

WOCKSYNAPSE

Managing Director's Desk



My Dear Associates,

Wishing all our Nursing Associates Happy Nursing Day (which was celebrated on 12th May 2023), you are the epitome of selfless service and the excellent patient feedback that we keep receiving is a testimony of the amazing work you do.

Healthcare as an industry is different from other industries as most of the time the care provided and their outcomes could be the difference between life and death. At Wockhardt Hospitals we pride ourselves on our clinical outcomes and that's because of the excellent clinical talent that we have and are able to on-board from time to time.

In each of the articles in this bulletin you will see and appreciate how clinical skills and talents across different specialities and departments team up in one of the most complex industry, to provide clinical outcomes second to none, ensuring that at Wockhardt Hospitals, Life Wins Always.

Good luck going forward.

Zahabiya Khorakiwala

Managing Director
Wockhardt Hospitals

Table of Contents

	Page No.
Managing Directors desk	1
A stitch in time saves nine - Dr. Mayuresh Pradhan, Dr. Anup Taksande & Dr. Kedareshwar Pote	2
All is well that ends well - Dr. Amey Beedkar	3
Yes, I made a difference - Dr. Shraddha Deshpande	4
Comprehensive breast cancer treatment: Transforming lives - Dr. Aditi Agrawal, Dr. Leena Jain & Dr. Sushil Nehete	5
Elbow arthroscopic surgery - Dr. Sarang Deshpande	6
Endoscopic fenestration of arachnoid cyst - Dr. Rahul Zamad	7
Lupus causing the ruckus - Dr. Akur Jain & Dr. Gunjan Loney	8
A rare case of rudimentary horn pregnancy - Dr. Indrani Salunkhe	9
Rare surgery done only in specialized units - Dr. Imran Shaikh, Dr. Ankit Gupta & Dr. Lalit Verma	10
Balloon mitral valvotomy (BMV) - Dr. Anup Taksande	11
32 Fibroids removed with Laparoscopic Hysterectomy along with Fibroadenoma Breast Surgery - Dr. Tirathram Kaushik & Dr. Rajashri Bhasale	12
Role of radiology in clinical management - Dr. Deepa Vora	13
Accept it, embrace it and win over it! - Dr. Natasha Tungare	14
Miraculous millets - rich in heritage, full of potential - Ms. Riya	15
Did you know - Dr. Prashant Mehta	16
Operational excellence - The new expectation in healthcare - Dr. Clive Fernandes	17
World International Nurses day celebration	18
Wockhardt Hospitals & South Asian Liver Institute - Dr. Tom Cherian & Dr. Piyush Marudwar	20
Long term covid syndrome - Dr. Mudit Khanna	21
Mechanical thrombectomy in medium vessel occlusion (MeVO) - Dr. Pavan Pai	22
Renal cell carcinoma - Dr. Swarup Verma & Dr. Uday Chandankhede	23
A Meticulous evaluation and targeted therapy saves the patient from painful surgeries - Dr. Mazda Turel	24
Venous sinus stenting procedure saved a 19-year-old from blind for life from Painful Surgeries - Dr. Ketan Chudasama & Dr. Vikas Jain	25
Medication error management - Dr. Ashly Santosh	26
Metastatic cancer with occult primary: A diagnostic dilemma - Dr. Atul Narayankar & Dr. Pratik Tibdewal & Dr. Tirathram Kaushik	27
Healthcare marketing: Essentials and changing trends. - Mr. Manoj Dharpawar	28
Kidney transplantation - Dr. Punneet Bhuwania, Dr. Prakash Tejwani & Dr. Jeyesh Dabhalia	29
Successful management of suicidal cut throat - Dr. Sheetal Radia, Dr. Rajiv Manek & Dr. Mayuresh Pradhan	30
Inside the Pandora's box - Dr. Riya Mangtani	31
What patients & their families expect from doctors - Dr. Sushil Kumar	32
Awards for excellence in healthcare	33
Project 52	34
New consultants who joined the Wockhardt family	35
Message from the editor	36

A stitch in time saves nine

A 58-year-old gentleman was admitted under Dr. Anup Taksande with complaints of unstable angina. ECG revealed ischaemic changes and the patient was taken to the cathlab for Coronary Angiography (CAG). The CAG revealed 100% occlusion of the Right Coronary Artery (RCA) and 99% occlusion of the Left Main Coronary Artery (LMCA). This is a very critical condition and even a slight increase in the myocardial demand would lead to a catastrophic event. An Intra Aortic Balloon Pump (IABP) was inserted in the Cathlab by Dr. Anup Taksande to reduce the load on the Heart and the patient was shifted to the Operation Theatre for an urgent Coronary Artery Bypass Surgery (CABG) under Dr. Mayuresh Pradhan.

This condition is so critical that even the anaesthetic induction can lead to heart failure. The patient was skilfully induced by Dr. Kedareshwar Pote, the cardiac anaesthetist, with Mr. Shankar Gupta (Perfusionist) being ready with the assembled cardiopulmonary bypass machine.

The surgery was carried out by Dr. Mayuresh Pradhan. The entire surgery could be managed off Pump due to the efficient anaesthetic management by Dr. Kedareshwar Pote. Four Bypass grafts were uneventfully performed and patient was shifted to the Cardiac Recovery for observation and further management. On the second Postoperative day the IABP was removed and on the third day patient was shifted to the ward and was discharged on day 5.

Hence due to a great team effort patient's life was saved. One can readily agree to the proverb "A Stitch in time saves Nine", and in this case it was patient's life. At Wockhardt Life Wins.

IABP:

The IABP assists the heart indirectly by decreasing the after load and augments diastolic aortic pressure with subsequent enhancement in diastolic blood flow resulting in better perfusion of the peripheral organ as well as a possible improvement in the coronary blood flow.

IABP use may also help patients with acute right ventricular failure by reducing the right ventricular afterload by decreasing pulmonary artery pressure and left ventricular end-systolic and end-diastolic pressures and, as a result, improves the cardiac output



Dr. Mayuresh Pradhan

Consultant Cardiovascular and Thoracic Surgeon
Wockhardt Hospitals
North Mumbai



Dr. Kedareshwar Pote

Consultant Cardiac Anaesthesiologist
Wockhardt Hospitals
North Mumbai



Dr. Anup Taksande

Consultant Cardiology
Wockhardt Hospitals
North Mumbai

All is well that ends well

Successful Angioplasty with bio absorbable stent in a patient with Immune thrombocytopenic purpura (ITP)

A 51-year-old female Gynecologist was admitted to our emergency department with retrosternal localized typical acute chest pain that started 1 day prior to presentation. Her past medical history was significant for chronic IT, for which she had not received any treatment, for last 15 years. There was no evidence of active bleeding and her physical examination was unremarkable, and neither cutaneous nor mucosal petechia nor purpura was noted. Her electrocardiography (ECG) showed biphasic T waves in inferior leads. 2 D echo showed inferior wall was hypokinetic. Laboratory blood tests revealed hemoglobin of 14mg/dL, platelet count of 14,000/L, normal prothrombin time and partial thromboplastin time, troponin I of 1.89ng/mL, and creatine kinase MB 69U/L. Early coronary angiography and PCI were planned because of her continuous angina pectoris and ECG changes. On angiography One 90% blockage observed in RCA, which needed intervention. Instead of conventional metal stents we went ahead with Bio-Absorbable stent.

This stent gets absorbed in the vessel in 3 years' time span, which gives advantage of stopping anti platelets treatment, especially useful in patients with high bleeding risk.

Conclusion

In conclusion, the option of using Bio absorbable stents is kept in the mind in patients with bleeding disorders



Dr. Amey Beedkar

Consultant Interventional Cardiologist
Wockhardt Hospitals
Nagpur

Yes, I made a difference

Every once in a while, there comes a surgical case which makes you feel 'yes, I made a difference!' and it inspires you to work harder than even before.

There is one such girl, Riya (name changed to protect identity) who walked into my office few months ago. A chirpy 28yrs old professional, with a beautiful face, Riya is like any other modern day youngster, raring to go. When she walked in, she was wearing a t-shirt with a dupatta wrapped around her body. It was for that very reason that she had come to visit me. Her breast size kept increasing disproportionately to her body. She needed to order her brassieres from abroad as the sizes she needed were no available in India. Needless to say, she was subjected to rude looks and body shaming which made her uncomfortable. Heaviness of breasts took a toll on her back and she started suffering with chronic neck and back pain. Eventually she started seeking solutions and had finally came to me for the same. We planned a breast reduction surgery for her. Her mom too was very supportive and we chalked out a plan discussing all the pros and cons of the surgery. There was one more hurdle, Riya was scared of general anesthesia, never to wake up from it. It took a great deal of counseling and positive reassurance to comfort her and overcome her fears.

On the day of surgery, I held her hand when she was going under anesthesia. I told her 'Think of something nice as you go off to sleep. She said "doctor, will I be able to wear a crotch bikini on the beach?" I paused for a moment, stumped by the strange request, then she explained. "you know, my mom makes these cute crotch tops, she made a bikini for me but I haven't worn it yet". "yes you will!" I said. "soon enough!" I promised her. And I said a little prayer in my heart. She slowly went into her propofol induced sleep.

The surgery went well, we removed around 1kg tissue from both her breasts- literally 2kgs off her chest and shoulders. She healed well, followed the post op instructions to the tee and could go on her planned vacation to Andaman and Nicobar Islands within a month after her surgery.

A few days back she buzzed me "hey I haven't shared the pics from my vacation!" and there they were! Never have I been so happy looking at bikini pictures as I was from my lovely girl. The electric blue crochet bikini! Breast reduction surgery is done to decrease the size of disproportionately large breasts maintaining their symmetry and anesthetics. This surgery can be performed for women who are suffering with breast enlargement post pregnancy or even in young unmarried women who suffer with disproportionately large breasts. This condition is called virginal breast hypertrophy or gigantomastia.

Post-surgery women have to wear support bras for 6-8weeks and avoid vigorous exercises for the same time period. The scars mature over a period of one year and fade slowly. There are many myths surrounding breast reduction surgery which I answer on a daily basis, for example it does not increase the chances of breast cancer.

Breast reduction can improve the quality of life and give new hope and vigor. It is important to leave the myths and societal pressures behind and take bold steps to change status quo. Kudos to Riya and her mom to taking that decision!

Time and again, it reinforces in my mind how life changing breast reduction surgeries can be.

Breast reduction surgery is done to decrease the size of disproportionately large breasts maintaining their symmetry and anesthetics. This surgery can be performed for women who are suffering with breast enlargement post pregnancy or even in young unmarried women who suffer with disproportionately large breasts. This condition is called virginal breast hypertrophy or gigantomastia.

Post-surgery women have to wear support bras for 6-8weeks and avoid vigorous exercises for the same time period. The scars mature over a period of one year and fade slowly. There are many myths surrounding breast reduction surgery which I answer on a daily basis, for example it does not increase the chances of breast cancer.

Breast reduction can improve the quality of life and give new hope and vigor. It is important to leave the myths and societal pressures behind and take bold steps to change status quo. Kudos to Riya and her mom to taking that decision!



