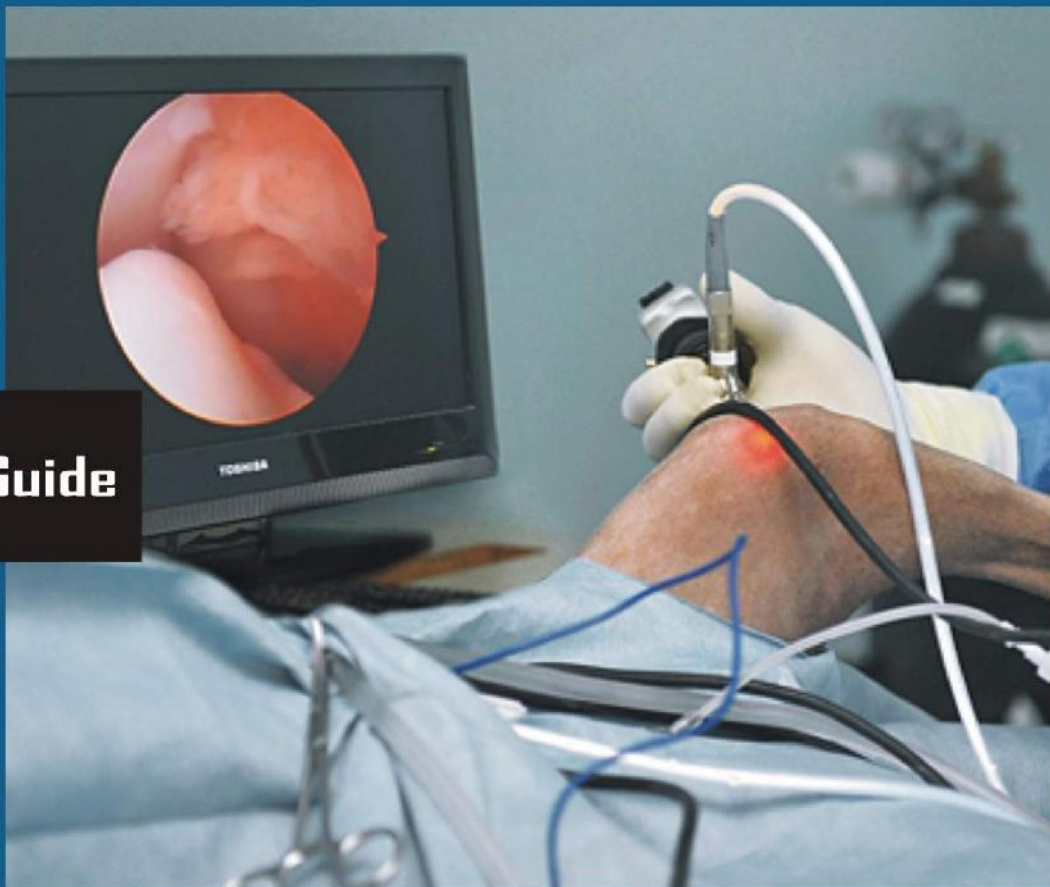


Road To Rapid Recovery

ARTHROSCOPY

Minimally Invasive Surgical Procedures



Patient Guide

12,000+ Patients Treated Successfully



Dr. Santosh Kumar

MBBS, D.Ortho, M.Ch.[Ortho],
Specialist Orthopaedic Surgeon



POORVA ORTHOPAEDIC FOUNDATION

About Dr.Santosh Kumar



MBBS (JIPMER), D.ORTH (JIPMER); MCh ORTH (SCYCHELLS)
Head : Department of Computer Assisted Joint Replacement Surgery : BELLE VUE CLINIC
JOINT REPLACEMENT SURGEON, ARTHRITIS FOUNDATION,INDIA
Subspecialty- Knee Joint- Total Knee Replacement, Knee Arthroscopy.
Fellowship in Joint Replacement, Max Hospital, New Delhi
TRAINED IN COMPUTER ASSISTED JOINT REPLACEMENT FROM AUSTRIA
Trained in Revision Knee and Hip Replacements
Trained in Complex Joint Replacement from the DELTA FOUNDATION of AUSTRALIA

INTRODUCTION

Dr Santosh Kumar and his team are leading knee specialists in Kolkata. He is one of the best doctors in Knee replacement today. Knee replacements are routine in Kolkata (Calcutta) today and Dr Santosh Kumar has been instrumental in making international quality knee surgery affordable to the mass.

HE HAS EXPERIENCE OF MORE THAN TWO THOUSAND KNEE REPLACEMENTS



GRADUATION

MBBS – from Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER, Pondichery) Directorate General of health Services, Govt. of India from 1995 to 2001.

HOUSE JOB in Department of Orthopedics, JIPMER from April 2001 to June 2002.

POST GRADUATION

D Orth from Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER, Pondichery) Directorate General of health Services, Govt of India from 1st April to 31st March 2005.

BONE BANK JIPMER

In charge bone bank JIPMER from April 2004 to March 2005. TRAUMA COURSE online of ADVANCED TRAUMA LIFE SUPPORT at CMC Vellore January 2005.

Clinical Research Fellow in Orthopaedic Oncology at JIPMER Hospital from April 2005 to June 2005.

REDISTRAR ORTHOPEDICS

Whole time registrar in Orthopaedics at Bhattacharyya Orthopaedics and Related Research Center (P) Ltd., Narayanpur, Kolkata – 136 from 1st July 2005 to 31st June 2007.

MCh ORTH

Passed MCh ORTH from the University of Seychelles American Institute of Medicine, March 13th 2008.

MCh Thesis : a study into the controversial aspects of interlocking nail of femur.

TRAINING

DELTA COURSE for advanced aspects of complex primary and REVISION knee replacement. At MAX Hospital, New Delhi in Sept, 2008.

FELLOWSHIP in KNEE REPLACEMENT in Max Hospital, New Delhi from Sept, 2008 with Dr. S.K.S. Marya for total of 54 knee replacement surgeries.

AO SPINE Training in Bombay July 2009.

AO TRAUMA Training 8th to 10th Oct, 2009, Kanpur

DELTA COURSE for Advanced Aspects of Complex Primary and Revision Knee Replacement, at SUN SHINE Hospital, Hyderabad in Nov, 2009.

Ranawat joint replacement course in Jan 2010 Kolkata

Trained in complex joint replacements, at Bangkok. Jan 2011 by DEPUY institute at Bangkok

Trained in revision joint replacements by DE PUY institute at Chennai, June 2011.

Medtronic Academy course in cervical spine in October 2011

Trained in computer assisted knee replacement at Fortis Chandigarh in Jan 2012

AO advanced trauma course in March 2012 at Kolkata

TRAINING [continued]...

Trained in complex joint replacements in USA , PHOENIX, by KLEOS foundation (Smith and Nephew educational body) April 2012

Trained in minimally invasive spine surgery by Medtronic Academy foundation May 2012

Trained in computer assisted navigation technology for knee replacement in Vienna Austria, in June 2012.

PAPERS PUBLISHED / PRESENTED

Bilateral fracture dislocation of Hip, pipkin 1 – its management and the result – published in the West Bengal journal of orthopaedics – vol 20, number 2, September 2006, myself as Primary author.

The role of total hip replacement in ankylosing spondylitis patients – under consideration for publication in the Indian journal of orthopaedics.

OPPONENSPLASTY – a method to reconstruct the post polio paralytic thumb – presented at the midcon 2005, West Bengal Orthopaedic Association.

Follow up of 24 total hip replacements in ankylosing spondylitis patients presented at the annual conference of the West Bengal Orthopedics Association 2006.

