



AWACH NEWS

Ahalia Women & Children's Hospital, Ahalia Campus, Palakkad. Ph: 04923-226000, 6238765813

The latest news, announcements in Ahalia Women & Children's Hospital

അഹല്യ വിമൺ
& ചിൽഡ്രൻസ്
ആശുപത്രിയിൽ
വനിതാദിന
ആഘോഷം
നടത്തി



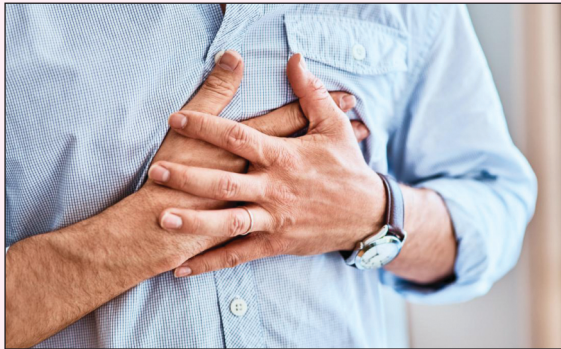
അഹല്യ വിമൺ & ചിൽഡ്രൻസ് ആശുപത്രിയിൽ വനിതാ ദിന ആഘോഷം നടത്തി. സാമൂഹിക പ്രവർത്തക ശ്രീമതി. ഉമാ പ്രേമൻ ഉദ്ഘാടനം ചെയ്തു. ആശുപത്രിയിൽ വനിതകൾക്ക് സൗജന്യ ചികിത്സയും നടത്തി. 300-ലേറെ ഈ സേവനം ഉപയോഗപ്പെടുത്തി. വനിത ദിനാചരണത്തിൽ വിവിധ മത്സരങ്ങളും സമ്മാന വിതരണവും നടത്തി. ഡോ. ലക്ഷ്മി, ഡോ. ബിദിശ, ഡോ. വിജയ ലക്ഷ്മി എന്നിവർ പ്രസംഗിച്ചു.

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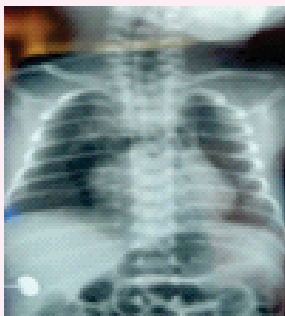
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“Air” in the mediastinum: A rare accomplice of HMD and CPAP

Baby of A was referred to our NICU with severe respiratory distress. He was a premature baby born at 34 weeks by emergency caesarean section. His saturation (Spo2) at admission was 50%. He was started on bubble CPAP with Fio2 of 60%. His Spo2 was very labile and oxygen requirement was high (Fio2 of 40%). Chest Xray revealed features of hyaline membrane disease, a condition caused by surfactant deficiency due to prematurity. Baby was given surfactant by INSURE technique. Following surfactant administration, Fio2 was gradually tapered over the next few hours to 21%. At 72 hours of admission while on CPAP, baby had new onset desaturation upto 60%.



**Pneumomediastinum
(Spinnaker-Sail Sign)**



Spinnaker – Sail



Resolved - Pneumomediastinum

Spinnaker-Sail sign

Cold light examination revealed increased and asymmetric transillumination on right mammary and inframammary area suggestive of air leak. Chest xray revealed Pneumomediastinum and the classical 'Spinnaker-Sail sign' appearance (which is basically thymus lobe lifted superiorly and laterally by air in mediastinum resembling the sail of boat. CPAP was stopped and baby was put on head box oxygen with Fio2 of 30% from air-O2 blender source. After 72 hours, baby was made off oxygen and discharged. Follow up 1 week after discharge X ray revealed complete resolution of pneumomediastinum.

What is Pneumomediastinum?

Pneumomediastinum is seen in 2.5/1000 live births and 0.1% of ICU admissions. Most common association is with prematurity and HMD. Other predisposing factors include birth trauma, meconium aspiration and positive pressure ventilation. Most of the cases resolves spontaneously and can be managed conservatively without need for intercostal chest tube drainage.



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A CHAT WITH OUR PEDIATRIC SURGEON

Dr. V. Muthulingam M.S., M.Ch.



Continued Chat...

5. Is anaesthesia safe for the child ?

Ans. The last decade, anaesthesiology has become very safe due to various methods and technical advancements. Launch of safe and effective anaesthetic agents, sophisticated delivery systems, complete and continuous monitoring systems of all parameters along with strict but baby friendly preoperative preparation of the child made anaesthesia safe even in physiologically compromised newborns also!!

