

CARE BANJARA TIMES

ISSUE 09
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Strengthening Our Clinical Future: Leadership, Efficiency & Expansion at CARE Hospitals, Banjara Hills

As CARE Banjara enters a decisive phase of its transformation, I am proud to share the progress we are making in building not just a stronger hospital, but a stronger clinical ecosystem. Over the past quarter, our focus has been threefold: strengthening leadership, institutional efficiency, and clinical depth — all essential pillars for long-term excellence.

Shaping Leaders, Not Just Clinicians

This quarter marked the launch of the Clinician Leadership Program, a flagship initiative designed to broaden the horizons of our medical teams. The program encourages doctors to step beyond their clinical routines and engage deeply with subjects such as communication, teamwork, institutional behaviour, and decision-making. The response has been extremely encouraging — a reaffirmation that our clinician community is eager to lead with purpose and shape the culture we are building at CARE Banjara.

Driving Efficiency Through Strategic Resource Management

In parallel, we have made significant strides through our IDMC (Indirect Material Cost) project. With a strategic, data-driven review of material consumption across Laboratory Services, Pathology, Biochemistry, Microbiology,

Nuclear Medicine, Radiology, Blood Bank, Maintenance, and the Oxygen & Gas Plant, we are moving towards a more disciplined, standardised, and cost-conscious approach to resource utilisation.

Through this project, we have already achieved a 50% reduction in indirect material costs, translating into more predictable operations, reduced wastage, and tighter alignment between clinical need and supply-chain efficiency — a foundation that supports quality, responsibility and long-term sustainability.

Expanding Our Clinical Strength

A hospital is only as strong as its clinical expertise, and I am pleased to share that we are continuing to expand our team across multiple specialities. The addition of new senior consultants — each bringing their own experience, credibility, and commitment — further enhances our ability to deliver comprehensive, high-quality care across departments. Our goal is simple: strengthen every clinical vertical so that every patient, in every specialty, receives exceptional medical outcomes.



Dr Ajit Singh

AVP & Medical Head
CARE Hospitals, Zone 1

As we move ahead, our collective mission remains unchanged — to build a CARE Banjara that stands on clinical excellence, operational discipline, and a culture rooted in collaboration and compassion. I extend my appreciation to every clinician and team member contributing to this journey with humility, integrity, and unwavering dedication.

Together, we are not just relaunching a hospital. We are redefining what excellence looks like for the next decade of CARE.

Compassionate Care with Excellence

Every day, in our outpatient clinics, and on our wards, patients arrive with a significant degree of anxiousness, with an element of fear, and a sense of uncertainty, as the hospital environs are quite alien to the majority. At the first interaction, getting to know the patient, as an individual, with compassionate demeanor has the potential to ease their concerns, and will certainly reduce their apprehension. CARE is an essential passion, which prioritises the well-being of others. This benevolent term ushers in various traits – concern, compassion, responsibility and ownership of patients. At our institute, compassionate care is ingrained into our routine practice.

Our excellent team of clinicians take complete responsibility of patients' care, with emphasis on individual needs, coordinating across other specialties, counselling relatives to engage them as active partners in decision-making.

And as we nearly come to end of this calendar year, I would like to acknowledge the collective dedication of each and every staff member of our institute. And I am glad to state that in the month of October, we achieved significant milestones in quality care of our patients, operational efficiency and tremendous patient satisfaction – which has been possible due to our ethos of compassionate care!



Dr. B. Ravinder Reddy
Editor-in-Chief

I would like to echo the saying of Mother Teresa:

“Not all of us can do great things. But we can do small things with great love and compassion”



Successful Surgical Management of Ruptured Right Superior Hypophysial Artery Aneurysm at CARE Hospitals, Banjara Hills

Introduction

Aneurysmal subarachnoid haemorrhage (SAH) is a neurological emergency associated with significant morbidity and mortality. Prompt diagnosis, meticulous surgical intervention, and vigilant postoperative management are crucial for improving outcomes.

This case highlights the successful management of a ruptured right superior hypophysial artery aneurysm through emergency open surgical clipping at CARE Hospitals, Banjara Hills, followed by multidisciplinary critical care support.

Case Presentation

A 69-year-old woman presented to the Emergency Department with sudden onset of severe headache, multiple episodes of vomiting, and altered sensorium for one day.

She was a known case of Type 2 Diabetes Mellitus and Hypertension for 15 years, on regular medications. There was no significant past medical or surgical history.

On Arrival:

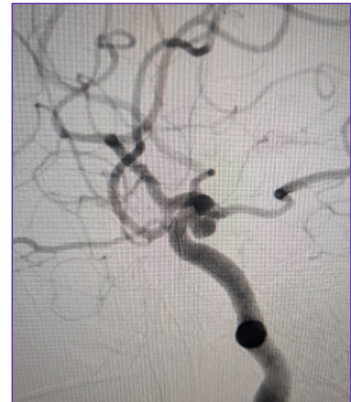
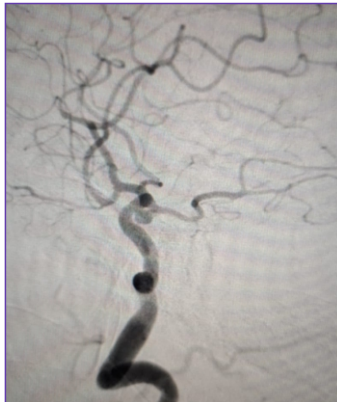
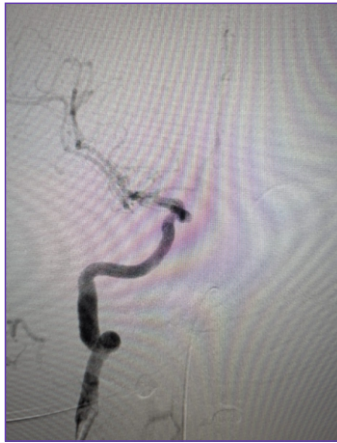
- GCS: E3V4M6
- Heart Rate: 100/min
- Blood Pressure: 160/100 mmHg
- Neurological findings: No focal deficits; neck rigidity present

CT Brain: Diffuse thick subarachnoid haemorrhage in the suprasellar and bilateral sylvian cisterns (right → left) with mild ventriculomegaly —

Modified Fisher Grade 4 SAH, Hunt & Hess Grade 3, and m-WFNS Grade 3.