AWARDS RECEIVED :

Dr.Santosh Kumar received Certificate of International Excellence in Minimally Invasive Computer Assisted Joint Replacement Surgery by the ASCULAP ACADEMY, Germany



Titles

Part A

1. Arthroscopy : An Intro
2. Why Arthroscopy ?
3. Diagnostic Arthroscopy
4. Arthroscopy for Treatment
5. Advantages
6. Preparation for Surgery
7. Surgical Procedure
8. Post Surgery
9. Knee Arthroscopy [KA]
 - Diagnostic
 - Joint Wash
10. Therapeutic / Definitive [KA]
 - Meniscus Tear [Repair / Excision]
 - Loose Body Removal
 - Ligament Reconstruction [ACL / PCL]
 - Synovial Tissue Biopsy
 - Fracture Fixation in Knee Joint
11. Diagnostic Shoulder Arthroscopy [SA]
12. Therapeutic / Definitive SA
 - Rotator Cuff Tear Repair
 - Subacromial Decompression
 - Bankarts Repair / SLAP
 - Frozen Shoulder
 - Biopsies
13. Hip Arthroscopy
14. Wrist Arthroscopy
15. Elbow Arthroscopy
16. Patient Testimonials



ARTHROSCOPY

Minimally Invasive Surgical Procedures

Part B

17. Other Patients' Experiences
18. For Outstation Patients
19. For International Patients
20. For Corporate Patients
21. For Communities / Institutions
22. What the Press / Media says
23. Cashless Medclaim Facility
24. The Fees
25. Online Consultation / Video Conference
26. About The Doctor / Surgeon
27. About the Foundation
28. Contact Details

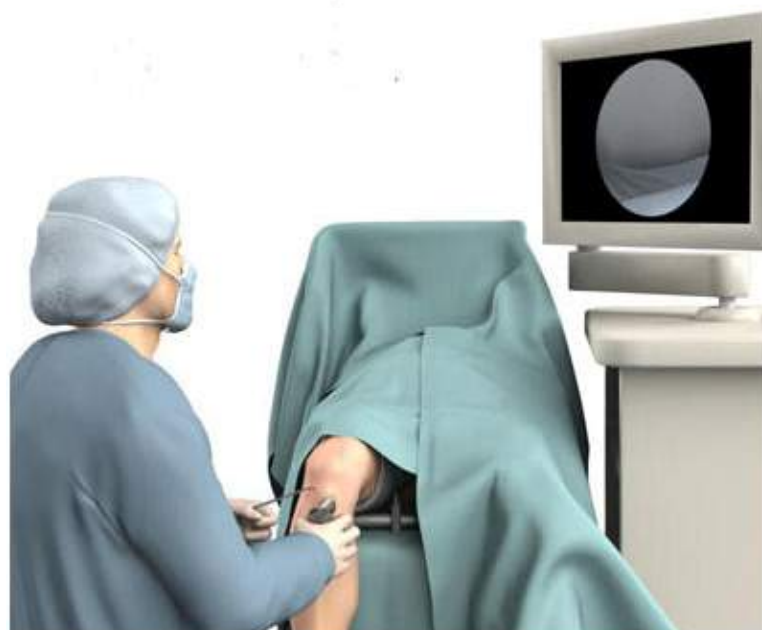
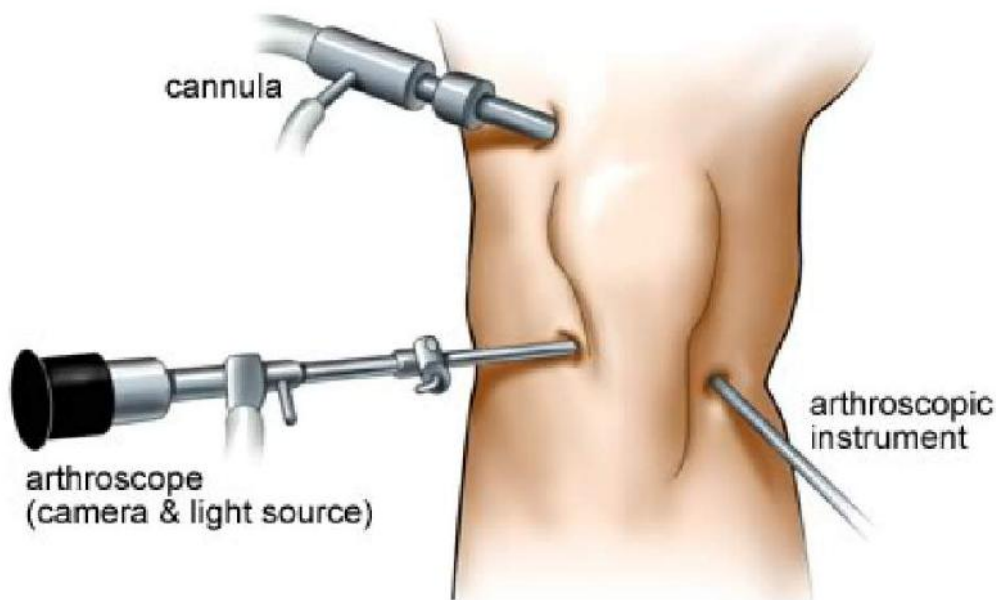


SECTION A



Arthroscopy : An Intro

Arthroscopy involves the inspection of the inside of the knee / hip / or any joint with a small telescope. The image is projected onto a television monitor via a fibreoptic cable. This modern technique allows the surgeon to fully inspect all of the interior structures of the knee joint without needing open surgery. Arthroscopic surgery is usually performed as an outpatient procedure in a hospital or day surgery unit.



Why Arthroscopy ?

Diagnosing joint injuries and disease begins with a thorough medical history, physical examination, and usually X-rays. Additional tests such as magnetic resonance imaging (MRI) or computed tomography (CT) also scan may be needed.

Through the arthroscope, a final diagnosis is made, which may be more accurate than through "open" surgery or from X-ray studies.

Disease and injuries can damage bones, cartilage, ligaments, muscles, and tendons. Some of the most frequent conditions found during arthroscopic examinations of joints are:

Inflammation

For example, synovitis is an inflammation of the lining in the knee, shoulder, elbow, wrist, or ankle.

Acute or Chronic Injury

Shoulder: Rotator cuff tendon tears, impingement syndrome, and recurrent dislocations

Knee: Meniscal (cartilage) tears, chondromalacia (wearing or injury of cartilage cushion), and anterior cruciate ligament tears with instability

Wrist: Carpal tunnel syndrome

Loose bodies of bone and/or cartilage: for example, knee, shoulder, elbow, ankle, or wrist
Some problems associated with arthritis also can be treated. Several procedures may combine arthroscopic and standard surgery.

Rotator cuff surgery

Repair or resection of torn cartilage (meniscus) from knee or shoulder

Reconstruction of anterior cruciate ligament in knee

Removal of inflamed lining (synovium) in knee, shoulder, elbow, wrist, ankle

Release of carpal tunnel

Repair of torn ligaments

Removal of loose bone or cartilage in knee, shoulder, elbow, ankle, wrist.

Although the inside of nearly all joints can be viewed with an arthroscope, six joints are most frequently examined with this instrument. These include the knee, shoulder, elbow, ankle, hip, and wrist. As advances are made in fiberoptic technology and new techniques are developed by orthopaedic surgeons, other joints may be treated more frequently in the future.



Advantages

The advantage of arthroscopy over traditional open surgery is that the joint does not have to be opened up fully. Instead, for knee arthroscopy for example, only two small incisions are made — one for the arthroscope and one for the surgical instruments to be used in the knee cavity to fully remove the knee cap. This reduces recovery time and increase the rate of surgical success due to less trauma to the connective tissue. It is especially useful for professional athletes, who frequently injure knee joints and require fast healing time. There is also less scarring, because of the smaller incisions. Irrigation fluid is used to distend the joint and make a surgical space. Sometimes this fluid leaks into the surrounding soft tissue causing extravasation and edema.

The surgical instruments used are smaller than traditional instruments. Surgeons view the joint area on a video monitor, and can diagnose and repair torn joint tissue, such as ligaments and menisci or cartilage. It is technically possible to do an arthroscopic examination of almost every joint in the human body.

- **Small incisions small scars.**
- **Letter diagnosis of joint problems**
- **Less pain and disability after surgery.**
- **Less tissue damage and less chance of infection.**
- **Some procedures can only be done with arthroscope**
- **Early recovery & rehabilitation**



Preparation for Arthroscopy

Your doctor or surgeon will advise you how to prepare for your surgery. Be sure to tell him or her about any medications, over-the-counter prescriptions, or supplements that you are currently taking. You may be asked to stop taking certain medicines, such as aspirin or ibuprofen, for weeks or days before the procedure.

You will also be asked to refrain from eating or drinking up to six to 12 hours before the surgery. In some cases, your doctor may prescribe you a pain medication for any discomfort you experience after the surgery. You should fill this prescription ahead of time so that you will have it ready after the procedure.

- **Decision for Arthroscopic surgery**
- **Basic blood tests**
- **Anaesthetic fitness**
- **Regional or general anaesthesia**
- **Day care / Admission procedure**



Surgical Procedure

Arthroscopic surgery, although much easier in terms of recovery than "open" surgery, still requires the use of anesthetics and the special equipment in a hospital operating room or outpatient surgical suite. You will be given a general, spinal, or a local anesthetic, depending on the joint or suspected problem.

A small incision (about the size of a buttonhole) will be made to insert the arthroscope. Several other incisions may be made to see other parts of the joint or insert other instruments.

