



# The Delhi North DOCTOR

THE BULLETIN OF INDIAN MEDICAL ASSOCIATION

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**Dr. Shakuntla Kumar**  
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*Finance Secretary*  
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MBBS, MD

(Radio-Diagnosis)M-9810014671

**DR SANGEETA GUPTA,**

MBBS,CBT(PCPNDT 2022/08)

M-9811271154

**DR.NIHAR GUPTA,MBBS,**

MD(RADIO-DIAGNOSIS)

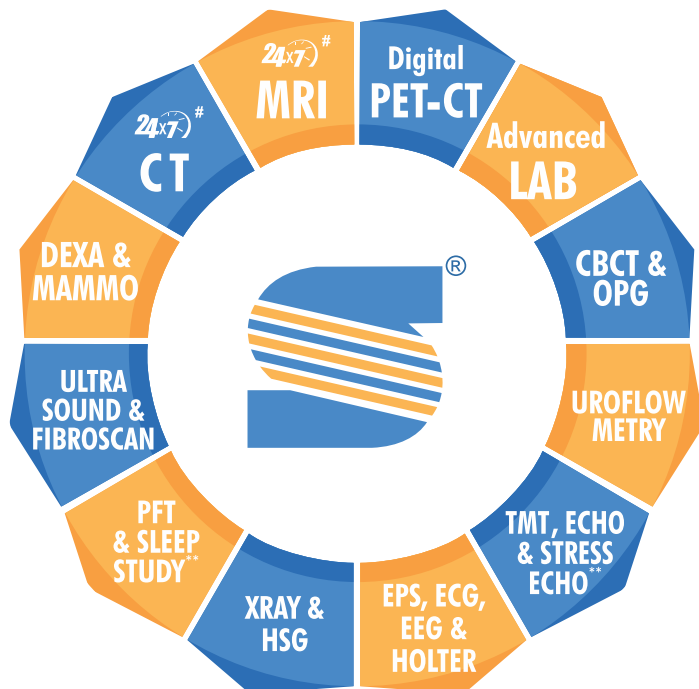
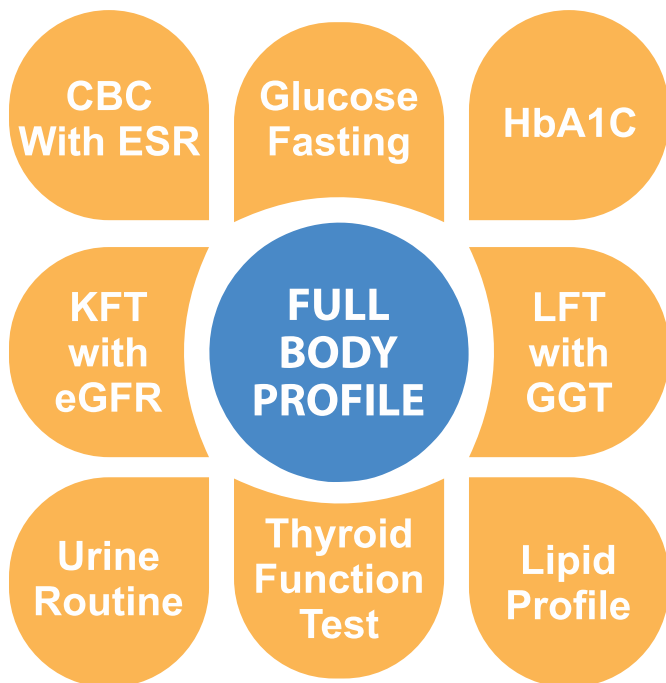
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## From the Editor's Desk

*Dr. Madhu Varma*  
Editor



Dear DNZians,

Time of the year to change the calendar and welcome the New Year,  
though our Sanatan New Year is a few months away. We shall celebrate again am sure.

Time to ponder over our personal happenings of 2024, the good, the not so good and the bad moments. Remembering the good times and cherishing them, learning from own mistakes and trying to improve as much as one can, forgetting the bad moments and moving on, to my mind, is the best policy.

Resoundingly welcome 2025. Future is nearly unpredictable, upheavals a norm, yet we remain starry eyed to the unfolding days ahead, expecting miracles to occur; each and every time, with every sunrise, with surreal happiness and joyously rejoicing the New Year.

To my mind,  
We should quietly meditate,  
Plan the future,  
Explore our inner strengths,  
Count our innumerable blessings,  
Rise above all petty bickerings,  
Lead a selfless life,  
Making others smile.  
Jeena isi ka naam hai.

The present team, works well at tandem with each other; our hardworking president leading all the way. The other members participation is truly exceptional and heartwarming, with a good attendance each time to all activities.

