Quarterly Medical Bulletin

Vol 12: Oct, 2022

WOCKSYNAPSE

Managing Director's Desk

My Dear Associates,

The last 8-10 months has seen life coming back to the "new normal". With the settling down of the number of Covid cases, people are now coming back to hospitals for seeking care for their medical and surgical illnesses.

For healthcare professionals life is back to where it was, doing what they do best diagnosing, treating and healing patients. In this edition of Wocksynapse some of the exciting, rare and interesting work that is being done at our units has been highlighted.

Kudos to our team of Doctors, Nurses and other health care professionals for demonstrating by their work and clinical outcomes that @Wockhardt Hospitals, Life Wins Always.

Good luck going forward.

Zahabiya Khorakiwala
Managing Director
Wockhardt Hospitals

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1st Article

Between the devil and the deep blue sea

A 62 years old male came to Wockhardt Hospital on 22/08/22. His coronary angiography was done by Dr. Nitin Tiwari (Sr. Interventional Cardiologist) which revealed two blocks in the left sided arteries (LAD 95%, OM1 – 80% stenosis). He was advised to undergo Angioplasty with stenting to OM1 and LM – LAD with DES. The Angioplasty was done through right radial route (Wrist).

While doing the angioplasty it was found that the left sided artery was perforated. Perforation of the coronary artery during angioplasty is a serious complication but is seldom encountered in the cardiac catheterization laboratory. The incidence of coronary artery perforation ranges from 0.1% to 0.71% with mortality varying from 7% to 17%. Several treatment options are available for this complication including prolonged balloon dilatation, use of coronary stent graft and bypass surgery.

He had a type IV perforation. This is a perforation with spillage of contrast directly into the left ventricle, coronary sinus or other vascular excluding the pericardium.

This was at the distal edge of stent. Inj. Protamine was given but did not help. Prolonged balloon dilatation was also done but of no use. Generally prolonged balloon dilatation, embolisation or Inj. Protamine don't work in such perforations. The only option left was covered stent. Covered stents are stents with cloth embedded in them. The good thing about this perforation was that it had opened up into the LV cavity side. There was no cardiac tamponade in which the blood rapidly accumulates between the heart and its covering (Pericardium) which can be fatal. 19 mm covered stent did not cross but 16 mm did cross and was deployed. After putting the covered stent the leakage stopped but there was clotting in the stent. The patient was started on Inj. Tirofiban and Ticagralor(blood thinners). This was a situation in which was bleeding on one side (which was managed by covered stent) and clotting on the other side (managed by blood thinners). Hence the heading "Between the devil and the deep blue sea".

The check angiography revealed no residual stenosis with TIMI III flow and the perforation had sealed.

The case was managed well within the catheterization laboratory and there was no need to go for a bypass surgery.

The patient did well and was discharged on 25/08/22. He followed up in the OPD in the 2nd week of September 2022 and is doing well.

Dr. Nitin Tiwari
Senior Consultant
Interventional Cardiology
Nagpur

2nd Article

A complex procedure saves a 24-year-old's life, Life wins

Rahul Zamad, Consultant- Neuro Surgery, operated the damaged skull bone and Dr. Parikshit Janai, Consultant-Plastic Surgery, repaired the damaged facial bones.

The patient hailing from Jabalpur was brought in emergency department of Wockhardt Hospital where he was initially stabilised by giving primary care. When he came to Wockhardt Emergency room, he was not completely conscious, his O2 level was low.

He had head injury with bleeding from nose, convulsions and vomiting. Due to the rupture in the food pipe, air and fluid leaked into his chest cavity which further got infected. He was started on O2 support and other supportive care and was admitted under Dr. Piyush Marudwar.

Same morning Dr. Marudwar did UGI endoscopy and sealed perforation in Oesophagus using lifesaving, advance latest technique called Full Thickness over the scope Clipping.

This case was more challenging as the site of the perforation was very high up in the Oesophagus. Major Surgery was avoided using this latest endoscopic technique. Next day Using CT scan, it was confirmed that perforation was sealed completely, so he was started on oral diet.

Tricky Facial Bone Fracture Surgery was done by Dr. Parikshit Janai, to avoid facial deformity in young boy of 24 years old. Dr. Rahul repaired skull base using innovative endoscopic skull base repair.

The patient also had Meningitis (infection of brain coverings) which was treated using Epidural and Intravenous antibiotics with the help of Dr Vaibhav Agrawal (consultant Physician) and Intensivists. In good centres across world the survival rate with this type of meningitis is only 20-30 %.

This patient recovered from all of this and was discharged successfully from the Hospital.

Dr. Piyush Marudwar
Consultant Gastroenterology
Nagpur

A rare find in EUS guided tissue acquisition. The first find from India

A 34-year-old female came with complaint of pain in abdomen for 6 months. This was diffuse, dull aching, moderate in intensity, intermittent, unrelated to meals or position, non-radiating with no history of altered bowel, nausea, vomiting loss of appetite, weight, fever, significant personal or family history. Her general and systemic examination was unremarkable.

Review of investigations done at her place revealed presence of mass in abdomen detected on sonography. Contrast CT (Computerized tomogram) done at local hospital showed an enhancing mass lesion anterior to IVC (inferior vena cava) which was measuring 30x22mm in size, possibility of pre-caval enlarged lymphnode was suggested. At our place hemogram, liver and renal parameters were normal. HIV serology was negative. After noting this mass in CT, she was enquired for personal or family history of tuberculosis and B symptoms and none were found. Radiologist reviewed images and suggested percutaneous CT guided/sonography guided access would be risky in view of intervening bowel loops and very close proximity to the great vessels. Thus, endosonography guided access was planned.

Endosonography (EUS) using linear echo-endoscope (Olympus ME-2) was done. A mass lesion was seen below the lower margin of pancreas of size 28X34mm (figure 1). The margins were well defined and it was anterior to the IVC. The lesion appeared grossly hypoechoic with foci of anechoic areas. No significant vascularity was noted and there were no calcifications seen. This lesion appeared separated from the duodenal wall. Impression from the EUS imaging was of retroperitoneal mass with differentials as – large lymphnode – tubercular/lymphoma/metastatic from unknown primary. Other differentials considered were extra intestinal GIST/retroperitoneal fibroma. Fine needle biopsy (FNAB) was done with 22G Boston Scientifics, "Acquire" needle. Two passes were made and sample was sent for cytology, tissue cores for histology and tuberculosis - GeneXpert test (nucleic acid amplification test).

Just after the needle puncture into the mass heart rate and blood pressure of the patient increased markedly to 130 beats and 180/100mmHg respectively. Intravenous labetalol had to be given to lower this down. There was no visible bleed. Possibility of needle puncture to nearby ganglion was suspected.

Cytology and histopathology report was suggestive of cells with round nuclei, mild anisonucleosis and abundant eosinophilic cytoplasm (figure 2). These features were consistent with paraganglioma. Immunohistochemistry of the sample tissue was done – cells were positive for synaptophysin and chromogranin. Above event of the rise in heart and blood pressure was now explainable.

Patient was advised further evaluation and need for surgery but she was reluctant due to COVID-19 pandemic times and absence of symptoms. In month of February 2021 she was re-evaluated, urinary catecholamines were raised, MIBG (Metaiodobenzylguanidine) scan was positive for uptake in only the retroperitoneal area as in the CT scan and other synchronous lesions were excluded. After adequate alpha and beta blockade she underwent surgery – intra-operatively (Figure 3) tumor was located anterior to inferior vena cava and was also abutting the aorta. Post procedure she had uneventful course and was discharged asymptomatic. She planned for biochemical and radiological follow up after 6 months.

Discussion

EUS guided tissue acquisition was first described in 1992, by Peter Vilmann1 et al. Years have passed and the needles and imaging has progressively refined our practice of cytology to biopsies using endosonography guidance. In a review by Masafumi2 et al, EUS fine needle aspiration related complications have ranged from 0 -2.5% and mortality rates around 0 - 0.8%. This data of complications and mortality is suggestive of fairly safe outcomes of EUS needle aspirations. Nevertheless, complications as described in our case should be kept in mind whilst dealing with retroperitoneal masses.

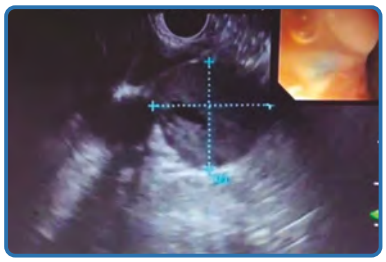
Paragangliomas are rare neuroendocrine tumors, they are pheochromocytomas situated outside the adrenal glands. Of all the paragangliomas – 84% are found in the abdomen, 30-50% are malignant, 36-60% are functional i.e., they secrete nor-adrenaline and nor-metanephrine and of those secreting these catecholamines nearly 10-14% are asymptomatic3.

To best of our knowledge based on English language medical subject heading (MeSH) in search engines and PubMed to find retroperitoneal paraganglioma and EUS FNA, there are very limited (only 5) studies 3, 4,5,6,7 in the published literature. This is first case report from India. All of them had found this diagnosis serendipitously. In these studies (table) of EUS guided tissue acquisition – all patients were adult females, in 3 out of 5 studies patient developed severe hypertension after needle puncture. One had not mentioned any event after needle puncture and in one Japanese study hypertension developed during surgery.

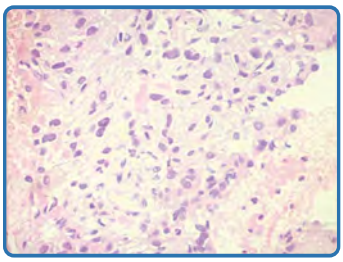
Even though EUS FNA from a suspected paraganglioma for tissue diagnosis is debatable, it is a prudent to establish the biochemical and nuclear imaging guided diagnosis beforehand to prevent avoidable complications. If the patient has symptoms consistent with a paraganglioma or a cystic mass of uncertain etiology, it is advisable to assay a 24-hour urine collection for catecholamines, metanephrine, and vanillylmandelic acid before needle puncturing of the lesion. Although EUS-FNA is risky, assessment of anatomically adjacent structures by EUS may provide useful information before surgical resection. EUS FNA could be useful in non-secreting tumors where above biochemical tests are inconclusive.

