KSOS News Letter
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June 2009
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Dr. N. Radhakrishnan

An organisation man with a midas touch

Dr Soman Mani, Perumbavoor

Few weeks ago I received a communication from our Secretary Dr Sasikumar requesting me to interview Dr N. Radhakrishnan, the former President of KSOS. I knew that Sasi is very well aware of my close relationship with Dr Radhakrishnan while in Government Service and in KSOS and Cochin Ophthalmic Club.

It was during the inauguration of the majestic IMA Kochi building complex at Kaloor that I met him and broached the topic. We agreed to meet on the 3rd of June. I reached his house at Thottakkattukara, Aluva at 7.00pm. A lighted "nilavilakku" greeted me in the front of his Kerala style small but elegant house. On ringing the bell I was escorted into the house by none other than his gentle and courteous wife, Jaya with that unforgettable warm smile. I was ushered into the small but neat consultation room where Dr Radhakrishnan- as always tall, fair, handsome dressed up in a full sleeves shirt and "mundu" was ready to receive me. He was well prepared for the interview; you won't believe it- he had a hand written sheaf of papers meticulously researched, almost an autobiography. Knowing his personality, I was not surprised as he will never take up any assignment without preparation.

How many people have taken up medicine because of love for sports? Dr Radhakrishnan did just that. Right from his childhood days he was a keen sports and music enthusiast. He used to play cricket and hockey for his school- Model high school, Trivandrum. As a kid he devoted more time to learn English so that he can comprehend the articles in the Sports page of 'The Hindu'! He used to watch several intercollegiate cricket and hockey tournaments. He said, "I was in awe of the Medicos team that used to come directly to the venue in their college bus sporting their lovely all-black sports attire. Other partaking teams used the line bus or just walked into the venue. I decided then and there that I must join the Medical College, Trivandrum just to alight from the college bus dressed in all splendors". This was the prime motivation to take up medicine as a career!! Subsequently he joined the Medical College, Trivandrum in 1962 and fulfilled his ambition of arriving at various sports venues in the black jersey of the college and win several tournaments. He never missed watching a test match at Chepauk, Madras in the '80s.

But why Ophthalmology and not sports medicine as a career? I was curious. He had



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President's Message

Dear Friends,

This year K S O S has started doing something for the medical fraternity at large. We conducted, and very successfully one-day workshop on Infection Control for paramedics at I M A House, Ernakulam. The response was so overwhelming that we are to have another one at Kozhikode, for the northern districts in August. Colleagues there can and should take advantage of it.

The hand-book on 'Procedures in Ophthalmology' is getting ready under the stewardship of the Chairman of the Scientific Committee.

And almost every other week-end, there is a C M E programme.

While, on the academic and clinical fronts, K S O S seems to be doing well, we need to know how much of it percolates down to the common ophthalmologist. For that, we need feed backs. The news-letter is meant for a two way communication. And only if the readers respond, it becomes meaningful. Get back to us with your ideas and aspirations; criticisms and creative thought; and brick-bats if and when we deserve it.

FRIENDS, WE NEED TO HEAR FROM YOU!

Yours in K S O S,
Dr. R.R.Varma



Secretary Writes

Dear Colleagues,

So far we have had 9 CMEs under the aegis of KSOS this year and about 8 more are scheduled till October. Our President and I have attended most of them together. Now that re-registration of doctors has become mandatory from next year onwards, the organizers of these CMEs should try to get accreditation from the TCMC. The medical council will recognize CMEs conducted by State level bodies, recognized Medical Colleges and IMA state & zonal committees provided the organizing committees adhere to other specifications. Hence I request all ophthalmic organizations who are conducting CMEs to approach the TCMC sufficiently early with the concurrence letter from KSOS.

The seminar on Infection Control for paramedics held on 13-06-09 at IMA House Kochi organized by KSOS in association with Amrita Institute of Medical Sciences, Kochi was a grand success. Although we intended to limit the participants to 50, we had to include 63 delegates from 30 hospitals. We are conducting a similar seminar for the delegates of North Kerala at Calicut on Aug 16th. Comtrust Eye Hospital, Calicut is in charge of local organization of the event.

The nomination forms for the general election to various posts in KSOS will be sent along with the first brochure of Drishti 2009. It has already been put up in our website. I request all district ophthalmic clubs who have not paid their affiliation fees to KSOS to make the payment at the earliest. Defaulters will not be eligible to propose their representatives to KSOS.

