VOLUME - VII, OCT 2019

Royal Care

CHAIRMAN'S COLUMN

Festive greetings to all !

It's indeed a proud moment for everyone at Royal Care as we are completing 3 years of quality patient care and stepping into 4th year of operations by November. I assure everyone that our journey towards affordable healthcare with cutting edge technological advancement in medical field will be stronger in the coming years.

Happy to announce that we have successfully started the renal transplant program at Royal Care. Hopefully soon we will be doing the liver and cardiac transplants and we are fully equipped .

With expanding middle classes demanding more comprehensive medical care, governments as well as private healthcare establishments in the emerging markets are under pressure to invest as chronic disease rates — particularly those related to Western lifestyles — dramatically increase and the average age of their once-young populations begins to rise. Inspite of the slight economic slow down in the Indian subcontinent, we are committed to expand our infrastructure with addition of new facilities for fulfilling the vision of affordable and quality healthcare .

Regards

Dr. K. Madeswaran

Founder Chairman

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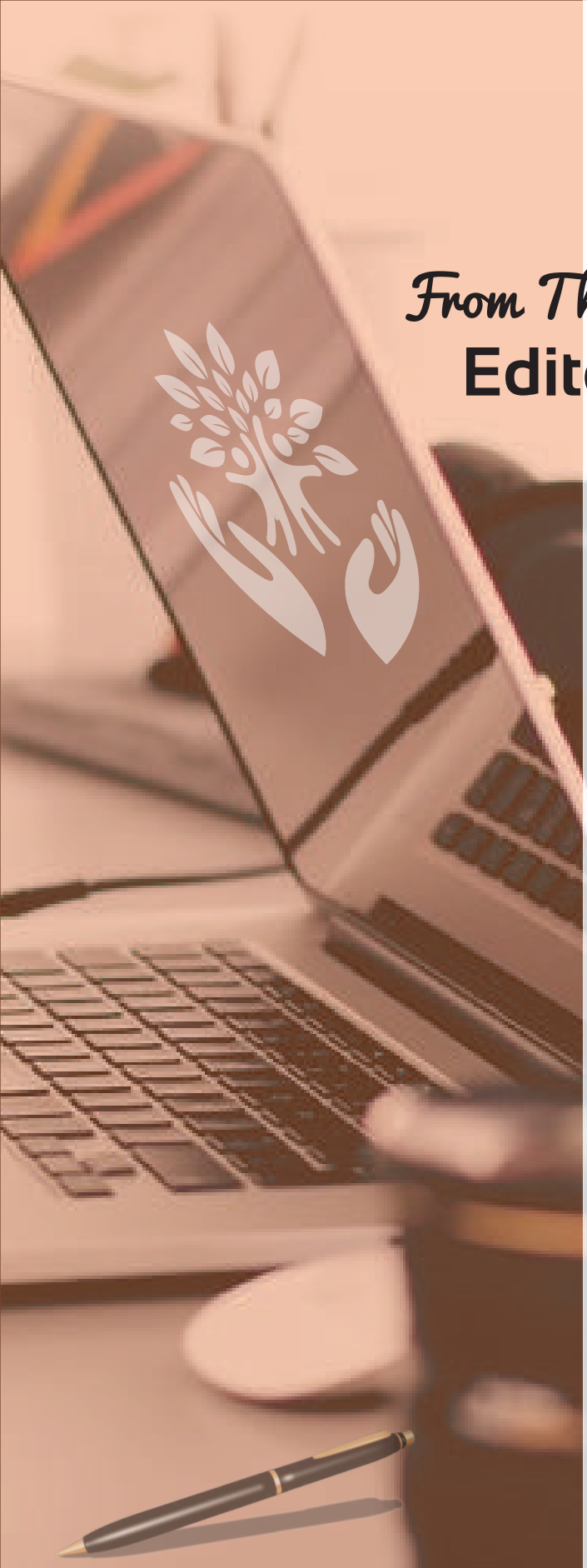

From The Editor's Pen...

"The purpose of life is not to be happy. It is to be useful, to be honorable, to be compassionate, to have it make some difference that you have lived and lived well".

- Ralph Emerson

Indeed, magnitude of some achievements can never be expressed clearly on paper. One such is the achievement of our Institute of Critical Care Medicine setting up a state wide poison help line and information centre within our hospital premises. It shall function 24/7 and help innumerable people around the state.

*We congratulate **Dr.Vijayan** on being awarded as **"Inspiring Neurologist of India"** and also other consultants who presented in international & national conferences as invited faculty. Various camps and health awareness campaigns were conducted by the hospital and the general public benefited immensely.*

In this issue, we have articles on Plastic and re constructive surgery and the experience of a Iraqi patient on bronchial thermoplasty. High end cases like vascular interventions are also showcased in this edition. We welcome the new consultants who have joined the Royal Care family and wish them a very bright future.

