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# WOCKSYNAPSE

## Managing Director's Desk



### My dear Associates,

Wishing you and your family a very happy and joyful 2022.

I take this opportunity to personally thank each of you for working tirelessly on the frontlines all through the ongoing COVID pandemic.

During the last 2 years we have faced and overcome numerous challenges, each time emerging stronger and this is a testimony of your dedication and selfless service.

I feel proud that as an organization we have actively contributed and saved precious lives during both waves of the pandemic by treating over 15000 COVID patients and administered nearly 3.6 lakh doses of covid vaccines, witnessed several remarkable recoveries and had great clinical outcomes.

We have done an amazing job clinically during the covid 19 pandemic treating and saving lives and this edition of Wocksynapse highlights some of the more complex and challenging cases diagnosed and treated with excellent clinical outcomes at all our Hospitals, ensuring that at Wockhardt hospitals Life Wins Always.

**Good Luck to each one of you going forward.**

**Zahabiya Khorakiwala**

Managing Director,  
Wockhardt Hospitals

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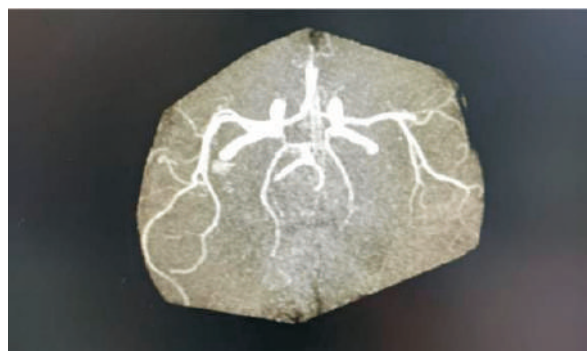
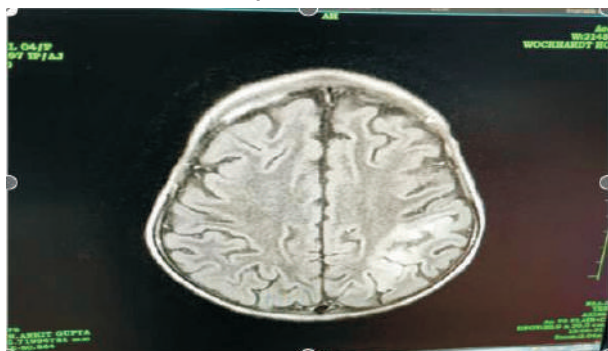
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### Primary CNS Angitis.... Newly recognized rare inflammatory disease

A 5 year old girl presented with fever since 5 days, decreased sensorium and convulsions since 2 days. On examination she was actively convulsing and having decerebrate posture. Provisional diagnosis was meningoencephalitis. Initial MRI was suggestive of leptomeningeal enhancement. She was treated with neuroprotective ventilation, anti oedema measures and antiepileptic's and appropriate antibiotics.

After a few days she developed new neurodeficits, quadriparesis, absent gag reflex and irregular breathing pattern. Lumbar puncture showed 35 cells, 30% neutrophils 70% lymphocytes, Proteins 22. Repeat MRI showed basal exudates and fresh infarcts in bilateral thalami, cortical and subcortical parieto occipital lobes. MRI was suggestive of tubercular meningitis hence started on AKT with steroids. All other routine investigations were unremarkable.

She showed marginal improvement as we were able to extubate her, but she later developed persistent fever and new onset convulsions. Her CSF and BAL Xpert were negative and so was her CSF TB PCR, CSF biofires, CSF auto immune workup, rheumatic and covid 19 workup.



Extensive ill-defined areas of altered signal intensities involving the cortical region of the parietal, temporal and occipital lobes on both sides. She underwent repeat MRI brain with MR Angiography which showed pruning of cortical branches of both MCA and PCA suggestive of small vessel vasculitis. Thus a diagnosis of Primary CNS angitis was made, she was started on cyclophosphamide aspirin and anticoagulants, following which she showed dramatic recovery.

Childhood central nervous system (CNS) vasculitis encompasses a group of newly recognized rare and devastating inflammatory brain diseases (Benseler et al., 2006). It is an inflammatory disease solely targeting the blood vessels within the CNS, including brain and spinal cord, in the absence of an underlying systemic disease. Previously healthy children present with severe neurologic deficits that, left untreated, could lead to devastating neurologic insult and even death. Early recognition and intervention with targeted therapy has led to better survival.



**Dr Ankit Gupta**

Consultant Lead pediatric Critical care Medicine  
Wockhardt Hospitals, North Mumbai

## 'CROP' - An easy mnemonic for recognising chest Xray findings in Covid infection

To assess lung involvement in patients affected with COVID-19 virus, Chest Imaging (which includes X-ray imaging and CT scan), is the main modality. Although CT is more sensitive, due to ease and affordability issues, X rays are the preferred first-line study.

Covid 19 infection in chest X-rays often have classical findings, which could differentiate it from other infections. An important thing to remember is that chest Xray may be normal in some cases.

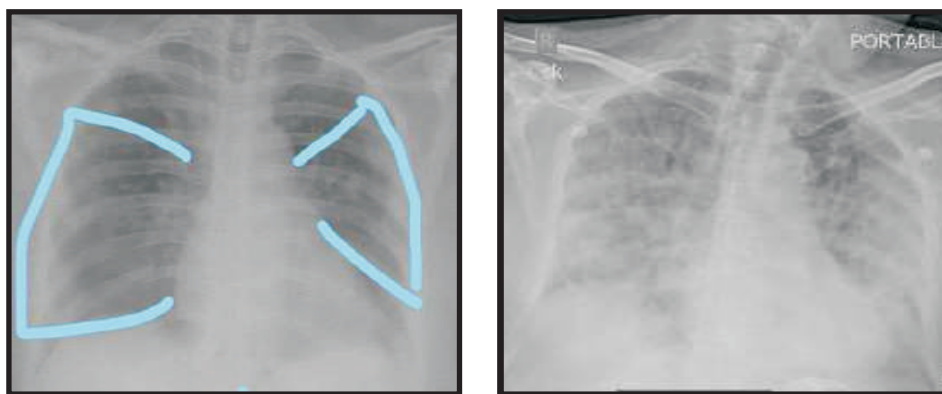
There is an easy mnemonic for remembering Chest Xray findings. X-ray findings generally vary from none, one, to multiple features.

**C:** confluent peripheral consolidation

**R:** reticular opacities

**O:** opacification (ground glass)

**P:** peripheral lung opacities



Chest X-ray AP portable in COVID-19 positive patients: showing ground glass opacification and peripheral consolidation in a 'batwing' appearance

- Opacification which looks like "Ground glass" is the most common finding (75% of x rays with findings) and is seen early on in the disease, often in periphery in mid and lower portions of the lungs. Upper portion of the lungs (unlike in tuberculosis) is rarely involved. Xray often looks like a "Bat wing" appearance. This is interesting, given the surmised origin of Covid-19 infection from bats!
- Peripheral lung opacity (PLO)-second most common, represents small patches of fluid filled lung
- Confluent consolidation is suggestive of progression and reflected in 15% of X- rays. Higher age groups (60-70 years) are more susceptible
- Reticular/irregular Opacities- Reticular or irregular small opacities are seen only in 3.6 percent of abnormal cases. Also, these are not an exclusive finding and seen with other findings such as opacification.
- Air in soft tissues, around the lungs or in the chest (subcutaneous emphysema, pneumothorax and mediastinal emphysema)-either spontaneous or after intubation in the setting of COVID-19 infection has been described. Other findings such as pleural effusion and enlarged nodes are rare and seen only in coexisting disease or bacterial infections.



**Dr. Bhagyam Nagarajan**

Consultant Radiology,  
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**Dr Naresh Jain**

Consultant Radiology,  
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## Sunlight and Mood

### Introduction

The mighty Sun though itself has an inhospitable environment but its light is necessary for the sustenance of life on our planet. Sunlight is essential not only for our physical health but also influences our psychological health. The mechanism by which it affects our mood and psychological health is related to regulation of melatonin and serotonin secretion.

### Pathway- Sunlight & Mood

Our circadian rhythm is regulated through 'suprachiasmatic nucleus', having connections with retina as well as 'pineal gland' which secretes melatonin. Exposure to daylight suppresses melatonin production whereas levels of its precursor, serotonin also known as 'happiness hormone' are elevated. Upregulation of serotonin creates a sense of well-being, contentment and elevates our mood. This also explains the seasonal variation seen with depressive disorders, which are more likely to be observed in late fall and winters. It is for this reason; phototherapy is advocated as one of the treatments for depression. Studies have suggested our cognitive functions may also be potentially affected by sunlight exposure through involvement of similar pathways.

### Other benefits

Sunlight is necessary for the production of vitamin D, accounting for over 90% of the requirement for most individuals. Adequate Vitamin D levels are a must for bone health. Deficiency of Vitamin D has also been associated with autoimmune disorders such as Multiple Sclerosis, Lupus and Rheumatoid arthritis. It has been reported that people with inadequate exposure to sunlight and deficient Vitamin D levels such as those living at higher latitudes are at increased risk of dying from Hodgkin lymphoma, as well as breast, ovarian, colon, pancreatic, prostate, and other cancers, as compared to those living at lower latitudes. Some studies have also demonstrated association between low Vitamin D levels and poor cardiovascular health and increased risk of Diabetes.

### Potential hazards

In spite of innumerable benefits of sunlight exposure, it is important to point out that excessive exposure increases the risk of skin cancer; more commonly observed in residents of Australia and New Zealand.

### Recommendation

As multiple factors influence sunlight absorption, such as time of day, season, altitude and skin pigmentation, it is difficult to make universal recommendation regarding sun exposure. While some suggest exposure to the arms and legs for five to ten minutes, two or three times per week, may be beneficial for maintaining vitamin D sufficiency (though inadequate for treatment) while others recommend exposure for 3–15 minutes for whites and 15–30 minutes for blacks when the sun is highest in the sky, with 40% of the skin area exposed.



**Dr. Prashant Makhija**  
Consultant Neurology  
Wockhardt Hospitals, South Mumbai



## Mom...The Fighter

### Pregnancy with COVID-19

Since nearly 2 years we all have been fighting with COVID-19. In the second wave of COVID-19 many pregnant women were affected some had serious complications.

