

FOCUS ON ONCOLOGY

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Message from the Chairman & Managing Director



Dr. Vikram Siddareddy
Chairman and Managing Director

"We are overwhelmed with the appreciation for the first issue of our newsletter from our well wishers and doctors working with us. I invite our medical fraternity to utilize the services of the hospital: our strengths being our modular operation theatres and post operative care. We aim to upgrade ourselves and gradually invest in health systems for all".

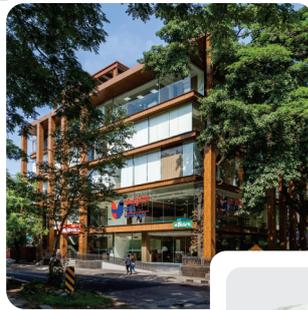
ISSUE HIGHLIGHTS

Case report on Whipple's Surgery

- **Dr. Pavan Prasad**
MBBS, MS (General Surgery),
MCh (Master of Chirurgiae)

General Perspective on Cancer

- **Dr. Ravi Thippeswamy**
MBBS, DM (Medical & Hemato
Oncology), DNB (Medical Oncology)



Message from the Executive Director



Dr. Shantakumar Muruda
Executive Director

In this issue United Hospital, Jayanagar reports an expertly handled Whipple's Surgery by our oncosurgeon and also an illuminating perspective on cancer by Dr. Ravi Thippeswamy. We have also successfully conducted a CME programme at Koppa, Chikmagalur district highlighting the excellent work of our spine surgeons and urologists here.

There was additionally a free health camp for spine problems and urology problems where over 200 patients could consult doctors and avail of investigations.

Case report on Whipple's Surgery



Dr. Pavan Prasad
MBBS, MS (General Surgery),
MCh (Master of Chirurgiae)
Consultant Surgical Oncology

68 year old gentleman presented with history of yellowish discolouration of eyes and urine for 1 month which was progressive. He was evaluated by his family doctor and advised USG abdomen and pelvis along with Liver function test. On USG he was found to have intra hepatic biliary radical dilatation along with dilatation of CBD and CHD with no calculus in CBD or gall bladder.

He was further advised MR Cholangiopancreatography which showed 14 x 16 x 14 mm T1 iso and T2 hypointense mass in the ampullary region extending into distal CBD causing dilatation of CBD, CHD and IHBRD.

Upper GI endoscopy was normal and EUS guided FNAC from ampullary region was inconclusive.

Further he underwent Whole body PET CT which revealed hyper metabolic mass in the periampullary region extending along distal CBD.

With the workup revealing obstructive jaundice due to periampullary mass and no disease elsewhere detectable on PET scan, patient was counselled for Laparotomy with Whipples procedure (pylorus sparing).

Technique:

Anesthesia: Combined epidural with spinal.

Incision: Midline vertical

Abdomen was opened in layers and the entire liver, peritoneum and abdominal viscera assessed and palpated for the possible presence of metastases. The celiac axis inspected for lymph node involvement and surgery was proceeded further in the absence of any suspicious findings.

Kocher maneuver performed by elevating the duodenum and head of the pancreas out of the retroperitoneum.

The gallbladder dissected from the liver, and the distal common hepatic duct was divided close to the level of the cystic duct entry site. The bile duct retracted caudally, and portal dissection continued at the anterior aspect of the portal vein.

During these manoeuvres, the portal structures were assessed for any aberrations in the vascular anatomy.

The gastroduodenal artery was ligated and divided. The division of the gastroduodenal artery to expose the anterior surface of the portal vein and facilitates the dissection of the portal vein behind the pancreatic neck. Plane was created in front of the portal vein and behind the neck of the pancreas.

The plane anterior to the superior mesenteric vein is created under direct vision, and the splenic vein preserved. The junction between the PV and SMV was clearly visualized.

The pylorus was preserved in a pylorus-preserving pancreaticoduodenectomy in which the proximal GI tract is divided 2 to 3 cm distal to the pylorus. The jejunum divided between 15 to 20 cm distal to the ligament of Treitz and brought in dorsal to the superior mesenteric vessels from the left to the right side.

Pancreatic neck divided using knife after confirming a free plane anterior to the portal and superior mesenteric veins. Stay sutures are placed superiorly and inferiorly on the pancreatic remnant to reduce bleeding from the segmental pancreatic arteries running in those locations.

The specimen remains only connected by the uncinate process of the pancreas, separated from the portal vein, superior mesenteric vein, and superior mesenteric artery by serially clamping, dividing, and tying the smaller branches off the portal and superior mesenteric vessels. The specimen is removed en-bloc with the pancreatic neck margin, uncinate margin, and common hepatic duct margins.

