NEW AGE WOCKHARDT HOSPITALS | LIFE WINS

Vol 15: July, 2024

Half Yearly Medical Bulletin

WOCKSYNAPSE

Chief Editor Speak

Dear Associates

It's good to be back with another edition of wocksynapse, our periodic clinical bulletin. Over the years we have many exciting and interesting cases that depict how life wins daily at Wockhardt Hospitals and I am glad to be able to share them with you through Wocksynapse from time to time.

The two main pillars of a hospital are its doctors and nurses and we celebrated and acknowledged them on Doctors day and Nursing day for all that they do. I would specially like to congratulate all our nurses who completed 5,10 and 15 years at Wockhardt Hospitals. As a small gesture of our appreciation for all that they do we presented them with a gold coin, this is something we have being doing every year.

Happy reading and do get back to us with your valuable feedback at
wocksynapse@wockhardthospitals.com

Dr. Clive Fernandes
Senior Vice President
Group Chief Operating Officer &
Group Clinical Director
Wockhardt Hospitals

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Managing Director's Desk

Zahabiya Khorakiwala
Managing Director
Wockhardt Hospitals

Dear Associates,

Happy Doctors Day to all our Doctors! Celebrated on July 1, 2024! This day is dedicated to our exceptional doctors whose expertise and commitment ensure the highest standards of patient care.

And, happy Nursing Day to all our Nursing Associates! Celebrated on May 12, 2024, this day honors your dedication and selfless service. The excellent patient feedback we receive is a testament to your outstanding work.

Healthcare is unique among industries, where the care and outcomes can mean the difference between life and death. At Wockhardt Hospitals, we take pride in our exceptional clinical results, thanks to the outstanding clinical talent we have and continue to add onto.

This bulletin highlights how diverse clinical skills and talents from various specialties and departments come together in this complex field to achieve unparalleled clinical outcomes. At Wockhardt Hospitals, Life Wins Always.

Good luck going forward.

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

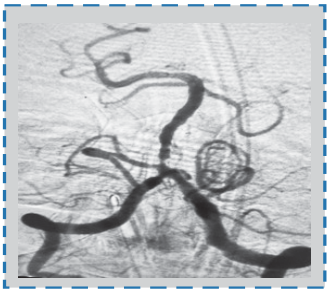
To serve and enrich the quality of life of patients suffering from diseases, through the efficient deployment of technology and human expertise, in a caring and nurturing environment with the greatest respect for human dignity and life.

Lazarus go back

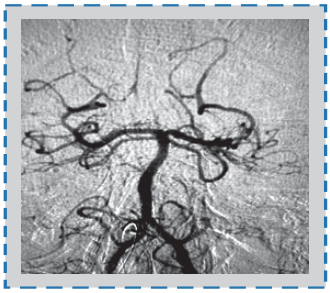
A 48-years-old male presented with sudden onset right side weakness and aphasia since 11 am on 4/5/24 with NIHSS 15. Patient had recently undergone PTCA in Dec 2023 and was on Ecosprin 75 mg OD. His MRA brain showed Rt occipital and left cerebellar infarct with proximal basilar artery occlusion (BAO). He was thrombolysed with Inj Tenectase 17 mg IV at 1:10 pm by Dr Mansi Shah, Consultant Neurologist. He was advised mechanical thrombectomy (MT) for BAO by Dr Pavan Pai, consultant interventional neurologist. After 30 minutes his NIHSS improved to NIHSS 4 with Lazarus effect. He was advised cerebral DSA to confirm recanalisation. Just before shifting to Cath lab at 2:30 pm he again developed weakness on right side with NIHSS 15. His DSA showed complete occlusion of proximal BA. He was advised mechanical thrombectomy. Relatives had financial constraints and were asking time to arrange funds.

After clearance at 7 pm patient was taken for MT. After first pass with Solitaire stent retriever there was TICI 2C recanalisation. Patient once again improved with Right side power 4/5 and dysarthria with Lazarus effect again. However, check shoots every 5 min showed that artery was getting reoccluded. Hence he was advised rescue intracranial basilar artery stenting. He was electively intubated by Dr Preeti Dixit, Consultant Anaesthesiologist and loaded with aspirin and clopidogrel. A 3 x 15 mm Xience Sierra Coronary stent was deployed at 10 Atm. Post stenting check shoots showed formation of thrombus within the stent. He was given Inj Tirofiban 10 mg bolus and 8 ml per hour infusion after which check DSA showed persistent recanalisation. His post procedure CT brain showed no bleed. Patient was extubated next day and transferred to ward on 6/5/24. He was discharged on 8/5/24 and was able to walk with minimal support. He was felicitated during MT support group program on 12/5/24.

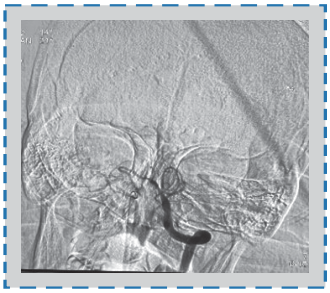
Lazarus effect in stroke is full and fast restoration of cerebral blood flow in proximity to the initiation of IV tPA treatment and occurs in 10% of patient with AIS. It is attributed mainly to ICA and MCA occlusions and not frequent in BAOs. So whenever there is Lazarus effect in proximal BAO one has to suspect underlying basilar artery stenosis and patient will require rescue basilar artery stenting. This patient received all possible treatment to counter the effect of stroke like IV Tenectaplase, MT, intracranial stenting and IV Tirofiban for the persistent improvement and not just transient Lazarus effect and recovered completely within a week of treatment and was felicitated too. Thus life wins at Wockhardt Hospital.



Pre MT proximal BAO occlusion



Post MT proximal basilar stenosis



Post stenting TICI 3 recanalisation

Dr. Pavan Pai
Consultant Interventional Neurology
& Stroke Specialist
Wockhardt Hospitals
North Mumbai

Felicitation of patient during World Stroke Thrombectomy Day support group program.

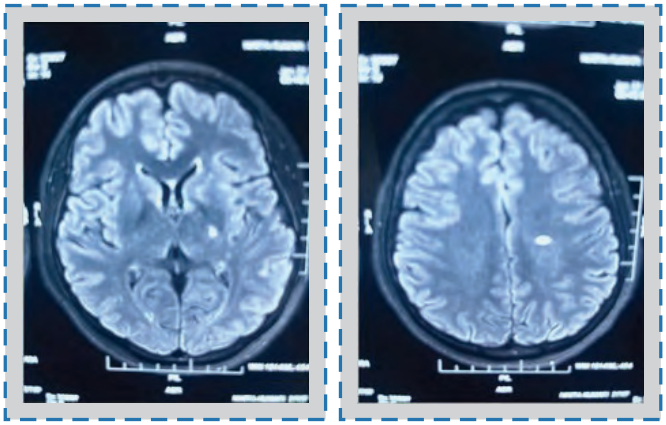
Inferno in the Brain: Tackling Recurrent Autoimmune Encephalitis and Demyelination

A 31-year-old woman visited Wockhardt Hospitals, Mira Road with complaints of right-side twisting movements of hands in July 2023. She had previously consulted various Neurologists, did an MRI, and was treated for a Stroke. However, she had a facial and right upper limb focal seizure and was examined by Dr. Pavan Pai. An MRI done outside showed an altered signal in the left temporal region of the brain which was highlighted by Dr. Pradnya Shinde, Consultant Radiologist. Her CSF Autoimmune Encephalitis panel showed the presence of an NMDA receptor antibody. She was diagnosed with NMDA Receptor Autoimmune Encephalitis and started on IV Immunoglobulin. after which she recovered completely. Her CT abdomen and pelvis showed no ovarian teratoma which is a common underlying condition.

The patient conceived in October 2023 and stopped all the medication by herself as she felt alright. In December 2023, she had a miscarriage and in January 2024, the patient got unusual Neurological symptoms such as speech arrest and behavioural issues with anger and depression. The patient had intermittent episodes of speech arrest and imbalance while walking in a straight line. A repeat MRI was done in January 2024, which showed new demyelinating lesions in the brain. She was readmitted in the last week of January. Her CSF analysis was repeated in which the NMDA antibody was weakly positive and oligoclonal bands were positive. She was started on high-dose IV steroids and discharged on oral steroids and anticonvulsants. She was also given IV Rituximab to prevent relapse. She has now recovered completely with the treatment.

Patient is advised regular follow-ups and told to continue medications religiously. Not treating her at the right time could have led to drug-resistant seizures and permanent damage to the brain. This condition mimics psychiatric issues and can be misdiagnosed causing negative outcomes. Timely diagnosis and treatment can improve the patient's quality of life. She is now symptom free leading a normal life at Wockhardt Life Wins.

Autoimmune encephalitis happens when antibodies are generated in the brain and nerve cells. When there is any viral infection, the body generates antibodies against the virus and bacteria. Sometimes, those antibodies have a molecular mimicry of brain cells, and start attacking the brain. This condition usually happens in younger patients of the age group 20-40 years. This condition mimics psychological problems such as depression. This is a rare condition and affects one out of 1.5 million people per year. This case has been immortalized in New York Times best-selling autobiography by New York Post writer Ms. Susannah Cahalan. The book details Cahalan's struggle with this rare form of Encephalitis and her recovery.



Dr. Pavan Pai
Consultant Interventional Neurology & Stroke Specialist
Wockhardt Hospitals
North Mumbai

Triumph and Joy: 160-Kg Woman Welcomes Healthy Baby After Long Wait

A 33-year-old woman weighing 160 kg with a history of hypothyroidism, gave birth to a healthy 3.2 kg baby after 14 years of marriage. The delivery was done via caesarean section by Dr. Mangala Patil, with her team, who ensured special arrangements were in place, for the safety of both the mother and baby. The team comprised of Dr. Mangala Patil & Dr. S N Agarwal, Neonatologist Dr. Nitu Mundhra, Endocrinologist Dr. Harsh Parekh, and the Anaesthesia team Dr. Devendra Deshmukh, Dr. Farzeen Qureshi, and Dr. Monal Shah.

“Being a high-risk pregnancy patient needs more frequent follow-ups and regular ultrasonography along with proper diet and exercise, the patient was following everything. Normally, average weight gain in the pregnancy is 11kg, in this case, it was 30kg.

Wockhardt Hospitals specialized, multidisciplinary team of Obstetricians, OT, Anaesthesia, Neonatology, and Endocrinology handled these challenges with their expertise and care, ensuring safe delivery for both mother and baby. “By tailoring their approach to the specific needs of obese mothers, the hospital has achieved remarkable success rates in delivering babies safely. This level of specialization ensures that even high-risk pregnancies can be managed effectively because of the infrastructure and multidisciplinary approach and giving obese women and the family peace of mind during this crucial time. **Life wins at Wockhardt.**

In high-risk pregnancies, a patient needs surgical intervention and has a high chance of caesarean section. During delivery, the patient can have postpartum haemorrhage and can need blood transfusion. The patient may need an Intensive Care Unit. Post Delivery there are chances of DVT (Deep Vein Thrombosis) due to morbid obesity. The obese patient should go for weight reduction before conception through a proper diet plan, and lifestyle modifications and if having thyroid disorder, hypertension, diabetes, or heart disease, the patient should go for medical treatment to optimize the condition, thus improving the outcome both for mother and baby. Morbidly Obese patients are unable to reduce weight through diet and exercise and in rush for weight loss, (Bariatric) Surgery is the option. This patient wanted to conceive so she underwent Bariatric surgery, which helped her reduce her weight from 185 kg to 130kg.