Cerebral DSA:

Revealed a right parasellar, medially directed aneurysm with a daughter sac suggesting rupture point. The right fetal PCA was noted; other vessels appeared normal.



Dr. T. Narasimha Rao
Sr. Consultant-Neurosurgery



Dr. S. P. Manik Prabhu
Sr. Consultant – Neurosurgery
& Neurointerventionist

Diagnosis:

Ruptured right superior hypophyseal artery aneurysm with subarachnoid haemorrhage.

Surgical Management

The patient was counselled for endovascular coiling vs. open surgical clipping. Due to financial constraints, the family opted for open clipping. After obtaining informed high-risk consent, the patient underwent emergency surgery.

Under general anaesthesia, a right pterional craniotomy was performed. Extradural anterior clinoidectomy and optic canal deroofting were done. The distal dural ring was opened. Sylvian fissure dissection exposed the supraclinoid ICA, optic nerve, and oculomotor nerve.

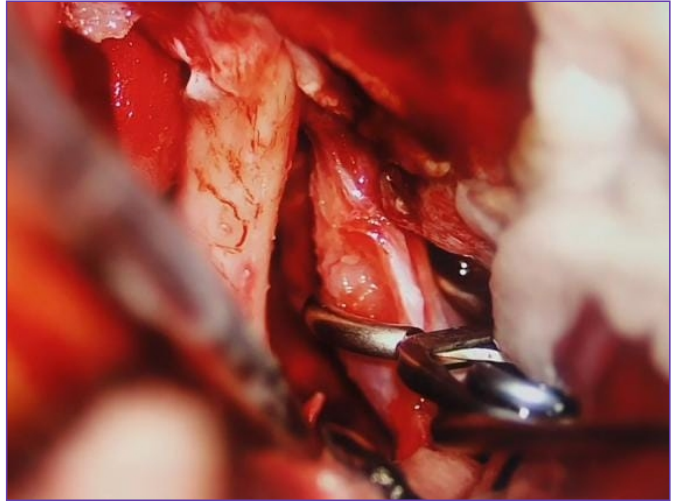
The aneurysm was identified, and proximal control was achieved via the internal carotid artery in the neck. The aneurysm was successfully obliterated with a fenestrated clip, and intraoperative Indocyanine Green angiography confirmed complete exclusion with preserved distal flow.

The skull base dead space was sealed with pericranium and temporalis fascia, and the dura was augmented using collagen dural substitute (Duragen). Closure was done in layers.

- Duration: 6 hours
- Blood loss: 200 ml (no transfusion required)

Postoperative Course

The patient was electively ventilated overnight and extubated the next morning. Post-extubation, she was



conscious, obeying commands, and moving all limbs. Postoperative CT brain showed only expected changes and clip artefact, with no infarct or hematoma.

She was started on antiepileptics, antibiotics, and nimodipine for vasospasm prophylaxis.

On postoperative day 1, the patient developed atrial fibrillation, hypotension, and hypoxaemia requiring re-intubation. Cardiology evaluation led to initiation of amiodarone infusion. A tracheostomy was performed on day 4 for prolonged ventilatory support.

Her postoperative course was complicated by ventilator-associated pneumonia (VAP) and uncontrolled blood sugars, managed successfully by the multidisciplinary critical care and cardiology teams.

Gradual weaning from ventilator support and mobilization were achieved. The

patient was subsequently discharged to a rehabilitation centre in a haemodynamically stable condition, with GCS E4VtM6 and no focal motor deficit.

Conclusion

This case demonstrates the importance of prompt diagnosis, skilled surgical intervention, and meticulous postoperative care in managing ruptured intracranial aneurysms.

At CARE Hospitals, Banjara Hills, coordinated neurosurgical and critical care efforts led to a successful outcome in this high-risk elderly patient with a ruptured superior hypophyseal artery aneurysm, highlighting the value of multidisciplinary expertise in complex neurovascular emergencies.

Moyamoya Syndrome: Beyond Conventional Stroke Evaluation at CARE Hospitals, Banjara Hills

Case Overview

A young married woman with history of recurrent abortions and an ischemic stroke 2 years prior presented with a recurrent stroke causing left sided limb weakness. Given her clinical profile, autoimmune vasculopathies and secondary causes of stroke were considered.

Diagnostic Workup

Initial imaging suggested reduced flow in the internal carotid artery (ICA). To confirm the diagnosis and assess collateral circulation, a Cerebral Digital Subtraction Angiography (DSA) was performed. The DSA revealed severe narrowing of the right ICA with a characteristic “puff of smoke” appearance — representing fragile, abnormal collateral networks that develop to compensate for reduced flow. This hallmark finding confirmed Moyamoya-like vasculopathy. Collateral circulation was seen arising from the posterior circulation, contralateral anterior circulation, and the external carotid artery, providing partial compensation to the affected hemisphere.

Clinical Significance

Moyamoya disease and Moyamoya syndrome represent progressive steno-occlusive disorders of the intracranial vessels, often associated with autoimmune syndromes such as SLE or antiphospholipid antibody syndrome (APLA). Identifying the underlying cause is crucial, as management strategies differ significantly.

Next Steps and Management Plan

The patient was planned for a CSF analysis, ANA and APLA testing, and peripheral smear evaluation to rule out autoimmune vasculitis.

- If autoimmune markers are positive, immunomodulatory therapy could potentially arrest disease progression.
- If no secondary cause is identified, the patient becomes a candidate for surgical revascularisation — either direct bypass surgery (STA-MCA anastomosis) or indirect synangiosis, where a vascularised muscle or artery is applied to the brain surface to promote collateral growth.

Key Takeaway

This case underscores the importance of evaluating stroke beyond traditional risk factors like diabetes, hypertension, and dyslipidaemia — especially in young or atypical patients. Early suspicion and timely angiographic diagnosis can change the treatment trajectory from symptomatic management to disease-modifying intervention.



