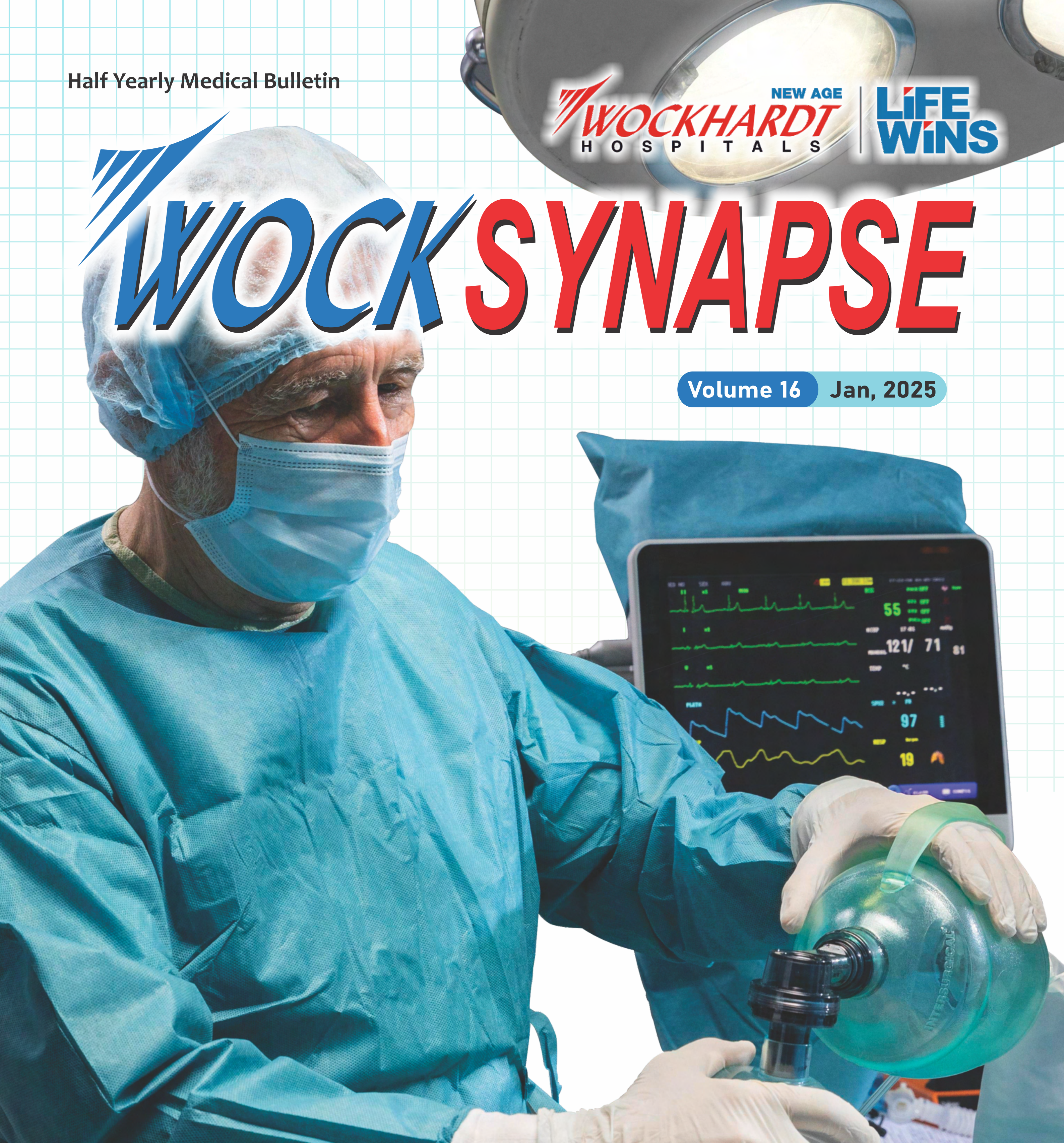


Pg 05
A breakthrough in Brain care: Vidarbha's first DBS surgery for Parkinsons

Pg 08
A new dawn in Neurology: Maharashtra's fisrt percept RC DBS success

Pg 09
Precision in Action: Central India's first MitraClip

Pg 16
Beyond today: Uterus preservation for a fertaile tomorrow

**Wockhardt Group :** Pharmaceuticals | Biotechnology | Hospitals | Regenerative | Medicine | Communities | Foundations

## Table of Contents

| Table of Contents | Page No. |
|---|---|
| A Breakthrough in Brain Care: Vidarbha's First DBS Surgery for Parkinson's | 05 |
| 16 Fibroids Removed, Dreams of Motherhood Restored | 06 |
| Miraculous Recovery: Widowmaker Heart Attack A Case of LMCA Cardiogenic Shock Syndrome | 07 |
| A New Dawn in Neurology: Maharashtra's First Percept RC DBS Success | 08 |
| Precision in Action:Central India's First MitraClip Journey | 09 |
| Scarless and Seamless: TOETVA Thyroidectomy Debuts in Nagpur | 10 |
| Managing Overlap Syndrome of Systemic Lupus Erythematosus & Autoimmune Hepatitis: A Clinical Challenge | 11 |
| From Remedy to Risk: Rifampicin's Role in Autoimmune Thrombocytopenia | 12 |
| The Miracle of Life: Overcoming Aplastic Anemia in Pregnancy | 13 |
| Transforming Lives with the Power of Advanced Laparoscopy | 14 |
| Embracing normal delivery after a cesarean YES ITS POSSIBLE!! | 14 |
| The Role of Genetics in Modern Healthcare | 15 |
| Beyond Today: Uterus Preservation for a Fertile Tomorrow | 16 |
| Medication Management Process: Some key challenges and the way to address them | 17 |
| Acom Aneurysm Treated with the Contour Device | 19 |
| Five Surgeries by the age of one year: Baby without anus treated successfully | 20 |
| ABO - No more Incompatible - Swap Transplant | 21 |
| ABO - No more Incompatible: Desensitization | 22 |
| High-Risk Hip Surgery Was Done Without ICU Stay: A Success Story | 22 |
| Iyengar Yoga: A Holistic Approach to Well-being for Healthcare Professionals | 23 |
| Tiny Beginnings, Big Milestones: A Baby's Remarkable Story | 24 |
| A Triumph of Modern Medicine: Laparoscopic Surgery Removes Tumor in 72-Year-Old | 25 |
| Young Woman, 22, Recovers Quickly After Breakthrough Minimally Invasive Heart Surgery | 25 |
| Chest Pain with Elevated Troponin T: Myocardial Ischemia or not? | 26 |
| UFE (Uterine Fibroid Embolization) A non-surgical solution offering Hope | 27 |
| Extensive endometriosis mimicking acute appendicitis | 27 |
| Heterotopic Pregnancy in a 39-Year-Old Woman. | 28 |
| Successfully Performed Eustachian Tube Balloon Dilatation | 28 |
| Role of Clinical Pharmacist in Patient Safety-A New Chapter | 29 |
| Building Digital Pathways: Transforming Healthcare | 30 |
| Understanding Clinical Indicators and Their Role in Healthcare Quality | 31 |
| Wockhardt Hospitals Sets a Benchmark in Stroke and Emergency Care with QAI Accreditation | 32 |
| Wockhardt Group Hospitals XIth Nursing Leadership Program | 33 |
| World Patient Safety Day 2024 | 34 |

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# Managing Director's Desk

**Zahabiya Khorakiwala**
Managing Director
Wockhardt Hospitals

Dear Associates,

I hope this message finds you all in good health and high spirits. As I reflect on the last one year, I am filled with immense pride and gratitude for the exceptional work each one of you has accomplished. Together, we have faced challenges, celebrated successes, and continued our journey towards excellence in healthcare.

Your unwavering dedication to our patients and the values of our organization has been nothing short of remarkable. The quality benchmarks you have achieved are a testament to your skills, and the patient testimonials we receive reaffirm the trust that communities place in us. The last twelve months have highlighted the incredible depth of talent, compassion, and teamwork that exists within our organization.

Our clinical teams have been the backbone of our success. The cases in this edition of Wocksynapse have demonstrated a deep commitment to improving lives. You have shown that healthcare is not just a profession but a calling—a commitment to healing, compassion, and innovation. Your spirit of collaboration, across disciplines and departments, has been inspirational. Together, we have not only delivered outstanding clinical outcomes but also created an environment where patients and their families feel cared for and respected.

We restarted our Nursing Leadership Program with our 11th batch this year. This is a program we envisioned over a decade ago as a means of identifying and grooming future nurse leaders from within our organisation and I wish each of the participant's good luck going forward.

As we look ahead, I am confident that the coming year will bring new opportunities and challenges. I urge each one of you to continue striving for excellence, embracing innovation, and upholding the values that define our organization. Let us continue to push boundaries, set new benchmarks, and work towards transforming healthcare making a difference in the lives of our patients and the communities we serve ensuring that @ Wockhardt Hospitals, Life Wins.

Wishing you and your loved ones a very happy and prosperous New Year.

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.

# Chief Editor Speak

Dear Team,

Wishing you and your loved ones a very happy and prosperous New Year 2025

As we stand at the threshold of a new year, it is the perfect time to reflect on the incredible journey we have undertaken together over the past 12 months. I am both honoured and privileged to lead a team that has demonstrated such unwavering dedication, resilience, and commitment to excellence in healthcare delivery.

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

The last year has been a testament to the strength and expertise of our clinical teams. Your efforts have touched countless lives, delivering care of the highest standards and ensuring that every patient who walked through our doors felt valued, respected, and cared for. Each one of you has played a vital role in upholding our mission to provide compassionate, world-class healthcare. The positive impact you have created within our communities is truly inspiring.

One of the highlights of this year was all our hospitals achieving the QAI Accreditations for Stroke and the Emergency department. Standalone accreditations are the next big thing in healthcare as hospitals strive to achieve excellence in every clinical service and I can proudly state that we are the first group of hospitals in the country to have all units accredited in each of these disciplines demonstrating our commitment to clinical excellence, quality and patient safety 365*24*7.

Last year we embarked on a journey embracing technology which at first seemed quite disruptive to many of us, but over a period of time we have realised the immense value this has brought about in the work we do and I would like to commend each one of you for your adaptability that helped in seamless adoption of these new technologies.

The awards, recognitions, and accreditations we have received are a direct reflection of the dedication and expertise you bring to your work every day. Thank you for making this journey so rewarding.

The coming year will undoubtedly bring its share of challenges, but I am confident that with the same spirit of collaboration, innovation, and perseverance, we will continue to reach new heights not only meeting patients' needs but striving every day to exceed our patients expectations thus ensuring @Wockhardt Hospitals, Life Wins Always.

On behalf of the entire leadership team, I extend my deepest gratitude to each one of you. Your contributions make all the difference, and your passion and dedication inspire us all to dream bigger and do better. I wish you all continued success and good health in the coming months. Let us keep striving to make a positive difference in the lives of those we serve.
Good luck and God Bless each one of you.

# A Breakthrough in Brain Care:
# Vidarbha's First DBS Surgery for Parkinson's

Marking a significant milestone in the field of advanced neurological care, the Vidarbha region witnessed its first-ever Deep Brain Stimulation (DBS) surgery for Parkinson's disease. This groundbreaking achievement places Vidarbha on the map as a hub for state-of-the-art medical interventions in India.

The procedure was conducted successfully by the Wockhardt hospital team of doctors headed by our specialist and highly skilled functional neurosurgeon ushering in a new era of hope for the patients battling with Parkinson's disease in this region. DBS is a revolutionary surgical treatment involving the implantation of a device that sends electrical impulses to specific areas of the brain, helping alleviate motor symptoms such as tremors, rigidity, and bradykinesia.

During the press meeting, Prof.Dr Manish Baldia the lead neurosurgeon, elaborated on the procedure:
"Deep Brain Stimulation has transformed the management of Parkinson's disease globally. It is a minimally invasive technique that offers significant improvement in quality of life for patients who no longer respond effectively to medication. It is a safe surgery and done by keeping the patient awake so that the patient himself confirms the improvement of his symptoms during the procedure. There is no recovery period and can be performed safely up to the age of 80. Dr Baldia says that earlier the surgery, better and longer the results as the medications can be stopped completely. DBS can also be performed for various other indications like Dystonia, Writer's cramp, Epilepsy, Huntington chorea, SCA-12, Addiction, Depression and OCD.

