A SUDDEN ATTACK
Young footballer got timely treatment after untimely Heart Attack

RECLAIMING LIFE
Qatar-based young professional regains active life after Sleeve Gastrectomy Surgery
FROM THE ED’S DESK

Dear Readers,

In this edition of Pulse, we bring you some of the most complex and challenging cases that were performed at our hospitals in Mumbai and Delhi.

The cover story from Nanavati Super Speciality Hospital, Mumbai features the case of a young footballer who got timely medical help and intervention by an efficient team of doctors in Nanavati after he experienced a sudden Heart Attack while playing. Also covered in this edition is the story of a man from Oman and his wife who reclaimed their active lives after undergoing Bariartic Surgeries simultaneously.

At BLK Super Speciality Hospital, New Delhi, we had a case of a 3-year-old Iraqi boy with a complex congenital heart disease and another 46-year-old lady from Iraq with pain and swelling over her knee and thigh, who underwent successful resection and reconstruction of Bone Tumour.

In continuation to our efforts to strengthen Indo-African healthcare ties, a team of doctors from BLK Super Speciality Hospital performed Tanzania’s first-ever Kidney Transplant at Muhimbili National Hospital in Dar es Salaam. This is one of the most significant milestones in Tanzania’s medical history and we are happy to be part of this historic success. My heartfelt congratulations to the entire team for their tremendous effort in making this possible.

The past month we had also participated in Sikkim Health Expo 2017, a 2-day exhibition organized in conjunction with Government of Sikkim, a first-of-its-kind held in the Eastern part of India.

We hope our regular contributors will continue to share stories, while we also look forward to receiving articles and stories from our new contributors as well. If you wish to share your feedback or suggestions related to this newsletter, you may write to our editorial team at editorial@blkhospital.com.

Stay Healthy, Stay Happy!
**A Mighty Heart**

A successful major surgery to save an infant with Tetralogy of Fallot (TOF)

Tetralogy of Fallot (TOF) is a complex cyanotic birth defect of the heart with four components, namely, a large Ventricular Septal Defect (VSD), Infundibular and Valvular Pulmonary Stenosis, aorta overriding the VSD to a variable degree and Right Ventricular Hypertrophy. The patients, invariably infants, experience breathlessness, failure to thrive and blue discoloration of nails, lips and tongue. Some infants or children develop hypooxic spells which are potentially fatal.

**THE CASE**

A 3-year old Iraqi boy was admitted in the BLK Heart Centre with complaints of breathlessness, blue discoloration of the lips and nails. He had a medical history suggestive of hypooxic spells. An Echocardiogram was done and a diagnosis of TOF was established. However, the left and specially the right pulmonary arteries were small and also had stenotic segments at their origin from the main pulmonary artery. A CT Angiogram was done to assess pulmonary artery size and the diagnosis of origin stenosis confirmed small sized pulmonary arteries. This presented a dilemma with regard to choice of treatment between shunt and total correction. Inadequate pulmonary arteries can lead to right heart failure and even failure to wean from cardio pulmonary bypass after total repair. From careful evaluation of the CT Angiogram, it appeared that stenotic segments and small pulmonary arteries could be successfully enlarged

**THE PROCEDURE**

Risks and benefits were discussed with parents and a decision to undertake open heart repair was made. The heart was approached through a median sternotomy. A pericardial patch was harvested. The patient was placed on heart lung machine. The right heart was entered through the right atrium and infundibular muscle was resected to enlarge the right ventricular outflow. The incision was carried into the main pulmonary artery and branch pulmonary arteries up to the hila. The VSD was closed with a dacron patch. To enlarge the right and left pulmonary arteries, a pericardial patch was stitched to the left and right pulmonary arteries, on the right side it was carried as far as possible behind and across the aorta.

**THE RESULT**

The child recovered well from surgery and was discharged on the seventh post operative day. Cyanosis disappeared completely, his lips and nails became healthy pink in colour. This was a technically difficult case, but the well planned operation led to a successful one-stage repair.

**DISCUSSION**

Pre-operative decision making in surgery for complex congenital heart disease is of paramount importance. As near as complete correction of anatomical defects is necessary to restore optimal physiology.

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**A Couple of Big Problems**

Muscat based man and wife underwent Bariatric Surgery on the same day

**THE CASE**

A couple from Oman, 52-year old Mr. Khalfan and 48-year old Mrs. Khalfan, were both morbidly obese, 113 kg and 88.5 kg respectively. They have been struggling with their weight gain issue for years. They had tried numerous diets and exercise routines but were unsuccessful in reducing their weight. Coming from a family of diabetics, the couple was well aware about the importance of keeping their sugar levels under control. Moreover, Mrs. Khalfan was also suffering from Osteoarthritis in both her knees due to excessive weight. The couple wanted to improve their mobility and avoid obesity-related health issues. Mr. Khalfan’s nephew had undergone weight loss surgery and he had advised the couple to fly to Mumbai for the surgery and seek expert advise from the doctors in Nanavati.

