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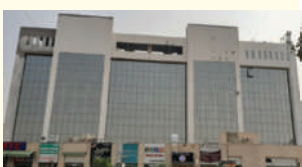


Dr N.K. Pandey receives Chief Minister's Award of Excellence
On the occasion of National Doctor's Day, Sh. Manohar Lal Khattar, Hon'ble Chief Minister of Haryana added one more accolade to the able shoulders of Padma Shri & Dr BC Roy Awardee Dr. N.K. Pandey (Chairman & Managing Director, Asian Institute of Medical Sciences, Faridabad) for his contribution in Healthcare.



Asian is Economic Times One of the Best Healthcare Brand 2019

The Economic Times recognizes Asian Institute of Medical Sciences as one of the Best Healthcare Brand 2019.



Asian Fidelis to start its OPD services soon

Asian Fidelis- an upcoming 175 bedded hospital of Asian Healthcare in RPS City, Sector 88, Greater Faridabad construction is in full swing and expected to start its OPD services soon.



Asian organised Lapcon 2019

Asian Institute of Medical Sciences organised a Live Advanced Laparoscopic Workshop (Asian Lapcon). Twelve different cases were shown live. More than 250 surgeons attended and learnt how to overcome the problems encountered in real time. The event gave them a chance to learn to improve their surgical skills.



Asian organised Arthroplasty Conclave

Asian Institute of Medical Sciences organised two days' Arthroplasty Conclave. This Conclave was attended by more than 175 doctors from all over the country. The aim of this Conclave was to create awareness among doctors about new surgical techniques in Arthroplasty.



Asian Hospital inaugurated Paediatric Heart Centre

Hon'ble MoS Shri. Ashwini Kumar Choubey (Minister of Health and Family Welfare) inaugurated Paediatric Heart Centre at Asian Hospital. It is amongst the very few hospitals in Delhi NCR that have facilities to provide children's heart surgery.



Asian in Patna

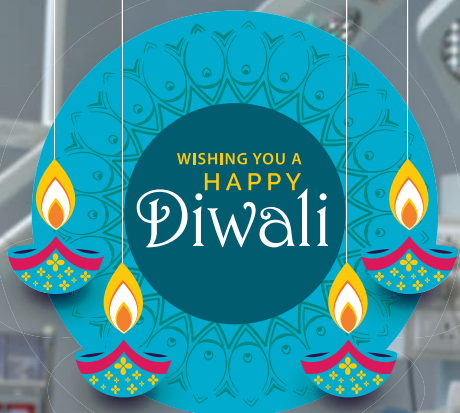
Asian Institute of Medical Sciences acquired City Hospital in Patna.



Asian Hospital lifts Manav Rachna Corporate Cricket Cup

Asian Hospital defeated Honda Motors' Team by a margin of 67 runs. Team Asian won the toss and decided to bat first, set the target of 277 runs in 20 overs, while Hero Honda were bowled out at only 210 runs in 18 overs.

From the Chairman's Desk



Asian Healthcare Group's nine year strong presence in North India spells Pertinence, Patience & Perseverance. People's faith reposed in us has helped us achieve remarkable milestones while we drive Accessible, Affordable & Best Healthcare. Year 2019 sees three more super specialities launched in Greater Faridabad, Noida & Patna City following the lead of our successful initiatives in 2018.

Group's flagship hospital, Asian Institute of Medical Sciences

has been consistently rated among the top 7 hospitals in Delhi NCR 4 years in a row by "The Week" magazine as per "AC Nielsen Survey". Recently, it has been adjudged as the 3rd Best Hospital of Delhi & NCR in the "The Week-Hansa Research Survey 2019" while The Economic Times has recognised it as one of the Best Healthcare Brand in 2019. This adds up to the momentum while we are redefining the concept of healthcare by enhancing our services, adding various salient features like we recently

introduced Region's first neuro navigation suite, added Paediatric Cardiology & Cardiac Surgery to our ongoing list of Centres of Excellence and brought in a whole team of Organ Specific Cancer Surgeons including the services of the first breast cancer lady surgeon of the region.

