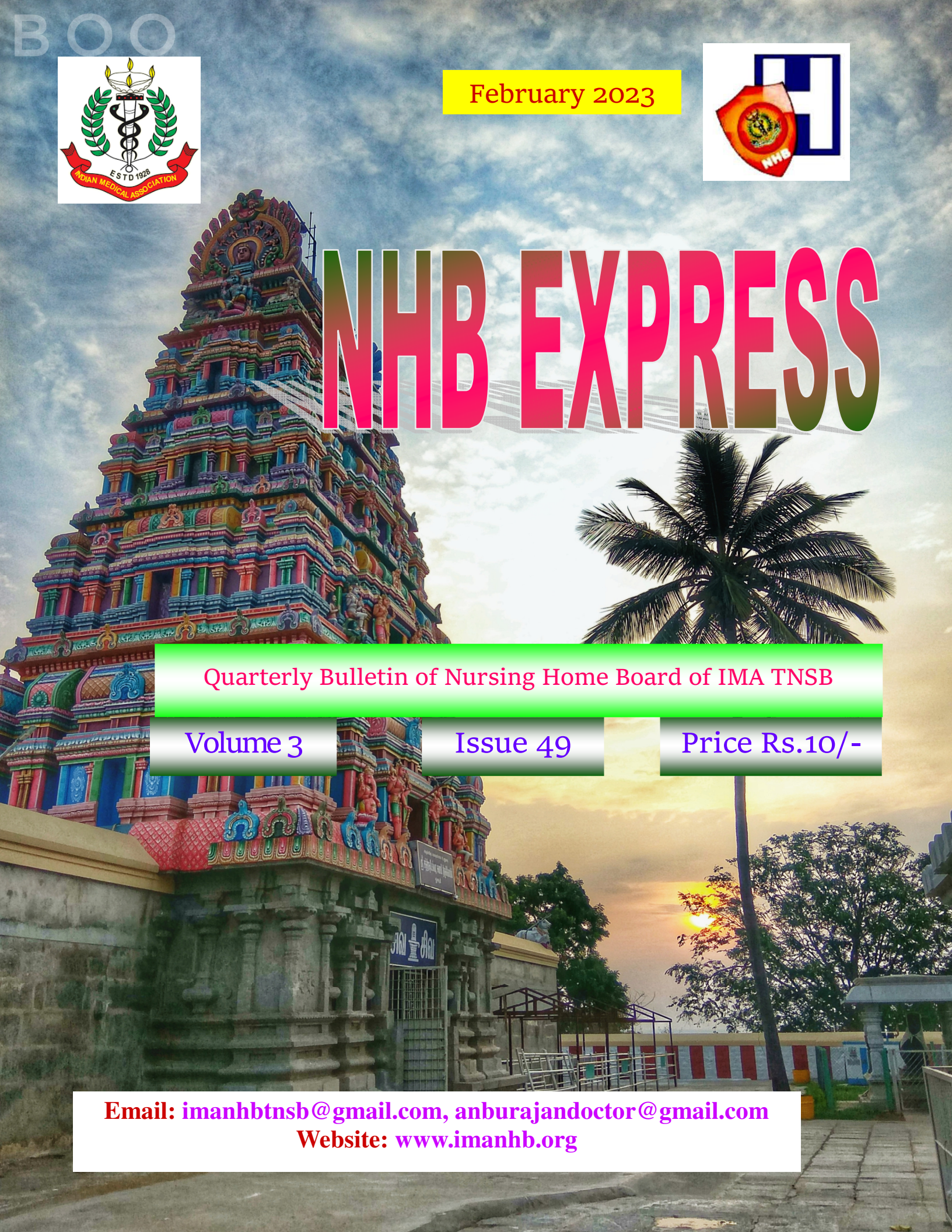

February 2023

NHB EXPRESS

Quarterly Bulletin of Nursing Home Board of IMA TNSB

Volume 3 | Issue 49 | Price Rs.10/-

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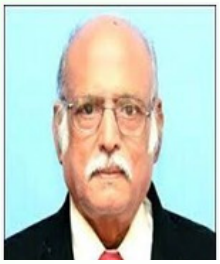

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NHB IMA TNSB

EDITORIAL

Dr.R. Anburajan
Secretary
NHB TNSB

Dear Doctors,
Greetings from IMA NHB TNSB!

