

CARE

1ST ANNIVERSARY ISSUE

BANJARA TIMES



CARE HOSPITALS

ISSUE 12 JANUARY 2026



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On CARE Banjara Times First Year of Collective Progress

In healthcare, milestones are not measured merely in years, they are measured in trust earned, lives touched, and systems strengthened. As we mark another year of CARE Banjara's journey, what stands out to me is not just growth, scale, or technology, but the quiet consistency with which teams show up every day to deliver outcomes that matter.

Institutions that endure are never built by individuals alone. They are shaped by shared purpose, clinical integrity, operational discipline, and a culture where accountability and compassion coexist. What sustains such institutions is alignment - alignment of intent, of effort, and of values across clinicians, caregivers, partners, and the communities we serve.

At CARE Banjara, our clinicians have been the strongest anchors of this journey. Their commitment to evidence-based care, multidisciplinary collaboration, and patient-first thinking continues to define who we are and what we stand for. Equally, our corporate and institutional partners place trust in us not just for clinical expertise, but for reliability, transparency, and consistency, qualities that are built patiently over time.

Anniversaries are not only moments to celebrate the past; they are opportunities to sharpen the future. As healthcare evolves, our responsibility is not simply to grow, but to grow wisely - strengthening systems, nurturing future leaders, and continuously raising the bar on patient experience and clinical outcomes.



My deepest gratitude to our clinicians, teams, and partners who make this shared journey meaningful every day. If there is one belief that guides us forward, it is this: when purpose is clear and culture is strong, progress becomes inevitable & that's the journey at CARE Banjara.

Biju Nair

Zonal Chief Operating Officer
CARE Hospitals



CARE
HOSPITALS



Mr. Varun Khanna

Group Managing Director
Quality Care India Limited

On what truly builds enduring organisations

While a lot is spoken about leadership, my years have taught me that an organization's success is defined by much more, and not every great leader has achieved the desired success. So what really drives an organization? Let me share a few thoughts and try to tell you your role in making it successful, as you would have guessed by now:

- My favorite part is understanding our own role and being accountable for it.
- Adaptability is another key aspect. What helped us move mountains yesterday may not be enough for today's challenge, or the situation may be different. Pivot to respond.
- Empowerment is key to creating a future bench. Simply handing it over is poor leadership. The name of the game is nurtured empowerment, or a gradual approach that ensures the empowered person succeeds.
- Vector versus speed. Always choose vector. First achieve alignment through communication and feedback, then channel energy in the same direction.
- The most important element continues to be aligning purpose and keeping objectives clear. People unwilling to understand this do themselves a disservice.
- Nothing parallels great culture and communication. It is never enough. Moments of joy, celebration, the need to improve, results, patient feedback, great outcomes, nurse stories. Everything brings us together and deserves daily communication.
- Seek joy. This is personal. Make the effort to find joy in this ever so beautiful imperfect world.

Editor's Note: This perspective reflects the spirit with which teams at CARE Banjara continue to shape outcomes, strengthen trust, and deliver excellence through collective commitment every day.





Dr. Pawan Kumar

Chief Executive Officer
CARE Hospitals

Institutions outlive individuals when purpose is clear, standards are non-negotiable, and excellence is built into systems - not personalities.

CARE Banjara stands strong because our clinicians, nurses, and teams institutionalize patient-first care through discipline, safety, and accountability every day. Our legacy is the consistency of outcomes—driven by protocols, collaboration, and continuous learning. As we invest in advanced diagnostics, minimally invasive care, digital systems, and integrated monitoring, we do so for measurable improvement.

This journey continues—together, with unity and excellence.



Individuals shape moments; institutions shape generations.

Milestones represent not just time passed, but standards built to endure beyond any one tenure.

An individual's expertise earns trust; institutional standards sustain it. Clinical brilliance influences outcomes today, but governance, audit, multidisciplinary collaboration, and structured succession ensure consistency tomorrow. When excellence is embedded in systems rather than personalities, it becomes reproducible and resilient.

Individuals innovate; institutions institutionalize. Pathways endure when reinforced by peer review, documentation, teaching, and accountability.

Our clinicians' integrity and patient-first commitment have transformed individual excellence into an enduring institutional legacy.



Dr. Nikhil Mathur

Chief of Medical Services
CARE Hospitals





Mr. Rajeev Chourey

VP - Quality, Operations
and ESG
CARE Hospitals

Organizations outlive individuals because of the values that are promoted in the organizations.

Organizations that focus on their customers' needs always survive all the industry onslaughts.

CARE Hospitals has its core value "putting the patients first before our own interests." This is not only for display but is practiced by every employee of the hospital. Clinicians at CARE Hospitals have always demonstrated this core value. They provide timely and ethical care to patients, with the support of nurses and other staff.

I congratulate the CARE Hospitals, Banjara Hills, team on completing the first successful year of this newsletter. The newsletter clearly highlights the excellent clinical work being done by the doctors of CARE Banjara. I wish the team many more successful issues filled with the great clinical work done by the doctors.



People inspire moments. Institutions sustain movements.

Three decades into healthcare, I stand on foundations laid by leaders whose names may fade, yet whose standards still guide us. That is the power of an institution. It preserves what individuals alone cannot sustain.

Individuals bring expertise and compassion. Institutions bring continuity. They safeguard values when personalities change, uphold ethics when pressures rise, and ensure care depends not on one extraordinary person, but on a strong, reliable system.

I acknowledge the unwavering partnership of our clinicians at CARE Banjara. Your collaboration and respect for nursing judgment strengthen the entire CARE team.

People inspire moments. Institutions sustain movements.



Dr. Vincy Ashok Tribhuvan

Vice President -
Nursing Administration
CARE Hospitals





Mr. Vijay Sethi

Chief Hospitality &
Patient Experience Officer
CARE Hospitals

In healthcare, organizations outlive individuals because authentic care becomes brand memory, most referred, recalled and relived.

At CARE, our legacy is shaped in quiet moments: easing fear, restoring dignity, and walking beside families in vulnerability. While we serve for a season, the compassion we practice becomes institutional memory. Every interaction is a deposit into a patient's emotional bank account.

The clinicians of CARE Banjara carry this legacy with grace, empathy, and strength. Long after names fade, the experiences they create will continue to define CARE's identity, purpose, and enduring strength.



SHARED VALUES, ENDURING QUALITY.

Consistency, Collaboration and Clinical Strength at CARE Banjara

An institution is defined not by infrastructure alone, but by the consistency of care delivered within its walls. At CARE Hospitals, Banjara Hills, our strength lies in disciplined systems, clinical integrity, and teams committed to putting patients first.