Dr Shraddha Deshpande

Consultant Plastic and Reconstructive Surgery
Wockhardt Hospitals
South Mumbai

Comprehensive breast cancer treatment: Transforming lives

A young 32 year old girl presented with two lumps in her left breast which were noticed since last 2 months. USG revealed BIRADS 4A lesion. Owing to high suspicion, Dr. Aditi Agrawal performed USG guided biopsy of both the lesions which read as Invasive duct carcinoma Grade 3 to our dismay. Considering her age, MRI both breast was performed which revealed Microcalcification alongwith spiculated lesions. Once her diagnosis was confirmed, Dr. Aditi MAgrawal explained the surgical plan regarding tumor removal.

Along with the option of skin sparing mastectomy with axillary dissection with primary breast reconstruction, deep inferior epigastric artery perforator flap is the flap of choice for breast reconstruction as most of the women have an abdominal panniculus which provides adequate volume to suit the size of normal breast. For this patient, Dr. Aditi Agrawal roped in Dr. Leena Jain and Dr. Sushil Nehete. She being an unmarried slim girl, she had insufficient volume of fat in her abdominal wall. Hence, it was decided to take a flap from her thigh which had reasonable amount of fat. It is called the Anterolateral thigh flap, harvested from anterolateral aspect of thigh along with its supplying vessel-descending branch of lateral circumflex femoral artery.

Flap a shaped to form a breast mound. Anastomosis was done with thoracodorsal artery and vein along lateral chest wall below axilla. This flap was further modified by harvesting skin and subcutaneous tissue along with entire vastuslateralis muscle to provide more bulk required to match the opposite normal breast.

Her post-operative period was uneventful. Her reconstructed left breast matched well with the normal right breast sans a nipple and areola. Once she completes her adjuvant cancer treatment, nipple and areola will be reconstructed using local tissue and tattooing.

Considering her unmarried status, we performed her AMH status with an idea to preserve her ova for future pregnancy. LIFE WINS at Wockhardt.

Anti-Mullerian Hormone: Anti-Mullerian hormone (AMH) is a hormone produced by the cells in the developing ovarian follicles. In females, it is primarily used as a marker for ovarian reserve, which is an indication of the number and quality of eggs remaining in the ovaries. AMH levels are measured through a blood test and can help assess a woman's fertility potential and response to fertility treatments such as in vitro fertilization (IVF).



Dr. Aditi Agrawal

Consultant Breast Onco Surgeon
Wockhardt Hospitals
North Mumbai



Dr. Sushil Nehete

Consultant Plastic,
Hand & Microsurgeon
Wockhardt Hospitals
North Mumbai



Dr. Leena Jain

Consultant Plastic,
Reconstructive Microvascular and Hand Surgeon
Wockhardt Hospitals
North Mumbai

Elbow arthroscopic surgery

A 22 year old girl was shifted to our hospital from Sangli for treatment of her multiple injuries. She had met with an accident while travelling with her family. She had suffered with fractures of her both side forearm bones with left elbow dislocation and right shoulder acromioclavicular joint dislocation. She received primary treatment at a local hospital in the form of elbow reduction and above elbow splints for her forearm fractures.

Dr. Sarang Deshpande and team planned her forearm fracture fixation in the first setting and performed plate fixation. During the surgery, we could evaluate her left elbow and found out that it was unstable. Her older X rays showed a small bony fragment separated from radial head and lodged in the joint. On MRI scan, we saw multiple small fragments in the joint which prevented joint relocation.

Later we operated on her Elbow using Arthroscopic Technique, removed loose bodies from the joint and seated the elbow properly. The advantage of using arthroscopy in her case was that with a very small incision we could enter her joint, locate the fragments and remove them through a similarly small incision. This reduced the morbidity of the procedure and avoided another major procedure on the same hand which was operated a week prior.

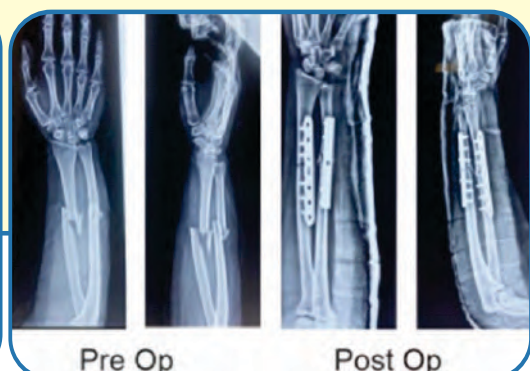
Similarly, on the other side she had acromioclavicular joint dislocation. Using a similarly small incision, around 3 cm in length, we reduced her acromioclavicular joint and reconstructed it with semitendinosus tendon graft from her right side leg.

All of her four procedures were performed with minimal possible incision and they were closed with absorbable subcuticular sutures, which have got cosmetic effect and minimum scarring later on.. LIFE WINS at WOCKHARDT.

Elbow arthroscopy is a minimally invasive surgical procedure used to diagnose and treat various conditions affecting the elbow joint. It involves the use of a small camera called an arthroscope, which is inserted into the elbow joint through small incisions. The arthroscope allows the surgeon to visualize the structures inside the joint, such as the bones, cartilage, ligaments, and tendons, on a monitor.

During the elbow arthroscopy procedure, the surgeon may perform various surgical techniques to address specific issues. Some common conditions treated with elbow arthroscopy include:

- Loose bodies
- Tennis elbow (lateral epicondylitis)
- Golfer's elbow (medial epicondylitis)
- Elbow arthritis
- Elbow fractures



Dr. Sarang Deshpande

Consultant Orthopedic Surgery Arthroscopy,
Joint Replacement Surgeon & Sports Medicine Specialist
Wockhardt Hospitals
North Mumbai

Endoscopic fenestration of arachnoid cyst

A 10 year old child presented with complaints of 2-3 suspected seizure episodes along with multiple episodes of sudden loss of consciousness for a brief period followed by full recovery at school. Mother mentioned about dip in the performance at the school in the current academic year. There was no other neurological deficit associated and the child was healthy and doing well. MRI was done which showed T2 Hyperintense and T1 hypointense left temporal cystic swelling which had no post contrast enhancement likely to be a Left temporal Arachnoid cyst type II (Fig 1). Relatives were counselled regarding the cystic swelling and need for surgical intervention. The child underwent Endoscopic Cystocisternostomy under GA with head turned 30 degrees towards right and fixed on Mayfield clamp. Small curved incision was taken 2 cm anterior to the tragus extending upwards by 4.5 cm. A small mini craniotomy of 2X3 cm was done and the cystic cavity was entered. Posteriorly and medially normal anatomy was visualized including the 3rd nerve, tentorium cerebelli and the medial temporal lobe (Fig 2). Endoscopic fenestration of the Cystic cavity was performed using a Fogarty balloon catheter on either side of 3rd nerve and free CSF flow was confirmed across the cyst in the basal cisterns. Haemostasis was confirmed, dura was closed in a watertight fashion and wound was closed in layers. Post op NCCT head was done which did not show any intra or extraaxial bleed with hypodensity in the left temporal region (Fig 3). The child remained stable and was discharged on POD 3. On follow up at 4 weeks the child had no episodes of seizures.

Intracranial arachnoid cysts (IACs) are cerebrospinal fluid (CSF) collections surrounded by arachnoid membrane and account for 1% of all nontraumatic intracranial masses. Mostly (75%) found in children with male preponderance. It usually do not communicate with the ventricular system thus causing increase in size and mass effect inside the brain. Majority are found incidentally and are asymptomatic with some case series reporting a 6.8% incidence of symptomatic IACs.

The optimal method of treatment for arachnoid cysts remains controversial. Shunting procedures, although simple, have been associated with infections, malfunctions and overdrainage. To avoid shunt dependency and associated complications, a craniotomy and cyst fenestration have been attempted but with higher morbidity. Endoscopic-assisted fenestration has reduced the risks and complications related to open craniotomy and fenestration. All these techniques, however, have been associated with the development of postoperative subdural fluid collections.

Archnoid cyst

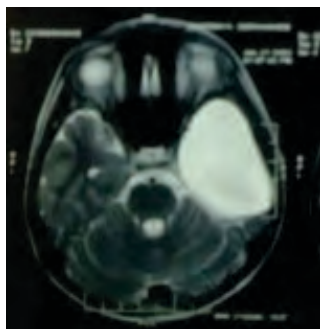


Fig 1 MRI brain Showing left temporal

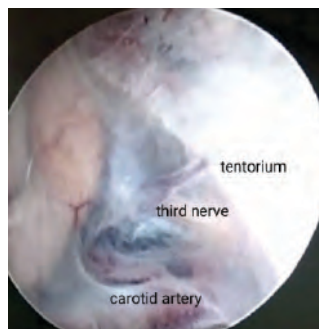


Fig 2 Anatomical structures

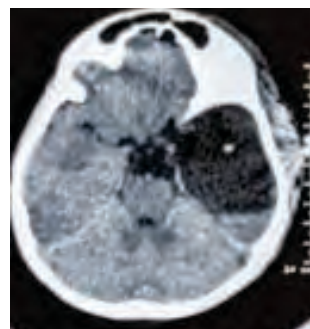


Fig 3 post Op NCCT head



Dr. Rahul Zamad

Consultant Brain & Spine Surgeon
Wockhardt Hospitals
Nagpur

Lupus causing the ruckus

A 55 year old diabetic female came with progressive difficulty in walking and abnormal behaviour with delusions of 3-month duration. She also complained of fever, decrease in appetite, bleeding from rectum since 2-3 days. Dr Ankur Jain (Neurologist) examined her and she was found to have pure motor- lower motor type quadriparesis. Her MRI Brain revealed small right parietal acute Ischaemic stroke with normal angiography and EMG & NCS revealed myopathy.

Dr.GunjanLoney (Haematologist &Haemato-oncologist) investigated the patient for anaemia (haemoglobin 8 with MCV 91). She was found to be iron deficient.

The patient was treated with iron and B12 supplements, antipsychotics, antiplatelet and physiotherapy but was not responding.

ANA which was done as a part of anemia workup turned out to be strongly positive 4+ (1:3200). So extended autoimmune workup was done which confirmed SLE and she was diagnosed with neuropsychiatric SLE, myopathy and haemolytic anaemia. The patient has no past history suggestive of SLE. She was started on steroids with which all her symptoms started improving.

This is a case of late onset SLE presenting with myopathy, psychosis and anaemia, which is part of an autoimmune process

What is Lupus

Lupus, also known as systemic lupus erythematosus (SLE), is a chronic autoimmune disease that can affect various parts of the body. In autoimmune diseases, the immune system mistakenly attacks healthy tissues, leading to inflammation and damage in multiple organs and systems.

The exact cause of lupus is unknown, but it is believed to involve a combination of genetic, environmental, and hormonal factors. It primarily affects women, although men and children can also develop the condition.

