CARE

BANJARA TIMES

CARE HOSPITALS

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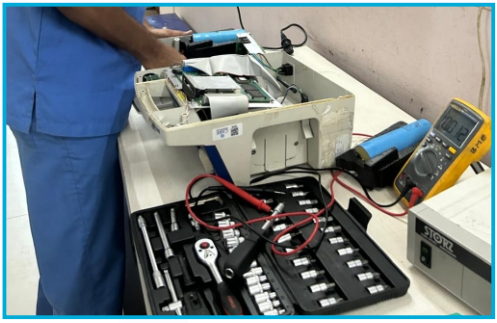

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We are an NABH Stroke Accredited Hospital

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Safety Beyond Standards: Building a Culture of Facility & Environmental Safety at CARE Hospitals, Banjara Hills

Dr. Ajit Singh
Associate Vice President
Medical Head

When patients walk through the doors of CARE Hospitals, Banjara Hills, they place something invaluable in our hands—their trust. While clinical expertise and advanced medical technology are fundamental to delivering exceptional healthcare, there is another pillar that quietly safeguards every patient, visitor, and healthcare professional every single day: Facility and Environmental Safety.

Safety is not defined by policies displayed on walls or checklists completed during inspections. It is reflected in every corridor that remains hazard-free, every medical device that functions reliably, every emergency system that is ready when needed, and every team member who understands that creating a safe environment is part of patient care.

At CARE Hospitals, Banjara Hills, we believe that safety is a culture—not an event. It is built through collective responsibility, continuous vigilance, and an unwavering commitment to doing the right thing, even when no one is watching.

A safe healthcare environment extends far beyond infection prevention. It encompasses fire safety, biomedical waste management, electrical and engineering systems, radiation safety, water quality, emergency preparedness, workplace ergonomics, and environmental sustainability. Every department, whether clinical or non-clinical, plays a vital role in ensuring these systems work seamlessly together.

Over the years, we have strengthened our safety ecosystem through regular mock drills, preventive maintenance programmes, environmental monitoring, structured audits, staff training, and continuous quality improvement initiatives. These are not merely compliance activities—they are proactive measures that protect lives and strengthen the confidence our patients place in us.

Equally important is fostering a culture where every employee feels empowered to identify potential risks, report concerns, and contribute to safer practices without hesitation. True excellence begins when safety becomes everyone's responsibility, irrespective of role or designation.

As healthcare continues to evolve, our commitment must evolve alongside it. Modern infrastructure, advanced technology, and world-class clinical care can achieve their true potential only when supported by a safe, resilient, and sustainable environment.

I extend my sincere appreciation to our Engineering, Biomedical, Infection Control, Nursing, Housekeeping, Security, Quality, and Clinical teams, whose dedication often works quietly behind the scenes but has a profound impact on every patient experience. Their commitment reminds us that safety is achieved not through individual effort but through collaboration across the entire organisation.

At CARE Hospitals, Banjara Hills, we will continue to invest in systems, processes, and people that strengthen our culture of safety. Because every safe environment we create today becomes the foundation for better patient outcomes tomorrow.

Together, let us continue building an institution where care begins with safety, excellence is sustained through vigilance, and every action reflects our commitment to protecting those who trust us with their lives.

Strengthening Clinical Excellence: Four Distinguished Specialists Join CARE Hospitals, Banjara Hills

CARE Hospitals, Banjara Hills, is proud to welcome two stalwarts of Indian medicine—Dr. S K Jaiswal, a doyen in Neurology, and Dr. Nagireddi Nageswara Rao, a pioneer in Cardiothoracic Surgery. With their arrival, we mark a significant milestone in strengthening our clinical leadership and deepening our commitment to excellence in patient care.

Dr. Saadvik Raghuram Y

Director – Medical Oncology & Hemato-Oncology

Advancing Cancer Care with Dr. Saadvik Raghuram Y

CARE Hospitals, Banjara Hills, welcomes Dr. Saadvik Raghuram Y as Director – Medical Oncology & Hemato-Oncology. With over 12 years of experience in Comprehensive Cancer Care, he brings expertise in Chemotherapy, Targeted Therapy, Immunotherapy, Precision Oncology, Hemato-Oncology, and Multidisciplinary Cancer Care.

Dr. Sarath Kumar Reddy A

Sr. Consultant – GI Surgery & Colorectal Surgeon, Laparoscopic & Robotic Surgeon

Enhancing Colorectal & Robotic Surgery Expertise with Dr. Sarath Kumar Reddy A

CARE Hospitals is pleased to welcome Dr. Sarath Kumar Reddy A, Senior Consultant – GI Surgery & Colorectal Surgeon, Laparoscopic & Robotic Surgeon. With extensive experience across India and the United Kingdom, he specializes in complex colorectal surgeries, advanced laparoscopic and robotic procedures, and gastrointestinal surgical care.

Dr. A. Suresh Chandra

Sr. Consultant - Surgical Gastroenterology

Strengthening Advanced GI & HPB Surgery with Dr. A. Suresh Chandra

Joining as Senior Consultant – Surgical Gastroenterology, Dr. A. Suresh Chandra brings more than 23 years of expertise in Advanced GI and HPB Surgeries. His areas of specialization include HPB Surgery, Advanced Laparoscopic and Robotic Surgery, Bariatric Surgery, Colorectal Surgery, and Gastrointestinal Endoscopic Procedures.