When indicated, corrective surgery is performed with specially designed instruments that are inserted into the joint through accessory incisions. Initially, arthroscopy was simply a diagnostic tool for planning standard open surgery. With development of better instrumentation and surgical techniques, many conditions can be treated arthroscopically.

After arthroscopic surgery, the small incisions will be covered with a dressing. You will be moved from the operating room to a recovery room. Many patients need little or no pain medications.

Before being discharged, you will be given instructions about care for your incisions, what activities you should avoid, and which exercises you should do to aid your recovery. During the follow-up visit, the surgeon will inspect your incisions; remove sutures, if present; and discuss your rehabilitation program.

The amount of surgery required and recovery time will depend on the complexity of your problem. Occasionally, during arthroscopy, the surgeon may discover that the injury or disease cannot be treated adequately with arthroscopy alone. The extensive "open" surgery may be performed while you are still anesthetized, or at a later date after you have discussed the findings with your surgeon.



FACILITIES

State of the art Equipments & Advanced Diagnostic & Surgical Facilities are available here



Post Surgery

After arthroscopic surgery is over, the portals are closed with sterile surgical tape and covered with a layer of gauze and crêpe bandage. The patient is then moved from the operating room to a recovery room where a nurse will monitor temperature, blood pressure and heartbeat. Pain medication may be given orally, rectally or through an intravenous line. Cold pressure dressing (Cryo/Cuff) may be applied to reduce swelling and discomfort. Once you are fully awake and all your functions are stable you will be transferred back to the ward. Before being discharged, usually several hours after your operation, you will be seen by your anaesthetist and surgeon and one of our physiotherapists. You will learn how to care for your arthroscopic portals, what activities you should avoid, and what exercises you should do to aid your recovery. At a follow-up visit (usually 10 to 14 days after the operation) your surgeon will inspect arthroscopic portals, remove the skin closure and discuss the operative findings and further rehabilitation program. The amount of surgery required and recovery time will depend on the joint problem, your ability to heal and rehabilitation. Recovery time varies markedly from patient to patient. It is not unusual for patients to go back to work or school or resume daily activities within a few days. Athletes and others who are in good physical condition may return to athletic activities within a few weeks. Remember, though, that people who have arthroscopy can have many different diagnoses and pre-existing conditions, so each patient's arthroscopic surgery is unique to that person. Recovery time will reflect that individuality.



Rehabilitation

After you have been treated for your condition, we want to ensure that you heal properly and regain strength. Our rehabilitation team will work with you in a private setting, at your own pace and comfort level, so that you can return to your daily lifestyle. Through exercises and training, our certified physical therapy team is here to help you get back to the things you love.

Your post operative care takes place here



Home Recovery 1

How quickly and fully you recover after arthroscopy is, to a large degree, up to you. Although you have only a few tiny incisions, your knee needs special care at home. Elevation and ice can help control swelling and discomfort, and circulation exercises help prevent postoperative complications.

ELEVATION reduces swelling, which in turn relieves pain and speeds your healing. Elevation also helps prevent pooling of blood in your leg. To elevate your knee correctly, be sure to keep your knee and ankle above your heart. The best position is lying down, with two pillows lengthways under your lower leg. Elevate your knee whenever you are not on your feet for the first few days after arthroscopy.

ICE is a natural anaesthetic that helps relieve pain. Ice also controls swelling by slowing the circulation in your knee. To ice your knee use a bag of frozen peas or a plastic bag filled with crushed ice. Then wrap the ice bag with a small moist towel to protect your skin. Cover your knee with a blanket and leave the ice on for 30 to 60 minutes, several times a day, for the first 2 to 3 days after arthroscopy.

You may wish to use Aircast Cryo/Cuff . The knee Cryo/Cuff combines the therapeutic benefits of controlled compression to minimize bleeding and swelling, and cold to minimize pain. The cuff is anatomically designed to completely fit the knee providing maximum cryotherapy.



Home Recovery 2

PAIN MEDICATION allows you to rest comfortably and start your exercises with a minimum of discomfort. It is a good idea to take your pain medication at night, even if you are not in severe pain, to assure a good night's rest. Pain often signals over activity, so you might try rest and elevation to help relieve discomfort. Avoid alcohol if you are taking pain medication.



FIRST FEW MEALS after arthroscopy should include light, easily digestible food and plenty of fluids. Some people may experience slight nausea, a temporary reaction to anaesthetic.

CIRCULATION EXERCISES help prevent post-operative complications, such as blood clotting in your leg. Point and flex your foot, and wiggle your toes, every few minutes you are awake for a week or two after arthroscopy.

DRESSING keeps your knee clean and helps prevent infection. Your portals may be closed with surgical tape and covered with gauze and bandage. Be sure to leave your dressing on for 3 to 5 days, then remove the bandage and gauze (but leave surgical tape intact and do not worry if the gauze is blood-stained!) and replace the bandage with a new one. Use just enough tension to get the wrinkles out. Leave this light compressive dressing until your first follow-up appointment.

SHOWERS are fine if you put your leg in a large plastic bag taped above your dressing. Wait to take your first shower until you can stand comfortably for 10 to 15 minutes.



Home Recovery 3

CRUTCHES may be prescribed to keep weight off your knee as it heals. You can weight bear as tolerated. Be sure you know how to set the hand rests and the right height for you (check with your physiotherapist before you leave the hospital). Try to walk normally and keep your body upright. Your crutches should move with your bandaged leg.

WALKING helps you regain range of movement in your ankle, knee and hip. A combination of joint movement and weight bearing are essential for normal joint nutrition and proprioception. Even if you are on crutches and not yet bearing full weight on your leg, you should start walking as soon as possible, to improve circulation and speed the healing process in your leg. Gradually put more weight on your leg and try to keep your ankle, knee and hip bending as normally as possible.

EXERCISES are very important after arthroscopic surgery! Rebuilding the muscles that support and stabilise your knee (quadriceps, hamstrings and calf muscles) is one of the best ways to help your knee recover fully. Please consult your Physiotherapist and ask for a separate illustrated brochure with detailed exercises.

The sooner you start these exercises, the better. You will get the most benefit from these exercises if you do them with slow, steady movements, and on both legs to maintain your muscle balance. Some patients may need special equipment and supervised physiotherapy.



Home Recovery 4

BE SURE YOU KNOW ABOUT any special instructions on taking pain medication, how to use crutches, which home recovery exercises to do, when to schedule your first follow-up appointment, when you can drive, when you can return to work and when you can return to sports and fitness activities.

INFORMATION: Shortly after your operation you will receive a copy of your illustrated arthroscopic operative record, with full information on arthroscopic findings, operation and postoperative instructions. Please feel free to share this information with your GP and Physiotherapist.

DRIVING is usually possible a couple of days after a simple arthroscopic knee operation. However, it may take a few more days, or even several weeks, before it is safe to drive. As a general rule you should be able to drive safely as soon as you can perform an emergency stop.

FLYING: there is no universal agreement as to when it is safe to travel by plane after knee arthroscopic surgery. It seems that most Orthopaedic Surgeons advise their patients not to fly for at least 2 weeks after straightforward arthroscopy. Short flights do not seem to be a problem. However, long intercontinental flights are a potential problem as there is an increased incidence of spontaneous DVT (deep venous thrombosis), even in the young and healthy passengers. It is possible that sitting for long period of time, in a confined space and with very little leg room in economy class, could predispose to the development of deep venous blood clots, especially in people following recent knee surgery. The likelihood of developing postoperative leg blood clots depends on many different factors, including your general health, medical history, postoperative mobility and a number of risk factors (obesity, smoking, a history of DVT, etc.). If you have to travel by plane, before 2 weeks after your arthroscopy, it would be wise to contact your airline's Medical Department and to ask them for advice. Also, please discuss this issue with your GP, as you may have to take prophylactic measures for several weeks.