Common symptoms of iron deficiencies

Iron deficiency, also known as iron deficiency anaemia, can present with a variety of symptoms. Here are some common symptoms associated with iron deficiencies:

- Fatigue and weakness
- Pale skin and mucous membranes
- Shortness of breath and rapid heartbeat
- Dizziness and light-headedness
- Brittle nails and hair loss
- Restless legs syndrome
- Unusual cravings
- Poor concentration and cognitive issues



Dr. Ankur Jain

Consultant Neurologist
Wockhardt Hospitals,
Nagpur



Dr. Gunjan Loney

Consultant Haematologist
& Haemato-Oncologist
Wockhardt Hospitals,
Nagpur

A rare case of rudimentary horn pregnancy

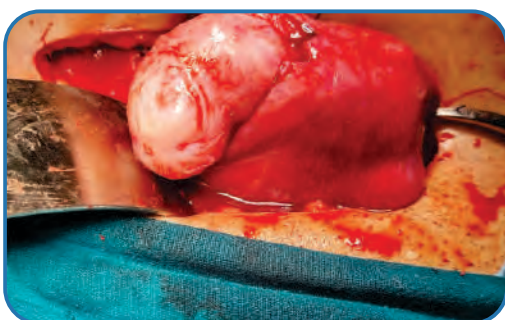
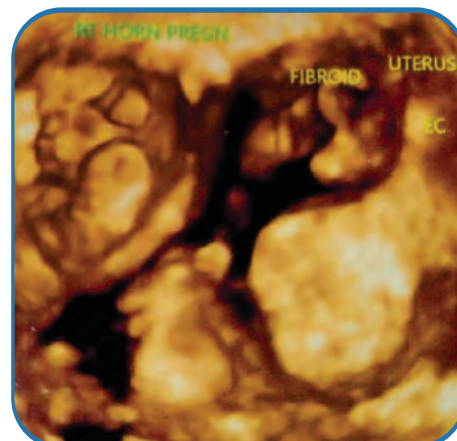
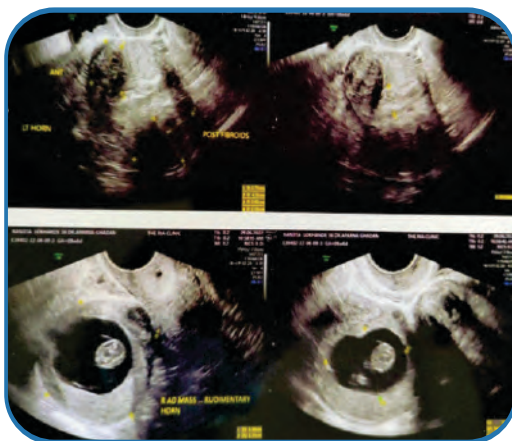
A 36 year old female admitted under Dr. Indrani Salunkhe, Primigravida with 2 months of amenorrhea was admitted with complaints of intermittent abdominal pain since 15-20 days on and off. Known case of hypothyroidism on tab. Thyronorm 50mcg od. USG abdomen: revealed right sided ectopic pregnancy of 8weeks, fetal activity.

Patient was posted for hystro - laproscopy, which was converted to exploratory laparotomy with right rudimentary horn pregnancy excision with myomectomy. Hysteroscopic findings showed – cervical canal, internal os- normal. Uterine cavity is normal slightly pushed towards left, few bluish hue present on right uterine wall. Endometrium abundant. Normal left ostia seen. Right ostia could not be seen.

Laprosopic findings showed: bicornuate uterus. Right rudimentary horn with gestational sac with tense vascular wall seen corresponding to 8wks pog. Right fallopian tube attached to right horn was normal. Right ovary was normal and was present posterior to right horn of uterus in pod. Left horn normal. few adhesions were noted between right uterine horn and right pelvic and abdominal wall.

As with the findings of laproscopy it appeared difficult to excise the rudimentary horn laproscopically and single ureter visualized lying in close proximity to the rudimentary horn, decision was taken to convert the procedure into exploratory laparotomy for excision of right rudimentary horn pregnancy. Intraoperatively – right rudimentary horn with gestational sac with tense vascular wall was seen corresponding to 8weeks pog right rudimentary horn with intact pregnancy with right sided fallopian tube was excised with blunt and sharp dissection, and specimen was sent for histopathology.

Post operative period was uneventful and the patient was discharged on the fourth day. A histopathology examination confirmed the diagnosis. There was no infiltration of the chorionic villi into the myometrium.



A rudimentary horn pregnancy, also known as unicornuate uterus pregnancy, is a rare condition where a fertilized egg implants and grows outside the normal cavity of the uterus. It occurs when a woman has a uterus that is partially formed or has a uterine septum, a wall of tissue dividing the uterus into two parts. The rudimentary horn is a smaller, nonfunctional section of the uterus that has a limited blood supply and is unable to accommodate the growing embryo.

Complications associated with rudimentary horn pregnancy include:

- Rupture
- Abdominal Pain
- Ectopic pregnancy
- Delayed diagnosis
- Infertility



Dr. Indrani Salunkhe

Consultant Obstetrician and Gynecologist
Wockhardt Hospitals
South Mumbai

Rare surgery done only in specialized units



17 years old boy with massive upper GI bleeding was brought to Wockhardt Hospitals in state of shock. Immediately admitted to PICU under management of Dr. Ankit Gupta. He immediately resuscitated the patient and blood transfusions were given. He had low platelet count and Haemoglobin. On evaluation found to have Extrahepatic portal vein obstruction (EHPVO) with portal hypertension. Patient underwent lifesaving procedure of Endoscopic variceal ligation by Dr. Lalit Verma. Upon stabilization and taking care of the emergency the patient subsequently was planned for definitive shunt surgery. Surgery was performed by Dr. Imran Shaikh. Surgery is called Splenectomy with Proximal Splenorenal Shunt (PSRS). In this surgery the spleen was removed and proximal splenic vein is joined to right adrenal vein which subsequently drains to left renal vein. This surgery is very complex and carries various risks like mortality, bleeding, infection and shunt blockage. Surgery went well and patient recovered well. With this definite surgery the patient will be saved from future catastrophe events like recurrent bleeding, hyper splenism and portal biliopathy. Now days shunt surgery is rare and done only at specialised units and expertise. LIFE WINS at Wockhardt.

Extrahepatic portal vein obstruction is a vascular disorder of portal vein, which results in obstruction and cavernomatous transformation of portal vein with or without the involvement of intrahepatic portal vein, splenic vein, or superior mesenteric vein. Patients with extrahepatic portal vein obstruction are generally young and belong mostly to Asian countries.



Dr. Imran Shaikh

Consultant GI & HPB Surgeon
Wockhardt Hospitals
North Mumbai



Dr. Ankit Gupta

Consultant Pediatric Intensivist
Wockhardt Hospitals
North Mumbai



Dr. Lalit Verma

Consultant Pediatric Gastroenterology
Wockhardt Hospitals
North Mumbai

Balloon mitral valvotomy (BMV)

42 year old female was referred for Valve Replacement Surgery. Echo was done at a peripheral hospital and in view of age and valve morphology it was opined that she would be a good candidate for Open Heart Surgery with Double Valve Replacement. Patient was symptomatic with NYHA Class 3 Dyspnea with significant effort intolerance. She had significant orthopnea and episodes of PND (Paroxysmal Nocturnal Dyspnea) which required hospital visits very often. She had lost confidence to do even simple chores and doing routine activities like bathing and cooking were becoming a big task. We investigated her thoroughly and looked into history and clinical profile. She has fluid overload and pulmonary congestion with elevated JVP. Echo was repeated and it was confirmed that it was a critical Mitral Stenosis. Mitral Valve Area by Planimetry was 0.9 cm² and by PHT ~ 1.0 cm². Mitral valve gradients were high with mean gradients more than 25 mm Hg (normally it's less than 3) Pulmonary pressures measured by PASP. Doppler jet was more than 85 mm Hg (normal is less than 25 mm Hg) Aortic valve had Rheumatic involvement sequelae with Mild Aortic Stenosis and Mild Aortic Regurgitation. It was decided to conserve the Aortic valve in view of age and mild involvement; She would benefit from a surgical procedure when the valve involvement becomes critically narrowed. Balloon Mitral Valvotomy (BMV) was decided to be a good choice for her and pros and cons explained; including need for urgent Mitral Valve Replacement (MVR) because of high risk of valve tear with advanced age which may lead to significant Mitral Regurgitation. With increasing age valve becomes more thick, calcific and friable making BMV more risky than younger individuals with more pliant valves. BMV was successfully performed with a slightly undersized Balloon (Accura 21-24 mm) Patient tolerated the procedure very well and had bicommissural split with increase in valve area to > 2.0 cm². Mean gradients across the MV dropped to less than 5 mm Hg on table. Pulmonary pressures dropped down to ~ 35 mm Hg on table. She was discharged Day 3 of procedure with antibiotics and aspirin small dose. Her requirements for medications has reduced and her symptom class has improved and she is able to carry out all activities independently with full confidence. BMV is a safe procedure with gratifying results when carried out at experienced centres avoiding/ delaying surgical valve replacement and resultant morbidities. Cardiac Team work is essential to reach a pragmatic decision for benefit of patient. LIFE WINS at Wockhardt.

Mitral stenosis is a heart valve disorder that affects the mitral valve, which is located between the left atrium and left ventricle of the heart. In mitral stenosis, the mitral valve becomes narrowed or constricted, limiting the blood flow from the left atrium to the left ventricle.

The most common cause of mitral stenosis is rheumatic fever, a complication of untreated strep throat caused by a bacterial infection. Rheumatic fever can lead to scarring and thickening of the mitral valve, causing it to become stiff and less flexible. Other less common causes of mitral stenosis include congenital heart defects, calcium deposits on the valve, or certain rare diseases.

As the mitral valve narrows, it obstructs the flow of blood from the left atrium to the left ventricle, causing increased pressure in the left atrium and eventually leading to several symptoms, including:

- Fatigue and weakness
- Shortness of breath, especially during physical exertion or when lying flat
- Palpitations or irregular heartbeats
- Chest discomfort or pain
- Cough, sometimes with pink, blood-tinged sputum
- Swelling of the ankles and feet (edema)

How BMV helps treat this?

Balloon mitral valvotomy is a minimally invasive procedure performed by an interventional cardiologist. During the procedure, a catheter with a deflated balloon at its tip is inserted into a blood vessel, typically in the groin area, and guided to the site of the narrowed mitral valve. The balloon is then inflated to stretch and open the valve, allowing for improved blood flow.

By widening the narrowed valve, balloon mitral valvotomy helps in relieving the symptoms associated with mitral stenosis, such as shortness of breath, fatigue, and chest discomfort. It also improves the overall functioning of the heart by reducing the workload on the left atrium and improving blood circulation.



Dr. Anup Taksande

Consultant Cardiology
Wockhardt Hospitals
North Mumbai

32 Fibroids removed with laparoscopic hysterectomy along with fibroadenoma breast surgery

A 44 years old lady presented in the OPD with a lump in the abdomen, frequent passage of urine and lump in the breast. Dr. Rajashri Tayshete Bhasale examined the patient and found the patient to have a 16 week sized uterus alongwith a 3X3 cm fibroadenoma left breast. Sonography showed multiple fibroids enlarging uterus to the size of 18 cm. Dr. Rajashri Tayshete Bhasale did 3 Port Laparoscopic Hysterectomy. Uterus and tubes were removed by Vaginal Morcellation. This is an excellent demonstration of Vaginal Morcellation done for this extended fibroid eliminating need for extending incision or Mechanical Morcellation.

“We have removed a total 32 fibroids of size varying from 2cm to 5cm size from this patient” said Dr. Rajashri Tayshete Bhasale. Patient had a 3X3 cm left breast lump which was removed through a circumareolar incision by Dr. Tirathram Kaushik and an intraoperative frozen section was done to rule out malignancy and confirm the benign nature of the lump. Patient was discharged home on the 2nd post-operative day. She has resumed her work normally post-surgery. This is the power of team work where Laparoscopic Gynaecologist and Oncosurgeon teamed up to make the patient disease free. LIFE WINS at Wockhardt.