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ICU MISSION

" Highly experienced and dedicated professionals along with State of the Art Infrastructure, ensuring high quality care in a cost effective, empathetic and evidence based way"

REFERRAL CENTRE FOR

- Acute Coronary Syndrome
- Polytrauma
- Obstetric Emergencies
- ARDS
- Acute Stroke
- Aneurysmal Bleed
- Poisoning
- Envenomation
- Acute Kidney Injury
- Severe Sepsis / Septic shock
- Gastro Intestinal Emergencies

BEST PRACTICES

- ECMO retrieval of sick patients
- Primary PCI programme
- Acute Stroke thrombolysis / Thrombectomy
- Aneurysmal coiling and clipping
- Comprehensive ARDS care including Prone & ECMO
- Hypothermia for Cardiac arrest survivors
- Multi-organ support for septic shock
- Advanced hemodynamic & Neuro monitoring
- ICU Outreach in ward
- ICU follow up clinics

CONSULTANTS TEAM


Respiratory Therapists


Sr. Nursing team


Physiotherapists


Nutritionists


Clinical Pharmacists


Secretary Team

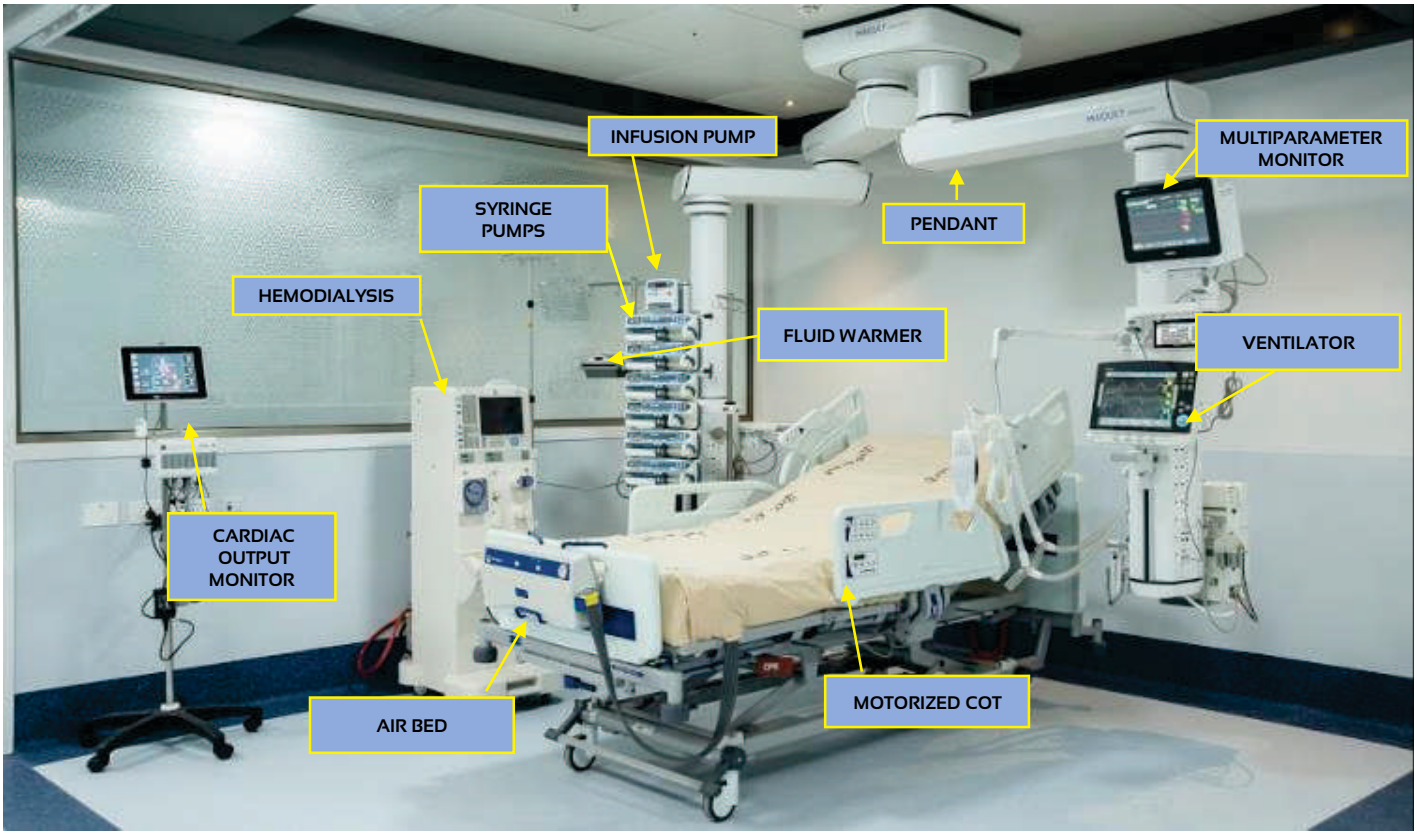
Physicians with structured Intensive Care training and extensive experience available round the clock

24/7 consultant back up from all specialities

Allied health personnel Respiratory therapists, Physiotherapists, Clinical Pharmacists, Nutritionists, Infection control nurses as regular members of the ICU team

Nurse Patient ratio appropriate to the patient needs


ICU TEAM



- Advanced monitoring solutions including Cardiac output, EEG, ICP, TCD & Centralized monitoring
- State of the Art Invasive and Non invasive ventilators
- ECMO & IABP facilities
- Dedicated ECG, Ultrasound, ECHO, ABG and mobile digital X-ray system
- Hemodialysis and Continuous Renal Replacement Therapy
- Patient warming system & sequential compression devices
- New feature of electronic charting has been implemented to reduce the workload of nurses and physicians and to make the ICU Paperless enhancing patient care time.

