



# PROGRAMME A passion for healing... SCENE

**BLK Super Speciality Hospital | JANUARY 2021** 

## **Brain Stroke:**

BLK & Max Healthcare launched 24X7 Brain Stroke Helpline on the occasion of World Stroke Day

# Dil Ki Baat on World Heart Day:

BLK & Max Healthcare conducted
Virtual Marathon Sessions with
Top Cardiologists to spread
Awareness on World Heart Day

## BLK Super Speciality Hospital, New Delhi

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#### **WE CARE**

- Brain Stroke: BLK & Max Healthcare launched 24X7 Brain Stroke Helpline on the occasion of World Stroke Day
- Dil Ki Baat on World Heart Day: BLK & Max Healthcare conducted Virtual Marathon Sessions with Top Cardiologists to spread awareness on World Heart Day

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- Hope for Non-COVID-19 Critical Patients: Timely Microscopic Spine Surgery saved a woman from Paralysis and Wheelchair-bound life
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## FROM THE LEADER'S DESK



**Anas Wajid**Senior Director & Chief Sales and Marketing Officer
Max Healthcare

Dear Doctor,

I hope you and your loved ones are in good health.

This has been a challenging and momentous year for Max Healthcare. Since the pandemic started in India, Max Healthcare's leadership resolved to be at the forefront of the upcoming battle. The organisation came together to lead the fight against COVID-19. The clinical teams prepared detailed clinical protocols, which were published for the medical community's benefit.

The staff was motivated to take on COVID-19 duty. They were equipped with the best quality safety equipment and given safer stay in facilities around the hospital. The teams responded with outstanding commitment and responsibility. Over the last nine months, Max Healthcare has emerged as the most sought after hospital for the COVID-19 management in Delhi-NCR.

This year, Max Healthcare also changed ownership as it merged with Radiant Lifecare to emerge as the second-largest healthcare company (by revenue) in the country. This led to BLK Hospital, Delhi, and the iconic Nanavati Hospital, Mumbai, becoming a part of the Max Healthcare network.

The company also decided to develop a fresh brand identity and adopted a new organisational value set. The new logo brings the company's commitment to the highest standards of clinical excellence and patient care supported by the latest technology and cutting edge research, represented in the four green ribbons that come together as a badge that has been historically used to celebrate excellence. The cross in white symbolises the medical field and represents the trust between the doctor and the patient. All these elements are embedded in the deep blue Max Healthcare crest that stands for an institution highly regarded and embodies our values. An organisation where every stakeholder lives up to a higher purpose: **To serve. To excel.** 

While the COVID-19 induced lockdown severely impacted our reach out to our partners through the Max Extended Care Programme (MECP), we did use digital outreach through webinars and e-mailers to stay connected. During the past nine months, Max Healthcare organised more than 630 clinical webinars and managed to reach out to more than 42,000 clinicians. We also started publishing a digital medical journal in a digest form called the MedInsider, which I hope you found interesting.

With the COVID-19 vaccination drive starting in the next few days and with COVID-19 numbers waning in the country, we hope to strengthen and refresh our MECP programme. We are working on annual activities planning for the MECP programme, which will be published soon. We will revive our multiple platforms, which provide space for partner clinicians to share interesting clinical stories. We are also looking forward to putting together an interesting set of activities that will enhance medical knowledge and share clinical innovations with all our partners. My colleagues will be sharing the details of these initiatives with all of you from time to time.

I do look forward to your continuing support to Max Healthcare in the days ahead. All our clinicians and hospital infrastructure are now entirely ready and safe for all your patients.

Regards, Anas Wajid

# **WE CARE**

# Brain Stroke: BLK & Max Healthcare launched 24X7 Brain Stroke Helpline on the occasion of World Stroke Day

BLK & Max Healthcare have launched a dedicated stroke helpline number 9910204023 for quick management of Brain stroke at BLK Super Speciality Hospital, New Delhi, and Max Hospital (Saket, Shalimar Bagh, Patparganj, Vaishali and Gurgaon).

A stroke is a Brain condition caused by blockage of blood supply or rupture of a blood vessel in the brain, causing irreversible brain damage unless prompt treatment is given. Symptoms include droopy face, weakness in arms or legs on one side, slurred speech or difficulty in speaking, loss of vision, or severe headache.

Globally, an individual suffers a stroke every 40 seconds with a life loss every 4 minutes. In India, up to 20% of stroke patients are below 40 years. Sedentary lifestyle, stress, diabetes, high blood pressure, drug abuse, and smoking are amongst the highest external contributors to rising stroke incidence.

