

## Profile

### Kadamba NGO, Sirsi

When our company was meeting a number of NGOs to sign agreement for the implementation of our Suddhanand Poorna Arogya Scheme it was Mr. Anant Kumar Hegde, Chairman Kadamba Charitable Foundation, Sirsi and his team who understood the benefits of the scheme for the poor and encouraged us by signing the

agreement. We consider it as our privilege to give the brief profile of their NGO in our first newsletter.

Kadamba was started in 1999 and its Founder and Present President is Sri. Anant Kumar Hegde, Member of Parliament, Uttara Kannada. Mahabaleshwara R. Naik is the CEO. Main objectives of Kadamba is to involve in developmental activities such as Social, Educational, Health, Housing, Self employment, Insurance to labors of Unorganized Sector etc. The Major Projects being implemented are as under. Managing Crèche Centers., Formation of self-help group, Rural Housing Scheme, Health care, Insurance for the unorganized labor

All the above programmes are framed keeping in mind to help the rural people that too poor and middle class people. Programmes of Housing, Insurance and Health are solely framed for rural poor and middle class. In rural areas irrespective of class and creed the benefit of Crèche and SHG is given.



## Team Suddanand



*A company committed to arrange low cost, timely and quality health care services to the urban and rural poor by collaborating with NGO-MFIs/ Cooperatives and recognized private hospitals, Corporate and Donors can sponsor programs for implementation in areas of their choice for communities whom they want to provide special health care services.*



### KDDC NGO, Karwar

Karwar Diocesan Development Council is an official organ of the Catholic Diocese of Karwar to carry out the socio-economic development of the people of Uttar Kannada District, Karnataka State, India, irrespective of caste, creed or community. It was set up on 2nd February 1978 to materialize the dream of restoring human dignity of the poor and the marginalized. KDDC has legal status as it is registered under Karnataka Societies Registration Act of 1960.

With a vision to "establish a society of Justice, Peace and Love," which contributes to human happiness, by way of cooperation, collaboration, participation, partnership and nation building, the organization has ventured into all possible ways and means to bring

an integrated development in the lives of the poor and the marginalized especially the women and children, and thereby building rural infrastructure and causing social change

To date KDDC has 617 Self Help Groups with over 10000 members, 54 Grass Root Level Women Federations, 5 Taluk Level Women Federations, 1 District Level Women Federation and 8 Youth Federations. The overall indirect beneficiaries of the organization are over 3,50,000.

Fr. Lawrence Fernandes, Director, Bishop's House,  
Karwar – 581 302 ,Uttara Kannada District ,  
KARNATAKA (INDIA)



## Feed Back From NGOs

### KADAMBA NGO

Kadamba Poorna Arogya Programme implemented with the collaboration of Suddhanand Health Care Private Limited, Mysore is a boon the members of poor and middle class family. It is a pride to us to say that Kadamba is first NGO to have joined hands with Suddhanand Health Care Pvt. Ltd in starting this on pilot basis.

It is an ideal initiative to provide medical facility with best possible treatment in a place nearest to the people by identifying hospitals in the locality. In order to avoid harassment or any sort of problem to the patients, a help desk is started in each of such hospitals. This is totally computerized programme and there is no doubt that this programme will be recognized as a **model health programme** of the Country. Nearly 4,500 persons were involved to this programme and about 200 out patients and 22 in patients are benefited so far and all of them were satisfied by the service rendered by the local administrative officials. All the Schemes and programmes taken up so far by Kadamba are unique in the Country and our ambition is that this programme will also be recognized as such in future.

We hope that more NGOs will join hands with Suddhanand Health Care, Mysore for implementing the above programme.

**Mr. Mahabaleshwar Naik, CEO**

### KDDC NGO

"Health is Wealth" as the saying goes, the issue of health takes prime importance for every individual. It certainly takes a prominent rank after the issue of economic stability because when one loses health he/she is literally evacuated from the employment aspect, which eventually leads to sufferings of the entire family. As we work in the social development field, we invariably come across considerably large number of people who literally suffer from health aspects. To be precise, such unhealthy situation is the outcome of economic instability among a larger percentage of people.

The District of Uttar Kannada is not an exception to this situation. Though the Govt. has intervened with a greater pace in the health sector, the provisions have failed in reaching out to the disadvantaged mass.

Under such crucial circumstance and the time of acute need of the people, the "SAS POORNA AROGYA" health insurance scheme developed by the young and dynamic talent Dr. Arjun has truly turned out to be a boon for the most disadvantaged people of Uttar Kannada District and has succeeded in creating a promising impression in the minds of the people in very short period of time. I can mention without any hesitation that the "SAS POORNA AROGYA" scheme has outclassed all other health insurance schemes developed even by the super multi-national companies in India.