Dr. Nikhilesh Reddy Vedire

Consultant - Robotic & Laparoscopic, Colorectal & General Surgeon

Expanding Robotic Surgical Excellence with Dr. Nikhilesh Reddy Vedire

Joining the team as Consultant – Robotic/Laparoscopic Colorectal & General Surgeon, Dr. Nikhilesh Reddy Vedire brings over 9 years of surgical excellence. His expertise includes Robotic and Advanced Laparoscopic Surgeries, Colorectal Surgery, Minimal Access Surgery, Laser and Cosmetic Surgical Procedures, and Comprehensive General Surgical Care.

Elevating Care, Together

The addition of these four distinguished specialists reflects CARE Hospitals, Banjara Hills' continued commitment to building Centres of Excellence across key specialties. Their collective expertise, combined with CARE's patient-first philosophy and advanced clinical infrastructure, further strengthens our ability to provide comprehensive, innovative, and compassionate healthcare.

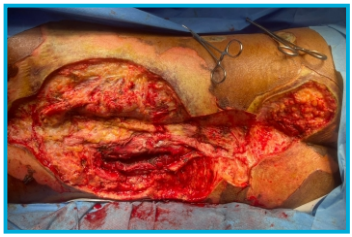
Multidisciplinary Management of Extensive High-Voltage Electrical Burns with Multiorgan Dysfunction: A Successful Recovery

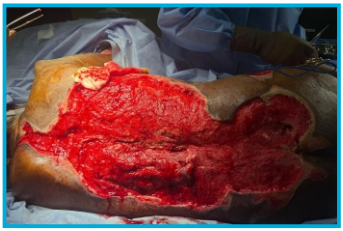
Through the combined expertise of the **Critical Care, Plastic Surgery, Anaesthesiology, Orthopaedic Surgery, Vascular Surgery, Physiotherapy, and Nursing teams**, alongside the remarkable resilience of the patient and unwavering support of the family, a life-threatening injury was transformed into a story of recovery. Today, the patient has been discharged in a stable condition, walking independently, and progressing confidently on the road to complete recovery.

A Complex Medical Challenge

A young patient was admitted to CARE Hospitals, Banjara Hills, after sustaining nearly 50% Total Body Surface Area (TBSA) high-voltage electrical burns (Grade II–IV)—one of the most severe forms of trauma encountered in emergency medicine. The burns affected the chest, back, lower limbs, and feet, with deep tissue destruction extending beneath the skin.

His condition rapidly became critical, with multiple life-threatening complications including rhabdomyolysis, acute kidney injury, septic shock,



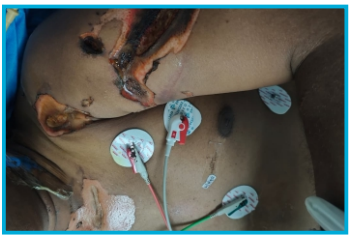


paralytic ileus, and ICU delirium. The patient required immediate intensive care, aggressive resuscitation, continuous organ support, meticulous infection surveillance, and round-the-clock multidisciplinary monitoring.

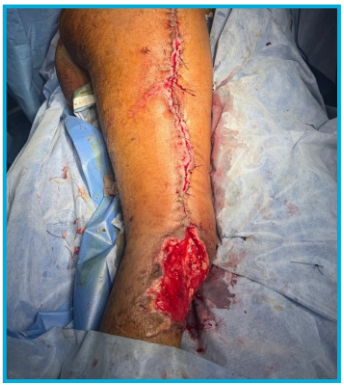
Coordinated Care Across Specialties

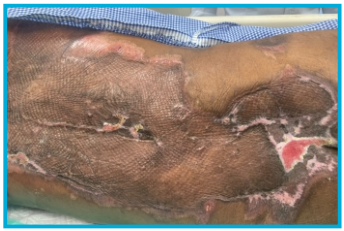
The patient's recovery demanded seamless collaboration between multiple departments, each contributing at crucial stages of treatment.

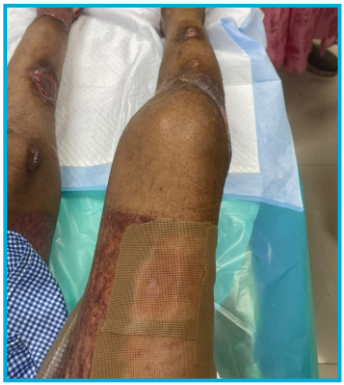
The Plastic Surgery team performed multiple staged debridements, emergency escharotomy, VAC therapy, wound bed preparation, and extensive split-thickness skin grafting. The Orthopaedic Surgery team managed the associated right clavicle fracture, while the Vascular Surgery team ensured limb viability.



The Critical Care team, under the leadership of Dr. K. C. Misra, coordinated complex ICU management, successfully treating organ dysfunction and preparing the patient for multiple surgical procedures. The Anaesthesiology team safely managed repeated high-risk surgeries, while the Physiotherapy and Nursing teams played an indispensable role in rehabilitation, wound care, mobilisation, pain management, and restoring functional independence.