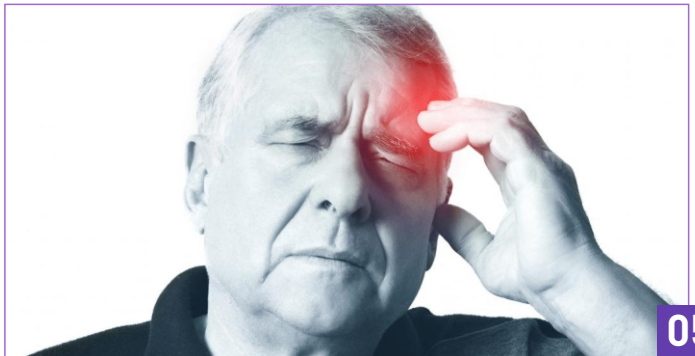
Dr. S K Jaiswal

Clinical Director and HOD - Neurology



Dr. Shashank Jaiswal

Consultant - Interventional Neurologist



Successful Multidisciplinary Management of Congenital Muscular Dystrophy in a 2-Year-Old at CARE Hospitals, Banjara Hills

Introduction

Congenital Muscular Dystrophies (CMD) are a group of inherited muscle disorders presenting within the first year of life, characterised by hypotonia, muscle weakness, and delayed development. These progressive conditions are usually autosomal recessive and lead to degeneration of muscle fibres, replaced by fatty and fibrous tissue.

Though incurable, CMD management focuses on symptomatic treatment, respiratory and nutritional support, and physiotherapy, requiring coordinated multidisciplinary care involving paediatric neurology, pulmonology, genetics, and rehabilitation.

Case Presentation

A 2-year-old male child presented to the Emergency Department at CARE Hospitals, Banjara Hills, with cough and cold for one week, followed by fever and worsening breathing difficulty.

He was a known case of Limb-Girdle Muscular Dystrophy, born to a non-consanguineous couple with no significant family history.

At 1 year of age, he had been evaluated for developmental delay, head lag, tongue fasciculations, severe hypotonia, absent deep tendon reflexes, and paraspinal weakness.

Genetic testing confirmed a homozygous LAMA2 gene

mutation in Exon 36, consistent with autosomal recessive congenital muscular dystrophy.

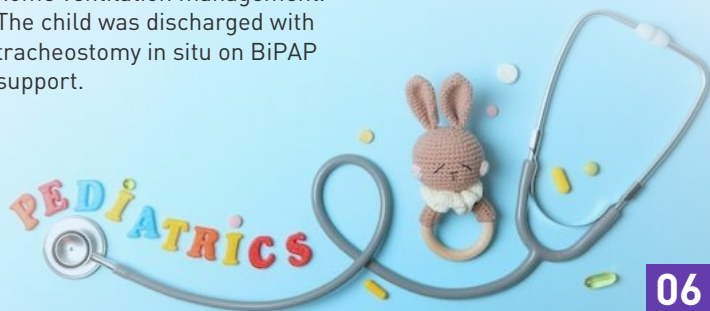
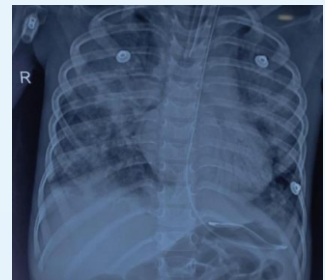
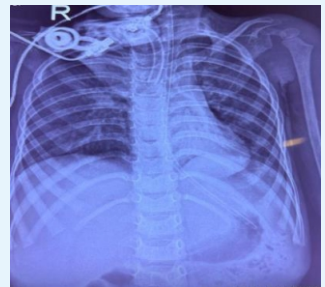
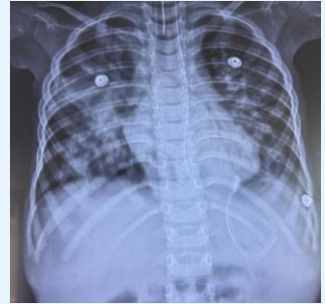
Clinical Findings

- General: Wasting of limbs, generalised hypotonia, barrel-shaped chest due to hypotonic respiratory muscles.
- Reflexes: Deep tendon reflexes absent.
- Abdomen: No organomegaly.
- Respiratory: Tachypnoea with features of impending respiratory failure.

The child was intubated and mechanically ventilated. Investigations revealed ARDS and RSV pneumonia as the precipitating factor. He was managed with IV antibiotics, ventilatory support, and other supportive care.

After initial improvement, extubation attempts failed due to poor respiratory muscle strength. A tracheostomy was performed for prolonged ventilator dependence, and he was gradually transitioned to BiPAP, which was well tolerated.

Parents were counselled and trained in tracheostomy and home ventilation management. The child was discharged with tracheostomy in situ on BiPAP support.



Discussion

LAMA2-related CMD (merosin-deficient muscular dystrophy) is a severe, early-onset muscular dystrophy marked by profound hypotonia, delayed milestones, and progressive weakness.

Respiratory muscle involvement increases vulnerability to infections and respiratory failure, often precipitated by viral infections such as RSV.

Key management strategies include:

- Non-invasive ventilation (BiPAP/CPAP)
- Chest physiotherapy and secretion management
- Nutritional and supportive therapy
- Genetic counselling and family education

While non-invasive ventilation improves quality of life and reduces hospitalisation, it does not alter disease progression.

Conclusion

This case highlights the challenges and importance of coordinated multidisciplinary management in LAMA2-related congenital muscular dystrophy. A 2-year-old male child presented to CARE Hospitals, Banjara Hills with RSV pneumonia and impending respiratory failure. Through timely tracheostomy, ventilatory support, and integrated care from paediatric, neurology, and critical care teams, the child was successfully stabilised and discharged on home BiPAP.

Early genetic diagnosis, proactive respiratory care, and compassionate parental counselling remain crucial in improving survival and quality of life in such complex neuromuscular disorders.



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The Hidden ROI: Why infection control nurses are your hospital's best investment

During a recent hospital audit, I watched an infection control nurse identify a pattern that had escaped everyone else's attention—three surgical site infections traced back to a single sterilization protocol gap. Her intervention prevented what could have become a costly outbreak. This is not an isolated incident. It is what happens when you invest in specialized nursing expertise.