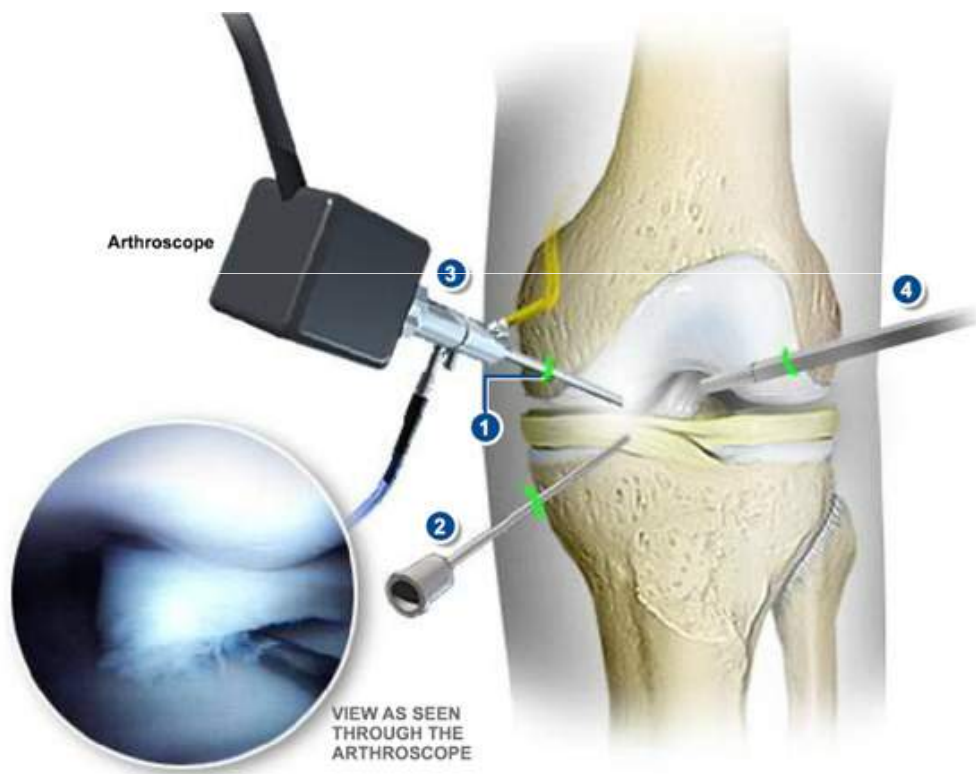
RETURN TO WORK only after your surgeon or GP feel it is safe. It could be a few days or a few weeks, depending on how quickly you heal and how much demand your job puts on your knee.



Knee Arthroscopy

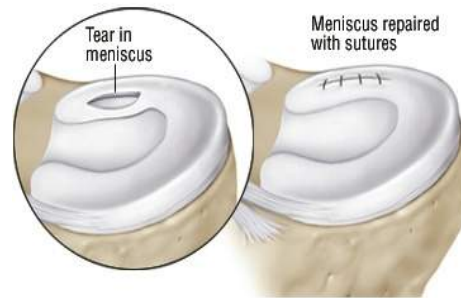
- Diagnostic / Joint Wash

Diagnostic arthroscopy involves visualization of all the intra-articular structures of the knee. A complete diagnostic arthroscopy includes visualization of the suprapatellar pouch, medial gutter, lateral gutter, medial compartment, lateral compartment, intercondylar notch, and posterior medial and posterior lateral compartments. Diagnostic arthroscopy is a crucial skill for diagnosing intra-articular disorders of the knee including meniscal, synovial, ligamentous, and articular cartilage pathology. Mastery of basic diagnostic arthroscopy is a critical tool for orthopaedic surgeons treating disorders of the knee

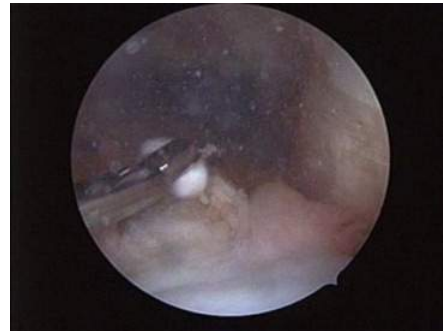


Therapeutic / Definitive Knee Arthroscopy

- Meniscus Tear
[Repair / Excision]



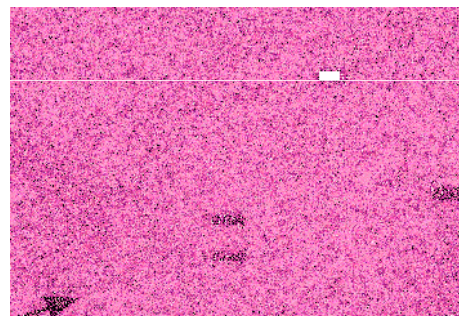
- Loose Body Removal



- Ligament Reconstruction
[ACL / PCL]



- Synovial Tissue Biopsy



-Fracture Fixation
in Knee Joint



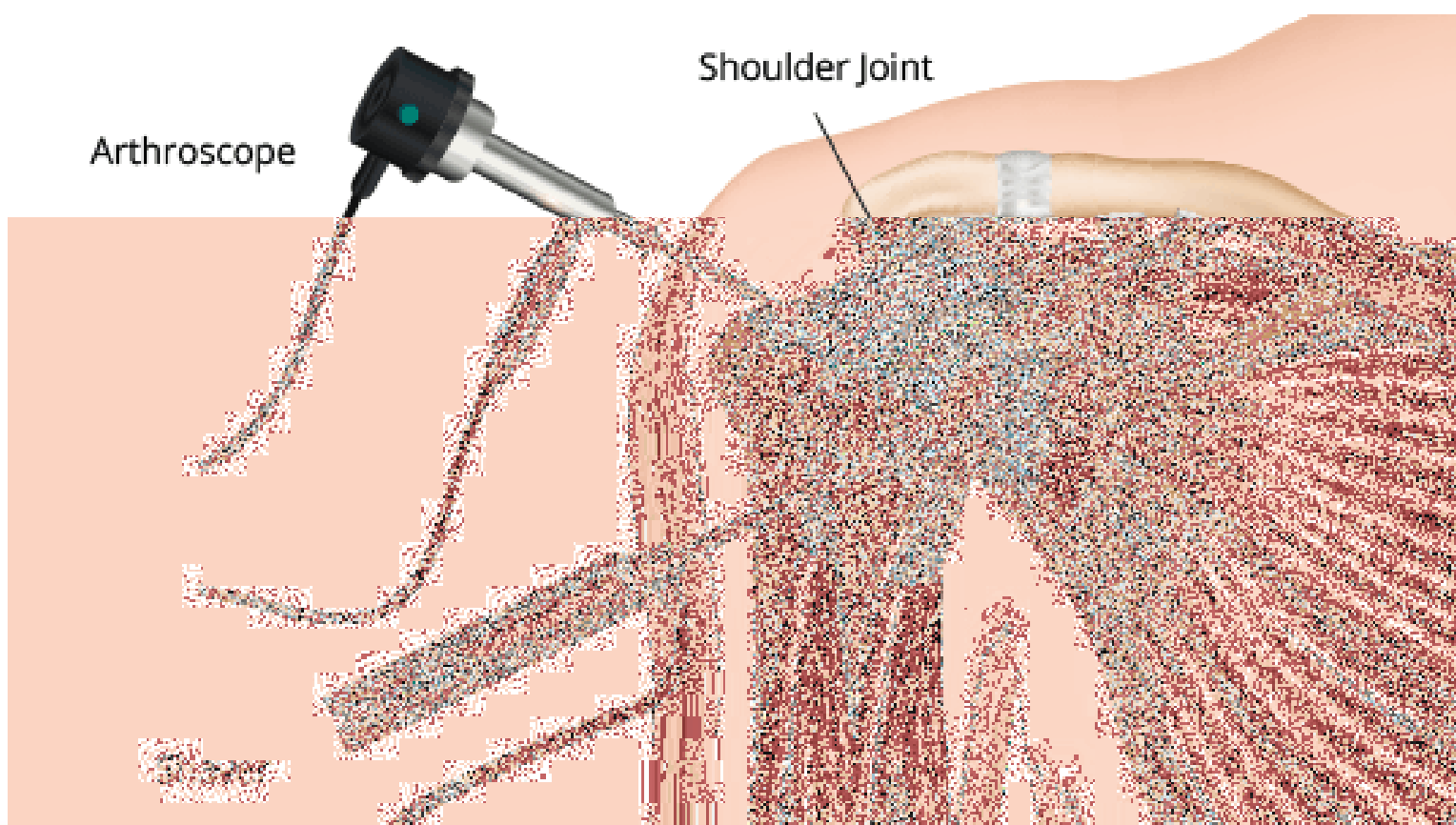
Shoulder Arthroscopy - Diagnostic

What is a diagnostic shoulder arthroscopy?

Shoulder pain is a common problem. It can be caused by a number of underlying problems and arthroscopy is a useful diagnostic tool used to help diagnose the cause of this pain. An arthroscope (camera) is inserted into the shoulder to look at the bony and soft tissue structures and try to determine the problem. Very small (1cm) cuts are required to put the arthroscope into the shoulder joint. Fluid (saline) is passed into the shoulder to allow the surgeon to look at the structures within it.