The Glaucoma Day activities have remarkably increased the awareness level in the public about this 'silent thief of sight'. The Eye Donation Fortnight will be observed from Aug 26th to Sep 8th. Please include awareness activities about corneal blindness at the district and institutional level.

Please send in your valuable opinions to further improve our performance

With warm regards

Dr Sasikumar S
drsk93@gmail.com; drsk93@yahoo.com

SMS to KSOS Members

Members have appreciated the efforts of KSOS to send information to them by SMS.Information about all CMEs conducted under the aegis of KSOS and the obituary of Dr Noel Moniz was communicated to the members. Only 570 members have updated their mobile numbers in the database.

Please send an SMS to the Secretary at **9447475101**
noting your KSOS number and name
if you have not received these messages.

Log on to
www.ksos.in
and update
your addresses

Ophthalmic club reports

Kottayam ophthalmic society

In association with Alphonsa Eye Hospital, Palai and Eye microsurgery & Laser Centre Thiruvalla held functions to commommerate World Glaucoma Day .Glaucoma screening camp &awareness classes were conducted at Alphonsa Eye Hospital. Dr Roy Abraham Kallivayallil, past president IMA presided over the function; Sri K M Mani MLA inaugurated the function,Dr K C Baby explained the significance of Glaucoma screening & Dr K E Georgekutty inaugurated Poster exhibition. Dr Alex Baby took awareness classes on glaucoma.

A week long programme was conducted from 9th to 14th March 2009 at Eye Microsurgery& Laser centre Thiruvalla. Free IOP checking & screening test for Glaucoma were done on 12 march 2009

The 3rd meeting of Kottayam Ophthalmic Society was held on 15 March 2009 at Hotel Arcadia when the new office bearers of the year 2009 took charge .Dr Amita Verghese is the new President ,Dr Anand S Koottummel the secretary& Dr Thomas Joseph, the new treasurer .It was followed by scientific sessions. Dr Manuel John -Use of OCT for the anterior and posterir segment. DrAshley Thomas Jacob-Different trends in cataract surgery. Dr K C Baby - Medicolegal aspects in clinical practice. Clinical case disscussions by Dr Nita from Eye microsurgery& laser centre- Atypical CSR &Dr Daly Chackochan from St Josephs eye hospital - an intravitreal worm.

-Dr. Anand Koottummel, Secretary

Quarterly report - Trichur Academy of Ophthalmology (TACO)

Academic Activities

February: Investiture Ceremony of new Taco team held at Casino Hotel on 20th February.

President Dr.Elizabeth Jacob took over from out going President Dr.Rani Menon in a solemn ceremony. Chief guest of the Day was Mr.M.P. Surendran Deputy Editor, Mathrubhoomi. The Scientific session was handled by Dr.Jacob S Mathew of Vasan Eye Care,Ernakulam

March : World Glaucoma Day Celebrated by week long activities in almost all eyecare delivery systems in Trichur District. Eye camps and glaucoma awareness camps were held at Vijayasree Eye Hospital, Ahalia Hospital, Dr.Rani Menon Eye Care centre, Dr.Merine Pauls I care Centre and District Hospital

The March Meeting of TACO was held on 26th at Casino Hotel. Dr.S.J. Saikumar, Giridhar Eye Institute , Cochin spoke on paradigms in current glaucoma therapy. Dr.Gopal Pillai showed his award winning video from Delhi Ophthalmic Society meet.

April: The monthly meeting was on April 30th at Casino Hotel. Dr. M.S. Sunil of Regional institute of Ophthalmology, Trivandrum spoke on current concepts in Diabetic retinopathy.

Community Ophthalmology

February : Total 35 camps conducted in various parts of the District. Mainly conducted by the District Hospital,Trichur; Netra Eye Care ,Irinjalakuda;& Jubilee Mission Hospital. Total 3450 patients screened and 515 taken up for surgery.

March: World glaucoma day celebrated in all major eye hospitals.Total of 600 patients were screened in various eye hospitals. Glaucoma awareness camps were conducted. Other eye camps and screenings done in March were by District Hospital, Amala Institute of Medical sciences, Jubilee Mission medical College,Vijayasree eye hospital, Netra eye care Irinjalakuda, Govt .medical college,

Total of 2322 patients screened and 496 taken up for surgery.