DRUG & POISON INFORMATION CENTRE

: 1800 1200 34 / 0422 - 222 7 333

Highly trained & experienced critical care physicians

In house ABG analyser, Pharmacy and Store

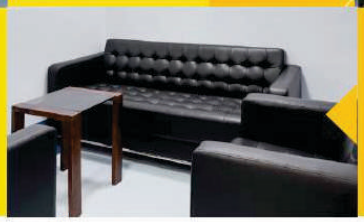
Specific nutrition preparation area with laminar flow

Isolation facilities

Electronic Charting to increase efficiency of nurses

Dedicated individual patient care areas with central monitoring station

Dirty Utility Room



Counselling Room

UNIQUENESS OF OUR ICU

- Highly trained & Experienced critical care physicians taking care of patients 24 X 7
- Well qualified & dedicated paramedical team
- Electronic charting
- In house ABG analyser, pharmacy & Store
- Specific Nutrition preparation areas with Laminar flow
- Dedicated individual patient care areas with central monitoring station
- Isolation facilities - For patients who need contact or airborne precautions
- In house tracheostomy and other basic surgical procedure facility
- Post hospital discharge - ICU follow up clinics
- Protocolized & Evidence based care

SIMVENT 2018

Simulation based advanced mechanical ventilation workshop for 2 days was conducted on 26th & 27th October 2018. It was very well attended by more than 100 doctors and respiratorytherapistsfrom South India

In May 2019, we had 2 days thematic based conferenceon Toxicologyand Trauma at the Le Meridian hotel It was attended by more than 450 doctors who came fromall over the parts of south India and made the conference grand success

ICU UPDATE 2019

ICU UPDATE 2019

As a part of the conference, Royal Care Drug & Poison Information Centre was inaugurated by Dr. B.Asokan Dean - Coimbatore Medical College. Dr. V.V.Pillai Professor & HOD, Forensic medicine, Amrita Vishwa Vidyapeetham, Kochi was the guest of honour.

EDUCATION

Courses offered at Institute of Critical Care Medicine

- Indian Diploma in Critical Care Medicine (IDCCM) - 2 seats per year

  It is a one year course for MD/MS/DNB candidates and 2 years for DA/DTCD or equivalent candidates.

- Post MBBS Certificate Course - 2 seats per year

  Critical care is an upcoming Speciality and presently has a huge shortage of trained dedicated manpower. MBBS doctors are a major workforce in ICU teams. It is a two years course for MBBS candidates.

- Indian Diploma in Critical Care Nursing (IDCCN) - 4 seats per year

  This course is designed to assist nurses in developing expertise and knowledge in the field of Critical care Nursing

AWARD FOR EXCELLENCE

INSPIRING NEUROLOGIST OF INDIA

Dr.K.Vijayan
MBBS, MD (General Medicine), DNB (Internal Medicine), DM (Neurology), ASN (USA).,
Consultant Neurologist & Neuro Sonologist

THE ECONOMIC TIMES DOCTOR'S Day Conclave 2019 2nd Edition

Marking the birth anniversary of Dr B C Roy, the Economic Times Doctors Day Conclave,2019 mobilised some of the best minds of healthcare and medicine sector under one roof for an interactive conference and probed about the issues affecting healthcare and increasing healthcare demands in India, especially the challenges faced by doctors, recent essential initiatives taken by the government and what the extensive future holds in the terms of technological advancements.

Being a distinguished Neurologist and Neurosonologist, Dr. K. Vijayan, who specialised in Sono Thrombolysis, Carotid Endarterectomy, Intracerebral Hemorrhage, Ischemic Stroke was conferred with the most inspiring doctor of India by Economics Times.

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GLIMPSE

Guest of Honour
Dr. K. Madeswaran
@ Lions Club of Pollachi
Liberty 19th year installation.

1-7August 2019
World Breast Feeding Week
Health Awareness Talk
Programme by
Dr. Selvi Paulvannan
at Southern Railway, Podanur

CME Program at Namakkal by
Dr. M.N. Sivakumar &
Dr.T.A. Senthilnathan
Institute of Critical Care Medicine

28th July - World Hepatitis Day
Signature Campaign
at **CBE Railway Station.**

Women's Health Awareness Talk
by
Dr. S. Kalyanakumari
at SNS College

Multi Speciality Camp at
Sulur in association with
Sulur Lions Club

73rd Independence Day
Celebration flag hoisting
@
Royal Care Premises

5th September Teacher's Day
Health Awareness Talk
Program @ Sri Gopal Naidu
Higher Sec.School- Peelamedu
by **Dr. P. Krishnananda,**
Dr. Dinesh Chidambaram, Dr. N. Anitha

The Doctors Meet Program @
The Associations of Surgeons
of India - Dindigul city branch
on 15.09.2019
by **Dr. N. Sudhakar**
and **Dr. T. Sujit - Institute of Oncology**

CME Program at
Namakkal on 4th September
by **Dr. N. Sudhakar**
and
Dr. T. Sujit - Institute of Oncology

IRAQI PATIENT GETS BRONCHIAL THERMOPLASTY

Bronchial Thermoplasty (BT) is a method of using radio frequency to help asthmatic patient by reducing the amount of thickened smooth muscle in their airways.