Overcoming Multiple Complications

The journey was further complicated by polymicrobial wound infections involving Enterobacter, Pseudomonas aeruginosa, and Klebsiella species. These were managed successfully through culture-directed antibiotics, repeated surgical interventions, and meticulous wound care.

A Remarkable Recovery

Following weeks of coordinated multidisciplinary treatment, organ function steadily recovered, wounds healed successfully, skin grafts demonstrated excellent uptake, and rehabilitation enabled the patient to regain mobility.

Today, the patient has overcome rhabdomyolysis, acute kidney injury, septic shock, paralytic ileus, and ICU delirium, and has been discharged ambulatory, clinically stable, and on the path toward complete recovery.

Key Takeaway

This extraordinary case exemplifies the power of multidisciplinary collaboration, where every specialty worked together with a shared purpose. It is a testament to how coordinated expertise, evidence-based critical care, advanced reconstructive surgery, comprehensive rehabilitation, dedicated nursing care, and the patient's unwavering determination can transform even the most devastating injuries into stories of hope, healing, and renewed life.

Asymptomatic Primary Hyperparathyroidism Presenting as a Pseudo-Breast Lump from a Rib Brown Tumour

Dr. Sangeeta Jha
Sr. Consultant - Surgical Endocrinologist

Background

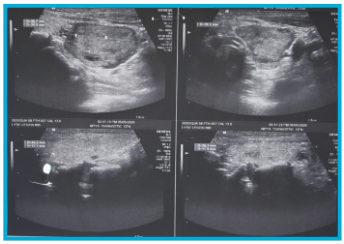
Primary Hyperparathyroidism (PHPT) is a relatively uncommon endocrine disorder characterized by excessive secretion of parathyroid hormone (PTH), most commonly due to a parathyroid adenoma. While classical manifestations include nephrolithiasis, osteoporosis, and neuropsychiatric symptoms, many patients remain asymptomatic and are diagnosed incidentally. Rarely, prolonged untreated disease may lead to skeletal manifestations such as Brown Tumours, which can mimic neoplastic lesions and pose a diagnostic challenge.

Case Presentation

A 59-year-old female presented to her gynaecologist after identifying a palpable lump in her left breast during routine self-examination. A screening mammogram revealed normal breast parenchyma; however, imaging demonstrated a cystic lesion beneath the breast arising from the left third rib. Further chest radiography confirmed a lytic cystic rib lesion suggestive of a Brown Tumour.

Diagnostic Workup

Neck ultrasonography demonstrated a vascular left inferior parathyroid adenoma. Biochemical evaluation revealed markedly elevated serum calcium and parathyroid hormone (PTH) levels, confirming Primary Hyperparathyroidism secondary



to a left inferior parathyroid adenoma.

Surgical Management

The patient underwent a successful Left Inferior Parathyroidectomy. Histopathological examination confirmed a benign parathyroid adenoma. Serum calcium normalized by postoperative day three, and the patient was discharged on oral calcium supplementation.

Discussion

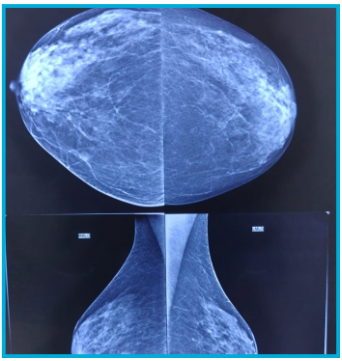
Brown Tumours are rare skeletal manifestations of advanced hyperparathyroidism caused by excessive osteoclastic bone resorption. They can mimic primary bone tumours or metastatic lesions. In this case, a presumed breast lump led to the incidental discovery of a rib Brown Tumour, ultimately revealing an otherwise silent endocrine disorder.

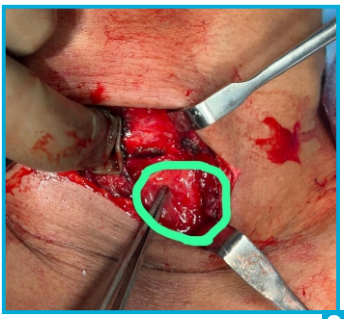
Clinical Significance

This case highlights the importance of considering metabolic bone disease in the differential diagnosis of atypical chest wall and rib lesions. It also underscores the value of multidisciplinary collaboration and careful radiological interpretation in identifying occult endocrine pathology.

Key Learning Points

- Primary Hyperparathyroidism may remain asymptomatic for years.
- Brown Tumours are rare but important skeletal manifestations.
- Rib lesions can masquerade as breast pathology.
- Biochemical correlation is essential for diagnosis.
- Parathyroidectomy remains the definitive treatment.





Emergency Pericardial Window for Massive Pericardial Effusion with Impending Cardiac Tamponade in a High-Risk Patient

Dr. Surya Prakasa Rao Vithala
Clinical Director & Head of Department
Cardiology

Background

A 48-year-old male from Vijayawada with morbid obesity (→100 kg), diabetic nephropathy, and significantly impaired renal function presented to CARE Hospitals, Banjara Hills, with progressive respiratory distress, severe desaturation, and hemodynamic compromise.

