



## ALIVE HOSPITAL & TRAUMA CENTRE

Activity Report 2011 June - Feb 2012

Trauma Surgery

Neurosurgery

Spine Surgery

Physical Disabilities

Paediatric Orthopaedics



Plastic Surgery

Dentistry

Medicine / ICU

Surgery

OBGY

एलाईभ हस्पिटल एण्ड ट्रमा सेन्टर प्रा.लि

We extend our hands to support and save lives

*Well Wishers*



*Prof. Dr Ashok K. Banskota & Prof. Dr Jwala Raj Pandey*

*"Great people do not do different things*

*They do simple things in a different way."*

## *Vision*

To build a well equipped western style level I trauma centre, and provide specialized service to the patients.

To be the centre of excellence which will be the pride of our country.

## *Mission*

To provide the quality treatment at affordable cost to every citizen according to the country's need.

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Trauma	
Spine	
Anaesthesiology	
Neurosurgery	
Paediatric Orthopaedics	
Physical Disability	

## Plastic Surgery

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### *Highlights of 2011 June onwards*

#### **Clinical works**

Out Patient Registration:

Admissions:

Surgeries:

ICU Admission-

Emergency registrations:

#### **Events**

Agreement for the Hospital establishment- 1<sup>st</sup> Mangshir 2067 BS.

Handover of the hospital Ashad 2068 BS.

Beginning of the hospital with Puja 12<sup>th</sup> Ashad 2068 BS

Hospital Services started on 24<sup>th</sup> Ashad 2068 BS

Started Neurosurgery work on 1<sup>st</sup> Bhadra 2068 BS

Inauguration of the hospital- 28<sup>th</sup> Jan 2012 (14<sup>th</sup> Magh 2068)

## Community Service

Free Health Camp- For disabled people, 3<sup>rd</sup> Dec 2011, World Disabled Day.

Free Dental Camp- For the people of Kaule, Chitwan, 4<sup>th</sup> Feb 2012

Free Health Camp- General including Orthopaedics, Dentistry & Medicine, 12<sup>th</sup> Feb 2012.

*'Great minds discuss ideas, average minds discuss events, small minds discuss people'*

*-Eleanor Roosevelt*

*Chairman's words....*



Dear All,

First of all, it is my pleasure to greet you all and share some of the ongoing activities of AHTC.

There is a changing pattern of RTA in Nepal from low to high energy collision. Many people bleed to death on the roads, and some even lose lives or become lifelong morbid because of delayed treatment. Simple fracture of bone results into amputation of the limb or even death due to mismanagement at the initial hours at the outset.

There are many hospitals and health centres, (most of them located at Kathmandu valley) in Nepal but none is focused towards trauma and rehabilitation. There is not a single trauma centre in Nepal. There is not a single hospital except HRDC which deals with physical disabilities. We have been doing a lot of such cases on charity basis.

We have a lot to improve in this trauma centre to make it the best trauma centre not only in Nepal but also in the south Asia.

Alive hospital and trauma centre is the first trauma centre in Nepal that also built outside Kathmandu valley, in a view to provide timely and efficient services to the patients within the golden hour. We have been doing so many of such cases. We extend our hands with all those who are interested for help and support of the patients in need.

Best wishes

Dr Pramod Lamichhane

Chairman, AHTC

*Managing Director's words...*



## Friends

Alive hospital & Trauma Centre has been working hard to be the top in medical field with the process of the reform and opening up of our country.

We insist on “technical and scientific innovation, curing chronic and stubborn diseases and benefiting the society all the time”, adhere to the policy that regarding patients as the center and continuously strengthen both spiritual civilization and material civilization building. We have been making great efforts to improve service level and professional level, create best recovery environment, better benefit people and set up a brand new banner in modern medical field.

Beside of providing the best level of medical care, we - the staff of Alive Hospital & Trauma Centre never forget our obligation to fulfill our duty at the highest level of service. It is with a constant smile and a constant loving hug, that we treat our patients. We never forget to hand out a comforting hand, and to support our patients in their hard times.

My dear friends, allow me on behalf of all the staffs of Alive Hospital & Trauma Centre, to thank all leaders, experts and medical colleagues that care about and support the development of the hospital since its birth. I also wish that all patients all over the world early recovery and forever happiness.

*Director's words...*



Fundamentally, I believe, employees treat patients in the same manner as they themselves are treated by Management. If high integrity, fairness, and trust are valued and effectively modeled by leadership, then there is a great opportunity to create a compelling work environment that promotes and sustains high levels of service. When we consistently demonstrate to our people that they are highly valued, it is amazing how much they make our patients feel valued.

We are proud to announce that AHTC is one of the leading and fast growing centre in a Chitwan medical city of Nepal. We have done more than 450 operation cases within a year and more than 98% of the patient are satisfied with our service .Though we are only 50 bedded hospital ,we have more than 70 manpower apart from specialists and Medical officers. Thousands of people are provided with quality health services for their health related problems and the number is increasing day by day.

