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INDUS ALIVE

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A Health & Wellness Magazine by INDUS HOSPITALS, Mohali, (Pb.) India

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Specialities	Doctor Name	Qualifications	OPD Days
Anesthesia & Pain Management	Dr. SPS Bedi	MBBS MD	Mon to Sat
	Dr. Arjun Joshi	MBBS MD	Mon to Sat
	Dr. Devinder Grewal	MBBS MD	Mon to Sat
Cardio Thoracic Vascular Surgery	Dr. Ashwani Bansal	MBBS MS MCh	Mon to Sat
Cardiology & Interventional Cardiology	Dr. Sandeep Parekh	MBBS MD DNB	Mon to Sat
Colorectal Surgery	Dr. Pankaj Garg	MBBS MS	On Call
Critical Care & Emergency Medicine	Dr. Jogesh Aggarwal	MBBS MD	Mon to Sat
ENT Surgery	Dr. Eshaan Kaushik	MBBS MS	Mon Wed Fri
Family Medicine	Dr. Sakshi Grover	MBBS DNB	Mon to Sat
Gastroenterology Surgery	Dr. BS Bhalla	MBBS MS	Mon & Wed
Gastroenterology	Dr. Rajan Mittal	MBBS MD DM	Mon to Sat
General Surgery	Dr. Anil Kr Sharma	MBBS MS	Mon to Sat
Gynaecology & Obstetrics	Dr. Jasmine Kang Rana	MBBS DNB	Mon to Sat
Haematology	Dr. Mukesh Chawla	MBBS MD DrNB	Mon to Sat
Internal Medicine	Dr. Kanwar Singh Bhinder	MBBS MD	Mon to Sat
Internal Medicine	Dr. Mayank Sharma	MBBS MD	Mon to Sat
IVF	Dr. Priyakshi Chaudhry	MBBS MD	Mon to Sat
Joint Replacement & Sports Medicine	Dr. B. Harna	MBBS, MS, DNB	Mon to Sat
Microbiology & Transfusion Medicine	Dr. Parminder Kaur Gill	MBBS MD	Mon to Sat
Nephrology & Dialysis	Dr. Narinder Sharma	MBBS MD DNB	Mon to Sat
Neurology	Dr. Ruchi Jagota	MBBS MD DM	Mon to Sat
Neurosurgery	Dr. Rajnish Kumar	MBBS MS MCh	Mon to Sat
Nutrition & Dietetics	Dt. Niyati Tejaswini	Msc	Mon to Sat
	Dt. Gauri	MSc.	Mon to Sat
Oncology (Orthopedics)	Dr. Rajat Gupta	MBBS MS DNB	On Call
Oncology (Radiation)	Dr. Vinod Nimbran	MBBS MD	Tue Thu Sat
	Dr. Kamalpreet Kaur	MBBS DNB	Mon to Sat
Medical Oncology	Dr. Deepak Singla	MBBS MD DM	Mon to Sat
Oncology (Surgical)	Dr. Ashwan Kallianpuri	MBBS MS MCh	Mon to Sat
	Dr. Ashwani K Sachdeva	MBBS MS MCh	Mon to Sat
Orthopedics & Joint Replacement	Dr. VPS Sandhu	MBBS MS	Mon to Sat
Pathology	Dr. Ankush Nayyar	MBBS MD	Mon to Sat
Pediatrics, Neonatology & Hematology	Dr. Kushagra Taneja	MBBS MD	Mon to Sat
Pediatrics Surgery	Dr. Abhishek Gupta	MBBS MS MCh	Mon to Sat
Pediatrics Neurology	Dr. Mukul Malhotra	MBBS MD DNB	Mon Wed Fri
Pediatrics Cardiology	Dr. Amitoz Singh Baidwan	MBBS DNB FNB	Mon to Sat
Plastic & Reconstructive Surgery	Dr. Ritwik Kaushik	MBBS MS MCh	Tue Thu Sat
Psychiatry, Behavioral & Drugs Rehabilitation	Dr. Prannay Gulati	MBBS MD	Mon to Sat (1st & 3rd Thu Outside)
	Dr. Vikas Bhateja	PhD(Cognitive Psy.) M.phil (Cl. Psy)	Mon to Sat
Counseling Psychologist	Mrs. Sarnit Chopra	MA PGDFCG	Mon to Fri
Pulmonology & Sleep Medicine	Dr. Kanwaljit Singh	MBBS MD	Mon Wed Fri
Radiology	Dr. Bhavneet Singh	MBBS MD, DNB	Mon to Sat
	Dr. Jaspreet Singh	MBBS MD, DNB	Mon to Sat
Renal Transplant Surgeon	Dr. Rajan Sharma	MBBS MS MCh	Mon to Sat
Skin, Laser & Cosmetic Medicine	Dr. Ramandeep Kaur	MBBS MD	On Call
Urology	Dr. Prashant Bansal	MBBS MS DNB	Mon to Sat
Vascular Surgery	Dr. Vishal Attri	MBBS MS	Mon to Sat (Every Fri Outside)