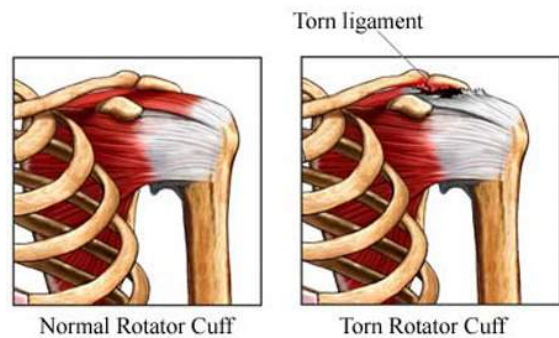
What are benefits – why should I have a diagnostic shoulder arthroscopy?

Usually the primary reason for needing this surgery is to help diagnose your shoulder pain. Following this procedure, a further operation may be required if a structural problem is identified.

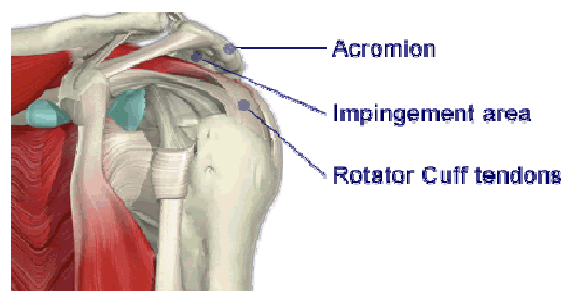


Therapeutic / Definitive Shoulder Arthroscopy

- Rotator Cuff Tear
Repair



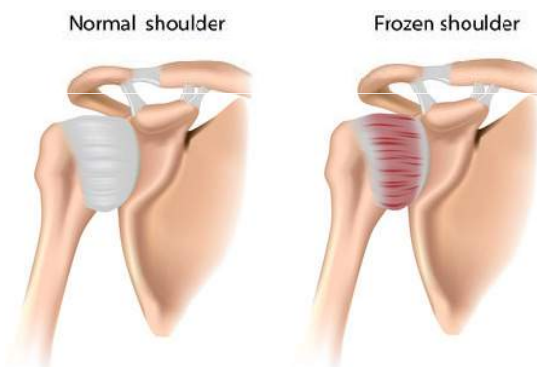
- Subacromial
Decompression



- Bankarts Repair
/ SLAP



- Frozen Shoulder

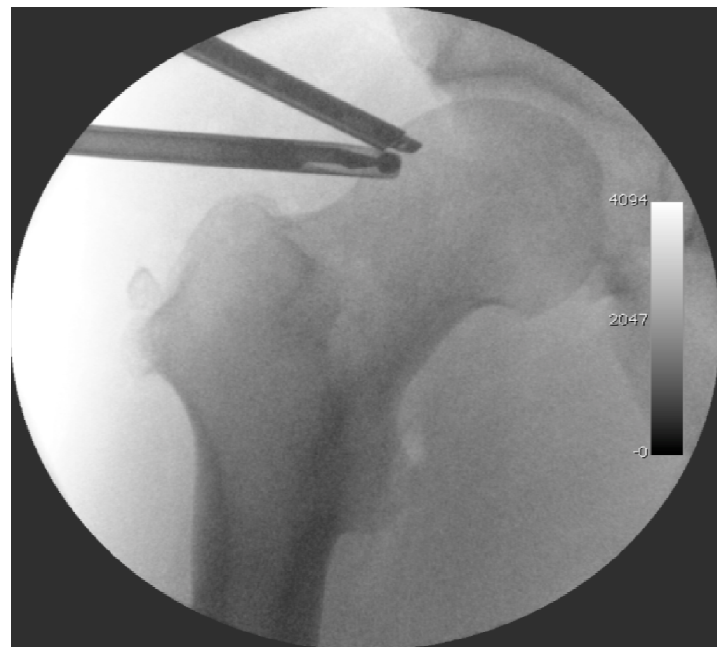


- Biopsies



Hip Arthroscopy

Hip arthroscopy refers to the viewing of the interior of the acetabulofemoral (hip) joint through an arthroscope and the treatment of hip pathology through a minimally invasive approach. This technique is sometimes used to help in the treatment of various joint disorders has gained popularity because of the small incisions used and shorter recovery times when compared with conventional surgical techniques (sometimes referred to as "open surgery"). Hip arthroscopy was not feasible until recently, new technology in both the tools used and the ability to distract the hip joint has led to a recent surge in the ability to do hip arthroscopy and the popularity of it.



Wrist Arthroscopy

The technique known as wrist arthroscopy allows skilled surgeons to diagnose and treat many problems relating to the wrist through a series of small, minimally invasive incisions. The end result for patients is a faster recovery period with less pain, stiffness and swelling following surgery. Over the course of the past several years the wrist has become the third most common joint to undergo arthroscopy, after the knee and shoulder, according to the American Society for Surgery of the Hand.



Elbow Arthroscopy

In recent years, the elbow is among the small joints that have been explored arthroscopically, with gradual development of safe and effective diagnostic and surgical techniques. The elbow is easily accessed for arthroscopic examination and standard portals have been described. Elbow arthroscopy requires detailed knowledge of the anatomy and the ability to introduce instruments through deep muscle layers in narrow confines near crucial neurovascular structures. With this knowledge and ability, the surgeon should see the benefits of minimal dissection and a more rapid rehabilitation.

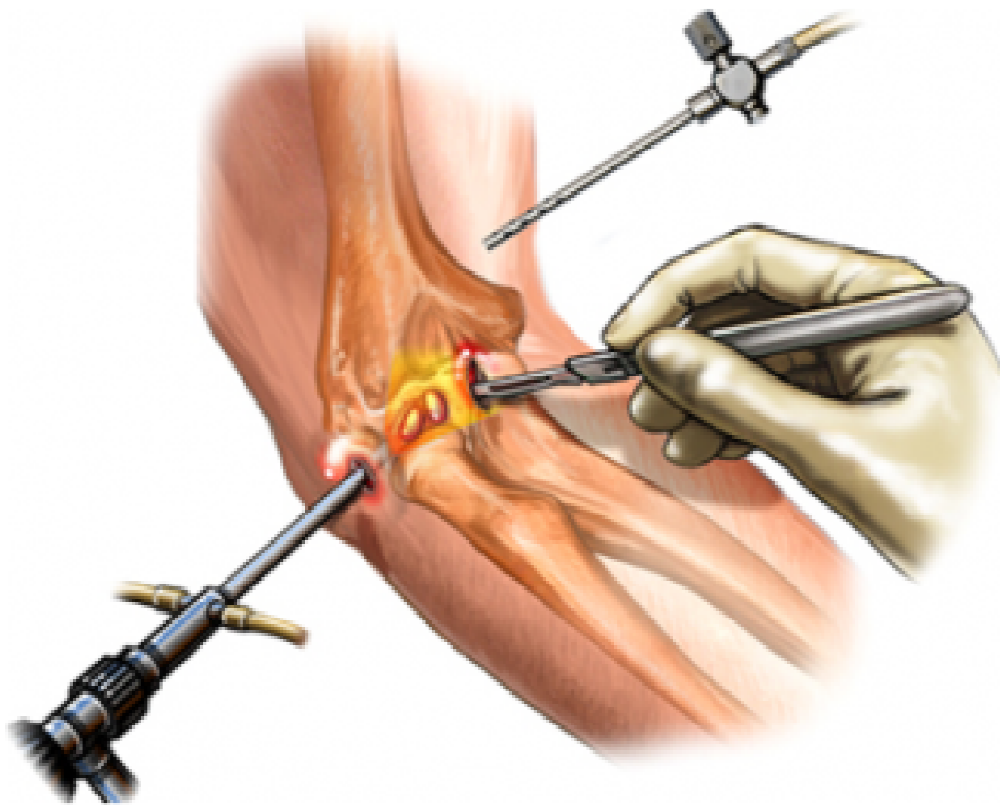


Figure 1

Arthroscopy of the elbow



Overview

Arthroscopy is a safe and effective procedure.

The results of arthroscopic surgery are usually better than open forms of surgery.

Complications are uncommon.



A life changing Experience

I had a meniscus tear and arthritis in my knee and I had arthroscopic surgery 2 weeks ago and had hardly any pain. It was more pain before the operation and I'm walking without crutches. It certainly depends on the surgeon how your recovery goes. I had a well-known one and I'm very happy as I went for 10 months with pain before doing anything about it. I'm back to work next week.



SECTION B



What The Press Says : Set 1

THE TIMES OF INDIA

21 November, 2013

New surgery boon for knee patients

TIMES NEWS NETWORK

Kolkata: The periods of hospitalization and recovery for knee-replacement surgery patients have come down significantly, thanks to improved techniques and quality implants. Such surgery was conducted on three patients at Belle Vue Clinic on Wednesday.