The patient had initially experienced chest pain that clinically mimicked an acute coronary syndrome and had undergone coronary angiography at another centre, where he was advised medical management. However, over the following two weeks, his condition deteriorated rapidly with worsening breathlessness and declining cardiac performance.

Clinical Evaluation

Urgent echocardiography revealed a massive pericardial effusion causing significant compression of the cardiac chambers, restricting ventricular filling and compromising systemic circulation. The clinical picture was highly suggestive of impending cardiac tamponade.

Clinical Challenge

Management was particularly challenging because of morbid obesity, massive circumferential pericardial effusion, minimal anterior fluid collection, hemodynamic instability, and worsening renal function. Conventional percutaneous pericardiocentesis was technically difficult due to the anatomical distribution of the fluid and limited anterior access.

Multidisciplinary Intervention

The multidisciplinary Heart Team made an immediate decision to proceed with an emergency surgical pericardial window procedure. The procedure was performed under general anaesthesia, creating a pericardial window for effective drainage.

Procedure Outcome

A total of 750 ml of pericardial fluid was evacuated successfully, resulting in immediate decompression of the heart and significant hemodynamic improvement. Fluid samples were sent for diagnostic analysis.

Post-Procedural Course

The patient was managed in the ICU with ventilatory support, hemodynamic monitoring, renal optimization, and multidisciplinary critical care. He was extubated after 72 hours and subsequently discharged in stable condition.

Key Learning Points

- Massive pericardial effusion can rapidly progress to cardiac tamponade.
- Surgical pericardial window is valuable when percutaneous drainage is technically challenging.
- Timely multidisciplinary decision-making is critical.
- Coordinated emergency and cardiac care can significantly improve outcomes.

Conclusion

This case highlights the importance of early diagnosis, prompt hemodynamic assessment, and decisive multidisciplinary intervention in managing life-threatening pericardial effusion. Despite multiple high-risk factors, the patient achieved successful recovery owing to rapid emergency stabilization and timely surgical decompression.

Empowered Within the Rules: What Sepsis Teaches Us About Nursing Autonomy

Dr Parivalavan Rajavelu
MS, DNB, FRCS
Consultant Surgeon,
Founder - SkillsforMed

It is 2 a.m. in a busy medical ward. Sister Lakshmi notices that the patient in bed 7 is not well. The patient is restless, breathing fast, warm to the touch. Her instinct is sharp — this looks like early sepsis. But she waits for the duty doctor who is has 10 years less experienced. By the time the orders are finally written, an hour has slipped by. In sepsis, that hour is crucial.

This scene is not unusual. The knowledge was in the room. But not the authority.

When we talk about empowering nurses, someone always raises the law angle. "Nurses cannot prescribe. Nurses cannot diagnose." But I want to point out what the law does not say. It does not say a nurse must stand and watch a patient deteriorate. It does not forbid a nurse from acting on a protocol that a doctor has already approved.

The real blocker is not the law. It is the absence of a system.

That system has a name: "The nurse-initiated standing order". A protocol, written and signed by clinicians. It says — when these signs appear, the nurse may begin these steps, then escalate. It does not require a new legislation. It is simply permission, granted in advance.

Sepsis shows us exactly how this works. The moment a patient crosses an early warning trigger, say a NEWS2 score of 5 or more – it empowers the nurse to act. She can draw blood for lactate. She can send blood cultures before the first dose of antibiotic. She can start intravenous fluids and raise the alarm. This is the Hour-1 bundle. And the evidence is consistent: where nurses are allowed to begin it, the time to lactate and antibiotics falls, and patients do better. This is not about morale. It is about lives saved in the golden hour.

None of this needs a change in the law. It needs a new way of thinking: Approved protocols, trained nurses and providing real authority by a written permission to begin care before the doctor arrives.

The law is there to maintain discipline, and I am not asking to break the law. Within that framework can we empower the nurses for the sake of patient safety?

Proceedings before State Medical Councils

Prof. (Dr) S.V. Joga Rao
M.L. M.Phil., Ph.D., Advocate and Healthcare Consultant, Legalexcel Attorneys, Bengaluru, Formerly Professor of Law, NLSIU, Bangalore.
Max-Plank Fellowship, MPI, Germany

While medical negligence cases are often addressed through civil and consumer forums, healthcare professionals are also subject to disciplinary proceedings before State Medical Councils. These proceedings focus not on compensation but on ensuring ethical conduct, maintaining professional standards, and safeguarding public trust in the medical profession.

This Column provides an overview of how complaints are handled by State Medical Councils, the processes involved, and the potential outcomes for medical practitioners.

Role of State Medical Councils

State Medical Councils are statutory bodies established under respective State enactments and recognized by the erstwhile Medical Council of India Act, 1956 (Currently, the National Medical Commission Act, 2019) and relevant state legislation. Their primary objectives include:

- Maintaining a register of qualified medical practitioners;
- Enforcing ethical conduct and professional responsibility;
- Investigating complaints regarding medical misconduct or negligence;
- Taking disciplinary action when violations are established;
- Protecting patients' interests and ensuring public confidence in healthcare;

These bodies operate independently from consumer forums and courts, although their findings may influence broader legal proceedings.