30 year old lady having her first pregnancy (7.5 months pregnancy) with COVID 19 infection presented with breathlessness. In spite of giving 12 liters of oxygen her Spo2 was remaining 88-89 only. Patient was from peripheral village of saurastra. After admission, Oxygen support with high Concentration mask, Remdesevir, steroids, Antibiotics, and Low molecular weight heparin and all other supportive treatment started. Up to this age patient had stayed in open farm and had never been admitted to a hospital, she was not used to lie down in hospital bed and was feeling imprisoned. She did not like to keep oxygen mask also. In spite of all efforts, her condition was worsening and she was kept on high flow nasal oxygen.

On seventh day, she suddenly removed oxygen mask and got out of bed and started running out of hospital as she wanted to go home. Due to this her oxygen level was dropped and she fell down in the lap of nursing staff. Due to drop in oxygen she was immediately intubated and was kept on ventilator. Day by day her condition was becoming critical. Her husband was explained about patient's condition. He replied that he had full confidence in the team of doctors and whatever best efforts possible to save her should be done.

A multidisciplinary team consisting Gynecologist, Critical Care specialists, anesthesiologist and Pediatrician decided in the best interested of patient to save her life for urgent Cesarean Section (LSCS). Baby boy was delivered and was sent to Neonatal ICU. Post LSCS, patient was sent to ICU with ventilator support. On second post-operative day patient was given 4 cycles of prone ventilation and supine ventilation. Patient's husband was explained regarding the condition.

After aggressive efforts of entire ICU team and God's grace, patient started getting improved. Ventilator was removed gradually and after nearly a month's stay in hospital, patient, her baby and relatives went home happily.



**Dr. Jigna Gantra**

Sr. OB-GY Consultant  
Wockhardt Hospital, Rajkot

## The Pandemic, a tragedy of history or a catastrophe turned into opportunity for the future

It's about the journey isn't it? What is relevant? Ask yourself about the profound fragility of life. We always have to put things in perspective, and that is what covid-19 has precisely done. Each day has taught us resilience and tenacity. A will to survive the odds. The cycle of never ending refinement thus began a year and a half ago. As Covid-19 pandemic continues to append people's life, the consumer demands have drastically changed. Health Care continues to face, the daunting challenge of anticipating the dynamic & unpredictable future across all brackets of treatment and landscapes. Although future of Covid-19 remains uncertain, we know this new reality will last for a while. As the pandemic lingers the consumer demands in all probability will continue to evolve in astonishing ways. Health Care needs a granular and a distinct approach to strategically and intelligently navigate the future.

Leading out of adversity, we learned that we require hybrid learning both in terms of technology and human ingenuity. An effective approach to change is imperative which would mean leveraging human diversity for resilience and new variations. Covid-19 made the nonmarket aspects of strategy, more prominent. The precarious part is distinguishing between crisis induced short-term changes and more permanent trends. Hospitals need to pivot from a crisis management mindset to a more inventive and imaginative one. The Pandemic is a powerful reminder that we live in a highly complex and unpredictable world. Healthcare industry's response to the current situation has required departure from conventional responses.

Myriad of challenges like managing the supply chain, adjusting workforce expansion, coping with financial losses, real-time redesign of case models for patients, protecting physical and mental health of frontline staff, right-sizing and redefining the workforce, accelerated and expanded use of Information Technology, activating Hospital Command Center, adaptations of laboratory, enhancement of storage, and availability of oxygen. We learned to communicate, collaborate and innovate.

To summarize in the war with coronavirus, there are two lines that battle side by side, those who are in the trenches confronting the enemy and those who prepare safe trenches for them meticulously countering the inconstant & uncertain world. We witnessed a unpredictable, publicprivate collaboration in various initiatives and therapeutic development. Healthcare is no longer synonymous with sick care, it is shifting from Health Care to Health & Well-being. We must integrate this into the design of our own services and delivery channels. One Legacy of the pandemic will be a renewed focus on collaboration across the healthcare ecosystem. Traditional boundaries have become more permeable or even obliterated, creating new businesses and funding models and novel combination of products and services. The current, prevailing crisis is a watershed point. Real-time innovation of practices across care continuum will be evidenced. Crisis breeds opportunity. We prioritized managing the sickness over general well-being and health, Covid-19 has laid bare this unpleasant reality. When the dust around covid-19 settles crisp & raw discussions will be needed. Covid-19 will act as a catalyst either by acceleration or policy amendment of our industry. Amalgamation of technology and healthcare will open new doors & broaden the horizons of health care. Public & Private organizations have worked in tandem to bring about a robust response in the last one year. If we sweat in peace, we don't bleed in war. Thrust outside of its comfort zone, Healthcare system is still baffling challenges. One quality imperative for all Health Care managers is flexibility. Antiquated and boxed nature of Healthcare Systems, has been laid bare. The pandemic has been a tragedy that has tested our resolve. Covid- 19 changed the prerogatives for leadership too. It is accelerating change & variation across the ecosystem. There are a number of foundational & essential shifts that we have been witnessed in healthcare delivery systems but the question is will it sustain. It is not the survival of the fittest, it's the survival of the person who's most adaptable to change. The same holds true for Healthcare too.



**Dr. Shobhana Nair**

Head Medical Administration  
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## Safeguarding human connect in technology oriented medicine

Dr. Amit and Dr. Parag had their clinics in the same neighborhood. Both were physicians, with the same qualifications, catering to the same patients. Yet, Dr. Amit could not help but notice the ever increasing queue of patients outside Dr. Parag's clinic. He would get done with his patients by 6 pm every evening, while Dr. Parag would sometimes continue till midnight. When he finally saw some of his own patients sitting outside Dr. Parag's clinic, he was bewildered and decided to ask one of his staff to pose as a patient and talk to the other patients. "Find out what is it that makes him different," he instructed the staff, "I do all the tests that he does. I keep separate Diabetes and Rheumatology clinics. I even conduct camps. I prescribe the same medicines. Then is he speaking badly about me? Has he reduced his consultation fees, what is it?" The boy came back that night after spending three hours outside Dr. Parag's clinic. "The patients say he is more approachable Sir," he hesitatingly informed Dr. Amit. "He charges the same fees, and there is no difference in your treatments, neither does he speak ill of you. He only takes time out to counsel every patient. He discusses treatment options and outcome with them, and the patients say you are not like that." Dr. Amit was speechless.

In the past, doctors in India were equivalent to God. Their word was final. They were never questioned or doubted. Today's doctors are struggling to be considered human, and are fighting for security at work places due to increasing violence and animosity towards them.

Rapid changes in health care delivery in the last few decades have strained the doctor-patient relationship. Patients may be doing better, but are feeling worse. While several factors have contributed to this, such as high level of corruption, unequal healthcare services, growth of health insurance, disproportionate doctorpopulation ratio, one of the major factors is technological advancements in medical science and the growth of information technology.

Technology has helped medicine progress by leaps and bounds. CT, MRI and PET scans have made diagnosis easier. Electron microscopy has deepened our understanding of disease pathology. Gene Xpert has made detection of rifampicin resistance easier and more economical. Monoclonal antibodies are life saving in autoimmune and malignant conditions. Robotic surgery has minimized blood loss and increased precision, providing faster recovery with minimal scarring. 3-D printing has been used to create implants and even joints, and now creation of artificial organs by bio-printing is an emerging technology. If successful, bioprinting can revolutionize transplant medicine and save millions of lives.

Patients and doctors can both receive medical reports online. Documentation and maintaining patient records has been simplified by software and has almost become paperless. The easy availability of genuine research articles through online databases like PubMed is of great help in practising Evidence based medicine for doctors.

Along with these developments, there has been a 162 times increase in the rate of internet access in India in past twenty years. A study showed that the number of health apps available online has doubled to more than 1 lakh. Phones are now inbuilt with heart rate and blood pressure sensors. Fitbits are used to track physical activity.

Where does the problem arise? The doctor-patient relationship is being harmed by the lack of communication and by the misuse of technology both by doctors and patients, rather than by technology itself.

The most important skill for a doctor, is the ability to communicate - to talk, listen, observe and develop understanding and insight. Doctors today are increasingly using a technology-driven approach, which distances them from the patient. Many times, technology is used as an escape from decision making, more tests leading to more anxieties in the patient.

When people believe that advanced medicine is life-saving, and are willing to pay more for quality treatment, they expect the best possible service and survival of their loved ones. But early and accurate detection and treatment does not guarantee complete cure. The lack of counselling from doctors and unrealistic expectations of patients leads to dissatisfaction and sometimes outbursts in the form of violence.

Also with increase in literacy, 'Blind trust' in doctors is replaced by 'informed trust'. Today patients and their relatives want shared decision making. Most people suffer from 'Cyberchondria', which means 'searching the web excessively for health care information'. Patients 'google' their symptoms and get their diagnosis, treatment, even prognosis. They re-confirm the doctor's diagnosis with online portals without questioning the authenticity of such websites. It is not uncommon for a patient with hemorrhoids to hold up his smartphone and challenge the doctor by saying, "This website says blood in stools could be colorectal cancer." Higher levels of information given by the doctor and greater time spent in discussing outcome and prognosis are beneficial in patient satisfaction. Unfortunately, many times doctors overlook this important aspect which is as important as treatment. This has resulted in rising number of negligence cases in Consumer protection courts.

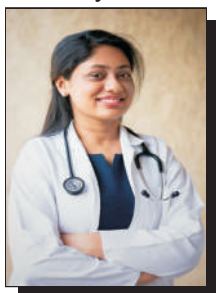
How do we as doctors, cope with this ever-expanding sea of information and advancement, where doctors are expected to 'know everything'? How do we safeguard that human connect with our patients?

Trust is the foundation of any successful relationship. Prior to the technological boom, doctors focussed on history, clinical examination and building the trust of their patients. Even today, there are patients who are faithful to 'older generation' doctors, because of the time they invest in them. As doctors, we must remember the sociology and psychology of our patients and their relatives. In spite of all advancements, our roots stay the same. Technology is meant to ENHANCE us, not REPLACE us. Investigations and technology cannot replace empathy, communication and clinical examination.

We must win and maintain the confidence of our patients, and see technology not as a nuisance but rather as an opportunity to enlighten them further about their illness, and counsel them that authenticity matters when they read medical information online. We must try our best to show them what technology can and cannot do - its risks, benefits and costs - so that their expectations may become more reasonable and they can make informed decisions. We should also not shy away from admitting to them if necessary that we do not have answers to everything. Adequate counselling, honesty and concern can go a long way in enabling a patient to have faith in his healer.

Along with staying updated with technology, emphasis should also be laid on the importance of counselling and communication in the medical undergraduate and postgraduate curriculum.

William Osler has rightly said, "The good physician treats the disease; the great physician treats the patient who has the disease." Let us remember that medicine is not just a science but also an art, and it is the practice of this art that can only be achieved by a doctor and never by technology.