Earlier, a knee replacement surgery meant at least six days of post-operative hospitalization and the patient would be able to walk only four days later. But now, patients can stand up within hours of the surgery and start walking on the second day.

While doctors in the city have been performing minimally invasive surgery for quite some time now, minimally invasive computer-assisted total knee arthroplasty was performed on three patients — Sambhunath Bit (52), Meera Devi Chowdhury (65) and Chhaya Chattopadhyay (72) — at Belle Vue on Wednesday.

“Computer-assisted total knee arthroplasty and minimally invasive surgeries have been performed in the city, but independently. Minimally invasive



A patient after surgery

computer-assisted total knee arthroplasty is being done in Belle Vue Clinic for the first time in eastern India,” said Dr Santosh Kumar who performed the surgery on one of them live, on Wednesday.

The conventional procedure enabled the patient to stand up on the third day of surgery, walk on the fourth day and get discharged from the hospital either on the fifth or the sixth day. But minimally invasive surgery enables the patient to stand within a few hours of the surgery, walk on the second day and walk out of the hospital on the third.

The Telegraph METRO

29th January, 2013

Tech boost for surgery

OUR SPECIAL CORRESPONDENT

Hip and knee replacement surgeries in the city will now be more precise and less risky with a new computer-navigated technique that can tell from outside the exact position of bones and the alignment of ligaments.

Belle Vue Clinic on Monday claimed to be the first in the city to introduce the “fourth generation” machine from Germany.

The new technique will make the surgery at least 10 minutes longer. “It has more checks and balances and so it takes more than the standard one-and-a-half hours for other

computer-assisted procedures,” said Santosh Kumar, orthopaedic surgeon and head of the joint replacement surgery unit at Belle Vue.

Computer-navigated surgeries have been conducted in Calcutta since 2006, but the German technology promises to increase the accuracy of knee-replacement surgeries from around 80 per cent to up to 95 per cent, say doctors.

The machine maps the position of bones in the knee joint using sensors. These sensors create a detailed image and provide information on a computer screen that help the surgeon install the implant.

“The equipment not only

takes into account the bones but also aligns soft tissues like ligaments. So there is less chance of damage to ligaments and other uncertainties too,” Kumar pointed out.

Buddhadeb Chatterjee, orthopaedic surgeon with Apollo Gleneagles Hospitals, said the software would make things easier for surgeons. “Steps like bone registration are not required. Bone registration is a process in which pointers are rubbed on the bones and the images are transferred to the computer through infrared,” said Chatterjee.

He said the software was more precise and therefore better results were expected.

THE ASIAN AGE

21 November, 2013

Advanced knee surgery raises patients' hopes

AGE CORRESPONDENT KOLKATA, NOV. 20

For the first time in eastern India, Minimally Invasive Computer-Assisted Total Knee Arthroplasty (MICA-TKA) surgery was performed on three patients on Wednesday. The knee surgery reduces recovery time for patients.

The surgeries were performed at Belle Vue Clinic under the supervision of Dr Santosh Kumar. Interestingly, the live surgery performed on the knee of 72-year-old Chhaya

Chatterjee was shown on a giant screen at the clinic. It was a unique way to introduce one of the best medical advancements.

This latest (MICA-TKA) procedure enables patients to stand up on his feet on the same day of the surgery, climb the stairs on the second day and are released on the third day. While the conventional procedure takes at least seven days' time for the knee of a patient to function properly.

According to Dr Kumar, the knee transplant is use-

ful for professionals who need a high performing knee.

“The surgery results in fantastic tackling of knee cap bone which leads to improved and full knee bending.”

“With this knee transplant, people now will be able to use public transport, indulge in sports activities and lead a normal life,” said Dr Santosh Kumar, who is also the head of the clinic's Computer-Assisted (Navigated) Joint Replacement Centre.

The Statesman

KOLKATA, THURSDAY 21 NOVEMBER 2013

Urgent joint replacement at prominent city hospital

STATESMAN NEWS SERVICE Kolkata, 20 November

Good news awaits for people requiring urgent joint replacement and expecting a speedy recovery. The Belle Vue Clinic has introduced a minimally invasive procedure, which would take one-and-a-half hours to conduct knee surgeries and more importantly, the patient would be able to stand on his feet on the same day of the surgery.

A team of doctors led by Dr Santosh Kumar, who performed a live surgery before a battery of media persons at the Belle Vue today said, “The minimal invasive technique is less time taking and the patient can stand on his feet on the same day of the surgery and can walk or climb stairs on the second day.”



total knee arthroplasty has been done for the first time in the eastern part of the country. Unlike conventional surgeries where the patient takes a longer time to heal, the latest procedure not only saves time, but also leads to a very minimal blood loss,” said Dr Kumar, the head of computer-assisted (navigated) joint replace-

ment centre at Belle Vue. He further said, the transplant costs a little more than Rs 1 lakh and can last for several years. “The treatment is of immense help to those who are at the peak of their professional lives and look for early recovery. They can resume normal life within a few days of surgery.”

THE ASIAN AGE

29th January, 2013

KNEE JOINT REPLACEMENT MACHINE UNVEILED

AGE CORRESPONDENT KOLKATA, JAN. 28

The world's most modern and advanced knee-joint replacement navigation machine, OrthoPilot, an innovation to make knee and hip surgeries accurate and mathematical was unveiled on Monday at Belle Vue Clinic.

Made in Germany, the

fourth generation machine is said to be the first of its kind in eastern India. Consultant orthopaedic surgeon and head of KIMS, Hyderabad, Dr Krishna Kiran said: “It's the precision which has enhanced with OrthoPilot. It is more accurate as machine allows error-free surgery.”

hindustantimes

29th January, 2013

NOW, COMPUTERS AID IN JOINT REPLACEMENT SURGERY IN CITY

HT Correspondent

letters@hindustantimes.com

KOLKATA: Belle Vue Clinic installed ‘orthopilot’ on Monday, the fourth generation navigation system that helps doctors eliminates human errors in hip and knee replacement and corrective surgeries.

“The machine's efficiency is much higher than the devices normally used for knee and hip replacement surgeries. Orthopilot is a hi-tech machine for enhancing precision during surgeries,” Dr Krishna Kiran, director, Institute of Computer Assisted Joint Replacement Centre, Hyderabad, said during the launch of the German-manufactured device.

“Prior to computer-assisted devices, we couldn't be certain that an implant would be placed in the optimal position. It allows easy minimally invasive surgery, decreasing recovery time and post-operative pain,” he said.

The increased accuracy also help increase the life of the implants, while causing less blood loss in the patient. In fact, most patients are able to walk one day after the surgery.

Stating that Orthopilot is a powerful surgical tool that combines dedicated software with superior instrument design, knee

surgeon, said Dr Santosh Kumar, head of the institute of Computer-assisted (navigated) joint replacement centre at the clinic.

“It guides a surgeon to make precise cuts in the joints and remove deformities, by using infrared camera. It gives patient specific information during surgery while virtually eliminating expensive and radiation intensive CT and MRI scans before the surgery,” Dr Kumar added.

THE TIMES OF INDIA

29th January, 2013

Orthopilot for accurate joint surgery

Kolkata: Have someone in your family who needs to undergo a hip or knee joint replacement surgery? Yes, these surgeries are common in the city now but precision levels depend on the surgeon's eyes. Hence, many patients complain of problems post surgery as the replaced knee is misaligned. So, those asked to go under the scalpel may harbour apprehension after hearing tales of misalignment.

But help is at hand in the form of a computer-guided orthopilot. The fourth generation hip and knee joint replacement navigation machine was inaugurated at the Belle Vue Clinic on Monday. Housed in the hospital's Institute of Computer Assisted (navigation) Joint Replacement Centre, the orthopilot is the first in eastern India.

The institute's head, Dr Santosh Kumar, said: “Orthopilot eliminates uncertainty and enhances precision. It also enhances long term results as deviation from goals during surgery is eliminated and the implants survive 1.5 to two times longer.” According to him, a replaced knee under conventional surgery lasts 8-10 years, while one implanted with an orthopilot stays intact for 15-20 years. The costs under both techniques remain around the same — Rs 1.80 lakh. The same surgery costs Rs 15 lakh in Indian currency in the UK, he said.

