

CARE BANJARA TIMES

ISSUE 04
MAY 2025

Exclusive Updates | Inspiring Stories | Healthcare Innovations



Page No. 17

**CARE Hospitals
Launches
Power of 3 Emergency
Care Campaign**

Page No. 18

**Celebrations on
Nurses Day 2025**



Page No. 19

**National Ultrasound
Life Support (NULS)
Workshop
in Association with
SEMI**

We are an NABH Stroke Accredited Hospital

01

People. Purpose. Progress.

Rebuilding CARE Hospitals, Banjara Hills
on the Strength of Its People

Surabhi Mandal

02

Condolences

03

Consultants Onboard

04-08

Case Studies

Medical Gastroenterology | Critical Care | Orthopaedics
Vascular & IR | Cardiology

09

Medico Legal - Part 04

Dr Prof. S V Joga Rao

10

Empowering Nurses

Dr Parivalavan

11

Healthcare Communication

Dr Indu Arneja

12

Medical Clowning

Sheetal Agarwal

13

Signature Podcast Series

CARE SAMVAAD – Conversations That Heal

14

Employee Enrichment

15

New Initiatives

16

Robotic Excellence

17-19

Events

Power of 3 Launch | Nurses Day 2025
National Ultrasound Life Support (NULS) Workshop

Editorial Board

Dr. Ajit Singh
Dr. Bhavani Prasad
Dr. Bhavna Arora
Dr. S Rahul Agarwal

Design & Content Team

Martina Sequeira
Monika S
Shalini Bera

People. Purpose. Progress.

Rebuilding CARE Hospitals, Banjara Hills on the Strength of Its People

At CARE Hospitals, Banjara Hills, transformation doesn't start with technology or infrastructure—it begins with people. As we relaunch this iconic institution, our deepest investment over the past two quarters has been in cultural renewal, rooted in learning, leadership, and the lived expression of our values.

Three defining people-first initiatives are fuelling this revival:

- **Manthana – The Learning Centre:**

A vibrant, inclusive space that fosters reflection, upskilling, and continuous development across both clinical and non-clinical teams. Manthana is more than a training hub—it is where curiosity meets commitment.

- **Healthcare Communication Excellence:**

A bold, system-wide push to embed empathy, clarity, and collaboration into every interaction—through structured programs, storytelling formats, and real-time coaching that elevate both patient care and team cohesion.

- **Leadership Development Programs:**

Designed to cultivate emotional intelligence, team synergy, and a performance-driven mindset—these initiatives are shaping a new generation of CARE leaders, equipped to navigate complexity with purpose and confidence. emotional intelligence, team synergy, and a performance-driven mindset—these initiatives are shaping a new generation of CARE leaders, equipped to navigate complexity with purpose and confidence.

And perhaps most proudly, CARE Hospitals, Banjara Hills is now a certified Great Place To Work®—a recognition of the trust, inclusivity, and shared ownership our people have built together.

This cultural transformation is the work of many. Our heartfelt thanks to every clinical leader, department head, and staff member who has chosen to lead change not just in strategy meetings, but in everyday behaviours.



Surabhi Mandal

Zonal HR Head
CARE Hospitals, Banjara Hills

To our B2B partners—referring physicians, corporate collaborators, and institutional allies—we invite you to witness a CARE Hospitals, Banjara Hills where people strategy fuels care delivery, and excellence is not a goal but a daily standard.

The new CARE is rising—powered by its people, anchored in purpose, and committed to progress.





Swapna Sebastian

8th December 1980 to 3rd June 2025

With deep sorrow and heavy hearts, we inform you of the untimely passing of Mrs. Swapna Sebastian, Senior Nurse Manager – Nursing Administration, CARE Hospitals, Banjara Hills, Hyderabad, on 3rd June 2025.

Mrs. Swapna joined the CARE family on 12th December 2003, and for over two decades, she served with unwavering dedication, integrity, and compassion. Her commitment to patient care and her team was truly exemplary. She was more than a colleague—she was a source of strength, kindness, and inspiration to everyone she worked with.

Her calm presence, empathetic nature, and ever-smiling face made her beloved by staff and patients alike. She leaves behind not just a remarkable professional legacy, but also countless memories in the hearts of those who had the privilege of knowing her.

During this difficult time, the CARE family extends its deepest condolences to her family. We stand beside them in grief and prayer. May her soul find eternal peace, and may her family find strength in the love and memories she leaves behind.



Welcome Aboard: Two Legends Join CARE Hospitals, Banjara Hills

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

Dr. S K Jaiswal

Clinical Director & HOD – Neurology
MBBS, MD (General Medicine), DM (Neurology)

A renowned neurologist with over 30 years of clinical experience, Dr. S K Jaiswal is a trusted name in the field of epilepsy, stroke, and comprehensive neurosciences. He completed his MBBS from Kakatiya Medical College, Warangal, followed by an MD from Osmania Medical College and a DM in Neurology from the prestigious NIMS, Hyderabad.