The patient, Mr Shinde 52-year-old male, had been suffering from advanced-stage Parkinson's for over a decade. Before surgery the patient was taking 10 tablets of dopamine and post-surgery within 2 weeks his medicine requirement came down to 2 tablets. A dramatic improvement in his quality of life and mood was seen, with reduction in symptoms and better mobility.

Deep brain stimulation (DBS) is a surgical therapy used to treat certain aspects of Parkinson's disease (PD). This powerful therapy most addresses the movement symptoms of Parkinson's and certain side effects caused by medications. DBS may also improve some non-motor symptoms, including sleep, pain, and urinary urgency. It is important to keep in mind that DBS can only help relieve symptoms, not cure or stop disease progression.

DBS is a surgical procedure used to treat a variety of disabling neurological symptoms — most commonly the debilitating movement symptoms of Parkinson's, such as tremor, stiffness, slowed movement, and slowed walking.

DBS is not felt to damage healthy brain tissue or destroy nerve cells. Instead, the procedure is felt to interrupt problematic electrical signals from targeted areas in the brain.

At present, the procedure is used only for people whose symptoms cannot be adequately controlled with medications.

This landmark surgery reaffirms Wockhardt hospital as a leader in progressive healthcare and its dedication to improving patient outcomes in central India. At Wockhardt Hospitals, Life Wins

**Dr. Manish Baldiya**
Consultant Neurologist
Wockhardt Hospitals
South Mumbai & Nagpur

# 16 Fibroids Removed, Dreams of Motherhood Restored

A 39 years old patient was diagnosed with multiple large myomas in the uterus, including lower segment and cervical fibroids with abdominal pain and heavy menstrual bleeding. The doctors she visited, advised her to undergo a Hysterectomy (removal of the uterus). However, she was keen on raising a family and didn't want to remove her uterus.

The patient visited Dr. Rachna Sharma and shared her concern about having children. Taking this into consideration, Dr. Rachna Sharma planned to remove the Fibroids while preserving the Uterus. It was a risky procedure since the removal of the lower segment and cervical Fibroids could lead to significant bleeding. Additionally, reconstructing the uterus was challenging with such large and multiple fibroids.

Dr. Rachna Sharma took on the challenge and counselled the patient about the surgery, including the possibility that the uterus might need to be removed if excessive bleeding occurred. The patient agreed to take the risk and was taken in for the operation.

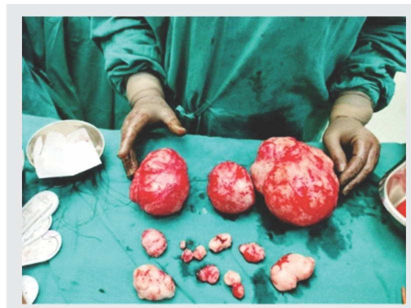
During the surgery, many challenges were encountered as the whole anatomy in the abdominal cavity was disturbed. To protect the ureters, Dr. Prakash Tejwani, performed a ureteric catheterization before the surgery began. A total of 16 Fibroids, both large and small, were removed. The largest Fibroid measured 15 x 12 cm, while the rest ranged between 3-10 cm. Some smaller Fibroids were removed due to their location, which might have hindered the patient's chances of future pregnancy.

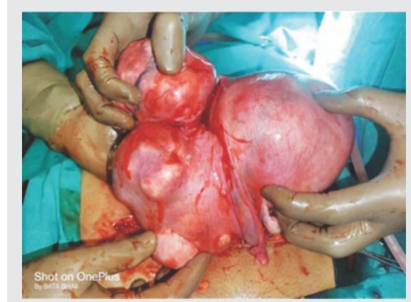
The operation proceeded smoothly without any complications, and the patient's uterus was successfully preserved. The patient did well post-surgery and was discharged in good condition on the third day.

Special thanks to Dr. S.N. Agarwal for assisting in the surgery and to Dr. Prakash Tejwani for the ureteric catheterization. At Wockhardt Hospitals, Life Wins.

Fibroids are common benign growth that develops in the uterus. The presenting symptoms may be heavy menstrual bleeding, pelvic pain, bloating, frequent urination & constipation. Fibroids affects 70 – 80 % of women by the age of 50.

It can lead to complication such as infertility, miscarriage & premature labor.





**Dr. Rachana Sharma**
Consultant Gynecologist & Infertility
Wockhardt Hospitals
North Mumbai

**Dr. S N Agrawal**
Consultant Obstetrics & Gynecologist
Wockhardt Hospitals
North Mumbai

**Dr. Prakash Tejwani**
Consultant Urologist and Transplant Surgery
Wockhardt Hospitals
North Mumbai

# Miraculous Recovery: Widowmaker Heart Attack
# A Case of LMCA Cardiogenic Shock Syndrome

A 41 year old male patient, chronic smoker, presented to the Emergency Department with severe chest pain, profuse sweating, pain radiating to the left arm, and persistent vomiting for 30 minutes. Blood pressure was 60 mmHg. His medical history revealed a previous Percutaneous Transluminal Coronary Angioplasty (PTCA) with stenting to the Left Anterior Descending Artery (LAD) 10 years prior, but he had stopped taking his medication a few months ago.

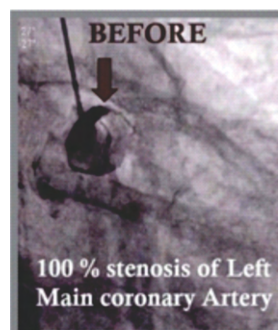
The patient's condition was diagnosed as LMCA Cardiogenic Shock Syndrome due to 100% In-Stent Restenosis (ISR) of the Left Main Coronary Artery (LMCA). Dr. Anand Ram performed an urgent revascularization procedure, revealing 100% ISR of the LMCA with TIMI 0 flow. Despite the severity of the lesion, the Angioplasty was successfully completed without any complications.

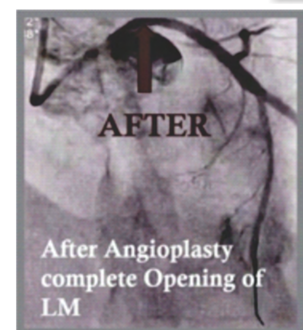
The procedure involved passing a PTCA wire through the lesion, which was challenging due to the 100% stenosis, followed by thrombosuction with thrombuster to remove multiple blood clots. Intracoronary IIb/IIIa inhibitors were used and continued in the post-operative phase. A 3.5 x 33 mm drug-eluting stent was placed from the ostial LM to the LAD, overlapping the previous stent, with post-dilation and flaring of the LM ostial. The final result showed complete revascularization of the left Coronary Artery with TIMI III flow, achieved in just 20 minutes and the patient was discharged after three days in stable condition. He has been able to return to his ongoing job and daily life routine while having regular follow-ups. At Wockhardt Hospitals, Life wins!

A Widowmaker Heart Attack occurs when a patient experiences a major blockage at the beginning of the Left Main Artery (LM). This Artery is a major pipeline for blood, carrying about 80% of the heart's blood supply. If blood flow is 100% blocked at this critical location, it can be fatal without emergency care.

The "LMCA Cardiogenic Shock Syndrome" described by Quigley et al. is a serious condition in which Acute Myocardial Infarction (AMI) is accompanied by Cardiogenic Shock and severe LMCA stenosis. The mortality rate is 100% with conservative treatment and 89% with PCI and Surgery.

**Dr. Anand Ram**
Consultant Interventional Cardiologist
Wockhardt Hospitals
North Mumbai



# A New Dawn in Neurology:
# Maharashtra's First Percept RC DBS Success

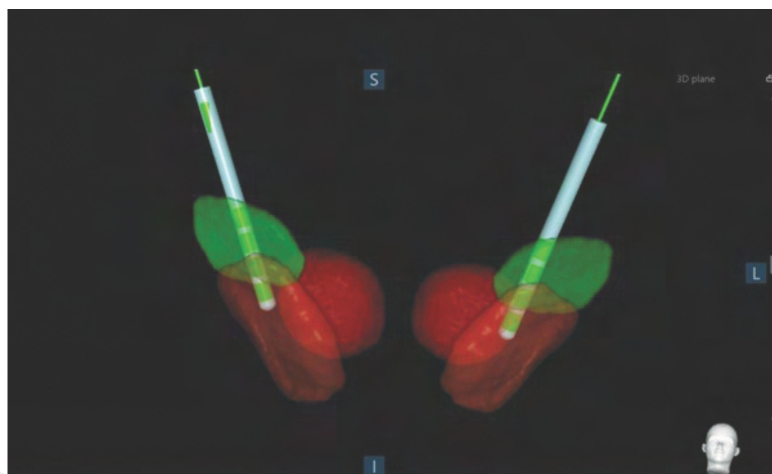
A young gentleman in his 40s presented to my OPD with dancing movements which could easily recognized as drug induced. As he sat, he started getting severe tremors in both hands which were predominant on the left side. It was a clear case of Advanced Parkinson disease. Before they could utter any sentence, the entire treatment protocol was clear in front of me. As the discussion started they were explained the need for DBS which can be the only solution for this condition. They told about the need for it, after a proper and through explanation of the procedure they consented for the same. We finally conducted a successful DBS for this gentleman.

Immediate after surgery his dyskinesia improved. DBS continues to show improvement for months. Complete assessment of overall benefit will be done after 5-6 months of intensive programming. We take the pride that we performed the – "first Full DBS with percept RC conducted in entire Maharashtra".

The DBS team-
Consultant Neurologist and Movement/Memory disorders specialist- Dr. Sheetal Goyal
Functional Neurosurgeon- Dr. Naren Nayak and Dr. Bhusan Meshram
Radiologist- Dr. Manish Pithwa and Dr. Mayur Vira

DBS primarily targets symptoms caused by abnormal brain signaling. These include:
Parkinson's Disease, Essential Tremor, Dystonia, Epilepsy, OCD - treatment-resistant obsessive thoughts and compulsive behaviors Symptoms.
Incidence and Usage of DBS

- DBS is widely used, particularly for Parkinson's disease, which affects over 10 million people worldwide.
- About 1% of people over age 60 develop Parkinson's, making it a common target for DBS treatment.
- Essential Tremor affects about 4-5% of people over 40, with DBS being an effective treatment when medications fail.
- For dystonia and epilepsy, DBS is used in refractory cases where symptoms are severe and unresponsive to medications.

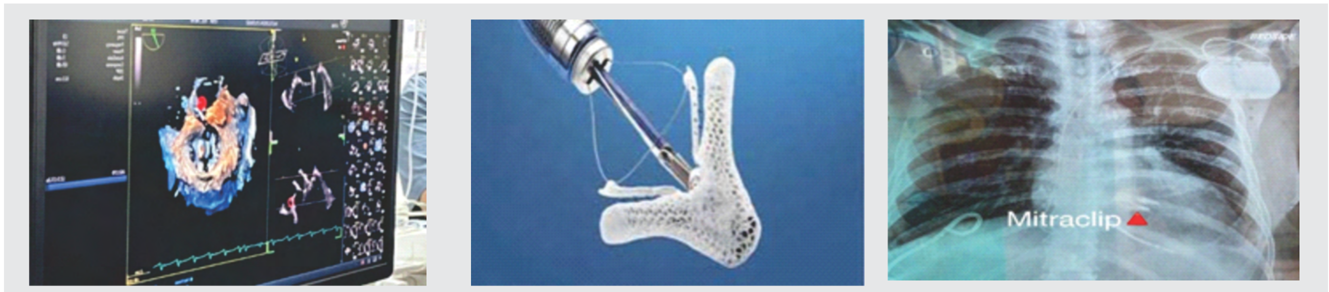


**Dr. Sheetal Goyal**
Consultant Neurologist and Movement/Memory Disorders Specialist
Wockhardt Hospitals
South Mumbai

# Precision in Action:
# Central India's First MitraClip Journey

A 57 yrs old diabetic, hypothyroid gentleman came to Wockhardt Hospital and met Dr. Nitin Tiwari, Sr. Interventional Cardiologist working at Wockhardt Hospitals since last 19 years. He had severe heart failure EF – 25% and Severe Mitral regurgitation. He also had VPC's and had B/L pleural effusion. He had orthopnea and had ICD put in both sides of chest and was admitted at different hospitals for more than a period of 3 months. He had cardiogenic shock and was on high dose inotropic support. Dr. Tiwari optimised his treatment and put an AICD (Automatic Intracardiac Defibrillator) to stabilize him.

