



**GANGA HOSPITAL**  
COIMBATORE, INDIA

DEPARTMENT OF PLASTIC SURGERY  
HAND SURGERY AND RECONSTRUCTIVE MICROSURGERY  
MAXILLOFACIAL SURGERY & BURNS

**ACTIVITY REPORT 2013 - 2014**



*"Every morning when we set out to work, it gives us a great feeling to know that we could be playing an important part in someone's life by trying to get them a better tomorrow"*

## VISION

To showcase to the world the best in patient care, surgical expertise, academics, medical ethics and state of the art technology. To be a centre which will be a pride of our country.

## MISSION

To provide quality treatment at an affordable cost so that the expertise will be available to every citizen of our country.

## THE TWO YEARS 2013 & 2014

We love our Vision and Mission statements. The reason for our existence could not have been put in better words. We live by it every day. Every morning when we set out to work, it gives us a great feeling that we could be playing an important part in someone's life by trying to get them a better tomorrow. In the process we cross some milestones, miss some dearly. Creating this report helps us set our inner compass.



In 2014, we crossed the 10000 mark in the number of **surgical procedures done in a year** in the Plastic Surgery department (**10,137 procedures in 2014**). I am deeply grateful to our team for getting us here. While the numbers do

signify the people whom we served, we are also aware of the people we could reach out. There is always the possibility of being satisfied by what we do, forgetting what remains to be done. That will not happen to us. Great work needs good and persistent efforts for a long time.

Ever since we started, we were privileged to welcome surgeons and trainees from all over the world. While they may benefit from their stay with us, they infect us with their enthusiasm and knowledge and we always end up getting the better of the bargain. There is always a visitor around, to make me feel

that they are our unofficial monitors of quality. **136 surgeons** and trainees visited us in **2014**. The year



2014 saw the entry in the visitors book cross the 1000 mark and we sincerely thank every one of them whose footfall helped us to grow. That they have come from **50 countries** is a matter of pride to us.

At the end of 23 years what do we feel? India, a land of 1.2 billion people is still in need of surgeons to do quality reconstructive surgery. We try to do our bit at capacity building by the creation of paid fellowships. In 2013 we created the Ganga - DePuy Synthes fellowship which enable us to invite 4 surgeons from the Asia Pacific region to spend 6 to 8 weeks with us. This is in addition to the 3 named fellowships existing for a long time. We also do our bit in increasing public awareness of what a plastic surgeon does day in and day out. We consider this activity report as also one such attempt.

And what about the future? What will we make of this moment? We feel that we have been given an opportunity and responsibility to reach out. We will be serving a population which lays stress on quality and outcomes at an affordable cost. Travel to a destination of quality care will no longer be a concern. In that scenario we wish to become **the best, 'high quality - high volume - affordable cost'**,

**model in the field of reconstructive surgery. To be the best is not easy. But it is a target good to set. It is a target good to reach. It is a target worth to put in every bit of your body and soul behind.**

I sign off by quoting my favorite quote of Swami Vivekananda, which perennially guides us.

**'Take up one idea. Make that one idea your life - think of it, dream of it, live on that idea. Let the brain, muscles, nerves, every part of your body, be full of that idea, and just leave every other idea alone. This is the way to success'.**

I am deeply grateful to our team for bringing us here and remember people like Dr Bhat who truly lived up to Swami Vivekananda's statement. We pray God to help us to continue to live up to our vision and mission statements every day for the rest of our lives.

*S. Raja Sabapathy*

**Dr S Raja Sabapathy**

Chairman  
Department of Plastic Surgery Hand & Reconstructive Microsurgery,  
Maxillofacial Surgery and Burns

OUR **FOUNDERS** CONTINUE  
TO BE OUR **INSPIRATION**



Mrs Kanagavalli Shanmuganathan &  
Dr JG Shanmuganathan

## BOARD OF DIRECTORS



Dr JG Shanmuganathan, Mrs Kanagavalli Shanmuganathan (*middle*)  
Dr S Raja Sabapathy, Mrs Nirmala Raja Sabapathy (*right*) Dr S Rajasekaran, Mrs Rama Rajasekaran (*left*)