In conclusion we present the first case of EUS guided FNA of paraganglioma from India. With this case we highlight the consideration of differential diagnosis of paraganglioma in retroperitoneal masses and need of caution before EUS guided puncture.

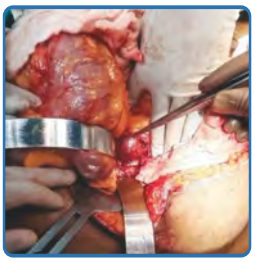
EUS image of the retroperitoneal mass



Histopathology of tissue cores from EUS FNB



Intraoperative image of paraganglioma



Dr. Shankar Zanwar
Consultant Gastroenterologist
Mumbai Central

4th Article

First time in Central India: 3 drug eluting balloons used in a patient

Complex cardiac procedure

Nagpur: In a first of its kind case for Wockhardt Hospitals, Nagpur Dr. Nitin Tiwari, Senior Consultant- Interventional Cardiology has performed a case for the first time in Central India.

Dr Nirmal Jaiswal had the referred the patient to Dr. Nitin Tiwari for angiography in view of uncontrolled diabetes and breathlessness.

Dr. Tiwari has used three Drug Eluting Balloons on this patient. This is the first time in Central India that such a procedure has been performed.

The patient 57 years Old Male was diagnosed to have diffused triple vessel disease and was also diabetic which makes this case even more complex.

There were multiple blockages in all three arteries and unfortunately the terminal areas of the vessels were also diseased hence bypass was not possible.

Then Dr. Tiwari discussed with the patient's family and did Angioplasty with stenting in all three arteries and the terminal part of the coronaries were dilated with DEB (Drug eluting balloon).

In this patient 3 DEB's were used and it was first ever such case in Central India. Four stents were inserted in all three arteries of the heart.

DEB can be used in small vessels, diffuse disease, bifurcations, if stent does not cross, patients with high bleeding risks where blood thinners can't be given for longer periods, lower limb small vessels.

DEB's are not a substitute for the stents but can be used judiciously in certain cases where they are indicated.

Dr. Nitin Tiwari
Senior Consultant Interventional Cardiology
Nagpur

5th Article

Patient talks to the surgeon during rare brain surgery performed at Wockhardt Hospital

Imagine being able to talk to your doctors during brain surgery without experiencing any pain and giving them immediate feedback if you feel any problem while they operate. That's exactly what happens during an awake craniotomy or awake brain surgery. This high-end case was recently performed at Wockhardt Hospital, Nagpur.

This highly specialized surgical procedure required a team approach which was performed by Dr. Rahul Zamad, Neuro Surgeon and Dr. Awantika Jaiswal, Neuroanesthesiologist.

"The main goal in such a surgery is to remove as much of the tumor as can be removed, in the safest possible way. When a tumor is near an area of the brain that controls critical functions — such as speech, language, or movement — an awake craniotomy is the best way to identify and safely preserve those abilities", informed Dr. Rahul Zamad.

Certain functions are generally located in particular areas on the brain's surface. But below the surface, bundles of nerves pass through the brain to the spinal cord and throughout the body. During the surgery, we have to map these nerves using brain mapping gadgets to understand which ones are connected to key functions so that we can avoid them as we remove the tumor. Damaging critical nerves could cause permanent disability.

Awake craniotomies are frequently — but not always — used for various brain tumors which tend to occur in the frontal, parietal and temporal lobes, which control speech and motor function, and also for certain seizure disorders.

The most important player of the procedure is the patient as he has to feel comfortable with the idea of waking up during surgery. A patient with severe symptoms may not be able to effectively contribute to the neurological exams during surgery.

Brain tissue doesn't have any pain fibers, so while you may feel pressure or vibrations from the surgery, you shouldn't feel pain. We use a combination of local anesthetic and a small amount of sedation if required to numb the muscles, skin, and bone that the surgeon has to cut through to get to the brain. The patient is then completely awake while the resection of the tumor is started.

When the patient wakes up he will hear the neuro anesthesiologist reassuring the patient and though he won't be able to move the head, the neuro anesthesiology team will make them as comfortable as possible and stay with the patient the entire time as it may require something from a few minutes to several hours to complete the procedure.

While being awake patient helps to map the areas of the brain by letting the team know about weakness in limbs or difficulty in speech. In our case, the area of interest was the motor and the premotor cortex. The neurosurgeon stimulates the part of your brain near the tumor by sending a light electrical current down the nerves. At the same time, the neuro anesthesiologist will give you some simple verbal tasks to see if the stimulation affected your neurological function, and the rest of the time also active communication continues.

Finally, when intracranial work is done and the patient's condition is stable, the patient is again sedated and the rest of the procedure is completed.

Dr. Rahul Zamad
Consultant Neuro Surgeon
Nagpur

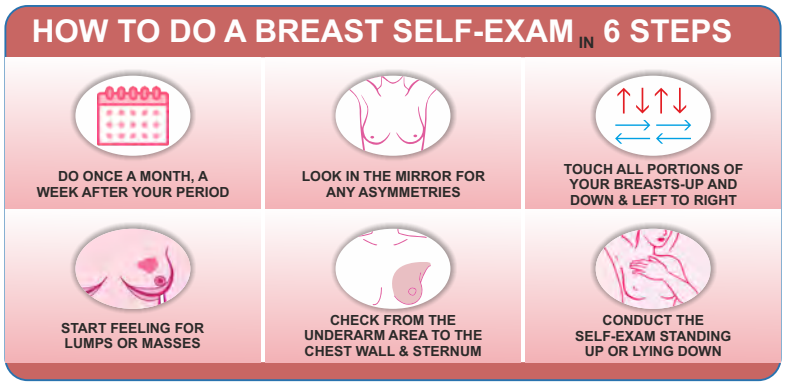
6th Article

Notice a change, it could be cancer - visit your doctor to learn more

A 54 year old female patient visited OPD with history of gradually increasing painless breast lump. Patient noticed the lump 6 months ago but avoided consultation due to fear of surgery. After initial clinical evaluation, patient underwent mammogram followed by biopsy which confirmed presence of Breast Cancer. After additional staging scans diagnosis of locally advanced breast cancer was made. In view of locally advanced disease, Patient needed initial treatment with combination of targeted therapy along with chemotherapy to down size tumor to achieve best surgical result. Patient was started on triple drug combination: One Targeted therapy + 2 chemotherapy drug regimen and was assessed periodically under care of medical oncologist Dr. Atul Narayankar. Patient showed good response to ongoing treatment and significant reduction in size of breast lump as well as armpit nodes. After 6 cycles patient underwent modified radical mastectomy to remove affected breast and armpit notes under care of Dr. Aditi Agarwal. Finally her histopathology report revealed "Complete disappearance" of Cancer cells both in breast tissue and in armpit lymph nodes suggestive of "Complete Pathological Response" indicating excellent response to pre-surgery chemotherapy regimen and overall good prognosis. Currently the patient is on maintenance dose of targeted therapy. Dr. Atul Narayankar states: Breast Cancer is the most common cancer in India and we come across many patients who present to us with large breast lumps either due to fear of surgery or social issues. These patients need to undergo chemotherapy along with targeted therapy to achieve better surgical outcomes. Getting a complete pathological response indicates excellent sensitivity of these tumors to chemotherapy combinations and improved survival.

The following are early signs and symptoms of breast cancer and needs to be investigated.

- New lump in the breast or underarm (armpit)
- Thickening or swelling of part of the breast
- Irritation or dimpling of breast skin
- Redness or flaky skin in the nipple area of the breast
- Pulling in of the nipple or pain in the nipple area
- Nipple discharge other than breast milk, including blood
- Any change in the size or the shape of the breast
- Pain in any area of the breast



Dr. Atul Narayankar
Consultant Oncologist
North Mumbai

Dr. Aditi Agarwal
Consultant General Surgery and Breast Oncosurgery
North Mumbai

7th Article

Choledocal Cyst with CBD perforation with Biliary Peritonitis

A 11month old female child developed Pain in Abdomen, fever and distension of Abdomen since 1 week and was referred for a local hospital. The child developed symptoms and was treated in a rural hospital as enteric fever. The patient was then transferred to a local hospital where the USG stated presence of free fluid in the abdomen. Citing this as a medical cause of ascites the child was treated accordingly. Ascitic Fluid aspiration was performed which showed a yellowish/greenish colour aspirate. A CT Scan was performed which showed septations in the ascetic fluid with clustering of the small bowel in the para umbilical region. There was no evidence of volvulus / malrotation. An exploratory Laparotomy was performed to find around 1 liter of ascetic fluid, the small bowel, large bowel and the stomach were normal. There was a 1x0.5 cm perforation in the Common bile duct (Spontaneous perforation of the CBD). An intra operative Cholangiogram was performed to check for any distal obstruction in the CBD. The dye passed easily into the duodenum. Primary closure of the CBD perforation with insertion of a wide bore abdominal drain insertion was performed. The child was shifted to the PICU under the care of Dr. Ankit Gupta. There was minimal to no drain output from the 3rd post-operative day. Sips of clear fluids were started and tolerate dwell by the child. On the 7th post-operative day the drain was accidentally pulled out by the child and there was significant bilious discharge from the site. Owning to the increased sudden bilious discharge from the drain site a narrow drain was inserted blindly from the same drain site. A USG was performed which showed no intra-abdominal collection, the child appeared clinically stable. On the 10th post-operative day the child developed fever. A MRCP was performed fearing intra-abdominal collection of bile. The MRCP showed CHOLEDOCHAL CYST with the presence of the drain in the peri-choledochal region and no intra-abdominal collection. Indicating the formation of a "controlled external biliary fistula". The drain output gradually decreased over the next week and stopped completely. The child was stable and discharged with the plan of performing a Excision of Choledochal cyst with Roux en Y hepaticojejunostomy after 6 weeks. LIFE WINS at Wockhardt.

Dr. Ankit Gupta
Consultant Pediatric
Critical Care Medicine
North Mumbai

Dr. Bhavesh Doshi
Consultant Pediatric and
Laparoscopic surgeon,
Pediatric Urologist
North Mumbai

Launch of Advanced Cancer Care Centre's at North Mumbai and South Mumbai

Wockhardt Hospitals, North Mumbai launches advanced cancer care centre, with full-time organ specific teams for screening, detection and treatment including rehabilitation of all kinds of cancers.