I have no doubt that the scheme will surely be the part and parcel of every disadvantaged community in Karnataka and in any part of the country wherever it is going to be launched. I congratulate the dynamic and valorous team of "SAS POORNA AROGYA" and the very dedicated family members of Dr. Arjun and wish all of you all the best in your future endeavors.

James Fernandes Project Manager, KDDC, KARWAR

## Profile of Network Hospitals

### Sridevi Multispecialty Hospital , Honnavar

Sridevi Multispecialty Hospital is 100 bedded hospital in Honnavar in Uttara Kannada district. It has adequate staff to look after the patients. It is going to complete 25 years of service. On this occasion it has planned to conduct a free health check up camps in nearby places. It has conducted two camps in Hasdinbal and Magod.

#### The following facilities are available in S.M.S.H

- 1) X-RAY UNIT,
- 2) ECG/ECH/ Colour Doppler/TMT,
- 3) NICU,
- 4) Computerized lab,
- 5) Laparoscopic surgery,
- 6) Ultra sound scanning,
- 7) Infertility clinic,
- 8) Orthopedic & trauma centre,
- 9) C.A.R.M Image Intensifier,
- 10) Eye care unit,
- 11) Intensive coronary care unit.

#### Following Doctors are available in S.M.S.H

Dr.V.Chandrashekar Shetty, M.B.B.S.,D.G.O, OBG Specialist, Sinologist, Laparoscopic surgeon,  
Dr.Sukesh Shetty, M.B.B.S,Ortho, D.N.B,  
Dr.Pramod Phayde, M.B.B.S,M.D  
Dr.Vidya Desai, M.B.B.S,D.N.B, Physician,  
Dr.Saritha Shetty, M.B.B.S,  
Dr.Saritha Mesta, B.A.M.S, Dr.Satish, B.A.M.S,  
Ms.Sangitha Naik (PHYSIOTHERAPIST), B.P.T

### Visiting Doctors as follows:

- 1) Dr.Krishnamurthy Hegde-skin specialist,  
Every month 1st & 3rd thursday-2.00pm
- 2) Dr.Narasimha pai-Cardiologist,  
Every month 1st Sunday from 11am
- 3) Dr.Althaf Khan-urosurgeon,  
Every month 1st & 2nd Sunday from 10 am to 1pm
- 4) Dr.Rakshith K.C-Neurologist,  
Every month 2nd Sunday from 11 am
- 5) Dr.Yuvaraj-Radiologist,  
Every month 1st & 2nd Sunday from 1pm
- 6) Dr.Vikram Hegde-Radiologist,  
Every month 3rd & 4th Sunday from 1pm
- 7) Dr.Prakash Bhat-ENT specialist,  
Every Wednesday from 2.30
- 8) Dr.Vishwanath Nayak -Eye Specialist,  
Every Wednesday and Friday from 1pm

### Feedback from Network Hospitals

#### Sridevi Multispecialty Hospital , Honnavar

We would like to express our gratitude to Sudananda Health Care System. We are gone through the Mission, Vision and Strategy of Suddanand Poorna Arogya scheme which is helpful to the people who are financially backward. Help Desk Executive of Suddanand Health Care is co-operative and supportive. We are sure that this scheme will be a grand success in future. We Look forward for support and co-operation from the company.

**Dr. V. Chadrashekar Shetty,**  
Director,

## Card Holders (SUKHIs) Stories

What Health Card Holders of Suddanand Poorna Arogya Scheme (we call them SUKHIs) have to say about our scheme and health care services provided to them.



Leevejin Paathras Roterguies,  
Kasarkod, Honnavar, Uttara  
Kannada district, Karnataka,  
Idno.00300335901.

I was suffering from  
dysfunctional uterine  
bleeding since 8 years. My  
family background is very  
poor. I have two girl  
children and have not much income.

I got information about Suddanand Health Care Pvt. Ltd's Poorna Arogya program from one of the KDDC NGO staff. I became member of the SUKHI Health Card. After 1 month I was admitted in Sridevi Multispecialty hospital Honnavar and the doctor advised for operation. The Help Desk Person gave sufficient information and helped a lot. I got free treatment and thankful to Suddanand Health Care program. Otherwise I should have spent Rs 12000 for which I had to take loan only. Let SAS program spread from taluk to district, district to State.