Then he decided to fix his Mitral regurgitation which was due to the ischemic dilated cardiomyopathy. Considering his frailty and cardiogenic shock, opening his chest would have been a difficult proposition. Hence Dr. Nitin Tiwari thought of doing a minimally invasive trans-catheter mitral valve repair called as “Mitra Clip”. This procedure does not require opening the chest and temporarily stopping the heart. In “Mitra clip” procedure, a catheter is put through the groin (just like an angioplasty procedure) and small clip is attached to the mitral valve to help it close more completely and hence stop the leakage and restore normal blood flow through the heart. He had 2 mitra clips implanted in view of severe mitral regurgitation. The procedure went well and the patient was discharged subsequently. Dr. Nitin Tiwari said that this is the first ever case of “Mitra Clip” done in Central India. Patient with heart failure and mitral regurgitation have shortness of breath especially on lying down, fatigue, dry cough, swollen feet, decreased appetite and inability to exercise. If left untreated, upto 57% people don't survive even 1 year. Dr. Nitin Tiwari thanked Dr. Ravi Baghali, Dr. Vinod Kashetwar, Mr. Amit Mukherjee, Mr. Shantanu, Dr. Pankaj Jain Choudhary, Dr. Avantika Jaiswal, Mr. Raut, Mr. Devendra, Sister Vidya and all the Cath lab staff for their support and for the success of this procedure. This is one of the pioneering procedures and a major milestone for the region, said Dr. Nitin Tiwari.




MitraClip is a simple procedure to fix your mitral valve. During the procedure, doctors access the mitral valve with a thin tube (called a catheter) that is guided through a vein in your leg to reach your heart. A small implanted clip is attached to your mitral valve to help it close more completely.

Mitral regurgitation: A backflow of blood caused by failure of the heart's mitral valve to close tightly.

Mitral valve regurgitation is a condition in which the heart's mitral valve doesn't close tightly, which allows blood to flow backward in the heart.

Symptoms include shortness of breath, fatigue, lightheadedness and a rapid, fluttering heartbeat.

Some people may not need treatment. More severe cases may require medication, such as diuretics and blood thinners, or surgery.

Common symptoms: Heart murmur or shortness of breath.

**Dr. Nitin Tiwari**
Consultant Cardiologist
Wockhardt Hospitals
Nagpur

# Scarless and Seamless:
# TOETVA Thyroidectomy Debuts in Nagpur

A 67 year old female lady with long standing left sided thyroid nodule presented to the General Surgery OPD with complain of swelling over anterior aspect of neck with mild breathing difficulty for last 5 to 6 years, she was investigated with routine investigations and other modalities, her CECT Neck was done which showed a Nodular growth around 5x5 cm over left sided thyroid region which was compressing trachea towards opposite side and following which was diagnosed to be a Colloid Multi-nodular Goitre. After all pre-operative work up and fitness she was planned for Laparoscopic Left Hemi- Thyroidectomy also known as TOETVA -(Trans oral Endoscopic Thyroidectomy Vestibular Approach) A Minimal Invasive Procedure.

The patient underwent the procedure TOETVA uneventfully by Dr Ankur Mishra along with assistance of DR Sagar Bhalerao and our anaesthetist Dr Swanand and his team along with OT staff: Patient was started on liquid diet 6 hours post-surgery on POD O and on PODI was started on soft diet which she tolerated well, she had mild to moderate pain on POD1 which was minimal to mild on POD 2 and was discharged unevent- fully on POD3.

Hence forth looking at this procedure as it's a SCARLESS SURGERY for thyroid we recommend our patients suffering from similar kind of Thyroid related swellings to get investigated promptly and after a proper diagnosis to undergo Minimal invasive that is LAPAROSCOPIC THYROIDECTOMY (TOETVA).

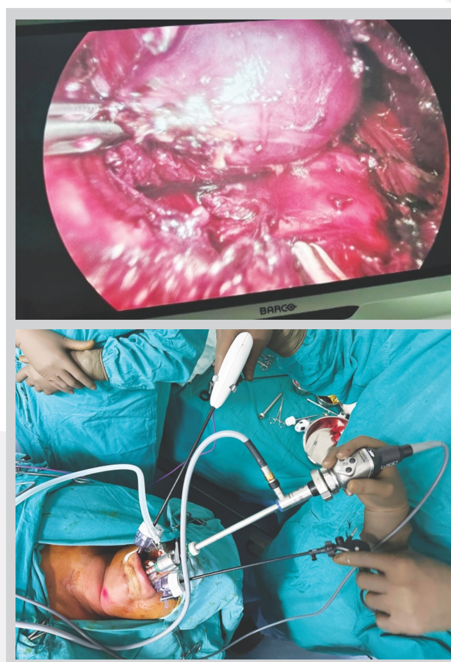
Although thyroid surgery is constantly evolving, its approach has been classically associated with conventional cervicotomy, as described more than 100 years ago and which continues to be the gold standard. In recent years, new minimally invasive, endoscopic and/or robotic approaches with or without gas:- "Trans oral Endoscopic Thyroidectomy Vestibular Approach (TOETVA) is a minimally invasive thyroid surgery procedure that involves making small incisions in the mouth to remove the thyroid gland."

- No any Scar over Neck - Cosmetic Benefit.
- Less chances of Nerve Injury - Prevent Hoarseness of voice.
- Reduce Pain Score.
- Shorter Hospital Stay.
- Lower risk of complications.

Transoral endoscopic thyroidectomy via the vestibular approach (TOETVA) is a technique that provides the most direct access to the thyroid due to its proximity to the oral cavity, and also bilaterally. It has the added value of being the approach with the best cosmetic results as it does not leave visible scars.Natural orifice transluminal endoscopic surgery (NOTES) has gained importance in recent years, and thyroidectomy through the oral cavity is one of the most recent additions to the NOTES techniques. Various approaches have been described, some with little success (such as the sublingual route) and others with more success, such as the vestibular route, which we now present.

**Dr. Ankur Mishra**
Consultant General Surgery &
Laproscopic Surgeon
Wockhardt Hospitals
Nagpur

**Dr. Sagar Bhalerao**
Consultant Surgical Oncologist
Wockhardt Hospitals
Nagpur



# Managing Overlap Syndrome of Systemic Lupus Erythematosus and Autoimmune Hepatitis:

## A Clinical Challenge

A 72-year-old male presented to the emergency department with a few days of worsening symptoms, including severe abdominal pain and difficulty breathing. Initial lab results showed pancytopenia and elevated liver enzymes, while chest X-rays indicated bilateral pleural effusion. Tests for common viral infections such as hepatitis B and C, HIV and serology for CMV, HSV, and EBV were negative.

Further investigation into autoimmune causes revealed elevated immunoglobulin G (IgG), a high antinuclear antibody (ANA) titre, positive anti-double-stranded DNA (anti-dsDNA), and anti-liver kidney microsomal (anti-LKM) antibodies. Additionally, complement levels of C3 and C4 were low, confirming ongoing immune system activation. Despite initial drainage of pleural effusions, they reappeared, suggesting persistent autoimmune inflammation.

Given the presence of key diagnostic markers, a diagnosis of SLE was established based on the American College of Rheumatology (ACR) criteria, which included ANA, anti-dsDNA, pancytopenia, and serositis. However, the patient's positive anti-LKM antibody raised the possibility of an overlap between SLE and autoimmune hepatitis (AIH), making the diagnosis more complex.

Although a liver biopsy was planned, it could not be performed due to the patient's refusal. The patient was started on corticosteroids at a dose of 1mg/kg, with a gradual tapering schedule, and subsequently responded well. Azathioprine was introduced for long-term disease management.

Both Systemic Lupus Erythematosus (SLE) and Autoimmune Hepatitis (AIH) are autoimmune diseases that can affect multiple organs. SLE is a chronic inflammatory disease that can involve the skin, joints, kidneys, lungs, and liver and the liver involvement referred to as lupus hepatitis. AIH is primarily a liver disease characterized by autoantibodies (such as ANA and anti-dsDNA) leading to inflammation and liver damage.

Differentiating between hepatic involvement in SLE and AIH can be difficult, as both conditions share similar clinical presentations, including elevated liver enzymes and autoimmune markers. While liver involvement in SLE is considered rare, recent research suggests that it may be more common and clinically significant than previously thought. Both diseases can present with overlapping features, such as elevated liver enzymes, autoimmune serologies, and even similar histopathological findings.

Corticosteroids remain the cornerstone of treatment for both conditions. Immunosuppressants such as azathioprine, mycophenolate mofetil, and tacrolimus have also shown promising efficacy in managing these diseases. In patients with an overlap syndrome, a tailored treatment approach is essential, as both hepatic and systemic symptoms must be addressed.

This case underscores the importance of a comprehensive evaluation in patients with autoimmune diseases, especially when multiple organ systems are involved. Early recognition and appropriate treatment can improve patient outcomes and prevent long-term complications. As autoimmune diseases continue to present complex challenges, ongoing research is essential to better understand their overlap, management, and optimal therapeutic strategies.

> Overlap syndromes involving SLE and autoimmune hepatitis present significant diagnostic and management challenges for clinicians. Accurate differentiation between SLE-associated hepatitis (lupus hepatitis) and AIH is crucial, as the clinical course and complications differ significantly between the two conditions. Though liver biopsy remains the gold standard for diagnosing AIH, clinical judgment and serological findings are key to identifying overlap syndromes in the absence of biopsy.

**Dr. Honey Savla**
Consultant Internal Medicine
Wockhardt Hospitals
South Mumbai

# From Remedy to Risk: Rifampicin's Role in Autoimmune Thrombocytopenia

A 46 year old female patient a known case of Hansens disease was admitted for fever, chills, bodyache, haematemesis.

Her investigations revealed severe Thrombocytopenia,Haemoglobin=9.2 , raised TLC(19,030) and raised Bilirubin (4.91). Dengue profile was negative, her bone marrow examination also came out normal. She was given SDP Transfusion,Inj Romiplastim along with supportive medications.Her platelet counts increased to 35,000 and she was subsequently discharged. She was advised to continue MB MDT (Leprosy Treatment) - Cap Rifampicin 600mg monthly once , Tab Dapsone 100mg once daily and Cap Clofazimine 50mg Daily.

The following day she complained of severe backache, bodyache, haematemesis within few hours of ingestion of Rifampicin. Her CBC examination revealed the Thrombocytopenia (Platelets =22,000). She was immediately summoned to the hospital where, upon repeat CBC her platelet count was a mere 1,000.

All the antileprosy drugs were immediately stopped. She was again managed with SDP transfusion along with supportive medications.Her platelet counts gradually recovered and she was discharged. A clinical diagnosis of Rifampicin (Drug Induced) Autoimmune Thrombocytopenia was made.

Rifampicin, when used intermittently and in high doses has been linked to immunological effects, leading to the formation of Rifampicin dependent antibodies and in certain cases - anaphylaxis. Interestingly, the patient earlier had taken Rifampicin daily since 7-8 months but started developing symptoms only after she took intermittent doses (monthly once in this case).

The adverse effects can be minor (cutaneous,GI related, influenza like symptoms) or major as in this case (thrombocytopenia, haemolytic anemia , renal failure, DIC). Thromocytopenia due to Rifampicin is still a relatively rare occurrence but frequent Blood counts should be monitored.

> Intermittent rifampicin therapy introduces risks of hematological and renal adverse reactions, probably through immunological mechanisms. Restarting rifampicin after a drug-free interval has to be carefully guided using small initial dosages of about 75 mg/day and increasing to a final dosage of about 500–600 mg/day.

