

CARE BANJARA TIMES

ISSUE 10
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We are an NABH Stroke Accredited Hospital

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Leading with Care: When Nursing Excellence Defines Who We Are

At CARE Hospitals, Banjara Hills, Nursing is a core professional discipline that underpins every aspect of safe, ethical, and effective patient care. It is demonstrated through clinical accuracy, sustained vigilance, and compassion delivered with consistency—even in high-pressure environments. As CARE Banjara progresses through a phase of renewal and stabilisation, the contribution of nursing has been central in reinforcing both patient outcomes and institutional standards.

Over the past year, our focus has been intentional and uncompromising: strengthening the fundamentals of practice. Patient safety, ethical conduct, clear communication, and bedside accountability are established expectations and professional obligations. These principles must be evident in daily clinical practice, decision-making processes, and in the trust we build with patients and their families.

Recognition beyond the organisation is meaningful only when it reflects sustained performance. Recent National level recognition for Nursing Excellence—across leadership, clinical practice, and institutional benchmarks—validates the collective discipline of our teams. Such recognition is not a culmination, but an assurance that our standards are aligned

with national expectations. These acknowledgements belong to every nurse who consistently prioritises professional responsibility over convenience.

What inspires me most is that Nurses at CARE Banjara lead by responsibility not by position. They question, mentor, advocate, and intervene where required—maintaining patient safety, dignity, and ethical clarity at all times. This form of leadership strengthens culture through daily practice and reinforces standards that endure.

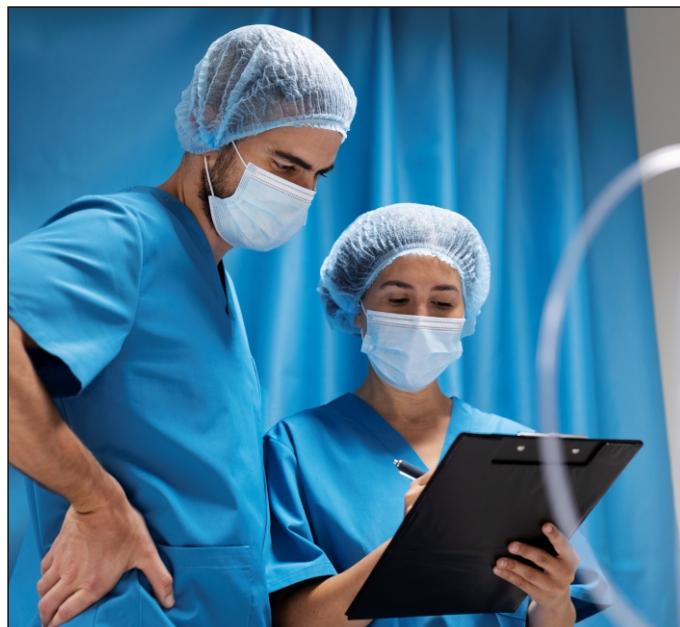
When Nursing leads with integrity, accountability and



Shobha Rani

Nursing Head
CARE Hospitals, Banjara Hills

compassion- consistency, accountability, and patient-centred care will remain non-negotiable. At CARE Hospitals, Banjara Hills, this is not a choice—it is the standard we uphold every day for every patient.



The year 2025 has been an exceptional year and we are proud to reflect on the remarkable achievements of CARE Hospital, Banjara Hills. Our success is a testament to the dedication of our consultants, para-clinical and nursing staff, and support teams who continue to set new benchmarks in healthcare excellence across our institution. Their utmost dedication enabled our institute to achieve outstanding clinical outcomes, groundbreaking academic publications and presentations at various learned societies.

And as we reflect on the remarkable achievements of our cherished institute with a tremendous sense of satisfaction, I would like to reiterate the immense encouragement and unwavering support of our

marvelous administrators. By enabling a seamless coordination, and timely interventions, their role was pivotal in the triumph of our consultants, and other personnel, which ensured our professionals to achieve the exalted platform of excellence in healthcare!

In addition, as we conclude another transformative year, and whilst looking forward to 2026, we at Care Hospital, Banjara Hills, are, and will be committed to the following:

- Advancing clinical outcomes through evidence-based practice innovations
- Focus on holistic approach, with empathy and humane connections
- Expanding academic contributions through research and publications
- Strengthening mentorship pathways for next-generation



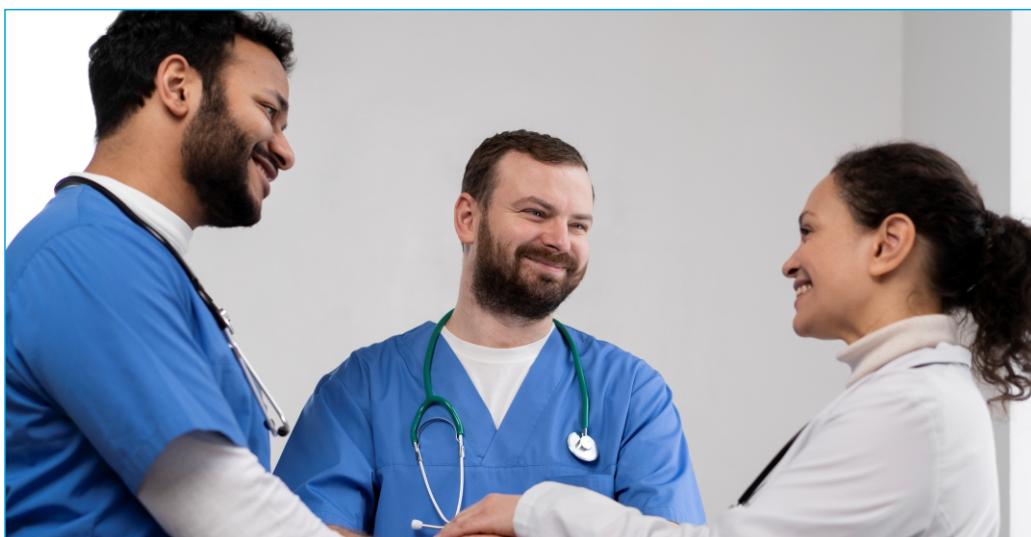
Dr. B. Ravinder Reddy

Editor-in-Chief

physicians, surgeons and nurses

- Patient empowerment along with integration of digital technology to enable advanced analytics into clinical decision-making
- Deepening our commitment to patient safety and quality improvement

Together, we look forward to another year of compassionate care, innovation, learning, and exceptional patient outcomes, as we continue to be our patients' hope, even on their hardest days!