Leevejin Paathras Roterguies,  
Honnavar



ನಾನು ಮಿಸ್ಸೇಸೆ ಖುರೇಶಿ, ಮೂಲ ಉತ್ತರ ಕನ್ನಡದ ಕಾರವಾರ, ದಾಂಡೇಲಿ ನಿವಾಸಿ. ನನ್ನ ಗಂಡನಿಗೆ ಆಕ್ಸಿಡೆಂಟ್ ಆಗಿತ್ತು. ಕೈಯಲ್ಲಿ ರಾಡ್ ಹಾಕಿದ್ದರು. ಸುಮಾರು ೧೭ ರಿಂದ ೧೮ ವರ್ಷ ಹಾಗೇ ಇತ್ತು. ಎಲ್ಲಾ ಡಾಕ್ಟರಿಗೂ ತೋರಿಸಿದ್ದರು. ಬಹಳ ದಿನವಾದ್ದರಿಂದ ರಾಡ್ ತೆಗೆಯುವುದು ಬಹಳ ಕಷ್ಟ ಅಂತ ಹೇಳುತ್ತಿದ್ದರು. ಅಷ್ಟೆ ಅಲ್ಲ ಅವರು ಬಿದ್ದು ಸ್ವಲ್ಪ ಮೋಣಕ್ಕಿಗೂ ಹೆಚ್ಚಾಗಿತ್ತು. ಅದರಲ್ಲಿ ಕೀವೂ ಆಗಿತ್ತು. ಇಂಜಕ್ಷನ್, ಮಾತ್ರೆಯಿಂದ ಸ್ವಲ್ಪ ಕಡಿಮೆಯಾಯಿತು. ಆದರೂ ಆ ಕೈಯಭಾಗದಲ್ಲಿ ಸ್ವಲ್ಪ ಉಂಡಿತ್ತು.

ಆ ಹೊತ್ತಿನಲ್ಲಿ ನಮಗೆ ಎಸ್.ಎ.ಎಸ್.ಪೂರ್ಣ ಆರೋಗ್ಯ ಸ್ಕೀಮ್ ಬಗ್ಗೆ ತಿಳಿಯಿತು. ಇದರಿಂದ ಬಹಳ ಜನರಿಗೆ ಉಪಯೋಗ ಆಗಿದೆಯೆಂದು ತಿಳಿಯಿತು. ನಾನು ಕೂಡ ಆ ಸ್ಕೀಮ್ ಗೆ ಸೇರಿ ಅದರ ಪ್ರಯೋಜನ ಏಕೆ ಪಡೆಯಬಾರದು ಎಂದು ಯೋಚಿಸಿದೆವು. ಅಮೇಲೆ ನಾವು ಎಸ್.ಎ.ಎಸ್.ಪೂರ್ಣ ಆರೋಗ್ಯ ಸ್ಕೀಮ್ ಬಗ್ಗೆ ತಿಳಿದು ಅದರ ಮೆಂಬರ್ ಆದೆವು. ಅದರ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆದವು. ಈ ಸ್ಕೀಮ್ ಮಾಡಿದವರು ಒಬ್ಬ ಡಾಕ್ಟರ್. ಇವರ ಈ ಸ್ಕೀಮ್ ಇಷ್ಟು ಚೆನ್ನಾಗಿರಬೇಕಾದರೆ ಇವರ ಆಸ್ಪತ್ರೆಯಲ್ಲೇ ಔಷಧೋಪಚಾರ ಎಷ್ಟು ಒಳ್ಳೆಯದಾಗಿರಬಹುದು. ಈ ಯೋಚನೆ ಬಂದುದರಿಂದ ನಾವು ಉತ್ತರ ಕನ್ನಡ ಜಿಲ್ಲೆಯಿಂದ ಮೈಸೂರಿಗೆ ಬಂದೆವು. ಡಾ.ಅರ್ಜುನ್‌ರವರು ನನ್ನ ಗಂಡನ ಕೈ ಆಪ್ರೇಷನ್ ಮಾಡಿದರು. ಆಪ್ರೇಷನ್ ಕೂಡ ತುಂಬ ಒಳ್ಳೆಯ ರೀತಿಯಿಂದ ಆಗಿದೆ. ನಾನು ನಮ್ಮ ಮಕ್ಕಳಿಲ್ಲರೂ ಡಾ. ಎಸ್.ಎ.ಎಸ್.ಗೆ ಚಿಕಿತ್ಸೆಯಾಗಿದ್ದೇವೆ. ಇಷ್ಟು ಸಣ್ಣ ವಯಸ್ಸಿನಲ್ಲಿ ಸಮಾಜ ಸೇವೆ, ಡಾಕ್ಟರ್ ವೃತ್ತಿ, ಬಿಡವರ ಹಿತ ಎಲ್ಲ ನೋಡುವುದು ಅಂದರೆ ಅದು ಒಂದು ಪವಾಡವೇ ಸರಿ. ಅವರ ಒಳ್ಳೆಯ ಗುಣ ನಡತೆಯಿಂದ ನಮ್ಮೆಲ್ಲರ ಮನಸ್ಸನ್ನು ಗೆದ್ದರು. ಎಸ್.ಎ.ಎಸ್. ಎಲ್ಲೆ ಇರಲಿ ನಮ್ಮೆಲ್ಲರ ಆರೋಗ್ಯದ ಇದ್ದೇ ಇದೆ. ಅವರ ಎಸ್.ಎ.ಎಸ್.ಪೂರ್ಣ ಆರೋಗ್ಯ ಸ್ಕೀಮ್ ಕೂಡ ಗಗನಕ್ಕೇರಲಿ ಇಷ್ಟು ಒಳ್ಳೆಯ ಸ್ಕೀಮ್ ಇಷ್ಟೊಂದು ಪ್ರಯೋಜನ ಜನರಿಗೆ ಆಗಬೇಕಾದರೆ ನಾವು ಅದನ್ನು ಏಕೆ ಬಿಡಬೇಕು. ನಾವಂತು ಈ ಸ್ಕೀಮಿನಿಂದ ತುಂಬ ಪ್ರಯೋಜನ ಪಡೆದುಕೊಂಡೆವು. ಹಾಗೆ ನಮ್ಮ ಜನತೆಗೂ ಎಲ್ಲಾ ಭಾರತಾದ್ಯಂತ ಎಲ್ಲ ಜನತೆಗೂ ಇದರ ಪ್ರಯೋಜನವಾಗಲಿ ಇದರ ಜೊತೆಗೆ ಶ್ರೀನಿವಾಸ ಆಸ್ಪತ್ರೆಯಿಂದ ಕೂಡ ಎಲ್ಲರಿಗೂ ಸಹಾಯವಾಗಲಿ.

