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(Branch of Indian Medical Association) ESTD 1902

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AHMEDABAD MEDICO NEWS

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Imm. Past President - Dr. JITENDRA SHAH

VOL. 18

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Please Save Mob, No: **97268 88775** of AMA to get regular updates



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Message From President & Hon. Secretary



Dear members

We wish this New Year Vikram Samvat 2080 brings lots of happiness in your life. Every New Year arrives with new hopes & challenges. Let's do our best to meet our hopes & to face challenges.

We had lots of activities last month. All the committee members did wonderful job in their respective work area & accomplished the all events very successfully.

“Individual commitment to a group effort - that is what makes a team work, a company work, an association (society) work, a civilization work.”

- Vince Lombardi

Garba–Ramzat 2023 created the history. More than 3000 members / their family members enjoyed the event. Apart from this, we have arranged 6 different CMEs / seminars on diverse subjects, which were exceptionally well attended; in future also, our scientific committee will continuously cater more & more interesting scientific programmes. This month we have organized 18 health check-up camps & 4 blood donation camps. 6 public awareness seminars were arranged out of which, the seminar on mental health arranged at Central Jail was of unique kind & very well appreciated.

On 4th November 2023, we had mega launching of **CPR – COLS training programme** for school children at Divan Ballubhai School, Ahmedabad. Where, more than 200 students of 9th standard & above were trained. The programme was inaugurated by Shri Ajaybhai Patel; Dr Mehul Shah, secretary of IMA GSB was the guest of honour. With



help of 5 senior instructors & 14 trained medical students, the task was accomplished. Till now we have trained more than 350 medical students as trainers & we will continue building up our force of trainers to achieve our goal of training more than 1.4 lakhs of school children.

We have planned lots of scientific, social & cultural events throughout the year; our team of managing committee also working very hard to execute all of them successfully; we expect your same or even more & more participation in all these events. We assure, they would be at par to your expectation.

At a greater aspects, we are observing nowadays, the media are appreciating & covering more & more our endeavours. They are honestly disseminating words for our sincere efforts to the services of mankind. We hope if more members will join for the social activities of the association, we would achieve even better regards for our profession from the society.

To end with, we would like to cite the quote of a wise person **“Being a doctor, never forget that we have the opportunity to do more good every single day than most people have in a month.” & hence “Always strive for the most complete and constant union of those three qualities which have the greatest charm for pure and active minds – novelty, utility, and charity.”**

— Sir James Paget (1814-1899)

Lots of complements with great honour to all of our colleagues having “healing hands & caring hearts”

Jai AMA



Jai IMA

Dr. Tushar Patel
President

Dr. Urvesh Shah
Hon. Secretary

Ahmedabad Medical Association



GIMACON - 2023 at Bhavnagar Date 28 October-2023





Scientific Programme 'Synergy Meet' Date 05/11/2023



Geetaben M. Desai Scientific Programme 'Protect Your Breath' Date 07/11/2023

Date 07/11/2023





Dr Pushpaben P. Multani Scientific Program 'Life Course Vaccination : Time is Now' Date 05/11/2023





Dr Pushpaben P. Multani Scientific Program 'Life Course Vaccination : Time is Now' Date 05/11/2023





Mega Blood Donation Camps in the October 2023





Dhanvantari Poojan Date 10/11/2023





Talk on 'Healthy Heart' Date 09/11/2023





Installation Ceremony of Ladies Club 21/10/2023





Grand Launching of 'Vidyarthi Satarkta Abhiyan'

Date 04/11/2023





Grand Launching of 'Vidyarthi Satarkta Abhiyan'

Date 04/11/2023





Activities as a part of 'Aao Gaon Chale' Campaign In October, 2023





Activities as a part of 'Aao Gaon Chalen' Campaign In October, 2023



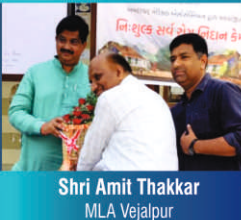


Activities as a part of 'Aao Gaon Chalen' Campaign In October, 2023



Shri Jatin Patel
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Smt. Pratibhaben Jain
Mayor AMC



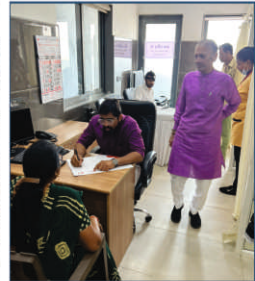
Shri Amit Thakkar
MLA Vejalpur



Activities as a part of 'Aao Gaon Chalen' Campaign In October, 2023



Shri Narhari Amin
MP Rajya Sabha





Ras-Garba Ramzat 2023 Date 29/10/2023





Ras-Garba Ramzat 2023 Date 29/10/2023





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A.M.A. BULLETIN INDEX

Content	Page No.
» Message From President & Hon. Sectary Desk.....	6-7
» AMA Programmes Photos.....	8-27
» Annual Plan of CME And Conference by AMA 2023-24	37
» Dr. Shantilal A. Shah Scientific Programme	38
» Sepsis Awareness Programme	39
» Dr. K. L. Vasa Scientific Programme	39
» Reports of Programmes	40-44
» Ladies Club	45
» Obituary & New Life Members	46
» Rates for Advertisement in AMA Bulletin	47
» AMA Hall Donation & Deposit Chart	48
» Article	49-50, 55-69
» Advertisements.....	69-70

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Annual Plan of CME And Conference by AMA 2023-24

Month	Subject	Course Director
November	Pulmonary And Critical Care	Dr Manoj Singh
December	HIV	Dr Atul Patel
December	Spine	Dr. Bharat Dave
January	Nephrology	Dr Apurva Parekh
February	Paediatric And Neonatology	Dr Ashish Mehta
February	Gastroenterology	Dr Nilay Mehta
March	Neurology	Dr Shalin Shah
March	Oncology	Dr Bhavin Shah
April	Obstetrics And Gynecology	Dr Sanjay Patel
May	Radiology	Dr Hemant Patel
June	AMACON	
July	Plastic And Cosmetics	Dr Rutvij Parikh
August	Oethopaedics And Joints	Dr. H.P.Bhalodiya
September	Cardiology	Dr Tejas Patel

* This is a tentative schedule for scientific programmes. Minor changes may be possible depending upon prevailing situations.



