

CARE BANJARA TIMES

ISSUE 06
JULY 2025

Exclusive Updates | Inspiring Stories | Healthcare Innovations



Page No. 16

**Aortic Conclave
2025**

Page No. 17

**Doctors Day 2025
Celebrations**



Page No. 18

OCCUMED 2025



We are an NABH Stroke Accredited Hospital

01

Editorial Note for CARE Banjara Times

Biju Nair

02

The Newsletter with a Purpose

Dr. B. Ravinder Reddy

03

Consultant Onboard

04-07

Case Studies

Orthopaedics | Interventional Pulmonology
Gynaecology

08

Medico Legal - Part 06

Dr Prof. S V Joga Rao

09

Empowering Nurses

Dr Parivalavan

10

Healthcare Communication

Dr Indu Arneja

11

Medical Clowning

Sheetal Agarwal

12

Signature Podcast Series

CARE SAMVAAD – Conversations That Heal

13

Robotic Excellence

14-15

Achievements

16-18

Events

Aortic Conclave 2025 | Doctors Day 2025 Celebrations
OCCUMED 2025 | Nursing Neuro-Critical Care Workshop

Editor-in-chief

Dr. B. Ravinder Reddy

Editorial Board

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

Design & Content Team

Martina Sequeira
Monika S
Shalini Bera

Editorial Note for CARE Banjara Times

It is with immense pride and a deep sense of responsibility that I announce the appointment of Dr. B. Ravinder Reddy, MS, FRCS (Edinburgh), FRCS (Glasgow), Senior Consultant – General Surgery & Surgical Gastroenterology, as the Editor-in-Chief of CARE Banjara Times. This is a significant milestone in the evolution of our institutional publication and reflects our commitment to raising the bar in knowledge sharing and academic excellence.

Dr. Reddy is a clinician par excellence, an academician of high repute, and a respected researcher whose contributions have enriched both national and international medical literature. With numerous publications in leading peer-reviewed journals, he brings not just scholarly depth but also a strong ethos of scientific integrity to this role. His long-standing involvement as a peer reviewer and ghost approver for academic journals further highlights his authority in evidence-based medicine, ensuring that everything published under his guidance reflects the highest standards of accuracy, credibility, and clinical relevance.

Over the past few months, we have actively listened to feedback from our medical fraternity, who expressed the need for CARE Banjara Times to feature richer content—academically strong, clinically relevant, and



Biju Nair

Zonal Chief Operating Officer
CARE Hospitals, Zone 1

reflective of the excellence that CARE Hospitals stands for. This edition is a testament to that collective vision. By incorporating your valuable suggestions in both structure and tone, the newsletter is now positioned to serve as a vibrant platform for professional dialogue, learning, and inspiration.

The induction of Dr. Reddy as Editor-in-Chief marks a strategic turning point. Under his stewardship, CARE Banjara Times will expand beyond being a newsletter—it will become a trusted academic resource and a mirror of the thought leadership within our institution. Each edition will not only communicate important institutional updates but also highlight clinical innovations, research breakthroughs, and collaborative initiatives that are shaping the future of healthcare at CARE Hospitals.

We are truly honoured to have Dr. Reddy lead this endeavour. His vision, combined with the dedication of our medical community, will bring fresh perspectives, deeper insights, and an enduring commitment to excellence in every issue. Going forward, CARE Banjara Times will stand as a beacon of knowledge, a forum for celebrating our collective expertise, and a symbol of the values that define CARE Hospitals—compassion, innovation, and collaboration.

Together, with this strengthened foundation, we are poised to take CARE Banjara Times to greater heights—transforming it into a publication that not only informs but also inspires, educates, and unites the entire CARE family in the shared pursuit of clinical and academic distinction.

The Newsletter with a Purpose

We are in the midst of a fast-paced world where each day brings newer challenges and new opportunities. As healthcare professionals we mindfully strive to make a meaningful difference in the midst of these encounters, to our patients, peers and fellow beings!

The opportunity bestowed to me as editor-in-chief is an occasion for me to share the wonderful effort that is done by each and every personnel of our cherished institute, to foster knowledge, and celebrate the extraordinary work we do together as a team of exceptional professionals. And I would like to reiterate the objective of this newsletter – to inform, to inspire, to be insightful, to be interesting and to interact.

Our hospital is an epitome of a living network of individuals of every department, who subscribe to the principles of care, compassion and evidence-based medical practices. This issue highlights the excellent clinical case reports by our brilliant experts - Dr A. Jaychandra, Dr Manjula Anagani, Dr Sanjib Kumar Behera and Dr Ajay Kumar Parachuri. The newsletter also has informative articles on the importance of humor and laughter for the caregivers by Ms. Sheetal Agarwal; the advantages of taking a second opinion, by Dr Indu Arneja; and on the nuances of medico-legal aspects in the complex situation of 'dead on arrival'.

On the academic events – Care Hospital, Banjara Hills conducted the following events.