This newsletter reflects the collaboration between consultants, nurses, administrators, and support staff who ensure safe, ethical, outcome-driven care delivery. In a centre managing complex referrals, standardisation, protocol-based practice, multidisciplinary reviews, and continuous quality monitoring are foundational.

Together, we continue to build a culture where safety, transparency, and compassion guide every interaction. Sustained excellence is intentional and collective. That remains our commitment.



Dr. Ajit Singh

AVP & Medical Head
CARE Hospital, Banjara Hills



The history of surgery is quite ancient, as depicted by the world's oldest surgical document of Edwin Smith Papyrus (Egypt) and Sushruta Samhita (India), to Barber-Surgeons of 1500s to modern surgery of 2000s. In addition, each era is a witness to the innovations that were developed and modernised over the existing surgical techniques.

As we move into 2026, we are witnessing yet another innovation – Robotic-Assisted Surgery (RAS) - that has become an excellent modality in various surgical specialities. It provides the three dimensional vision and dexterity that human eye and hand might find it challenging, especially in anatomically confined spaces.

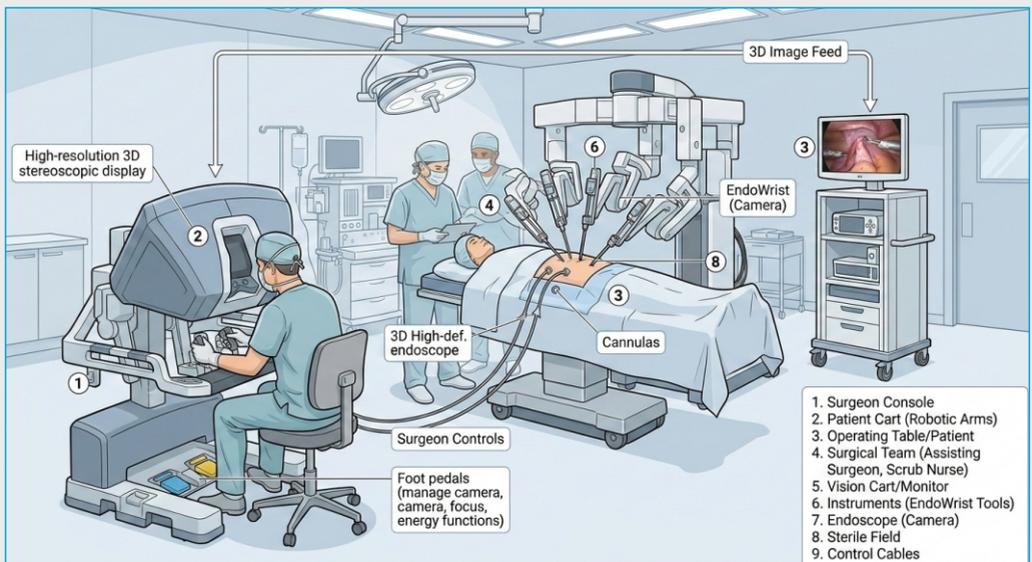
At our institute, RAS was started more than a year ago and has now evolved as transforming experience across various specialities which include urology, gynecology, general and gastrointestinal surgery, surgical oncology and orthopaedics.

The benefits of this very impressive technology are seen on the postoperative wards in the form of reduced operative trauma, enhanced recovery, increased safety and patient satisfaction.

In the following pages (8-12), we get to read the first hand-experiences of our fleet of robotic surgeons. Their expertise, which is an extension of skilfully manipulating the robotic-assisted arms, ensures that our patients continue to receive the most advanced techniques with compassionate care.



Dr. B. Ravinder Reddy
Editor-in-Chief



- 01 **India's first Indigenous Coronary Stent –** a revolution in cardiac care.
- 02 **India's first Womb Transplant & Fetal Heart Surgery –** pushing the frontiers of medicine.
- 03 **AP's first Swap Kidney Transplant & Image-Guided Skull Base Surgery –** precision and innovation at its best.
- 04 **India's first Hybrid Aneurysm Repair & South India's first Hybrid AV Fistula Salvage –** transforming vascular care.
- 05 **Among the world's few performing Cochlear Implants under Local Anesthesia–** innovation beyond boundaries.
- 06 **First in Telugu states –** Endo Venous Ablation of Varicose Veins.
- 07 **Over 2,000+ Stapedotomy Surgeries, first 1,000 cases** were presented at the Asia Oceania Congress of ENT Surgeons (2019) and subsequently published as a main article in the Journal of Laryngology & Otology (Cambridge, UK; founded in 1887) in 2021.
- 08 **Atrial Fibrillation (AF) Ablation using the newly launched Q Dot technology,** placing the hospital among the first centers in India to adopt this next-generation electrophysiology platform
- 09 **A Transcatheter Edge-to-Edge Repair (TEER) procedure** using the indigenous MyClip (Meril) device was successfully performed on a critically ill 76-year-old patient marking this first such case at CARE Hospitals Group and also among the rare TEER cases successfully performed in Hyderabad
- 10 **Single Surgeon Performed 17 Joint Replacements in 8 Hours** at CARE Hospitals, Banjara Hills, Setting New Benchmark in Orthopaedic Excellence
- 11 **Achieved NABH Certification as an Advanced Stroke Center of Excellence –** Pioneering as Stroke Care in Telangana and Andhra Pradesh

Advanced Robotic Surgery Restores Quality of Life in a Complex Endometriosis Case at CARE Hospitals, Banjara Hills

A 40-year-old woman (P2L2A4) with a history of two previous LSCS presented with heavy menstrual bleeding for 5–6 months, associated with congestive dysmenorrhoea and passage of clots. She required nearly six sanitary pads per day, significantly affecting her quality of life.

Given the complexity of disease and distortion of pelvic anatomy, robotic-assisted minimal access surgery was planned to safely restore anatomy and relieve symptoms.

Clinical Evaluation

Ultrasound scan revealed:

- Uterus measuring 7.7 × 4.4 cm
- Endometrial thickness: 5.2 mm
- Two fibroids (intramural and subserosal)
- Left ovarian endometriotic cyst (35 × 26 mm)
- Right ovary normal

CA-125 was elevated at 55.8 U/mL.

She was diagnosed with:

- Abnormal uterine bleeding (AUB)
- Adenomyosis with fibroid uterus
- Left ovarian endometriotic cyst
- Advanced endometriosis with bilateral interloop adhesions and frozen pelvis

Given persistent symptoms and advanced disease, surgery was advised.

