Half Yearly Medical Bulletin

NEW AGE WOCKHARDT HOSPITALS | LIFE WINS

Vol 14: Jan, 2024

WOCKSYNAPSE

Seven cases reported worldwide Mystery tumour unveiled: Woman's remarkable facial nerve journey Only P04

12 times DC shock given over 1 hour Surviving the storm: Woman shocked back to life P05

Kumbhakarna syndrome - Unravelling the enigma of a sleep disorder that strikes once a decade P07

Clinical debut : Cutting-Edge Stryker Mako Smart RoboticsTM P18

Safety badge P31

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Chief Editor Speak

Dear Associates

It is time for yet another edition of our Clinical bulletin. Wishing all of you a wonderful & blessed new year 2024. In the last 6 months there has been a lot of amazing work done at all locations and we have showcased some of that in this edition. We had wonderful participation in our Patient Safety Week events and a heartfelt celebration of Nurses Day.

Your commitment to patient safety has been truly commendable and was reflecting in the success of our Patient Safety Week. Your exceptional engagement in all patient safety week activities reaffirms our collective dedication to providing the highest standards of safe care to all our patients. Each one of you, from clinicians to support staff, plays a crucial role in fostering a culture of safety and excellence.

As we continue our journey towards excellence, I need each one of you to be proud of the work you do and the impact you make on countless lives everyday. Together, we are more than just a healthcare team, we are a family and our shared commitment to patient safety and clinical excellence propels us to greater heights.

Thank you for your dedication, passion, and exemplary work.

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

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Managing Director's Desk

Zahabiya Khorakiwala
Managing Director Wockhardt Hospitals

Dear Associates,

Happy new year to you and your loved ones.

In the ever-evolving landscape of healthcare, technology is emerging as a catalyst for transformative change just as in all other sectors. From advanced telemedicine solutions bringing care closer to patients to state-of-the-art diagnostics technology is redefining the future of healthcare delivery and we need to ensure that we are all up to speed with the latest technological trends and technologies.

We recently introduced the Cutting-Edge Stryker Mako Smart Robotics System for total knee, partial knee and Hip Replacements to enhance patient care and outcomes at Wockhardt hospital in south Mumbai. It is the only hospital in South Mumbai to have the Mako robot.

I extend my heartfelt appreciation to all of you for your exceptional teamwork delivering amazing clinical outcomes over the past six months. Your unwavering commitment, resilience, and dedication to advancing safe patient care was evident by the huge participation in the week long patient safety events held across all hospitals and is truly commendable. The impact of your collective efforts is evident in the lives you've touched and the positive outcomes achieved that ensure that at Wockhardt Hospitals, Life Wins.

Thank you for your dedication and contributions to our shared mission of enhancing and advancing healthcare.

: OUR VISION :

Wockhardt hospital will strive with excellence to
fulfill the needs of the community in its chosen field of medical treatment.

: OUR MISSION :

To serve and enrich the quality of life of patients suffering from diseases,
through the efficient deployment of technology and human expertise,
in a caring and nurturing environment with the greatest respect for human dignity and life.

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Mystery tumour unveiled:
Woman's remarkable facial nerve journey Only seven cases reported worldwide

A 58-year-old woman experienced facial swelling, twitching, lump near her jaw, when her family took her to a city hospital they confirmed the diagnosis of Facial Nerve Schwannomas (FNSs).

She presented with a gradually enlarging and symptomatic swelling in her right parotid (major salivary glands) gland that had been present for 5 years. On examination, the CT scan revealed the presence of a 3 cm mobile mass which was nontender and firm in consistency. The patient could not close her eyes and form wrinkles while smiling, eating, blowing, or whistling. There was facial asymmetry. However, the facial nerve conduction test (facial CMAP) was absent on the right side. No palpable cervical lymphadenopathy was found. The intraoral examination was normal. CT scan of the neck region revealed a dumbbell-shaped encapsulated mass of 5.6x5.7x4.6 cmprominently along the facial nerve. MRI scan of the lesion one year back shows Well defined lobulated single intensity lesion of 2.0x x2.9x2.7cm in the deep lobe of parotid.

Dr Chandraveer Singh added, "A diagnosis of facial nerve trunk schwannoma on fine needle aspiration of the parotid gland was made. Intraoperatively, the tumour was completely excised by a parallel incision in the nerve sheath and tumour was transacted. The nerve reconstruction procedure was done. This technique is known as facial nerve-sparing surgery. Weight of the tumour was 50 grams.

"The tumour's disfiguring effect on my face left me in shock and caused me to withdraw from society, fearing the inevitable questions that would arise. Unable to muster the courage to confront my reflection in the mirror, I found myself losing confidence and struggling with even basic tasks such as eating or smiling. However, thanks to the timely treatment provided by the doctors, I have regained control over my life and can now carry out all activities with ease," concluded the patient

Facial nerve schwannomas (FNSs) are rare benign tumour arising from the Schwann cells of the sheath of the facial nerve. Excessive multiplication and growth schwnn cell of nerve sheath will lead to schwannoma. Only seven case reported worldwide till date. These tumors may arise anywhere along the course of the facial nerve. Owing to their rarity and nonspecific clinical and radiological presentations, the preoperative diagnosis of FNSs is exceedingly difficult."

Not treating her at the right time could have led to complications like complete facial nerve palsy. Pressure symptoms of nerve tumours have all been resolved."

Dr. Sheetal Radia
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Dr. Vinod Rambal
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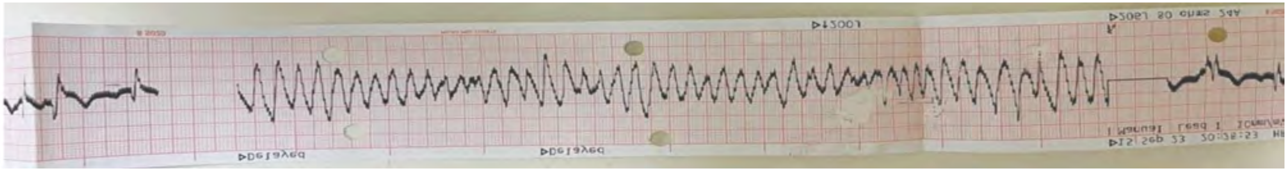
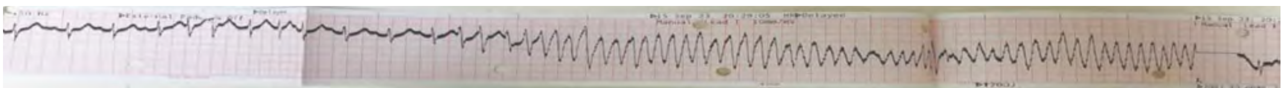
Surviving the storm: Woman shocked back to life

12 times DC shock given over 1 hour

A 63-year-old female known for DM, HTN, and hypothyroidism has had giddiness, sweating, and chest discomfort at home for the last 2 hours. She was brought by his son to **Wockhardt Hospital's Emergency Department.** The patient was unconscious and unresponsive when she arrived at the ER, her central pulse was not palpable, and her blood pressure was not recordable.

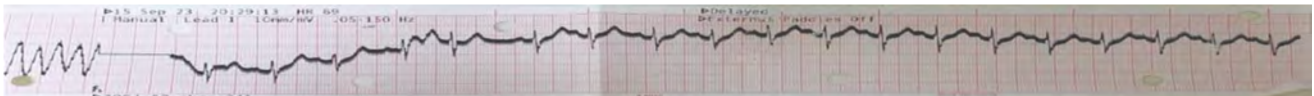


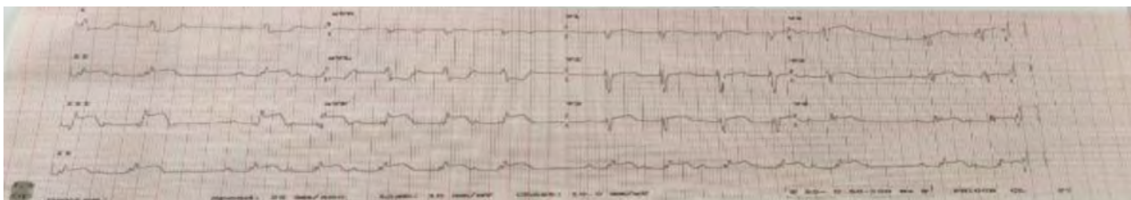
The rhythm on the monitor was ventricular fibrillation. Defibrillator attached, CPR started, and immediately DC shock was given. We had an organized rhythm with a palpable pulse. Again, the patient went into VF, became unresponsive, and a DC shock of 200 J was delivered, and achieved an organized sinus rhythm with a pulse. Meanwhile, we gave INJ. AMIODARONE 300 mg IV STAT, and after the 5th shock, INJ. MgSO4 2 mg IV stat. We intubated the patient, put her on a ventilator, and started mechanical ventilation.



After ten DC shocks, the patient sustained a sinus rhythm. 12 lead ECG suggests inferior wall MI. Loading dose of anti-platelets given. The patient was immediately rushed to the cath lab for PAMI. While in transportation, the patient again went into ventricular fibrillation and required two DC shocks. Primary PTCA with stenting to RCA done within 3 minutes. The patient was shifted back to the ICU for further care. The patient got extubated on day two and discharged home on day four.

Early defibrillation significantly increases the chances of survival in cases of sudden cardiac arrest related to Myocardial infarction. Its important to note that prompt access to medical care and other interventions such as Cardiopulmonary resuscitation (CPR), are also essential components of the overall response to a cardiac emergency.





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Alchemy of solutions:
Mastering challenges through interventional magic

A 74-year-old man presented to the emergency department with new-onset severe chest pain and was diagnosed with acute anterior myocardial infarction.

The patient was transferred to the cath lab for primary PCI. Long, thin, angulated, and eccentric near-total critical sequential lesions with thrombus were detected in the mid-to-distal portion of the LAD (Figure A). Initially, the lesion was attempted with soft wire; however, the lesion could not be crossed, even with the use of a 2*10 balloon. So the hardware was upgraded to XTA wire. The XTA wire crossed immediately into the lesion (Fig. B). The lesion was dilated sequentially with a 2*10 balloon; however, a small perforation was noted in the mid-LAD. Initially, balloon temponade was given for a prolonged period; however, there was no benefit. As repeat contrast was injected, multiple huge perforations were observed throughout the LAD. The wire has created a false channel, causing dissection in the whole LAD, and the balloon made it worse, causing multiple perforations throughout the LAD. Prominent contrast flow into the left ventricle was detected on CAG, indicating type IV coronary rupture (Figure C).

