



Managing Director's Desk



Dear Associates,

Modern day medicine is all about providing safe quality patient care. As healthcare has evolved, the emphasis of providing quality and safe patient care is no longer only the responsibility of the treating physician but of the entire organization and a multidisciplinary team approach is the way forward. We, at Wockhardt hospitals, recognise the importance of teamwork and all our laid down protocols are defined in that way.

The recently concluded patient safety week awareness program was very well participated in by associates across the board, re-emphasizing the importance we give to patient safety.

The clinical work that we are doing across our hospitals, covers a vast spectrum, as highlighted by cases published in this edition and it is very encouraging to see the growth in Interventional Radiology as it offers a wide spectrum of new modalities of treatment that were previously not available.

Congratulations to all associates at our various hospitals that won accolades at the national and international stage this quarter. I appreciate your dedication and commitment in our endeavour of saving lives, ensuring Life wins.

Zahabiya Khorakiwala

Managing Director,
Wockhardt Hospitals

Table of Contents

Page No.

Managing Director's Desk	1
Flip side is sometimes the good side <i>Dr. Charudatt Vaity</i>	2
Yes ... miracle's do happen <i>Dr. Dhaval Shah</i>	3
Timely intervention saves patient's life and bowel <i>Dr. Nikunj D. Patel</i>	4
Medical puzzle	4
Severe kyphoscoliosis deformity of spine secondary to neurofibromatosis <i>Spine Surgery Team</i>	5
When team work wins, Life Wins Successive cancer and cardiac surgery gives new lease of life <i>Nagpur Team</i>	6
When team work wins, Life Wins An unusual case of aneurysm in pregnancy <i>Dr. Bhaumik Thakor</i>	7
Wockhardt Group Hospitals, Patient Safety Programme Inauguration 24 th - 26 th August, 2016	8
Awards for Excellence in Healthcare, April - August 2016	9
Critical case of acute complicated aortic dissection managed <i>Dr. Vikas Jain</i>	10
57-year-old patient saved from a life threatening rare medical condition <i>Dr. Hiral Shah</i>	11
Current trends in Interventional Radiology <i>Dr. Jathin Krishna Rai</i>	12
Medical Quiz <i>Dr. Sadaf Khan</i>	13
Did you know? <i>Dr. Zubin Pereira</i>	13
New consultants who joined The Wockhardt Family	14
Expert's Column <i>Dr. Charudatt Vaity</i>	15
Message from Editor	16

FLIP SIDE IS SOMETIMES THE GOOD SIDE!!

A 72 year old gentleman presented to Wockhardt Hospital Mira road with breathlessness, cough and fever. He was diagnosed with Chronic Obstructive Pulmonary Disease (COPD), Hypertension, Diabetes Mellitus (DM) and Ischaemic Heart Disease (IHD) which was not investigated.



Chest X-ray on admission

On admission his chest X-ray revealed right lower zone consolidation. He was initially managed with antibiotics, steroids, bronchodilators and required intermittent Non-Invasive Ventilation.

On second day of admission he became hypoxic & tachypnoeic and was required to be intubated. Post intubation he carried on being hypoxic. He was having O2 saturations of 77% on 100% FiO2. His chest X-ray at this point revealed bilateral shadowing. "Recruitment manoeuvres" were tried on the ventilator but patient remained in "refractory hypoxia".



Chest X-ray post-intubation



Prone position ventilation

As a last resort we decided to "Flip" the patient i.e prone ventilation was attempted. With all necessary precautions the patient was prone and left prone for about 12 hrs. He was kept on "Open Lung" ventilation strategy with adequately high PEEP and was gently diuresed. He was kept sedated and paralysed throughout the proning to facilitated lung compliance.

Attempt to recruit: only achieving O2 saturation of 91% on 100% FiO2



Chest X-ray post extubation

Patient showed remarkable recovery in the 12hrs of proning and had improved gas exchange & reduced FiO2 requirements & improved radiological features

He was then flipped back to supine position and over the next 36 hrs was gradually weaned off the ventilator and eventually extubated successfully.

He was transferred to our step down unit from the ICU next day and was discharged from hospital after 4 days.