Department of Vascular Surgery, in association with Vascular Education Foundation, conducted a two-day course, which was attended by over 50 delegates, and included a faculty of international and national luminaries from the field of endovascular interventions.

National Occupational Health Day was celebrated on 27th July (OCCUMED 2025) and was graced Dr Gaddam Vivek Venkat Swamy, Honorable Minister of Labour, Employment, Training & Factories, Government of Telangana and Dr P.V. Nanda Kumar Reddy, Vice Chancellor, Kaloji Narayan Rao University of Health Sciences.

A two-day workshop was conducted for the nursing staff of neurology critical care units to enhance and compliment their respective nursing skills in a wide array of neurological issues.

Dr Sanjib Kumar Behera accomplished a unique record of performing 17 joint replacement surgeries within 8 hours, which certainly depicted a clockwork-like precision by OT personnel, anesthesiologists, and his own team.

Dr Ajay Kumar Parachuri was invited as a faculty member at the B.E.S.T Advanced Shoulder Arthroscopy Course that was held at Siriraj Lab, Thailand.



Dr. B. Ravinder Reddy

MS, FRCS (Edinburgh), FRCS (Glasgow)
Editor-in-Chief

In keeping with goals of this newsletter, the entire editorial team will endeavor to inform and update the hospital initiatives and practical insights grounded in latest research in the forthcoming editions!

Medicine is a team sport, and this newsletter reflects our collective effort!

A Landmark in Neurosciences: Dr. Randhir Kumar Joins CARE Hospitals, Banjara Hills



CARE Hospitals, Banjara Hills, welcomes **Dr. Randhir Kumar as Clinical Director & Senior Consultant – Neurosurgeon, Neurointerventionist, and Endoscopic Spine Surgeon.**

With over 20 years of experience and global fellowships in Endoscopic Spine Surgery (USA, Germany), Dr. Randhir is an expert in Brain Tumour Surgery, Minimally Invasive Spine Surgery, Endoscopic Neurosurgery, Skull-Base and Cranial Surgery, and Neurovascular Interventions.

Dr. Randhir Kumar complements the existing team of experts in the Department of Neurosurgery - Dr. T. Narasimha Rao, Sr. Consultant – Neurosurgery, Dr. Bhuvaneshwara Raju Basina, Sr. Consultant – Neurosurgery, Dr. Venkatesh Yeddula, Sr. Consultant – Neurosurgery, and Dr. S P Manik Prabhu, Sr. Consultant – Neurosurgery & Neurointerventionist.

His expertise in advanced, minimally invasive techniques will strengthen the Neurosciences Department, enhance surgical precision, and improve recovery outcomes — further establishing CARE Banjara Hills as a centre of excellence in brain and spine care.

Complex Non-Union of Proximal Femur Successfully Treated with Redo Fixation and Bone Grafting at CARE Hospitals, Banjara Hills

Clinical Background

A 59-year-old male, presented with persistent pain, swelling, and inability to bear weight on his right lower limb—four months after undergoing closed reduction and internal fixation (CRIF) with PFNA2 for an intertrochanteric fracture of the right femur at an outside facility (November 25, 2024).

Presentation at CARE Hospitals

Upon evaluation at CARE Hospitals, Banjara Hills, clinical and radiological assessment revealed non-union of the right proximal femur with the implant still in situ. Given the failure of the initial fixation and the presence of infection, a two-stage revision surgery plan was made.

Stage 1: Infection Control and Implant Removal

On March 15, 2025, the initial surgery was undertaken. Intraoperatively, frank pus was observed, confirming deep infection. The implant was removed, and local debridement was performed. A stimulant (local antibiotic carrier) was placed, and skeletal traction was applied. Pus samples were sent for culture and sensitivity. The patient was managed with six weeks of intravenous antibiotics, guided by the culture report, under close multidisciplinary supervision.

Stage 2: Redo Fixation with Bone Grafting

After confirmation of infection

control, the patient underwent 2025. A redo open reduction and internal fixation (ORIF) was performed using a plate, along with iliac crest bone grafting to promote union in the previously infected and non-healing fracture site.

Recovery & Outcome

At the 6-week follow-up, radiographs showed signs of fracture union with good callus formation. The patient progressed from partial weight-bearing to full weight-bearing, eventually regaining the ability to walk with walker support — a significant milestone after nearly 7 months of limited mobility and bed rest.

Clinical Insight

This case underscores the importance of early recognition and prompt intervention in managing non-unions complicated by infection. Through a staged surgical approach, meticulous infection control, and advanced orthopaedic techniques, complete functional recovery was achieved.

Such complex revision surgeries require seamless collaboration between orthopaedic, infectious disease, anaesthesia, and rehabilitation teams — a hallmark of care at CARE Hospitals, Banjara Hills.



Dr Ajay Kumar Paruchuri
Sr. Consultant – Orthopaedics



Complex Dual Joint Reconstruction in a 60-Year-Old Female with Failed Hip Implant and Severe Knee Deformity

Clinical Background

A 60-year-old female presented to CARE Hospitals, Banjara Hills, with complaints of:

- Left hip pain,
- Right knee pain, and
- Difficulty walking due to visible deformity in the right lower limb.