Iraqi homemaker Ms. Ruqayah Taha Majeed, 54 years old from Babylon, Iraq has been an asthmatic since childhood and her condition has steadily worsened for the past two decades.

Four months back, an Iraq based interventional pulmonologist referred her to Royal Care for BT. This doctor was one among the 15 doctors from abroad and 250 doctors from within the country to have received training at Royal Care in interventional pulmonology.

Ms. Ruqayah, would avoid climbing stairs or playing with her grand children at home. She needed to go to the hospital almost monthly for an emergency nebulization and would require admission at least thrice a year. She was constantly living in fear of an asthma attack till her first session of BT in Royal Care.

Ms. Ruqayah said she found a vast difference after her first session of BT. "I found myself more energetic, less breathless and actually climbed my first flight of steps. After my second session, I could travel between Coimbatore and Iraq without issues,"

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BRONCHIAL THERMOPLASTY

Dr.V.R.Pattabhi Raman
MD, DNB, (Resp. Dis).,
Consultant in Interventional
Pulmonology & Sleep Medicine

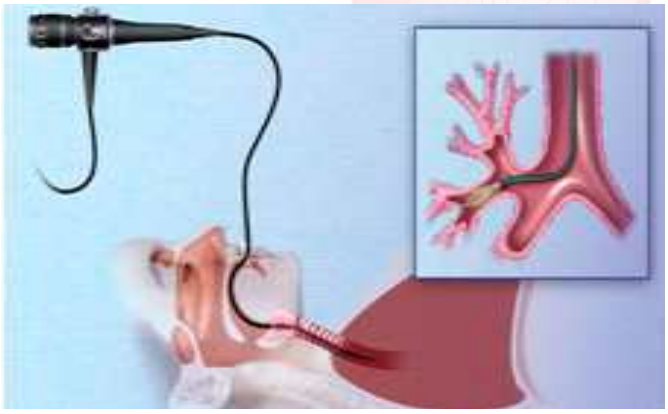
Dr. S. Mahadevan
MD (Resp Dis).,
Consultant in Interventional
Pulmonology & Sleep Medicine

Dr. Arjun Srinivasan
MD, DM (Pulm & Crit. Care).,
Consultant in Interventional
Pulmonology & Sleep Medicine

Introduction

BT is a novel treatment of patients with severe asthma who continue to be symptomatic despite maximal medical treatment. BT was approved by FDA in 2010 and remains the only device based non pharmacological treatment for severe asthma . Randomized controlled clinical trials of BT in severe asthma have shown an improvement in quality of life, as well as a reduction in the rate of severe exacerbations and emergency department visits.

Asthma is a syndrome of nonspecific airway hyperresponsiveness, inflammation, and intermittent respiratory symptoms triggered by infection, environmental allergens, or other stimuli. Severe asthma is characterized by persistent



symptoms, increased medication requirement, airflow limitation, and frequent exacerbations. Although severe asthma is estimated to be present in less than 10% of all patients with asthma, these patients exhibit the greatest morbidity and consume an overwhelming proportion of health care costs . The mainstay of asthma therapy is inhaled corticosteroids, short- and long- acting β2-receptor adrenergic agonists, and leukotriene antagonists. Anti IgE and monoclonal antibody against IL 5 are being used in cases of severe asthma.

BT was first introduced in India at Royal Care Super Speciality Hospital in 2017.

Patient selection

- Patient with severe bronchial asthma, who continue to be symptomatic despite maximal medical treatment are included.
- Patient with implanted electronic devices are excluded.

Case study

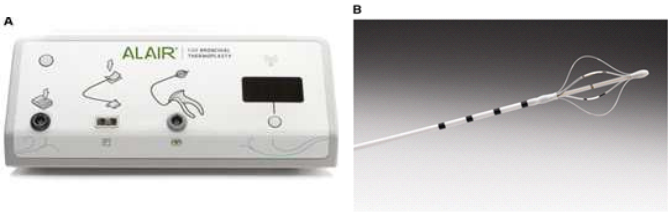
Our patient is a 54 years old pleasant lady from Iraq, who was diagnosed with bronchial asthma since childhood. She was treated medically at her home town but she had frequent exacerbations and hospitalizations. She was referred to our hospital for BT.