ಮಿಸ್ಸೇಸೆ ಖುರೇಶಿ ದಾಂಡೇಲಿ



## ಸುಖಿ ಹೆಲ್ತ್ ಕಾರ್ಡ್‌ದಾರರ ಅನಿಸಿಕೆಗಳು..

ನಾನು ಪ್ರೇಮಾ ಲಕ್ಷ್ಮಣ ಬಂಡಾರಿ ಈ ಎಸ್.ಎ.ಎಸ್ ಸಂಸ್ಥೆಯ ಕಾರ್ಡ್‌ಹೋಲ್ಡರ್ ಮೊದಲು ಈ ಸಂಸ್ಥೆಯ ಬಗ್ಗೆ ಕೇಳಿದಾಗ ಕುತೂಹಲವಿತ್ತು. ಅದರ ಬಗ್ಗೆ ಕದಂಬ ಎಸ್.ಜಿ.ಓ ಸಂಸ್ಥೆಯಿಂದ ಮಾಹಿತಿ ಪಡೆದು ನಾನು ಮತ್ತು ನನ್ನ ಮನೆಯ ಪ್ರತಿಸದಸ್ಯರು ತಲಾ ೧೬೦ ರೂಪಾಯಿಗಳನ್ನು ಕೊಟ್ಟು ಎಸ್.ಎ.ಎಸ್ ಕಾರ್ಡ್‌ನ್ನು ಮಾಡಿಸಿದವು.

ನನಗೆ ಸ್ವಲ್ಪ ದಿನದಿಂದ ಕಾಲಿನ ಮೂಳೆಯಲ್ಲಿ ತೊಂದರೆಯಿತ್ತು. ಇದಕ್ಕಾಗಿ ಹದೇ ಪದೇ ಆಸ್ಪತ್ರೆಗೆ ಭೇಟಿ ನೀಡಬೇಕಾಗಿತ್ತು. ಹಣವು ತೀವ್ರ ಪ್ರಮಾಣದಲ್ಲಿ ಖರ್ಚಾಗುತ್ತಿತ್ತು. ಆದರೆ ಎಸ್.ಎ.ಎಸ್ ಮಾಡಿಸಿದಾಗಲಿಂದ ನಾನು ಬಹಳ ನೆಮ್ಮದಿಯಿಂದಿದ್ದೇನೆ. ಶಿರಸಿಯ ಪ್ರತಿಷ್ಠಿತ ಟಿ.ಎಸ್.ಎಸ್ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆ ಪಡೆಯುತ್ತಿದ್ದೇನೆ. ಎಸ್.ಎ.ಎಸ್ ಕಾರ್ಡ್‌ನ್ನು ಬಳಕೆ ಮಾಡಿಕೊಂಡದ್ದರಿಂದ ಎಕ್ಸ್‌ರೇ, ಲ್ಯಾಬ್ ಟೆಸ್ಟ್‌ನ ಶುಲ್ಕದಲ್ಲಿ ಶೇ.೨೦ ರಷ್ಟು ರಿಯಾಯಿತಿ ಸಿಗುತ್ತಿದೆ.