I take pride in the fact that our best and internationally trained doctors shall continue delivering safe and effective patient centric healthcare while we ensure state-of-the-art

Infrastructure, updated Technology and stringent Quality controls.

True to our belief that healing means ample compassion & concern, we shall keep our focus constant on bringing in best facilities, treatment modalities and the excellence. I extend my best wishes to you all and thank you for your support & goodwill.

Dr. N.K. Pandey

D.Sc. FRCS (Edin & Glas), FACS, FICS
Chairman & Managing Director

Organ Specific Minimally Invasive Cancer Surgery- Bang on Target



Organ Specific Cancer Surgeries

established. In addition, long-term outcomes in terms of life span and quality of life have been proven to be equivalent to conventional surgeries for cancer. In other words, the surgery to remove the cancer is the same, except with the advantage of lesser pain and scars.

Asian Institute of Medical Sciences is one of the few hospitals in Delhi, NCR providing dedicated, exclusive organ-based treatment for cancer. MIS is the mainstay of treatment offered to cancer patients. The surgical team is headed by Dr. Vinay Samuel Gaikwad, who specialises in gastrointestinal and hepatopancreatobiliary (GI&HPB) cancers. Complex abdominal surgeries such as colorectal, stomach, pancreatic and gallbladder cancer is being routinely performed through MIS. Dr Piyush Kumar Agarwal looks after Head and Neck as well as Breast cancer where Breast preservation and composite resections are his forte. Surgeries of the oesophagus, lung, and mediastinum are also being performed using MIS.



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Now Heart Valves can be changed without opening the Heart

Asian is the First hospital in Faridabad to perform this procedure

The human heart has four valves which open and close in sync with the heart rhythm. Heart valves play a very important role in ensuring blood flow in the correct direction within and out of the heart so that the human body receives proper blood supply.

When a heart valve gets dysfunctional, the patient may experience typical symptoms like chest pain, palpitations, shortness of breath, fatigue, weakness, inability to maintain regular activity level, or even light-headedness. The disease can be diagnosed by an experienced cardiologist by primarily studying the Echocardiogram (ECHO), CT angiogram and a few other tests.

Medications can be prescribed to increase heart's ability to pump blood which may help compensate for a valve that isn't working properly. However, a diseased heart valve is a mechanical problem that cannot be fixed with medication alone, and surgery is often needed to repair or replace the damaged valve. Once it is determined that a diseased heart valve needs treatment, the available choices are valve repair or valve replacement. Valve replacement is mostly done through open heart surgery wherein a new tissue/mechanical prosthetic valve is inserted in place of the diseased valve.

Asian Hospital, through this new technique, performed the first Trans catheter aortic valve replacement (TAVR) in Faridabad on a 68-year-old woman whose weight had been 108 kg, her lungs were also bad, the damaged valve of her heart was changed through this technique. This first valve replacement procedure through TAVR was



ASIAN ADVANCED HEART CENTRE

done by Dr. Rishi Gupta and Dr. Subrat Akhoury with his team- Dr. Simmi Manocha, Dr. Umesh Kohli and Dr. Kamal Gupta.

Open Heart Surgery is an invasive procedure and is considered to require a long-term recovery period besides its being a challenge for patients (above 65 years of age), while Trans catheter aortic valve replacement (TAVR) technology is a new treatment technique for those patients who are not ready or fit to undergo open heart surgery risks. In this minimally invasive procedure, new valves are placed through the large artery in the patient's thigh (large artery in groin). These procedures can thus be done through small openings (1cm) and hence result in quicker recovery post procedure.

Merrill is the first Indian company to provide Aortic heart valve replacement therapy, which has provided Aortic Heart Valve replacement to more than 100 patients across the country. In December 2018, the Government of India has

approved this valve for the treatment of patients. Merrill is a global medical equipment company working in more than 100 countries around the world.

Benefits of Trans catheter aortic heart valve replacement (TAVR)

- done in patients who have a risk of open heart surgery due to age.
- done in patient category whose weight is high.
- done in patients on whom open heart surgery is not possible due to any other illnesses.