Though the hospital is being popular as a trauma centre which mainly focuses on trauma, we also provide services of different faculty like Dental, Dermatology, ENT,,Obsy/Gynae,General Surgery, Physician,Orthopaedic,Physical disabilities and so on. We are the first private hospital in chitwan(after two medical colleges) to run ICU service. This hospital has also allocated 2 beds out of 50 for a charity purposes which for economically deprived people of Nepal is absolutely free. We are only the centre in Chitwan which deal wick cold orthopaedics like torticollis, club foot ,cerebral palsy, osteogenesis imperfect ,post polio sequel etc. The hospital not only focuses on providing treatment but also focuses on prevention of diseases . This is achieved by various health awareness programs ,community health services and camps which are conducted in rural areas for economically and socially disadvantaged groups. We believe in excellence and quality service than in quantity. Our services are cost effective despite quality and excellencies and this is the reason why we have gain a large number of patients in a very short period of time.

## AHTC-*The Journey*

- Agreement day
- Infrastructure during agreement



At beginning

- 50 beded hospital
- 2 Operating rooms
- 2 beded ICU



Inauguration

- 6 beded ICU
- 3 operating rooms
- Accidents and Emergency rooms
- Neurosurgery Department

*"The Interest of the patient is the only interest we have."*

*-William J Mayo*

*Hospital      Facilities*

Alive hospital and trauma centre started its work on 24<sup>th</sup> Ashad 2068.( 8<sup>th</sup> July 2011 AD. The hospital is located at bharatpur height, Bharatpur -10 Chitwan, infront of Chitwan High school.The hospital is located by the side of the East west highway and 500 meters away from bharatpur airport and is easily accessible by road or by plane.The hospital is the first trauma centre in Nepal dedicated to orthopaedics, accidents, neuro surgery and plastic surgery supported by other departments. The orthopaedic department specializes in all the fields of the speciality, namely accident surgery, spine surgery, paediatric orthopaedics and sports medicine.



Night View of

AHTC



**Outpatient and  
Emergency services-**

The emergency department is equipped with trained doctors and nurses who would initiate advanced trauma life support on arrival of the trauma victims.

The outpatient department consists of many examination rooms for quick and efficient management of patients without delay.

The hospital also has a good reception and a full fledged pharmacy which provide round the clock services.

Casualty

## *Hospital Facilities*

OPD to allow examination in privacy



Outpatient waiting area



**Obstetrics and Gynecology OPD**

## *Hospital Facilities*

### **Operation Theater**

Three operation theaters allow upto 40 operating hours every day. Among them one is primarily orthopaedic theater with well equipped modern instruments and imaging systems. An adequate inventory of all the orthopaedic implants is maintained in the theater to ensure continuous conduct of surgery. The next theater is for neurosurgery and the remaining is for general and other surgeries.





Severe injuries including polytrauma, multiple trauma, open fractures, injury requiring extensive plastic surgery different grades of bed sores, physical disabilities and mal and non union surgeries are performed daily in the dedicated orthopaedic theater.

The operation theater are specially designed with infection prevention as the primary aim. There are well equipped post operative wards separately for various specialities and hitech intensive care unit for trauma and neurosurgery patients with round the clock staff coverage.



## *Hospital Facilities*

### **In Patient Service**

In the line with the hospital's policy and to include all the sectors of the society, there are-

- Two charity beds
- Twenty general wards
- Seven deluxe beds
- Two double cabins
- Two Executive rooms
- Two post operative wards
- Seven Emergency beds
- Six ICU beds



Wards have been designed keeping in mind the socioeconomic status of the patients and the growing trends of medical tourism. The two executive suites allow patients to have treatment in privacy and comfort.



There are separate deluxe wards for stroke and neurosurgery patients with round the clock staff coverage.

The charity beds are reserved for those poor patients who can't afford for the treatment. All the costs, including

consultation and hospital charges are free for these



patients. These beds are occupied throughout the year.

## *Hospital Facilities*

### **Radiology Department**

The radiology department has one AGFA computerized radiography unit (digital X-ray) one 500mA Siemens X ray, one 100 mA mobile X ray, and a Siemens image intensifier( C-arm). This department is also equipped with an ultrasonography unit. These fulfill the daily need of the in and outpatient services of the hospital.



Most of the orthopaedic patients in the operating theater do have x ray done before coming out of the operation to make sure that the operation has gone well.

The upcoming project of the hospital is the CT scan and MRI services which will be installed soon.



Ultrasound is used for daily antenatal cases, trauma cases and sometimes for neuronavigation during Neurosurgery.

## Ultrasonography

# *Hospital Facilities*

## Conference Hall

One of the highlights of the hospital is the spacious conference hall located on the fourth floor of the main building with the sitting capacity of 50 people. Daily hospital grand round, weekly hospital meetings, monthly conference are held at this hall.



## Reception

All the patients are registered and discharged from the reception with round the clock services.

## Pharmacy

Hospital has a well furnished pharmacy. All the drugs and medical and surgical equipments required for the hospital usage and the patients are available there. Service is provided twenty four hours a day.



## Dressing room

Small OPD procedures like small suturing, dressings, debridements, suture removal, injections, plasters are performed in the room. A full time staff is available at the station.