Who Can File a Complaint?

Complaints before State Medical Councils may be filed by:

- Patients or their representatives;
- Government authorities;
- Medical associations or professional bodies;
- Any individual aware of unethical or negligent conduct

Complaints may involve:

- Negligence or malpractice (Particularly, speaking in the context of State of Karnataka – Karnataka medical Registration Act, 1961 amended update !);
- Professional misconduct;
- Fraud, misrepresentation, or unethical advertising;
- Failure to maintain medical records or standards of care;
- Issue of unnecessary or unwarranted certificates.

Step-by-Step Procedure

1. Filing the Complaint
   - A written complaint is submitted to the Registrar of the State Medical Council in a prescribed format along with supporting documents such as medical records, reports, and affidavits.
2. Preliminary Scrutiny
   - The council assesses whether the complaint falls within its jurisdiction and whether sufficient prima facie evidence exists to proceed.
3. Issuing Notice
   - If the complaint is considered valid, the concerned doctor or institution is issued a notice to respond within a specified period.
4. Inquiry and Evidence Collection

The council may conduct an inquiry involving:

- Reviewing medical records, prescriptions, and test reports;
- Examining witnesses, patients, or hospital staff;
- Obtaining expert opinions on the standard of care.

5. Hearing

The concerned parties present their case before the disciplinary committee. Both sides are given opportunities to submit evidence, question witnesses, and present defenses. In some State Medical Councils, Advocate are permitted to represent parties.

6. Decision and Disciplinary Action

After evaluating the evidence, the council may:

- Dismiss the complaint if insufficient proof is found;
- Issue written warnings
- Suspend or cancel the doctor's license normally for a temporary period. In extreme cases, permanent suspension is well within the Jurisdiction.
- Refer the matter to higher authorities or courts if criminal misconduct is suspected.

Standards Applied

Disciplinary proceedings are guided by:

- Code of Medical Ethics – General obligations, patient communication, confidentiality, and informed consent;
- Professional Conduct Rules – Documentation, standard of care, and proper treatment protocols;
- Medical Council Acts – Statutory obligations for registration and licensing;
- Natural Justice Principles – Fair hearing, impartial adjudication, and transparent decision-making.

Key Differences from Civil or Consumer Proceedings

Aspect	State Medical Council	Consumer Commission/Court
Focus	Professional ethics and discipline	Compensation and service deficiency
Outcome	Professional ethics and discipline	Compensation and service deficiency
Evidence	Medical conduct, standards, ethics	Deficiency, causation, damages
Procedure	Quasi-administrative inquiry	Judicial process with pleadings and arguments
Appeal	State or National medical councils under certain exceptional circumstances a Writ Petition can be filed before the concerned High Court under Art.226 particularly on the ground of Violation of Principles of Natural Justice. Currently, an aggrieved Patient has no right to prefer an appeal before NMC.	Higher consumer forums or courts

Challenges Faced by State Medical Councils

1. Delays in Inquiry

- Staffing shortages, procedural complexities, and backlog can lead to prolonged proceedings.

2. Balancing Public Trust and Professional Right

- Councils must ensure patient protection without unfairly penalizing practitioners.

3. Lack of Awareness

- Many patients are unaware that professional misconduct can be reported separately from consumer complaints.

4. Documentary Gaps

- Incomplete records weaken both complaints and defenses, making inquiries inconclusive.

Best Practices for Handling Complaints

For Patients:

- Maintain complete documentation, including test reports and treatment notes;
- Submit complaints promptly with supporting evidence;
- Avoid emotional exaggeration—focus on factual occurrences;
- Seek medical experts to support claims where possible.

For Doctors and Hospitals:

- Keep meticulous medical records and consent forms;
- Train staff to adhere to standard treatment protocols;
- Respond transparently to notices and cooperate in inquiries;
- Seek legal counsel to prepare defenses while ensuring ethical compliance.

Impact on Medical Practice

Proceedings before State Medical Councils reinforce the importance of ethical and accountable practice. Even when monetary compensation is not sought, disciplinary action can:

- Serve as a deterrent against careless or unethical practices;
- Encourage continuous professional development and adherence to guidelines;
- Foster trust between healthcare providers and patients;
- Promote systemic improvements in patient care.

Conclusion

State Medical Councils play a critical role in maintaining the integrity of the medical profession by addressing misconduct, negligence, and unethical behavior. Their proceedings complement civil and consumer forums by focusing on professional accountability rather than compensation alone.

For healthcare providers, understanding these processes and complying with ethical standards is essential not only for legal protection but also for building long-term trust. For patients, awareness of council procedures ensures that they have multiple avenues to seek redressal and hold medical practitioners accountable.

In the next issue, we will explore Expeditious Consumer Justice: A Myth, examining why delays in medical negligence cases persist and what reforms are needed to ensure timely justice.

Who Heals the Healer?