April: Total of 1850 patients screened and 211 taken up for surgery by the various eye hospitals in the district.

Merine Paul, Secretary

CME on ocular inflammations and infections

Chaithanya eye Hospital Ernakulam conducted a one day CME on Ocular inflammations and infections on the 17th of May. The meeting was held at hotel Abad Plaza, Ernakulam and was attended by 105 delegates. The faculty included Dr. Avinash Pathangey, HOD of Vitreoretinal services LVPEI, Vizag; Dr. J K Reddy, cornea specialist, Sankara eye Hospital, Coimbatore; Dr. C P Venkatesh, Oculoplasty surgeon from MINTO Bangalore; Dr. Sudharshan S, Uvea services, Sankara Nethralaya, Chennai and Dr. John Mathew, Dept of Immunology and Rheumatology, CMC Vellore. The highlight of the CME was a panel discussion on endophthalmitis during which many practical tips on theatre asepsis, preventive measures and management were discussed by Vitreoretinal and anterior segment surgeons. This session was also supported by very interactive delegate participation. A CD containing write ups on the relevant topics covered during the CME was distributed to all delegates who attended it

.-Dr. Abhilash Nair, Org: Secretary

ASCRS Sanfrancisco 2009



Dr Minu Mathen was the chief instructor of the Instruction Course on bimanual and microcoaxial phaco in subluxated cataracts. Coinstructors were Dr. Howard Fine, Dr. Haripriya Aravind & Dr. Amar Agarwal. He was a coinstructor in another course PCR and Zonular dialysis Management by Dr. Haripriya Aravind along with Dr. Vasavada, Dr.Venkatesh, Dr. David Lubeck.

Dr Minu also received the S.U. JOSHI MEMORIAL ORATION AWARD on June 7, 2009 from the Vidharba Ophthalmological Society, The topic of his oration was cataract surgery for all He also attended the APAO 2009 on May 16 to 19 at Bali, Indonesia. He was the moderator and co-instructor for the IC on Manual SICS.

Join KSOS
Dr. Sasikumar, Secretary, KSOS
Chaithanya Eye Hospital,
Kochi-16. Ph : 9447475101

Kozhikode Ophthalmic Society

4-Jan-09 : Bimonthly general body meeting and Family get-together at Hotel Fortune. Senior Ophthalmologists spoke on Rich Professional Practice and Tips for a good professional carreer.

3- May-09 : Scientific Session on Treatment of Dry Eyes in special situations. Dr Valsan spoke on dry eyes in menopausal women, Dr Jacob Mathew on Dry eye after cataract surgery and Dr Chandrakanth spoke on dry eye during glaucoma treatment.

- Dr. Chandrakanth. K.S.

Trivandrum Ophthalmic Club

The TOC family get together was held on February 14, 2009. More than 40 families attended the family get together.

An academic meeting was conducted on March 14,2009. Dr Anand Parthasarathy (Chennai) talked on Lamellar Keratoplasty and Dr Sudarshan (Chennai) talked on Infectious Uveitis. 45 members attended this very informative academic meeting.

On the World Glaucoma Day , posters and health education material regarding Glaucoma were displayed in all the Eye hospitals in Trivandrum. Chaithanya Eye Hospital and Research Institute conducted a screening camp for Hindustan Latex employees. Patients attending the OP in Regional Institute of Ophthalmology were screened for Glaucoma.

An academic meeting was conducted on May 2, 2009 .Mr Vipul Motani (Mumbai) talked on the evolution of spectacle lens and new technology. An interesting case presentation on VKH was made by Dr Saji Nair.

The TOC Postgraduate Gold Medal examination was conducted on May 23,2009. Dr Deepthi Mary Mathew secured the maximum marks among the 15 postgraduate students who appeared for the examination.

- Dr. Simon George

ATTENTION

The following ophthalmologists who have paid their life membership for KSOS during Drishti 2008 have not yet given the filled up application formand other documents. They are requested to submit them at the earliest to Dr. Sasikumar, Secretary, KSOS Chaithanya Eye Hospital, Kochi-16. or else their name will not be included in the KSOS database.