Pancreaticojejunostomy, the duct to mucosa anastomosis constructed between the end of the pancreatic duct remnant and side of jejunum in a retrocolic fashion by Modified Hiedelberg technique.

Dr. Pavan Prasad B K holds immense experience in the field of Surgical Oncology. He is an expert in his field and is presently practising as a Consultant in the Department of Surgical Oncology at United Hospital. Dr. Pavan is known for pioneering innovative treatments and leading-edge approaches and has helped countless patients over the span of his career. He has been a part of many training programs and has worked with numerous prestigious institutes.



End-to-side hepaticojejunostomy, performed 10 to 15 cm distal to pancreaticojejunostomy with interrupted single layer synthetic absorbable suture.

Duodenojejunostomy performed 10 to 15 cm downstream from the hepaticojejunostomy, proximal to the jejunum traversing the defect in the mesocolon.

After the reconstruction is completed, closed drains are placed at Morrison pouch and in the vicinity of the pancreatic and biliary anastomosis. A naso jejunal tube passed into distal jejunum for nutrition.

Specimen of Pylorus preserving pancreaticoduodenectomy

The pancreatoduodenectomy, also known as the Whipple procedure, is the surgical procedure of choice for the resectable and the borderline resectable pancreatic ductal adenocarcinomas.

This surgical procedure poses immense difficulties to the surgeons due to the complex as well as highly difficult intra-abdominal dissection and likewise the reconstruction of the digestive system.

Due to its complex nature, this procedure has historically been associated with higher mortality and perioperative morbidity.

However, with improving medical knowledge and surgical advancement, there has been a significant drop in mortality. With an experienced surgeon in high-load hospitals, the mortality rate drops to about 3% to 5%.

General Perspective on Cancer



Dr. Ravi Thippeswamy
MBBS, DM (Medical & Hemato
Oncology), DNB (Medical Oncology)
Consultant Medical Oncology

Dr. Ravi T is a Consultant in the Department of Oncology at United Hospital with very vast experience of more than a decade. He is skilled in handling the most complex cases with utmost proficiency. He has a strong belief in treating his patients with precision medicine-which includes personalised approach. He has keen interest in immunotherapy and targeted therapy which is the current standard of care in oncology. He is a member of ICON (Indian Co-operative Oncology Network) and ESMO, and an Associate member of ASCO.



Cancer Overview

Cancer ranks either first or second among the leading causes of death before the age of 70 years across 91 out of the 172 countries worldwide.

The GLOBOCAN 2018, reported 18.1 million new cancer cases and 9.6 million deaths globally. By 2040, the cancer incidence and mortality are expected to rise to 29.5 million and 16.3 million, respectively.

New and challenging problems — rapid urbanization, population ageing, inactive and unhealthy lifestyles, indoor and outdoor air pollution, etc., are responsible for the emerging cancer burden across the globe, majorly impacting the middle-to-low socio-economic countries including India.

Cancers of the breast, uterine cervix, and lip or oral cavity are three of the most common malignancies in India. Together, they account for about 34% of more than 1 million individuals diagnosed with cancer in India each year. At each of these cancer sites, tumours are detectable at early stages when they are most likely to be cured with standard treatment protocols.

Symptoms

Signs and symptoms caused by cancer will vary depending on what part of the body is affected. Some general signs and symptoms associated with, but not specific to, cancer, include:

- Fatigue
- Lump or area of thickening that can be felt under the skin
- Weight changes, including unintended loss or gain
- Skin changes, such as yellowing, darkening or redness of the skin, sores that won't heal, or changes to existing moles
- Changes in bowel or bladder habits
- Persistent cough or trouble breathing
- Difficulty swallowing
- Hoarseness
- Persistent indigestion or discomfort after eating
- Persistent, unexplained muscle or joint pain
- Persistent, unexplained fevers or night sweats
- Unexplained bleeding or bruising



Screening

Cancer screening aims to detect cancer before symptoms appear. This may involve blood tests, urine tests, DNA tests, other tests, or medical imaging. The benefits of screening in terms of cancer prevention, early detection and subsequent treatment must be weighed against any harms.

What is the most common cancer screening?

Recommended cancer screening tests

- Breast cancer screening. Screening mammography has been shown to reduce deaths from breast cancer among women ages 40 to 74, especially those ages 50 to 69
- Cervical cancer screening
- Colorectal cancer screening
- Lung cancer screening

Common screening tests

- Pap smear or liquid-based cytology to detect potentially precancerous lesions and prevent cervical cancer
- Mammography to detect breast cancer
- Colonoscopy and fecal occult blood test to detect colorectal cancer
- Dermatological check to detect melanoma
- PSA to detect prostate cancer

How Cancer Is Diagnosed?