News About Dr.Santosh Kumar, About Ortho Pilot & Advanced Procedures Done By Him



Patients' Experiences [All Ortho Procedures]



**Maya Ghosh, 66 years
Kolkata**

"I had been suffering from knee pain for last one year. It was difficult to walk. I heard of Dr. Santosh Kumar from my friend and got my knee operated. I now can walk. My friend too is well now. Thanks to Dr. Kumar".



Mr Das, Ulta Danga, Kolkata

Operated for Rheumatoid Arthritis of knee. Total knee replacement done in may 2012. Retired but socially very active, was crippled and home bound, till he started moving out after knee replacement. He says, " it feels as if my age has reduced by 20 years".



Prem Lakhani, 75 years, Kolkata

"I had long knee problem . I consulted Dr. Santosh Kumar. I was operated on 7 Jan, 14, detained in hospital for 4 days and started walking within 4 days. No pain and I am walking almost normally. I am back to normal work. Thanks to Dr"



Parbati Roy, 67 years, Kolkata

"I am 67 year. I have been suffering since 2005 and was under medication. In Oct 2013, I was almost crippled. At this stage, one of my cousins suggested for Dr. Santosh Kumar. He operated my right knee and my left knee was operated in next July. Am fine now"



Sister Jaya, Belle Vue Clinic

"Working as in-charge nurse had become so painful till I saw some operated cases by Dr Kumar and their results at our hospital. I decided to go for Knee Arthroplasty(replacement). Am happy that within a month I joined back my work with confidence."



Mr Banerjee, Beliaghata, Kolkata

An retired footballer says, "knee pain and stiffness had crippled my life in sharp distinction to the joy of playing football in my early age, actually I had suffered from ACL injury which accelerated osteoarthritis. I am happy that the joy of movement has been restored".



Arun Kumar Jana, 71 years

"I have been suffering from knee pain since 2005. I got Dr. Santosh Kumar's contact through internet. He advised for knee replacement. Although I was scared by many, yet Dr. Kumar explained all in details and operated. He and his team had been cooperative".



Prof. Malabika Deb

After the knee replacement, I can climb up the stairs and walk. Feeling much better...



A Patient rides a bicycle with ease after undergoing Knee Replacement by Dr. Santosh Kumar using Orthopilot, an advanced computer navigation procedure.

More Patients Experiences & Testimonials can be provided on request



We accept Cashless Mediclaim

#	Name
1	Apollo Munich Insurance Co Ltd
2	Max-Bupa Health Insurance Co Ltd
3	Star Health and Allied Insurance Co. Ltd.
4	Life Insurance Corporation of India
5	Aviva Life Insurance
6	Birla Sun Life Insurance
7	Bajaj Allianz Life Insurance Co Ltd
8	Bharti AXA Life Insurance Co Ltd
9	HDFC Standard Life Insurance Company Ltd.
10	ICICI Prudential Life Insurance Co. Ltd.
11	IDBI Fortis Life Insurance Co, Ltd.
12	Max New York Life Insurance Co. Ltd.
13	MetLife India Insurance Co. Ltd.
14	Reliance Life Insurance Co. Ltd.
15	SBI Life Insurance Co. Ltd.
16	Star Union Dai-ichi Life Insurance Co. Ltd.
17	TATA AIG Life Insurance Co. Ltd.
18	Bajaj Allianz General Insurance Co Ltd
19	Bharti Axa General Insurance Co. Ltd.
20	Cholamandlam MS General Insurance Co. Ltd
21	Future Generali India Insurance Co.Ltd.
22	HDFC Ergo Genral Insurance Co Ltd
23	ICICI Lombard General Insurance Co. Ltd.
24	IFFCO Tokio General Insurance Co. Ltd.
25	National Insurance Co Ltd
26	Reliance General Insurance Co. Ltd.
27	Shriram General Insurance Company Limited
28	Royal Sundaram Alliance Insurance Co. Ltd.
29	Tata AIG General Insurance Co Ltd
30	The New India Assurance Co. Ltd.
31	The Oriental Insurance Co. Ltd.
32	United India Insurance Co. Ltd.
33	Universal Sompo General Insurance Co. Ltd



Almost All Insurance Companies & Majority of TPAs Accepted By Us



Consult the Doctor via Online or Video Conference

Dr. Santosh Kumar is available for video conference with the patients for better understanding between the patient and the doctor. What you need to do is to fill in the form in the website [format given below] and submit. You will be intimated duly over phone/through mail the date and time for video conference.



You need to have Skype (free software for video conferencing) downloaded in your computer. Now add Dr. Kumar in the contact with his ID, E-mail and Phone No that will be communicated to you. You should have a web camera attached to your computer. You can interact with the doctor at the pre appointed date and time.

* Name :	<input type="text"/>
* Address :	<input type="text"/>
* City :	<input type="text"/>
* Pincode :	<input type="text"/>
* Phone :	<input type="text"/>
* E-mail :	<input type="text"/>
* Why do you want to go for video conferencing with the doctor :	<input type="text"/>
	<input type="button" value="Submit"/> <input type="button" value="Reset"/>



For Outstation Patients

If you reside outside of Kolkata, you can contact us in either of these ways :



Online Consult with Doctor.

Please check our website for details



Video Conference with Doctor

Kindly go through the Video Conference page



Tele Consult with Doctor

Please call the Helpline numbers



Meet Doctor In Person.

Before surgery / procedure, do meet the Dr in person once.



Patient's Suite / Room

Patient can choose either Suite or Normal room



Treatment Centre Location

This is situated at the heart of Kolkata city



Guest Suite / Room [Family members / Friends accompanying the Patient can choose to stay at this Star Hotel situated adjacent to the Treatment Centre : as per their budget / preference]





For Communities & Institutions

For The Kind
Attention Of

- Hon. President / Secretary
- Admin. Dept. / Committee Heads
- Medical Officers / Office Bearers / Volunteers Of :

Government /
Para Govt. Bodies

NGOs / Voluntary
Organisations

Schools / Colleges /
Universities

Educational / Research
Institutions

Housing Societies /
Residential Colonies

Senior Citizens' Groups /
Old Age Homes

Sports Bodies / Sports
Training Institutions

Group of Children / Persons
With Special Needs [Orthopaedic]

We can help you or involve with your organization in any the following ways :

Group Health Checks Ups for
your members

Health Education Programs,
Seminars for your members

Special Health Cards /
Packages for members

Concessions in Procedures /
Implants / Doctor Fees

Please Call : +91 98319 11584 For Tieup / Health Program
Or Email : santdr@gmail.com





For Corporate Clients

For the Kind
Attention Of

- CMOs [Chief Medical Officers]
- HR / PMIR / Admin. Heads
- VP / Centre / Divisional Heads
- CEOs / Directors / Management

By having a Corporate Tieup with us, You & Your employees can have the following benefits :

Concession in
Treatment

Employees Health
Screening

Employees Health
Talk / Seminar

Pre Approved
Treatment Loan

Exclusive Package
For Employees

On-Site Health
Checkup

Corporate Health
Desk Setup

Ortho Panel
Membership

Reimbursement
Facility

Priority
Treatment Facility

Corporate
TeleHealth Clinic

Corporate Medi
Tourism Facilitation

Liaison Office /
Ortho Concierge

Ortho Health
Tele Triage

Health Education
via Corp. Intranet

Please Call : +91 98319 11584

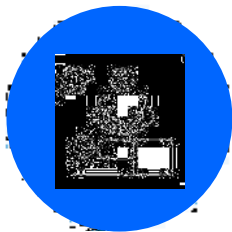
For Corporate Tieup / Program / Panel Membership

Or Email : santdr@gmail.com



For Medical Tourists

As India is a leader in Medical Tourism, you can get the following benefits while taking treatment with us :



HIGH QUALITY TREATMENT



Conditions apply



WARRANTY OF IMPLANT



PRE & POST SURGERY CARE



Kolkata is 3rd largest metro in India & one of the largest in Asia. Meditourism is flourishing here with patients from all over the world including USA, UK, Australia, Europe, Gulf, African & surrounding Asian countries.