Dr Shantilal A. Shah Scientific Programme

AMA in association with Hospital Board of India, Gujarat
is organizing scientific updates on
“INFECTION CONTROL & HOSPITAL WASTE MANAGEMENT PRACTICES”

As we are aware, Hospital acquired infections are major challenges to healthcare globally. We always remain committed for the best healthcare practices ever; so, this is our humble try to update regarding the standards we need to follow to combat this global problem of HAI.

All the doctors & paramedical staff working at hospital & nursing homes shall participate. For NABH, every staff of hospital needed to have training for HAI & Biomedical waste management. This training will be much useful for them.

All the doctors who are not working in this field shall also join the sessions, as this subject is related to major challenge for healthcare system; so, every healthcare person must be updated with recent guidelines, rules & regulations

Date : 3rd December 2023 Sunday

Time : 9.30 am to 12.00 noon

Venue : Ahmedabad Medical Association, Ashram Road

:: Program Details ::

- 9.30 am to 10.00 am - Registration & Breakfast
- 10.00 am to 10.30 am - Hand hygiene & transmission based precautions – The key elements in HAI prevention by Infection Control Nurse
- 10.30 am to 11 am - Hospital Infection Control practice – How far we are from best practice by Dr Kamlesh Patel, Microbiologist, Sterling Hospital
- 11.00 am to 11.30 pm - Recent Guidelines for Hospital Waste Management By Mr. Brijesh Sheth from Gujarat Pollution Control Board.
- 11.30 pm to 12.00 pm - Panel Discussion & Open House Discussion
- 12.00 Noon onwards - Lunch

Co-ordinators

Dr Brijesh Patel Dr Hetal Pandya Dr Gaurishanker Shrimali Dr Maulik Sheth

Registration fees: Rs. 50/- per person.

For Registration Contact: AMA office on 079-26588775 during 2.00 pm to 6.00 pm

Dr. Tushar Patel

President, AMA

Dr. Urvesh Shah

Hon. Secretary, AMA



Sepsis Awareness Programme

AMA in association with ISCCM, Ahmedabad is organizing
"SEPSIS AWEARNESS PROGRAM"

Date : 10th December 2023 Sunday

Time : 9 30 am to 1.00 pm

Venue : Indian Red-cross auditorium, Old Vadaj, Ahmedabad

:: Program Details ::

- 9.30 am to 10.00 am - Breakfast
- 10.00 am to 10.30 am - Sepsis awareness for Public
- 10.30 am to 11.30 am - CPR training
- 11.30 pm to 12.00 pm - Sepsis awareness for doctor
- 12.30 pm onwards - Lunch

Co-ordinators

Dr Brijesh Patel Dr Pinakin Patel Dr Mahesh Jivrajani Dr Kush Patel

For Registration Contact: AMA office on 079-26588775 during 2.00 pm to 6.00 pm

Dr K. L. Vasa Scientific Programme

"STAVYA SPINE UPDATE"

Date : 24th December 2023

Time : 9.30 am to 12.30 pm

Venue : AMA Hall, Ashram road, Ahmedabad

Topics : Basics of spine ailment enabling technology and
 Robotics Case Based Discussion on Osterporosis

Speakers : Dr. Bharat Dave, Dr. Ajay Krishnan, Dr. Devanand Degulmadi
 Dr. Shivanand Mayi, Dr. Ravi Ranjan Rai, Dr. Mirant Dave

Co-ordinators

Dr Kuntal Gajjar Dr Mansi Patel Dr Rutvik Dave

Programme will be followed by lunch.

For Registration Contact: AMA office on 079-26588775 during 2.00 pm to 6.00 pm

Dr. Tushar Patel

President, AMA

Dr. Urvesh Shah

Hon. Secretary, AMA



Report of Blood Donation Camp on the occasion of Dusshera Date 24-10-2023

Ahmedabad Medical Association organized Voluntary Blood Donation Camp in collaboration with Indian Redcross Society on 24th October, 2023 at Redcross Shatabdi Bhavan, Red Cross Marg, Navrangpura, Ahmedabad. 60 units of blood were received in this camp.

Report of Blood Donation Camp Date 29/10/2023

Ahmedabad Medical Association organized Blood Donation Camp in collaboration with Indian Redcross Society on 29th October, 2023 at Kalgi Flat, Opp. Atithi Dinning Hall, Bodakdev, Ahmedabad. 15 units of blood were received in this camp.

Report of Mega Blood Donation Camp Date 31/10/2023

Ahmedabad Medical Association organized Mega Blood Donation Camp in collaboration with Indian Redcross Society on 31st October, 2023 at Sardardham, Vaishnodevi Circle, Sardar Patel Ring Road, Ahmedabad. 87 units of blood were received in this camp.