The 24x7 helpline will be answered by experts in screening acute stroke over a call. This will help in quick triaging of such patients who will be transferred to the nearest Hospital via an ambulance. Meanwhile, the clinical team at the Comprehensive Stroke Centre at the nearest hospital will be intimated about the patient's arrival. These stroke centres will provide specialised treatment with 24x7 availability of Interventional Neurologists, Stroke Neurologists, Critical Care Specialists, Emergency Diagnostics, and state-of-the-art Neuro Cath Labs and Operation Theatres. This will be backed by a strong rehabilitation program for the total health restoration of stroke patients.







**Dr Sandeep Budhiraja**Group Medical Director
Max Healthcare

Dr Sandeep Budhiraja, Group Medical Director, Max Healthcare, said, "The new helpline launched by BLK & Max Healthcare was much needed in Delhi-NCR due to increasing incidence of Brain stroke cases owing to stress and lifestyle issues, bringing younger patients to emergencies over the past few years. This initiative will ensure optimum outcomes by seamlessly connecting the helpline team with the ambulance and the emergency room at the Hospitals for timely medical intervention and getting the patients back on their feet. It is important to create awareness among people about having a health emergency number ready with them at all times."



Dr Atul Prasad Senior Director & HOD - Neurology BLK Centre for Neurosciences BLK Super Speciality Hospital, New Delhi

"Stroke or Brain Attack is a disease that involves the blood vessels that supply blood to the brain. A stroke occurs when a blood vessel that brings oxygen and nutrients to the brain ruptures or is blocked by a blood clot. In a patient with Brain stroke, 1.9 million Brain cells are lost every minute. Hence, time is significant, and the patient should be rushed to a hospital immediately to confirm the diagnosis and get timely treatment. Studies have shown marked improvement in patients who receive timely care."



**Dr Rajiv Anand**Senior Director - Neurology
BLK Centre for Neurosciences
BLK Super Speciality Hospital, New Delhi

"'Time is Brain' is a memorable phrase that emphasise on the importance of prompt action for people experiencing symptoms of a stroke. Everyone should be educated to identify warning signs of stroke and a quick medical help should be called. This dedicated Brain Attack helpline will offer easy access to specialised treatment for such patients and will ensure them immediate medical care without any delay."



### Dil Ki Baat on World Heart Day: BLK & Max Healthcare conducted Virtual Marathon Sessions with Top Cardiologists to spread Awareness on World Heart Day

BLK & Max Healthcare conducted virtual marathon sessions 'Dil Ki Baat', on 27<sup>th</sup> September 2020 till World Heart Day 2020. Twenty virtual live sessions were conducted on social media platforms including Facebook, Instagram, Twitter, YouTube of BLK Super Speciality Hospital, Max Healthcare, and Nanavati Super Speciality Hospital. People got the opportunity to discuss their concerns regarding Heart Health with 30 Cardiac Super Specialists.

#### 20 sessions with 30 Cardiac Specialists





Dr Ajay Kaul Chairman & HOD - CTVS BLK Heart Centre BLK Super Speciality Hospital, New Delhi



Dr Subhash Chandra Chairman & HOD - Cardiology BLK Heart Centre BLK Super Speciality Hospital, New Delhi





**Dr Sushant Srivastava**Senior Director - CTVS
BLK Heart Centre
BLK Super Speciality
Hospital, New Delhi



**Dr Megha Jaina** Clinical Nutritionist BLK Super Speciality Hospital, New Delhi



# Four Broad Themes for the panel discussions

#### 1) Alternatives to Complex Treatment

- a. Heart Transplant alternative and Bridge Therapies
- b. Pill-free ways to cut your risk of Heart attack
- c. Treatment of Heart conditions without surgery

#### 2) Rarely discussed subjects

- a. Paediatric Heart care
- b. Women and Heart disease
- c. Heart disease in 20's & 30's



#### 3) Lifestyle-related Heart concerns

- a. COVID-19 and Cardiovascular disease Risks, prevention and management
- b. Triple threat of sitting, smoking, and pollution
- c. Heart disease & Diabetes
- d. Understanding rising incidence of Heart diseases in Gen X and millennials
- e. Impact of fats, carbohydrates, cholesterol, and sugar on Heart health

#### 4) Diet-related fads and facts for a healthy Heart

- a. Heart disease Cooking oil & cholesterol
- b. Cookout session for a healthy Heart
- c. Heart disease Fats vs carbohydrates debate Who is to blame?