Robotic Surgical Approach

The patient underwent robotic-assisted minimal access surgery including:

- Robotic hysterectomy
- Bilateral salpingectomy
- Left ovarian endometriotic cystectomy
- Right ovarian cystectomy
- Extensive adhesiolysis with restoration of pelvic anatomy

Intraoperative Findings

Surgery revealed dense adhesions between the omentum, uterus, and abdominal wall, along with a frozen pelvis. Both adnexa were densely adherent to surrounding structures. A 3 × 3 cm left endometriotic cyst and a 2 × 2 cm right haemorrhagic cyst were identified.

All adhesions were meticulously released, cystectomies were performed, and specimens were sent for histopathology.

Surgical Complexity and Outcome

Advanced endometriosis often causes severe distortion of anatomy, increasing the risk of injury to bowel, bladder, and ureters. Robotic technology enabled enhanced visualisation and precision, allowing safe adhesiolysis and complete anatomical restoration.

The surgery was successfully completed using a minimally invasive approach.



Dr. Manjula Anagani

Padma Shri Awardee, Clinical Director, HOD - CARE Vatsalya, Woman and Child Institute, Robotic Gynaecology

Histopathology confirmed a left endometriotic cyst. The patient recovered smoothly and was started on Letrozole therapy for six months to reduce recurrence risk.

Clinical Significance

This case highlights how robotic surgery enhances precision in complex gynaecological conditions while preserving the benefits of minimally invasive surgery, including:

- Smaller incisions
- Reduced postoperative pain
- Faster recovery
- Early return to daily activities

At CARE Hospitals, Banjara Hills, advanced technology and surgical expertise continue to deliver optimal outcomes—even in highly complex cases.

Advanced Robotic Cancer Surgery for Carcinoma Endometrium at CARE Hospitals, Banjara Hills

A 61-year-old postmenopausal woman presented to CARE Hospitals, Banjara Hills with a short history of minimal postmenopausal bleeding. She reported no associated abdominal pain, weight loss, loss of appetite, or bowel and bladder disturbances. There were no significant co-morbidities or family history of malignancy.

On clinical evaluation, the patient was conscious, oriented, and haemodynamically stable. General and pelvic examinations were unremarkable, with no palpable masses or lymphadenopathy.

Diagnostic Evaluation

To assess the extent of disease, comprehensive imaging was performed:

- MRI of the abdomen and pelvis revealed a sizeable mass within the endometrial cavity with a smooth endomyometrial interface, along with enlarged bilateral pelvic lymph nodes.
- PET-CT scan showed a metabolically active endometrial mass with lymphadenopathy involving pelvic, para-aortic, and supraclavicular regions.

FNAC of the supraclavicular lymph node revealed granulomatous disease, for which the patient was started on anti-tubercular treatment (AKT).

Based on these findings, a diagnosis of carcinoma endometrium with nodal involvement was established.

Surgical Management

Following multidisciplinary evaluation and careful preoperative planning, the patient underwent robotic-assisted Type I hysterectomy with bilateral salpingo-oophorectomy, bilateral pelvic lymph node dissection, and retroperitoneal lymph node dissection under general anaesthesia.

The robotic approach enabled precise dissection and comprehensive lymph node clearance while safeguarding surrounding vascular and neural structures.

Intraoperatively, the uterus was bulky but grossly normal, and multiple enlarged pelvic and para-aortic lymph nodes were successfully excised with meticulous haemostasis.

Postoperative Course

The postoperative period was uneventful. The patient demonstrated smooth recovery with early mobilisation and timely removal of catheters and drains. There were no surgical or anaesthetic complications. She was discharged in stable condition on the third postoperative day, with appropriate medications, physiotherapy guidance, and follow-up advice.



Dr. Satish Pawar

Sr. Consultant & Head –
Surgical Oncology & Robotic Surgery

Outcome

Despite presenting at an advanced stage, the patient has remained disease-free for over two years following successful robotic surgery and continues to be under regular follow-up with the Surgical Oncology team.

Clinical Perspective

This case highlights the role of advanced robotic-assisted surgery in managing carcinoma endometrium, even in advanced-stage presentations. Precision-driven minimally invasive techniques, combined with accurate staging and multidisciplinary care, can deliver durable oncological outcomes while supporting faster recovery and improved patient experience.

Robotic Simple Prostatectomy for Massive Benign Prostatic Enlargement at CARE Hospitals, Banjara Hills

Patient Profile

A 78-year-old male with a known history of diabetes mellitus and hypertension had been on long-term medical therapy for benign prostatic enlargement (BPE). Despite compliance with treatment, he presented with progressively worsening lower urinary tract symptoms (LUTS), significantly affecting his quality of life.

Clinical Evaluation

On examination:

- Digital Rectal Examination (DRE): Grade IV benign prostatic enlargement, firm in consistency, with no palpable hard nodules.
- Ultrasonography (Abdomen & Pelvis): Gross prostatomegaly with an estimated prostate volume of 177 cc.
- Uroflowmetry: Reduced urinary flow with a maximum flow rate (Q_{max}) of 10 mL/sec, suggestive of significant bladder outlet obstruction.

Given the severity of symptoms, failure of medical therapy, and markedly enlarged prostate (→150 cc), surgical management was advised.

Management

The patient underwent a robotic simple prostatectomy

Indications for Surgery

- Severe LUTS refractory to medical management
- Massive prostate enlargement (177 cc)
- Objective evidence of bladder outlet obstruction

The procedure was completed successfully without intraoperative complications.

Postoperative Course & Outcome

The patient had an uneventful postoperative recovery and was discharged on postoperative day 3. Following catheter removal on postoperative day 8, he voided with a good urinary flow, demonstrating effective relief of obstruction.



Dr. P Vamsi Krishna

Clinical Director, Sr. Consultant & HOD - Urology, Robotic, Laparoscopy & Endourology Surgeon

Clinical Insight

This case highlights the role of robotic simple prostatectomy in managing significantly enlarged prostates where medical therapy fails. The minimally invasive robotic approach allows precise enucleation, reduced blood loss, faster recovery, and improved functional outcomes - particularly important in elderly patients with co-morbidities.



Robotic-Assisted Total Knee Replacement Using VELYS Restores Mobility in a 65-Year-Old Woman

A 65-year-old woman presented with severe right knee pain that had progressively worsened over several months, significantly limiting her mobility and daily activities. She arrived in a wheelchair, reporting severe pain affecting her sleep and quality of life. She had no major comorbidities.

Clinical Assessment

Examination revealed:

- Swelling of the right knee
- Varus deformity
- Fixed flexion deformity of 10–20 degrees
- Painful and restricted range of motion

X-rays demonstrated advanced osteoarthritis with significant degenerative changes and deformity. Given the severity of symptoms, total knee replacement was advised.