*The Team*



*“Thinking is easy, acting is difficult, and to put one’s thoughts into action is the most difficult thing in the world.”*

*-Johann Wolfgang Von Goethe.*

The hospital is the pioneering speciality centre for inception of the orthopaedics, accidents and plastic surgery. With the department of

neurosurgery in Bhadra 2068 (Aug 2011 AD), comprehensive home care is provided to patients with polytrauma and multiple trauma.

The thrust of the clinical work is supervised and guided by Dr Pramod Lamichhane and Dr Rikal Man Shrestha.

Dr BM Kharel, the dental surgeon and the director of the hospital over all regulates the hospital administrative and medical work at AHTC.



Dr Pramod Lamichhane (Orthopaedic Surgeon)

Dr Rikal Man Shrestha (Anaesthesiologist)

Dr BM Kharel (Dental Surgeon)

Dr Bal Krishna Thapa (Neurosurgeon)

Gupta

Dr Benju Pradhan (Neurosurgeon)

Dr Santosh Yadav (Maxillofacial Surgeon)

Dr Arun Sedai (Physician)

Dr Amit Shrestha (Physician)

Dr Munesh Lakhey (Physician)

Dr Rajiv Shah (General Surgeon)

Dr.C.P Pandey (General Surgeon)

Dr Jeny Shrestha (Gynaecologist)

Dr Shree Prasad Adhikari (Gynaecologist)

Dr Sunil Kumar Shah (Psychiatrist)

Dr Giri Raj Vantwan (Psychiatrist)

#### House Officers

Dr Sashi Bhusan Thakur

Dr Ajay Pandey

Dr Satish Kumar

Dr Subash Poudel

Dr Krishna Kanta Gupta

Dr Ritu Raj Tiwari

Dr Ramesh Bhandari (ENT Surgeon)

Dr Rushma Shrestha (Dermatologist)

Dr Sanjay Shah (Radiologist)

Dr Jaganath Tiwari (MDGP)

## *Department of Orthopaedics*

### **Activities**

This is the most dedicated department of the hospital comprising one full time orthopaedic surgeon, two part time orthopaedic surgeons and two house officers. All of them have special interest and are also closely involved in trauma care with high level of input into the day to day functioning of the unit.

### **Dr Pramod Lamichhane**



Chairman- Alive Hospital& Trauma Centre (P) Ltd.

Head of Department Orthopaedics & Traumatology

### **Publications**

1. Serum lactate

### **Presentations**

### **International**

### **Current Position**

1) Review of Legg Calve Perthes disease at HRDC

2) Role of Serum lactate in evaluation and management of patients with long bone fractures

### **National**

1) Review of Legg Calve Perthes disease at HRDC

Dr. Pramod Lamichhane had a brilliant academic career and was the best outgoing student of B & B Hospital and Hospital and Rehabilitation centre for disabled Children

under Kathmandu University. He received his undergraduate degree from CMS, under Kathmandu university in 2005 AD. He received his orthopaedic degree from Kathmandu university in 2010AD.

He stood first in his high school exams and +2 Exams. He was also the best student academically during his MBBS with excellent marks in the exam.

His special interests are spine surgery, management of severely injured limbs with open injuries, paediatric orthopaedics and management of physical disabilities.

## *Department of Anaesthesiology*

### Activities

The department of anaesthesia is managed by a full time anaesthesiologist and anaesthetic technicians. The anaesthesia department provides round the clock anaesthesia, analgesics care and critical care management.



Dr Rikal Man Shrestha

## Current Position

Managing Director-Alive Hospital & Trauma Centre

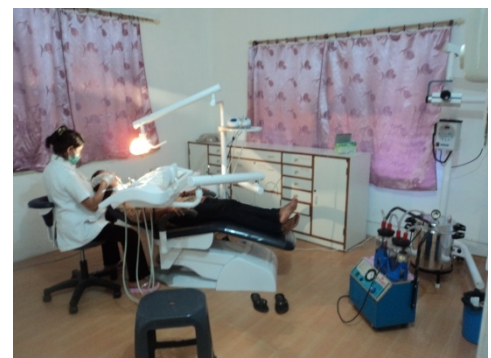
ICU Incharge

HOD- Department of Anaesthesiology

Dr Rikal Man Shrestha is a young Anaesthesiologist. He received his primary education from Mussoorie Modern School, Mussoorie India and secondary schooling from D.A.V Public School, Panipat, Haryana. He was one of the brilliant outgoing students of Zhengzhou University, Zhengzhou, China during his postgraduate course. He received his Undergraduate degree from Tianjin Medical University, Tiangin, China. He has also gained a lot of experience in managing polytrauma and Multiple trauma patients. Apart from that, his skills of managing paediatric and geriatric patients is also sound. He has gained a lot of experience from B&B hospital and HRDC.

## *Department of Dentistry*

DR.B.M.KHAREL



## **Current Positions**

HOD ( Department of Dentistry)

Hospital Director

A smile is an inexpensive way to change your looks.

~Charles Gordy .

We can't help you with the intelligence but we sure can make you put up a winning smile. The dept. of Dentistry is a comprehensive set-up, providing professional services predominantly to the people of Central & Western Nepal.