Dr. Jaiswal has held key roles at Yashoda Hospitals, AXON Institute of Neurological Sciences, MaxCure Multi Speciality Hospital, and most recently, KIMS Hospitals, Kondapur. He currently serves as the President Elect of the Telangana Neuro Sciences Association and is a respected member of IAN, AAN, and FAAN.

Known for his compassionate patient care and his leadership in developing neurology departments, Dr. Jaiswal's joining signals a new era of growth and innovation in neurosciences at CARE Hospitals.



Dr. Nagireddi Nageswara Rao

Clinical Director & Senior Consultant –
CTVS, MICS & Heart Transplant Surgery
MBBS, MS, MCh (CTVS), FIACS
With an illustrious career spanning over three decades and 11,000+ cardiac surgeries, Dr. Nageswara Rao is among India's foremost experts in cardiothoracic surgery. He holds an MBBS and MS from Andhra Medical

College and completed his MCh in CTVS at NIMS, Hyderabad.

His career is marked by several historic milestones—being part of Andhra Pradesh's first heart transplant, India's first combined heart and kidney transplant, and leading the team that implanted Telangana's first HeartMate III LVAD.

Dr. Rao brings vast experience in MICS, off-pump CABG, heart transplantation, ECMO, and mechanical circulatory support. He is also a respected academic mentor who has trained numerous cardiac surgeons across the country.

We are honoured to have Dr. S K Jaiswal and Dr. Nagireddi Nageswara Rao as part of the CARE family. Their wealth of experience, clinical acumen, and visionary leadership will play a pivotal role in advancing neuroscience and cardiac sciences at CARE Hospitals, Banjara Hills.

Please join us in warmly welcoming both these eminent doctors as they begin their next chapter of excellence and compassion with CARE.

Simultaneous Dual Stenting for Complex Hilar Stricture: A Case of Rescue and Relief in Obstructive Jaundice

A 56-year-old female presented to CARE Hospitals, Banjara Hills, with fever, generalised weakness, abdominal pain, Dysuria, and Jaundice of one month's duration. She was previously evaluated at another facility and diagnosed with biopsy-proven, inoperable hilar cholangiocarcinoma. An earlier attempt at ERCP had failed due to the inability to cannulate the Common Bile Duct (CBD).

Clinical Challenges:

- Tight hilar stricture with grossly dilated right and left hepatic ducts
- Failed ERCP outside
- Active Cholangitis
- Markedly elevated bilirubin: 42 mg/dL
- TLC: 15,800
- MRCP: Intrahepatic Biliary Radical Dilatation (IHBRD)
- CA 19-9: →500 U/mL

Procedure:

The patient was planned for ERCP with dual metal stenting using Epic™ self-expanding metal stents due to the tight stricture and ongoing cholangitis.

- Two 0.035-inch guidewires were successfully passed into the right and left hepatic ducts.
- Stricture was dilated using an 8 Fr dilator.
- Two Epic metal stents were deployed:
 - 10 mm x 200 mm (right duct)
 - 8 mm x 100 mm (left duct)

- Both stents were placed simultaneously through the scope, enabled by the 6 Fr delivery system.

Outcome:

- The patient showed systemic improvement in symptoms and resolution of cholangitis.
- She was discharged in stable condition.

Key Takeaway:

Epic™ metal biliary stents are highly effective for tight hilar strictures in inoperable cholangiocarcinoma. Their 6 Fr delivery system allows simultaneous deployment of dual stents, offering a durable solution for obstructive jaundice with fewer complications.



Dr Akash Chaudhary

Clinical Director and Sr. Consultant
Medical Gastroenterology



Toxic Epidermal Necrolysis in an Immunocompromised Patient with Multiorgan Dysfunction: A Coordinated Critical Care Approach

A 55-year-old man was referred in critical condition with Toxic Epidermal Necrolysis (TENS) involving →80% body surface area, along with Drug-Induced Liver Injury and Encephalopathy. He had a recent Acute Myocardial Infarction with Heart Failure and was newly diagnosed with HIV (CD4: 496, HIV RNA <39 copies/ml). Medications included Lamivudine, Zidovudine, Nevirapine, DAPT, and statins.

Following high-grade fever and antibiotic use, he developed SJS progressing to TENS. Initial treatment with IVIG and steroids was started at another facility.

Key Aspects:

- **Multiorgan Involvement:** The patient had Liver Injury, Encephalopathy, and Cardiac Comorbidity in addition to TENS.
- **Immunocompromised State:** HIV infection increased susceptibility to opportunistic infections.
- **High Mortality Risk:** SCORTEN score of 4 (58%) and APACHE II of 18 (35%).
- **Comprehensive Monitoring:** Ammonia, Liver Enzymes, and lactates were closely tracked.
- **Aggressive Infection Control:** Barrier nursing, staff training, and targeted antibiotics (Meropenem, Sulbactam + Polymyxin B).
- **Early Nutrition & Symptom Control:** Enteral nutrition

was initiated early. Pain managed with opioids; delirium with dexmedetomidine.