Session	Session 1	Session 2	Session 3
FEV 1	1.03L	2.0 L	2.14 L
Actuations	88	91	116

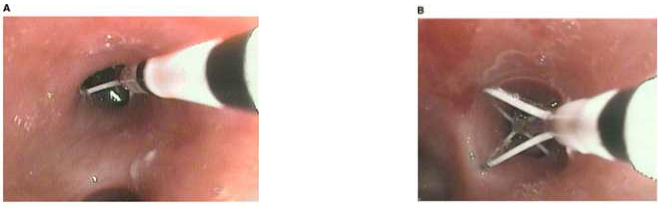
Procedure

BT, a new concept in the treatment of asthma, aims to reduce the airway smooth muscle (ASM) mass with the goal of diminishing bronchial constriction and ameliorating asthma symptoms. The reduction in ASM is accomplished by delivering controlled thermal energy to the airway walls during a series of three bronchoscopies. The thermal energy is delivered via the Alair system

(Boston Scientific), which consists of a radiofrequency electrical generator and a single-use catheter with an expandable four-electrode basket at its distal tip. The electrical energy delivered through the electrodes is converted into heat when met with tissue resistance. A continuous feedback to the energy generator ensures close regulation of the degree and time of tissue heating to the desired pre specified temperature of 65° C. This temperature was arrived at on the basis of experimental animal and human data with the goal of achieving reduction, rather than eradication, of the ASM mass and minimizing damage to structures adjacent to the airways. The energy is applied for 10 seconds at each treatment site and is estimated to reach 18W. Bronchial thermoplasty is delivered in a systematic fashion to airways located beyond the main stem main bronchi and are on average 10 to 3mm in diameter with exclusion of more distal airways.



Bronchoscopy with BT is done under general anesthesia. The procedure begins with a thorough airway examination to check for any mucosal or secretions characteristic of infection, which should prompt a discontinuation of the procedure. If this is these condor third BT bronchoscopy, the operator should carefully inspect the previously treated airways for any signs of inadequate healing, which would require rescheduling of the procedure. Next, the bronchoscope is navigated to the most distal branch of the targeted airway and stopped at a point that maintains bronchoscopic view of the small air way wall. The catheter is then inserted through the bronchoscope to treat the most distal visible part of the airway. The electrode basket is expanded, via a proximal handle, enough to establish sufficient contact with the airway wall. The energy delivery is initiated via a foot switch and lasts approximately 10 seconds for each application. A distinctive sound generated by the controller accompanies each activation and is disrupted when contact of the electrodes with the airway wall is lost. Once an activation is completed, the operator collapses the electrodes basket and retracts the catheter 5 mm to start the next application. Repeated applications are performed from distal to proximal branches at 5-mm intervals to achieve contiguous non overlapping treatment of the entire targeted airway. Five-millimeter markings exist on the distal portion of the catheter to assist the operator in following the recommended distance for adjacent applications. It is important for the operator to have a systematic plan to sequentially treat all the distal segmental branches in order not to skip a segment or duplicate a treatment in another segment. Because of variation in airway anatomy among patients, the number of activations required per procedure varies a great deal but averages 40–60 activations, leading to an average length of a BT bronchoscopy of 45 – 60 minutes.



At the end of the procedure, the patient is carefully monitored in the recovery area and discharged once base line status is regained and post procedure FEV 1 is equal to or greater than 80% of pre procedure measurement. The patient had close follow-up in the first week after BT to treat any emergent respiratory ailments.

Conclusion

Bronchial Thermoplasty is a treatment for patients with severe asthma who remain symptomatic despite adherence to the standards of medical care. Data from clinical trials suggest that patients treated with BT experience an improvement in quality of life, reduction in the rate of severe exacerbation and emergency department visits.

The short-term adverse events consist primarily of airway inflammation and occasional more severe events requiring hospitalization. Proper patient selection and optimal pre- and post procedural management are essential for a successful outcome.

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THE PURSUIT OF PERFECTION IN TISSUE RECONSTRUCTION

Dr. C. Senthilkumar MS, MRCS, (UK), MCh (Plastic).,
Consultant Plastic And Cosmetic Surgeon

With the discovery of Antibiotics the number of casualties in the World war II were reduced, nevertheless, more people lived with disabilities and defects. Demand for addressing these issues gave birth to a new field called 'Plastic surgery'. Then plastic surgeons tried various methods and innovations to solve these issues. Although, in the beginning it was an experimental, now every procedure in Plastic and Reconstructive operations are highly technical and skillfully demanding endeavours.

As human tissue does not restore itself following loss, it remains very important to replace the lost tissue to protect, heal and bring back near normal function. Thus, Plastic surgery is procedure done for restoring the form and function of the defects and deformities that happen due to trauma or injuries. There are plenty of ways to do it.

Armamentarium

We are very well equipped with options to meet the requirement, as and when. Starting from the simple Skin grafting to flap surgeries. Even the flap surgeries, which means moving a tissue from one place to another with its blood flow intact, has under gone many revolution. Free flap ,which lies at the pinnacle of the tissue reconstruction, is an example of marriage between technology and conventional anatomical knowledge.

Free Flap

A Free Flap is indeed a composite tissue that is detached with it's own supplying blood vessels, freed from the native place and made to connect to a blood vessels near the new region where the tissue is needed to cover the defect. It entirely depends on the new relationship for its survival. It could be made of only skin and fat or muscle or bone or all of it. By doing so we can, not only tailor our needs but also we can have exponential choices of flaps to harvest. None the less, all is not well.