Launch of comprehensive organ specific cancer care center at Wockhardt Hospitals, South Mumbai.

8th Article

Weight management during festival time

The festive season is around the corner.

The most important part during festivals is to learn how to balance your festive indulgence.

Sweets, fried food and every tasty food is going to make their way to our plates.

While this is the time that people look forward to gorging on scrumptious food, it is also the time when people end up putting on weight and have health problems.

It also becomes tough to shed in the coming months. Therefore, it is very essential to keep weight under check.

Eating sensibly and enjoying festivals is very important. Inculcating these habits as part of daily lifestyle modification can help people enjoy festive food and remain healthy.

Here's how to shed a few extra kilos even during festivals without cutting on the taste and enjoyment- The first and foremost step to keep in mind is eating one meal heavy and keeping the other two light.

This doesn't mean that the person should skip a meal; it is just advisable to eat a lighter meal. If a person has to go for dinner, eat a lighter lunch. This way you can watch the calorie intake and weight.

A person can opt for healthier options like a smoothie, green juice and or even a salad for the light meal. "The meal can include raw vegetables and fruits like cucumber, watermelon, apples, fruit raita, and oats to manage calorie intake. Even at the party, look for healthier options rather than fried food. Eat vegetables and protein rather than reaching out for carbs." People have to keep a close watch on their eating habits and do physical activity. When it comes to weight loss every factor such as eating the right food to working out makes a difference.

Eat as per your appetite; making the time to exercise is very important during festivals too.

Ms. Amreen Sheikh
Head Dietetics
South Mumbai

Answers to medical quiz WOCKSYNAPSE 11

Answer 1	:	After the death of the patient
Answer 2	:	Stroke
Answer 3	:	Drink plenty of fluids
Answer 4	:	Soap destroys the virus
Answer 5	:	All of the above
Answer 6	:	All of the above
Answer 7	:	Infertility
Answer 8	:	Family history
Answer 9	:	All of the above
Answer 10	:	Magnesium

Primaquine induced Methaemoglobinemia

An eighteen-year-old girl a known case of recurrent migraine and was now suffering from Malaria due to plasmodium Vivax. She was admitted due to her low platelet count and vomiting. She recovered in five days and was discharged with 14 days' course of primaquine at a dose of 0.5mg/kg of body weight. After five days of discharge she came to emergency room with oxygen saturation of 80%, severe headache and bluish discoloration of her nails and lips, but to my surprise no dyspnea or breathing difficulty. My suspicion was proved true on her arterial blood gas levels which showed the methaemoglobin levels of 22%. She was started on treatment with withdrawl of primaquine, intravenous hydration and ascorbic acid and oxygen support to relieve her headache mainly. She settled well and her Methaemoglobin levels came down gradually in five days. She had a drop in haemoglobin secondary to hemolysis which ascorbic acid can cause sometimes and was transfused onece. She was later screened for haemoglobinopathy, Cyt b5 reductase levels and whole genome sequencing for erythroid disorders. All these reports were normal.

Malaria due to Plasmodium vivax is a major public health issue worldwide. Chloroquine with primaquine are the drugs of choice for treatment of the disease, which aim at radical cure, that is, eliminate all forms of Plasmodium of the blood and of the tissues. The primaquine is the only licensed drug available for the elimination of hypnozoites responsible for relapses, weeks to months after the initial attack. A major issue in the course of treatment with primaquine is the high incidence of adverse reactions, which are generally dose dependent and include gastrointestinal and hematological disturbances such as nausea, abdominal pain, diarrhea and vomiting, methemoglobinemia, and severe hemolysis in patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency.

The methemoglobin (MetHB) is an oxidative product of hemoglobin formed when the ferrous iron in the heme moiety of hemoglobin is converted to ferric iron.

While dealing with any case of suspected or confirmed methemoglobinemia, following should be remembered,

1. Discontinue the offending drug or medication

2. Start intravenous hydration for hypotension, ventilator support for respiratory compromise, or treatment targeted to neurologic complications.

Individuals with any symptoms of concern and/or a methemoglobin level >30 percent are usually treated with Methylene blue. Methylene Blue should be avoided in individuals with G6PD deficiency or if the patient is on serotenergic medications. Exchange transfusion and hyperbaric oxygen have been reported to be beneficial in severe disease. Methylene blue or ascorbic acid often are not needed for those who are asymptomatic (or only mildly symptomatic) and have methemoglobin levels <20 percent. Such patient should avoid drugs causing

Dr. Honey Savla
Consultant Internal Medicine
Mumbai Central

10th Article

31-year-old woman fights all odds and delivers a healthy baby boy ~Within the darkest hour, there is still hope~

Inspite of a bad obstetric history with 4 pregnancy losses mother did not lose hope and were blessed with a healthy baby.

She has been married since the past 7.5 years a non-consanguineous marriage where she conceived spontaneously 5 times. Considering her previous 4 losses, this was a very high-risk pregnancy. The couple had undergone several genetic tests of which they had been diagnosed as carriers of Achondrogenesis Type 1A (Achondrogenesis refers to a group of fatal genetic disorders that affect the development of bones and cartilages).

She was infected by Covid 19 twice in this pregnancy once in the 2nd month and once in the 6th month and later she suffered from bell's palsy.

Dr Indrani Salunkhe, Consultant Obstetrician and Gynaecologist Wockhardt Hospital, Mumbai Central says "It was a complex pregnancy considering the medical history of the patient and her history of recurrent miscarriages along with history of Covid 19 infection. Efforts were taken to prevent preterm labour by a timely procedure called "Os tightening" which prevented her from aborting. Following this procedure the patient was hospitalised till term for safe confinement.

To increase the baby weight was a challenge too considering she was vegetarian. A meticulous diet high in vegetarian sources of protein was given to the patient. She was also receiving injections every week for preventing preterm pain and to improve the baby's lung maturity. At nine months, a decision was taken to deliver the baby by a Caesarian section. The baby cried immediately after birth bringing a smile on everyone 's face in the OT.

Further to this Dr Indrani Salunkhe, Consultant Obstetrician and Gynaecologist, Wockhardt Hospital, Mumbai Central added that although the parents are carriers of Achondrogenesis fortunately the baby is not a carrier of this disorder thus emphasizing that the involvement of a genetic counselor in such cases is crucial.

Delighted mother said "*we had lost all hopes of becoming parents and had many hurdles in this pregnancy, through which we could sail smoothly only because of the constant support of my husband and guidance of Dr Indrani and her team, indeed God is great! During my 4 miscarriages, I had gone through a mental stress whether from society or from my own family members. The day God blessed us with a healthy boy and when we held him close, I felt, that God always gives another chance and that we should not lose hope* .

Thus, the medical history of the couple and prenatal checkups play an important role to avoid complications in pregnancy. These checkups help the doctor to advise the right kind of medication, food and guide the couple until delivery.

Dr. Indrani Salunkhe
Consultant Obstetrician and Gynecologist
South Mumbai

11th Article

Timely intervention can be lifesaving-successful treatment for multi-organ failure

A team headed by Dr. Ankit Gupta Consultant Lead Paediatric Critical Care Medicine Specialist along with Dr. Dipesh Pimpale Consultant Neurologist, and Dr. Vaishali Morey Consultant Pediatric Nephrologist saved the life of a 1.5-year-old boy with severe Acute respiratory distress syndrome (ARDS) which is a life-threatening lung injury that allows fluid to leak into the lungs which led to Multiple Organ Dysfunction Syndrome (MODS), Acute Kidney Injury (AKI), sepsis. The patient complained of fever since last 10 days and not passing urine since 5 days. The patient was referred to Wockhardt Hospitals, Mira Road for timely intervention. Dr. Ankit Gupta, Lead Paediatric Critical Care Medicine Specialist Wockhardt Hospitals said, "On arrival 12 am midnight he was drowsy, shortness of breath and low saturation. His initial creatinine was 9. He was immediately put on ventilator and started dialysis. He was given cardiopulmonary resuscitation (CPR) for 30 minutes. He could have died if not treated at the right time. He also developed meningitis during his stay which is infection in the brain. His kidney function has fully recovered. The baby is alright and achieving developmental milestones of his age. Dr. Ankit Gupta added, "If any patient is taking long time for recovery or child is deteriorating, please take expert opinion preferable from a tertiary care centre. Timely intervention can be lifesaving." LIFE WINS at Wockhardt.

Dr. Ankit Gupta
Consultant Lead Paediatric
Critical Care Medicine
North Mumbai

Dr. Dipesh Pimpale
Consultant Neurologist
North Mumbai

Did You Know

- Eating a banana can help relieve depression and anxiety by stimulating the serotonin levels in your body
- The human jaw can close teeth with a force as great as 200 pounds, or 890 newton.
- The small intestine contains so many folds — down to the microscopic level — that its total surface area is about 2,700 square feet, enough to cover a tennis court.
- It's believed that main purpose of your eyebrows is to keep sweat/water out of the eyes.
- When we touch something, we send a message to our brain at 124 mph.
- A sneeze generates wind of 166 km/hr.
- Human teeth are almost as hard as Rocks.
- You burn more calories while sleeping than you do while watching TV.
- Every person has a unique tongue print.
- Eating breakfast helps to burn 5 to 20 percent of calories throughout the day.

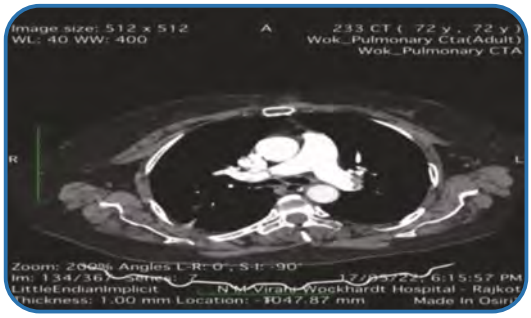
Dr. Prashant Mehta
Medical Administration
Rajkot

An unsual presentation of life threatening Pulmonary embolism

A 72 year old female, k/c/o Hypertension on treatment, presented to our ED with complaints of Vertigo & ?GTCS 2-3 episodes in last 2 days.