### **Comfort**

Relaxing, aesthetic, comfortable environment of the Clinic helps the patient to regain his/her confidence & overcome the apprehensions. Plush interiors, nice soothing music and the most hospitable staff make it more comfortable for the patient. Finally the patient is introduced to a dynamic team of qualified & experienced Dental Surgeons who are re-assuring & very confident in their approach.

### **Cost Effective**

"Buying Expensive things make you feel bad once only, but the bitterness of poor quality lingers long, even after the sweetness of low cost is forgotten" - Dr. William Dickerson.

Why Dental Treatment is less expensive most of the dental clinics of Nepal; Primarily due to Quakes and their improper practices. Nobody here in Nepal bother to know whether he/she is receiving treatment from doctor or someone else. These people do not maintain the sterilization and reuses everything and hence they provide cheapest treatment. Meanwhile they also uses cheap material and lab and hence most of the time patient once receiving treatment from those cheap clinics never go back again to the same clinic when the problem reoccur as it is for sure that patient is going to suffer from more problem with the same tooth after having treatment from non professional people in non-hygienic clinic with bad sterilization. Health is Wealth, and nobody wants to take risk with his/her health. Hence we assure you quality treatment in really affordable price which you will really appreciate.

#### Hygienic Standards

For the safety & well being of our Patients, AHTC takes utmost care about hygiene & sterilization.

Most of the items used are disposable. The Extraction and various other Instruments are sterilized using Auto Clave, Hot Air Sterilizer & Glass Bead Sterilizer. Patients are provided with separate set of fully sterilized instrument. Patients are particularly asked to rinse their mouth with mouthwash containing Chlorhexidine-gluconate, which has bactericidal effect. This helps in reducing the bacterial count, before the Treatment. Instruments and other items not in use after sterilization are kept in Ultra-Violet Storage

Cabinets.

We practice and follow UK based infection control policy.

### Quality Control

At AHTC "Quality is First & Foremost". That is why, in spite of being so cost-effective, we strictly adhere to the Quality Control of our Equipment's & Facilities, Materials, Procedures practiced in Good Dentistry & the Professional competency of our Dentists & Lab Technicians. Because, savings are only meaningful if the patient receives quality Treatment, equal to or better than that available in their home country.

### States of Art

All Equipment's, instruments and materials used in AHTC are world class, state of art & first quality.

Intra Oral Camera: On the computer monitor, with the help of Intra-Oral Camera, patients can view live and detail images of the various problems in the oral cavity & teeth. This helps the patient to understand their problem quite well. The IOC helps the Doctor to explain why & how improvements can be made through cosmetic dentistry, as well as other dental procedures by showing the images, before & after treatment.

X-Ray: With low radiation X-Ray equipment. X-Ray, single exposure, can be taken of your teeth safely & conveniently.

**Our practices include services for:**

- I. Pedodontics : dentistry for children
- II. Periodontics: dentistry for gums and bone
- III. Prosthodontics: dentistry for replacement of teeth, removable or fixed
- IV. Oral Surgery: dentistry for oral surgical problems
- V. Maxillofacial surgery: surgeries involving the facial region: soft tissue & bone
- VI. Conservative dentistry: dentistry for restorations
- VII. Esthetic dentistry: dentistry for improving beauty of teeth or the smile profiles
- VIII. Endodontics: dentistry for root canal therapy
- IX. Community dentistry: dentistry in general for outreach programmes
- X. Stomatology: dentistry for oral diseases

- 24 hour emergency services including those for trauma & sepsis
- Sophisticated clinic with modern technologies and equipment.
- Outpatient clinics & indoor services
- Pre-RT oral prophylaxis clinics
- Precancerous conditions & lesions clinics
- Oral hygiene counseling protocols
- Comprehensive dental setup for all modes of treatment under one roof
- Periodic dental health camps for NGO, public funded organizations & charitable institutions.



## *Department of Neurosurgery*

The department of Neurosurgery is another important department of the hospital. The department provides round the clock services to the patients.

Dr. Bal Krishna Thapa, a senior Neurosurgeon, who has been working for the last 10 years basically at BPKMCH, is a renowned Neurosurgeon in the town. He is well versed for management of spinal and brain tumors, traumatic spinal and brain injuries as well as congenital anomalies.



**Case- I**



A 62 years old gentleman presented to the hospital after 2 months of accident in a unconscious state with a huge presacral bed sore. We evacuated the hygroma and closed the bed sore. Patient recovered and discharged home in conscious state.

### **Case II**

A four months old baby was brought to the hospital with huge meningomyelocele. VP shunt was kept and later repair of the meningomyelocele was done.