Dr. Charudatt Vaity
Consultant - Lead Intensivist
Wockhardt Hospital, North Mumbai

GENERAL INFORMATION

Prone ventilation is one of the rescue ventilation strategies for refractory hypoxia. It works by promoting alveolar recruitment & to reduce ventilation induced lung injury by homogenising the distribution of stress & strain within the lungs. The recently published PROSEVA trial concluded that early proning in patients with hypoxemic respiratory failure significantly reduced mortality.

Prone ventilation may improve oxygenation but has the potential for significant complications like endotracheal tube, central line dislodgement, pressure ulcers etc. It is laborious & should be undertaken in units experienced with proning & staff having enough experience in looking after such patients.

YES... MIRACLES DO HAPPEN

A 48 year old male became unconscious at home due to cardiac and respiratory arrest. He had on and off chest pain which he neglected for two days. He was taken to the nearest private hospital in an almost dead condition. There was a delay of nearly 25 to 30 minutes in shifting the patient from home to the hospital. After CPR the heart was functioning and patient was diagnosed with major heart attack. At this time the patient had myoclonic jerks like convulsion which showed some brain injury and he was immediately shifted to Wockhardt Heart Hospital Surat in unconscious state.

At Wockhardt Hospital an angiography was done which revealed a blockage in one major artery of heart. At that point the cardiac team was not sure about the patient's neurological status and neurological recovery. The patient's present condition was explained to his relatives. He required urgent treatment in the form of angioplasty.

As the heart had stopped functioning for nearly 25 to 30 minutes there was no brain circulation. The major challenge for the cardiac team was that the patient might not come out of unconsciousness and remain in coma.

All possible outcomes were explained to the relatives and they consented for the treatment. Coronary angioplasty was done and the patient's blood pressure and cardiac conditions immediately stabilized. To fasten neurological recovery the patient was given hypothermia therapy for 24 hours. (hypothermia is a new form of treatment for brain protection in which the body is cooled and internal temperature is kept between 32 degree celsius to 34 degree celsius). Other medicines for brain protections were also started. After reversal of hypothermia the next day, rewarming up to normal body temperature was started gradually over 6 to 8 hours. After approx 48 hrs, the patient opened his eyes and was fully conscious. Ventilator and other supportive treatment was gradually withdrawn over a period of 72 hours.

The patient was discharged from the hospital after 7 days with no neurological deficits.



Dr. Dhaval Shah
Consultant - Interventional Cardiology
Wockhardt Hospital, Surat

GENERAL INFORMATION

We should not waste time seeking medical help, in situations of severe chest pain, that is radiating to the central part of chest and arms. The entire event could have been prevented if the heart attack had been identified earlier.

Therapeutic hypothermia helps in patient's rapid neurological recovery. In cases of out of hospital cardiac arrest the cardiac team should start strategies for brain protection asap.

TIMELY INTERVENTION SAVES PATIENT'S LIFE AND BOWEL!!!

A 25-year-old male presented to the emergency department of Wockhardt Hospital Rajkot with penetrating abdominal



Dr. Nikunj D. Patel
Consultant - Surgical Gastroenterologist
and Laparoscopic Surgeon
Wockhardt Hospital, Rajkot

injury by a wood-cutter. Patient was brought approximately 90 minutes after injury with the entire small bowel out of the peritoneal cavity. Patient was in shock. The bowel was congested & dusky.

In the emergency room while the patient was being resuscitated, the anterior and posterior sheath were opened by 2cm on either side of wound to relieve compression of the mesentery. Immediately the patient was shifted to the operation theater and exploratory laparotomy was performed.

Because of the timely act of relieving pressure of the mesentery, the bowel recovered vascularity & only 30 cm of ileum needed to be resected which harboured multiple perforations. Primary ileo-ileal anastomosis was performed and the patient was discharged after 5 days without any complication.

GENERAL INFORMATION

Importance of preparedness and timely interventions not only saved a life but most of his bowel.

MEDICAL PUZZLE

Across

- 3. Special bed used in hospitals to transport patients.
- 5. Lie on your _____ if you want to look at the sky.
- 6. The organ that filters the blood.
- 8. You don't need to shout. I'm not _____.
- 9. An ear has cartilage, not _____.

