

Dr L H Hiranandani Hospital

FEBRUARY 2020

Healthy

■■■■ MILESTONES



compassion and faith drive us towards excellence, everyday

“The value of our lives is measured by our capacity to love others.”

- Wayne Gerard Trotman

16
YEARS
ANNIVERSARY



**Hiranandani
Hospital**

Your Family Superspecialty Hospital™

**To be the
preferred choice of
healing and good
health.**

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Messages



Mr Niranjan Hiranandani

Chief Managing Trustee

Our hospital has been given an award by the AHPI for the 'Quality Beyond Accreditation'. This was just a few days ago. It's an award that has profound meaning for all at the hospital. It indicates that the accreditation was just the baseline for our journey in quality for healthcare. This journey can only yield dividends if we perform one better on each day that we are in the hospital.

Each of the staff must do one task better than a day ago. Hold one hand through their journey in our hospital. Give succor to one, make one person smile and be the shoulder to lean on for one. That will include not only your professionalism but also your humane side in patient care. Thus the care will be all encompassing.

We will not be 'the preferred choice for healing and good health' if we do not perform beyond the patient's expectation. This is what Chairman always practiced and left his imprint on the world map of medicine and ENT in particu-

lar. It is a culture that exists but needs to be matured at our hospital. The year 2020 should be the year where we mature that culture and your patients feel the difference; if not for the staff my journey would have been very difficult.

This year marks the 16th year since commissioning and in this decade, I wish that you transform our hospital as a destination for improvement of health and wellness. It's an arduous task but reviewing your performance I certainly feel that you will do it.

On the occasion of the 16th anniversary, I congratulate you and wish you the very best and a healthy year ahead. God bless you, you families and our hospital.

“
Each of the staff must do one task better than a day ago.”

Messages



Mr Surendra Hiranandani
Managing Trustee

It is a pleasure to learn that our hospital has won the AHPI award for 'Quality beyond Accreditation'. This is a dynamic start to the new year. We are well recognized for the work we have done since inception. It is scientific work of high order. It is a certificate gained because of the work that you have done and the results that have been achieved. We must remember that accreditation is recognition that you have achieved a benchmark. But, it is the care that you all render is what you will be remembered for and what will make patients proud to come to our hospital.

Our Chairman, Dr L H Hiranandani, never rested on what he had achieved but what was the next to be achieved. At Hiranandani, we have always been able to better than what was done in the year gone by and have hence maintained our competitive edge over others. I urge all at the hospital to maintain the same ethos.



With success comes satiety and complacency for which we must guard against. We want all of you to be always looking forward. I am sure you will all ensure greater achievements at our Hospital.

I wish you the very best of luck and cheer. I take this opportunity to convey my best wishes to your families as well. This year will be a grand year for all of us. God bless you all.

“
But, the care that you all render is what you will be remembered for and what will make patients proud to come to our hospital.

Messages



Dr Sujit Chatterjee
Chief Executive Officer

‘Well begun is half done!’. The year started well for us with the AHPI award ‘Quality beyond Accreditation’.

As I have mentioned the task is only half done. The challenge starts now. I firmly believe to get the level of quality that sets us apart from the crowd, we will have to have missionary zeal to care for our patients.

This is a difficult ask but we are capable. We have the mantle of our Chairman, Dr L H Hiranandani, with us and that will ensure if we work hard we will be the finest healthcare team this country has.

We will work together and ensure that all feel responsible for the job at hand. The collaborative approach, be it at admission, ward care, professional opinion or therapy.

The patient needs to understand that we as a team have worked to give them the best treatment.

Our patients will bless us and with their blessing we will grow from strength to strength and move to greater glory. I am sure that we will achieve this. Enjoy this day, month and year and let's rise to create the best work culture!!

God bless you, your families and our hospital.

“
The patient needs to understand that we as a team have worked to give them the best treatment.

Editorial Note



Dr Suvin Shetty
Chief Editor



We will be celebrating our 16th anniversary on the 22nd February 2020. Healthy Milestones 2020 makes an attempt to capture the moments of the year gone by. And what a year it has been...

Just a week back we were greeted by the news that we were awarded the prestigious “Quality beyond accreditation” award by the AHPI at a ceremony in Bengaluru. This award highlights the efforts we put in to the quality of the patient care.

This year’s issue focuses on the love, compassion and faith that we have in our lives - personal, professional and societal – and how we make a change in the lives of those around us. The issue received contributions from the clinical team and others on various aspects of their professional work – whether the new direct anterior approach for THR, or the role of PRP in orthopaedics or ‘Shetty test’ for suspected ankle injuries or the concept of multidisciplinary

approach for metabolic diseases or interesting clinical cases or the diagnostics, nursing and engineering efforts. This year we inaugurated the new Cath-lab facility and the Bone Marrow Transplant Unit.

We work and we celebrate. We celebrated our Chairman’s 102nd birthday. We celebrated the festivals. We celebrated important days such as Mental Health Day, Diabetes Day, and Nurse’s Day and so on. We celebrated the 71st Republic Day and had the National Flag hoisted in our premise for the very first time since our inception. We were part of various social causes such as ‘Hiranandani Powai Run’ and ‘Walk for Life’ for breast cancer awareness. The 15th Anniversary was celebrated with the usual grandiosity that is identified with us with some among us being recognised for their hard work and inspiring efforts.

“
And what a year it has been...”



Dr Sanjeev Jain
Consultant Joint
Replacement Surgeon

“

Patients usually go home the next day of surgery as they can start walking and climbing same or next day of surgery, whereas in a more traditional lateral and posterior approaches, hospital stays can be up to one to two weeks.

A New Surgical Approach for Total Hip Replacement, Direct Anterior Approach - Boon to Patient for Quick Recovery

The goal of the Total Hip Replacement (THR) surgery is to relieve pain and restore the normal functioning of the joint with improvement in hip flexibility and movement. The timing of surgery is a quality of life decision and there is no age limit to replacing the hip joint provided the general health of patient is satisfactory.

Over the past few years, There have been great advances in the treatment options, implant devices, minimally invasive surgical techniques and pain management. The latest technique in hip joint replacement, Direct Anterior Approach (DAA) - THR, has resulted in a dramatic improvement in outcome. DAA-THR is a minimally invasive

hip surgery to replace the hip joint without cutting through any muscles or tendons. Traditional hip replacement involved cutting major muscles to access the hip joint, thus recovery of the cut muscles takes a longer time to heal.

Advantages of DAA-THR include:

- Smaller incision
- Minimal soft-tissue trauma
- Less post-operative pain
- Minimal blood loss
- Shorter operative time
- Quicker recovery
- Early mobilization
- Short hospital stay
- Less postoperative restrictions
- Less scarring
- Quicker return to normal activities
- Reduced risk of dislocation
- More accurate restoration of natural anatomy
- More accurate leg length

One of the most exciting advantages of DAA-THR surgery is the decreased risk of hip dislocations, as the hip is more stable and all the natural stability is preserved. Patients usually go home the next day of surgery as they can start walking and climbing same or next day of surgery, Whereas in a more traditional lateral and posterior approaches, hospital stays can be up to one to two weeks.

At Dr L H Hiranandani Hospital we have been successfully performing the Direct Anterior Approach for THR surgeries. However it is to be noted in our mind that this approach would be difficult in patients such as obese patient, completely stiff hip, severe osteoporotic patient with fracture neck femur and multiple hip surgeries in the past.





Dr Vijay Shetty

Consultant Orthopaedic
Surgeon

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However, the biggest attraction of this therapy was that this was considered very safe as PRP is one's own blood.

Platelet Rich Plasma

in Orthopaedic Clinical Practice: Early Indian Experience

■ *The Beginning*

When I first saw an article in the "The Times of India" in the year 2009 on the use of platelet rich plasma (PRP) for an elite athlete in the USA, I was too curious to learn more about it. I wrote to the doctor who performed this procedure. Dr Allan Mishra from Stanford University, California, immediately invited me to join him in the first-ever meeting of

Biological Orthopaedic Society (BOS) in the USA. I was thrilled by this gesture and attended the meeting held on the sidelines of American Academy Annual Conference. I was made the founder member of BOS at the meeting and the next two days were spent with Dr Mishra learning more about PRP.

To initiate the new therapy, I had to apply to our ethics committee for an approval. In 2009, the evidence for the use of PRP in clinical practice was very weak. However, the biggest attraction of this therapy was that this was considered very safe as PRP is one's own blood. After a few meetings with ethics committee, I finally got an approval. My first patient was our own secretary who was suffering

from recalcitrant plantar fasciitis for a very long time. With informed consent, PRP was injected into her painful foot. The patient started feeling better at three weeks and was fully cured at two months. This encouraged us to move forward with the use of PRP in other clinical conditions such as recalcitrant tennis elbow, Golfer's elbow, rotator cuff tendinopathies and Achilles tendinopathies.

■ *The Preparation*

When we started PRP therapy, we used our own blood bank to prepare PRP in consultation with our Pathologist. About a year later we started using the commercial kits. Today there are kits which produce activated PRP, non-activated PRP, leucocyte-rich PRP and leucocyte-poor PRP. These formulations are very important when it comes to different indications. The details of different formulations and different PRP producing kits are beyond the scope of this article.