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Wockhardt Hospitals
Nagpur

**Dr. Jayesh Timane**
Consultant Critical Care
& Internal Medicine
Wockhardt Hospitals
Nagpur

# The Miracle of Life: Overcoming Aplastic Anemia in Pregnancy

A 30 year old female with history of infertility since 5 years, history of in-vitro fertilization done and having twin pregnancy with 17 weeks. Patient was referred from periphery as OBGY wanted to do prophylactic encerclage and her platelet count was low. Her investigations showed Platelet count: 17,000 Hb: 7.4gm% WBC:

Normal Patient was evaluated by Dr. Jigna Ganatra and Dr. Nisarg Thakkar. Dr. Jigna opined, as he length of her cervix was 3.9 cm, we took the decision of not doing a cervical cerclage. Vaginal progesterone 200mcg twice a day was started. Patient was advised for Bone Marrow testing but the relatives refused for the test. 1 Unit Single Donor Platelet Transfusion and 1 unit Red Cell Concentrate was given. After this treatment Hb and platelet count were improved and patient was then discharged with 20 days follow up with CBC report. After 20 days the report showed again significant drop in Hb and platelet count. So the provisional diagnosis was made as Aplastic Anemia. Then every 25-30 days Red Cell concentrate and single donor platelet transfusion were given as per reports and continuous maternal and fetal monitoring was done. The patient was repeatedly advised for Bone Marrow examination but they refused. The pregnancy continued till 37 weeks. At 37th week her investigations showed. Hb - 7.2 gm%. Platelet count was 14,000

So, 2 units of Red cell concentrate and 1 unit of single donor platelet was given. After administering, the decision of lower segment C-section was taken, explaining the risk to patient's relatives. Pre-operative reports showed: Hb - 9.3 gm% Platelet – 76000, her USG showed twin pregnancy 1st vertex and 2nd breech. Both babies expected foetal weight around 2 kg. The LSCS was done by Dr. Jigna Ganatra under GA by Dr. Tejas Chauhan (Anesthesiologist) who managed the patient efficiently in OT.

The delivery was successful with a male live of 1.9 kg and a female live of 2.1 kg. Post operatively mother and both the babies recovered well and patient was advised for regular follow-up.In her OPD follow up after a week, her Hb was 10.0 gm and platelet count was 1.2 lakh/cm, gradually platelets improved. At present both babies and mother are well.

> Aplastic anemia is a hematological condition, seldom seen during pregnancy. This pathological process is associated with significant mortality and morbidity. Obstetric and Anesthetic management is challenging, and requires combined and coordinated efforts by interdisciplinary team in order to provide safe care of these patients.
>
> This case highlights the importance of Tertiary Care Centre in managing high risk patients

**Dr. Jigna Ganatra**
Consultant Obstetrician and Gynaecologist
Wockhardt Hospitals
Rajkot

# Transforming Lives with the Power of Advanced Laparoscopy

A 39 years old women suffering from chronic pain, recurrent infections, and compromised kidney function due to a pelvic- ureteric junction obstruction (PUJO) found hope at Wockhardt Hospital, Rajkot. Under the expert care of Dr. Maitery Joshi, a urologist and laparoscopic reconstructive surgery to address the condition. PUJO, a narrowing at the junction between the kidney and ureter, had caused urine backup, leading to significant discomfort and health risks.

Dr. Joshi utilized a minimally invasive approach called laproscopic pyeloplasty, performed entirely through small incisions using the advanced 3d laproscopic system. This state of –of-art technology provided enhanced visualization of intricate internal structures, allowing for precise reconstruction of the obstructed junction. The procedure not only alleviated the patient "pain but also preserved her kidney function.

The patient was discharged on the third day post – surgery, resuming normal activities with no complications. This case underscores the critical role of modern surgical techniques and the expertise of Dr. Maitery Joshi in transforming lives, reinforcing Wockhardt hospital "reputation for delivering world –class healthcare solutions.

**Dr. Maitrey Joshi**
Consultant Urologist Andrology & Laproscopic Surgeon
Wockhardt Hospitals
Rajkot

# Embracing normal delivery after a cesarean YES ITS POSSIBLE!!

A 34-year-old patient, at 20 weeks of gestation, presented with USG showing placenta covering Os. She had a 3-year-old daughter, born by LSCS due to failure of progress. This pregnancy was conceived spontaneously and remained uneventful until the 3rd month. Her NT Scan showed Normal NT and Placenta covering Os. At her 5th-month Anomaly Scan, the placenta was still covering Os.

She was advised to avoid stressful activities and abstinence. The patient remained asymptomatic throughout and started feeling fetal movements from the 5th month. She gained around 8 kg in weight and was regularly followed up in Antenatal Clinic. Her ANC visits were uneventful.

In the 9th month, her USG showed SLIUF (Single Live Intra Uterine Fetus), Placenta Upper Segment Posterior Gr3, AFI 11, EFW 3145gms, and a scar of 4.2 cm. The Placental position was confirmed to be in the upper segment.The patient expressed a desire for normal delivery. Pelvic assessment revealed an adequate pelvis, and she fulfilled the criteria for VBAC. Spontaneous labor was awaited, and the patient was admitted to labor. Augmentation was done using an Oxytocin drip. Labor was closely monitored, and 1 PCV was reserved. Continuous Fetal Monitoring and Maternal vitals, including scar tenderness, were done.

The patient delivered a baby girl weighing 3.38kg uneventfully with outlet forceps. The baby cried immediately after birth. Both mother and baby are healthy. At Wockhardt Hospitals. Life Wins.

**Dr. Rajashri Bhasale**
Consultant Obstetrics & Gynecologist
Wockhardt Hospitals
North Mumbai

# The Role of Genetics in Modern Healthcare

Genetics has revolutionized the field of medicine, making personalized healthcare a reality. Understanding an individual's genetic makeup allows for more precise diagnosis, treatment, and prevention strategies. This approach not only enhances patient care but also provides insights into conditions that were once difficult to identify or manage.

One of the key applications of genetics in medicine is disease prediction and prevention. By identifying genetic predispositions to conditions like cancer or heart disease, healthcare providers can implement early screening and preventative measures, potentially reducing the risk of these diseases. Additionally, genetic information aids in creating personalized treatment plans, optimizing drug efficacy while minimizing adverse effects, a concept known as pharmacogenomics.

Genetic testing has become a critical tool for diagnosing rare and inherited disorders, offering clarity when standard clinical methods fall short. Tests can detect specific mutations, such as point mutations, insertions, deletions, and single nucleotide polymorphisms (SNPs), which can inform both diagnosis and treatment. These variations can significantly influence an individual's response to medications and their susceptibility to various diseases.

Genetic tests can be performed through a simple blood sample, buccal swab, or saliva, which is then analyzed to identify any pathogenic mutations. For those with a family history of genetic disorders, testing can also guide decisions during pregnancy or newborn screening, allowing for early interventions that can mitigate disease severity.

As genetic technology advances, it is becoming an integral part of cancer treatment. By analyzing tumor samples, doctors can pinpoint mutations that drive cancer growth and tailor therapies that target those specific changes, offering more effective treatments with fewer side effects.

In internal medicine I would specifically pinpoint the red flags where genetic testing is important;

1. Occurrence of same condition in more than one family member
2. History of multiple miscarriages, stillbirths and childhood deaths..
3. Common adult conditions like cancer and dementia which occur in individuals at younger than usual age.
4. History of developmental delay /mental retardation and congenital anomalies.
5. Physical features like wide set eyes or low set ears etc.

The future of healthcare lies in genetics, with personalized treatments becoming the norm. As we move away from traditional biochemical tests, genetics will guide not only medical treatment but also genetic counseling, playing a pivotal role in future family planning decisions.

**Dr. Honey Savla**
Consultant Internal Medicine
Wockhardt Hospitals
South Mumbai

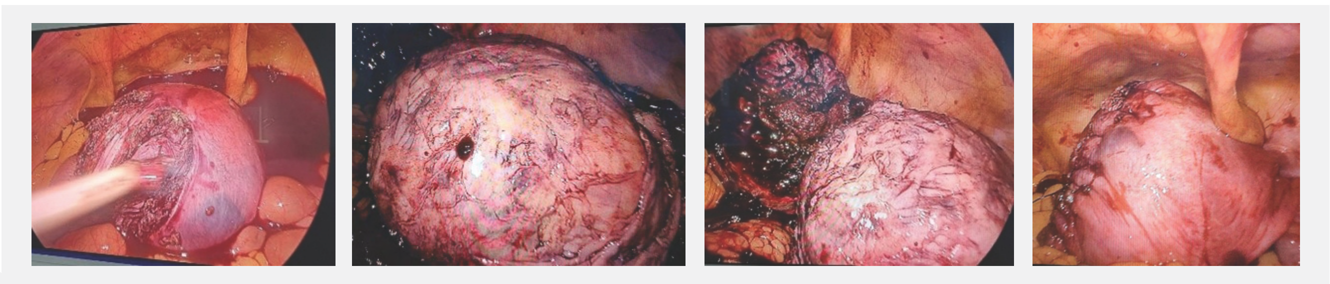
# Beyond Today:
# Uterus Preservation for a Fertile Tomorrow

A 42 year old lady was suffering from heavy bleeding per vaginum during her periods over the last 4 months. Her hemoglobin had reduced to 7.6gm%. She visited Dr (Mrs) Rana Choudhary, Consultant Obstetrician, Gynecologist & Fertility Specialist at Wockhardt Hospital, Mumbai Central. On examination her abdomen was enlarged and there was a mass arising from the uterus of the size of 5 months pregnancy. Sonography of the pelvis revealed a large growth (fibroid) arising from the uterus. MRI pelvis confirmed a lager 13 cm x 12 cm x 8 cam intramural fibroid in her uterus with multiple other small fibroids ranging from 4cm to 0.5cm in size (around 4 in number). She was married for only one year and was also anxious to conceive. Hence a fertility preserving surgery was needed in her case. However, due to the enormous size of this fibroid and multiple other fibroids, many centers were reluctant to just do a myomectomy and had advised her a hysterectomy (removal of the womb). She did not have any children and hence wanted to conserve her uterus for future fertility. After examining and investigating her, the pro and cons of surgery were explained and a decision for laparoscopic myomectomy was taken. After building her hemoglobin with intravenous weekly iron therapy, she was posted for laparoscopic myomectomy (as patient was catholic and wanted to avoid blood transfusion).

A very important aspect in this patient was to conserve her uterus for future fertility. It was also of important to remove all the fibroids without damaging the uterine cavity with least amount of blood loss so as to avoid blood transfusion. Hence a good surgical setup and expertise was needed.

She underwent laparoscopic myomectomy at Wockhardt Hospital, Mumbai Central under Dr Rana Choudhary and Dr Ejaz Thakur (Consultant Laparoscopic surgeon). We were able to remove her large fibroid completely. Along with that, we removed 5 small fibroids ranging from 4 cm to 1 cm. The surgery was completed using morcellator and harmonic which further reduced the blood loss. Fortunately, the patient did not need any intra or post operative blood transfusion. She was discharged on day 3 of surgery in a healthy condition. She was advised to avoid pregnancy for the next 3 months for the sutures to heal effectively and the uterus could then be ready for any future pregnancy.

To conclude, a good multidisciplinary setup, with all inhouse facilities and surgical expertise allowed us to operate this patient without any complications leading to faster recovery in our patient. She has been advised IVF (In vitro fertilization) due to her other conditions and shall undergo that treatment soon.



**Dr. Rana Choudhary**
Consultant Obstetrician, Gynecologist & Reproductive Medicine
Wockhardt Hospitals
South Mumbai

# Medication Management Process: Some key challenges and the way to address them

Medications play a very important role in the healing journey of a patient during their stay in the hospital. They are prescribed to cure patients but could actually cause harm if inadvertently administered in the wrong dose or through the wrong route or in the wrong frequency or to the wrong patient, and yes this happens more commonly than we know. Medication Management is a complex process made up of different phases each of which come with their own set of challenges, some of which I will be enumerating subsequently –

The major phases of the Medication Management Process are -

1. Selection and Procurement of Medications
2. Storage of Medications
3. Prescribing, Dispensing and Administration of Medications
4. Monitoring

Some of the common challenges that most organizations face include -

**Lack of overall accountability:** One of the main challenges most healthcare organizations face is the lack of clarity on who the overall ownership and accountability of the process lies with due to the fact that medications are present all over the hospital and they are handled by multiple departments. They are present in the stores and pharmacy, in the wards as ward stock, in the emergency cart, at the patient's bed side, in the Operating room and any place one can name. The pharmacy leadership takes responsibility for medications stored in their stores and the pharmacy but are wary to do the same for medications stored outside these areas and rightly so. The way to address this lies with the pharmacy, doctors and nursing teams working together as a unit defining who is responsible for managing which phase of the process and the pharmacy taking overall accountability of the process.