From us to you

Throughout the year we generate awareness around specific conditions and diseases that people struggle with daily. Indus Healthcare is committed to bring today's most pressing health issues to the forefront for public awareness.

In this issue of Indus Alive you will find various topics related to health issues, their management and follow-up.

Looking forward for your feedback and suggestions.

feedback@indushospital.in

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Queries and suggestions:

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Email : alive@indushospital.in

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For more details contact : Mr. Inderdeep Singh - 09888110310

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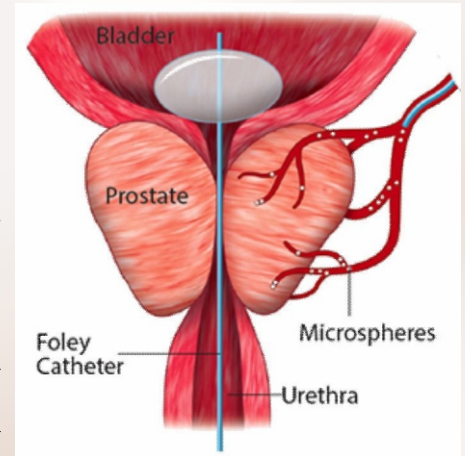
PAE (Prostatic Artery Embolisation)

PAE (Prostatic Artery Embolisation)

Prostatic Artery Embolisation is a cutting-edge procedure performed to help improve urinary symptoms caused by an enlarged prostate without the risk of sexual side effects.

Prostate Artery embolisation is performed through a small puncture in the groin a catheter is inserted through the artery and directed towards the prostate.

Once the catheter is positioned in the prostatic artery supplying blood to the prostate tiny particles called microspheres are injected that plug up the artery blocking blood flow. A solution containing thousands of microscopic plastic beads is injected. These block the blood supply by shutting down blood flow to the prostate. All this is accomplished through a tiny quarter inch hole in the groin.



The procedure can take anywhere from 1 to 3 hours, depending on the location & size of the prostatic arteries. PAE blocks blood flow to the areas of the prostate that are most affected by benign prostatic hyperplasia (BPH) resulting in death or necrosis of isolated areas.

How Successful is PAE

PAE has high success rate with over 90% men experience relief within 6 months & 100% relief in 1 year, the first year it self unlike other treatments that may have unwanted side effects **like retrograde ejaculation meaning semen does not come out and his partner does not get sexual satisfaction. PAE also does not effect sexual performance. After first year they have 100% relief.**

What happens to Prostate after PAE ?

Following PAE, the prostate gland is starved of its blood supply and therefore shrinks down in size. This allows the urethra to open up and urine to flow normally .

Is PAE Safe ?

PAE is 100% safe as compared to all other procedures like- Laser TURP or Bipolar TURP

After other Procedures patients has to take Dutasteride tab 0.5 mg life long to prevent the prostate cells from multiplying and growing in to cancer cell.

Prostate Cancer :

About 1 in 8 men will be diagnosed with prostate cancer during his life time about 6 cases in 10 are diagnosed in men after 65 or older. **After PAE there is no risk of developing prostate cancer.**

Medication of PAE:

No medications are required to be taken after PAE unlike.

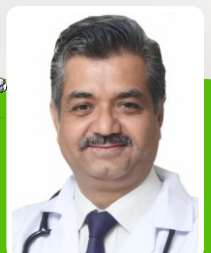
Patients who has not got done PAE. They have to take medication life long, even if he has undergone laser TURP or Bipolar TURP.

