



SKS HOSPITAL
INDIA PRIVATE LTD.,

**Department of Spine Surgery
Activity Report-2014**



About SKS Hospital

SKS Hospital, started in 1987 as the first multi-speciality hospital in Salem, has grown to become a 160 bed multi-disciplinary super speciality hospital. It is located in the heart of Salem, within walking distance from the New Bus Stand and 5 kms from the railway station. We have reached the status as one of the premier healthcare provider in Salem through the combined efforts of the excellent team of Doctors from various specialized fields and the staff we have over the years.

The infrastructure and state-of-the-art equipments available are unmatched in Salem and the surrounding districts. Our hospital has become a model where advanced medical facilities are made available to both rich and the poor which is very well implied by our motto CARE TO CURE

We started an exclusive spine surgery department one year back and this booklet is brought out to highlight the activities of spine surgery department.

Dr. C.S. Vishnu Prasath - Profile



Dr. Vishnu Prasath completed his MBBS from Salem Government Mohankumaramangalam Medical College in the year 2004. He worked as a resident in orthopaedics department in PIMS-Pondicherry under Dr. James Gnanadoss before entering his post graduation course. He joined M.S (Ortho) in Post graduate institute of Medical sciences-Rohtak, Haryana in the year 2006 through All India entrance exam. On completing his post graduation he joined as a senior resident in department of orthopaedics - Ramakrishna Hospital, Coimbatore and later moved to Vinayaka Mission Medical College hospital, Salem as an assistant professor in orthopaedics. In 2011 he got

admitted to spine surgery fellowship in Ganga hospitals, Coimbatore through National board of examination entrance exam. He got exposure to all kinds of basic and complex spine surgery during his 2 ½ year tenure in Ganga hospital under the able guidance of Dr. Rajasekaran. At present he is a consultant spine surgeon at SKS hospitals.

Facilities in Spine department of SKS Hospital

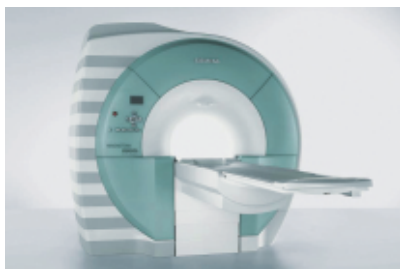
1. A team of orthopaedic spine surgeon and a neurosurgeon giving round the the clock spine care to the patients.
2. Dedicated spine operation theatres fully equipped with operating microscope, C-arm fluoroscopy and well trained staff nurses.
3. Fully equipped 15 bedded intensive care unit to cater the needs of high risk and critically injured spine patients.
4. Round the clock availability of orthopaedic surgeons, general surgeons, neurosurgeon and anasthetists to take care of poly trauma patients.
5. Physiotherapy unit with experienced therapists for spine rehabilitation.
6. In house 1.5 Tesla MRI, 128 Slice CT scan and Digital X-ray facilities available round the clock.
7. Poor and needy patients are offered free surgical treatment under the Chief Minister's comprehensive health insurance scheme and all major insurance cards are accepted.
8. Minimally invasive spine surgeries such as Microlumbar discectomy, Microscopic cervical spine surgeries, vertebroplasty surgeries are routinely done in Spine department of SKS hospital.



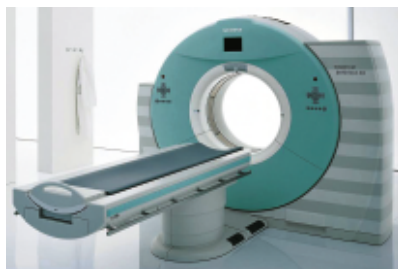
Operating Microscope



Iso-C 3D C-arm



1.5 T MRI



128 Slice CT

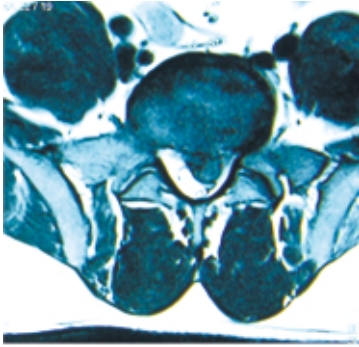
Spine ailments for which treatment is offered in Spine Department of SKS Hospital

1. Low back pain
2. Neck pain
3. Arm and leg pain
4. Spinal deformity - scoliosis, kyphosis and congenital spinal problems.
5. Spinal infections - tuberculous and pyogenic infections.
6. Spine trauma care including post operative rehabilitation programme.
7. Lumbar degenerative conditions such as Lumbar disc prolapse, Spondylolisthesis and Lumbar canal stenosis.
8. Cervical spine problems such as cervical disc prolapse, cervical myelopathy and cervical spondylosis problems.
9. Spinal tumours including vertebral body tumours and intradural tumours.