Preoperative Planning

After comprehensive cardiac and anesthetic evaluation, the patient was counselled regarding robotic-assisted total knee replacement due to the significant deformity requiring precise correction.

The procedure was performed using the VELYS Robotic-Assisted Solution, an advanced robotic platform developed by Johnson & Johnson.

The system uses intraoperative mapping and haptic feedback to enhance surgical precision. Key advantages discussed included:

- Accurate bone cuts
- Precise deformity correction
- Minimal soft tissue release
- Improved component alignment
- Reduced postoperative pain
- Faster recovery and more natural knee kinematics

The patient understood the benefits and consented to proceed.

Surgical Procedure

A routine knee arthrotomy was performed. With robotic assistance through the VELYS system, bone cuts were executed with high precision and minimal soft tissue release - unlike conventional techniques that often require extensive releases to correct deformity.

The varus and fixed flexion deformities were accurately corrected, restoring native alignment and balanced knee kinematics.

Postoperative Course

The patient was monitored in the ICU for 3–4 hours postoperatively and mobilized on the first postoperative day with minimal pain. Physiotherapy was initiated early.



Dr. Chandra Sekhar Dannana
Sr. Consultant - Orthopaedics

She was discharged on the second postoperative day.

- Sutures removed at 2 weeks
- At 3 months, she was completely pain-free
- Follow-up X-rays showed satisfactory component alignment
- Functional outcome was excellent with restored mobility

Key Takeaway

While total knee replacement is a highly successful procedure, dissatisfaction can occur due to component malalignment or soft tissue imbalance. Robotic-assisted surgery using the VELYS system enhances accuracy, reduces unnecessary soft tissue release, and supports faster recovery.

This case highlights how technological refinement in knee replacement can significantly improve functional outcomes and patient satisfaction, particularly in complex deformity cases.

Advancing Reflux Care: Robotic Fundoplication with HUGO™ RAS at CARE Hospitals, Banjara Hills

Gastroesophageal Reflux Disease (GERD) is more than occasional heartburn. For many patients, persistent acid reflux leads to chronic discomfort, sleep disturbances, regurgitation, chest pain, and in some cases, long-term complications affecting quality of life. While lifestyle modification and medications offer relief for most, a subset of patients with severe or refractory GERD require surgical intervention.

At CARE Hospitals, Banjara Hills, robotic-assisted fundoplication using the advanced HUGO™ Robotic-Assisted Surgery (RAS) system is redefining the standard of care for patients requiring surgical correction of reflux disease.

Understanding Fundoplication

Fundoplication is a surgical procedure designed to strengthen the lower oesophageal sphincter (LES), preventing acid from flowing back into the oesophagus. The upper part of the stomach (fundus) is carefully wrapped around the lower oesophagus to reinforce the valve mechanism.

Traditionally performed via laparoscopy, fundoplication has now evolved with robotic precision—enhancing accuracy, visualisation, and control.

Why Robotic Fundoplication with HUGO™ RAS?

The HUGO™ RAS platform represents the next generation

of robotic surgery, offering:

- High-definition 3D visualisation
- Enhanced instrument articulation with greater precision
- Improved surgeon ergonomics
- Modular robotic arms for optimised surgical access

This advanced technology allows surgeons to perform meticulous dissection in the delicate oesophageal hiatus region, particularly important in patients with:

- Large hiatal hernias
- Obesity-related reflux
- Recurrent reflux after previous surgery
- Dense adhesions
- Complex anatomical variations

Clinical Advantages for Patients

Robotic fundoplication at CARE Hospitals, Banjara Hills offers multiple benefits:

- Smaller incisions
- Reduced postoperative pain
- Minimal blood loss
- Lower complication rates
- Faster recovery and early return to daily activities
- Improved precision in hiatal repair and wrap construction

The robotic system enables fine suturing and accurate tension control during the wrap, which is critical in reducing postoperative dysphagia and ensuring durable reflux control.



Dr. Venugopal Pareek
Sr. Consultant GI Laparoscopic
& Bariatric Surgeon

Beyond Technology: The Importance of Patient Selection

Successful reflux surgery depends not only on technology but also on comprehensive evaluation. Patients undergo detailed assessment including:

- Upper GI endoscopy
- Manometry
- pH monitoring
- Imaging studies

This ensures appropriate surgical planning and tailored treatment for long-term success.

A Step Forward in Minimally Invasive GI Surgery

The introduction of HUGO™ RAS at CARE Hospitals, Banjara Hills strengthens the hospital's commitment to advanced minimally invasive surgical solutions. Robotic fundoplication exemplifies how technology and surgical expertise combine to deliver precision-driven, patient-centred outcomes.

As robotic platforms continue to evolve, the goal remains constant—safer surgery, faster recovery, and sustained relief for patients living with chronic reflux disease.



Against All Odds: Survival of an Extreme Preterm Infant at 27 Weeks at CARE Hospitals, Banjara Hills

Maternal & Obstetric Management

A 28-year-old primigravida with IVF conception at 27+1 weeks of gestation, known hypothyroidism, and severe pre-eclampsia with impending eclampsia, presented with generalised oedema. Given the maternal instability and risk to both mother and fetus, the Obstetrics & Gynaecology team, led by Dr Manjula Anagani, proceeded with an emergency lower segment caesarean section under spinal anaesthesia.

A live extreme preterm female infant was delivered in footling breech presentation, with a birth weight of 720 grams (0.721 kg). The baby cried at birth, with APGAR scores of 6/10 and 7/10 at 1 and 5 minutes respectively. In view of extreme prematurity and respiratory distress, the neonate was intubated in the operating theatre and shifted to the NICU for advanced care.

Initial Challenges

The infant faced multiple complications associated with extreme prematurity:

- Respiratory Distress Syndrome (HMD), s/p one dose of surfactant
- Apnoea of prematurity

- Culture-positive neonatal sepsis (MDR Klebsiella pneumonia)
- Septic shock
- Severe thrombocytopenia
- Anaemia of prematurity
- Dyselectrolytemia (hyponatraemia)
- Large pericardial effusion
- Mild bronchopulmonary dysplasia

Respiratory Course

The baby required surfactant therapy shortly after birth and was initiated on mechanical ventilation. Gradual improvement allowed extubation to non-invasive ventilation and later to high-flow nasal cannula.

On Day 23 of life, recurrent apnoea and clinical deterioration required re-intubation. Evaluation revealed sepsis and a significant pericardial effusion. Following intensive management, the infant was gradually weaned off respiratory support and transitioned to room air by Day 55 of life.

Sepsis & Critical Care Management

Blood cultures confirmed multidrug-resistant Klebsiella pneumonia leading to septic

- shock. Targeted antibiotic therapy with Ceftazidime + Avibactam and Aztreonam was administered for approximately 21 days as per sensitivity reports.