It is very exciting and a proud moment for me to write this editorial page for NHB Express, this is the 3rd edition in my tenure and the 1st edition of this year. Hope you are all doing great! and may this year bring each and every one a great success in all your endeavors. This platform gives me a great opportunity to meet you all in person through this magazine, which gives me more strength to do better. It's almost been 1year, 2 Months I have taken over as Secretary of NHB, I take this an opportunity to thank all my seniors, State Leaders, NHB District Coordinators and Office bearers of NHB for all your continuous support. We haven't reached our goal still, a lot more to be done and I need all your support and guidance to reach it. We from NHB are working for the betterment for our Member Hospitals, we wanted our Member Hospitals to be operated in peace without any pressure, this is our moto, this is why we are working for. And the results are in near future. We will continuously fight and keep on give our representations and will succeed. One thing is "Unity is strength" we all have to unite together and trust, rest we will take into action.

I like to let you all know what we done past 3 months since the last edition in a brief way. We re facing issues for a long time in the following place

1. Minimum Wages
2. Government & Private Insurance
3. CEA
4. Bio Medical & Solid Waste Management

These are the core areas we are working, as our Member Hospitals are getting troubled here. we frequently intimating you all the updates through TIMA Magazine, NHB Newsletter and mails, so keep following us.

Minimum Wages: Regarding this, we slightly got a relief as we got a G.O last month. But we don't have enough representatives on employer side. So now we are continuously giving our memorandum and meeting the Officials and Ministers to get back our rights so we can fight for our Members.

Insurance: As intimated, from the Project Director, Government Insurance, we got a letter few weeks back, they have taken our representation for consideration and we are expecting them to call us for the discussion soon. It's a great positive news for us in this New Year. We are hoping for the best.

CEA: I wanted to tell you all that, CEA is a KNIFE hanging over your head always. At any time, it may hurt.In the act, on clause 5(2) it says like this **"Provided that where the competent authority is of the opinion that it isnecessary or expedient so to do in the public interest, it may, for reasons to be recorded in writing, suspend theregistration of any private clinical establishment without issuing any notice."** I heard a lot through our District Coordinators that many of our Members hesitating to renew their membership, as they have CEA . But it is really not safe. We have planned to give representations to our Government on this. will update you shortly.

Bio Medical & Solid Waste Management: Planning to have a Facilitators meet in March 2023. We have to sensitize and educate our members in various easy methods of Solid Waste Management by themselves.

And last but not least, I like to thank all my District Coordinators, who were doing their SOP's at their level best even at their busy schedule. We have finished 2 Review Meeting successfully and its going on very well. Do your work at the level best, results will follow you, this is a small piece of advice I like to give you all.

We are getting stronger day by day in the count in the Membership, last few months I can able to see a steady hike in new enrollments, that's a good sign. But I request all the existing Members of NHB to renew your membership without any lapse, this will help you all in many ways as mentioned above. As mentioned, we all have to unite together and fight for our rights. Which will help us in run our daily works in very peaceful way.

Thank you all once again , it's an immense pleasure for me to meet you all through this edition. Keep supporting and keep the trust, we are there for you.

"Don't settle for average. Bring your best to the moment. Then, whether it fails or succeeds, at least you know you gave all you had." —Angela Bassett

Thanking you

Long Live IMA ! Long Live NHB !

Announcement

Dear NHB members

This for your kind information we have amalgamated both NHB's Account into one Account . Currently the live Account is " IMA NHB GENERAL FUND". For any Enrollment and Renewal, now you have to take DD for the entire amount the above mentioned Name. You can download the New Forms @ www.imanhb.org.

Dr. T.Senthamilpari

STATE PRESIDENT'S MESSAGE

PRESIDENT
IMA TNSB

Dear friends,

Greetings to all & wish you all a happy and prosperous new year.

NHB Express is an important organ to communicate all nursing home board members by which it shared the various information regarding hospital issues. Regarding TNCHIS the management committee had taken some important decisions which will be detailed by the secretary. We need your full cooperation only. If we stand unitedly we will achieve anything. We have a plan to meet all Nursing Home Board members through online platform to know your ideas & suggestions in near future.

Thanking you all

With kind regards

Dr T.Senthamilpari

State President, IMA TNSB.

Long Live IMA !