Hospital-acquired infections (HAIs) remain one of healthcare's most costly and preventable challenges. In developing countries like India, 7-10% of hospitalized patients acquire infections during their stay—nearly double the 3-5% rate seen in developed nations. Each HAI adds 50,000 to 2 lakh in treatment costs, not counting legal liability and reputational damage.

- The evidence for dedicated infection control expertise is compelling.
- A US university hospital implemented a link nurse program—training staff nurses as liaisons between their units and infection prevention teams. The results were striking: healthcare-acquired MRSA infections dropped by 28%, and MRSA bloodstream infections decreased by 41%.
- In India, a paediatric emergency department introduced an infection control nurse with protected time for audits and feedback. Within months, infiltration and phlebitis rates reduced from 83% to 45%.

- An education program across three Indian hospitals showed that systematic training reduced surgical site infections by 8.1% and hospital-acquired urinary tract infections by 3.9%.

These are not theoretical gains. They translate directly to saved lives, reduced costs, and improved outcomes.

Yet most hospitals still treat infection control as a compliance checkbox rather than a strategic investment. We staff wards adequately but expect infection control "duties" to happen in nurses' spare time—which, as we know, does not exist.

What leadership must do:

- We need to designate infection control nurses with protected time—not additional duties layered onto existing workload, but dedicated hours for surveillance, education, and real-time intervention.
- Link nurse networks across units can serve as ward-level champions who receive quarterly training and connect frontline staff to infection prevention expertise.



Dr Parivalavan Rajavelu

MS, DNB, FRCS

Consultant Surgeon,

Founder - SkillsforMed

- Tracking and rewarding infection metrics matters because what gets measured and recognized gets improved—celebrating "good catches" that prevent harm, not just zero-infection streaks. And perhaps most importantly, budgeting specifically for infection prevention training in advanced certification, simulation training, and implementation science skills pays dividends in reduced HAI costs.

The math is straightforward: If your 200-bed hospital prevents just 15-20 HAIs annually through better infection control, you save 7.5-40 lakhs in direct treatment costs. Factor in avoided complications, shorter stays, and better NABH scores, and the ROI becomes undeniable.

Maybe we should ask ourselves: How does our current investment in infection control nursing expertise compare to what we spend annually managing HAI-

Doctrine of Causa Causans

In medical negligence cases, proving that a Doctor's act or omission directly caused injury is one of the most challenging aspects. This is where the Doctrine of Causa Causans becomes pivotal. It forms the backbone of causation analysis in both civil and consumer disputes, ensuring that liability is imposed only when a direct link between the act and the harm is established.

What is the Doctrine of Causa Causans?

Derived from Latin, Causa Causans literally means "the cause that brings about an effect." In medical negligence, it refers to the primary cause that leads to the injury or worsening of a patient's condition. The doctrine requires that the breach of duty by a medical professional is not just a contributing factor but a substantial cause that resulted in the harm.

The principle distinguishes between:

- **Causa Proxima (Immediate Cause):** The direct, immediate cause of injury.
- **Causa Remota (Remote Cause):** A distant or indirect cause that may have contributed but is not the primary reason for the injury.

For liability to attach, the Complainant must prove that the negligent act was the proximate cause of the injury.

Key Elements to establish Causa Causans

To prove causation, courts generally require:

- **1. Foreseeability:** Was the harm a foreseeable

consequence of the act or omission?

- **2. Direct Link:** Can the act be directly traced to the injury without significant intervening causes?
- **3. Substantial Factor:** Was the act a significant factor in bringing about the injury, not just a minor or incidental one?

Challenges in establishing Causation

- **Current Judicial interpretation** by and large reflects adverse consequence or outcome is considered as medical negligence, which is legally untenable. Therefore, strict adherence and compliance to Cause Causans facilitates transparent finding.
- **The core and foundational understanding of 'Causa Causans' can be reiterated in the following words:** "Cause and effect must be directly related & consequentially but not sequentially".
- **Complex Medical Conditions:** Multiple factors may contribute to the patient's decline, complicating the chain of causation.
- **Expert Testimony:** Medical experts must clearly explain how the negligence led to the harm.
- **Intervening Events:** Events occurring between the negligent act and injury may dilute or sever the causal link.

Judicial Approach

Courts emphasize a balanced approach that considers both medical facts and practical



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realities as the medico-legal issues are very complex. While strict causation is essential, courts by and large avoid dismissing cases where negligence clearly contributed to harm, even if other factors played a role. The doctrine is applied with a focus on fairness, ensuring patients are not denied justice due to overly rigid causation rules.

Conclusion

The Doctrine of Causa Causans serves as the cornerstone in proving medical negligence. It ensures that liability is attributed based on substantial and direct causation rather than mere association. As medical cases become more complex, understanding this doctrine helps legal practitioners, healthcare providers, and patients navigate the intricacies of liability and justice.

In the next issue, we will explore COPRA 1986 & 2019: Nature of Changes, analyzing how legislative reforms have shaped consumer protection in healthcare disputes.

Move More, Live Better: Understanding NEAT & Its Role in Daily Fitness

When most people think about fitness, they imagine the gym — treadmills, weights, and structured workouts. But what if the secret to better health and weight management lies not just in exercise, but in the little movements we make throughout the day?

That's where NEAT, or Non-Exercise Activity Thermogenesis, comes in.

What Is NEAT?

NEAT refers to the energy you burn through everyday physical activities that aren't formal exercise.

It includes simple actions such as:

- Walking to the lift (or better yet, taking the stairs!)
- Cleaning the house
- Gardening or doing laundry
- Standing while talking on the phone
- Even fidgeting or pacing while thinking

These small, unplanned movements add up — and can make a significant difference to your metabolism and long-term health.

Why NEAT Matters

In today's world, long hours of sitting — at desks, in cars, or in front of screens — have drastically reduced daily energy expenditure.

Even for those who exercise for an hour a day, the remaining 23 hours can undo the benefits if spent being sedentary.

Here's why NEAT is important:

- **Boosts Metabolism:**

NEAT can account for up to 15–30% of daily calorie burn,



depending on activity levels.

- **Improves Heart Health:** Regular movement helps maintain healthy blood pressure and cholesterol.
- **Prevents Muscle Stiffness:** Reduces risks of joint pain and back problems from prolonged sitting.
- **Supports Blood Sugar Control:** Keeps glucose and insulin levels stable, especially important for people with diabetes.