What is Vaginal Morcellation?

Vaginal morcellation, also known as vaginal power morcellation, is a surgical technique used during certain gynecological procedures, typically for the removal of large masses or organs from the pelvis or abdomen. It involves cutting or fragmenting the tissue into smaller pieces within the vaginal cavity, which allows for their removal through a smaller incision or through the vagina.

Morcellation can be performed using specialized instruments such as a power morcellator, which uses rotating blades or other cutting mechanisms to divide the tissue. This technique can be useful for procedures such as myomectomy (removal of uterine fibroids) or hysterectomy (removal of the uterus) when the size of the mass or organ makes it challenging to remove it intact through traditional surgical methods.



Dr. Rajashri Bhasale

Consultant Obstetrics and Gynecologist and Laparoscopic Surgeon
Wockhardt Hospitals
North Mumbai



Dr. Tirathram Kaushik

Consultant Oncosurgeon & Minimal Access Surgeon
Wockhardt Hospitals
North Mumbai

Role of radiology in clinical management

A 55 years old male presented with acute onset hemoptysis since morning and black color loose stools. There was difficulty in swallowing since 2 months. Initial barium swallow was planned revealing irregular luminal narrowing of mid and lower esophagus with shouldering and hold up of contrast. Margins of lumen were irregular variegated-suggestive of neoplastic etiology (image -1 and 2). Hence CT scan was advised.

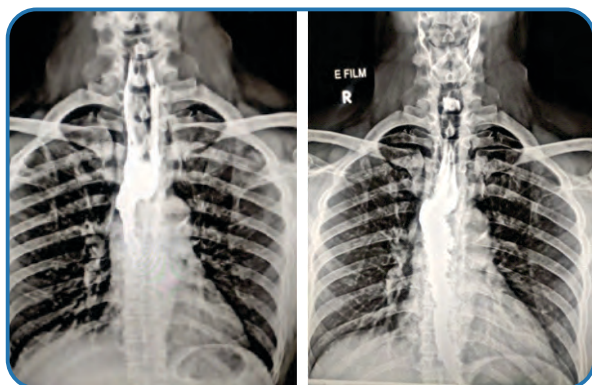


Image 1 and 2 Barium swallow

CT scan confirmed the findings of irregular ill-defined heterogeneously enhancing soft tissue mass lesion circumferentially involving mid and distal esophagus. There was associated small pseudo-aneurysm / cavity in neoplastic lesion of walls of esophagus with contrast filling in arterial and venous phase (Image 3-6). Small pseudo-aneurysm / cavity was supplied by thin less than 1 mm caliber artery branching directly from thoracic aorta. (Image 7)

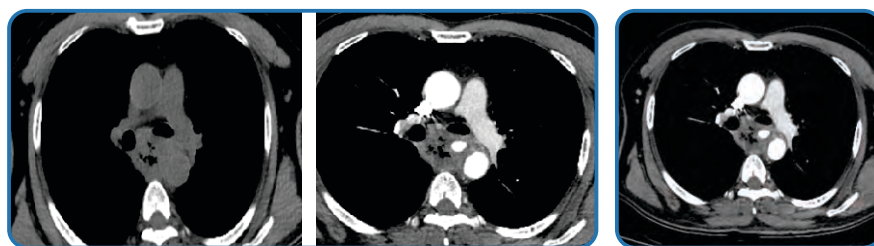
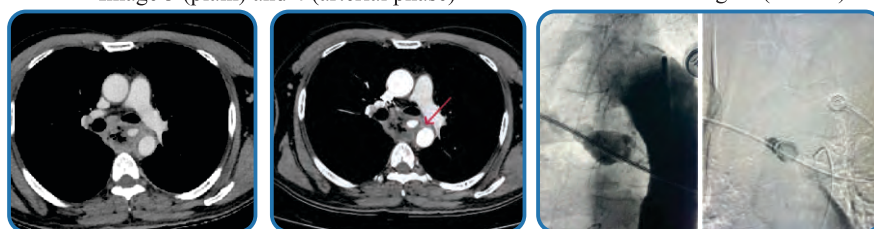


Image 3 (plain) and 4 (arterial phase)

Image 5 (venous)

By evening patient started vomiting large bouts of blood and went into hypotension and reducing hemoglobin levels. Emergency angiography was performed and thin bleeder artery was found and coiled. Image 8 and 9



6 (delayed phase)

Image 7 Thin artery

Image 8 and 9

A pseudoaneurysm is an outpouching of a vessel involving a defect of the tunica intima and media that contains a hematoma. Numerous causes of

pseudoaneurysm formation have been reported, including infection, traumatic reaction, iatrogenic injury, suture dehiscence or loosening, infiltrating neoplasms, tissue necrosis, and a low platelet count. In all bowel carcinomas, always look for such areas of active bleeding in patients with malena or hemoptysis. There should be active search for bleeder artery and its location which is usually thin in caliber due to vasoconstriction. In this case patient went pulseless with large bout of hemoptysis on table during angiography procedure. It was only because thin artery was spotted on CT scan, interventional radiologist went with pressure injector at premeditated site of bleeding and found the bleeder. Patient was saved and further management of neoplasia was advised.



Dr. Deep Vora

Consultant Radiologist
Wockhardt Hospitals
North Mumbai

Accept it, Embrace it and win over it !

April month is considered to be Autism Awareness Month and I would like to share a case of a 4.6-year-old little boy who fought through his symptoms of autism spectrum disorder and began living a social life just as other kids of his age.

The mother of this child was referred to our Physiotherapy Department by Dr.TanveePriya, Developmental Paediatrician and had come to us with the complains of him having hyperactivity, unable to interact with family members, difficulty in making friends and certain having stereotypical behaviours. The child's mother was very much worried thinking that how her child will be able to go to normal school? What if the family members and society begins to notice these behaviours of her child? Her heart was filled heavy with so many questions! She felt that family, peers and society will not accept him.

It was very difficult for the mother to accept that her child lied in the spectrum of autism because neither her nor the child had any complications during pregnancy or after the child was born. He had achieved all of his gross motor and fine motor milestones on time. Then why were the concerns? The answer to it was 'Screen Time' because our generation lives with phone, tablet and laptop screens.

Parents of children think that their kids learn from videos but in reality, it is a poison in disguise. This child had issues with not just social interaction but also in maintaining eye contact, having conceptual play, low tone in muscles, poor registration and body awareness and balance issues which the parent had not realized and was assessed by Sensory Profile scores and Sensory Motor Ability Scores so that we could work on those issues.

While treating this child, we dealt with his sensory processing systems such as Proprioception, Movement system, Tactile system and Attention because working on the roots is most important to recover all the above issues. Exercises, fitness and sensory integration in a creative way for a child is indeed a challenging task! But being patient with this little kid and working along with his mother we could achieve his goals of interaction with peers, improved attention and better eye contact. He also began going to school and performed really well in his academics and sports.

How could we achieve it? The key points to work on:

- Attention focused creative activities
- Designing a program to help with sensory processing
- Group therapy sessions to improve interaction
- Visual Scheduler- to work on Daily Schedule and ADLs of child
- Physical functional activities

Parents at times tend to ignore the alarming signs, thinking that the child will recover on his own. But seeking help for a thorough assessment, having child centred goals and designing the therapeutic program accordingly, will ultimately help the child. Finally, this little kid could go to regular school, his complains from the teachers reduced, he could write and read well and could interact with everyone. Seeking help on time indeed makes a remarkable difference @ Wockhardt Hospitals Life Wins Always.



Dr. Natasha Tungare

Paediatric Physiotherapist
Wockhardt Hospitals
North Mumbai

Miraculous millets - Rich in heritage, full of potential!

Millets are a powerhouse of nutrients. They were among the first crops to be domesticated in India and are primarily a kharif crop, requiring less water and agricultural inputs than other similar staples.

There are nine types of Millets grown in India. The major millets are Sorghum (Jowar), Pearl(Bajra), and Finger Millet (Ragi) covering 95% of the total millet growing area in India and the rest 5% are Little Millet(Samai), Foxtail Millet(Korraalu), Barnyard Millet(Sama), Proso Millet(Varigulu), Kodo Millet (Kodra), and Brown-top Millet(Kagni). Each millet is unique in its nutritional profile.

Health Benefits

Diabetic Friendly : Millets are rich in fiber and non-starchy polysaccharides, two types of indigestible carbs that help control blood sugar levels. Millets also have a low glycemic index (GI) because they're low in simple carbs and high in complex carbs. Therefore, millets require more time for digestion and hence are considered an ideal grain for people with diabetes.

Gut Health : Millets are rich in dietary fiber, both soluble and insoluble. The insoluble fiber in millet is known as a "prebiotic," which means it supports good bacteria in the digestive system. This type of fiber is also important for adding bulk to stools, and thus helps to maintain a healthy gut micro-biome, relieves constipation and improves overall gut health and functionality.

Cardiovascular Health : The soluble fiber in millets can help reduce the amount of "bad" cholesterol (LDL) in the blood—a risk factor for atherosclerosis. Soluble fiber turns into a gel in the stomach and absorbs cholesterol, allowing it to be safely carried out of the system. Millets help in preventing the oxidation of low-density lipoprotein thus reducing hypertension. Eating millets regularly would help improve cardiovascular health and maintain a healthy heart.

Improves Immunity : Niacin, found in millet, aids the body in more than 400 enzymatic processes. Niacin is necessary for a healthy immune system and healthy skin and organs. They are rich in antioxidants which protects cells from free radicals. Millets provide more essential amino acids than most other cereals. Millets contain phenols and antioxidants and helps to clean up toxins from the body and in turn improve the immune status and strength of the body.

Quick Facts

- Finger Millet known as Ragi has the highest Calcium content of about 364 mg per 100 gm of grains, i.e. 3 times more Calcium than milk.
- Pearl Millet also known as Bajra contains the highest iron content. It is about 6.42 mg per 100 gm of grain. It is also rich in Zinc and Folic acid.
- Kodo Millet contains high dietary fiber that is 3 times more than wheat and maize and 10 times more than rice, has low glycemic index and load and hence are an excellent choice for people with diabetes, constipation, gastrointestinal disorders and weight loss.
- Millets are absolutely gluten-free and hence are safe for Celiac patients.
- Due to their short growing season, millets can develop from seeds to ready to harvest crops in just about 65 days.

Apart from health benefits, millets are resilient to climate change as they are adapted to a wide range of temperatures, and moisture regimes, and demand less input to grow. They are hardy crops that have low carbon & water footprints. It can sustain drought and even 350-400 mm of rainfall is sufficient for millets. Millets grow faster, putting less stress on the environment.

