

# CARE BANJARA TIMES

ISSUE 11  
DECEMBER 2025

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Two Complex ENT Cases,  
One Destination for  
Global Excellence



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Achieves Two Milestones in  
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# The Strength of CARE Lies in Its People

## Listening. Learning. Leading Forward.

At CARE Hospitals, Banjara Hills, growth has never been accidental. It has been shaped by listening deeply, responding thoughtfully, and standing firmly alongside our people through change. As we reflect on the year that has gone by and prepare for what lies ahead, one truth stands tall: the strength of this organisation is - and will always be - its people.

## Commitment Through Open Partnership

True partnership begins with trust, and trust is built when voices are genuinely heard and meaningfully acted upon. Over the past year, HR at CARE Banjara has focused on being both a change enabler and a consistent support system.

Feedback has never been treated as a formality; instead, it has served as a catalyst for continuous improvement. Whether navigating organisational transitions, evolving business needs, or individual concerns, our commitment has remained unwavering: to listen with intent, respond with empathy, and stand by our teams with consistency.

This open and supportive approach has helped foster resilience and confidence-empowering our people to adapt, contribute, and grow together.

## Building Capability at Scale

Learning has been the cornerstone of our people strategy this year. Through integrated capability-building initiatives reaching nearly

600-700 team members, we successfully delivered six targeted programmes designed to strengthen clinical excellence, leadership depth, communication, and personal effectiveness across the organisation.



**Surabhi Mandal**

Zonal HR Head  
CARE Hospitals, Banjara Hills



## Leadership Development Initiatives

- Clinician Leadership – “Super Star Doctors”: Led by Dr. Sri Harsha Govardhana and Sarvagya, this programme positions clinicians as organisational ambassadors-strengthening leadership presence while reinforcing clinical excellence.
- Leadership Communication – “INSPIRE SOME”: Facilitated by Rakesh Godhwani, this

initiative enables senior managers to communicate vision, purpose, and influence with clarity and impact.

- Great Managers Program: Conducted by Kamal Kohli, this programme focuses on management excellence, people leadership, and sustainable team development.

## Foundational & Communication Excellence

- **Healthcare Communication:** Led by Dr. Indu Arneja, this initiative strengthened patient-facing and administrative communication across Nursing and General Administration.
- **Empathy 360:** A universal programme embedding empathy, culture, and patient-centric thinking across all roles.
- **Personal Effectiveness:** Delivered by Dr. Ameya Ghanekar, this programme focused on self-awareness, productivity, and individual capability-equipping every team member to perform at their best.

Together, these programmes have not only enhanced skill sets but also shaped mindsets—creating leaders who are capable, grounded, and deeply aligned with CARE's values.

## Reflection, Resilience, and Gratitude

As the year draws to a close, there is a strong sense of pride in how far we have come. Our journey has not been without challenges, but it has been marked by resilience. Shifts in business needs demanded agility—and our teams rose to the occasion, often exceeding expectations with grace and determination.

This journey would not have been possible without the steadfast support of the leadership team, whose guidance, belief, and collaboration empowered our people-first approach. For this, we express our sincere gratitude.



## Preparing for What Comes Next

The year ahead calls for optimism and preparedness. As we embrace new opportunities and innovations, we encourage every team member to set personal goals, remain aligned with organisational priorities, and stay open to learning and change.

The coming year will demand greater agility, resilience, and

adaptability—but it also promises to be deeply enabling.

Last year was engaging. The next will be empowering.

As we step forward, one conviction remains unwavering:

**When people grow, CARE grows.**

**And when people lead with purpose, CARE leads with strength.**

In an era of rapidly evolving medicine, artificial intelligence, and increasing complexity of care, healthcare professionals are constantly challenged to balance scientific advancement with compassion, teamwork, and ethical responsibility. Each day presents new opportunities to learn, adapt, and deliver care that truly makes a difference to our patients, colleagues, and the communities we serve.

As Editor-in-Chief, it is both an honour and a privilege to present this edition of our hospital newsletter. This platform allows us to acknowledge and celebrate the collective efforts of our patients and their family members, clinicians, nurses, technicians, administrators, and support staff—each of whom plays an indispensable role in our shared mission of delivering safe, evidence-based, and human-centred care.

Our institution stands as a dynamic ecosystem of multidisciplinary collaboration, where clinical excellence is strengthened by academic engagement, continuous training, and a culture of mutual respect. This issue reflects that spirit by highlighting academic activities, clinical achievements, skill-enhancement programmes, and noteworthy contributions across departments.

We are proud to showcase scientific sessions, workshops, and educational initiatives that reinforce our commitment to lifelong learning and professional growth. The

clinical insights, case experiences, and scholarly contributions featured in this edition exemplify our ongoing pursuit of quality, innovation, and best practices in healthcare delivery.

The objective of this newsletter remains clear—to inform, inspire, and engage. Beyond reporting events and achievements, it seeks to foster dialogue, encourage reflection, and strengthen the sense of belonging within our hospital community.