Severe Saddle-Nose Deformity with Total Septal Loss: Successful Costal Cartilage Reconstruction at CARE Hospitals, Banjara Hills

A 36 year-old gentleman from Brisbane, Australia, with a history of two prior nasal surgeries, presented to CARE Hospitals, Banjara Hills with severe nasal obstruction and a pronounced saddle-nose deformity. He reported long-standing breathing difficulty, disturbed sleep, and complete loss of internal nasal support due to total septal removal during his previous surgery abroad, resulting in significant functional impairment and cosmetic distress.

Initial Assessment

Clinical evaluation revealed:

- Severe saddle-nose deformity
- Complete absence of the nasal septum
- Marked nasal airway compromise
- External deformity with loss of dorsal support

The patient, having researched reconstructive options, expressed interest in rib (costal) cartilage grafting.

Surgical Plan

Given total septal loss and ear cartilage being not appropriate, autologous costal cartilage was chosen as the most reliable material, offering:

- Strong, stable support
- Ability to recreate dorsal height and internal septal structure
- Avoiding synthetic implants to eliminate long-term risks of rejection

Preoperative counselling included reviewing photographs of similar successful cases.



Dr. N Vishnu Swaroop Reddy

Clinical Director, Head of the Dept & Chief Consultant E.N.T and Facial Plastic Surgeon

Procedure Overview

Surgery was scheduled promptly. Operative highlights:

- Harvesting rib cartilage
- Rebuilding dorsal and septal framework
- Restoring internal support and correcting the deformity
- Improving breathing and aesthetic appearance

The surgery proceeded without complications.

Postoperative Course

Follow-up visits ensured smooth recovery, with:

- Marked improvement in nasal airflow
- Relief from obstruction
- Stable, symmetrical nasal contour
- Restored structural support and natural dorsal height

The patient returned to Brisbane highly satisfied with both functional and cosmetic outcomes.

Key Takeaway

This case highlights the expertise of the E.N.T, Facial Plastic & Reconstructive



Surgery team at CARE Hospitals, Banjara Hills, in managing complex nasal deformities with complete septal loss. Meticulous planning and autologous costal cartilage ensured excellent functional and cosmetic results.

High-Risk Left Main Disease in a Left-Dominant Circulation: Successful Primary PTCA with Multidisciplinary Bailout at CARE Hospitals, Banjara Hills

Case Presentation

A 59-year-old male with no prior comorbidities presented to CARE Hospitals, Banjara Hills, with acute chest pain, dyspnoea, and profuse sweating within a 45-minute window period. ECG was consistent with Acute Coronary Syndrome - Anterior Wall Myocardial Infarction (AWMI), and echocardiography revealed moderate left ventricular dysfunction.

Diagnostic Workup

Emergency coronary angiography revealed ostioproximal Left Main (LM) disease in a left-dominant circulation, with proximal total thrombotic occlusion of the LAD and 60–70% stenosis of the LCx. Given the high-risk anatomy and ongoing ischaemia, conservative management was ruled out. After counselling, the family opted for a Complex High-Risk Indicated Procedure (CHIP-PCI) instead of emergency CABG.

Indication for Primary PTCA

Considering the acute presentation, large myocardium at risk, haemodynamic instability, and short window period, the heart team proceeded with Primary PTCA, with full standby support anticipating procedural complexity.

Procedure Overview

Vascular access was obtained via the right femoral artery (6F), with the left femoral artery kept on standby for IABP and the right femoral vein secured. The



**Dr. Surya Prakasa
Rao Vithala**

Clinical Director & Head of Department
Cardiology

left coronary system was engaged using a 6F JL 3.0 guide catheter. Owing to left-dominant circulation, the LCx was wired upfront. Initial attempts to cross the LAD occlusion with a Runthrough wire were unsuccessful, necessitating escalation to a PILOT 50 wire for successful distal wiring.

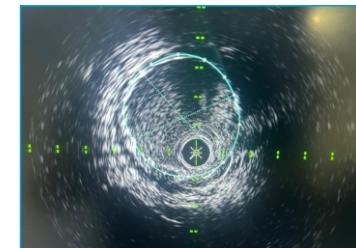
The LAD lesion was predilated using a 2.0 mm non-compliant balloon followed by a 2.5 mm scoring balloon. Intracoronary tirofiban was administered, and a 3.0×28 mm drug-eluting stent was deployed in the ostioproximal LAD.

Intra-Procedural Complication and Bailout Strategy

Post-stent angiography revealed haziness in the LM ostium and shaft, suspicious for dissection with thrombus.

Imaging confirmed an ostioproximal LM dissection in a diseased LM ostium. Given persistent chest pain and haemodynamic volatility, LM bailout PTCA was undertaken.

Cangrelor infusion was initiated, thrombus aspiration performed, and a 4.0×12 mm drug-eluting stent deployed in the ostioproximal LM with minimal aortic protrusion.



Proximal optimisation and ostial flaring were carried out using a 4.5 mm non-compliant balloon.

Outcome

Final imaging confirmed excellent luminal gain (~ 14 mm 2), optimal stent expansion and apposition, no edge dissection, and preserved TIMI 3 flow in all branches. The patient stabilised rapidly, had complete resolution of chest pain, and was discharged on guideline-directed medical therapy without complications.



Successful Management of Preterm IVF-Conceived DCDA Twins in a High-Risk Pregnancy

A 46-year-old primigravida with a history of 14 years of married life, ANA positivity, and multiple failed IVF attempts conceived DCDA twins through IVF following dedicated fertility management. The pregnancy was closely supervised by the gynaecology team, given the advanced maternal age and autoimmune background.