Dr Dheeresh Kadukan
Dr Fazil M.A.Gafoor
Dr lakshmi S Kumar
Dr Sharmila C.P
Dr Fathima Benazir



Report of Website editor

This year we saved a lot of trees by incorporating online abstract submissions. The project had a lot of input from Scientific committee chairperson Dr. Saikumar and the site engineer Mr. Manu Puzhamudi of OFEK software technologies. This project went in seamless perfection this year also and should be continued in future also. The Drishti brochure will be put up as soon as the organizers send it to me.

-Dr. Thomas George



Message from Chairman, Scientific Committee

Dear friends,

As I write this message, free paper abstracts are flowing in. Hope we get good academic material this year too. Once we close the abstract submission, the symposia and Instruction Courses will be decided. Although the venue in Kannur is not as sophisticated as Cochin, Team Kannur is putting in a great effort to make Drishti 2009 a memorable one. I request the full cooperation of all KSOS members to make the upcoming conference a grand success.

-Dr. Saikumar S.J.

LASIK – an overview

Dr. Anil Radhakrishnan MS, Consultant Corneal surgeon, Chaithanya Eye Hospitals - Trivandrum, Kochi

LASIK [Laser in situ keratomileusis] has proved its safety and efficacy in treating various forms of refractive errors. Its predictability is better than other procedures, even in re-treatments. LASIK does not require removal of epithelium, respects Bowman's membrane and thereby causes minimal keratocyte activation. This translates into greater refractive stability and almost nonexistent haze. The patient comfort is much better and visual rehabilitation is rapid.

Contraindications for LASIK are 1] Moderate or severe dry eye 2] Herpetic eye disease 3] Corneal scars 4] Corneal ectasias 5] Thin corneas - central pachymetry less than 460 microns 6] *Other ocular pathology* like glaucoma or retinal breaks/ degenerations [detailed later] need to be addressed. If active blepharitis is present it is better deferred 7] Pregnancy/ Lactation / Oral Contraceptive Pill use – due to hormonal changes refraction is unstable. 8] *Collagen vascular diseases* like rheumatoid arthritis or SLE may be a relative contra indication. The disease needs to be under god control before contemplating the procedure. 9] *Diabetes* is another important relative contraindication. Diabetics have delayed epithelial healing, unstable refraction due to osmotic effect on the crystalline lens and can have early cataract. The few reported cases of cataract after LASIK [with Summit laser] occurred in diabetics after postoperative topical steroid therapy

Requisites - A soft contact lens wearer need to be off lenses for a week. For an RGP wearer two week abstinence is recommended. For established cases of CL induced corneal warpage up to 3 or 4 months of abstinence may be required. Jobs requiring high contrast sensitivity like pilots need to be explained about the gain in uncorrected visual acuity at the expense of possible loss in contrast sensitivity.

Examination - It is needless to state that examination has to be comprehensive.

Visual acuity – Uncorrected visual acuity for distance and near must be well documented. Near acuity is an indicator of macular status. Best Corrected Visual Acuity need to assesed after cycloplegic refraction. Contact lens may be used to determine BCVA if there is myopia more than 6.5 D, hyperopia more than 4 D or if BCVA is less than 20/20

Stability of refraction - Refraction need to be stable for a year and the candidate must be past 18 years of age. A history of frequent change of spectacles should make one wary of corneal ectasia. The discrepancy between

manifest and cycloplegic refraction need to be 0.25 or less, and never more than 0.5 D. The treatment is usually based on manifest refraction.

Slit lamp examination - Thorough slit lamp examination is done to assess corneal clarity, to rule out infection, inflammation, scars, corneal ectasia and superficial vascularisation. Scotopic pupil size needs to be noted.

Pachymertry – Any cornea less than 460 microns centrally is not suitable for LASIK. The residual stromal bed thickness needs to be at least 250 microns to prevent corneal ectasia.

Topography- needs to be studied carefully for abnormally steep areas to rule out ectasia. Steep corneas are predisposed for button hole formation while flap creation.

Glaucoma – IOP measurement is difficult after LASIK and is underestimated by applanation tonometry. Glaucoma, being a sight–threatening disease it is better to avoid LASIK in ocular hypertensives.

Retina evaluation – It is imperative to treat predisposing retinal degenerations or breaks with prophylactic photocoagulation before LASIK. Or else, the high IOP produced during placement of suction ring can cause retinal detachment. Any macular pathology need to be documented.

Ocular motility & ptosis – Preoperative photographs need to be taken for documentation if there is any disturbance in ocular motility or ptosis. The patient, with his thick glasses may not have noticed it and can possibly blame the surgeon.