Medicine is, at its core, a team endeavour. This newsletter is a reflection of our collective effort, shared values, and common purpose. I extend my sincere appreciation to all

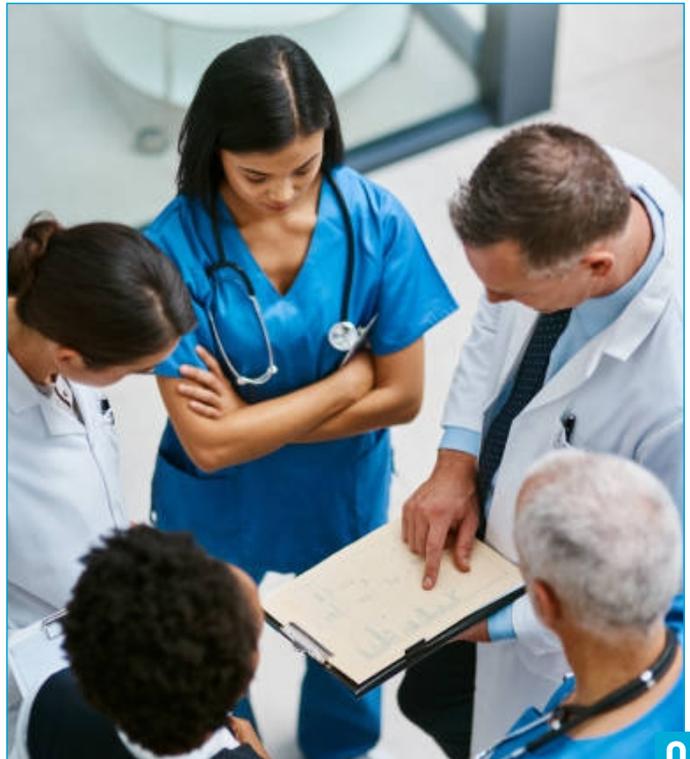


### Dr. S. Rahul Agarwal

Interim Editor-in-Chief  
Senior Consultant Intensivist and  
Regional Head, Department of  
Cardiac Critical Care Medicine

contributors and the editorial team for their dedication and enthusiasm, and I look forward to your continued support and participation in the editions to come.

Together, let us continue to learn, lead, and serve with excellence.



## Valgus Total Knee Arthroplasty: Restoring Alignment and Function

A 62-year-old male with advanced degenerative knee disease associated with a longstanding valgus deformity presented to CARE Hospitals, Banjara Hills with persistent knee pain, progressive deformity, and significant limitation in mobility, affecting his daily activities and quality of life.

### Initial Assessment

Clinical and radiological evaluation revealed:

- Advanced degenerative changes of the knee joint
- Significant valgus alignment deformity
- Functional instability and reduced range of motion

Given the severity of degeneration and deformity, surgical intervention was advised.

### Surgical Plan

The patient was planned for primary valgus total knee arthroplasty. Careful preoperative planning focused on:

- Accurate correction of valgus alignment
- Precise bone cuts and component positioning
- Balanced soft-tissue handling with minimal lateral release
- Restoring stability while preserving periarticular structures

### Procedure Overview

The surgery was performed by the orthopaedic surgical team led by Dr. Sanjib Kumar Behera. Operative highlights included:

- Completion of the procedure within 60 minutes

- Precise bone resections and accurate implant positioning
- Effective correction of the valgus deformity
- Minimal lateral soft-tissue release to maintain joint stability

The procedure was completed smoothly without intraoperative complications.

### Postoperative Course

Immediate postoperative assessment demonstrated:

- Satisfactory limb alignment
- Stable implant fixation
- Adequate early knee function

The patient was mobilised as per protocol and showed encouraging early recovery.

### Key Takeaway

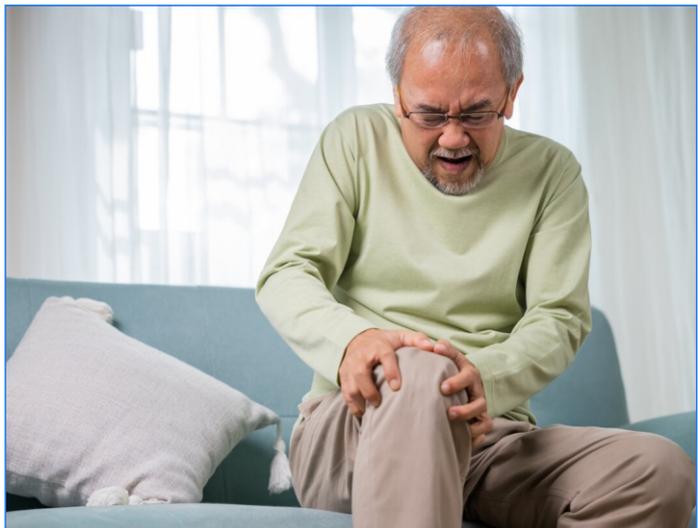
This case underscores the importance of meticulous preoperative planning,



**Dr. Sanjib Kumar BEHERA**

Clinical Director and Head of Department - CARE Bone and Joint Institute

experienced surgical execution, and operative efficiency in managing complex valgus knee deformities. Achieving accurate alignment while minimising soft-tissue trauma plays a crucial role in ensuring stable, functional outcomes following total knee arthroplasty.



## Similar Imaging, Divergent Pathologies: The Critical Role of EBUS-TBNA in Diffuse Pulmonary Disease at CARE Hospitals, Banjara Hills

### Clinical Background

Diffuse pulmonary opacities with mediastinal lymphadenopathy pose a diagnostic challenge, as inflammatory and malignant lung diseases often share overlapping clinical and radiological features. This case series from CARE Hospitals, Banjara Hills highlights two patients with nearly identical presentations but distinctly different diagnoses, emphasising the importance of tissue confirmation.

### Case Presentation

#### Case 1

A 33-year-old male presented with a persistent cough for over six months and unintentional weight loss of 3–4 kg. There was no history of fever or hemoptysis, and clinical examination was largely unremarkable.

#### Case 2

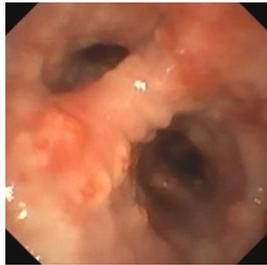
A 42-year-old male reported chronic cough for nearly one year with occasional chest discomfort, without weight loss or systemic symptoms. Physical examination was normal.