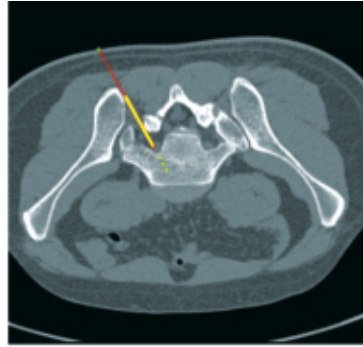
Need of this booklet

When ever patients hear that they need spine surgery we could see anxiety and fear in their faces. There is a taboo attached to the spine surgery that a person may not be able to go back to their normal work after a spine surgery. Family physicians to whom the patients go back, advice them to go to metro cities for spine surgery which would put more financial burden on the patient's family. This booklet is brought out to emphasize that spine surgery is safe and it is like any other surgery and the latest technologies in spine surgery are very much available in salem sks hospital.

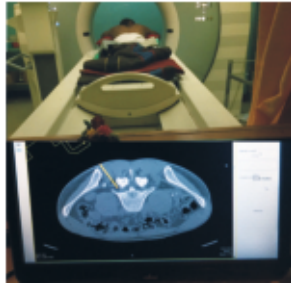
Robotic guided nerve root block for acute disc prolapse



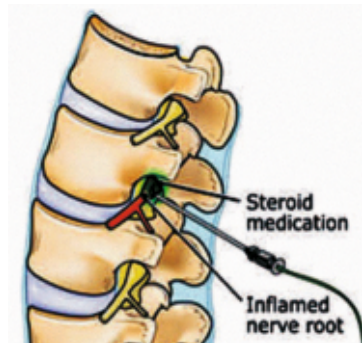
MRI - L5S1 Disc Prolapse



Trajectory drawn for S1 root block



Data transferred to Robotic arm



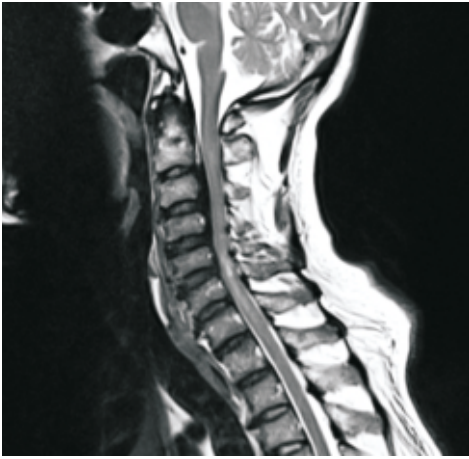
Injection given with robotic arm aid

Acute disc prolapse with radicular leg pain with out neurological deficit can settle down with 6 weeks of conservative management. For better pain relief we provide robotic guided nerve root block wherein the inflammation in the nerve root is brought down by injecting local steroid. It is offered as an out patient procedure and patient walks pain free out of the hospital.

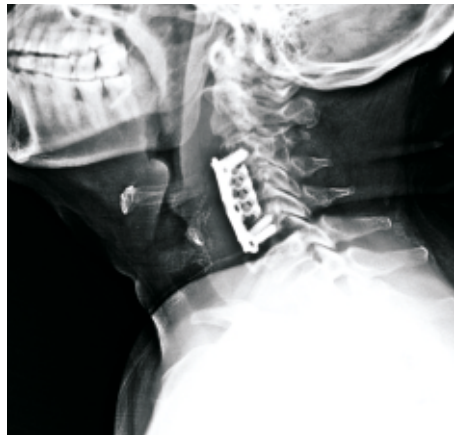
Cervical Spine Surgery

Cervical Myelopathy

Cervical myelopathy is a condition where the patient develops weakness of both upper and lower limbs with unsteady gait due to compression of cervical spinal cord. This patient a 55 yr old female was operated for cervical myelopathy (cervical corpectomy and cage fixation) and gradually improved and was able to do her day to day activities in 5 months time.