She had undergone left bipolar hemiarthroplasty at another hospital a few years ago. On clinical and radiological evaluation, the following findings were noted:

- Implant failure with breakage in the left hip
- Severe valgus deformity of the right knee

Diagnosis

- Status-post failed bipolar hemiarthroplasty (left hip)
- Right knee osteoarthritis with advanced valgus deformity

Treatment Plan

A staged surgical approach was planned during the same hospital admission:

- Stage 1: Removal of failed implant and un-cemented revision total hip replacement with a long stem prosthesis on the left side
- Stage 2 (after 3 days): Right total knee replacement to address the deformity and restore alignment

Surgical Highlights

- **Revision THR (Left Hip):** Removal of broken components was done carefully, and a long stem uncemented implant was used to ensure stability and

long-term fixation.

- **Right TKR:** A valgus knee correction was performed using a properly balanced TKR implant with attention to ligamentous balancing and joint line restoration.

Postoperative Recovery

- The patient was mobilised on post-op Day 1 after each procedure.
- Rehabilitation was initiated early, focusing on range of motion and strength recovery.
- Follow-up X-rays confirmed excellent alignment and implant positioning on both sides.
- Full weight-bearing mobilisation was achieved, and the patient returned to routine activities.

Outcome & Follow-Up

- The patient had correction of deformities on both sides.
- No signs of implant loosening or instability were seen during follow-up.
- The patient is now pain-free, independently mobile, and satisfied with the outcome.



Dr Sanjib Kumar BEHERA

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

Clinical Insight

This case is an example of how complex, multi-joint issues in elderly patients—especially involving implant failure and severe deformities—can be successfully managed with meticulous planning and staged surgical reconstruction.

The multidisciplinary orthopaedic and rehabilitation team at CARE Hospitals, Banjara Hills, ensured optimal outcomes and restored the patient's mobility and quality of life.



Unusual Case of Primary Tracheal Leiomyoma Mimicking Asthma Successfully Treated at CARE Hospitals, Banjara Hills, Hyderabad

Clinical Background

A 61-year-old female presented with progressive stridor and chest discomfort. She had previously been treated at another centre with bronchodilators for presumed asthma and airway obstruction, but her symptoms did not improve.

Initial evaluation showed:

- Normal chest X-ray
- Pulmonary Function Test (PFT) indicating fixed airway obstruction
- CT chest scan revealing a lobulated mass in the lower third of the trachea, causing approximately 70% luminal occlusion

Although surgical resection was advised at the time, the patient deferred the procedure.

Clinical Deterioration & Presentation at CARE Hospitals, Banjara Hills

One year later, she presented to CARE Hospitals, Banjara Hills, with worsening respiratory distress, stridor, and significant breathing difficulty. Repeat imaging showed:

- A tracheal tumour involving the posterior wall, now causing ~80% luminal compromise in the lower third of the trachea.

Emergency Intervention

The patient was taken up for emergency bronchoscopy under general anaesthesia. Findings included:

- A broad-based lobulated tumour in the trachea, almost completely

obstructing the airway.

- A rigid bronchoscope (14) was introduced and used as a conduit.

The tumour was successfully:

- Resected using electrocautery snare, and
- Removed in total using a cryoprobe, with no bleeding or complications.

Remarkably, the entire airway resection procedure was completed within 10 minutes, minimising risk and avoiding further respiratory compromise.

The airway was cleared, the patient was extubated on the table, and made an uneventful recovery. She was discharged asymptomatic.

Follow-Up & Outcome

On follow-up, the patient remained symptom-free and off all medications. Histopathological examination confirmed the diagnosis of Primary Endobronchial Leiomyoma — a rare benign smooth muscle tumour of the airway.

Key Insights from the Case

- Primary tracheal leiomyomas are rare, typically involving the tracheal wall and often being multicentric. In this case, the tumour was entirely endoluminal, making it a unique presentation.
- This case reinforces that not all wheezing and breathlessness are due to asthma or COPD. A fixed obstruction pattern on PFT should prompt further



Dr A Jayachandra

Clinical Director and Sr. Interventional Pulmonologist

imaging and diagnostic bronchoscopy.

- Early diagnosis and minimally invasive resection — completed in just 10 minutes — can prevent life-threatening airway compromise and ensure complete recovery.

Conclusion

This case highlights the importance of a thorough diagnostic approach in respiratory complaints and the effectiveness of advanced bronchoscopic interventions in managing rare tracheal tumours. At CARE Hospitals, Banjara Hills, timely diagnosis, expert decision-making, and rapid intervention ensured a life-saving outcome for the patient.