During the septic phase, the infant required:

- Inotropic support
- 8 single donor platelet transfusions (lowest platelet count: 31,000)
- 3 packed red blood cell transfusions (lowest haemoglobin: 8.4 g/dL)

Pentaglobin therapy was provided for immune support. Serial blood cultures eventually turned negative, and inflammatory markers steadily improved.

Cardiac Complication

A large pericardial effusion (6–8 mm) was detected on 2D echocardiography during clinical instability. Under paediatric cardiology guidance, the baby was managed medically with diuretics. Serial echocardiograms showed gradual resolution with no residual effusion. A tiny PDA and PFO with left-to-right shunt were noted and kept under observation.

Nutrition & Growth

Total parenteral nutrition was initiated at birth. Minimal enteral feeds were gradually introduced and escalated as tolerated. Feeds were temporarily withheld during septic episodes and restarted after stabilisation.

At discharge, the infant was tolerating 25 ml two-hourly spoon feeds along with breastfeeding, demonstrating good weight gain.

Neurological & Ophthalmic Monitoring

Serial neurosonograms showed no intraventricular haemorrhage. Bilateral periventricular flare was observed but remained stable. ROP screening revealed immature retina in Zone 2 without plus disease, requiring continued follow-up.

Outcome

After 67 days in the NICU, the infant was discharged at a weight of 1.518 kg. She was:

- Breathing independently on room air
- Free of apnoeic episodes
- Hemodynamically stable
- Feeding well
- Neurologically appropriate for corrected gestational age

Clinical Significance

This case highlights the coordinated expertise of Obstetrics, Neonatology, Paediatric Cardiology, and Critical Care teams in managing extreme prematurity complicated by multidrug-resistant sepsis, respiratory instability, cardiac effusion, and haematological challenges.



Dr. Vittal Kumar Kesireddy
Consultant & In-charge
Department of Paediatrics



Dr. K. Shiva Reddy
Consultant - Paediatrics



Dr. Sunil Patil
Sr. Consultant - Neonatology
& Paediatrics



Dr. A R M Harika
Consultant - Neonatology
& Paediatrics



Dr. Vedula Usha Kiranmayi
Consultant - Paediatrics



Dr. A. Shalini Reddy
Consultant - Paediatric
Intensivist and Paediatrics

Survival in such fragile beginnings requires advanced NICU infrastructure, protocol-driven infection control, multidisciplinary collaboration, and continuous monitoring. At CARE Hospitals, Banjara Hills, comprehensive maternal and neonatal critical care continues to deliver hope—even in the most complex and high-risk scenarios.

ECMO Pathways Explained: From First Call to Cannulation

When a critically ill patient deteriorates despite maximal medical support, every minute matters. ECMO is often considered a last-resort life-support therapy—but behind every successful initiation is a structured, highly coordinated pathway that begins long before cannulation.

In this second article of our ECMO series, we outline what happens from the moment ECMO is considered to the point of cannulation—bringing clarity and confidence to the process.

Step 1: Early Activation

The ECMO pathway begins the moment a patient is identified as potentially requiring advanced mechanical support.

At CARE Hospitals, Banjara Hills, this immediately activates the ECMO response protocol. Key clinical parameters are rapidly reviewed:

- Diagnosis and underlying pathology
- Oxygenation indices and arterial blood gases
- Hemodynamic stability and inotropic requirements
- Duration of mechanical ventilation
- Reversibility of the condition and contraindications

Prompt assessment allows timely risk stratification and prevents critical delays.

Step 2: Structured Triage & Decision-Making

Not every critically ill patient is an ECMO candidate. Selection is protocol-driven and multidisciplinary.

The team evaluates:

- Severity of respiratory or cardiac failure
- Failure of optimal conventional therapy
- Potential for recovery or bridge to definitive treatment
- Comorbidities and overall prognosis

In high-acuity situations, decisions are often made within minutes to hours to preserve organ function and survival potential.

Step 3: Determining the Cannulation Pathway

Once the decision is made, the team determines the safest cannulation strategy.

In-House Cannulation

- Stabilisation in ICU or OT
- Imaging-guided cannulation
- Full multidisciplinary coordination

Bedside Cannulation

For patients too unstable for movement:

- ECMO team mobilisation
- Cannulation at the patient's location
- Stabilisation on ECMO prior to transfer

This capability is crucial for patients who cannot tolerate transport without mechanical support.

Beyond Cannulation

Cannulation marks the beginning—not the end—of ECMO care. Post-initiation priorities include flow optimisation, lung-protective ventilation, anticoagulation management, and continuous haemodynamic monitoring.

ECMO is not a single intervention—it is a continuum of precision-driven critical care.

Preparedness Saves Lives

At CARE Hospitals, Banjara Hills, ECMO readiness is built on rapid activation, structured triage, and coordinated teamwork. From the first alert to cannulation and beyond, every step is designed for timely, decisive action.

In ECMO care, time saved is life preserved.



Expert Evidence: Challenges

In medical negligence proceedings before Consumer Commissions, expert evidence plays a pivotal role in determining the facts, assessing standard of care, and establishing causation. However, gathering, presenting, and evaluating expert testimony is fraught with challenges that both complainants and respondents must carefully navigate.

This column explores the significance of expert evidence, the hurdles involved, and practical approaches to strengthen or contest its credibility.

Why Expert Evidence Matters?

Unlike other disputes, medical negligence cases particularly non-apparent in nature involve technical medical issues that require specialized knowledge beyond the understanding of ordinary laypersons. Courts and Consumer Commissions rely on expert witnesses to:

- Explain complex medical procedures and diagnoses
- Assess whether accepted standards of care were followed
- Establish causation between the alleged negligence and the injury
- Evaluate medical records, test reports, and treatments
- Clarify the probability of outcomes in a clinical context

Without credible expert testimony, proving negligence, deficiency, or causation becomes extremely difficult, particularly when the opposite

party contests the facts.

Types of Experts in Medical Cases

• Medical Practitioners

Specialists in fields such as surgery, orthopedics, anesthesia, or radiology, depending on the case.

• Forensic Experts

Experts who examine post-mortem reports, injuries, or complications.

• Hospital Administrators/Managers

Provide details about infrastructure, protocols, and internal processes.

• Pharmacologists/Device Experts

Evaluate drug interactions, implants, or defective medical equipment.

Expert Evidence: Current Legal Position

Hon'ble Supreme Court quite unequivocally held that expert evidence is not required in every medical negligence case. Considering the nature of 'Summary proceedings adopted by Consumer Commissions, medical literature in place of Expert Opinion evidence place a pivotal role. However, Supreme Court left a window of opportunity. If parties make out a case for expert opinion evidence the concerned Commission may take a final call.