Down

- 1. Scientists are still searching for the _____ for cancer.
- 2. An _____ is a dull continuous pain.
- 3. It's a synonym for "cerebral accident".
- 4. It's the opposite of inhale.
- 7. Using the word "_____" which now usually means "not smart," is now considered offensive when talking about people who can't speak..

		1							
					2				
3							4		
						5			
6		7							
						8			
		9							

SEVERE KYPHOSCOLIOSIS DEFORMITY OF SPINE SECONDARY TO NEUROFIBROMATOSIS

A 16 year old girl, known case of neuro fibromatosis presented to Wockhardt hospital with severe kyphoscoliosis. She was post-menarchial since 3 years.

The deformity was progressing since last 3 years. She was first identified as neurofibromatosis in 2014 & in 2 years interim had a height loss of 3 cms.

Her MRI revealed further anatomical details and luckily there were no cord anomalies.



Dr. Shekhar Y. Bhojraj
Consultant - Spine Surgeon
Wockhardt Hospital, South Mumbai

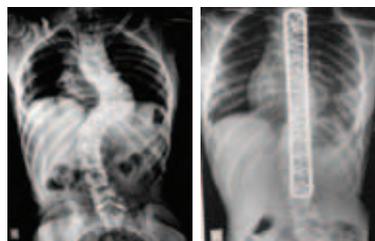


Dr. Nagad Premik Bhupendra
Consultant - Spine Surgeon
Wockhardt Hospital, South Mumbai



Dr. Ismail Shaik
Consultant - Spine surgery
Wockhardt Hospital, Nashik

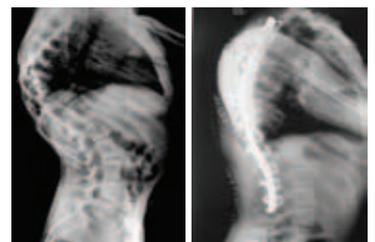
Pre: **Post:**



Besides the gross three dimensional deformity of her spine with apex at D8-D9, her cord was in a precarious position and if not stabilized she would definitely progress deformity wise and at the same time had a high chance of cord compromise and paralysis.

At Wockhardt Hospital, she underwent spinal deformity correction surgery by dual approach; Anterior transthoracic approach via 7th rib excision with discectomy and rib chip grafting of D7-D8; D8-D9 (apex); D9-D10 disc spaces and posterior spinal fusion with sublaminar wire and Hartshill rectangle from D2 to L2.

Pre: **Post:**



Patient was mobilized on fifth post-op day once her intercostal drain and other drains were removed. She had good post-op recovery with very good clinical outcome.

At three months follow up patient recovered well and managed to do all her activities with no restrictions. She was very happy with her clinical outcome specially with a height gain of 5 inches (12.5 cms).

Pre: **Post:**



GENERAL INFORMATION

Sublaminar wire and Hartshill is a reliable and effective implant in correction of such three dimensional spinal deformities. Another advantage of this implant is its cost effectiveness.

WHEN TEAM WORK WINS, LIFE WINS SUCCESSIVE CANCER AND CARDIAC SURGERY GIVES NEW LEASE OF LIFE

A 43-year-old lady suffering from cancer of the tongue and severe heart valve disease presented to Wockhardt multispecialty Hospital Nagpur. She was



Dr. Amol Dongre

Consultant - Hemato-oncologist, Medical Oncologist & Bone Marrow Transplant Physician
Wockhardt Hospital, Nagpur



Dr. Sameet Pathak

Consultant - Cardio Thoracic & Vascular Surgery
Wockhardt Hospital, Nagpur



Dr. Abhishek Vaidya

Consultant - ENT Oncosurgeon
Wockhardt Hospital, Nagpur

diagnosed with cancer of the tongue a few months back and was advised to undergo major oral surgery. But due to her severe heart problem she was told that the risk of surgery is too high and hence was started on chemotherapy for oral cancer.

She was referred to oncologist at Wockhardt Hospital where she was put on chemotherapy drugs. The oncologist knew that chemotherapy was not a definitive treatment for her and thought of taking a second opinion regarding the patient's heart problem. He referred her to the Cardiac Surgeon in the hospital. The surgeon accepted the challenge and devised an excellent treatment plan for her.