How to Increase Your NEAT

You don't need fancy equipment or gym memberships — just small, consistent changes:

- Take the stairs instead of the elevator.
- Walk or stand during phone calls or meetings.
- Park a little farther from the entrance.
- Set a timer to stand up or stretch every hour.
- Use a standing desk if possible.
- Do quick household chores instead of sitting after meals.

Even adding 10–15 minutes of light movement every hour can

make a measurable difference by the end of the day.

A Shift in Perspective

The key to a healthier lifestyle is to think beyond workouts.

While regular exercise remains essential, it's the accumulated movement throughout the day — your NEAT — that truly keeps your body active and your metabolism thriving.

As researchers put it:

"It's not just about how much you exercise; it's about how little you sit."

At CARE Hospitals, Banjara Hills

Our specialists encourage patients to embrace movement as medicine — integrating small, mindful physical activities into daily routines to complement exercise, improve health, and enhance quality of life.

So the next time you get up to refill your water bottle, tidy your desk, or take the stairs — remember:

every move counts, and every calorie burned brings you closer to a healthier you.

World Mental Health Day 2025: “Access to Services – Mental Health in Catastrophes and Emergencies”

Mental health is not merely the absence of illness—it is the presence of balance, resilience, and hope.”

Understanding Mental Health

Mental health remains one of the most crucial yet frequently underestimated dimensions of holistic health. From a clinical standpoint, it refers to an individual’s cognitive, emotional, and behavioral well-being, as well as their capacity to adapt to life’s stressors, function productively, and contribute meaningfully to society. To me, however, mental health can be simply described as a state of inner peace and psychological equilibrium.

In the wake of increasing natural disasters, pandemics, and humanitarian crises, ensuring timely access to mental health care has become a global priority. Catastrophes often disrupt healthcare infrastructure, leaving psychological needs unaddressed. Therefore, integrating mental health services into emergency response frameworks is not merely beneficial—it is essential.

When the mind is at peace, individuals demonstrate enhanced coping mechanisms and greater psychological resilience. In today’s fast-paced and materialistic world, many people possess wealth, comfort, and success, yet still experience emotional unrest, anxiety, or existential emptiness. True mental wellness is not derived from

external achievements but cultivated through internal balance and self-awareness.

Key Components of Mental Well-Being

1. Self-Motivation and Reflective Practice

Life’s trajectory is inherently unpredictable, marked by both triumphs and adversities.

Developing psychological resilience—the ability to recover from emotional distress—is vital for maintaining stability. Psychologists often emphasize the therapeutic role of self-reflection, mindfulness, and cognitive restructuring in promoting adaptive coping.

Remind yourself that all

circumstances are transient—people, challenges, and emotions evolve with time. Cultivating acceptance and practicing patience can reduce stress reactivity and promote emotional regulation. Trust the process of healing and growth; both are integral parts of mental health recovery.



Edward Jesubel
Nurse Educator



2. The Therapeutic Role of Support Systems

Social support serves as a protective factor against psychological distress. If you experience emotional exhaustion, burnout, or symptoms suggestive of anxiety or depression, seek psychosocial support early. Engage with trusted peers, mental health professionals, counselors, or family members. Clinical evidence affirms that empathetic listening, therapeutic communication, and peer support significantly mitigate psychological morbidity. Remember—no one is meant to navigate life’s challenges in isolation.

During catastrophes and emergencies, structured support systems such as crisis counseling teams, helplines, and mobile mental health units play a pivotal role in bridging service gaps. Early psychosocial interventions and community-based peer support reduce long-term psychological morbidity and enhance recovery outcomes.

A Personal Reflection

As a cancer survivor, I have personally encountered the psychological sequelae of chronic illness—feelings of fear, hopelessness, and emotional fatigue. At times, the journey seemed insurmountable, testing both my physical and psychological endurance. The risk of depressive symptoms was real. Yet, faith, social connectedness, and emotional resilience sustained me. My family, loved ones, and CARE FAMILY became my therapeutic allies,



reinforcing my motivation to continue treatment and maintain hope. Their presence affirmed that recovery encompasses not just the physical body, but the mind and spirit as well.

A Message of Hope

To every reader: You are stronger than you believe. Seeking help is not a sign of weakness—it is an act of clinical insight and courage. Early recognition of psychological distress and timely intervention can prevent progression to severe mental health disorders.

Mental health care—especially during disasters, crises, or medical emergencies—should never be viewed as optional. It is an essential component of comprehensive healthcare and a fundamental human right.

As global citizens and healthcare professionals, we must advocate for scalable, accessible, and inclusive mental health frameworks—so that even in times of catastrophe, no individual is left without psychological care. Let us continue integrating psychosocial support into all levels of patient care and fostering environments where emotional wellness is prioritized alongside physical health.

Take a moment today to pause, breathe deeply, and remind yourself: “Peace begins within me.”

Frontline of Care: A Day in the Life of Our SLOs & PREs

Where every question, queue, and crisis is handled with empathy and precision.

At CARE Hospitals, Banjara Hills, the first impression of care doesn't come from a stethoscope — it comes from the calm, composed presence of our Service Liaison Officers (SLOs) and Patient Relations Executives (PREs). They guide every patient through the maze of consultations, diagnostics, billing, emergencies, and emotions, ensuring the hospital moves with rhythm and reassurance.

The Pulse of the OPD

In the bustling COPC block, Vijay (SLO) manages one of the busiest zones of the hospital. From registrations to billing, queues to investigation coordination, he ensures no patient feels lost or unheard. When he saw an elderly woman struggling to walk from the lift, he walked her all the way to her consultant, offering his shoulder to support her — a gesture that defines the ethos of his day.

In IP operations at COPC, Abdul (SLO) balances patient rounds, discharge coordination, insurance clarifications, and surgical clearances. To him, the turning point in patient experience is empathy: “If you treat them with kindness, they stop seeing you as a system — they see you as a human being.”

Samreen (PRE) handles credit bills & billing in the OPD, verifies doctor schedules, and resolves conflicts with quiet confidence. Whether it's a worried attendant or a long waiting queue, she brings calm

to fast-moving OPD days. “If they feel heard, they feel calmer,” she says.