pre-op MRI

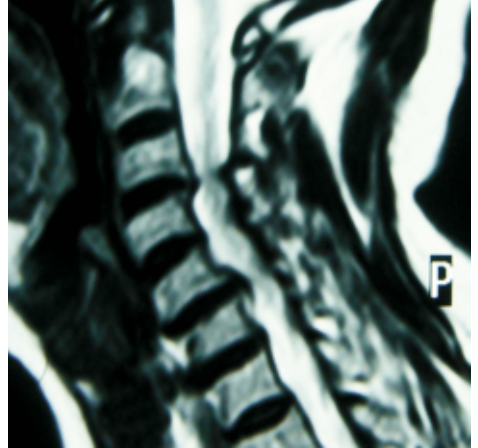


post op X-Ray



Cervical Spine Injury

65 yr old male who presented with quadriparesis following an accidental fall was diagnosed to have multiple level cervical cord compression with instability. Cervical laminectomy with stabilization was done and patient started walking with support in 3 months time .



pre-op MRI



post op X-Ray



post op X-Ray

Craniovertebral Junction Surgeries

Hangman's fracture

35 yr old construction worker with history of fall from height sustained Hangman's fracture (2nd cervical vertebra pars fracture with C2-C3 subluxation). Anterior cervical stabilization with cervical plate was done and he went back to his work after 3 months when C2-C3 fusion occurred.



pre-op CT



pre-op CT

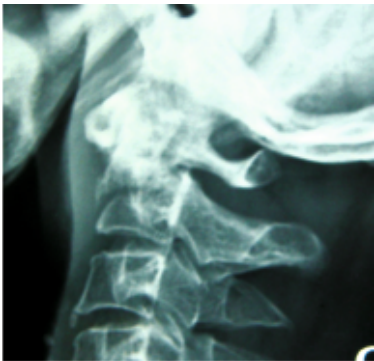


post op X-Ray

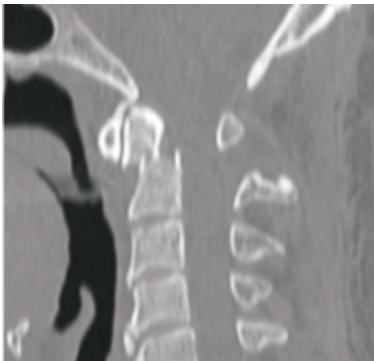


Odontoid Fracture

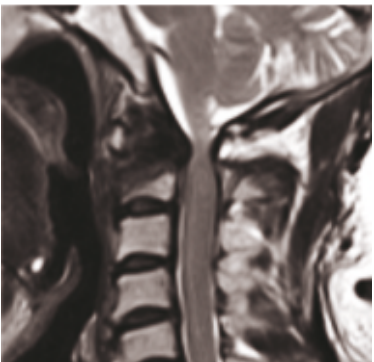
58 yr old male with hepatic dysfunction presented with inability to walk due to odontoid fracture and atlanto axial dislocation(1 yr old injury) leading to cord compression. Dislocation was reduced and stabilized with C1-C2 screw fixation. Patient had neurological recovery and was able to walk in 6 weeks time.



pre-op X-ray



pre-op CT



pre-op MRI - Cord compression at C1-C2 Level



Patient Positioning



post op X-Ray

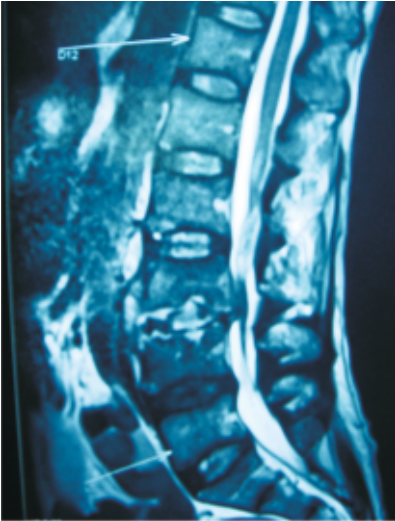


post op X-Ray

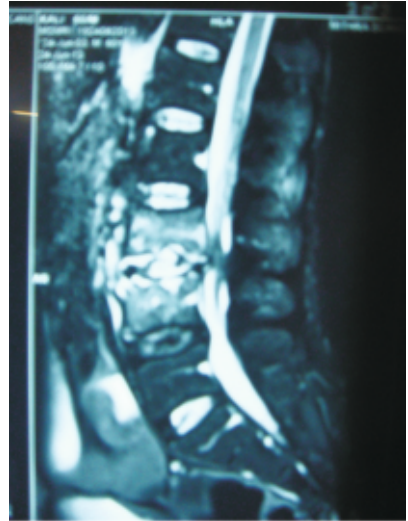
Infective spondylodiscitis

Pyogenic Spondylodiscitis

60 yr old male presented with severe back pain associated with fever and weakness of both ankle joint. MRI revealed pyogenic spondylodiscitis (bacterial infection of disc space) at L3-L4 level . Debridement of infection along with pedicle screw fixation and fusion with inter body cage was done . At 6 months follow up patient had recovered and is able to do his farming activities.