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asian
HEALTHCARE

A SUPER
SPECIALITY
HOSPITAL
& CANCER
CENTRE
FARIDABAD



Asian Healthcare is one of the leading healthcare chains in the country. In a short span of 9 years, it has created a niche for itself through its philosophy of affordable, accessible and best available healthcare for people close to where they live. The group's flagship hospital, Asian Institute of Medical Sciences, Faridabad continues to be India's premier healthcare destination at par with the best in the world.



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THE WEEK-HANSA RESEARCH SURVEY 2019

Asian Ranked as 3rd Best Hospital of Delhi NCR

Asian has climbed one ranking up to becoming the 3rd Best Hospital of Delhi & NCR in the "The Week-Hansa Research Survey 2019"



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Brain Artery Surgery on Temporary Mortal State



Waheeda 56/F from Iraq came to Asian Hospital with complaints of difficulty in swallowing and something pulsating under tongue. Her ENT examination revealed a large swelling in throat and she was advised CT angiography that revealed a big aneurysm (abnormal ballooning of artery) of the main artery supplying the right side of brain. Patient was referred to us for further management and was advised surgery because leaving it as such carried very high risk of life threatening stroke due to rupture or any clot going into brain.

both right and left side arteries have good connections but in this case there was no connection which made her an extremely high risk candidate for surgery. Hence operating this aneurysm and any interruption in the blood supply even for few seconds would lead to massive life threatening infarct (stroke) of right side of brain. Even with all precautions in place, surgery in this condition holds high risk of stroke (25-30%). Patient refused to take such high risk and opted for stenting of aneurysm which unfortunately failed. Patient was finally left only with the

To plan the surgery, way of doing this surgery would have been very risky. So, we planned it uniquely with a rare technique - deep hypothermia and total circulatory arrest. In this technique, patient's chest is opened and heart is taken on cardiopulmonary bypass. Whole body with brain and spine is cooled to very low temperatures (Deep Hypothermia 12-160.) evenly and very gradually. Head and body is meticulously packed with ice packs to cool brain & spine evenly. Principle behind deep hypothermia is that in such low temperatures the O₂ demand of every cell of body including brain comes to near zero. Hence all blood circulation can be stopped and blocking the brain artery for surgery during this time will have no harmful effect on brain. In unscientific term, this can be said as state of "Temporary mortal state". Post surgery for aneurysm, blood circulation can be restarted gradually, body and brain warmed to normal temperatures very slowly. After achieving total circulatory arrest

aneurysm was dissected and cut away from the circulation and blood flow to right side of brain was re-established successfully. Patient did fairly well and was discharged in satisfactory condition.

The decision to use TCA depends on a number of factors. Most studies that evaluate TCA report the use of this technique only in select cases and do not use TCA as their routine approach in the resection of the distal aortic arch and descending thoracic aortic dissections or thoracoabdominal aneurysms. In fact, it is usually considered an exception rather than the common practice for most surgeons.



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Approach to Obese patients with complex Ventral Hernia



Surgeons do encounter the different types of ventral herniae right from the simplest to most complex, with either natural tissue or mesh. Studies show that Hernia tends to become more complicated in obese patients.

Preoperative evaluation in the form of assessing its size, location of prior incisions or stomas, draining sinuses, skin issues (e.g. thinning, ulceration, cellulites) should all be considered. Identifying what

kind of repairs have been previously attempted, what type of mesh was used (if any), and into which plane it was placed is also important.

While managing comorbidities such as DM, COPD, cardiac risk factors, obesity, malnutrition, Methicillin-resistant Staphylococcus aureus (MRSA) colonisation screening ,etc is mandatory. Giving up on smoking too is an absolute requirement. Surgeon shall also advise the patient on

Supplemental oxygen usage. Obese patients, especially those with a BMI > 40, must undergo medical bariatric evaluation to facilitate weight loss and consider surgical weight loss before hernioplasty.

For a surgical team to offer complete abdominal wall reconstruction - knowledge in prosthetic materials, skilled abdominal components' separation, tissue expansion, vacuum-assisted closure devices, local and distant muscle flaps, and free tissue transfer is a must. This translates into abdominal surgeon working closely with the plastic surgeon.