Rajat (PRE) manages patient flow outside high-volume OPDs, often the first to deal with anxiety, frustration, or exhaustion among families. Whether he's arranging a wheelchair, finding a seat for a tired attendee, or calming someone worried about delays, he brings stability to the morning rush. For him, a simple “thank you beta” makes everything worth it.

Where Pressure Peaks: Inside the Emergency

While OPDs face crowds and momentum, the Emergency

Department brings unpredictability. Inside the ER PRE desk, Naresh handles some of the hospital's highest-pressure moments — urgent admissions, code situations, parallel insurance checks, and consent explanations to families who can barely think straight.

When patients return later to say, “We were scared... but you guided us,” he calls it the real reward.

His calm presence often becomes the first layer of reassurance when fear overwhelms patients and families arriving at the ER doors.



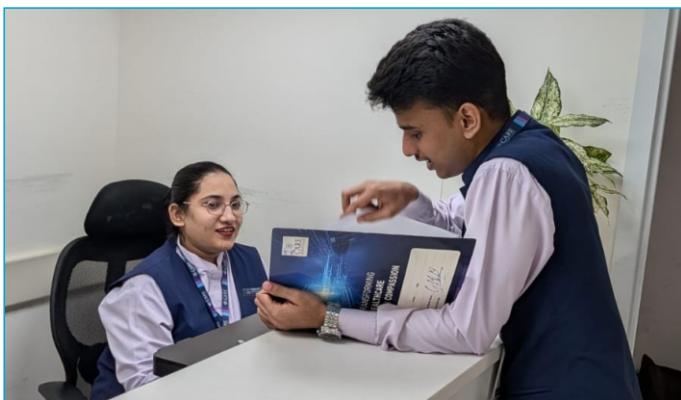
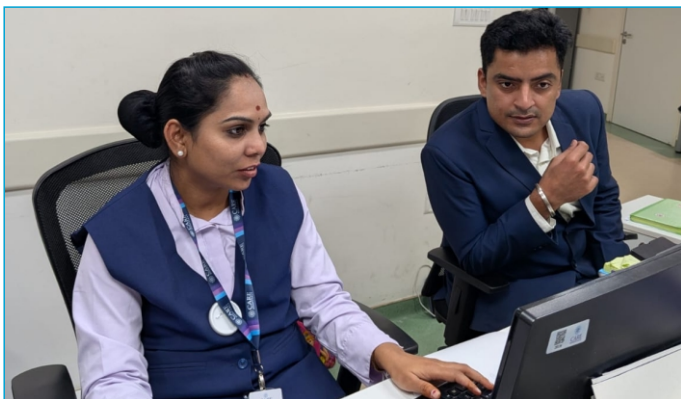
Managing Movement, Emotions & Expectations

Back in the COPC, Nandini (PRE) ensures fairness and order during peak hours. By maintaining visible queue sequencing and communicating clearly about delays, she prevents tensions before they escalate. Whether it's a billing query, a late-night crowd, or a stressed attendant, she handles it with measured patience.

In Radiology, Orthopaedics, Gynaecology, and Physiotherapy OPDs, Lavanya (PRE) navigates sensitive patient groups — pregnant women, senior citizens, fasting ultrasound patients — all while managing server delays and Sangam Card rush. Her priority is simple: nobody should feel unattended.

Across OP Operations, Simranjeet (SLO) handles escalations, connects multiple departments, and resolves grievances with composed empathy. "When you listen fully and speak gently, their anxiety drops," he shares. His most meaningful moments are when patients return after their recovery just to say they remember his kindness.

On the inpatient floors, Tanmaee (PRE) ensures patients feel informed, guided, and supported throughout their stay. From morning rounds to discharge updates, she coordinates with consultants, typing teams, and billing without letting communication gaps affect patient comfort. Even in moments of anger or frustration, she reminds herself, "They're not upset with me — they're upset with the situation." For her, a heartfelt "you helped us a lot" is the best part of the job.



Quiet Heroes of Coordination

From delays in doctor schedules to sudden emergencies, SLOs and PREs form the unseen backbone of daily hospital functioning. They manage:

- Crowded waiting rooms
- Server interruptions
- Urgent files and priority patients
- Emotional breakdowns
- Insurance clarifications
- Consultant coordination
- Real-time crisis navigation

And through it all, they remain steady, respectful, and deeply human.

Where CARE Truly Begins

Across every interview, one message echoed clearly:

"Patients depend on us — and we won't let them down."

Whether it's offering water to a worried relative, guiding a panicked family through emergency paperwork, assisting a pregnant woman to the front of the line, or resolving a grievance with patience — our SLOs and PREs ensure every patient receives not just service, but support.

They are the first reassurance, the constant presence, and often the final human touch before a patient leaves the hospital.

To our SLOs and PREs — thank you for being the spirit of CARE, long before the treatment begins.

CARE SAMVAAD – Conversations That Heal

Kidneys, ENT, Neuro, Spine & Limb Salvage — Expert Insights Made Simple

This month, CARE Samvaad brings together leading clinicians from CARE Hospitals, Banjara Hills, offering clear, comforting guidance on some of the most common — and most misunderstood — health challenges.



Scan or Click
for full video



Ep. 35 – From Dialysis to Transplant

Dr. P. Vikranth Reddy, Clinical Director & Sr. Consultant – Nephrology, breaks down the full journey of kidney disease — from early signs to dialysis options and transplant readiness. He clears myths, explains real risks, and helps viewers understand how timely choices can change outcomes.

Ep. 36 – Unlocking ENT Care

Dr. N. Vishnu Swaroop Reddy, Clinical Director & HOD – ENT, takes viewers inside life-changing ENT treatments, from cochlear implants to advanced sinus and voice surgeries. He explains when to seek help, how new techniques improve recovery, and why ENT health affects overall wellbeing.



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for full video



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Ep. 37 – Modern Spine & Neuro Care

Dr. Randhir Kumar, Clinical Director & Sr. Consultant – Neurosurgery & Neurointervention, discusses neck and back pain, nerve compression, and the rising trend of young strokes. He highlights minimally invasive spine surgery, early warning signs, and how new neurointerventions are restoring lives.