- **Team-Based Care:** Multidisciplinary coordination and strong nursing support were central to recovery.

Difficult-to-Manage Conditions:

- **Extensive TENS:** →80% body surface involvement with burn-like fluid loss.
 - **Liver Injury & Encephalopathy:** Required Nevirapine discontinuation and symptom management.
 - **Airway & Mucosal Edema:** Complicated airway access and oxygenation.
 - **Severe Infections:** XDR *Acinetobacter*, *Klebsiella*, *E. faecalis*, and HSV — treated with appropriate antibiotics and Valacyclovir.
 - **Cardiac History:** Recent MI with Heart Failure impacted fluid and hemodynamic management.
 - **Ocular Involvement:** Treated with antibiotics, lubricants, BCL, and planned grafting.
 - **Fluid Imbalance:** Managed with careful resuscitation and monitoring.
- ### Progress & Recovery:
- Gradual improvement in Encephalopathy, AKI, and liver function
 - Effective management of infections
 - ART reinitiated with Lamivudine + Dolutegravir



Dr Bhavani Prasad Gudavalli

Associate Clinical Director and Head of Department

- Mobilised and discharged to rehab on Day 23

Clinical Insight:

This case illustrates the complexity of managing TENS in an immunocompromised patient with multiorgan dysfunction. Timely interventions, coordinated critical care, and multidisciplinary collaboration were key to a favourable outcome.



Hope in Fragility: A Paediatric Orthopaedic Success Story from Somalia

A 12-year-old girl from Somalia was brought to CARE Hospitals, Banjara Hills, with severe limb deformities that had left her bed-bound and unable to walk. She was diagnosed with Osteogenesis Imperfecta (OI), a rare congenital condition characterised by brittle bones due to a defect in collagen synthesis.

The child presented with:

- Severe deformities in both femurs and tibiae, as well as the humerus and forearm bones.
- Multiple prior fractures that had led to bowing of the bones and absence of medullary canals.
- Complete inability to bear weight or walk, severely affecting quality of life.

Given the severity of her condition, conventional orthopaedic implants were not viable. The surgical team opted for a staged correctional approach using telescoping rods, designed to accommodate bone growth in children.

The Surgical Plan:

- Stage 1: Correction of deformities in the right femur and tibia.
- Stage 2 (after initial healing): Correction of the same bones on the left side.
- Technique used: Deformity correction through osteotomy, reaming of the solid bones to create medullary canals, followed by implantation of telescoping rods. These rods slide and

elongate with bone growth, ensuring long-term support.

Postoperative Progress:

- The deformities were successfully corrected, with limbs now appearing straight and aligned.
- The patient is currently under follow-up and awaiting complete fracture healing before mobilising with support.
- Future surgeries are planned to address upper limb deformities.

This case underscores the importance of individualised, multidisciplinary care in managing complex paediatric deformities, especially in congenital conditions like Osteogenesis Imperfecta. With continued follow-up and rehabilitation, the child has a promising chance at mobility and improved quality of life.



Dr Chandra Sekhar Dannana

Sr. Consultant Orthopaedics



Precision Intervention in Vascular Disease: Intravascular Lithotripsy with 3D Fusion Imaging for Heavily Calcified Juxtarenal Aortic Stenosis

Patient Profile:

A 75-year-old woman presented with Postprandial Abdominal Pain and Buttock Claudication—indicating symptomatic mesenteric ischaemia and critical lower limb ischaemia. Clinical examination revealed absent lower limb pulses, significantly affecting her quality of life.

Diagnosis:

CT Aortogram showed extensive calcification in the juxtarenal abdominal aorta, with total occlusion of the Celiac Artery and proximal Superior Mesenteric Artery (SMA). The Inferior Mesenteric Artery (IMA), though the only mesenteric supply, was severely stenosed. Renal arteries were patent.

Clinical Challenge:

Conservative management failed, and open surgery was deemed high-risk due to age and vascular calcification. Timely intervention was essential to restore mesenteric flow and avoid ischaemic bowel complications.

Procedure & Innovation:

A minimally invasive endovascular approach was chosen. Angioplasty of the juxtarenal aorta was planned to improve perfusion to the IMA and lower limbs. Due to severe calcification and proximity to renal arteries, Intravascular Lithotripsy (IVL) was used. IVL fractures vascular calcium using sonic waves, allowing safer balloon expansion without

arterial injury.

To increase precision and minimise contrast use, 3D Fusion Imaging was integrated—merging pre-procedure CT with real-time angiography to guide balloon placement with high accuracy.