Sheetal Agarwal
Founder of Clownselors

When we think of medical clowning, we usually think of patients. We think of children laughing despite illness, families finding a momentary break from worry, and hospital spaces becoming a little lighter through play, music, and connection. Yet over the years, medical clowns have discovered that some of the people who need these moments the most are not always the patients, sometimes, they are the people caring for them.

Hospitals are places of healing, but they are also places where suffering is encountered every day. Healthcare workers witness pain, uncertainty, difficult diagnoses, and loss as part of their professional lives. While they are trained extensively to care for others, there is often little space for them to process the emotional weight of what they experience. The expectation to remain composed, efficient, and resilient can leave many carrying stress that remains largely invisible.

This reality became especially apparent during one of our clowning rounds in a pediatric ward. One of our medical clowns was carrying a guitar, moving from room to room, singing with children and families. As we passed the nursing station, a nurse called out to us. "Oh, I needed this today," she said with a smile. "Please sing a song." She went on to explain that it had been an especially difficult day. There were many sick children in the ward, and the emotional atmosphere had been heavy. "There is too much stress with so many kids suffering," she told us. "We can do with some moments of relief."

The request was simple, but it stayed with us. In that moment, the nurse was not speaking as a healthcare professional. She was speaking as a human being who had spent the day holding space for others and who needed, however briefly, someone to hold space for her.

Healthcare workers are often described as resilient and rightly so. Every day they show remarkable dedication, compassion, and strength. Yet resilience is not the same as being unaffected. Around the world, there is increasing recognition of what is sometimes called the "second victim" phenomenon - the emotional distress experienced by healthcare professionals following difficult clinical situations, patient suffering, adverse outcomes, or loss. While the focus of healthcare rightly remains on patients and families, the emotional experiences of caregivers are often overlooked.

Medical clowning offers an interesting perspective on this challenge. While our primary role is to support patients and families, our work constantly proves that healing environments are created not only by clinical excellence but also by human connection. A hospital is an ecosystem and the well-being of patients is deeply connected to the well-being of the people caring for them.

One of the unique aspects of medical clowning is that it creates moments of pause in environments that rarely stop moving. The hospital operates according to schedules, protocols, alarms, and urgencies. Medical clowns enter this space with a different invitation, one that encourages people to slow down, even if only for a few minutes. Through music, play, improvisation and presence, we create opportunities for people to reconnect with parts of themselves that can easily get buried beneath the demands of caregiving.

What is striking is how often healthcare workers respond to these moments. A nurse humming along to a familiar song. A doctor pausing in the corridor to watch a playful interaction. A ward attendant joining a spontaneous dance. These are not interruptions to healthcare. In many ways, they are reminders of humanity that sits at the heart of healthcare.

Research increasingly shows that emotional well-being, psychological safety, and social connection are critical to sustaining healthcare teams. Burnout, compassion fatigue, and chronic stress are not simply individual challenges; they are organizational concerns that affect staff retention, patient experience, and quality of care. Supporting healthcare workers therefore requires more than wellness programs or occasional initiatives. It requires creating cultures where people feel seen, valued, and supported as human beings.

Medical clowns enter hospitals to bring joy to patients, but time and again they leave with the same lesson - healing is never a one-way process. In every ward and every corridor, there are medical staff carrying stories, emotions, and burdens that often go unseen. Sometimes, all it takes is a song, a laugh or a moment of play to remind them that they are not alone, they are seen and valued!

A Day in the Life of a Biomedical Engineer
The Silent Guardians Behind Every Lifesaving Machine

In a modern hospital, every beep, scan, image, and monitor reading plays a vital role in patient care. Behind these sophisticated medical technologies stands a dedicated team of professionals who ensure that every piece of equipment functions accurately, safely, and reliably — the Biomedical Engineers.

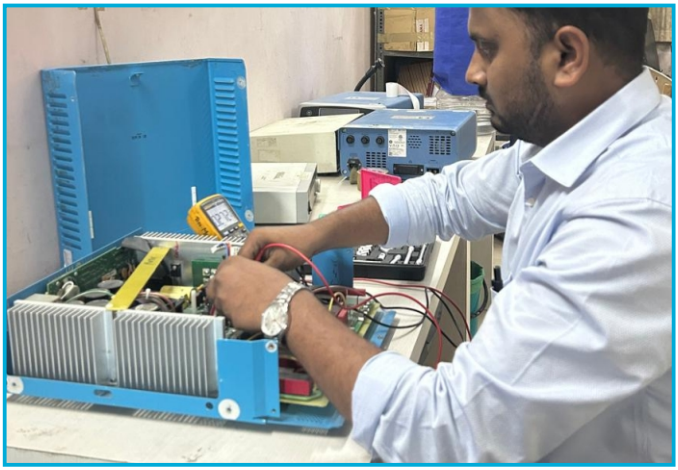
At CARE Hospitals, Banjara Hills, Biomedical Engineers are the silent guardians of healthcare technology, working tirelessly behind the scenes to support clinicians and safeguard patient care.

Starting the Day Before the Hospital Wakes Up

A typical day for a Biomedical Engineer begins early. Before the first patient arrives for investigations or procedures, the team reviews equipment status, attends service requests, and ensures that critical devices such as ventilators, patient monitors, infusion pumps, defibrillators, anesthesia workstations, CT scanners, MRI systems, and laboratory analyzers are functioning optimally.Every machine is checked not only for performance but also for patient safety compliance. Preventive maintenance schedules are reviewed to minimize downtime and ensure uninterrupted clinical services.