### Imaging Findings

CT chest in both patients revealed:

- Mediastinal lymphadenopathy
- Bilateral diffuse patchy pulmonary opacities
- No dominant lung mass or pleural effusion

Given the near-identical imaging patterns, a common differential diagnosis was initially considered.



### Bronchoscopic Evaluation

Flexible bronchoscopy showed similar findings in both cases, including diffuse mucosal irregularity and nodularity of the tracheobronchial tree, without visible endobronchial growth. Due to these non-specific findings, EBUS-guided transbronchial needle aspiration (EBUS-TBNA) of mediastinal lymph nodes was performed.

### Pathological Diagnosis

Histopathology revealed divergent etiologies:

- **Case 1:** Malignant gland-forming epithelial cells consistent with lung adenocarcinoma
- **Case 2:** Non-caseating granulomas, suggestive of sarcoidosis

Microbiological studies were negative for infection in both patients.



**Dr. A Jayachandra**

Clinical Director and  
Sr. Interventional Pulmonologist



**Dr. V N B Raju**

Consultant - Pulmonary and  
sleep medicine

### Clinical Implications

Accurate tissue diagnosis enabled timely and appropriate management in both cases, avoiding diagnostic delays and unnecessary treatment.

### Key Takeaway

This case series underscores the limitations of imaging and endoscopic appearance alone in diffuse lung disease. EBUS-TBNA remains a safe, minimally invasive, and decisive diagnostic tool for accurate disease characterisation and management planning.

At CARE Hospitals, Banjara Hills, advanced interventional pulmonology continues to play a critical role in addressing complex diagnostic challenges in respiratory care.

## Ultrasound-Guided Microwave Ablation of a Left Inferior Parathyroid Adenoma: A Successful Minimally Invasive Approach at CARE Hospitals, Banjara Hills

A 52-year-old woman presented to CARE Hospitals, Banjara Hills with fatigue, bone pain, proximal muscle weakness, and recurrent nephrolithiasis and pancreatitis. She had long-standing hypercalcaemia with biochemically confirmed primary hyperparathyroidism.

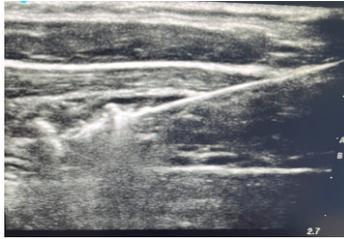
Laboratory tests showed a serum calcium level of 13.3 mg/dL and an intact parathyroid hormone (PTH) level of 174 pg/mL. High-resolution ultrasound identified a well-defined hypoechoic lesion measuring 17.5 × 11 mm posterior to the left thyroid lobe. A 99mTc-sestamibi scan demonstrated concordant focal tracer uptake, confirming a left inferior parathyroid adenoma.

Although surgical parathyroidectomy was advised following endocrinology consultation, the patient declined surgery and general anaesthesia, opting for a minimally invasive, image-guided approach.

### Treatment Planning and Procedure

Given the solitary, well-localised adenoma and a safe ablation window, ultrasound-guided percutaneous microwave ablation (MWA) was planned to achieve rapid biochemical control while avoiding surgical risks and prolonged recovery.

The procedure was performed under local anaesthesia with conscious sedation using a trans-isthmus ultrasound-guided approach.



Hydrodissection was used to protect adjacent structures, including the recurrent laryngeal nerve. An 18-G microwave antenna was placed into the adenoma, and ablation was performed at 30 W for approximately 5 minutes using a moving-shot technique. Intra-procedural ultrasound confirmed effective ablation through echogenic clouding and loss of vascularity. No complications were encountered.

### Outcome and Follow-Up

The patient demonstrated rapid biochemical improvement, with significant reduction in serum calcium and normalisation of PTH levels within 24 hours. Follow-up ultrasound showed a well-defined avascular ablation cavity. At one week, laboratory values remained normal, symptoms had markedly improved, and no procedure-related complications were observed.



**Dr. Santhosh Reddy**

Consultant - Interventional Radiology,  
Department of Vascular Surgery



**Dr. Mustafa Razi**

Consultant - Interventional Radiology,  
Department of Vascular Surgery

### Key Takeaway

This case highlights ultrasound-guided microwave ablation as a safe and effective minimally invasive alternative to surgery in carefully selected patients with solitary parathyroid adenomas. With precise imaging guidance and nerve-protection techniques, MWA can deliver rapid biochemical normalisation and excellent short-term outcomes.

At CARE Hospitals, Banjara Hills, advanced interventional radiology continues to broaden treatment options for endocrine disorders, offering patients effective care with reduced invasiveness and faster recovery.



## Vaccination: A Cornerstone of Preventive Paediatric Care

In paediatric medicine, few interventions have had an impact as profound as vaccination. Beyond preventing individual illness, immunisation protects communities, reduces healthcare burden, and safeguards vulnerable populations — particularly infants, children with chronic illnesses, and the immunocompromised.

Despite strong evidence and well-established schedules, gaps in vaccination continue to surface in routine clinical practice. Delayed doses, missed opportunities during illness or hospitalisation, and growing parental hesitancy underscore the need for continued emphasis on structured immunisation practices.

### Why Vaccination Still Requires Active Attention

Vaccine-preventable diseases persist largely due to:

- Interrupted or delayed immunisation schedules
- Misinformation and safety concerns among caregivers
- Children with medical conditions requiring modified schedules
- Inadequate documentation or follow-up across care settings

Addressing these challenges requires vigilance at every point of paediatric care.

### Moving Beyond the Routine Schedule

Modern immunisation strategies extend beyond

standard national recommendations. Today's paediatric vaccination approach includes:

- Combination vaccines that minimise injection burden
- Protection against pneumococcal, meningococcal, rotavirus, and influenza infections
- Catch-up schedules for partially immunised children
- Individualised protocols for preterm infants, post-NICU babies, and children with cardiac, renal, neurological, or metabolic disorders

Vaccination planning must account for both chronological age and medical context.