The vessels are of diameter are at the best 4mm and inmany instances it is less than that. Thus,joining the free flap at the recipient site needs skills and equipments, both of which are the bottle neck for these surgeries. An operating microscope is an inevitable part of free flaps with magnification upto 40 times. Speaking about skills, as in any surgeries it needs to be disciplined and acquired with effort and positivity.

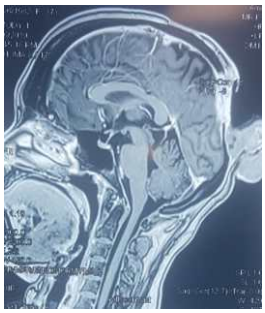
Every flap failed, which means failure to sustain the blood flow into the flap from the new site, is night mare to surgeon. Need for another surgery means a big burden for the patient both psychologically and economically. None the less, only less than 4% incidence of flap failure world wide.

Case report

A young lady came to us with repeated growth of ulcerated mass on her scalp. She was operated many time at different hospitals for the same. At present as the tumour was extending upto the dura (inner brain layer) and the mere size of the mass ranging upto 20x18 cms many centres were not ready to take up.

After complete evaluation we planned to go a head with the excision and reconstruction.The tumour was excised by Neuro surgeon and Onco surgeon working as a team. The dura was closed and it didn't need any reconstruction. The defect was 22x 19cms with scalp and cranium (10x8 cm). With such a large defect we choose the largest muscle in the body, the latissmus dorsi.

The muscle was harvested with patient in lateral position and with a long incision over the muscle. The pedicle was isolated and clamped at the highest point to get the maximum length of the



pedicle and possibly a better diameter (2mm) vessels to work with. Recipient vessels were looked on superficial temporal artery. As there was difficulty to get a proper sized vein we had take vein graft from the post auricular region and use it.

Sutures used for vessles anatomosis were ethilon 9.0. with Carl zeiss ultra high end operating microscope (Kinevo900).

To cover the bare muscle, skin was harvested from the thigh and fixed on the muscle. Post operatively patient was taken care with antibiotics and we used blood thinners as the duration of the anastamosis were long. Patient recovered very well and due for radio therapy.

To sum up.

Most patients coming to a tertiary care centre are in delayed stage , presenting in complex and complicated situation. A team of various specialties bring together different skills and knowledge those are mandatory to address such conditions. Technology with advanced equipments makes the present surgeon to advance further in the patient care. We can achieve what our predecessors would be proud about. Thanks to Sir Harold Gillies , the Father of Modern plastic surgery, for starting it all in 1910.

DEPARTMENT OF PLASTIC AND COSMETIC SURGERY

Some of the Commonly Done Procedures are

LIPOSUCTION	Removal of fat through small holes with help of a machine
GYNAECOMASTIA	Male breast reduction through lipo suction. Minimal scar compared to old methods
ABDOMINOPLASTY	Tummy tuck - correction the larger abdomen for both men and women (Post pregnancy)
RHINOPLASTY	Nose reshaping
BREAST SURGERIES	For reducing and improving the size of the breast though implants and other methods
OTOPLASTY	Bat Ear (Prominent) correction.
BLEPHAROPLASY	Sagging eyelids of old age correction,
SCAR REVISION	Ugly and prominent scar removal.
FAT TRANSFER	Latest treatment in improving scars and shape abnormalities. Involves using one's own fat to improve the appearances.
BODY CONTOURING	These are procedures in which loose skin and fat are removed and remaining skin is tightened to give a more toned and youthful appearance.

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FLOW DIVERTERS - DAWN OF A NEW ERA IN THE TREATMENT OF BRAIN ANEURYSMS

Dr. B. Madan Mohan
MD, PDCC, FINR.,
Consultant Interventional Radiologist

Dr. P. Sampath Kumar
MD, DNB, PDCC
Consultant Interventional Radiologist

Brain (Intracranial) aneurysms are balloon-like outpouchings in the blood vessels of the brain (arrow in Figure 1). Rupture of these aneurysms result in Subarachnoid hemorrhage, a potentially fatal condition. Endovascular therapy for the treatment of brain aneurysms was revolutionised by the advent of coils in the early 1990s. In this "Coiling" procedure, small platinum coils are deposited inside the aneurysm lumen (Figure 2). This protects the aneurysm from rupture (or re-rupture in patients presenting with a ruptured aneurysm). This procedure has remained the mainstay in endovascular aneurysm treatment for the past three decades.

The last decade has seen a gradual emergence of a new technology called 'Flow diverters'.

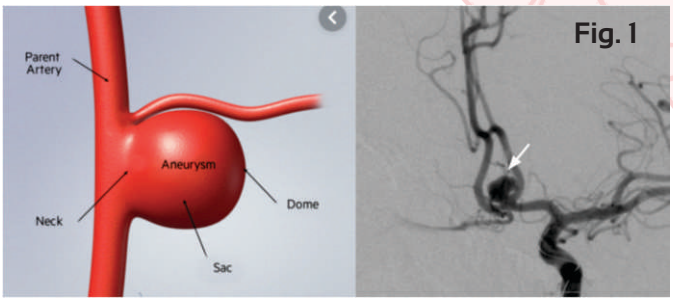


Fig. 1

What are Flow diverters?