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

Common Challenges in Presenting Expert Evidence

1. Availability of Qualified Experts

- Experts may be reluctant to testify for fear of professional backlash.
- Some doctors avoid involvement in legal disputes, limiting access to opinion-based evidence.

2. Bias and Conflicts of Interest

- Opposing parties may engage experts with vested interests.
- Some testimonies may be influenced by professional relationships rather than objective facts.

3. Interpreting Medical Records

- Incomplete or poorly maintained records make it difficult to provide a conclusive expert opinion.
- Lack of standardized formats across healthcare facilities leads to ambiguity.

4. Complexity of Medical Science

- Medical uncertainty or varying treatment approaches may weaken claims.
- Different opinions by experts can create doubt rather than clarity.

5. Time Constraints

Scheduling expert testimony can delay proceedings.

Standards Governing Expert Evidence

Consumer Commissions, like courts, require that expert testimony must:

- Be based on accepted medical principles and protocols.
- Be relevant to the case and confined to the facts at hand.
- Avoid speculation without scientific backing.
- Be supported by documents, reports, or clinical evidence.

Experts are also expected to adhere to ethical obligations, and misleading or false testimony may be treated as perjury or professional misconduct.

Best Practices for Strengthening Expert Evidence

For Complainants:

- Gather comprehensive medical records, test results, prescriptions, and discharge summaries.
- Approach recognized medical specialists or academic institutions for unbiased opinions.
- Cross-verify expert views with literature, guidelines, and clinical protocols.

- Ensure experts clearly explain the connection between negligence and harm.

For Respondents (Hospitals and Doctors):

- Maintain proper documentation and audit trails to defend clinical decisions.
- Provide procedural reports, consent forms, and treatment protocols promptly.
- Engage reputed experts to counter biased or incomplete opinions.
- Train staff to record every step of treatment, ensuring transparency.

The Role of Cross-Examination

Expert evidence does not stand on its own. Cross-examination is a crucial tool used to:

- Test the credibility and neutrality of the expert
- Challenge assumptions or inconsistencies in testimony
- Expose gaps in records or flawed conclusions
- Clarify technical jargon for the benefit of the commission

Both sides must prepare thoroughly for cross-examination, anticipating possible questions and counterpoints.

Judicial Observations

In several judgments, tribunals have emphasized that expert evidence, while important, cannot be the sole basis for deciding cases. It must be weighed alongside documentation, witness testimony, and circumstantial

evidence. Courts have also underscored that absence of expert opinion does not automatically absolve negligence if the facts speak for themselves.

Conclusion

Expert evidence forms the backbone of medical negligence cases but presents unique challenges. Procuring unbiased testimony, interpreting complex medical data, and defending or challenging opinions require careful planning, ethical considerations, and thorough preparation.

For healthcare providers, transparent record-keeping and adherence to clinical protocols strengthen their defense. For complainants, expert testimony supported by credible documentation can be decisive in securing justice.

In the next issue, we will explore Cross-Examination: Challenges, examining how medical experts, patient witnesses, and healthcare providers are scrutinized in proceedings and how this process influences outcomes.

Not Here to Entertain

There is a moment in every hospital where time changes texture. Machines beep. Curtains half-close. Relatives whisper outside rooms. Doctors move with urgency. The air smells of antiseptic and waiting. And then, a **red nose** enters.

Not loudly.

Not to perform.

Not to distract.

But to sit beside pain without trying to fix it.

Medical clowning is often misunderstood as “bringing joy” into hospitals. But joy is not something you can impose on someone who is nauseous from chemotherapy, anxious before surgery, or exhausted from chronic illness. What enters the room is not forced happiness, it is permission.

Permission to feel.

Permission to breathe.

Permission to not be “the patient” for a few minutes.

A medical clown does not walk in with jokes prepared. They walk in empty. They observe the IV line before they observe the face. They sense the emotional temperature of the room. If a child is silent, the clown becomes silent. If a teenager is angry, the clown becomes theatrically, beautifully offended. If an elderly patient wants to talk about their village, the clown listens as though it is the most important story in the world.

Improvisation here is not entertainment. It is emotional attunement. It is responsiveness. It is respect. In wards across cities - from government hospitals to private

cancer centres, from old age homes to shelters - something subtle happens when a clown kneels down to eye level. Power shifts. The hospital bed stops being a stage for procedures and becomes a space for human exchange. A child feeding herself for the first time that day is not “compliance”; it is agency returning. A patient agreeing to a procedure after a moment of laughter is not coincidence; it is nervous systems softening.



Medical clowning does not erase fear. It makes fear less lonely. It does not replace medicine. It works alongside it. It does not promise miracles. It creates moments. And in healthcare, moments matter. Because illness often reduces a person to reports, scans, and charts. Families begin to speak in numbers. “Counts are low.” “Oxygen is stable.” “The tumour has shrunk.” Somewhere in that language, the person can get lost. The red nose quietly searches for them again, the mischief in their eyes, the stubbornness, the humour that existed long before the



Sheetal Agarwal

Founder of Clownselors

diagnosis.

We often say laughter is the best medicine. But in hospitals, laughter is rarely loud. Sometimes it is a corner-smile. Sometimes it is a tear that turns into a chuckle.

Sometimes it is simply a patient who says, **“Come again tomorrow.”**

Medical clowning lives in those in-between spaces - between despair and hope, between procedure and recovery, between illness and identity. It is not a performance. It is presence with a red nose. And sometimes, that presence is enough to remind everyone in the room- patient, parent, nurse, doctor - that healing is not only clinical. It is human.



Resolutions That Strengthen Wellbeing: Small Changes, Lasting Impact

The start of a new year often brings ambitious resolutions - exercise more, eat better, achieve more. Yet sustainable health rarely comes from drastic change. It grows from small, consistent habits that support physical, mental, and emotional balance.

This year, instead of overwhelming goals, consider resolutions that nurture long-term wellbeing.

Rethinking Resolutions

Health is not built in a month. It is shaped by daily choices - how we move, rest, connect, and care for our minds. Sustainable resolutions focus less on extremes and more on balance.

Rather than asking, "How much can I change?" it may be more helpful to ask, "What can I improve consistently?"

Simple Resolutions That Matter

Prioritise Rest - As discussed earlier in this series, sleep is foundational. Committing to consistent sleep patterns may be one of the most powerful resolutions you can make.

Move with Intention - Physical activity does not need to be intense to be effective. A daily walk, stretching, or mindful movement supports heart health, metabolism and emotional wellbeing.