Dr. Mangala Patil
Consultant Obstetrics & Gynaecology
Wockhardt Hospitals
North Mumbai

Seventeen-Year Struggle Ends: World's First 8.5 Kg Spleen Removed from 37-Year-Old Man

(3 ft x 1 ½ft, 90 cm size spleen)

Massive splenomegaly is called when size of spleen is bigger than 20 cm and weight more than 1 kg.

17 years ago, the patient Rajkumar Tiwari, was 18 -years-old and jolted out of his daily routine due to left-side upper abdominal pain. Despite consulting multiple doctors and undergoing thorough evaluations, his condition remained undiagnosed, and he couldn't get any relief. His health continued to decline as his spleen enlarged, leading to symptoms like abdominal tightness, obstruction due to lack of space in the abdomen and intestines, vomiting, and even hypersplenism resulting in cytopenia from the splenomegaly. His health worsened and he unable to carry out day to day activities for more than a year. Patient was referred to Wockhardt Hospitals, Mira Road by his family physician for timely intervention. After being diagnosed with splenomegaly, he found himself making frequent visits to hospitals.

On arrival in hospital, patient was looking weak, tired and jaundiced. He had been severely suffering from the symptoms for more than year but aggravated in last one month. After through clinical examination, patient was subjected to blood investigations and CT scan to confirm the diagnosis.

Massive splenomegaly is called when size of spleen is bigger than 20 cm and weight more than 1 kg. Consequently, his hemoglobin, white blood cells, and platelet count were reduced drastically due to an enlarged and overactive spleen. Initially, the hemoglobin used to be 7g/dL, platelet count 40000, and WBC was 4000. Recently, before surgery Hemoglobin 5 mg%, platelet count 1000, WBC 1200, and the spleen kept on enlarging leaving no space in the abdomen and intestine. He couldn't walk, climb sit or stand, was exhausted and bedridden, and dependent on his family members. Not treating him at the right time could have been risky leading to spontaneous bleeding. He was scheduled for Exploratory Laparotomy with Splenectomy.

A team led by Dr Imran Shaikh, Consultant GI & HPB Surgeon, successfully removed the enlarged spleen. 3 ft x 1 ½ft, 90 cm size weighing 8.5 kgs via surgery which from a 37-year-old man's abdomen. After the surgery, the patient has got much-needed relief from symptoms such as abdominal tightness, pain, and fatigue eventually making him carry out day to day activities. Currently, the patient has been discharged from the Hospital and resumed his daily routine without any difficulty.

"It was very challenging task to prepare this patient for surgery. Blood and blood product given to patient before surgery would die immediately in spleen (Condition called Refractory hypersplenism). With very low platelet count surgery was extremely risky with life threatening bleeding. Patient was planned for abdominal angiography and embolization of splenic artery. In this procedure we block main blood supply to spleen by putting coils in artery so as avoid killing of transfused blood products. Post coiling embolization we have transfused blood product so as to carry out surgery and increase safety margin to patient.

The surgery lasted for 6 hours. Biggest spleen removed in the world was 73.66 cm sized and 2.3 kgs which hold Guinness book world record. This patient has spleen 90 cm sized and weighed 8.5 kgs. Patient recovered uneventful and discharged on post op day 5. His parameters were all fine with hemoglobin 9.6 platelet count 8,00,000 and WBC 12000 (normal). Patient recovered well. No major precautions needed for patient.

"The seamless coordination between various departments and cutting-edge technology ensured a successful outcome for the patient. "Finally, after 17 long years of struggling with an enlarged spleen, the weight has been lifted off my shoulders as I underwent surgery to have it removed". Thanks to Dr Imran Shaikh and his team I feel like a new person with endless possibilities ahead of me.

Massive splenomegaly with hypersplenism is rare disorder in which due to enormous size of spleen and its over function carries risk to patient. Enlarged spleen starts killing blood cells prematurely leading to low Haemoglobin, white cells (WBC) and platelet count. Due to severely low Haemoglobin patient had severe weakness, low WBC count patient had poor defence mechanism which made him prone to infections and very low platelet count patient carries risk of spontaneous bleeding.

Dr. Imran Shaikh
Consultant GI & HPB Surgery
Wockhardt Hospitals
North Mumbai

Pioneering Heart Care: Landmark TAVR Procedure in North Mumbai

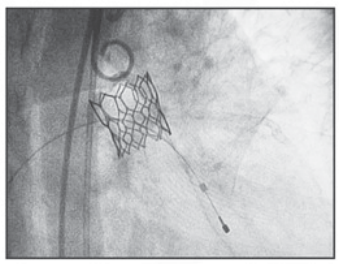
A 72-year-old woman with severe calcified aortic valve stenosis had a history of two strokes in 2018 and 2021 and a history of aphasia (inability to speak). She underwent two angioplasties in 2010 and 2014. For the last year, the patient has had critical, progressive narrowing in the aortic valve of the heart. On examination, the doctor found that she had a low ejection fraction because of a previous heart attack. She was restricted to minimal physical activity at home because of her medical condition. She was admitted twice with severe giddiness, low BP, and breathlessness in September and July for her complaints. She was readmitted on 30th December 23.

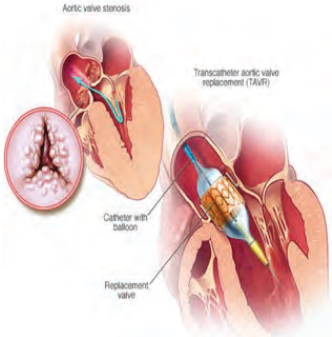
Dr. Anup Taksande, said "On arrival, the patient was in a critical condition. She had low BP and was severely symptomatic with breathlessness and giddiness. An Angiography was done to check the stent and everything was fine. Then, the focus was on the Aortic Valve which was getting narrow. This results in the Valve not fully opening, reducing or blocking blood flow to the body. In severe cases, Aortic Valve Stenosis causes sudden Cardiac Arrest that can cause death. This condition is commonly seen in the elderly over 65 with comorbidities such as Coronary Artery Disease, Stroke, and Chronic Obstructive Pulmonary Disease (COPD). Around 0.5% to 1% percent of the population above 65 years of age suffers from Calcific Aortic Valve Stenosis."

CT TAVI / TAVR protocol showed that the patient would benefit from TAVR. The patient and her family members were counseled for this procedure and she was scheduled to undergo it. Transcatheter Aortic Valve Replacement (TAVR) is a non-surgical procedure done in the Cath Lab and has helped avoid open-heart surgery by minimizing invasiveness and reducing the risk of morbidity and mortality. The procedure is performed under mild anesthesia and is suture-less through the groin. The uneventful procedure lasted for 30 minutes and the patient was shifted to the ICU for a day and made to walk after 12 hours of procedure. The patient was shifted to the normal ward for a day and then discharged in stable condition on 2nd Jan 24. The patient came after 10 days for follow-up. She was asymptomatic with no further complaints of giddiness / breathlessness."

"Wockhardt Hospitals, Mira Road has established itself as a leader in providing cutting-edge Cardiac Care, particularly in performing Transcatheter Aortic Valve Replacement (TAVR) procedures **at Wockhardt Hospitals, Life Wins.**

Transcatheter aortic valve replacement (TAVR) is a type of heart valve surgery. It's done to replace a narrowed aortic valve, a condition called aortic valve stenosis. A doctor inserts a flexible tube called a catheter into a blood vessel and guides it into the heart. A replacement valve made of cow or pig tissue goes through the tube to the specific area in the heart. A balloon on the catheter tip inflates to press the new valve into place. Some valves are self-expanding.





Dr. Anup Taksande
Consultant Interventional Cardiology
Wockhatdt Hospitals
North Mumbai

Dr. Mayuresh Pradhan
Consultant Cardiovascular &
Thoracic Surgery
Wockhatdt Hospitals
North Mumbai

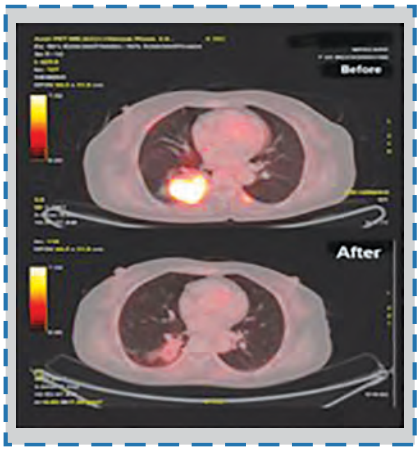
Hope on the Horizon: Cutting-Edge Therapies for Lung Cancer

A 72-year-old female presented with cough, breathlessness and back pain. Initial investigations revealed lung mass suggestive of malignancy. PET CT scan and biopsy of lung lesion confirmed diagnosis of Stage 4 Lung Adenocarcinoma.

As per latest guidelines, biopsy sample was processed for driver gene mutation analysis to identify if any DNA mutation, which may have triggered cancer formation in this patient (As driver mutation are more common in non-smoker Asian females): mutation panel was negative for all tested mutations (eg: EGFR, ALK, ROS-1, MET, BRAF, etc.) biopsy sample showed positivity for PDL – 1 (55%) suggestive of good chance of cancer responding to Immunotherapy.

Patient was started on immunotherapy and was continued with good response for more than two years. Later on, the scan showed disease progression. Although initial biopsy results were negative for targetable mutations based on patients profile (Indian female with no tobacco exposure) the patient was advised for repeat biopsy to identify mutation analysis after disease progression. As the patient was not willing for repeat biopsy she underwent liquid biopsy, a blood test to identify for circulating tumor DNA (CtDNA). It revealed presence of uncommon EGFR mutation (L861Q).

This mutation was not present at the time of diagnosis two year ago. Patient was then started on oral targeted therapy with Afatinib and is currently doing well on same treatment for more than 6 months.
To summarise, our patient was initially treated with Immunotherapy and she later went on to develop uncommon EGFR mutation diagnosed with Liquid Biopsy and currently on Oral Targeted Therapy. This case is unique as it was managed without Chemotherapy & also highlights Heterogenous & Dynamic Biology of advanced stage cancers. LIFE WINS at Wockhardt.



Dr. Atual Nayankar
Consultant Medical Oncology
Wockhradt Hospitals
North Mumbai

Groundbreaking Surgery: Giant Pituitary Tumor Removed Using Combined Trans-Cranial and Endoscopic Trans-Nasal Trans-Sphenoidal Approach"

A 62-year-old female presented to Wockhardt hospital emergency department with seizures(GTC). After initial stabilizing a detailed imaging using MRI brain (contrast) and CT PNS was done. This revealed an extensive giant lobulated tumour occupying sellar and suprasellar region around 4.7 x 4.0 x 3.30 cm with an additional cystic intracranial component in sub frontal location causing compressive effects on the brain. Detailed endocrinological and visual fields evaluations were made. Due to large size and extent a 2 staged combined approach was planned. In the first stage neurosurgical team comprising of Dr Ashwin Borkar and Dr Vinod Rambal employed the open transcranial approach through which the large cystic component of the tumour was excised by making an opening in the skull (craniotomy) and cystic decompression using high precision microscopic guidance. The patient tolerated the surgery well and was discharged with good preserved neurological functions.