During the antenatal period, the mother developed preeclampsia, requiring intensive monitoring. Through vigilant maternal-fetal surveillance, the gynaecology team was able to prolong the pregnancy to the safest possible gestational window, balancing maternal wellbeing with fetal maturity. When maternal and fetal parameters indicated rising risk, a timely decision was taken to proceed with delivery—prioritising the safety of both the mother and the babies.

At preterm gestation, an emergency lower segment caesarean section (LSCS) was performed on 22-10-2025.

Delivery Details

- Twin 1: Male, birth weight 1.7 kg, delivered at 3:24 PM, cried immediately at birth

- Twin 2: Male, birth weight 1.4 kg, delivered in transverse lie with meconium-stained liquor, cried after stimulation

Both neonates were admitted to the Neonatal Intensive Care Unit (NICU) in view of prematurity.

Neonatal Course

Twin 1

Twin 1 required one dose of surfactant and was initiated on mechanical ventilation for respiratory distress due to prematurity. With gradual clinical improvement, the baby was extubated to High-Flow Nasal Cannula (HFNC) and subsequently weaned to room air by day 16 of life.

- **Feeds:** Initiated on day 2 of life and progressively advanced to full feeds

- **Complication:** Developed severe sepsis with clinical sclerema on day 7

- **Investigations:** Blood culture, CBP and CRP were positive

- **Management:** Treated with intravenous antibiotics as per culture sensitivity for 21 days

- **Support:** Required 11 units of Random Donor Platelets (RDP)

- **Outcome:** Repeat blood cultures were sterile following treatment

Twin 2

Twin 2 required initial stimulation at birth and received one dose of surfactant for prematurity-related respiratory distress. The baby was started on ventilatory support, showed steady improvement, and was gradually weaned to HFNC, with complete respiratory support discontinued by day 6 of life.

- **Feeds:** Initiated early and increased gradually as tolerated

- **Clinical Course:** Stable, with no major infectious complications.

- **Discharge and Outcome**

Both babies demonstrated satisfactory weight gain, good feeding tolerance, and stable clinical parameters.

- **Twin 1:**

- Discharge weight: 1.94 kg
- Feeding 30 ml every 2 hours

- **Twin 2:**

- Discharge weight: 1.55 kg
- Feeding adequately and maintaining stable vitals

Both twins were successfully discharged by day 20 of life, reflecting effective multidisciplinary care, streamlined NICU protocols, and careful discharge planning with parental counselling and follow-up support.

Key Takeaway

This case highlights how timely IVF support, expert antenatal management, precise timing of delivery, and advanced neonatal care can lead not only to survival but to early recovery and early discharge, even in high-risk preterm twin pregnancies. Coordinated teamwork across gynaecology and neonatology played a pivotal role in achieving favourable outcomes for both mother and babies.



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COPRA 1986 & 2019: Nature of Changes

Consumer protection in healthcare has evolved significantly over the years, adapting to changing needs, emerging medical practices, and growing patient awareness. Two landmark legislations—the Consumer Protection Act, 1986 (COPRA 1986) and the Consumer Protection Act, 2019 (COPRA 2019)—form the backbone of consumer rights in India, including cases related to medical negligence and deficiency of service.

This Column explores the nature of changes introduced in the newer legislation and how these impact medical negligence and related complaints.

COPRA 1986: A Brief Overview

The Consumer Protection Act, 1986, was the first comprehensive legislation aimed at safeguarding consumer interests across sectors, including healthcare. Its key features included:

- Definition of "Consumer": Extended to patients receiving healthcare services, even if treated free of cost under certain schemes.
- Deficiency in Service: Included medical negligence, improper diagnosis, or inadequate facilities.
- Consumer Disputes Redressal Forums: Provided district, state, and national forums to resolve grievances.
- Low-cost and Speedy Justice: Intended to reduce litigation expenses and provide faster relief.
- Punitive and Compensatory Relief: Allowed claims for

compensation for mental agony, medical expenses, and loss of income.

Though path-breaking at the time, COPRA 1986 had limitations—outdated definitions, procedural delays, and lack of clarity on jurisdiction in cases involving complex medical negligence.

The Evolution – COPRA 2019

Recognizing the need for reform, the Consumer Protection Act, 2019, introduced several changes to strengthen consumer rights and address systemic issues. While many provisions are similar, the new Act expands the framework and brings modern mechanisms into effect.



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



Key features include:

1. Wider Scope and Definitions

The definition of "consumer" has been broadened to cover services offered under digital platforms, telemedicine, and other healthcare-related services, thus acknowledging technological advancements.

2. Central Consumer Protection Authority (CCPA)

The CCPA was introduced to promote, protect, and enforce consumer rights on a national scale. It empowers the authority to investigate violations, order recalls, and penalize misleading advertisements.

3. Product Liability and Medical Devices

The 2019 Act specifically includes liability related to defective medical devices, implants, and consumables, which were not explicitly addressed earlier.

4. Enhanced Relief Measures

Compensation and penalties have been strengthened to ensure accountability in cases of negligence and malpractice.

5. Alternate Dispute Resolution Mechanisms

The Act encourages mediation and negotiation to resolve disputes, reducing the burden on consumer forums. However, medical negligence claims are outside the purview of this.

6. Time-bound Proceedings

The new provisions attempt to expedite cases by setting timelines for filing and adjudicating claims, though practical delays remain an ongoing challenge.

7. Focus on Misleading Advertisements

With healthcare marketing becoming aggressive, the Act allows authorities to take action against false claims about treatments and services.