On the basis of Primary complaints she was evaluated primarily in ED by the ER Physician, Intensivist & Neurologist and was asked to get admitted for general as well as neurological workup and management. As a part of the routine protocol as well as given the long standing history of hypertension, routine blood tests along with ECG & 2D-ECHO were ordered.

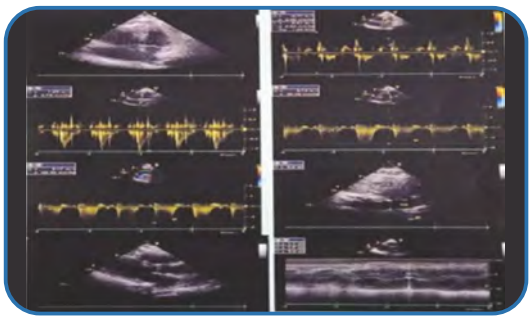
The patient in the ED itself suffered a witnessed cardio-respiratory arrest. Immediately CPR was started and the patient was revived successfully post just one cycle (3mins) of CPR. Patient was immediately put on BI-PAP machine & on the basis of the preliminary 2D-ECHO report done by Cardiologist, an event of Acute Pulmonary Embolism was suspected in this patient.

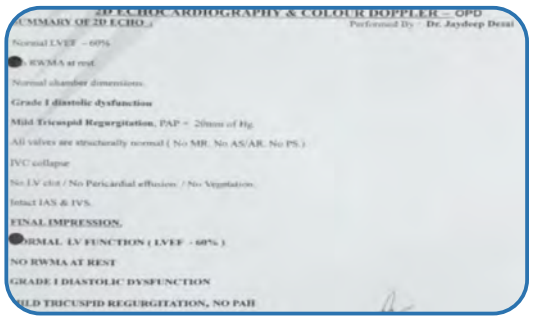


A decision was made to get an urgent CT Pulmonary Angiography to confirm the diagnosis of PE for further management and was explained to the relatives. Meanwhile the patient suffered an another cardiac arrest and again CPR was started as well patient was intubated and put on mechanical ventilation. Considering the risks involved in transferring such an unstable patient to CT room with the ongoing CPR as well as the time needed to carry out the scan, which may prove life threatening, on the basis of the clinical condition as well as the 2D-ECHO findings, it was decided by the TRIO of doctors to thrombolyse the patient immediately in the ED after due consent and high risk was explained to the relatives. The patient was now given Inj.

TENECTEPLASE 40mg immediately and within no-time, after 2 cycles (6mins) of CPR, the patient was revived again and thus was stabilized in the Emergency Department. Later on she was shifted to MICU with ventilator and multiple vasopressors support.

Patient relatively stabilized under the guidance of the Intensivist & Cardiologist within 24hrs after which a CT (PA) was carried out which confirmed the diagnosis of Acute PE.





There was no evidence of DVT on venous Doppler. Also the neuroimaging was done which was NAD. After 7days of MICU stay including 5days on ventilator and a total of 10days hospitalization, patient was discharged from the hospital on anticoagulation (Tab. Rivaroxaban)

On follow-up after 10days of discharge, the patient was absolutely asymptomatic with no major complaints as such, there was no e/o hypoxia or breathlessness. Also the findings of 2D-ECHO had reversed & all

To Summarize:

- Ultrasound (including 2D-ECHO) is the new stethoscope in ED & ICU, which if used correctly can be a big boon.
- Timely decision based on clinical conditions specifically and availability of thrombolytic agents in the ED itself can often be lifesaving.
- Not all the patients of Acute PE, will have classical complaints of breathlessness and one might notice it as an accidental finding like in our patient.

Dr. Shyamalan Karia
Consultant Emergency Physician & Critical Care Specialist
Rajkot

Dr. Chirag Matravadiya
Consultant Critical Care
Rajkot

Dr. Jaydeep Desai
Senoir Consultant Cardiology
Rajkot

13th Article

Patient safety at Wockhardt Group Hospitals

WHO celebrated 17 Sept 2022 as World patient safety day. This year the theme was Medications without harm.

So the question that arises is what exactly does patient safety mean? The simple answer-being prevention of errors. So now each of one of you is wondering do errors happen in healthcare and why? The answer being, yes errors do happen in healthcare. Healthcare is a complex system wherein professionals across multiple departments and specialities have to communicate and coordinate patient care that includes the use of multiple medications and equipment too. Each interface in this complex model can lead to an error if not detected (when the defined process / protocols are not followed) and could lead to patient harm. There are numerous studies and reports that have highlighted the same none being more read and quoted than the IOM report of 1999 –'To err is human".

Many healthcare organizations across the globe have now started focussing on patient safety. We all understand that due to the complex model of delivery of health care, patient harm can happen at any time and the best way to prevent this is to put in preventive processes of checks and balances where errors are difficult to commit, and easy to detect and prevent before they reach the patient. Let me give you a few examples we have the surgical safety checklist comprising of 3 parts (pre-operative verification, time out and the sign out with multiple steps) to prevent wrong patient, wrong site, wrong surgery. To limit / eliminate medication errors prior to the prescribed medication being dispensed the prescription is checked for appropriateness by the pharmacist and the Clinical Pharmacist. Once dispensed the nurse checks the 5 R's (5 rights of administration –right patient, right medication, right dose, right route, right time) before medication is administered to the patient. It is like the Swiss cheese model wherein there are multiple preventive layers (steps) and errors and harm happen when they are all breached at the same time.

There are many different methodologies of process improvement some using Lean Six Sigma and statistics and we have many process improvement examples where actual improvement has been demonstrated in processes using Lean or Six Sigma something that happened in the automobile industry many decades ago.

At Wockhardt Hospitals, we give patient safety our topmost priority. Each year we commemorate and celebrate a patient safety week. During this time we reinforce all our defined safety protocols through various events like quiz competitions, poster competitions, best slogan and many other activities involving all associates in all shifts as well as our Consultants (why i am specifically mentioning this is because in many organizations it is very difficult to rope them in). This year we had over 550 slogans entries in the patient safety slogan contest itself that actually highlights our associate's commitment to patient safety.

At Wockhardt Hospitals we are committed to providing safe patient care to each of our patients 365*24*7 thus ensuring Life Wins.

Dr. Clive Fernandes
Group Clinical Director
Chief Operating Officer - Maharashtra
Wockhardt Group Hospitals

Founder's Day

22nd September 2022

Celebrated Founder's day

Wockhardt celebrated 8th Founder's day on the 22nd September 2022, to mark the birthday of our chairman Dr. Habil Khorakiwala. The day was celebrated with fervour, zest and enthusiasm across all locations.

At the Global Headquarters, we hosted a gathering with lined up activities, while being digitally connected with all locations across various location to celebrate.

The concept of "Founders' Day" was introduced in year 2015 to celebrate the spirit of ONE Wockhardt. In keeping with the tradition. This is an occasion when we recognize the contributions of several Wockhardians, and re-dedicate ourselves towards the higher purpose of "Life Wins".

"Life Wins" provides a binding force for all the Wockhardians across the Group; which inspires all of us to work towards higher purpose of making a positive difference to lives of people across the world.

Pride of Wockhardt:

We felicitated associates with, **Pride of Wockhardt** on the occasion of Founder's Day, in recognition of their exemplary performance during last year.

Golden 50 years

WOCKHARDT | LIFE WINS

Pride of Wockhardt

Awarded to

Rajkot

Rama Parmar

Rajkot

Dharmendra Padia

Nashik

Charulata Bhalde

WHL - Nashik

Santanu Roy

WHL - Nagpur

Raja Venkatesan

WHL - Nagpur

Vikram Parate

WHL - Corporate Ho

Mahavir Gajani

WHL - South Mumbai

Ajit Mandhare

WHL - South Mumbai

Neethu Nair

WHL - North Mumbai

Nikita Bhargava

WHL - North Mumbai

Linu Shinto

WHL- Corporate Ho

Rajneesh Sharma

Patient Safety Week 2022 Inauguration

Wockhardt Hospitals has celebrated "Patient Safety Week" across all its facilities at Mumbai Central (South Mumbai), Mira Road (North Mumbai) & Nagpur, Nashik & Rajkot. Patient safety is fundamental to delivering quality health services. These practices are aimed at strengthening the regular processes to achieve better patient care and safety. The WHO theme this year is "Medication without Harm". This year WHO has chosen Medications as its theme for patient safety. We at Wockhardt Hospitals understand medications are one of the leading contributors to patient harm, but there are a few other contributors that cannot be ignored so we have included 6 focus areas including medications in our this year's Patient safety week celebrations across all our group hospitals. The program was inaugurated by Dr Parag Rindani and Dr Clive Fernandes, Dr Clive in his address emphasised on the need for every associate to practice all our defined patient safety protocols 365*24*7. Dr Parag spoke about the importance we at Wockhardt Hospitals give to patient safety. Wockhardt hospitals have covered many topics including medication.

'वोक्हार्ट'मध्ये रुग्णसुरक्षा सप्ताह

रुग्णसेवा, सुरक्षितता प्रक्रियेला बळकटी देणारा उपक्रम

सकाळ वृत्तसेवा

नाशिक, ता. १५ : वोक्हार्ट हॉस्पिटल्स हे भारतातील दर्जेदार सुपर-स्पेशालिटी रुग्णालयपैकी एक म्हणून ओळखले जाते. दर्जेदार आरोग्य सेवा पुरविण्यासाठी रुग्णांची सुरक्षा हा मूलभूत घटक आहे. रुग्णसेवा आणि सुरक्षितता प्रक्रियेला बळकटी देणे या उद्देशाने रुग्णसुरक्षा सप्ताहाचे आयोजन आजपासून तीन दिवस करण्यात आले.