On follow up imaging the sellar, suprasellar component had grown extensively filling the sphenoid sinus with erosion of sellar floor and extended inferiorly to involve the posterior ethmoid sinus abutting the ICA, ACA and posteriorly basilar artery. A second stage surgery using nasal transsphenoidal endoscopic route involving **ENT and skull base surgeon Dr Chandraveer Singh** and Neurosurgeon Dr Ashwin Borkar was planned. Under panoramic endoscopic view tumour was meticulously cleared from sphenoid sinus, sellar and suprasellar extensions ensuring satisfactory tumour clearance while preserving vascular channels and normal pituitary functions. The cavity was covered with Hadad flap harvested from the nasal mucosa of contralateral nostril. Patient was discharged with good symptomatic relief within a week with the benefits of a scarless endoscopic surgery and early return to activity and preserved neurological and hormonal function.

We have performed the world's largest pituitary macroadenoma surgery at Wockhardt Hospitals, North Mumbai. Our facility is equipped to successfully handle complex pituitary macroadenoma surgeries.

Dr. Ashwin Borkar
Consultant Neurosurgery
Wockhardt Hospitals
North Mumbai

Dr. Vinod Rambhal
Consultant Neurosurgery
Wockhardt Hospitals
North Mumbai

Dr. Chandraveer Singh
Consultant Otorhinolaryngologist, Head & Neck Oncosurgery
Wockhardt Hospitals
North Mumbai

Unraveling Phenylketonuria: Understanding a Rare Metabolic Puzzle

A 5-year-old boy was diagnosed with Phenylketonuria (PKU) at six months old. Since he was one-year-old, he has been on a low-protein diet and undergoing physiotherapy. He began his physiotherapy journey at Wockhardt Hospitals, North Mumbai, in March 2023, under the guidance of Dr. Snehal Deshpande. His parents were primarily concerned about his delayed milestones, drooling, and difficulties with hair cutting and feeding. They wondered if he would ever be able to roll or sit on his own, or even recognize them as his parents.

A detailed history was taken, and a comprehensive system-wise evaluation was conducted. This included neuro-developmental assessment, sensory integration evaluation, sensory profiles, and ages and stages questionnaires.

The sensory evaluation showed:

- Oro motor seeker
- Auditory seeker
- Tactile sensitivity especially towards head and face
- Poor self-regulation
- Poor registration
- Fluctuating arousal
- Flat affect

NDT evaluation showed:

- Left sided asymmetry
- Open mouth posture
- Poor head holding
- Flared chest
- Low tone
- Protracted shoulders with internally rotation, flexed elbow and flexed fingers
- Poor middline crossing of hands
- LE are always in flexion
- Lacks dissociation between UE, LE, trunk and pelvis
- Movments are sudden and ramp in nature
- Movments are sudden and ramp in

It has been 10 months since the boy began regularly attending physiotherapy sessions.
Through the use of sensory integration and neuro-developmental approaches,
the following improvements have been observed:

- He can independently sit at a table.
- His awareness of his surroundings has improved.
- He gives better and more meaningful visual and auditory responses.
- He demonstrates better self-regulation with the help of olfactory stimulation.

While the process is challenging, these small victories are significant steps toward meaningful progress over time

Phenylketonuria (PKU) is an inborn error of metabolism most often caused by mutations in the gene encoding phenylalanine hydroxylase, which catalyzes the hydroxylation of Phenylalanine (Phe) to generate Tyrosine (Tyr). Elevated blood Phe levels and decreased Tyr levels characterize PKU.

The incidence of PKU in Indian population is 1 in 18,300. New-borns with PKU initially don't have any symptoms. However, without treatment, babies usually develop signs of PKU within a few months.

Signs and symptoms of untreated PKU can be mild or severe and may include: A musty odor in the breath, skin or urine, seizures, Skin rashes, such as eczema, Lighter skin, hair and eye color than family members, microcephaly, hyperactivity, intellectual disability, delayed development behavioral, emotional and social problems, Mental Health disorders.

Dr. Tanvi Karkera (PT)
Senior Pediatric Physiotherapist
Wockhardt Hospitals
North Mumbai

Monsoon Related Illness

The monsoon season in India is eagerly wait for its relief from the scorching summer heat and its vital contribution to agriculture. However, the heavy rains and increased humidity create an ideal environment for various pathogens and vectors to thrive, leading to a spike in monsoon-related illnesses. Understanding these illnesses and taking appropriate precautions is essential for maintaining health during this season.

Common Monsoon-Related Illnesses

One of the most prevalent illnesses during the monsoon is Dengue Fever, caused by the dengue virus transmitted by Aedes mosquitoes. Symptoms include high fever, severe headache, pain behind the eyes, joint and muscle pain, rash, and mild bleeding. Precautions involve using mosquito repellents and nets, wearing long-sleeved clothing, and avoiding water stagnation to prevent mosquito breeding.

Malaria, caused by Plasmodium parasites transmitted through the bite of infected Anopheles mosquitoes, is another significant concern. Its symptoms include fever, chills, headache, nausea, vomiting, and muscle pain. Preventive measures include using insecticide-treated bed nets, applying mosquito repellents, and ensuring proper drainage to prevent water logging.

Chikungunya, transmitted by Aedes mosquitoes, presents with symptoms such as high fever, severe joint pain, muscle pain, headache, nausea, fatigue, and rash. Preventive measures for Chikungunya are similar to those for dengue and malaria, including keeping surroundings clean and free from mosquito breeding sites.

Leptospirosis, caused by Leptospira bacteria typically spread through water contaminated with the urine of infected animals, also spikes during the monsoon. Symptoms include high fever, headache, muscle pain, red eyes, abdominal pain, jaundice, and sometimes rash. Precautions include avoiding wading through floodwaters, wearing protective clothing and footwear, and maintaining good sanitation and hygiene.

Gastrointestinal infections, such as diarrhea, cholera, typhoid fever, and hepatitis A, often result from contaminated food and water due to poor sanitation. Symptoms include diarrhea, vomiting, abdominal pain, fever, and dehydration. To prevent these infections, drink boiled or bottled water, eat freshly cooked food, and wash hands frequently with soap and water.

Viral fevers, caused by various viruses that thrive in the humid conditions of the monsoon, present with symptoms like fever, body aches, fatigue, cough, and cold. Precautions include avoiding crowded places, maintaining good personal hygiene, and boosting immunity with a balanced diet and adequate rest.

General Precautions to Prevent Monsoon Illnesses

Maintaining cleanliness is paramount. Keeping the environment clean prevents the breeding of mosquitoes and other vectors. It is important to dispose of garbage properly and ensure regular cleaning of water storage containers. Food and water safety measures include consuming fresh, home-cooked meals, avoiding street food and raw salads, and drinking only purified or boiled water.

Personal hygiene practices, such as washing hands regularly, especially before meals and after using the restroom, and using hand sanitizers when soap and water are not available, are crucial. Wearing full-sleeved clothes and long pants to minimize skin exposure to mosquitoes, and using appropriate footwear to prevent contact with contaminated water, offer additional protection.

Timely vaccinations for diseases like typhoid, hepatitis A, and cholera are essential preventive measures. Staying informed by keeping track of weather forecasts and health advisories, and being aware of the symptoms of common monsoon illnesses for early detection and treatment, can significantly reduce health risks.

The monsoon season in India brings both relief and challenges. While it is a critical period for agriculture and water replenishment, it also necessitates increased vigilance regarding health. By understanding common monsoon-related illnesses and adopting preventive measures, individuals can enjoy the benefits of the monsoon while minimizing health risks. Public awareness and proactive healthcare practices are key to staying safe and healthy during this season.

Dr. Rituja Ugalmugle
Consultant Internal Medicine
Wockhardt Hospitals
South Mumbai

Delivering Hope: A Postman's Journey to Recovery

A 56-year-old postman presented with multiple health issues requiring medical intervention.

Patient initially reported severe pain in the lower part of his back, accompanied by difficulty in walking. Dr. Behram Pardiwala examined him and detected tenderness in the lumbosacral spine. Despite an orthopedic surgeon's opinion that there was no significant issue, Dr. Pardiwala suspected an underlying abnormality. An MRI was performed, revealing the presence of pus in the Psoas region. A general surgeon was consulted to drain the collection. Following the drainage procedure, the patient experienced recurring pain below the left shoulder, which was found to be due to the presence of pus in that area.

Dr. Pardiwala suspected an underlying cause for the recurrent infections and ordered further investigation. Comprehensive evaluation revealed that the patient's tricuspid valve was infected, leading to bacterial endocarditis. The infected tricuspid valve was identified as the source of the recurrent infections and abscesses.

Antibiotics were initially administered to address the infection in the tricuspid valve. However, despite antibiotic treatment, the infection persisted. Dr. Gulshan Rohra, Cardiothoracic surgeon, was consulted.

Coronary angiography determined that the patient also had coronary artery disease. Surgical intervention was planned to address both conditions.

Surgical Procedures Performed by Dr. Gulshan Rohra:

1) Removal of the infective mass
2) Tricuspid valve replacement
3) Atrial septal closure
4) Coronary artery bypass grafting (CABG)

The patient's surgery and postoperative period were uneventful. He was able to mobilize within the first 48 hours after surgery. Following the completion of the prescribed course of antibiotics, Patient was discharged from the hospital after a 45-day stay. He made a remarkable recovery, regaining full mobility and being able to walk and engage in regular activities without any limitations.

Due to the extensive damage caused by the infection to the heart, it is anticipated that the patient may require a pacemaker in the near future. Further evaluation and planning will be done to address this potential need.

Collaborative efforts of different specialities, makes a huge difference in successfully addressing some complex health issues. The timely diagnosis and appropriate surgical interventions resulted in a positive outcome, allowing the patient to regain his health and normal daily activities. Ongoing medical care and future considerations will be crucial to ensure his continued well-being.

Dr. Gulshan Rohra
Consultant Cardiothoracic Surgery
Wockhardt Hospitals
South Mumbai

Breaking Barriers: Non-Surgical Uterine Fibroid Embolization for Menorrhagia"

Menorrhagia, or heavy menstrual bleeding, significantly impacts women's quality of life. Traditional treatments often involve surgery, but advancements in minimally invasive techniques offer alternative solutions. This case study explores the success story of uterine fibroid embolization (UFE) as a highly effective treatment for menorrhagia, empowering women to reclaim their health and well-being.

A 38-year-old woman, presented with debilitating menorrhagia affecting her daily activities and overall quality of life. Pelvic examination and imaging confirmed the presence of multiple uterine fibroids, with the largest measuring 7 cm in diameter.

Considering for a minimally invasive approach with rapid recovery, uterine fibroid embolization (UFE) was proposed as the primary treatment option. This procedure aims to shrink fibroids by blocking their blood supply, thereby alleviating symptoms such as heavy menstrual bleeding.