Report of Dr Pushpaben P. Multani Scientific Program 'Life Course Vaccination : Time is Now' Date 05/11/2023

A unique seminar of “ LIFE COURSE VACCINATION- TIME IS NOW” was organised on 5th November 2023 at Zydus Corporate House auditorium by Ahmedabad medical association with education partners Association of Physician of Gujarat, Association of Chest Physician of Gujarat, Nephrology Forum of Gujarat and Indian Society of Critical Care and Management. Around 200 delegates attended the seminar where lectures were imparted by 8 expert faculties. The main aim of the seminar was to motivate health care professionals to consider vaccination within themselves



and their families and then to offer the same to each and every eligible patients. All delegates were provided with GMC credit hour 1. The program was supported by ZYDUS LIFE SCIENCE. There is a special mention of Junior Doctors Association Office Bearers who actively motivated the junior doctors to participate in the seminar.

Report of 'Ramzat 2023' Date 29/10/2023

Ras-Garba 'Ramzat 2023' event was organised by Ahmedabad Medical Association on 29th October, 2023 evening at Rajpath Club Lawn. Famous gujrati artists Abhijit Rao & Payal Vakhariya Group was the orchestra for the event. The event created the history because more than 3000 members along with their family members enjoyed to the fullest. Delicious dinner was also provided to the garba participants and spectators. Prizes were awarded to the best performers in various categories. Entire event was beautifully co-ordinated by Dr Mukesh Maheshwari, Dr Kalpita Dave & Dr Mansi Patel. It was considered as one of the best event of our Association.

Report of Grand Launching of 'Vidyarthi Satarkta Abhiyan' Date 04/11/2023

On 4th November 2023, we had grand launching of CPR – COLS training programme for school children of Divan Ballubhai School, Ahmedabad. More than 200 students of 9th standard & above were trained for CPR, First Aid & basic life support. The programme was inaugurated by Shri Ajaybhai Patel Chairman – Indian Red Cross Society Gujarat State Branch; Dr Mehul Shah Hon. Secretary IMA GSB & Dr Tushar Patel President AMA. With the help of 5 senior instructors & 14 trained medical students, the task was accomplished. Till now we have trained more than 350 medical students as trainers & we will continue building up our force of trainers to achieve our goal of training more than 1.4 lakhs of school children.



Report of a talk on 'Healthy Heart' Date 09/11/2023

To discuss the possible causes of rise in sudden cardiac arrest and heart attack in young population & remedies for healthy heart a talk was organized by Ahmedabad Medical Association in collaboration with Indian Red Cross Society Gujarat State Branch at GSC Bank Auditorium, Naranpura, Ahmedabad on 9th November, 2023. Renowned Cardiac experts Padmashri Dr Tejas Patel Chairman Apex Heart Institute, Dr Samir Dani Director Apollo CVHF Heart Institute and Dr Chirag Doshi Director U.N. Mehta Institute of Cardiology & Research Centre were invited to address the audience and to answer their queries related to the cardiac problems. Shri Ajaybhai Patel Chairman – Indian Red Cross Society Gujarat State Branch; Dr Mehul Shah Hon. Secretary IMA GSB & Dr Tushar Patel President AMA were also present in the seminar. More than 300 people had attended this informative and educative seminar.

Report of 'Doctors on Call' service during Diwali holidays

Ahmedabad Medical Association & Ahmedabad Family Physicians Association have always cared for people of Ahmedabad by running a campaign to keep emergency healthcare services available during Diwali festivals. It has helped in saving many lives and thwarting hardships to people during emergencies. In continuation of this noble tradition, this year too we had announced 'Doctors on Call' voluntary consultation services during Diwali holidays from 11th Nov to 15th Nov, 2023. A press conference was arranged by the association on 8th November, 2023 to proliferate the message. More than 50 doctors of our association have rendered their voluntary services in different areas of Ahmedabad. The list of the doctors and their contact details was made available on association's website as well as on various social media platforms.



Report of activity as a part of 'Aao Gaon Chalen' campaign in October, 2023

Ahmedabad Medical Association have adopted 15 community areas to provide various healthcare services by organizing diagnostic and treatment camps for 'Aao Gaon Chalen' - esteemed project of IMA. As a part of this humble initiative health camps were organized at following 15 places namely Dariapur, India Colony, Isanpur, Amraiwadi, Meghaninagar, Ghatlodiya, New Ranip, Ognaj, Vejalpur, Nayaka, Kashindra, Modasar, Kanij, Aslali & Uvarsad in the month of October. Total 1267 patients have been examined by our team of the experts. AMA is thankful to all the specialist doctors and all the co-ordinators and support staff for rendering their services to the mankind.

Report of Scientific Programme 'Synergy Meet' Date 05/11/2023

A scientific event was organized by Ahmedabad Medical Association in collaboration with Endocrine Society of India at Hotel Hyatt, Vastrapur, Ahmedabad on 5th November 2023. Dr Tiven Marwah, Dr Parag Shah, Dr Shrikant Somani, Dr Om Lakhani and Dr Sanjeev Phatak were invited as expert speakers. The programme was chaired by Dr Bansi Saboo. The programme was co-ordinated by Dr Rohan Christian. The sessions were quite informative and interactive. More than 100 doctors participant

Report of Geetaben M. Desai Scientific Programme 'Protect Your Breath' Date 07/11/2023

A scientific programme was organized by Senior Citizen Club of Ahmedabad Medical Association at AMA hall, Ashram Road, Ahmedabad on 7th November 2023 evening. Dr Raj Bhagat & Dr



Mihir Mehta were invited as expert speakers. The programme was followed by light snacks. The programme was co-ordinated by Dr K. R. Sanghavi, Dr Abhay Dikshit, Dr K. C. Gadhavi and Dr R. C. Shah. More than 30 participants have attended the event.