जागतिक आरोग्य संघटनेची यावर्षीची थीम ही 'कोणतीही हानी न होता औषधोपचार' अशी असून वोक्हार्ट हॉस्पिटलमध्ये या संकल्पनेतंर्गत विविध उपक्रम ले जाणार आहेत. १५ ते १७ र २०२२ या कालावधीत रुग्ण सप्ताह कार्यक्रम होणार असून पक्रमाचे वोक्हार्ट हॉस्पिटल्स लिमिटेडच्या व्यवस्थापकीय संचालिका झाविया खोराकीवाला यांनी उद्घाटन केले. या उपक्रमाविषयी बोलताना श्रीमती खोराकीवाला यांनी सांगितले, की प्रतिबंध हा नेहमीच उपचारापेक्षा चांगला असतो. असुरक्षित आरोग्य सेवा हे जगभरातील आरोग्य सेवेमध्ये हानीचे प्रमुख कारण असून ते टाळता येण्याजोगे आहे. वोक्हार्ट हॉस्पिटल्समध्ये, आम्ही दर्जेदार सेवा देण्यावर विश्वास ठेवतो. वोक्हार्ट हॉस्पिटल्स शृंखला ही नागपूर, नाशिक, राजकोट, मुंबई सेंट्रल (दक्षिण मुंबई) आणि मीरा रोड (उत्तर मुंबई) अशी संपूर्ण पश्चिम भारतात पसरली असून या सर्वच ठिकाणी रुग्ण सुरक्षा सप्ताह साजरा केला जात आहे. वोक्हार्ट हॉस्पिटल्समध्ये तीन दिवसांदरम्यान सर्व परिभाषित सुरक्षा शिष्टाचारास बळकटी देणारे अनेक याठिकाणी होणार आहे. अग्निसुरक्षा, आपत्कालीन व्यवस्थापन, सुरक्षेविषयी जागरूकता तसेच सेफ्टी ऑडिट यांचा यामध्ये समावेश असणार आहे. या उपक्रमांतर्गत कर्मचारी, रुग्ण आणि रुग्ण नातेवाईक यांच्यासाठी प्रश्नमंजुषा, घोषवाक्य तयार करणे ,सुरक्षेशी संबंधित समस्यांवरील एक मिनिटाचा व्हिडिओ अशा विविध स्पर्धा याठिकाणी आयोजित करण्यात आल्या आहेत.

नाशिक : वोक्हार्ट हॉस्पिटल्समध्ये रुग्णसुरक्षा सप्ताहाचे उद्घाटन करताना संचालक.

"वोक्हार्ट हॉस्पिटल्समध्ये आम्ही नेहमीच रुग्णांच्या सुरक्षेला प्राधान्य दिले आहे. आमच्या सर्वच सेवा या रुग्णांची सुरक्षितता लक्षात घेऊन परिभाषित केले जातात. वोक्हार्ट हॉस्पिटल्स लाइफ विन्स येथे आमच्या सर्वांच्या सहभागाने रुग्ण सुरक्षेस आणखी बळकटी देण्याच्या उद्देशाने हा जनजागृती कार्यक्रम आयोजित करण्यात आला आहे.

-डॉ. क्लाइव्ह फर्नांडिस, ग्रुप क्लिनिकल डायरेक्टर, वोक्हार्ट ग्रुप

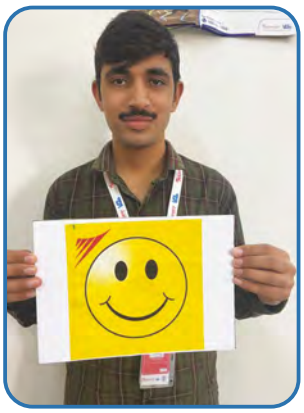
Patient Safety Champions 2022

North Mumbai - Vaishali Ranpise

South Mumbai - Sheena Binu

HQ BKC - Ranjith Krishnan

Nashik - Ms. Manali Bhamre



Rajkot - Ravi Gudas

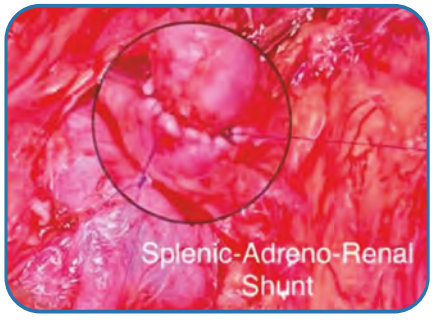
Nagpur

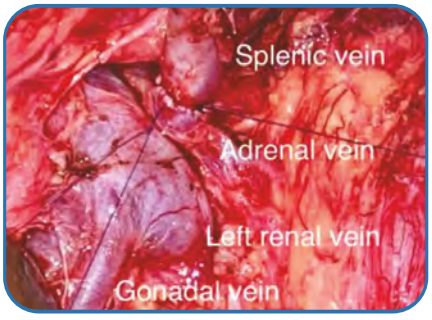
Splenectomy with proximal Splenorenal shunt

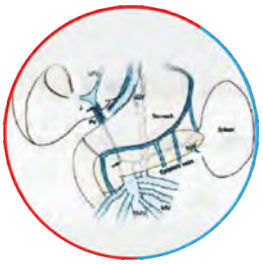
17 years boy and massive upper GI bleeding. Patient brought to Wockhardt hospital in state of shock. Immediately admitted to PICU under management of Dr. Ankit Gupta (Paediatric Intesivist).

Dr. Ankit Gupta immediately resuscitated the patient and blood transfusions were given. He had low platelet count and Haemoglobin. On evaluation he was found to have Extrahepatic portal vein obstruction (EHPVO) with portal hypertension.

Extrahepatic portal vein obstruction is a vascular disorder of portal vein, which results in obstruction and cavernomatous transformation of portal vein with or without the involvement of intrahepatic portal vein, splenic vein, or superior mesenteric vein. Patients with extrahepatic portal vein obstruction are generally young and belong mostly to Asian countries. Patient underwent lifesaving procedure of Endoscopic variceal ligation by Dr. Lalit Verma (Paediatric Gastroenterologist and therapeutic intervention). Upon stabilisation and taking care of the emergency the patient was subsequently planned for definitive shunt surgery. Surgery was performed by Dr. Imran Shaikh (Surgical gastroenterology and Hepato-pancreato- Biliary surgeon). Surgery is called Splenectomy with proximal Splenorenal Shunt (PSRS). In surgery spleen was removed and proximal splenic vein was joined to right adrenal vein which subsequently will drain to left renal vein. This surgery is very complex and carries various risks like mortality, bleeding, infection and shunt blockage. Surgery went well and patient recovered well. With the definite surgery patient will be saved from future catastrophe like recurrent bleeding, hyper splenism and portal biliopathy. Now days shunt surgery is rare and done only at specialised units and expertise. LIFE WINS at Wockhardt.







Dr. Imran Shaikh
Consultant GI HPB and GI Onco Surgeon
North Mumbai

15th Article

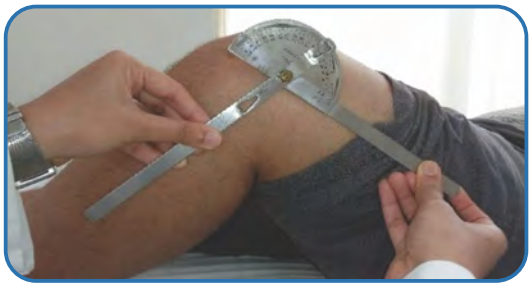
Pain Free Mobilization with Movement (MWM) technique for post-op chronic stiffness

A young male,123 years old had undergone left knee ACL reconstruction in December 2021 and suffered left hamstring strain in April 2021. Since then he was unable to flex his left knee. Due to personal reasons he was unable to undergo physiotherapy for a period of 3 months and this lead to a gap in his rehabilitation. He was referred to us with severe left knee stiffness and extensor lag in June 2022. He had only 70° of knee flexion (way below Functional range), an extensor lag due to weakness of the quadriceps and vastus medialis oblique (VMO) muscle and a significant decline in function which included even difficulty in walking. Following a detailed assessment, an ideal rehabilitation protocol was designed with Dr. Alisha Pereira (PT) to improve flexibility, strength and function. His rehabilitation program included patellar mobilization, movement with mobilization / Mulligan mobilization (anterior-posterior and medial glides to improve knee flexion), static cycling and stretching exercises to improve flexibility; faradic electrical stimulation for the quadriceps and VMO, a resistance training program and closed chain exercises to improve strength and muscular control; a stability training program to improve dynamic and static balance, proprioception and neuromuscular function; and a functional training program to improve gait and other activities of daily living. After 6 weeks of orthopedic rehabilitation, he achieved 120° of knee flexion (Functional range), loss of extensor lag and 90% of recovery of function as compared to pre injury levels.

Mulligan mobilization

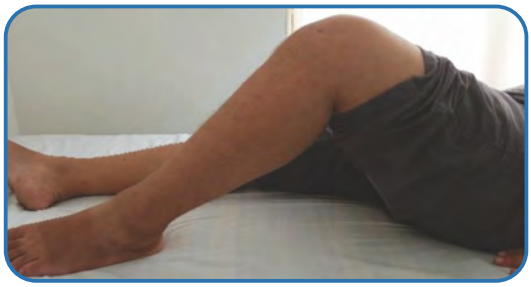
Movement with mobilization (MWM) or Mulligan mobilization is the concurrent application of sustained accessory mobilization applied by a therapist either manually or by using a Mulligan belt, and an active physiological movement to end range applied by the patient. Passive end of range overpressure, or stretching, is then delivered without pain as a barrier.

Pre Therapy (Range)

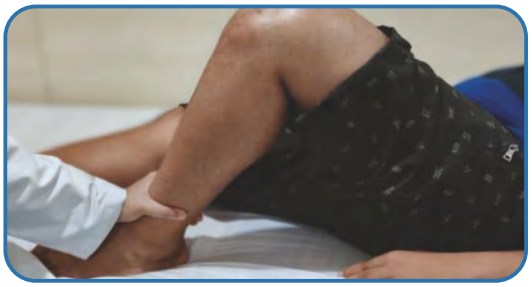


Post Therapy (Range)

Pre Therapy (Goniometer)



Post Therapy (Goniometer)



Dr. Imraan Khan
PT Senior Physiotherapist & HOD
North Mumbai

16th Article

Improving efficiency & positive outcomes in hospitals- A management perspective

Hospitals in India are undergoing sizeable transformation both externally as well as internally. There is a constant pressure on healthcare providers to improve patient care while simultaneously lowering the cost. Although, aggregate number of bed occupancy in last couple of years has gone up, ARPOB has come down along with operating profitability margins.

