



From Editor's Desk

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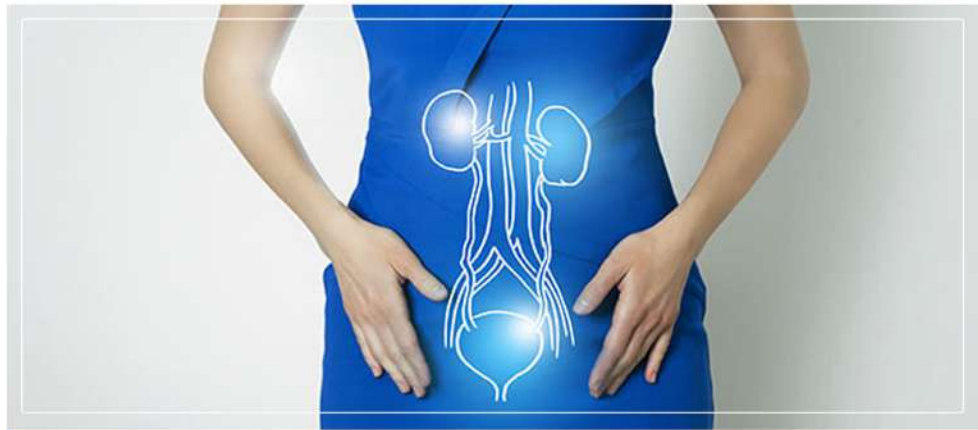
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It gives me pure joy to bring you the August 2022 issue of SevenHills Health Byte.

In this issue we are dealing with two complicated cases and their management from department of O/G. As the world is digital now from big cities to small villages, the department of ophthalmology has come out with an article, which helps in preventing eye strain from the use of digital devices. Enjoy the read as it will clear some of your long time doubts.

SevenHills Hospital has treated all its patients with best of human touch in healing.

ACUTE URINARY OBSTRUCTION IN UNMARRIED YOUNG GIRLS WITH GYNAECOLOGICAL PATHOLOGY, 2 RARE CASES MANAGED AT SEVENHILLS HOSPITAL



CASE - 1

A teenage girl, yet to get her menarche attended casualty with sudden and complete obstruction in passing the urine. Consultant urologist attended the call and patient was catheterised with Foley's Catheter. USG showed Haematometra and Haemotocolpus. Gynaecologist referral was given where the history revealed 6 months of cyclical lower abdominal pain. The patient was yet to get her period at the age of 13 years (Primary Amenorrhoea).

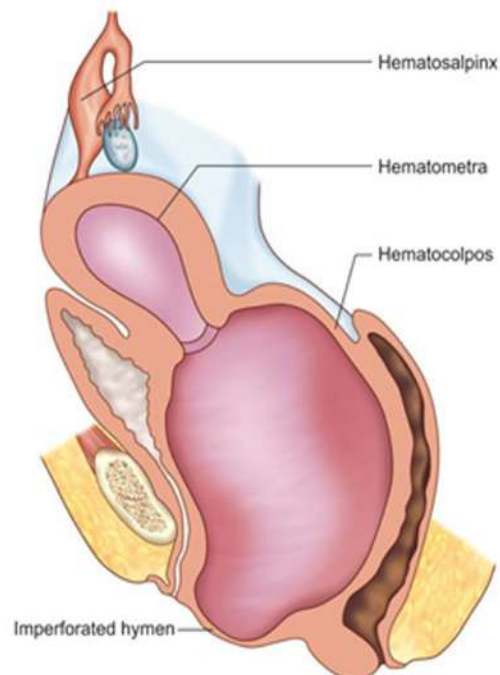


Figure 1- Imperforated Hymen

Examination showed tense bulge of hymen with no opening.

Patient was decided for emergency EUA with incision and drainage of Haematocolpos. Under GA with all aseptic measures, cruciate incision given on hymenal bulge with escape of tarry blackish old blood of 500 ml. Margin of cruciate incision trimmed. Post op period for her was managed by routine antibiotic and analgesic. Foley's Catheter removed next day and patient was discharged.

Patient resumed her normal bladder habit and started getting her periods every month.

ABSTRACT

Imperforate Hymen (Figure 1) is a rare obstructive congenital anomaly of female genital tract with prevalence of 0.05%-0.1%.

It arises as a result of complete failure of canalisation of inferior end of vaginal plate at the junction between the urogenital sinus and the vagina. Imperforate hymen prevents passage of blood causing accumulation of menstrual products in vagina or uterus. The most common age of presentation is around puberty. Treatment is simple, virginity preserving, socially acceptable surgical procedure- Known as Hymenectomy with a few types of incisions on an imperforate hymenal membrane to provide an annular intact hymen.