Ep. 38 – Decoding Stroke

Dr. S. K. Jaiswal, Dr. Umesh Tukaram, and Dr. S. P. Manik Prabhu, come together to explain stroke in the simplest terms — how to recognise it, act fast, and understand treatments like thrombolysis and thrombectomy. Their message is urgent and clear: in stroke, every second truly matters.



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for full video



Stay tuned for
a new episode of



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for full video

Ep. 39 – Saving Limbs, Restoring Lives

Dr. P. C. Gupta and Dr. Radhika Malireddy, share how vascular and reconstructive teams work together to treat diabetic foot and prevent amputations. Through timely diagnosis, precise interventions, and coordinated care, limb salvage becomes not just possible — but predictable.

Each episode of CARE Samvaad continues to reflect our commitment to meaningful, patient-focused communication. Through expert voices and heartfelt conversations, we hope to make healthcare simpler, clearer, and more empowering for everyone who watches.

ECMO Program at CARE Hospitals, Banjara Hills Strengthens Advanced Critical Care Capability

Delivering structured, life-saving cardiopulmonary support for critically ill patients CARE Hospitals, Banjara Hills has developed a comprehensive, protocol-driven ECMO (Extracorporeal Membrane Oxygenation) Program through its Critical Care Department, led by the HOD & Senior Intensivist Dr. K. C. Misra, supported by a 24x7 multidisciplinary ECMO command team comprising intensivists, cardiac surgeons, perfusionists, and specialised critical care nurses. The program brings a full-spectrum ECMO framework to the region, ensuring timely referral assessment, rapid activation, safe inter-hospital transfers, and—when clinically needed—mobile ECMO capability for bedside cannulation at referring hospitals. This structured approach provides stabilisation even before

transfer, significantly improving outcomes for patients with reversible but life-threatening cardiac or respiratory failure. Clear clinical triggers guide early referral, preventing deterioration into multi-organ dysfunction. The CARE Banjara ECMO command team conducts rapid triage within minutes, enabling fast decision-making on transfer, cannulation, and escalation of critical care support. A key strength of the program is its commitment to shared clinical ownership. Referring doctors remain integrated into the continuum of care, with transparent updates and coordinated decision-making. The ethical governance framework ensures ECMO is used purposefully, appropriately, and with well-defined recovery goals. A structured repatriation process supports patients returning to their base



hospitals once they stabilise. To ensure accessibility, CARE Banjara has also created a cost-optimised ECMO model, offering advanced life support at significantly lower costs than most metro tertiary centres, without compromising clinical quality or safety. With its robust protocols, dedicated leadership, and 24x7 response system, CARE Banjara Hills now stands as one of the region's most capable centres for advanced cardiopulmonary support — providing a dependable referral pathway for intensivists, physicians, emergency teams, and hospitals across Telangana.



CARE Hospitals, Banjara Hills Introduces Q Dot Technology to Transform Treatment of Complex Heart Rhythm Disorders

Hyderabad, 10th November 2025: CARE Hospitals, Banjara Hills, has achieved a significant breakthrough in cardiac electrophysiology by successfully performing an Atrial Fibrillation (AF) Ablation using the newly launched Q Dot technology—positioning the hospital among the first centres in India to adopt this next-generation platform for the treatment of complex arrhythmias.

The procedure was performed on a 57-year-old woman with persistent atrial fibrillation and biatrial cardiomyopathy, who is now stable and maintaining normal sinus rhythm under the care of **Dr. M. Srinivasa Rao, Regional Clinical Director & Senior Interventional Cardiologist, CARE Hospitals, Banjara Hills.**

Q Dot represents the latest leap in catheter ablation innovation. By delivering high-power, short-duration radiofrequency energy with superior temperature control and precision, it enables electrophysiologists to perform complex AF ablations more efficiently and safely. The technology significantly reduces procedure time, minimises anaesthesia duration, and decreases radiation exposure — improving patient outcomes while enhancing operator control.

Under the leadership of **Dr. Ramakrishna SVK, Clinical Director – Cardiac Electrophysiology, CARE Hospitals, Banjara Hills,** the adoption of Q Dot marks a major step forward for arrhythmia care in India. It is particularly beneficial for individuals with long-standing atrial fibrillation who require advanced interventional therapy beyond medication. Atrial fibrillation affects nearly 1% of India's population, with rising incidence in individuals over 40. The introduction of Q Dot technology provides renewed hope for patients who have not responded to medical management or who are at risk of complications such as

stroke, heart failure, or impaired quality of life. It also strengthens referral pathways for cardiologists and physicians seeking advanced electrophysiology expertise for their patients. With this milestone, CARE Hospitals, Banjara Hills further reinforces its position as a national leader in advanced cardiac electrophysiology, delivering cutting-edge technology backed by deep clinical expertise. The hospital's Cardiac Electrophysiology team is available for patient assessment, second opinions, and interventional management of complex rhythm disorders.



CARE Hospitals Hosts “Basics to Advances in Airway & Breathing (A.B.) Workshop” — Strengthening Critical Emergency Care Skills

CARE Hospitals, Banjara Hills, in collaboration with the Society for Emergency Medicine India (SEMI), recently conducted the “Basics to Advances in Airway & Breathing (A.B.) Workshop”, a comprehensive hands-on training programme aimed at enhancing the life-saving capabilities of clinicians working in emergency and critical care settings.

Designed for emergency physicians, intensivists, anaesthetists, and postgraduate residents, the workshop offered structured learning in both foundational and advanced airway and breathing management. The programme, accredited with 2 Credit Hours by the Telangana State Medical Council, covered essential modules such as airway assessment and planning, basic and advanced airway devices, bag-mask ventilation, endotracheal intubation, strategies for managing the difficult airway, oxygen therapy, and ventilation modes with troubleshooting. Through simulation-based exercises and live demonstrations, participants gained practical exposure to real-world emergency scenarios, improving their readiness for high-stakes clinical situations. Led by Dr. Kiran Kumar Varma K, Associate Clinical Director and Zonal HOD (Banjara & Malakpet), Department of Emergency Medicine, CARE

Hospitals, the workshop emphasised precision, preparedness, and timely intervention—skills that form the backbone of effective emergency care.