The patient had a cardiac temponade with hemodynamic instability; his pericardium was tapped successfully. Immediately, anticoagulation was reversed. As the wire was not fully lumen-covered, a stent could not be put in. So the wire was removed, and the perforation was sealed with PVA particles with the help of a microcatheter. The polyvinyl alcohol particles readily closed the perforation and dissected the artery, causing the appearance of a true lumen and establishing the flow. Check CAG showed no extravasation around the target area (Figure D).

As we looked into the literature, closing perforation with the help of PVA particles is rare. The patient was stabilized and discharged with the advice of revascularization.

Unique part of this case is that the Coronary perforation was sealed with the polyvinyl alcohol particles such that false lumen has been occluded while true lumen remains patent for future interventions.

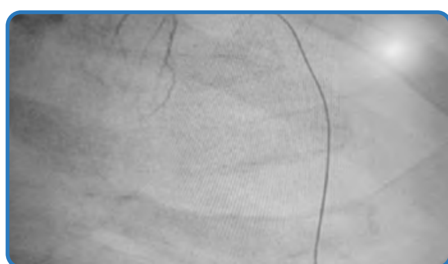


Fig A

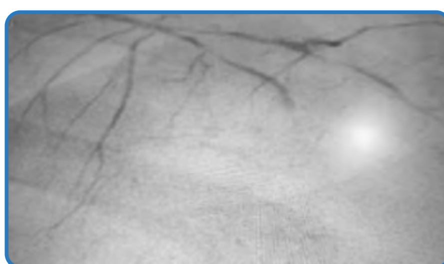


Fig B

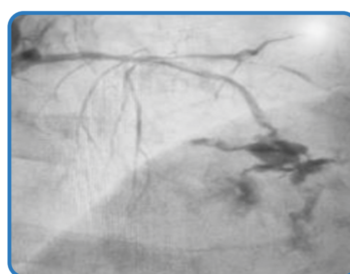


Fig C

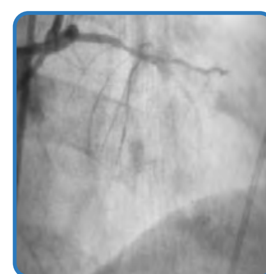


Fig D

Dr. Amey Beedkar
Consultant Interventional Cardiology
Wockhardt Hospitals, Nagpur

Kumbhakarna syndrome - Unravelling the enigma of a sleep disorder that strikes once a decade

A 26-year-old man was diagnosed with Kleine-Levin Syndrome (KLS) after displaying symptoms such as sleeping for eight days straight, waking up only to eat excessively and pass stools. KLS is a complex condition, and its exact cause is not fully understood. The patient's family initially sought answers from local quacks and babas before consulting his neurologist, Dr Prashant Makhija at Wockhardt hospital. This was the third case he had seen in his career. The last two were ten years ago. There are no obvious causes for this disorder, but there are possible triggers like a viral infection, although nothing conclusive," he said. The condition is diagnosed only after ruling out other conditions through extensive medical tests and clinical evaluation. There is no specific test to diagnose KLS itself.

While the disorder has mainly been observed in adolescents and young adults, typically between the ages of 12 and 25, there have also been older individuals diagnosed with this condition. It's worth noting that those diagnosed with KLS experience symptoms at least once a year; Dr Makhija's patient last experienced a KLS episode in December, and his visit to the hospital was in July.

Etiology refers to the causes or origins of diseases or disorders. A doctor noted that it is possible that the occurrence of KLS exists at a slightly larger level than it is reported, but because people are unaware of its existence, it is rarely reported. There is also no specific treatment at the moment, but only minimising the symptoms. Dr Makhija prescribed stimulants like Modafinil to help with excessive sleeping, but that too is not as effective. "There is still no way to improve cognitive abilities during episodes of KLS; However he noted that the syndrome tends to resolve on its own in the long term, which can take a few year.

Although humans spends one-third of their life sleeping but sleep as an important physiological process is hardly given that importance. American heart association recognises 'sleep' as one of the'8 essentials' for cardiovascular health; sleep is not only important for our physical health but also for mental and emotional health. It is therefore important that sleep issues shouldn't be ignored and one should seek consultation from a qualified Sleep specialist.

Dr. Prashant Makijha
Consultant Neurology
Wockhardt Hospitals, South Mumbai

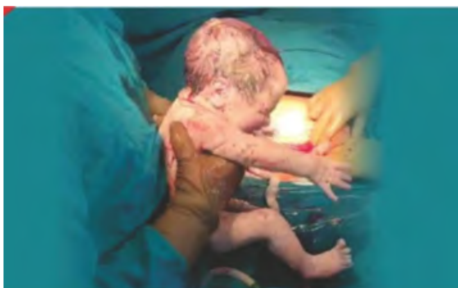
Tiny miracle: Overcoming odds Truimph over Dandy Walker Syndrome A remarkable journey.

In the delicate realm of prenatal diagnostics, a mother's 26-week ultrasound unravelled an unexpected twist – a rare case of hydrocephalus, marked by an unusually enlarging head. What followed was a medical odyssey, culminating in the successful treatment of a 3-day-old baby diagnosed with the intricate Dandy Walker Syndrome.

A team comprising of Dr. Ashwin Borkar, Dr. Vinod Rambal, Dr. Rajashri Tayshete Bhasale, Dr. Nitu Mundhra treated a complex & critical surgical case on new-born with HYDROCEPHALUS, water accumulation in the head of new-born. Baby is doing well now.

Baby was diagnosed with hydrocephalus in intrauterine life, a rare condition which causes fluid-build up in the brain increasing the size of the head. Mother came to know about this condition in one of the Ultrasound examination at 26 weeks. Following which she visited Wockhardt Hospitals, Mira Road. Further evaluation showed ARACHNOID CYST (ACCUMULATION OF CSF) in posterior fossa which lead to hydrocephalus. Prevalence of Arachnoid cyst in the foetal period was reported to be approximately 0.2% - 0.9%- A rare entity.

Patient was monitored clinically and by ultrasound for increasing size of head. Baby was delivered at 37 weeks through LSCS done by Dr. Rajashri Tayshete Bhasale. The new-born baby was kept in NICU for further evaluation and management under Dr. Nitu Mundhra. A MRI brain with whole spine screening diagnosed the baby to have DANDY WALKER SYNDROME - a condition associated with large posterior fossa cyst, cerebellar atrophy and gross obstructive hydrocephalus. In this condition the brain fluid (CSF) flow is disturbed as CSF outflow pathway is not formed normally since birth leading to trapping of significant amount of CSF within the brain and enlargement of the head size. The neurosurgery team comprising of Dr. Ashwin Borkar and Dr. Vinod Rambal operated the baby on third day of life with a surgery called VENTRICULOPERITONEAL SHUNT. In this surgery a small hole is drilled in the skull, a small shunt tube is passed with one end into ventricular (brain cavity) to drain CSF into the abdominal cavity at the other end. This procedure provides CSF diversion, relieves the brain pressure and helps in normal brain growth. After the successful surgery the baby showed remarkable improvement. Both mother and child were discharged in healthy condition. Life Wins at Wockhardt.



Dandy Walker Syndrome, a complex interplay of a large posterior fossa cyst, cerebellar atrophy, and obstructive hydrocephalus, manifested itself as a challenge to the medical team. The disrupted flow of cerebrospinal fluid from birth was identified as the culprit, leading to a substantial accumulation within the brain, contributing to the baby's head enlargement.

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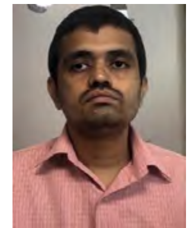
Dr. Vinod Rambal
Consultant Neuro Surgery
Wockhardt Hospitals,
North Mumbai

Don't miss this: Unusual Parkinson's case deserves special attention

A 34-year-old gentleman presented with a 6-month history of gradually progressive mask-like facies, restriction of vertical eyeball movement, decreased eye blink, rest tongue tremor, continuous mouth opening along with increased sleepiness, and unconcerned urinary incontinence. He was diagnosed with tubercular meningitis with hydrocephalus, following which he underwent a ventriculoperitoneal shunt at the age of 5 years. He had a revision of shunt surgery at the ages of 18 and 24 due to malfunctioning of the shunt. An MRI brain revealed a slit-like ventricle. The diagnosis of acquired atypical parkinsonism disease was made clinically. The most probable cause considered was the possibility of the malfunction of a long-standing shunt. However, a detailed blood investigation along with an autoimmune and paraneoplastic panel was performed, which was normal. He was started on anticholinesterase and underwent revision of the shunt, following which he had a complete reversal of symptoms except for persistent vertical gaze restriction.Long-standing shunt complications should be considered part of the differential diagnosis for patients with atypical parkinsonism. The recovery was excellent immediately after the shunt revision.

Atypical Parkinsonism is a rare and unknown manifestation of long-standing shunts and non-compliant ventricles. Commonly seen symptoms are postural headache, nausea or vomiting, altered mental status, ophthalmological symptoms like visual acuity loss, field defects, various palsy, and nystagmus. However, our patient presented with a completely different set of symptoms, mimicking symptoms of gradually progressive atypical parkinsonism.

1st image before shunt


2nd image after shunt

Health Mysteries unravelled : No fancy labels, just a curveball

This is a case of an old patient with a sudden critical presentation in the background of multiple comorbidities and on multiple medications and how the team prevented unnecessary procedures with thorough and careful evaluation. A 60 years old gentlemen presented with altered sensorium, he is a known case of diabetes, chronic kidney disease on maintenance dialysis, chronic atrial fibrillation with controlled heart rate, obstructive sleep apnoea on CPAP, severe diabetic sensory-motor polyneuropathy, secondary hyperphosphatemia on tab Sevelamer, ischemic heart disease, dialysis-induced negative myoclonus on tab Valproic acid (400 mg/day), and recently started with antitubercular drugs for loculated hydropneumothorax detected 2 months ago.

All routine blood investigations, including cell counts, appeared normal. Serum ammonia was normal. However, liver enzymes (AST, ALT, and alkaline phosphatase) were mildly elevated. The MRI brain showed no evidence of stroke or cerebral oedema. Serum electrolytes were normal. A 2D echo showed no evidence of cardiac decompensation. The EEG showed generalized theta-delta slowing. The ECG showed a Mobitz type II block. Arterial blood gas analysis was normal.The cardiac pacemaker procedure was planned. However, we could not ascertain the cause of encephalopathy, when a thorough search could not drive us to a conclusion.

Can anyone guess the diagnosis?
We decided to send the serum valproic acid level, though we knew he was only on Tab Valproic Acid 400 mg/day, which is absolutely not a dose for toxicity in a 70 kg individual in the background of normal serum ammonia. However, the clue underneath, as a soft sign of its toxicity as a possibility, was new-onset heart block, thrombocytopenia, and a mildly raised pancreatic enzyme. And all good that ends good, serum valproic acid showed a toxic level of more than 300 ug/ml.