Under conscious sedation, a catheter was guided through the femoral artery to the arteries supplying the uterus, guided by fluoroscopy. Small particles were then injected into these arteries, blocking blood flow to the fibroids while preserving the healthy uterine tissue. The procedure was well-tolerated. Patient got discharged next day.

Following UFE, Ms. S experienced a remarkable improvement in her menstrual bleeding. Within a few cycles, her periods normalized, with significantly reduced flow and duration. Follow-up imaging confirmed substantial fibroid shrinkage, with the largest fibroid now measuring only 3 cm. Ms. S reported a dramatic improvement in her quality of life, with regained energy and the ability to engage fully in her daily activities.

Success Factors:

- Minimally Invasive Nature: UFE offers a less invasive alternative to surgical options, minimising risks, pain, and recovery time.
- Preservation of Fertility: UFE preserves the uterus, making it suitable for women who wish to retain their fertility.
- Effective Symptom Relief: The procedure effectively addressed Ms. S's menorrhagia, providing long-term symptom relief and improving her overall well-being.
- Rapid Recovery: Ms. S experienced a swift recovery, returning to her normal activities shortly after the procedure.

Conclusion: The success story of Ms. S highlights the transformative impact of uterine fibroid embolization (UFE) in treating menorrhagia. This minimally invasive technique offers women a safe, effective, and fertility-preserving option for managing symptomatic fibroids, empowering them to take control of their health and live life to the fullest. UFE is recommended as safe and effective treatment option by various international gynaecology associations for treatment of uterine fibroids

Dr. Dharav Kheradia
Interventional Radiologist
Wockhardt Hospitals
South Mumbai

Holistic Heart Health: Addressing Valve Disease, CABG, and ASD Closure

A 73-year-old female was experiencing symptoms indicative of mitral stenosis and tricuspid valve malfunction. Concerned about her cardiac health, Dr Rohra recommended a comprehensive plan of action, which included replacing the malfunctioning mitral valve and repairing the tricuspid valve. However, before proceeding with the planned valve interventions, a thorough angiographic evaluation was conducted to assess the condition of her heart arteries.

To the medical team's concern, the angiography revealed significant blockages in the patient's coronary arteries, indicating underlying coronary artery disease. In addition to these concerns, patient also had small airway disease (on lung function test). Recognizing the importance of addressing these blockages to ensure optimal cardiac function and long-term well-being, the decision was made to include coronary artery bypass grafting (CABG) alongside the planned valve replacement and repair procedures.

The surgical intervention, which occurred under the careful supervision of Dr. Gulshan Rohra and his team aimed to address the entirety of the patient's cardiovascular issues. During the surgery, Dr. Rohra also found multiple atrial septal defects. Following procedures were performed during the open heart surgery.

1) Mitral valve replacement
2) Tricuspid valve assessment (Repair not needed)
3) Bypass surgery
4) ASD closure

Postoperatively, the patient received attentive care in the intensive care unit, where her cardiac parameters were closely monitored, and measures were taken to optimize her recovery and prevent complications.

Following her successful surgery and initial recovery period, the patient transitioned to a phase of ongoing cardiac rehabilitation and long-term management. Regular follow-up appointments were scheduled to monitor her progress, assess the functionality of the replaced and repaired valves, and ensure that her cardiac health remained stable in the years to come.

"Addressing complex cardiac issues requires a comprehensive approach, taking into account not only the primary valve pathology but also associated conditions such as coronary artery disease. In cases like these, a multidisciplinary team is crucial to ensure optimal outcomes and long-term success. Our aim is not just to treat the immediate problem but to provide holistic care that enhances the patient's overall cardiac health and quality of life.
The patient's journey underscores the complexities often associated with managing multiple cardiac issues in conjunction with other medical conditions. Through a combination of advanced medical interventions, diligent postoperative care, and ongoing support, she continues to navigate her cardiac health journey with resilience and hope for a brighter and healthier future.

In India, heart related issue among men is increasing day by day but the Mumbai Hospital came across a very interesting case where an old lady presented with Mitral and Tricuspid Valve Disease. In 1982, she underwent her first heart surgery to address a mitral valve issue. This marked the beginning of her journey with cardiac health management. Subsequent to this, in 1998 and 2016, she underwent two more balloon mitral valvotomy procedures, indicating ongoing challenges with her heart valves. Unfortunately, 2016 also brought with it a diagnosis of breast cancer, leading to a rigorous treatment regimen that included mastectomy and radiotherapy. Despite the challenges posed by both cardiac and oncological issues, the patient completed her entire course of cancer treatment with resilience and determination.

Dr. Gulshan Rohra
Consultant Cardiothoracic Surgery
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Abdominal Agony: A Menopausal Mystery

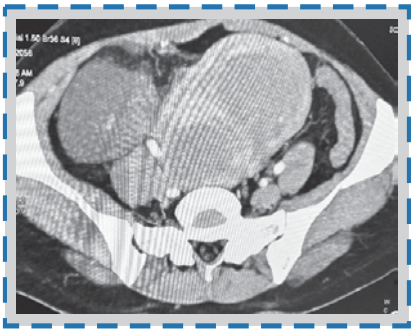
A 55-year-old female arrived at our emergency department complaining of sudden lower abdominal pain accompanied by vomiting blood. Her vital signs were stable, and she did not have a fever or urinary issues. Upon examination, there was significant tenderness in the lower right abdomen, and the episodes of vomiting blood ceased after initial treatment with proton pump inhibitors. Laboratory tests revealed elevated white blood cell count (WBC) of 11830, hemoglobin (Hb) level of 12.6 g/dL, and raised C-reactive protein (CRP) levels at 56 mg/L. Urine analysis showed no abnormalities. Due to persistent pain, we conducted an abdominal computed tomography (CT) scan, revealing multiple benign tumors of varying sizes, including one attached to the outer layer of the uterus in the lower abdomen with limited blood flow. No signs of appendicitis, diverticulitis, bowel obstruction, or abnormal fluid accumulation were observed. A gynecologist was consulted and surgery to remove the pedunculated fibroid was performed successfully. The patient was discharged without complications following surgery.

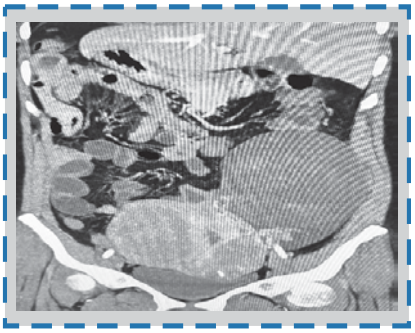
In this case, a contrast-enhanced CT scan was pivotal in diagnosing the ischemic pain caused by the twisted subserosal leiomyoma. Surgery was promptly performed to prevent further complications.

Although rare, torsion of fibroid should be considered in women with sudden lower abdominal pain. Diagnosis relies on clinical symptoms and imaging. Prompt surgical intervention is crucial to prevent severe complications. Therefore, efficient radiologist, consultation with a gynecologist and timely surgery are essential once suspicion is confirmed.

Uterine leiomyomas are the most prevalent benign tumors in women, typically causing chronic symptoms such as abnormal uterine bleeding, painful menstruation, heavy menstrual bleeding, pelvic discomfort, frequent urination, fertility issues or can be asymptomatic. Acute abdominal pain due to leiomyomas is rare, and differential diagnosis should consider neighboring organs.

Diagnosing a twisted subserosal leiomyoma before surgery can be challenging. Ultrasound is commonly used due to its accessibility and affordability, but it may not always detect twisted tumors with thin or hidden connections. Contrast-enhanced CT scans are an alternative, particularly in emergencies, offering detailed images that aid in diagnosis and ruling out other serious conditions. MRI is superior in visualizing leiomyomas but is less practical in emergency situations due to longer scan times and limited availability.





Dr. Honey Savla
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Snapped and Saved: Successful Management of a Fractured Penis in a Urological Emergency

A 56-year-old healthy male having no comorbidities, presented with a history of sudden rapid detumescence following by a vigorous sexual activity and discoloration of penile skin and scrotum. Physical examination revealed a tear in the tunica on the ventrolateral aspect of shaft of penis. Patient was counselled about fracture penis which requires urgent urosurgical management. A USG and MRI of penis was done by Radiologist Dr. Deep Vora which confirmed a 2.0 cms tear in the tunica albuginea and corpus cavernosum at ventrolateral Base of penis with large hematoma & collection. No urethral dehiscence/injuries was reported. Patient was immediately mobilised to the operation theater for surgery. The tear was repaired with vicryl 3-0 sutures and artificial penile erection was simulated & no leak of blood & chordee was noticed. A pressure bandage was applied and foleys catheterisation was done. Patient was discharged the next day on foleys which was removed after 5 days. A uniform erection with normal urinary flow.

Diagnosis of penile fracture is straightforward with a history and clinical examination. Patients report a cracking or popping sound followed by a rapid detumescence, pain, discoloration & swelling in the penile shaft, scrotum and suprapubic regions.

Surgical repair & reconstruction is necessary which results in faster recovery, decreased morbidity, lower complication rates & lower incidence of long term Penile curvature. Although repair results in penile curvature in less than 5% of patients as compared to conservative management of same results in penile curvature in > 10% of patients requiring resurgery & debilitating plaque formation in 30% of patients. We conclude that surgical repair gives a long term benefit & outcomes are good in comparision of nonsurgical Management as in our case. LIFE WINS at WOCKHARDT.

Dr. Ashutosh Baghel
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North Mumbai

DID YOU KNOW?

1. The human gut is home to trillions of bacteria. These bacteria play an important role in digestion, immune function, and even mood.
2. The human heart is an incredibly powerful muscle. It beats about 100,000 times a day and pumps about 2,000 gallons of blood throughout the body every day.
3. The lungs are the only organs that can float. This is because they are filled with air, which makes them less dense than water.
4. The sense of smell is closely linked to memory and emotion. This is why certain smells can evoke strong memories or emotions.
5. Laughter is good for your health. It can boost the immune system, reduce stress, and even help to relieve pain.
6. The human tongue has about 10,000 taste buds. These taste buds allow us to perceive five basic tastes: sweet, sour, salty, bitter, and umami (savory). Taste buds are constantly being replaced, with an average lifespan of about 10 days.
7. The Smelly Truth: Everyone has a unique body odor, except identical twins! They share the same genes, so their scents are practically the same.
8. The Speedy Sneeze: A sneeze can travel at speeds exceeding 100 miles per hour! That's fast enough to propel tiny droplets far and wide, which is why covering your mouth is important.