### Communicating With Families

Vaccine counselling remains a critical clinical skill. Studies consistently demonstrate that clear, confident, and empathetic communication significantly improves acceptance and adherence. Addressing safety concerns, explaining disease risk, and reinforcing the long-term benefits of immunisation help families make informed decisions.

### Vaccination in the Hospital Setting

Hospital visits provide valuable opportunities to review immunisation status. Whether during OPD consultations or inpatient care, vaccination assessment allows:

- Identification of missed or delayed doses



**Dr. K. Shiva Reddy**  
Consultant - Paediatrics

- Planning of safe catch-up schedules
- Continuity of protection following acute illness or surgery

For children with complex medical needs, immunisation requires careful coordination to ensure both efficacy and safety.

### A Preventive Commitment

Vaccination is not a single event but an ongoing preventive strategy that evolves with a child's growth and health status. When immunisation is integrated thoughtfully into paediatric care, it strengthens outcomes well beyond childhood.

At CARE Hospitals, Banjara Hills, the Paediatrics team remains committed to evidence-based vaccination practices that protect children today and build healthier communities for the future.

## Beyond 'Nurse of the Month': Building Recognition Systems That Actually Matter

I walked past our hospital's "Nurse of the Month" board last week. The photograph was from six months ago. The frame had gathered dust. Not a single person stopped to look at it.

This forgotten board reveals an uncomfortable truth: our recognition programs have become empty gestures that convince no one.

We display the boards, distribute certificates at annual functions, and congratulate ourselves for valuing our nurses. But our best nurses continue leaving. The disconnect is obvious - recognition without substance does not benefit anyone.

### The Problem with Performative Recognition

Consider this scenario: the same nurse who receives a "Nurse of the Month" certificate is denied leave the following week, excluded from clinical decisions that may affect her work, and sees no change in her responsibilities or compensation. We have created recognition systems that cost us nothing and mean even less.

Real recognition is about making nurses feel a part of our mission.

### What Recognition Should Look Like:

#### Immediate and Specific:

When a nurse catches a medication error, manages a difficult family situation, or mentors a struggling colleague—acknowledge it immediately. A personal message from the Medical

Director carries far more weight than any monthly plaque ceremony. Do not wait for scheduled recognition events to notice excellence.

### Authority, Not Just Appreciation:

The most powerful form of recognition is expanded responsibility. Give your infection control nurse the authority to halt procedures that violate protocols. Allow your charge nurse to lead quality improvement initiatives. Recognition that is paired with empowerment will build trust.

### Development Opportunities:

Link recognition directly to professional growth. Outstanding nurses should receive priority access to specialized training, conference attendance, and certification programs. Excellence should open doors, not just earn applause.

### Peer Validation:

Create systems where nurses recognize each other's contributions. A colleague's acknowledgment of clinical competence often matters more than administrative awards. Respect from peers validates professional expertise in ways leadership recognition cannot.

### Tangible Outcomes:

If we genuinely value contribution, our recognition must reflect that commitment—through mentorship opportunities, project leadership roles, or compensation adjustments that match increased responsibility.



**Dr Parivalavan Rajavelu**

MS, DNB, FRCS  
Consultant Surgeon,  
Founder - SkillsforMed

### The Reality We Must Face

Our current recognition systems fail because we designed them for ourselves, not for nurses. We fool ourselves thinking we are effective leaders. But what do nurses get? Just dusty photographs on forgotten boards.

I urge hospital leaders to ask this question: does our recognition system actually change how a nurse experiences their daily work? Does it expand their clinical influence? Does it acknowledge their expertise in ways that matter to them?

If the answer is no, we are not recognizing nurses. We are decorating corridors while wondering why our talent continues migrating to systems that offer genuine professional respect.

**We must make our recognition program more meaningful.**

## Proceedings before Consumer Commissions: A Glimpse

Medical negligence and deficiency of service complaints are most frequently filed before Consumer Commissions, making it essential for healthcare providers, legal practitioners, and patients to understand how these Commissions function. This Column offers a practical overview of how proceedings unfold, from filing a complaint to adjudication and compensation.

### What Are Consumer Commissions?

Consumer Commissions, established under the Consumer Protection Act, 1986 and 2019, are quasi-judicial bodies designed to resolve consumer disputes at the District, State, and National levels. These commissions are intended to be accessible, less formal, and quicker alternatives to civil courts.

In medical cases, they address complaints related to:

- Medical negligence.
- Deficiency of service.
- Faulty equipment or devices.
- Misleading advertisements.
- Inadequate facilities or care.

### Who Can File a Complaint?

A complaint can be filed by:

- A patient or their representative (legal heir, guardian, etc.).
- An association or group of consumers.
- A government-recognized organization acting in the interest of consumers.

The complaint must typically be filed within two years from the

date of the cause of action, though delays can sometimes be condoned with sufficient justification.

### Step-by-Step Process of Consumer Proceedings

#### 1. Filing the Complaint

The complainant submits a written complaint outlining:

- Details of the patient and healthcare provider.
- Nature of grievance (negligence, deficiency, etc.).
- Relevant medical records and reports.
- Relief sought, including compensation.

A nominal fee is payable depending on the claim amount.

#### 2. Registration and Notice

Once admitted, the Commission registers the case and issues a notice to the opposite party—usually the hospital, doctor, or medical establishment—to respond within a stipulated period.



**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

#### 3. Written Statement (Version) by Opposite Party:

The healthcare provider may submit a written defense, denying or justifying the complaint, often supported by medical reports, expert opinions, and documents within 45 days.