Hon. Secretary
IMA TNSB

STATE SECRETARY'S MESSAGE

DR.N.R.T.R. THIAGARAJAN

Dear seniors, friends and Colleagues,

Greetings to all the members of NHB,

I am very happy that NHB Express is being released continuously in every 3 month. It's one of a great initiative taken by the Secretary Dr.R.Anburajan.

I am really happy on the direction NHB is driven, really as I mentioned in the previous edition, they are concentrating on the issues were the Member hospitals are facing. the current issue which is a big pain for us is.

Minimum Wages and
Insurance (Government and Private) .

We are fighting to get representatives in employer side from IMA TNSB & NHB in the Minimum wages committee. And Regarding Insurance, we are continuously giving representations to the Project Director and the Minister. We have planned to give a timeline for both the issues, if it is not going in favor of us, then our way of action will be different.

I request all the Members of NHB who haven't renewed their membership to renew. So we can all unite together and fight for what we need.

All our support will be there for the NHB and lets work as a team and achieve it

With Kind Regards

DR.N.R.T.R. THIAGARAJAN

Hon. Secretary– IMA TNSB

State President Elect– IMA TNSB

Chairperson, MSN & JDN IMA TNSB

Dr.KM Abul Hasan

State President Elect 2022

IMA TNSB

My Dear Colleagues,

Greetings!

Nursing Home Board is the face of IMA. IMA is the saviour of small Nursing Homes owned by doctors. Today running a Nursing Home is very challenging and stressful. So, all Nursing Home Owners look up to IMA for fixing the issues in Minimum wages, Clinical Establishment Act, Biomedical Waste Disposal Act etc.

India used to be very popular for entrepreneurship in Medical Profession, Our doctors were bold enough to start their own Healthcare Delivery with good outcome, gained good name & fame throughout the globe. Now the trend is decreasing because of fear & anxiety. This should be revived again and lets all work for it. IMA NHB can impact changes in the scenario and must aim for that.

With Kind Regards

Yours in IMA

Dr KM Abul Hasan

President Elect, IMA TNSB

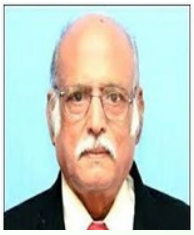
Chairperson, MSN & JDN IMA TNSB

General Convener's Message

Dr. V. Varatharajan

General Convener

NHB TNSB



Message to NHB Express Journal

Dear Colleagues,

The Pollution Control Board Bio- medical Waste Management (BMWM) – District Level Committee for monitoring of Health Care Facilities and Common Bio-medical Waste Treatment and disposal facility conducted by the District Collector is serving useful purpose in every district. The IMA members are requested to contact the District administration to conduct these meetings. We are able to meet officials from other department and express our difficulties. They are able to understand us better.

I am happy to inform you that Dr.Ramakrishnan and other members in the minimum wages committee are trying their best to include our NHB representatives in the committee. It is only fair that IMA NHB which is the largest employer of hospital workers and serves the rural population must be represented in the minimum wages committee.

We have drop in the NHB renewal member. People are confusing between NHB membership and CEA number. CEA Number is a government registration number.

NHB membership is our strength since 1990 we are around now 5,000 members please remember unless we have a strong membership it will be difficult for us to represent in the various government and public platforms.

Wishing the NHB Meet all success!

Best wishes!

(Prof.Dr.V.VARADARAJAN)
General Convener, NHB, IMA TNSB

Chairman's Message

Chairman
NHB TNSB

Dear colleagues,

It is my pleasure to greet everyone through this edition of our NHB express.

We are planning on an insurance summit by IMA TNSB along with HBI to discuss and deliberate our problems and to find suitable solutions along with officials from IRDA.

Our team is following the minimum wages revision committee very closely, and we hope to get adequate representation at the earliest.

Friends, there may be lot of problems that keep hitting us time to time and let us all stay united to solve it and make it easy in days to come.