Recognizing the enormous potential of Millets, which also aligns with several UN Sustainable Development Goals (SDGs), the Government of India (GoI) prioritized millets and in **April 2018, Millets were re-branded as "Nutri-Cereals"**

The United Nations General Assembly at its 75th session in March 2021 declared 2023 the, "International Year of Millets (IYM 2023)"



Ms. Riya Desai
Senior Dietitian
Wockhardt Hospitals
North Mumbai



Did you know

- A person will die from lack of sleep sooner than they will from starvation, which usually takes a few weeks.
- Enamel, found on our teeth, is the hardest substance in the human body.
- You are taller in the morning than in the evening
- A bond exists between the digestive system and your brain, known as the gut-brain axis. So any stress or brain disorders can affect the way your body digests food.
- The brain is made up of 60% of fat.
- Your skin is home to more than 1,000 types of bacteria.
- Your ears never stop growing.
- ATM machines and public toilets are equally dirty
- Your mouth produces about one litre of saliva each day
- Your brain is sometimes more active when you're asleep than when you're awake.



Dr. Prashant Mehta
Medical Administration
Wockhardt Hospitals
Rajkot

Operational excellence – The new expectation in healthcare.

Operational Excellence has always been an area that we healthcare professionals never focused on, but cannot avoid ignoring any longer.

The word excellence in general means – “The quality of being outstanding or extremely good”. In healthcare this expectation divides into clinical and the other expectations. Most organizations achieve and often surpass the clinical expectations, but what about other expectations? Did I just throw a cat among the pigeons?

How many times does a patient with a scheduled doctor's appointment meet the doctor at the given time, how many times do we hear people say that they had a pleasant experience at discharge with regards to the discharge process time, what about the complaints we receive about the way hospital associates speak to patients and their relatives? I can keep going on and on, but we know what the answer to most of the questions would be.

When the doctor does not honor his appointment time the patient is told that the doctor has an emergency and we want the patient to believe this, they are more educated, smarter than this and can call the bluff.

The discharge process is a walking and talking nightmare. When my doctor tells me during his round (the timing of which itself is extremely variable) that I am fit to go home, I am all excited and ready and then my discharge process takes many hours, where is the delight ? (If I am a patient with insurance, where I do not have to pay it takes more time) imagine checking out of a hotel room and the reception taking 2-3 hrs. to give me the bill, how would we respond? however, in healthcare this delay has always been taken as a norm, it should not anymore.

We pay a four-to-five-digit amount as doctor appointment / visit fees and how much time does a doctor spend in that visit? Just think of it, customers have now started highlighting that the doctor did not spend enough time with them or did not explain to them all that was required to be explained.

It is simple and clear, today we have a cost, time and value conscious customer who expects nothing less than the best even in terms of operational efficiencies and rightly so as excellent clinical outcomes are expected to be the norm (with the number of private and government accredited by different healthcare accreditations). These are just a few issues that I have highlighted that I know every healthcare organization experiences daily, the question is why is this a challenge? Have we not focused enough on this?

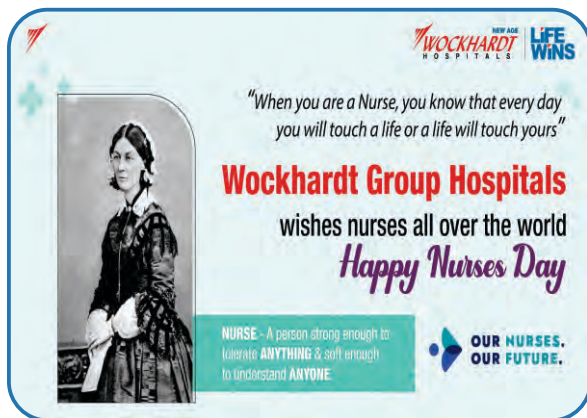
Healthcare as an industry needs to understand that we cannot ignore these expectations the way we have done before, we keep saying customer first, customer is the king, now our actions need to demonstrate and back that, simply put we need to walk the talk.



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

World international nurses day celebration at Wockhardt group Hospitals - 12th May 2023

Wockhardt group hospitals celebrated International Nurses Day on 12th May 2023, Ms. Zahabiya Khorakiwala Managing Director, Wockhardt Group Hospitals inaugurated the program, via video conference with all Wockhardt hospitals. Programs were conducted on various topics along with interactive events. The Nurses who have completed 5, 10 and 15 years of association with Wockhardt hospitals were felicitated with gold coins at their individual units by their respective center heads. Dr Clive Fernandes, Group Clinical Director & Group Chief Operating Officer Wockhardt Hospitals, said, "At Wockhardt Hospitals we have always recognised the value our nurses bring while delivering patient care, they epitomise the saying "Save one life, you are a hero, save hundred lives, you are a nurse. Nurses are the foundation of the healthcare system, and no hospital can be complete without the tender loving care and empathy that nurses are known to provide. Even during the pandemic nurses led the way caring selflessly for patients going without meals and even water for an entire shift as initially there was a scarcity of PPE, yes nurses showed and led the way and all other health care professionals followed.



CELEBRATING
15
years
@ WOCKHARDT HOSPITALS



Nagpur
Savita Chedde



Nagpur
Reena Biswas



Nagpur
Vandana Lokhande



Nagpur
Monica Rao



Rajkot
Nayana Ajani



Rajkot
Jacob Laly



Rajkot
Madhu H. Gosai

CELEBRATING
10
years
@ WOCKHARDT HOSPITALS



Nagpur
Shiny Abraham



Nagpur
Sheetal Meshram



Nagpur
Sapna Bagde



Nashik
Harsha Gire



Nashik
Leena Chitte



Rajkot
Kavita Titiya



Rajkot
Dipali Hirani



Rajkot
Krishna Moravadiya



Rajkot
Santok Parmar



Rajkot
Jayshree Vaghela



SOBO
Usha Govil



SOBO
Suresh Parama Arul

CELEBRATING
5
years
@ WOCKHARDT HOSPITALS

NAGPUR

Pinki

Narad Prasad

Roshni Khandekar

Kuldipak Kisan Shinde

Sandhya Sahare

Shital Umesh Shende

Reena Bhoyar

Shubhangi Subhash Agre

Tushar Baburao Madavi

NOBO

Joykutty Elsy Sakariah

Salima Shakeel Surani

NASIK

Yogesh Sachin Nikam

Kavita Bhausheth Ambekar

Jomy Joseph

Amol Bhausaheb Surale

Aasha Balasaheb Vighe

Poonam Waje

SOBO

Sabin Thomas

Pradnya Vishvanath Dhavale

Sreelatha P Kumar



Wockhardt Hospitals & South Asian Liver Institute

Partnership brings a new lease of life in a middle aged gentleman with a failed liver.

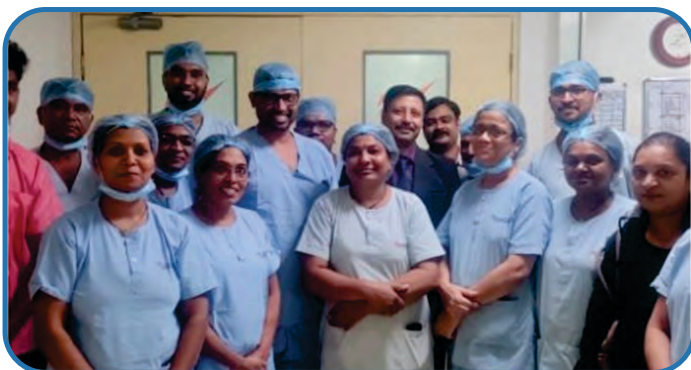
A 46-year-old male suffering with End Stage Liver Disease was taken up for a living donor liver transplant at Wockhardt hospital, Nagpur by the transplant team headed by Prof. Dr. Tom Cherian, a senior Liver Specialist and founder of South Asian Liver Institute.

Prof. Dr. Tom Cherian is been in the field of Liver transplantation for the past 20 years performing over 400 liver transplants in the UK before returning to India, where he has performed another 300 more to date. He was nominated a 'LEGEND IN LIVER TRANSPLANTION' by Times of India in 2015.

The patient who was initially listed for a cadaveric liver transplant elsewhere for months, was counselled by our team at the behest of his family members about a living donor transplant which carries a low risk to the donor, the urgent need for a transplant and the lifesaving nature of the operation. He was a high risk patient suffering from diabetes, hypertension and suffered an attack of COVID-19 in the past. He also had grade III hepatic encephalopathy (altered consciousness on account of high ammonia levels) & prior Spontaneous Bacterial Peritonitis which indicates infection of the ascitic (intra-abdominal) fluid.

The surgical procedure was challenging on account of poor health of the patient and difficult donor anatomy. Despite a successful surgery he developed a bile leak on the 10th post-op day after which he underwent an urgent re-exploration of the abdomen and biliary leak from the liver was identified & stopped. It took significant contributions from Dr. Chetan K. Sharma (HOD-Critical Care & ICU) Anesthesiology, Critical Care & ICU teams providing round the clock care after which his condition gradually improved.

Despite a complicated post-op course the patient has walked home with a new liver, a new lease of life and delighted family members.



Dr. Tom Cherian with liver team of Wockhardt Hospitals, Nagpur



Prof. Dr. Tom Cherian



Dr. Piyush Marudwar



Post Liver transplant op. (Dr. Piyush Marudwar)

Long term COVID syndrome

While Acute COVID-19 infection can manifest in many ways from nominal symptoms to catastrophic organ failure, COVID-19 infection can cause long-term effects, cumulatively known as 'Long COVID' syndrome. While the overall burden of 'Long Covid' is still being discovered, one important emerging sequela is Avascular Necrosis (AVN) or Bone Death

A 38-year-old male patient and a 26-year-old teacher named visited Wockhardt Hospitals in Mumbai Central due to increasing pain in their groin and the region around their hip joints.

The male had previously been diagnosed with COVID-19 and had received steroid injections as part of his treatment. Upon admission, he required a walking aid and could not stand or walk without discomfort. The lady on the other hand, had no established history of Covid 19 but did suffer from flu-like symptoms, fever, and generalized weakness prior to the onset of her hip symptoms. The pain progressed rapidly and eventually the pain became so severe that it was impossible for her to stand or walk without assistance.

Both patients were diagnosed with Avascular Necrosis (AVN) of the Hip joint on MRI Imaging.

Avascular necrosis (AVN) of the Hip is a condition resulting from temporary or permanent loss of blood supply to the femoral head or the 'Ball' of the Hip Joint. In a hip joint without proper blood flow, the bone tissue dies and is no longer able to maintain or repair itself, causing the femoral head to collapse and flatten. Several Hospitals have seen and reported a surge in the number of patients with AVN of the hip in the Post-Covid-19 era and multiple studies are evaluating the elusive link between Covid-19 and bone death.

While the literature has suggested that AVN of the Hip may be a result of increased use of corticosteroids in the management of moderate to severe COVID-19, we have also seen an increase in the number of patients with AVN in patients with Covid-19 who have not been on Steroids. Though the link between Covid-19 and AVN in patients who have not been on steroids is not conclusive, it is well-established that COVID-19 induces a hypercoagulable state and increases the risk of thrombosis (blood clots that block veins or arteries). Such COVID-19-induced hypercoagulability may result in thrombosis, and impair the blood supply to the femoral head, which may serve as the impetus of AVN.

Dr.Mudit Khanna, Senior Consultant, Orthopaedic & Joint Replacement Surgeon, Wockhardt Hospitals, Mumbai Central, says “In early stages of AVN X-Rays are essentially normal and hence diagnosis of their condition and subsequent treatment is often delayed. Early diagnosis requires a high index of suspicion, thorough clinical examination and imaging in the form of an MRI Scan. If diagnosed early, the Hip joint can be saved or preserved with less invasive options other than a Hip Replacement Surgery. However, both patients presented at a relative stage where the best option to allow them to return to a normal, active and productive life was to perform a Hip Replacement Surgery.