Informed consent need to be elaborate explaining the predicted outcome, nature of the procedure, possible complications like under / over correction , glare , haloes , decrease in BCVA and driving problems It is important for the patient to realize that correction is only optical and not anatomical. Women need to declare that they are not pregnant or lactating.

Procedure – It is important to maintain room humidity [around 40 - 50%] and temperature [18- 22 degrees C]. These factors can influence the amount of tissue ablated, though most laser systems presently in the market have built-in system to give necessary warning. Early in practice it is better to avoid deep set eyes as the suction ring placement can be difficult.

Topical anesthetic drops need to be put only twice; too frequent an application can damage the epithelium and predispose for epithelial defect. Eye lashes need to be away from the operating field. Before keeping the suction ring the keratome need to be checked under microscope. Marks are made at 5 and 7 'o clock positions with a marker pen and suction ring is applied after wetting the cornea, centered on the pupil.

After ensuring the suction, cut is made with microkeratome. The patient's head and microscope need to be realigned and the flap is lifted. Laser shots are then applied to the stromal bed. Delay in this part can cause tissue dehydration and consequent over-ablation.

Flap is repositioned after putting a drop of BSS in the stromal bed and irrigation is done underneath the flap. Excess irrigation can cause hydration of the flap. The flap is ironed out with a wet Weck-cell sponge and proper alignment of markings is ensured. The edges of the flap are then dried. It is important to wait for a minute to ensure adequate apposition of the flap to the stromal bed. The microscope lights can be kept off during that period. The speculum is gently taken out after making sure that flap is properly adherent.

The flap needs to be re-checked after removing the surgical drape. Topical antibiotic and steroid drops are instilled and the patient seen after 30 minutes to ensure proper flap alignment.

It is better to avoid patching the eye, but dark glasses or shield need to be worn. Patient is prescribed topical antibiotics, mild steroids and lubricant eye drops 4 times a day for a period of one week. The patient is seen the next day, when near complete intended correction can be expected unless there is a complication.

Thus, if adequate precautions are taken LASIK is a simple procedure with high level of patient satisfaction. Detailed preoperative work-up, proper patient counseling and adherence to scientific principles are imperative to ensure a successful outcome. ■



CHAITHANYA
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From the desk of the Editor, KJO.

Respected Colleagues,

Greetings from the Editorial Board of Kerala Journal of Ophthalmology.
This issue of the journal is a pot-pourri of relevant aspects of both anterior and posterior segments of the eye. We have included an article exploring the research work on alternative therapies for AMD especially topical medicines. We sincerely hope that this issue will be useful to our readers.
This is the second issue of the last year of our tenure and we sincerely hope that we have been able to keep up to your expectations. We require your cooperation and feedback to bring out two more issues.
Please send in your feed back and also inform about any change of address. We look forward to receiving contributions from you and would be happy to have you use this journal as a platform for your scientific work.
With warm regards

Dr.Meena Chakrabarti

Dr. N.Radhakrishnan ...contd. from page 1

no specific reason for that. Just because he qualified for a PG seat in Ophthalmology he joined the Guru Nanak Eye Center attached to the famous Moulana Azad Medical College, New Delhi.

His memory went back many years, "being a Keralite who knows only Malayalam and English, I had lots of initial troubles adjusting to the new environment and learning a new language – Hindi. In this context I must make a special mention of Dr Radha Natarajan, Assoc: Professor of Ophthalmology and Dr Pamela D'Souza, Senior Registrar who not only taught the basics of Ophthalmology but also the language of communication-hindi".

He was quick to complement his other illustrious mentors "I will be failing in my duty if I do not mention my revered teachers like Dr Gurbux Singh(Cornea), Dr Patnaik (Retina), Dr L.D.Sota(Contact Lens) and Dr D.K.Sen(Squint) who were instrumental in shaping my PG career. After completing my PG studies I was fortunate enough to undergo specialized training in Contact lens and prosthesis under Dr.L.D.Sota in New Delhi and a brief 3 months stint at Moorefield's Eye Hospital, London". Later when he was the president of Cochin Ophthalmic Club, he gave his "Gurudakshina" to Dr. Gurbux Singh by choosing him for the Dr. T. Gopinatha Menon oration.