**THE PROCEDURE**

After thorough examination, the team of doctors at Nanavati led by Dr. Jaydeep Palep advised the couple to undergo Laparoscopic Sleeve Gastrectomy, which is one of the most effective bariatric procedures for weight loss. It is a procedure which helps in controlling Type 2 diabetes and is also less mal absorptive than some of the other radical surgeries. It was a challenge as both husband and wife were operated on the same day for same surgery but with different medical conditions.

**THE RESULT**

The couple got discharged from the hospital within three days post-surgery and are now doing quite well. The success of this life-changing surgery has inspired Mr. Khalfan’s sister and other family members to undergo the same procedure at Nanavati.

**DISCUSSION**

With advancement in surgical procedures, obese people have enough reasons to smile as they too can live a normal, professionally more active and healthy life. Today weight loss surgery is more popular for the treatment of Type 2 Diabetes and hence is also known as ‘Metabolic Surgery’. India being dubbed as the world capital for Type 2 Diabetes needs to be more aware of this treatment option.

“All the Bariatric Surgery procedures are known to have varying degrees of anti-diabetic effect in Type 2 diabetes and the right procedure needs to be chosen for the right patient especially when looking for remission of Type 2 DM.” — Dr. Jaydeep Palep.
A Sudden Attack
Young footballer got timely treatment after untimely Heart Attack

THE CASE
A 17-year old boy, a regular football player, recently selected for district level, came to Emergency department of Nanavati Super Speciality Hospital with severe chest pain and back ache, multiple episodes of vomiting and respiratory distress while playing football. The patient was non-diabetic and non-smoker. But had history of similar complaints around a month back while playing football which was treated with antacids and oral pain killers.

The patient was on homeopathy medicine for one month before this episode. There was no family history of Coronary Artery Disease (CAD) and Dyslipidemia.

THE PROCEDURE
ECG was performed which showed Myocardial Infarction (Heart Attack). The patient was unstable with fast heart rate, low blood pressure and laboured breathing. Further examination revealed that he was in cardiogenic shock (which is a life-threatening condition) for which he was electively put on ventilator and an intra aortic balloon pump was inserted to support his heart function as the heart pumping was low.

On emergency basis, Coronary Angiography was done, which revealed total Thrombotic Occlusion (containing blood clots) of mid Left Anterior Descending artery (LAD) which was tackled using thrombus aspiration and dilatation with a balloon. The procedure showed good result.

THE RESULT
The patient was later shifted to the cardiac intensive care unit for further monitoring and subsequently his vital parameters improved. Because of the timely intervention and quick response from the entire team of doctors, the patient had recovered well and was discharged without any morbidity. He will be able to lead a normal life but is restrained from playing football for sometime.

DISCUSSION
All the biochemical work up of the patient was normal. Despite detailed evaluation and the combined efforts of the team involved including a Cardiologist, Physician, Haematologist and Rheumatologist, the exact cause of the Myocardial Infarction could not be ascertained in such a young patient. Perhaps, genetic factors and other undetectable causes may still lead to acute coronary syndrome in young people.
Up and Running
Reconstruction of recurrence in giant cell Tumour of distal femur with Tumour Prosthesis

**THE CASE**
A 46-year-old lady from Iraq visited BLK Centre For Orthopaedics, Joint Reconstruction & Spine Surgery with complaints of swelling and pain over her right lower thigh and knee joint. The patient had a previous history of giant cell Tumour of right distal femur, which was treated by curettage, bone grafting and screw fixation 3 years ago.

On examination, two longitudinal surgical scars were present over anterior and medial aspect of the knee. The distal thigh and knee showed diffuse swelling. Tenderness, thickening and irregularity of the distal femur were appreciated.

Plain radiographs showed multiple areas of lyses in the previously treated lesion. MRI was suggestive of recurrent lesion measuring 34 mm × 32 mm × 19 mm with no evidence of cortical breach, soft tissue or knee joint involvement.

**THE PROCEDURE**
Wide resection of the Tumour and reconstruction of the lower end of femur using Stryker Tumour Prosthesis was planned with surgical oncology team of BLK Cancer Centre.

Tumour resection with excision of distal femur 12 cm from the knee joint was undertaken by surgical oncology team using medial approach to distal femur and knee. Neurovascular structures were exposed and protected. Bone marrow from proximal extent of resection was sent for frozen section and a negative tumour margin was confirmed. The knee joint was reconstructed using Stryker Tumour Prosthesis. The femoral canal was prepared and SM distal femur implant with 11 mm curved stem with 50 mm extension was inserted. Cemented SM-1 tibial base plate was inserted, and the knee reduced over a 13 mm polyethylene insert.