Robotic Hysterectomy with Pelvic Floor Repair for Complex Uterine and Pelvic Pathology

Clinical Background

A 41-year-old woman with a history of forceps-assisted vaginal delivery presented with:

- Heavy menstrual bleeding with clots (6 months)
- Stress urinary incontinence (on exertion)
- Pelvic heaviness and intermittent dizziness
- No significant medical or surgical history
- Failed response to hormonal therapy (including OCPs)
- Occasional pessary use for symptom relief

Diagnosis

Comprehensive evaluation (clinical and imaging) revealed multiple overlapping pelvic conditions:

- AUB-L (Leiomyoma with failed medical management)
- Grade II Utero-Vaginal Prolapse
- Grade I-II Stress Urinary Incontinence
- Active Pelvic Inflammatory Disease
- Dense pelvic adhesions
- Multiple intramural fibroids (largest: 4.4 cm)

Why Robotic Surgery Was Chosen

In light of the distorted pelvic anatomy, complex adhesions, and the requirement for meticulous pelvic floor restoration, robotic-assisted surgery was selected for its:

- 3D magnified visualisation of pelvic structures
- Superior articulation in tight anatomical planes
- Enhanced intracorporeal suturing capability

- Reduced blood loss and tissue trauma

Surgical Procedure (17th July 2025)

Under general anaesthesia, the patient underwent:

- Robotic-Assisted Total Hysterectomy
- Bilateral Salpingectomy
- McCall's Culdoplasty (for vault support and prevention of post-hysterectomy prolapse)
- Moschowitz Repair (obliteration of cul-de-sac to correct enterocele)
- Robotic Adhesiolysis

Intraoperative Highlights

- Uterus enlarged to 12–14 weeks in size with multiple fibroids
- Extensive pelvic adhesions involving ovaries and posterior uterine wall
- Thick "current jelly" discharge noted intraoperatively, suggestive of ongoing PID
- Robotic system enabled sharp dissection around distorted planes and precise repair of pelvic support structures

McCall's Culdoplasty was performed to provide robust support to the vaginal apex, significantly reducing the risk of post-hysterectomy vault prolapse — a known risk in patients with pre-existing prolapse.

Moschowitz Repair was crucial in obliterating the deep cul-de-sac and addressing an early enterocele, thereby restoring pelvic floor integrity.

Postoperative Outcome

- Smooth recovery without complications



Manjula Anagani

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

- Minimal pain and early ambulation
- Normal voiding function resumed quickly
- Discharged in stable condition with preserved pelvic floor support

Clinical Insight

This case demonstrates the value of robotic gynaecologic surgery in managing complex multi-layered pelvic pathology. Importantly, it showcases how advanced reconstructive steps like McCall's culdoplasty and Moschowitz repair, when executed robotically, can enhance long-term outcomes by:

- Preventing vault prolapse
- Correcting latent enteroceles
- Reinforcing pelvic floor architecture

By integrating robotic precision with well-established surgical principles, the team at CARE Hospitals, Banjara Hills, ensured effective, safe, and holistic care — restoring the patient's quality of life and pelvic function in a single session.

Who Can Issue a Death Certificate in Case of Brought Dead Patients?

Who Can Issue a Death Certificate in Case of Brought Dead Patients?

In the wake of an untimely death, especially when a person is “brought dead” to a hospital, families often face not just grief—but confusion. One of the most pressing questions is: Who is authorised to issue the death certificate?

Understanding the Legal Framework

India’s death registration process is governed by the Registration of Births and Deaths Act, 1969, which mandates compulsory registration of every death and assigns defined roles to medical practitioners and registrars.

Two key documents arise:

- Medical Certificate of Cause of Death (MCCD) – Form 4 (hospital deaths), Form 4A (non-hospital deaths)
- Death Certificate – Form 10, issued by the local Registrar upon registration

It is critical to note that the MCCD is not a substitute for the Death Certificate, though they are often confused.

Who Must Issue the MCCD?

Section 10(3) of the Act requires the medical practitioner who last attended the patient to issue the MCCD “immediately.”

The Special Case of Brought Dead Patients

When a person is declared dead on arrival, matters become complex. Practitioners must balance legal obligations with ethical caution.

For DOA cases, medical and legal caution is vital.

Key points to consider:

- Was the deceased under treatment recently?
- Is the cause of death clearly natural and medically explainable?
- If so, the case is not medico-legal, and an MCCD can be issued. But if there is suspicion of foul play, injury, poisoning, or sudden unexplained death, it must be treated as an MLC.

Role of the Receiving Hospital

Hospitals should:

- Perform an external examination
- Take a clear medical and circumstantial history
- Record observations and involve police if suspicious

If the death appears natural and records exist, the certificate may be issued after verification. Otherwise, the case must go for medico-legal investigation.

Best Practices for Hospitals

- Maintain a “Brought Dead Registry”
- Avoid issuing MCCDs when the cause cannot be established
- Never issue blank or vague certificates
- Immediately involve police in suspicious or unexplained deaths

Final Step: Issuance of the Death Certificate

Once the MCCD is submitted, the Registrar of Births and Deaths issues the Death Certificate (Form 10). This is the legal proof required for



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

inheritance, insurance, and pension claims. If not registered within 21 days, families need special permission from the Magistrate and must pay late fees.