The patient and relatives were counselled regarding the treatment options and they readily accepted. She underwent double valve replacement surgery on the first day which in itself is a major operation. She tolerated the surgery very well and recovered fully in just three days. She was off the ventilator after 4 hours of such a major surgery. Her recovery after the first major operation gave us immense confidence in our treatment plan".

On the 4th day she underwent another major surgery for her oral cancer (wide local excision and radical neck dissection) which was performed by an ENT Oncosurgeon. She recovered very well after this operation too and was discharged home hale and hearty.

GENERAL INFORMATION

Such results give real joy and all this is possible because of excellent team work and support from the hospital. Having all major specialities under one roof makes a huge difference while making treatment options that we can provide to our patients. There has been no documented publication of such a case at least in Central India.

WHEN TEAM WORK WINS, LIFE WINS AN UNUSUAL CASE OF ANEURYSM IN PREGNANCY

A 28-year-old female patient, 36 weeks pregnant presented to the emergency department of Wockhardt Hospital Rajkot with complaints of sudden onset of severe headache, vomiting and giddiness. At a local hospital she was managed conservatively, considering the illness to be a complication of pregnancy. However as the headache remained persistent and severe, she was advised a CT scan which revealed a subarachnoid hemorrhage. She was referred to Wockhardt hospital for further management.



On examination she was conscious and well oriented, with stable vitals, and intact neurological condition. The obstetrician's opinion was taken, and the fetus was found healthy. She underwent a CT angiogram which revealed an internal carotid artery aneurysm.



After explaining the treatment options available she was taken up for an emergency cesarean section followed in the same sitting by craniotomy and clipping of the aneurysm. Both the surgeries were uneventful.

The baby was healthy and the mother recovered well. She was discharged on the 12th postoperative day.



Dr. Bhaumik Thakor
Consultant - Neurosurgery
Wockhardt Hospital, Rajkot

GENERAL INFORMATION

Worldwide the incidence of aneurysm rupture complicating pregnancy is just 8-31 per 100,000 deliveries. The reported maternal fatality rate is 50%, and fetal fatality rate is 17%. In our case both the mother and the baby were healthy.

WOCKHARDT GROUP HOSPITALS, PATIENT SAFETY PROGRAMME INAUGURATION 24th - 26th AUGUST, 2016

OPENING CEREMONY – BKC



PARTICIPATION FROM UNITS:

Nagpur 1



Nagpur 2



Nashik



North Mumbai



Rajkot



South Mumbai



Surat



Vashi



AWARDS FOR EXCELLENCE IN HEALTHCARE APRIL - AUGUST 2016

CMO Asia Golden Globe Tigers Award - April 2016

Wockhardt Hospital, Rajkot won the award for Best Multispecialty hospital in the region



CMO Asia - National Awards for Excellence in Healthcare - June 2016

Wockhardt Hospital, South Mumbai won the award for Best Green Hospital



Wockhardt Hospital, South Mumbai won the award for Best HR Practice in Healthcare

Wockhardt Hospital, Nashik won the award for Best Dialysis Provider



Wockhardt Hospital, Nagpur won the award for Best Multispecialty Hospital

Wockhardt Hospital, Vashi won the award for Healthcare & Social Care Support



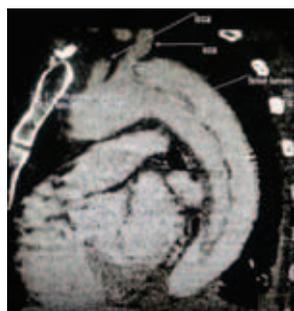
CMO Asia Singapore - August 2016

Wockhardt Hospital, North Mumbai won the award for Best Patient Safety Initiative



CRITICAL CASE OF ACUTE COMPLICATED AORTIC DISSECTION MANAGED

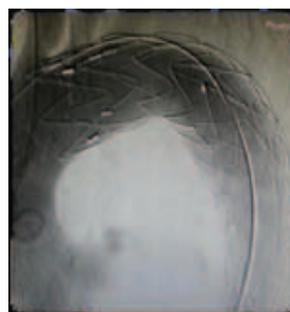
A 60 year old male patient presented with excruciating chest pain radiating to the back. His ECG was normal, BP was 220/112 mm of Hg. The possibility of aortic dissection was considered. A CT scan revealed type B aortic dissection extending from just distal to origin of left subclavian upto the right Common iliac artery. Mesenteric and Renal vessels were arising from the true lumen.