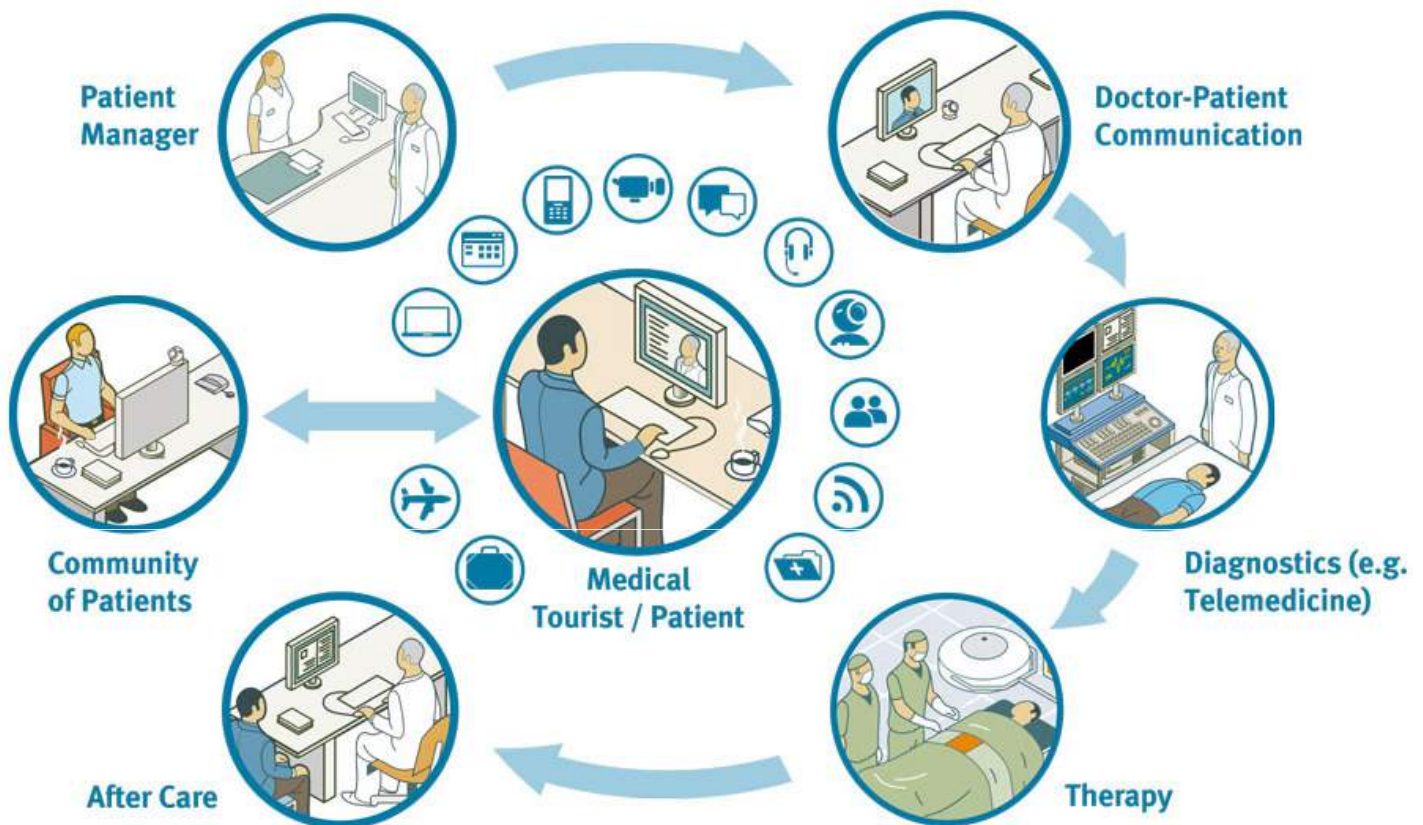
Please Call : +91 98363 65632
International Patient Manager / Co-ordinator
Or Email : santdr@gmail.com



POORVA ORTHOPAEDIC

For International Patients

If you reside outside India, you can contact our Patient Relation Manager who will guide you through these process to make your treatment comfortable.



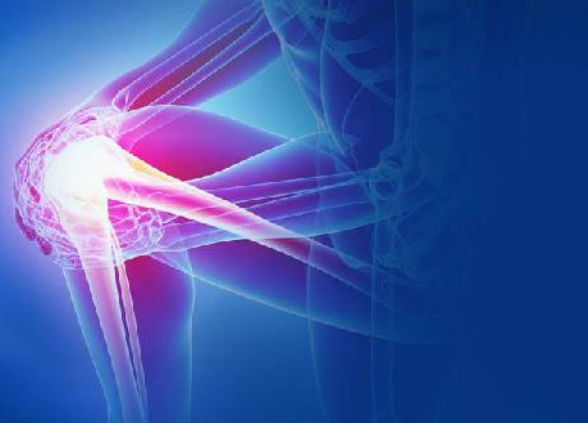
Please Call : +91 98363 65632

International Patient Manager / Co-ordinator

Or Email : santdr@gmail.com



The Fees



For Consultation
In Person / Visit

- **Rs 800 INR**
- **\$ 13 [US Dollars]**

For Consultation
With Digital X-Ray

- **Rs 1,000 INR**
- **\$ 16 [US Dollars]**

For Video Conference
With Doctor

- **Rs 600 INR**
- **\$ 10 [US Dollars]**

For Tele
Consultation

- **Rs 300 INR**
- **\$ 5 [US Dollars]**

For Special
Consultation

- **Rs 100 INR**
- **\$ 2 [US Dollars]**

For Charitable Purpose.
Only 5 Patients / Day. With
Prior Appointment.

For Online
Consultation

- **FREE**
- **\$ 0 [US Dollars]**

Via Email.
Will be Co-ordinated with
Patient Relations Manager

For Group
Consultation

- **As Per Case
& No. of Patients**

For Communities /
For Charitable Groups /
For NGOs / VOs / Etc

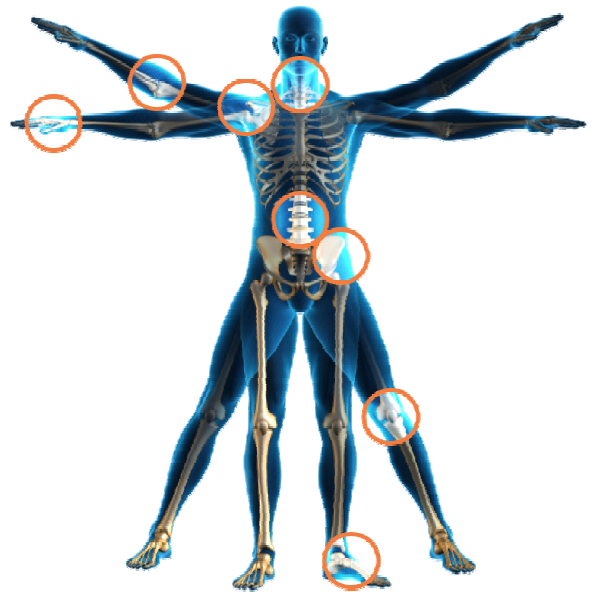
Please Call : +91 98363 65632 [Patient Relations Manager / Co-ordinator]
Or Email : santdr@gmail.com



About the Foundation

Poorva International Orthopaedic Foundation was created as a health charity dedicated solely to help people build, maintain and restore their bone and joint health. We do this by raising and allocating funds for the research, education, treatment and care that help patients to live and move independently - longer and stronger.

We invite you to help us in whatever capacity you can to fight against orthopaedic diseases & disorders. Your participation helps the tens of thousands of people living with pain, isolation, unhappiness and an inability to enjoy life due to bone and joint disorders such as arthritis, osteoporosis and injury.



Founded in 2014, Poorva Orthopaedic Foundation is a national registered charity powered by professional staff and network of volunteers. The Foundation is Kolkata's only health charity dedicated solely to helping people maintain and restore their bone and joint, or orthopaedic health.

What we do

Poorva Orthopaedic Foundation raises money through the trustees' donations and invests those funds in programs to advance orthopaedic research, promote patient and public education, and improve community care.

The Foundation is committed to patient education and to providing patients and their families with accurate, up-to-date information that will make going through orthopaedic surgery a little easier and less frightening.

Our Vision:

To be Patients' voice for bone and joint health.

Our Mission:

To achieve excellence in bone and joint health, mobility and function for all patients through the advancement of research, education, and care.

Our Values:

People: We work in the interest of orthopaedic patients, their families, and the professionals who treat them and for the future of any Individual who may require orthopaedic care.

Making a Healthy Difference: We contribute to the health of our communities and our nation by working with volunteers, patients, professionals, government and industry toward timely and quality access to bone and joint care.

Good Governance: We are committed to excellence in the governance of our organization and will do so ethically, morally, according to the law, and towards the achievement of our Mission.

Help to keep people on the move!





**POORVA INTERNATIONAL
ORTHOPAEDIC FOUNDATION**



Connect with us

Call : +91 98363 65632

Mob : +91 98319 11584

Email : santdr@gmail.com

Visit : www.mykneemylife.org

Consult :

Ortho Dept., Belle Vue Clinic,
7 Loudon Street, Kolkata 700 017,
West Bengal, India

Regd. Office : Beliaghata, Kolkata 700 010