**Improper storage of Medications:** This is a very common challenge in most hospitals. Every medication has a particular storage condition with regards to temperature and humidity. There are medications that need to be stored at room temperature (which means below 23 deg C), some medications need to be stored between 2-8 deg C i.e. in the refrigerator, some vaccines need to be stored in the freezer and there are certain medication categories like the multidose insulin vials which have different storage condition when sealed and different storage conditions when opened. These storage conditions need to be adhered to and proper documentation maintained of the same, for accreditation and statutory requirements. The challenges faced here, many a times that we find are

- Medications that had to be stored in the refrigerator are stored out of the refrigerator and vice versa.
- Storage is proper but sometimes documentation in the temperature monitoring charts is missing. This is more commonly seen on weekends in areas like the OPDs that remain closed on the weekends.
- One important aspect of storage is labeling of medications and that is where the next set of challenges arise. Many organizations define specific labeling criteria for some medications like Look Alike Sound Alike medications, High alert medications, concentrated electrolytes but these criteria are not always adhered to.

  In storage itself another challenging situation is when you have a medication which comes in multiple strengths

- Do you store them in the same container?
- Do you store them next to each other or away from each other?

Irrespective of what you do, each of these situations has its own set of challenges that could lead to dispensing errors. A simple way to avert dispensing errors would be to put in a mechanism to ensure a double check of the medication order with the medications before they are dispensed from the pharmacy.

**Medications Errors and Near Misses:** Medication errors and near misses are incidences that have the potential to cause actual harm to patients and hence are a CEO's / Hospital's worst nightmare. Twenty years ago we never heard these terms, it doesn't mean they were not occurring. They were occurring but we were oblivious to the fact. The IOM

report of 1998 “To Err is Human” clearly mentions the amount of harm caused due to medical errors and one important category in that is medication errors. Most of these errors can be prevented by following a few processes as mentioned below -

- Forming a Prescription Audit Team of trained professionals who will audit every prescription order on multiple parameters before that prescription is actually handed over to pharmacy for dispensing. The most important word here is “every” i.e. 365*24*7. Some members of this team should also conduct rounds to every in-patient area daily to check for proper storage and administration of prescribed medications. This one step alone will help decrease administration errors to a large extent.

- Limit verbal medication orders to a minimum as far as possible, something that is easier said than done but once actually successfully implemented it makes the system so much safer.

- Orders should be written down in the treatment sheet / drug chart by the treating Consultant, yes by that I mean the Super specialist / Specialist as far as possible and not the RMOs who sometimes don't have a clue of the medication or its dose. In an EMR system Consultants should not share their password with the junior doctor to fill the medication chart as then we are where we started despite having technology to prevent harm.

- Limit your list of LASA and high alert medications to the ones that have caused harm in your hospital rather than copying a list from the internet /elsewhere. Ensure that all precautions defined while prescribing, dispensing and administering these medications are followed rather than being there just as a tick box for accreditation.

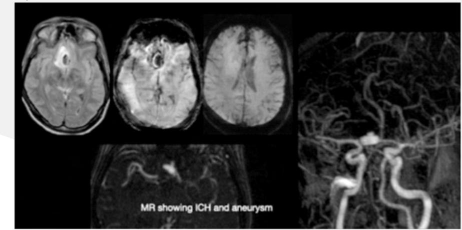
- Every treating and referred consultant should go through the patients active and current medications chart every time they prescribe medications to avoid duplication or sometimes triplication of the same medications as different brands.

Medication Management is a complex process but not as complex as we think, if we can break up the process into multiple sub processes. It requires a multidisciplinary approach involving Doctors, Nurses and Hospital Administration associates equally involved along with the Pharmacy. All of these professionals need to collaborate under the umbrella of the Drug and Therapeutics Committee. Every associate has to contribute in their capacity and as per their role and job description. The Pharmacy is the glue to hold everyone together and they need to do this by delegating certain tasks to multiple stakeholders at different levels but maintaining watertight oversight of the entire process.

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

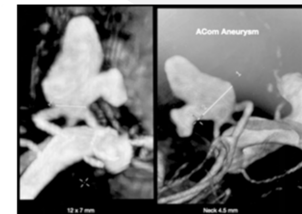
# Acom Aneurysm Treated with the Contour Device

A 42-year-old male presented to the emergency department with sudden-onset severe headache, giddiness, nausea, and vomiting. He has a history of smoking but no prior history of stroke, aneurysm, or other chronic illnesses.



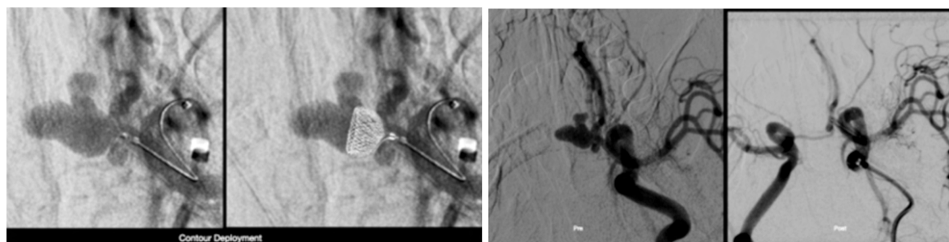

On physical examination
-Glasgow Coma Scale (GCS): 15/15
-Blood Pressure: 160/90 mmHg
-Neurological Exam: No focal deficits, irritable prefers to sleep.

**Initial Diagnostic Workup**
**MRI brain:** Intra cerebral haemorrhage with SAH in right basifrontal region. MRA - wide neck anterior communicating artery aneurysm.
**DSA -** Approx. 12 x 7 mm bilobed complex Anterior communicating artery aneurysm with both A2 arising from base of aneurysm supplied by left A1. Right A1 is hypoplastic.

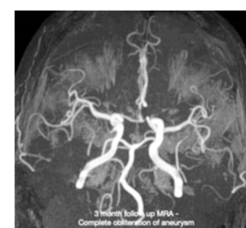


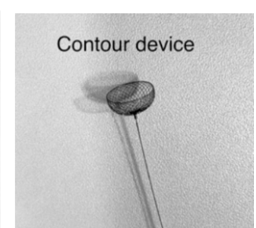

**Decision-Making and Treatment Plan**
Given the patient's clinical condition, the multidisciplinary team, including a neurosurgeon and interventional neuroradiologist, decided on endo-vascular treatment due to the aneurysm's size and location and patient's preference for minimally invasive treatment. Traditional coil embolization posed a risk of incomplete occlusion due to the aneurysm's broad neck. Y stent assisted coiling is one of the options but it requires compulsory double anti platelets and possess more risks. After thorough discussion, then we opted for intra- saccular flow disruption using the Contour device—a novel self-expanding stent basket like device designed for use in complex aneurysms, particularly those with wide necks. It is inserted into neck of aneurysm thus blocks blood flow into aneurysm and promotes aneurysm cure.

**Endovascular Procedure**
Procedure Date : Day 1 post-SAH
Approach : Femoral artery access
Procedure Details : A 8F sheath was inserted into the femoral artery, and a diagnostic angiogram was performed to confirm the aneurysm's morphology.
A 9 mm Contour device was deployed across the neck of the Acom aneurysm.
post procedure angiogram showed complete occlusion of aneurysm. Right A2 was now filling from right A1.




**Post-Procedure Recovery**
The patient was closely monitored in the intensive care unit for 48 hours. The neurological
status remained stable with no new deficits.
The patient had a smooth recovery with gradual improvement in his symptoms. He was discharged from the hospital after 12 days for observing for vaso spasm period.




**Follow-up imaging** (MRI and MRA) at 3 months confirmed complete obliteration of the aneurysm with no signs of recanalization. Patient is back to normal life with mRS - 0

Acom aneurysm is one of the most common locations for intracranial aneurysms. These aneurysms often present with subarachnoid haemorrhage, and treatment is essential to prevent re-bleeding and associated morbidity and moratality. Traditional endovascular treatments like coiling and stent-assisted coiling are frequently employed for aneurysms with wide necks. The Contour device represents an advancement in stent technology, offering several advantages for the management of complex aneurysms.

**Key benefits of the intra saccular devices (contour/ WEB)**

| | | |
|---|---|---|
| Self-expanding design | : | Allows for precise deployment and conformability to the aneurysm neck. |
| Flexible architecture | : | Provides better apposition to the vessel wall, reducing the risk of stenosis or stent migration. No need of compulsory dual anti platelets as device is within aneurysm. |

Endovascular treatment with the intra saccular devices for wide-neck bifurcation aneurysms is an effective and safe option for achieving complete aneurysm occlusion. This case highlights the importance of personalized treatment strategies in managing complex aneurysms. The patient in this case had an excellent clinical outcome, demonstrating the potential of the intra-saccular device in improving aneurysm management and patient prognosis.

**Dr. Dharav Kheradia**
Consultant Interventional Radiologist
Wockhardt Hospitals
South Mumbai

# Five Surgeries by the age of one year: Baby without anus treated successfully

A team consisting of Dr. Bhavesh Doshi and Dr. Nitu Mundhra successfully treated a one-year-old infant with a rare Congenital Malformation called as Anorectal Malformation. The baby had other problems like Hypospadias and tongue tie. The baby was immediately admitted to the Neonatal Intensive Care Unit (NICU) and initiated on parenteral nutrition since breastfeeding was not feasible.

Dr. Nitu Mundhra said, ARM (Anonrectal Malformation) is not so common, and often comes as surprise and is commonly associated with other congenital abnormalities. The baby underwent a 2nd surgery (colostomy), under Dr. Bhavesh Doshi and his team. After the surgery the baby was discharged as soon as he started taking full feeds.

The complete treatment of Anorectal Malformation was done in 3 surgical steps. At birth a colostomy was done (making a by-pass passage for stool, so that baby can be started on feeds) at 2 months of age Dr. Bhavesh Doshi with Dr. Pradeep Shenoy and Paediatric Anaesthetist Dr. Reshma Shenoy performed a 4 hour long surgery where the new anus was created at the normal position. Baby also had tongue tie which was corrected during 2nd surgery. 2 months after this surgery the child underwent the final surgery for ARM, colostomy closure. In this surgery the by-pass route that was created was closed and the child now passes motions from the normal opening.

Finally at one year of age the child again had to undergo a major surgery for correcting the Hypospadias and Chordee (curvature of penis). So the baby underwent 5 surgeries by 1 year of age, all done by Paediatric Surgery team led by Dr. Bhavesh Doshi and under Intensive Care Pre and post operatively by Dr. Nitu Mundhra. Both jointly shared the feeling of satisfaction and pride to be in the profession and working in the most premium set up in Wockhardt Hospitals, Mira Road.

All the surgeries were successful, now the baby is 1.5 years old and able to achieve all milestones as per his counter parts at Wockhardt Hospitals, Life Wins.

**Dr. Nitu Mundhra**
Consultant Neonatologist
and Paediatrics
Wockhardt Hospitals
North Mumbai

**Dr. Bhavesh Doshi**
Consultant Paediatric &
Laparoscopic Surgery
Paediatric Urologist
Wockhardt Hospitals
North Mumbai

# ABO - No more Incompatible - Swap Transplant

**Two blood group incompatible donor-recipient pairs were successfully matched through Kidney paired donation by Dr. Puneet Bhuwania:**

- Pair 1: Wife (B+) unable to donate to husband (A+)
- Pair 2: mother (A+) unable to donate to daughter (B+)

**Through paired exchange:**

- Wife (B+) from Pair 1 donated to daughter (B+) in Pair 2
- Mother (A+) from Pair 2 donated to husband (A+) in Pair 1

**Key Outcomes**

**- Simultaneous surgeries performed in 4 operating rooms by Wockhardt Transplant Urology Team**

Dr. Jayesh Dhabalia, Dr. Pradeep Vyavahare,
Dr. Prakash Tejwani & Dr. Ashutosh Baghel

- Both recipients achieved excellent graft function
- All donors recovered well
- No surgical complications or rejection episodes

**Significance**

This case demonstrates how medical innovation, combined with human generosity, can create life-changing outcomes for patients with end-stage renal disease. It highlights modern transplant medicine's ability to overcome both blood type and immunological barriers while maintaining the benefits of living donation.

**Take-Home Points**

Swap Kidney Transplant expands the living donor pool
Outcomes match traditional living donor transplants
Success requires precise surgical coordination
Reduces healthcare costs by avoiding long-term dialysis

At Wockhardt Hospitals, Life Wins.

A Swap Transplant, also known as a Paired Exchange Transplant, is a medical procedure in which two or more donor-recipient pairs exchange donors to overcome compatibility issues. This arrangement is used when a donor's organ is incompatible with their intended recipient but matches another recipient in a similar situation.

Advantages of a SWAP Transplant

- Increases the chances of finding a compatible donor.
- Avoids the need for the recipient to wait longer on the deceased donor waiting list.
- Provides a life-saving option for recipients with rare blood or tissue types.