#### 4. Evidence Collection

Both parties submit affidavits, documents, and expert testimony if permitted. Medical records, prescriptions, diagnostic reports, and discharge summaries play a critical role in establishing facts.

#### 5. Cross-Examination

Exceptionally Commission allows cross-examination of witnesses and experts. This is where both sides challenge the credibility, accuracy, and relevance of the evidence. Otherwise, the routine option is serving written interrogatories, wherein the party concerned has to furnish responses in Affidavit format.

#### 6. Arguments and Final Hearing

After reviewing all submissions, the Commission hears arguments from both parties. The complainant's counsel has to highlight breach of duty, causal link, and damages suffered.

#### 7. Order and Compensation

The Commission passes its judgment, which may include:

- Monetary compensation for medical expenses, pain and suffering, and loss of income.
- Directions to correct the deficiency in service.
- Reimbursement or replacement of faulty medical devices.

The order is binding, though it can be challenged in higher forums like State and National Commissions.



#### Key Legal Principles Applied

**1. Natural Justice:** Both parties are given fair opportunity to present their case.

**2. Standard of Care:** Expert testimony or furnished medical literature is used to determine if accepted medical practices were followed.

**3. Causa Causans:** Establishing the direct link between negligence and harm is critical.

**4. Consumer Rights:** Relief is granted to uphold the rights of patients as consumers of healthcare services.

#### Practical Tips for Healthcare Providers

- Maintain complete and accurate patient records.
- Ensure informed consent is properly documented.
- Communicate clearly with patients and their families.
- Respond promptly to notices and maintain transparency in proceedings.
- Seek legal counsel early to prepare a robust defense.

#### Conclusion

Proceedings before Consumer Commissions offer a structured and accessible avenue for patients to seek redressal in medical negligence and deficiency of service cases. However, the process requires careful preparation, credible evidence, and adherence

to procedural rules. For healthcare providers, understanding these proceedings helps in mitigating risks, ensuring compliance, and fostering trust with patients. For patients, it empowers them to pursue justice effectively.

In the next issue, we will delve deeper into Expert Evidence: Challenges, exploring the role and limitations of medical experts in negligence claims.

## When Care Wears a Red Nose

Healthcare is often measured in vitals, reports, and recovery timelines. But for patients and caregivers, the experience of care goes far beyond clinical outcomes. It lives in how safe they feel, how seen they are, and whether they believe the hospital truly cares for them as human beings.

When medical staff step into the role of medical clowns, something remarkable happens. Patients don't just feel distracted or entertained; they feel reassured. They begin to see the hospital not only as a place of treatment, but as a space of compassion. At a recent refresher training, one staff member, now also a medical clown shared a moment that captured this beautifully. A patient, watching them clown around gently to lift spirits, said, "If you are doing so much just to make us happy, then we know the hospital really cares."

That single sentence holds immense meaning. It tells us that care is not only about procedures, it is about intention. When patients witness medical staff taking the time and emotional effort to bring joy into a difficult environment, it builds trust. It signals that the hospital values dignity, emotional well-being, and human connection alongside medical expertise. For caregivers too, these moments soften fear and anxiety. Seeing their loved ones smile, laugh, or relax especially in stressful hospital settings creates relief.



**Sheetal Agarwal**  
Founder of Clownselors

It reassures them that their family member is not just being treated, but cared for. This emotional trust strengthens the relationship between the hospital, the patient, and the family, fostering a deeper sense of safety and belonging.

Equally important, medical clowning profoundly impacts the staff themselves. Healthcare professionals carry immense emotional weight, long hours, high stakes, and constant exposure to suffering. Engaging in clowning allows them to reconnect with empathy, playfulness, and joy, qualities that often get buried under clinical pressure. In stepping into this playful, compassionate role, staff often find that a part of them heals too. It becomes a space where they can express care beyond protocols, where laughter

becomes a form of release, and where human connection renews their sense of purpose. This emotional nourishment not only reduces burnout but strengthens team morale and compassion-led care.

Medical clowning by staff bridges a critical gap in healthcare, it brings 'care' back into healthcare in its truest sense. It humanizes hospitals, builds trust with patients and caregivers, and nurtures the emotional well-being of those who serve within them. When care is felt, not just delivered, healing becomes deeper, more holistic, and profoundly shared. Sometimes it's not the white coat or the prescription that patients remember most but the moment someone chose to make them smile, simply because they mattered.



## Learning: Keeping the Mind Active at Every Age

Just as the body needs movement to stay healthy, the brain needs regular stimulation to remain sharp and resilient. Learning is not confined to classrooms or early life — it is a lifelong process that plays a vital role in mental clarity, emotional balance and long-term wellbeing.

### Why Staying Mentally Active Matters

The brain has the ability to adapt and form new connections throughout life. Engaging in learning strengthens memory, focus and problem-solving skills, while also supporting emotional health. Regular mental activity is linked to better cognitive performance and a reduced risk of age-related cognitive decline.

### When the Mind Is Underused

Mental inactivity can quietly affect brain health over time. It may lead to:

- Reduced concentration and mental sharpness
- Memory lapses and slower thinking
- Loss of motivation or interest
- Increased vulnerability to cognitive decline

Keeping the mind engaged helps maintain clarity and confidence at any age.

### Simple Ways to Keep Learning

Staying mentally active does not require major lifestyle changes:

- Reading books, articles or newspapers
- Learning a new language, musical instrument or hobby
- Solving puzzles or engaging in strategy games



- Having meaningful conversations and discussions
- Exploring creative activities that require focus

Small, consistent efforts can significantly strengthen brain health.

### Learning and Emotional Wellbeing

Learning also supports emotional balance. Activities such as music, art, or mindfulness-based learning help reduce stress, encourage presence, and provide a sense of purpose and fulfillment — much like meditation or restorative practices.