Wishing you all a very HAPPY NEW YEAR. Enjoy 2025 thoroughly, remain happy, work hard and please look after your health.

Cheerio  
Dr Madhu Varma.



**Vision For All**

# R.V.S. EYE CENTRE

BFH-09, West Shalimar Bagh, Delhi-110088, Ph : 49868193, M : 9891067652, 9811671606  
E-mail : rvseyecentre890@gmail.com Website : rvseyecentre.com

ULTRAMODERN FACILITIES AVAILABLE FOR EYE EXAMINATION, INVESTIGATION, TREATMENT AND OPERATIONS.



## From the President's Desk

*Dr. Jyoti Chugh*  
President



*Dear Friends,*

*At the foremost let me wish everyone a wonderful new year.*

*Let us welcome 2025 with more enthusiasm within our IMA DNZ family and wish more of the young brigade joins us and takes our branch to greater heights.*

*The Annual DNZ Election machinery has been set into action. The details are being printed in this bulletin.*

*The last quarter of 2024 ended with a wonderful list of activities by our branch. We conducted talks at the Delhi University and in the red light area during the Cancer awareness month in October. This was followed by celebrating the world Diabetic day on 13th November along with NDPF at the District Park in Pitampura.*

*Next we had the Cervical Cancer Vaccination camp for the under privileged children on 7th December in collaboration with Children of Unbound Foundation, India, an NGO where more than thirty children were provided free Cancer Cervix vaccinations.*

*To uphold the autonomy of Delhi Medical Council an emergency meeting was organised at Ashok Vihar on the 12th December. A list of new activities are have already been lined up 2025 mainly being the election process, Picnic and our annual conference. We are looking forward for an enthusiastic participation from all of you  
LONG LIVE IMA DNZ*

**Dr Jyoti Chugh**  
Senior Consultant & Director  
Satyam Medical Centre  
Fortis Hospital Shalimar Bagh



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## From the Secretary's Desk

*Dr. Shakuntla Kumar*  
Secretary



Dear Friends

*As we move to the coming year, to some it may be another year but to many like you, it is time for a change. Changes like adding value to our day to day commitment, taking care of your health and avoiding negativity. Our association is always with you in supporting be it academics, medicolegal issues or any other professional requirement.*

*As we all move on let us add value in our practice and move ahead with new zeal.*

### *New year Promises To Make To Yourself*

- 1. Let me experience the beauty of myself, every person around me and nature.*
- 2. Let me remember only the good scenes of the past year and love them and enjoy them at every moment in the coming year. Let me experience always - I am very stable and powerful and life is beautiful at every step. Negative scenes are teachers for me and make me powerful, I accept them with ease and gratitude.*
- 3. Let every interaction with everyone in this year be filled with positivity, harmony and purpose. Gift everyone with peace, love, joy, strength and enthusiasm. Let your face and actions reveal goodness and perfection to everyone and bring them closer to you spiritually and make all your relationships beautiful.*
- 4. Let the coming year end without any whys, hows, whens and whats in situations. When the whys come, say fly in joy. When the hows come, say God knows best. When the whens come, say at the right time in the right way. When the whats come, say there is benefit which will be revealed soon.*

*Let the shield that we always felt with the seniors around us in medical colleges, stay with us. And that shield is our own aura of positivity by staying connected with Almighty: He is my pal, my guide and my protector.*

*Stay healthy, stay positive dear friends*

*Wishing you all a Happy, Healthy and Prosperous New Year.*

### **OBITUARY**

*Heartfelt condolences to the families of*

- 1. Dr Madhu Aggarwal (MADHU MRI) lost her respected mother on 03/01/25.*
- 2. Dr. Narender Batta, Senior Radiologist, husband of Dr. ( Mrs.) Narender Batta, father of Dr. Anurag & Nafisa Batta expired on 04/01/25.*
- 3. Mother of Dr. Manisha Singh and Mother in Law of Dr. Suryakant Singh on 04/01/25*



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# CHEAP & BULK INVESTIGATIONS GOOD, BAD & UGLY

**DR. JAGDEEP CHUGH (MD,FICP)**

*Sr. Consultant Physician & Diabetologist.*

*Satyam Medical Centre & Fortis Shalimar Bagh.*

## **THE GOOD OLD DAYS :**

*There was a time when we were happy with the hand written laboratory reports of laboratories next door. The tests were done manually under the hawkish eyes of trained and experienced pathologists and microbiologists. We could discuss the reports with the reporting doctor or get a call back if something was alarming.*

