Managing Director’s Desk

Dear Associates,

Wishing you and your families a very Happy New Year 2016. This edition of WockSynapse demonstrates how by efficiently using the skill of history taking and elaborating a detailed clinical history our consultants have been able to identify and treat complex cases.

Last year we at Wockhardt Group Hospitals moved forward in our journey of providing quality patient care to all our patients and simultaneously raising the bar on our clinical performance. One of the milestones achieved during this journey has been the different awards won by our group hospitals nationally and internationally for our quality and patient safety initiatives thus showcasing the healthcare community the good work we do.

Congratulations to all associates who participated and won accolades. You have made us proud.

Zahabiya Khorakiwala
Managing Director
Wockhardt Hospitals

SAFETY PIN REMOVAL FROM A CHILD’S ESOPHAGUS IN JUST 3 MINUTES

A 3 years old child presented to our hospital with history of excessive crying. Unfortunately none of the family members were around at the time of incident and therefore were unable to understand the reason for the child crying. None of the household measures relieved the child.

The child was then taken to a local doctor without any delay. Thereafter they came to Wockhardt hospital. While taking a history of the course of events, mother feared that child had swallowed something while playing.

An X-ray was ordered which revealed an open safety pin in the esophagus. Under general anesthesia the pin was first pushed in to the stomach and then it was caught and removed without trauma. The entire procedure took 3 min and child was discharged after 6 hrs without any complications.

Dr. Praful Kamani
Consultant · Gastroenterologist
N. M. Virani Wockhardt Hospital, Rajkot

GENERAL INFORMATION

A thorough history, proper investigations and excellent clinical skill set, prevented an adverse outcome for this child.
A 36 yrs old male patient was admitted at a local hospital for severe chest pain. He was given primary treatment at the hospital and then referred to Wockhardt Hospital Nagpur for further management. At Wockhardt hospital he was admitted to the ICU.

Detailed investigations revealed that he had a huge floating mass in his heart and part of this mass had broken and gone to his lungs, a condition medically known as Acute Pulmonary Embolism.

The surgeon performed an urgent surgical removal of this mass as further dislodgement to his lungs would have been catastrophic for the patient. Urgent surgery in such a condition carries very high risk because the heart is already under tremendous stress.

The patient was taken up for open heart surgery after explaining all the risks and benefits involved. A 20 cm long clot of blood which looked like a snake lying free inside the heart with absolutely no attachment anywhere was found.

It was removed completely and the chamber of the heart was closed. Because this patient had a recent lung embolism (dislodgement), his right side of the heart was not functioning to its full capacity and the patient had to be kept on a heart lung machine for 3 to 4 hrs.

The challenge did not end there. He was taken off support from the heart lung machine with great difficulty.

The patient’s heart was swollen and his breast bone could not be approximated and closed, hence surgeon decided to take the risk and leave the chest open. Patient was kept on ventilator for two days with his chest open.

Managing such a patient in the ICU is very challenging because there is always the risk of bleeding and infection involved. However the team at Wockhardt Surgical ICU being fully equipped was able to manage such high risk patients.

The patient’s chest was closed after 48 hrs and he was taken off ventilator soon. He remained in the hospital for 10 days and was discharged without any complications in a stable condition.

**GENERAL INFORMATION**

75% - 90% patients of pulmonary embolism die within few hrs if not immediately treated and early diagnosis and intervention can save lives.
Aortic Dissection: A Very Rare Complication of Aorta

A 44 yrs old male presented to the emergency department with breathing difficulties and was diagnosed with a cardiac disorder. He was treated medically for his condition and sent home. After 4 months he had the same symptoms of breathing difficulties but ignored the problem and continued with his work. He visited the hospital again and an Echocardiogram (2D ECHO) showed Severe AR (aortic regurgitation) and AS (Aortic Stenosis). [Aortic regurgitation is a leakage of the aortic valve each time the left ventricle relaxes. A leaking (or regurgitate) aortic valve allows blood to flow in two directions and causes the rupture of Ascending aorta.]

He was taken for surgery which took almost 8 hours. All risk factors of surgery were explained to the patient and his family members. On evaluation the surgeon decided to do an Aortic Valve Replacement, but after Sternotomy (Chest Opening) on the OT table, it was found that the patient had Aortic Dissection (A very rare complication of Aorta). Immediately the surgeon decided to do an Aortic Root replacement with aortic valve repair. Intra surgery the ascending aorta was excised and left and right Coronary Buttons were prepared and reimplanted. Distal end of the Dacron graft was anastomosed just below the aortic arch under circulatory arrest.