Ethical Caution & Legal Liability

Issuing MCCDs without confirming the cause of death can amount to negligence, especially if later found unnatural. Certifying death is not just a medical duty—it is a legal declaration with serious implications.

Conclusion

Brought dead cases lie at the crossroads of medicine, law, and ethics. Hospitals and doctors must act responsibly, following due process. Proper certification not only supports grieving families but also upholds the integrity of both the medical profession and the justice system.

Learning from Kerala: How One State Created a Nursing Success Story

Last month, while reviewing global nursing recruitment patterns, I was struck by a fascinating statistic: Kerala accounts for approximately 85 percent of India's nurse migration. And international hospitals are not just hiring these nurses out of desperation. They are specifically seeking them out because of their reputation for excellence.

What has Kerala done differently? As hospital leaders, we need to understand this success story because it holds lessons we can implement right here in our own institutions.

The success of Kerala nurses reflects the convergence of several factors: quality education systems, cultural values emphasizing service and compassion, economic incentives driving professional excellence, and social support systems.

What We Can Replicate:

Systematic Excellence: Kerala did not accidentally produce world-class nurses. They built a deliberate system where nursing education was standardized, rigorous, and respected. Their nursing colleges do not just teach procedures—they instill professional pride.

Career Aspiration:

In Kerala, nursing is viewed as a pathway to global opportunities, not a dead-end job. This perception transforms everything—from the calibre of students entering the profession to the

commitment they bring to their work.

Community Support:

Kerala has earned international recognition for producing some of the world's most skilled and compassionate nurses. This recognition creates a positive feedback loop where families encourage their children to pursue nursing.

The irony is obvious:

while we lose our best nurses to hospitals abroad that value Kerala's training model, we have not learned from what makes that model successful.



Dr Parivalavan Rajavelu

MS, DNB, FRCS
Consultant Surgeon,
Founder - SkillsforMed

The question for us as leaders is simple:

if Kerala can create a nursing workforce that is globally sought after, why can we not replicate this excellence in our own hospitals? The answer lies not in competing with overseas salaries, but in building the respect, systems, and career pathways that Kerala has mastered.



I'm Glad We Took a Second Opinion

A few weeks ago, we had a scare that reminded me, both as a psychologist and as a family member, that when it comes to health, it's always better to err on the side of caution.

My husband complained of chest discomfort one evening. Naturally concerned, he consulted a physician friend immediately. After a basic clinical examination and a conversation, the doctor assured him it was likely gastritis. He even spoke to me personally and tried to ease my worry, reiterating that nothing serious was going on. For a moment, I wanted to believe him completely. He was a trusted friend and a competent physician. But our daughter was not entirely convinced. She felt something was off. "Let's not ignore this," she said firmly. "Let's see a cardiologist, just to be sure."

We followed her instinct. The cardiologist took a thorough history, conducted a stress echo test, and noticed ST wave depression—an early indicator of heart trouble. He immediately advised us to go in for an angiography the next day.

The results stunned us. A significant blockage, major stenosis, was found in one of the main coronary arteries. My husband underwent angioplasty without delay. Thankfully, the procedure went well, and he has been recovering steadily since. Reflecting on this incident,

I feel deep gratitude, not only for the timely intervention but also for the second opinion that led to it. What if we hadn't listened to our daughter? What if we had waited longer, dismissing the pain as gastritis?

This experience has reinforced something I always tell my students and fellow healthcare professionals: never take a second opinion personally.

As doctors, nurses, or counselors, we sometimes feel offended when a patient wants to consult another professional. We may interpret it as a lack of trust in our diagnosis or capability. But that's rarely the case. A second opinion isn't a verdict against the first. It's just another pair of eyes, another perspective—sometimes, a lifesaving one. In medicine, we deal with probabilities, not certainties. And no matter how experienced we are, no one is infallible.

We must remember that our role is to guide patients toward health and healing, not to control their choices. If they seek a second opinion, let us support them rather than feel slighted. After all, what truly matters is the well-being of the patient. Everything else is secondary.

I'm thankful we listened to that inner voice urging us to dig deeper. I'm even more thankful that we had access to a skilled specialist who could act quickly. Most of all, I'm thankful that my husband is



Dr Indu Arneja

Founder-Director of the Indian Institute of Healthcare Communication

well and with us.

To my fellow healthcare professionals, I say this gently but firmly: please don't see a second opinion as a challenge to your authority. See it as a shared effort toward the same goal—saving lives

Clownseling for Caregivers: Healing the Healers

When hospital staff join the clowning, healing becomes whole!

Walk through any hospital ward and you will see dedication in action - nurses moving swiftly between beds, doctors scanning charts with laser focus, housekeeping staff quietly keeping the space running. But you will also notice something else - fatigue that runs deeper than the night shift, shoulders heavy with more than just physical strain, smiles that no longer reach the eyes.