Dr. Prashant Mehta
Head Medical Services
Wockhardt Hospitals
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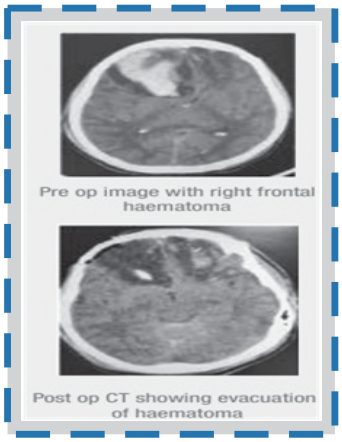
Supraorbital Approach for Intra-Cranial Hematoma Evacuation

A 17-year-old boy with altered sensorium and multiple episodes of vomiting. History of head on collision with car on highway while he was driving a two-wheeler. He was evaluated and NCCT head was done which showed large right frontal intracerebral hematoma. He underwent supraorbital approach and evacuation of hematoma by a small eye brow incision. Intra op both orbital nerves were visualized. Post op NCCT head showed significant reduction in mass effect. He was discharged on POD 5. On follow up he had some visual disturbance and behavioral changes like irritability and emotionality.

The supraorbital approach was introduced as a way to approach various skull base structures. Small frontal craniotomy is performed with or without orbitotomy, followed by operation with microscopic and endoscopic systems, and the surgical incision is made over the eyebrow. The cosmetic benefits and shortening of the operation time have been reported to be superior to conventional craniotomy.

Both endoscopic and microscopic supra orbital approaches have been known to increase visualization of frontal skull base area and reduce morbidity in selected patientss considered the most likely cause in our patient because of the multiple coronary arteries affected by aneurysms.

Traumatic intracranial hematoma commonly occurs in the frontal lobe after severe head injury [8,11]. Generally, the traumatic lesions occur in the frontal lobe due to bony ridges on the orbital roof and incidences of indirect injury to the contrecoup [3]. The decision to operate a patient with TICH should be made based on considering the radiological findings, the neurological status, and the neurological deterioration in the patient.



Pre op image with right frontal haematoma

Post op CT showing evacuation of haematoma

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Nagpur

Super-Giant Coronary Aneurysms following Kawasaki Disease

A 26-year-old male, Doctor by profession suffered acute onset rest angina. He had no symptoms of heart failure and had no history of cigarette smoking or illicit drug use. He could not recall any severe childhood illness and was not aware of a family history of chronic disease. On clinical evaluation, he had no significant positive physical findings. Laboratory blood tests showed normal values of complete blood count, serum chemistry, fasting blood glucose, lipid panel, thyroid function, coagulation panel, erythrocyte sedimentation rate, and C- reactive protein level. Serology tests for hepatitis B and C, human immunodeficiency virus, Venereal Disease Research Laboratory, rheumatoid factor, and antinuclear antibody were all negative. His erect posteroanterior chest X-ray was normal. Transthoracic echocardiography (Figure 2) showed a mildly dilated right atrium, mildly increased PA pressure of 37 mm Hg, and a left ventricular ejection fraction of 35%-40%.

His CPKMB and TROP I was very high. Coronary angiogram (Figure) revealed a giant RCA saccular aneurysm immediately adjacent to the ostium of the RCA and extending to the proximal and mid-RCA. The distal RCA was normal in caliber and course. The LMCA was normal. The left anterior descending (LAD) coronary artery ostium was aneurismal with distal LAD and Diagonal plaque. The left circumflex coronary artery (LCX) was normal. Aneurysms showed whirling pattern of contrast staining inside it.

Differential diagnosis

In adults, giant coronary artery aneurysm (gCAA) is predominantly atherosclerotic in origin. Other less common causes include connective tissue diseases, infections, vasculitis, Kawasaki disease, and congenital conditions. Our patient had no risk factors for atherosclerosis, history of connective tissue disease or vasculitis, and no evidence of systemic infection clinically or on workup. In addition, no supporting evidence for these etiologies of gCAA was revealed by serology tests and coronary angiography. Coronary angiography presented no findings suggestive of a congenital source such as associated fistulous connections.

Although the patient reported no childhood illness suggestive of Kawasaki disease, this disease can occasionally be manifested as a mild febrile episode, and the more characteristic mucocutaneous inflammation does not occur in all cases. Kawasaki disease is considered the most likely cause in our patient because of the multiple coronary arteries affected by aneurysms.

Acute giant coronary aneurysm after Kawasaki disease (KD) is a catastrophic complication that can be fatal and very difficult to manage. However, no fixed consensus has been reached for the management of super-giant coronary aneurysms in the acute setting. Based on our experience, hemodynamic stabilization to prevent further coronary dilation or rupture and strict anticoagulation to avoid thrombus formation are mandatory in the management of this condition.

Keywords: Kawasaki disease, Coronary aneurysm, Coronary thrombosis, Coronary artery disease

Kawasaki disease (KD) is a self-limiting systemic inflammatory disease of childhood, and the most important issue with this condition is coronary artery complications. The prevalence of coronary artery involvement is approximately 15-25%, but it decreases to 5% after the introduction of intravenous immunoglobulin (IVIG) treatment.

A giant coronary artery aneurysm (CAA) has a diameter of >8 mm and occurs at an incidence of approximately 0.25-2% in patients with KD. In addition, KD patients with giant CAA show the greatest risk of stenosis and obstruction of the coronary artery, and even myocardial infarction during follow-up. Moreover, several case reports have documented aneurysmal rupture, cardiac tamponade, and death in the acute phase. Despite the seriousness of giant CAA, no fixed consensus has been achieved in the management of this condition in the acute setting.

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Wockhardt Group Hospitals

Celebrate Doctors Day

"Doctors are the key to a healthy nation"

On the special occasion of Doctor's Day this year, we celebrate and honor the incredible dedication, compassion, and expertise you bring to our hospitals and the wider community. Your tireless efforts 365*24*7 are nothing short of heroic.

Every day, you make countless sacrifices to ensure the well-being of our patients, embodying the true spirit of service and care. We salute your resilience, passion, and your relentless pursuit of excellence. We are profoundly grateful for the pivotal role you play in saving lives and improving the quality of healthcare.

Thank you for being the backbone of our healthcare system and for making a lasting impact on society. Your passion and dedication make us all proud and ensures @ Wockhardt Hospitals, Life Wins.

Dr. Clive Fernandes wishing the consultants.

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Celebrate

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Precision Surgery: Tailoring CABGs for Kidney Transplant Patients

Marsupalised area shows intramyocardial LAD area

CABG x03 grafts

A patient with chronic kidney disease (CKD), presented to our nephro department for further management. On further investigations and treatment, it was decided that patient should go for KIDNEY TRANSPLANT. Work up of the patient was found to have borderline heart function on 2D Echo. Patient underwent CAG, which revealed critical TVD (Triple vessel disease). Patient presented to Cardiac surgery department and on examination he had orthopnea, PND (NYHA IV). We started him on antifailure treatment and decided to go on aggressive dialysis preoperatively and post operatively both. One day before surgery he went for dialysis and had VT, CPR was given and he was resuscitated (dialysis stopped).

Again after 5 minutes he had VF, shock was given and he revived again. Again he had VF and shock was given, continuously patient started having VF cycle and we were giving shocks. We decided to put IABP while giving continuous shock on the other hand. IABP was inserted and he got stabilized on moderate inotropic supports. Next day high risk CABG was done, as patient was on moderate inotropic supports with IABP. CABG X03 GRAFTS (OFF PUMP) was done. LAD had subcritical lesion and it was deep intramyocardial. 1st RSVG anastomosed to LAD after digging the LAD and marsupalisation.2nd RSVG Anastomosed to OM1 and 3RD RSVG anastomosed to Om2. RCA system was non dominant, small and diffusely diseased, hence not grafted. Patient was extubated on POD 1st, and IABP removed on POD 2nd. Patient was in ICU for 1 week and in ward for 1 week, he was on intermittent dialysis.

Patient got discharged from hospital on POD 14TH. Patient is doing well, 2 months follow up is done, now gearing up for KIDNEY TRANSPLANT.

Debunking Myths: Total Arterial Revascularization (TAR) Beyond the Young Population

A 65 years old male patients presented with critical coronary artery disease (CAD) (severe TVD). Patient underwent PTCA to RCA (2020), now presented with in-stent restenosis (ISR). Patient underwent CABG after stopping antiplatelet prior to surgery. LIMA, RIMA was harvested and a graft was prepared (LIMA, RIMA Y graft). LIMA (left internal mammary artery) was anastomosed to LAD and with Y graft, Right Internal mammary artery was anastomosed to OM and sequentially anastomosed to PDA. Patient was kept in ICU for two days and two days in ward. Patient was discharged in stable condition.

Coronary artery bypass grafting (CABG) is the preferred revascularization strategy in patients with multi-vessel disease. Graft selection has been shown to influence the outcome following CABG. The use of Left Internal mammary artery (LIMA) to bypass stenotic LAD provides improved outcomes (LIMA releases NO-a vaso dilator which increases patency rate). The Incremental benefit of a second arterial graft has also been described in multiple studies over saphenous(vein) grafts.

One strategy to address the inferior SVS patency rates is to perform CABG with total arterial revascularization (TAR). By avoiding SVGs the rates of graft occlusion and severe stenosis would be lower potentially decreasing the rate of incidences of myocardial infractions (MI), repeated revascularization and death.

Total Arterial Revascularization (TAR) has been shown to improve both short & long term mortality in CABG patients, when compared with single internal thoracic artery (ITA /LITA/RITA) and RSVG GRAFTS. This benefits have been demonstrated in both younger and older patients.

Dr. Akshay Singh
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Wockhardt Hospitals
Nagpur

Life Wins for International Patients

It gives me immense satisfaction to reflect on Wockhardt Hospitals' (WHL) remarkable journey for the past 8-10 years on the international business front. With a steadfast commitment to excellence, we have witnessed significant growth and expanded our global footprint in delivering exceptional healthcare services to a plethora of international patients.

In the last 10 years, WHL has progressed and treated over 21,000 international patients from 91 countries becoming a preferred destination for patients in the western part of India. Most of the patients from Middle East, Africa, Australia, New Zealand, UK and South Asia chose WHL. Our key specialties include Brain & Spine, Orthopaedics, Cardiology, Bariatric, Aesthetic, General Surgeries, Oncology, transplant and more. Inbound patients can save about 65% to 90% compared to similar services in other developed countries, making India a top destination for healthcare with equally or better medical outcome.

This upward trajectory highlights the trust placed in WHL by patients and healthcare professionals globally. Our focus has always been on transitioning from volume- to value- and outcome-based care, standardizing processes, and improving cost transparency. It has been a roller coaster ride for the WHL international team as we had couple of challenging COVID years in between where medical tourism across India came to a standstill for a year and then gradually started picking pace in the second year of the pandemic. The team is set to create new benchmarks in the ongoing phase of expansion.

WHL international BD team actively participates in health exhibitions, engages with multiple doctors, healthcare facilitators, insurance companies and medical aids, investigative labs, corporates, NGOs, religious institutions, and various government health ministries of 18-19 countries.

Through various offline and online channels, we've successfully boosted our brand awareness among potential patients in many foreign markets. Additionally, we are instrumental in providing critical inputs to FICCI, PHDCCI and the Ministry of Tourism to expand inbound medical tourism. As a prominent hospital chain, our feedback helps improve patient volume in India. Our contributions to the 'Heal in India' program (A transparent patient portal) have made it easier for foreign patients to travel to India.

Annual patient meetings are held in few countries, bridging the gap between treatment and aftercare, ensuring continuous improvement through gathered feedback. The training sessions and webinars for hospitals and communities abroad enhance our credibility and goodwill. We exercise surgical camps in few countries for patients unable to travel, to display our surgical prowess and thereby increasing footfall in the subsequent years.