**Case**



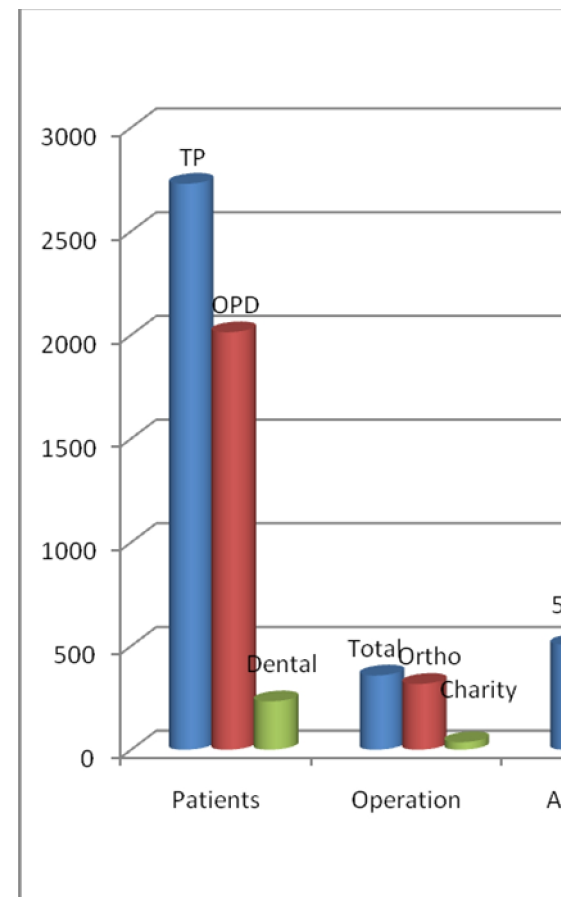
**III**



A 34 years old gentleman was brought in the unconscious state.He sustained intra cerebral hemorrhage. After evacuation of the blood, he went home walking.

## *Clinical Work*

Graph



*“Life is made up of small pleasures. Happiness is made up of these tiny successes. The big ones come too infrequently. Add if you don’t collect all these tiny successes, the big ones don’t really mean anything.”*

*- Norman Lear*

## *Spine Surgery*

Spine is one of the key speciality of the hospital. Both the neurosurgery and the orthopaedic department are involved independently or together whenever necessary in the work. We hope this may be the only hospital where a neurosurgeon and a orthopaedic surgeon doing spine surgery working together in harmony.

HID, spinal fractures, infections, spina bifida, spinal tumors etc are the commonly performed surgeries.

### **Can I walk again ?**

This is the story of a 46 years old lady with L1 burst fracture with incomplete neurology presented 1 day after the injury. Decompression and posterior stabilization done with pedicle screws and rods, double levels above and below the fracture. Patient was ambulated with brace on third



postoperative day, and

was discharged walking on 14<sup>th</sup> postoperative day. Fracture healed and the patient is back to normal work now.

### Photographs



### Doctor ! find the solution to my son's pathology.

This is the story of a 17 years old boy from a remote poor family with spinal tuberculosis. Previously the patient was treated in another centre for back pain. Patient was on analgesics but the pain did



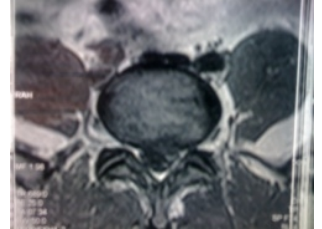
not improve, instead the symptoms were deteriorating. On presentation patient had list and there was scoliosis of the lumbar region. MRI showed infective pathology of tuberculosis. We kept the patient on ATT and followed regularly



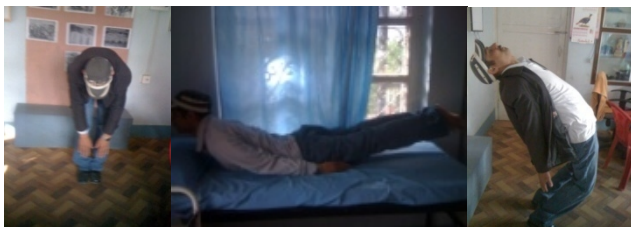
He improved gained weight, pain disappeared, and the deformity improved. ESR subsided, x ray showed no erosion of the vertebra. He was happy and back to college. He saved a lot of money and avoided complicated long surgeries.

## *Epidural Injection*

The another speciality of the hospital regarding spine work is the epidural injection by an experienced anaesthesiologist in treatment of HID diseases. We have developed a standard protocol and apply to all the patients of HID who are symptomatic without neurological involvement, cauda equine syndrome and have exhausted other conservative treatment.



Dr. Rikal Man Shrestha, a young anaesthesiologist has a lot of experience in treating such cases. The results are promising, all the patients have improved and returned to their normal work. The short term outcome is fairly good.



This is a young gentleman with acute HID presented with severe back pain and list. Epidural injection was given and this patient improved. He is back to his normal life

## *Open Fractures*

The department of orthopaedics and traumatology has been dealing with severe open fractures, multiple trauma and polytrauma with degloving injuries. All the patients are definitely treated primarily at presentation. GIIIA and GIIIB fractures are definitely fixed initially after thorough irrigation and debridement, provided the patient came early within golden hour and are fit for surgery from anaesthesia side.

During short term follow up, there was no infection, and the patients are doing well. The overall hospital stay, treatment period and the cost of treatment is markedly reduced.