■ *The Experience*

Over the past 8 years, we have been using PRP in our clinical practice for various clinical conditions as shown in the table 1. In our set up, initially we have used only visual analogue scale (VAS) as the main outcome measure generally. However, certain conditions such as plantar fasciitis was studied with different outcome measures and published. We have collaborated with prestigious institutions around the country and world and published scientific articles.²³



Table 1: Our experience with PRP for different clinical conditions with VAS as the outcome measures

Diagnosis	Number of patients	Mean Pre-procedure VAS	Mean three months VAS
Plantar fasciitis	88	7.25	2.2
Tennis elbow	57	7.33	2.8
Golfer's elbow	08	8.3	03
Supraspinatus tendinitis	23	7.83	3.1
Patellar tendinitis (<i>Jumper's knee</i>)	15	08	04
Chronic ankle sprains	16	06	05
Achilles tendinopathy	22	7.2	3.1
Others	16	8.3	4.2
Total	245	7.52	3.42

■ Conclusion

We are happy with the overall performance of PRP in various clinical situations, though, we agree that there is a paucity of level-one evidence strongly supporting the use of PRP in general. However, literature evidence appears to suggest that PRP is useful in early osteoarthritis and tennis elbow. Evidence appears to be inconsistent for the use of PRP in other conditions such as Golfer's elbow, rotator cuff tendinopathy and Achilles tendinopathy. There have been no serious adverse effects reported with the use of PRP in clinical practice. With this information in hand, it is recommended that a clinician wishing to use PRP in his clinical practice should engage with the patient for a fully informed consent and be wary of inconsistent and inconclusive evidence for some conditions.

¹ Shetty VD, Dhillon M, Hegde C, Jagtap P, Shetty S. A study to compare the efficacy of corticosteroid therapy with platelet-rich plasma therapy in recalcitrant plantar fasciitis: a preliminary report. *Foot and ankle surg.*: 20(1). 10-13. 2014

² Dhillon MS, Behera P, Patel S, and Shetty V. Orthobiologics and Platelet Rich Plasma. *Indian J Orthop.* 2014. 48(1): 1-9

³ Hussain N, Johal H, Bhandari M. An evidence-based evaluation on the use of platelet rich plasma in orthopedics – a review of the literature. *SICOT J.* 2017. 3, 57

⁴ Hussain N, Johal H, Bhandari M. An evidence-based evaluation on the use of platelet rich plasma in orthopedics – a review of the literature. *SICOT J.* 2017. 3, 57



Dr Vijay Shetty

Consultant Orthopaedic Surgeon

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Currently India has a population of 1.34 billion and therefore it is likely that nearly 70 lakhs people can get ankle injuries per year in India alone. About 50 lakhs (85%) of these people may not have fractures and may not need X-rays.

“Shetty Test”

to avoid X-rays in Ankle injury patients

Ankle injuries are arguably the most common injuries making it to almost 30% of all injuries that present at the emergency departments. Traditional approach of these injuries, by any doctor, involves X-ray examination. If one looks at the outcomes of all ankle injuries, only 15% of them end up with fractures. This means that 85% of these patients may not require X-ray examination if clinical examination rules out fractures.

X-ray examination of any patient is time consuming, costly and involves risk of radiation exposure. Minimum, nearly an hour of time is spent for regular ankle X-ray. Each X-ray can cost anywhere from Rs 300 – 500 depending on the healthcare provider. Besides, radiation exposure is harmful and should be avoided if at all possible.



It is estimated that the incidence of ankle injury is about 55 per 10000 of population each year globally. Currently India has a population of 1.34 billion and therefore it is likely that nearly 70 lakhs people can get ankle injuries per year in India alone. About 50 lakhs (85%) of these people may not have fractures and may not need X-ray.

If one can find a way to avoid X-rays in 85% of ankle injury population, we will save time, a lot of money and avoid hazards of radiation exposure. For years, we have been researching on this and have developed a clinical test to avoid X-rays in patients who may not have fractures. The test was validated and this work was published earlier. The test called "Shetty test" is easy to perform and can be performed by any junior doctor. This test was recently re-validated in one of the major trauma centers in Spain and the authors concluded that this is a very useful and simple test and recommended it's use in all emergency departments around the world. If one follows this test, we are likely to save time and going by the statistics, likely to save a minimum of Rs 150 Crores annually in India alone and globally, around 1000 Crores!

(<https://www.ncbi.nlm.nih.gov/pubmed/23412201>)*

(<https://www.ncbi.nlm.nih.gov/pubmed/29572077>)*

For more information, please see the TEDx talk on "Shetty test" -

https://www.youtube.com/watch?v=p_2rzHMUmXo



Dr Vimal Pahuja
General Medicine &
Metabolic Physician

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Weight loss of more than 20% have shown to reverse diabetes and give favourable cardiovascular outcomes as seen in the patients who have undergone bariatric surgeries or have done extensive lifestyle changes.

Obesity in Elderly

Multidisciplinary team approach shows the way

Mrs Ranjana (named changed) lay in the hospital bed distressed and in pain. She had suffered a knee injury after being knocked down by a motorbike. She was in her late 60's who had minor heart problems, hypertensive and diabetes. She had obesity issue and her medications kept increasing as the time went by. She became more home bound, barely walking. She was feeling miserable as she could not walk and was

in pain although her injury did not seem severe enough to the doctors treating her. Her children approached the **Metabolic** centre in the hospital.

Obesity in elderly is an issue which nobody addresses. Obesity is a chronic progressive disease, as declared by American Medical Association and World Obesity Federation. Despite that, the idea that obesity should be looked

upon as a disease or treated as other chronic diseases has not gained the momentum amongst the physicians, patients and society at large.

Obesity is the cause for various heart diseases, Diabetes type-2, hypertension, and even cancers but the primary reason is seldom addressed while focus is on the other chronic disease. Weight loss of more than 20% have shown to reverse diabetes and give favourable cardiovascular outcomes as seen in the patients who have undergone bariatric surgeries or have done extensive lifestyle changes.

Obesity is now called adiposity (*fat cells*) based chronic disease by American Association of Clinical Endocrinologists, signifying that this condition requires long term treatment and follow up, and not just focusing on weight loss at a given point in time.

Mrs Ranjana, as many other patients, was not sure whether weight loss can be addressed at this age whether she will be able to walk again.

The entire team at the Metabolic Centre at Dr L H Hiranandani Hospital comprising of metabolic physician, dietician, exercise specialist, counsellor and patient coordinator evaluated. She agreed to undergo dietary changes, exercise and counselling for her unmindful snacking. She was started on a 12-week weight loss program. Initially she would be breathless after barely walking few steps. The initial rapid weight loss always helps patient to get motivated and working on this principle, we started her on weight loss medication (*GLP1 analogue*), which helps to increase the satiety. The medications and diet helped her to reduce weight at the outset and under supervision of exercise specialists she was able to exercise. At the end of 3 months she was able to lose 10 kg of weight. Her confidence levels improved, her glucose levels and blood pressure were better controlled and she became careful about her diet.



So, the mantra for obesity treatment is



Acknowledging that obesity is the disease is the first step



Scientific treatment for obesity under the supervision of trained physicians and obesity experts, in a multidisciplinary approach



Universal diet or lifestyle will not help everybody and the treatments have to be individualized



Obesity is a chronic progressive disease because of adipocyte dysfunction and the treatment is a long-term like any other lifestyle disease



Dr Nilesh Chaudhary
Consultant Neurologist

“

We concluded that these cases occurred owing to the behaviorally induced sleep deprivation due to gazette use, binge watching and abnormal working pattern....

Is Isolated Acute Sleep

Deprivation Risk for Unprovoked Seizure in Young Age?

Sleep and seizures have a strong relationship. And to ascertain this, we decided to study relationship between a first unprovoked (*without acute trigger*) seizure and sleep deprivation in young age group.

Acute Sleep Deprivation is defined as less than 4 hours of sleep in a day and at least 3 days in last week prior to the seizure.

We included in our study those patients who are less than 40 years with first unprovoked seizure. We recorded all demographic details, working and sleep patterns.