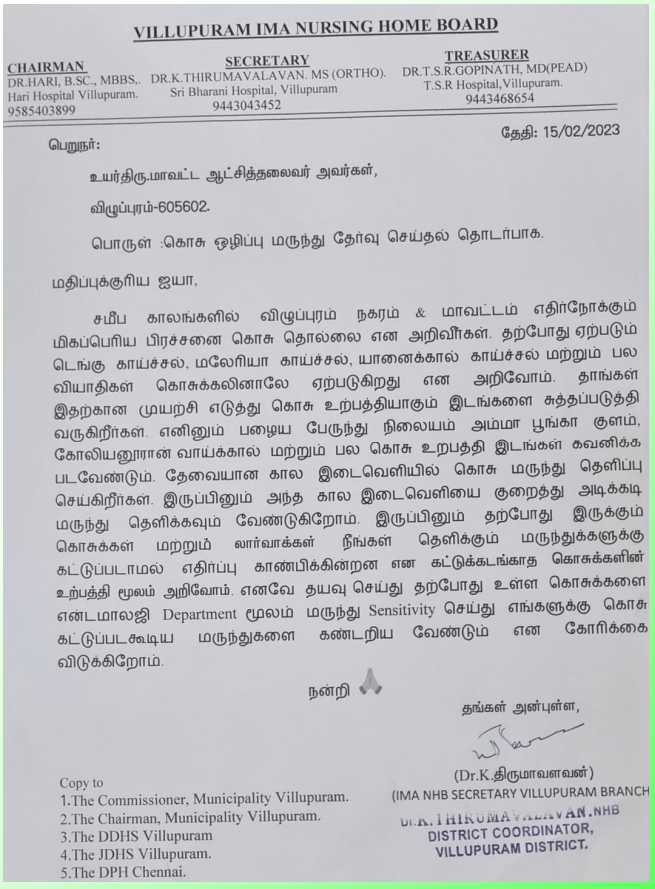
United we stand divided we perish.

Long live IMA and NHB.

With warm regards,

Dr S Karthick Prabhu
Chairman
NHB IMA TNSB

Innovative Decision taken by our Villupuram District Coordinator Dr. K. Thirumavalavan



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T.S.R Hospital,Villupuram.
9443468654

பெறுநர்: தேதி: 15/02/2023

உயர்திரு.மாவட்ட ஆட்சித்தலைவர் அவர்கள்,

விழுப்புரம்-605602.

பொருள் :கொசு ஒழிப்பு மருந்து தேர்வு செய்தல் தொடர்பாக.

மதிப்புக்குரிய ஐயா,

சமீப காலங்களில் விழுப்புரம் நகரம் & மாவட்டம் எதிர்நோக்கும் மிகப்பெரிய பிரச்சனை கொசு தொல்லை என அறிவீர்கள். தற்போது ஏற்படும் டெங்கு காய்ச்சல், மலேரியா காய்ச்சல், யானைக்கால் காய்ச்சல் மற்றும் பல வியாதிகள் கொசுக்கலினாலே ஏற்படுகிறது என அறிவோம். தாங்கள் இதற்கான முயற்சி எடுத்து கொசு உற்பத்தியாகும் இடங்களை சுத்தப்படுத்தி வருகிறீர்கள். எனினும் பழைய பேருந்து நிலையம் அம்மா பூங்கா குளம், கோலியனூரான் வாய்க்கால் மற்றும் பல கொசு உறபத்தி இடங்கள் கவனிக்க படவேண்டும். தேவையான கால இடைவெளியில் கொசு மருந்து தெளிப்பு செய்கிறீர்கள். இருப்பினும் அந்த கால இடைவெளியை குறைத்து அடிக்கடி மருந்து தெளிக்கவும் வேண்டுகிறோம். இருப்பினும் தற்போது இருக்கும் கொசுக்கள் மற்றும் லார்வாக்கள் நீங்கள் தெளிக்கும் மருந்துக்களுக்கு கட்டுப்படாமல் எதிர்ப்பு காண்பிக்கின்றன என கட்டுக்கடங்காத கொசுக்களின் உற்பத்தி மூலம் அறிவோம். எனவே தயவு செய்து தற்போது உள்ள கொசுக்களை எனடமாலஜி Department மூலம் மருந்து Sensitivity செய்து எங்களுக்கு கொசு கட்டுப்படகூடிய மருந்துகளை கண்டறிய வேண்டும் என கோரிக்கை விடுக்கிறோம்.

நனறி

தங்கள் அன்புள்ள,

(Dr.K.திருமாவளவன்)
(IMA NHB SECRETARY VILLUPURAM BRANCH

DR.K.THIRUMAVALAVAN.NHB
DISTRICT COORDINATOR,
VILLUPURAM DISTRICT.

Copy to
1.The Commissioner, Municipality Villupuram.
2.The Chairman, Municipality Villupuram.
3.The DDHS Villupuram
4.The JDHS Villupuram.
5.The DPH Chennai.