The patient showed full recovery and is now able to perform his day to day activities as he did earlier.

Risk is always on higher side in this kind of surgery. After surgery the patient was shifted to the ICCU.

The patient recovered well after surgery and was discharged from the hospital within 6 days of surgery.

Dr. Jagdish Mange
Consultant-CVTS
Wockhardt Heart Hospital, Surat
A 45 year old female patient, a known case of DM (Diabetes mellitus), DCM (Dilated cardiomyopathy) with EF (Ejection fraction) 12% was admitted with history of a 3 month old displaced fracture of the right neck of femur in an arthritic hip.

The patient complained of difficulty in walking and breathlessness when he came to Wockhardt hospital. She was refused surgery at 3-4 other well known hospitals.

Wockhardt Hospital Vashi took up the challenging case and a right THR (Total Hip Replacement) was done under Epidural Anesthesia.

Preoperative heart failure is an important risk factor for the development of post operative complications. Any arrhythmia can lead to sudden cardiac arrest and death.

Preoperative goals in management include maintaining forward flow, promoting inotropy without inducing or exacerbating ischemia, avoidance of arrhythmia, maintenance of fluid balance, proper analgesia with stable condition in post operative period and returning patient to her preoperative level of function after surgery.

Following protocols were carried out for successfully managing the case:

Anesthetic management in patient with 12% EF (Ejection fraction) and bad PFT (Pulmonary Function Tests) is most critical and challenging. Proper counseling with patient and relatives was a must, explaining every complication. A well-equipped OT and post-operative ICU to cater for cardiac complications is equally essential.

In such cases we at Wockhardt worked hand in hand with the anesthetist, cardiologist and intensivist to ensure the above. Intraoperative CVP and continuous BP monitoring was done. Post operatively patient was kept on epidural pump with proper ICU management.

The patient was gradually mobilized and improved exponentially, so much so that patient walked home on the 6th day.

GENERAL INFORMATION

Excessive anesthesia time was avoided due to existing comorbidities. Type of anesthesia and post operative ICU monitoring is equally essential in these type of patients.
A young cricketer presented with a history of anterior shoulder pain and a severe degree of arthritis of the Acromio-Clavicular joint, at our hospital in Goa. The excruciating pain led to deterioration in his shoulder function, compelling him not to participate in the IPL tournament.

Imaging revealed Acromio-Clavicular arthritis and a paralabral cyst adjacent to the supra scapular nerve (SSN). EMG-NCV showed normal muscle function and no nerve compression.

An arthroscopic Mumford procedure was done and patient was discharged next morning. The patient had complete pain relief in a week's time followed by which strengthening exercises were started for one month. The sportsperson has joined the state cricket team and is doing well.

The Arthroscopic Mumford procedure provides better cosmesis and avoids sacrificing ligaments of the AC joint leading to an overall improved shoulder function.

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**GENERAL INFORMATION**

The shoulder joint is a complex structure consisting of the Acromio-Clavicular articulation, the Scapulo-thoracic articulation and the glenohumeral articulation. Of these the Acromio-Clavicular (AC) joint is most prone to injuries. Even low grade injuries which are conservatively managed may lead to early development of arthritis in athletes.
A 22 year old primipara after 2 hours post vaginal delivery came to the casualty with profuse bleeding per vaginum. After brief systemic and internal examination she was found to be in hemorrhagic shock. She was given supportive management immediately. Brief vaginal examination did not reveal any traumatic bleed, and there was no response to conservative management. She was taken for surgical intervention after the consent for an obstetric hysterectomy. All lab tests apart from Hb were within normal range.

Under general anesthesia vaginal exploration was done, no trauma or bleeder found. The abdomen was opened to look for trauma and an injury was found intact. Modified B-Lynch stitches was given on the uterus. With chromic catgut a transverse stay suture was given to avoid slippage of B-Lynch sutures. Homeostasis was achieved.

Patient was observed for 10 mins for vaginal bleed and then abdomen closed.

Postoperatively patient was observed for 48 hours. Postoperative recovery was excellent and the patient was discharged on 4th postoperative day.

CONCLUSION

This was a lifesaving innovative suture that saved the patient’s life and did not even require opening the uterus, Thus, avoiding obstetric hysterectomy.
Lifesaving Angioplasty

A 52-year hypertensive male having history of exertional angina since one year presented to the hospital. He had rest angina since 3 days. Treadmill test was done 10 months back which revealed significant ST depression with hypotension.