He had the option of working in the UK. But he chose to stay back and served the Government Health Services for 30 long years joining it in 1969 and retiring in November 1999. Unlike several of his contemporaries, he never went after Politicians for plum postings. Hence he had the dubious distinction of going around the State working in about 12 institutions of every kind from the Jungle dispensary, Thennikode to PHCs, THQ Hospitals, TB clinics, GH and even a brief stint as the Raj Bhavan Medical Officer! He asserted "I learnt a lot in Ophthalmology as also life in general, from my seniors, juniors, hospital staff, my patients and their relatives. At the end of it all, I feel a certain satisfaction that I could do my bit to alleviate the sufferings of poor patients to the best of my ability. My only regret is that I could not work in a bigger hospital set up where I could have improved my professional skills".

He had set the tone for junior ophthalmologists like me to set up a functional eye unit where ever he worked. He looked after only eye patients at the THQ hospital level though other specialists during his time never stuck to their own specialty and involved themselves in more lucrative spin-offs like MTPs . In whichever THQ Hospital he worked, he made it a point to improve the infrastructure or even start an eye unit if not already functional. Considering the short supply of instruments available in the Government set up, he made it a point to purchase instruments from State conference stalls and get them reimbursed from the respective Hospital Management Committees. He also made use of the good offices of our doyen, Dr E.T Kuriakose who was the DMO and Dr Jayanandan, the then Dy DHS to procure instruments through the General Store.

He can speak for hours on the subject which is closest to his heart, namely organizational work in connection with KGMOA, IMA, KSOS, COC etc. Of these his association with KSOS and COC stand out as pall bearers.

He rates his KSOS journey as the most satisfying. After becaming a member of the KSOS in 1976 he made it a point to attend all its meetings without fail. He took over as Secretary from Dr V.S.Gopinath in '87-'88. It was during his tenure that the membership roll was updated, dues cleared and the biodata of each and every member published- an act for which he received both bouquets and brickbats. He also filled up all the application forms of members which remained unfilled till date and had them arranged in alphabetical order. He remembers with gratitude the long hours of help and sweat provided by his wife Jaya. He designed and issued the ID cards of all life members. The minutes register of the Executive Committee and General Body meetings were prepared properly and maintained for future reference.

In 200-01 under the presidentship of Dr P.I.Mohan, he chaired a Committee which re-wrote the new constitution of KSOS and had it registered as a Charitable and Educational Society. The term "State" could be used only along with the names of Government organizations. Thus the Kerala State Ophthalmological Society was re-registered as Kerala Society of Ophthalmic Surgeons- a name coined by Dr Radhakrishnan so that the abbreviation of our organization remain the same. Even now when in doubt people approaches him for guidance in organizational and constitutional matters of the Society. It was during his term as secretary that pending Gold medals of Dr Sankara Menon award were presented to Dr T.A.Alexander (1987) and Dr K.E.Eapen (1981). He also made the norms that this award be presented to only KSOS members for the original work done in Kerala.

He was responsible for initiating the Dr P.Siva Reddy award which was initially for the second best paper at the KSOS annual conference as well as the Dr C.E.Oommen KSOS Life time Achievement award. It was during his presidentship in 1999-00 that the T.K.Alexander memorial Oration, Dr S. Tony Fernandez Video film Gold Medal Award and the Dr. T.Gopinatha Menon oration award were instituted.

He was also able to organize many mega eye camps under the aegis of the KSOS and COC and supply IOLs at subsidized rates to those ophthalmic surgeons who operated on the camp patients.

At the Cochin Ophthalmic Club he had a very fruitful and enjoyable time as the President during 2003-05. They were able to

organize 14 clinical meetings in one year and family get-togethers at tourist spots.

He is actively involved in IMA and is presently the State working committee member and the Vice Chairman of IMAGE, the bio-medical waste disposal project of IMA Kerala. He is the founder secretary of the IMA Blood bank at Aluva. He also has a prominent presence in various social organizations like Mathruchaya- an orphanage for children, Sreenarayana Sevika Samajam and SOS children's Village. He is the chairman of Swarathraya- an organization for classical music.

He can never be seen in our State Conferences without his wife Jaya, who was an English teacher of repute in her own right. She belongs to the Kalathil family of Changanachery, daughter of the illustrious founder member of Nair Service Society – Kalathil Velayudhan Nair. He dedicates his entire success to her, "She has stood by me like a rock in all my endeavors and is like a family member to the ophthalmic fraternity of Kerala. If not for her, the organizational activities that I resorted to would have been only half done".