Impact on Medical Negligence Cases

The changes introduced by COPRA 2019 have significant implications:

- **Increased Accountability:** Medical practitioners, hospitals, and device manufacturers are more clearly accountable for errors, misrepresentation, and faulty equipment.
- **Improved Access to Justice:** Patients can approach authorities at multiple levels, with wider definitions covering digital and telehealth services.
- **Focus on Systemic Failures:** The inclusion of medical devices and misleading advertisements targets broader issues beyond direct negligence.
- **Administrative Oversight:** The CCPA brings regulatory attention to healthcare practices, increasing patient safety awareness.

Challenges Ahead

Despite improvements, challenges persist:

- **Awareness Gaps:** Many patients and healthcare providers are unaware of the expanded rights and obligations.
- **Implementation Hurdles:** Almost all Commissions are still grappling with backlogs and delays.

- **Technical Complexity:** Medical negligence cases require expert testimony and detailed analysis, which can slow proceedings.

- **Overlapping Jurisdictions:** Cases may simultaneously be heard by consumer forums, state medical councils, and civil courts, complicating resolution.

Conclusion

The transition from COPRA 1986 to COPRA 2019 reflects India's effort to modernize consumer protection, especially in the sensitive and evolving domain of healthcare. While the reforms offer stronger safeguards and clearer responsibilities, challenges remain in enforcement, awareness, and procedural efficiency.

Understanding these changes is vital for medical professionals, healthcare institutions, and patients alike, as it enables informed decision-making, responsible healthcare delivery, and effective legal recourse.

In the next issue, we will offer A Glimpse into Proceedings before Consumer Commissions, exploring how cases are filed, heard, and adjudicated in medical negligence disputes.

Sleep: The Most Powerful Medicine We Ignore

Sleep is often the first thing we sacrifice in a busy life, yet it remains one of the most powerful pillars of health. Quality sleep is not a luxury — it is essential for physical recovery, mental clarity, emotional balance, and long-term wellbeing.

What Happens When We Sleep

During sleep, the body goes into repair mode. Muscles recover, tissues heal, hormones balance, and the immune system strengthens. The brain processes memories, regulates emotions, and clears metabolic waste that accumulates during waking hours. Adequate sleep supports heart health, metabolism, concentration, and mood.

Adults typically need 7–9 hours of sleep each night, while children and adolescents require even more to support growth and development.

The Cost of Poor Sleep

Chronic sleep deprivation can quietly affect every system in the body. It is linked to:

- Fatigue and reduced productivity
- Poor concentration and memory
- Weakened immunity
- Increased risk of heart disease, diabetes, obesity, and hypertension
- Mood disturbances such as anxiety and depression

Over time, lack of sleep can also increase the risk of accidents and errors, both at home and at work.



Signs You May Not Be Sleeping Well

- Difficulty falling or staying asleep
- Waking up feeling unrefreshed
- Daytime sleepiness or irritability
- Dependence on caffeine to stay alert

If these symptoms persist, it may be time to reassess sleep habits or seek medical advice.

Simple Habits for Better Sleep

Small changes can make a big difference:

- Maintain a consistent sleep and wake time
- Limit screen use at least one hour before bedtime
- Avoid heavy meals, caffeine, and alcohol close to bedtime
- Keep the bedroom dark, quiet, and comfortable

- Engage in relaxing routines like reading or deep breathing

Regular physical activity during the day also improves sleep quality at night.

When to Seek Help

Persistent insomnia, loud snoring, pauses in breathing during sleep, or excessive daytime sleepiness may indicate underlying sleep disorders such as sleep apnoea. Early evaluation and treatment can significantly improve quality of life and overall health.

A Healthy Day Begins the Night Before

Good sleep is the foundation of better health, sharper thinking, and emotional resilience. By prioritising rest, we invest in our long-term wellbeing — because every healthy day truly begins with a good night's sleep.

EAT Lancet Dietary Recommendations (Healthy Diet for a Healthy Planet)

Food is the single strongest issue to optimise our health and environmental sustainability of our planet. However, food and agricultural systems are posing a clear and present danger, as 25% of all the global climate change problems are due to our choices about what we eat on daily basis. Therefore, what we put on our plate matters a lot to both human health and planet Earth!

EAT Foundation, is an international non-profit organisation based in Norway whose main objective is to radically transform the global food system to enable feeding the growing global population in a healthy, affordable and sustainably produced food, while ensuring the 'health' of our planet. The Foundation, in association with international experts formed the EAT-Lancet Commission, which after extensive deliberations, published dietary guidelines in 2019. The guidance comprises of predominantly plant-based diets, which have multiple health benefits, as well as being environmentally sustainable, when compared to diets with a higher proportion of animal products.

Subsequently, these guidelines were updated and published in October 2025 as EAT-Lancet 2.0 recommendations. The Commission was made of a large group of specialists -- 71 scientists, from 35 countries, involving experts from clinical medicine, nutrition, agronomy, environmental researchers, economics, political sciences, and law.

The guidance preserves planetary health by stressing on plant-rich and minimally processed diets, rather than vegan or vegetarian diets. It recommends consumption of plant-derived diets centred on whole grains, plant proteins (legumes, lentils, beans), vegetables, fruits, nuts, unsaturated oils, modest diary, and small amounts of meat and fish, while drastically reducing intake of red meat (lamb, goat, beef, pork), sugar and refined grains. Typical reference intake is calibrated to about 2500 kcal/day.

Regular and consistent consumption has shown to lower all-cause mortality, due to reduction in many non-communicable diseases (NCDs) including the omnipresent cardiovascular diseases, type 2 diabetes and some cancers. Additionally, there was reduction in waist circumference, blood pressure, HDL-C and triglyceride levels.

Multiple modelling studies showed that a full adherence to EAT Lancet

recommendations could cut non-CO₂ agricultural emissions by 15-20% (up to 50% reductions in greenhouse gas emissions) and reduce land use by ~3.4 million km² by 2050, mainly through reduced intake of red meat and dairy and preferring higher plant foods.