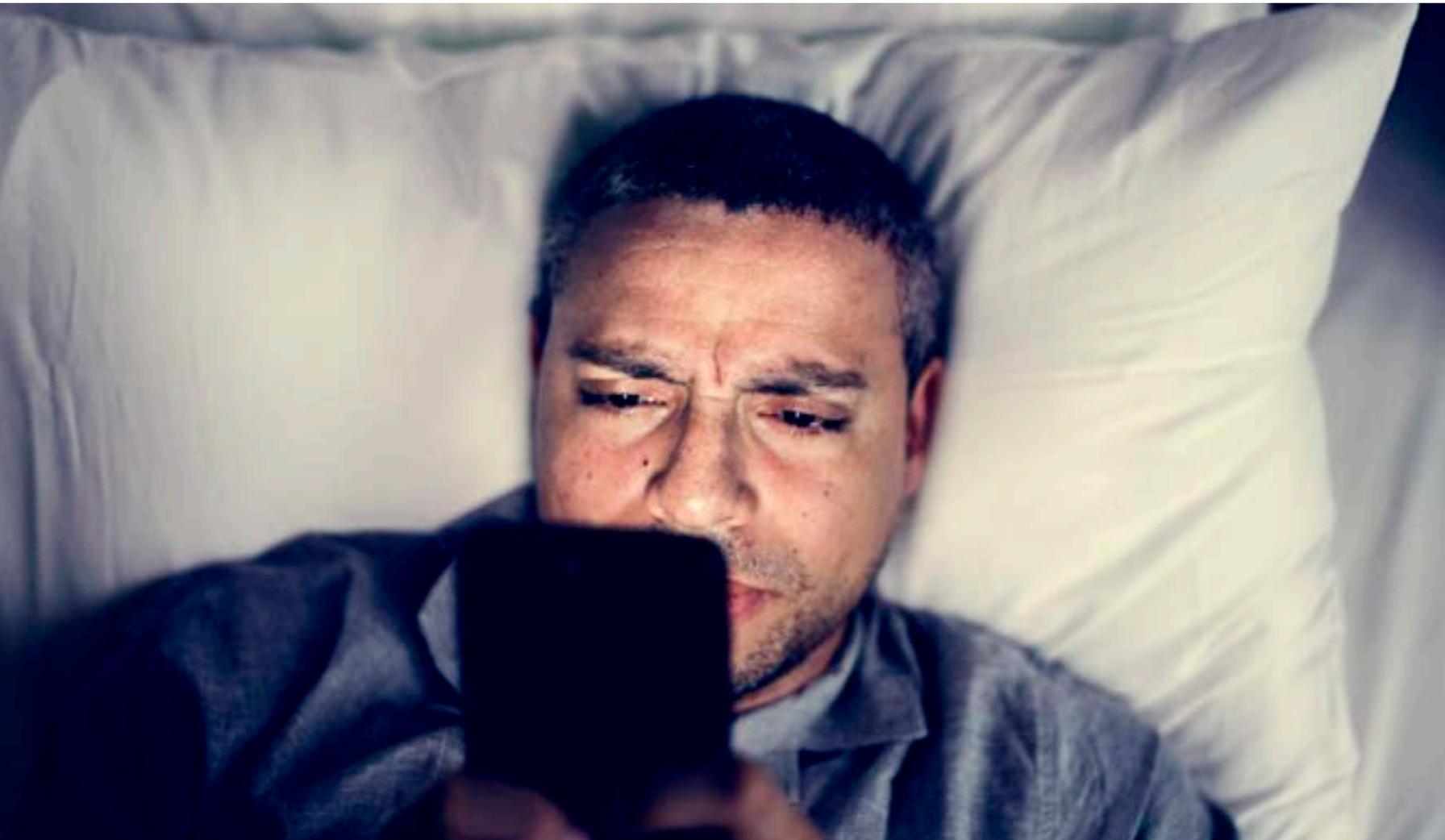
Exclusion criteria were any structural brain lesions, alcohol intake, prior seizure history and abnormal EEG, family history of seizures, metabolic and toxin-related seizures and patient with acute or chronic medical illness.

All patients underwent Contrast Enhanced-1.5 Tesla MRI Brain Epilepsy protocol and 1-hour EEG within 6 hours. They were followed up after 3 months, 6 months and 12 months for seizure recurrence.

In two years, we studied 30 cases of unprovoked seizures. After applying exclusion and inclusion criteria, 15 were concluded as first unprovoked seizures. Out of these, 10 cases (33.33%) have fulfilled inclusion criteria for unprovoked seizures due to sleep deprivation. All the above 10 cases showed normal results for the MRI and EEG.

As these were first seizures, none of patients received benzodiazepine or anti-epileptic drugs.

We concluded that these cases occurred owing to the behaviorally induced sleep deprivation due to gazette use, binge watching and abnormal working pattern specially amongst the IT professionals are the commonest cause for sleep deprivation in the healthy young population. They were treated with lifestyle changes and sleep hygiene modification after counseling. This group of patients do not need antiepileptic drugs if lifestyle measures are followed.





Dr Bijal Shrivastava
Consultant Paediatrician

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Virtual Autism is man-made. It occurs in children who are exposed to increased screen time such as television, mobile, tablets, computers; and they start developing similar symptoms.

Virtual Autism - Present Era Demon

During a routine OPD consultation of a 3-year-old boy, I found him having delayed speech and a withdrawn attitude. He would watch television for 4- 5 hours daily. I advised his mother to stop that and asked her to spend more time with him, speak to him, show him books and take him outdoor to play with other children. Over the next 6 months, his speech improved to

match with his peers and his personality changed. What I have just described is a case of “virtual autism”.

In general, Autism Spectrum Diseases (ASD) are a spectrum of disorders that affect information processing in multiple ways. According to CDC 2014 report, prevalence of autism has risen by 30% over past 2 years.



Symptoms may start as early as in the 1st year of life. Different developmental areas are hampered as follows



Impairment in social interaction such as not being able to use multiple non-verbal behaviours for communication (*such as eye gaze, facial expressions, body postures*); engagement in self play; having a non-sharing behaviour and non-emotional engagement with family and peers



Impairment in communication skills manifested by delayed speech or an inability to hold conversation with peers



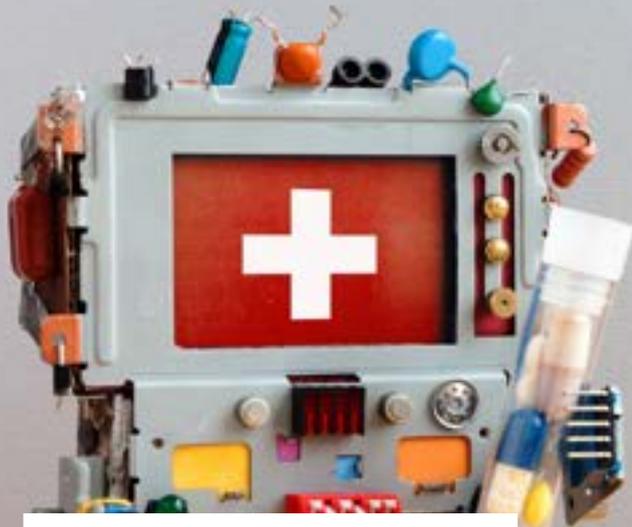
Stereotyped behaviours such as preoccupation with objects or any interests and repetitive motor mannerisms

Cause of ASD is multifactorial such as genetic predisposition, environmental toxins, altered gut microbiota and immune alterations. This form of autism can be modified with therapy and medications, but doesn't have a permanent cure.

In contrast, Virtual Autism is man-made. It occurs in children who are exposed to increased screen time such as television, mobile, tablets, computers; and they start developing similar symptoms. It's established that in front of the screen, visual activity takes place in a fixed 2 dimensional plane as compared to a moving 360-degree plane in

the real world. It also presents an alternative world filled with colors, sound, music, movements, voices; all of these seem attractive to a developing infants rather than the real world. In addition there's a paucity of mutual imitation with other humans which normally happens on day-to-day basis. Fortunately there is a complete reversal of these symptoms on stopping the screen time.

Hence we would advise all the parents not to allow any form of screen time till the child is 2 years old and beyond that limit it to only 1 hour per day.



Dr Atul Rane
Consultant Paediatrician

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SPT can very well be done for all children more than 1 year of age depending on the child's cooperation and condition.

Role of Skin Prick Testing in Paediatric Allergy: Myths & Facts

Allergen skin testing was first used by Dr Charles Blackley to diagnose pollen as the cause of his hay fever in 1873. In 1924 the current skin-prick test (SPT) method was introduced and in 1975 Prof. Jack

Pepys proposed the modified skin-prick testing method. Ever since then despite discovery of other newer in vitro methods for allergy diagnosis, SPT remains the gold standard for IgE-mediated allergic conditions.

Myth

Fact

- SPT cannot be done for children
 - SPT is a painful test, since it involves multiple pricks over the skin
 - In vitro serum testing is better for allergy diagnosis
 - SPT is not available and difficult to perform
 - There are chances of reactions with SPT
- SPT can very well be done for all children more than 1 year of age depending on the child's cooperation and condition
 - In SPT, epidermis is punctured very superficially. There are no vessels and minimal nerve endings. Hence if done properly it neither leads to pain nor bleeding
 - Sensitivity and specificity of skin testing is more than serum specific IgE tests
 - SPT is now available in many hospitals which provide allergy care and management
 - Although documented, risks of anaphylaxis and allergic reactions with SPT are very rare [$\sim 0.001\%$]. It is advisable to keep emergency resuscitation kit ready always at centres which do SPT.



Dr Hetal Joshi
Consultant Fertility
Specialist

“
*Treating infertility is our passion
not our occupation and
we do it with compassion...*

How to get pregnant faster?

‘**M**otherhood is a woman’s birthright and we believe every woman should have it...’
It is a dream of most men and women to become parents and have children to love and care for. It is one of the greatest blessings in a lifetime to become a parent.



Some tips and tricks which can help...

- 01. Prioritize:** Increasing age of marriage, career aspirations, postponing child-bearing have a great impact on fertility. Woman's age is the greatest determining factor in fertility. Her fertility is the maximum in her 20's. It starts decreasing significantly by 35 years. So, start early!
- 02. When to see a Consultant:** A fertility physician needs to be contacted when you are unable to conceive in spite of having regular unprotected intercourse for 1 year if you are less than 35 years of age or 6 months if you are above 35 years of age.
- 03. Right Investigations at the right time:** Hormonal profile and husband's semen analysis are the initial investigations. Rest of the investigations are done based on findings of ultrasonographic evaluation. Investigations like Hysterosalpingogram (HSG) and hystero-laparoscopy should be done as and when required. Thus, the investigations done should be individualized, cost effective and beneficial.
- 04. Lifestyle Management:** Conditions like premature ovarian ageing, infertility due to polycystic ovarian syndrome; male infertility etc. may be related to a disturbed lifestyle. Treatment for many of the causes include lifestyle management, diet, exercise, addressing issues of stress management, alcohol consumption, smoking etc.
- 05. Stress management:** Stress though not a direct cause of infertility has a profound negative impact on fertility. Courses like 'Art of Living', Vipassana, psychological counseling, regular yoga go a long way in helping.