Outcome:

- Significant luminal gain achieved
- Pressure gradient dropped from 76 mmHg to 14 mmHg
- Bilateral Dorsalis Pedis pulses returned intraoperatively
- Total procedure time: < 45 minutes
- Immediate symptom relief observed post-op

Clinical Insight:

This case highlights the transformative potential of combining IVL with 3D Fusion Imaging in treating complex, calcified aortic occlusive disease—especially in high-risk elderly patients. The approach preserved renal function, improved perfusion, and enabled rapid recovery through precise, minimally invasive care.



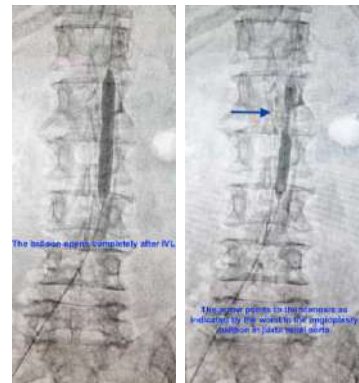
Dr P C Gupta

Clinical Director and HOD,
Vascular and Endovascular Surgery
& Vascular IR



Dr. B. Pradeep

Director, Interventional Radiology



CT angiography and fluoroscopy images fused to identify level of stenosis and reduce contrast use & radiation. Note the aortic lumen almost filled completely with calcium.

Miraculous Recovery in a High-Risk Cardiac Patient with Renal Failure: A Multidisciplinary Triumph

Patient Profile:

Mr. GMN, an 80-year-old male, presented in critical condition with Class IV shortness of breath, renal failure (serum creatinine 2.7, eGFR < 30% , and severe left ventricular (LV) dysfunction (EF 25%). He had complete left bundle branch block (LBBB) and sustained ventricular tachycardias (VTs). Of greatest concern was his persistent angina, despite the severely compromised cardiac function.

Clinical Evaluation & Initial Management:

A comprehensive nephrology work-up was conducted, and the patient was stabilised in the ICCU with inotropic support. Given the high-risk profile, a coronary angiogram (CAG) via the right radial approach was performed, revealing:

- Tight distal calcific stenosis of the left main coronary artery (LMCA)
- Ostial LCX stenosis
- A previously deployed, patent LAD stent

Planned Intervention:

Considering his fragile state, the team proposed Impella-supported LMCA Intravascular Lithotripsy (IVL) followed by drug-eluting stent (DES) implantation, along with possible CRT-D implantation based on post-procedural recovery.

After thorough counselling, the team proceeded with CHIP PCI using:

- A 3.5 mm C3 Plus IVL balloon (120 pulses)
- A 6F right radial approach, under local anaesthesia
- Intra-aortic balloon pump (IABP) on standby, managed with inotropic support
- Full surgical backup

Procedure & Outcome:

Despite the complexity, the intervention was completed using just 20 ml of Visipaque contrast, with no deterioration in renal function. The patient remained hemodynamically stable. Post-PCI:

- Angina resolved
- Only ill-sustained VTs remained
- No vascular complications occurred

An electrophysiology consult confirmed the need for CRT-D implantation, which was successfully performed under short general anaesthesia via the left axillary approach, with excellent pacing parameters.

Recovery:

In the days following:

- The patient was gradually weaned off inotropes
- VTs subsided completely
- Both LV function and renal parameters began to improve

He was mobilised and discharged after 14 days of hospitalisation, showing significant progress.



Dr VSP Rao
Clinical Director &
Head of Department

Clinical Insight:

This case exemplifies the power of a multidisciplinary, team-based approach in managing complex coronary artery disease and cardiorenal syndrome. The use of transradial access, advanced lithotripsy, and mechanical circulatory support enabled a minimally invasive solution for a case previously deemed high-risk for surgery.

Even in the most challenging scenarios, when innovation meets collaboration—miracles can happen.

Rethinking MLC Registration for Brought Dead Patients: A Case for Legislative Reform

Introduction

While medico-legal norms suggest that every “brought dead” (BD) case be registered as a medico-legal case (MLC), a blanket approach often leads to unintended consequences. In the absence of legislative clarity, this practice creates significant clinical, legal, cultural, and emotional dilemmas. This note highlights key challenges faced by stakeholders and underlines the need for structured legislative intervention.

1. Doctor's Dilemma: Clinical Judgment vs. Procedural Compliance

In cases like terminal illness or palliative care, doctors may be confident about a natural cause of death.

- Challenge: Protocols may still demand MLC registration, overriding clinical judgement.
- Emotional burden: Families often oppose police or autopsy involvement during grief.
- Ethical conflict: Doctors are forced to balance institutional rules, legal caution, and compassion.

2. Family's Concerns: Trauma, Delay, and Social Stigma

- Cultural sensitivity: Police presence and MLC tags can trigger suspicion and community gossip.
- Delays: Investigations delay body release, affecting last rites and religious customs.
- Emotional distress: The process adds to the family's trauma during a deeply personal moment.