BEHIND THE SUCCESS OF EVERY **VENTURE**,  
THERE IS A **FAMILY**

## CONSULTANTS OF THE DEPARTMENT OF PLASTIC AND RECONSTRUCTIVE SURGERY



*L to R (Sitting) :* Dr Senthilkumaran, Dr G Venkateswaran, Dr S Raja Sabapathy, Dr R Ravindra Bharathi, Dr Hari Venkatramani

*L to R (Standing) :* Dr Kannan Balaraman, Dr V Boopathi, Dr Sanjai Ramkumar, Dr Madhu Periasamy,  
Dr Vimalambiga Ramani, Dr Praveen Bhardwaj

“COMMITTED TO WORKING  
TO OUR FULL POTENTIAL EVERYDAY”



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## OUR WORK

IT IS HARD TO EXPLAIN IN A FEW LINES WHAT A RECONSTRUCTIVE SURGEON DOES. LITERALLY SPEAKING AND SIMPLY PUT

### WE RECONSTRUCT LIVES.

WE ARE NOT BOUND BY AN ORGAN SYSTEM, WE OPERATE ON ALL AGE GROUPS AND WE OPERATE ON ALL TISSUES. WE BRING BACK FORM WHEN CONTOUR IS LOST, RESTORE FUNCTION WHEN TISSUES GET DESTROYED AND BRIDGE GAPS WHEN DEFECTS OCCUR, BE IT IN THE SKIN, BONE, TENDONS OR NERVES.

IN FACT IT IS A **SPECIALTY WITHOUT BOUNDARIES.**  
THE POSSIBILITIES ARE CONTINUOUSLY EVOLVING.

AT GANGA WE ATTEMPT TO REMAIN AT THE CUTTING EDGE, DELIVERING CARE AND WORKING HARD TO  
**KEEP IT WITHIN REACH OF THE PEOPLE IN NEED.**

*All names and incidences are true and photographs have been provided by and published with the consent of the grateful patients and their families*



Before treatment



Distractor in place



After treatment

*"You entered our lives and filled it with so much of joy! I can't wait to see your beautiful tiny face and kiss your tiny fingers and toes."*

Restoring the joy of Motherhood with Reconstructive Surgery

## MOTHERHOOD

### ARUTHRA

The expectations of a pregnant mother can't be expressed in words. Rarely when nature deviates from its amazing perfectionism, it could shatter the family. Such was the state when Aruthra was born with an uncommon condition called Pierre Robin Syndrome. The lower jaw is small and pushed back, leaving little space for the tongue. The spatial relationship was so compromised that Aruthra was not able to lie flat on the back, frequently getting choked. Feeding was almost impossible. Child had to be nursed on the face all the time.

The problem occurs over a spectrum with very minor difference to a severe state like what Aruthra had where breathing, swallowing and breast feeding all become next to impossible. Children with such severe deformity need to have their jaws pulled forward. It involves breaking the lower jaw bone, putting some pins on either side and slowly distracting the cut ends. As the bone fragments slowly move, new bone gets deposited in between getting the jaw to normal size. The whole process takes a few weeks. Soon Aruthra started taking normal feeds, gained weight and for the first time, her mother put her to sleep on the back without worrying if Aruthra will have breathing difficulty.

We know how difficult it could be for parents to see what their newborn child has to go through. We take care to explain, spend time to answer questions and reassure that the child will do well. Looking back her parents feel that surgery has done something wonderful for the family as a whole. It has not only helped Aruthra but also her parents to sleep peacefully in the night.