On examination his periphery was cool. Heart rate of 120/min, BP 80/66 mm of Hg. His ECG showed global 2mm depression except AVR lead along with non-sustain Ventricular Tachycardia.

His Echo showed anterior hypokinesia with LVEF of 30%. After explaining the prognosis and risks of procedure he was taken in the cath lab for angiography followed by intervention.

His CAG revealed ostial left main 99% lesion with TIMI – 1 flow in LAD and LCX. RCA and LCX were free from significant disease. Proximal and mid LAD has 80% lesion.

LMCA to LAD stenting was done successfully by using two overlapping XIENCE V Stents. He was discharged after 4 days in a stable hemodynamic condition.

General Information

Medical Therapy alone insufficiently alters the clinical course of patients who experience Acute Coronary syndrome with cardiogenic shock and in whom the LMCA is culprit. Emergency CABG is effective yet time consuming, associated with very high mortality (50 to 60%) and entails high risk of extensive irreversible myocardial damage. Coronary angioplasty can enable rapid revascularization and stabilization in high risk patients and can be a lifesaving procedure.
A 60 year old male presented as an emergency case with acute urinary retention. He had history of prostate enlargement and regularly self evacuated himself using a ball point pen. On investigations (CT scan) the ball point was seen in the urinary bladder. He underwent an emergency flexible cystoscopy and an endoscopic extraction of the entire ball point pen was carried out successfully.

Subsequently thereafter he underwent an endoscopic resection of his prostate and is doing well.

Without the excellent endoscopic equipment and medical expertise he would have needed an open operation for the removal of the pen.
# NEW CONSULTANTS WHO JOINED THE WOCKHARDT FAMILY

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<td>Dr. Sandeep Patil</td>
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HEALTH TIPS FROM THE EXPERTS

Treatment measures:

- Usually symptomatic treatment with antipyretics and decongestants is enough along with adequate hydration.
- In case of superadded bacterial infection, a macrolide or a respiratory quinolone is prescribed.

Prevention is better than cure:

- Vaccination with the influenza vaccine may be recommended.

UPPER RESPIRATORY INFECTION

The winter season is now descending on us and along with it the malady of Upper Respiratory Infections. These are usually viral in nature but because of our pollution and other factors bacterial super infection is common.

Those at risk are patients such as young children, the elderly, patients suffering from COPD, and immuno compromised individuals. They have to be observed as they are more susceptible to complications.
CLINICAL AND QUALITY AWARDS 2015

Wockhardt Hospitals Nashik
Patient safety initiatives at Healthcare Leadership Award

Wockhardt Hospitals Nashik
National Excellence in Healthcare and Quality Brands 2015-17

Wockhardt Hospital Nashik
National Award for Excellence in Healthcare for RRT project

Wockhardt Hospital Nagpur
Best patient safety initiative in Asia Healthcare Excellence awards, Singapore

Wockhardt Hospital Rajkot
Innovation of Quality Service Delivery in Asia Healthcare Excellence awards, Singapore

Wockhardt Hospital Rajkot
Nursing Excellence award at AHPI Awards for excellence in Healthcare

Wockhardt Hospital South Mumbai
First prize in the poster presentation category at the 2015 Annual Conference of Pediatric Cardiac Society of India (PCSI), Hyderabad
MESSAGE FROM THE EDITOR

The difference between a successful clinical outcome and a not so successful one more often than not depends on two factors, the time of seeking medical help (earlier the better) and the skills sets to diagnose including the need to obtain an accurate and detailed clinical history, investigate and treat the underlying condition. As evident from all the cases presented in this edition timely intervention with excellent clinical skill sets of history taking led to successful outcomes for all these cases which presented with atypical symptoms that needed a detailed history to assess and plan further treatment.

During the last year Wockhardt hospitals participated at numerous Healthcare Award ceremonies where we showcased the excellent Clinical work we do. Our different Hospitals won numerous awards across different healthcare categories.

Hearty congratulations to all our Consultants and healthcare associates. You have once again made us proud and reinforced by your actions 365*24*7 that no matter what, no matter how at Wockhardt Hospitals Life Wins always.

Wishing each one of you and your families a very Happy, Prosperous and Joyous New Year 2016.

Dr. Clive Fernandes
Group Clinical Director
Wockhardt Group Hospitals

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