3. Hospital's Predicament: Fear of Liability

- Risk aversion: Hospitals prefer universal MLC registration to avoid future litigation.
- Reputation impact: Routine police visits may erode public trust.
- Lack of SOPs: Inconsistent case-by-case handling risks bias and confusion.

4. Police Perspective: Resource Drain and Oversaturation

- Operational fatigue: Police often view routine MLCs in natural deaths as avoidable.
- Resource diversion: Genuine medico-legal cases risk being lost in the volume of routine MLCs.

5. Legislative Gap: Absence of Clarity

India lacks a uniform framework to guide MLC registration for BD cases.

- Need for discretion: Doctors should be empowered to certify natural deaths without legal apprehension.
- Balanced vigilance: Law must differentiate between genuine suspicion and expected death, preserving dignity without compromising justice.

Karnataka's Initiative

Under the leadership of Shri H.K. Patil, Honorable Minister for Law, Parliamentary Affairs and Tourism, and coordinated by Dr. Chidananda Reddy Patil, Director - KILPAR, Karnataka, expert committees have been constituted to draft various Legislative Bills including on Brought Dead Patients.



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-Planck Fellowship, MPI, Germany

As a contributing member, I am working on a Bill that balances legal diligence with Clinical and cultural realities.

Conclusion

While well-intentioned, mandatory MLC registration for all brought dead cases is neither practical nor humane. Legislative clarity is essential to:

- Protect doctors from unnecessary legal exposure,
- Spare families from cultural and emotional distress,
- Reduce avoidable burdens on police systems,
- And uphold the dignity of

Not a Single Hand Went Up: A Sobering Message from Our Nurses

I recently stood before 100 nurse leaders and asked a simple question: "How many of you would encourage your son or daughter to enter the nursing profession?" In the silence that followed, not a single hand went up.

This quiet moment reveals a sobering truth. The very people who embody nursing do not see it as an aspirational career for their own children. As leaders, we must see this for what it is: a critical threat to our operational stability and the future of safe patient care.

This lack of professional respect is not a new issue. It is a systemic problem that has become firmly entrenched in our healthcare culture over decades. It contributes to high attrition rates and makes attracting top-tier talent nearly

impossible, as this group migrates abroad, where they find respect and dignity and of course, better compensation. This also manifests as higher rates of medication errors, lower patient satisfaction scores, and a pervasive sense of burnout that erodes the compassion of nurses that our patients depend upon.

A disrespected nurse is a disengaged nurse, and disengagement is not only a clinical and patient safety issue, but also a financial risk no hospital can afford. When a profession loses its dignity, its talent pipeline runs dry.

Reversing a problem so deeply rooted requires sustained effort. But we must make a start, and that start must come from us - the leadership. Nurses cannot solve this

problem alone.

I urge you to ask your leadership team one question at your next meeting: "What are we actively doing to make nursing a respected and aspirational career right here within our own hospital?"

The conversation must start now.



Dr Parivalavan Rajavelu

MS, DNB, FRCS
Consultant Surgeon,
Founder - SkillsforMed



“I Just Wanted to Be Heard” – A Patient’s Story of Being Silenced

When Sunita, a 47-year-old homemaker, visited her doctor with months of unexplained fatigue and disturbed sleep, all she wanted was to explain what she was going through. “Every time I began to talk, I was cut off,” she says. “The doctor moved quickly to questions and tests. I left feeling invisible.”

Sunita’s experience is common. In busy clinics, patients often feel rushed and unheard. Yet, studies show that 50–80% of diagnoses can be made by simply asking open-ended questions, allowing patients to speak, and listening carefully to what they say. Listening to patients isn’t just compassionate; it’s clinically vital.

Unfortunately, we tend to interrupt within 11–18 seconds after a patient starts speaking. This habit not only creates dissatisfaction but also leads to missed or delayed diagnoses. Research shows that frequent interruption and incomplete history-taking contribute to 5–20% of diagnostic errors.

In Sunita’s case, her symptoms were initially dismissed. It took several visits and, finally, a doctor who listened patiently to uncover the real issue: hypothyroidism. “The doctor who helped me didn’t rush. He just let me talk. That changed everything,” she says.

What can be done?

Medical professionals can start by asking open-ended questions like “Can you tell me more about what’s been bothering you?” and then

resisting the urge to interrupt. Even two uninterrupted minutes of patient talk-time can make a substantial difference. These small shifts can lead to better outcomes and more meaningful doctor-patient relationships.

Training in communication skills, patient-centered interviews, and reflective practice is increasingly being recognized as essential in medical education and continuing professional development.

For patients, speaking up about the need to be heard, as Sunita eventually did, can be empowering. But ultimately, the system must change to encourage time, space, and respect for the patient’s voice.

