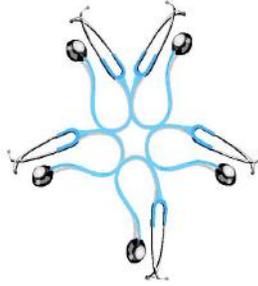


REPORT

**Lymphoedema Camp and Training held at
Cardinal Gracias Memorial Hospital, Vasai,
Thane District, Maharashtra**



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REPORT

S.A.T.H.I lymphoedema CAMP AND TRAINING WORKSHOP, VASAI, THANE DISTRICT, MAHARASHTRA

September 13 & 14, 2011

In collaboration with the Cardinal Gracias Memorial Hospital, (CGMH) SATHI held a lymphoedema camp and training program in Vasai on September 13 and 14, 2011. SATHI was represented by Dr. S.B Gogia, Arun Rekha Gogia and Gurinder Kaur. Dr. Arun Sheth co-ordinated the planning and implementation of the camp on behalf of the Hospital.

We flew to Mumbai and were received by CGMH staff and driven to their hospital in Vasai. After a warm welcome by the hospital staff, a brief introduction was made to the Chairman and some members of the governing board of the hospital. The Camp and Workshop opened by a warm facilitation of SATHI members by the CGM Hospital. A lymphoedema machine together with the casing was presented to the Hospital by Ms. Arun Rekha on behalf of the Rotary Club of New Delhi.

DAY ONE

Dr. Gogia introduced the training and Camp subject and explained the need for the same. He mentioned how he had been interested in working on filarial related



lymphoedema since his student days at AIIMS when he chose the subject for his dissertation. He said he had been working on lymphoedema for the last 25 years and more. He talked about the nature of the affliction, its causes including post-cancer surgery trauma, filarial and venous diseases. Other causes identified that mimicked and occasionally lead to lymphoedema were age/weakness, heart, kidney and liver diseases.

Some 63 patients affected by lymphoedema had arrived in anticipation of the planned activity. The CGM Hospital had taken the help of the local parishes to identify and motivate the lymphoedema patients to come to the Camp. The parishes together with the hospital staff were instrumental for the good arrival numbers of the patients. The Camp OPD began just before noon and continued until 6.00 pm. During the OPD, initially patients were examined individually and subsequently patients were examined in groups of four or five. After case histories were recorded and cause of the ailment identified, each patient was assessed for severity of the condition. Relevant treatment was then recommended on a case by case basis after considering the specific complications like ulcers etc.

Along with Dr Gogia, several doctors, nurses and other medical staff of the



hospital, attended the Camp OPD. Dr. Gogia recommended thorough investigations via hemogram, urine tests, filarial serology, photographs, volume of edema, scaring, or Doppler MRI/CT.

Soon after the start, Mrs Arun Rekha Gogia and Gurinder Kaur shifted to a separate room where the counseling of patients and their relatives was done. Specifics of usage of the Pump, bandaging, dressings as well as compression

garments was explained to the patients as well as hospital staff. While patients were being attended, simultaneously the staff were explained the symptoms, the severity, causes and the recommended treatment. They were taught to look for signs of infection (cellulitis) to and to determine if there was infection of the foot



Dr. Arun Sheth, Plastic Surgeon, was SATHI's main contact and who was interested in long term work in telemedicine.

Treatment recommended in most cases was keeping the limb clean and dry, administration of penicillin injections and muscle contraction and compression. In a few cases surgery was advised after first reducing the oedema. Patients were advised not to get bed-ridden, but to keep moving.

Informatics & Record Keeping

The SATHI team was able to train the hospital staff to do data entry on the computer in addition to the manually prepared case sheet. SATHI laid stress on the benefits of computerized data entry for record keeping.

DAY TWO

A few patients left over from the previous day were first examined and treated. Thus the total number of patients examined rose to 67.

This was followed by a discussion with Dr. Sheth and the administration team from the hospital – namely Mr George and Ms Florey about establishing a regular link via telemedicine with SATHI. It was suggested that this link would be quite frequent initially and then gradually the Vasai centre would work independently until capacity was built, thereafter consulting SATHI only for special cases.



The SATHI team also took a formal class on lymphoedema and telemedicine for the trainee nurses from the Hospital's nursing college. Dr. Gogia talked about lymphoedema and its treatment while Ms. Arun Rekha gave a demonstration of bandaging techniques and usage of pump. She emphasized that multi-layer bandaging were needed at night after the compression socks were taken off. She also suggested weight control, salt and sugar reduction, benefits of high fiber diet and regular use of compression stocking.



Notable Findings from the camp:

- It was found that there is not a single lymphoedema clinic in Vasai. Information that it is treatable, let alone how to treat this was lacking amongst medical professionals and other health workers
- Out of the 67 patients registered, two (2) did not have lymphoedema, seven (7) did not get checked up and one (1) had lymphoedema of the arm there were 57 with lower limb oedema. Two patients were serious enough to require admission.
- 49 of the 67 patients with lower limb oedema had fungal infection of the toes.
- Fungal infection is a significant entry point for bacteria. It is worse during the monsoon, besides a swollen limb tends to sweat more. Whether a cause or effect, it needs to be treated. Therefore hygiene of the feet was of utmost importance.



- Patients were mainly from the weaker sections and were engaged in fishing or working the paddy fields. In both cases their limbs were in protracted contact with water.
- Most of the patients had not received proper or regular treatment and were not aware whether treatment was available.
- Medical practitioners too were unaware of all the dimensions of lymph oedema.
- 49 patients were administered penicillin after the mandatory sensitivity test. None of them were allergic on testing or showed any adverse effects.
- Follow up of the patients showed that almost all of them had improved owing to the penicillin treatment. With regular use of machine and bandaging they are expected too improve further
- Using the SATHI software, demographic records of 49 patients were obtained
- Acute infections needed anti-biotic treatment over above the penicillin. Ulcerative lymphoedema requires a special bandaging technique. This was demonstrated in an admitted patient
- It was difficult for the fishermen to wear bandages or compression socks owing to their occupation.
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