We, at Asian Institute of Medical Sciences have been using hybrid technique either through laparoscopy or minimally invasive procedure to manage complex ventral hernia repair for past 8 years and have achieved optimal results with minimal recurrence rate. Abdominoplasty

or Panniculectomy is performed by the plastic surgeon.

The laparoscopic anterior or posterior component separation is very popular these days through which incisional hernia gaps of 20 cm can be closed.

To sum up, obesity is a risk factor for hernia repair. Laparoscopic approach appears to be safer if selection of the patient, surgeon's experience and an appropriate approach are all considered simultaneously and a patient can be motivated to undergo bariatric surgery first.



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Timely Cancer Screening in Women



The proverb "Health is Wealth" is the eternal truth. Somehow females especially Indian women give least priority to their health. The choices we make about diet, exercise and other life style habits can affect the overall health as well as minimise the risks for developing cancer. Screening tests are available to diagnose cancer in women which could save life if detected preemptively.

It is important for the women to keep their weight nearest to the optimum - a healthy but controlled diet and an exercise programme best suited to age and life style helps. Seeking expert advice to choose eating healthy must be practiced while tobacco in any form should be avoided and liquor too must be consumed in moderation, ef et al.

Breast Self Examination (BSE) should be done every month at the same day of menstrual cycle preferably. Look in the mirror -are both breasts of same size? Nipples at equal level? Nipple pulled in? Skin over the breast normal? Feel both the breasts top to bottom from left to right including armpit for any lumps. Any discharge from the nipple? If any doubt, consult your doctor.

MAMMOGRAM, an X-ray of the breast images the breast perfectly. It should be done every year between 40-51 years of age, thereafter every two years. In case of a family history of relatives with breast cancer take appropriate advice from your doctor for further testing.

PAP SMEAR is a test where the surface of mouth of uterus, cervix is scraped (painless) and tested for 'pre-cancerous' conditions & Cancer. Ideally it too should be done every 3 years between the ages of 20-65 years. In countries like America

testing for a virus names HPV is recommended every 5 years as it causes more than 90% of cervix cancers. Vaccine against HP viruses is now available and can be administered from age 9 onwards. Besides this, a transvaginal Ultrasound every year to look for the size of ovaries & uterus, especially the lining of uterus is useful as it may detect cancers before the symptoms appear.

India has a long way to go in spreading awareness & screening for cancers. So be a leader and make your own choices.



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Do you need Surgery for Urology Problems ?

In today's era, there exists so much of confusion over treatment of a disease. Internet education has increased dilemma of patients over many health issues. To know the correct mode, we must always rely on a qualified doctor's advice.

Here are some facts on common urological problems:

1. KIDNEY STONE: Ultrasound is a basic investigation to diagnose kidney stone. Usually stone of size <5 mm may pass spontaneously, but when they are stuck in ureter or urinary passage, leading to infection or renal injury, they require surgical intervention through endoscopic methods like RIRS, URS. Large stones in kidney are treated by key hole surgery in kidney directly (PCNL).

2. PROSTATE ENLARGEMENT: As the age advances, the size of prostate gland increases, which can obstruct the passage of urine. Initially patients are offered the medical treatment, but in case of failed medical therapy, recurrent Urinary Tract Infection, Urinary Retention, Renal Failure, or bothersome symptoms, patient would need endoscopic treatment by laser called laser prostatectomy or TURP.

3. PSA & CANCER PROSTATE: Prostate Specific Antigen (PSA) is tumour marker of cancer prostate, but it is not absolute specific, can increase the infection, obstruction of urine or can produce infection in urinary tract. So, once PSA is elevated, consult a urologist to rule out cancer. At an early stage ,cancerous prostate is a curable disease by radical prostatectomy.

4. RENAL FAILURE & KIDNEY TRANSPLANT: Diabetes and hypertension are the leading causes of renal failure. Kidney

transplant is treatment of choice over dialysis for irreversible renal failure.

5. URINARY STRESS INCONTINENCE is common in females of advanced age and who had multiple vaginal deliveries. This common problem leads to leakage of urine while coughing, sneezing, or exertion. For mild leakage, medicine or kegel exercise works otherwise small urethral type surgery done in day care can cure this problem and improve patient's quality of life.