Responding When Every Minute Matters

Healthcare never stops, and neither do Biomedical Engineers. Whether it is a ventilator in the ICU, a cardiac monitor in the Cath Lab, or an imaging system in Radiology, any equipment malfunction demands immediate attention. Biomedical Engineers are often the first responders for technical issues, working closely with doctors, nurses, and service partners to restore equipment functionality as quickly as possible.Their ability to troubleshoot under pressure directly impacts clinical operations and patient outcomes.



Supporting Advanced Medical Technologies

Modern hospitals depend on highly sophisticated technologies. Biomedical Engineers play a key role in the installation, commissioning, calibration, validation, and performance monitoring of medical equipment. From robotic surgical systems and advanced imaging modalities to laboratory automation and critical care technologies, they ensure that every system meets operational and regulatory standards before being used for patient care.

Beyond Repairs: Managing the Entire Equipment Lifecycle

The role extends far beyond maintenance.
Biomedical Engineers participate in equipment planning, technology evaluation, procurement, vendor management, annual maintenance programs, budgeting, and replacement planning. They help hospitals make informed decisions regarding new technologies while ensuring optimal utilization of existing assets. Their expertise enables healthcare institutions to balance innovation, quality, safety, and cost-effectiveness.

Collaborating Across Departments

One of the most rewarding aspects of the profession is collaboration. Biomedical Engineers work closely with clinicians, nursing teams, laboratory personnel, operations teams, infection control departments, and external service providers. Every successful surgery, diagnostic test, and critical care intervention depends on seamless coordination between technology and clinical expertise.

The Reward Behind the Work

While patients may never meet the Biomedical Engineer who maintains the equipment used in their care, the impact of their work is profound. Every functioning monitor, every accurate laboratory result, every successful imaging study, and every uninterrupted life-support system reflects their commitment and dedication. Their greatest achievement is knowing that the technology they maintain helps clinicians save lives every single day.

More Than Engineers

Biomedical Engineers are not just technical professionals; they are healthcare enablers. By bridging medicine and technology, they ensure that clinicians have the tools they need to deliver exceptional patient care.

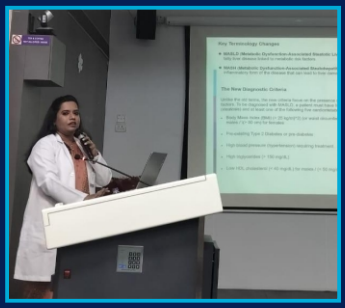
At CARE Hospitals, Banjara Hills, these professionals work around the clock, often behind the scenes, but their contribution remains at the heart of every patient journey.

Because when technology saves lives, Biomedical Engineers make it possible.

The Biomedical Engineering Team at CARE Hospitals, Banjara Hills, ensuring that every medical device performs safely, accurately, and reliably to support world-class patient care.

Nourishing Liver Health Through Knowledge Sharing

Scientific Session on Nutrition & Liver Brings Together Healthcare Experts



CARE Hospitals, Banjara Hills, successfully hosted a Scientific Session on "Nutrition & Liver", bringing together 85 participants, including dietitians from leading hospitals across Hyderabad and healthcare professionals from CARE Hospitals. The academic session served as a valuable platform for knowledge exchange, highlighting the indispensable role of nutrition in liver disease management and recovery.

The CME focused on enhancing the understanding of healthcare professionals regarding the critical relationship between nutrition and liver health. Through expert-led discussions and evidence-based insights, participants explored nutritional strategies for managing conditions such as Fatty Liver Disease, Liver Failure, and Post-Liver Surgery Recovery

A key objective of the programme was to strengthen knowledge on nutritional assessment and individualized nutrition interventions for patients with liver disorders. The session also emphasized the importance of a multidisciplinary approach, encouraging collaboration among physicians, dietitians, nurses, and allied healthcare professionals to optimize patient outcomes.

Participants were updated on the latest clinical guidelines, emerging evidence, and recent advances in nutrition therapy for liver diseases. The discussions reinforced the growing recognition of nutrition as a cornerstone of comprehensive liver care and highlighted its role in improving recovery, reducing complications, and enhancing overall patient well-being.

The event witnessed enthusiastic participation and meaningful interactions, reflecting the healthcare community's commitment to continuous learning and excellence in patient care. By facilitating such academic initiatives, CARE Hospitals, Banjara Hills continues to foster professional development and promote evidence-based practices that contribute to better healthcare outcomes.

Through education, collaboration, and innovation, CARE Hospitals remains committed to advancing liver care and empowering healthcare professionals with the knowledge needed to make a meaningful difference in patients' lives.

Headache Specialty Clinic Launched at CARE Hospitals, Banjara Hills

CARE Hospitals, Banjara Hills, marked another significant milestone in advancing specialized neurological care with the successful launch of the Headache Specialty Clinic at its Centre for Neurosciences.