**THE RESULT**
Post-operative period was uneventful. The patient was mobilized on second post-operative day with partial weight bearing, with knee in extension, to allow for adequate soft tissue healing. She was discharged from the hospital with a painless, mobile and stable knee joint.

**DISCUSSION**
The Tumour Prosthesis used in this case offers the surgeon, the possibility of large defects in the distal femur using extension stems. The hinged knee compensates for the excision of the collateral and cruciate ligaments of the knee, attempting to reproduce physiological femoro-tibial and patellar kinematics. The wide range of movement and stability afforded has made reconstruction following extensive Tumour resection a successful management option.

A Matter of Fact
The truth behind commonly believed myths about hair loss

For years, people have believed in old wives’ tales about hair growth and hair loss; here are nine hair fall myths being debunked:

**Myth: Dandruff causes hair loss.**
Truth: There is no scientific co-relation between dandruff and hair loss, other than the fact that vigorous scratching, because of a dry scalp, may cause hair to break, resulting in hair loss.

**Myth: Cutting hair promotes hair growth.**
Truth: Cutting the hair may make it appear thicker due to the removal of split ends and added volume, the hair will not become fuller.

**Myth: If you massage your scalp, your hair will grow faster.**
Truth: There is no direct effect of any physical stimulation of the scalp on the hair follicles, although prolonged massaging may cause frictional damage to hair.

**Myth: Using a conditioner causes hair fall.**
Truth: Using a conditioner helps in detangling hair thus leading to prevention of hair fall due to breakage. Excessive use may weigh the hair down, but does not stop its growth.

**Myth: If you pluck one grey hair, it will result in multiple grey hairs sprouting from your scalp.**
Truth: Hair colour is due to the melanin producing hair follicles. When these cells stop producing pigment, the hair turns to white or grey. This does not mean that plucking a grey hair might result in more!

**Myth: Wearing a hat will cause baldness.**
TRUTH: Hair follicles don’t need to breathe as they get their oxygen from the blood. The only time hats cause baldness is when you wear the one that exerts excessive tension or friction on your head.

**Myth: Changing shampoos regularly causes hair loss.**
Truth: Our scalp does not become used to one kind of shampoo. So the next time you want to experiment with different kinds of shampoo, go ahead.

**Myth: Hair loss comes from the mother’s side of the family.**
Truth: There are approximately 200 genes that regulate hair and hair growth. There are generally some genes from both sides of the family that play a role in such situation.

**Myth: Washing hair in cold water will prevent baldness.**
Truth: Cold water may increase blood circulation, but it will not prevent baldness. There are some benefits of washing your hair in cold water, such as frizz prevention and cuticle tightening.
### A Good Option for the Heart

Everything you need to know about TAVR

TAVR (Transcatheter Aortic Valve Replacement), also known as TAVI, is a valve-replacement procedure for the aortic valve. The narrowing of the aortic valve is known as Aortic Stenosis. The causes of Aortic Stenosis could be various including birth defect, rheumatic fever, radiation therapy and increased calcium deposits. Due to the stenosis, there is reduced blood flow to the rest of the body and it affects the pressure in the left atrium. It is important to note that most people don’t feel the symptoms of Aortic Stenosis until the restricted blood flow has been significant. Symptoms include breathlessness, chest pain, blackouts and heart murmur.

If there are no symptoms along with mild stenosis, the doctor may advise non-invasive treatments such as medication, long term monitoring, elimination of extra fluids. If the extent of your Aortic Stenosis is severe, you may be advised surgery. The two types of surgery are Open Heart Valve Replacement (surgical valve replacement) and TAVR. Since TAVR is a newer approach, the long-term benefits are unknown. Therefore, if you are at a low risk, your doctor may opt for Surgical Valve Replacement.

TAVR is mostly recommended for those who are at intermediate to high risk of complications from Surgical Valve Replacement. It is also recommended for elderly patients as well as for those who have co-morbidity such as kidney disease, diabetes, lung disease. It is also ideal for those who previously have had Open Heart Surgery or those whose health has not improved despite medications.

### THE PROCEDURE

Under general anaesthesia, a balloon catheter equipped with the replacement valve (porcine or bovine) is inserted either into the femoral artery near the groin (transfemoral) or into a large artery in the chest via a small incision (transpacial). The catheter is passed into the heart and placed at the position of the aortic valve. The balloon is inflated, to push away the damaged tissue, making room for the new valve. The new valve expands, sitting inside the damaged valve and the deflated balloon and catheter is removed.

### ADVANTAGES

The advantages of TAVR include, shorter recovery time as the patient usually gets discharged within 2-3 days post the intervention, reduced risk of stroke and fatality as compared to Surgical Valve Replacement in medium-high risk patients and no major incision in the chest. In TAVR, a heart-lung machine is also not used.