Immediately, valproic acid was stopped. The next day, a patient came out of encephalopathy; pancreatic enzymes started decreasing, and most importantly, the AV block reversed. The patient didn't require a pacemaker, and he went home walking. Now, the query must be how this toxicity occurred. The reason we found is that the patient was on ATT, where isoniazid is known to decrease the metabolism of valproic, and associated ATT-induced hepatitis led to further decreased metabolism of valproic acid, which is hepatic metabolized, which must have led to such toxicity.

sudden onset deterioration in the background of multiple comorbidities and on multiple medications. A careful and thorough search is warranted to find out the exact cause of such a condition. A smart clinical search in our case prevented a patient from undergoing a procedure like pacemaker implantation for a reversible cause.

Dr. Sheetal Goyal
Consultant Neurology
Wockhardt Hospitals,
South Mumbai

A journey of hope: How deep brain stimulation Restored the life of a young yemeni lady

Mumbai, India, witnessed a remarkable story in the battle against Parkinson's disease at Wockhardt Hospitals. Ms. Sana, a 33-year-old woman from Yemen, defied the odds and experienced a life-altering transformation through a surgical procedure called Deep Brain Stimulation (DBS). Through the gift of DBS surgery, her life has been restored, offering hope and encouragement to countless others battling Parkinson's disease.

The Unseen Struggle for Ms. Sana started eight years ago, in 2015, when she bore the heavy burden of Parkinson's disease without receiving any treatment in her home country. The relentless progression of her condition left her unable to perform even the simplest of daily tasks without assistance. Eating, dressing, and other once routine activities became insurmountable challenges, and Ms. Sana found herself completely dependent on the support of her loved ones.

The turning point in Ms. Sana's life came when her brother learned about the ground-breaking treatment available at Wockhardt Hospitals in India. With newfound hope, they made the decision to embark on a journey to India to explore the possibilities. It was there that they had a life-changing encounter with two exceptional medical professionals, Dr. Prashant Makijha, a Neurologist, and Dr. Manish Baldia, a functional neurosurgeon, both experts in the field of DBS surgery.

After a comprehensive evaluation, Dr. Makhija and Dr. Baldia diagnosed Ms. Sana with advanced Parkinson's disease and recommended deep brain stimulation surgery as the best course of action. After learning about the procedure in detail, Ms. Sana quickly agreed to undergo the procedure on September 7th, 2023.

NO LONGER ON MEDICATIONS TO TREAT PARKINSON'S

The results of the surgery were nothing short of miraculous. Almost immediately after the procedure, Ms. Sana noticed a significant improvement in the tightness, slowness, and tremors that had plagued her for years. With her newfound independence, she could once again perform her daily activities without the need for assistance. Most astonishingly, under the expert care at Wockhardt Hospitals India, she was able to completely cease taking Parkinson's medications yet continue to lead a symptom-free life. This transformative experience left Ms. Sana feeling like an entirely new person.

Deep brain stimulation is a minimally invasive surgical procedure involving the precise placement of electrodes in targeted brain areas. This procedure has consistently proven to be safe and effective in alleviating symptoms such as tremors, rigidity, bradykinesia, and gait disturbances. Ultimately, DBS has the power to enhance the quality of life and promote increased independence among Parkinson's patients.

Ms. Sana's case demonstrates the incredible potential of early DBS, coupled with precise programming, in restoring mobility and overall well-being without the need for medication. This success story reinforces the notion that early DBS surgery can be a safe and effective option for patients seeking respite from the challenges posed by Parkinson's disease.

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Paediatric miracle:
Recovery from head injury to independence

This case study chronicles the extraordinary recovery of a 9-year-old child who sustained a severe traumatic head injury following a fall from a building terrace. The initial presentation included poor neurology, haemorrhagic shock, and on-going seizures. The multidisciplinary team, of Dr Ankit Gupta, (Paediatric intensivist), Dr Vinod Rambhal (Neurosurgeon), Dr Ashwin Borkar(Neurosurgeon) and Dr Monal Shah (Ananesthsist) employing prompt and comprehensive intervention, conducted a critical life-saving surgery—Bifrontal Decompressive Craniectomy with Duraplasty and anterior skull base repair. Despite a prolonged period of comatose persistence post-surgery, the patient's trajectory shifted positively following a second surgery, autologous cranioplasty, addressing complications with cerebrospinal fluid (CSF) outflow. The child's journey from persistent vegetative condition to significant signs of improvement highlights the importance of meticulous medical care, neurosurgical expertise, and ongoing rehabilitation efforts.

Swift and decisive action, including Bifrontal Decompressive Craniectomy with Duraplasty, played a pivotal role in lowering intracranial pressure and preventing brain death.

The multidisciplinary approach, integrating skilled anaesthesia care, physiotherapy, and rehabilitation, underscores the significance of comprehensive care in traumatic head injury cases.

The emergence of complications such as Pseudomeningocoele formation and subsequent autologous cranioplasty showcases the dynamic nature of patient care and the importance of adapting to evolving challenges.

The patient's remarkable transition from a persistently vegetative state to exhibiting signs of functional independence after a challenging 4-month journey highlights the potential for recovery, even in the face of severe traumatic brain injuries.

This article provides valuable insights into the complex and multifaceted nature of pediatric traumatic head injuries, demonstrating the resilience of the human spirit and the transformative power of dedicated medical care.

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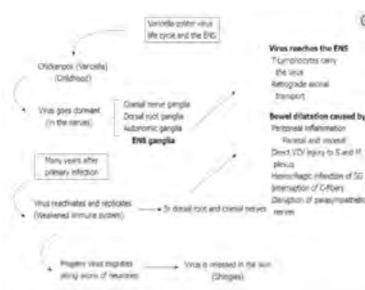
Ogilive syndrome: Unusual gut blockage linked to shingles: A rare case unveiled

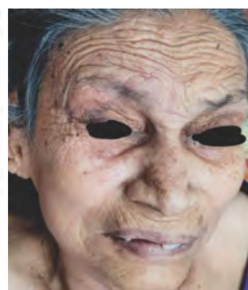
A 74 year old female presented in ER with h/o acute abdominal distension, fever, abdominal pain and 2-3 episodes of diarrhea. Patient had high creatinine of 3.3md/dl. On general examination of the patient by the ER physician, she had resolving eruptions of herpes zoster over the face in V1 region for which she was taking antiviral treatment since 1 week under guidance of Dr. Ketan Chudasama.

An ultrasound was done which showed hepato-splenomegaly and gaseous prominence of bowel loops. After clinical examination by physician Dr. Bhumi Dave and gastroenterologist Dr. Praful Kamani, due to sluggish bowel sounds in auscultation, plain CT scan of abdomen was done which showed multiple dilated jejunal and proximal ileal loops showing air fluid levels, maximum dilatation of 35 mm with transition zone in mid ileal loop without any bowel wall thickening or signs of stricture. Rest of distal ileal loops and colon was collapsed. Significant hepato-splenomegaly was also noted.

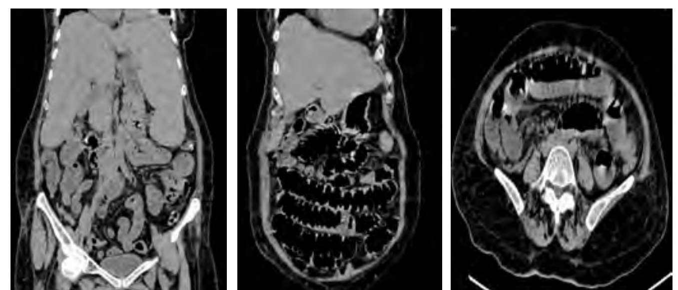
On referring to multiple articles and case reports, a diagnosis of intestinal pseudo-obstruction secondary to visceral neuropathy caused by herpes zoster was made and treated with antivirals, antibiotics, prokinetics and other symptomatic treatment. Follow up scan of the patient was done after 3 days and there was near complete resolution of dilatation of small bowel loops without need of any invasive procedure.



Pathophysiology of herpes zoster virus.



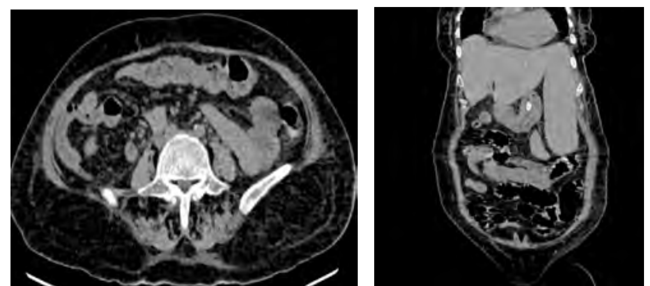
Clinical photography of patient showing resolving lesions of periorbital region and right side of forehead.



CT Abdomen plain at the time of admission showed dilated small bowel loops with air fluid levels without zone of transition.

Ogilvie's syndrome or acute colonic pseudo-obstruction is a clinical syndrome arising with marked abdominal distension without evidence of mechanical obstruction. Diagnosis is confirmed by abdominal radiology. Prompt treatment is important to avoid the complication of perforated cecum.

Herpes zoster associated Ogilvie's syndrome, small bowel obstruction and gastroparesis are rare. Adequate clinical history, physical examination, radiological investigations, research papers and conservative treatment can make a great difference in patient management.



Follow up CT Abdomen plain showed significant resolution of dilatation of small bowel loops after 3 days of conservative therapy.

Dr. Khyati Vadera Morjaria
Consultant Radiology
Wockhardt Hospitals, Rajkot

Rare case of Endometrial stromal sarcoma

A 60-year-old female presented with a h/o surgery (TAH + BSO) in 2017 for? uterine/ ovarian mass (No documents available). Now recently she got pain in the abdomen and fever with chills. On clinical examination a huge lump was palpable in the abdomen. She was investigated for the same - core needle biopsy with IHC was done - s/o endometroid stromal sarcoma and CT scan suggested of - large retroperitoneal mass occupying almost whole right half of the abdomen pushing the right colon with ileum medially, adherent to right ureter, psoas muscle and common iliac vessels. Few paraaortic lymphnodes.