Currently, we touch the lives of around 3,000 international patients annually, ensuring that life wins globally.

Hyper-personalization: WHL celebrates patient milestones like birthdays after their procedures, fostering recovery and positive word-of-mouth about our warm Indian hospitality - 'Atithi Devo Bhava'

> "Wockhardt was one of the hospitals where we sent our reports for treatment and got comparative quotes than other countries and hospitals. The entire staff here is very supportive, starting from doctors, nurses, international patient coordinators, drivers and housekeeping. Our stay here has been very good."
>
> *- words by one of the treated patients*

WHL envisions becoming a multi-fold larger medical tourism leader by expanding into new markets, partnering with renowned healthcare providers, and embracing new technologies. We target high-end surgeries for under-insured and waitlisted patients from developed nations, while upholding transparency and ethics. Additionally, we're elevating our digital channels to offer a comprehensive solution package for international patients, building trust in our services.

"Though the destination may seem distant, it remains within grasp"

Mr. Somnath Shetty
Group General Manager
International Business
Wockhardt Hospitals Ltd.

The Intricacies of a Troubled Heart

A 58-years-old male working with Mumbai Police, presented to Wockhardt emergency in acute left ventricular failure. He was a known case of uncontrolled hypertension and diabetes mellitus. On 28th July after having dinner, he experienced cough, sudden onset of breathlessness and chest pain. He rushed to emergency room, where his oxygen saturation was 72 %, ECG was suggestive of an evolved anterior wall myocardial infarction and arterial blood gas showed metabolic acidosis. He was immediately shifted to ICU from emergency room for further care under Dr Parin Sangoi.

Patient had similar complaints in the past, when he consulted a local doctor. Without further investigations, he started taking ayurvedic medications for his condition.

After stabilizing in ICU for few days, he underwent coronary angiogram which was evident of completely blocked left coronary arteries and severely stenotic right coronary artery. His ECHO showed left ventricular function of 10%.

He was referred to Dr. Gulshan Rohra, Cardiothoracic surgeon for an emergency CABG.

After appropriate examination and counseling by Dr Gulshan Rohra, he underwent Emergency CABG with Dr Aparna Kaushik as senior cardiac anaesthetist. Patient received 3 grafts and surgery was uneventful. Post-operatively in ICU, patient remained stable and was off ventilation in less than 24 hrs. On 4th post-op day he was shifted to ward and eventually discharged on 6th POD.

Patient was loaded with antipatelets and heparin in view of acute coronary events.

Serial echocardiograms have been done after discharge. ECHO done in November showed minimal regional wall abnormalities and left ventricular function- 40%.

Hence, due to timely intervention and great team effort, patient successfully came out of a high risk procedure.

Zestful Living Leads to Longer Life Expectancy

A 71-years-old patient presented with symptoms of breathlessness during routine activities. She was diagnosed with Type 2 respiratory failure with a background of Bronchial asthma and old TB. She was managed and investigated meticulously by Dr Honey Salva.

Echocardiogram was suggestive of severe AS and severe left ventricular dysfunction (EF- 15 %). Treatment options for severe AS are surgical replacement (Open heart surgery) or transcatheter aortic valve implantation (TAVI). This patient was advisd TAVI considering her age and other comorbidities. The patient opted for open heart surgery.

Risk-taking factors in this case:

a) Weight 32kg
b) Age 71
c) Severe irreversible obstructive lung disease
d) Severe irreversible Restrictive lung disease
e) Severe LV dysfunction (EF-10-15%)

The calculated risk to life was 20 % and the risk for prolonged ventilation was 67 %. It means 1 in 5 patients may not make it out with open heart surgery in her case. She was optimized and meticulously planned for 2 weeks before taking her for open heart surgery. During surgery, even with a very small aortic root, aortic valve replaced with a tissue valve.

In the next 48 hours, she was off the ventilator and having her breakfast. Over the next few days, we helped her with pulmonary and physical rehabilitation. Her left ventricular function improved overtime to 30%. She is in follow-up and doing well.

It is absolutely important to assess and optimize such high risk patients. Peroperative and postoperative pulmonary rehabilitation is what made a huge difference in the final outcome.

Dr. Gulshan Rohra
Consultant Cardiothoracic Surgery
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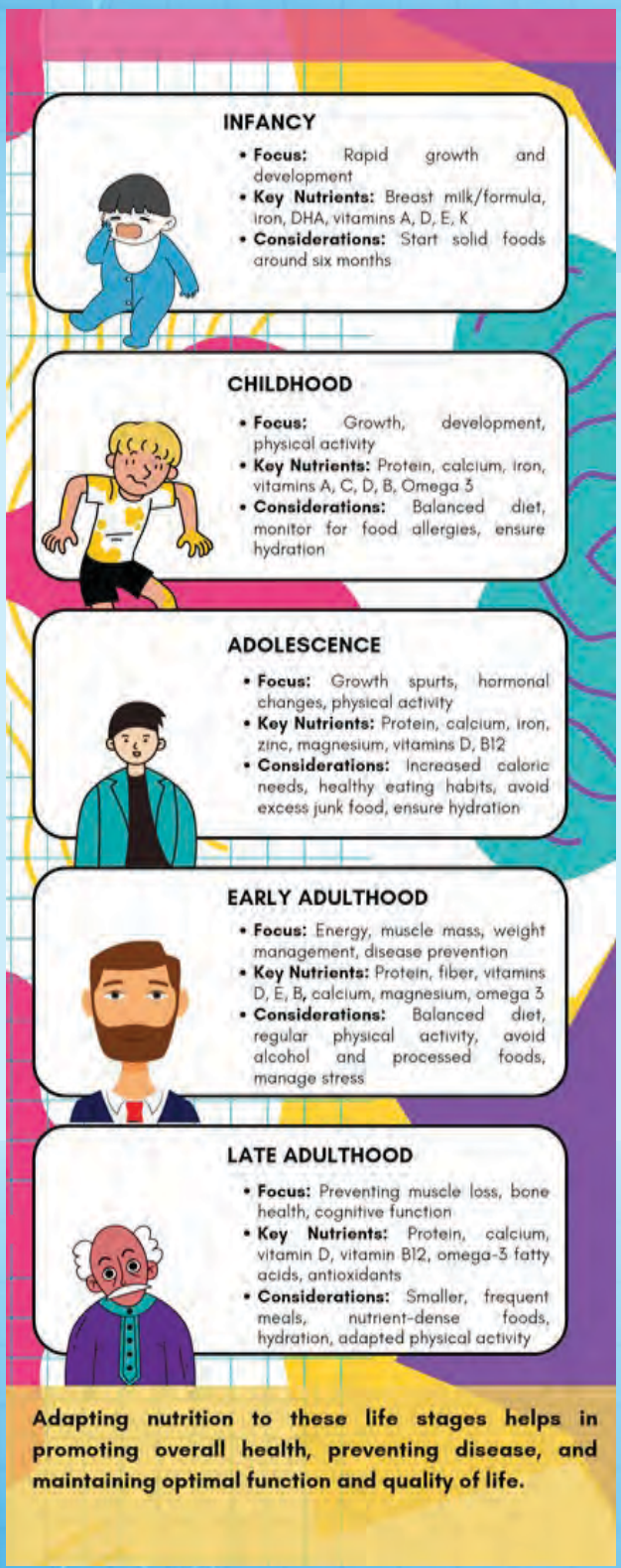
Visioning Exercise

Men's Health Nutrition across Male Life Cycle & Debunking Men's Health Myths



Ms. Riya Desai
Senior Dietitian
Wockhardt Hospitals
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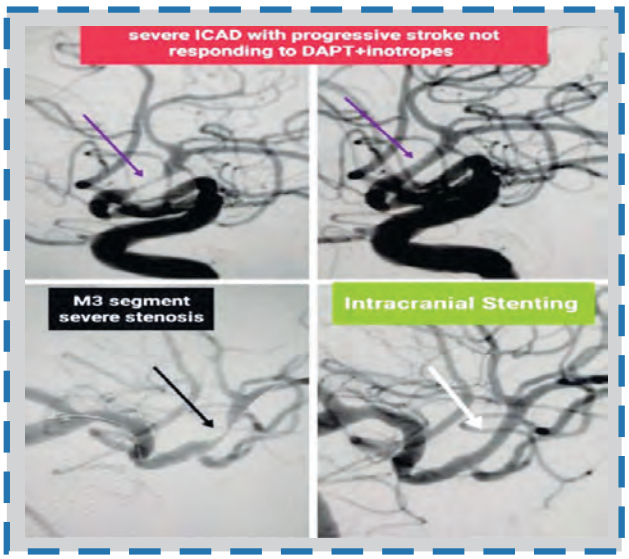
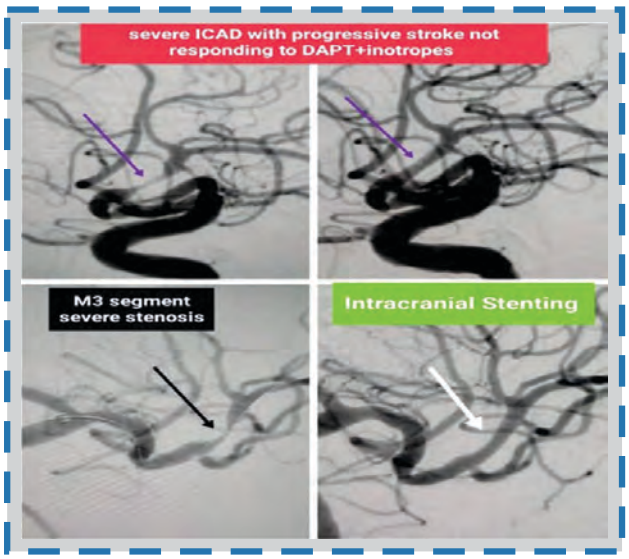
Navigating Narrow Paths:
The Miracle of Brain Angioplasty

A 70 years old patient who had severe stenosis (blockage) in the intracranial artery of the brain in an acute setting thus saving his brain cells from certain death due to ischemia. Post procedure patient had a very good recovery from a complete right sided weakness (hemiplegia) and severe aphasia which is inability to understand or speak any language. Angioplasty is a procedure which uses micro wires which are very fine and small in diameter to reach the desired location in the arterial tree. These wires are passed through small hollow tubes which are called catheters which are passed through a small needle sized hole in the femoral artery of the groin. Over these wires, balloons and then stents are passed to dilate the blood vessels and then keep them open respectively. These procedures done are done in specialist hospitals equipped with cath lab.

Dr Bhatti, further emphasized the fact that identifying patients with acute stroke is the most important step in the accurate management because the most common cause of mismanagement is misdiagnosis or late diagnosis because the benefits of any revascularization procedure is time bound and useful only if done urgently.