## **GEN NEXT:**

*There are three types of testing---Screening Tests, Emergency Tests and Specialized or personalized tests. Here we will discuss only about laboratories and no radiology or related investigations or CHARITABLE labs, otherwise it will open up a Pandora box.*

*Times changed and the computerized laboratories with computerized reports came into play and now big laboratories are the ruling the market. Even big corporates have become part of it and they are generating reports in bulk. In a book titled 'Dissenting Diagnosis'---'packages' offered by multispeciality corporate hospitals, incorporating a range of tests under 'master check-up', not only drains an individual of his hard-earned money but the collected samples go down the 'sink' as well. In the book, a pathologist, who did not want to be named, explains that sink tests essentially means samples collected from patients are just thrown into the wash basin without testing.*

*Patients are happy because these laboratories collect the blood samples from home, do more tests, charge very less money and deliver the reports online, compared to nearby laboratories. Bulk and cheap investigation packages have become a trend now. They do too many investigations at a very reasonable price, and other laboratory owners wonder how they can manage to do this at a meagre price which is financially or economically not feasible. Due to this many small/ good laboratories have decreased their prices and are having problem in maintaining their quality.*

*These labs play on the sentiments of the patients. If a doctor objects to their quality or reports, then they tell the patient that, "As we do not give any kickbacks to the doctors, and due to this the doctor does not recommend our labs".*

## **ECONOMICS AND SENTIMENTS :**

*How do they manage to give reports at low cost?*

- 1. At times these labs get the tests done from labs who are cheap and compromise on quality, "outsource".*
- 2. They buy reagents in bulk which are near expiry on discounted rate.*
- 3. They try to play on numbers, - "Bulk business model".*
- 4. They compromise on testing or reporting. Many readings are "ASSUMED" readings.*
- 5. They hire lesser number of pathologists or microbiologists. The work is mainly done by machines or technicians. It is more of having mechanical reports sans human touch.*
- 6. Moreover, are the doctors really qualified and experienced? Are the doctors giving their personal touch and are able to supervise lakhs of tests per day or just signing or e-signing the reports. This needs to be explored as it is humanly not possible to look personally into all reports.*
- 7. Do they have proper cross checking and quality control? These labs are alright for screening tests but they difficulty in doing EMERGENCY TESTS. They may not be in a position to do highly SPECIALIZED TESTS. Some on the SPOT TESTS like BT, CT and Mountex are not done. Generally, they do not do stool tests and many avoid doing routine urine also, for the reasons best known to them.*
- 8. Their aim is to build a brand and then sell it off to a bigger company or brand for premium.*

## **REPORTING:**

*Many a times reports are erroneous.*

*Many laboratories are not specialized to do special or advance tests and then they outsource it to a lab which gives them more margins.*

*Many laboratories give the reports on mobile and patient loses or deletes the reports after some days. To see online reports, the doctor has to scroll 20-40 pages on a small screen which is dimly lit and at times dirty or damaged.*

*They waste so many papers, a report of 30+ pages and the patients expects that you should see each page carefully and compare it with old reports. Many pages are wasted in giving unnecessary details and repetition. Back of the page is generally covered with self-*



advertisement. Many reports have 3 to 4 pages of only signatures. The reports which can be delivered in 5-7 pages stretches up to 30-40 pages. This is a NATIONAL WASTAGE.

Then they will suggest you some other investigation, whether it required or not. The poor patient has no option other than to shell out money to clear the doubts. In the interpretation, “cancer” is mentioned in many reports. It triggers the panic button and then a vicious cycle starts and then they suggest a battery of investigations. In many reports it is mentioned, “patient having low risk of cancer”. Generally, the patients panic and argues that “RISK MAY BE LOW BUT RISK IS THERE”, so suggest the remedial measures. It is difficult to tackle such cases.

They do unnecessary investigations and the patient expects a right answer from the doctor. What is the need of routine testing of testosterone is 70-80 years of females? A lab does selenium/molybdenum etc. A doctor called and asked how to correct it? No one suggests such tests, then why they are doing it, what is their significance and how to correct it. The reports contain so many irrelevant suggestions and most of the times they are misleading and are not acceptable. Platelets and Typhidot testing is a big pain for the doctors. Some companies give free advice & suggest treatment after the reports which is not acceptable to any Doctor. A few laboratories have started promoting medicines and health products with their photos, which I think is not as per law. Laboratories cannot promote or endorse any products.

#### **SAMPLE COLLECTION & TRANSPORTATION:**

It is to be explored how they collect and transport the samples. Is the technician qualified? Do they collect samples properly in a hygienic way? Is proper care being taken to transport, so that blood products are not altered. Do they dispose off the waste properly as per law? It has been proved and documented that values of different tests alter due to transportation, change of temperature, storage and physical insult during transportation.