He further adds “There is immense fear and a number of apprehensions, especially amongst the younger patients when we suggest a surgery like Total Hip Replacement as this procedure is often seen as a procedure for the elderly. While Total Hip Replacement Surgery is reserved for selected cases of AVN, this surgical procedure is quick and highly effective in alleviating pain, restoring mobility, and improving the overall quality of life for patients with hip joint problems. It involves replacing the damaged or worn-out hip joint with an artificial joint made of metal, plastic, or ceramic components, which can function just like a natural joint. New designs of implants with improved mechanical properties of implant materials, and improvements in surgical techniques have made this surgery highly successful with excellent outcomes lasting for over three decades. Newer materials, novel technical procedures, enhanced surgical accuracy and the new knowledge that is being applied to today's surgery significantly impacts and enhances implant longevity allowing this procedure to be used effectively in younger patients”.

At Wockhardt Hospitals Mumbai Central, out of the many patients who reported for AV Avascular Necrosis, along with these two patients most of them underwent Successful Total Hip Replacement Surgery with Ceramic bearings and had a rapid and uneventful recovery. They got rid of walking aids within a few days and the persistent pain and disability disappeared. They were amazed at the speed of their recovery and within a few weeks they were able to move around and carry out their daily activities with ease. Our patients are steadily springing back to an active life and resuming a productive role in society that they thoroughly deserve.



Dr. Mudit Khanna

Senior Consultant, Orthopaedic & Joint Replacement Surgeon
Wockhardt Hospitals
South Mumbai

18th
Article

Mechanical thrombectomy in medium vessel occlusion (MeVO)

A 55 year old lady presented with acute onset right side weakness with drowsiness and difficulty in speaking since 9:15 am while performing exercises. On arrival to ER at 12 pm her NIHSS score was 12. MR AngioBrain showed acute infarct in left frontal Parasagittal region with A2 segment of left ACA occlusion. Patient was initially thrombolysed and shifted to Cath lab for urgent Mechanical Thrombectomy. Left ACA A2 clot aspiration was done 0.068" aspiration catheter with first pass resulting in TIC1 3 recanalisation. Patient right side weakness improved the same day. She was detected to have rheumatic heart disease with moderate mitral stenosis with left atrial appendage clot because of which she had cardioembolic stroke. She was started on anticoagulation for secondary prevention and discharged after 5 days and is able to walk with support. LIFE WINS at WOCKHARDT.

Mechanical Thrombectomy

Mechanical Thrombectomy is not only for disability prevention but a lifesaving procedure in a large vessel occlusion that is causative occlusion of ICA, Basilar artery and proximal segment of MCA, ACA and PCA. However Medium Vessel Occlusion (MeVO) Thrombectomy that is recanalisation of M2/M3 A2/A3 and P2/P3 has revolutionised acute stroke care in recent times. In view of inherent tortuosity and delicate arterial wall due to small calibre in medium vessels it is a challenging.



Dr. Pavan Pai

Consultant Neurology and Neurointerventions
Wockhardt Hospitals
North Mumbai

Renal cell carcinoma masquerading gastric outlet obstruction

A 62 yrs male presented with history of nausea, vomiting, decrease appetite and weight loss. On evaluation US was suggestive of right renal mass with raised creatinine. On further evaluation, his computed tomography (CT) of the abdomen, pelvis and thorax was suggestive of right renal mass entirely replacing the renal parenchyma and abutting the duodenum, ascending colon and features of pyelonephritis. Right renal vein was normal and no distant metastatic lesion was seen. Patient underwent right radical nephrectomy with right template lymph node dissection with flankretroperitoneal approach. Intra operative findings were 20 × 15 cm right renal mass which was densely adhered to colon and duodenum with enlarged hilar lymph nodes.

His post operative period was eventful. After removing the Ryels tube, patient again developed symptom like distension of abdomen with bilious vomiting.

Partial gastric outlet obstruction was diagnosed as marked dilation of the stomach with a collapsed duodenum on CT with post-operative changes in right renal fossa with no duodenal or bowel injury. Upper GI endoscopy was suggestive of duodenal odema in D2 & D3 segment, rest scopy was within normal limits, for which patient was kept nil by mouth, ryels tube insertion and total parental nutrition with aggressive medical management was started for 5 days.

His histopathology report was suggestive of conventional clear cell carcinoma with ISUP grading 1. All tumour margins were negative. Adrenal was free from tumour and all lymph nodes were negative (0/10).

Our case creates awareness to consider a typical presentations of renal cell carcinoma. Patients with localized disease can present with a wide array of symptoms and/or laboratory abnormalities, or they may be diagnosed incidentally, unfortunately, many patients are asymptomatic until the disease is advanced and multidisciplinary approach can save from disaster.



Dr. Swarup Verma

Consultant Critical care & Internal Medicine
Wockhardt Hospitals, Nagpur



Dr. Uday Chandankhede

Consultant Urology & Uro – Oncology Surgeon
Robotic – Laparoscopic Surgeon
Wockhardt Hospitals, Nagpur

A meticulous evaluation and targeted therapy saves the patient from painful surgeries

A 36-year-old man from Malawi, presented a rare and challenging medical condition. After undergoing spine surgery in his country for low back and thigh pain, his condition worsened, leaving him bedridden for the past 18 months. Upon evaluation, it was discovered that his spine showed post-operative changes but no significant nerve compression. However, his bones exhibited signs of disease and degeneration as if it was a scan of a 90-year-old person, with multiple compression fractures.

Further investigations revealed elevated levels of parathyroid hormone and alkaline phosphatase, indicating active bone destruction. A PET scan showed uptake of a radioactive agent in the left foot, suggesting the presence of a hormone-secreting tumor. A surgical procedure was performed to remove the tumor, and histopathological examination confirmed it to be a mesodermal tumor secreting parathyroid hormone, causing bone destruction.

The localization of the tumor in the left foot was highly unusual, as parathyroid hormone is typically secreted by the parathyroid gland in the neck. Kevin was discharged with a diagnosis of this rare condition and is being closely monitored for his recovery.

Dr Mazda Turel, Brain & Spine Surgeon, Wockhardt Hospitals, Mumbai Central, Said, “In challenging cases involving complex medical conditions, it is crucial to conduct meticulous evaluations and appropriate investigations to reveal the underlying cause. Kevin's situation exemplifies the significance of thorough examinations. By discovering and removing a rare hormone-secreting tumor in his left foot, we were able to address the primary source of his bone destruction. This successful surgical intervention not only spared him from unnecessary procedures but also opened possibilities for more effective management of his condition. It highlights the importance of comprehensive care in such cases.”

He further added, “The importance of meticulous evaluation and precise investigations in complex medical conditions is underscored by this case. By identifying the source of hormone elevation and surgically targeting the tumor, we were able to prevent unnecessary procedures and facilitate a more effective path towards the patient's recovery. This case underscores the significance of thorough examination and intervention in complex medical conditions.”

This case highlights the importance of meticulous evaluation and appropriate investigations in complex medical conditions. By identifying the source of hormone elevation and targeting the tumor through surgery, unnecessary surgeries were avoided, and the patient's condition can be managed more effectively.



Dr Mazda Turel
Consultant Brain & Spine Surgeon
Wockhardt Hospitals
South Mumbai

Venous sinus stenting procedure saved as 19-year-old for blind for life

A 19-year-old medical student was suffering from severe headache for more than a year. Even after giving her migraine treatment by many doctors, she did not get any relief. At the same time, she also started suffering from blurred vision and had almost lost her vision. Finally, she consulted Dr Ketan Chudasama, neurologist at Wockhardt Hospital.

Dr. Ketan Chudasma examined her and diagnosed her with IIH (Idiopathic Intracranial Hypertension). In this disease, the pressure in the brain is very high due to constriction in the veins that bring blood back from the brain.

For the permanent cure of this disease, she was admitted under Dr Vikas Jain for brain angiography and High Pressure was confirmed. The brain pressure was immediately reduced by placing a stent in the vein where there was constriction. This is a very rare and complex procedure called venous sinus stenting in medical science.

After this procedure, the patient's headache and eyesight improved immediately and Consultants of Wockhardt Hospitals had made a tremendous effort to save her from becoming blind for life and make her medical career successful.

Idiopathic Intracranial Hypertension happens when too much cerebrospinal fluid (CSF) - the fluid around the brain and spinal cord - builds up in your skull. This puts extra pressure on your brain and on the nerve in the back of your eye, called the optic nerve.

Alarming symptoms are:

- refractory headache
- blurred vision
- off and on headache even of having prolonged medicine course



Dr Ketan Chudasama

Consultant Neurophysician
Wockhardt Hospitals
Rajkot



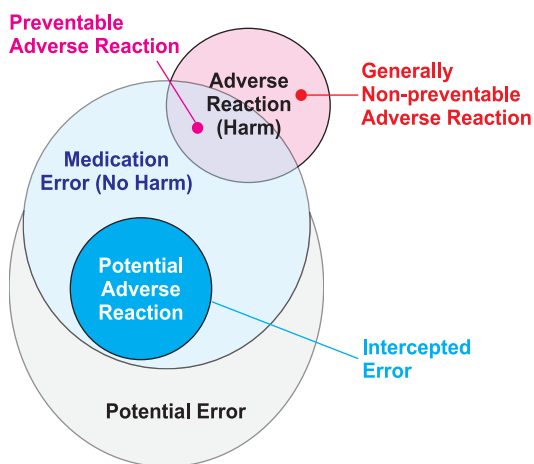
Dr Vikash Jain

Consultant Interventional Neuro Radiologist & Peripheral Vascular Interventionist
Wockhardt Hospitals
Rajkot

Medication error management

Many at times people think medication error is something negligible and can be ignored but it is actually a major obstacle in the effective treatment. "Medication error is an unintended failure in the drug treatment process that leads to or has the potential to lead to harm to the patient". A failure in the drug treatment process does not imply the lack of efficiency of a drug, rather to human or process mediated failures.

An adverse reaction resulting from the failure of drug treatment process/ medication error is considered as preventable. There are also medication errors which do not necessarily cause harm to the patient but may have unwanted effects. If an error occurred but was recognised and intercepted before reaching to the patient, an error which had the potential to cause harm but was prevented, this is an intercepted error. The other errors are considered as potential errors which are relevant in the learning process.



WHO's conceptual framework for International classification for patient safety (WHO ICPS) defines root cause analysis as a reactive form of risk assessment to inform the productive action taken to reduce the risk, as a systematic process to identify the factors contributing to the error and asking "why" till understanding the underlying root cause and preventing further occurrence. Medication error reporting plays a major role here. Any error occurred during the process of drug treatment are recorded immediately and reported immediately to the concerned authorities.

Medication error are of 4 types mainly,

- Prescription error
- Transcription error
- Dispensing error
- Administration error

Each of these errors have numerous sub categories. Medication errors which come under these are reported immediately. The process of drug treatment is a swiss cheese model, where error happens and reaches the patient when the system produces failures, when a hole in each slice momentarily aligns.