ಎಸ್.ಎ.ಎಸ್ ಸಿಬ್ಬಂದಿಗಳ ಸರಳ ಸೌಹಾರ್ದಯುತ ವರ್ತನೆಯಿಂದಾಗಿ ಬಹಳ ಖುಷಿಯಾಗಿದ್ದು ಈ ಹೆಲ್ತ್ ಕಾರ್ಡ್‌ನ್ನು ಮಾಡಿಸಿದ್ದು ಸಾರ್ಥಕ ವಿಸ್ಮಯವಿದೆ. ರೋಗಿಗಳ ಜೊತೆಗೆ ನಡೆದುಕೊಳ್ಳುವ ರೀತಿ, ವರ್ತನೆ ನನಗಂತೂ ಹಿಡಿಸಿದೆ. ಈ ಸಂಸ್ಥೆಯಿಂದ ಮತ್ತು ಸಂಸ್ಥೆಯ ಅಡಿಯಲ್ಲಿ ಬರುವ ಆಸ್ಪತ್ರೆಗಳಿಂದ ನನಗೆ ಉತ್ತಮವಾದ ಸೇವೆ ಸಿಗುತ್ತಿದ್ದು. ನಿಜವಾಗಿಯೂ ಎಸ್.ಎ.ಎಸ್ ಮತ್ತು ಎಲ್ಲಾ ಎಸ್.ಜಿ.ಓ. ಸಂಸ್ಥೆಗಳ ಕಾರ್ಯ ಶ್ಲಾಘನೀಯ ಇದೇ ರೀತಿ ಇವರ ಸೇವೆ ದೇಶದ ಎಲ್ಲೆಡೆ ಮಾತ್ರವಲ್ಲದೆ ಹೊರ ದೇಶಗಳಲ್ಲಿಯೂ ಹಬ್ಬಲಿ ಎಂದು ಹೃದಯ ತುಂಬ ಮನಃಪೂರ್ವಕವಾಗಿ ಹಾರೈಸುತ್ತೇನೆ.

ಪ್ರೇಮಾ ಲಕ್ಷ್ಮಣ ಬಂಡಾರಿ  
ಶಿರಸಿ

ನನ್ನ ಹೆಸರು ಮಂಜರಾಮ ಜೋಗಿ, ಉತ್ತರ ಕನ್ನಡ ಜಿಲ್ಲೆಯ ಶಿರಸಿ ತಾಲ್ಲೂಕಿನ ಚೊಂಡಿಗಡ್ಡಿಯವಳಾದ ನಾನು ಹಳ್ಳಿಯವಳು. ದುಡಿಮೆಯೇ ನಮ್ಮ ಬದುಕು, ಕೆಲಸ ಮಾಡಿ ಅದಕ್ಕೆ ತಕ್ಕ ಪ್ರತಿಫಲ ಪಡೆದು ನೆಮ್ಮದಿಯಿಂದ ಬದುಕುತ್ತಿದ್ದೇವೆ.

ಇಷ್ಟೊಂದು ಅರಾಮಾಗಿದ್ದ ನಮ್ಮ ಜೀವನದಲ್ಲಿ ತಟ್ಟೊಂದು ಎರಗಿದ ಭಯವೆಂದರೆ ಅನಾರೋಗ್ಯದ ಸಮಸ್ಯೆ. ಅಕಸ್ಮಾತ್ ನಾವೆಲ್ಲರೂ ಖಾಯಿಲೆ ಇದ್ದರೆ ಏನು ಮಾಡಬೇಕು ಆಸ್ಪತ್ರೆಯ ಖರ್ಚನ್ನು ನಿಭಾಯಿಸಲು ನಮಗಾದಿತ್ತೆಂಬ ತೀವ್ರ ಚಿಂತೆ.