6. Is it risky and complicated to operate on the newborn and children ?

Ans. Not always! Though most of the surgical newborn is around 1.5 to 3 kg or even lesser with proportionately tiny and tender organs. It is almost the difference between crossing a river on a single log wooden bridge and a six-lane highway comparing with an adult! Many problems are congenital defects with deficient tissues and nerves sometimes organ itself is absent with consequent functional and physiological disadvantages. But the surgeon operating on them is specially trained to meet these challenges and come out with the best possible outcome both anatomically and functionally! Apart from trained surgeon, especially designed instruments for the child surgery, magnifying loops, illuminating systems, various monitoring and safety devices, neonatal ventilators, paediatric anaesthetic equipments, paediatric anaesthetists, neonatal and paediatric intensivists and intensive care systems helps a lot in successful outcome.

7. Do the medicines and surgery produce complications in children ?

Ans. Nothing in the world is 100% safe and predictable! Different patient's responses to the same drug are variable because every patient's metabolism, behaviour, intellect, thinking and response is not identical. Every drug has various actions on various body systems. The actions which aren't desirable is labelled as side effects! No medicine is free of side effects otherwise it must be an inert placebo or must be containing minimal or suboptimal active ingredient. The drug approved for particular use will have minimum side effects and maximum benefits for majority of the patients. Likewise, every surgery however small and technically perfect surgery may be, has documented percentage of complications. Some of the complications related to the disease include severity, duration, stage, nature of the disease and involved organ. Patient's age, sex, general condition, co-morbidity, immune status, multiple organ involvement, previous surgery, compromised blood supply and bleeding disorders, abnormal healing process are some of the patient factors affecting the outcome. The technical factors include local conditions like adhesions, abnormal position and anatomy, prolonged surgery, system failure/ malfunction etc... Any surgical management is decided after considering the merits and demerits of each procedure and analysing the risks and benefits of the surgery by all the stakeholders.

To be continued



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TOILET TRAINING / POTTY TRAINING GUIDE FOR PARENTS



Dr. Sajneev
MBBS, DCH, DNB(Paed)

Every toddler is different, and that's why there's no proper time to begin toilet training. Here's guide to help you determine when to start and how to help you toddler succeed.

There is no “right age” to begin toilet training because each toddler is different. Here's a guide to help you determine when to start and how to help your toddler succeed.

Potty training is possible only when your toddler is able to control the muscles of her bottom and bladder. these muscles mature between 18 and 36 months, so it's generally recommended to start toilet training after she is at least two years old.

Pick the right time

Having a potty visible and available in the bathroom for some months prior to the start of formal training can give your child the chance to get used to sitting on it and even using it occasionally .in addition to your toddler developer the necessary muscle control, other signs that may indicate she is ready to begin include:

- **Her ability to sit down on a potty and get up easily**
- **Her ability to tell you when she has the urge to go**

Rushing to potty train your child could just make the process longer. studies show that many children who begin potty training before 18 months aren't completely trained until after the age of four, whereas those who started at around age two were completely trained before their third birthday.

How to get started

To begin toilet training, choose a potty or a toilet seat insert. Some toddlers like the idea of their own potty, while others prefer to use the “grown-up” toilet with an insert seat.

once you think your toddler is ready, explain that without diapers she will need to use the potty. Because many disposable diapers are designed to prevent any feeling of wetness, it may help to choose training-type diapers with special “wetness liners” that let your toddler feel a little bit of wetness. But be sure to watch for signs of diaper rash.

Switching from diapers to underwear

Here are some signs that your toddler may be ready to try underwear:

- **She's beginning to try to remove her pants and nappy without your help.**
- **She's aware of her need to urinate or have a bowel movement (even if wearing a diaper) and she'll tell you.**
- **She's watched you or other family members use the toilet.**
- **She sits on and tries to use the potty, eg .., before her bath in the bath in the evening.**

Once you have some evidence that your toddler knows what will be required of her once she goes without diapers, you can consider taking the next step to underwear. you can make this a special occasion by explaining that she's now going to wear “big kid” underwear and by asking her to help pick out a few pairs.

Getting into a routine

You will need to give your toddler regular reminders that she might like to use the potty. don't sit her on the potty unless she says yes ; otherwise she won't make the connection for herself. praise her efforts and successes, and ,if accidents happen, gently remind her that this is what the potty is for ,change her, and make no fuss. reacting negatively may make her resentful and less inclined to try again.