**Dr. Amanda Pereira**

DNB (General Medicine)  
Wockhardt Hospitals, South Mumbai

### **A curious case of COVID 19**

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A 44yrs old male patient was admitted with a history of fever, cough, dyspnoea NYHA Class IV, shifted on non invasive ventilator(NIV) from another hospital to Wockhardt Hospitals, Nasik.

Patient was admitted in outside hospital for 15 days where he was diagnosed as Covid Pneumonia with Mild to Moderate breathing difficulties. Patient was given Inj.Remdesivir (5 Doses) & Inj.Tocilizumab (2 Doses). He gradually had increased tachypnea and needed NIV support.General condition deteriorated hence he was shifted to Wockhardt Hospital Nasik for further management. Primary treatment started with all relevant labrotary and radiological investigations.Patient shifted to Covid Isolation ICU, NIV support continued. Chest CT Scan findings showed Multifocal groundglass opacities with interlobular and intralobular septal thickening with crazy paving appearance are seen in bilateral lungs, with peripheral predominance and CT Severity score was 25/25 . Moderate Pneumomediastinum(abnormal presence of air) is seen.Patient had neutrophilic leukocytosis and had Raised Inflammatory Markers.

Due to severe ARDS with Pneumomediastinum, with persistant hypoxia & shock, Patient's relatives were counselled about the critical condition of the patient. Patient, being a FDA Officer, the FDA authorities wanted to shift the patient to Mumbai, but he was too critical to shift.

Treatment started with broad spectrum Antibiotics, and other supportive therapies like Steroids, LMWH, judicious iv fluids. In the view of suspicious Pneumocystis Jirovecii Pneumonia, patient was started on Inj Klotrim. Patient had persistent hypoxia with respiratory distress hence electively intubated on 16/8/2020 and put on ventilatory support. Emergency tracheostomy was done in the view of pneumomediastinum and long standing ventilation, inotrops(heart medicines) started and patient sedated and paralysed. Patient had persistent desaturation and hypoxia hence was put in position prone after securing arterial and central line and receiving sedation and paralysis with meticulous tracheostomy care. Patient received 2 cycles of extended proning and three doses plasma.

Prone ventilation & convalescent Plasma therapy were instrumental to reverse the disease progression. His general condition improved gradually and hypoxia corrected, Inotrops tapered down gradually and stopped. weaning trial started after stopping sedation. Patient tolerated cpap trial and gradually moved on T piece trial. HRCT was done 24/8/2020 ct- severity score was 25/25. After 2 days on 27/8/2020 patient was concious, well oriented, no respiratory distress, maintaining oxygen level, hence de-cannulated, observed for 24 hours oral liquids started and shifted to ward on nasal oxygen. After passing 6 min walk test patient was discharged home on room air. Due to organised team effort, prone ventilation, timely decision making and Dedicated patient care, we could salvage such critical patient.The team was very happy to see their patient going home walking.



**Dr Anirban Bandopadhyay**

Consultant Pulmonologist  
Wockhardt Hospitals, Nashik



## Woman beats covid, delivers premature baby mother... A true warrior always

35 years female, a resident of Mira Road, with 7 months of pregnancy, was referred to Wockhardt

Hospital as she complained of fever for 2 days, which was followed by a relatively asymptomatic phase of probable corona infection for the patient. After 5 days, the patient started feeling breathless. This was followed by desaturation.

A CT scan performed at a private hospital showed 70-80% of lung involvement. On further tests, she tested Covid positive. Since she was very breathless and was not maintaining saturation with high flow oxygen of 15 liters per minute, she was shifted to the hospital for further management.

Dr Bipin Jibhkate, Consultant and Head Critical Care Medicine, Wockhardt Hospital, said, "On admission the patient was having low oxygen level, so she was admitted to the ICU and started on HFNC (high flow nasal cannula). There were multiple challenges in managing this patient in ICU as her immunity was low, her physiological needs were different."

Dr Jibhkate pointed out that pregnant women have a higher tendency for clotting, their abdominal pressures are high, their carbon dioxide levels are low, they have a higher tendency to vomit, and they are carrying a baby in their tummy.

"In such a situation, if their oxygen level is not maintaining, the options are very limited. Considering all these things, initially HFNC was tried but she could not maintain her oxygenation even with the highest settings of HFNC. So, patient was intubated and put on ventilator.

Initially on ventilator, she was requiring very high oxygen and pressure support, even with that, the patient's oxygen level was low. In such a situation, generally, normal patients are managed in prone position ventilation, but due to pregnancy that was not possible with this patient, so we decided to put her in right lateral position.

Along with this, she was started on standard treatment of Covid, like anti-viral, antibiotics, steroids, and anticoagulation. She also had decreased urine output, alternate hypotension and hypertension, very high heart rate of around 150/minute.

"Slowly, she responded to the treatment and her ventilator requirement went down. But even after 7 days of ventilation, she was requiring a significant level of the ventilator and, hence, it was decided to perform tracheostomy. Percutaneous tracheostomy was performed by ICU team. We, at this stage also, repeated her Covid test, which turned out to be negative.

Dr Mangala Patil, Consultant Obstetrician, Wockhardt Hospital, said: "Considering that the patient was having tracheostomy, still requiring a small amount of oxygen, had higher chances of clot forming which may go into lungs during operation and cause life-threatening condition to the patient, as well as anaesthesia related complications, it was decided that labour should be conducted in ICU in the supervision of Intensivists and neonatologists."

Ultimately labour was conducted successfully and both mother and baby were fine after that.

Doctors at Wockhardt hospital, Mumbai, not only managed to save the life of a serious Covid positive pregnant woman, but also helped her deliver a premature baby by performing lifesaving procedures, including emergency labor in ICU. Fortunately, both the mother and the baby are doing well and have been discharged after spending 21 days in ICU, including 14 days on the ventilator.



**Dr. Bipin Jibhkate**

Intensivist  
Wockhardt Hospitals, North Mumbai

## “Getting it right”- timing in COVID 19

The two years working in the covid 19 intensive care unit and the wards have been really testing our mettle as doctors and frontline workers. The fight still continues with a ray of hope that the cases in Mumbai and Maharashtra which has borne the maximum brunt of covid 19 are on the decline.

This is a once in a life time experience for most of us and a great opportunity as doctors and healthcare workers to serve the community at large. Looking back I really have no regrets of opting to become a doctor despite of the difficult times in today's world of doctor bashing and abuse being on the rise. Perhaps the lay public also has learnt a lesson in this pandemic that the biggest wealth which all of us have is health. Hence the need to lead healthy lifestyles and invest in medical and life insurance policies too which we as Indian always consider as a nonpriority.

I hope that this decline in the cases continues in the same vein and we experience a relatively covid free 2021. Also let's hope for getting a viable vaccine which will give us a better protection against this deadly and novel virus which has created a havoc all across the world.

We have become wiser in combating this virus and now have better knowledge of its pathophysiology and course of illness currently we have a better understanding of which therapies work and which don't but it's still work in progress as is in any novel illness. But right timing of the right therapy for the right patient. The analogy of the timing can be compared to timing a stroke in cricket, you can lose a wicket and finally the match if the timing goes wrong!

### Let's discuss the timing part in COVID 19.

Lockdown: The timing according to me was apt since it gave our resource poor country time to get our infrastructure in place till we got better medications and protocols to combat covid 19. Contrary to what the critics say the lockdown helped us to flattening the curve but also to prevent unprecedented death toll considering the sheer population and the population density in our metros and the entire country.

### Testing

Early testing in form of covid 19 rtPCR using nasopharyngeal and oropharyngeal swab which is the gold standard is to be followed failing which diagnosis and effective treatment is delayed which in turn increases the mortality and the transmission of the disease. Testing, tracing, isolation and effectively treating the infected is the only way to curb the epidemic.

One should not delay the testing due to the fear of isolation by the municipal authorities or residential societies. Also hrct ct chest is not a substitute for the rtPCR test which is still the gold standard of diagnosis.

### Antivirals

Currently we have two repurposed antivirals traditionally licensed for resistant flu, namely favipiravir and remdesivir. Favipiravir is a weak oral antiviral which may show best results when used early within the first 3 to 5 days from the onset of symptoms. Similarly remdesivir which has to be given intravenously is to use in the first 8 days for best results. Both these antivirals do not have a robust evidence of

Mortality benefit backing them but remdesivir has shown some promise despite of the WHO solidarity trial results showing no benefit at all.

Around 85 percent of patients have a mild disease which is self-limiting but the remaining 15 percent have moderate to severe symptoms and may require hospitalization.

If this is delayed then the mortality increases. So timely hospitalization and treatment is the key to reduce the mortality. Ominous symptoms like breathlessness and drop in oxygen saturation on a 6 minutes' walk test may need ICU admission.

### Take home message

There is no magic bullet or a wonder drug for covid 19. This is still a highly infectious virus involving multiple organs out of which the lung is primarily involved.

The vaccine still not being a reality early and prompt diagnosis and treatment is the key to reduce mortality. Testing, tracing, treating and isolating the affected is the key to control the pandemic.

Best supportive care and timing each therapy at the right time is the key to success. Also do not forget to follow the principle of 'DO NO HARM' while treating each and every patient. It's the duty of every Indian citizen to follow the norms of social distancing, wearing mask in public places, following respiratory etiquettes and hand hygiene at all the times to protect themselves and the others from contracting and transmitting this deadly virus.

Being an optimist I sincerely feel that if we as responsible citizens follow the above norms we will definitely overcome this virus soon.