Because sometimes, the most powerful tool in a doctor’s kit isn’t a scan or a prescription — it’s a chair, an open mind, and a few quiet minutes of attentive listening. Listening is a clinical skill. It’s not just about kindness; it’s about accuracy. Allowing patients time to

speak, especially at the beginning of a consultation, provides doctors with essential clues and fosters trust. Takeaway:

- Most diagnoses can be made through careful listening and patient narrative.
- Interrupting patients early may lead to errors and missed information.
- Giving patients space to talk improves both accuracy and satisfaction.
- Listening is not just a soft skill — it is a core clinical tool.



Dr Indu Arneja

Founder-Director of the Indian Institute of Healthcare Communication



The Silent Yes: Consent and Choice in Medical Clowning

In hospitals, where routines are clinical and decisions often made for patients, the subtle act of asking permission without words is a quiet form of revolution. Particularly for children and the elderly, whose autonomy can be easily overlooked in the care process, the world of medical clowning introduces something rare and radical - choice. The clown's arrival doesn't command attention, it invites connection. And that connection only begins if the patient says yes, even silently.

Medical clowning is often mistaken for performance. But in truth, it's a practice of presence. It's less about "doing" and more about "offering." A clown steps into a space not to entertain, but to see who's ready to be seen and to wait patiently if they are not.

At CARE Hospitals, in the pediatric ward, a staff clown paused outside the room of a young girl who had not smiled or spoken in days. Rather than bounding in with props or jokes, the clown mirrored the girl's stillness from a distance - slumping gently to the floor, mimicking her blank expression with soft, exaggerated gestures. The girl glanced, then looked away. The clown waited. A few minutes later, the child peeked again. The clown, as if on cue, pretended to search the room for something invisible - under the bed, inside a pillowcase - then triumphantly held up an imaginary "lost smile." This time, the girl let out a laugh. No words were exchanged, but the

moment was filled with meaning. She had chosen to engage. Her laugh was a clear and wholehearted yes.

In another setting, an elderly woman in a geriatric care ward diagnosed with advanced dementia rarely responded to speech or touch. A Clownselors volunteer entered singing an old song, not seeking attention, only offering gentle sound. She sang a slow, familiar lullaby in one of the old Bollywood film and rocked slightly, in rhythm with her breath. The woman didn't react at first. Then her fingers tapped once, then again and again. The clown smiled, knelt and waited. After a long pause, the woman whispered, "More?" A single word. A sacred yes!

These moments don't announce themselves. They require slowness, sensitivity and deep listening. And they remind us that not all engagement needs to be verbal or loud. In fact, the most powerful kind of consent is often the quietest - an eye held for a second longer, a hand that doesn't pull away, a breath that deepens in response.

For patients, especially those whose agency is compromised, medical clowning offers a small but profound opportunity: to choose. To say yes or no. To be seen on their own terms.

For clowns, it's a lesson in humility. The goal isn't to perform. It's to be welcome. To approach with openness and let the other decide what happens next.

In a healthcare world often focused on doing, clowning



Sheetal Agarwal
Founder of Clownselors

teaches us the value of being. It shows that healing isn't always about action. Sometimes, it begins with a pause. A presence. A patient, playful offering and a silent yes.



CARE SAMVAAD – Conversations That Heal

Where Clinical Expertise Meets Everyday Clarity

This month on CARE Samvaad, our expert clinicians explored the realities behind some of the most high-stakes and misunderstood fields in medicine. Hosted by Mirchi Hemant, each episode brings you closer to life-saving insights, real-world expertise, and stories that empower.

Ep. 13 – Inside Emergency Medicine: Decisions That Save Lives

Dr. Kiran Kumar Varma Konduru, HOD – Emergency Medicine, shares powerful insights on managing trauma, poisoning, and the crucial golden hour—when every second matters.



Scan or Click
for full video



Scan or Click
for full video



Ep. 14 – Heart Failure Isn't the End: Modern Solutions That Save

Dr. Narasa Raju Kavalipati, Director – Interventional Cardiology, breaks down heart failure signs, treatments like LVADs/CRTs, and why early action changes everything.



Scan or Click
for full video



Ep. 15 – Sepsis & the ICU: Battling Infection, One Life at a Time

Dr. Bhavani Prasad Gudavalli, HOD – Critical Care Medicine, explains the silent threat of sepsis and how ICU teams respond when survival hangs by a thread.

Ep. 16 – Anaesthesia Demystified: Beyond the Operating Room

Dr. Thota Venkata Sanjeev Gopal, Clinical Director – Anaesthesiology, reveals what really happens before, during, and after surgery—including pain and safety management.



Scan or Click
for full video



Scan or Click
for full video



Ep. 17 – Fixing What Hurts: The New Age of Orthopaedic Care

Dr. Ajay Kumar Paruchuri, Sr. Consultant – Orthopaedics, discusses trauma, joint pain, robotic surgery, and how timely treatment leads to faster, better recoveries.

A heartfelt thank you to all our expert doctors for making these conversations both enlightening and empowering.