Report of 'Dhanvantari Poojan' Date 10/11/2023

Ahmedabad Medical Association has organized 'Dhanvantari Poojan' at AMA hall, Ashram Road, Ahmedabad on the occasion of Dhanteras on 10th November, 2023. It is believed that Lord Dhanvantari is considered to be the incarnation of Lord Vishnu. It is said in the scriptures that whoever worship Lord Dhanvantari, the God of Health, on this day with full devotion gets relief from serious health disorders. Shastriji Kirtibhai Trivedi (CA), Koteswar Temple was invited to perform the Pooja. Dr Bharat Kakadiya President – IMA GSB was the Guest of Honour on this special occasion.

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P.P.S.,

Health Scheme

and N.S.S.S.





લેડીઝ-ક્લબ

યત્ર નાર્યસ્તુ પૂજયન્તે, રમન્તે તત્ર દેવતા:

લેડીઝ ક્લબની નવી ટીમનું Installation તા.૨૧-૧૦-૨૦૨૩, શનિવારે સારી રીતે સંપન્ન થયું.

ડો. મોનાબેન દેસાઈ, ડો. તુષાર પટેલ, ડો. ઉર્વેશ શાહ અને ડો. મેહુલ શાહ ની હાજરીમાં દીપ પ્રાગટ્ય કરવામાં આવ્યું. ત્યારબાદ નવરાત્રિની આરતી તેમજ ગરબા ડી.જે. પાર્ટી સહિત કરવામાં આવ્યું.

કાર્યક્રમ નં.૩

વીતી ગયું વર્ષ વીતી ગયો કાળ, નવી આશા,
અપેક્ષા લઈ આવ્યું નવું વર્ષ
દિવાળીની ઉત્સાહભરે ઉજવણી પછી નવા વિક્રમ સંવતમાં આવો પિતૃસંથા સાથે
સ્નેહમિલનમાં જોડાઈએ

તારીખ : ૨૬-૧૧-૨૦૨૩, રવિવાર

સમય : સાંજે ૫-૦૦

સ્થળ : એ.એમ.એ. હોલ, આશ્રમ રોડ, અમદાવાદ.

કાર્યક્રમ નં.૪

યોગાસન

યોગ શિક્ષક : જયોતિબેન અશોકભાઈ શાહ

તારીખ : ૧૫-૧૨-૨૦૨૩, શુક્રવાર

સમય : સવારે ૭-૩૦ થી ૮-૩૦

સ્થળ : એ.એમ.એ. કમ્પાઉન્ડ, આશ્રમ રોડ, અમદાવાદ.

કાર્યક્રમનાં અંતે પૌષ્ટિક વેજીટેબલ સૂપ આપવામાં આવશે.

ડો. ક્ષમાબેન શાહ

પ્રમુખ

મો. ૯૩૨૭૦ ૬૬૬૪૦

ડૉ. તુષાર પટેલ

પ્રમુખ

એ.એમ.એ.

ડો. મનીષાબેન મહેતા

સેક્રેટરી

મો. ૯૮૮૮૦ ૧૬૮૭૪

ડૉ. ઉર્વેશ શાહ

સેક્રેટરી

એ.એમ.એ.

**OBITUARY**

May their soul rest in eternal peace.



DR. VIJAY BHANUBHAI ACHARYA

L-5623 M.B.D.G.O.

Date of Birth : 28-05-1965

Date of Death : 28-09-2023

We send our sympathy & condolence to the bereaved family.

WE WELCOME FOLLOWING NEW LIFE MEMBERS

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12560 L	DR. MAKWANA JIGISHA ARJANBHAI
12561 L	DR. KATARA ASHISHKUMAR SURESHBHAI
12562 L	DR. JADEJA ISHITABA HARISHCHANDRASINH
12563 L	DR. JANSALI JAGRUTIBEN JAYANTILAL
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12572 L	DR. PARIKH DWEPA KAMLESH



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AHMEDABAD MEDICAL ASSOCIATION HALL DONATION AND DEPOSIT CHART

Effect from 1-3-2023 Phone : 26588775 Office Time : 2 to 6 p.m.

Dr. R. M. Fozdar Hall (capacity 248 Seats)

	Others	members
Hall Deposit (Refundable)	Rs. 5,000-00	Rs. 5,000-00
Dr. R. M. Fozdar Hall (For 3 hours) Non A.C.	Rs. 5,000-00	Rs. 4,000-00
Extra Charges for 1 hour (Extra charges limit upto 3 hours)	Rs. 1,000-00	Rs. 800-00
A.C. Charges (For 3 hours)	Rs. 4,500-00	Rs. 4,000-00
(Extra Charges 1 hour) A.C.	Rs. 1,400-00	Rs. 1,100-00
Dr. R.M. Fozdar Hall Full Day (9 a.m. to 7 p.m.) Non A.C.	Rs. 12,000-00	Rs. 10,000-00
A.C. Full Day - Dr. R. M. Fozdar Hall	Rs. 12,000-00	Rs. 10,000-00

OPEN GROUND WITH Dr. R. M. Fozdar Hall

For Lunch / Dinner	Rs. 5,500-00	Rs. 4,500-00
For Refreshment	Rs. 1,500-00	Rs. 1,200-00
Cleaning + Electric	Rs. 800-00	Rs. 700-00

JAGMOHAN PARIKH HALL 1ST FLOOR (Capacity 100 Chairs)

Hall Deposit (Refundable)	Rs. 4,000-00	Rs. 4,000-00
J. P. Hall (For 3 hours) Non A.C.	Rs. 3,000-00	Rs. 2,500-00
Extra charges for 1 hour (Extra charges limit upto 3 hours)	Rs. 700-00	Rs. 600-00
A.C. Charges (For 3 hours)	Rs. 2,000-00	Rs. 1,500-00
(Extra charges 1 hours) A.C.	Rs. 600-00	Rs. 500-00
J. P. Hall Full day 9 a.m. to 7 p.m. (Non A.C.)	Rs. 7,500-00	Rs. 6,500-00
J. P. Hall A.C. Full Day	Rs. 7,000-00	Rs. 6,000-00

OPEN GROUND WITH DR. J. P. HALL

For Lunch / Dinner	Rs. 3,000-00	Rs. 2,500-00
For Refreshment	Rs. 800-00	Rs. 700-00
Cleaning + Electric	Rs. 600-00	Rs. 500-00

18 % GST extra will be applicable.