Dr. B. Ravinder Reddy

Editor-in-Chief



Plant-Based Foods – Daily Intake:

Vegetables	300 grams (ranging from 200 – 600 g)
Fruits	200 grams (ranging from 100 - 300 g)
Whole grains	210 grams
Tree nuts & peanuts	50 grams (up to 75 grams)
Legumes	75 grams
Tubers & starchy roots	50 grams (ranging from 0 -100 g)

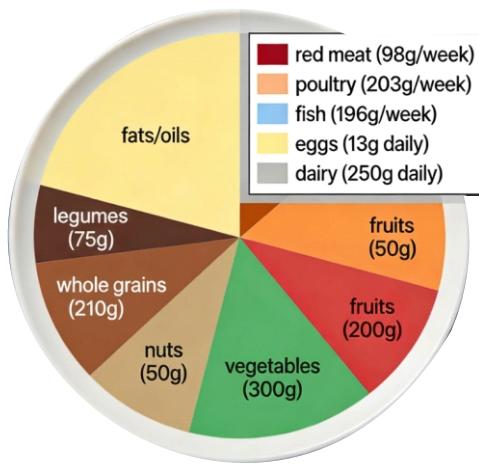
Animal-Based Foods – Weekly Intake:

Poultry	203 grams (not to exceed 203 g)
Fish & shellfish (*prawns, shrimp, crab)	196 grams
Red meat (Mutton, Beef, Pork)	98 grams (Equivalent to 1 to 2 cups)
Eggs	One egg every third day
Milk & dairy products	250 grams daily

Fats and Processed Foods:

The diet stresses on unsaturated fats from various sources like nuts, seeds, and vegetable oils while minimizing saturated fats. Added sugars, refined grains (white rice, 'maida', etc), and highly processed foods (cakes, biscuits, chips, etc) should be substantially reduced, with most caloric intake derived from minimally processed plant source

EAT-Lancet dietary recommendations connect and translates science to policy, to make our food healthy, fair and sustainable for people as well as our planet Earth.



EAT-Lancet pictorial recommendations

References and Further Reading:

1. The 2025 EAT-Lancet Commission Report. *Lancet* 2 October 2025
2. Willett W, Rockstrom J, et al. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. *Lancet*. 2019; 399:447-492
3. <https://eatforum.org>

Clean Hands. Calm Spaces. Caring Hearts.

The unseen strength that keeps CARE moving, healing and safe.

This month, A Day in the Life shifts its focus to one of the most essential pillars of hospital care — our Housekeeping Team. Their hands keep the hospital clean; their hearts keep it compassionate.

Across the ground floor, OPDs, ER, basements, ICUs and wards, more than a hundred housekeeping professionals work every moment to ensure that every patient, attender and staff member feels safe, supported and cared for.

Where Every Day Begins With Responsibility

For supervisors like Samuel, the day starts early with deployment.

With 127 staff members under his care, he checks every area, assigns responsibilities, manages the housekeeping store, verifies transport availability, and ensures that high-risk zones like CTOT, Cath Lab, GOT and ER are fully supported.

His belief is simple:
“If housekeeping stops, the hospital stops.”

From maintaining amenities like gloves, chemicals, cups and tissues, to handling shifting, transport and emergencies — he and his team are the invisible backbone of hospital safety.

The Heart of Patient Safety

Patient safety is the core of every housekeeping role. From daily bed cleaning, bedside dusting, three-time mopping, and washroom hygiene to safe wheelchair handling and use of belts during shifting — every action is



built around protecting patients from infection, discomfort or risk.

Many spoke of how they check wheelchairs, elevators, waiting areas, ceilings, and attenders' spaces with the same seriousness as patient floors.

One team member shared, “Patients come scared. Families come stressed. Clean spaces help them breathe easier.”

In Moments of Pressure, They Rise Together

Housekeeping works quietly, but their toughest moments reveal their true teamwork. During busy hours — full OPDs, multiple surgeries, crowded ERs, and back-to-back patient shifting — they coordinate like a single heartbeat.

“If transport is busy, I go myself,” said Dadu Lal. “If ER is full, we pull staff from other floors.” Said another

“If a nurse calls for help, we go immediately.”

No task is too small. No pressure is too high.

They adjust, redistribute staff, call colleagues, and manage chaos with remarkable calm.

Small Gestures, Big Impact

Almost every housekeeping member shared stories of patient appreciation:

- Helping a patient get to the washroom safely
- Guiding lost attenders to the right building
- Assisting an international patient who didn't know the language
- Comforting a patient angry due to transport delay
- Quickly responding to call bells
- Ensuring they never disturb a resting patient

One staff member described a day when an angry patient was waiting too long for transport. He apologised, took the patient himself, offered his number for support, and ensured their discharge went smoothly.

The same family later praised him for “kindness beyond duty.”

These small human moments define the CARE culture more than anything else.

Pride in Their Work, Pride in Their Growth

Many housekeeping staff shared how working at CARE Hospitals motivates them:

- “I see my future here.”
- “I feel proud when audits go well.”
- “I want to help patients like they are my family.”
- “My colleagues support me — that keeps me going.”

During the Sparkling Care Audit, one supervisor and his team transformed multiple departments in just 48 hours — cleaning, painting, decluttering and deep cleaning — finally achieving 91%, the highest in their zone.