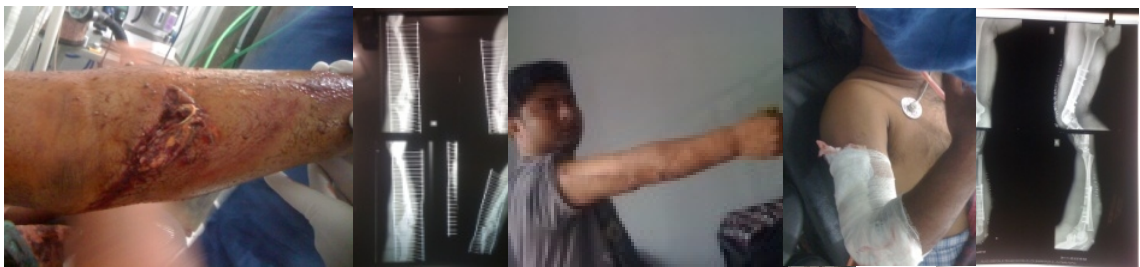
### **Doctor what is the treatment to my father?**

70 years old man with GIIIA distal third shaft of tibia fracture presented with in 1 hour of injury. Surgery was done with in 6 hours of injury after thorough irrigation and debridement definitely with intramedullary nail. Wounds healed and was discharged at two weeks. At 3 months patient is walking with full weight bearing and the healing is on progress.



## *Open Fractures*

34 years old gentleman with floating elbow with GIIIB shaft of ulna fracture and distal third shaft of humerus fracture presented with in thirty minutes. Thorough irrigation done and definitely fixed with DCP within six hours. The wound gap in forearm was covered with STSG on 18<sup>th</sup> day and discharged at 4 weeks of admission. There was no wound infection, healing is on progress and the patient is on regular follow up. His radial nerve palsy is improving.



Twenty two years old gentleman with open dislocation of the right knee with comminuted patella fracture with lacerated wound on anterior aspect of right proximal leg with pulse less leg, with closed right second metacarpal # presented within one hour of injury.

Through irrigation was done in emergency and in OT and definitive surgery was done. Thorough debridement, relocation of the knee, Tension band wiring of the patella fracture and repair of the collateral ligament done with primary closure of the wound.

Wounds healed, ROM gained and discharged on 14<sup>th</sup> day of admission.



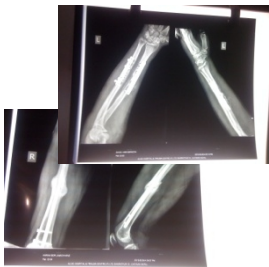
## *Reconstructive Surgery*

The another speciality of the hospital is the plastic and reconstructive surgery. We have been doing deformity correction, leg lengthening, extensive skin grafting and surgery for the bed sores. The results are promising.

### **Can I Survive?**



A 38 years old gentleman presented with 20 degrees of deep burn on anterior of chest, whole circumference of neck, left forearm and right hand with in 3 hours of road traffic accident. He had right shaft of femur fracture, left both bones fracture below the deep burn.



done, daily dressing of the wound was done and shaft of femur fracture fixed 1 week later. STSG of anterior chest wall, neck and left forearm was done at 3 weeks of admission. Nearly amputated right thumb and remaining grafting of the left forearm was done later.

He was admitted in the ICU, resuscitation was

Patient improved, chest and neck wounds healed, left forearm fixed with DCP and STSG done healed and was discharged at

2



months of admission. Patient is doing well.



## *Deformity correction & Leg lengthening*

A 22 year old gentleman with deformed right leg with 9 cm shortening presented to the hospital to have equal and similar looking bilateral legs. We acutely corrected the varus deformity from the proximal end of tibia with Illizarov ring and performed unifocal lengthening of the leg from distal tibia.



Now the legs are equal and straight proximal osteotomy site is healing and the regenerate is consolidating. He is on follow up, wound is ok, doing well and there is no complications so far till date.



## *Unusual incidents*

65 year old gentle man presented to our hospital with extensive bear bite to his right side of face involving the right lower eyelid, right side of nostril and buccal mucosa. Saliva used to dribble from the right cheek, and right maxillary sinus was opened out to his right cheek. Tongue used to come out through the right cheek.



We admitted the case, took to operation theater the same day. Repaired the involved eyelid, nostril and buccal mucosa. Daily we debrided the wound since it was contaminated. Once it was healthy, skin grafting was done.

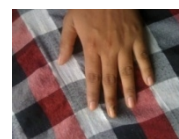
Wound healed, graft was taken well and patient was discharged home on 14 day of admission. The patient was poor and was from a remote village. The case was done on charity basis waving about 50% charges by the hospital. He is doing well now. The cost of the treatment was also minimal, with limited hospital stay without any fancy operation which could have increased the morbidity and would have increased the patient's bills.



## *Rare cases*

### Glomus tumour

A 22 year old lady presented with pain on the tip of It middle finger and cold sensitiveness for the last 2 years. She underwent serial treatment at different centres in different department but there was no relief.Diagnosis was still in dilemma.



On  
presentation,  
there was

deformity of the finger



tip,there was tenderness and it was cold sensitive.X ray showed bony erosion of the distal phalynx.With the provisional diagnosis of glomous tumour of the mail bed we operated the case under local anaesthesia. Perop red fleshy mass was detected under the nail bed. Histopathology showed glomous tumour of the finger.

Pain subsided and the lady returned to normal life. She is very thankful to the hospital.