Burnout is one of healthcare's most silent and stubborn crises. Recent studies in India show that nearly one in four doctors meet clinical burnout thresholds and nurses are particularly vulnerable. Add in the long hours, emotionally charged decisions, and the heartbreak of patient loss and you have a workforce that's constantly giving, often with little time to replenish their own emotional reserves. It's why I believe we need to rethink wellness for healthcare professionals and why medical clowning deserves a place in that conversation.

While most people think of clowns as purely for patients, research worldwide tells a richer story. Laughter activates the parasympathetic nervous system, lowers cortisol, and releases endorphins, the body's natural feel-good chemicals. Even short bursts of humor can reset the mind, improve focus, and create what

psychologists call "psychological disengagement" - a brief but restorative mental pause from high-pressure tasks. But the benefits don't stop at stress relief. When humor enters the clinical space, it subtly reshapes team dynamics. Clowning temporarily softens rigid hierarchies, making it easier for staff across roles to communicate openly. A moment of shared silliness between a consultant and a junior nurse can carry over into better cooperation during a complex procedure. Playfulness sparks creativity too, encouraging staff to find fresh solutions to persistent challenges.

I have seen wards where a clown walking in the hallway lightens the mood before morning rounds or where a spontaneous "chicken dance" between two exhausted colleagues has everyone laughing and working together more easily afterward. These aren't distractions from the "real" work. They are part of the work, restoring the humanity that stress tends to strip away.

The ripple effects are tangible. Staff who engage in regular humor-based interactions report higher job satisfaction, smoother teamwork, and greater emotional resilience. Some studies even link this to fewer medical errors, shorter patient stays, and lower turnover rates - benefits that help both staff and patients.



Sheetal Agarwal
Founder of Clownselors

Why Staff Benefits

- Restores emotional reserves
- Improves team morale
- Encourages creativity in problem-solving
- Builds resilience during crises

Medical clowning isn't about ignoring the seriousness of healthcare. It's about creating safe pockets of lightness that make it easier to carry that seriousness well. For caregivers, those small moments can mean the difference between feeling drained at the end of a shift and leaving with a sense of connection and purpose intact. Because in the end, when caregivers laugh together, they don't just lift their own spirits, they create an environment where healing feels possible for everyone.



CARE SAMVAAD – Conversations That Heal

Turning Expert Knowledge into Everyday Health Wisdom

CARE Samvaad continues to transform complex medical topics into clear, relatable conversations — empowering patients and families with trusted insights from leading specialists. This month's episodes explore health from the inside out, covering everything from digestive health to joint care, cancer surgery innovations, and the future of internal medicine.



Scan or Click
for full video



Ep. 22 – Gut Check: Your Guide to Digestive & Liver Health

Dr. Akash Chaudhary, Clinical Director & Senior Consultant – Medical Gastroenterology, CARE Hospitals, Banjara Hills, breaks down the often-overlooked world of digestive health. From acid reflux (GERD) and constipation to jaundice, pancreatitis, and GI bleeding, he explains early warning signs, lifestyle changes, and treatment options that can prevent small symptoms from becoming big problems.



Scan or Click
for full video

Ep. 23 – The Future of Internal Medicine

Dr. Chaitanya Challa, Senior Consultant – Internal Medicine, discusses the rapidly changing landscape of healthcare. Covering the rise of Type 2 diabetes, the silent impact of obesity and stress, the role of genetics, and the promise of preventive care, he offers practical advice for staying ahead of chronic disease.

Ep. 24 – Cancer Surgery, Reimagined

Dr. Satish Pawar, Sr. Consultant & Head – Surgical Oncology & Robotic Surgery, shares how cutting-edge techniques — from Single Port VATS to robotic-assisted interventions — are improving cancer surgery outcomes while preserving organ function. He dives into breast-conserving surgery, advanced ovarian cancer treatments, and the power of a multidisciplinary approach.



Scan or Click
for full video



Scan or Click
for full video



Ep. 25 – Stronger Joints, Better Life

Dr. Chandra Sekhar Dannana, Senior Consultant – Orthopaedic Surgery, takes listeners through the latest in bone and joint care. From robotic joint replacements and revision surgeries to ligament injuries, hip fractures, and deformity correction, he offers expert guidance on mobility, recovery, and quality of life.

CARE Samvaad remains your go-to platform for conversations that make medicine more human, relatable, and actionable — one episode at a time.

Precision in Motion: How Robotic Surgery Enhances Surgeon Capabilities - Robotics at CARE Hospitals, Banjara Hills

At CARE Hospitals, Banjara Hills, robotic-assisted surgery is not only changing how patients heal—it's also transforming how surgeons operate. By merging human expertise with the precision of advanced robotics, we're unlocking new possibilities in safety, accuracy, and efficiency.