Dr. Amit Bhatti
Consultant - Interventional Neurologist & Stroke Specialist
Wockhardt Hospitals
Nagpur

Minimally Invasive Procedure Excels in Removing Incidental Renal Mass

A 63-year-old gentleman presented to our gastroenterologist with complaints of early satiety and abdominal bloating. A routine abdominal sonography was done which showed the presence of a Huge right renal solid cystic mass lesion. The case was referred to Dr Puneet Bhuwania who advised a CT scan after proper blood and urine work-up. CECT abdomen+pelvis showed a 21*11 cm size right kidney with severe hydronephrosis and paper thin cortex. Multiple hypodense cysts, septations and calculi were also seen. Post-contrast study showed minimal delayed excretion of contrast. A DTPA scan was ordered which showed a non-functioning right kidney.

In view of risk of recurrent UTI, pyelonephritis and hemorrhage within the cysts, surgical option was pursued.

Patient was very apprehensive about a big scar. A minimally invasive laparoscopic right nephrectomy was performed by team of Dr Tirathram Kaushik (oncosurgeon) and Dr Prakash Tejwani (urologist) through four 5 mm ports. The specimen was removed via a small 4 cm pfannenstiel incision.

Patients post-operative recovery was uneventful and he was discharged on 3rd post-operative day.

Renal masses/cysts can achieve huge sizes before becoming symptomatic and a lot of patients are diagnosed incidentally. Such cases highlight the importance of regular health check-ups which can lead to prompt diagnosis and early treatment.

Dr. Tirathram Kaushik
Consultant Oncosurgeon and
Minimal Access Surgeon
Wockhardt Hospitals
North Mumbai

Dr. Prakash Tejwani
Consultant Urologist &
Transplant Surgeon
Wockhardt Hospitals
North Mumbai

Dr. Puneet Bhuwania
Consultant Nephrologist
Wockhardt Hospitals
North Mumbai

The Unseen Path: A Remarkable Renal Cell Carcinoma Story

A 49-year-old male presented with a complaint of vague abdominal pain for 1.5 months. After investigation and imaging, it was revealed that he is suffering from a large right renal mass with tumor thrombosis into the renal vein and ascending up to suprahepatic IVC (Level Iii). Hence, the clinical diagnosis of renal cell carcinoma with level II IVC thrombosis was established, and we proceeded with surgery without a biopsy.

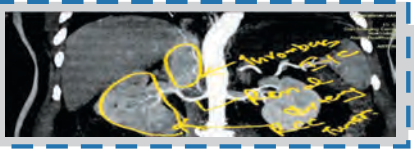
The patient was admitted to Wockhardt and prepared for a major surgery. Pre-op fitness was obtained. Patient was intubated, in supine position, painting and draping were done, and a modified Mackuuchi incision was made. Careful dissection at the right kidney hilar area was done; control over suprahepatic IVC and distally at infrarenal IVC was taken; right renal artery was dissected in the interaortocaval region, and control over it was taken. Artery was double-clipped and cut. Proximal and Distal Control Clamped, and IVC Cut Open From The Anterior Surface Of It, And Careful Thrombectomy Accomplished (Enbloc). Thereafter, the right radical nephrectomy was completed. R0 Resection Achieved. Blood Loss 1.2 Litre and Post Op Patient Was Kept In ICU For Few Days, Supportive Treatment Was Done. 4 PCV, 4 FFP, and 4 PCs are fused. The post-op patient had a tough time due to heparin-induced secondary hemorrhage. But with the great support of our physician, Intensivist, and Staff. We could discharge the patient in good condition at Pod 21.

Patient Histopathology Report Was Pt3n0m0, All Margins Are Free. Patient is doing well and has resumed his daily activity. This type of major surgery is possible only because of teamwork.

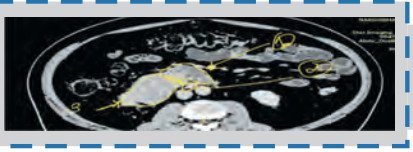
Cancer that begins in the lining of the tiny tubes in the kidney that return filtered substances that the body needs back to the blood and remove extra fluid and waste as urine. Renal cell carcinoma is the most common type of kidney cancer in adults.

Renal cell carcinoma symptoms include:

- Blood in your urine (hematuria).
- Pain in your flank (the sides of your body between your hips and ribs).
- A firm lump in your abdomen, low back or flank.
- Fever.
- Night sweats.
- Unexplained weight loss.

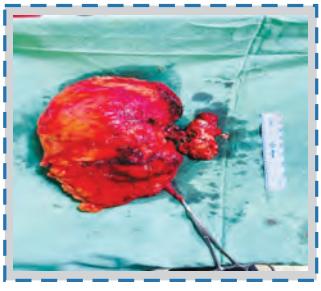


1. IVC Thrombus
2. Calcified LN
3. Primary RCC Tumor



1. IVC Thrombus
2. Calcified LN
3. Primary RCC Tumor

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

Beyond the Throbbing: Unravelling a 19-Year-Old's Headache Mystery

Treatment of a 19-Year-Old Student without Opening His Brain

A 19-year-old medical student had been suffering from severe headaches for more than a year. Despite receiving migraine treatment from many doctors, he did not experience any relief. Additionally, he began suffering from blurred vision and was on the verge of becoming blind. Finally, he consulted Dr. Ketan Chudasama, a neurologist at Wockhardt Hospital.

Dr. Ketan Chudasama diagnosed him with Idiopathic Intracranial Hypertension (IIH). In this condition, the pressure in the brain is very high due to constriction in the veins that return blood from the brain.

To permanently cure this disease, the patient was admitted for brain angiography, performed by Dr. Vikas Jain, which confirmed the high pressure. The brain pressure was immediately reduced by placing a stent in the constricted vein. This very rare and complex procedure is known as venous sinus stenting in medical science.

After this procedure, the patient's headache and vision improved immediately. Wockhardt Hospitals made a tremendous effort to save him from becoming blind for life and to support his successful medical career.

Idiopathic intracranial hypertension happens when high pressure around the brain causes symptoms like vision changes and headaches.

Symptoms:

- Headaches.
- Tinnitus (ringing in the ears)
- Temporary blindness.
- Double vision.
- Blind spots.
- Neck and shoulder pain.
- Peripheral (side) vision loss.

Dr. Vikash Jain
Consultant Interventional Radiology
Wockhardt Hospitals
Rajkot

Dr. Ketan Chudasama
Consultant Neurology
Wockhardt Hospitals
Rajkot

Smile revival: Botulinum toxin rescues from nerve paralysis imbalance

Updated Author Attribution : We regret the error in the last medical bulletin. The following article is reproduced here with proper author acknowledgment.

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. Shraddha S. Deshpande
Consultant Plastic,
Reconstructive & Aesthetic Surgeon
Wockhardt Hospitals
South Mumbai

Conquering Complexity: Pituitary Macroadenoma with Apoplexy and Third Nerve Palsy

A 45-year-old female patient presented with history of imbalance while walking since last 2 to 3 months and headache which was associated with vomiting occasionally since last month. She started having difficulty in writing and other activities where co-ordination is needed for a last few weeks. She was evaluated with a MRI brain which showed T2 hyper intense cystic lesion with septation in posterior fossa compressing over the 4th ventricle anteriorly and both cerebellum laterally causing mild increase in size of ventricular system. She underwent endoscopic fenestration of the cyst and opening of septations in prone position. Small linear incision of 5 cm was taken in the midline and single burr hole was made. The membrane of the arachnoid cyst was opened the CSF was drained which was under severe pressure and membrane was sent for HPE.

Patient Pituitary apoplexy is characterized by a sudden onset of headache, visual impairment, ophthalmoplegia, altered mental status, and hormonal dysfunction. The occulomotor nerve is more susceptible to laterally transmitted pressure by expanding the pituitary mass, because of its anatomical location. Sudden onset third nerve palsy results from hemorrhage or infarct in the pre-existing pituitary mass and is attributed to the compromising of the vascular supply of the nerve, due to compression of the vasa nervosum originating in the internal carotid artery. Treatment of pituitary apoplexy includes medical and surgical management. Intravenous steroid is necessary to prevent acute adrenal insufficiency. The definitive treatment for pituitary apoplexy is early surgical decompression, which relieves the pressure on the sellar and suprasellar structures.

Fig 1
Pre op MRI brain with large posterior fossa cyst

Fig 2
Post op CT

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

First Pediatric Cardiac Surgery: A Milestone in Pediatric Heart Care

A 8 year old female child presented with difficulty in breathing and palpitations since childhood. The baby was diagnosed to have perimembranous ventricular septal defect since birth. Family was advised to have regular follow up as eventually ventricular septal defect will get closed.

Perimembranous ventricular septal defect are located in left ventricle outflow tract beneath the aortic valve. They are the most common ventricular septal defect subtype, occuring in 80-75% cases. Normal closure of the ventricular sptum occur through growth of the oulet septum, growth of the endocardial cushions, and growth of the muscular septum.

Usually perimembranous ventricular septal defect do not get close and eventually require surgical interventions (NATURAL COURSE). In our case child presented to us with perimembranous VSD of 6mm in size. This VSD was restrictive (other type is non-restrictive Qp/Qs>2:1) where Qp/Qs. The main Indication to close this VSD was chance of INFECTIVE ENDOCARDITIS and EISENMENEGERISATION in child in future.

Child underwent perimembranous ventricular septal defectclosure on CPB. Child was in ICU for three days and later was shifted to ward in stable condition in sinus rhythm. Child was discharged from the hospital on day 5 in stable condition. Child is in follow up and doing well

If surgical intervention is not done in these type of cases, then these children develop Eisenmenger syndrome and infective endocarditis leading to heart failure and risk to Life

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

New Consultants who joined The Wockhardt Family

NAME	DESIGNATION	UNIT
Dr. Meenoti Potdar	Consultant Anaesthesiologist	SOBO
Dr. Dharav Kheradia	Consultant Interventional Radiologist	SOBO
Dr. Vishal Shinde	Consultant Orthopaedic Surgery	SOBO
Dr. Supreet Bajwa	Consultant Orthopaedic Surgery	SOBO
Dr. Charudatt Vaity	Director Critical Care Medicine	SOBO
Dr. Mansi Shah	Consultant Neurologist	NOBO
Dr. Saikat Jena	Consultant Orthopaedic Surgery	NOBO
Dr. Anand Ram	Consultant Cardiologist	NOBO
Dr. Rahul Hiwanj	Consultant Intensivist	Nagpur
Dr. Shrikant Jai	Consultant Urology	Nagpur
Dr. Pravin Gojiya	Connsultant Pathology	Rajokt
Dr. Chintan Mehta	Consultant Cardiovascular and Thorasic Surgery	Rajokt

BIO-CHIMNEY Procedure Saves Heart Patient in Madhya Pradesh

A 36-years-old female was suffering from Chest Pain,Palpitations(Ghabrahat). She came to Wockhadrt Hospital Nagpur for evaluation. After examining her in OPD, her heart sounds were found to be abnormal. Therefore, Echo was advised. She was examined by Dr.Akshay Singh,Consultant-Cardiovascular Thoracic surgery & Dr. Amey Beedkar, Consultant Cardiologist. On Echo it found that she had hole in heart (ASD) from childhood plus the size of her mitral valve (main valve of heart) is narrowed. As she had a hole & her valve also was narrowed, So Dr.Akshay Singh, Consultant & Dr.Amey Beedkar has decided open heart surgery to close the hole & replace the valve was the best plan.

