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THE LOST GOLDEN HOUR

TRAUMA CARE IS SORELY LACKING IN OUR COUNTRY. WHILE SOME STEPS ARE BEING TAKEN NOW IN THE RIGHT DIRECTION, THE ROAD AHEAD IS LONG AND DEMANDS SPEEDY ACTION



Q&A

GVK EMRI: A landmark in healthcare delivery



VIVO Healthcare: Education and training in trauma care

CASE STUDY

Resuscitating the urethral pipe



Resuscitation of the urethral pipe

BY PREETI VERMA LAL

Nigeria is said to have the second highest rate of road accidents among 193 countries. It has been reported that in 2012 at least 473 persons died from a total of 1,115 vehicular accidents in the country. Why is it of our concern, you ask?

Because a victim of one such brutal accident found his way into a hospital in India seeking a solution that healthcare facilities in his country could not offer him.

When Patrick Tommy, 37, met with a road accident in Nigeria, it was not a first-aid, heal-quick accident. It had severely traumatised his urethral pipe, making him dependent on the artificial passage made in the abdomen to pass urine and stool. This was further complicated, leading to two artificial openings in the abdomen for clearance of the excreta and the urine. Tommy had been living with this deteriorated quality of life for 11 years, until the day arrived when he consulted Dr N K Mohanty, director, urology sciences, and Dr Ashok Gupta, senior consultant, laparoscopic and bariatric surgeon, at Saket City Hospital, New Delhi.

The doctors realised it was urethral stricture with suprapubic cystostomy with left end colostomy for rectal injury. The patient also had severe abdominal and lower limb contractures secondary to the crush injuries at the time of accident. The complications included:

- long-standing rectal injury with

diversion of stool and urine

- multiple surgeries in the past with no proper operative details
- end colostomy with the distal end not clearly seen in radiological investigations
- past history of sub-acute intestinal obstruction
- multiple abdominal scars, making the procedure difficult to conduct
- dense long stricture of 3-4 cm in the bulbo-membrane urethra