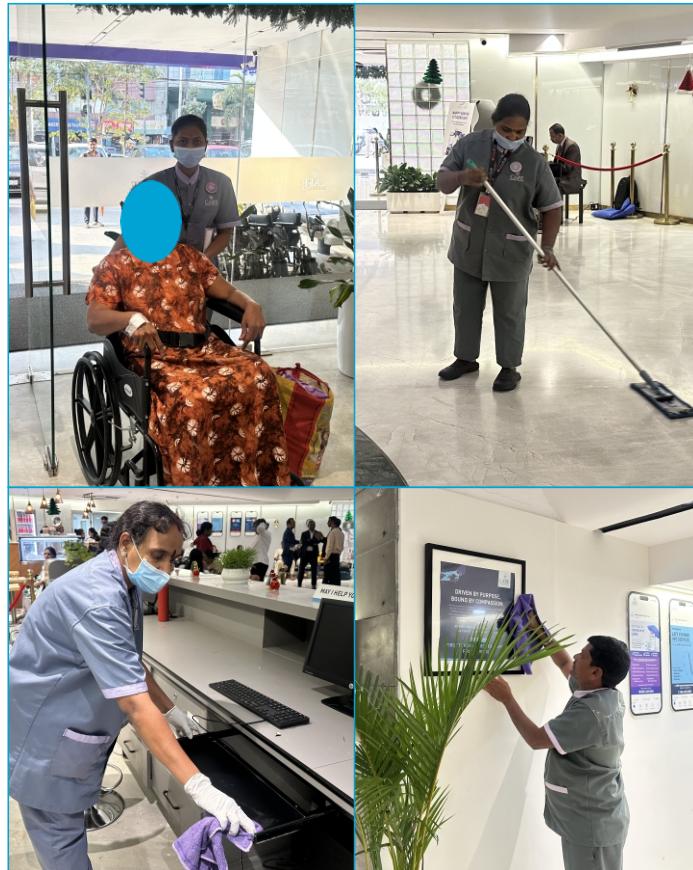
It remains one of their proudest memories.

The Soul of Housekeeping: Behaviour, Compassion, Respect

Across all interviews, one message came through clearly: Skill matters, but behaviour matters more.

“Good speaking, calm behaviour, and respect are the biggest qualities,” one of them shared.

“Even if work is perfect, behaviour is what patients remember.”



Why Housekeeping Matters

Housekeeping is more than cleaning. It is infection control, patient comfort, safety, dignity, and the emotional warmth that every patient deserves.

From biowaste segregation to maintaining hygiene standards that protect against infection — their work silently saves lives every single day.

A Tribute to the Team That Holds CARE Together

Our housekeeping staff are the first to arrive, the last to leave, and often the most unnoticed.

Yet our hospital cannot function without them.

This Day in the Life is a celebration of their dedication — their early mornings, their late evenings, their patience, their resilience, and the compassion they show to every person who walks through our doors.

To our Housekeeping Team — thank you for being the quiet heartbeat of CARE Hospitals.

CARE SAMVAAD – Conversations That Heal

ECMO, GI Surgery, Robotics & Heart Rhythm Care — Inside the Future of Modern Medicine

This month, CARE Samvaad brings four compelling conversations from CARE Hospitals, Banjara Hills—each offering clarity, depth, and practical guidance on some of the most advanced areas of healthcare. From life-saving ECMO to robotic knee surgery and complex heart rhythm disorders, these episodes open a window into specialties where precision, teamwork, and innovation save lives every day.



Scan or Click
for full video



Ep. 40 – Inside the World of ECMO & Intensive Care

Dr. K. C. Misra, Sr. Consultant & HOD – Critical Care, takes viewers behind the scenes of the ICU, where seconds matter and teamwork defines survival. He explains how ECMO supports failing hearts and lungs, when it is used, and how modern critical care blends science, vigilance, and compassion to give the sickest patients a chance to recover.

Ep. 41 – The Art & Science of GI Surgery

Dr. B. Ravinder Reddy, Senior Consultant – Surgical Gastroenterology & General Surgery, breaks down the evolving world of gastrointestinal surgery, from minimally invasive advances to the role of gut health and nutrition in healing. With unique insights—including how even music in the OT influences the surgical environment—this episode highlights the balance between precision and patient-centred care.



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Ep. 42 – Reinventing Knee Replacement Through Robotics

Dr. Ajay Kumar Paruchuri, Dr. Chandra Sekhar Dannana, and Dr. Mir Zia Ur Rahaman Ali share how robotic-assisted technology—especially the VELYS system—is transforming knee replacement at CARE. They explain why patients need knee replacements, how robotics improves accuracy, reduces pain, and speeds up recovery, and the importance of both prehabilitation and postoperative rehabilitation for best outcomes.



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Ep. 43 – Understanding Heart Rhythm Disorders

Dr. Ramakrishna SVK, Clinical Director – Cardiac Electrophysiology, offers a deep dive into arrhythmias—from silent irregular rhythms to dangerous electrical abnormalities. He also discusses prevention, lifestyle changes, remote monitoring, and how AI is shaping the future of electrophysiology, making heart rhythm care more precise and personalised.



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Each episode of CARE Samvaad reflects our mission to empower patients with credible, compassionate, and easy-to-understand medical guidance. Through the voices of our experts, we continue to make healthcare more approachable, informative, and meaningful for every viewer.

ECMO at CARE Hospitals, Banjara Hills:

Advanced Life Support When It Matters Most

Extracorporeal Membrane Oxygenation (ECMO) is a highly advanced life-support therapy used when the lungs cannot provide enough oxygen or when the heart becomes too weak to pump effectively. At CARE Hospitals, Banjara Hills, ECMO plays a crucial role in supporting critically ill patients until their organs recover.

When is ECMO Needed?

ECMO is recommended in severe, life-threatening conditions where conventional treatments fail to maintain adequate oxygenation or circulation.

For respiratory failure, ECMO is used when oxygen levels remain critically low despite ventilator support.

VA ECMO (Veno-Arterial ECMO) supports both the heart and lungs and is used in:

- Cardiac failure
- Severe poisoning leading to cardiopulmonary collapse
- Post-partum complications such as peripartum cardiomyopathy
- Acute Coronary Syndrome
- Sepsis with cardiac dysfunction

In these emergencies, ECMO acts as a bridge to stabilisation and recovery.

How ECMO Works

ECMO functions as an external heart-lung machine:

- For lung failure, it oxygenates blood and removes carbon dioxide, allowing the lungs to rest.
- For heart failure, it also maintains blood circulation

to vital organs.

By temporarily taking over these functions, ECMO prevents further organ damage and provides time for healing.

Outcomes That Inspire Confidence

ECMO has shown to significantly improve stabilisation and recovery in patients with severe respiratory or cardiac failure. Early initiation helps maintain oxygen supply, protect organs, and enhance survival.