06. Newer tests:

- a. AMH: Helps to detect decreasing ovarian reserve.
- b. Endometrial blood flow: it is a Power Doppler Sonography to detect blood flow to the inner layers of the endometrium. It is like the seed and soil concept. An embryo will not grow unless blood supply carrying nutrients to the embryo is not adequate.
- c. Sperm function tests: can be abnormal even in an individual with normal semen analysis. It may be a cause for unexplained and recurrent IVF failures.

07. Various modalities of treatment:

- a. Ovulation induction with medicines will help you achieve pregnancy faster.
- b. IUI is an extension of physiological process for conception.
- c. IVF/ICSI: Proper pre-VF evaluation is the key to having high success rates in an IVF/ICSI cycle.
- d. Donor egg program: It gives one of the highest success rates in appropriately selected patients.
- e. Surrogacy: Though a less travelled path, it is a boon for some couples who can have their own biological child. It is indicated when the uterus is absent either from birth or removed surgically for some reason, recurrent abortions, recurrent IVF failures, endometrial problems like tuberculosis of the endometrium, Asherman's syndrome etc. or there is a debilitating medical condition which does not allow the woman to carry pregnancy

Dr L H Hiranandani Hospital provides all the solutions under one roof from consultation to counseling to investigations to all the various modalities of treatment.

Treating infertility is our passion not our occupation and we do it with compassion...





Dr Suvin Shetty
Consultant Pathologist

“
Vitros XT-7600 platform embraces the ‘Digital Chemistry’, which leverages the proprietary MicroSlide thin film technology and introducing a unique digital detection system to maintain high quality results.

Vitros XT-7600

Gearing to the next level of laboratory testing

The laboratory work seems to drive 70% of clinical decisions. However, it faces the challenges of staff shortages, compliance risks,

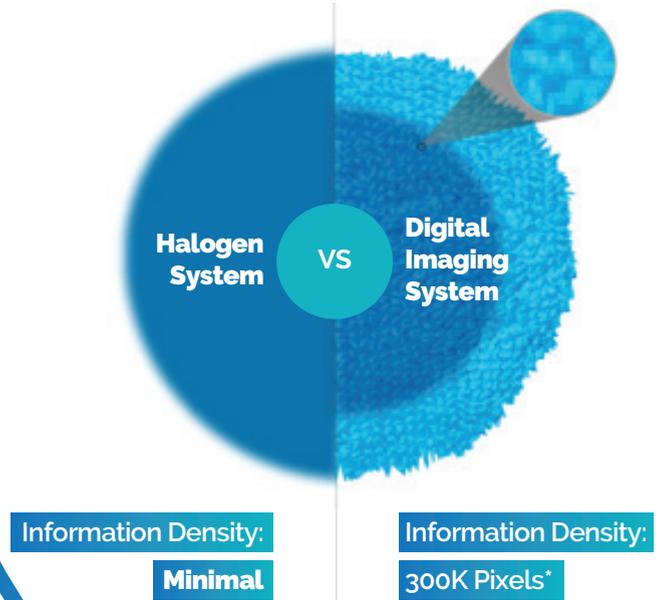
environmental concerns, and financial pressures. On the other hand, it also faces the challenges of delivering faster, more accurate results that drive higher quality healthcare.

Recently the Department of Laboratory Medicine procured the latest fully integrated chemistry and immunoassay analyzer, Vitros XT-7600.

Vitros XT-7600 platform embraces the 'Digital Chemistry', which leverages the proprietary MicroSlide thin film technology and introducing a unique digital detection system to maintain high quality results.

- **Increased Productivity** - Digital detection enables two tests to be run on the same slide, enables to reduce inventory storage and reagent handling time
- **Increased Reliability** - Uses digital LED light source instead of halogen bulb which can reduce replacements, further maximizing your analyzer's uptime
- **Improved Patient Experience** - Reads smaller sample volumes per test

Digital Imaging System captures data for algorithmic analysis:



XT MicroSlide:

Digital detection enables commonly requested tests to be paired on ONE slide, while maintaining the proven quality and accuracy of our proprietary dry slide technology.

Predictability

- Best in class service and support means maximum uptime.
- Benefits of dry slide technology drive result quality and consistency of first-time yield.



Reliability

- Leveraged Hardware from x600 products minimizes service interventions

Performance

- Enhanced assay performance & state of the art detection technology. Workflow excellence through minimized maintenance, reduced hands on time, and enhanced usability



Dr Anuradha Sriram
Consultant Microbiologist

“

India aims to eliminate tuberculosis by the year 2025. To achieve this goal, all health care workers must be on the lookout for any patient with suspected TB, and ensure rapid diagnosis....

Diagnosis of Tuberculosis

Tuberculosis, caused by *Mycobacterium tuberculosis* (MTB), is one of the most ancient diseases. It has been referred to in the Vedas and Ayurvedic Samhitas. Recently there is also an increase in the incidence of infections due to atypical *Mycobacteria*, also known as NTM (*Non-Tuberculous Mycobacteria*).

Conventional methods

- Direct detection of TB bacilli (*acid fast bacilli*) include smear (*Ziehl Neelsens Acid Fast staining and Fluorescent staining for AFB*) – sensitivity of 50-60%
- Culture on solid media such as Lowenstein Jensen (*LJ*) medium – requiring long incubation period (6-8 weeks) followed by a further 4-6 weeks for drug sensitivity testing (*DST*)

Therefore, rapid methods for detection such as Nucleic Acid Amplification Testing (NAAT) testing for detection of MTB DNA, followed by automated culture using a liquid medium are now recommended by both the WHO and the Government of India's Revised National Tuberculosis Control Program (now renamed as National Tuberculosis Elimination Program – (NTEP)

■ *GeneXPERT (Nucleic Acid Amplification Testing)*

At Dr L H Hiranandani Hospital, we do NAAT testing using the Cepheid GeneXpert MTB/RIF-Ultra, which is a RT-PCR detecting presence of MTB complex DNA. In positive specimens, the assay can also detect Rifampicin-resistance associated mutations of the *rpoB* gene. This is a rapid test and the results can be made available within a day, thereby allowing the clinician to make rapid critical decisions for patient management. The test can be performed on sputum, respiratory secretions, pus, sterile body fluids, and tissue biopsies. Blood cannot be processed by GeneXpert MTB/RIF Ultra.

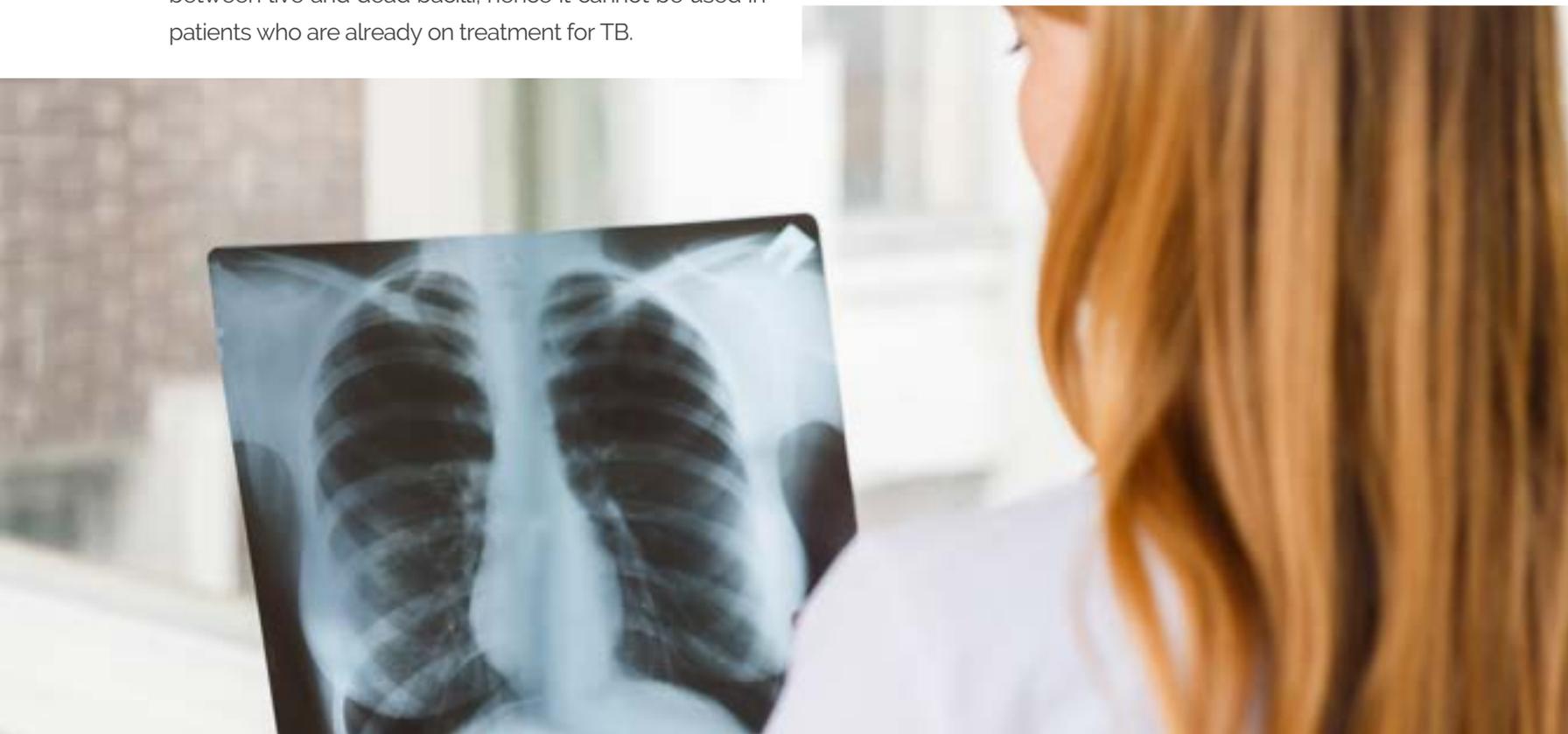
Limitation: The Xpert MTB/RIF test does not differentiate between live and dead bacilli; hence it cannot be used in patients who are already on treatment for TB.