ಅದೇ ಸಂದರ್ಭದಲ್ಲಿ ಗ್ರಾಮದ ಸಂಘದಿಂದ ನಮಗೆ ಎಸ್.ಎ.ಎಸ್. ಹೆಲ್ತ್ ಕಾರ್ಡ್‌ನ್ನು ಮಾಡಲು ಸೂಚನೆ ಸಿಕ್ಕಿತ್ತು. ೧೬೦ ರೂಪಾಯಿಗಳನ್ನು ಕೊಟ್ಟು ಕಾರ್ಡ್ ಮಾಡಿಸಿದರೆ ನಮಗೆ ಉಪಯೋಗವಾಗುವುದು ಎಂದು ಇಲ್ಲಿನ ಸಿಬ್ಬಂದಿಗಳು ಹೇಳಿದರು. ನಂತರ ನಾವು ಕೂಡ ಭರವಸೆ ಇಟ್ಟು Cardನ್ನು ಮಾಡಿಸಿದವು. ಇವುಗಳ ಬಗ್ಗೆ ಇನ್ನೂ ತಿಳುವಳಿಕೆಯಿಲ್ಲದೆ ನಾವು ಮೊದಮೊದಲು ಅನುಮಾನವಿದ್ದಿತ್ತು. ಆದರೆ ಯಾವಾಗ ನಮಗೆ ಟಿ.ಎಸ್.ಎಸ್ ಎಂಬ ಉತ್ತಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಒಳ್ಳೆಯ ವೈದ್ಯರಿಂದ ಕಡಿಮೆ ವೆಚ್ಚದಲ್ಲಿ ಈ ಕಾರ್ಡ್ ವತಿಯಿಂದ ಸೇವೆ ಸಿಕ್ಕಿತೋ ಅವಾಗಿನಿಂದ ಎಸ್.ಎ.ಎಸ್. ಸಂಸ್ಥೆಯನ್ನು ಬಹಳವಾಗಿ ಮೆಚ್ಚಿಕೊಂಡಿದ್ದೇವೆ. ಅಲ್ಲಿನ ಎಸ್.ಎ.ಎಸ್. ಸಿಬ್ಬಂದಿಗಳ ಸಂಸ್ಥೆಯವರ ಉತ್ತಮ ನಡವಳಿಕೆ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ನೀಡುವ ಚಿಕಿತ್ಸೆಗಳು ತುಂಬಾ ಹಿಡಿಸಿದ. ಬಡವರಿಗೆ, ದುಡಿದು ತಿನ್ನುವ ಕಾರ್ಮಿಕರಿಗೆ, ಗ್ರಾಮಸ್ಥರಿಗೆ ಇದರಿಂದ ಉತ್ತಮ ಸೇವೆ ಸಿಗುತ್ತಿದೆ. ಕಾಳಜಿಯು ಸಿಗುತ್ತಿದೆ. ಇನ್ನೂ ಕಾಯಿಲೆ ಬಂದರೆ ನಮಗೆ ಚಿಂತೆ ಮಾಡುವ ಕೆಲಸ ಇಲ್ಲಾ ಹೇಗೂ ಎಸ್.ಎ.ಎಸ್. ಇದೆಯಲ್ಲಾ.

ಇದೇ ರೀತಿ ಎಲ್ಲ ಕಡೆಯಲ್ಲಿಯೂ ಈ ಸಂಸ್ಥೆಯ ಸೇವೆ ಹಬ್ಬಲಿ. ಉತ್ತಮ ಏಳಿಗೆ ಹೊಂದಲಿ ಎಂದು ದೇವರಲ್ಲಿ ಪ್ರಾರ್ಥಿಸುತ್ತೇವೆ.

ಮಂಜರಾಮ ಜೋಗಿ,  
ಶಿರಸಿ

## COMPANY MATTERS

### WORKSHOP

**Three Days Workshop on the implementation of the Suddanand Poorna Arogya Scheme is scheduled to be held at Hubli from 24th July to 26th July 2010.**

### Staff Matters



**Staff Trainings :** Five days training on various issues relating to the scheme was organized to the staff at Mysore from 23rd April to 27th April 2010. The staff were given complete details

about the need for innovative schemes for providing health care services to the urban and rural poor, details of the Suddanand Poorna Arogya Scheme, effective communication and soft skills, use of our web based software by the Help Desk Executives and BPO Doctors for approvals and settling compensations and brief description about the various diseases which are covered under the scheme.

### We celebrated the Birth Day of following members of the Suddanand Family.



**Shri. G. Vasanth Kumar** was born on 16-4-1952 at Mysore. He is aged 58 years. He is a post graduate with M.Com. and LLB with 28 years experience accounting in various companies. He is our Chief Financial Officer. Many Many Happy returns of the day to Scientist Vasanth Sri !



**Dr. Mrs. Sudha Sachidanand** was born on 10th June and celebrated her 53rd birthday. She is a gynecologist by profession and equity partner in our company. Many Many Happy returns of the day to Sudha Madam !



**Dr. Sharad Hasilkar** was born on 10-6-1985 . Dr. Sharad is a B.A.M.S. and has served Nanjanagud Nursing home for 3 years before joining us as Medical Officer in Mysore BPO on 2nd April 2010. He is native of Guledgudda in Bagalkot district of Karnataka. Having celebrated his birth day he has completed 25 years. Many Many Happy returns of the day to Sharad Anna !