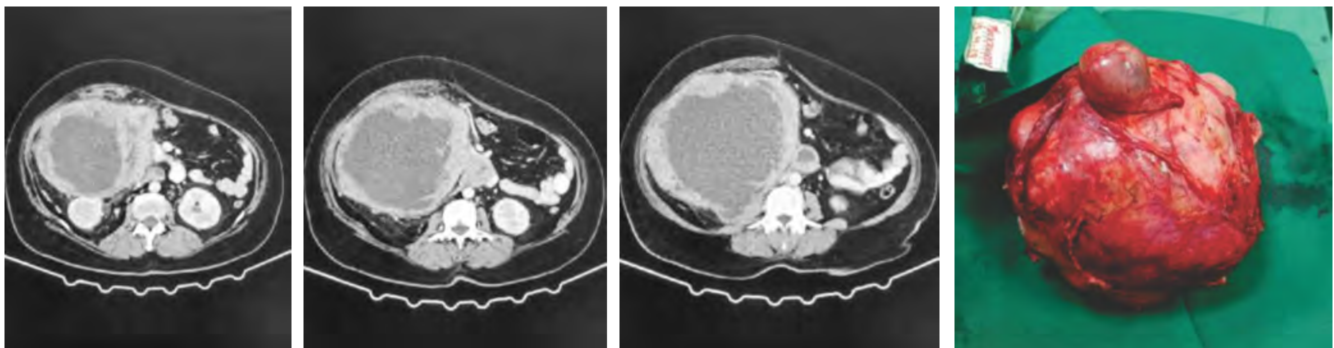
As no documents were available, an attempt was made to search previous histopathology- which turn out to be - leiomyoma of uterus. Hence, she was not advised any sort of adjuvant treatment. Due to disparity of histopathology reports, recent biopsy slides were reviewed which were suggested of the same.

After Tumour board meeting, surgery was planned. Re laparotomy was done and the tumour was excised in totto without capsular breach / tumour spillage preserving all vital structures. Patient was shifted to HDU for post op observation. She was shifted to ward on POD 1. She tolerated diet and mobilised from day 3 and she got discharged on POD 5.

Surgical time - 3.5 hours, blood loss - 200 ml, blood transfusion - nil, intra op complication - nil. Post op complication nil.

Her post op period was uneventful.

Disparity of histopathology, Re-laparotomy for a huge retroperitoneal mass with the proximity to many vital structures makes this surgery technically difficult but for such type of tumour - Surgery remains the Only cure.
With a Good supportive team, meticulous dissection and tremendous amount of patience we had achieved good recovery for this patient



Endometrial stromal sarcoma (ESS) is a rare malignant tumor of the endometrium. This is a case of low-grade ESS presenting as rapid enlargement of a fibroid uterus.

Dr. Prashant Vanzar
Consultant Surgical Oncology
Wockhardt Hospitals, Rajkot

Dr. Himanshu Koyani
Consultant Surgical Oncology
Wockhardt Hospitals, Rajkot

Dr. Imtiyaz Dodhiya
Surgical Oncology Registrar
Wockhardt Hospitals, Rajkot

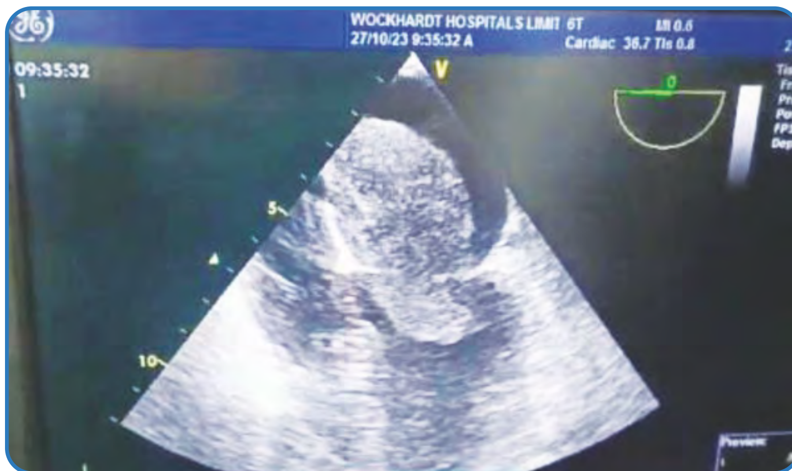
Heart's heavy secret:
Unveiling the enigma of a giant tumor within

A 58-year-old female patient came to super specialty Wockhardt Hospitals, Nagpur, with symptoms of dyspnea on exertion and palpitation for 3 years. She had constitutional symptoms like weight loss and intermittent fever. Her blood investigations were within the normal range except for the ESR and CRP. Both the ESR and CRP were highly elevated. Elevated septic markers gave us an alarming signal for an infective or hidden tumor.

Our senior cardiologist, Dr. Nitin Tiwari, found on transthoracic echocardiography that the patient has a tumor inside her heart (LA MYXOMA). After a preoperative evaluation by senior cardiac anesthesiologist, Dr. Swananad Melag, and expert physician, Dr. Swarup Verma, we decided to go ahead with open heart surgery (LA MYXOMA excision).

The patient underwent LA MYXOMA EXCISION (open heart surgery) the very next day under all aseptic conditions. The post-operative course was uneventful. She got extubated within a few hours and shifted to the ward on day 3. On day 4, she got discharged. Now the patient is on follow-up and doing well. The tumor was sent for histopathological examination to rule out benign vs. malignancy.

Myxomas are rare tumours of the heart usually these are benign and their prevalence is less than 1 % in our population. These tumours are known to cause cardio embolism, stroke, heart failure. Histopathological examination is very crucial in these cases as these tumours have a ferocious side and they can be malignant too.



TTE showing LA MYXOMA

Specimen of LA MYXOMA

Dr. Akshay Singh
Consultant Cardiovascular & Thoracic Surgery
Wockhardt Hospitals, Nagpur

Diabetic hero beats fungal foes: Triumph over infections

A 67-year-old man came to OPD with intolerant headache, left ear pain, bleeding from nose, blackish nasal discharge, loss of vision in left eye. He consulted various hospitals but nothing seemed to help as no one could diagnose his actual ailment. A team led by Dr. Chandraveer Singh and Dr. Sheetal Radia, diagnosed it as Black Fungus and took a nasal biopsy which revealed Mucormycosis with Aspergillosis which are unlikely to be found together at same time.

On CT scan the infection had invaded the nose, skull bone and the left eye. The disease was so terrible that it would have led to loss of body tissue, damage to adjoining vital structure and even threat to his life. Hence, Dr. Chandraveer Singh and Dr. Sheetal Radia immediately after admitting, scheduled Functional Endoscopic Sinus Surgery with Endoscopic Medial Maxillectomy.

The surgery involved removing the engulfing tissue where the cribriform plate of the base of the skull was removed and medial orbit wall was also removed to save the eye. The surgery was successfully performed without any complications and the whole Mucormycosis and Aspergillosis were removed with debris tissue. The patient was discharged from the hospital after 12 days. He has been advised medication at home and follow-ups.

As prevention from this life-threatening infection, he was advised to keep his blood sugar levels under control, and clean nose with alkaline nasal douching. This is again an example of timely management by multi-disciplinary team which has given successful outcome in such life endangering disease. Life wins at Wockhardt.

In this compelling case study, a 67-year-old diabetic man battled a rare and perilous combination of Mucormycosis and Aspergillosis. The successful treatment, marked by a pioneering surgical intervention, not only saved his life but underscores the critical role of a multi-disciplinary approach. This article highlights the significance of timely diagnosis, precise surgical techniques, and post-treatment care in overcoming the complexities of coexisting fungal infections. The patient's journey stands as a testament to the power of collaboration and expertise in the face of life-threatening diseases.

Dr. Chandraveer Singh
Consultant ENT Surgery
Wockhardt Hospitals, North Mumbai

Dr. Sheetal Radia
Consultant ENT Surgery
Wockhardt Hospitals, North Mumbai

The story of two carotids

A 68-year-old male patient presented with complaints of multiple episodes of sudden loss of consciousness for a brief period followed by complete recovery. MR cerebral and neck angiography showed severe stenosis in the left carotid artery, for which confirmatory DSA was done, which showed good flow from the right side carotid. He underwent a left carotid endarterectomy with the complete removal of plaque. Post-operatively, he had some slurring of speech for which an urgent MRI was done but did not show any evidence of stroke, and it was suspected to be due to the subtle handling of the hypoglossal nerve, which eventually recovered over a week's time. He was discharged on day 4. MR neck angiography showed good flow across the carotid vessel.

Another 62-year-old male patient presented with two episodes of sudden clumsiness over his left upper limb, which was persisting, but he was able to carry out his daily activities. Evaluated with an MRI followed by a 4-vessel DSA, which showed severe stenosis in bilateral carotid arteries. A right carotid endarterectomy was done in view of being on the symptomatic side. The post-op patient had left hemiparesis with a small area of infarct on MRI with good flow across the right carotid. The post-op patient did well and was discharged on day 6.

Carotid endarterectomy surgery is done to restore proper blood flow to the brain. Surgery is usually performed for stenosis of more than 70 percent or in symptomatic patients when medical therapy like blood thinners fails. After the plaque is removed, the artery is closed with stitches with additional graft in situ. Carotid angioplasty and stenting is likely to be used when carotid endarterectomy would not be safe.

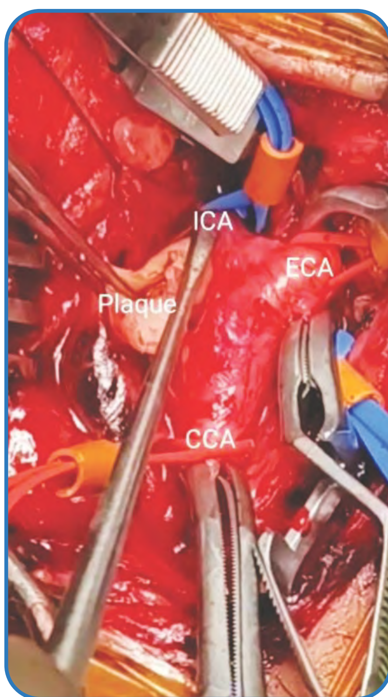


Figure 1 :
Intra op removal of plaque
after opening CCA and ICA

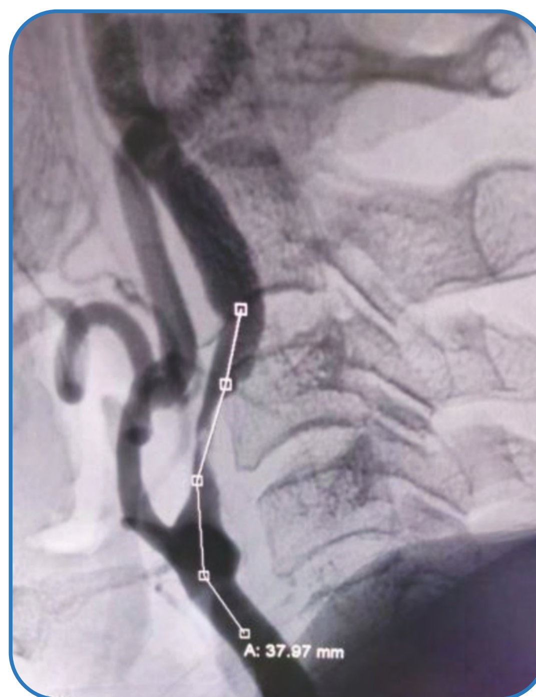


Figure 2 :
Pre op DSA showing
long segment clot formation

Dr. Rahul Zamad
Consultant Brain & Spine Surgeon
Wockhardt Hospitals, Nagpur

A holistic approach to well being for healthcare professionals

In the demanding world of healthcare, where long hours, emotional strain, and relentless exposure to pain and suffering are the norm, healthcare workers face a constant battle to maintain their own physical and mental health. This can lead to burnout, compassion fatigue, and a decline in overall well-being, ultimately affecting their ability to provide compassionate and effective care to their patients.