■ *Automated Liquid TB culture*

Liquid culture for Mycobacteria followed by phenotypic Drug Sensitivity Testing (DST) is the gold standard for diagnosis of Mycobacterial infections, whether drug sensitive or drug resistant. This can also detect growth of NTM. We use the BACTEC MGIT 320 system for culture of Mycobacteria. Growth of MTB appears in most cases within 2-3 weeks, though negative cultures are incubated up to 6 weeks. The system continuously monitors the fluorescence of the tubes, with immediate notification of positives, thus speeding up the diagnosis.

India aims to eliminate tuberculosis by the year 2025.

To achieve this goal, all health care workers must be on the lookout for any patient with suspected TB, and ensure rapid diagnosis, initially by smear and NAAT testing (*GeneXpert*) which will allow treatment to be started at the earliest. This must be confirmed by automated liquid culture (*MGIT*), which is the gold standard; and, if culture is positive, phenotypic drug sensitivity testing. Notification of all TB positive patients (whether by smear, GeneXpert or culture) is mandatory by the Ministry of Health and Family Welfare, Government of India.





Ms Florence D'Souza
Infection Control Nurse

“

Hand hygiene is the primary measure to reduce infections. A simple action, perhaps, but the lack of compliance among healthcare providers is problematic worldwide.

Hand Hygiene to Control Hospital Associated Infections

Healthcare associated infections leads to more serious illnesses, prolong hospital stays, induce long-term disabilities, add high costs to patients and their families, contribute to a massive additional financial burden on the healthcare system and, critically, often result in tragic loss of life. By their very nature, infections

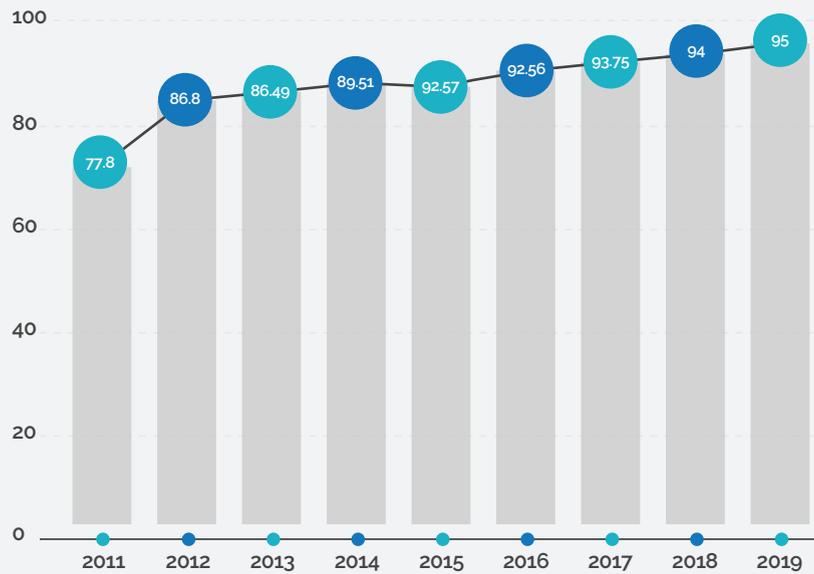
are caused by many different factors related to systems and processes of care provision as well as to human behaviour that is conditioned by education, economic constraints on systems and countries, and often on societal norms and beliefs. Most infections, however, are preventable.

Hand hygiene is the primary measure to reduce infections. A simple action, perhaps, but the lack of compliance among healthcare providers is problematic worldwide. The WHO First Global Patient Safety Challenge, "Clean Care is Safer Care", is focusing on improving hand hygiene standards and practices in healthcare along with implementing interventions including "My 5 Moments for Hand Hygiene" approach.

At Dr L H Hiranandani Hospital, we have team of twelve

secret auditors who undergo training by Infection Control Team on how to perform hand hygiene compliance audit. It is believed that a person's true character is noticed when no one is observing them, and hence we give task of performing hand hygiene audit to secret auditor. The audit findings on hand hygiene compliance are discussed quarterly in the HICC meeting. In addition, we conduct hand hygiene facility audit every six months in which the availability of wash basins / poster for education / availability of soap &/or hand rub are checked.

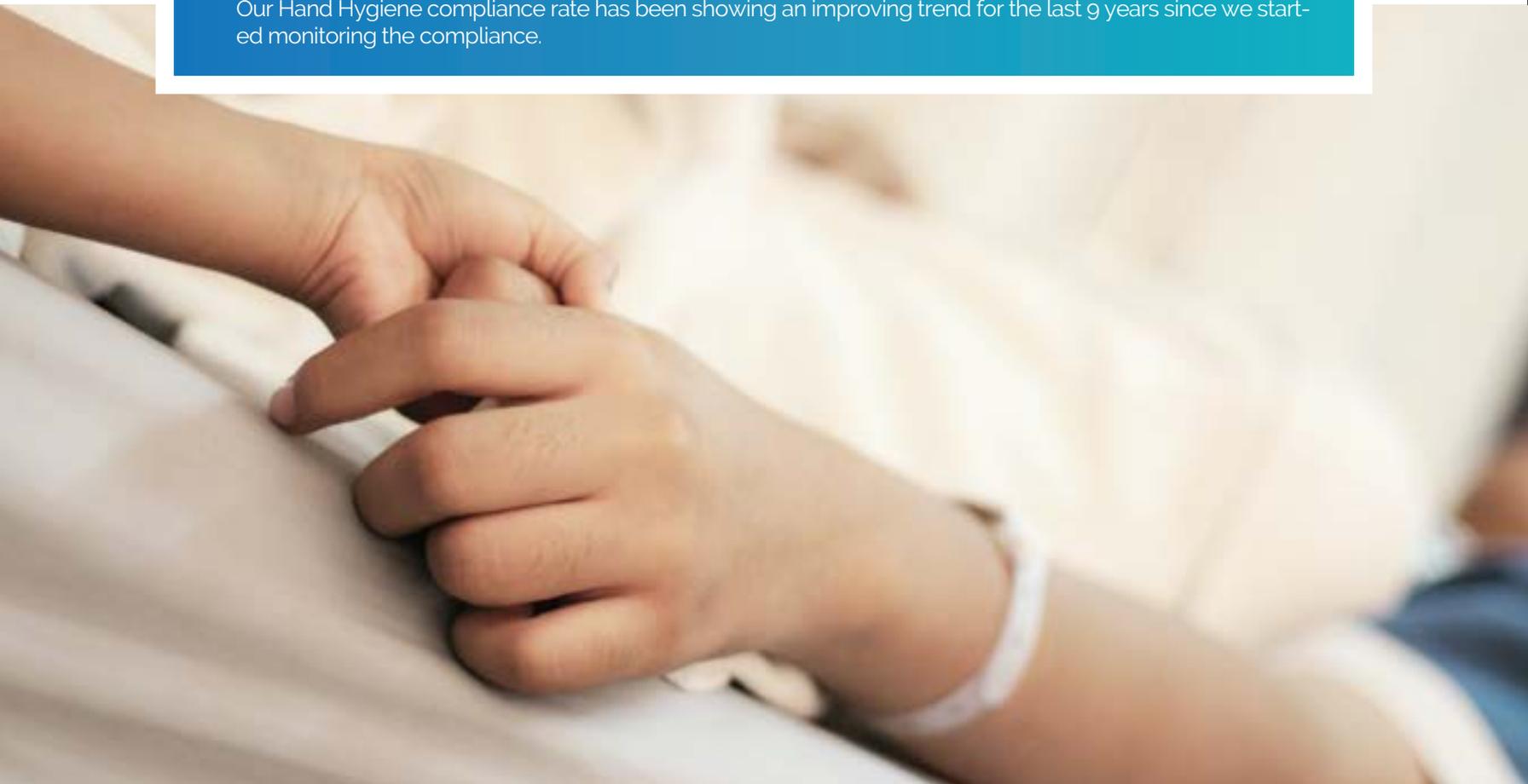




Our strategy to improve hand hygiene compliance is three dimensional

- Visual reminders through posters of steps & moments of hand hygiene as per WHO all over the hospital
- Awareness creation by conducting the Infection Control Week annually which includes a dedicated day for Hand Hygiene Day
- Ongoing training for all the employees every six months apart from the induction training

Our Hand Hygiene compliance rate has been showing an improving trend for the last 9 years since we started monitoring the compliance.