CASE - 2

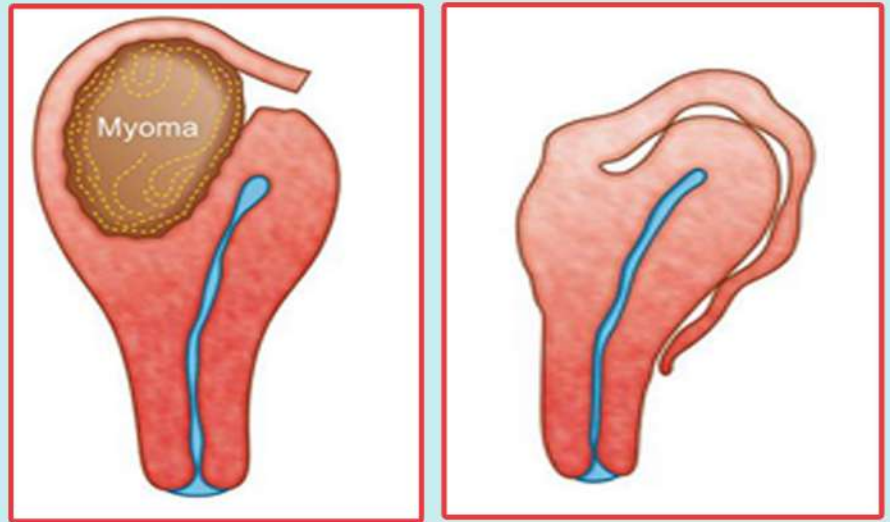


Figure 2- Uterine Leiomyoma

Unmarried teenage girl presented in Gynaec OPD with Foley's in situ and history of acute urinary obstruction, 10 days ago at her native place at Odisha and patient was kept on Foley's Catheter for same. History of regular menstrual cycle with excessive flow and mild dysmenorrhea during periods.

Clinical examination showed palpable suprapubic mass.

USG showed - Big posterior wall fibroid of 10 *10 cms.

Patient was decided for myomectomy operation in view of urinary obstruction due to big fibroid uterus.

Abdominal Myomectomy operation was performed under regional anaesthesia. Big posterior wall Fibroid was removed and reconstruction of uterus done (Bonney's hood operation). Post op was uneventful. Foley's Catheter was removed on day 3 post-op day and the patient was voiding normally after that. The patient was discharged on the 4th post-op day.

Abstract - Uterine Leiomyomas (Figure 2) are an extremely rare cause of acute urinary retention in women. The delay in diagnosing uterine leiomyomas presenting with acute urinary retention further complicates the management.



17 Years of Experience

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- 5) Menopausal woman care
- 6) Infertility Management

HOW TO PREVENT EYE STRAIN FROM DIGITAL DEVICES?

The world has upgraded itself to digital world in the past two decades. The new invention of digital devices and new technology is a blessing in disguise. Post covid more than 50% of the world's population have started using digital devices and screen to work, to relax, or just to keep up with daily life. If our eyes feel dry and tired, there is irritation and blurring of vision by the end of the day, or head, neck, and shoulders aches, all the time with our digital devices, then it's the source to be blamed.

If we change and restrict the use smart phones, computers, tablets, and other screens, we can keep from straining our eyes.

WHY DO SCREENS CAUSE EYESTRAIN?

Normally, we blink about 15-20 times a minute. Blinking spreads tears evenly over the eyes, which keeps them from getting dry and irritated as it works as a lubricant. Researchers have found that people blink less than half as often when they're reading, watching, or playing on a screen which causes eyes to dry out and blur the vision periodically while working. When we work at a computer or other digital devices, our eyes have to focus and refocus all the time. They move back and forth as we read. We may have to look down at papers and then back up to type. Our eyes react to images constantly moving and changing, shifting focus, sending rapidly varying images to the brain. All these jobs require a lot of effort from our eye muscles. Also, the contrast of text against the background, the glare, and flickering from digital screens can be hard on our eyes.



Figure 1

WHAT ARE THE SYMPTOMS?

There's no proof that digital devices use cause any long-term damage to the eyes. But regular use can lead to eye strain and discomfort.

The symptoms include:

- Blurred vision
- Double vision
- Dry, red eyes
- Eye irritation
- Headaches
- Neck or back pain

If we don't treat the symptoms, it will aggravate the eye strain and we may have difficulty in our work place.

HOW TO PREVENT DIGITAL EYE STRAIN?

We don't have to cut out all screen time. But a few changes to how to use our devices and change our work station can be easier on our eyes.

- Make sure the computer screen is about 25 inches, or an arm's length, away from your face. The center of the screen should be about 10-15 degrees below eye level. The table height should be around 75 cm and the sitting posture should be comfortable and straight with a good back rest and hand rest.(Figure1)
- The glare can be decreased by using a matte screen filter. It is available on all types of computers, phones, and tablets.



Figure 2



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- 5) Neuro-Ophthalmology
- 6) Paediatric Ophthalmology and Squint Services
- 7) Oculoplastics
- 8) Systemic Ophthalmology
- 9) Ocular Oncology
- 10) Ocular Trauma Services
- 11) Dry Eye Work up and management
- 12) Vitreo-retinal Services

HOW TO ADJUST YOUR DEVICES?

All devices should be set for eye comfort level.

- Follow the 20-20-20 rule: every 20 minutes, look at an object at least 20 feet away for at least 20 seconds. (Figure 2)
- We need to take longer break of about 10 to 15 minutes after every 2 hours we spend on our devices.
- We need to roll our eye and do certain eyes exercise.
- We need to use artificial tears to refresh our eyes when we feel irritation and dryness in our eyes.
- A humidifier may help in the room where we use most often our computers, laptops or other devices.
- Balance the lightening of the room. The device should not to be brighter than the surroundings.
- Contact lenses users can give their eyes a break by wearing glasses and using tear substitutes.
- A regular eye examination is a must along with an anti refractive glass.

- Raise the contrast on the screen.
- Make text larger as for the comfort of work and readability.
- The brightness of the screen shouldn't be lighter or darker than our surroundings.
- The colour temperature of the screen should be lowered. It gives less blue light, which is linked to more eyestrain.
- Raise the device's refresh rate. It will cause less flickering of the screen.

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