The patient was hemodynamically unstable and his intra-arterial blood pressure ranged upto 320/190mm of Hg with 2 episodes of bradycardia.

Endovascular stent graft placement was planned for him. To get an adequate landing zone, the plan was to cover the ostium of left subclavian artery and hence

left vertebral artery, so intracranial circulation was studied prior to the definitive procedure. Through left femoral arteriotomy thoracic stent graft (Valiant Captivia Thoracic Stent Graft from Medtronic) was placed covering the entry tear of the dissection. The stent opened up well expanding the true lumen.



Stent Graft

At 2 months follow up the patient is doing well with no complaint and complete healing of dissection.



Dr. Vikas Jain
Consultant - Interventional Radiologist
Wockhardt Hospital, Rajkot

GENERAL INFORMATION

An aortic dissection is a serious condition in which the inner layer of the aorta, the large blood vessel branching off the heart, tears. Blood surges through the tear, causing the inner and middle layers of the aorta to separate (dissect). If the blood-filled channel ruptures through the outside aortic wall, aortic dissection is often fatal. The Stanford classification divides dissection into 2 types, type A and type B. Type A involves the ascending aorta (DeBakey types I and II); type B does not (DeBakey type III).

57-YEAR-OLD PATIENT SAVED FROM A LIFE THREATENING RARE MEDICAL CONDITION

This is a rare medical condition where a bulge or a ballooning of the blood vessel in the brain often looks like a berry hanging on a stem

A 57 year old patient was admitted to Wockhardt Hospitals, Surat after prior consultation with a Sr Physician with complains of severe headache, slurred speech, giddiness and left limb weakness. The patient was referred to the Sr.Neuro Physician and was advised a CT Scan to rule out Aneurysm vs. CVST (Cerebral venous sinus thrombosis). CT Brain showed Right temporal hematoma. The case was then referred to the vascular interventional radiologist and brain angiography was done which showed a 5 x 4mm ruptured wide necked

aneurysm Right MCA (Middle cerebral artery) bifurcation which had further led to the SAH(Sub arachnoid hemorrhage) + temporal hematoma.

The patient and relatives were counselled for Endovascular Coil Embolization with balloon remodeling of the aneurysm. In general terms, an intracranial aneurysm (also called cerebral or brain aneurysm) is a cerebrovascular disorder in which weakness in the wall of a cerebral artery or vein causes a localized dilation or ballooning of the blood vessel. Cooperation and understanding from the patients as well as the family is expected during such critical and rare cases. Patient was very supportive and displayed immense will power and positivity.

The patient was taken for procedure in the morning under General Anesthesia. The entire Procedure lasted for 4.30 hours with no episode of hypotension or bradycardia. Post procedure the patient was shifted to ICCU and observed where his stay was uneventful and gradually the patient was shifted to ward and discharged from hospital in haemodynamically stable condition with recovery of the left hemiparesis as well.

GENERAL INFORMATION

Intracranial bleeding with thrombosis of venous sinuses of brain, commonly known as Cerebral Venous Sinus Thrombosis (CVST) is a potentially life threatening condition of clotting in the vein that drains blood from the brain. Although, it is a rare condition, factors such as low cerebral blood flow, oral contraceptives, hormone replacement therapy, pregnancy, increases the risk for the condition.

“Embolization is a minimally invasive surgery. The purpose of this extremely critical & rare technique of treatment is to prevent blood flow to the affected part, which can effectively shrink a tumor or block an aneurysm”



Dr. Hiral Shah
Consultant - Interventional Radiology
Wockhardt Hospital, Surat

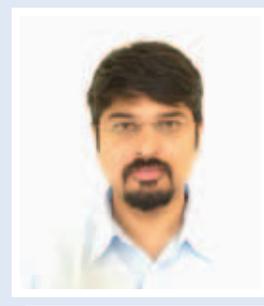
CURRENT TRENDS IN INTERVENTIONAL RADIOLOGY