By integrating advanced training methodologies with evidence-based protocols, CARE Hospitals, Banjara Hills, continues to reinforce its leadership in medical education, emergency preparedness, and clinical excellence. Workshops like these play a pivotal role in strengthening healthcare delivery and ensuring that clinicians are equipped to save lives when seconds matter most.



Clinician Leadership Program (CLP) Launched in Zone 1

The Clinician Leadership Program (CLP) has officially commenced in Zone 1, marking the start of an important institutional journey for CARE Hospitals. Designed over several months of planning and collaboration, the program opened this week with its first workshop — met with enthusiasm and wholehearted participation from clinicians across Banjara Hills, COPC, and Malakpet. More than a training initiative, the CLP creates a dedicated space for clinicians to step away from their demanding schedules and engage in conversations about self-awareness, teamwork, and institutional leadership. The first quarter focuses on understanding personal strengths, behavioural patterns, and team dynamics — essential foundations for building trust and cohesive clinical environments. A defining highlight of the program has been the openness with which clinicians have engaged — expressing vulnerabilities, sharing experiences, and discovering common ground beyond specialties and departments. Their willingness to introspect and collaborate sets the tone for what the CLP aims to achieve: a culture where clinicians grow not only as experts in their craft, but as leaders who shape the institution's identity and future. This quarter's workshops were facilitated by Dr. Sri Harsha Govardhana, enabling meaningful dialogue, reflection, and connection



among participants. The upcoming quarters will feature additional trainers and perspectives, further enriching the program's impact. The launch of the Clinician Leadership Program signals a new chapter for CARE Hospitals — one that strengthens the organisation's commitment to developing clinicians not just as caregivers, but as thoughtful, collaborative, and purpose-driven leaders. As the quarterly workshops continue across the year, the CLP is set to become a cornerstone for building a shared culture of trust, alignment, and institutional pride across Zone 1.

Advancing the Future of Women's Health: CARE Banjara at 'Robotic Horizons in Gynaecology'

CARE Hospitals, Banjara Hills, participated in the one-day academic conference “Robotic Horizons in Gynaecology”, organised by the Telangana Chapter of the Indian Association of Gynaecological Endoscopists (IAGE) and The Obstetrics & Gynaecological Society of Hyderabad (OGSH) at Taj Deccan.

The event brought together leading surgeons, academicians, and postgraduate trainees to explore the rapidly evolving landscape of robotic and minimally invasive surgery in women's health.

The conference was inaugurated by Hon'ble Shri C. Damodar Raja Narasimha, Minister for Health, Medical & Family Welfare, Science & Technology, Government of Telangana, who emphasised the role of technological innovation in elevating surgical precision and improving



At the conference, specialists delved into how robotics is transforming surgical safety, reducing operative trauma, and enabling faster recovery for women with complex gynaecological conditions. Live demonstrations and scientific sessions offered participants an in-depth look at the capabilities of next-generation robotic systems and their expanding applications in clinical practice.

By contributing to academic platforms of this scale, CARE Hospitals continues to strengthen its commitment to innovation and medical education. The hospital's growing leadership in robotic gynaecology reflects a broader mission — to deliver advanced, patient-centred care backed by cutting-edge technology and specialised expertise.

Brainy facts of the brain

- As Thomas Edison once said, **“The chief function of the body is to carry the brain around.”**
A reminder of just how central — and powerful — our command centre truly is.
- **Mind-Blowing Numbers: Neurons vs. the Universe**
The human brain contains approximately 86 billion neurons — each forming thousands of connections — creating close to 100 trillion synapses.
To put that in perspective, the Milky Way has an estimated 100–400 billion stars.
In other words, the network inside your brain rivals — and may even exceed — the complexity of an entire galaxy.
- Though the human brain weighs only about 1.5 kg, **it consumes nearly 20% of the body's total energy** — more than any other organ.

Murphy's Law - Neuro Edition

In neurology, Murphy's Law has a way of sneaking into even the most well-planned cases. The CT scanner is always occupied when a hyperacute stroke arrives, and the patient who hasn't had a seizure in months will inevitably seize just after the IV line is removed. The more consultants gathered for rounds, the more elusive the Babinski reflex becomes. Patients who promise to stay perfectly still during an MRI will somehow move the moment the sequence begins. The EEG works flawlessly until the seizure actually starts, and if an ICP monitor appears perfectly stable, chances are it's quietly disconnected. The one time you're certain it's “just a migraine,” it's not, and the patient who's been unresponsive for days will open their eyes precisely when family walks in. In neurology, as in life, what can misfire often will — and the neurons seem to know it.

Serendipity

The Birth of EEG

In 1924, psychiatrist Hans Berger accidentally recorded the first human brain waves while experimenting with a galvanometer. What began as curiosity about the mind's “psychic energy” led to the invention of electroencephalography (EEG) — a cornerstone in diagnosing epilepsy and sleep disorders today.



Innovation

Brain–Computer Interface (BCI)

The Brain–Computer Interface (BCI) is redefining possibilities in neurorehabilitation and communication. This technology directly connects the brain with external devices, translating neural signals into commands — allowing patients with paralysis or neurological disorders to control prosthetic limbs, computers, or even speech synthesizers using just their thoughts. Recent advances in AI and neural decoding have made BCIs faster, more precise, and minimally invasive, offering new hope for patients recovering from stroke, spinal cord injury, or motor neuron diseases.



Medical Jokes

NEUROSURGEON TO ANAESTHETIST:

“You keep them asleep, I’ll try not to wake them up.”

WHAT'S A NEUROSURGEON'S FAVOURITE MUSIC?

Anything with good “brainwaves.”

WHY DID THE ACTION POTENTIAL BREAK UP WITH THE SYNAPSE?

It just couldn't handle the refractory period.

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

RAJESH

I went to Banjara Hills CARE for my father's sudden chest pain. The team quickly ran tests and caught an early heart issue — one that could have been serious.

SYEDA RAZVI

I like the hospital patient feel very good now he is well everything is very nice maintained hospital I like the staff and doctors

VISWANATHAN DORAISWAMY

Proper Diagnosis based on Scientific methods and appropriate treatment for speedy recovery

AWARDS



ACCREDITATIONS



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