Treasurer
NHB TNSB

Treasurer's Message

Dr. R. Rengaraj

Dear friends,

NHB is going fine. Our financial status is same. We have to add more members to improve our financial and bargaining strength.

Our personal financial tables are tilted. Expenses are increasing. Wages, EB Bills, Corporation taxes and others. Income is same only. Actually we have to increase every year. But because of our competition many are willing to continue with same rate or even willing to reduce it. Please have a meeting in your area to decide rates.

Managing a hospital is like driving an aeroplane. Even 0.0001 percent mistake is not allowed nowadays. We Gods one year ago, became demons now. Monitor each patient carefully. Maintain records.

Always have a personal, friends and family time.

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For Advertising in our Magazine

As we have around 4900 member hospitals, your advertisement will be seen by our members and our IMA leaders all over Tamilnadu. If you want to advertise your company or hospital on our NHB express please contact us. Details and prices for multiple colours are given below.

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Honorable Doctors, Beloved Pharmacists and Medical Associations:

Drug safety and pharmacy restructuring concept brings -Patient care and safety towards Medications .Moreover on regular services of Pharmacy help Pharmacy owners ,Medical Directors, Vendors in achieving complete financial control of a Pharmacy. The above features will be taken care of each and every pharmacy as per Government protocols and safety.

Whomsoever interested can contact-Dr. V. Vetrivel, Mob Number-6382215745.

Note: Drug safety and Pharmacy restructuring is to provide best patient care safety of an pharmacy as per standard protocols &Quality operations as per Drug and cosmetic act 1940.

Jokes

Urological Complications of Diabetes: An Overview

M3 India Newsdesk Dec 09, 2022 The urological complications arising due to diabetes include bladder dysfunction, sexual and erectile dysfunction, as well as urinary tract infections (UTIs). The diagnosis, symptoms and treatment of diabetic urological complications are explained in this article.

Urological complications

The urological complications that are caused due to diabetes involve endothelial and neural damage all along the genitourinary tract which degrades the patient's quality of life. The incidence of urological complications associated with diabetes is increasing because of the higher incidence of obesity.

Pathophysiology of urological complications in diabetic patients are due to loss of nerve function, altered sympathetic/ parasympathetic innervations, abnormal immune response, and loss of innervations of neuromuscular nerve terminals.

Due to a long period of exposure to hyperglycemia the cells are accumulated with oxidative stress products which result in axonal degeneration and nerve damage ultimately decreasing nerve conduction.

Diabetic cytopathic or diabetic bladder dysfunction

It is characterised by reduced bladder sensation and increased post-voiding residual volume due to incomplete bladder emptying which results in increased bladder capacity. This ultimately results in recurrent infections, and bladder stones eventually leading to kidney damage. In males age associated increase in prostate volume worsens bladder disorders, females on the other hand have disorders related to the pelvic floor like stress incontinence. Numerous clinical studies have reported around 39% to 61% of diabetic patients have bladder hypersensitivity. Patients with diabetic bladder dysfunction usually present with somatic and autonomic neuropathy.

Diabetic patients complain of LUTS symptoms like urgency, increased frequency, and difficulty to begin, maintain and finish micturition. Inadequate emptying sensation, nocturia and diminished urine flow. Patient bladder symptoms can be broadly classified under irritative and obstructive symptoms. Irritative symptoms are caused by overexcited detrusor muscle causing urgency, nocturia, incontinence and pollakiuria. Obstructive symptoms include decreased voiding flow, terminal dribbling, and decreased sensation of full bladder along with increased post void residual volume.

Diagnosis

Diabetic cystopathy can be suspected after detailed clinical history along with a physical examination which includes neurologic reflex and rectal examination. Uroflowmetry, kidney function test and urine routine microscopy are some investigations to confirm the diagnosis.

Treatment

Blood glucose control remains the first and foremost line of treatment. For hyperactive bladder oral muscarinic drugs and uroselective anticholinergics like oxybutynin, darifenacin or solifenacin are available. For urgent incontinence infiltration of the detrusor muscle with botulinum toxin has proven to be effective. Patients not responding to conservative treatment can be offered surgical approaches like bladder denervation, myomectomy and bladder augmentation with ileal cystoplasty. In male patients with bladder outlet obstruction associated with prostrate hyperplasia can be started on alpha-blockers such as tamsulosin and terazosin.