Nourish, Don't Restrict

- Balanced meals with adequate hydration support energy levels, immunity and long-term metabolic health. Sustainable nutrition avoids extremes.

Protect Mental Space - Building time for mindfulness, music, reflection, or meaningful conversation reduces stress and improves resilience.

Stay Connected - Human connection is a powerful protective factor for both physical and mental health. Regular interaction with family, friends and colleagues supports emotional balance.

Why Small Changes Work

Large, rigid resolutions often fail because they are difficult to maintain. Small, realistic changes are more likely to become habits. Over time, these habits shape better health outcomes.

Consistency, not intensity, creates lasting results.

When Goals Become Pressure

While goal-setting can be

motivating, excessive self-criticism or unrealistic expectations can increase stress and anxiety. Health is not about perfection — it is about progress.

If lifestyle changes feel overwhelming or if there are underlying health concerns, seeking professional guidance can help create a safe and practical plan.

A Balanced Start to the Year

The beginning of the year offers an opportunity to reset — not through drastic transformation, but through thoughtful intention. Prioritising sleep, mental health, movement, learning, and meaningful connection aligns with the foundations of lasting wellbeing.

True health is not achieved in a single resolution. It is built, day by day, through mindful choices.

Because the most powerful changes are often the simplest ones.



GEM Protocol: Advancing Preventive Geriatric Care at CARE Hospitals, Banjara Hills

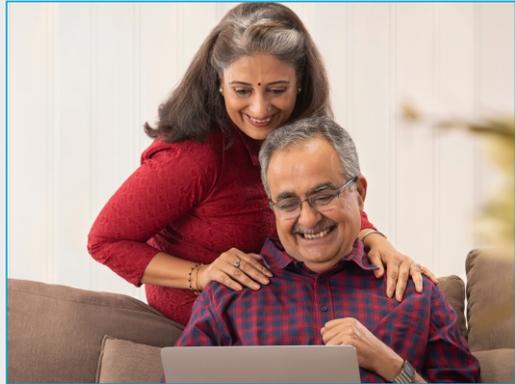
India is witnessing a rapidly expanding ageing population. By 2050, the country is expected to have over 300 million elderly individuals, increasing the need for structured preventive strategies to address geriatric syndromes and reduce avoidable hospital readmissions.

In response to this growing need, CARE Hospitals, Banjara Hills, under the leadership of Mr. Biju Nair, has partnered with Emoha to implement the Geriatric Evaluation and Management (GEM) protocol. Successfully running over the past two months, GEM is a structured, evidence-based, four-stage framework designed to preserve functional ability, promote independence, and support healthy ageing.

Stage 1: Early Identification

Screenings conducted by Emoha's transition care nurse stationed at the hospital help identify elders who are frail or at risk, enabling timely and comprehensive evaluation.

Preliminary observations highlight the magnitude of the challenge: nearly 85% of vulnerable or frail elderly patients admitted had experienced hospitalisation within the preceding six months. Contributing factors commonly include malnutrition, sleep disturbances, sarcopenia, delirium risk, and functional decline.



Stage 2: Comprehensive Multi-Domain Assessment

Ideally conducted in the patient's home setting, this stage involves detailed evaluation across medical, nutritional, cognitive, functional, and social domains. Consultants receive a structured summary incorporating validated tools such as ISAR, Clinical Frailty Scale (CFS), and SARC-F. This consolidated report streamlines clinical decision-making and provides a prioritised risk profile.

Stage 3: Person-Centred Goal Setting

Care plans are aligned with the WHO definition of functional ability — enabling individuals to be and do what they value. Discussions focus on independence, mobility, comfort, and meaningful engagement in daily life.

Stage 4: Targeted Interventions and Monitoring

Interventions are prioritised based on clinical status, social circumstances, and patient-defined goals. These may include medication optimisation, nutritional planning, structured exercise, fall prevention strategies, and community-based monitoring. Structured geriatric care models have demonstrated potential to reduce hospital readmissions by 20–40%, reinforcing the importance of preventive approaches in ageing care.

An Invitation to Collaborate

As consultants, you are pivotal to this change: please refer elders who are frail, vulnerable, or frequently readmitted for GEM-based assessment. Through early identification and structured, goal-oriented planning, we can collectively extend healthspan, preserve independence, and uphold dignity in ageing.

Together, we can shift from episodic treatment to proactive, function-focused geriatric care.

Metrics	
Fit elders	16
Vulnerable elders	9
Frail elders	16
Terminally ill frail elders	2
Total screenings MTD	44
Fit elders %	36%
Vulnerable elders %	20%
Frail elders %	36%
Terminally ill frail elders %	5%
Hospitalization in last 6 months	
Hospitalization in last 6 months with CFS >4 (vulnerable to frail)	23%
Hospitalization in last 6 months with CFS >4 (vulnerable to frail)	67%
Vision issues	
Vision issues	32%
Polypharmacy	
Polypharmacy	83%
Hearing issues	
Hearing issues	62%
Dizziness	
Dizziness	71%
Fall risk	
Fall risk	100%
Urinary incontinence	
Urinary incontinence	32%
Pain	
Pain	57%
Sarcopenia	
Sarcopenia	80%
Malnourishment	
Malnourishment	90%
Cognition issues	
Cognition issues	0%
Pressure ulcers	
Pressure ulcers	14%
Fecal incontinence	
Fecal incontinence	5%
Sleep issues	
Sleep issues	NA
Delirium	
Delirium	0%
No vaccinations	
No vaccinations	100%
Pre hospitalization ADL requirement	
Pre hospitalization ADL requirement	58%
Post hospitalization requirement	
Post hospitalization requirement	66%
Moderate to high caregiver burden	
Moderate to high caregiver burden	31%
Bed bound/Limited standing mobility status	
Bed bound/Limited standing mobility status	43%
Social isolation	
Social isolation	NA

A Day in the Life of Hospital IT

Keeping CARE Hospitals, Banjara Hills Running 24x7

In a hospital, patient care never pauses - and neither does IT.

At CARE Hospitals, Banjara Hills, the IT team works quietly behind the scenes to ensure that every system, network connection, application, and device functions seamlessly. From early morning system checks to late-night emergency calls, their role is critical to uninterrupted clinical care.

Starting the Day: Systems First

The day begins with preventive health checks based on a structured checklist. Servers are verified, network connectivity is tested, and critical infrastructure is monitored to ensure stability and performance. Before most departments begin full operations, the IT team ensures that core systems are stable and responsive.

Simultaneously, the centralised ticketing tool is reviewed. Calls are prioritised based on impact - with patient care areas always receiving first attention.