Enter yoga, an ancient mind-body practice that offers a holistic approach to fostering resilience, managing stress, and enhancing overall health. Yoga's intricate blend of physical postures, breathing techniques, and meditative practices has garnered scientific recognition for its ability to address the multifaceted challenges faced by healthcare workers.

Reconnecting and reducing stress

The demanding nature of healthcare can leave workers feeling perpetually on edge, with stress hormones like cortisol constantly elevated. Yoga's deep breathing exercises and mindful movements effectively activate the parasympathetic nervous system, promoting a state of deep relaxation and reducing stress levels. This allows healthcare workers to unwind, let go of tension, and reconnect with their inner selves.

Enhancing sleep: an essential part of overall health

Healthcare workers often struggle with disrupted sleep patterns due to the intense demands of their work. Yoga's calming effects and emphasis on breathing techniques can significantly improve sleep quality, allowing workers to rest and recharge, essential for optimal functioning.

Enhancing physical fitness and preventing injuries

The repetitive and physically demanding nature of healthcare can lead to injuries, especially in the musculoskeletal system. Yoga postures, with their emphasis on flexibility, strength, and balance, work to strengthen the core muscles, improve posture, and enhance range of motion.

Improving concentration and mental acuity

The fast-paced and emotionally charged environment of healthcare can cloud judgment and make it difficult for workers to maintain focus. Yoga's meditative aspects cultivate mindfulness, concentration, and emotional regulation, enabling workers to stay present and engaged amidst demanding work conditions.

Gaining self-awareness and empathy

In the midst of caring for others, healthcare workers often overlook their own needs. Yoga encourages introspection and self-care, fostering a deeper understanding of personal limitations and emotional well-being. This self-awareness allows workers to develop compassion for themselves, recognizing the impact of their demanding profession on their mental and physical health.

How to fit yoga into your busy schedule

- Start with just 5-10 minutes of yoga each day and gradually increase the duration as you become more comfortable.
- Attend iyengar yoga classes or find guided online sessions that fit your schedule and preferences.
- Create a designated practice space at home or work that is quiet and comfortable.
- Listen to your body and modify poses as needed to avoid injury.
- Combine yoga with other stress management techniques, such as meditation and deep breathing exercises.

A route towards everlasting well-being

Iyengar Yoga, with its profound impact on physical and mental well-being, offers healthcare workers a valuable tool for navigating the challenges of their profession. By incorporating yoga into them lives, healthcare professionals can cultivate resilience, manage stress, and improve their overall health. As a healthcare worker I have embrace Iyengar yoga and recommend to everyone to incorporate this in their daily routine.

Dr. Mahavir Gajani
Head Medical Service - South Mumbai
Group Medical Talent Acqusition
Wockhardt Hospitals

Wockhardt Hospitals Unveils Cutting-Edge Stryker Mako Smart Robotics™ System on World Arthritis Day

(This cutting-edge robot is the newest technology designed to handle knee, hip, and partial knee replacements, and it holds the distinction of being the first of its kind in South Mumbai.)

Marking World Arthritis Day, Wockhardt Hospitals, Mumbai Central, is proud to announce the clinical debut of the cutting-edge Robotic Arm-assisted System. This groundbreaking technology promises to redefine the standards of precision and patient care in the realm of knee and hip replacement surgery.

Wockhardt Hospitals in South Mumbai proudly introduces the Stryker Mako Robot, a cutting-edge technology for hip and knee replacements, making them the exclusive provider in the region. What sets the Mako Robot apart are its three key benefits: precision, as it uses CT images for detailed joint planning; safety, offering surgeons high control and safety through haptic feedback; and faster recovery, thanks to a surgical technique that minimizes impact on muscles and tissues. This innovative addition aims to enhance patient care and outcomes at Wockhardt Hospitals.

The inaugural procedures employing the Stryker Mako system have witnessed success under Dr. Dermot Collopy, Consultant at St John of God Private Hospital, Perth, Australia was present to train surgeons fora seamless deployment of this cutting-edge system at Wockhardt Hospitals, Mumbai central. Dr. Collopy along with our surgeons performed joint replacement surgeries for two patients with Mako Robotic arm-assisted surgery system for the first time in South Mumbai.

The Mako Smart RoboticsTM is known for its safety and precision in knee and hip replacement surgery, ensuring precise bone cuts while preserving healthy bone and soft tissue. Studies have shown patients experience less post-operative pain, faster recovery, shorter hospital stays, minimal blood loss, and smaller scars, making it a top choice for orthopedic procedures across the world. A key feature includes its Accustoptm haptic feedback technology which ensures the surgeon remains within the virtual boundaries created thus allowing most accurate bone cuts , positioning of implants and soft tissue preservation.

With a largest global install base with over 1500+ systems worldwide, over 1 million successful procedures worldwide and more than 350 peer review publication the Mako Robotic Arm-assisted surgery System is one of the world leader in hard tissue robotics. Wockhardt Hospitals, Mumbai Central, takes pride in leading the charge by introducing this transformative technology to South Bombay, reaffirming its unwavering commitment to delivering top-tier care and innovation to its patients

Commending the introduction of Mako Robotic-Arm, **Zahabiya Khorakiwala, Managing Director of Wockhardt Hospitals,** said, "This step underscores our commitment to continuously improve patient outcomes through introduction of cutting-edge technology. Along with our highly skilled surgical team and comprehensive post-operative & rehab care capabilities, the Mako Robotic-Arm assisted technology enables Wockhardt Hospitals, Mumbai Central to bring the best healthcare to its patients and truly become the centre of excellence in Bone & Joint care. "

With this clinical launch, Wockhardt Hospitals, Mumbai Central aims to perform most of knee and joint surgeries using the world-class Stryker Mako robotic arm-assisted surgical system.

Every knee is not the same ! Surgeon Experience aided by technology with 'Mako Smart Robotics' creates an excellent blend of technology and surgical experience to achieve unparalleled Accuracy and Precision ensuring the best personalised outcome for each and every patient based on their native anatomy ! Life wins

Dr. Mudit Khanna
Consultant Orthopaedic &
Joint Replacement Surgery
Wockhardt Hospitals, South Mumbai

MAKO Smart Robot by Stryker is definitely the best in class robot for Knee and Hip Joint Replacement surgeriesIt's Accuracy and Precision is making patients recover faster . I am absolutely loving it.I would definitely recommend it to all my patients

Dr. Chirag Borana
Consultant Orthopaedic &
Joint Replacement Surgery
Wockhardt Hospitals, South Mumbai

Charting new waters: Navigating pregnancy with a unique twist - A remarkable story

A 26-year-old patient a known case of portal hypertension due to EHPVO (extra-hepatic portal vein obstruction) diagnosed during her first pregnancy. In her first pregnancy at 7 months of amenorrhea, she had an episode of severe hematemesis, and an emergency upper GI scopy was done and sclerotherapy was done. After 24 hours of that, the patient had preterm labor pains, and delivered a female stillborn. Because of her condition, all private practitioners' were advising her not to conceive. Finally, the patient came to Wockhardt Hospital, Rajkot.

Dr. PrafulKamani evaluated her, and the patient and relatives were explained that with close monitoring, the patient could conceive.

The patient conceived naturally, and from conception to full-term pregnancy, monitoring by Dr. Praful Kamani and Dr. JignaGanatara was done. The patient had complaints of gastritis during pregnancy, and antacids were given. Fetal growth was monitored. Pregnancy was pulled on till full term. The patient and relatives stayed in Rajkot after 34 weeks of pregnancy were completed.

At 37 weeks, a lower segment cesarean section was planned in view of IUGR and oligohydroamnios. As the patient's platelet count was 64,000, one unit of single donor platelets was given as per INR of 1.4, and four units of fresh frozen plasma were given. The lower segment of the cesarean section was done by Dr. Jigna Ganatara. A male live child weighing 2.4 kg was delivered. intra-abdominal drain was kept. The patient was given 1 unit of RCC (red cell concentrate) as her Hb was low.

Mother and child were both good postoperatively. The patient was discharged on the 4th postoperative day. A follow-up upper GI scopy was done on August 8, 2023, by Dr. Praful Kamani. The oesophagus was showing a large esophageal varix with F2, a fundal varix with mild portal hypertensive gastropathy. The stomach showed nodular varix at the fundas. EVL done. The patient was advised to repeat the upper GI scopy after one year.

Extra-hepatic portal vein obstruction (EHPVO) is a common cause of portal hypertension in developing countries.

The main risk for pregnant women with this condition is variceal bleeding, which may be life-threatening. Women with EPHVO who have been diagnosed and treated prenatally have a good pregnancy outcome. They should be managed in a tertiary care center with a multidisciplinary approach.

Variceal bleeding during pregnancy coincides with unfavorable outcomes. Although endoscopic obliteration of varices is a safe and effective method for antenatal management of varices in women, prenatal obliteration results in less morbidity. On rare occasions, obliterated varices bleed in subsequent pregnancies. Therefore, pre-conceptional evaluation of the state of varices prior to each pregnancy and their ligation are important aspects of counseling. A successful fetomaternal outcome is achievable with multidisciplinary backup in tertiary care centers.

Dr. Jigna Ganatra
Consultant Obstetrician & Gynecology
Wockhardt Hospitals, Rajkot

Dr. Praful Kamani
Consultant Gastroenterology
Wockhardt Hospitals, Rajkot

Importance of technology in detecting and preventing medication errors in a hospital setting

According to the National Coordinating Council for Medication Error Reporting and Prevention, a medication error is defined as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer”. Medication errors can occur throughout the medication-use system, such as, when prescribing a drug, upon transcribing the consultant's order on the treatment sheet or into a computer system at the time of discharge summary preparation, indenting or when the drug is being prepared, diluted, dispensed, or administered.