Dr. R.M. Fozdar Hall, J.P. Hall & Open Ground is not permitted for following purpose.

• Political Programme • Music Programme (Professional) • Marriage & Reception • Event

Token Rates applicable for :

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**A key concept that any medical person should be aware about
while planning to get an ECG for a patient with palpitations**

Dr. Chirayu Vyas

MD (Gold Medalist)-DNB; DM Cardiology (AIIMS-New Delhi)

Any one can have a racing heartbeat from time to time. If you ask a question to yourself about getting fast heart beats, then you will usually notice a sudden onset of fluttering sensation in your chest/neck/upper part of abdomen or just have a feeling that it is working too hard and fast.

A person suspected to have continuous fast heart beats as a problem needs certain specific remedies and the key guide to these would be to get an Electrocardiogram(ECG) during the ongoing symptoms as early as possible at a nearby health centre, clinic or hospital.

In a lot of such occasions, a certain amount of time is going to get elapsed as in travelling on Indian road vehicular traffic or getting the formalities done at the place where the ECG is to be done. Here is the critical time, when only the patient himself/herself can be certain about the ongoing symptoms when the print option is pressed on the ECG machine.

Often, a person with fast heartbeats may notice combinations of symptoms like palpitations, dizziness, light headedness, blurring of vision, weakness, difficulty in breathing/some peculiar kind of chest discomfort, body imbalance and even transient loss of consciousness, etc. This can be a sign of a heart condition needing serious attention. These symptoms can get triggered during daily routine activities with or without posture change, which can last for a few seconds, minutes and less often for hours.

Most racing heartbeats are caused by common situations like stress, anxiety, panic attacks, heavy exercise, remedy medicines, asthmatic inhalers, significant blood loss etc. Heartbeats detected by gadgets like smart watches are considered noteworthy for more than or equal to 150 heartbeats per minute at rest, even though a lower range of fast heartbeats in certain situations is worth a concern.



Recognizing the cause of fast heartbeats leads to the correct further line of treatment. Certain vagomimetic manouvres and medications to solve this problem are not considered the only final solution as their effect wears off after some time, allowing the problem of fast heartbeats to occur repeatedly. A permanent cure for the problem of frequently occurring and troublesome fast heartbeats in a large proportion of such cases, is a procedure called Electro Physiology Study(EP Study) and Radio Frequency Ablation(RFA) which is performed by doctors who are specialized in this medical technology.

ADULT VACCINATION

We Doctors should push for this much needed Prevention.

Dr. Yogesh Gupta

Senior Consultant Physician Head of Geriatrics
Professor Of Practice Medicolegal And Ethics NFSU, Gandhinagar

Medical fraternity do not require any knowledge about science of vaccination. Immunization in new born and children's is at all-time peak in our country. Thanks to equal contribution by government, vaccine manufacturers, paediatricians and general population our children's are safe and they grow to adulthood healthy and without any defects or life threatening diseases.

HEALTH CARE WORKERS OFTEN [MISTAKENLY] THINK THEY'RE IMMUNE. THEY'VE BEEN WORKING IN THIS SETTING FOR A LONG TIME, HAVE BEEN AROUND SICK PEOPLE, AND [WRONGLY] THINK THEY HAVE NATURAL DEFENSES.

But despite the science of adult vaccination and easy availability of adult vaccines there is general apathy towards this vaccine.

Why do we require adult vaccines?

1. Vaccines Have Saved Lives for Over 100 Years—But Serious Disease Is Still a Threat- People all over the world, still become seriously ill or even die from diseases that vaccines can help prevent e.g. Pneumonia, H1N1, herpes Zoster and so on.
2. Vaccines Are the Best Way to Protect Yourself and Your Loved Ones from Preventable Disease- Think about influenza, typhoid, and varicella zoster and so on.

(To be continued from page no. 55)



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સરકારશ્રીની “PM-JAY” યોજના અંતર્ગત નીચેના રોગોની નિઃશુલ્ક* સારવાર ઉપલબ્ધ છે.

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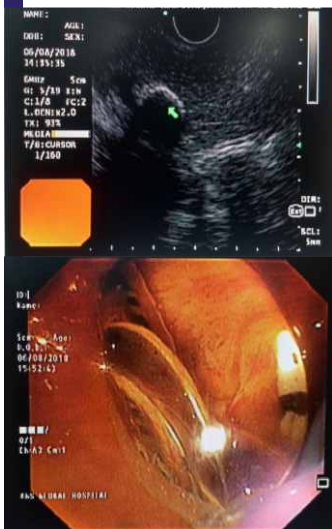
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મહિનગરની એકમાત્ર ૧૦૦ બેડની મલ્ટી સ્પેશ્યાલિટી હોસ્પિટલ...

DR.JENIT GANDHI GASTRO SURGEON CASE REPORT

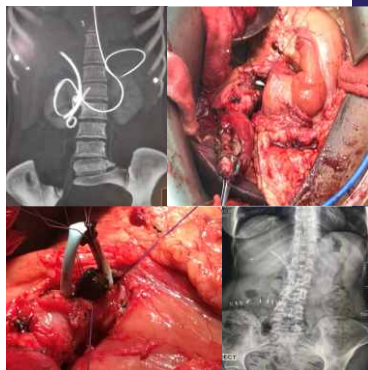


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- 45 year female
- Obstructive jaundice Bilirubin 6, ALP 180
- USG CBD dilated CBD stone in mid CBD Lower CBD narrowed
- ERCP PD stent precut done Balloon sphincteroplasty done Balloon sweep failed Trapezoid mechanical lithotripter used.
- During ERCP the large CBD stone was engaged in a Dormia basket for mechanical lithotripsy.
- There was breakage of the wire near oral side
- The patient was taken in an emergency to operating theatre the same day.
- A longitudinal choledochotomy was done. The presend of an impacted basket plus large stone in the CBD was noted.