CARE Samvaad continues to bridge the gap between clinical excellence and public awareness—one episode at a time.

Round Table Lunch: Conversations That Connect

CARE Hospitals, Banjara Hills hosted a special Round Table Lunch — a relaxed yet purposeful gathering designed to spark meaningful conversations, share ideas, and build stronger team connections.

Moments like these go beyond routine — they strengthen collaboration, inspire innovation, and reinforce our shared commitment to compassionate care.



Huddle Session: Strengthening Collaboration Across Departments

At CARE Hospitals, Banjara Hills, the recent Huddle Session served as an energising platform for cross-departmental collaboration. Team members from various functions came together to share ideas, discuss challenges, and explore solutions in an open and supportive environment.

The session fostered a spirit of teamwork and transparency, encouraging participants to voice concerns, offer suggestions, and align on shared goals. It also highlighted the power of communication in driving efficiency and enhancing patient care.

As we continue to grow as one team, initiatives like these reaffirm our commitment to building a collaborative, connected workplace culture.



The Hands That Heal – A Cinematic Tribute to Our Nurses



Scan or Click
for full video

At CARE Hospitals, Banjara Hills, we unveiled a special tribute—a cinematic reflection of what nursing truly means within our walls.

Titled “The Hands That Heal”, the film is dedicated to the nurses who have been the quiet strength of CARE Hospitals, Banjara Hills since its inception nearly three decades ago. It captures the spirit of caregiving not just through protocols and practice, but through silent reassurances, tireless presence, and the kind of compassion that changes lives.

Through real voices, evocative visuals, and powerful moments from our hospital’s journey, the film salutes:

- Resilience in the face of adversity
- Unconditional care through every shift and season
- The soul of nursing that beats at the heart of CARE Hospitals, Banjara Hills

“Their compassion is not just felt in procedures and protocols, but in every calm presence and every act of courage.”

Premiered as part of our Nurses Day celebrations, this tribute film is our heartfelt thank you to every nurse—past and present—who has shaped CARE with their hands, their hearts, and their unwavering spirit.

This is our salute to the nursing soul of CARE Hospitals, Banjara Hills. Because behind every healing journey is a nurse who never let go.

Honouring the First Line of Defence

CARE Hospitals, Banjara Launches a Powerful Tribute Film on World Emergency Medicine Day 2025

On World Emergency Medicine Day, CARE Hospitals, Banjara Hills premiered a powerful short film paying homage to the relentless courage and quiet heroism of its Emergency Department.

This cinematic tribute captures the essence of emergency care—the speed, the stakes, the stillness in chaos. It takes us into the heart of acute medicine, where professionals navigate life-and-death decisions with precision, composure, and compassion.

From trauma bays to triage units, the film honours those who show up—every hour, every day—not for praise, but for purpose. It highlights the emotional resilience, clinical sharpness, and human connection that define emergency care at CARE Hospitals, Banjara Hills.

This film is not just a tribute — it is a call to recognise the central role emergency medicine plays in healthcare. It is a reminder that behind every saved life is a team of professionals who chose service over comfort, vigilance over rest, and compassion above all.



Scan or Click
for full video

Precision That Heals: How Robotic Surgery Reduces Pain and Recovery Time

At CARE Hospitals, Banjara Hills, robotic-assisted surgery is redefining what it means to heal. By combining the expertise of highly trained surgeons with the technological precision of advanced robotic systems, we are able to offer patients safer procedures with significantly faster recovery times.

Unlike traditional open surgeries, robotic procedures require only a few small incisions. This minimally invasive approach means less trauma to the body, reduced blood loss, and lower risk of post-operative complications. Patients often experience less pain, need fewer days of hospital stay, and can resume daily activities much sooner.



The high-definition 3D visualisation and wristed instruments of the robotic system allow surgeons to operate with unmatched control and accuracy—even in hard-to-reach areas. This precision is especially valuable in complex procedures such as urological, gynaecological, gastrointestinal, and cardiac surgeries.

Beyond clinical outcomes, patients also benefit emotionally and psychologically. Knowing they'll recover with fewer scars, less discomfort, and quicker mobility brings reassurance and hope at every stage of the journey.

At CARE Hospitals, Banjara Hills, we believe that healing should be swift, safe, and seamless—and with robotic surgery, we are making that a reality every day.

Celebrating the Heart of CARE – Nurses Day 2025 at CARE Hospitals, Banjara Hills



At CARE Hospitals, Banjara Hills, Nurses Day 2025 was more than a celebration—it was a heartfelt tribute to the unwavering spirit of our nursing community. The day began in a soulful atmosphere, with thoughtful tributes and installations in the hospital atrium, honouring the hands and hearts that heal. Nurses and staff gathered to reflect on the quiet heroism that forms the foundation of patient care.