Our robotic systems provide:

- 360° articulation – enabling delicate manoeuvres in tight spaces
- Tremor filtration – ensuring steady, precise movements
- High-definition 3D vision – allowing exceptional clarity and depth perception

These advancements mean:

- Complex procedures can be performed with greater safety and speed
- Micromovements are executed with unmatched finesse
- Nerve-sparing techniques are better preserved, improving outcomes in urology, gynaecology, oncology, and more

By turning large incisions into keyhole access points, robotic surgery helps preserve function while minimising trauma—offering faster recovery and better results.

For our surgeons, it's about having the tools to push the boundaries of what's possible. For our patients, it's about receiving care that's safer, smarter, and designed for the best possible future.



Dr. Ajay Kumar Paruchuri Represents CARE Hospitals, Banjara Hills at Prestigious Arthroscopy Platforms

Dr. Ajay Kumar Paruchuri, Senior Consultant – Orthopaedics at CARE Hospitals, Banjara Hills, showcased his expertise on two significant academic stages this July.

On 10–11 July 2025, Dr. Paruchuri served as Course Faculty at the B.E.S.T Advanced Shoulder Cadaver Course held at Siriraj Lab, Thailand. This international training programme focused on advanced shoulder arthroscopy techniques, including Bankart repair, anterior stabilisation, SLAP repair, remplissage repair, and subscapularis repair. As part of the faculty team, Dr. Paruchuri contributed to hands-on cadaveric sessions, sharing cutting-edge surgical techniques with orthopaedic professionals from across the globe.

Later in the month, at the TASCOS 2025 – 2nd Annual Conference of the Telangana Arthroscopy Society held on 26–27 July 2025 at the Trident Hotel, Hyderabad, Dr. Paruchuri took on dual roles as Moderator and Panelist. He moderated the Live Surgery – Arthroscopic Double Row Rotator Cuff Repair session and was a panelist for the Shoulder Instability discussion. His insights and leadership in these sessions enriched the scientific deliberations and offered valuable learning to peers and upcoming surgeons.

Dr. Paruchuri's participation in these platforms reflects CARE Hospitals' commitment to advancing orthopaedic excellence and fostering knowledge exchange on both national and international levels.



CARE Hospitals, Banjara Hills Achieves Landmark — 17 Joint Surgeries in Just 8 Hours

On July 16, 2025, CARE Hospitals, Banjara Hills achieved a remarkable milestone in Indian orthopaedics by successfully performing 17 joint replacement surgeries within just 8 hours, led by Dr. Sanjib Kumar BEHERA, Clinical Director & Head of the Department of Orthopaedic and Joint Replacement Surgery.

This rare accomplishment places CARE Hospitals, Banjara Hills among India's high-volume orthopaedic centres, recognised for executing complex procedures with exceptional speed, precision, and uncompromising quality.

The feat was made possible by the hospital's advanced surgical infrastructure, highly skilled team, and well-structured protocols that ensured smooth coordination from pre-operative to post-operative care. It reflects the hospital's commitment to becoming a regional hub for advanced musculoskeletal care.

By setting such benchmarks, CARE Hospitals, Banjara Hills continues to strengthen its position as one of India's leading tertiary care institutions for surgical excellence and patient-centred outcomes.



Uniting Minds, Saving Lives – Aortic Conclave 2025 & AORTA SIMPLIFIED at CARE Banjara

CARE Hospitals, Banjara Hills, Hyderabad, in association with the Vascular Education Foundation, proudly hosted a high-impact academic gathering that brought together some of the finest minds in vascular, endovascular, and cardiovascular surgery from across India and abroad.

The event featured two integrated segments — Aortic Conclave 2025 and Aorta Simplified — creating a comprehensive platform for knowledge exchange on the diagnosis, treatment, and prevention of aortic diseases.



Over the course of two days, participants engaged in:

- In-depth discussions on aneurysms, dissections, and aortic emergencies
- Expert-led lectures on advanced techniques including Frozen Elephant Trunk, Endobentall, and Genetic Risk Stratification
- Real case presentations by national and international faculty
- Multidisciplinary panels offering collaborative perspectives for better patient outcomes

This unified conclave-workshop not only decoded the complexities of aortic pathology but also strengthened the bridge between surgical innovation and clinical application. It was an evening — and indeed a weekend — dedicated to collaboration, learning, and excellence in aortic care.

A heartfelt thank you to all the speakers, delegates, and partners who contributed to making this event a grand success.

Honouring Our Healers: A Look Back at National Doctors' Day at CARE Hospitals, Banjara Hills

On July 1st, CARE Hospitals, Banjara Hills, came together to honour its greatest strength — the doctors who lead with compassion, commitment, and clinical excellence.

The National Doctors' Day 2025 celebrations were a heartfelt tribute filled with pride, gratitude, and joy. The day began with a symbolic red carpet welcome for our doctors — an expression of our respect and recognition for the work they do every day. Warm smiles, handshakes, and applause filled the lobby as our doctors were celebrated not just as professionals, but as the heart of CARE.

A highlight of the day was the unveiling of the newly designed Executive Doctors' Lounge — a serene and thoughtfully curated space created especially for our consultants. Designed as a quiet corner to pause and recharge, the lounge reflects our belief in caring for those who care for others.