Flow diverters are similar to stents used elsewhere in the body. However they differ from conventional stents in that, the strands that make up the stent are very thin (~30 microns) and the pores formed by the interwoven strands are extremely fine.

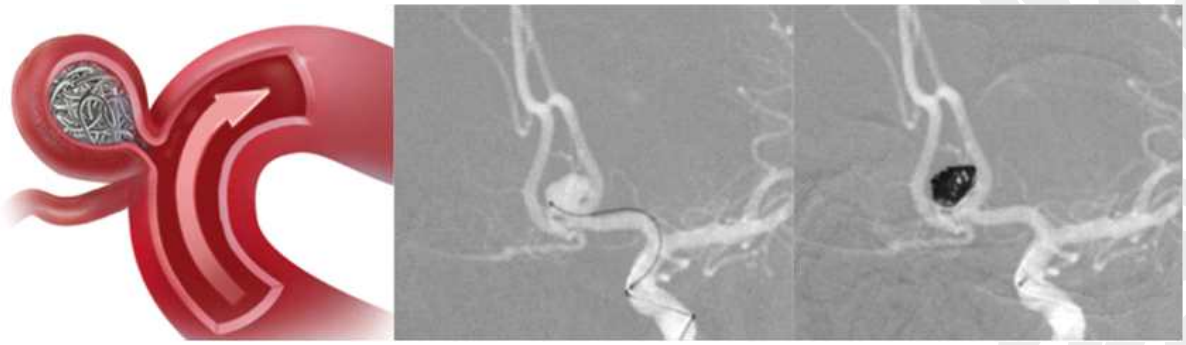
How do flow diverters help in aneurysm treatment?

In the treatment of aneurysms, flow diverters are deployed in the artery which harbors the aneurysm in such a way that flow diverter stent lands across the aneurysm neck. (Figure 3 and Figure 5). Because of its fine pores, the device diverts the blood flow from the aneurysm sac, thus reducing shear stress on the aneurysm wall and promoting intra-aneurysm flow stasis and thrombosis. In the long run, flow diverter provides a scaffolding for the development of endothelial and neointimal tissue across the aneurysm neck.

What are the advantages of flow diverters over coils?

- As is evident in Figure 2, treatment with coils requires the entry of a microcatheter into the aneurysm lumen. This is a critical step during aneurysm coiling. On the other hand, for flow diverters it is sufficient to pass the catheter into the parent artery and avoid entering the aneurysm (in most situations).
- Procedure time for flow diverter treatment can be relatively lower compared to a coiling procedure.

Fig. 2



Are coils obsolete now? Are they being gradually phased out?

No. Coils are still the mainstay in the endovascular treatment of aneurysms.

What are the advantages of coils over flow diverters?

- In flow diverters, complete obliteration of the aneurysm may require weeks to months. Coils can achieve this instantly in most cases.
- Flow diverters carry the risk of thrombosis. To avoid this, patients have to be premedicated with double antiplatelet medications. Antiplatelet medications have to be continued after the procedure.
- Flow diverters are expensive devices. Treatment with flow diverters, in most cases, end up being costly compared to a coiling procedure.

Coils vs Flow diverters?

Coiling is the endovascular treatment of choice in most cases of intracranial aneurysms. At present ,flow diverters are used to treat complex aneurysms (fusiform, large and giant, wide neck, small aneurysms untreatable by conventional coiling) as well as coiling recurrences. Thus, Flow diverters are not a replacement for coiling. They are a valuable addition in the armamentarium of an Interventional radiologist, expanding the scope of and possibilities in aneurysm treatment.

Fig. 3

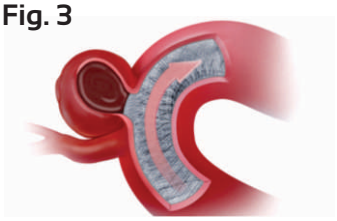
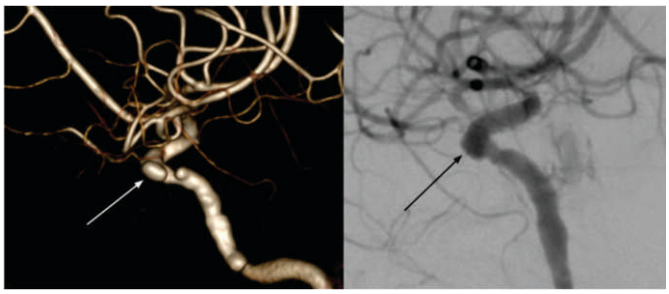