Transurethral resection of the prostate is to be considered in advanced stages. Newer drugs like mirabegron which is a β3 adrenergic agonist can be used to increase urine storage capacity. In cases of failure of bladder emptying, frequent clean intermittent catheterisation can be used as permanent catheterisation is associated with increased infection risk and epidermoid bladder carcinoma. In cases of urge incontinence anticholinergics, schedule voiding and kegel exercises strengthen pelvic floor muscle which may improve quality of life. Diabetes prevention programs showed that lifestyle modification in female diabetic patients resulted in an improvement of symptoms associated with bladder dysfunction.

Genitourinary infections

Genitourinary infections are the most common infections in diabetic patients. The variety of UTIs seen in diabetic patients ranges from asymptomatic bacteriuria to cystitis, pyelonephritis, renal abscess, and xanthogranulomatous pyelonephritis, to severe urosepsis. Fournier's gangrene severe cutaneous infections of the genitals are also seen in diabetic patients. Asymptomatic bacteriuria to symptomatic UTI is more prevalent in female diabetic patients when compared to healthy women.

Hospitalisation due to pyelonephritis occurs more frequently in diabetic patients who could progress to a renal abscess or bacteriemia or emphysematous cystitis. Patients present with complaints of urinary urgency, frequency, bad urine odour, painful micturition, burning micturition, dysuria, tenesmus, incomplete emptying, and incontinence for lower UTI. Patient with upper UTI presents with high-grade fever with chills, costovertebral angle pain or tenderness.

Diagnosis

In cases of suspicion of UTI a urine routine microscopy should be done, morning urine sample usually midstream is examined for the presence of leukocytes (more than 10 leukocytes/ mm3) or a positive dipstick leukocyte esterase test to detect pyuria.

It is advised to order a urine culture before initiating antibiotics. Type 2 DM is a risk factor for fungal UTIs such as candida. USG KUB and a complete haemogram can help in ruling out complicated UTIs.

Treatment

The patient should be counselled about the importance of good glycemic control as it prevents recurrent UTIs. Treatment of asymptomatic bacteriuria is not indicated until the patient is pregnant. As first-line therapy, a 3 days course with cotrimoxazole or nitrofurantoin is recommended for the treatment of uncomplicated cystitis. The antimicrobials should be prescribed as per the culture sensitivity report. Recurrent UTIs can be prevented by postcoital antibiotics and prophylactic antibiotics taken regularly. The complicated UTI should be managed with IV antibiotics.

Benign Prostatic Hyperplasia (BPH) and urethral obstruction

It has largely been associated with diabetes, obesity, hypertension and metabolic syndrome. Increased plasma insulin levels are positive independent predictors of BPH. Initially, patients with BPH complain of symptoms of lower urinary tract symptoms. Progressive complications include bleeding, recurrent infections, lithiasis, and renal insufficiency. With time patients presents with painful manifestation due to acute urinary retention.

Diagnosis

Evaluation includes detailed history including LUTS questions, severity and influence on patient quality of life. Digital rectal examination should be incorporated into the physical examination. Renal ultrasonography, prostate-specific antigen (PSA), urinalysis, and uroflowmetry can help in diagnosis.

Treatment

The first line of therapy is treatment with alpha-1 blocker monotherapy which includes tamsulosin, alfuzosin, and silodosin. Patients should be counselled about the side effects of these drugs postural hypotension, dizziness, rhinitis, asthenia, sexual dysfunction, and abnormal ejaculation. Patients with enlarged prostate over 30-40 grams should be given a combination of alpha-5 reductase inhibitors (finasteride or dutasteride) and alpha-1 blockers. Transurethral resection of the prostate is the gold standard for patients not responding to conservative therapy. Newer techniques with less invasive approaches like bipolar resection and the use of laser vaporisation cryotherapy, and high-intensity focused ultrasound, botox infiltration is gaining popularity.

Sexual dysfunction

It is not uncommon for both males and females to suffer from diabetes. It is defined as the inability to achieve or maintain an adequate sexual response to complete a sexual encounter or intercourse resulting in a satisfactory orgasmic sensation.

Sexual dysfunction includes painful coitus, loss of libido, ejaculatory problems like premature ejaculation, erectile dysfunction, and orgasmic abnormalities. It's harder to diagnose sexual dysfunction in females because of various social stigmas, but it has been proposed that its prevalence in type 1 diabetes is around 71% and 42% in females with type 2 diabetes. The reported prevalence of sexual dysfunction in men with type 2 diabetes is up to 46%.

