimes body doesn't make enough-or any-insulin or doesn't use insulin well. Glucose then stays in blood and doesn't reach cells.

Over time, having too much glucose in blood can cause health problems.

Q2: How common is kidney disease in Diabetes?

Ans: Diabetes is the leading cause of kidney disease. About 1 out of 3 adults with diabetes has kidney disease.

Having diabetes for a longer time increases the chances of kidney damage. If you have diabetes, you are more likely to develop kidney disease if your

- Blood glucose is too high
- Blood pressure is too high

Q 3: How does diabetes cause kidney disease?

Ans: High blood glucose can damage the blood vessels in kidneys. When the blood vessels are damaged, they don't work as well. Many people with diabetes also develop high blood pressure, which can also damage kidneys.

Q 4: How can I tell if I have diabetic kidney disease?

Ans: Most people with diabetic kidney disease do not have symptoms. The only way to know if you have diabetic kidney disease is to get your kidneys checked.

Doctor uses blood and urine tests to check for diabetic kidney disease.

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Q 5: How frequently should I check myself for diabetic kidney disease?

Ans: You should get tested every year for kidney disease if you

- Have type 2 diabetes
- Had type 1 diabetes for more than 5 years

Q 6: What are complications of diabetic kidney disease?

Complications of Diabetic Kidney Disease may develop gradually over months or years. They may include:

- Fluid retention, which could lead to swelling in your arms and legs, high blood pressure, or fluid in your lungs (pulmonary edema).
- Heart and blood vessel disease (cardiovascular disease), which could lead to stroke and Heart attack.
- Damage to the blood vessels of the light-sensitive tissue at the back of the eye (diabetic retinopathy)
- Low hemoglobin (anemia)
- Foot sores, erectile dysfunction, diarrhea and other problems related to damaged nerves and blood vessels
- Bone and mineral disorders due to the inability of the kidneys to maintain the right balance of calcium and phosphorus in the blood.
- Irreversible damage to your kidneys (end-stage kidney disease), eventually needing either dialysis or a kidney transplant for survival.

Q 7: How can I keep my kidneys healthy if I have diabetes?

The best way to slow or prevent diabetes-related kidney disease is to try to reach your blood glucose and blood pressure goals. Medicines that lower blood pressure can also help slow kidney damage.

Healthy lifestyle habits and taking your medicines as prescribed can help you achieve these goals and improve your health overall.

- Stop smoking.
- Limit your Salt intake
- Regular Physical Activity.
- Get to a healthy weight.
- Avoid over the counter pain killers (NSAIDS)

RETROPERITONEAL SARCOMAS (RS)

A challenging diagnosis • A multidisciplinary approach • Better outcomes



What are Retroperitoneal Sarcomas?

Retroperitoneal sarcomas (RS) are rare neoplasms that often present with multivisceral involvement. Treatment for these tumors requires careful decision requiring a multimodality treatment that include surgery, chemotherapy and radiation therapy.

Diagnosis

The retroperitoneum offers an environment in which sarcomas can grow to a large size before they become symptomatic. Most often retroperitoneal sarcomas are incidentally diagnosed with cross-sectional imaging as part of a workup for other problems. Spiral computed tomography (CT) or magnetic resonance imaging provides an excellent understanding of the relationship between nearby structures and is critical to preoperative planing. CT guided biopsy aid in the diagnosing the type of retroperitoneal sarcomas.

Prognostic Factors

Prognosis is defined by the grade of the sarcomas, regardless of the histological subtype. After grade as prognostic factor, the long term survival from RS is most dependent on the completeness of resection. While adjuvant and neoadjuvant therapy is used for these tumors, complete resection remains the only chance for long term survival.

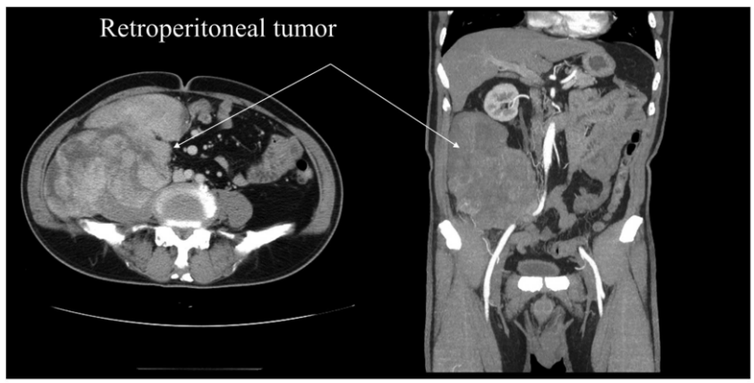
Treatment

Role of Surgery

Most often these tumors displace nearby structures or in some locally advanced tumors may invade adjacent solid organs, hollow viscera and major vascular structures.

Some tumors are deemed inoperable based on the performance status of patient or the extent of involvement of multiple areas of bowel where reconstruction is not possible or result in malabsorption and or multiple major vascular structure involvement.

In some major resection is reasonable if the chance of complete resection is high particularly after neoadjuvant chemotherapy. Visceral or vascular resection is performed concomitantly with primary tumor removal.



Role of Chemotherapy and Radiotherapy

Several Prospective randomized trials have emonstrated decreased local recurrence rates in patient who have received adjuvant hemotherapy but the effect on overall survival is less clear. The decision for preoperative therapy - chemotherapy or radiation should be based on optimizing the patient for surgical resection.

Conclusion

The management of RS requires as ultidisciplinary approach and its best accomplished at higher entres specializing in the care of cancer patients with these complex malignancies. Current data suggest that radical surgery remains the only chance for cure and that chemotherapy and radiation therapy may confer a survival benefits.

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