6. URETHRAL STRICTURE is common due to any trauma or is idiopathic. No medicine can cure stricture. It can be treated surgically either through endoscopic method or open surgery.

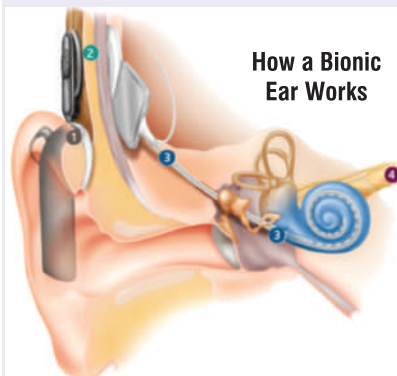
7. KIDNEY OR BLADDER CANCER: Kidney Cancer of size <4 cm can be treated by partial nephrectomy in which we remove only tumour from kidney and can save kidney, otherwise in large tumours radical nephrectomy (complete removal) is the option.

In the end, I would like to emphasize, in today's era, surgery means no big cut. It is minimally invasive or natural orifice surgery with maximum precision and with advances in technology, leads to faster recovery and minimum hospital stay.



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Wonders in Hearing Technology!



Cochlear Implants (CI) can restore auditory input benefitting profound hearing-impaired individuals. Unlike traditional hearing aids, cochlear implants do not amplify sounds, but rather, electrically stimulate the auditory nerve, thereby sending signals to the brain that can be perceived as sounds.

In a Cochlear Implant, device is placed under the skin and a small electrode is carefully placed into the inner ear. Once

healed from surgery, patient wears a small, external speech processor that picks up sound, turns it into electrical signals, and transmits those signals using radio waves to the implanted device. The implant then sends the signals to

the auditory nerve through the electrode. Most patients begin feeling the benefit within a few weeks of using the Implant. Once the rehabilitation process is complete, most patients show substantially improved communication abilities. In order to determine if a person may benefit from a cochlear implant, specialised hearing assessments are required.

Adding the ability to directly interface with mobile

technologies to its line of cochlear implant, sound processors extend significant improvement in quality of life. Through this integration, patients can directly stream sound from their mobile phone to their Implant to use features like Face Time, Tele-Conferencing, or Auditory Map Navigation directly from their mobile devices.

1. The Sound Processor captures sounds and converts them into Digital code.
2. The Sound Processor transmits the digitally coded sound through the coil to the implant just under the skin.
3. The Implant converts the digitally coded sound to electrical impulses and sends them along the electrode array, which is positioned in the cochlea.
4. The Implant's electrodes

stimulate the cochlea's hearing nerve which sends the impulses to the brain where they are interpreted as sound.



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Post-op Pain Management in Elderly

Inspite of advances in post-operative pain management for better pain control, it continues to be an unresolved healthcare problem till date.

Sub-optimal acute pain management in surgery patients in elderly age-group is accompanied by an array of negative consequences including increased morbidity, impaired physical function and quality of life, slowed recovery, prolonged opioid use during and after hospitalisation and increased cost of care. Inadequately managed acute post-operative pain in elderly age group is associated with physiological and psychological effects related. A negative impact may also be evident on immune and muscular system, coagulation and wound healing. Finally, poorly controlled pain after surgery may impair sleep

and have negative psychological effects such as low morale and anxiety.

The goals of post-operative pain management are to relieve suffering, achieve early mobilisation after surgery, reduce length of hospital stay and achieve patient satisfaction. Pain control regimens take into account the medical, psychological, physical condition, age, level of anxiety, surgical procedure, personal preference, and response to agents. The optimal strategy for post-operative pain control consists of multi-modal therapy to minimise the side effects and achieve maximum pain control.

1. Intravenous Medications: Pain relieving medications such as opioids e.g. Fentanyl or Morphine, NSAIDs like Voveran, are usually injected through IV cannulas at regular intervals. These days, pain relief

medications are also available as patches.