**Ms. Swathi Rai** was born on 22-6-1987 in Mangalore. She has completed her B.E. in Telecommunication. She is working as Software Executive since 2nd April 2010. She manages the web based software developed by TrioOS IT Solutions, Bangalore. Her hobbies are painting and reading novels. Many Many returns of the day Silly Swathi!.

## OUR ACHIEVERS



**Mr. Mahesh Mista** is a Help Desk Executive working since 2nd April 2010 in Sridevi Multi Specialty Hospital Honnavar in Uttara Kannada district of Karnataka. He joined the company on 25th March 2010 . He is born on 27-12-1969 and is aged 41. He is a graduate from Honnavar . He has received good appreciation from the Health Card holders (SUKHIs) and the Doctors and staff of the hospital regarding his way of executing his duties. The company is happy about his work and expects that he will continue his service to our SUKHIs with much more involvement and commitment so that and other Help Desk Executives can emulate him. Congratulation Mahesh.



**Mr. Ananda Raju** joined our company as Program Orientation Officer on 30 January 2010. He was born in Malavalli on 22-7-1980. He is a B.Com from Mysore University. He is very dynamic and good at convincing the rural and urban poor about the benefits of becoming members of our scheme. He has made good progress in enrolment of membership by taking the support of our partner NGOs. He has lot of commitment and passion to our scheme and has spread our scheme details among large number of the village leaders and SHG members. The company is happy about his work and expects that he will continue to make more and more membership, higher involvement and commitment so that other Program Orientation Officer s can emulate him. All The Best ಮಾಹಿತಿ Raju

## TOTAL HIP REPLACEMENT

A total hip replacement is a surgical procedure whereby the diseased cartilage and bone of the hip joint is surgically replaced with artificial materials. The normal hip joint is a ball and socket joint. The socket is a "cup-shaped" bone of the pelvis called the acetabulum. The ball is the head of the thigh bone (femur). Total hip joint replacement involves surgical removal of the diseased ball and socket and replacing them with a metal ball and stem inserted into the femur bone and an artificial plastic cup socket. The metallic artificial ball and stem are referred to as the "prosthesis." Upon inserting the prosthesis into the central core of the femur, it is fixed with bony cement called methylmethacrylate. Alternatively, a "cement less" prosthesis is used which has microscopic pores that allow bony in growth from the normal femur into the prosthesis stem. This "cement less" hip is felt to have a longer duration and is for younger patients.

**Causes:** Total hip replacements are performed most commonly because of progressively severe arthritis in the hip joint. The most common type of arthritis leading to total hip replacement is degenerative arthritis (osteoarthritis) of the hip joint. This type of arthritis is generally seen with aging, congenital abnormality of the hip joint, or prior trauma to the hip joint. Other conditions leading to total hip replacement include bony fractures of the hip joint, rheumatoid arthritis, and death (aseptic necrosis) of the hip bone. Hip bone necrosis can be caused by fracture of the hip, drugs (such as alcohol or prednisone), diseases (such as systemic lupus erythematosus), and conditions (such as kidney transplantation).

The progressively intense chronic pain together with impairment of daily function including walking, climbing stairs, and even arising from a sitting position, eventually become reasons to consider a total hip replacement. Because replaced hip joints can fail with time, whether and when to perform total hip replacement are not easy decisions, especially in younger patients. Replacement is generally considered after pain becomes so severe that it impedes normal function despite use of anti-inflammatory and/or pain medications. A total hip joint replacement is an elective procedure, which means that it is an option selected among other alternatives. It is a decision which is made with an understanding of the potential risks and benefits. A thorough understanding of both the procedure and anticipated outcome is an important part of the decision-making process.

### Treatment:

A total hip replacement replaces your arthritic hip joint and eliminates the damaged bearing surfaces that are causing you pain. The design of the implant offers you renewed stability and minimizes the wear process. Overall there are three benefits to your hip replacement:

- Elimination of pain
- Improved motion
- Minimum wear and tear

During a total hip replacement procedure a metal stem is inserted into your thighbone (femur). Attached to the neck of the stem is a hip ball, just over an inch in diameter. The hip ball fits into a liner. Together, the ball and liner create the new joint. The liner is inserted into a metal shell that in turn is anchored to your pelvis. In terms of fixation, your surgeon has the choice of anchoring the hip implants securely to bone using either cement fixation or fixation by 'bone in growth'. Your surgeon will select the design of the hip replacement and size of femoral ball to give you the range of motion and stability that you need to function.