**Dr. Puneet Bhuwania**
Consultant Nephrologist &
Transplant Physician
Wockhardt Hospitals
North Mumbai

**Dr. Jayesh Dhabalia**
Consultant Transplant Surgery
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**Dr. Prakash Tejwani**
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**Dr. Pradeep Vyavahare**
Consultant Urologist &
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**Dr. Ashutosh J Baghel**
Consultant Urologist,
Andrologist & Renal Transplant Surgery
Wockhardt Hospitals
North Mumbai

# ABO - No more Incompatible: Desensitization

A 32 years old man with O positive blood group, had been on maintenance dialysis for four months, struggling to work and enjoy life. Seeking a permanent solution, he consulted Dr. Puneet Bhuwania. Initially, his father (O positive) stepped forward as a donor, but medical evaluations revealed he was unfit. With no other blood group compatible family donors available, Dr. Puneet Bhuwania presented the option of ABO Incompatible Transplantation considering his wife, a 31 years old A positive blood group, as the donor.

After a thorough evaluation, the patient's wife was deemed medically fit for donation. ABO Incompatible Transplants require a specialized protocol known as desensitization to manage blood group antibody removal. Though this process carries some risks, patient underwent it safely, and his surgery was successfully performed by Dr. Pradeep Vyavahare and Dr. Prakash Tejwani along with his skilled team and Anesthetists. Also, Thanks to Mr. Krushna Waghmare, our Transplant Co-ordinator.

After a brief ten-days hospital stay, the patient was discharged with a creatinine level of 1.1 mg/dL. Three months post-surgery, he returned to his daily routine, grateful for the chance to reclaim his life. ABO Incompatible Transplants provide a vital option for patients lacking compatible donors, boasting similar success rates to compatible transplants, albeit with a 5-10% increased risk of infection. At Wockhardt Hospitals, Life Wins.

**Dr. Puneet Bhuwania**
Consultant Nephrologist &
Transplant Physician
Wockhardt Hospitals
North Mumbai

**Dr. Pradeep Vyavahare**
Consultant Urologist &
Transplant Surgery
Wockhardt Hospitals
North Mumbai

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

# High-Risk Hip Surgery was done without ICU stay: A Success Story

A middle-aged patient came for treatment from Than, Surendranagar. For the last 2 years, the patient was suffering from joint pain in one sided leg. As his heart was working only 20%, he was advised by other doctors not to go for this risky Surgery.

After that, the patient came to Wockhardt Hospitals's Joint Replacement Surgeon Dr Umang Sihora for treatment. On examination, it was found that the patient has Hip Joint Arthritis. Although the patient's cardiac function was low, the hip replacement surgery was done without any complications and surgery was carried out successfully with all risk vigilance.

During the entire treatment, the patient did not need to stay in ICU even for an hour and within 24 hours he was walking pain-free with a walker.

After a month, the patient came back for examination and now he can walk on his own without support and can do daily activities easily.

**Dr. Umang Shihora**
Consultant Orthopedic & Joint Replacement Surgery
Wockhardt Hospital
Rajkot

# Iyengar Yoga: A Holistic Approach to Well-being for Healthcare Professionals

In the demanding world of healthcare, where long hours, emotional strain, and relentless exposure to pain and suffering are the norm, healthcare workers face a constant battle to maintain their own physical and mental health. This can lead to burnout, compassion fatigue, and a decline in overall well-being, ultimately affecting their ability to provide compassionate and effective care to their patients. Enter yoga, an ancient mind-body practice that offers a holistic approach to fostering resilience, managing stress, and enhancing overall health. Yoga's intricate blend of physical postures, breathing techniques, and meditative practices has garnered scientific recognition for its ability to address the multifaceted challenges faced by healthcare workers.

**Following are the Asanas that we should add into our regular routine.**
**Standing Poses (Asanas)**

- **Tadasana (Mountain Pose):** This pose builds strength, stability, and body awareness, which is essential for healthcare workers who need to maintain good posture and balance throughout the day.

- **Trikonasana (Triangle Pose):** This pose stretches and strengthens the legs, hips, and spine, improving flexibility and range of motion. It also promotes balance and concentration.

- **Virabhadrasana I (Warrior I Pose):** This pose strengthens the legs, core, and back, improving overall stability and endurance. It also enhances focus and mental clarity.

*Seated Poses (Asanas)*

- **Baddha Konasana (Bound Angle Pose):** This pose opens the hips and inner thighs, releasing tension and improving flexibility. It also promotes relaxation and stress reduction.

- **Malasana (Garland Pose):** This pose stretches and strengthens the legs, hips, and groin, improving flexibility and range of motion. It also promotes grounding and a sense of calmness.

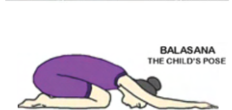
- **Ardha Matsyendrasana (Half Lord of the Fishes Pose):** This pose twists the spine, improving flexibility and relieving tension in the back and shoulders. It also promotes detoxification and digestion.

*Reclining Poses (Asanas)*

- **Savasana (Corpse Pose):** This pose induces deep relaxation, allowing the body to rest and rejuvenate. It also promotes stress reduction and mental clarity.

- **Viparita Karani (Legs-Up-the-Wall Pose):** This pose improves circulation, reduces swelling in the legs, and promotes relaxation. It also alleviates fatigue and improves sleep quality.

- **Balasana (Child's Pose):** This pose releases tension and stress in the back, neck, and shoulders. It also promotes grounding and a sense of calmness.




Remember to listen to your body and modify the poses as needed. If you have any injuries or concerns, consult with a yoga instructor before practicing.

**Dr Mahavir Gajani**
Head Medical Services & Clinical Talent Acquisition
Wockhardt Hospitals
South Mumbai

# Tiny Beginnings, Big Milestones:
# A Baby's Remarkable Story

A baby girl, born prematurely at 31.4 weeks via emergency C-section at an outside hospital, weighed just 1.2 kg. She suffered from respiratory distress and necrotizing enterocolitis, had a stormy course, and was diagnosed with meningitis and ventriculitis on day 20 of life. A CT and MRI performed on day 21 showed moderate to severe communicating hydrocephalus, diffuse cerebral edema, and a dilated fourth ventricle. A CSF culture confirmed the presence of Elizabethkingia meningoseptica. To manage her condition, repeated CSF tapping was performed. The baby underwent the insertion of an Ommaya reservoir on the 45th day, followed by a ventriculoperitoneal shunt at 2 months of age to manage the hydrocephalus. All these above procedures were carried at the outside hospital.

By the time she was five months old, the baby was brought to Dr. Nitu Mundhra for her first visit at Wockhardt Hospitals, Mira Road for recurrent colic issues. During this visit, Dr. Nitu Mundhra noticed delayed milestones and on detailed neurological examination there were subtle abnormal signs for which she was referred to Paediatric Physiotherapy. At seven months, she came to the physiotherapy department having achieved only neck holding as a milestone. By this time, infants typically sit with support, roll over, grasp objects, and exhibit improved visual tracking which were not present in this baby.

She was given a comprehensive early intervention plan by Paediatric Physiotherapist Dr. Harsha Lotlikar (PT) and team, which focused on self-regulation and activities her parents could practice at home. With consistent physiotherapy sessions, including "Neurodevelopmental Therapy" along with "Sensory Integration", her progress became evident within weeks. She began rolling, and by the end of her eighth month, she initiated sitting, mastering it by the ninth month. By ten months, she began crawling, a crucial milestone in her development and become at par with other kids of her age. Now, as she approaches her first birthday, this little fighter is confidently transitioning from sitting to standing, a vital step toward cruising.

This progress was possible due to the prompt anticipation and implementation of early intervention therapy (EIT). EIT is a proactive approach designed to address developmental delays during a critical and early period of brain growth. EIT helps infants and young children achieve essential milestones in movement, communication, and social skills through physical and occupational therapy. A timely referral to Peadiatric Physiotherapy by Dr. Nitu Mundhra played a pivotal role in early intervention, demonstrating how dedicated care and consistent support from the family and therapists transformed initial challenges into remarkable milestones. At Wockhardt Hospitals, Life Wins.

> Milestones serves as significant indicators of child' physical, cognitive, emotional & social growth. It is age specific and important for early detection of potential developmental delays or disorders, enabling early intervention. It provides a framework for tracking a child's progress and adjusting parenting strategies accordingly along with the therapeutic measures.

**Dr. Nitu Mundhra**
Consultant Neonatologist
and Paediatrics
Wockhardt Hospitals
North Mumbai

**Dr. Harsha Lotlikar (PT)**
Senior Paediatrics Physiotherapist
Wockhardt Hospitals
North Mumbai

# A Triumph of Modern Medicine: Laparoscopic Surgery Removes Tumor in 72-Year-Old

A 72-year-old adult patient noticed blood in his urine, so he came to Wockhardt Hospitals for treatment. After getting the reports done, it was found that he had a cancerous tumor in his urinary bladder. He was kept under the supervision of Dr. Prashant Vanzar (Consultant - Minimally Invasive and Laparoscopic Oncosurgeon) and Dr. Himanshu Koyani (Consultant - Oncosurgeon) for treatment.

Dr. Prashant Vanzar (Consultant - Minimally Invasive and Laparoscopic Oncosurgeon) and Dr. Himanshu Koyani (Consultant-Oncosurgeon) jointly said, "When the patient came to us, his problem seemed serious. The patient was old and in such a situation, performing an open surgery would be risky for the patient. After doing a CT scan and other necessary investigations, we told his family that surgery was the only cure and to perform radical cystectomy with ileal conduit. In this surgery, the entire urinary bladder is removed, a urinary bladder is made from the intestine and placed on the abdomen. Our team performed a sophisticated laparoscopic operation and the patient was able to do his daily activities within five days. Moreover, the patient did not need to stay in the ICU either." Talking about laparoscopic surgery, laparoscopy means key hole operation, an operation done through a telescope.

This is a very modern method of performing this operation. In which the entire operation is done by making very small incisions on the body, so that the patient suffers very less after the operation and the recovery is very fast. Both Dr. Prashant and Dr. Himanshu have very extensive experience in their field.

**Dr. Prashant Vanzar**
Consultant Surgical Oncology
Wockhardt Hospitals
Rajkot

**Dr. Himanshu Koyani**
Consultant Surgical Oncology
Wockhardt Hospitals
Rajkot

# Young Woman, 22, Recovers Quickly After Breakthrough Minimally Invasive Heart Surgery

A 22-year-old girl recovered after a major medical procedure. The girl had suffered a stroke due to a left M1 MCA infarct. She was brought to Wockhardt Hospitals, Rajkot and referred to Dr. Chintan Mehta (Consultant-Cardio Vascular Thoracic and Minimally Invasive Cardiac Surgeon). Her treatment revealed a large left atrial (LA) myxoma, which was causing mild obstruction in mitral flow. The girl initially underwent mechanical thrombectomy and her condition improved significantly within four weeks.

After recovering from a stroke, this girl underwent minimally invasive surgery to remove the LA myxoma, the surgery was performed through a small 2-inch incision on the right side of her chest. Notably, she regained consciousness within 2 hours of the operation. The girl was initially asked to have a liquid diet and later she was given solid food. She was able to move on the first day of the surgery and was shifted to the general ward. Her condition improved significantly and she was discharged from the hospital on the very next day of the surgery. Dr. Chintan Mehta (Consultant-Cardiovascular Thoracic and Minimally Invasive Cardiac Surgeon, Wockhardt Hospitals, Rajkot) and his team successfully performed the operation and highlighted the importance of minimally invasive surgery.

**Dr. Chintan Mehta**
Consultant Cardiovascular Thoracic and Minimally Invasive Cardiac Surgery
Wockhardt Hospitals
Rajkot

# Chest Pain with Elevated Troponin T: Myocardial Ischemia or not?

A 60 years old female came to emergency with complaint of chest heaviness with pain, retrosternal in origin, diffuse in nature associated with perspiration, breathlessness and an episode of vomiting since last 2 to 3 hours. She had no complaints of fever, cough, recent travelling or radiating pain.