In a hospital environment, prioritisation is clear:

- Critical care and emergency areas come first
- Network and server issues affecting multiple systems are escalated immediately
- Individual desktop or printer issues follow

Because in healthcare, downtime is not just an inconvenience — it can affect patient safety.



Behind the Scenes: Critical Fixes That Go Unnoticed

Many of the most important IT interventions happen quietly.

Network Signal Stabilisation (Bay 3 & wider Banjara campus)

Intermittent network instability was impacting OTP logins, email synchronisation, and clinical applications. The team coordinated with external vendors, conducted onsite testing, and performed iterative tuning to stabilise the signal.

The Most Challenging Part of Hospital IT

Hospital IT is fundamentally different from corporate IT.

Corporate IT	Hospital IT
Downtime = productivity loss	Downtime = potential patient risk
After-hours optional	After-hours expected
Users can wait	Clinical teams often cannot

The result? Login lockouts were prevented, large-scale ticket escalation was avoided, and clinical teams continued working without disruption.

Cardiology Conference – Auditorium Support

For a major external conference, there was zero tolerance for AV or network downtime. The IT team performed end-to-end checks, live monitoring, and real-time troubleshooting support.

The event proceeded without glitches - protecting institutional reputation and ensuring smooth knowledge exchange.

These are the kinds of moments where success is invisible - but impact is significant.

Hospitals operate 24/7/365:

- EMR/HIS systems
- PACS and radiology platforms
- Lab systems
- Nurse station dashboards
- Network, Wi-Fi, VoIP, printers
- Biomedical integrations

If:

- EMR slows down → doctors cannot chart
- Printers fail → consent forms and reports halt
- Wi-Fi drops → mobile workstations stop functioning

When everything works, nobody notices.

When one thing fails, everyone notices.

Maintaining that balance - constantly - is the real challenge.

Crisis Moments Where IT Makes the Difference

There are times when systems face sudden disruptions during active patient care - in OPDs, ER, labs, or radiology.

In such situations, rapid response from IT prevents escalation. Even 15–30 minutes saved can avoid backlogs, clinical delays, and potential medical errors for the entire day.

In hospitals, IT often becomes the difference between controlled disruption and operational breakdown.

Breaking the Myth: “If It’s Working, IT Isn’t Busy”

One of the biggest misconceptions about IT teams

is that if systems are running smoothly, IT must not be doing much.

In reality, smooth operations usually mean:

- Continuous monitoring
- Preventive management through checklist-based reviews
- Vendor coordination
- Silent risk mitigation
- Infrastructure tuning

In Hospital IT:

- Success is silent
- Failure is immediate and visible

The goal is to ensure problems never reach users in the first place.

What Makes the Work Meaningful

At CARE Hospitals, Banjara Hills, IT is not just about hardware and networks. It is about enabling patient care.

There is deep satisfaction in knowing:

- Doctors can access EMRs instantly
- Nurses can print reports without delay
- Conferences run seamlessly
- Clinical systems remain stable round the clock

The culture of teamwork, accountability, and shared responsibility strengthens this purpose.

A Quiet Win

One of the most rewarding aspects of hospital IT is resolving a last-minute issue just before it becomes visible - and hearing someone say, “Everything went well.”

That silent success - where patient care continues uninterrupted - is what defines the IT journey at CARE Hospitals.

Because in healthcare, technology may work in the background - but its impact is always at the forefront.



Funtastic Facts

- **Robots Don't Operate - Surgeons Do**
Robotic systems do not make independent decisions. Every movement is controlled by a surgeon at a console. The robot enhances precision, filters tremors, and allows greater articulation - but expertise remains human.
- **Wristed Instruments Beyond Human Range**
Robotic instruments can rotate up to 540 degrees - far beyond the natural movement of the human wrist. This allows surgeons to work in confined spaces with exceptional accuracy.
- **Precision in Millimetres Matters**
In knee replacement using the VELYS™ robotic system, alignment precision can be refined to sub-millimetre accuracy. Even small improvements in alignment can significantly impact long-term joint function and implant longevity.

Murphy's Law: Robotic Surgery Edition

In robotic surgery, Murphy's Law doesn't disappear - it simply becomes more refined. The case expected to finish early will need one final meticulous suture. The robotic arm that docked perfectly will ask for a subtle adjustment once magnification increases. The instrument you thought you wouldn't require suddenly becomes the star of the procedure. And the OT schedule will be at its tightest on the day every case runs flawlessly - just a little longer than planned.

Robotic systems enhance stability, vision, and precision - but surgery remains a dynamic art where judgement, adaptability, and teamwork matter just as much as technology.

Innovation

Robotic Platforms at CARE Hospitals, Banjara Hills

Robotic surgery blends technology with surgical expertise to enhance precision and patient outcomes.

HUGO™ RAS supports complex minimally invasive procedures in oncology, bariatric surgery, gynaecology, and urology - offering 3D visualisation, articulated instruments, smaller incisions, and faster recovery.

VELYS™ Robotic-Assisted Knee Replacement uses real-time data to optimise implant alignment and personalise joint positioning for improved function and durability.

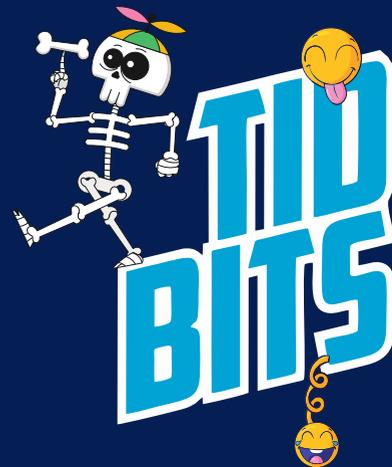
At CARE Hospitals, Banjara Hills, robotics strengthens our commitment to precision-driven, patient-centred care.

Robotic Humour

Surgeon at the console:
"Relax - the robot only moves when I do."

Why don't robots get nervous in the OT?
They have steady hands... permanently.

What's a robotic surgeon's favourite word?
Alignment.



Serendipity

The Rise of Robotic Precision

Minimally invasive surgery transformed patient recovery in the late 20th century. But as procedures grew more complex, limitations in human wrist movement and 2D vision became evident. Robotic platforms emerged to overcome these barriers, offering high-definition 3D visualisation and articulated instruments.

Today, systems like HUGO™ RAS expand robotic capabilities across oncology, bariatric surgery, gynaecology, and urology - while VELYS™ robotic-assisted knee replacement brings data-driven precision to orthopaedics. What began as technological experimentation has evolved into a standard of advanced surgical care.

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

ABDUL RAFI

Very very happy to recover my wife doctor Muqurab Ali Khan sir urologist CARE hospital Banjara Hills, 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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