The renowned Cardiac Super Specialists who took the sessions included Dr Ajay Kaul, Chairman & HOD - CTVS; Dr Subhash Chandra, Chairman - Cardiology; Dr Neeraj Bhalla, Senior Director - Cardiology; Dr Sushant Srivastava, Senior Director - CTVS, BLK Heart Centre; Dr Megha Jaina, Clinical Nutritionist, BLK Super Speciality Hospital; Dr Balbir Singh, Chairman - Cardiology, Max Healthcare; Dr Vanita Arora, Director and HOD - Cardiac Electrophysiology Lab and Arrhythmia, Max Hospital, Saket; Dr Rajneesh Malhotra, Principal Director - CTVS, Max Hospital, Saket; Dr Ripen Gupta, Director and HOD - Cardiology, Max Hospital, Saket; Dr Manoj Kumar, Director and HOD - Cath Lab & Cardiology, Max Super Speciality Hospital, Patparganj; Dr Arvind Das, Senior Director - Cardiology, Max Hospital, Gurgaon; Dr Sameer Kubba, Associate Director - Cardiac Sciences, Max Super Speciality Hospital, Vaishali, among others.

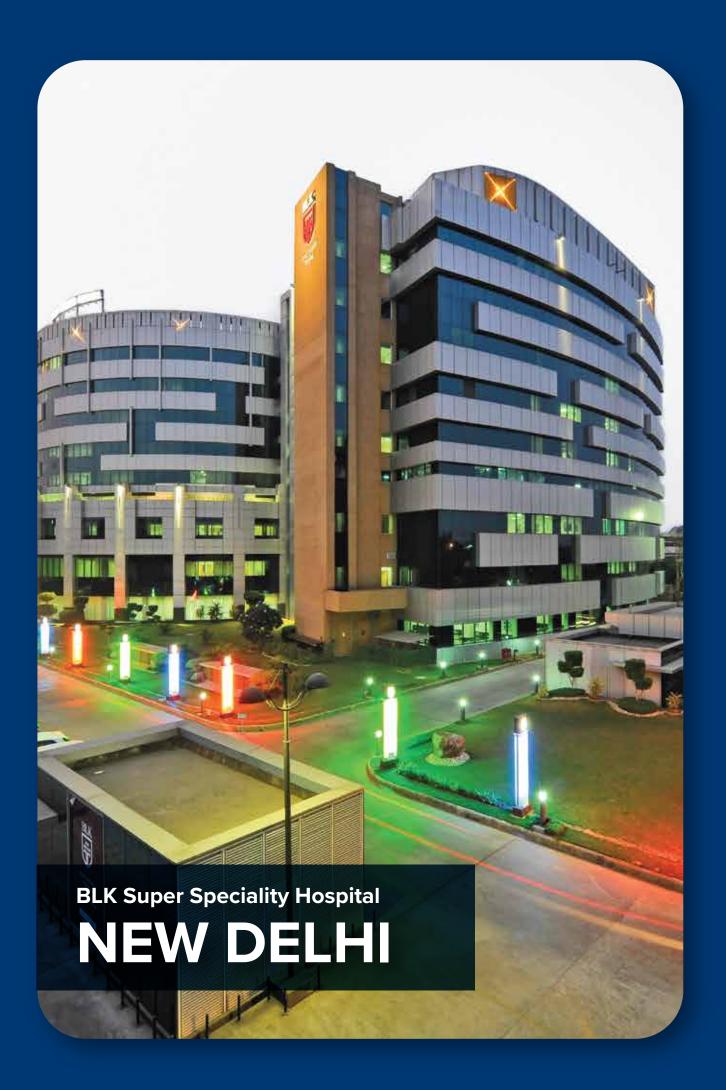
Besides these, there were yoga sessions recommended for good Heart Health with Shobha Rana, and healthy Heart recipes by Chef Rakesh Sethi.





**SNAPHOTS OF THE EVENT** 





# BREAKTHROUGH CASES

# New life to a patient with Heart ailment and other co-morbidities



Dr Ajay Kaul
Chairman & HOD - Cardiothoracic & Vascular Surgery
BLK Heart Centre
BLK Super Speciality Hospital, New Delhi

A 75-year-old man visited the emergency department at BLK Super Speciality Hospital with acute Heart failure and an ejection fraction of 15-20%. The patient was a diagnosed case of severe aortic stenosis, moderate mitral regurgitation, triple vessel disease with severe left ventricular dysfunction. He was brought with NYHA class III symptoms from last 6 months with acute exacerbation to class IV within two days amidst the ongoing COVID-19 crisis. He had other co-morbidities, including hypertension, diabetes mellitus, hyperthyroidism, and deranged renal functions with anxiety disorder.