Clinical pharmacists are one such layer that prevents the error before it reaches the patient. Each patient file is audited every day and analyses the treatment to ensure the patient's safety. Each error recorded is classified under the types of error and further studied to understand the stage of medication process where the error occurred and other contributing factors. This further notified the authorities to find the root cause and prevent it from happening again.



Dr. Ashly Santosh

Clinical Pharmacist
Wockhardt Hospitals
North Mumbai

Metastatic cancer with occult primary : A diagnostic dilemma

A 70 year old female presented to us with four days history of abdominal pain and distension. Clinically patient had significant abdominal distension and moderate ascites. Ultrasound abdomen confirmed same. Chest X ray showed mild pleural effusion. During work up for ascites, she underwent ascitic fluid tapping and cell cytology suggested presence of scanty atypical cell in fluid. In view of suspicion of malignancy, blood tumour markers were done. Patient's all tumour marker were raised adding to Diagnostic dilemma. (CA 19.9 616 U/ML marker of Pancreatic cancer CEA 10,760, ng/ml marker of Intestinal cancer CA 125 4371 units per ML marker of ovarian cancer). Patient underwent CT scan abdomen and pelvis which showed diffuse nodular standing in peritoneal fat and omental nodules with moderate ascites and mild plural effusion. To rule out gastrointestinal primary cancer, patient underwent upper and lower GI Endoscopy under Dr.PratikTibdewal. It was essentially normal. In order to establish diagnosis and to get maximum tumour tissue patient underwent diagnostic laparoscopy with omental and peritoneal biopsy under Dr.Tirathram Kaushik. Histopathology confirmed presence of Adenocarcinoma. Although primary site was still a dilemma. After performing additional IHC on tissue; markers of lung cancer were reported positive and all GI markers were negative. Although patient did not have any history of tobacco smoking or a respiratory symptom to begin with based on histopathology report, a Whole Body PET CT scan was performed to look for an Occult Primary Lung Cancer. PET CT scan revealed FDG avid left suprahilar lung lesion of 2 cm with significant nodular omental deposits and multiple skeletal metastasis. Once diagnosis of advanced lung cancer was established patient was started on taxaneand platinum group based chemotherapy under care of Dr. Atul Narayankar. Additional mutation studies to check for targetable mutations and immunotherapy markers revealed high tumor proportion score, suggestive of benefit of adding a immunotherapy. Patient has completed chemotherapy and showing excellent response to treatment with resolution of all symptoms and is currently on maintenance therapy. With current standard of care treatment patient has improved significantly. At WockhardtLIFE WINS

Occult primary tumors, or cancers of unknown primary site, account for 5% to 10% of all diagnosed cancers.

Cancer of unknown primary (CUP) is a disease entity encompassing heterogeneous malignancies without a clinically-detectable anatomical primary.

Diagnosis of CUP is based on exclusion—all other possible diagnoses must be ruled out. Samples of cancer cells are examined through immunohistochemical staining and molecular gene-expression profiling, advances that have enabled accurate prediction of the tissue of origin.

Because the cancer often has spread to multiple sites by the time CUP is diagnosed, even with treatment overall prognosis tends to be poor.

FDG: Fluorodeoxyglucose (FDG)-positron emission tomography (PET). The role of this procedure is to detect metabolically active malignant lesions including lung cancer, colorectal cancer, lymphoma, melanoma, breast cancer, ovarian cancer, brain cancer and multiple myeloma.



Dr. Atul Narayankar
Consultant Medical Oncology,
Wockhardt Hospitals
North Mumbai



Dr. Tirathram Kaushik
Consultant Surgical Oncology
Wockhardt hospitals
North Mumbai



Dr. Pratik Tibdewal
Consultant Gastroenterology
Wockhardt Hospitals
North Mumbai

Healthcare marketing : Essentials and changing trends.

Healthcare marketing is a critical aspect of the modern healthcare industry, encompassing the four essential elements known as the "4 Ps": product, price, place, and promotion. It is more than just advertising healthcare services; it involves creating awareness, building trust among patients, and fostering sustainable growth. In today's digital era, healthcare marketing has evolved significantly, with new modes of reaching patients and digital platforms playing an integral role. Let's delve into the world of healthcare marketing and understand why it is crucial for the success of healthcare organizations.

FMCG vs Healthcare : Unlike marketing in fast-moving consumer goods (FMCG) where brand ambassadors often drive the brand image and value, healthcare marketing requires a distinct approach. It must be focused and precise, avoiding overpromising and ensuring transparency in communication. Accreditation plays a vital role in healthcare marketing as it gives a brand the strength to convey its expertise, care, and treatment ethics to the public. Accreditation acts as a benchmark, allowing healthcare organizations to set themselves apart by adhering to industry guidelines and standards for better patient care. It instils trust and confidence in patients, making them aware of the quality of care they can expect, and differentiates healthcare providers in a competitive market.

The right audience: In the modern era of healthcare marketing, the focus is on reaching out to two key audiences: healthcare providers and the general public. Healthcare providers, such as doctors, play a crucial role in patient referrals and need to be updated on the latest technology, expertise, and services available.

Digitizing Healthcare marketing: In addition to healthcare providers, healthcare marketing also targets the general public. With the rise of digital platforms and the impact of the COVID-19 pandemic, digital marketing has become the core platform for connecting with people. It is crucial for healthcare organizations to leverage various digital and offline mediums to deliver comprehensive and specific messages to the public. This can include strategies such as search engine optimization, social media campaigns, content marketing, and targeted advertising to reach the maximum audience effectively.

Engagement is the key : Another essential aspect of healthcare marketing is engaging with the public on preventive healthcare. By creating awareness and promoting preventive measures, healthcare organizations can build a brand value that has a long-term sustainable impact. Educating the public about the importance of preventive healthcare not only helps in creating brand awareness but also establishes trust and credibility among potential patients.

Case studies to amplify impact: Furthermore, healthcare marketing enables sharing of patient experiences, creating a positive buzz among the medical fraternity and laymen alike. When patients share their top-quality treatment outcomes, overall experiences, and reviews, it becomes a powerful referral base for healthcare organizations. These satisfied patients become brand ambassadors, referring others and contributing to the growth of the brand and its reputation.

Healthcare marketing is a strategic process that involves outreach and communication to attract and engage healthcare consumers, guide them through their healthcare journey, and keep them connected with the health system. It requires reaching out to healthcare providers and the general public through various digital and offline mediums, and emphasizing the importance of preventive healthcare to create a strong brand value and promote sustainable growth.

Moreover, healthcare marketing plays a crucial role in increasing the patient base of a practice by understanding competitors, reaching out to potential customers, and leveraging offline and online channels to enhance information visibility, brand credibility, and expertise. Launching targeted campaigns in specific areas can yield a healthy client base and drive sustainable growth.

In conclusion, healthcare marketing is not only important but also highly beneficial for healthcare organizations. It helps create market value by positioning the brand and its specialties, and establishing a legacy of pulling in patients, which can only be achieved through modern marketing techniques across various mediums. It is a crucial aspect of modern healthcare management that organizations should prioritize to achieve sustainable growth and success in a competitive healthcare landscape.



Mr. Manoj Dharpawar

Deputy General Manager
Marketing
South Mumbai

Kidney transplant

A 43-year-old male suffering from chronic kidney disease (CKD) was on dialysis for 4 years was registered with Wockhardt's Kidney Transplant Program. While undergoing dialysis in Delhi, he received a chance to restart his life and got a kidney via the Zonal Transplant Coordination Centre (ZTCC) and Wockhardt's cadaver program. He rushed to Mumbai from Delhi and after the required cross-match testing, he underwent the procedure successfully, he had a successful surgery at Wockhardt Hospitals, Mira Road, was discharged in a healthy state after 10 days, and is doing well without dialysis.

Dr. Puneet Bhuwania, Consultant Nephrologist & Transplant Physician at Wockhardt Hospitals, Mira Road said, "The donor was a 73-year-old man who was declared brain dead due to a massive IC Bleed. Even though the donor was classified as an expanded criteria donor by the ZTCC, 6 lives could be saved by his donation - kidneys, liver, lungs, and skin were donated. Patient was one of those lucky ones to have received this gift and even though the kidney was not ideal for him, he had a successful surgery at Wockhardt Hospitals, Mira Road and was discharged in a healthy state after 10 days, and is doing well without dialysis. Each year more than approximately 50,000 kidney failure patients require kidney transplant while less than 5000 patients receive a kidney transplant and the majority (75-85%) is via the living donor program due to a lack of awareness about organ donation in our country. Everybody should pledge their organs for donation as even after death we can end up saving 8 lives.

There are 2 ways a patient can get a kidney transplant, first when their blood relatives donate one kidney to them or second, they register themselves in the state cadaver transplant program list, and when their turn comes as per their rank, they get the kidney transplant. LIFE WINS at Wockhardt.

What is organ donation?

Organ donation is a noble act which gives us an opportunity to save many lives after our death. The donated organs are transplanted into patients who are suffering from end-stage organ failure. As many patients suffer from end-stage disease of various organs, organ donation is the only ray of hope for them.

What is organ transplantation?

Human organ transplantation is an achievement of modern medical science where through surgical procedures, healthy organ from a living or dead person is implanted in an individual suffering from end-stage organ failure. This is an established surgical treatment available for needy patients.

What organs can be donated?

The vital organs like heart, liver, two kidneys, pancreas, intestine, lungs etc can be donated if we die a brain death. However, cornea [eyes], skin and other tissues can be donated after cardiac death. The living person can donate limited organs like kidneys [as we have two kidneys] or part of the liver only to his/her close relative. The other vital organs can be retrieved only from a brain-dead individual.



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



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



Dr. Jayesh Dhabalia
Consultant Transplant Surgeon
Wockhardt Hospitals
North Mumbai

Successful management of suicidal cut throat

42 year old man came to emergency department with suicidal deep cut throat with sharp object. He was bleeding profusely through the wound. He had about 1.5 Liters of blood loss. On examination his pulse was 120 per minute and BP was 80/60 mm Hg. His respiratory rate was 26 per minute.

He was not having respiratory distress. Patient was stabilised in Emergency Room. His airway was secured, IV line, Central line, Arterial line was taken. Team led by Dr. Sheetal Radia, Dr. Rajiv Manek & Dr. Mayuresh Pradhan, examined the patient and then he was taken for emergency exploration of neck in OT. After cleaning of wound it was found that the neck was deeply lacerated, Strap muscles were transected, Submandibular gland was cut. Major vessels like facial artery was transected. Patient was taken in emergency in OT. Nasogastric tube was inserted. Neck exploration was done layer by layer, all major blood vessels and vital structures were thoroughly inspected for any injury. Facial artery was ligated and all other traumatised small blood vessels were ligated. Submandibular gland was repaired. Transected strap muscles of neck were sutured, repaired layer by layer, then subcut and skin was sutured. Nasogastric feeding was started next day. Patient was discharged on third post-operative day. Patient had normal swallowing, breathing and normal phonation before discharge from hospital so all his functions were restored to normal.

Here we emphasize on the role of securing airway as early management and meticulous repair of damaged structures to reduce morbidity and mortality of cut throat. This is an example of timely management by a multidisciplinary team which can give successful outcome in such a grievous life endangering situation. LIFE WINS at Wockhardt.