### Learning Across the Lifespan

From working professionals to older adults, continuous learning supports adaptability, independence and resilience. In later years, staying mentally active is associated with better memory retention and a slower rate of cognitive decline.

### When to Seek Guidance

Persistent memory problems, confusion or noticeable changes in thinking should be evaluated early. Timely medical advice can help identify causes and guide appropriate care.

### An Active Mind Is a Healthy Mind

Learning keeps the brain engaged, flexible and strong. By staying curious and mentally active, we invest in our long-term brain health and overall wellbeing — reinforcing that it is never too late to learn, grow and adapt.

## Nourishing Care. Quiet Precision. Everyday Healing.

A Day in the Life of Food & Beverage at CARE Hospitals, Banjara Hills

Where every meal carries responsibility, safety, and comfort.

At CARE Hospitals, Banjara Hills, healing doesn't stop at prescriptions or procedures. It continues quietly, three times a day — on a tray, in a cup, and sometimes in a simple warm meal that brings relief to an anxious patient or tired family.

This month, A Day in the Life steps into one of the hospital's most precise and pressure-driven departments — Food & Beverage (F&B) — a team that feeds not just people, but recovery itself.

### Before the Hospital Wakes

While most of the hospital is still quiet, the kitchen is already alive. By 5 am, chefs are at work — washing, chopping, boiling, tasting, and preparing meals entirely from scratch. There are no frozen gravies, no overnight storage, and no shortcuts.

Every dish — whether for a critical patient, a recovering mother, or a fasting diabetic — follows doctor and dietician instructions to the letter. If food isn't served the same day, it's discarded. For this team, freshness isn't a preference — it's a rule.

### Feeding Patients Is a Science

Inpatient meals are handled with the seriousness of medication. Every tray carries a patient's UHID, name, room number, and prescribed diet. One wrong ingredient, one delay, or one missed instruction can impact recovery — and the team knows it.



Those handling inpatient orders coordinate constantly with:

- Dieticians
- Nursing stations
- Floor staff
- Consultants

When last-minute changes come in — NBM instructions, diet upgrades, delayed surgeries — the system shifts instantly. Accuracy matters. Speed matters. And above all, patient safety matters.

### Carrying Meals, Carrying Dignity

For the teams delivering food to wards and rooms, service goes beyond placing a tray.

They knock before entering. They speak gently.

They explain what's on the plate.

Many patients are weak, anxious, or unfamiliar with hospital routines. A calm voice and respectful approach often make the difference between discomfort and reassurance.

One staff member shared how a patient once refused food after surgery — not because of taste, but fear. He sat briefly, explained the diet, reassured the patient, and returned later to ensure the meal was taken. "These are small moments," he said, "but they help patients feel cared for."



## The Cafeteria Rush

By mid-morning, the cafeteria fills with doctors between cases, attendants waiting on updates, and staff grabbing quick meals between shifts.

Servers manage long queues, repeated questions, and peak-hour pressure — all while ensuring tables are cleared, surfaces sanitised, and food replenished without delay.

When the rush peaks, supervisors step in. No one waits alone. No one is left unattended.

## Street One Café & Juice Centre: Comfort in Small Cups

For many families, the café is where they pause — to breathe, talk, or gather strength. Open from 8 am to 8 pm, Street One Café and the juice centre operate with the same discipline as the main kitchen.

Everything is prepared fresh. Fruits are washed, cut, and blended multiple times a day. Blenders, containers, and counters are cleaned repeatedly.

Whether it's a sugar-free juice for a diabetic patient or a cup of coffee for a worried attendant, these spaces quietly support the emotional side of care.

## When Pressure Tests the System

OPD overload. Emergency admissions. Delayed procedures.

Food schedules don't stop.

When something goes wrong — a delay, a missed item, an upset attendant — the response is immediate. The team apologises, explains, corrects, and follows up. Recovery applies not just to patients, but to service moments too.



## The Belief That Drives Them

Across conversations, one belief came through clearly: Food helps people heal.

Many team members spoke of pride — in clean audits, patient compliments, teamwork during peak hours, and the knowledge that their work matters even if it's rarely noticed.

They may not enter operation theatres. They may not wear coats or scrubs. But their work touches every patient, every day.

## Where Care Is Served, Not Just Cooked

The Food & Beverage team at CARE Hospitals doesn't just prepare meals. They protect safety. They restore strength. They offer comfort in moments of worry.

In every tray served, every cup poured, and every diet followed precisely — they quietly uphold the promise of CARE.

**To our F&B team — Thank You for nourishing recovery, one meal at a time.**

## CARE Samvaad – Conversations on Brain, Spine & Joint Health

Winter Stroke Risks, Advanced Neurosurgery & the Future of Orthopaedic Care

This December, CARE Samvaad features two insightful episodes from CARE Hospitals, Banjara Hills, focusing on common patient concerns and the evolving world of brain, spine, and joint care. Led by senior specialists, these conversations blend clinical expertise with practical guidance for everyday health decisions.



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for full video



### Ep. 44- Winter, Stroke & the Evolving World of Brain & Spine Surgery

**Dr. T. Narasimha Rao and Dr. S. P. Manik Prabhu, Senior Consultants in Neurosurgery,** discuss winter-related stroke risks, persistent headaches, vision-related neurological symptoms, and key red-flag signs. The episode also explores advances in endoscopic brain surgery, minimally invasive spine techniques, lifestyle influences, and the future of neurosurgical care—ending with an engaging rapid-fire round.