Dr. Rajesh Gulia

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Fellow - Glickman Urology Institute, Cleveland, USA
Consultant Urology

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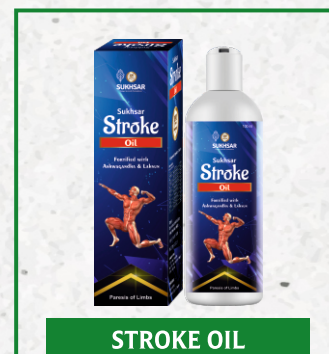
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IRON RATTAN

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Intensive Care Units and Ventilators: Lifelines in Critical Care

1) What is ICU?

The Intensive Care Unit (ICU) is a specialized department within a hospital or healthcare facility that provides intensive care medicine. It caters to patients with severe or life-threatening illnesses and injuries, which require constant care, close supervision from life support equipment, and medication to ensure normal bodily functions.

ICUs are staffed by highly trained physicians, nurses, and respiratory therapists who specialize in caring for critically ill patients. They are distinguished from general hospital wards by a higher staff-to-patient ratio and access to advanced medical resources and equipment not routinely available elsewhere.



2) What is ventilator?

Ventilator is a critical piece of equipment used in ICU. A ventilator is a machine that helps your lungs work. It can be a lifesaving machine if you have a condition that makes it hard for you to breathe properly or when you can't breathe on your own at all. A ventilator helps to push air in and out of your lungs so your body can get the oxygen it needs. It is of two types: invasive and non-invasive ventilation. Ventilators are most often used in hospital settings. An intensivist or a respiratory therapist will control how much oxygen is pushed into lungs by the ventilator. Other names that a ventilator is known by include: respirator, breathing machine, mechanical ventilation.

3) What is non-invasive and invasive ventilation?

Non-invasive ventilation is in which patient wears a fitted mask to help get oxygen from the ventilator into your lungs under high pressure. Invasive ventilation is in which patient condition is more serious, a breathing tube is inserted down the throat to supply lungs with oxygen.

4) When do you require a ventilator?

Not being able to breathe properly on your own is known as respiratory failure and is a life-threatening emergency. If your brain, heart, liver, kidneys, and other organs don't get enough oxygen, they won't be able to function as they should. A ventilator can help you get the oxygen you need for your organs to function.

Many types of health conditions can cause you to have difficulty breathing, such as acute respiratory distress syndrome (ARDS), COVID-19 pneumonia, chronic obstructive pulmonary disease (COPD), asthma, brain injury, cardiac arrest, pneumonia, collapsed lung, stroke, coma or loss of consciousness, drug overdose, hypercapnic respiratory failure, lung infection, myasthenia gravis sepsis (an infection in your blood), upper spinal cord injuries, premature lung development (in babies), Guillain-Barré syndrome, amyotrophic lateral sclerosis (ALS).

5) Should we be afraid of ventilators?

NO! INSTEAD ICUs and ventilators play a crucial role in the healthcare system. They provide critical care to patients who are severely ill or injured and require constant monitoring. The ICU team's expertise combined with advanced medical equipment like ventilators ensures that patients receive the best possible care during their most vulnerable moments and also help in quick recovery of patients.

Dr. Himanshu Mehta

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Certification course in neuro anaesthesia NHS England

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Valvular Heart Disease



Why India is still HOTSPOT

Introduction

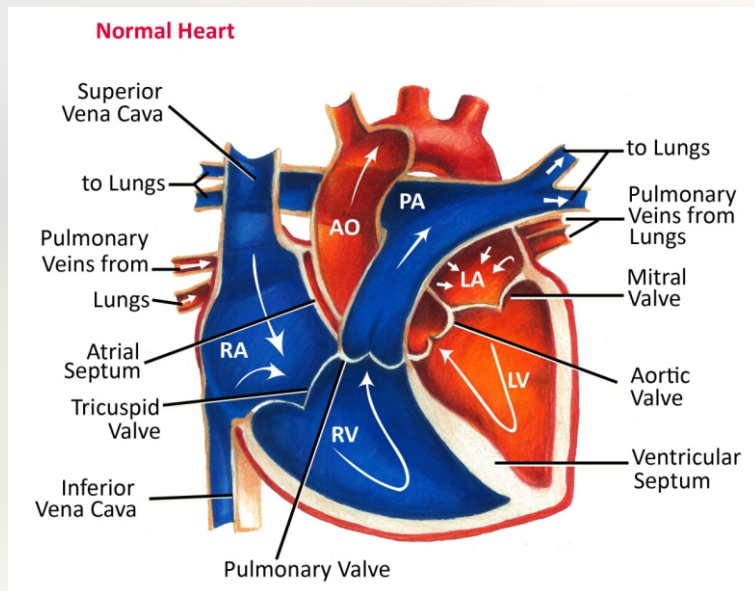
Diseases of the heart valves constitute a major cause of cardiovascular morbidity and mortality worldwide with an enormous burden on healthcare resources. Rheumatic heart disease (RHD) continues to be the dominant form of heart valve disease in developing nations. With RHD affecting predominantly the young population in their productive years, the socio-economic impact on the society is enormous.