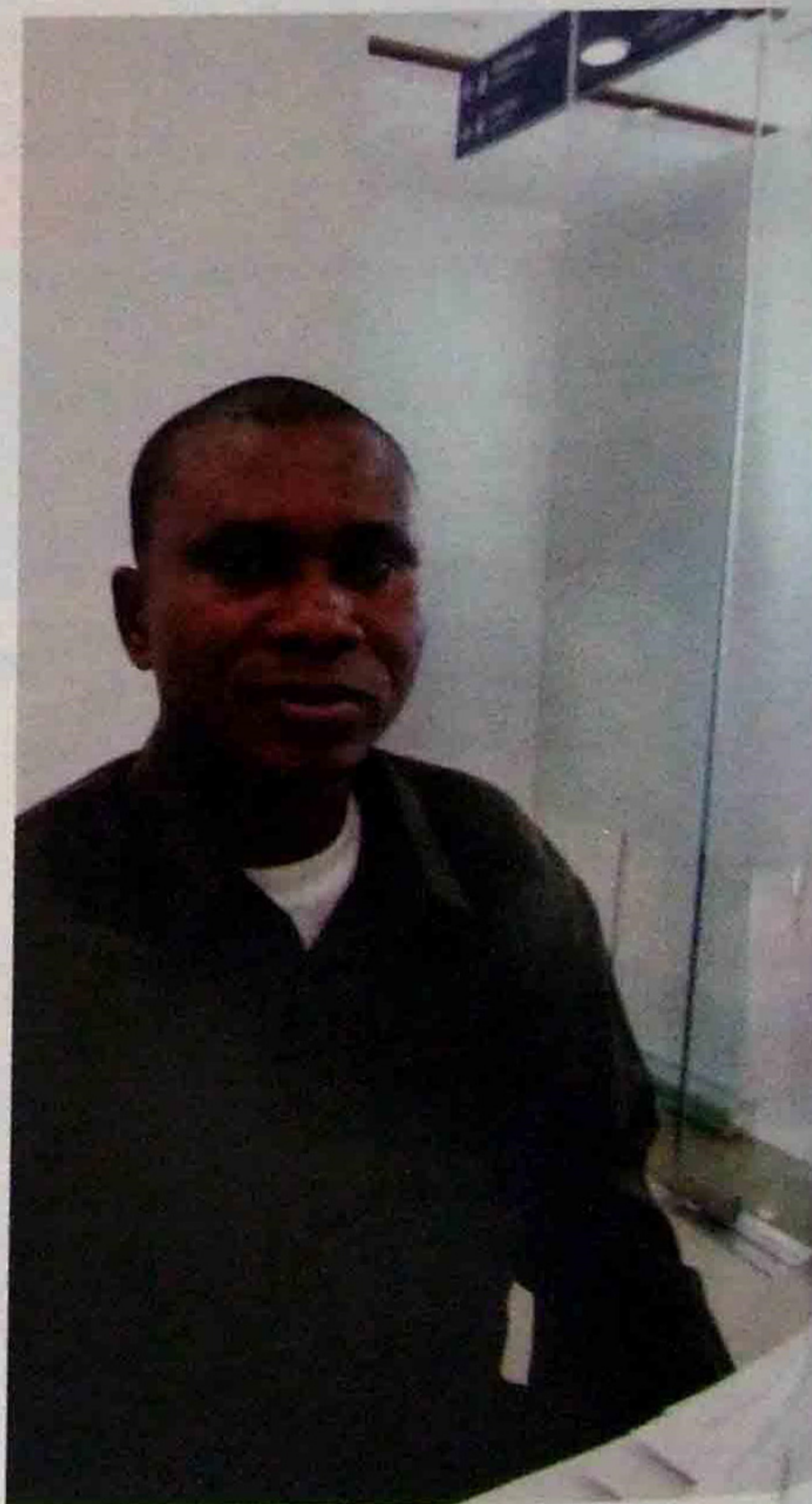
Initially, the doctors used the latest radiological diagnostics to clearly define the extent of the problem. Tommy first underwent surgery for reconstruction of his faecal disposal system by Dr Gupta. In the operation theatre, the latest staplers were used for intestinal anastomosis to re-establish the natural faecal passage. After three weeks of the first surgery, Dr Mohanty reconstructed his urinary system. Heygrove dilator and T-W ring retractors were used for urethral reconstruction. Each surgery took nearly four to five hours.

Post-operatively, the patient passed the flatus on the third day – from the natural route after 11 long years! He passed stools on the fourth day and urine on the 14th post-operative day, following urethroplasty. Finally, Tommy had a normal system for disposal of urine and stool and was discharged later with complete recovery.