Dedicated to the comprehensive diagnosis, advanced treatment, and holistic management of headache disorders and migraines, the clinic aims to provide patients with expert-led, evidence-based care tailored to their individual needs. The launch was followed by an enriching academic session that brought together leading experts in the field of neurology and headache medicine.

The occasion was graced by Dr. Sumit Singh, Headache Specialist, Artemis Hospitals, as the Chief Guest, who shared valuable insights on the evolving landscape of headache management and the importance of specialized headache services. Dr. Nikhil Mathur, Chief of Medical Services, CARE Hospitals, addressed the gathering as the Guest of Honour, encouraging continued innovation and excellence in patient care.

Led by Dr. M. P. V. Suman, Consultant Neurologist & Headache Specialist, the clinic offers a comprehensive approach to identifying the root cause of headaches and delivering effective treatment solutions. Patients visiting the clinic will benefit from accurate diagnosis by a dedicated headache specialist, advanced diagnostic investigations including MRI, MR Venogram, EEG, and Transcranial Doppler, and access to the latest treatment modalities such as neurological interventions and repetitive Transcranial Magnetic Stimulation (rTMS).

The clinic also emphasizes holistic care through personalized medication plans, lifestyle modification guidance, psychological support, and multidisciplinary collaboration for the management of complex and rare headache disorders.

The successful launch reflects CARE Hospitals' continued commitment to expanding specialized healthcare services and enhancing patient outcomes through clinical excellence and innovation. A special note of appreciation goes to Dr. S. K. Jaiswal, Dr. Umesh T., and Dr. M. P. V. Suman for their vision and leadership in establishing this dedicated centre. CARE Hospitals also extends its gratitude to all dignitaries, consultants, and team members whose collective efforts made the launch a grand success.

International Nurses Day & Nurses Week 2026 Celebrations at CARE Hospitals, Banjara Hills

At CARE Banjara, we don't just celebrate Nurses Day—we celebrate every nurse, every day.

The celebrations commenced with a grand gathering that brought together nursing professionals, clinical leaders, and hospital leadership to honour the invaluable contribution of our nurses. The event featured a special felicitation ceremony recognising exemplary service, dedication, and commitment to excellence in patient care. Nurses who have consistently gone above and beyond in their profession were celebrated, reinforcing CARE's culture of appreciation and recognition.

A special highlight of the event was the promotion ceremony, where deserving nursing professionals were recognised for their growth, leadership, and commitment. Their achievements reflected CARE Hospitals' continued investment in nurturing talent and creating meaningful career pathways for its nursing workforce.

The celebrations extended beyond a single day with an exciting International Nurses Week, creating opportunities for our nurses to unwind, connect, and celebrate the spirit of togetherness. A vibrant lineup of activities—including Rangoli Competition, Cultural Performances, Fashion Walk, Carrom Tournament, Chess Competition, Tug of War, Fitness & Wellness Sessions, and other fun-filled recreational games—brought energy and enthusiasm across the campus.

The week beautifully reflected the values that define CARE Hospitals—teamwork, camaraderie, wellness, and mutual respect. These moments of joy and fellowship provided our nursing teams an opportunity to recharge while strengthening the bonds that make collaborative patient care possible.

At CARE Hospitals, Banjara Hills, we believe that exceptional healthcare begins with empowered caregivers. As we celebrated International Nurses Day 2026, we reaffirmed our commitment to creating an environment where every nurse feels valued, respected, and inspired to continue making a meaningful difference in the lives of our patients.

To every nurse—thank you for your compassion, your commitment, and your unwavering dedication. You truly are the heart of CARE.

Celebrating a Milestone of **100 Complex Bariatric Surgeries** in Patients with BMI Above 60 by **Dr. Venugopal Pareek & Team**

Delivering Mobility. Restoring Lives.

Congratulations **Dr. Sanjib Kumar BEHERA & Team!**
18 Joint Replacement Surgeries in Just 8 Hours at
CARE Hospitals, Banjara Hills

ABOUT CARE HOSPITALS

CARE Hospitals, one of India's leading healthcare providers, is committed to delivering world-class medical services across a range of specialties. With a strong focus on patient centered care, innovation, and community health initiatives, CARE Hospitals continues to play a pivotal role in advancing healthcare standards in India. CARE Hospitals Group operates 17 healthcare facilities serving 7 cities across 6 states in India. The network has its presence in Hyderabad, Bhubaneswar, Visakhapatnam, Raipur, Nagpur, Indore & Aurangabad. A regional leader in South and Central India and counted among the top 5 pan-Indian hospital chains, CARE Hospitals delivers comprehensive care in over 30 clinical specialties, with over 3000+ beds.

TESTIMONIALS

SAMBASIVA RAO GUDAPURI

Joined for coronary angiogram. Dr kapardhi was excellent, informative and highly skilled I had a painless and efficient procedure done

VISHNU KUMAR KHUNTE

Good treatment was provided in Care Hospital, the doctors look after the patients well, cleanliness is also good, the nurses also take good care

RESHMA NAIDU

I have suffering with severe tummy pain with vomtings and suffering from 3 years. After consulting Dr. Manjula she diagnosed the issue and did surgery. It really went well

AWARDS

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