2. In Epidural Analgesia, local anaesthetics are injected through a catheter inserted into the epidural space that produces dense pain relief and is often considered gold standard in pain relief among all modalities.

3. Nerve Blocks use a local anaesthetic to provide targeted pain relief to a specific area of the body, such as an arm or leg. They have revolutionised the pain relief after surgery as they are easy to perform and specific nerves can be visualised with ultrasound. Precise deposition of local anesthetic around the nerve is possible, thereby reducing the side effects and improving precision.

In the modern era of fast track surgeries, pain management goes hand in hand with surgical recovery and optimal pain

management ensuring early discharge and patient satisfaction. There is a famous saying "Pain can be endured and defeated only if it is embraced. Denied or feared, it grows." At Asian Hospital, we are successfully managing pain in the post-operative period to witness smiling faces after surgery any given day.



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Medical Tourism: Indian Scenario



While patients from developed countries (USA, Canada, UK, Europe) prefer its quicker access to healthcare a n d cost-friend-



"Medical Tourism" refers to the healthcare industry in which people across the globe travel to other countries to get medical, dental and surgical care. Simultaneously visiting local attractions of that country. A school of thought feels term should be replaced with "Medical Travel" to add more credibility to this industry since patients are hardly interested in tourism. Nevertheless, it is a multi-billion dollar industry.

Asian countries such as Thailand, Malaysia, South Korea, India, Singapore are the preferred hubs for medical



travelers. Patients from developing countries-Iraq, Afghanistan, Africa, Bangladesh, CIS countries etc seek Advanced technology, Quality care, Quicker access, Low cost medical treatments with add ons of easy Visa , Tourism sites, Safety

liness.

Medical Travel offers global perspective to healthcare beyond boundaries of culture, language, distance. Apart from



economical benefits to the destination countries it supports mutual exchange of technology and skills amongst medical professionals. That results in close collaborations, medical exchange programmes and partnerships between the countries benefitting patients. Improves infrastructure of the developing countries.

The key selling points of the Indian medical tourism industry are the combination of high quality facilities, competent, English-speaking medical professionals, "cost effectiveness" and the attractions of tourism. The cost differential is huge. Dental, eye and cosmetic surgeries in western countries cost three to four times as much as in India. Medical tourists usually get a package deal that includes flights, hotels, treatment and, often, a post-op-

erative vacation.

Still, huge scope exists to make India the preferred medical health destination. This can be achieved provided we keep pace with our competitors in Thailand, Malaysia , South Korea, etc.



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Paediatric Cardiac Surgery: Helping Sick Kids become Productive Adults

Congenital Heart Disease (CHD) impacts six to eight in every one thousand children born in India. Most of these conditions are either imminently fatal or severely restrict the normal life span. Although many newborns with heart defects are identified soon after birth, some are not diagnosed until months to years afterwards. On the other hand, treatment for most of these conditions, by either surgery or catheter procedures, have excellent success rate provided babies are diagnosed early enough and reach the hospital on time.

Paediatric Cardiac Surgery is a branch dedicated to the expert care of patients suffering from heart defects since birth; the particular patient may be a newborn or a fully grown up adult where the condition was not diagnosed earlier due to various reasons. The patient is evaluated by a specialist "Paediatric Cardiologist" and investigated typically with an Echocardiography and/or a catheterization study of the heart. Treatment plan is developed thereafter.

Some of our representative cases are discussed here to describe the scope of our services

A. 26 day old newborn with Patent Ductus Arteriosus

The newborn baby was referred to NICU for respiratory complications. After stabilization, ECHO revealed a large Ductus Arteriosus which should have closed after birth. The patency of this blood channel was leading to increased oxygen demand and fast breathing. Despite the challenges posed by his age and low birth weight, we were able to close the ductus successfully. The baby was discharged subsequently.

B. 6 month old "Blue Baby"

One of the most commonly recognised clinical entity, TOF has undergone a paradigm shift in the management protocol in the last decade. Whereas earlier it was a common practice to "let the child grow" to a vague weight and age criteria, now a days safe and effective repair can be achieved even during infancy, saving the child from unnecessary cyanosis and restricted life style. Recently, we successfully operated upon a TOF at 6 months of age and the kid went home all pink and happy in a week's time.