I find him equally at ease with the juniors and the seniors in our society. He was the epitome of an efficient manager. Unlike many others he never accepts responsibilities if he can not devote time to it. He was always punctual. His strict adherence to rules and maintenance of proper records has made him unacceptable to certain people. He was able to make his team members perform by delegation of duties and responsibilities and frequent communication with them.

I doubt if I have scanned the life of Dr Radhakrishnan fully. It was late night when after the interview and the gorgeous dinner prepared by Jaya, I bade goodbye to the duo whom I consider 'the first couple of our ophthalmic fraternity'.

Seminar on Infection Control for Paramedics

A seminar on Infection Control for paramedics of Eye Hospitals was held on 13th June 2009 at IMA Hall, Kaloor Kochi. This was directly organized by KSOS in association with the Infection Control department of Amrita Institute of Medical Sciences, Kochi. The topics were Standard precautions, Hand hygiene, Medical & Surgical asepsis, Disinfection & Sterilisation, Waste management & management of Needle Stick Injuries. The didactic sessions were in Malayalam and the interaction by the delegates was very active. Majority felt that this should be an annual affair. 63 delegates from 30 hospitals attended it. The highlight of the seminar was the hands-on session on gowning, gloving and instrument & linen packing techniques. 86% of them responded that the seminar was very useful.







A similar seminar is scheduled at Calicut on 16-08-09. Dr. N.V. Sivan of Comtrust Eye Hospital, Calicut is organizing it on behalf of KSOS.

Our patients are our publicity managers and their post Lasik experiences are our credentials.

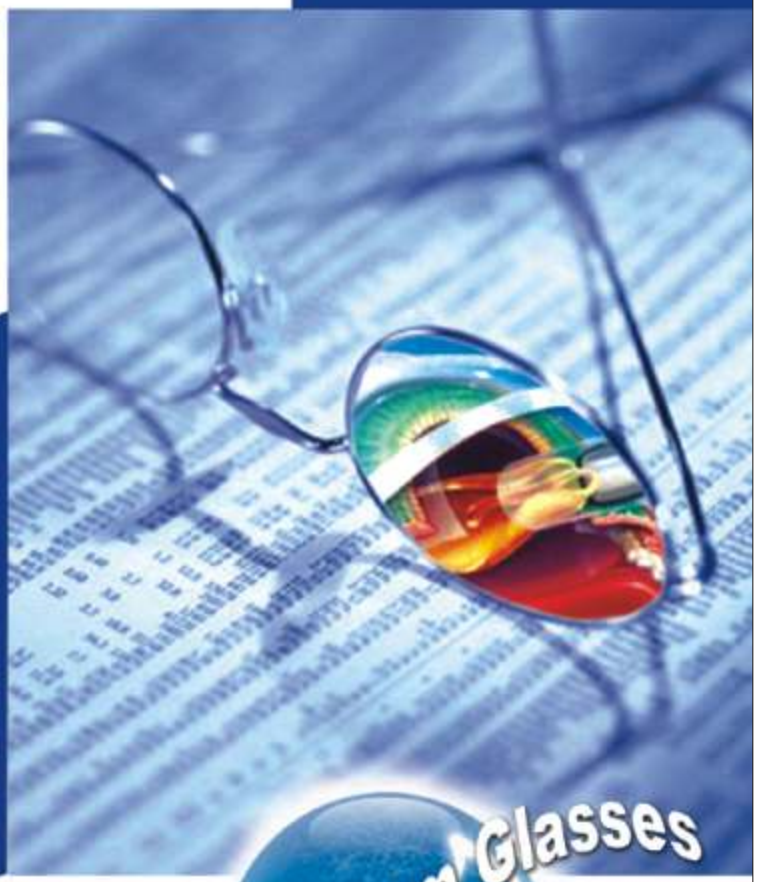
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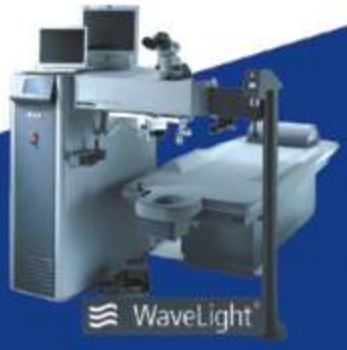
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