Patients with refractory respiratory failure, cardiogenic shock, poisoning-related collapse, and post-partum cardiac complications often have better recovery prospects with ECMO. It serves as a bridge to recovery, and in select cases, a bridge to transplantation or long-term cardiac support.

At CARE Hospitals, Banjara Hills, ECMO has helped many critically ill patients regain organ function and achieve improved outcomes when compared to standard therapies alone.

High-End Care at an Accessible Cost

Unlike many major hospitals where ECMO is prohibitively expensive, CARE Hospitals, Banjara Hills, offers this advanced therapy at a significantly lower cost, ensuring that life-saving support remains accessible to more families.

A Strong Multispeciality Team Behind Every ECMO Case

The success of ECMO depends on coordinated, expert care. At CARE Banjara, a dedicated multispeciality team—including Critical Care, Cardiology, Cardiothoracic Surgery, Pulmonology, Nephrology, Obstetrics, Emergency Medicine, Rehabilitation, and perfusion specialists—works together round the clock to deliver precise and compassionate care.



Celebrating a Visionary in Women's Health

CARE Hospitals, Banjara Hills proudly announces that Padma Shri Dr. Manjula Anagani, Clinical Director & HOD – CARE Vatsalya Woman and Child Institute & Robotic Gynaecology, has been awarded the Dr. Tarita Shankar Award for Excellence at the Telangana Leadership Awards 2025 – World Health & Wellness Congress.

The award recognises her pioneering work in robotic gynaecology, her transformative impact on women's health, and her exceptional leadership that continues to elevate CARE Vatsalya as a centre of excellence.

This achievement marks a proud moment for CARE Hospitals and reinforces our commitment to advancing high-quality, innovative care for women.



Recognising Excellence in Cardiac Care

CARE Hospitals, Banjara Hills proudly celebrates Dr. Surya Prakasa Rao Vithala, Clinical Director & Head – Cardiology, for being honoured as one of the “Most Iconic Healthcare Leaders (Telangana)” at the Telangana Leadership Awards 2025 – World Health & Wellness Congress.

This recognition highlights his outstanding contributions to cardiology, his leadership in advancing complex heart care, and his unwavering commitment to delivering precise, compassionate, and lifesaving treatment for patients across the region. A moment of pride for the entire CARE Cardiology team, reaffirming CARE Hospitals' dedication to excellence in cardiovascular care.



A Day of Healing, Hope and Precision: Three Women, Three Countries, One Destination – CARE Hospitals, Banjara Hills

In a remarkable milestone for women's health, CARE Hospitals, Banjara Hills successfully performed three complex robotic gynecological surgeries in a single day, treating patients who travelled from Singapore, Dubai, and India to seek advanced and minimally invasive care. The day highlighted both the hospital's surgical capabilities and its growing global reach. The surgeries were led by Padma Shri awardee Dr. Manjula Anagani, Clinical Director & Head of CARE Vatsalya – Women & Child Institute, internationally recognised for her expertise in robotic gynecology and recipient of a Guinness World Record for fibroid removal.

Three Women, Three Complex Conditions

Singapore:

A 40-year-old patient with a large Submucosal fibroid and Pelvic Adhesions with severe anemia underwent a Robotic Hysterectomy with Bilateral Salpingectomy and Adhesiolysis, enabling precise removal and thorough restoration of pelvic anatomy.

Dubai:

A 50-year-old woman with post-menopausal endometrial hyperplasia underwent D&C with Frozen Section Biopsy, followed by a Robotic Hysterectomy with Bilateral Salpingo-Oophorectomy, ensuring safe and comprehensive treatment.

India:

A 37-year-old patient with a large endometriotic cyst with Deep infiltrating Endometriosis and bilateral Hydrosalpinges with adhesions underwent a multistep robotic procedure involving Hysterectomy, Ovarian Cystectomy, meticulous Adhesiolysis, and Bilateral Salpingectomy—one of the most technically demanding cases of the day.

Strengthening CARE Banjara's Robotics Programme

The successful completion of three high-complexity procedures in a single day demonstrates the hospital's advanced capabilities in robotic gynecological surgery. It also reflects the trust placed in CARE Banjara by patients from India and abroad who seek precision, faster recovery, minimal blood loss, and world-class outcomes.

This milestone further reinforces CARE Hospitals, Banjara Hills as a leading destination for advanced women's health and robotic surgery—where skill, technology, and compassionate care come together to redefine patient outcomes.



CARE Hospitals, Banjara Hills Showcases Academic Excellence at ISPEN National Conference

CARE Hospitals, Banjara Hills marked a proud academic milestone at the 20th Annual Conference of the Indian Society of Parenteral and Enteral Nutrition (ISPEN), held in Kolkata from November 7th to 9th, 2025. The prestigious national forum brought together clinicians, dietitians, researchers, and experts committed to advancing evidence-based practices in clinical nutrition.



A key highlight of the conference was the prestigious ISPEN Oration, delivered by Dr B. Ravinder Reddy, Sr. Consultant – Surgical Gastroenterology & General Surgery, CARE Hospitals, Banjara Hills, on "Diet and Microbial Influences on Metabolism and Immunity." The oration offered valuable insights into the evolving role of nutrition and the gut microbiome in metabolic regulation and immune function, reinforcing the importance of integrative nutritional science in clinical care.

The conference also featured strong scientific representation from CARE Hospitals through G. Sushma Kumari, Senior Dietician – Dietetics & Nutrition, CARE Hospitals, Banjara Hills, who presented a scientific poster titled "Comprehensive Nutritional Assessment of Critically Ill Patients using NRS 2002, SGA, Modified NUTRIC and MUAC." Her work highlighted the importance of early, multidimensional nutritional assessment in critically ill patients and its role in improving clinical outcomes. Among numerous national-level submissions, Sushma Kumari's poster received the 3rd Prize, bringing national recognition to both her work and CARE Hospitals. Together, the distinguished ISPEN Oration by Dr B. Ravinder Reddy and the award-winning research presentation by G. Sushma Kumari reflect the strong academic culture, mentorship, and commitment to excellence fostered at CARE Hospitals, Banjara Hills.