C. Obstructed Supracardiac TAPVC

This condition represents an emergency. Our case was a 3 month old boy weighing barely 3.5 kg and had been breathing fast and was therefore not gaining weight. He underwent a

successful correction and is expected to grow as a normal kid.

D. 50 year old lady with a "leaking heart valve since birth"

This patient had a heart condition called "Ebstein anomaly" wherein one of the right heart valve was abnormal and leaky and this had severely restricted the quality of life. The valve was successfully tackled and quality of life was dramatically improved.

To emphasise, at Asian Healthcare in Faridabad, experts of Paediatric Cardiology and Cardiac Intensive Care work in collaboration with Paediatric Cardiac Surgeons to evaluate and treat numerous heart diseases and heart related disorders in neonates, children and adults.

Because when a child lives, a hope lives!



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Blood group Incompatible Kidney Transplantation: Now a reality!

Pratibha scored 87% in her Board exams after 15 days of Kidney Transplant



Asian Centre for Kidney Diseases & Transplant Medicine

For the patients suffering with kidney disease, we would like to share some important information on Kidney Transplant. Kidney Transplantation offers the best therapy to patients suffering from end stage kidney disease. It not only offers the best quality of health, quality of life, and life expectancy but is also the most cost effective treatment (compared to dialysis).

Traditionally kidney transplants were performed in blood group compatible pairs since pre-existing blood group antibodies led to hyper-acute rejections in incompatible transplants. However, with availability of advanced technology and newer drugs we are able to perform blood group incompatible transplants with results almost comparable to compatible ones.

Two key components in such transplants are:

1. Removal of anti blood group antibodies: Either through:

- Plasma exchange: where patient's plasma is removed with help of a filter or centrifugation and replaced with fresh plasma.

- Immunoadsorption:** allows selective removal of anti-A or B antibody with help of ABO-immunoadsorbent column, offering the safest and most effective method of antibody depletion.

2. B cell depletion: Plasma cells, responsible for antibody production, lead to regeneration of blood group antibodies after their removal (rebound).

This was dealt traditionally with splenectomy, but now we

are able to deplete B cells with anti-CD20 monoclonal antibody, Rituximab.

We, at **Asian Institute of Medical Sciences** have these advanced facilities under one roof in state of the art kidney transplant ICU, allowing us to achieve excellent results even in such complicated kidney transplants. ABO incompatible transplants are helping us expand the kidney donor pool offering hope to those with unmatched donors.



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Endoscopic Ultrasound (EUS):Saves Surgery Saves Life

A 60 yrs old female was admitted to Asian Hospital with complaints of fever & pain in abdomen. Patient was diagnosed with Cholecystitis and Pancreatitis (swelling in pancreas due to gall bladder stone). One year back she was advised gall bladder removal but patient did not undergo surgery. On detailed working, patient was found to have severe Necrotising pancreatitis with large infected collection in pancreas called walled off pancreatic collection. We contemplated EUS guided drainage of collection.

In this technique, we place EUS scope into stomach and make a small hole to place a wire into

the collection & put a metal stent through which whole pus from the collection site drains. Explaining all the pros & cons to patient, EUS drainage with metal stent placement was done successfully. Patient was sent home in stable condition. After few weeks, her collection drained completely. Metal stent removed. Patient is now fully recovered and surgery was avoided.

EUS is basically a small ultrasound probe mounted on an endoscope to enable us to perform ultrasound from within the esophagus, stomach, small intestine & rectum to see structures which lie in their vicinity. Lesions which are very

small and difficult to pick in CT Scan/ MRI or Ultrasound can be easily picked through EUS. EUS helps getting tissues (FNAC/ Biopsy) from difficult sites, for placing metal stent in bilio pancreatic region, fiducial placement in cancer patients, celiac plexus block in pain management in pancreatitis.



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Bariatric Surgery: Last Option or Best Choice?



Obesity has become a globally growing health menace. It increases the risk of a number of diseases including diabetes, breathing problems, joint pain, infertility, high cholesterol levels in blood, high blood pressure and cancers.