Patient had history of bariatric surgery before 2 years following which she stopped the medications of DM, HTN and Hypothyroidism. BP was noted 210/90mmHg with Pulse of 50/min. Systemic examination and other vitals were unremarkable. ECG was taken which was suggestive of Sinus Bradycardia and frequent VPC's. 2D Echo was done suggesting Mild Postero-basal wall hypokinesia with 50-55% LVEF, Moderate MR (Grade II/IV), Moderate TR, Moderate PAH with dilated IVC. Patient was advised blood reports to rule out Ischemia of which Trop-T came back positive. All other investigation including CBC, Na, K, SGPT, NT-Pro BNP, CRP, Viral panel for myocarditis, Dengue PCR, Thyroid profile, CECT Abdomen, Bilateral renal artery doppler study, etc was unremarkable.

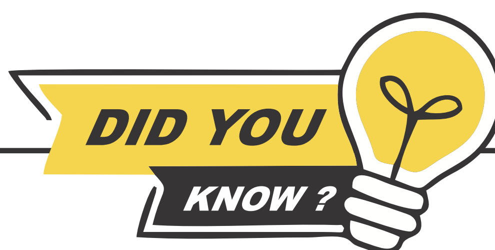
Patient was advised of coronary angiography. To the surprise Coronary angiography was normal with even no plaques. Cardiac MRI was done which made the diagnosis of Mild Hypokinetic inferolateral wall, oedema at mid-lateral wall extending from midmyocardial to subepicardial layer pointing towards **MYOCARDITIS**. Every test to establish the cause of myocarditis was done but all in vain.

During the hospital stay patient had frequent chest pain with accelerated hypertension, frequent arrythmias (Tachy and brady) and progressively rising Trop-T. After 4 days of supportive treatment Trop-T titre started decreasing with less frequency of symptoms.

So, we can say that every chest pain with high Trop-T is not myocardial ischemia and also myocarditis cannot be present without chest pain. For the diagnosis of myocarditis chest pain is must. Cardiac MRI is the modality which comes handy in such cases to rule out whether the pain is anginal or due to other causes.

**Dr. Dharmesh Solanki**
Consultant Interventional Cardiology
Wockhardt Hospitals
Rajkot

**Dr. Jaydeep Desai**
Consultant Interventional Cardiology
Wockhardt Hospitals
Rajkot




1. We are about 70% water.
2. It is believed that the main purpose of eyebrows is to keep sweat out of the eyes.
3. The human eye cannot perceive a motionless image.
4. Brain uses 20% of our body energy and makes up only 2% of our body weight.
5. It is impossible to tickle our selves
6. The right side of brain is responsible for self-recognition.
7. In a lifetime, human kidneys clean over 1 million gallons of blood.
8. Bones make up only 14% of our weight.
9. The human liver performs 500 different functions.
10. Children have more sensitives ears than adults.

**Dr. Prashant Mehta**
Medical Administration
Wockhardt Hospitals
Rajkot

# UFE (Uterine Fibroid Embolization)
## A non-surgical solution offering Hope

Dr. Vikash Jain senior consultation - Intervention radiologist at Wockhardt hospitals Rajkot, successfully treated a female patient suffering from uterine fibroids a condition that severely impacted her quality of life.

The patient aged 42, had been experiencing heavy menstrual bleeding, pelvic pain and infertility, symptoms commonly associated with uterine fibroids. After a throughout diagnosis, Dr. Jain recommended Uterine Fibroid Embolization (UFE), a non - surgical procedure that involves blocking the blood vessels supplying the fibroids, causing them to shrink and eventually dissolve.

The procedure was performed without any incisions or stitches, ensuring minimal recovery time and preserving the patient's uterus. Within weeks, the patient experienced significant relief from symptoms, including reduced bleeding and pelvic discomfort, and had an improved outlook on fertility. This case highlight the effectiveness of UFE as a safe, minimally invasive alternative to traditional surgery, offering woman a new hope for meaning fibroid-related health issue.

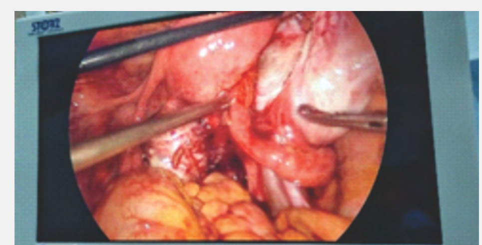
**Dr. Vikash Jain**
Consultant Interventional Neuro Radiologist & Peripheral Vascular Interventionist
Wockhardt Hospitals
Rajkot

# Extensive endometriosis
## mimicking acute appendicitis

A 29year old woman came to casualty with complaints of acute pain in abdomen, 5- 6episodes of vomiting and 4-5 episodes of diarrhoea. She had history of frequent periods and also had a history of severe pain during periods. Her last menstrual cycle was a week before admission and was scanty. We did a mandatory urine pregnancy test which was negative. Per vaginal examination revealed fullness in the right fornix and possibility of an adnexal mass uterine movements were also tender. A CTscan was performed which concluded that it was acute appendicitis and there were bilateral ovarian masses possibly endometriotic A Ca125 was done which was 40 and supported endometriosis. We did an emergency laproscopy which revealed extensive endometriosis. Right ovarian endometriotic cyst was excised and adhesiolysis done.The inflamed appendix was also excised. Since the patient was hemodynamically stable blood transfusion was not needed and she was discharged on Day 3 following surgery.

Any patient with irregular scanty periods with complaints of painful menstruation should be evaluated for the presence of endometriosis. Endometriosis is one of the leading causes of future infertility and menstrual disorders.

**Dr. Indrani Salunkhe**
Consultant Obstetrics and Gynecology
Wockhardt Hospitals
South Mumbai



# Heterotopic Pregnancy in a 39-Year-Old Woman.

A 39-year-old woman, 2 months pregnant, presented with acute abdominal pain, distention, discomfort in the lower abdomen, and one episode of vomiting. She was admitted to Wockhardt Hospitals, Mira Road.

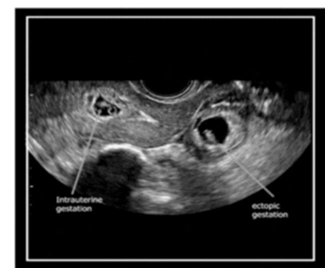
The patient, married for 18 years, has a 14-year-old child. Before her admission to Wockhardt Hospitals, Mira Road, she had been undergoing treatment for conception by an Ayurvedic doctor for the past 2 years. She engaged in only Ayurvedic treatment, without any IUI or IVF procedures. A sonography performed 4 days prior to admission showed a 7.1-week single intrauterine pregnancy. Upon admission, the patient had hypotension - low blood pressure, and a high pulse.

She underwent sonography, which showed a single intrauterine pregnancy with moderate to severe hemoperitoneum (collection of blood in the peritoneal cavity) and a right adnexal mass. Given the emergency, the patient underwent a laparotomy in the OT under general anaesthesia. Which revealed hemoperitoneum of approximately 1 litre blood with a blood clot weighing 650 grams, and a right tubal ruptured Ectopic pregnancy. Consequently, a right Salpingectomy with peritoneal lavage was performed.

On the day of discharge, the patient underwent USG, which showed a viable Single Intrauterine pregnancy of 8.1 weeks. It was concluded to be a Heterotopic pregnancy, with one intrauterine pregnancy and the other a tubal Ectopic pregnancy. At Wockhardt Hospitals, Life Wins.

A heterotopic pregnancy occurs when a woman has both an intrauterine pregnancy and an ectopic pregnancy simultaneously.

It's a rare occurrence in approximately 1 in 30,000 to 1 in 50,000 natural conception

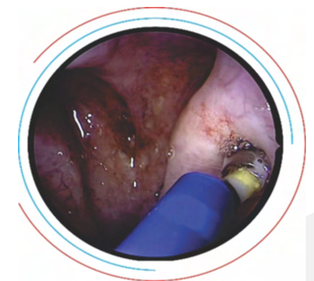


**Dr. Mangala Patil**
Consultant Obstetrics and Gynaecologist
Wockhardt Hospitals
North Mumbai

# Successfully Performed Eustachian Tube Balloon Dilatation

Wockhardt Hospitals, Mira Road, achieved a significant medical breakthrough on August 24, 2024, by successfully performing its first Eustachian Tube Balloon Dilatation. The procedure was carried out by Dr. Chandraveer Singh and Dr. Sheetal Radia on a 46-year-old female patient, who had been experiencing persistent Eustachian Tube Dysfunction, characterized by ear blockages, tinnitus, and mild pain. ETD can lead to a buildup of fluid in the middle ear, causing further discomfort, hearing loss, dizziness, tinnitus, ear pain, ear fullness, recurrent ear infections.

Under General Anesthesia, the Advanced Balloon Dilatation Technique was done, marking the first instance of this procedure in our facility. The surgery was performed smoothly with the patient responding well to the treatment. She has been discharged in a stable condition, with follow-up care scheduled.



Tinnitus and ear pain relieved after surgery. This achievement showcases Wockhardt Hospitals' dedication to providing State-of-the-Art treatments and its commitment to patient care. At Wockhardt Hospitals, Life Wins.

**Dr Sheetal Radia**
Consultant Otorhinolaryngologist
Head & Neck Oncosurgeon
Wockhardt Hospitals
North Mumbai

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

# Role of Clinical Pharmacist in Patient Safety- A New Chapter

Doctor of Pharmacy (Pharm-D) a new course introduced by Pharmacy Council of India (PCI) in 2008. Pharm-D is an extended course of pharmacy correlating pharmacology and pharmacotherapeutics in view of improving patient safety. It is a field that acts as a connecting link between the prescribers, nursing team and the pharmacist who dispenses the medication. They act as a counter check mechanism in each step of medication handling, hence improving patient safety.

The concept of 'medication error reporting' is not definite- A blame game or a step ahead in improving patient quality of life, one of the key role of clinical pharmacist (CP) in healthcare sector apart from prescription appropriateness review. Educating healthcare professionals, the right aspect of medication error /reporting is essential not only to improve patient safety but also for voluntary reporting. Thereby identifying and rectifying the scope of errors by conducting trainings and various brainstorming activities.

Antimicrobial Resistance (AMR), one of the alarming sign and challenge faced by healthcare sector. CP is one of the key members of AMS committee formed with a goal to reduce antimicrobial use and hence prevent antimicrobial resistance. This can be achieved by correlating prognosis (Clinician) to microbiological data (Microbiologist) to the therapy (ID physician/Clinical Pharmacist).

Elaborating a case wherein, post operative pain was managed with the drug molecule tramadol and orders given to continue rest of the medications, which included nortryptyline- a tricyclic antidepressant. As a failure to check drug-drug interaction for the particular regimen prescribed, resulted in serotonin syndrome as both the drugs shows serotonergic effect.

Such instances can be avoided with the help of trained clinical pharmacist in picture.
“Safety contributes to overall patient experience- unveiling the new chapter!”

**Dr. Stephy Babu**
Clinical Pharmacists
Wockhardt Hospitals
Mumbai Central

**Dr. Divya Vyas**
Clinical Pharmacists
Wockhardt Hospitals
Mumbai Central

## New consultants who joined the Wockhardt Family

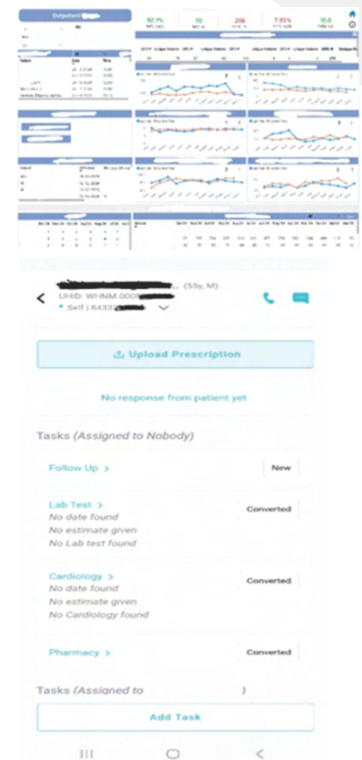
| NAME | DESIGNATION | UNIT |
|---|---|---|
| Dr. Vinayaga Pandian | Consultant Interventional Cardiologist | SOBO |
| Dr. Rohit Moharir | Consultant Intensivist | SOBO |
| Dr. Swapnil Sharma | Consultant Liver Transplant & HPB Surgeon | SOBO |
| Dr. Sushma Salian | Consultant Emergency Medicine Physician | NOBO |
| Dr. Manojkumar Gaddikeri | Consultant Orthopaedic Spine Surgeon | NOBO |
| Dr. Mukund Agrawal | Consultant Orthopaedic | Nagpur |
| Dr. Sudesh Mate | Consultant Radiologist | Nagpur |
| Dr. Krishna Tharani | Consultant Paediatric & Paediatric Intensivist | Nagpur |
| Dr. Sumit Narang | Consultant Cardiothoracic & Vascular Surgeon | Nagpur |
| Dr. Anup Agrawal | Consultant Critical Care & Internal Medicine | Nagpur |
| Dr. Kartik Multani | Consultant Neurosurgeon | Nagpur |
| Dr. Sagar Bhalerao | Consultant Surgical Oncologist | Nagpur |
| Dr. Rahul Misra | Consultant Radiation Oncologist | Rajkot |
| Dr. Rahul Chowdhary | Consultant Medical Oncologist | Rajkot |

# Building Digital Pathways: Transforming Healthcare

Imagine a hospital where doctors and associates can make data-driven decisions in real time, patients have seamless access to their records & digitally-driven assistance, and advanced technology ensures optimal care. At Wockhardt Hospitals, we are transforming this vision into reality with a series of initiatives. From actionable analytics for doctors to contactless vitals monitoring, our focus on digital transformation is revolutionizing hospital operations, improving patient outcomes, and fostering stronger community connections.