With great difficulty, the patient was medically stabilised, and final treatment debated for surgical vs endovascular aortic valve replacement, angioplasty vs coronary artery bypass grafting in various permutations and their chronological order.

Owing to the high Euro and STS score, the Heart Centre team, headed by Dr Ajay Kaul, and backup of Anaesthetists and Cardiologists, decided to perform complete staged endovascular management with OT on high-alert.

Transfemoral balloon dilatation of aortic valve was performed as the first step to decrease the gradient and not produce aortic regurgitation. The patient tolerated the procedure well with improved Left Ventricular Ejection Fraction (LVEF).

After three days, the team performed angioplasty to the left anterior descending artery. The patient was discharged in a stable haemodynamics and class II symptoms.

Meanwhile, his health deteriorated at home and he developed acute renal shutdown with difficulty in breathing while lying down. He was readmitted, dialysed, sepsis treated, and nutritionally built up with Ryles tube feeding, and then again discharged.





The team performed a successful Transcatheter Aortic Valve Replacement (TAVR) after one month of index procedure. The patient was successfully discharged with no significant paravalvular leak, decreased mitral regurgitation, and improved LVEF in normal sinus rhythm.

The surgical cardiac team performed three procedures on this patient: 1) Balloon Aortic Valvuloplasty; 2) Percutaneous Transluminal Coronary Angioplasty; 3) TAVR.

The surgical team at BLK Super Speciality Hospital has performed over 26 TAVR and over 350 other Transcatheter procedures since 2015. The team is certified to perform structural Heart interventions independently.

### Hope for Non-COVID-19 Critical Patients: Timely Microscopic Spine Surgery saved a woman from Paralysis and Wheelchair-bound life



**Dr Puneet Girdhar**Senior Director & Head - Orthopaedic Spine Surgery
Institute for Bone, Joint Replacement, Orthopaedics, Spine & Sports Medicine
BLK Super Speciality Hospital, New Delhi

Overcoming the COVID-19 challenges, Orthopaedic Spine Surgery team performed a high-end Microscopic Spinal Cord Decompression and changed two discs in the Cervical Spine to give a normal active life to a woman.

A 44-year-old woman, a beautician by profession, visited the emergency department at BLK Super Speciality Hospital with excruciating pain and numbness in her arms and legs. She was unable to stand properly. A team of surgeons, led by Dr Puneet Girdhar, Senior Director & Head - Orthopaedic Spine Surgery evaluated the case and observed the clinical and magnetic resonance imaging changes of the patient's spine. This required a timely surgical intervention to save the patient from permanent paralysis.

The patient was experiencing neck pain radiating into upper limb for a long time for which she was taking over the counter medications. The pain got progressively worsen to add to her misery. She started having an unsteady gait. Her condition deteriorated in the next 15 days. She was avoiding a visit to the hospital due to the ongoing pandemic. On one morning, she was unable to stand on her feet and was brought to the emergency on a wheel chair.

The damaged disc at two levels above a congenital absence of one below, with corresponding severe cord compression had made this case more complicated. Such exaggerated adjacent disc degeneration can be exacerbated due to prolonged sitting, abnormal posture, long hours of micro concentrated work in this case or even stretched screen time leads to such problems. Delaying surgery could have led her to paralysis.





Providing urgent attention to non-COVID-19 critical cases is equally important. The team of doctors led by Dr Puneet Girdhar, performed microscopic cord decompression following the standard safety protocols provided by ICMR and changed two discs in the neck.

This high-end procedure enabled to not only to stop any further damage to her spinal nerves but also provided significant restoration of nerve spinal cord function soon after the surgery.

This case signifies that non-COVID-19 patients with critical ailments should be treated timely. The emergency rooms, centres of excellence, and other departments at BLK Hospital continue to deliver the highest level of care.