Dr.Akshay Singh, Consultant-Cardiovascular Thoracic Surgery, Wockhardt Hospitals Nagpur said that, as her medical problem was from long time (childhood), her left atrium i.e the part of heart where valve need to be fixed was found to be smaller in size. Therefore the patient underwent surgery with NOVEL procedure "BIO-CHIMNEY" (Bio-Chimney MVR + ASD closure) which creates a “floating valve”After this operation, the symptoms in the patient are completely relieved & she is stable now and doing well.

A novel bio-chimney technique is a technique in which a bioprosthetic valve of a size appropriate for the patient is sutured to a polyester vascular graft, which is then implanted to the native narrow mitral annulus in an adult patient, with promising initial results.

Mitral valve repair and mitral valve replacement are types of heart surgery to fix or replace a leaky or narrowed mitral valve. The mitral valve is one of four heart valves that control blood flow in the heart. It's located between the upper and lower left heart chambers.Mitral valve repair and mitral valve replacement may be done as an open-heart surgery or as a minimally invasive surgery. The method used depends on how severe the mitral valve disease is and if it's getting worse.Surgeons usually recommend mitral valve repair instead of replacement, when possible. It keeps the existing heart valve and can help save heart function.ASD closure is a procedure to close an atrial septal defect (ASD) or hole in your heart.An atrial septal defect (ASD) is an abnormal opening in the wall (septum) between your heart's two upper chambers (atria). Every baby is born with a small opening there. The hole usually closes a few weeks or months after birth. But sometimes a baby is born with a larger hole that doesn't close properly

4

Hypertension on rise in young adults: Docs

Regular BP Check Can Help In Early Detection

MATTERS OF HEART

Now, bio-chimney for heart valve repair

WORLD HYPERTENSION DAY

Dr. Akshay Singh
Consultant-Cardiovascular Thoracic Surgery
Wockhardt Hospitals
Nagpur

Dr. Amey Beedkar
Consultant Cardiologist
Wockhardt Hospitals
Nagpur

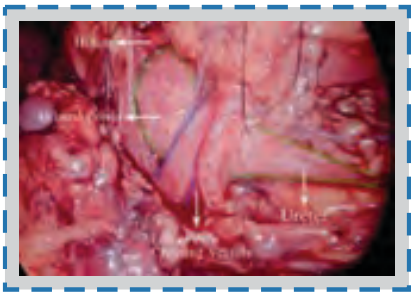
Modernizing Kidney Care with Advanced Techniques - Laparoscopic Pyeloplasty

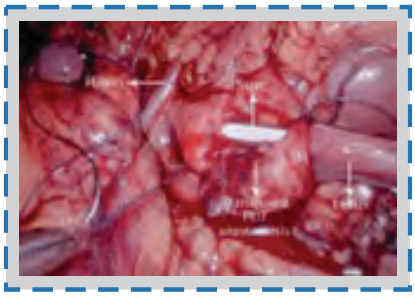
In the field of urology, advancements in surgical techniques continue to revolutionize patient care. One such innovation is laparoscopic pyeloplasty, a minimally invasive procedure used to treat kidney blockages with remarkable success. We recently performed a laparoscopic pyeloplasty that exemplifies the benefits of this modern approach.

We had the privilege of assisting a young man with a long-standing recurrent pain left side of abdomen. Few tests were done that showed there was swelling in his left kidney, further evaluation showed there was a blockage or narrowing at the junction where the ureter (the tube that drains urine from the kidney) meets the renal pelvis (the kidney's collecting system). This patient required a surgery called Pyeloplasty which involves repairing the junction. Traditionally, this procedure was done through open surgery, requiring a larger incision and longer recovery time of 8 to 9 days. But we did a minimally invasive laparoscopic pyeloplasty.

Through laparoscopic pyeloplasty, we were able to restore proper urine flow without the need for a large incision. The patient's recovery was swift, he mobile after 24hrs of surgery. He experienced minimal postoperative pain, enabling them to return to their daily activities sooner than expected and was discharged after 72hrs of surgery. Witnessing such positive outcomes reaffirms the value of laparoscopic techniques in improving patient well-being.
This advanced procedure offers several advantages over traditional surgery, smaller incisions mean less trauma to surrounding tissues. Patients can often return home within a two or three day after surgery. Minimal scarring compared to open surgery. Smaller incisions result in better cosmetic outcomes.

Laparoscopic pyeloplasty represents a significant advancement in kidney surgery, offering effective treatment with fewer complications and a quicker recovery.





Dr. Shrikant Jai
Consultant Reconstructive Urologist
Wockhardt Hospitals
Nagpur

Let's connect!

Wockhardt Hospitals, South Mumbai, held an event titled "Let's Connect," inviting office bearers from societies around south Mumbai for an open forum interaction with Dr. Clive Fernandes and Dr. Virendra Chauhan. The event included a Q&A session, where participants had the opportunity to engage directly with the speakers.

Dr. Clive Fernandes and Dr. Virendra Chauhan addressed the importance of societies and their connection to the community. They emphasized how such programs can be implemented at the society level to enhance community engagement.

During this program a privilege card was introduced, that contains various value added services for the society members.

Additionally, First Aid Boxes were distributed to each society.

Wockhardt Hospitals Leads the Way in Stroke Care Program and the Emergency department with QAI Accreditation

"Excellence is never an accident. It is always the result of high intention, sincere effort and intelligent execution, it represents the wise choice of many alternatives" - Aristotle

Individual program certifications and Accreditations are the next big thing in healthcare and being amongst the first hospitals to achieve these is really inspiring. I am sure this will enhance and take the level of care we provide to our patients to the next level ensuring as always at Wockhardt Hospitals, Life Wins.

Wockhardt Hospitals, North Mumbai, has achieved accreditation for its Advanced Stroke Centre and Emergency Department from the Quality and Accreditation Institute (QAI) – Centre for Accreditation of Health & Social Care. This prestigious accreditation sets the highest standards for stroke care and emergency services, making Wockhardt Hospitals the first in Maharashtra to receive such recognition. Additionally, Wockhardt Hospital, Nagpur, has also earned accreditation for its Emergency Department.This milestone signifies the hospital's commitment to revolutionizing stroke care with top-notch quality, state-of-the-art technology, and skilled expertise for acute care and rehabilitation. Prior to this, the Wockhardt Stroke Centre was awarded a platinum rating in 2022 and a gold rating in 2023 by the World Stroke Organization Angels Awards.

Quality And Accreditation Institute
Centre for Accreditation of Health & Social Care

Certificate of Accreditation

Wockhardt Hospitals Limited
Unit: The Umrao Institute of Medical Science and Research
Near Railway Station, Mira Road (E),
Thane-401107, Maharashtra, India
has been assessed and accredited in accordance with the QAI Accreditation Standards for
Emergency Department
This certificate remains valid subject to continued compliance to the above standards & any other requirements specified by QAI.

QAI/CAHSC/ED/2024/0007

Valid from: 27 June 2024 Valid until: 26 June 2027

Dr. Bhupendra Kumar Rana, Chief Executive Officer
Prof. (Dr.) Mahesh Chandra Misra, Chair, CAHSC

Quality And Accreditation Institute
Centre for Accreditation of Health & Social Care

Certificate of Accreditation

Wockhardt Hospitals Limited
Unit: The Umrao Institute of Medical Science and Research
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has been assessed and accredited in accordance with the QAI Accreditation Standards for
Advanced Stroke Centre
This certificate remains valid subject to continued compliance to the above standards & any other requirements specified by QAI.

QAI/CAHSC/ASC/2024/0013

Valid from: 04 June 2024 Valid until: 03 June 2027

Dr. Bhupendra Kumar Rana, Chief Executive Officer
Prof. (Dr.) Mahesh Chandra Misra, Chair, CAHSC

Quality And Accreditation Institute
Centre for Accreditation of Health & Social Care

Certificate of Accreditation

Wockhardt Hospitals Limited
1643 North Ambazari Road, Shankar Nagar,
Nagpur-440033, Maharashtra, India
has been assessed and accredited in accordance with the QAI Accreditation Standards for
Emergency Department
This certificate remains valid subject to continued compliance to the above standards & any other requirements specified by QAI.

QAI/CAHSC/ED/2024/0008

Valid from: 17 July 2024 Valid until: 16 July 2027

Dr. Bhupendra Kumar Rana, Chief Executive Officer
Prof. (Dr.) Mahesh Chandra Misra, Chair, CAHSC

World International Nurse Day Celebration

Wockhardt group hospitals celebrated International Nurse Day on 13th May 2024, Dr. Clive Fernandes, Group Clinical Director & Chief Operating Officer, 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.

OUR NIGHTINGALES LONG SERVICE AWARDS

CELEBRATING 5 years @ WOCKHARDT HOSPITALS

RAJKOT	NAGPUR
Ankinkumar Thakor	Kamini Deodas Sakhare
Sanjidabanu Kadivar	Sneha Ujval Bhongade
Purnima Kujur	Manoj Kumar
Pinkalben Koli	**SOBO**
Rasila Solanki	Shubhangi Tawde
Rahul Vala	Deepali S Gotad
Heenaben Sur	Keroline V Mallikarjun

CELEBRATING 15 years @ WOCKHARDT HOSPITALS

RAJKOT	Suma S G
Hasmukhgiri K. Gosai	Sumati Ambalam
Bhanu Vaghela	Sunita H. Parmar
Jessy Samuel	Prashant Agravat
Nitin Vadalia	Trupti Chudasama
Vibhuti Vadher	Harsha Kadivar
Lizy Biju	Namrataben K Makwana
Arti V Mulasiya	**NAGPUR**
Bhavna Dangar	Surekha Vinod Sakhare
Janakray Dhamecha	Uttara Sahare
Kishor Vaghela	Charulata V Balapure
Mariamma Monachen	Sukeshini Gosavi
Premila Chavda	Ashwini Taksande
Shital N. Bagthaliya	

HIGHEST SMILEY AWARD

NOBO
Ms. Sangeeta Pandey
114

Rajkot
Ms. Lizy Biju
407

Nagpur
Ms. Kamini D Sakhare
136

SOBO
Ms. Prema
16

CELEBRATING 10 years @ WOCKHARDT HOSPITALS

NAGPUR	Karishma R Diwate
Firoj Khan	Silviya Manual
Prajakta R Raut	**SOBO**
Kumbhar S Veerappa	Shubhangi Tawde
Aarti R Tayade	Clera Menezes

World International Nurse Day Celebration

WOCKHARDT PICNIC 2024

★ OUR ACCREDITATIONS ★

JOINT COMMISSION INTERNATIONAL (USA)

NATIONAL ACCREDITATION BOARD FOR HOSPITALS AND HEALTHCARE PROVIDERS (INDIA)

QAI ACCREDITATION

GREEN OPERATING THEATRE (OT)

NATIONAL ACCREDITATION BOARD FOR TESTING AND CALIBRATION LABORATORIES

LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN

CENTER OF EXCELLENCE

SURGEON OF EXCELLENCE

NEW AGE WOCKHARDT HOSPITALS | LIFE WINS

CONTACT US

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