Increasing efficiency by managing the resources smartly and keeping the focus on positive outcome in term of increased patient satisfaction and Net promoter score is the talk among fraternity.

Following are the measures which can be taken to improve Efficiency as well as positive outcome for a hospital-

Focus on Utilization

ICU/ OT/ Ward utilization rates need to be monitored on regular basis. Same goes for all the subsystem of Hospital. Accordingly, resource deployment should be done. OT scheduling for elective cases need to be done efficiently to avoid postponement, cancellation and extra pay to manpower such as Anesthesiologist, OT staff & Technicians. Developing mechanism to track ALOS at ICU & Wards on daily basis to improve per bed yield.

TAT

Setting Turn around Time (TAT) for maximum operational process like Admission, discharge, Billing, OPD waiting time, Lab & Radiology reporting, Health checkup etc. helps a lot in improving efficiency. This can be done by fixing the time lines based on benchmarks set across industry and taking under consideration of available resources. It should be measured on regular interval and corrective and preventive actions should be taken to improve it further.

Setting a Culture

Work culture, percolates from top to bottom. It can be achieved by well laid and unbiasedly followed organization wise policies for associates, where they have equal chance given to contribute, valued and appreciated. Good work culture always transforms into higher work efficiency.

Patient is the Boss

Everything in a hospital revolves around patient. Identification of touch points (May I help desk, Admission desk, TPA & Billing desk, Assessment by Medical officers & Nursing etc.) & regular training to impart soft skills for a compassionate interaction along with the clinical care is the key. Almost every patient or relative visiting the hospital are in some kind of stress, understanding this and helping them out with their need and queries is of utmost importance.

Communication

Complete and meaningful communication is another area, where lot of improvement is required in healthcare, be it with internal or external customer. Clear, crisp communication among doctors, nursing and other paramedic staff is the basic of patient care. It should have relevant information without any ambiguity in a defined format most preferably in documented form. Same goes to external customer, for Patient and their relative. They should be informed about the clinical condition, treatment plan, and any invasive or noninvasive procedures in documented form ensuring their right to be involved in the treatment. Patient party should also be communicated transparently about their treatment cost on regular interval. Practicing this builds trust, which in turn reflects as higher patient satisfaction.

Dr. Sushil Kumar
Head Medical Administration
North Mumbai

17th Article

Osteoarthritis and Exercise

Exercising may be the last thing you want to do when your joints are stiff and achy. But exercise is a crucial part of osteoarthritis treatment in order to ease pain and stay active. Osteoarthritis is a chronic and progressive disease characterized by loss of the cartilage that covers and protects the ends of the bones where they meet at a joint. Without this protective coating, bone rubs against bone, causing irritation and inflammation. The result is pain and stiffness in the joint and often pain in the muscles and ligaments that surround it.

Osteoarthritis is the leading cause of disability. Equal numbers of women and men have this condition, but women tend to develop symptoms after age 55, about 10 years later than men do because women are more physically active than men. It most often affects the hips, knees, spine, and hands. Excess weight is strongly linked to osteoarthritis, because it places added stress on the knees, hips, and spine. Exercise is a central component of the management of osteoarthritis.

Physical exercise is prescribed as a way to facilitate weight loss to reduce joint stress, improve functional performance by preserving joint range of motion, and reduce symptoms.

People with osteoarthritis should take part in low- impact aerobic exercises such as swimming, cycling and other aquatic activities.

Quadriceps weakness is a common symptom of osteoarthritis. Quadriceps weakness is considered a risk factor for the development of osteoarthritis because it leads to a decreased stability of the knee joint and it reduces the capacity of the muscles to absorb shock. An exercise that strengthens the quadriceps leads to improvements in function and reduction of pain during movement.

Range of motion and flexibility exercise*:* These exercises require a full range of motion that joints are capable of. These include gentle stretching and movements that require the full span of joints.

Aerobic/endurance exercises*:* These include walking, jogging, swimming and cycling. This type of exercise reduces fatigue and builds stamina. Cycling is also beneficial as it partially unloads the knees and keeps them stable while providing a large range of motion. Walking is actually free and easy on the joints, walking comes with a host of benefits. One major plus is that it improves circulation – and wards off heart disease, lowers blood pressure and, as an aerobic exercise, strengthens the heart. It also lowers the risk of fractures (by stopping or slowing down the loss of bone mass) and tones muscles that support joints.

Aquatic exercises*:* Aquatic exercise is preferred to land-based physical activity because the body buoyancy decreases the compressive load that the knees experience during movement. These exercises help relieve the pressure of the joints while providing resistance to the muscles and strengthening them. Aquatic exercises help reduce pain and improve the daily function of people with osteoarthritis.

Adherence is the predictor of long-term outcomes of exercises in the knee or hip osteoarthritis. Thus, strategies that improve adherence should be adopted. Long-term monitoring is very much required.

High-velocity impact exercises such as running and step aerobics can be deleterious over the long-term in patients with osteoarthritis, so these types of exercises are not recommended.

For the best results, at least exercise four to five times a week.

Always follow the advice from your DOCTOR & PHYSIOTHERAPIST
Exercise is good. But exercise intelligently.

Dr. Alka Nakade
Head Physiotherapist
Nagpur

Importance of enteral & parenteral nutrition for critical patients

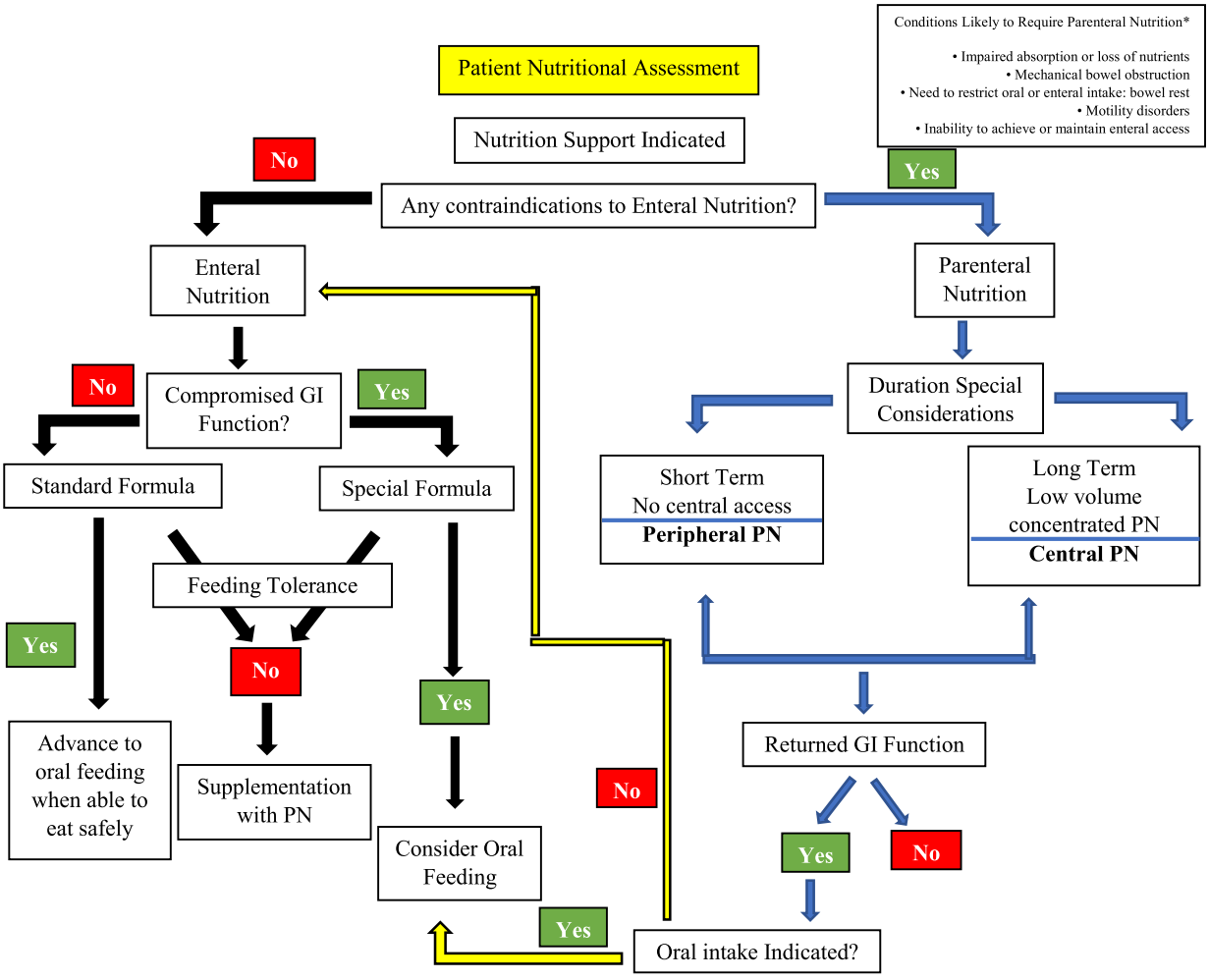
Critically ill patients are at particular risk of malnutrition, which occurs in up to 40% of the cases. The metabolic changes that occur in response to stress lead to an increase in protein catabolism, resulting in a significant loss of lean body mass, which in turn results in a higher incidence of complications, especially infectious ones, in an increase in wound dehiscence and in unfavourable outcomes.

The main purpose of nutritional support is to prevent malnutrition and its associated complications, by modulating the stress response of the patients.

This objective will be achieved by: (1) providing the appropriate doses of macro- and micronutrients to meet the calculated or measured needs; (2) avoiding complications associated with nutritional support; (3) reducing nitrogen deficits; and (4) modulating the inflammatory response through the use of different substrates.

The two routes of nutritional support are enteral and parenteral. Enteral nutrition (EN) is provided via the gastrointestinal tract, either by mouth or through a feeding tube. Parenteral nutrition (PN) is an intravenous solution composed of nutrients infused through an IV line that bypasses the GI tract.