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### Reclaiming Life

Obesity obstructs passion & profession, young professional undergoes Bariatric Surgery to reclaim them back

**THE CASE**

Aditya Upreti, a 35-year old professional from Qatar, has been battling with Obesity, Diabetes, Sleep Apnea, High Cholesterol and Hypertension for the past 15 years. These problems were causing hindrance in pursuing his passion and profession as well. His excessive weight was a major deterrent, preventing him from performing his daily activities. He was handicapped because he used to take 270 IU of Insulin and various medications to control his sugar level. An avid football lover, his passion for the sport seemed to be dying. Weighing 122 kg, Aditya spent the last two years trying all possible measures to reduce his weight. He left no stone unturned to reduce his weight but could only manage to shed close to 10 kg. This small victory, however, made him realise the benefits of weight loss as his insulin intake got reduced. This further motivated him to lose more weight and overcome co-morbidities associated with obesity.

Online search and friend’s recommendation led him to Dr. Deep Goel, Director, Minimal Access, Bariatric & Surgical Gastroenterology BLK Centre for Digestive & Liver Diseases.

**THE PROCEDURE**

After making him understand the nuances of various Bariatric procedures available at the hospital, the team of doctors at BLK decided to perform Laparoscopic Sleeve Gastrectomy surgery. It is one of the most effective Bariatric procedures for obese people. As expected, the surgery was a successful one.

**THE RESULT**

The procedure not only resulted in drastic weight loss, but also helped in reduction of blood glucose levels as the intestines increased the production of hormones that stimulate the pancreas to produce more insulin. He no longer required insulin except for minimum oral medicines to control his Diabetes. After surgery, he could pursue his passion for football. He is today leading an active life.
EVENTS AND ACTIVITIES

Strengthening Indo-African Healthcare

A team of experienced doctors: Dr. Sunil Prakash – Director & Sr. Consultant, Dr. H.S Bhatyal – Sr. Consultant, BLK Centre for Renal Sciences & Kidney Transplant and Dr. Rajesh Pande – Director & Sr. Consultant, BLK Centre for Critical Care from BLK Super Speciality Hospital, New Delhi in partnership with Muhimbili National Hospital at Dar es Salaam performed the first ever Kidney Transplantation in Tanzania.

The surgery was conducted on a 30-year old Tanzanian lady who was suffering from end stage kidney disease and was on haemodialysis for over a year. The kidney donor was her 27-year old brother who selflessly donated a kidney to save his sister's life.

Lauding the efforts of BLK’s medical experts, Ms. Rita Teotia, Commerce Secretary felicitated Mr. Naresh Kapoor, Executive Director, BLK Super Speciality Hospital for achieving this significant milestone.

In line with the Prime Minister Narendra Modi’s vision that India will stand ‘shoulder to shoulder’ with the continent in its race towards a brighter future, BLK Super Speciality Hospitals initiatives in the African region further endorses the vision and is a step forward in strengthening India’s partnership with Africa. BLK Super Speciality Hospital has been working towards knowledge sharing, transfer of skills and capacity building with the objective of developing the African region as an advanced healthcare destination.

Bariatric Support Group Programme

Dr. Jaydeep Palep – Director and HOD and Dr. Nidhi Khandelwal – Associate Consultant, Department of Bariatric and Minimal Access Surgery, Nanavati Super Speciality Hospital, Mumbai launched a Bariatric Support Group Programme on 4th November, 2017. The programme had an interactive session for patients who had undergone Bariatric Surgery. Dietician Ms. Nirva Desai also delivered a lecture on “How To Manage Diet post Bariatric Surgery.”

CME at Indian Medical Association (Nashik)

Nanavati Super Speciality Hospital, Mumbai in association with IMA (Nashik) organised a CME on Bone Marrow Transplant and Neurosurgery on 11th November 2017 at IMA hall, Nashik. Dr. Niranjan Rathod – Associate Director and Head, Department of Haemato-Oncology & BMT and Dr. Rajan Shah – Head & Director, Department of Neurosciences, gave lectures to the association members. The event was attended by close to 100 doctors from Nashik and nearby areas.

Sikkim Exhibition

BLK Super Speciality Hospital participated in one-of-its kind Health Expo 2017 held in Gangtok, the capital city of the Himalayan state Sikkim. The exhibition was held to bring together services of premier hospitals from across the country within the reach of a common man. Expert consultation, counselling on advanced medical care plan, medical insurance coverage and appointment with doctors were some of the services offered at the exhibition.

The event was a two day affair held on 11th and 12th of November 2017. Representatives of BLK could meet a wide range of prospective patrons in this hugely successful expo.