#### **THE PATIENT:**

Being low cost or 1+1 schemes, patient get it done in and expect doctors to give free consultation. They give so much details about the tests that at the end of the day patient is confused. Worst thing is the patient wants solution of reports rather than the problems or disease. The patient comes and brings the reports of whole family and expecting to be seen FREE from the doctors.

A few patients are so finicky that they get whole profile every 2-3 months and expects doctors to see all the previous reports and COMPARE them. They will say that they have put your name in referral as if the doctor will get a royalty.

The patients send all the reports on WhatsApp and expects FREE online remedies for the same. On the lighter side, a patient calls the doctor and says that his liver enzymes are on the lower side, so shall I start taking alcohol. If an attendant is giving you big smiles, then you should understand that he is about to show you the reports for free. The patients expect treatment of reports rather than the disease.

A few patients get the same tests done on the same day by different labs. As expected, the result of all the labs are different and then they ask the doctors which report is to be believed. Here the doctor is the “Third Umpire”.

Best thing is patient will ask to from which lab should they get the tests done? If you say lab “A”, they will definitely get it done from lab “B”. After getting the tests at a very low cost, they start doubting the quality of reports and asks the doctor- Is the Lab reliable? Shall I get them done from elsewhere?

#### **CONCLUSION :**

These laboratories may be cheap for the patients but are they good for the doctors and the patients? Should SELF testing be banned? These labs are boon for the poor strata but only good for screening and not for emergency or specialized tests. Only very necessary and relevant information should be given to patients. Tests should be done only on the recommendations of a qualified doctor. The doctors should digest whatever report they give with a pinch of salt because we cannot do anything. We cannot but we should become smarter and evolve. We should suggest only relevant and only necessary investigation to the patient. The patient education is must. The doctors should convince the patient to get the tests done from a good reliable lab. The good labs should not charge exorbitant prices. The referrals should be stopped so that the process is economically viable to the lab and the patients. Let the good sense prevail.

Please send your valuable feedback on my What's app -9899136000.

Without prejudice to one and all.



# Role of robotic surgery in Gastrointestinal Diseases

Gastrointestinal surgery is a complex field of intervention. It is a very vast branch involving organs from esophagus to rectum and hepatopancreaticobiliary organs. Complexity of anatomy and its variations makes its surgical treatment highly complex and demanding. Its treatment was historically considered to be highly morbid and outcomes not very impressive. Over the years, the field of GI surgery has evolved in leaps and bounds. Starting from inserting a plastic tube between pharynx to stomach for esophageal cancer; removing pancreatic cancer in two stages, it has reached to a level where these complex diseases can be treated with minimally invasive techniques. We at Sri Balaji Action Medical institute treat such problems with minimally invasive techniques like laparoscopically, using 3D technology and latest is robotics (Da Vinci). Its ergonomics makes the surgery highly efficient and outcomes are highly desirable.

In gastrointestinal surgery, robotic systems can be used to treat a variety of conditions, including: -

1. Esophagogastric Procedures: Esophagectomy for esophageal cancer, achalasia, and fundoplication
2. HPB (Hepatopancreatobiliary) Procedures: Liver resection, pancreatectomy, splenectomy, Gall bladder cancers, complex biliary stone diseases like Mirizzi syndrome, bile duct strictures.
3. Colorectal Procedures: Right hemicolectomy, left hemicolectomy, and low anterior resection
4. Hernia Repairs: Complex abdominal wall hernias and complicated inguinal and hiatus hernias

Robotic surgery has been shown to offer several advantages over traditional surgical methods, including: -

1. Smaller incisions: Reducing scarring and promoting faster healing
2. Reduced blood loss: Minimizing the risk of complications and transfusions
3. Shorter hospital stays: Allowing patients to recover in the comfort of their own homes
4. Quick recovery times: Enabling patients to return to their normal activities sooner
5. Higher precision – its 10x magnification helps in identifying critical structures and preserve them leading to better oncological outcomes and higher patient safety.

Most frequent myth involving robotic surgery is the cost involved in this procedure. However, its use in oncology or complex hepatobiliary surgeries leads to shorter ICU and overall hospital stay. It leads to lesser requirements of blood transfusion. Eventually it is almost equivalent to laparoscopic surgery or open surgery financially with far superior surgical outcomes.

Our patients are a testament to the benefits that robotic surgery provides especially those with gastrointesintal cancers and complex biliary surgeries. Robotic surgery has revolutionized the field of gastrointestinal surgery, providing patients with more effective and less invasive treatment options.