pre-op MRI



pre-op MRI



post op X-ray



post op X-ray

Tuberculous Spondylodiscitis

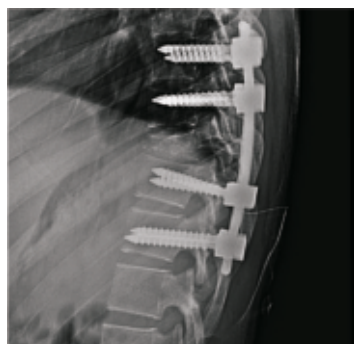
20yr old woman with 8 months pregnancy got admitted with mid back pain and paraplegia . MRI showed Tuberculous infection of T9 vertebra with collapse and cord compression. Emergency caesarian section was done for delivering the baby followed by spine surgery for stabilization and decompression of the spinal cord. Patient recovered completely at 4 months follow up and baby was also healthy after initial NICU care.



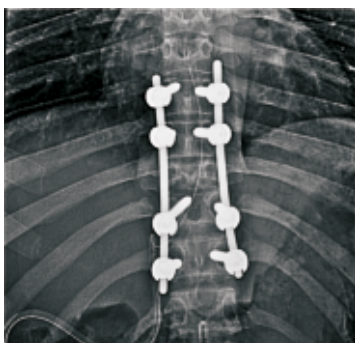
pre-op X-ray



pre-op MRI



post op X-ray

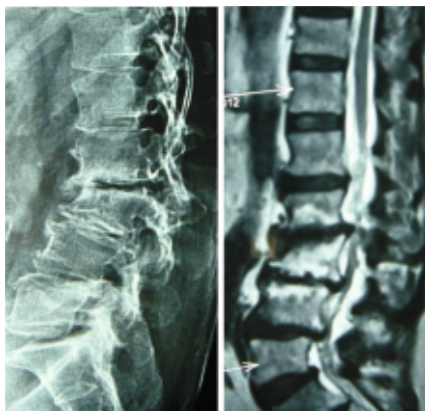


post op X-ray



Degenerative scoliosis

Severe degenerative changes in spine can lead to scoliosis where in the patient finds it difficult to stand straight. Here a 68 yr old male had forward stoop because of degenerative scoliosis and it was corrected using interbody cages and pedicle screws.



Pre op X-ray & MRI



Pre op Clinical Picture



Post op X-ray



post op Clinical Picture



Post op X-ray

High grade spondylolisthesis

Spondylolisthesis is a condition where there is slippage of one vertebra over the other leading to instability and back pain during bending movements of spine. 22 yr old college going girl who presented with chronic back pain not relieving with physiotherapy was found to have high grade L5-S1 spondylolisthesis. Stabilisation and fusion of L5-S1 segment relieved her symptoms.



pre-op MRI



Post op X-ray



Post op X-ray

Spinal Tumours

Multiple Myeloma

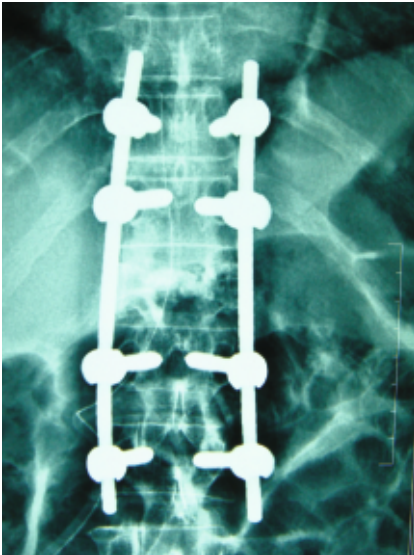
67 yr old male with multiple myeloma (malignant plasma cell tumour) presented with T12 pathological collapse and severe pain. Stabilisation , decompression and vertebroplasty was done to relieve the pain.