Ms Richa Anand
Consultant Dietician

“

..people with medical conditions should consult their doctor or a qualified nutritionist before beginning any fasting program.

Intermittent Fasting

Intermittent fasting is an eating pattern which alternates between periods of fasting and eating. It focuses more on the time when the food should be eaten rather than the nature of the food consumed.

6 popular ways to do intermittent fasting

1

The **16/8 Method** involves fasting every day for 14-16 hours and restricting the daily "eating window" to 8-10 hours. Within the eating window, one can fit in 2, 3, or more meals

2

The **5:2 diet** involves eating normally on 5 days of the week while restricting calories to 500-600 for the other two days

3

Eat-Stop-Eat involves doing a 24-hour fast, once or twice a week

4

Alternate-day fasting means fasting every other day

5

The **Warrior Diet** involves eating small amounts of raw fruits and vegetables during the day and eating one huge meal at night, i.e. "fasting" all day and "feasting" at night within a 4-hour eating window

6

Spontaneous meal skipping involves simply skipping one or two meals when you don't feel hungry or don't have time to eat

■ **Benefits**

- Reduce the total calories consumed
- Boost metabolism and increase the breakdown of body fat and facilitate its use for energy
- Reduce Insulin resistance thus lowering the risk of Type 2 Diabetes
- Reduce oxidative stress and inflammation in the body
- Induces cellular repair processes

■ **Potential Risks**

- Hunger pangs, generalized weakness and fatigue in the initial stages
- Overstuffing or binge eating during the eating window
- Abdominal discomfort and heartburn associated with excessive eating
- Overstuffing or binge eating during the eating window
- In severe calorie deficit diet, it can lead to hormonal imbalance causing disturbed menstrual cycle in women and lowered testosterone levels in men
- It is unsuitable for children, pregnant or lactating women, diabetics or people suffering from mental health disorders

However, people with medical conditions should consult their doctor or a qualified nutritionist before beginning any fasting program.



Mrs (Capt) Valsa Thomas
Nursing Director

“
To accomplish our mission, “To be the preferred choice for healing and good health”, the Nursing Department strives to improve the quality of care and achieve patient satisfaction.

Patient Satisfaction - Role of the Nurses

Patient satisfaction level is a direct link to the success of any healthcare organization and is an important indicator of the quality of care delivery. Recognizing the importance of patient satisfaction and the

nurse's contribution and keeping in mind safety of the all patients, the nursing department has commenced various steps to prepare the nurses to perform the best.

Induction and Grooming: A well-structured three-week induction program is scheduled for all new nurses, helping them in familiarizing to the organizational culture and processes. On completion of induction they are deployed to the departments subject to their skill sets. Further on-the-job training is carried out under the supervision and mentorship of the Executive Nurse.

Competency Assessment & Privileging: Nurses are privileged according to their skill and experience. Patient assignment is based on their competency. Shifts are led by a team leader.

Shift Handover Checklist is introduced to ensure complete communication about patients under the care of nurses, helping in minimizing errors.

Motivation and Team-work: The buddy system has been

initiated, aimed to have a mentor and a friend when a junior needs help.

Specialization: To create competent nursing team capable of handling the desired care for the patients, various special courses like nursing management course, critical care nursing, infusion nurses training, ACLS, neonatal resuscitation program, and diabetic nurse educator program are periodically conducted.

Research Activities and publications have been successfully conducted, helping analyze and benchmark the quality of care and also implement evidence-based practices

To accomplish our mission, "To be the preferred choice for healing and good health", the Nursing Department strives to improve the quality of care and achieve patient satisfaction.





Anil N Dhamdhare
General Manager – Engineering

“

Initiatives like revamp of the central air-conditioning plant and LED light replacement resulted in huge saving. We have successfully lowered the electrical consumption, cost and the carbon footprint of the building.

Engineering Update

The hospital building is enveloped double-walled structure which is conceptually planned to be energy efficient. The team has maintained the

look and feel of the building and adorability at its best. We have scrubbed the exterior and there is new life to the flooring adding up the sparkle.



Efforts have been continuously made to ensure safe and risk-free environment in the hospital. We initiated the installation of onsite effluent treatment plant. We strengthened the basement area smoke extraction system with high power and added fire suppression system inside kitchen exhaust duct. Our electrical installation routinely undergoes thermography scan, special technique to detect hot spots and risk of electrical fire. To improve the quality of electrical power, we have active harmonic correction system in place.

Initiatives like revamp of the central air-conditioning plant and LED light replacement resulted in huge saving. We have successfully lowered the electrical consumption, cost and the carbon footprint of the building.

Dr L H Hiranandani Hospital building has been rewarded by the Maharashtra Energy Development Agency (*MEDA*), Govt Of Maharashtra. The energy efficient initiatives were recognized by the Confederation of Indian Industry (*CII*), Western Zone Task Force, in association with Conserve Consultants and Hosmac Consultant Pvt Ltd.

The hospital building energy consumption is less than 200 EPI (*Energy Performance Index*) is the best amongst the multispecialty hospital sector. It is our policy to conserve natural resources, to care and protect environment.

AHPI

'Quality Beyond Accreditation' award



Dr Shashikant Pawar

General Manager, Operations & Projects

Dr L H Hiranandani Hospital was recently awarded the prestigious 'Quality Beyond Accreditation' award at the AHPI Global Conclave – 2020 organized by the Association of Healthcare Providers of India (AHPI) at Bengaluru.

Operations and quality go hand-in-hand, where the quality systems are the measures of the process efficiency. We review the hospital standard operating procedures periodically to have the process efficiency with involvement of each stakeholder. We strive on improving the quality management systems by constant monitoring & validation mechanism and by benchmarking with national and international standards. The hospital fosters the quality culture and patient centric approach. The patient satisfaction index score is the key measure which is kept at around 4.4 out of 5. This is remarkable in a service industry.

There is no compromise when it concerns quality. In order to go beyond accreditation, hospital engages in inculcating quality standards and process from grassroot level. We strive for continual quality improvement and to elevate the bar of quality and performance excellence. We are striving to set standard of care in all areas of healthcare provided and to make us the leaders in quality in healthcare.



Paper Publications

(2019 – 2020)

- 01** Thomas E, Thomas CV, Varghese SS. A Descriptive Study to Assess the Level of Compassion Fatigue among Nurses Working in Dr. L. H. Hiranandani Hospital. *Int J Nur Res.* 2019; 5(2): 41-44
- 02** Potdar MP, Kamat LL, Mahevi Z. Pharmacokinetics of Desflurane in Clinical Setting: At Two Different Flow Rate. *Res Inno in Anesth* 2018;3(2):41-53
- 03** Aditya S Kadavkolan et al. Latissimus dorsi transfer for massive posterosuperior rotator cuff tears: what affects the postoperative outcome? *J Shoulder Elbow Surg (2019)*, Page 1–7
- 04** Kulkarni S, Shetty AP, Alva KK, Talekar S & Shetty VD (2019). Reply to comment on: Patellar instability in Indian population: relevance of tibial tuberosity and trochlear groove distance. *SICOT J* 2019, 5, 24
- 05** Emmanouil S. Brilakis, Ganesh Kumar et al. Guiding Principles for Chronic Total Occlusion Percutaneous Coronary Intervention: A Global Expert Consensus Document. *Circulation.* 2019;140:420–433
- 06** Matti R, Gupta V, DK D'Sa, Sebag C, Peterson CW, Levitz D. Introduction of Mobile Colposcopy as a Primary Screening Tool for Different Socioeconomic Populations in Urban India. *Pan Asian J Obs Gyn.* 2019;2(1):4-11
- 07** Amit Rajwade, Zarna Patel, Seeru Garg, Anita Soni. To study the obstetrical and neonatal outcomes in spontaneous v/s IVF conception. *Indian Journal of Obstetrics and Gynecology.* Vol 7 (4, Part-1), Oct-Dec 2019
- 08** Vimal Pahuja et al. Exploring the factors associated with lipohypertrophy in insulin-treated type 2 diabetes patients in a tertiary care hospital in Mumbai, India. *International Journal of Diabetes in Developing Countries.* 2019
- 09** Mahale P, Warke R, Ramaiya M, Balasubramanian D, Shetty S, Mankeshwar R, et al. Assessment of efficacy of palm polymerase chain reaction with microscopy, rapid diagnostic test and conventional polymerase chain reaction for diagnosis of malaria. *Indian J Med Microbiol.* 2019;37:192-7

Paper Publications

(2019 – 2020)