## Dactilitis



A 3 months old baby was brought to our hospital with huge swelling of the left ring finger for the last two months. Serial treatment was done at different centres but there was no relief. Also it was advised for ray amputation at one of the centres. On presentation it was non tender,giant finger but radiographs showed normal bony picture. I&D was done and pus was drained. Histopathology showed non tubercular infective pathology. There was no signs of malignancy. The finger size reduced, wound healed and the child is ok. The parents are very happy.

## *Physical disabilities*

The another challenging and rarely performed surgeries are the physical disabilities and paediatric orthopaedics. Since Dr Pramod Lamichhane has a sound knowledge and expertise with treatment of physical disabilities which he acquired from Prof. Dr AK Banskota and the team from HRDC. We have been doing very rare and demanding surgeries. Club foot surgeries, deformity correction, surgeries for cerebral palsy, PPS, scoliosis and kyphosis so on.

### Osteogenesis Imperfecta

A seven year old girl presented with angular deformity and shortening of the right leg for two years. Treatment was done for shaft of tibia fracture with LLC multiple times at multiple centres of Nepal and India but with no improvement. Finally she was brought to our hospital. We treated the case on charity basis with deformity correction and fixation with flexible Im nails percutaneously and allowed to weight bear at 6 weeks. Now the legs are equal, fracture is healing and the deformity is corrected.



## *Club Foot Treatment*

In coordination with HRDC we have been doing club foot treatment. This year we performed one adult club foot surgery and thirteen serial casting and Heel cord release ( Ponseti Treatment) in eight children.

### Clubfoot treatment in Children

Club foot treatment in children is performed in very few centres in Nepal. HRDC is one of the largest centre where club foot treatment is performed. We are performing ponseti method of treatment in less than five years of children. Posterior release and open TAL in more than five years old children.



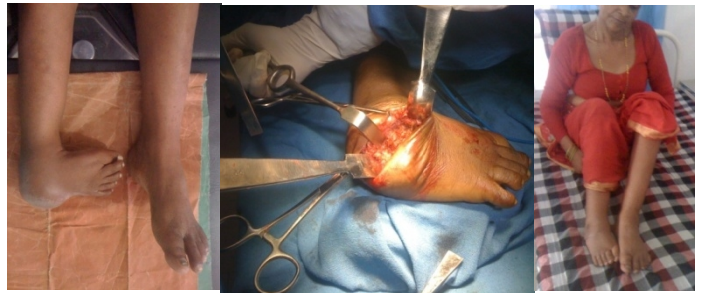
This is the photographs of 2 months old baby with bilateral club foot. These are serial photographs of the child pre treatment, after serial casting and after heel cord release and long leg cast application.



## Adult club foot surgery

A 52 years old lady presented with recurrent bursitis with club foot to our hospital. We performed excision of the bursa, Tripple arthrodesis and open TAL. She is doing well and walking with the painless plantigrade foot. Probably this may be the first clubfoot surgery in adult in Nepal.

These are the photographs at presentation, during surgery and at three months after surgery.



## *Paediatric Orthopaedics*

Paediatric orthopaedics is another crucial and challenging field of Orthopaedics. Most of the complications and morbidities that persist during adulthood is the sequele of treatment done

during childhood. Our major part of treatment also comprises of treatment of paediatric injury.

Most of the children are brought to the hospital late and some of them are illmanaged at the periphery due to which many preventable complications occur. We are preventing such complications by providing prompt treatment.



## Scenario at the outset

These are the serial photographs of the two children with tight bandage on left upper extremity following fracture. We could see the marks of the tight bandage on the forearm, Luckily they arrived to the hospital early and we could save the limbs. If they happened to arrive late, they would have lost the limbs.



## Gangrenous hand

A eight year old boy presented to the hospital 3 days after the accident with gangrenous right upper extremity. He had a simple both bones fracture for which a tight plaster was applied at the outset. He lost his hand. He could have a



functional hand if nothing has been done instead of tight plaster.

## Traditional methods of fracture treatment



These are some of the methods of fracture stabilization at the periphery. Most of the time they apply tight splints and the limbs could not be salvaged. Since all the patients presenting to our hospital arrive in time and we could save the limbs. We are preventing so many of such disasters time and again.

## *Malunion and complicated cases*

The socioeconomic condition and literacy of people of Nepal is very poor. Most of the people in villages do not seek prompt treatment unless and until there are complications. At the time they arrive to hospital, complications could have occurred and the treatment process would also be challenging as compared to the primary surgery. We are addressing such cases.

### Case I

These are the serial photographs of a 70 years old man with 3 weeks old left Intertrochanteric fracture with the hip in varus. We operated the case keeping the hip in anatomical position and fixed with DHS. After 6 weeks he could walk with full weight bearing without pain without a limp. So many of such cases come to our hospital for treatment.



### Case II



65 years old man presented to our hospital with deformity of left foot for the last 3

months. He was involved in road traffic accident and sustained injury to his left foot and to his head. He had dislocated tarso metatarsal joints and the plaster was applied in situ at the outset. The foot was

deformed and unstable and he could not weight bear on the involved foot. We operated the foot and it was stable and he could walk with a stable painless plantigrade foot.

## *Bed sores*

Bed sores treatment is another challenging and non rewarding field. We have been doing bed sores surgeries and the results are also promising. Sometimes it requires staged procedures and sometimes repeated surgeries in the same patient.