## Our Team







**MEETING ON 12/12/24 AT KESAR, ASHOK VIHAR IN SUPPORT OF DMC AUTONOMY.**



**FREE CERVICAL CANCER VACCINATION CAMP FOR UNDERPRIVILEGED CHILDREN  
ON 07/12/24. AT SATYAM MEDICAL CENTRE.**



**WORLD DIABETES DAY CELEBRATIONS IN ASSOCIATION WITH NDPF AT PITAMPURA ON 13/11/24**



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**CONGRATULATIONS TO DR. GOURI DEVI FOR GETTING THE LIFE TIME ACHIEVEMENT AWARD BY INDIAN FERTILITY SOCIETY.**



**CONGRATULATIONS DR. RAJNEESH ATTAM FOR BECOMING HON. JOINT SECRETARY IMA HQ**



**WORLD AIDS DAY CELEBRATIONS AT OST, CHANDNI CHOWK IN ASSOCIATION WITH YRG CARE.**



**BREAST CANCER AWARENESS PROGRAM ORGANIZED AT RED LIGHT AREA WITH SEX WORKERS ON 19/10/24**



**CANCER AWARENESS PROGRAMS AT DELHI UNIVERSITY ON 18/10/24**

## IMA DNZ ELECTION 2025

Nomination paper

Nomination Paper for the post of President Elect(2025-26), Sr Vice President, Vice President , Branch executive Committee Members , State Executive members.

Nomination for the post		
Name of Candidate ( in BLOCK LETTERS)		
Address		
Email.		
Mobile/ Tel no.		
IMA DNZ membership No.		
	PROPOSER	SECONDER
Name ( in BLOCK LETTERS)		
Address		
email.		
Mobile/ tel no.		
IMA DNZ membership No.		
Signature of Proposer/Seconder		

I agree to be the candidate for the above mentioned post

Signature of the candidate with date

Dr NK Handa  
Election Commissioner IMA DNZ



## INDIAN MEDICAL ASSOCIATION DELHI NORTH ZONE BRANCH

**PRESIDENT**  
**DR. JYOTI CHUGH**  
**9899216666**

**HONY. SECRETARY**  
**DR SHAKUNTALA KUMAR**  
**9811445853**

**HONY. FINANCE SECRETARY**  
**DR NAVIN KUMAR**  
**9043945943**

### ELECTION NOTICE

For the year 2025-26

Nominations are invited as per ARTICLE 13 of the IMA DNZ constitution on the NOMINATION FORM WHICH IS ENCLOSED IN THE E-BULLETIN and also available in the office, It is being sent along with this notification and can be printed and submitted in original

ARTICLE 13 ELECTION FOR THE POST OF PRESIDENT ELECT, SR VICE PRESIDENT VICE PRESIDENT, BRANCH EXECUTIVE COMMITTEE MEMBERS, REPRESENTATIVE FOR STATE EXECUTIVE COMMITTEE AND CENTRAL COUNCIL

The honorary Secretary shall act as returning officer in case the former is contesting for any post the executive will decide the person to be appointed as R.O (returning officer) the returning officer shall each year call the nomination from the members to nominate

1. Nomination for the post of President Elect (One)
2. Nomination for the office of Senior Vice President and Vice President (One each)
3. Nomination for Executive committee as per Article 12 (43 seats- forty Three)
4. Nomination for State Executive Committee members (23-seats-twenty-three)

Note: It is mandatory for the president to be the member of State Executive Committee of DMA and as well as of Central Council of IMA

The nomination on the prescribed form in sealed envelope as NOMINATION PAPERS and nomination fee must reach the office of the branch not later than 3:00 pm 22<sup>nd</sup> January 2025. Nominations received after this time shall stand invalid. Each nomination paper shall bear endorsement from branch Secretary verifying that candidate proposer and Secunder have paid their membership subscription up to 31 Dec 2024 in case the endorsement of payment has not been made by the branch Secretary the nomination paper shall stand valid only if branch records confirm that signatories have paid dues up to 31st Dec 2024

### CRITERIA FOR THE CANDIDATURE OF

#### A) President Elect

- a) Minimum 5 years of continuous membership of the branch
- b) Candidate should be LM (Life member) as on 31st Dec of preceding year of filling nomination
- c) Should have been members of branch executive for at least 3 years out of which the member must have held any of the office as office bearer for full term of 2(two) years

#### B) Vice President

- a Minimum 5 years of continuous membership of the branch
- b. Minimum 3 years as member branch executive committee out of which members must have held office as office bearer for full term of one year

C. Candidate should be LM (Life member) as on 31st Dec of preceding year of filling nomination

#### **C) Members of Executive Committee of branch**

Minimum 2 years of continuous membership of the branch, must be LM (Life member) as on 31st Dec of preceding year of filling nomination



**D). Members state Executive committee of IMA**

a Minimum 3 years of continuous membership of the branch out of which must have served branch minimum 2 years as member branch executive or 1 year term as any office bearer in the branch executive committee. He must be LM (Life member) as on 31st Dec of preceding year of filling nomination

If nominations are more than the required number of posts, then election shall be held as announced. But if numbers are less than the required number then, the branch executive committee shall have the right to nominate the rest of them.