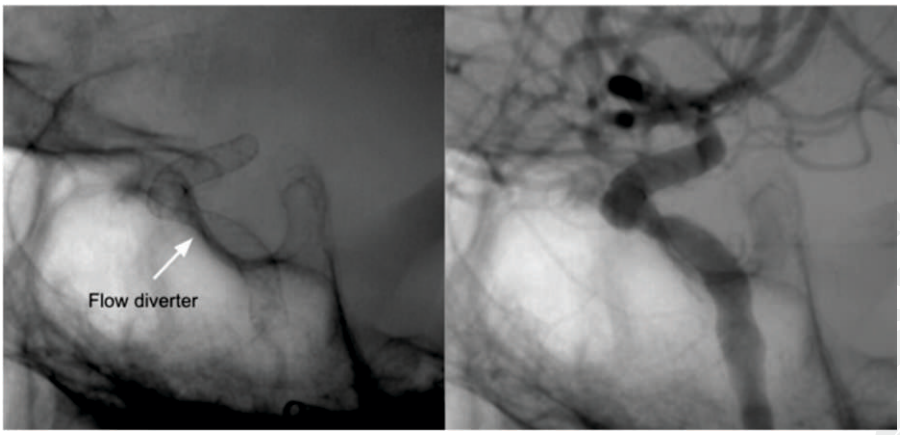
Fig. 4



Case

64 year old male presented with a history of acute onset headache with loss of consciousness. At the time of presentation his GCS was 13/15. CT scan revealed Subarachnoid hemorrhage (Modified CT Fisher grade). Diagnostic cerebral angiogram (arrows in Figure 4) revealed a dysplastic Internal carotid artery with a small aneurysm ('Blister' aneurysm) in the ophthalmic segment of Internal carotid artery. The anatomy of this aneurysm was not amenable for coiling. Hence, the patient was treated with a flow diverter (Pipeline embolisation device) (Figure 5) after starting on dual antiplatelets. The patient was discharged 2 weeks after the procedure. At 5 months clinical follow-up, the patient is doing well with no neurological sequelae.

Fig. 5



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Welcomes ...

Dr. Kirubanand Jaganathan, MS, MRCSEd, MCh (Uro), DNB (Uro), FRCS (Uro).,
Consultant Urologist & Laparoscopic Urological Surgeon

Completed MBBS - Madras Medical College, Chennai in 1997. He has achieved MS(Gen Surgery) - Kasturba medical college, Mangalore in 2000. MRCSEd - The Royal college of surgeons of Edinburgh, UK. Diplomate in National Board of Examinations, Newdelhi (Genito-urinary surgery). He also holds Mch(Genito-urinary surgery) - Stanley Medical College, Chennai in 2005. And subsequently obtained FRCS(Urol) - Intercollegiate Speciality Board, UK 2010. He worked as a Consultant Urologist in UK for 4 years before moving to India in 2015. Now he joined as a Consultant Urologist & Laparoscopic Urological Surgeon at Royal Care.

Dr. N. Anitha, M.B.B.S, D.G.O.,
Consultant Obstetrician Gynaecologist & Infertility Specialist

Completed her MBBS from Coimbatore Medical College in the year 1999 and her post-graduation in Obstetrics & Gynaecology from PSG Institute of Medical sciences Research and Hospital in the year 2004. She was a Consultant in Obstetrics, Gynaecology and Infertility at Gateway Hospital coimbatore. And now she joined as a Consultant in Obstetrics, Gynaecology and Infertility at Royal Care City Unit.

Dr. K. Preetha Rani,
MBBS, MS, M.Ch Plastic Surgery (PGI Chandigarh).,
Consultant Plastic, Reconstructive and Cosmetic Surgeon

Completed MBBS from PSGIMSR in 2008. She has obtained MS General Surgery from Madurai Medical College in 2012. And has subsequently obtained MCh Plastic Surgery from PGIMER Chandigarh in 2015. Has worked as Associate Consultant Plastic Surgeon in Sri Ramachandra Medical Centre, Porur, Chennai till August 2019, before joining our Royal Care Hospital.

Dr. S. Swathiga
MBBS, DMRD, DNB.,
Consultant Radiologist

Completed MBBS from Government Mohan Kumaramangalam Medical college, Salem in 2011. Completed DMRD from Madras Medical College, Chennai in 2014. Worked in SRL HI Tech Scans, Coimbatore between 2014-2015 and as Senior Resident in Coimbatore Medical College between 2016-2017. Obtained DNB from Kovai Medical Centre and Hospital, Coimbatore in 2019. Now she has joined as consultant Radiologist at Royal Care.

Dr. A. Saranya
MBBS, DMRD, DNB.,
Consultant Radiologist

Completed MBBS from Thanjavur Medical College in 2011. DMRD from Raja Muthiah Medical College in 2016. Obtained DNB from Billroth Hospital Chennai and she joined Royal Care as a Consultant Radiologist.

Dr. P. Ramachandran
MBBS, MD (Radio diagnosis).,
Consultant Radiologist

Completed MBBS in 2011 from Madras Medial College and MD (Radio diagnosis) in 2019 from Coimbatore Medical College. Joined Royal Care Super Speciality Hospital immediately after finishing post-graduation as a Consultant Radiologist.

Dr. Mukil Kannan
MBBS, MD (Radio diagnosis), Fellow in MSK.,
Consultant Radiologist

Completed MBBS in 2009 from Coimbatore Medial College and MD (Radio diagnosis) in 2015 from King George's Medical University, Lucknow. Completed Musculoskeletal Radiology fellowship in 2016 from Ganga Hospital and worked as Senior Registrar in Ganga Hospital before joining Royal Care Super Speciality Hospital.

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