- Basket was cut and removed, then wire was delivered orally.
- CBD wash was given.
- CBD clearance was confirmed fluoroscopically, and 7 Fr stent was placed and choledochotomy was closed with a 3-0 Vicryl continuous suture.
- Cholecystectomy was done.
- POD 4 patient was discharged, on follow up visit after 2 weeks, LFT was normal.
- Stents were removed after 4 weeks.



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- We have the experience of performing the highest Bladeless Contoura Vision corrections in the country
- We have the experience of doing the Highest number of ICL implantations in the country
- We have conducted more than 1,00,000 Lasik Laser Procedures on a Single Lasik Laser Platform (EX 500, Refractive Suite, Alcon, USA)

Only centre in India to be credited for doing more than

2.5 LAKH LASIK SURGERIES



Dr. Parimal Desai, Chairman (M.S. Ophthalmology)



Dr. Aditya Desai, Director (M.S. Ophthalmology)

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First Time in Ahmedabad!!
Only at CURE SIGHT LASER CENTER



Cure sight laser centre is the only one to have Contoura Vision technology for the most detailed diagnosis for the best results and treatment outcomes in Lasik refractive surgeries.

Contoura vision correction has created a revolution in the way we correct the numbers of the eyes. In this technology patient gets benefit of 25-30% in comparison to normal Lasik procedure. This procedure is also known as Fingerprint correction or Topo guided Lasik. Cure sight laser centre is the only centre in Ahmedabad to have this facility.

FACILITIES AVAILABLE

- Lasik Laser (Removal Of Numbers By Laser) from -1.0 Dsph to -10.0 Dsph
- ICL Implantation for eye number above -10.0 Dsph to upto -20.0 Dsph
- Cataract Surgeries • Glaucoma profile and surgery
- Retinal Services

AWARDS & ACHIEVEMENTS



Dr. B.C. ROY
National Award



EVO Visian ICL
*500 Award, Paris



EVO Visian ICL
Award 2022, Italy



Optimal Media
Solutions Award

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in@curesight@gmail.com | www.curesight.com

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Time: 10:30 am to 5:30 pm

Please do not come on Tuesday and Friday for Check up or Follow up • Please note that the whole check up process will take 2-3 hours of your time



3. The Vaccines You Receive Are Safe-
4. Vaccines May Be Required- Certain vaccines are required for school, work, travel, and more. Students, military personnel, and residents of rehabilitation or care centers must be vaccinated against diseases that circulate in close quarters. Health care workers and others whose job puts them at risk of catching and spreading preventable diseases need to be vaccinated against them.
5. The protection some vaccines provide can fade over time- Like tetanus require booster dose, flu vaccine will require a booster dose.

Recommened vaccines

Name	Recommended	Dose	Remarks
Influenza	Vaccinations against diseases, such as pneumococcal and influenza, are especially important for people at high risk, including those suffering from chronic illnesses such as heart disease, pulmonary disease, diabetes, alcoholism or chronic liver disease (cirrhosis), and for health care professionals and caregivers.	Annual	
Pneumococcal	Same as above	-Pneumococcal conjugate vaccines (PCVs, specifically PCV15 and PCV20)- Pneumococcal polysaccharide vaccine (PPSV23)	Ask expert for dosage



Hepatitis A	Chronic liver disease HIV infection Men who have sex with men Injection or noninjection drug use Persons who are homeless Work with hepatitis A virus in lab Travel in countries with high or intermediate endemic HAV infection	2 dose 6 to 18 month apart	
Hepatitis B	Health-care personnel and public-safety workers who are potentially exposed to blood or other infectious body fluids Persons with diabetes, HIV infection, or chronic liver disease Persons with end-stage renal disease, including patients receiving hemodialysis Household contacts and sex partners of hepatitis B surface antigen-positive persons Adults with immunocompromising conditions	3 dose 0,1,6 months apart	
Shingles	Adults ≥ 50 years. Adults >18 years at increased risk of shingles owing to immunodeficiency or immunosuppression caused by known disease or therapy.	2 dose 2 to 6 month apart	
Tetanus		Booster every 10 years	
Human Papilloma Virus	Male and female from age of 11 or 12 years to prevent cancer due to HPV	3 dose	Talk to experts

CDC recommendation for Health care workers



INFLUENZA: Health care personnel need an influenza vaccination every year. Unvaccinated health care workers can spread influenza to patients and are a key cause of influenza outbreaks among patients and long-term care residents. The vaccine does not cause influenza.

HEPATITIS B: Five to 10 percent of acute hepatitis B infections lead to chronic infection, and these lead to liver damage (cirrhosis), liver cancer, or death. Hepatitis B vaccine should be given to protect individuals who are in contact with blood, body fluids, or used needles.

MEASLES/MUMPS/RUBELLA (MMR): Health care workers who are not already immune to MMR should be vaccinated. Even mild or undetectable rubella disease can cause birth defects.

TETANUS/DIPHTHERIA/PERTUSSIS (Td/Tdap): Health workers need a booster every 10 years for Td (tetanus-diphtheria) vaccine, and Tdap should replace a single dose of Td for adults who have not received a dose of Tdap previously.