#### **Dr Kedar Toraskar**

Director critical care,  
Wockhardt Hospitals, South Mumbai,  
Member of Maharashtra task force for COVID 19



**Dr Kedar Toraskar** Felicitated by the governor for his work during COVID 19  
He is a member of the Maharashtra COVID task force  
which has played a pivotal role in recommending  
strategies both curative and preventive to tackle the COVID pandemic



## Very senior citizens recovering sucessfully

Since the end of December 2019, an acute pneumonia identified as COVID-19 has becoming a global epidemic. Elderly patients are at high risk of COVID-19 and have a high mortality rate due to their decreased immunity, some HCOs even began to adopt strategies that abandon treatment for elder patients since the limited medical resources. At Wockhardt Hospitals south Mumbai, we successfully treated and cured many such cases of patients over 90 years. Some of the below are pictorial testimonies





## World International Nurses Day celebration at Wockhardt Group Hospitals – 12th May 2021

Wockhardt group hospitals celebrated International Nurse Day on 12th May 2021, Dr Clive Fernandes, Group Clinical Director, Wockhardt Group Hospitals and Mr. Amiya Kumar Sahoo, Associate Vice President – Human Resource, 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 and 10 years of association with wockhardt hospitals were felicitated at their individual units by their respective centre heads



**Inauguration**

**Lighting the Lamp**



**Felicitations of nurses who completed 5 yrs & 10 yrs with gold coin.**



Vidya Dhanvijay



Vandana Lokhande



Vaishali Patil



Uttara Sahare



Surekha Shelare



Chhaya Chaudhari



Surekha Shekhar



Surekha Shekhar



Sivly Varughese



Shruti Kashyap



Shanghai Tiwari



Chhaya Bangare



Shalini Khobragade



Savita Chedge



Amrita Gajbhiya



Sangeeta Gadekar



Reena Biswas



Anu John



Pratibha Meshram



Nisha Paulose



Monica Rao



Maria Francis



Jayashree Wankar



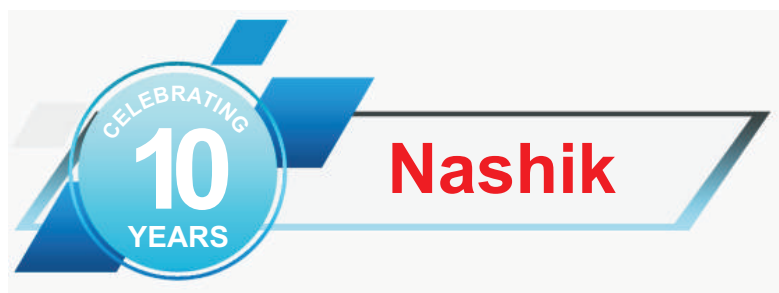
Ashwini Taksande



- Shiny Abraham
- Sheetal Meshram
- Sapna Bagde
- Firoj Khan
- Prajakta Wankhede
- Sunita Samraj Devenpelli

- Kumbhar Santosh Veerappa
- Aarti Rajendra Tayade
- Karishma Rajesh Diwate
- Silviya Manual
- Shalini Meshram

- Pravin Ingle
- Priya Mendhe
- Surekha Dhenge
- Madhuri Bais
- Monika Anand Nikhade
- Pooja Wasnik



**Veena Tavakari**



**Tarachand Shelake**



**Ranjana Pagare**



**Uttara Sahare**



**Prashant Upalekar**



**Kalpana Shinde**



**Jyoti Palande**



**Jaya Salve**



**Cigi Mathew**



**Archana Shrisundar**



**Chitra Sharma**



**Chandrakala Londhe**



**Leena Palande**



- Mayur Sawant
- Mahesh Pagar
- Archana Shelke
- Savita Pagar
- Yogita Pawar
- Ashwini Aher
- Varsha Khedkar
- Kirti Hudlikar
- Nayana Suresh Baviskar
- Leena Chitte
- Harsha Gire





Vibhuti Vadher



Trupti Makwana



Sunita Parmar



Sumati Ambalam



Suma SG



Shital Bagthaliya



Sheeja Varghese



Premila Chavda



Pinal Thummar



Philomina PG



Omna James



Nitin Vadaliya



Nayana Ajani



Namrta Khristi



Mariyamma Monachan



Madhu Gosai



Lizy Biju



Laly Jacob



Kishor Vaghela



Jessy Samuel



Janak Dhamecha



Hasmukhgiri Gosai



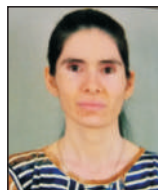
Harsha Hirpara



Geeta Sagathiya



Bhanu Vaghela



Bhavna Dangar



Arti Muleshiya



- Veerbhadra Yadav
- Kavita Titiya
- Dipali Hirani

- Anita Chandani
- Ashok Mahawar
- Mahaveer Choudhary

- Umashankar
- Rupal Joshi
- Rahul Bhatt





Sumesh K A



Dr. Elizabeth Joseph



- Usha Govil
- Vasthrawathy Retnamony
- Suresh Parama Arul
- Clera Menezes
- Sheena Binu
- Shubhangi Tawde
- Arjun Holikatti
- Shilpa Sawant
- Laila Johnson
- Sanjo Augustine
- Shilpa Vikas Gaikwad
- Syamala
- Shandy Muraleedharan Nair
- Sheebamol A Kuttappan
- Reeba Abraham
- Betsy Abraham
- Sheena Jose
- Ansamma Joseph
- Kumari Manoharan
- Samiksha Garate
- Binu Aji Thomas
- Nikila S
- Saramma Mathew



- Sangeeta Pandey
- Lissy Thomas
- Jyoti Belhekar
- Julie Philipose
- Vinita sakpal
- Netra Sakpal
- Jascinta Rodrigues
- Sunitha Dias
- Ligimol Biju
- Shainy Ruby
- Theresa D'Silva
- Swapna John
- Lilly dexter
- Vaishali Ranpise
- Sindhu Thomas
- Lissymol Saji
- Reshma Gaurea
- Sini Mathew
- Jyothi
- Sindhumol Rajesh
- Athira Krishnan
- Priti Sawant
- Minal Jagtap
- Prachi Vengurlekar
- Rachita Raybabu
- Priyanka Talkar
- Brinal Garea
- Shabana Ahmed
- Lini Joseph
- Remya VM

## Facet cyst story

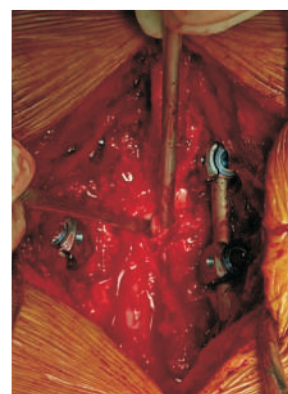
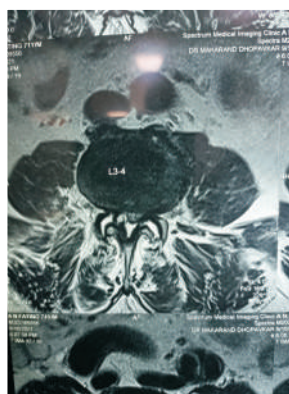
Human spine is a complex structure which helps in posture, locomotion and protection of the nerves. With ageing the degenerative conditions of the spine are on increasing trend now a days.

A 72 years retired professor, presented to us with back pain and leg pain. He also had numbness in he legs. The feeling of numbness and heaviness in the legs increases as he started to walk or stands for 5 minutes. He was feeling his legs were becoming weak and weak after a small walk of 5 7 minutes after that he has to sit down compulsorily. According to Dr Priyesh Dhoke this condition is known as Neurological claudication. Where there is severe compression of the nerves in the spinal canal. It is quite disabling to active individual as he cannot walk or stand erect for more than 5 minutes.

MRI was done reported by radiologist as a degenerative condition. He had multiple consultations in the city and his symptoms were attributed to his age. The disability was increasing and he was confined to bed as he cannot walk or stand. After carefully examining him and his MRI scan it shows the features of Cyst(fluid filled swelling) of the joint in his lumbar spine. This is a rare condition where the synovial swelling arises in the facet joint and compress the spinal nerves to cause the pain, numbness or weakness in the legs, sometimes it is also associated with paralysis in the legs and difficulty with urine and passing stools. We did the special bending x-rays which showed that his spinal bones were slipping one over another. This condition of facet cyst with leg weakness needs surgery.

Successful surgery was done, a huge cyst was removed and sent for histopathology biopsy for confirmation, and the pressure over the spinal nerves was removed. Patient started walking the very next day. He was able to walk without pain confidently for long distance who was bound to bed few days back and was feeling helpless. His life and confidence has dramatically changes. I still remember his happy face which tells the whole story of our success.

Dr Priyesh Dhoke explains the success of any surgery is the perfect diagnosis. In the above case the MRI reports don't mention about the facet joint cyst but as a treating doctor I myself see the MRI films in great details. For successful surgery preoperative planning and advance infrastructure is required like advance anesthesia care, high end operation microscope, special drilling instruments and good post-operative care. Here at Wockhardt Hospital we are equipped with most advance surgical care facilities which are comparable with the best centers in the world. We are delivering the best results consistently for years and striving hard day and night to bring that smile back on our patient's faces.



**Dr. Priyesh Dhoke**  
Consultant Spine Surgery,  
Wockhardt Hospitals, Nagpur

## A giant arachnoid cyst masquerading as a brain stroke - A team work

A 80 year old lady presented to Wockhardt hospital North Mumbai with right sided hemiparesis, facial deviation and aphasia. She had a history of frequent falls and multiple fractures due to imbalance while walking. An initial MRI brain done presuming to be an ischemic stroke suggested otherwise. Detailed imaging revealed a giant arachnoid cyst (7.5 cm x 6 cm x 5.5 cm) in the left middle cranial fossa causing significant compression of the left frontal and temporal lobes and midline shift. She had also sustained left sided intertrochanteric fracture due to the fall. In view of the progressively deteriorating neurology and the advanced age of the lady, she was taken up for Neurosurgery under high risk consent in the form of a small left sided frontotemporal craniotomy with fenestration of the arachnoid cyst and excision of cyst wall. She also underwent IT fracture fixation using intramedullary nail in the same setting. Post operatively the patient made a remarkable recovery with complete resolution of her hemiparesis and return of normal speech and comprehension.

**General information-** Arachnoid cysts are benign CSF filled sacs occurring between the brain and the arachnoid. Secondary arachnoid cysts may be caused by trauma, infections like meningitis or may develop after a brain surgery. Symptomatic arachnoid cysts require surgical intervention to mitigate the compressive effects of the cysts.



**Dr Girish Bhalerao**  
Consultant Orthopaedic,  
Wockhardt Hospitals  
Mira Road, Mumbai



**Dr Ashwin Borkar,**  
Neurosurgery  
Wockhardt Hospitals  
Mira Road, Mumbai



**Dr. Vinod Rambal**  
Neurosurgery  
Wockhardt Hospitals  
Mira Road, Mumbai

## A panacea for refractory trigeminal neuralgia microvascular decompression (MVD)

A 31 year young lady presented with a 5 year history of left sided lancinating, electric shock like facial pain. She was diagnosed with trigeminal neuralgia since the past 5 years and was started on medical treatment. This included the usual carbamazepine and other drugs for neuropathic pain. Over the period of 5 years her symptoms worsened, drug dosage and frequency steadily increased till she became refractory to medical management. As she was desirous of pregnancy, she wanted to stop carbamazepine due to its association with increased congenital malformations. She approached Wockhardt hospital North Mumbai for neurosurgical intervention. MRI Trigeminal FIESTA sequence was used to demonstrate the vascular conflict- a loop of superior cerebellar artery was causing vascular compression of trigeminal nerve on the left side explaining the cause for her symptoms. The lady underwent left sided MVD of trigeminal nerve. She improved symptomatically and became pain free despite stopping all her pain medications after the surgery.