Erectile Dysfunction (ED)

It is defined as a long-term, persistent inability to achieve or maintain an adequate rigid erection to have a satisfactory sexual encounter. It is the third most frequent complication of diabetes usually manifesting after 10– 12 years after the onset of diabetes. ED is directly associated with poor glycemic control. As per studies, ED is an early sign of cardiovascular events. Therefore prevention through screening and managing cardiovascular risk factors in men diagnosed with ED is important for treating physicians.

Diagnosis

The international index for erectile function questionnaire helps to determine the degree of erectile dysfunction and to evaluate the progression or response to medical treatment.

Echo doppler for determining cavernous artery flux and morphology. Studies to determine the degree of damage of somatosensory fibres and unmyelinated fibres can be ordered. Additional studies include assessment of nocturnal penile tumescence and electrostimulation.

Treatment

The first line of therapy is oral phosphodiesterase-5 inhibitors (PD5i) like Sildenafil citrate, tadalafil, vardenafil hydrochloride and udenafil. It not only helps in the improvement of sexual function but also diminishes urinary tract symptoms arising due to enlarged prostate. Meta-analysis has confirmed that PD5i are an effective treatment of ED in patients with diabetes. Side effects like headache, dyspepsia, bluish eyesight and facial flushing are common with PD5i.

Vacuum erection devices are another option available for ED patients. Injections of prostaglandin E-1 like alprostadil are directly injected into the corpus cavernosum which has a direct effect on vessels and causes an immediate penile erection, with a response rate above 83%. Side effects common with intracavernosal injections are penile pain, hematomas, fibrosis, infection, priapism, and prolonged painful erections. Patients not responding to the above-mentioned therapy can opt for a penile prosthesis implant (PPI), which improves rigidity and flaccidity resulting in improved satisfaction for the patient and their partner.

Conclusion

Due to the chronic nature of the disease, patients with diabetes are at higher risk of developing urologic complications. Treating physicians should be more vigilant to treat urological infections adequately to decrease the complications associated with them. Patients with erectile dysfunction should be screened for cardiovascular disease in presence of risk factors. Judicious use of antimicrobials should be encouraged to prevent antimicrobial resistance in cases of UTI.

NARCOTIC DRUGS

NRX DRUGS STORAGE&MAINTENANCE

1. Narcotic Drugs come with NRx on Product Display & it will come under Schedule H Labelling
2. Narcotic Rx Drugs has to be maintained for 3 Years.
3. NRx Drugs should not be given without Rx.
4. NRx Drugs should be stored in Double lock with 2 Different persons for Inspection.
5. Narcotic vials has to be discarded with Narcotic committee formed or Icu or Pharmacy Incharge
6. Tracking should be done on Discarding with witness of a Staff.
7. Discarding should be done in running water.

NRX DRUGS &COSMETIC ACT RULES AND LAWS

1. NRx Drugs Registers should not comply with corrections….If so corrections done the signature of a person who makes the correction date& the original entry shall be visible.
2. Prohibited to use eraser,correction pen,correcting fluid etc…
3. The Discrepancies On Actual& Lost Drugs has to be communicated to Agency of Medicines in 3 Working Days….
4. Batches of Drugs,Name of Licence Authority ,Name of Responsible person,
5. Narcotic Register has to be written& Maintained in Blue,Black or Red….
6. Borrowing Narcotics from Other Patient Care area will be done during when Pharmacy service is not available
7. Staff responsible for Narcotic administration will not leave the shift until Narcotic count is reconciled

NARCOTIC WITNESS

1. NRx wasted will be witnessed and co-signed by HCP…
2. If Partial Dose wasted :Obtain a second HCP to witness & Sign
3. Narcotic drugs should not preclude in the name of Unauthorised persons…
4. In MaNUfacturers Narcotic Drugs rooms has to be seperated from Surrounding Rooms…
5. Partitions has to be extended up to ceiling…
6. Cupboard should have a Metal door&Nonpassable…
7. NRx Drugs should not be placed in Sales area…
8. Ships&Aircrafts –Security alarm system should be there….
9. Drug type & Quantity of Packages…
10. The manner,Date&Place of Destruction..
11. Signature of the members of Committee…

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