The Protocol Pathway for Tube feeding the Critically Ill Patients



ICU Nutritional Management Protocol:

1. All the critically ill patients should undergo nutrition assessment, on admission. Nutrition status of Indian malnourished patients can be assessed by SGA. Initial monitoring of nutrition intervention must be done on daily basis and nutrition plans should be modified accordingly.
2. Observation of signs of malnutrition (e.g., cachexia, edema, muscle atrophy, BMI <20 kg/m2) is critical.
3. EN should be started early, within first 24–48 hours. EN should be considered over PN. NG route should be the first choice of enteral feeding. Jejunal route can be used if required. Continuous formula feeding with pumps or gravity bags can be preferably done.
4. In case the nutrition requirement is not met adequately with EN even after 7 days of ICU admission, then usage of parenteral nutrition (PN) may be considered.
5. Nutritional support should to be considered as of therapeutic benefits and not just supportive or Adjunctive. Feeding should be tailored as per the patient's requirement and level of tolerance. Protein requirement for most critically ill patients is in range of 1.2-2.0 g/kg body weight/day.

   Calories should be in range of 25-30 Kcal/kg body weight/ day for most critically ill patients. In severely hypercatabolic patients such as extensive burns and polytrauma, ratio of Kcal: nitrogen should be 120:1 or even 100:1 has been accepted. For obese patients, adjustment in calorie and proteins must be done on basis of the body weight and BMI

   Scientific formula feed should be preferred over blenderised feeds to minimize feed contamination. Whenever feasible, closed system ready-to-hang formula feeds should be preferred. Blenderised formulae are more likely to have bacterial contamination than other hospital prepared diets. Hygienic methods of feed preparation, storage, and handling of both formula feeds and blenderised feeds are necessary
6. Electrolytes should be strictly monitored in the patient on nutrition therapy. EN should not be interrupted in the event of diarrhea.
7. Assessment of drug–nutrient interaction to be done on daily basis.
8. Tube feeding to be considered if even 50%–60% of nutrition targets are not met adequately within 72 h of oral nutrition support.

Ms. Riya Desai
Senior Dietitian
North Mumbai

World-class Liver care for everyone!

Wockhardt Hospitals and South Asian Liver Institute, two renowned institutions come together to provide Liver treatment on par with the best in the world, in quality, ethics, skill & knowledge.

About Professor Dr. Tom Cherian

Professor Dr. Tom Cherian Founder, South Asian Liver Institute
17 Years of Surgical Experience in UK
5 Years at King's College - The World's Top Liver Institute
Spent over 16 Years in Liver & Pancreatic Surgery performing over 650 Liver Transplants (> 65 Children) to date
Performed over 250 Complex HPB/ Liver Cancer Resections
8 Travel Grants/ Bursaries (Scientific Awards) in the UK
4 Published papers/ Abstracts & over 100 International presentations

His extensive efforts to develop liver care in India

- 17 Years of Surgical Experience in UK
- 5 Years at King's College - The World's Top Liver Institute
- Spent over 16 Years in Liver & Pancreatic Surgery performing over 650 Liver Transplants (> 65 Children) to date
- Performed over 250 Complex HPB/ Liver Cancer Resections
- 8 Travel Grants/ Bursaries (Scientific Awards) in the UK
- 84 Published papers/ Abstracts & over 100 International presentations
- Performed the 1st successful liver transplant in several key hospitals: GB Pant Hospital, New Delhi; Osmania Hospital, Hyderabad; NIMS, Hyderabad.
- Did the first 10 liver transplants including 1st Living Donor Liver Transplant in AP.
- Did first successful SPLIT liver transplant in combined Andhra in 2015.
- Director for LIVER SURGERY IN PRACTICE. India's first liver surgery course, Mumbai 2015.
- Senior advisor (Telangana State) for Liver Transplantation since 2014.
- Created a network of over 20 Liver Clinics across the country.

Glimpse of a few success stories of professor Dr. Tom Cherian

Can I to I can….A Botswanian fights two cancers in one lifetime

Successful Bone Marrow Transplant of International Patient, First of Vidarbha region

A 68-year old male from Botswana (Africa) with multiple myeloma underwent autologous bone marrow transplantation at the Wockhardt Hospitals, Nagpur.

The treatment was done by Dr. Gunjan Loney and Dr. Vishvdeep Khushoo, Consultants- Haemato-Oncology and BMT.

The patient was diagnosed with Multiple Myeloma in 2020 and treated with chemotherapy followed by maintenance therapy at a local hospital in Botswana. He was then offered Bone Marrow Transplant. In view of no expertise in his country, he decided to get transplanted in India.

He was also diagnosed with squamous cell carcinoma of the left buccal mucosa in 2007. He had undergone surgery, radiotherapy and chemotherapy in Botswana.

With the disease in control, autologous bone marrow transplantation was done in Wockhardt BMT unit. "The patient was given a high dose of chemotherapy which wiped out his normal marrow cells and residual microscopic cancer cells. Infusing his own stem cells helped in the cure. He recovered within 12 days of transplant." said Dr. Gunjan.

The challenges we thought we would have faced were because of his previous chemotherapy-treated oral cancer and old age. However, with very meticulous planning and templating, his transplant journey was quite a smooth sail.

Bone Marrow Transplantation is a curative treatment for many blood disorders, including myeloma, lymphoma, leukemia, aplastic anaemia, thalassemia and sickle cell anaemia.

A team effort is required to take care of the patient in a germ-free environment where he/she would undergo conditioning chemotherapy followed by stem cell infusion. In the next 10 to 14 days, the patient would be severely immunosuppressed with extremely low blood counts making him or her susceptible to severe infections and bleeding.

Patients with cancer are supported with chemo ports or peripherally inserted central catheter(PICC) lines to receive painless therapy. With adequate supportive care, most patients undergo transplantation successfully resulting in the cure of such life-threatening diseases.

This patient is now back home in Botswana with his wife, son, daughter and two grandsons. He proved himself to be a warrior one more time after beating myeloma. He wishes to create awareness among his fellow cancer patients and alleviate the fear related to bone marrow transplants.

Dr. Gunjan Loney
Consultant Haemato-oncology and BMT.

Dr. Vishvdeep Khushoo
Consultant- Haemato-oncology and BMT.

20ty Article

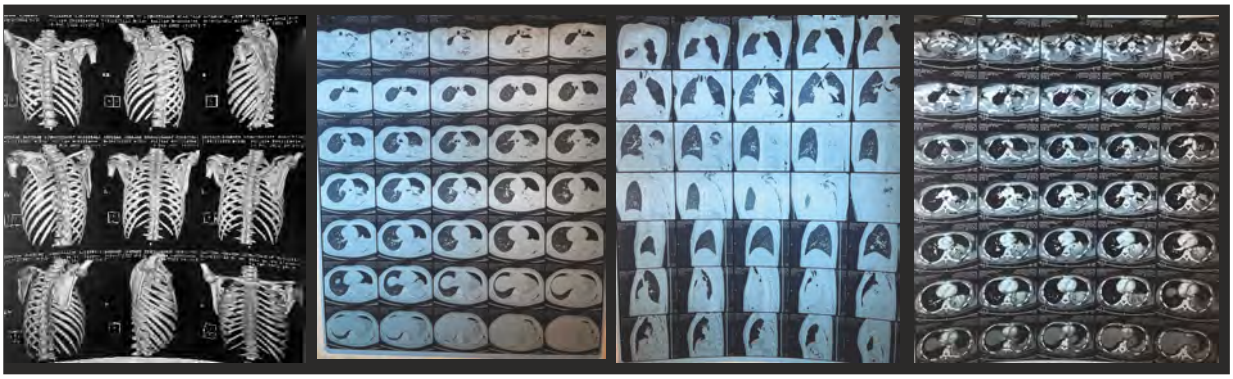
Fractured ribs, scapula and haemopneumothorax – Back on his feet living life to the fullest

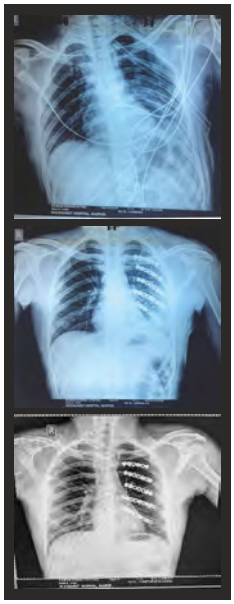
A 27-year male presented with a history of trauma and severe respiratory distress. Vitals on admission was 80/60mm, pulse 120/min and Respiratory rate was 36/min. He was urgently investigated with the X-ray and CT Scan. He was admitted to the intensive care unit.

The investigations revealed that he had multiple rib fractures from 3,4,5,6,7, 8 and 9.

and fracture of the scapula left side. There was around 1 liter of blood on the left side of the chest. The whole lung collapsed and on ABG he was having acidosis.

CT scan was as below





He was diagnosed a case of fracture ribs, haemo pneumothorax and scapula.

He was resuscitated and an ICD was put to save his life. His parameters improved in quick succession. Now he was able to talk and his respiratory markers had improved remarkably. His lung got expanded. This is an x ray after ICD insertion.

He was in excruciating pain and was put on various modalities like fentanyl and other drugs. We got the confidence of the relatives and had a long discussion with them. They were offered fixation of scapula along with ribs for reduction in the pain. The intensivist and anesthetist were taken into confidence. We proceeded with surgical intervention. After 3 days was taken up for surgery and ribs fixation along with scapula was done.

Patients respiratory functions and general condition improved quickly. He was on his foot and his respiratory lung contusion improved very fast and was discharged early after 5 days of surgical intervention.
This is his final follow up at 7 months living his life to the fullest. He is doing regular gym and back to his work as an taxi driver.

Dr Nitin Kimmatkar
Consultant Orthopaedic Surgery
Nagpur

World International Nurses Day Celebration at Wockhardt Group Hospitals-12th May 2022

Wockhardt group hospitals celebrated International Nurses Day on 12th May 2022, Dr. Clive Fernandes, Group Clinical Director & Chief Operating Officer, Wockhardt Group Hospitals, and Mr. Amiya Kumar Sahoo, Associate Vice President – Human Resource, Wockhardt Group Hospitals inaugurated the program, via video conference with all Wockhardt hospitals. Programs were conducted on various topics along with interactive events.