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### Ep. 45- Hips, Knees, Shoulders & the Future of Joint Care

In this episode, **Dr. Sanjib Kumar BEHERA, Clinical Director & Head – CARE Bone and Joint Institute,** addresses hip arthritis, avascular necrosis, joint preservation, and knee replacement decisions. He explains alignment challenges, partial versus total knee replacements, and how modern orthopaedics is improving long-term mobility and recovery.

## Trusted Voices, Clear Guidance

Through CARE Samvaad, CARE Hospitals continues to make complex medical topics easier to understand—empowering patients with expert insights that support informed and confident health choices.

## Early Identification Saves Lives: When to Consider ECMO

Extracorporeal Membrane Oxygenation (ECMO) is most effective when initiated at the right time. Delayed consideration remains one of the most common reasons for suboptimal outcomes in patients with severe but potentially reversible cardiac or respiratory failure. Early identification and timely escalation can significantly influence survival and recovery.

### Why Timing Matters

ECMO is designed to support failing organs while allowing time for recovery. When escalation occurs after the onset of multi-organ dysfunction, metabolic derangement, or prolonged hypoxia, the benefits of ECMO reduce substantially. Early consideration—before irreversible injury sets in—helps preserve organ function and improves the likelihood of successful weaning.

### Clinical Triggers That Should Prompt ECMO Discussion

ECMO should be considered when conventional therapy fails to stabilise oxygenation or circulation despite optimal management. Key triggers include:

#### Respiratory failure

- Persistent hypoxaemia despite lung-protective ventilation
- $\text{PaO}_2/\text{FiO}_2$  ratio remaining critically low despite optimal PEEP and recruitment
- Severe hypercapnia with acidosis not responding to ventilation strategies

#### Cardiac failure

- Refractory cardiogenic shock requiring escalating inotropic or vasopressor support
- Cardiac arrest with return of spontaneous circulation but ongoing haemodynamic instability
- Acute myocarditis, peripartum cardiomyopathy, or severe acute coronary syndromes with poor cardiac output

#### Systemic indicators

- Rising lactate levels despite adequate resuscitation
- Early signs of end-organ hypoperfusion
- Escalating ventilatory or circulatory support without sustained response

These indicators should prompt early multidisciplinary discussion, even if ECMO is not immediately initiated.

#### Avoiding Late Escalation

Waiting until all conventional options are exhausted often results in ECMO being used as rescue rather than recovery support. Early communication enables:

- Rapid clinical assessment and decision-making
- Planned cannulation rather than emergency intervention
- Safer inter-hospital transfer or bedside cannulation when required

#### A Structured ECMO Pathway

At CARE Hospitals, Banjara Hills, ECMO cases are assessed promptly by a dedicated ECMO command team. Early engagement allows for coordinated planning, timely mobilisation

of resources, and seamless escalation of advanced life support. Collaborative clinical decision-making ensures continuity of care throughout the ECMO journey.

#### The Takeaway

ECMO should not be viewed as a last resort, but as a timely intervention for selected patients with reversible pathology. Early identification, clear clinical triggers, and prompt escalation are critical to achieving the best possible outcomes.

Recognising when to consider ECMO can make the difference between deterioration and recovery.



## Two Complex ENT Cases, One Destination for Global Excellence

### International Patients from Australia and the USA Find Advanced ENT Solutions at CARE Hospitals, Banjara Hills

CARE Hospitals, Banjara Hills, Hyderabad, continues to strengthen its reputation as a global destination for advanced ENT and facial plastic surgeries with the successful management of two highly complex international cases from Australia and the United States.

Both patients were treated under the expert care of Dr. N. Vishnu Swaroop Reddy, MS (ENT), FRCS (Edinburgh), FRCS (Ireland), DLORCS (England), Clinical Director, Head of Department & Chief Consultant – ENT, Facial Plastic Surgeon and Cochlear Implant Surgeon, CARE Hospitals, Banjara Hills. These cases reflect not only surgical expertise but also the growing global trust in Indian healthcare for managing failed and high-risk ENT conditions with precision and durable outcomes.

#### Case 1: Complex Nasal Reconstruction – Australia

The first case involved a 35-year-old cybersecurity professional from Brisbane, Australia, who presented after two failed nasal surgeries in his home country. He suffered from a severe saddle-nose deformity, chronic breathing difficulty, and complete loss of internal nasal support. Following detailed evaluation, the patient underwent a complex rib (costal) cartilage nasal reconstruction using his own tissue to restore both structural integrity and nasal function. The surgery was completed within 48 hours of consultation to accommodate the patient's limited stay. Postoperatively, he experienced marked improvement in breathing and nasal appearance and returned to Australia satisfied with both functional and aesthetic outcomes.

#### Case 2: Bilateral Hearing Restoration After Failed Surgery – USA

The second case involved a 30-year-old Morgan Stanley professional from New York, USA, who presented with severe bilateral hearing loss. He had previously undergone right-ear surgery in San Francisco; however, the procedure had failed, leaving him dependent on hearing aids with limited benefit.

Detailed evaluation at CARE Hospitals confirmed bilateral otosclerosis. As the left ear had not been previously operated

upon, it was selected for initial intervention. A left stapedotomy was successfully performed under local anaesthesia, resulting in immediate and dramatic restoration of hearing on the operating table itself.

Encouraged by this outcome, a technically challenging revision stapedotomy was subsequently undertaken on the previously failed right ear. Despite the complexity associated with revision surgery, the procedure was completed successfully, restoring hearing in both ears. The patient returned to the United States with fully functional bilateral hearing and without dependence on hearing aids—representing a transformative improvement in quality of life.

#### Clinical Significance

Collectively, these cases underscore CARE Hospitals, Banjara Hills as an emerging global destination for advanced, outcome-driven ENT care—distinguished by clinical expertise, surgical precision, and a deeply patient-centric approach. The successful management of complex reconstructions and revision surgeries reinforces the hospital's capability to deliver world-class ENT outcomes for international patients seeking reliable, definitive solutions.



