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Hridyam initiative looks for remedy



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Aim is to save those with congenital heart defect

The government has performed 120 critical newborn cardiac surgeries since the Hridyam programme was started two months ago and most cases, over 100, have been done at the Sree Chitra Tirunal Institute of Medical Sciences and Technology (SCTIMST).

But these surgeries have managed to take care of only about 50% of critical newborns with Congenital Heart

Diseases (CHD). As per the State's data on CHD deaths, about 90 or more critical newborns die every month due to lack of facility to handle newborns with CHDs.

Under the Hridyam programme, the government proposes to spend ₹25 crore a year to save children born with cardiac defects that can be corrected through surgeries.

In the public sector, only the SCTIMST can handle complexities in newborn baby hearts. On an average, the hospital performs three surgeries a day.

Open registration

With the Open Registration on CHDs making information available on critically ill babies and fewer slots to conduct emergency surgeries, the government had empanelled four other private institutions to handle newborn heart surgeries to be part of the Hridyam programme.

At least five cases are registered every day after the Open Registration began. Hence sick babies are transported to wherever a slot for surgery is available. The Amrita Institute of Medical Sciences, Aster Medcity and Lissie Hospital in Kochi and the Believer's Church Medical College in Tiruvalla are the other empanelled hospitals.

Elective surgeries

All babies born with CHDs are not critically ill, said Ajith Kumar, head of Cardiology at the SCTIMST. Many surgeries are elective, and can be done at a later date, depending upon the problem arising out of the complexity.

But while these elective surgeries are on a waiting list, the critically ill ones are given the priority slot, pushing the waiting list further. Transportation of babies is one of the most difficult part in such surgeries. The only surgeries that are not critical, but still taken up on priority are those of children born to people in the tribal belt, said Sreehari M., UNICEF Consultant for Kerala. There is little chance of those people coming back for a surgery, he added.

He said the government would create a transport system of ambulances by early next year to resolve the crisis of transporting sick patients.

The government is also planning to build the capacity of the medical colleges to take up newborn surgeries and would soon begin training doctors and equipping the institutions with machinery required to conduct newborn surgeries.

In a prelude, the Kozhikode Government Medical College recently performed the first paediatric surgery on a six-month-old baby. The government will provide ₹1 crore worth equipment in Kozhikode for newborn surgeries. The Kottayam Government Medical College is another institution where the State is planning to develop the inherent capacity to take up newborn surgeries. Both medical colleges can take up surgeries of slightly older babies – of may be above five months, six months.

The Department of Paediatric Cardiology at Amrita Hospital, headed by R. Krishna Kumar, is involved in a number of training programmes for paediatricians and obstetricians in the government sector in building capacity in managing newborns with CHDs. Besides the emergency surgeries, it is important to take care of the babies with CHD till the surgery is done for best results.

The importance of foetal heart screening comes in so that the parents and the government can avoid taking up too critical cases that do not promise good results, said Dr. Sreehari.