The Nurses who have completed 5, 10 and 15 years of association with Wockhardt hospitals were felicitated with gold coins at their individual units by their respective center heads

CELEBRATING 15 years @ WOCKHARDT HOSPITALS

Rajkot
Anu Josh

Nagpur
Shangai Tiwari

Ms. Sheeja Verghese

CELEBRATING 10 years @ WOCKHARDT HOSPITALS

Nashik
Prashant Uplekar

Nashik
Jaya Bhagchand Salve

Nashik
Tarachand Arun Shelke

Rajkot
Veer Bhadra Yadav

CELEBRATING 5 years @ WOCKHARDT HOSPITALS

NAGPUR	NASIK
Monika Anand Nikhade	Archana Shelke
Pooja Wasnik	Savita Pagar
Sunita Samraj Devenpelli	Yogita Pawar
Priyanka Silap Kakode	Ashwini Aher
Priyanka Chakole	Mahesh Pagar
NOBO	Payal Tribhuvan
Minal Jagtap	SOBO
Prachi Vengurlekar	Betcy Abraham
Rachita Raybabu	Sheena Jose
Priyanka Talkar	Ansamma Joseph
Brinal Garea	Kumari Manoharan
Shabana Amjad Ahmed	Samiksha Garate
Lini Joseph	Binu Aji Thomas
Remya V M	Saramma Mathew
Juleta Dsouza	Sheena Binu
RAJKOT	
Rupal Joshi	
Rahul Bhatt	

New Consultants who joined The Wockhardt Family

Name of the Consultant	Speciality	Qualification (In capital letters)	Location
Dr. Parin Sangoi	Cardiology	MBBS, MD, DNB (Cardiology), FNBPD (Cardiology)	South Mumbai
Dr. Shankar Zanwar	Gastroenterology	MBBS, MD, DNB (Gastroenterology)	South Mumbai
Dr. Richa Agarwal	Pathology	MBBS, MD (Pathology)	South Mumbai
Dr. Chandan Chaudhary	Nephrology	MBBS, DNB (Nephrology)	South Mumbai
Dr. Gulshan Rohra	CVTS	MBBS, MS, MCh (CVTS)	South Mumbai
NIYATI ARORA	Anesthesia	MBBS, MD(ANAESTH)DNB, (ANAESTH),FIPM, PDCC	North Mumbai
Mayuresh Deepak Pradhan	CVTS	MBBS, MS, MCH	North Mumbai
Rohit B Katelya	Anesthesia	MBBS, DNB(ANAESTH)	North Mumbai
Sarang Umesh Deshpande	Orthopedic	MBBS,MS(ORTHO), Mch (ortho)	North Mumbai
Komal Pal	Radiology	MBBS, DMRD, DNB(RADIOLOGY)	North Mumbai
Vishal Parmar	Pediatric	MBBS , DCH,MRCPCH	North Mumbai
Ashutosh Baghel	Urology	MBBS, MS(GEN SURG), DNB(URO)	North Mumbai
Rajashri Tayshete Bhasale	OBS & GYN	MBBS,DNB (OBGY)	North Mumbai
Aniket Mule	Internal Medicine	MBBS, MD(Medicine), Fellowship in diabetology,ellowship In Echocardiography	North Mumbai
Nitu Mundhra	Neonatology	MBBS, MD, DNB (Paediatrics), DM, DNB(Neonatology)	North Mumbai
Monal Shah	Anesthesia	MBBS ,DNB(anes) MD(ANAES)	North Mumbai
Puneet Sanjay Bhuwania	Nephrology	MBBS, M.D (Med)DNB (med), DrNB, Nephro	North Mumbai
Tirathram Kaushik	Surgical Oncology	MBBS,MS(GENERAL SURGERY), DNB(SURGICAL ONCOLOGY)	North Mumbai
Sonali Praharaj	Pathology	MBBS,MD(PATHOLOGY)	North Mumbai
Deepika Mule	Critical Care	MBBS,DNB (Anaesthesia), MD (Anaesthesia) , FCCCM, IDCCM	North Mumbai
Dr. Varshit hathi	Cardiology	MBBS, MD, DM (Cardiology)	Rajkot
Dr. Nisarg Thakkar	Hematology and BMT	MBBS, MD,DrNB (Clinical Hematology)	Rajkot
Dr. Aditya Lad	CVTS	MBBS,MS, MCh(CVTS)	Rajkot
Dr. Pritish shah	Nephrology	MBBS, MD,DrNB (Nephrology)	Rajkot
Dr Rahul Thanky	Accident & Emergency Medicine	MBBS, DEM	Nashik
Dr Pankaj Gunjal	Orthopedics	MBBS, Dip. Ortho , DNB	Nashik
Dr Prashant Patil	General , Gastrointestinal & Breast Surgery	MBBS, MRCS(UK), Fellowship in Lap. GI surgery (UK) & Breast Surgery (UK)	Nashik
Ankur Jain	Neurology	MBBS, MD, DNB, DM (Neuro)	Nagpur
Thomas Cherian	Liver Transplant Surgeon	MBBS, FRCP Glasg, FRCS, Liver Fellowship	Nagpur
Prasad Bansod	General Surgery	MBBS, MS (General surgery), FMAS, FIAGES	Nagpur
Swarup Verma	Internal Medicine	MBBS, DNB (General Medicine)	Nagpur
Chetan Sharma	Intensivist (Critical Care)	MBBS, MD , DNB (Anaesthesia and Critical care)	Nagpur
Gunjan Loney	Clinical Hematology	MBBS, MD, DNB (Pathology), Fellow in Clinical Hematology	Nagpur

Awards for excellence in healthcare

AHPI – Association of Healthcare Providers India.

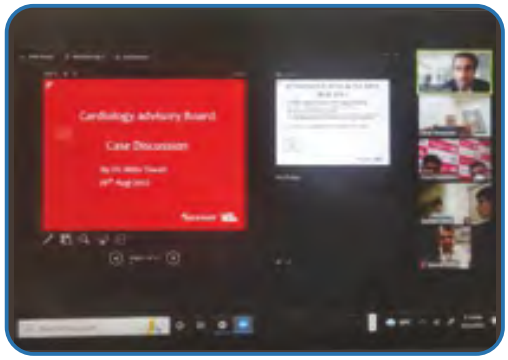
Wockhardt Hospitals, Nashik won the AHPI Healthcare Excellence Award in the category of Patient Friendly Hospitals.

CAHO – Consortium of Accredited Healthcare Organisations

Winner of 3M Awareness Compliance Excellence (ACE), Wockhardt Hospitals, North Mumbai

Wockhardt Group Hospitals - Advisory boards

At Wockhardt Hospitals, we have advisory boards for all our specialities where in consultants of each speciality (Orthopaedic / Medicine / Critical care) meets on zoom once a quarter and discuss clinical outcomes.



Orthopaedic Advisory Board

Medical Quiz

Q1. The prostate is about the size of a _____.

A Pea
B Lime
C Walnut
D Grape

Q2. Restless leg syndrome symptoms primarily occur...

A In the morning
B After standing for long periods of time
C In the evening or at night
D In winter months

Q3. What is true about tinnitus?

A Tinnitus can be the first symptom of hearing loss.
B Tinnitus may have a rhythm in time with your heartbeat.
C People can develop tinnitus for no clear reason.
D All of the above

Q4. _____ is a rare but serious complication of strep throat.

A Stroke
B Rheumatic fever
C Shingles
D Rickets

Q5. How is pelvic inflammatory disease diagnosed?

A Pelvic exam
B MRI
C Endoscopy
D X-ray

Q6. What are some symptoms of lupus?

A Vomiting, thyroid disorders, receding gums
B Dry mouth, asthma, allergies
C Excessive hunger, salt cravings, water retention
D Sun-sensitive rash, hair loss, and fatigue

Q7. What is the newest surgical technique for treating hemorrhoids?

A Stapler hemorrhoidectomy
B Stitching
C Flattening
D Hemorrhoid taping

Q8. In most people, what are symptoms of hepatitis C when initially infected?

A Itching
B Jaundice
C Back pain
D Most people do not experience symptoms

Q9. How does Dupuytren's contracture typically progress?

A Nodules-Pitting-Cords-Contracture
B Pitting-Contracture-Cords-Nodules
C Contracture-Cords-Pitting-Nodules
D Cords-Nodules-Contracture-Pitting

Q10. How are nerves damaged from diabetes?

A With diabetes, nerves suffer from lack of oxygen.
B With diabetes, nerves form tumors.
C With diabetes, nerves split.
D All of the above

Mr. Ranjith Krishnan R
Quality Management
HQ, BKC

Message from the Editor

Dear Associates,

In a lighter vein, we can say our lives time period was redefined in March 2020 as BC (Before Covid) and WC (with Covid). I am still waiting for the AC (after Covid) stage. In this edition of Wocksynapse we have highlighted few complex, clinically challenging and & satisfying cases wherein. the skills, expertise, team work have each been showcased with the successful outcomes. We celebrated Nursing Day wherein we felicitated and recognised our nurses for their selfless service.

Patient safety week fervour was seen as awareness to our protocol and polices were tested through multiple events - Making learning fun. The theme of our this year Patient safety was "Safety is Everyone's Responsibility" Hope you enjoy reading this edition of Wocksynapse. Looking forward to your inputs and feedback

Dr. Clive Fernandes
Group Clinical Director
Chief Operating Officer - Maharashtra
Wockhardt Group Hospitals

Name	Role	Unit
Dr. Clive Fernandes	Chief Editor	HQ, BKC
Mr. Ranjith Krishnan	Editor	HQ, BKC
Dr. Shobhana Nair	Editorial Board Member	SOBO
Dr. Sushil Kumar	Editorial Board Member	NOBO
Dr. Vinod Kashetwar	Editorial Board Member	Nagpur
Dr. Prashant Mehta	Editorial Board Member	Rajkot
Dr. Neelima Joshi	Editorial Board Member	Nashik

Golden 50 years
WOCKHARDT | LIFE WINS

Contact Us
Wockhardt Hospitals Limited,
Wockhardt Towers, BKC,
Bandra - E, Mumbai - 400 051.
wocksynapse@wockhardthospitals.com
Ph. No. (+91) 22 7159 6509