It's much easier to tackle a weight problem in the early stages, but people are largely indifferent when they put on one or two kgs. These minor gains are a crucial turning point. "The idea is to take quick measures to stop the weight gain and not wait to cross a limit to take action," advises Dr Pankaj Hans.

Bariatric surgery has emerged as a successful mode of managing the menace of obesity, particularly for the people who have lost hope of getting rid of their extra kilos by the other traditional methods of weight loss.

There are many types of Bariatric surgery procedures depending upon patient's needs, associated diseases and profile.

Let us get acquainted with the facts against the prevailing

myths regarding bariatric surgery.

Myth 1: Bariatric surgery is like liposuction surgery (cosmetic surgery) and it makes you more beautiful.

Fact: Bariatric surgery is done by laparoscopic technique in which either the capacity of stomach is reduced or an intestinal bypass is created by cutting and stapling it with advanced equipments. Patient usually loses 70-80% of their excess weight gradually and resolution of many other diseases occur as mentioned earlier.

Myth 2: Bariatric surgery is a very dangerous surgery with many complications.

Fact: Bariatric surgery is as safe as other routinely performed laparoscopic surgeries done. Before surgery, the patient is evaluated and completely optimised by a team of bariatric surgeon, physicians, dietician, endocrinologists and anaesthetist to minimise the surgical risk and to improve the outcome. Patient experiences minimal pain and usually is

discharged from the hospital after 3-4 days of surgery. Most of the patients are able to resume their work after 2 weeks of surgery.

Myth 3: Bariatric surgery is to be offered only to critically ill obese patients.

Fact: Bariatric surgery is the most effective treatment for long term weight management of obesity. In Indian obese patients, it is recommended for patients with BMI more than 37.5Kg/m²

A healthy body is a right of every individual and bariatric surgery is definitely your best bet in ditching those too many extra kilos.



Dr. Pankaj Kumar Hans

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Editors' Note:

Dear Readers,

Welcome to the ninth edition of Asian HealthPRO- the yearly newsletter of Asian Institute of Medical Sciences that reflects the effort behind our accomplishments and it motivates us to still work harder.

We would love to hear from you if anything you would like to share further on this newsletter with us. You can mail or call us.

Sincerely,
Dr. P S Ahuja
Isha Verma

Events @ Asian



Asian Drawing Competition

Ninth Asian Drawing competition was organised on the hospital premise. Children from Faridabad, Delhi, Palwal, Ballabhgarh, Hodal and Ghaziabad participated. Simultaneously, Canvas Painting Competition too was organised for participants above 17 years in which the people from Delhi NCR and Aligarh participated.



Asian Talent Hunt

Over 220 children from Faridabad & Gurugram participated in the Talent Hunt organised by Asian Hospital on the hospital premise.



Asian Duathlon

Asian organised the Duathlon event, in which more than 500 Cyclists & Runners participated.



Vidya Jagat Cancer Foundation Organising Cancer Camps for Women in Villages & RWAs

Vidya Jagat Cancer Foundation (Mobile Cancer Bus) in association with Asian Hospital is organising free Cancer Check up camps every month in villages and RWA societies.



Faridabad Half Marathon

With the aim of promoting "Run for Healthy Life" Asian Hospital organised Faridabad Half Marathon powered by Faridabad Triathlon Club.



Event was flagged off by Mr Gajendra Kumar, ACP NIT FBD & Dr N.K. Pandey, CMD Asian Hospitals.

'Asian Cyclothron 2019' supporting World Heart Day

Asian Hospital organised a 21 & 10 km ride along with health talk and Rahagiri for over 800 people to promote heart health.



World Kidney Day Celebrations in Asian Hospital

World Kidney Day was organised for Kidney Patients and neighbourhood people. RJ Kisna and Ashish from 93.5 Red FM attended the programme and anchored the show.



Asian Healthcare organised Asian Premier League-2

Asian Healthcare organised the second Asian Premier League in which 4 teams of Asian Hospitals from Moradabad, Dhanbad, Delhi & Faridabad took part. The Match was won by Asian Institute of Medical Sciences, Faridabad team.