This article highlights the key digital initiatives we've implemented, their impact on healthcare delivery, and how they align with our commitment to LIFE WINS.

At times inefficiencies like reliance on manual records, fragmented communication with community that we serve, and limited real-time data for consultants could lead to delays in decision-making and reduced patient satisfaction. The need for seamless, tech-driven solutions is becoming more and more evident as healthcare demands grow more complex.




Key Areas of Transformation

**A. Actionable Analytics with Doctor 360**

Our Doctor 360 Dashboard empowers consultants with real-time analytics and key performance indicators (KPIs) across Outpatient, Inpatient, and community engagement activities. By providing lead and lag indicators, the dashboard enhances decision-making, streamlines operations, and helps doctors build stronger GP networks and patient connections.

**B. Digital Record Keeping**

We have digitized OPD, ER, and post-discharge case sheets using effective ICT tools. These digital records are shared with patients, eliminating the need for hard copies and ensuring easy access to critical information.

**C. Counsellor App**

Our dedicated Counsellor App centralizes all patient's advised interventions by their respective doctor, including outpatient consultations, outstation camps, and emergency department interactions. This timely and structured approach by patient counsellors ensures better adherence to medical advice, resulting in superior clinical outcomes.

**D. Community Doctor Engagement**

Through digital pathways, we keep community doctors informed about Wockhardt Hospitals' advanced clinical capabilities and the specialized skills of our consultants. Easy-to-use communication channels like WhatsApp enable community doctors to engage seamlessly with the hospital, fostering stronger partnerships.

**E. Contactless Vitals Monitoring**

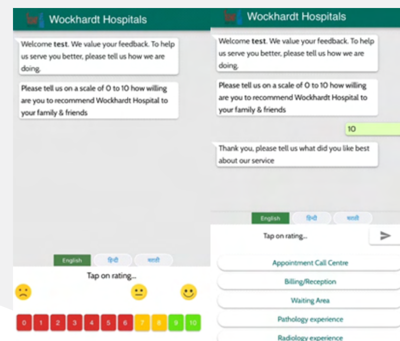
We've introduced Dozee beds, which provide contactless monitoring of vital parameters for inpatients. This technology generates early warning signs for clinicians, saving valuable time, and shares real-time vitals data with family members via a mobile app, enhancing transparency and care.

**F. Business Intelligence Dashboards**

Our BI Dashboards provide up-to-date metrics across various departments, enabling hospital administrators to make informed decisions and analyze the effectiveness of initiatives. This data-driven approach optimizes hospital operations and enhances efficiency.

**G. Patient Feedback and NPS**

We now collect Net Promoter Scores (NPS) and feedback from outpatients, inpatients, emergency department patients, and those discharged. This timely feedback loop allows us to address complaints proactively, continually improving the patient experience and satisfaction.




**Benefits that we are experiencing:**
Enhanced Decision-Making: Real-time insights empower doctors and administrators to make data-driven decisions.
Streamlined Processes: Digitized records and BI dashboards reduce administrative burdens and improve workflow.
Superior Patient Care: Tools like contactless vitals monitoring and timely counsellor interventions lead to better outcomes.
Stronger Community Connections: Digital engagement with community doctors builds trust and collaboration.

**Future Outlook:**
At Wockhardt Hospitals, digital transformation is not just about adopting new technologies—it's about reshaping healthcare delivery for the better. With advancements in AI, predictive analytics, and IoT devices on the horizon, we remain committed to enhancing patient care and operational excellence. By empowering our doctors, clinical & non-clinical team members, patients, and community stakeholders with cutting-edge digital tools, Wockhardt Hospitals is setting a new benchmark in modern healthcare.

**Vikram Singh Rathore**
Deputy General Manager
MD's Office
Wockhardt Hospitals

# Understanding Clinical Indicators and Their Role in Healthcare Quality

Clinical indicators are essential tools for measuring and improving healthcare quality. They help healthcare providers and organizations understand how well they are meeting patients' needs and delivering effective care. These indicators focus on three key areas:

**Structure:** The resources available, such as staff, facilities, and equipment.

**Process:** The actions taken by healthcare providers, like diagnosing and treating patients.

**Outcome:** The results of care, including patient recovery, satisfaction, and overall health.

**Types of Clinical Indicators**

**Rate-based indicators:** Monitor trends, like infection rates or readmissions, to identify areas for improvement. **Sentinel indicators:** Highlight specific, serious incidents that require immediate investigation. Indicators can also be generic which applicable to most patients and disease-specific that tailored to patients with certain conditions (e.g., diabetes or cancer). Healthcare systems around the world are under pressure to provide better care while managing costs. Clinical indicators provide a way to measure and improve quality, making it possible to:

Compare performance over time or between providers (benchmarking), identify areas needing improvement and support accountability, regulation, and patient choice.

However, in many countries, there are no mandatory systems to track healthcare quality. This leads to issues like inconsistent care, lack of outcome assessment, and limited data on how major illnesses are treated.

**What makes a good Indicator?**

For an indicator to be effective, it must be clearly defined, reliable, valid and evidence-based Indicators are used to monitor care, identify quality problems, and prioritize improvements. For example, tracking infection rates in hospitals can help reduce preventable infections. Similarly, monitoring patient satisfaction can guide efforts to improve communication and care delivery.

> Clinical indicators are the backbone of quality improvement in healthcare. They provide the data needed to assess, compare, and improve care. To be effective, these indicators must be carefully designed and based on scientific evidence. By using them, healthcare providers can ensure better outcomes and experiences for patients.

**Ranjith Krishnan R**
Group Head - Quality Management
Wockhardt Group Hospitals

# Wockhardt Hospitals Sets a Benchmark in Stroke and Emergency Care with QAI Accreditation

In the ever-evolving landscape of healthcare, program certifications and accreditations are becoming the gold standard for excellence. Wockhardt Hospitals is proud to lead the way, being among the first to achieve prestigious certifications for its Advanced Stroke Centre and Emergency Department from the Quality and Accreditation Institute (QAI) – Centre for Accreditation of Health & Social Care.

This significant milestone underscores our unwavering commitment to delivering exceptional care. The QAI accreditation sets the highest benchmarks for stroke care and emergency services, positioning Wockhardt Hospitals as a trailblazer in healthcare excellence.

With this recognition, our hospitals continues to prioritize patient-centric care, ensuring that at Wockhardt Hospitals, Life Wins.

***Stroke Accreditation***
***Wockhardt Hospitals, South Mumbai***

Quality And Accreditation Institute
Centre for Accreditation of Health & Social Care
ISQuaEEA
Accredited Organisation 2022-2026

Certificate of Accreditation

Wockhardt Hospitals Limited
Unit: Adams Wylie Memorial
1877, Dr. Anand Rao Nair Marg, Mumbai Central,
Mumbai-400011, Maharashtra, India

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

QAI/CAHSC/ASC/2024/0019

Valid from: 10 October 2024 Valid until: 09 October 2027

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

www.qai.org.in

***Emergency Department Accreditation***
***Wockhardt Hospitals, South Mumbai***

Quality And Accreditation Institute
Centre for Accreditation of Health & Social Care
ISQuaEEA
Accredited Organisation 2022-2026

Certificate of Accreditation

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Unit: Adams Wylie Memorial
1877, Dr. Anand Rao Nair Marg, Mumbai Central,
Mumbai-400011, 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

QAI/CAHSC/ED/2024/0010

Valid from: 07 November 2024 Valid until: 06 November 2027

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

www.qai.org.in

***Stroke Accreditation***
***Wockhardt Hospitals, Nagpur***

Quality And Accreditation Institute
Centre for Accreditation of Health & Social Care
ISQuaEEA
Accredited Organisation 2022-2026

Certificate of Accreditation

Wockhardt Hospitals Limited
1643 North Ambazari Road, Shankar Nagar,
Nagpur-440033, Maharashtra, India

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Advanced Stroke Centre

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QAI

QAI/CAHSC/ASC/2024/0021

Valid from: 07 December 2024 Valid until: 06 December 2027

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

www.qai.org.in

***Emergency Department Accreditation***
***Wockhardt Hospitals, Rajkot***

Quality And Accreditation Institute
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ISQuaEEA
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Dr. Bhupendra Kumar Rana, Chief Executive Officer
Prof. (Dr.) Mahesh Chandra Misra, Chair, CAHSC

www.qai.org.in

# Wockhardt Group Hospitals XIth Nursing Leadership Program

Nursing Leadership Program Batch XI, Phase 1. 24 –Oct-2024 - 26-Oct-2024.

The eleventh batch of our Nursing Leadership Program, a program we developed in partnership with Harvard Medical International over a decade and a half ago and then took over conducting ourselves. It is a testimony of the commitment we as an organization have to identifying and nurturing talent. Over the next one year 25 nursing associates from all our hospitals will be groomed to become leaders both through classroom trainings as well as practical projects.

Our people our strength @Wockhardt Hospitals, Life Wins

# World Patient Safety Day 2024

Wockhardt Hospitals has celebrated "Patient Safety Week 2024" across all its facilities at Mumbai Central (South Mumbai), Mira Road (North Mumbai) & Nagpur & Rajkot. Patient safety is fundamental to delivering quality health services. These practices are aimed at strengthening the regular processes to achieve better patient care and safety.

The WHO theme this year is "Improving Diagnosis for Patient Safety"

We at Wockhardt Hospitals understand importance of patient safety, and so we included key focus areas including safer diagnostic system, Champion diagnosis excellence and eliminate diagnostic errors in our this year's Patient safety week celebrations across all our group hospitals. The program was inaugurated by Dr Clive Fernandes and Mr. Amiya Sahoo, Dr Clive in his address emphasised on the need for every associate to practice all our defined patient safety protocols 365*24*7.

## Best Patient Safety Reel

**Group Level Winner**

**Dr. Nitu Mundhra**
Consultant Neonatologist and Paediatrics
*North Mumbai*

**Dr. Charadutt Vaity**
Consultant Critical Medicine, South Mumbai

**Dr. Girish Bhalerao**
Consultant Joint Replacement Surgery & Sports Medicine
*North Mumbai*

**Dr. Behram Pardiwala**
Consultant Internal Medicine, South Mumbai

**Dr. Shyam Karia**
Consultant Emergency Medicine, Rajkot

**Dr. Jayesh Thimane**
Consultant Internal Medicine, Nagpur

**Dr. Chirag Matravadia**
Consultant Critical Medicine, Rajkot

**Dr. Shrikant Jai**
Consultant Urology, Nagpur

## Patient Safety Week 2024 **Best Slogan's**

**Group Level Winner**

**Dr. Mahavir Gajani**
South Mumbai

**Mr. Rajneesh Sharma**
BKC

**Dr. Harsha Lotlikar**
*North Mumbai*

**Mr. Vipin Babu**
Nagpur

**Ms. Dhara Doshi**
Rajkot

**Ms. Sonali Mehta**
BKC

**Dr. Sunita Shinde**
North Mumbai

## Quiz Commpetition

**Group Level Winner**

**Dr. Minaz Mulla,**
South Mumbai
*Consecutively scored full marks for all 4 days.*

## Poster Competition

**Group Level Winner**

**Ms. Pinki Prajapati**
North Mumbai

## Quiz Showdown Patient Safety Challenge

**Wockhardt Hospitals, South Mumbai won the runners up award in the inter hospitals quiz competition held at Jaslok Hospital.**

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