**General information-** MVD is a minimally invasive surgery that involves using a small retromastoid craniotomy, gentle cerebellar retraction to assess the trigeminal cistern. Under microscopic guidance the offending vascular loop was separated from the trigeminal nerve and isolated by inserting Teflon pellets between the two. Success rate of the surgery is 95% to 97% with the advantage of preventing facial numbness which is common in ablative procedures.



**Dr. Ashwin Borkar,**  
Neurosurgery  
Wockhardt Hospitals  
North Mumbai

## Faith gained again @ Wockhardt

52 year old gentleman from Botswana had suffered from a high velocity road traffic accident in his home country in December 2008 whilst travelling on holiday with his family. He suffered severe personal loss with the passing away of his 13 year daughter along with severe fracture of neck (cervical spine) of his elder son. The patient himself suffered multiple fractures as following - 5 spinal vertebrae fracture, right pelvis shattered fracture, right proximal femur fracture involving hip joint, right proximal tibial fracture, with left humerus shaft fracture and abdominal injury damaging his Liver.

For more than 10 years the patient progressed from being bedridden to wheelchair-bound and shortening of his right lower limb to 4 inches with the limping gait. He developed severe osteoarthritis of right hip with shortening and limping gait. His case was deferred from various centers at Johannesburg, Dubai and other centers. Finally, choosing Dr. Girish Bhalerao he came to India on Christmas eve of 2019 and wanted to get operated immediately due to his long suffering.

After initial assessment in the form of history taking and clinical examination it was found that he had his right lower limb shorter than left by 4 inches and the hip joint was not only in severe arthritis but also had lost range of motion in all its aspects. Various radiological examination were done in the form of CT scans, MRI and X-rays for accurate diagnosis of, clinical correlation and forming a precise plan for hip replacement. His hip and proximal femur had undergone multiple operations to treat the fracture and arthritis causing fibrosis and stiffness. Also, deformed pelvis posed a challenge for selecting appropriate surgical technique and approach.

With a very meticulous planning and templating, the surgery of Total Hip Replacement was executed with special customized implants and customized instrumentation to recreate the bony landmarks and giving him a stable hip joint. This surgery also enabled him to regain his length for right lower limb. He was made to stand and work immediately the next day of surgery and went home walking within a week.

After suffering from more than a decade of pain losing faith in medical practice and with very restricted lifestyle, today the patient is actively involved in various NGO activities in his country with organizing various expedition activities (Team Uhurupeak Expedition) like trekking to Mount Kilimanjaro. Life Wins...



**Dr. Girish Bhalerao**

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

## Mucormycosis: The new dreaded infection in covid life resumed!!

Successfully performed a surgery for Mucormycosis on a 60 year old Post-COVID woman to save her eyes.

The patient has been discharged from the hospital and has resumed her daily routine.

A 60 year old housewife, was jolted out of her normal routine after contracting COVID infection. The patient was admitted to the hospital for COVID treatment due to excessive use of steroids. Soon, the patient noticed symptoms such as intolerable headaches and blackish nasal discharge, nasal congestion, and swelling of the left eye. She consulted various hospitals in Mumbai but nothing seemed to provide her that much-needed relief. The patient was referred to Wockhardt Hospitals, Mira Road wherein she was given timely treatment.

Dr. Chandraveer highlighted, "On arrival in the emergency after 2 days the lady exhibited the symptoms such as blackish nasal discharge, nasal congestion, headache, and swelling of the eyes. By KOH mounting frozen section and MRI was confirmed that it is Mucormycosis. Mucormycosis or black fungus is a rare infection that occurs after exposure to Mucormycetes mold. It affects paranasal sinuses, base of skull, eyes, lungs, and brain, and is common in people suffering or recovering from COVID-19 due to excessive use of steroids. This black fungus is seen in those with low immunity, irrational use of steroids, having high diabetes and other comorbidities, using dusty humidifiers, having prolonged hospital stay, and ones on medication that lowers their ability to fight germs and viruses. Her infection had invaded the nose, base of the skull, eyes, and could have led to blindness, loss of body tissue, and damaged to the other vital organs of her body. Hence, the patient was scheduled to undergo surgery as soon as possible".

Dr. Chandraveer added, "The surgery involved removing the engulfing tissue where the cribriform plate of base of the skull was removed and orbit medial wall was removed to remove the edema of eye. Mucormycosis from all sinuses and base of skull and medial wall of eye removed. The Mucormycosis was removed with debris tissue in 2 hours. The patient has been discharged and is united with her family now. The follow-up in order with DNE (Diagnostic Nasal Endoscopy) every week till 3 months. To prevent this life-threatening infection, wear a clean and dry mask when you visit any dusty construction site. Wear gloves, maintain good personal hygiene and scrub yourself while bathing, control your blood sugar levels". Life Wins....



**Dr. Chandraveer Singh**

Consultant Otorhinolaryngologist  
Wockhardt Hospitals, North Mumbai



## A rare appendix cancer

A 62-year-old man successfully underwent a Radical Right Hemicolectomy with Right Paracolic Peritonectomy to remove the right half of the colon and lymph node along with the right paracolic peritoneum. Right paracolic peritoneum is a layer of the sheet which covers all organs in the abdomen as well as the abdominal wall. This particular layer was involved due to appendix cancer which was ruptured and got adherent to this, as he was suffering from appendicular cancer. It is extremely rare to have appendix cancer in appendectomy specimen (Incidence is 0.1 – 0.2 %). Only 0.1 % incidence in the world reported to date. Thus, it is important in cancer, to give adequate and timely treatment for a better outcome.

Life was beautiful, until a 62-year-old retired gentleman from self-employed business encountered abdominal pain and vomiting, and presented to the emergency department of Wockhardt hospital. A CT scan done on an immediate basis revealed that there is a perforated Appendix with mass formation. Knowing this as a surgical emergency, Dr. Imran Shaikh performed laparoscopic surgery on the patient. The appendix was removed and the infection was drained. The patient recovered in 3 days and was discharged.

Dr. Imran Shaikh, said, “After 7 days when the patient’s appendix histopathology report came, it showed a mucinous type of cancer. Appendix cancer, also known as *appendiceal cancer* is a type of cancer that grows in the appendix. The appendix can be described as a pouch-like tube that is attached to the cecum, which is the first section of the large intestine or colon. (Less than 1 %) have it, and considering its type and acute presentation it is a rarest rare case. This patient has a mucinous type of tumor and it has got a bad prognosis as compared to other types of appendicular tumors. There is no definitive cause for appendicular cancer but chronic recurrent infections of the appendix can be predisposing for such condition. There is no way this type of cancer diagnosed before surgery and mostly they see on the pathology report. That’s the exact reason we send all organs after surgery for testing so as to diagnose such rare scenarios.

Dr. Shaikh added, “This patient had to undergo Radical Right Hemicolectomy with Right Paracolic Peritonectomy includes removal of the right half of the colon and lymph nodes. Because appendix was perforated and the lump was adherent to the right parietal wall of the abdomen it was necessary to add Right Paracolic Peritonectomy. The surgery took around 3 hours and 30 minutes and minimal blood loss. The patient recovered well and discharged after 7 days. This time his pathology reported being early-stage cancer with no residual disease. After surgery within two weeks, the patient went back to his original life and restarted his daily activity. This was the first case in this hospital in the last more than 5 years. Surgery was performed during COVID 19 pandemic time and his pre-op COVID 19 test was negative. We do take a lot of measures to avoid COVID infection to patients and healthcare workers like doing first emergency surgery with all PPEs in dedicated COVID OT and also managed his first three days of hospitalization in isolation wards which are equipped to take care and avoid spreading COVID infection. We also did a preop COVID 19 test before the second major surgery. We also avoided laparoscopic surgery for the second time in view increase in corona infection with the use of laparoscopy. The patient was followed after 14 days for suture removal. His wound healed well. He was advised dietary modifications. Medical oncologist opinion was taken and suggested 6 monthly follow up. The patient is fine and doing well. Life Wins



**Dr. Imran Shaikh,**  
Consultant GI HPB and GI Oncosurgeon,  
Wockhardt Hospitals, North Mumbai

## A New lease of life!!!

31 year's old man with heart pumping of merely 20% successfully underwent complex emergency surgery at Wockhardt Hospital during lock down

Wockhardt Hospital gave a new lease of life to a patient who was in acute heart failure with heart pumping of 20%. The patient has diagnosed with acute type A aortic dissection, there was an intimal tear in the largest blood vessel arising from the heart (aorta), and that supplies blood to all the vital organs. He underwent a complex surgery, amid lockdown, and soon, will resume his daily activities.

A resident of Boisar, Palghar District, Maharashtra, who runs a travel agency, suddenly encountered shortness of breath and chest pain. He fainted and was brought to Wockhardt Hospital, on a ventilator, in the middle of the night. The patient presented with acute onset chest pain similar to a heart attack, low blood pressure, and was critical. He was in heart failure with heart pumping of barely 20-25%. He underwent an echocardiogram and CT scan that revealed he had acute type an aortic dissection.