### Preoperative Evaluation & Risks:

Total hip joint replacement can involve blood loss. Patients planning to undergo total hip replacement often will donate their own (autologous) blood to be banked for transfusion during the surgery. Should blood transfusion be required, the patient will have the advantage of having his or her own blood available, thus minimizing the risks of blood transfusions. The preoperative evaluation generally includes a review of all medications being taken by the patient. Anti-inflammatory medications, including aspirin, are often discontinued one week prior to surgery because of the effect of these medications on platelet function and blood clotting. They may be reinstituted after surgery. Other preoperative evaluations include complete blood counts, electrolytes (potassium, sodium, chloride, and bicarbonate), blood tests for kidney and liver functions, urinalysis, chest x-ray, EKG, and a physical examination. Any indications of infection, severe heart or lung disease, or active metabolic disturbances such as uncontrolled diabetes may postpone or defer total hip joint surgery.

The risks of total hip replacement include blood clots in the lower extremities that can travel to the lungs (pulmonary embolism). Severe cases of pulmonary embolism are rare but can cause respiratory failure and shock. Other problems include difficulty with urination, local skin or joint infection, fracture of the bone during and after surgery, scarring and limitation of motion of the hip, and

loosening of the prosthesis which eventually leads to prosthesis failure. Because total hip joint replacement requires anesthesia, the usual risks of anesthesia apply and include heart arrhythmias, liver toxicity, and pneumonia.

### Prognosis:

A total hip joint replacement takes approximately two to four hours of surgical time. The preparation prior to surgery may take additional hours. After surgery, the patient is taken to a recovery room for immediate observation which generally lasts between one to four hours. The lower extremities will be closely observed for both adequate sensation and circulation. If unusual symptoms of numbness or tingling are noted by the patient, recovery room nurses are available and should be notified by the patient. Upon stabilization, the patient is transferred to a hospital room.

During the immediate recovery period, patients are given intravenous fluids. Intravenous fluids are important to maintain a patient's electrolytes as well as for administering antibiotics. Patients also will notice tubes draining fluid from the surgical wound site. The amount and character of the drainage is important to the doctor and can be monitored closely by the nurse in attendance. A dressing is applied in the operating room and will remain in place for two to four days to be later changed by the attending surgeon and staff.

Pain control medications are commonly given through a patient-controlled-analgesia (PCA) pump whereby patients can actually administer their own dose of medications on demand. Pain medications occasionally can cause nausea and vomiting. Anti-nausea medications may then be given.

Measures are taken to prevent blood clots in the lower extremities. Patients are placed in elastic hose (TEDs) after surgery. Compression stockings are often added which act by squeezing with circulating air in plastic bags wrapped around the legs, forcing blood circulation. Patients are encouraged to actively exercise the lower extremities in order to mobilize venous blood in the lower extremities to prevent blood clots. Medications are often given to thin the blood in order to further prevent blood clots.

Patients may also experience difficulty with urination. This difficulty can be a side effect of medications given for pain. As a result, catheters are often placed into the bladder to allow normal passage of urine.

Immediately after surgery, patients are encouraged to frequently perform deep breathing and coughing in order to avoid lung congestion and the collapse of tiny airways in the lungs. Patients are also given a "blow bottle," whereby active blowing against resistance maintains the opening of the breathing passages.

### Rehabilitation Process:

After total hip joint replacement surgery, patients often start physical therapy immediately! On the first day after surgery, it is common to begin some minor physical therapy while sitting in a chair. Eventually, rehabilitation incorporates stepping, walking, and climbing. Initially, supportive devices such as walker or crutches are used. Pain is monitored while exercise takes place. Some degree of discomfort is normal. It is often very gratifying for the patient to notice, even early on, substantial relief from the preoperative pain for which the total hip replacement was performed.

Physical therapy is extremely important in the overall outcome of any joint replacement surgery. The goals of physical therapy are to prevent contractures, improve patient education, and strengthen muscles around the hip joint through controlled exercises. Contractures result from scarring of the tissues around the joint. Contractures do not permit full range of motion and therefore impede mobility of the replaced joint. Patients are instructed not to strain the hip joint with heavy lifting or other unusual activities at home. Specific techniques of body posturing, sitting, and using an elevated toilet seat can be extremely helpful. Patients are instructed not to cross the operated lower extremity across the midline of the body (not crossing the leg over the other leg) because of the risk of dislocating the replaced joint. They are discouraged from bending at the waist and are instructed to use a pillow between the legs when lying on the non-operated side in order to prevent the operated lower extremity from crossing over the midline. Patients are given home exercise programs to strengthen the muscles around the buttock and thigh. Most patients attend outpatient physical therapy for a period of time while incorporating home exercises regularly into their daily living.

Occupational therapists are also part of the rehabilitation process. These therapists review precautions with the patients related to everyday activities. They also educate the patients about the adaptive equipment that is available and the proper ways to do their "ADL's" or activities of daily living.