The global cost associated with medication errors has been estimated at US$42 billion annually. Medication errors happen due to systemic issues and/or human factors such as fatigue, poor environmental conditions or staff shortages which affect the entire medication management process. These errors can result in death, life-threatening situations, hospitalization, disability, and birth defects.

The significance of identifying and avoiding medication errors in a hospital background is decisive for several reasons, as these errors can have serious effects on patients and the overall healthcare system.

Medication errors data from January 2023 to August 2023. 78 % are of category B. NCC MERP (National Coordinating Council for Medication Error Reporting and Prevention) defines category B error as an error which occurred but the error did not reach the patient.

The primary concern is the safety of the patients; it can lead to adverse drug events, causing harm to patients or even fatalities. Moreover, healthcare providers and institutions can face legal consequences. Patients or their families may file lawsuits, leading to financial losses and damage to the reputation of the hospital. Prevention measures help mitigates legal and financial risks. Extended hospital stays, increased use of healthcare resources, and additional treatments to address the effects of the errors. Stopping these inaccuracies helps optimize resource utilization and improve the efficiency of healthcare delivery. Medication errors can erode patient trust in the healthcare system. By demonstrating a commitment to patient safety through effective error detection and prevention measures, hospitals can build and maintain the trust and confidence of their patients.

The integration of technology, such as electronic patient records and barcode medication dispensing and administration systems, can significantly reduce medication errors. Adopting and leveraging these technological advances in healthcare can enhance the accuracy and safety of medication management. Medication reconciliation, prescription appropriateness review, indent audit, checking drug–drug or drug-food interactions, and discharge summary audit are some of the necessary steps in reducing medication errors such as the commission/omission of drug and therapeutic duplication. The identification and analysis of medication error data through Five-whys, Ishikawa diagram, Pareto analysis and flow charts; setting benchmarks provides valuable statistics for continuous quality improvement initiatives. Reporting sets up a process so that errors and near misses can be communicated to key stakeholders. Once data is compiled, we can then evaluate causes, revise, and create processes to reduce the risk of errors. Learning from errors allows healthcare organizations to implement changes in processes, policies, and training to prevent similar errors in the future.

To sum up, by detecting and preventing medication errors, healthcare providers can significantly reduce the risk of patient harm. The value of identifying and preventing medication errors in a hospital setting extends beyond individual patient safety to encompass legal, financial, and reputational considerations. Implementing robust systems and processes to minimize medication errors is a fundamental aspect of providing high-quality healthcare.

Ms. Nazia Mirza
Clinical Pharmacist
Wockhardt Hospitals, South Mumbai

Leg pain to life saver: Unravelling DVT-PE in youth.

History of the patient before arrival at Wockhardt Emergency: 22-year young female, IT professional, presented with left leg pain with swelling since 3 days and on evaluation was diagnosed to have anaemia and deep vein thrombosis of left lower leg and received blood transfusion and anticoagulants for same. Subsequently next afternoon, patient developed out of proportion breathlessness with fall in oxygen saturation. On further emergent evaluation with advanced cardiac imaging including echocardiography and CT pulmonary angiography, she was found to have acute massive pulmonary thromboembolism, severe pulmonary hypertension and compromised RV function.

Patient arrived at Wockhardt Hospitals, Mira Road for further management. On evaluation the patient had oxygen saturation of 65% on room air. The patient underwent successful complex Pulmonary Embolism Intervention by Dr. Ashish Mishra in the form of 1) Mechanical Thrombectomy and adjunct 2) CDT- Catheter Directed Thrombolysis with Alteplase over 18 hours with aided non-invasive ventilation under local anaesthesia. After 12 hours of intervention, CT pulmonary angiography showed partial recanalization of segmental and subsegmental branches on of right and left pulmonary arteries. The respiratory distress recovered, and patient was free from any supplemental oxygen after 48 hours of intervention. The patient underwent successful implantation of IVC filter as a next part of DVT-PE intervention to prevent further pulmonary thromboembolism. The patient was simultaneously worked for etiological consideration and was diagnosed to have rare Anti-Phospholipid Syndrome (APS). The patient was discharged in clinically improved condition with oral anticoagulation and supportive therapy.

Given the multifactorial etiology of DVT-PE, a detailed multi-disciplinary work-up helped to undermine rare APS in our case. Emergent implementation of sequential pulmonary embolism intervention strategies helped to save the life of a patient at Wockhardt hospitals, Mira road. **LIFE WINS at WOCKHARDT.**

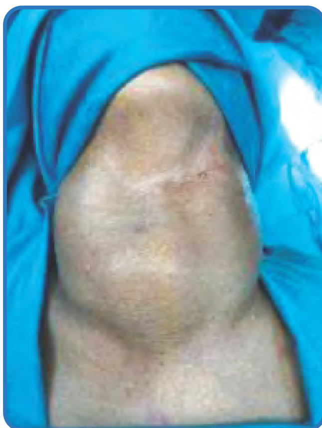
Antiphospholipid syndrome APS is an autoimmune disorder wherein the immune system mistakenly attacks blood proteins (phospholipids) with antibodies which causes blood clots in arteries and/or veins of various organs

Dr. Ashish Mishra
Consultant Interventional Cardiology
Wockhardt Hospitals,
North Mumbai

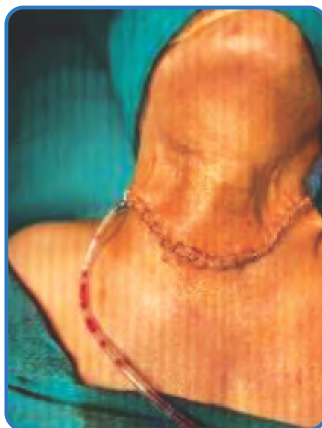
Navigating a massive multinodular goiter amidst a tapestry of comorbid challenges

A 70-year-old female patient a known case HTN, DM, hyperthyroidism, and IHD, post-CABG, presented with c/o hugely enlarged thyroid gland for the last 25–30 years. She recently developed difficulties during swallowing for solids and hoarseness of voice. She was evaluated for thyroid; the FNAC was suggestive of nodular goiter. CECT neck suggestive of large bilateral thyroid gland enlargement with displacement of trachea. After a thorough pre-op evaluation by the cardiologist, physician, and anaesthesia team, she underwent a total thyroidectomy. Total intra-op blood loss was less than 50 cc, and the intra-op and post-op courses were uneventful. She was discharged on the 4th post-op day without any complications like bleeding, hoarseness of voice, or hypocalcaemia.

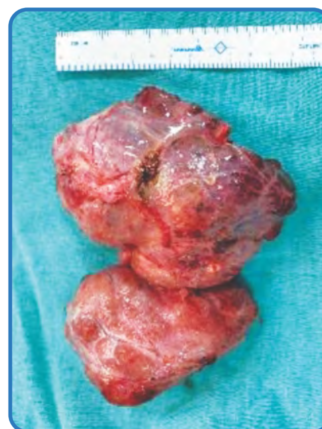
Long standing huge thyroid multinodular goitres are at risk of tracheomalacia, post-op serious complications of hypocalcaemia and bleeding. This particular patient was managed by a team effort of OT staff, anaesthesia team, physicians, cardiologist and surgeons with excellent post-op recovery.

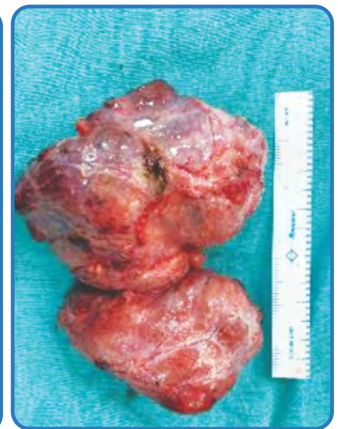


Pre-Operative



Post-operative





Specimen

Dr. Ramakant Tayade
Sr. Surgical Oncologist
Wockhardt Cancer Institute
Nagpur

Did you know

- **More germs are transferred by shaking hands than by kissing.**
- **Lack of sleep can kill someone sooner than starvation.**
- **Veins, which carry blood to the heart, have one-way valves that ensure blood flows in only one direction.**
- **Your body produces enough heat in 30 minutes to boil half a gallon of water.**
- **The human brain operates on 12 to 25 watts of power. This can power a small LED bulb. And yet, the brain is 80% water!**

Dr. Prashant Mehta
Head Medical Services
Wockhardt Hospitals
Rajkot

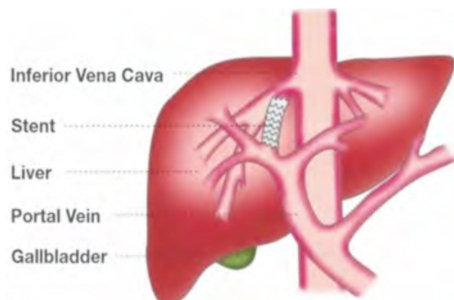
Precise victory: Conquering budd-chiari syndrome - One brave journey

A 26-year-old male presented with a two-month history of abdominal pain, ascites, and jaundice. Gradual onset of discomfort, distention, and skin discoloration prompted comprehensive diagnostic evaluations, including laboratory tests and imaging studies. The imaging revealed complete hepatic vein blockage, confirming the diagnosis of Budd-Chiari Syndrome.

Considering the severity of the condition, the patient underwent a DIPS procedure under fluoroscopic guidance. The shunt, created within the liver parenchyma, successfully bypassed the obstructed hepatic veins using a covered stent. The procedural success marked the beginning of the patient's transformative journey toward recovery.

Following the DIPS procedure, the patient received meticulous medical management from the Gastroenterologist Dr Pratik Tibdewal. Anticoagulation therapy was initiated to prevent further thrombosis, while diuretics effectively managed ascites. Regular monitoring of liver function tests and coagulation profiles ensured a comprehensive understanding of the patient's progress.

The DIPS procedure proved to be a turning point in the patient's journey, leading to a significant improvement in symptoms. Abdominal pain resolved, and ascites and jaundice gradually abated. With stable liver function tests, the patient resumed normal activities under close follow-up. This case highlights the efficacy of DIPS in managing Budd-Chiari Syndrome and underscores the importance of a multidisciplinary approach in treating complex hepatic conditions.



DIPS procedure involves intravascular ultrasound-guided puncture from the inferior vena cava to the portal vein through the caudate lobe of the liver.

Budd-Chiari syndrome is a condition in which the outflow of blood from liver is obstructed. The obstruction can be due to clotting in smaller veins (hepatic veins) or larger vein (inferior vena cava). The stagnant blood in the liver causes liver cell damage.

Dr. Ravi Manek
Consultant Interventional Radiology
Wockhardt Hospitals, North Mumbai

Dr. Pratik Tibdewal
Consultant Gastroenterology
Wockhardt Hospitals, North Mumbai

Lifesaving vascular rescue: Beating rare DVT with innovative leg intervention.