**Dr. Upendra Bhalerao, Cardiovascular and Thoracic Surgeon at Wockhardt Hospital, Mira Road, highlighted,** "Acute type Aortic dissection is a rarely occurring aortic pathology in young individuals. This suggests that there is an intimal tear in the largest blood vessel (Aorta) which arises from the heart and supplies blood to all the vital organs including the brain, intestine, kidneys, and limbs. Due to the tear in the aorta, all the vital organs are at risk of malperfusion and there is a high risk of sudden death due to bleeding in the chest following rupture of the aorta. Acute aortic dissection without treatment has a mortality of 95-98%. Hence, the patient was scheduled for emergency aortic valve replacement and aortic root replacement surgery immediately

**Dr. Bhalerao added,** "This is a complex heart operation wherein the heart valve and the big blood vessel called ascending aorta is changed with an artificial valve and artificial blood vessels respectively. During the surgery all the torn diseased part of the aorta and the aortic valve was removed and replaced with artificial ones. As the normal circulation to the coronaries and all the organs are established the heart function subsequently improves. The surgery lasted for 10 hours, and the patient had a critical post-operative course. After 10 days of stay in the ICU and normal ward, the patient recovered completely and was discharged on the 14th day. And soon, he will resume his daily activities. At he follows up his heart pumping is 45-50% and all other parameters are near normal

"During the lockdown, I suddenly encountered chest pain at night and was admitted to Wockhardt Hospital, Mira Road, because of the tear in my blood vessel, and I fainted too. My family was worried as my condition had worsened and become fatal. But I was fortunate to get timely treatment at the hospital, and I thank all the doctors for saving my life," **said patient** "

In the time of coronavirus pandemic, whensuch patient is brought to the hospital, we do not know the infective status, contact history, or exposure of the patient. Emergency cardiac surgery cannot be postponed and needs to be done accepting the risk to the treating team and taking due precautions. Saving the life of such a patient is the primary aim," **concluded Dr. Bhalerao.**



**Dr. Upendra Bhalerao**  
Consultant Cardiovascular Thoracic &  
Heart Transplantation Surgeon  
Wockhardt Hospitals  
North Mumbai

## Gets life as per plan!

In a challenging Mechanical thrombectomy carried out on 3rd March 2021, a team headed by Dr. Pavan Pai, Consultant Neurology and Neurointerventions at Wockhardt Hospitals, Mira Road not only salvaged a 52 year man with Basilar artery stent thrombosis from a fatal stroke but also helped him resume his normal life.

A 52 year old man had undergone Basilar artery stenting on 26th Feb 2021 after right pontine stroke at another hospital. On 3rd March he presented to us with loss of consciousness and quadriparesis. Patient was on dual antiplatelets Aspirin and Clopidogrel. On arrival to ER GCS was 6. He was electively intubated. On CT angiography there was no evidence of haemorrhage and the Basilar artery stent was patent. MRI brain did not show any acute infarct. As there was no other metabolic cause which could explain his clinical presentation, he was taken up for Mechanical thrombectomy with a suspicion of stent thrombosis. His Cerebral DSA showed mid basilar stent thrombosis with complete occlusion. Initially aspiration was tried with ACE68 aspiration device. But there was restenosis. Hence Mechanical thrombectomy was performed with 6 x 30 Solitaire stent retriever resulting in TIC1 3 (complete) recanalisation after first pass, but the stent was getting reoccluded by thrombus. Hence after second pass recanalisation, Inj. Tirofiban 10 mg bolus followed by infusion at 8ml. per hour was started. Subsequent check shoots for thirty minutes confirmed stent patency. Clopidogrel resistance was suspected hence switched over to Ticagrelor. Check DSA performed next day confirmed stent patency with excellent flow in vertebrobasilar tree. However from next day patient regained consciousness and had residual dysarthria, left side weakness with dysphagia. There was left vocal cord palsy. Subsequent MRI brain showed multiple small infarcts in posterior circulation. With limb physiotherapy, swallow and speech therapy patient improved over last 3 months and was in a position to take charge of his daughter's wedding as per his original plan. Life Wins....



### Dr. Pavan Pai

Consultant Neurology and Neurointerventions  
Wockhardt Hospitals, North Mumbai

## Right diagnosis and timely intervention saves an 11 year old vision!!

11-year-old girl, was leading a normal life until there was swelling at the nape of her neck and fever for 1 week. The patient found it difficult to focus during online classes and couldn't do her homework properly. She avoided attending online classes due to her deteriorating health problems. Her family panicked and she was referred to Wockhardt Hospitals, Mira Road wherein she received prompt treatment.

Dr. Ankit Gupta, highlighted, "On arrival in the emergency, the patient complained of persistent neck pain and fever. Her COVID IgG antibody test turned out to be positive as her mother had contacted COVID infection a month back. Once admitted, she also started complaining of blurring of vision and double vision, her vision had decreased to 2/60 with glasses. Her MRI revealed signal changes in the nerves of the eyes and the ocular muscles that control the movement of the eyes. She had developed optic neuritis secondary to MIS-C. This was a very rare presentation of the Multisystem Inflammatory Syndrome in children (MIS-C) associated with COVID-19."

Multisystem Inflammatory Syndrome in Children (MIS-C) is a rare immune mediated post-Covid complication seen in children, and they may exhibit the symptoms after 2 to 6 weeks of contacting the infection. It has multiorgan involvement of heart lungs, blood vessels, digestive tract, and brain. The classic symptoms of MIS are fever, neck pain, rash, fatigue, abdominal pain, and breathing problems. But, loss of the vision is a rare symptom that was seen in this patient. The exact cause of this syndrome is not known but an excessive immune response associated with Covid-19 may raise one's risk of suffering from this syndrome.

Dr. Gupta said, "She responded well to IVIG and steroids, and her premonitory vision was restored. The patient improved owing to careful monitoring and prompt management but will need long-term follow-up. Her vision she was discharged. It is essential to make parents aware of this condition so that the right treatment can be given to the children. Right Diagnosis at right time have avoided permanent loss of vision...Life Wins



### Dr. Ankit Gupta

Consultant Lead Paediatric Critical Care Medicine,  
Wockhardt Hospitals, North Mumbai

A team headed by Dr. Ankit Gupta saved the vision of a 11-year-old girl suffering from the Multisystem Inflammatory Syndrome in children (MIS-C), a rare but serious complication linked with COVID-19 in children. This condition makes children ill with signs of inflammation and the internal organs like the heart, lungs, kidneys, and intestines get affected.

## Carotid stenting in a covid 19 patient with rapidly Progressive symptomatic carotid stenosis

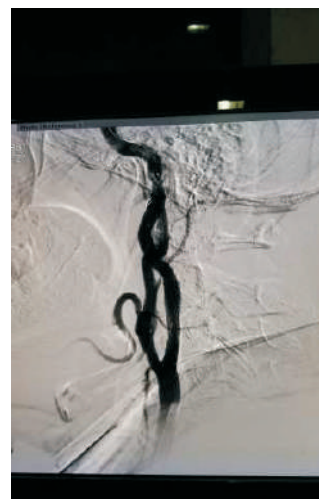
A 65 years old lady with DM and HTN presented on 18th Dec 2020 with recurrent Rt MCA territory TIA's (Small stroke like attacks) since 15 days. On 18th Dec morning she had speaking difficulties and mild left hemiparesis since 7 am and by the time she presented to ER at 2 pm there was complete resolution of symptoms. Her MRI showed acute infarct in Rt centrum semiovale with MR angio showing 75 percent stenosis of right ICA origin. Her COVID 19 antigen was positive hence was admitted in COVID ICU and started on dual antiplatelet with statin and LMWH. She had no recurrence of TIA after admission. Her D Dimer was 579. She was advised Rt ICA stenting after 14 days of COVID 19 treatment as there was risk of in stent thrombosis. She was discharged on 26th Dec and planned for an elective Rt ICA stenting on 4th Jan 2021. But on 28th Dec patient had recurrence of stroke with fresh infarct in Rt corona radiata resulting in Lt ataxic hemiparesis and was readmitted on 29th Dec. This time there was progression of Rt ICA stenosis to near total occlusion despite medical management. Her COVID 19 RT PCR was negative and D dimer was 629. Her Cerebral DSA done on 29th Dec showed 90 percent stenosis of Rt ICA after its origin. There was a suspicion of layered thrombus in view of rapid progression of stenosis. Hence urgent Extracranial Rt ICA stenting under local anaesthesia was performed on 30th Dec 2020. A 7x40 mm C Guard Embolic Protection System (EPS) was deployed across the stenosis under cover of NAV 6 Emboshield filter after predilatation with Viatrac 14 balloon at 8 atmosphere. Post stenting there was excellent filling of Rt ICA, MCA and ACA. Patient was mobilised next day and discharged on 2nd Jan 2021 with dual antiplatelets and statin.

**Discussion:** COVID 19 infection results in hypercoagulable state which can result in large vessel occlusion and ischemic strokes. Carotid stenting with open cell stents can result in instant stenosis in such a milieu with raised D dimers. Considering the unpredictable course of COVID 19 infection itself, it was decided to wait for period of 14 days for the infective phase to subside. However since the patient had rapid progression of stenosis to near total occlusion in ten days despite medical management, she was advised urgent carotid stenting to prevent complete Rt ICA occlusion and massive stroke. In view of suspicion of layered thrombus, C guard EPS, a closed cell stent with micro net mesh was used for Carotid Stenting. It is designed to prevent periprocedural and late embolisation by trapping potential emboli against the arterial wall while maintaining perfusion to external carotid artery. Data from the PARADIGM-Extend study in patients with symptomatic or increased-stroke-risk Asymptomatic carotid stenosis demonstrated sustained embolic protection with C Guard EPS over a 48 month follow up period.

Rt ICA lat. Pre stent



Rt ICA lat. Post Stent



**Dr Pavan Pai**

Consultant Neurology and Neurointerventions,  
Wockhardt Hospital, North Mumbai



## Improving immunity to fight covid

Falling ill is not a risk you want to take, especially now, when the new variant of Covid, Omicron is raging

“You are what you eat”, try to choose foods that boost your immunity and fight infections. When it's working properly your immune system is an internal defense against harmful germs and infections. It should also be noted that our bodies do not build up immunity overnight. Eating a balanced diet, getting enough sleep and exercising daily are important for your overall health and wellness. Now more with the Covid 19 outbreak, we need to find ways to boost our immune system as much as possible. Living a healthy lifestyle is your single best option to a strong immune system. Every part of your body functions better when it is fueled with healthy foods, a positive environment, and minimal stress.

Use these tips to boost your immune system and be well. These habits will also help you live a healthy and happy life.