A 65 years old man presented to our hospital with a huge presacral bed sore initially treated outside with multiple trauma. We debrided the wound and closed in stages. Healed and the patient was discharged.



## *Free health camps*

We have been organizing and free health camps time and again in Chitwan and surrounding areas. People are getting primary treatment, health education, follow up care, and counselling at the outset through such camps. Though various organizations and hospitals are organizing such camps time and again, we are going to improve the quality of such camps, and provide better services to the needy people.

This year we organized a free health camp in coordination with Apanga Jagaran for the disabled people on the disabled day at bharatpur. More than 120 disabled people were examined and nine were posted for surgery on charity basis.



Similarly we organized a free dental health camp at kaule of Chitwan district (a remote village) and provided free health services.

We also conducted a free health camp at Patiyani in coordination with some social organizations and provided free services in general medicine, orthopaedics and dentistry. We have been conducting such camps time and again.

### *HRDC as a partner*

Hospital and Rehabilitation Centre for Disabled children is a Charitable Hospital of Friends of Disabled helping physically disabled children sixteen years and under for the last 26 years established by Prof. Ashok K. Banskota. More than forty thousand children have been rehabilitated from HRDC. There are several satellite centres of HRDC outside the Kathmandu valley, one of which is located at Bharatpur. We are working with in coordination with HRDC for treatment, conduction of surgical camps, and for follow up of patients of Chitwan and surrounding districts.



### *Smile Train and Model as a partner*



We have been involved in treatment of cleft lip, cleft palate, post burn contractures, syndactyly and so on in partnership with Smile train of Kathmandu Model hospital at College of medical sciences, bhartpur. Our main role is in the anaesthesia side. Our Managing director, Dr Rikal Man Shrestha and the team are involved in the project.

## *Corporate and social responsibilities*

We believe that social service is the greatest service to mankind. We have allocated beds for those patients who are really poor and can't afford for the treatment. we have been doing charity treatment and surgery for physically disabled people. We have arranged free health camps time and again and provided community based health services, free check ups, follow up of patients and distribution of drugs. This year we arranged three free health camps.

Free health camp for physically disabled people on disabled day 3<sup>rd</sup> 17<sup>th</sup> Mangshir 2068 BS.

Free dental health camps for patients of Kaule, Chitwan district. 49 patients and 38 extractions on 21<sup>st</sup> Magh 2068 BS. General free health camp for people of patyanyi VDC of Chitwan on 28<sup>th</sup> Magh 2068 BS.

Out of total income of the hospital 10% goes to charity.

## *Some Photos events*

Dr Pramod Lamichhane with renowned orthopaedic surgeon Prof. Tuli during a IOACON 2009.



Dr Pramod Lamichhane with renowned orthopaedic surgeons at HRDC Prof AK Banskota, Prof JR Pandey, Prof. Dr David. Dr Binod Bijukachhe, Dr Ishor Pradhan

Chairman with Renowned professor and founder of the AO during AO workshop at Kathmandu.



Dr Pramod with Dr Bibek at HRDC with The disabled children with ilizarov ring.

Dr Rikal man Shrestha during anaesthesia preop evaluation during a free camp.



Dr Rikal man Shrestha busy with the patient during free camp of HRDC at Biratnagar.

Dr BM Kharel with the Denmark team.



*Inauguration day*

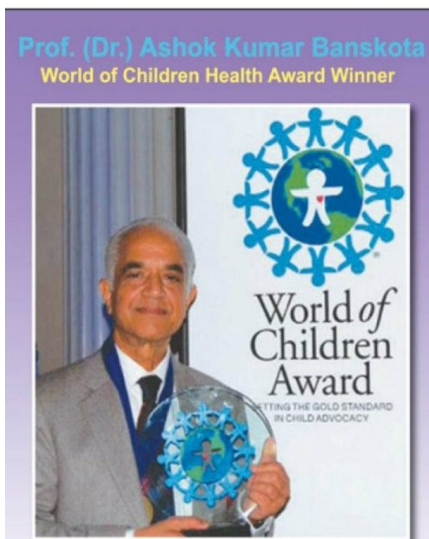
This hospital was inaugurated by two pioneer orthopaedic surgeons of Nepal, Prof. Dr. Ashok K. Banskota and Prof. Dr. Jwala Raj Pandey.



Prof Dr. Ashok K. Banskota is

the founding chairman of Hospital and Rehabilitation Centre for the Disabled children (HRDC), where a huge volume of charity work is being conducted for physical disabled children for the last 26 years. He is also the founder of B & B hospital, where a lot of trauma work is conducted. This hospital is also known popularly as trauma centre of Nepal.

Dr Banskota is awarded by many national and international awards, there are more than 60 articles published so far. He has also run a residency programme in Orthopaedics under Kathmandu University.



Prof. Dr Jwala Raj Pandey is the first orthopaedic surgeon of Nepal. He has brought the orthopaedic work to this level in Nepal. He has been awarded by many national and international awards and he has many publications.





privileged to work with them and learn so many things from  
them for 5 years.

We feel proud to be their  
student and I had a