A case of a 59-year-old woman with a seemingly routine presentation of left lower limb deep vein thrombosis (DVT) in the background of a rare congenital anomaly—duplication of the Inferior Vena Cava (IVC). The patient's condition rapidly escalated to a limb threatening condition necessitating a complex DVT intervention. The rarity of IVC duplication, coupled with the urgency of the clinical situation, made it a complex case to treat.

A 59-year-old woman, noticed progressive swelling at left calf and feet for last 3 days. For above symptoms, she was hospitalized and evaluated at a local hospital and found to have left lower limb DVT with involvement upto iliac veins. The limb swelling progressed relentlessly over next 2 days despite management with anticoagulation and supportive therapy. The patient underwent CT lowerlimb venography for further evaluation which revealed rare congenital anomaly of duplication of IVC with critical stenosis at the junction of left IVC and right IVC and extension of thrombosis upto hepatic portion of IVC.

The patient was referred to Wockhardt Hospitals, Mira Road for further management. The swelling at left leg had extended till left groin with involvement of abdominal wall and threatened viability of left leg due to early compartment syndrome. The patient underwent successful complex DVT intervention by Dr. Ashish Mishra in the form of 1) Mechanical Thrombectomy and 2) PTA-Percutaneous Transluminal Angioplasty with adjunct 3) CDT-Catheter Directed Thrombolysis with Alteplase over 36 hours. After intervention, check venogram showed partial recanalization of veins of left leg and left kidney and left IVC with mild residual stenosis at the junction of left IVC and right IVC. The swelling over left lower limb resolved more than 50% over next 3 days and patient was discharged on oral anticoagulation and supportive therapy.

Prompt implementation of apt sequential DVT intervention strategies by Dr. Ashish Mishra aided by great support from Dr. Kedareshwar Pote helped to avoid potential limb loss secondary to compartment syndrome, massive pulmonary embolism and pronounced post-thrombotic syndrome in our patient at Wockhardt Hospitals, Mira Road. **LIFE WINS at WOCKHARDT.**

Duplication of IVC is a congenital anomaly with an incidence of 0.1% to 3.5% among general population. The correct diagnosis is important for retroperitoneal surgeries and venous interventions. DVT of the lower extremities and PE are possible clinical manifestations, and the prevalence of IVC thrombosis ranges from 60% to 80% among patients with congenital IVC anomalies. Recognition of congenital IVC anomalies is vital not only for accurate diagnosis but also for guiding successful intervention and preventing catastrophic outcomes.

Dr. Ashish Mishra
Consultant Interventional Cardiology
Wockhardt Hospitals,
North Mumbai

Carbon Footprint.

We've all heard of a carbon footprint – but it's not just about flying. Did you know your food could actually be the biggest source of carbon in your daily life?

A carbon footprint of food refers to the amount of greenhouse gases (GHG) created from its production, processing, transportation and use to its destruction or wastage, mainly carbon dioxide (CO2), methane and nitrous oxide. These gases can trap heat in our atmosphere, which causes global warming.

Each stage of processing will have a different impact on a food's carbon footprint:

1. Production – the fertilizers, pesticides, animal feed, water and other materials (like electricity) used to grow or raise food
2. Processing – harvesting crops and dispatching animals, or the energy used in creating secondary foods such as dairy products
3. Transportation – this includes from farms to processing plants, then on to retail units and finally from the shops to your home
4. Storage and cooking – the electricity involved in refrigerating and then cooking the food you've bought
5. Waste – this is both the food you throw away and unsold food disposed of by retailers

By learning which foods have the largest and smallest carbon footprints, you can help reduce your individual carbon footprint overall! An overwhelming amount of evidence now shows that beef, lamb and animal products like dairy generate the largest amount of food-related GHG. This is because both cows and sheep need a lot of animal feed, plus they experience 'enteric fermentation'– their stomachs break down food to produce methane.

Foods with the lowest GHG emissions are plants, vegetables and lentils but how these crops are produced can create a huge variation in their carbon footprint. Buying in season strawberries from a local shop will have very low emissions – and so a smaller carbon footprint – but buying out-of-season strawberries will have a larger carbon footprint due to the energy and fertilizers needed to produce them. India's dietary carbon footprint is 1.6 to 1.8 times lower than the EAT-Lancet recommendations that suggest a diet rich in plant-based foods and with fewer animal source foods for both improved health and environmental benefits.

There are plenty of ways to reduce your food carbon footprint.

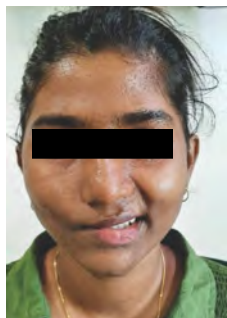
1) Take control of the food you eat and base your meals on natural foods such as vegetables, fruits, whole-grains, beans and lentils with a little meat and fish.
2) Use a shopping list to avoid those impulse purchases.
3) Check the label – a long list of ingredients generally means a heavily processed item with a high carbon footprint.
4) Frozen food has the highest carbon footprint, followed by canned, plastic, glass, then cardboard. Avoid products that use lots of packaging.
5) Save your leftovers and create a new meal with them.
6) Plan your meals ahead to reduce wastage.
7) Discover the simple pleasures of preparing and eating your own meals.

Going forward, remember to ask yourself where your food comes from and what processes were involved in producing it. The answer could cut your carbon footprint and help protect our planet!

Ms. Riya Desai
Senior Dietitian
Wockhardt Hospitals,
North Mumbai

Smile revival: Botulinum toxin rescues from nerve paralysis imbalance

A story of a 25-year-old young female with asymmetry of the face post her surgery 2 years back. This made her feel self-conscious and socially withdrawn. She felt that her facial condition was affecting her self-confidence and hampering her professional growth. Here is a story how the new technique helped us help her in gaining her self esteem and confidence without a surgical intervention; which changed her life completely.

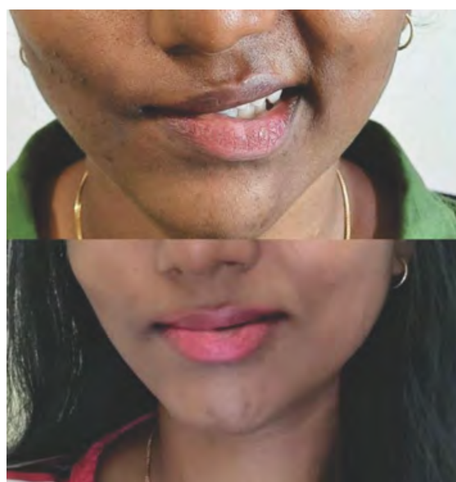


A 25-year-old young female was seen by me recently in the outpatient department. She had been operated for a right sided Acoustic Neuroma 2 years back following which she suffered with right sided unilateral facial paralysis. She underwent another surgery after 6 months in form of Nerve transfer- Nerve to Masseter was co-apted with the facial nerve. She did have some recovery. Oral incompetence was corrected and she was being able to eat and speak properly. However, she suffered with asymmetry of the face which was mild at rest and exaggerated with animation. She was having Grade 3 dysfunction according to the House-Brackmann facial palsy grading system.

This made her feel self-conscious and socially withdrawn. As her profession required her to be interacting regularly with clients, she felt that her facial condition was affecting her self-confidence and hampering her professional growth.

Although she was presented with the option of undergoing another surgery in form of free functional muscle transfer, she was not willing to undergo another major surgery with a long recovery period.

We therefore decided on using botulinum toxin on the healthy contralateral aspect of the face to balance the excessive pull of facial muscles and thereby restoring her facial symmetry. The challenge in this case was to titre the botulinum dose to just the right amount that would be required to balance her face and not further exaggerate her asymmetry or give her a frozen look.



An outpatient procedure was performed during which 25 units of Botulinum toxin were injected at various points in the depressor anguli oris and the orbicularis oris muscle of the healthy side (left side in this case). The procedure was done under topical anaesthesia.

The patient was then reassessed after 7 days. She was showing improvement in the facial symmetry, specially with her lower lip. The upper lip was still retracting more when she smiled. Another 10 units of Botulinum toxin were then administered at various points in the orbicularis oris muscle under topical Anesthesia. After 1 month of initial treatment, patient has achieved her goal of a symmetrical and beautiful smile. She has been counselled regarding regular follow-up which will be required for maintenance of her results.

The application of botulinum toxin to the healthy side of the face in patients with long-standing facial paralysis has been shown to be a minimally invasive technique that improves facial symmetry at rest and during facial motion.

Dr. Sheetal Goyal
Consultant Neurology
Wockhardt Hospitals,
South Mumbai

Why Clinical pharmacist is important in hospital and health care settings?

Over the last few years, the clinical pharmacy has significantly expanded its professional offerings. The clinical pharmacist has evolved into an important member of the health care team, promoting patient care and reducing medication errors via interactions with physicians and patients. Medication errors are ubiquitous and is one of the most common medical mistakes. In India 7000 deaths from medication errors occur in hospitals every year as per Indian journal of pharmacology

Clinical pharmacist acts as a bridge between nursing staff, doctors, registered medical officers, Intensivist, pharmacist and patients which provides the best knowledge regarding the drug in its expertise to prevent any medication errors. They can collaborate closely with doctors, medical experts and patients to make sure that drugs that are recommended for patient is best suitable for patient's health and ensures safe and effective use of medications.

Clinical pharmacist give advice related to cause of preventable mistakes that can cause patient harm, concentration of the drugs to be administered to the patient; especially high risk drugs like chemo admixtures. Chemo drugs are very toxic they required to administer in proper manner under observation of clinical pharmacist.

Clinical pharmacist act as a guide to the physicians from selection of choice of drug, to patient counselling, to prescribing, transcribing, preparation, dispensing, and administration and after administration monitoring for any adverse events and reporting.