- **Eat a healthy nutritious diet** - Your immune system needs adequate nourishment in order to function, which is why it's important to eat a healthy diet rich in proteins, vitamins and minerals. Proteins especially play a huge role in the antibodies that are involved in fighting off foreign bodies, such as disease-causing germs. Both vitamin C and zinc improve your defense against pathogens and are critical for your immunity. Try to include lemons, amla, tomatoes, pomegranate, oranges, kiwis, strawberries, shellfish, poultry and beans. Eat fresh fruits and green leafy vegetables, legumes, nuts, whole grains, milk and milk products. Do not overcook fruits and vegetables as this can also lead to loss of important vitamins. Choose white meat instead of red meat. Consume unsaturated fats instead of saturated ones. Limit the intake of salt and sugary items.
- **Drink plenty of water** - Water is essential for life. It transports nutrients and compounds in blood, regulates your body temperature, gets rid of wastes and lubricates and cushions joints. Drink 8-10 glasses of water every day. There are many foods with high water content such as cucumbers, watermelon, and celery. Water is the best choice, but you can also consume other drinks, lemon juice, coconut water, buttermilk, tea, coffee. But be careful not to consume too much caffeine, and avoid sweetened fruit juices, fruit juice concentrates, fizzy and still drinks as they all contain sugars. Think of proper hydration as a way to make it easier for immune boosting nutrients to get to where they need to go in your body.
- **Keep your gut healthy** - Your gut knows when you are happy, in fact your gut knows everything, keep it in check. Your digestive tract, especially the intestines, are a huge part of your immune system. To keep the gut healthy, reduce sugary foods from your diet and include more high fiber foods and probiotics, such as yogurt, buttermilk and certain type of cheese. Probiotics are thought to help stimulate the immune system to fight off disease. They can help your digestive system function normal and stay balanced. After all 80% of your immune system is located in your digestive system, so it's best to keep your stomach healthy and happy.
- **Stay physically active** - Exercise daily for 30 minutes, YES DAILY. Just like a healthy diet, exercise is one of the pillars of healthy living. It helps to boost your immune system, maintain optimal weight, improves heart health and functioning and reduces the risk of diabetes. It also improves your body's ability to fight disease, for eg, improving lung health through aerobic activities can help your lungs recover more quickly from chest infections. Go for a walk, become a member of a fitness center, find some fun exercises, and commit to a routine. Exercise also doubles as a mood and mental booster- two benefits in one.
- **Get quality sleep and manage stress** - Not getting enough sleep and stress both trigger the release of cortisol, which hampers the functioning of the immune system. Aim to get at least 7 hours of sleep each night. It's your body's chance to rest and recover. Stress affects everyone differently, so it's important to find a way to manage stress that works for you. Some may find taking long walks in the open to be relaxing, while others find solace in listening to music or tending to their gardens. While proper nutrition and hydration improves health and immunity, they are not magic bullets. You need to follow a proper daily routine to maintain this. A strong immune system isn't built in a day or two. It's built over time as you put in daily, consistent efforts to maintain healthy habits.

### Eat healthy and stay healthy



**Swati Awasthi**  
Chief Dietitian  
Wockhardt Hospitals, Nagpur

## Sensory Intervention Therapy - ASD:

Child with Autism Spectrum Disorder(ASD)-Importance of early screening and early intervention by using Sensory Integration therapy as a mode of intervention in younger children with ASD.

On 10th April 2021, proud parents of a sweet two year old toddler came to the department of Paediatric Physiotherapy at Wockhardt Hospitals, Mira Road. He was referred to us by the developmental pediatrician Dr.Tanvee Priya. Till 2 years of age, parents did not have any concerns, when one day they came for vaccination they expressed their concerns about him not speaking to anyone, not responding to his name being called, etc. also parents gave a history of his screen time being more than 4 hours and that's when Dr. Tanvee Priya assessed him and put him under the category of "High Risk For Autism Spectrum Disorders" and further referred him to the Paediatric Physiotherapy department. A detailed evaluation was done by Dr Anusha Kotian (PT), wherein his Sensory Integration Evaluation, Sensory Profiles, Ages and Stages Questionnaire were done. In his evaluation, System wise examination showed the child had low arousal, attention seemed to be fleeting, distracted; had flat affect( did not smile) and also his actions were non-purposeful and not goal oriented. Also, issues related to attention, lack of concentration, no socialization with kids of his age along with no response to his name being called, stacking / piling/ lining up things, repeated play which showed him being into "High Risk For Autism Spectrum Disorders" here as well. Autism Spectrum Disorders (ASD's) are a group of developmental disabilities that can cause significant social, communication and behavioral changes. With increased public awareness of the early signs and recent American Academy of Paediatrics recommendations that 18- 24 month olds be screened for Autism Spectrum Disorders, there is an increase in need for diagnostic assessment of very young children. However, unique challenges exist in applying current diagnostic guidelines for Autism Spectrum Disorders to children under 2 years of age. He was then advised Sensory Integration Therapy four times a week for 45 minutes which will boost his morale into the society with short term and long term goals. Sensory Integration is a term that has been used to describe processes in the brain that allow us to take information we receive from our sensory organs, organize it, and respond appropriately. Sessions were started for the child from 11th April 2021. Therapy involved specific sensory activities to help the child appropriately respond to light, sound, touch, smells and other input. Interventions included swinging, brushing, playing in the ball pit along with treadmill walking, jumping on the trampoline, dark room activities with a single colored light under the colorful cone, simple puzzles, and other sensory related activities like water play, sand play, and messy play including glues and slimes and clays. The outcomes of these activities helped the child to focus better, improve in behavior, and even lowered levels of anxiety. Also Sensory Diet Programs involving a daily menu plan which includes individualized, supportive sensory strategies ( quiet space, weighted blankets, keep hugs to the child, soothing and mild smells in the background, calm musics in the background) physical activity like jumping, animal walking, pushing pulling activities and playing in the garden environment were also suggested. And lastly Family counselling and education was done about importance of sensory functions on performances and ways to minimize their negative impact on function. Currently, the patient shows improvements with social interaction with other kids, responses to his name when called, his actions are goal oriented and purposeful, does not be in his own world, has started with gestures or tries to speak few words when he need something. Thus, it is very important for parents to keep an eye on their kids so as to he/she does not fall into the risk for ASD. Also, early assessment and evaluation/ screening for kids is important so that early therapy can decrease the need for adaptations and help individuals become more functional at home, schools or any social gatherings. Life Wins....



**Dr. Anusha Kotian**  
Pediatric Physiotherapist  
Wockhardt Hospitals, North Mumbai

## Diabetic foot ulcer

### What is Diabetic Foot Ulcer?

Diabetic foot ulcer is a major complication of Diabetes Mellitus and probably the major component of the diabetic foot . A diabetic foot ulcer is an open sore or wound that occurs in approximately 1 percent of patients with diabetes , and is commonly located on the bottom of the foot . Of those who develop a foot ulcer , six percent will be hospitalized due to infection or other ulcer -related complication .

### Who is at Risk ?

Anyone who has diabetes can develop a foot ulcer . People who use insulin are at a higher risk of developing a foot ulcer , as are patients with diabetes -related kidney , eye , and heart disease . Being overweight and using alcohol and tobacco also play a role in the development of foot ulcers .

### How do Diabetic Foot Ulcers Form?

Ulcers form due to a combination of factors , such as lack of feeling in the foot , poor circulation , foot deformities , irritation (such as friction or pressure ) , and trauma , as well as duration of diabetes . Patients who have diabetes for many years can develop neuropathy , a reduced or complete lack of ability to feel pain in the feet due to nerve damage caused by elevated blood glucose levels over time . The nerve damage often can occur without pain and one may not even be aware of the problem . Your podiatric physician can test feet for neuropathy with a simple and painless tool called a monofilament .

Vascular disease can complicate a foot ulcer, reducing the body's ability to heal and increasing the risk for an infection. Elevations in blood glucose can reduce the body's ability to fight off a potential infection and also retard healing

### How Should a Diabetic Foot Ulcer Be Treated?

The primary goal in the treatment of foot ulcers is to obtain healing as soon as possible . The faster the healing of the wound , the less chance for an infection . There are several key factors in the appropriate treatment of a diabetic foot ulcer :

- Prevention of infection
- Taking the pressure off the area, called "off-loading"
- Removing dead skin and tissue, called "debridement"
- Applying medication or dressings to the ulcer
- Managing blood glucose and other health problems
- Not all ulcers are infected; however , if your physician diagnoses an infection , a treatment program of antibiotics , wound care , and possibly hospitalization will be necessary .

### Surgical Treatment Options

A majority of noninfected foot ulcers are treated without surgery; however , when this fails , surgical management may be appropriate . Surgical care includes incision and drainage , wound debridement and skin cover , Vascular reconstruction and to remove pressure on the affected area include shaving or excision of bone ( s ) ( Amputation ) and the correction of various deformities, such as hammertoes, bunions, or bony "bumps".



**Dr. Sunil Banasode**

Consultant General and Laparoscopic Surgery  
Wockhardt Hospitals,  
Rajkot

## Designing quality framework in healthcare

Despite advancements made in health care over the past decades, still we observe significant gaps in quality and safety. Organizations have adopted quality concepts from other industries such as manufacturing, aviation, and engineering yet the results fall short. Designing a quality program for any health care setting is like building a house: there are many facets involved that must be considered.

After years of research and attention, there is not a single, common definition for health care quality. Once JCI references the definition that was published in 2001 by the Institute of Medicine:

**“The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”**

Quality is further defined by its multidimensional attributes. Six domains frequently used to describe quality include: Safety - Accessibility - Affordability - Efficiency - Effectiveness - Equity and person-centered.

Other attributes that define Quality definitions in healthcare are Customers: the definition of quality depends on the perspective of the stakeholder involved. Patient: Quality is defined by what is important to them: their safe and effective clinical results as well as their experience while receiving person-centered care. Provider: the performance of the system. Community: the goal is a healthy population which can only be achieved when care is accessible and equitable. Therefore, the goal of high-quality care often requires a balance to meet the needs of the various customers.

The five components include quality management; performance improvement; patient safety; data management; and external drivers of quality.

### Quality management

Quality management refers to a strategic management approach of quality across all aspects of an organization, clinical and non-clinical. The infrastructure of a healthcare organization that produces high-quality outcomes is organizational structure and culture; leadership and governance; workforce capabilities and capacity; health information management; equipment and medications; and financing. The quality department, an essential component, is led by professionals who have the knowledge and competencies to support the quality efforts across the organization.

### Performance improvement

Performance improvement is considered the 'engine of quality framework'. It is "an approach to the continuous study and improvement of the processes of providing health care services to meet the needs of patients and others." Various models of improvement are used across the globe including FOCUS-PDSA; the Institute for Healthcare Improvement (IHI); Lean-Six Sigma; The Joint Commission Robust Process Improvement (RPI). The sequence to resolve performance gaps:

Identify the problem - Assess the process - Select a solution - Sustain the gains.



## Data management

Data is the 'fuel' necessary to run the improvement 'engine' in the quality framework. Using data brings credibility to decision-making. An important role of the quality department is the ability to convey data in a way that is easy to understand. Data-based decision-making is a core principle of healthcare quality.

## Patient safety

The patient is the primary customer around which the quality framework is built to serve. Special attention and processes are necessary to reduce risks to avoid harm to the patient. The field of patient safety includes: Safety culture and Risk assessment analyses.