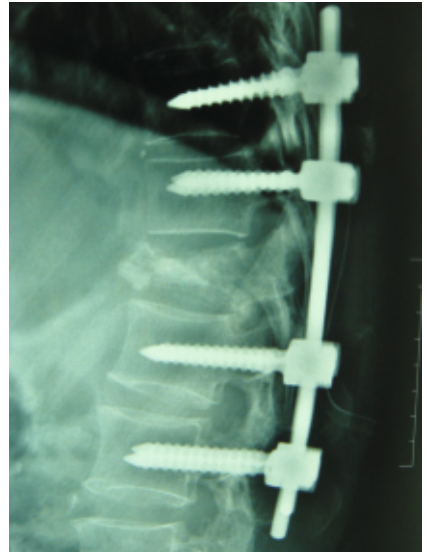
Pre op MRI



Injecting cement in to T12 body



Post op X-ray



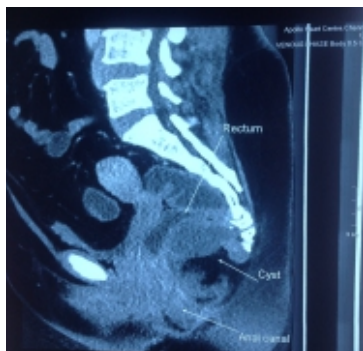
Post op X-ray

Tail gut cyst

54 yr old woman with pain in tail bone on sitting was found to have cystic tumour attached to coccyx. Coccygectomy with tumour excision was done with the help of surgical gastroenterologist and neurosurgeon.



Pre op MRI



Pre op CT



Pre op CT

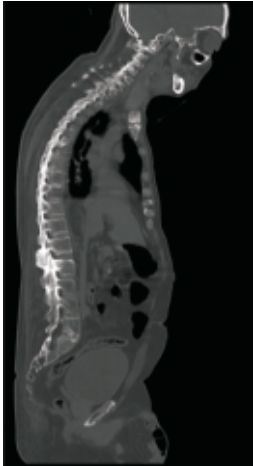


Cyst excised along with coccyx

Spine Trauma

Fracture in ankylosed spine

Ankylosing spondylitis is a condition where all spine segments gets fused and have high risk of fracture with trivial injury. 62 yr old man with ankylosed spine had a trivial fall and sustained first thoracic vertebra fracture. Fibro optic intubation was required. Long segment stabilization was needed.



Pre op CT



Pre op CT



CT showing T1 fracture



Fibrooptic Intubation



Post op X-ray



Post op X-ray

Thoraco Lumbar Spine Fracture

45 yr old farmer sustained a fall from tree and fractured his 2nd and 5th Lumbar vertebra .Pedicule screw fixation and stabilization was done from 1st lumbar vertebra to sacrum for earlier mobilization and rehabilitation.



Pre op x-ray



Pre op CT



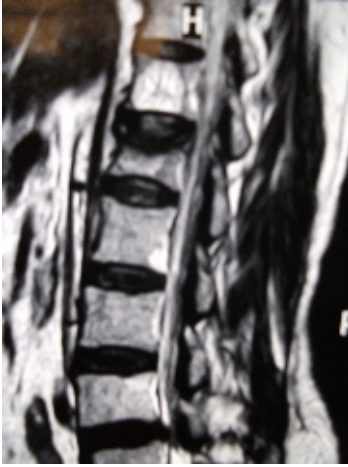
Post op X-ray



Post op X-ray

Vertebroplasty for osteoporotic Fractures

Post menopausal women with osteoporotic vertebral compression fractures may have severe pain restricting their activities. In the event of failed conservative management injecting bone cement into the vertebral body (vertebroplasty) will relieve the pain. Here a 65 yr old female was treated with vertebroplasty for L1 compression fracture.



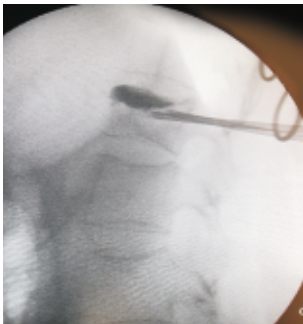
Pre op MRI



Pre op X-ray



Cement Injection in to
vertebral body



Cement Injection in to
vertebral body



Post op X-ray

Spine Team



Vision:

To create an world class spine surgery facility to bridge the unmet need of the people living in this part of the country.

Mission:

Solution for complex spinal problems to simple spinal ailments at one stop.

Coming Together is beginning
Keeping together is progress
Working together is Success

Spine Clinic Details

Timing

Morning : 9.00am to 2.00pm

Evening : 5.00pm to 7.00pm (By Appointment only)
Friday / Sunday only emergencies

Contact Details

Phone : 0427-4033555, 4033333

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SKS HOSPITAL

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