Clinical pharmacist performs an appropriateness review that includes:

A. The appropriateness of the drug, dose, frequency, and route of administration
B. therapeutic duplication
C. Real or potential allergies or sensitivities
D. Real or potential interactions between the medication &other medications or food
E. Variation from hospital criteria for use
F. Patient's weight and other physiological information
G. Other contraindications

Ms. Kinjal Pitroda
Senior Clinical pharmacist
Wockhardt Hospital, Rajkot

New Consultants who joined The Wockhardt Family

NAME	DESIGNATION	UNIT
Dr. Nikhil Bhasin	Consultant Nephrology	South Mumbai
Dr. Tehsin Petiwala	Consultant Gastroenterology	South Mumbai
Dr. Rituja Ugalmugale	Consultant Internal Medicine	South Mumbai
Dr. Taher Shaikh	Consultant GI AND HPB Surgeory	South Mumbai
Dr. Devendra Deshmukh	Consultant Anesthesia	North Mumbai
Dr. Jamal Ahmed	Associate Consultant- Critical Care	North Mumbai
Dr. Shailendra Shiravadkar	Intensivist	North Mumbai
Dr. Vaijayanthi Nair	Intensivist	North Mumbai
Dr. Akshay Singh	Consultant CVTS	Nagpur
Dr. Ashwini Tayade	Consultant Infectious Diseases	Nagpur
Dr. Vishal Gajbhiye	Consultant Radiology	Nagpur
Dr. Ankur Mishra	Consultant General Surgery	Nagpur
Dr. Jigar Jadeja	Consultant Neuro Surgery	Rajkot
Dr. Prashant Vanzar	Consultant Surgeon Oncologist	Rajkot
Dr. Himanshu Koyani	Consultant Surgeon Oncologist	Rajkot
Dr. Nikunj Vacchani	Consultant Anesthetist	Rajkot

How to use the International Patient Safety Goals (IPSG) effectively:

The IPSGs were first introduced by the Joint Commission International (JCI) in 2006. These patient-centered goals aim to promote specific improvements in patient safety by emphasizing six important issue areas. The six IPSGs are updated regularly, most recently in 2017. By focusing on these six critical areas and incorporating them into their daily practices, healthcare practitioners may enhance both patient safety and results.

The following are the IPSGs:
Goal 1: Correctly identify patients - the goal is twofold:

- Confirm the patient's identification before providing the service or treatment.
- Match the service or treatment to that specific patient.

Use at least two identifiers-the patient's name, date of birth, UHID number, or a barcoded wristband-before any procedure, surgery, medication administration, dispensing of medication, or any other situation. Criteria such as room number or location should not be used. In case the patient's name is not known, they can be named Unknown 1, 2, 3, and so on, and the UHID should be generated.

Goal 2: Improve Effective Communication: Effective communication is critical for reducing errors and enhancing patient safety. It must be timely, accurate, complete, unambiguous, and well-understood. This type of effective communication system should be built both between healthcare providers and patients as well as among healthcare providers. This is why, except in life-threatening situations, verbal orders should be prohibited. Furthermore, it is recommended that verbal and telephone orders be written down and read back by the receiver before being validated by the one delivering the information.

Goal 3: Improve the Safety of High-Alert Medications While all medications can be dangerous when used inappropriately, high-alert medications like investigational medications, controlled medications, chemotherapy drugs, anticoagulants, psychotherapeutic medications, and look-alike/sound-alike (LASA) medications have a heavier risk of serious harm when they are used in error. To reduce the risk, adequate safety processes should be in place regarding the dispensing, storage, documentation, administration, and monitoring of such high-risk medications.

Goal 4: Ensure Safe Surgery: Surgeries are often performed at the wrong site, wrong procedure or on the wrong person, leading to adverse events. Multiple strategies and processes need to be instituted to ensure that surgeries are performed safely by identifying the correct patient, correct procedure and correct Site - like using a surgical safety checklist, marking the site, and ensuring that all necessary equipment and supplies are available, correct, and functional.

Goal 5: Reduce the Risk of Health Care-Associated Infections: Healthcare-associated infections (HAI) are those acquired by a patient in the healthcare setting itself while undergoing treatment. Effective infection prevention and control practices like evidence-based hand hygiene guidelines (including washing and disinfection), environmental cleaning, and appropriate use of personal protective equipment should be adopted and implemented across all personnel.

Goal 6: Reduce the Risk of Patient Harm Resulting from Falls: Patients can slip, trip, or fall in both inpatient and outpatient settings, leading to injuries. It is important to assess the risk of falls, especially in children and elderly patients. Appropriate precautions have to be implemented to reduce the risk of such falls, like keeping the bed rails upright, using strap belts while transporting the patients in a wheelchair, placing a fall caution board while mopping, and using other patient care equipment.

Mr. Ranjith Krishnan R
Group Head - Quality Management
Wockhardt Hospitals

Few simple approaches of patient safety

- A safe and clean environment: No wet floors or water spills on the floor, it can prevent fall of the patients (or relatives), which is emerging as a major patient safety issue.
- Provision of running water and soap for hand washing closer to patient wards can reduce infections.
- Simplify and standardise the treatment.
- Regular in-service training in patient safety.
- Involve patients in their own care.
- A culture of reporting - Discussing and learning from mistakes needs to be developed at facilities.

Mr. Ranjith Krishnan R
Group Head - Quality Management
Wockhardt Hospitals

How accreditation enhances processes that in turn improve patient safety-Health Care Admin View

Hospital Accreditation is a voluntary external peer review that hospital choose to undergo to demonstrate their commitment towards the quality of care they deliver. In the process of getting accredited by different bodies, hospital itself undergo self-assessment therefore identifying and improving its structure, processes and outcomes.

Quality Framework & Performance measurement for Hospital: Accreditation promotes hospitals to work on the structure, process and outcomes keeping in mind the established benchmarks in the industry. The guiding accreditation standards focuses on various aspects including Patient education, patient identification, infection control, risk assessment etc.

Hospital identifies the performance matrices and analyze the data. The intent of it is to monitor the deviation and implement corrective and preventive action, thus improving patient safety.

Promotes a Culture of Safety: Proactively identifying potential hazards & implementing preventive measures reduces the adverse events and foster a safe environment. Culture of safety encourages open and effective communication, reporting of incidents of any nature without any fear of being punished.

External Validation & Regulatory Compliance: Accreditation by a National or International body shows the commitment of the hospital towards patient safety and quality care to the patients, payers and community. It also helps the hospital to align itself with the regulatory compliances necessary as per the law of land.

Continuous Learning & Improvement : Accreditation promotes hospital to invest on continuous training and re-training of all categories of staff so that they are up to date on the latest evidence based practices and are equipped to provide safe and high quality care.

Improves Patient Outcome: The ultimate result of accreditation is the improved patient outcomes, may be in term of proactive attendance of their pain and ailments, comprehensive care by qualified and experienced health care workers fostering trust, their inclusion in treatment, prevention of hospital acquired infection to their reduced length of stay and so forth.

Accreditation has a positive psychological impact on society. It simply means TRUST. So it all becomes more meaningful for the hospital to become more TRUSTWORTHY.

Dr. Sushil Kumar
Head Medical Services
Wockhardt Hospitals,
North Mumbai

Patient Safety Inauguration 2023

Wockhardt Hospitals has celebrated "Patient Safety Week" across all its facilities at Mumbai Central (South Mumbai), Mira Road (North Mumbai) & Nagpur & 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 "Engaging patients for patient safety".

We at Wockhardt Hospitals understand importance of patient safety, and so we included 11 ke focus areas including credentialing & primary source verification in our this year's Patient safety week celebrations across all our group hospitals. The program was inaugurated by Dr Clive Fernandes and Mr. Amiya Sahoo, Dr Clive in his address emphasised on the need for every associate to practice all our defined patient safety protocols 365*24*7.

Wockhardt hospitals have covered many topics including credentialing & primary source verification, Hand hygiene and bundle compliance, needle stick injury, patient safety goals, radiation safety, fire safety, Hazmat safety, surgical safety, Emergency codes.

Safety is everyone everyone's responsibility
I am a patient Safety Champion
This is worn by every associates including consultants 365*24*7. It helps to reinforce our commitment towards patient safety

Patient Safety Week Quiz competition winners

Dr. Parag Rindani

Mr. Rajneesh Sharma

Dr. Hema Babar

Ms. Sonali Shah

Patient Safety Week Best Slogan's

Dr. Virendra Chauhan, SOBO

Mr. Rajneesh Sharma, BKC

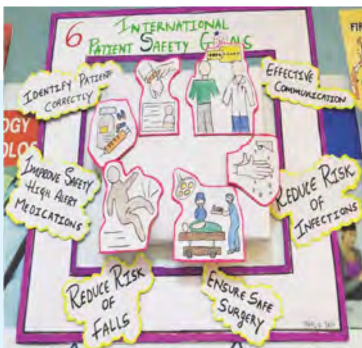
Ms. Amith Karkera, SOBO

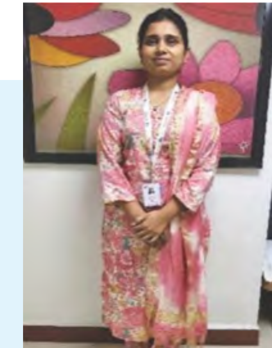
Dr. Mitesh Bhuva, Rajkot

Ms. Jessica Fernandes, NOBO

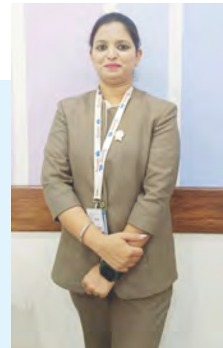
Dr. Rebeka Kandula, Nagpur

Poster Competition – Group level winner




Ms. Deepti Shelokar, Nagpur

The Best Logo on Patient safety



Ms. Deepti, Nagpur

Wockhardt Hospitals

Group Meet on Operational Excellence & Customer Delight

Wockhardt Group Hospitals conducted a 3-day workshop on operational excellence and customer delight 17th - 19th July 2023. The meeting was attended by heads of medical administration, general administration, and nursing from all our units. During the 3 days, there were multiple sessions all focused on how we will improve our operational efficiencies and focus on giving each of our patients a personalized experience for all our services. We had an excellent session on hyperpersonalization, grooming, and soft skills by the external faculty, Ms. Deepika Wad.

Navaratri Mahotsav Celebrations

Navaratri 2023 was a vibrant celebration, marked by colorful decorations and enthusiastic participation. Our team came together to honor the diverse traditions associated with this auspicious festival. The office resonated with the beats of traditional music as we engaged in lively dance performances, fostering a sense of unity and cultural appreciation.

In the festive spirit of Christmas 2023, our celebration was filled with joy and camaraderie. Colleagues gathered to exchange heartfelt moments and participate in a lively Secret Santa gift exchange. Laughter echoed as each person unwrapped carefully chosen presents, creating lasting memories and strengthening the bonds of our team.

★ OUR ACCREDITATIONS ★

JOINT COMMISSION INTERNATIONAL (USA)

NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE PROVIDERS (INDIA)

GREEN OPERATING THEATRE (OT)

NATIONAL ACCREDITATION BOARD FOR TESTING AND CALIBRATION LABORATORIES

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Disclaimer : "It is be noted that the treatments being discussed above are informative in nature and case to case specific. Hence it should not be treated as medical advice. Readers are advised to consult clinicians before making any informed view or decision in this regard."