- 10 **Pankaj Punjot, Valsa Thomas, Sudhaya Vinodkumar, Maninder Singh Setia.** A study to assess the effectiveness of a structured teaching programme on knowledge and practice of safe insulin administration among nurses in a tertiary care hospital: A pre-post design. *Journal of Nursing Education and Practice*. 2020, Vol. 10, No. 3
- 11 **Rakhee Sahu, Divya.** To determine the efficacy of uterine artery pulsatility index and pregnancy associated plasma protein-A in the first trimester as a predictor of gestational hypertension - Prospective Observational Cohort Study. *Indian Journal of Obstetrics and Gynecology Research*. December 2019 (6)
- 12 **Pankaj Punjot, Capt. Valsa Thomas, Saly Suseel.** **NurCON 2018 - Nursing is Healthcare - The Road to Achieve Excellence.** *Int. J. of Advances in Nur. Management*. 2019; 7(3): 294-297
- 13 **Pankaj Punjot, Valsa Thomas, Sudhaya Vinodkumar, Maninder Singh Setia.** A study to assess the effectiveness of a structured teaching programme on knowledge and practice of safe insulin administration among nurses in a tertiary care hospital: A pre-post design. *Journal of Nursing Education and Practice*. 2020, Vol. 10, No. 3
- 14 **Asmita Garate, Capt Valsa Thomas, Soniya Susan Varghese.** A study to assess the effectiveness of urinary catheterization check-list in prevention of catheter associated urinary tract infection. *International Journal of Recent Advances in Multidisciplinary Research*. Vol. 06, Issue 10, pp. 5244-5247
- 15 **Ms. Sheryl Cornelio, Ms. Saly Suseel, Capt. Valsa Thomas.** "Compliance and effectiveness of nurse handover checklist category: new dimensions in patient safety", *International Journal of Development Research*. 2009 (12), 32861-32863
- 16 **Meenoti P Potdar, Laxmi L Kamat, Zakera Mahevi.** Pharmacokinetics of Desflurane in Clinical Setting: At Two Different Flow Rate. *Research & Innovation in Anesthesia*, July-December 2018;3(2):41-53
- 17 **Moursy, M., Niks, M., Kadavkolan, A. S., & Lehmann, L. J.** Do the radiological changes seen at midterm follow up of stemless shoulder prosthesis affect outcome? *BMC Musculoskeletal Disorders*. 2019, 20(1), 490

Awards and Accolades

(2019 – 2020)



Dr Sanjeev Jain

- Organising Chairman, IAACON-2019, 16th Annual Conference of Indian Arthroplasty Association, Mumbai, 2019



Dr Lincy Jacob

- Executive Committee member and Convener, Apheresis Committee, Federation of Bombay Blood Banks (2017 – 2022)
- Member, Organizing Committee, TRANSMEDCON-2019, 8th Annual conference of the Indian Society of Transfusion Medicine, 2019



Dr Suvin Shetty

- Part of Apex Organising Committee including the Co-Chairperson, Hospital Committee for the prestigious CAHOCON 2019, Mumbai



Dept of Engineering

- Certificate of Achievement, Multispecialty Hospitals - Exemplary Work in the field of Energy Efficiency - Hospital Building with less than 200 Energy Performance Index, Confederation of Indian Industry (CII) - Western Zone in association with Conserve Consultant Pvt Ltd and Hosmac Consultant Pvt Ltd, 2019
- For adopting innovative technology and energy conservation, 1st position in the Public Sector less than 5 MVA, Tata Power Ltd, 2019

Awards and Accolades

(2019 – 2020)

Dept of Obstetrics & Gynaecology

- Paper presentations by our DNB post-graduate students at the 48th Mumbai Obstetrics & Gynecological Society (MOGS) Annual Conference, 2020
 - > Dr Ramya Menon – 'Feto-maternal outcome in adherent placenta'
 - > Dr Ruchi Shah – 'Arterio-venous Malformation - An Obstetrician's nightmare'
 - > Dr Neelam Chandra – 'Large fibroid challenging uterine evacuation'
 - > Dr Vaijantimala Adkine – 'To determine the efficacy of uterine artery pulsatility index and pregnancy associated plasma protein a in the first trimester as a predictor of gestational hypertension – a prospective observational cohort study'

Dr Neelam Chandra was awarded the 1st prize and Dr Vaijantimala received the 2nd prize in best paper presentation category at the conference
- Dr Ruchi Shah (*DNB student*) received the 2nd prize in the paper presentation category for her paper 'a prospective comparative study of early destarvation versus conventional destarvation after Caesarean section' at the MEDINSPIRE-2019, An International Multidisciplinary Medical Summit at Pdm Dr D Y Patil University, Navi Mumbai, 2019
- Dr Ruchi Shah also received the 1st prize for her paper 'Mirena – an alternative to hysterectomy in abnormal uterine bleeding' at the Yuva FOGSI – West Zone, Gandhinagar



Faculty Positions

(2019 – 2020)



Dr Aditya Sai Kadavkolan

- 'Acromioplasty' at the International Arthroscopy Academy, 2019
- 'Evolution of Shoulder Arthroplasty' at the Indian Arthroplasty Association, 2019
- Faculty for following topics at the Indian Cartilage Society, 2019
 - > Tibial tubercle osteotomy
 - > GLAD lesion of shoulder
 - > Bucket handle tear of meniscus repair
- 'Management of bony lesions in Hip Impingement' at the Hip arthroscopy Update, 2019
- 'Suture Anchors in Shoulder Surgery' at the KEMH MBPT Arthroscopy course, 2019
- 'Abnormal anatomy in shoulder arthroscopy' at the BOS Basic arthroscopy course, 2020



Dr Lincy Jacob

- Convenor, Pre-conference Immunohematology Workshop, TRANSMEDCON- 2019, 8th Annual conference of the Indian Society of Transfusion Medicine, 2019
- 'Transfusion Practices and Challenges in Obstetric patients and IUT' at the ISTM-TRANSMEDCON, 2019
- 'Leadership in Healthcare' at the CMAI Regional Conference for Medical practitioners & HCW, 2019
- 'Quality Assurance in Immunohematology' at the ISBTI-TRANSMEDCON, Pre-conference workshop: Immunohematology Masterclass, 2019
- State Level training on NABH Accreditation & SOP on Blood Banks, IRCS, Vishakhapatnam, 2019



Faculty Positions

(2019 – 2020)



Dr Sanjeev Jain

- AAOS – American Academy of Orthopaedic Surgeon, Las Vegas, USA - March 2019
- 'PFC RP: Design goals and my experience' at the 20% Final Depuy Synthes, Udaipur, 2019
- Faculty for following topics at the Annual Congress of ISHKS, Bengaluru, 2019
 - > How to do a perfect Primary THR
 - > One sided game? Best option for medial OA is UKR
- Faculty for following topics at the AO-RECON Principles Course, Jaipur, 2019
 - > Key steps in planning TKA
 - > Limb Alignment & Kinematics in TKA
- IAACON 2019, 16th Annual Conference of Indian Arthroplasty Association, Mumbai, 2019
 - > Lectures
 - > Live Surgery on 'DAA – Direct Anterior Approach Hip Replacement'
- Faculty for following topics at the BOS Arthroplasty Course, Sion Hospital, Mumbai, 2019
 - > Complex primary TKA
 - > What's in & What's out in TKA : Status of CR Knees
 - > Navigation & Robotics in Knee Arthroplasty
- ICS – Indian Cartilage Society, 2019
- Faculty for following topics at the WIROC – Annual Conference of Bombay Orthopaedic Society, 2019
 - > Hip Arthroplasty Update – Complex Situations
 - > Total Hip Arthroplasty in Ankylosed Hip
- Faculty for following topics at the KEM Arthroplasty Course, 2020
 - > How to be right in bone cuts? In Total Knee Arthroplasty
 - > Moderator – Live Total Knee Replacement Surgery
- Faculty for following topics at the ROC 18th Winter Meeting of Ranawat Orthopaedic Conference, Advances & Techniques in Joint Replacement Surgery & Arthroscopy, Mumbai, 2019
 - > RORF Fellows Meet – THA in Ankylosed & Protrusion Hip
 - > Difficult/Complex case in TKR - Instability
 - > Difficult/Complex case in THR - Revision
- Faculty for following topics at the Hip Heuristics Conference, Mumbai, 2020
 - > Posterior to anterior approach in THR – It's difficult
 - > Great debate – exposure and approaches in THR
 - > THR and its accessories
 - > Cemented stems in revision THR – What problems they can solve

Faculty Positions

(2019 – 2020)



Dr Greeshma Shenoy

- Chapter on 'Yoga for Cardiac patients' in the book, Universal brotherhood through Yoga, 2019



Dr Rakhee Sahu

- Panellist for "Non-Communicable diseases in Gynecology and Obstetrics" at the C2D 2019- FOGSI-MOGS Conference, Mumbai, 2019
- Panellist for "Medical Dilemmas in Obstetrics", FOGSI, Medical disorders in Obstetrics Committee, Mumbai, 2019
- Judge for free paper presentation at the MEDINSPIRE-2019, An International Multidisciplinary Medical Summit at Pdm Dr D Y Patil University, Navi Mumbai, 2019
- Paper presentation on 'To determine the efficacy of uterine artery -pulsatility index and S. PAAP-A levels in 1st trimester of pregnancy for prediction of Gestational Hypertension' at the MEDINSPIRE-2019, An International Multidisciplinary Medical Summit at Pdm Dr D Y Patil University, Navi Mumbai, 2019
- Invited as Chairperson and Judge for Scientific paper presentations at MOGS-Mumbai Obstetrics & Gynecology Society Annual Conference, Mumbai, 2019