**PROVISION OF NOMINATION FEE:**

President	1500/	+18% GST
Senior Vice President	1000/	
Vice President	1000/	
Executive Member	500/	
State Executive Member	500/	


(Nomination fee is Non Refundable)


(Nomination Form without Nomination fee will be taken as invalid)

NOTE: It should be mandatory for President to be the member of State Executive and Central Council , therefore open seats for election of members to State Executive and Central Council should be declared accordingly. The nomination shall be opened in the meeting of branch executive committee called only for this purpose on Wednesday 22nd January 2025 at 3.30 pm. The valid nomination shall be communicated to all concerned under email/Whatsapp and list shall be available for the members concerned. The last date of withdrawal shall be Friday 24th January 2025 at 3.00 pm. Withdrawal must be submitted in sealed envelope as **WITHDRAWAL APPLICATION** which shall be opened in the Executive Committee Meeting on Friday 24th January 2025. Withdrawal papers once submitted can not be withdrawn. After withdrawals only the names of the contestants shall be circulated to all concerned by ordinary post/Whatsapp/e-mail . The election if needed will be held on Sunday 2nd Feb. 2025. The voting time shall be from 10.00am to 4.00pm. **PRESCRIBED FORM FOR NOMINATION IS BEING GIVEN IN THE BULLETIN .IT CAN ALSO BE PRINTED/PHOTOCOPIED.**

**IMA DNZ BRANCH ELECTION YEAR 2025-26**

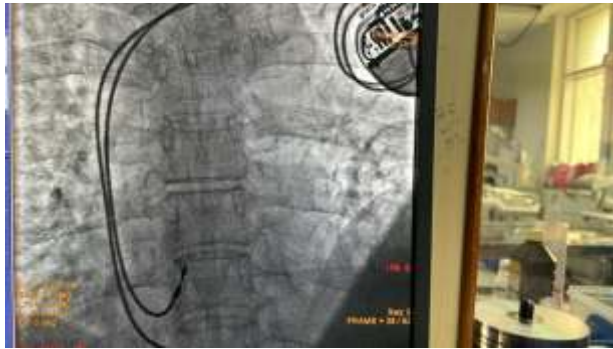
- Filing of nomination papers upto Wednesday 22nd January 2025, 3.00pm at branch office
- Opening of nomination papers on Wednesday 22nd January 2025, 3.30 pm at branch office
- Last date for withdrawal submission, Friday 24th January 2025, 3.00 pm at branch office
- Opening of withdrawal submission on Friday 24th January 2025, 3.30 pm onwards at branch office.
- Election if required on Sunday 2nd February 2025, at branch office from 10.00 am to 4.00pm

Dr NK Handa   
Election Commissioner 2025-26  
IMA ONZ

  
Dr. Shakuntala Kumar  
Returning officer 2025-26  
IMA DNZ



# Leadless Pacing



**Figure -1 Transvenous pacemaker with two leads in RA and RV respectively**



**Figure 2-Leadless Pacemaker - Micra in RV**

## LEADLESS PACING - A NICHE THERAPY FOR FUTURE

*Over 200000 cardiac pacemakers are implanted every year worldwide, of which approximately 40000 are implanted in India . Since the first pacemaker implantation in 1950s, cardiac pacemaker technology has rapidly advanced.*

*Reduction in generator size, increased battery longevity, quality of pacemaker leads, and other parameters have revolutionized and transformed the implantation and management of transvenous cardiac pacemaker (Fig.1).*

*Despite these advances, the potential for complications and technical failure always necessitates consideration.*

*These complications include pneumothorax, cardiac perforation, lead dislodgement, and pocket infection or hematoma. These are typically related to the presence of a transvenous lead and or subcutaneous pocket. Some Studies have shown that long-term complications are primarily related to lead failure, identifying it as the weakest component of the current pacing system.*

*First case of 'Leadless Pacemaker' - MICRA , has been done in our prestigious Sri Balaji Medical institute*