Out of 4 valves of heart (mitral, aortic, tricuspid and pulmonary), mitral and aortic are most commonly involved. Multiple valvular involvements is seen in more than 30 % of cases. The order of involvement for multiple valves is MS + MR > MS + AR > MR + AR > AS + AR > MR + AS > MS + AS. Tricuspid valve is involved in many mitral valve patients.

*MS – Mitral Stenosis, MR – Mitral Regurgitation, AR – Aortic regurgitation, AS – Aortic stenosis.

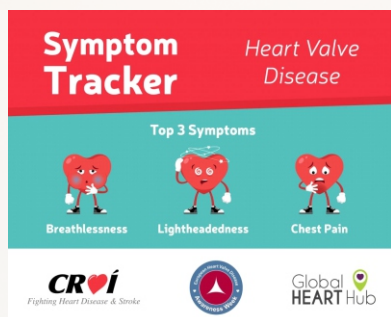
Morphology of normal heart valves

- Two atrioventricular (AV) valves to prevent backflow of blood from the ventricles into the atria
- Tricuspid valve, located between the right atrium and right ventricle
- Bicuspid or mitral valve, located between the left atrium and left ventricle
- Two semilunar valves to prevent the backflow of blood into the ventricle
- Pulmonary valve, located at the opening between the right ventricle and the pulmonary trunk
- Aortic valve, located at the opening between the left ventricle and the aorta



Symptoms of heart valve disease

- Chest pain or palpitations (rapid rhythms or skips)
- Shortness of breath, difficulty catching your breath, fatigue, weakness, or inability to maintain regular activity level
- Lightheadedness or fainting
- Swollen ankles, feet or abdomen



Prosthetic valves options

Most of heart valve patients can be managed on medical management for years. When their symptoms are not managed on optimal medical management and valve is severely diseased then valve replacement or repair is the only option. There are two types of prosthetic heart valves :- mechanical and tissue heart valve.

Mechanical heart valves are preferred for younger patients (<65 years) while tissue valves for older age group of patients, only exception is younger females expecting pregnancy in next 5 years where tissue valve is better option. Patient with mechanical valves will have to take blood thinner medication for life time but advantage is that mechanical valve can last life time. Tissue valves don't require blood thinner medications after 3 months but these valves usually degenerate in 10-15 years. Current newer generations tissue valves are promising and hope to last longer than older generation valves.



Why India is hotspot

Rheumatic heart disease (RHD) is more prevalent in underdeveloped and developing countries than in developed countries and among the population with multiple social issues such as poverty, low socio-economic status (SES), overcrowded dwellings, under-nutrition, poor sanitation, cultural constraints, and suboptimal medical care.

In western countries incidence of RHD valve replacements are rare to find in spite cardiac surgery fraternity deals with mostly degenerative heart valve disease.

In India we are still far away from achieving the level of hygiene and primary health care infrastructure to prevent RHD. Patients should also be educated about personal and environmental hygiene, secondary prophylaxis, lifestyle modification, and the importance of regular follow-up. All pregnant women should be examined for RHD during their antenatal visits and entries may be made in records and reviewed.

It is suggested that improvement in the standard of living and health care facilities, provision of transport concessions, creation of awareness through media regarding RHD and strengthening of school health services will assist to minimize the occurrence, which could be achieved through National Health Policy, National Rural Health Mission, and Public-Private Partnerships.

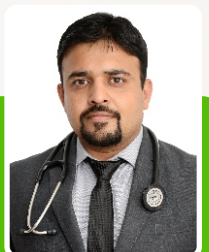
As cardiac surgery team we are simplifying cardiac surgeries, it helps in early recovery of patients so that their suffering can be reduced and they can be made productive members of society again.

Dr. Ashwani Bansal

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(Cardiothoracic & Vascular Surgery)

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