Dr. Sheetal Radia

Consultant Otorhinolaryngologist
and Head & Neck Oncosurgeon
Wockhardt Hospitals
North Mumbai



Dr. Rajiv Manek

Consultant Minimal Access,
Metabolic & Bariatric Surgeon
Wockhardt Hospitals
North Mumbai



Dr. Mayuresh Pradhan

Consultant Cardiovascular and Thoracic Surgery
Wockhardt Hospitals
North Mumbai

Inside the pandora's box

A 17 years old girl, presented with abdominal discomfort, increasing distension of abdomen, menstrual irregularities since 3 months.

On examination,

Vitals- stable

P/A: Distended upto xiphisternum, flanks full, Tense.

Fluid thrill could not be appreciated

MRI :

Enlarged left ovary - 36 X 25 X 20 cm, thin internal septae, no solid component, Right ovary cystic-3*3 cm simple cyst, Right hydroureter

Tumour markers: WNL

Decision dilemmas:

1. Mode of surgery - Laparoscopic or Laparotomy? As the cyst size was huge, Laparoscopic entry without cyst wall rupture was impossible, whereas laparotomy meant possible need of a fairly large incision and poor cosmesis.
2. Ovarian cystectomy or Oophorectomy? - Need of oophorectomy in the view of possibility of border line tumour or absence of normal ovarian tissue on left side. Parents were counselled and patient taken up for a diagnostic laparoscopy and proceed.

Entry:

Verses needle at palmer's point, entering into the cyst wall to directly drain fluid, drained to make adequate space for primary trocar.

Primary Trocar - 10 mm, supra- umbilical.

Secondary Trocar, 2 left, right (5mm)

Lap findings : Uterus normal

Left ovary replaced completely by cyst, inner cyst wall smooth with no excrescences, filled with sero- mucinous fluid. Right ovary- small 2 X 3 cm simple cyst. Laparoscopic left oophorectomy done, retrieved by in bag morcellation through lower left lateral port.

Fluid drained - 11 litres.

Pre- op patient body Weight - 65 kg.

Post op patient body Weight -53 kg

Follow up: Three cycles of E+P pills.

Follow up scan- no cyst on right side



Dr. Riya Mangtani

Consultant Gynaecologist

Wockhardt Hospitals

Nagpur

What patient & their families expect from doctors...

Healthcare is a complex and dynamic field that involves not only the medical aspect but also the emotional and psychological well-being of patients and their families. Patient and their families want to feel heard, understood, and supported during what can be a difficult and vulnerable time. Doctors play a vital role in this field, and their approach can significantly impact patient and family satisfaction.

Communication: Patients and their families expect doctors to communicate clearly and effectively with them. This means explaining medical conditions, treatments, and procedures in simple terms, answering questions patiently, and providing updates on progress. Doctors who take the time to listen and understand the concerns of their patients demonstrates empathy and build trust which leads to greater satisfaction.

Compassion & Empathy: Patient and their families want doctors who are compassionate and empathetic towards their situation. Compassionate doctors understand the emotional stress that the patients and their families experience and provide support and comfort. They show genuine concern for their patients and take time to listen to their concerns. Doctors who display empathy build very good rapport with their patient, making it easier for patients to trust them and comply with the treatment plans.

Respect & Dignity: Treatment with respect & dignity are the basic rights of patients. This means acknowledging their values, beliefs and preferences and involving them in the decision making process. Doctors who respect their patients and their families demonstrate professionalism and build trust.

Teamwork: Patient and their families want doctors who work collaboratively with other healthcare professionals to provide comprehensive and coordinated care. This means involving other specialists, nurses and other healthcare providers in the care plan and communicating effectively with them. This gives sense of confidence and trust in the care the patients receive.

Gone are the days were patients wait for their doctors in que since morning till late night. They want to meet the doctor on scheduled time, heard completely and answered to all the queries and doubts which they have gathered with their own experience, from their social circle, social media or any search engine. Other aspect is the increase pay capacity and insurance coverage, which in turn gives them lot of options to choose with as far as their health is concerned.

In summary, patient and their families want healthcare providers who are good communicators, compassionate, competent, convenient, respectful and involve them in their care. Hospital and Doctors who prioritize theses aspects of care are more likely to provide a positive patient experience and improve patient outcomes.



Dr. Sushil Kumar

Head Medical Administration
Wockhardt Hospitals
North Mumbai

Awards for excellence in healthcare

AHPI – Association of Healthcare Providers India.



Excellence in Infection Control Practices
Wockhardt Hospitals, Nagpur.



Excellence in Nursing Practices
Wockhardt Hospitals, South Mumbai.



Best Hospital to Work
Wockhardt Hospitals, Rajkot

Project 52

Project 52 is the name we have given to our continuous quality improvement program, where in we identified 52 processes to focus (one every week). During the week there are audits, training's of the process. This is our way of ensuring our associates are aware of all our safety protocols. This began in February 2023.

WOCKHARDT HOSPITALS LIFE WINS

Week 1 - 27th Feb - 4th March 2023

Identify Your Patient Correctly

WHAT? Two Identifiers are - Name & UHID
HOW? Cross check patient ID Band / Label with file

W Before providing treatment (including medication administration)
H Before performing a procedure / surgery
E Before blood / sample collection
N Before serving therapeutic / restricted diet

Never Use Room Number & Bed Number

www.wockhardthospitals.com


WOCKHARDT HOSPITALS LIFE WINS

Week 11
8th - 13th May 2023

Administration Error

Administration error is defined as "any difference between what the patient received and what was prescribed in the drug chart" It is the most harmful of all medication errors as the patient has not received medication as per the doctors prescription.

Top 3 types of administration error:
 | Not Administered (Dose Missed) |
 | Wrong Drug Administration |
 | Wrong Dose Administration |



www.wockhardthospitals.com

WOCKHARDT HOSPITALS LIFE WINS

Week 4 - 20th March - 25th March 2023

IPSG 4 Ensure safe surgery

Yes, more than 150 cases of wrong procedure, wrong site, wrong patient surgeries are reported annually and we all know this is just the tip of the iceberg.

At Wockhardt Hospitals we prevent this by

- 1) Pre operative verification process
- 2) Marking the surgical site
- 3) Conducting time out
- 4) Documenting sign out

READ OUR POLICY ON THIS TODAY

www.wockhardthospitals.com

WOCKHARDT HOSPITALS LIFE WINS

Week 12
15th - 20th May 2023

Look Alike Sound Alike

Medicine that look or sound alike as other medicine names when written or spoken. Look-alike medicine packaging refers to medicine containers or primary packaging that looks like that of another medicine.

Medications at risk for LASA confusion, or similar product packaging, may lead to potentially harmful medication errors. Confusing names is a common cause of medication errors throughout the world.



www.wockhardthospitals.com

WOCKHARDT HOSPITALS LIFE WINS


Week 13
22nd - 27th May 2023

Copy-and-Paste

Copy-and-paste is the practice of selecting text or data from an original or previous source (one patient medical record) to use in a different source (another patient medical record). Health care practitioner may copy their own notes or notes from other practitioners/prior admission.

Literature has shown that the incidence of errors during copy and paste is 36%

At Wockhardt Hospitals, we do not allow copy and pasting of any information in the patient's medical record.



www.wockhardthospitals.com

WOCKHARDT HOSPITALS LIFE WINS

Week 14
29th May - 03rd June 2023


Initial Assessment

Initial assessment refers to the first assessment of the patient by the healthcare professional (physician, nurse, dietician and physiotherapist). The initial assessment helps the healthcare provider to understand the patient's condition, make an initial diagnosis or differential diagnosis, and formulate an appropriate treatment plan.

Initial assessment includes a physical examination and health history as well as an evaluation of psychological, spiritual / cultural (as appropriate), social, and economic factors

TIMELINES FOR INITIAL ASSESSMENT:
Emergency | Nursing: 15 - 30 Minutes | Doctors: 10 Minutes

INPATIENT AREA:
 Nursing: Within 2hrs | Doctors: Within 2 hrs



www.wockhardthospitals.com

New Consultants who joined The Wockhardt Family

Name of the Consultant	Speciality	Qualification (In capital letters)	Location
Dr. Sheetal Goyal	Neurology	MBBS, MD (General Med), DM (Neurology)	South Mumbai
Dr. Pranav Ghody	Endocrinology	MBBS, MD (Internal Med, USA), DM , (Endocrinology, Diabetes & Metabolism, USA)	South Mumbai
Dr. Murlidharan C.	Heamato - Oncologist	MBBS, MD (Pathology), DM (Clinical Hematology)	South Mumbai
Dr. Reshma Shenoy	Anaesthesia	MBBS, MD (Anaesthesia), DNB Anaesthesiology	North Mumbai
Dr. Pratik Tibdewal	Gastroentrolgy	MBBS, MD, DM (Gastroenterology)	North Mumbai
Dr. Ashish Mishra	Cardiology	MBBS MD DM (card)	North Mumbai
Dr. Ankurjain	Internal Medicine	MBBS, DNB (General Medicine), M.R.C.P.C.H	North Mumbai
Dr. Namrata Gupta	Anaesthesia	MBBS, DNB (Anesthesiology)	North Mumbai
Dr. Aklesh Tandekar	Critical Care	MBBS MD(Anaesthesia) IDCCM	North Mumbai
Dr. Murlidhar C	Hemato-oncology	MBBS, MD PATH, DM Clinical Hematology	North Mumbai
Dr. Jayesh Timane	Internal Medicine	MBBS, DNB (General Medicine) EDIC	Nagpur
Dr. Ramakant Tayde	Surgical Oncology	MBBS, MS, Fellow in minimal access surgery	Nagpur
Dr. Sameeksha Dubey	Medical Oncology	MBBS, MD, DNB (Medical oncology)	Nagpur
Dr. Sachinder Pal Singh	Surgical Oncology	MS(ENT), Fellowship in Head and Neck Onco surgery	Rajkot
Dr. Darshan Patel	Dental	MDS (Maxilofacial), Fellowship in Head and Neck Onco surgery	Rajkot

Answers to the medical quiz WOCKSYNAPSE 12

- Answer 1 : C - Walnut
- Answer 2 : C - In the evening or at night
- Answer 3 : D - All of the above
- Answer 4 : B - Rheumatic fever
- Answer 5 : A - Pelvic exam
- Answer 6 : D - Sun-sensitive rash, hair loss, and fatigue
- Answer 7 : A - Stapler hemorrhoidectomy
- Answer 8 : D - Most people do not experience symptoms
- Answer 9 : A - Nodules-Pitting-Cords-Contracture
- Answer 10: A - With diabetes, nerves suffer from lack of oxygen.

Message from the Editor

My dear Readers,

I am happy to bring to you our next edition of Wocksynapse. In this edition I have tried to highlight in a block column some information about the procedure/condition that would help our readers understand better about the procedure and its need.

Across all our hospitals we have implemented the concept of hyper personalization in every department, the meaning being very simple – “How do I as an associate go out of my way to ensure patient first and patient delight in all that we do. There is a long road ahead but as they say well begun is half done and excellence is a journey.

Hope you enjoy this edition of Wocksynapse. Looking forward to your inputs and feedback at wocksynapse@wockhardthospitals.com



Dr. Clive Fernandes

Group Clinical Director
Group Chief Operating Officer
Wockhardt Hospitals

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

Golden
50
years

WOCKHARDT | **LIFE WINS**

Contact Us

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

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