CARE Hospitals congratulates Dr B. Ravinder Reddy and G. Sushma Kumari for their valuable contributions and for representing the institution with distinction on a national platform.

CARE Hospitals, Banjara Hills, Represents India on the APAC Stage: Dr Manjula Anagani Serves as Steering Committee Member at Prestigious Obstetrics Advisory Board in Singapore

CARE Hospitals, Banjara Hills, is proud to share that Dr Manjula Anagani was invited as both Faculty and Steering Committee Member at the APAC Obstetrics Advisory Board Meeting held on 14–15 November 2025 in Singapore. This prestigious forum, organised by Johnson & Johnson MedTech, brought together leading obstetric experts from across the Asia-Pacific region to discuss innovations in C-section techniques, wound closure, and maternal healing. As part of the Steering Committee, Dr Manjula helped shape the scientific agenda, guide discussions, and contribute to expert deliberations on improving surgical outcomes for mothers. She also participated in panel sessions focused on peritoneum and sheath closure techniques, wound complication prevention, and evidence-based approaches to enhancing C-section recovery. Her involvement highlights the regional and global recognition of CARE Hospitals' expertise in women's health and advanced obstetric care. This accomplishment reflects not only her leadership but also the institution's commitment to driving clinical excellence and innovation.

CARE Hospitals congratulates Dr Manjula Anagani for representing India with distinction on an international stage.



CARE Hospitals, Banjara Hills, Showcases Innovation in BPH Surgery at Urology Meet

CARE Hospitals, Banjara Hills, is proud to share that Dr. P. Vamsi Krishna, Clinical Director, Senior Consultant & HOD – Urology, Robotic, Laparoscopy & Endourology Surgery, represented the institution at a leading Urology Conference where next-generation laser technologies for Benign Prostatic Hyperplasia (BPH) were highlighted.

At the conference, experts discussed SLIMFLEP and Ultra-SLIMFLEP, advanced laser enucleation techniques that are redefining minimally invasive management of BPH. These innovations are emerging as superior alternatives to traditional approaches such as TURP, standard HoLEP, and THUFLEP.

What Makes SLIMFLEP & Ultra-SLIMFLEP Unique?

Both techniques use extremely slender endoscopic instruments, allowing complete laser enucleation of the prostate while minimising trauma to the urethra. This design advancement brings significant benefits for patients:

- Reduced postoperative pain
- Lower risk of urethral stricture
- Faster recovery
- Less bleeding
- Shorter hospital stay

Together, these advantages make SLIMFLEP and Ultra-SLIMFLEP some of the gentlest, safest, and most effective surgical options available for BPH.

CARE Hospitals' Commitment to Innovation

Dr. Vamsi's participation in the conference reflects CARE Hospitals' commitment to adopting cutting-edge, patient-centred technologies in Urology. His involvement ensures that the most advanced and evidence-based surgical options continue to enhance clinical care at our Centre.

With leaders like Dr. P. Vamsi Krishna driving surgical innovation, CARE Hospitals remains at the forefront of excellence in robotic, laparoscopic, and endourological care.



Medical Marvels: Fun Facts from the Human Body

• Your Heart Is a Tireless Worker

The human heart beats about 100,000 times a day — pumping nearly 7,500 litres of blood daily. That's enough energy to drive blood through 100,000 km of blood vessels, almost 2.5 times around the Earth — every single day.

• Your Skin Is a Living Shield

Skin is the largest organ of the body, covering nearly 2 square metres and renewing itself roughly every 28 days.

In a lifetime, you shed about 18 kg of skin — quietly rebuilding your body's first line of defence over and over again.

• The Gut Has a Mind of Its Own

Often called the “second brain,” the gut contains over 100 million neurons — more than the spinal cord.

It produces nearly 90% of the body's serotonin, shaping not just digestion, but mood, sleep and wellbeing.

Murphy's Law - Cardiology Edition

In cardiology, Murphy's Law has impeccable timing. The patient with perfectly controlled blood pressure will spike the moment you remove the cuff. Chest pain that's been “atypical all day” becomes classic angina exactly when the ECG machine is busy. The rhythm strip behaves beautifully until you stop recording — then the arrhythmia makes a dramatic appearance. The stress test remains uneventful until the final minute, when the ST changes finally show up. The echo window is crystal clear in rehearsal and disappears the moment the consultant arrives. Pacemakers decide to beep only during ward rounds, and the one day the cath lab is fully booked is when the STEMI walks in. In cardiology, hearts may follow physiology — but they have a habit of following Murphy too.

Medical Jokes

Why did the doctor carry a red pen?

“In case they needed to draw blood.”

Why don't skeletons fight infections?

“They don't have the guts.”

Why did the ECG break up with the patient?

“Too many irregular beats.”

Innovation

AI-Assisted Colonoscopy

Artificial intelligence is now helping gastroenterologists detect even the smallest polyps in real time during colonoscopy — improving early cancer detection and reducing the chances of missed lesions.



Serendipity

The Discovery That Changed Blood Transfusions Forever

In the early days of medicine, blood transfusions were unpredictable — some patients improved, while others became dangerously ill. Doctors were puzzled by these unexplained failures.

While studying why transfusions went wrong, Austrian physician Karl Landsteiner made a groundbreaking observation: human blood is not the same. In 1901, his work led to the discovery of blood groups, revealing that compatibility mattered.

This unexpected finding transformed medicine. What was once a risky procedure became a life-saving therapy, making safe surgeries, trauma care, childbirth support, and emergency medicine possible.

A discovery born from failure went on to save millions of lives — a powerful reminder that in medicine, curiosity can turn setbacks into breakthroughs.



ABOUT CARE HOSPITALS

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

TESTIMONIALS

ABDUL RAFI

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

SRIDEVI C

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

SUBHASHINI

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

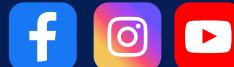
AWARDS



ACCREDITATIONS



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