*A 88 years old, Male patient with CAD- Post Stenting , presented with Giddiness and pre-syncope, whose ECG was showing Complete Heart Block and a Heart rate of 28-30 bpm. He was advised to have a Permanent Pacemaker.*

*So given Old age & other comorbidities and to prevent major surgery and pocket infection , new therapy in the form of a Leadless Pacemaker – "MICRA" device is implanted.*

### Leadless pacemaker

- *Leadless pacemaker is the world's smallest pacemaker; technologically advanced with latest features (Fig.2)*
- *Miniaturised - 93% smaller than modern-day Pacemakers with 99.2% implant success rate*
- *Completely self-contained within the heart; no lead required*
- *Eliminates lead and pocket site related complications*
- *The advanced features allows normal sinus rhythm for the indicated patients.*

### Redefined Patient Experience

- *No chest scar*
- *No bump*
- *No visible or physical reminder of a pacemaker under the skin*
- *Fewer post-implant activity restrictions.*

*Leadless pacemakers have shown both safety and efficacy in the short term and intermediate follow-up as an alternative to transvenous pacemakers. This technology shows promise in the field of cardiac pacing. As this technology continues to mature, randomized clinical trials comparing this technology to traditional transvenous pacemakers are needed to confirm or refute the perceived advantage of this technology. However, the early positive experience with leadless pacing systems supports the wider use of this novel technology in a select group of patients.*



**Dr. Nitin Aggarwal**

**Director - Interventional, Clinical & Critical Cardiology & Electrophysiology  
Sri Balaji Action Medical Institute**



# JAIN MULTI SPECIALITY HOSPITAL

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**DR. RADHIKA GULATI**  
**MD Pathology**

Consultant Pathologist &  
Quality Manager

**DR. D.K. GULATI**  
**MD Pathology (PGI, Chd)**

Consultant Pathologist &  
Lab Director

# Nuggets for non-ophthalmologists in ophthalmology

DR. SANJAY AHUJA, MD (AIIMS) &  
DR. APARNA AHUJA, MD (AIIMS)

Ahuja laser eye centre, 212, Parmanand Colony, Delhi-110009

*Eye is the mirror of the body.*

*Nowhere else blood vessels can be studied so easily without any invasive procedure.*

*Status of blood vessels on fundus exam reflects status of blood vessels throughout the body as in DM, HT, PET, Uremia, etc.*

## **Red eye- When to treat & when to refer?**

*Causes- minor (conjunctivitis- allergic/infective) to serious (Ulcer/ACG/Uveitis) Painful red eye is usually more serious. If cornea is clear & Pupil reacting briskly, it usually rules out any serious ailment.*

- *Red eye of subconjunctival hge- Hypertension is an important cause but many are idiopathic (may be excessive rubbing, coughing, vomiting, straining on stools). Resolves within 10-15 days. If after trauma, always refer to rule out retinal or angle injury as Retinal detachment & Glaucoma may occur even after 10-15 years.*
- *No systemic antibiotics for infective conjunctivitis (except Gonorrheal, etc.). Majority viral in adults & self limiting.*
- *Prolonged use of steroid drops (as in allergies) can cause cataract & glaucoma.*
- *In allergic conjunctivitis unlike infective, itching is the hallmark, discharge is watery & commonly seasonal and often recurrent.*

## **Headache**

- *Most headaches are not of ophthalmic origin.*
- *However eye consultation is must for every headache case to rule out papilledema, refractive errors & glaucoma.*
- *Headache of eye origin will always have some eye symptom.*

## **Watering in Neonate/Infant**

- *Majority NLD block.*
- *Rarely congenital glaucoma (refer for EUA).*
- *Usually wait for 6 months before Probing & Syringing (P&S). Explain proper sac massage. Down & in over inner canthus.*

## **Whether this child has squint?**

- *Do simple Hirschberg's test with torch. Throw the torch-light on glabella of child. Central pupillary reflex in both eyes rules out manifest squint.*
- *However Intermittent squint can't be ruled out in one consultation, but there is no urgency for treatment in such a case.*

## **Whether this child can see?**

- *Suspect poor vision in a child if:*
  1. *Wandering eye movements are seen after a month of life.*
  2. *Can't fixate or follow large bright objects after four months of age.*
  3. *Poor pupillary constriction after 31 weeks of post conceptual age.*
- *Upto 3-6 months of age, child may not fixate properly; however minimal fixation is always there.*

## **ROP**

- *Retinal screening by Indirect Ophthalmoscopy, is must for every newborn born before 34 weeks of gestation or if child is <2000 gm or with some risk factors.*
- *Screen before 3-4 weeks of gestation or before discharge from the nursery. For high risk babies (<1200 gms or < 30 weeks), screen by 2-3 weeks of age..*
- *Incompletely vascularised retina is followed up every 1-2 weeks.*