Dr Vimal Pahuja

- Poster on 'Combined effect of Dulaglutide and Canagliflozin on efficacy and glycaemia ariability of type-2 diabetic patient with weight recidivism post-bariatric surgery' at the DIACON 2019, Ahmedabad
- Poster on 'Use of GLP1 RA to break the set-point in elderly with metabolic syndrome' at the RSSDI 2019, Jaipur



Dr Suvin Shetty

- Session Chairperson, Theme – Healthcare Quality should impact Outcome, CAHOCON 2019

Events

Public Awareness Programmes

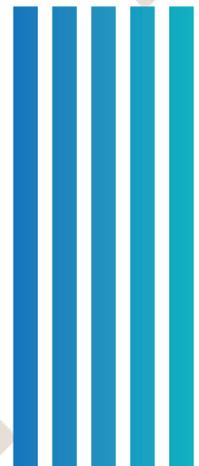


Stress Urinary Incontinence,

21st February 2019



*Heart and Brain
Programme,
9th March 2019*



Events

Public Awareness Programmes



Life Support Awareness,

Glen Classics,

28th April 2019



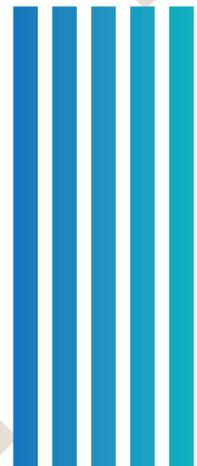
Events

Public Awareness Programmes

Life Support Awareness,

Torino,

5th May 2019



Events

Public Awareness Programmes



Life Support Awareness,

Glen Dale,

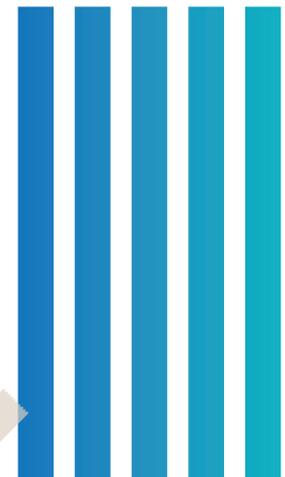
19th May 2019



Events

Public Awareness Programmes

*Public Awareness
at Brahman Samaj Hall,
20th June 2019*



Events

Public Awareness Programmes



Metabolic Support

Meet,

13th July 2019



Events

Public Awareness Programmes

*Cardiac Awareness
Programme,
22nd July 2019*



Events

Public Awareness Programmes



*Public Awareness
Programme, Nahar,
15th September 2019*



Events

Public Awareness Programmes

Cardiac Awareness

Event, Colaba,

29th September 2019



Events

Public Awareness Programmes



MBA Foundation

Health Camp

29th September 2019

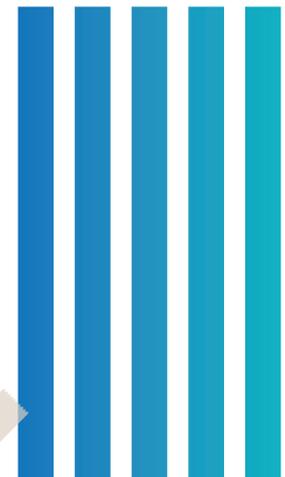


Events

Public Awareness Programmes

Breast Cancer Awareness

30th November 2019



Events

Continuing Medical Education



Pharmacy Conclave,

24th January 2019



Events

Continuing Medical Education

Live Orthopaedic

Surgery,

8th February 2019



Events

Continuing Medical Education



Diabetes Update,

10th March 2019



Events

Continuing Medical Education

Gastroenterology and

Hepatobiliary Update,

7th April 2019



Events

Continuing Medical Education



*Education Event for
Mumbra Doctors,
19th September 2019*



Events

Continuing Medical Education

Dermatology

Educational Programme

8th December 2019



Events

Major Events



Woman's Day,

8th March 2019



Events

Major Events



Nurse's Day,

11th May 2019



Events

Major Events



Cardiac Cath-lab Inauguration,

4th August 2019

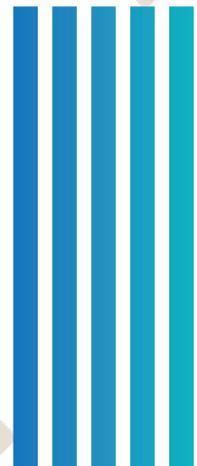


Events

Major Events

World Heart Day,

27th September 2019



Events

Major Events



Bone Marrow Transplant

Unit Inauguration,

4th October 2019



Events

Major Events



*World Mental Health Day at
Hiranandani Foundation School,*

10th October 2019



Events

Major Events



'Walk For Life' Event for Breast Cancer Awareness, 20th October 2019



Events

Major Events

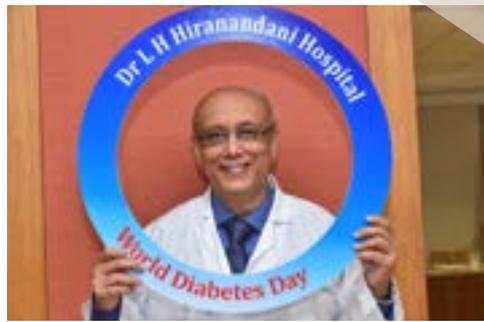
World Stroke Day,

2nd November 2019

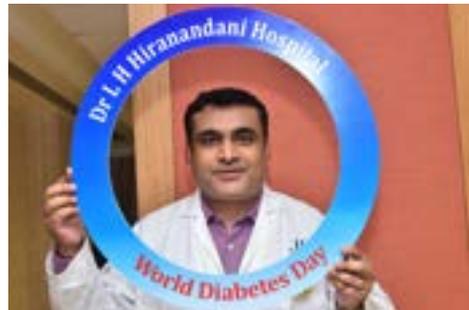


Events

Major Events



*World Diabetes Day,
29th November 2019*



Events

Major Events



Hiranandani Powai Run,

5th January 2020



“

Everyone has the desire to win.
But only Champions
have the desire to prepare.

”



Celebrations

102nd Birthday Celebration of Chairman,
Pdm Dr L H Hiranandani



Celebrations

Deepawali Celebrations and Lakshmi Poojan



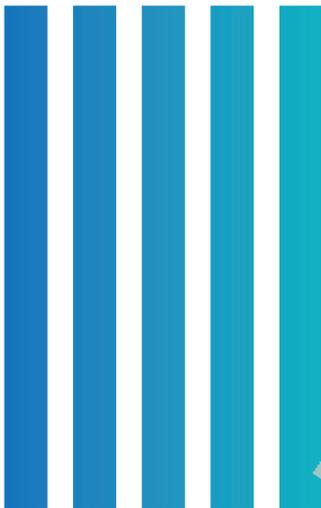
Celebrations

Christmas Party



Celebrations

Republic Day



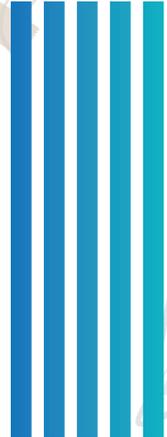
Celebrations

Republic Day



Celebrations

Annual Sport's Day, 2019



Celebrations

Annual Sport's Day, 2019



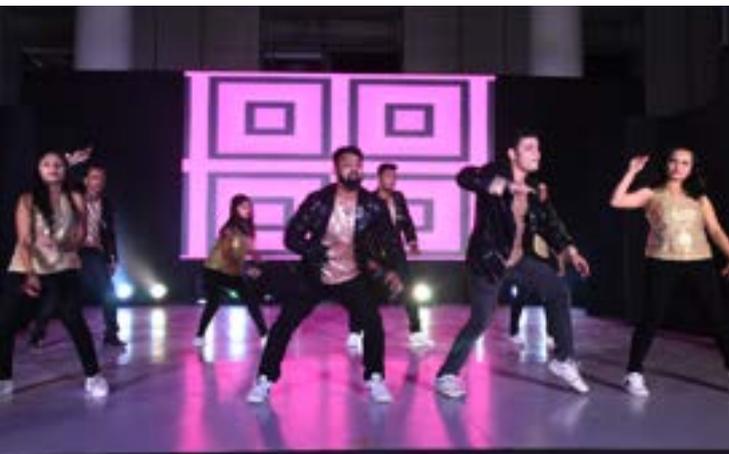
Celebrations

15th Anniversary Celebrations



Celebrations

15th Anniversary Celebrations



Celebrations

15th Anniversary Celebrations



Celebrations

Annual Awards Ceremony, 2019

Best Department Award,

Marketing



Best Outsourced

Department,

ISS Catering Services

Employee of the Year Award,

Mr Pankaj Punjot (Nursing)



Celebrations

Annual Awards Ceremony, 2019



Most Improved Employee Award,

Ms Chaya Borud

(Customer Care)

Late Dr Sameer Pradhan

Memorial Award,

Dr Amit Rajwade

(Obstetrics & Gynaecology)



Most Punctual Award,

Mr Janak Singh

(CSSD)



Celebrations

Annual Awards Ceremony, 2019

Most Regular Award,

Mr Rimo Adsule

(Materials)



Friend's Award,

Dialysis Unit,

Apex Kidney

Friend's Award,

Radiology Department,

SRL



“

**Healing is a matter of time,
but it is sometimes also a matter of opportunity.**

- Hippocrates

”

EDITORIAL



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Hospital**

Your Family Superspeciality Hospital™

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