Long bone gap



Dead Bone and the replacement



Fixation with long vein grafts



Defect bridged

## MAKING A HAPPY HOME

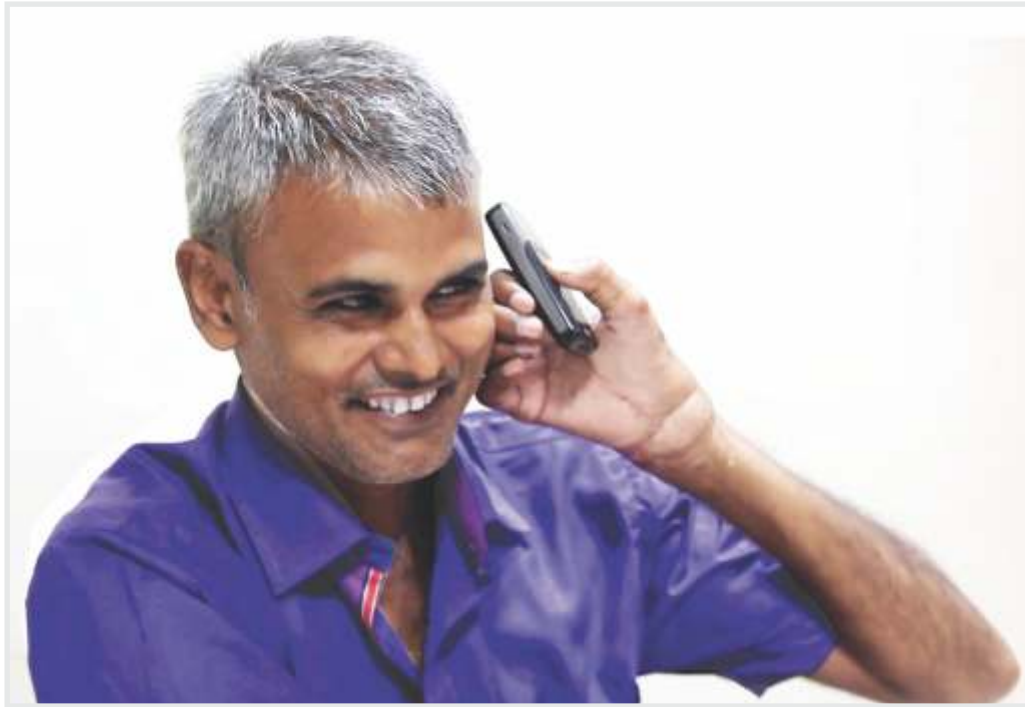
### MANSI

Gunjans are a happy family now. Two years back they were struck with uncertainty. Mansi fractured her arm bone with loss of soft tissues when the car overturned in an accident at Gurgoan. Sometimes things do not go well as planned. The wound got infected, fracture remained ununited and she went through a series of orthopaedic and reconstructive surgical procedures (reverse radial forearm flap, pedicled LD flap and a free Anterolateral thigh flap and multiple skin and bone grafting procedures). Still she was left with infection, a bone gap with lot of scarred tissues in the arm with a wrist and finger drop.

They reached a stage where they would venture at anything which would ensure success. Gunjan was working in a multinational company, and they explored the possibility of treatment abroad. To their surprise, they were referred back to Coimbatore.

Doing the microvascular procedure of transferring bone from the leg was a challenge both in finding good vessels and in the fixation of bone. The combined expertise of the Plastic Surgical and Orthopaedic teams at Ganga met the challenge. The procedure was successful and after tendon transfers she is able to do all that she wanted to do as a mother, wife and a career woman. As reconstructive surgeons we just don't reconstruct limbs but also bring peace and happiness at home.

We provide solutions to complex problems  
and make the process a happy experience for our patients



Left Hand



Right Hand



Plan of  
Reconstruction



Cross hand  
Replantation

We take care of people in the worst day of their lives...  
In the process we push the boundaries of care and advance the science.

## TAKING THE RIGHT CALL

### MATRU YADAV

It all happened in a fraction of a second. A blast in an ammunition factory blew away Matru Yadav. It destroyed his right forearm and the amputated right hand was blown 40 feet away. The left hand was destroyed beyond salvage. In addition he had multiple injuries in the abdomen and legs. He arrived in a state of shock and on the verge of collapse. The Ganga Protocol of '**In Theatre Resuscitation**', was set in motion.

A brief assessment made us realize that he will lose both his hands. The amputated right hand was in the ice box. We decided to attach the amputated right hand to the left forearm, since the right forearm was blown away in the blast. It meant a decision to take on a 6 hour surgery, on a patient who is just being resuscitated with a Hb of 5 gm. We could trust the skill levels and commitment of our anaesthesia team to take such decisions.