VARICELLA (CHICKENPOX): Varicella can be transmitted in hospitals by patients, staff, and visitors. Health workers who are not already immune should be vaccinated.

PREGNANCY AND VACCINATION

Pregnant women have a higher risk of complications from influenza compared with the general population.

It is recommended that women who become pregnant should receive the inactivated seasonal flu shot and women should receive the Tdap vaccine before they become pregnant.

In addition, the MMR vaccine can prevent birth defects due to infection with rubella during pregnancy. Anyone receiving either the MMR or varicella (chickenpox) vaccine should wait four weeks before becoming pregnant.

If a woman is already pregnant, she should wait until after delivery to get either of these vaccines

MANY DOCTORS ARE NOT VACCINE-SAVVY WITH RESPECT TO ADULTS, AND WE NEED TO EDUCATE THEM. PRACTICES SHOULD HAVE 'STANDING



ORDERS,' SO THAT EVERY PATIENT WHO COMES IN IS SCREENED AND ASKED QUESTIONS ABOUT IMMUNIZATION -- AND THEN RECEIVES THE VACCINES IF THEY ARE NEEDED.

Ask this questions to yourself and you will know why we are so low in percentage in adult immunization

1. How many of you are 65 years of age or have parents above 65 years of age?
2. How many have themselves taken or their parents vaccine against influenza and pneumonia?
3. How many of we healthcare professionals have taken annual influenza shots?
4. How many of you or your parents suffer from chronic diseases ?

Answer honestly and think scientifically, we might increase 4.4% percentage healthcare vaccination rate to more than 70percent in coming years.

One can use this link to ask every person with questions and then recommend the vaccination to the person.

When to refer a Patient for Liver Transplantation? What a physician should know?

Dr. Hitesh Chavda

Consultant Surgical Gastroenterologist Hepatobiliary, Gastrointestinal Cancer &
Liver transplant surgeon Sterling hospital, Ahmedabad

Liver transplantation (LT) remains the only therapeutic option and standard of care offering definitive treatment for decompensated cirrhosis and acute liver failure (ALF), as well as for selected patients with hepatocellular carcinoma (HCC). Current post-transplant patient survival rate is 90% after 1 year and 75 % after 5 years, which reflect the major advances in surgical techniques, intensive care, immunosuppression, as well as better selection of potential candidates for transplantation. Referral timing is essential to ensure patients with advanced liver disease

experience optimal transplant results. It is important to avoid referring a patient too soon, before transplant evaluation and services are necessary. However, if you refer a patient too late, the patient can miss the transplant window of opportunity. The disease could be too advanced for transplant eligibility, or the patient's stamina may be too poor to proceed with surgery.

Organ allocation in India is dictated by disease severity, as reflected by the model for end-stage liver disease (MELD) for patients 12 years of age or older and by the paediatric end-stage liver disease (PELD) score for those younger than 12 years of age. Hyponatremia occurs commonly in patients with cirrhosis and is an independent predictor of mortality in this population; thus, the most recent modification of the MELD score includes serum sodium into the mathematical equation (MELD-Na). Cirrhosis per se is not an indication for LT, as it is not associated with survival benefit in patients with low MELD scores. Consequently, patients should be referred for LT evaluation when the MELD score is ≥ 15 or when an index complication of cirrhosis such as ascites or variceal haemorrhage occurs. Patients with evidence of hepatic dysfunction (Child–Turcotte–Pugh [CTP] score ≥ 7) and MELD scores < 15 should be advised about the potential role of LT in the future, particularly when the progression is expected.

When to refer a patient for liver transplantation?

- **Signs of liver decompensations** like ascites, oedema, pleural effusions, encephalopathy, gastrointestinal bleeding, disabling itching or muscle wasting.
- **End-stage liver disease (ESLD) with a life expectancy $< 12-24$ months** or who have developed life-threatening complications or with severe liver associated debility frequently associated with sustained portal hypertension
- **Symptom progression despite low MELD scores.** At times, patients with advanced liver disease may present with significant symptoms yet have low MELD scores. Despite this contradictory situation like



worsening ascites, encephalopathy or sarcopenia require referral for liver transplantation.

- **HCC.** Patients diagnosed with cirrhosis require regular screening for hepatocellular carcinoma (HCC), which is a common liver transplant indication. Patients with early stage HCC are selected for liver transplantation and specific criteria were established to assist with appropriate patient selection for such patients.
- **Spontaneous bacterial peritonitis** in a cirrhotic patients and repeated episodes of bacterial cholangitis in patients with biliary disease also should prompt transplant referral.
- **Acute liver failure**
- **Poor function in daily life.** If a patient struggles to perform everyday tasks and can no longer work, these are signs that referral for a transplant discussion is appropriate.
- **Repeated admissions.** Multiple hospital stays are indicators that a patient's disease may benefit from transplant.

What are the contraindications for liver transplantation ?

- Systemic or uncontrolled infection including sepsis
- Significant uncorrectable life-limiting medical conditions
- Severe end-stage organ damage
- Irreversible, severe brain damage/limited cognitive ability
- Social and psychiatric issues/emotional instability
- Lack of psychosocial support
- Lack of sufficient financial means to purchase post-transplant medications
- History of non-adherence
- Active untreated or untreatable malignancy
- Active alcohol dependency and substance abuse
- Anatomic abnormalities that preclude liver transplantation



- AIDS or certain serious and life threatening disease that occur in HIV positive people
- Patients over the age of 70 is a relative contraindication. Although patients over 70 years of age needs special consideration and evaluation before transplant.