# Challenging Radical Cholecystectomy in a Locally Advanced Gall Bladder Cancer Patient saves life



**Dr Abhideep Chaudhary**Senior Director & HOD - HPB Surgery & Liver Transplantation
BLK Institute for Digestive & Liver Diseases
BLK Super Speciality Hospital, New Delhi



**Dr Niteen Kumar**Senior Consultant - HPB Surgery & Liver Transplantation BLK Institute for Digestive & Liver Diseases BLK Super Speciality Hospital, New Delhi

Cancer of Gall bladder has aggressive biology. Overall 5-year survival is dismal, however, depends mostly on the stage of disease. At any point of time, not more than 20% of patients will be amenable to surgical intervention, which is the cornerstone of therapeutic planning offering curative treatment. Around 30-50% of patients will have contiguous involvement of bile duct leading to biliary obstruction and jaundice, which is an ominous sign of doomed future. However, in carefully selected patients' definitive surgical intervention can bring the hope of descent survival.

A woman visited the BLK Super Speciality Hospital with four-month history of progressively deepening jaundice associated with right upper abdominal pain, pruritus, dark colour urine, and clay colour stool. When she was first seen in the clinic, she has already lost considerable weight (not quantified), and her cachexic appearance with visible dehydration was testimony to the underlying aggressive cancer. She could barely manage to sit in the clinic. She was hence, admitted, managed, and further evaluated.

Her initial blood investigation was on expected lines with high serum bilirubin 22mg% with other features of cholestasis. A triple-phase contrast-enhanced FDG PET CT was first ordered to carefully delineate anatomical details, location and extent of tumour, lymph nodal involvement, and distant metastases. The tumour was heterogeneously enhancing with increased FDG uptake ( $suv_{max}$  6.09) involving fundus and body of gall bladder closely



abutting and infiltrating into adjacent liver parenchyma with contiguous involvement of common hepatic duct causing bilobar intrahepatic biliary radical dilatation. There was abutment of the right hepatic artery, main portal vein, and right portal vein. Periportal lymph nodal enlargement with FDG uptake was seen (suv<sub>max</sub> 3.01).

However, another challenge was put forth by the location of tumour and variant arterial and portal venous anatomy. Figure 1 and 4 shows the variant anatomy; figure 2, 5 and 6 shows tumour location and vascular relationship. Variant portal venous anatomy, precluding possibility of intraoperative assessment of tumour extent and resectability without dividing extrahepatic bile duct. Abutment of main portal vein and extension of this to the right portal vein was difficult to assess as the right anterior portal was arising from the left portal vein. This made its location intrahepatic and impossible to assess. Successful right hepatectomy can only be performed if this was made sure early on trial dissection. Division of extrahepatic bile duct early on during surgery commits surgeon to perform a palliative drainage procedure in case tumour turns out to be unresectable. This complicates the situation. It can soon turn a well thought curative treatment into surgical misadventure, increasing patient morbidity, and mortality, without offering any additional benefit in what could have been a straight forward PTBD quided metal stent placement followed by palliative chemotherapy.

In the initial discussions of management of this tumour, keeping the above discussed factors in mind, the surgical intervention seemed untenable. However, significant improvement in the patient's general condition following preoperative biliary drainage instigated the team to look at the anatomy and possibility of a definitive treatment in the form of surgical resection. Ours being a liver transplant unit, put us in a favorable position to undertake this possibility.

The patient was hence planned for staging laparoscopy followed by trial dissection and above discussed plans. There was no distant metastasis. As surgery further proceeded, interaortocaval sampling was done and sent for frozen histopathological examination, which was negative for malignancy. Hence, further dissection commenced. After resecting extrahepatic bile duct at its supraduodenal part and dissection, it was evident that portal vein (MPV & RPV) was just abutted by the tumour with no actual tumour involvement. What came unexpected was right hepatic artery complete encasement with tumour which was originally thought to be just abutment. However, it was more intriguing that the right hepatic artery's involvement had developed robust collateral flow inside right hemi liver (figure 3). This finding obviated the need for even right hepatectomy, and finally patient had undergone extended radical cholecystectomy, classical surgery for gall bladder cancer with bile duct involvement. This helped the patient in many ways, most important of it was smooth postoperative recovery and discharged without having any postoperative complication (CD grade 2 and above) on postoperative day 7. As forethought in initial discussion, it was a T4 tumour (right hepatic artery involvement) with no lymph nodal involvement and well-differentiated histological type, a telltale evidence of favourable biology and reasonable prognosis.

RO resection offers distinct survival advantage in these group of patients and avoiding a major resection in such jaundiced patients effectively ensures a life worth living with quality.