There is no road map when we do such surgery. Decisions on surgical steps had to be taken as we went along in order to make the fingers and thumb function in the opposite position. Three months of intense therapy followed. Now it is amazing to see Matru Yadav use his 'right' hand in the left side for eating, writing, wearing clothes and for taking calls. Later we realized that this is the **second such cross hand replant at this level in the world**.

At times of crisis, taking the right call demands an attitude of not giving up. An attitude which stems from decades of experience. We are happy that we did it for Matru Yadav.



We reconstruct lives and participate in Nation Building  
One life at a time...

## EDUCATION

### SARASWATHI

Vijayanarayanan and Vishalakshi make their livelihood by selling vegetables in a pushcart in the streets of Coimbatore. They have never been to school. They named their daughter Saraswathi, after the Goddess of learning and education.

When Saraswathi was 3 years old, when their parents were away at work, she was playing in the neighbour's home. There was a bucket of hot water on a table. She jumped on the table, tripped and in a moment the water which was boiling hot was all over her. Life was saved but she was left with severe deformities in the right elbow and hand. The nimble fingers of a 4 year old were stiff and useless. The hopes of the parents in giving her an education seemed far away.

We don't view them as pure medical problems. They are social catastrophes. Mother's time at work gets reduced, family income comes down when they really needed more, and most important Saraswathi was not enrolled into school. Somewhere, someone has to break this negative cycle. The **'Hope after Fire'** project of Rotary Club of Coimbatore Metropolis and Ganga Hospital provided the answer.

The contractures were released and the severe one in the hand required a flap from the abdomen. Now she is enrolled in school. What could have costed a lakh of rupees was done totally free. The joy in the family is palpable. They hope one day she will be an 'educated mother'.

Nurturing hope of a better tomorrow, keeping the dreams alive, that is what reconstructive surgery is all about.





Reconstructive Surgery - It is all for those special moments

## SPECIAL MOMENTS

### PERUMAL

A 67 year old farmer from Namakkal was taking good care of his diabetes but did not realize the gradual loss of sensation in his feet. Hard farm work added to the stress. Right foot bones collapsed with total loss of architecture. Instability led to a fall and a fracture, the fixation of which also failed. Now he had to bear weight on the outer border of the unstable foot. The foot ulcerated under pressure and that confined him to the house for 2 years. He was advised a below knee amputation, as a good option to get his mobility back. As a last resort he approached us.

Mobility is a key issue in maintaining independence in old age. When it is lost it has a severe impact on the quality of life. As in the case of Perumal he was unable to attend to his farm, social functions or even go to his family temple close by for fear of worsening the ulcer. The restricted life leads to social isolation, loneliness and a fear of the future.

Perumal requested our diabetic foot reconstruction team to make one more effort at salvage. When we do a thing we put in our best efforts no matter what it takes. First we made the wounds heal by skin grafting. In the second stage we fixed the ankle bones. The wound healing problems were successfully managed. It is two years now.

On a recent visit he gave us a photograph (Perumal, third from right), and thanked us profusely for what we did to him. He said that he attended the wedding of a loved one, which he had looked forward to all his life. When he posed for that photograph, he thought about us and thanked God for making it possible.

## STATISTICS

" THAT WHICH IS MEASURED IMPROVES.  
THAT WHICH IS MEASURED AND REPORTED IMPROVES EXPONENTIALLY "

- Karl Pearson

We are reporting a summary of our work under various headings. For the sake of brevity we have not mentioned every surgery that we did, but chose to show the trend under various headings and our views on it.

	2013	2014
<b>Total Number of Surgical Procedures</b>	<b>9101</b>	<b>10137</b>
Total number of new Upper Limb Surgery patients	3081	3032
Total number of new General Plastic Surgery patients	3125	3674

If a patient registered in a previous year comes for a follow-up surgery, the number is reflected in the number of surgical procedures but does not get added in the new patient list. *(For example, a former brachial plexus injury patient coming for free functioning muscle transfer or a previous hand injury patient coming for tendon transfer or nerve graft, will not be considered as a new patient, but the procedures done will get reflected under the list of procedures)*