## **EYE INJURIES**

- *Wash eye with clean tap water; if foreign body or chemical (acid/alkali) is fallen into the eye.*  
*Never wash, if injury is with sharp object or if corneal abrasion is suspected as it will enlarge or may get infected.*

## **Diabetic Retinopathy (DR)**

- *Duration of Diabetes is the most important risk factor.*
- *Over 60% of patients develop some form of DR after 15 years of DM.*
- *Poor glycemic control (correlates best with HbA1C >8) most closely correlates with DR.*
- *Associated hypertension, pregnancy, smoking, overweight, hyperlipidemia and proteinuria increase the risk.*
- *Drugs have no definite role in preventing DR, but control of risk factors is important.*
- *Periodic dilated fundus examination is must (at least once a year), once diabetes is diagnosed.*



- Patient loses vision because of either macular involvement (e.g. edema, hge, exudates, ischemia, fibrosis or scarring) or due to bleeding inside the eye (vitreous hge) and its consequences.

### **Hypertensive Retinopathy (HTR)**

- Fundus changes depend on whether HT is of acute origin or chronic.
- Acute hypertensive retinopathy changes can mimic DR but it causes generalized arteriolar attenuation.
- Malignant hypertension has associated optic disc edema and exudative RD.
- In chronic hypertension, arteriosclerotic changes (copper and silver wiring of arterioles) and AV crossing changes are more.
- Many changes can reverse on good control of acute hypertension.

### **Dry Eyes**

- Most dry eyes are not due to systemic diseases, rather due to meibomian glands dysfunction (MGD), glands that form the superficial oily layer of tear film.
- However, dry eyes of aqueous layer deficiency is usually due to connective tissue disorders (Sjogrens syndrome, Rheumatoid arthritis and SLE, etc.) and sometimes due to systemic drugs.
- Life-long lubricant eye drops may be required in such patients.

### **Thyroid Eye Disease**

- Thyroid eye disease (TED) / Thyroid related Ophthalmopathy (TRO) can occur even in euthyroid individuals.
- Treatment of systemic thyroid dysfunction may have little predictable effect on course of TRO.
- Early signs- Intermittent lid swelling with irritation and redness, lid retraction, lid lag and proptosis.
- Imaging and treatment with steroids required only if optic nerve compression is suspected.
- Smoking is a definite risk factor.

### **Nerve Palsies**

- Isolated 3rd & 4th N. palsies don't need any treatment or extensive investigations (MRI) in a diabetic or hypertensive old patient as it is self-curing in 2-3 months time.
- However, if pupil is involved (non-pupil sparing) in 3rd N palsy, MRI is a must to rule out aneurysms.

### **Ethambutol Toxicity**

- Always get a baseline ophthalmological consultation before starting ETM.
- Stop ETM immediately if any unexplained visual loss occurs in a patient on ETM therapy.  
Fundus examination- Optic disc (pallor appears later) may be normal. However Dyschromatopsia or field defect appears early.

### **Pregnancy and Eye**

- Pregnancy induced hypertension (PIH) /Pre-eclampsia- Fundus (retinal) changes are similar to those of acute systemic hypertension i.e. focal and generalized arteriolar narrowing.
- Progressively increasing Toxemic Retinopathy is a sign of poor fetal prognosis requiring termination of pregnancy as similar ischemic changes are likely in the placental circulation.
- Fundus examination is losing its importance as better gadgets for monitoring fetal status are now available.
- Pregnancy is also a risk factor for DR as it aggravates all the changes of DR. One has to laser early in DR during pregnancy.
- Retinal vascular occlusions are common in pregnancy. (hypercoagulable state)
- OC Pills- thromboembolic phenomenon including retinal vascular occlusions may occur.

### **Tuberculosis of the eye**

- No pathognomonic lesion.
- Choroiditis is the most common lesion (multiple ill-defined choroiditis lesions are the miliary tubercles)
- Anterior uveitis also can occur (both granulomatous or non-granulomatous possible).
- Organism isolation and/or tissue diagnosis is preferable before starting ATT.
- Therapeutic trial with ATT is a controversial topic. Always give full ATT course if once started on ATT.
- Many immune based diseases in eye are also presumed to be due to TB e.g. Eales' disease), anterior uveitis, Phlyctenular keratoconjunctivitis, etc.
- Other manifestation of TB in eye – optic atrophy (following chiasmal arachnoiditis secondary to meningitis) and papilledema (intracranial tuberculoma).



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Mob: +91 9873155130

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