## External drivers of quality

External influences stimulate healthcare organizations to continuously strive for improvements in their quality of care including regulations, social values, innovations, reward and recognition programs, and accreditation. Accreditation is usually a voluntary process conducted by a government or non-government agency that is granted official authorization. Standards are evidence-based expectations of performance. They provide guidance for an organization to build structures and processes that lead to quality outcomes.

Cultivating an effective quality program is like building a house. It requires intentional planning with an integrated approach that takes into consideration people, processes, and technology. Every healthcare provider should have tools to consistently provide quality care with zero patient harm across the health system.



**Ranjith Krishnan**

Head – Quality Management  
Wockhardt Group Hospitals

## Patient safety week celebrated in wockhardt group hospitals – 3rd to 5th Aug 2021



**Ms Zahabiya Khorakiwala, Managing Director, and Dr. Clive Fernandes, Group Clinical Director, Wockhardt Hospitals Ltd inaugurated the function**

### WOCKHARDT HOSPITAL OBSERVES PATIENT SAFETY WEEK

Mumbai, August 03: Wockhardt Hospital Ltd., a reputed chain of tertiary care super specialty hospitals in India observed Patient Safety Week with the theme "Fall Safety and Documentation Awareness Week", across Western India at all its facilities at Nagpur, Nasik, Rajkot, South Mumbai & North Mumbai. Patient safety is fundamental to delivering quality health services. The practices are aimed at strengthening the regular process to achieve better patient care and safety. The Groupwide program on Patient Safety Week from 3rd to 5th August was inaugurated by Ms Zahabiya Khorakiwala, Managing Director,

Wockhardt Hospitals Ltd. Commenting on the initiative, Ms. Khorakiwala said, "Prevention is always better than cure. It is mandatory that healthcare institutions implement these practices and adhere to them to ensure quality care and patient safety. At Wockhardt Hospitals we believe in delivering quality care." The three-day program witnessed wide range of activities covering the topics of Accurate & Complete Documentation of Medical Records, Fire Safety etc. Dr. Clive Fernandes, Group Clinical Director, Wockhardt Group Hospitals, said, "At Wockhardt Hospitals, we have always believed in patient safety first,



Quality healthcare always has to be delivered keeping patient safety in mind. At Wockhardt Hospitals we regularly conduct such awareness programme that helps us to reinforce all our defined protocols. This program is focusing on complete documentation in the medical record as I firmly believe "Every entry matters."

## AWARDS FOR EXCELLENCE IN HEALTHCARE

**AHPI - Association Healthcare Providers India**  
**Award for excellence in COVID management – 2021,**  
**Wockhardt Hospitals, South Mumbai**



**Recognition of his Exemplary Contribution and selfless Commitment**  
**towards our City during the Pandemic.**

**Dr. Parag Rindani, CEO,**  
**Wockhardt Hospitals, Maharashtra**  
**Felicitated by His Excellency,**  
**Shri Bhagat Singh Koshyari,**  
**Governor of Maharashtra at Raj Bhavan**



**Excellence in food safety standards,**  
**Wockhardt Hospitals, North Mumbai**



## Award for Healthcare worker safety and work place safety - outstanding and innovative measures taken to protect the staffs during covid pendamic Wockhardt Hospital, North Mumbai



## Continuation of the journey of quality and excellence during the pandemic

### Nashik unit accredited with NABL



### North Mumbai Unit accredited with NABL



## Continuation of the journey of quality and excellence during the pandemic

### South Mumbai unit accredited with Joint Commission International



### Nagpur unit accredited with NABH



### Rajkot unit accredited with NABH



## New consultants who joined The Wockhardt Family

New Consultants who Joined the wockhardt family 2021

Sl No	Name of the Consultant	Speciality	Qualification	Location
1	Dr. Rakesh Borse	Critical Care	MBBS,DNB,FNB	Nashik
2	Dr. Priyamwada Malpani	Critical Care	MBBS, DA	Nashik
3	Dr. Pankaj Khangal	Critical Care	MBBS, MD	Nashik
4	Dr. Prashant Pawar	Cardiology	MBBS, MD, DM	Nashik
5	Dr. Hardik dhamsania	Orthopedic & Joint Replacement surgery	MBBS,MS	Rajkot
6	Dr. Khyati vasavada	Head and Neck Onco Surgery	MBBS,MS,MCh	Rajkot
7	Dr. Kishan vachhani	Critical Care	MBBS,CTCCM,IDCCM	Rajkot
8	Dr. Nayan timbadiya	Urology	MBBS,MS,DrNB	Rajkot
9	Dr. Pooja tanna	Medical Oncology	MBBS,MD,DrNB	Rajkot
10	Dr. Shyam karia	ER physician	MBBS,MD,IDCCM	Rajkot
11	Dr. Shweta mehta	Obstetrics & Gynecology	MBBS,MS	Rajkot
12	Dr. Sunil banasode	General and Laparoscopic Surgeon	MBBS,MS	Rajkot
13	Dr. Viralkumar vasani	Neurosurgery	MBBS,DrNB	Rajkot
14	Dr. Ram Krishna N.	Head and Neck Onco Surgery	MDS,FHNO	Rajkot
15	Dr. Alankar Ramteke	Orthopaedic(Joint Replacement Surgeon)	MBBS, MS (Ortho)	Nagpur
16	Dr. Amit Bhatti	Interventional Neurology	MBBS ,MD DM DNB Neurology	Nagpur
17	Dr. Dinesh Padole	Cardiology	MBBS, DNB (Cardiology)	Nagpur
18	Dr. Nayeem Khan	Radiologist	MBBS, D.M.R.E.	Nagpur
19	Dr. Nitin Kimmatkar	Orthopaedics	MBBS, MS (Ortho)	Nagpur
20	Dr. Rahul Hiwanj	Intensivist	MBBS,MD Anaesthesia	Nagpur
21	Dr. Rahul Zamad	Neuro Surgery	M.B.B.S., MS, Mch (Neuro-surgery)	Nagpur
22	Dr. Uday Chandankhede	Urology	MBBS, MS, DNB , Fellowship in uro-oncology	Nagpur
23	Dr. Dhanashree More	Radiology	MBBS, MD Radiology	North Mumbai
24	Dr. Farzeen	Anaesthesia	MBBS, MD Anaesthesia	North Mumbai
25	Dr. Harshal mahure	Pathology	MBBS, MD Pathology	North Mumbai
26	Dr. Jamal Ahmed	Critical Care	MBBS DMB (Respiratory Disease)	North Mumbai
27	Dr. Jyoti Gaikwad	Anaesthesia	MBBS, MD Anaesthesia	North Mumbai
28	Dr. Rajiv Manik	General Surgery, MAS and Metabolic & Bariatric surgery	MBBS, MS, FMAS, FIAGES	North Mumbai
29	Dr. Sheetal Dherange	Radiology	MBBS, MD Radiology	North Mumbai
30	Dr. Virendra Verma	Neonatology/ Padiatics/PICU	MBBS, MD, Fellowship in Neonatology	North Mumbai
31	Dr. Adrin Dsilva	Critical Care	MBBS+CTCCM	North Mumbai
32	Dr. Naeem Hasanfatta	Cardiology	MBBS, DNB (Med.), DNB (Cardiology)	South Mumbai
33	Dr. Sunita Navani	Radiologist	MBBS, MD	South Mumbai



## Medical Quiz

- Q1.** When can a definite diagnosis of Alzheimer's disease be made?  
A At the onset of Alzheimer's                      B After the death of the patient  
C When all signs and symptoms are present      D At the first sign of dementia
- 
- Q2.** Having atrial fibrillation puts a person at risk for \_\_\_\_\_.  
A Blindness    B Diabetes  
C Gout    D Stroke
- 
- Q3.** If you have bronchitis, it is most important to...  
A Sleep near a window                              B Drink plenty of fluids  
C Eat every two hours                                D All of the above
- 
- Q4.** How does washing hands help prevent the spread of COVID-19?  
A Soap rinses the virus off                        B Soap destroys the virus  
C Soap mutates the virus                            D All of the above
- 
- Q5.** What are risk factors for developing colon cancer?  
A Age and lifestyle                                    B Genetics  
C Inflammatory bowel disease                    D All of the above
- 
- Q6.** You are at-risk for developing deep vein thrombosis or pulmonary embolism if you:  
A Are obese    B Have had recent surgery  
C Smoke    D All of the above
- 
- Q7.** \_\_\_\_\_ is one of the most common symptoms of endometriosis.  
A Bloating    B Infertility  
C Pelvic muscle spasms                            D Diarrhea
- 
- Q8.** What increases a person risk of developing gout?  
A Family history                                      B High-salt diets  
C Asthma     D All of the above
- 
- Q9.** The cause of leukemia is unknown, but risk factors include...  
A Exposure to high amounts of radiation      B Exposure to chemicals such as benzene  
C Genetic problems such as Down syndrome   D All of the above
- 
- Q10.** Our bodies need this little-known mineral for more than 300 biochemical reactions!  
A Iron    B Copper  
C Magnesium    D Silicon
- 



**Dr. Sadaf Khan**

Medical Administration  
Wockhardt Hospital.  
North Mumbai

## Message from the Editor

Dear Associates,

Wishing each one of you a very joyous and Happy New Year 2022.

It is good to be back with another edition of our clinical bulletin Wocksynapse after a gap of nearly 2 years. Yes this is the duration between our last printed edition and this one.

March 2020 - May 2020 was the most challenging time we have seen in our life given the limited information we had about the nature of the virus and its rapid evolution into a pandemic.

A lot of water has flown under the bridge since then and we have evolved. We have moved from the chaos of the lockdowns and sealing of hospitals to the protocols of safe distancing, masking and practicing hand hygiene sos (as and when required) to where we are today (Vaccinations & Boosters)

Since then our understanding towards virus and our behaviour has evolved and we have learned that the virus is here to stay for more time than we expected and we need to learn to co-exist constantly practicing all the safety protocols.

Healthcare workers across the globe have emerged as the real warriors in the fight against COVID and I am extremely proud of the efforts that our associates put in across all our Hospitals saving lives. I have personally seen the sacrifice made by our healthcare associates who have demonstrated by their actions that at **Wockhardt Hospitals, Life Wins Always**.

Hope you enjoy this edition of Wocksynapse. Looking forward to your inputs and feedback at [wocksynapse@wockhardthospitals.com](mailto:wocksynapse@wockhardthospitals.com)



**Dr. Clive Fernandes**

Group Clinical Director  
Chief Operating Officer-Maharashtra  
Wockhardt Group Hospitals

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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 advices. Readers are advised to consult clinicians before making any informed view or decision in this regard."