If you have a symptom or a screening test result that suggests cancer, your doctor must find out whether it is due to cancer or some other cause. The doctor may start by asking about your personal and family medical history and do a physical exam. The doctor also may order lab tests, imaging tests (scans), or other tests or procedures. You may also need a biopsy, which is often the only way to tell for sure if you have cancer.



Lab tests

High or low levels of certain substances in your body can be a sign of cancer. So, lab tests of your blood, urine, or other body fluids that measure these substances can help doctors make a diagnosis. However, abnormal lab results are not a sure sign of cancer.

Some lab tests involve testing blood or tissue samples for tumor markers. Tumor markers are substances that are produced by cancer cells or by other cells of the body in response to cancer.

Imaging tests

Imaging tests create pictures of areas inside your body that help the doctor see whether a tumor is present. These pictures can be made in several ways.

Types of Cancer Treatment

There are many types of cancer treatment. The types of treatment that you receive will depend on the type of cancer you have and how advanced it is. Some people with cancer will have only one treatment. But most people have a combination of treatments, such as surgery with chemotherapy and radiation therapy.

Biomarker Testing for Cancer Treatment

Biomarker testing is a way to look for genes, proteins, and other substances (called biomarkers or tumor markers) that can provide information about cancer.

Chemotherapy

Chemotherapy is a type of cancer treatment that uses drugs to kill cancer cells. Learn how chemotherapy works against cancer, why it causes side effects, and how it is used with other cancer treatments.

Hormone Therapy

Hormone therapy is a treatment that slows or stops the growth of breast and prostate cancers that use hormones to grow.

Immunotherapy

Immunotherapy is a type of cancer treatment that helps your immune system fight cancer.

Radiation Therapy

Radiation therapy is a type of cancer treatment that uses high doses of radiation to kill cancer cells and shrink tumors.

Stem Cell Transplant

Stem cell transplants are procedures that restore stem cells that grow into blood cells in people who have had theirs destroyed by high doses of chemotherapy or radiation therapy.

Surgery

When used to treat cancer, surgery is a procedure in which a surgeon removes cancer from your body.

Targeted Therapy

Targeted therapy is a type of cancer treatment that targets the changes in cancer cells that help them grow, divide, and spread.

CT scan

A CT scan uses an x-ray machine linked to a computer to take a series of pictures of your organs from different angles. These pictures are used to create detailed 3-D images of the inside of your body.

MRI

An MRI uses a powerful magnet and radio waves to take pictures of your body in slices. These slices are used to create detailed images of the inside of your body, which can show the difference between healthy and unhealthy tissue.

Nuclear scan

A nuclear scan uses radioactive material to take pictures of the inside of the body. This type of scan may also be called radionuclide scan.

Bone scan

Bone scans are a type of nuclear scan that check for abnormal areas or damage in the bones. They may be used to diagnose bone cancer or cancer that has spread to the bones (also called metastatic bone tumors).

PET scan

A PET scan is a type of nuclear scan that makes detailed 3-D pictures of areas inside your body where glucose is taken up.

Ultrasound

An ultrasound exam uses high-energy sound waves that people cannot hear. The sound waves echo off tissues inside your body. A computer uses these echoes to create pictures of areas inside your body. This picture is called a sonogram.

Outreach Programmes

As part of our community outreach programmes, United hospital Jayanagar has conducted a free health camp and a CME at Koppa, Chikmagaluru led by Consultant Orthopaedician Dr. Subodh Shetty and Dr. Uday. At our Jayanagar facility too, Consultant Orthopaedician Dr. Yogesh Pithwa spoke at a CME on Spine Problems. Here are some glimpses from the several events



United Hospital Jayanagra, conducts free health camp at Koppa, Chikmagalur



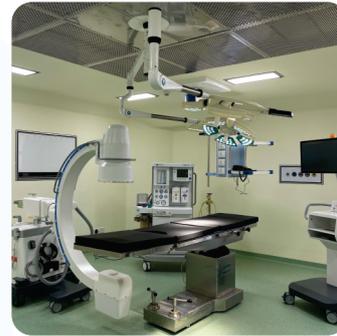
United Hospital Jayanagar, conducts CME on Spine problems in association with IMA , Koppa

Celebrations

We are not far behind in celebrations too! Our hospital Christmas celebrations with Guests Of Honour Mr. V G Kiran Kumar, Industrialist and Mr. Dayanand, Business person and Philanthropist was joyful.



United Hospital Jayanagar, Christmas Celebrations



Our Centres

Bangalore

- United Hospital, Jayanagar
- United Specialty Clinic, JP Nagar
- Matoshree Kidney Stone Center, HSR Layout

Gulbarga

- United Hospital
- UH Annex
- United Diagnostics

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