Medical therapies are moving progressively toward 'minimally invasive' techniques resulting in less physiological disruption, smaller 'entry points', reduced intra and post-operative complications, and earlier discharge. Interventional radiology is one such minimally invasive field which has witnessed the maximum progress since its inception in the early 1960's. Pathologies involving both the arterial and venous systems can be treated using interventional radiological techniques, which are as follows:

REVASCULARISATION	Blocks in various arteries leads to decreased supply to the organ they supply, leading to ischemic signs and symptoms
EMBOLOTHERAPY	Certain causes lead to excessive bleeding from organs, which leads to life-threatening conditions. Interventional radiological techniques can reach up to the site of bleeding and stop bleeding using various embolising agents
VENOUS EMBOLISATION	 <p>47 year old lady presented with deep vein thrombosis, treated with anticoagulants, however; still had an episode of pulmonary embolism, resulting in breathlessness. An infrarenal IVC filter was deployed, to prevent further pulmonary embolism.</p>  <p>A schematic image of a thrombus trapped by a filter.</p>
ONCOLOGIC APPLICATIONS	<ul style="list-style-type: none"> • Chemoembolisation of Malignancies • Pre-operative embolisation of vascular tumours
AORTIC ANEURYSMS AND DISSECTIONS	Dramatic change in the management of this condition, with the endovascular route custom made stent grafts are introduced in the aneurysmal/dissected segment, restoring normal anatomy and arterial circulation
CAROTID AND CEREBRAL CIRCULATION	 <p>Carotid angiogram showing a 95% stenosis of the internal carotid artery</p> <p>Stroke is one of the leading causes of disability and fatalities in our country. Various causes are attributed towards TIA's and stroke, (CAS) being one of them. If the stenosis is treated by medical management alone, the annual stroke rate risks are as high as 13-15%, revascularization of the carotid artery reduces the stroke rate to 1%. Similarly intracerebral arterial and vertebral stenotic lesions can also be treated by angioplasty and stenting.</p>
PERIPHERAL VASCULAR DISEASE	Peripheral vascular disease in its strictest definition atherosclerotic disease affecting the lower limb vessels; which involves the aorto-iliac segment onwards to the tibial vessels.
ANEURYSMS	Aneurysms are defined as increase in diameter of the vessels by nearly 35-40% of its normal diameter. Prior to endovascular techniques, surgery used to be the only modality for treatment, with a high morbidity and mortality. With the advent of advanced radiological diagnostic techniques, these aneurysms can be detected on even routine tests and can be treated.

CONCLUSION:

Interventional radiology has made tremendous progress in the field of minimally invasive medicine, providing durable long term results, with lesser chances of complications and with an extremely promising future.



Dr. Jathin Krishna Rai
Consultant - Interventional Radiologist
Wockhardt Hospital, North Mumbai

MEDICAL QUIZ



Quiz 1. This type of lesion is found in diabetics. What is it?



Quiz 3. What is Grave's dermopathy?



Quiz 2. This type of hyperpigmentation is seen in hyperinsulinemia. What is it called?



Quiz 4. These lesions are found in which syndrome?



Quiz 5. What is yellow nail syndrome?



Dr. Sadaf Khan
Medical Administrator
Wockhardt Hospital, North Mumbai

DID YOU KNOW:



Dr. Zubin Pereira
Medical Administrator
Wockhardt Hospital, South Mumbai

- A fetus acquires fingerprints at the age of three months
- Eating Breakfast helps to burn 5 to 20% of calories throughout the day
- Your stomach manufactures a new lining every three days to avoid digesting itself
- Nails and corneas are the only two tissues in the body that do not receive oxygen from blood
- You are taller in the morning than in the evening