A powerful panel discussion followed, featuring nursing leaders—Dr. Jothi Clara Michael, Dr. Vincy Ashok Tribhuvan, and Dr. Rajeswari Muppidi—who shared moving stories of leadership, empathy, and resilience that deeply inspired all present.

A major highlight was the inauguration of the Florence Center, our newly launched Nursing Learning & Wellness Hub. Designed as a space of empowerment and renewal, the Florence Center includes:

- A serene library for reflection and academic growth
- A vibrant recreation zone for connection and self-care
- A state-of-the-art skill lab for hands-on clinical learning

This first-of-its-kind initiative at CARE represents our ongoing commitment to supporting nurses—not just in words, but through meaningful action.

Adding emotional resonance to the day was the premiere of our special Nursing Brand Film—a cinematic tribute to the hands that have shaped this hospital for nearly three decades.

As the day concluded, one truth stood clear: Our nurses are the soul of CARE Hospitals, Banjara Hills—skilled, compassionate, and steadfast.

To every nurse—we see you, we honour you, and we are forever grateful.

World Emergency Medicine Day 2025

CARE Hospitals Launches 'Power of 3 Emergency Care Campaign'

On 27th May 2025, CARE Hospitals marked World Emergency Medicine Day with the launch of the Power of 3 Emergency Care Campaign, reinforcing the vital triad of Speed, Skill, and Seamless Coordination in saving lives.

At CARE Hospitals, Banjara Hills, the day featured a special moment—the unveiling of a tribute film honouring the unwavering dedication of our Emergency Department team.

As a remarkable personal initiative, Dr. Kiran Kumar Varma K, Associate Clinical Director and Zonal HOD (Banjara & Malakpet), Department of Emergency Medicine, led a 150 km cycling expedition across Rajendra Nagar. Joined by fellow doctors, this inspiring ride was dedicated to raising awareness about emergency care and encouraging wellness within the emergency medicine community.

To our Emergency Medicine team—your courage and commitment define CARE. We honour your service not just on this day, but every single day.



Empowering Emergency Medicine: CARE Hospitals, Banjara Hills Hosts National Ultrasound Life Support (NULS) Workshop in Association with SEMI

On 17th May 2025, CARE Hospitals, Banjara Hills, in association with the Society for Emergency Medicine India (SEMI), hosted the National Ultrasound Life Support (NULS) Workshop—a significant milestone in advanced, hands-on medical training for emergency and critical care physicians across the country.

The workshop focused on developing critical competencies in Point-Of-Care Ultrasound (POCUS) for high-stakes clinical situations such as trauma, cardiac arrest, and shock. Accredited by the Telangana State Medical Council with 2 Credit Hours, the program offered live demonstrations, simulation-based modules, and protocol-driven training on ultrasound techniques including eFAST, RUSH, IVC, Lung, and Cardiac scans.



The session was led by Dr. Kiran Kumar Varma K, Associate Clinical Director and Zonal HOD – Emergency Medicine (Banjara & Malakpet), who served as the Course Director. The program also witnessed active participation and support from key SEMI leadership including Dr. Srinath Kumar T S, Academic Chair, and Dr. Sowjanya Patibandla, President, SEMI Board. Through structured, practical education and skill-building, the workshop enabled participants to integrate life-saving ultrasound techniques into daily clinical practice—strengthening their diagnostic capabilities and enhancing response efficiency during the golden hour. CARE Hospitals, Banjara Hills continues to lead the way in elevating clinical standards and advancing collaborative learning in Indian healthcare. Initiatives like the NULS Workshop reflect the hospital's broader commitment to knowledge-sharing, system readiness, and building a more competent, responsive emergency care workforce for the nation.

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

MOSES BURRA

Care Hospital overall healthcare system is exceptional. I sincerely recommend the patients to choose this hospital over other hospitals. Starting from the initial helpdesk as you enter the hospital, OPD services, laboratory services, simplified admission and discharge procedures, etc are all exceptional.

NOEL D

All services are very good. Particularly the care given by Dr Vittal & team, treatment & counseling wise was excellent, nursing staff at PICU & 323, house keeping, security are good & Ms Trisha helped us in all manners, So nice of her. Overall, we're heartfully satisfied with CARE Hospitals, Banjara Hills.

SYDHANIBEE SYED

All Services is Excellent
CABG Surgery Done by Dr.Nagireddy
Nageswara rao CTVS Given Excellent Service
Pre and Post Operative Care is Good
Nursing care is Excellent
Hospitality is Good
Administration Is Good And Smooth Process

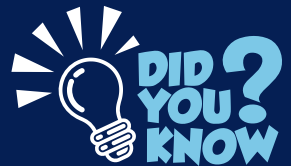
AWARDS



ACCREDITATIONS



ACHIEVEMENTS



Your brain uses about 20% of your body's oxygen supply — even though it only makes up 2% of your body weight!
No wonder a long OPD day feels like running a marathon... on your mind!

Follow us on



☎ 040 6810 6529

🌐 www.carehospitals.com