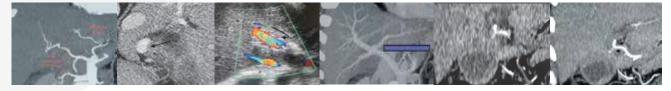


Fig (1-6): 1. Depicting variant arterial anatomy. Replaced left hepatic artery originating from left gastric artery. Note the normal right hepatic artery origin and course; 2. Portal vein abutment (long arrow); 3. Intraoperative doppler showing hepatic arterial flow on the right side (curved arrow); 4. Portal venous variant anatomy; 5, 6. Right hepatic artery involvement by tumour (Arrow heads).



# Seizures secondary to Intracranial Tuberculomas and Tubercular Meningitis during COVID-19



Dr Atul Prasad
Senior Director & HOD - Neurology
BLK Centre for Neurosciences
BLK Super Speciality Hospital, New Delhi



**Dr Rahul Handa**Consultant - Neurology
BLK Centre for Neurosciences
BLK Super Speciality Hospital, New Delhi

A 20-year-old female patient visited the emergency department at BLK Super Speciality Hospital, with history of recurrent episodes of up rolling eyeballs with tonic-clonic movements in the left half of the body associated with loss of consciousness since day one. Each episode lasted for 5-7 minutes, followed by confused behaviour for 15-20 minutes. The patient had no memory of such events. She also had headache since 10-15 days associated with occasional vomiting.

A team of Neurologists led by Dr Atul Prasad, Senior Director and HOD - Neurology, BLK Centre for Neurosciences, BLK Super Speciality Hospital, evaluated the patient in emergency. Contrast-enhanced Magnetic Resonance Imaging (MRI) of the brain, indicated multiple intracranial tuberculomas. The patient was given an anti-epileptic drug along with anti-tubercular treatment and steroids. The team of doctors admitted the patient to the Neurosciences High Dependency Unit (HDU), and sent her sample for COVID-19. She felt significantly better the next day and thus, shifted to the room.

To confirm the aetiology of the lesions and extent of spread of infection, the team of Neurologists advised Contrast Enhanced Computed Tomography (CECT) scan of chest and abdomen along with Lumbar puncture. CECT test of the patient suggested tubercular lymphadenitis, and cerebrospinal fluid examination confirmed tubercular meningitis.

Patients of intracranial tuberculomas may experience health deterioration after treatment initiation and thus require close monitoring.

As the patient received anti-epileptic treatment along with anti-tubercular drugs right from day one, she did not develop any seizure during hospitalisation. Thus, the right treatment had shortened her hospital stay.

Intracranial tuberculomas with tubercular meningitis is a potentially life-threatening condition, which if not diagnosed in time, can lead to high morbidity and mortality. Thus, early diagnosis and initiation of treatment are imperative for favourable outcome.

During the hospital stay, the patient did not have any further episodes of seizure, and she was headache-free by the 3<sup>rd</sup> day of hospitalisation. By 4<sup>th</sup> day, at the time of discharge, the patient was asymptomatic and was advised to continue anti-epileptic drug along with anti-tubercular treatment and steroids.



# MAX EXTENDED CARE PROGRAMME (MECP) ACTIVITIES

# Webinar session on 'Infection Control in Nursing Home & Safety of Healthcare Professionals'

In the series of Nursing Home Training Programmes, a webinar session was organised at Garg Hospital, Delhi, and Lecrest Hospital, Ghaziabad, on 1<sup>st</sup> September 2020. Dr Rajesh Pande, Senior Director - Critical Care, BLK Super Speciality Hospital, shared his knowledge on 'Infection Control in Nursing Home & Safety of Healthcare Professionals.'

The session was attended by more than 40 Doctors, Nurses, Paramedical & Non-medical staff from both the hospitals.





**SNAPSHOTS OF THE EVENT** 

# 'Advancement in Diagnosis & Management of COVID-19 patients': Webinar CME

BLK Super Speciality Hospital, in association with IMA Rohtak & API Haryana, organised a webinar CME on 20<sup>th</sup> September 2020. Dr Sandeep Nayar, Senior Director - BLK Centre for Chest & Respiratory Diseases, BLK Super Speciality Hospital, conducted a session on 'Advancement in Diagnosis & Management of COVID-19 patients.'

The webinar CME was moderated by Dr Apoorv Narula, the leading Radiologist in Rohtak. The event was attended by more than 100 Doctors of Indian Medical Association, Rohtak & Association of Physicians of India, Haryana.





# Webinar & Facebook live session on 'Let's understand Cancer - Prevention & Early Detection'

A webinar & Facebook live session was organised by BLK Super Speciality Hospital, in association with Amaze Foundation, on 22<sup>nd</sup> September 2020. Dr Amit Agarwal, Senior Director - Medical Oncology, BLK Cancer Centre, BLK Super Speciality Hospital, discussed about 'Let's understand Cancer.' The emphasis was given on prevention & early detection of Cancer.