NEW CONSULTANTS WHO JOINED THE WOCKHARDT FAMILY

Name of the Consultant	Qualification	Specialty	Location
Dr. Davinder Tulpule	MBBS, MD (Internal Medicine)	Internal Medicine	South Mumbai
Dr. Lalit Choudhry	MBBS, MS (General Surgery), MCh (Cardiac Surgery)	Cardiothoracic and Vascular Surgery	South Mumbai
Dr. Brijesh Dubey	M.S. (General Surgery)	General Surgery	North Mumbai
Dr. Ganesh Avhad	MD (Radiology)	Radiology	North Mumbai
Dr. Rajesh Koradia	MD (IVF & Infertility)	IVF & Infertility	North Mumbai
Dr. Aarti Vadi	MBBS, MS (ENT)	ENT	Rajkot
Dr. Chirantan Mangukia	MBBS, MS (General Surgery), MCh (CTVS)	Cardiothoracic and Vascular Surgery	Rajkot
Dr. Jigar Parekh	MBBS, MD, DM (Neurology)	Neurology	Rajkot

EXPERT'S COLUMN

Recognition and Prevention of ICU Delirium

Delirium affects up to 80% patients in ICU. Delirium is a syndrome characterized by disturbance of consciousness with accompanying change in cognition. Delirium can go undetected in ICU and is associated with considerable mortality and morbidity.

Early detection of delirium can be improved by implementation of delirium assessment tools. CAM-ICU (Confusion Assessment Method for the ICU) is one of the tools which has been widely validated in different studies.

Risk factors:

- Age (more than 70 years)
- Previous history of psychiatric disease or cognitive impairment
- Visual or auditory impairment
- Alcohol, tobacco, drug/medication abuse or withdrawal
- Total dose of sedative drugs in ICU (benzodiazepines and opiates)
- Medication overdose
- Surgery infection or sepsis

Prevention:

General measures-

- Repeated reorientation
- Noise reduction measures
- Use of patients own visual and hearing aids
- Adequate hydration
- Early mobilization

Sedation and mechanical ventilation:

- Daily sedation interruption in mechanically ventilated patients
- Use of sedation scales like RASS (Richmond Agitation and Sedation Score) for titration of sedatives
- Reduce use of benzodiazepines as sedative agents- alternative sedatives like Dexmedetomidine preferred
- Adequate analgesia
- Early aim for spontaneous breathing trial

Pharmacological intervention:

- Traditional antipsychotic - Haloperidol, Risperidone
- Newer antipsycotics - Olanzapine, Quetiapine



Dr. Charudatt Vaity
Consultant - Lead Intensivist
Wockhardt Hospital, North Mumbai

MESSAGE FROM THE EDITOR



“Primum non nocere” when translated means first do no harm. There are many reports and studies published wherein it has been shown that adverse events/sentinel events do occur to patients while in hospital and many of these are preventable. We at Wockhardt hospitals understand there is always a risk of inadvertent harm to our patients which needs to be proactively avoided. The protocols and policies we have defined for various processes in the hospitals is our endeavour to ensure that we always provide safe quality care to our patients.

This edition of Wock-synapse demonstrates the importance of 3 T’s in providing quality healthcare to a patient achieving the desired clinical outcomes. Timely intervention, Team work and the benefits of a Tertiary care facility. As you would have read in the cases published each of these is important and when all these T’s are present under one roof the difference with regards to clinical outcomes is there for each of us to see.

I hope you find the published articles interesting to read as they provide us with insights in to the complex clinical cases we as a team are able to treat with tremendous success demonstrating @Wockhardt Hospitals, Life Wins. The general information provided in many articles and the medical tips given from time to time help ensure primordial prevention and early screening and detection, if indicated.

Do write to us your feedback and views at wocksynapse@wockhardthospitals.com

Dr. Clive Fernandes
Group Clinical Director,
Wockhardt Group Hospitals

Dr. Clive Fernandes	Editor
EDITORIAL BOARD	
Dr. Mir Raza Khan	BKC
Ms. Vijayarani Durairaj	BKC
Ms. Ieshu Razdan	BKC
Dr. Chintan Shanishwara	Rajkot
Dr. Mahesh Padwal	Nashik
Dr. Rajesh Gade	Nagpur
Dr. Zubin Pereira	SOBO
Dr. Manisha Pathak	NOBO
Dr. Prashant Mehta	Surat
Mr. Santosh Dasgupta	BKC
Dr. Vikas Chaudhari	Nagpur

Please send your answers for medical puzzle & quiz to wocksynapse@wockhardthospitals.com



Contact Us
wocksynapse@wockhardthospitals.com
Ph. No. (+91)-22-7159 6537/6509

Disclaimer: "It is to 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."