## CARE Hospitals, Banjara Hills Achieves Two Milestones in Advanced Endocrine Surgery

CARE Hospitals, Banjara Hills has successfully managed two rare and high-risk parathyroid cases, reinforcing its leadership in advanced endocrine surgery. Both complex procedures were performed by Dr Sangeeta Jha, Senior Consultant – Surgical Endocrinologist, highlighting precision-driven care and strong multidisciplinary coordination.

### Restoring Mobility in a Young Patient with a Rare Intrathyroidal Tumour

A 25-year-old cab driver, Shaik Abdul Khader, had been bedridden for nearly a year, gradually losing the ability to stand or walk. The underlying cause of his severe disability was identified as a rare intrathyroidal parathyroid tumour, an uncommon condition in which the parathyroid gland is located within the thyroid tissue.

Dr Sangeeta Jha performed a carefully planned surgical excision of the tumour, ensuring accurate localisation and safe removal. Following surgery, the patient showed marked improvement and began his recovery towards regaining mobility and independence.



### High-Risk Gland-Sparing Surgery in a Post-COVID Mucormycosis Survivor

In the second case, a 69-year-old woman presented with severe bone pain and abnormal calcium levels. The surgical intervention was particularly challenging due to a prior maxillectomy following post-COVID mucormycosis, making anaesthesia administration complex. In addition, the parathyroid adenoma was located in an atypical position.

Dr Sangeeta Jha performed a meticulous gland-sparing parathyroid surgery, successfully removing the abnormal tissue while preserving vital structures, including those responsible for voice function. The patient is currently stable and recovering well.

### Advancing Excellence in Endocrine Surgery

These cases underscore the importance of accurate diagnosis, meticulous surgical planning, and experienced execution in managing rare and high-risk endocrine disorders. CARE Hospitals, Banjara Hills continues to set benchmarks in endocrine surgery by delivering safe, effective outcomes that significantly improve patients' quality of life.

## Funtastic Facts

- **Your Bones Are Alive — and Busy**

The adult human skeleton contains 206 bones, but they're far from static. Bone tissue is constantly breaking down and rebuilding itself. In fact, the skeleton renews itself roughly every 10 years — a lifelong construction project happening silently beneath your skin.

- **Bones Are Stronger Than Steel (By Weight)**

Ounce for ounce, bone is stronger than steel. A cubic inch of bone can bear a load of nearly 8 tonnes — equivalent to five standard pickup trucks — making it one of nature's most efficient materials.

- **Knees Work Overtime**

The knee is the largest joint in the body and experiences forces of 3–5 times your body weight with every step. Climbing stairs or squatting increases that load even further — a reminder of why knee health matters.

## Murphy's Law: Orthopaedics Edition

In orthopaedics, Murphy's Law is practically cast in plaster. The fracture that looked perfectly aligned on X-ray will shift the moment the cast sets. The patient who swore the pain was “only mild” can't tolerate physiotherapy the next morning. The implant tray you won't need is always the one missing. The joint that moves smoothly during trial reduction stiffens as soon as the final component is fixed. The OT runs flawlessly — until power tools are switched on. And the postoperative patient who walked comfortably yesterday will develop pain exactly when discharge papers are ready. In orthopaedics, bones may heal — but surprises rarely wait their turn.

## Ortho Humour

- **Orthopaedic surgeon to the patient:**

“Good news — the bone will heal. Bad news - it has its own timeline.”

- **Why did the fracture get promoted?**

It showed excellent alignment..

- **What's an orthopaedic surgeon's favourite music?**

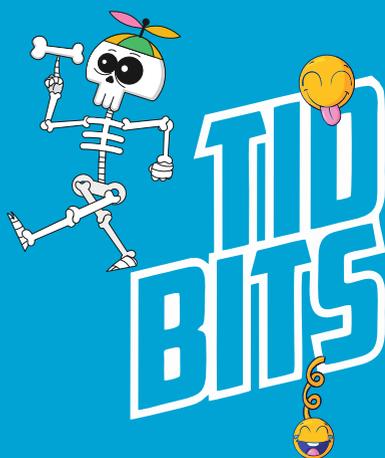
Heavy metal — especially titanium.



## Innovation

- **Robotics & Navigation in Joint Replacement**

Robotic-assisted and navigation-guided joint replacement surgeries are redefining accuracy in orthopaedics. These technologies allow surgeons to plan implants in 3D, achieve precise bone cuts, optimise alignment, and personalise joint positioning. The result: better function, faster recovery, longer implant life, and more predictable outcomes — especially in complex knee and hip replacements.



## Serendipity

- **The Accidental Discovery of X-rays**

In 1895, Wilhelm Conrad Röntgen was experimenting with cathode rays when he noticed a fluorescent screen glowing across the room. He had accidentally discovered X-rays, allowing doctors to see inside the human body without surgery for the first time. Within months, orthopaedics was transformed — fractures could be diagnosed, aligned, and treated with precision, changing trauma care forever.

# 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, Vishakhapatnam, 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

### ABDUL RAFI

Very very happy to recover my wife doctor Muqurab Ali Khan sir urologist Care hospital Banjar Hill's, Hyderabad.

### SRIDEVI C

Dr PLN Kapardhi sir very care kind and responsible doctor known to us above 25 years. Most of our family members are under his treatment only. We are all very much thankful to Kapardhi sir. His words give so much positive energy to us. Once again thanks to Dr Kapardhi sir

### SUBHASHINI

Doctors had extended excellent treatment, caring and patience. The other staff are also so good but some nursing staff didn't follow the doctors instructions. Room service is also good. Attendant bed may be better

## AWARDS



## ACCREDITATIONS



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