The Health Talk was attended by more than 100 office bearers of Amaze Foundation & received 3.5K views on Facebook.





**SNAPSHOTS OF THE EVENT** 

# Webinar session on 'Prevention, Detection & Cure of Breast Cancer and Cervix Cancer'

In association with Rotary Club, Ghaziabad & Akhil Bhartiya Bhargava Sabha, BLK Super Speciality Hospital, organised a webinar session on 11th October 2020.

Dr Surender Kumar Dabas, Senior Director - Surgical Oncology & Robotic Surgery; BLK Cancer Centre, BLK Super Speciality Hospital; Dr Seema Singh, Associate Consultant - Surgical Oncology; and Dr Poonam Gambhir, Consultant - Medical Oncology conducted various sessions.

The interactive sessions addressed prevention, detection & cure of Breast Cancer & Cervix Cancer.

The health talk was attended by more than 250 members of Rotary Health Awareness Mission & Akhil Bhartiya Bharqava Sabha.







**SNAPSHOTS OF THE EVENT** 



# WELCOME ONBOARD



Dr. (Prof.) Man Mohan Mehndiratta

Sr. Director - Neurology BLK Centre for Neurosciences BLK Super Speciality Hospital, New Delhi

#### **Education**

- DM Neurology
- DNB Medicine
- M.D. Medicine
- · MBBS

#### **Experience**

- Presently working as a Senior Director in Neurology, BLK Centre for Neurosciences at BLK Super Speciality Hospital, New Delhi
- Director Janakpuri Super Speciality Hospital, New Delhi
- Professor & HOD, Department of Neurology
   Janakpuri Super Speciality Hospital, New Delhi
- Director Professor, Department of Neurology - G.B. Pant Hospital, New Delhi
- Professor, Department of Neurology G.B. Pant Hospital, New Delhi
- Associate Professor, Department of Neurology -G.B. Pant Hospital, New Delhi

#### **Accomplishment/Awards**

- Awarded Master Teachers Award 2019 on the occasion of SHINE (Specialized High Intensity Neurologic
- Education) 2019, February 22nd 24th, 2019 (Chennai)

- Fellow of World Stroke Organization (WSO)-FWSO 23rd February 2019
- Indian Medical Association-NDB Eminent Teacher Award 2018
- Awarded Professor Position by Indian Medical Association 22nd November, 2017
- Awarded Honorary Membership of Association of Sri Lankan Neurologists - 17th November, 2017
- Awarded Honorary distinguished Membership of Japanese Neurological Society - September 2017

#### Memberships

- Awarded Honorary Membership of Association of Sri Lanka Neurologists
- Awarded Honorary Membership of Japanese Society of Neurology
- Fellow American Neurological Association-FANA
- Fellow American Academy of Neurology-FAAN
- Fellow World Stroke Organization FWSO
- Fellow Indian Academy of Neurology FIAN

#### **Location and Duration of OPD**

**OPD 8, BLK Super Speciality Hospital** Monday - Saturday: 11:00 am to 4:00 pm



Dr. Debabrata Mukherjee
Director- Nephrology & Renal
Transplantation
BLK Centre For Renal Sciences &
Kidney Transplant
BLK Super Speciality Hospital,
New Delhi

#### **Education**

- MBBS
- MD (Med)
- DM (Nephrology)

#### **Experience**

- Presently working as a Director in Nephrology, BLK Centre For Renal Sciences & Kidney Transplant
- Chairman & Head of Renal Sciences, Interventional Nephrology & Renal Transplant, Batra Hospital Delhi
- HOD & Prof. of Nephrology & Renal Transplant, Armed Forces Medical College, Pune
- HOD & Prof. of Nephrology & Renal Transplant at Army Hospital Research & Referral, Delhi
- HOD & Prof. of Nephrology & Renal Transplant at Command Hospital, Lucknow & Jalandhar

#### **Accomplishment/Awards**

- Awarded Manakkal Medal in MD (Internal Medicine)
- Awarded Chief of Naval Staff Award for best published Paper in the field of Medicine, Aviation Medicine & Allied Specialties in 2002

- Paper awarded best Abstract from young investigator at EDTA-ERA 2008, Stockholm, Sweden
- India's Most Prominent Healthcare Award, for best Nephrologist and most trusted transplant physician in North India,2020