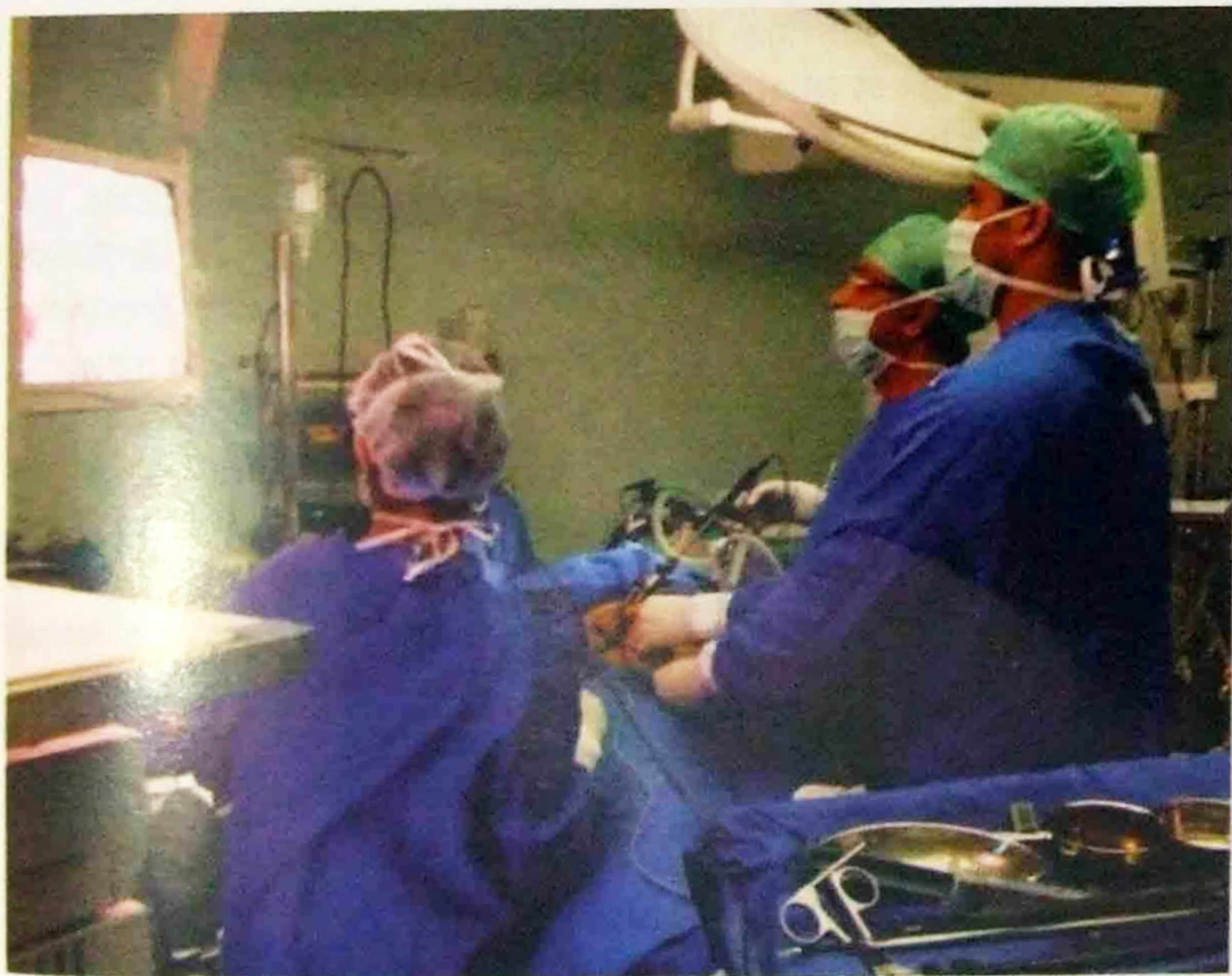
Elaborating on the surgery, Dr Gupta said, "The artificial opening

called ostomy is a surgical procedure used to create an opening for urine and faeces to be released from the body. It was a challenge to develop a normal path. Therefore, we undertook intestinal surgery and was successful in restoring his tubes and normal bowel function. The natural passage for passing stool was restored in the first phase through large intestine surgery."

After a treatment procedure that normally costs ₹4-5 lakh, does Tommy need to worry about relapse? "If the patient follows all dietary advice, the chances of any relapse are nil," said Dr Gupta, who has significant expertise in curing the chronic problems of obesity, hernia and gall bladder.



Patrick Tommy, 37, met with a road accident in Nigeria



Dr Ashok Gupta with team at Saket City Hospital

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—Dr Ashok Gupta
senior consultant, laparoscopic and bariatric surgeon, Saket City Hospital

Since 1993, he has successfully performed nearly 5,000 surgical procedures, of which approximately 2,500 procedures are laparoscopic surgery.

Tommy, incidentally, is not the first medical tourist in Saket City Hospital, a unit of Gujarmal Modi

Hospital & Research Centre for Medical Sciences. The hospital every month gets 25-30 patients from abroad who come seeking expert help at a much lower cost. The common surgeries these patients seek vary from hernia, gallbladder, BPH, orthopaedic and

joints problems, bariatric surgery, to name a few.

After bearing pain for 11 years in his home country, Tommy would have never imagined that one day he would fly into India as a medical tourist and see his miseries scalped away. ■