At CARE Hospitals, Banjara Hills, our doctors are not just caregivers — they are visionaries, mentors, and everyday heroes. Their dedication forms the foundation of the hospital's legacy.

This Doctors' Day was a moment to pause and reflect, to celebrate and recognise — and to say thank you to those who help CARE Hospitals, Banjara Hills rise, every single day



OCCUMED 2025 – National Occupational Health Day Celebrations with CARE Hospitals

On 27th July 2025, CARE Hospitals in collaboration with the Association for Occupational Health (AOH – Telangana & AP), proudly hosted OCCUMED 2025 as part of the National Occupational Health Day Celebrations. The event brought together senior occupational health specialists, corporate physicians, and healthcare leaders to exchange ideas on workplace health challenges, preventive care, and strategies for integrating occupational health into corporate wellness programmes.

The gathering was graced by Dr. Gaddam Vivek Venkat Swamy, Hon'ble Minister of Labour, Employment, Training & Factories, Mines and Geology, Government of Telangana, as Chief Guest, and Dr. P. V. Nanda Kumar Reddy, Vice Chancellor, Kaloji Narayana Rao University of Health Sciences, Warangal, as Guest of Honour.



Scientific sessions were led by CARE Hospitals experts — Dr. P L N Kapardhi (Clinical Director – Cath Lab & Senior Interventional Cardiologist, CARE Hospitals, Banjara Hills), Dr. Sailaja Vasireddy (Senior Cardiothoracic & Vascular Surgeon, CARE Hospitals, Banjara Hills), Dr. Deepak Koppaka (Senior Medical Oncologist), and Dr. Pragna Sagar Rapole S (Senior Radiation Oncologist) — who shared valuable insights on preventing and managing cardiac and cancer conditions in the workforce. Dr. Chandra Babu N, CMO – Amara Raja Group, also presented best practices in occupational health from the manufacturing sector.

With over 70 senior doctors and medical officers participating, OCCUMED 2025 reinforced CARE Hospitals's commitment to supporting healthier, safer, and more productive workplaces across Andhra Pradesh and Telangana. The event concluded with the AGM of the AOH AP Branch and the announcement of the new executive committee for 2025-2027.

Nursing Neuro-Critical Care Workshop Empowers Nurses at CARE Hospitals, Banjara Hills

As part of the 8th Annual National Conference of the Society of Neurocritical Care (SNCC 2025), CARE Hospitals, Banjara Hills, hosted a two-day Nursing Neuro-Critical Care Workshop on 31st July & 1st August 2025 at Manthana Auditorium. The programme brought together nursing professionals from across India, focusing on advanced neuro-critical care skills, protocols, and hands-on training.

Day 1: Foundations of Care

The opening day began with an inauguration and pre-test, followed by interactive sessions on:

- Neuro nursing competencies
- CNS anatomy & physiology
- Neurological assessment & diagnostics
- Stroke, aneurysm & TBI management
- Care in Myasthenia Gravis and GBS
- Seizure control, sedation & ICP monitoring

Day 2: Practical Training

Day two featured sessions on post-operative neurosurgery care, ventilation management, paediatric neuro ICU, psychological care, brain death & ethics, and neuro rehabilitation. Skills stations provided hands-on practice in assessments, airway management, handling drains/lines, and emergency BLS/ACLS. The event ended with a post-test, Q&A, and certification.

Advancing Nursing Excellence

The workshop underscored the vital role of nurses in managing neurological emergencies and strengthened their clinical and practical expertise under the guidance of Dr. Bhavani Prasad G (Local Coordinator), Lt. Col. Sandhya V Nair (National Coordinator), and the CARE Hospitals leadership team.

By hosting this workshop, CARE Hospitals reaffirmed its commitment to continuous learning, patient safety, and advancing neuro-critical care nursing in India.



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.

Murphy's Law Hospital Edition

Anything that can go wrong... will happen right when you've just sat down with your coffee." That's why at CARE Banjara, we keep our teams ready, our skills sharp, and our coffee reheatable.

Medical Serendipity – The Accidental Invention of the Pacemaker

In 1956, engineer Wilson Greatbatch accidentally used the wrong resistor while building a heart rhythm recorder. Instead of recording, the device produced steady electrical pulses — the first implantable pacemaker. A simple mistake became a life-saving breakthrough for millions with heart rhythm disorders.

Loeb's Laes of Medicine

- If what you're doing is working, keep doing it.
- If what you're doing is not working, stop doing it.
- If you don't know what to do, don't do anything.

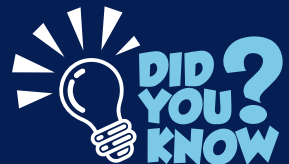
AWARDS



ACCREDITATIONS



ACHIEVEMENTS



The human brain has no pain receptors — which is why neurosurgeons can perform certain brain surgeries on awake patients, allowing real-time mapping of speech, movement, and sensation.

Follow us on



040 6810 6529

www.carehospitals.com