#### Memberships

- Life Member Indian Medical Association
- Life Member IMA Academy of Medical Specialties
- Life Member Association of Physicians of India
- Life Member Indian Society of Nephrology
- Life Member Indian Society of Hemodialysis
- Life Member Indian Society of Organ Transplant
- Peritoneal Dialysis Society of India
- Delhi Nephrology Society
- Life Member North zone ISN

#### **Location and Duration of OPD**

**OPD 3, BLK Super Speciality Hospital** Monday & Thursday: 11.00 am to 04.00 pm **Max Hospital, Gurugram** 

Tue., Wed., Fri. & Sat.: 11.00 am to 04.00 pm





Dr Gautam Dhir Consultant - Institute for Bone, Joint Replacement, Orthopaedics Spine and Sports Medicine BLK Super Speciality Hospital, New Delhi

#### **Education**

- MBBS
- DNR
- MCh Orthopaedics

#### **Experience**

- Consultant Orthopaedics, Maharaja Agarsen Hospital
- Consultant Orthopaedics, Vinayak Hospital
- Consultant Orthopaedics, MGS Hospital
- Consultant Orthopaedics, NKS Hospital
- Senior Resident Orthopaedics, Acharyashree Bhikshu Hospital
- Senior Resident Orthopaedics, City Hospital

#### Accomplishment/Awards

• National Talent Search Examination Scholar

#### Memberships

- Delhi Orthopaedic Association
- Indian Orthopaedic Association
- International Society of Orthopaedic Surgery and Traumatology
- Delhi Medical Association
- Delhi Medical Council

#### **Location and Duration of OPD**

**OPD 1, BLK Super Speciality Hospital**Tuesday and Friday: 09.00 am to 04.00 pm



**Dr Jitin Sharma**Consultant - Critical Care
BLK Super Speciality Hospital,
New Delhi

#### Education

- MBBS
- MD
- IDCCM

#### **Experience**

- Senior Clinical Fellow Critical Care Medicine, Epsom & St Helier University
- Associate Consultant Anaesthesia & Critical Care Medicine, Max Super Speciality Hospital, Shalimar Bagh
- Associate Consultant Anaesthesia & Critical Care Medicine, BLK Super Speciality Hospital, New Delhi
- Attending Consultant Anaesthesia & Critical Care Medicine, BLK Super Speciality Hospital, New Delhi
- Clinical Associate Anaesthesia & Critical Care Medicine, BLK Super Speciality Hospital, New Delhi

- Senior Resident Anaesthesiology, Lady Hardinge Medical College, SSK Hospitals
- Resident Anaesthesiology, Lady Hardinge Medical College, SSK Hospitals

#### **Accomplishment/Awards**

• Anand Memorial Award, All India Topper, IDCCM

#### Memberships

- Indian Society of Critical Care Medicine
- European Society of Intensive Care Medicine
- Indian Society of Anaesthesiologist

#### **Location and Duration of OPD**

Intensive Care Unit BLK Super Speciality Hospital Monday -Saturday: 09.00 am to 05.00 pm



# PROUD MOMENT

Congratulations to HPB Surgery and Liver
Transplantation Team for Successfully Performing
100 Liver Transplants Amidst Covid Pandemic



Left to right: Dr. Pankaj Lohia, Dr. Gaurav K. Dubey, Dr. Niteen Kumar, Dr. Nitin Shanker, Dr. Imtiakum Jamir, Dr. Abhideep Chaudhary (Senior Director & HOD - HPB Surgery & Liver Transplantation, BLK Institute for Digestive & Liver Diseases), Dr. Ashish George, Dr. Sachin Anand, Dr. Gaurav Sood, Dr. Vinod Singh Choudhary, Dr. Amit K. Singhal

Dr. Abhideep Chaudhary, Senior Director & HOD, BLK Centre for Hepato-Pancreatico-Biliary (HPB) Surgery and Liver Transplantation along with his team crossed the milestone of transplanting 100 livers despite the Covid pandemic months, with the success rate at par with international standards. Doctors successfully completed many complicated liver transplants including six ABO incompatible liver transplants, three combined liver and kidney transplants, two pediatric liver transplants and two dual lobe transplants.

Dr. Chaudhary has more than 18 years of surgical experience. In his meritorious career, he has performed close to 1500 successful liver transplants and HPB surgeries. Dr. Chaudhary and his team have helped the hospital establish a successful Liver Transplant Program that caters to both adult and pediatric patients with end stage liver disease with results at par with the very best centres in the world.





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