Organ allocation in Gujarat is regulated by **State Organ and Tissue Transplant Organisation (SOTTO)**. They streamline the process of cadaver organ harvesting and organ allocation in the state of Gujarat. A transplant candidate can register on the waiting list, only at one hospital of their choice for the cadaver organ. Patients listed for LT will be periodically evaluated by multidisciplinary teams at the transplant centre where they are listed but are also frequently seen and cared for by local gastroenterologists or hepatologists and liver transplant surgeons. For liver transplantation an individualized and comprehensive assessment of each patient's clinical, social, economic, and behavioural situation is necessary to continue improving outcomes.

Medical Negligence and Medical Fraternity

"With great powers comes great responsibilities"

Dr. Yogesh Gupta

Senior Consultant Physician Head of GERIATRICS
Professor of practice Medicolegal and Ethics, NFSU Gandhinagar

The health-care services in India have seen a tremendous change in the past few decades. The major change has been in the form of Consumer Protection Act (CPA) formulated in the year 1986. The medical profession has also been brought under the purview of this act since 1995.

When it was brought under CPA medical fraternity thought that actual medical negligence will be under this preview. But with every judgment something new is added into the guidelines. For a medical professional it is difficult to adapt to so many new things and there is a general confusion that

1. What is right for doctor can be wrong for the law
2. Should I treat a patient in emergency or should I write the documents first.



3. Will my knowledge of treating a patient is enough to prove that I was not negligent.

Initially the cases of medical negligence included

1. Wrong medicine
2. Wrong surgery.
3. Leaving behind surgical materials in body

But soon every aspect of medical services came under its ambit and the most dangerous are

"If you fail to provide the necessary result to the patient as per his or her wish then he or she can file medical negligence"

With increase in corporate hospital and with addition of large numbers of managers confusion and misunderstanding took toll of doctor patient relationship. So

"if someone misbehaves in hospital then it becomes part of medical negligence"

With increase in medical insurances another set of people got added in healthcare and so

"If patient do not get medical reimbursement then also medical negligence can be accused"

So as a doctor there is a time to

1. Have professional indemnity of the proper amount. We medical association are lucky to have PROFESSIONAL PROTECTION SCHEME which has long experience of providing us with right help
2. Your treatment saves life and your documentation protects you. So learn right documentation at all time without compromising the actual treatment
3. Approach a right lawyer. In the fight of medical negligence our medical knowledge takes a back bench when the fight is in court. So a team of lawyer who have medical knowledge, set of doctors who can prepare proper answers and rebuttal, experience of fighting such cases is necessary.

So let's join hand and create a environment of awareness between us where we can



1. Continue serving our patients.
2. Document every step in proper format
3. Work hard to remove misunderstanding between doctors and patients
4. If unfortunately any case is filed then fight right with right team
5. If found guilty then rest of us try to improve.

Let's promise to each other

Like United States of America where due to rise in medical negligence cases they have gone into defensive medicine style of practice which has caused huge compromise in medical treatment,

We in India will not change our main aim of serving patients in the right way. A medical negligence will not deter us in practicing right medicine.

"Ignorance of law is not a valid defense in medical negligence court cases"

" From prescription to postmortem, medical laws are applicable in every aspects of medical practice "

Benefits of Professional protection scheme

1. It is doctors own association which protects us from medical negligence
2. Highest lawyers on board who has vast experience in fighting such cases with highest win percentage
3. Financially beneficial.

Let's become the member of PPS at earliest and safeguard our medical practice.

Rational Use of Blood and Blood Components

Dr. Jhalak Patel

Deputy Director-Medical,
Transfusion Medicine Specialist.

Dr. Vishvas Amin

General Secretary,
Pathologist.

Indian Red Cross Society, Ahmedabad District Branch

Blood transfusion is an essential therapeutic intervention. The main role of the blood centre is to provide safe and timely blood and blood component(s) to the patients that will improve the physiological status of the patient. Rational use of blood and blood products means right product is used with the right dose on right time for the right reason.



These days effective blood transfusion therapy depends upon the availability of different blood components. These components, used separately or in combinations, can meet most patients transfusion need and keeping the risk of transfusion to a minimum.

A blood donor donates the product known as whole blood, from which components are prepared. The ability to separate various components from whole blood is desirable for the following reasons:

1. Separation of blood into components allows optimal survival of each constituent.
2. Transfusion of only the specific constituent of blood needed avoids the use of unnecessary component, which could be contraindicated in a patient.
3. By using blood components, several patients can be treated with the blood from one donor, giving optimal use of every unit of donated blood.

THERAPEUTIC USES OF BLOOD COMPONENTS:

- **WHOLE BLOOD**

- Whole blood contains 450 ± 45 ml or 350 ± 35 ml of donor blood plus anticoagulant solution. Whole blood has a hematocrit of 30-40 per cent. Stored blood has no functional platelets and no labile coagulation factors V and VIII.
- Indications:
 - The patients of trauma and for major surgery or exchange transfusion may be considered for whole blood transfusion.

Even in major trauma or surgical operation, a blood loss up to 30% can be corrected by the use of crystalloid solutions alone. If the loss of blood is more than 30% and the patient is at the risk of hemorrhagic shock the transfusion of whole blood is the component of choice to restore blood volume and oxygen-carrying capacity. Even in most such cases, transfusing combination of crystalloid and red cells or red cells and fresh-frozen plasma provides both volume expansion and oxygen-carrying capacity.



- **Red Blood Cells [RBC]/Packed Red Blood Cells [PRBC]/ Packed Cell Volume [PCV]/ Red Cell Concentrate [RCC]:**
 - Red blood cells are prepared by removing most of the plasma from a unit of whole blood.
 - Indications:
 - In decreased bone marrow production conditions:
 - Leukemia
 - Aplastic anemia
 - In decreased red cells survival conditions
 - Hemolytic anemia
 - Thalassaemia
 - In bleeding patients
 - Surgical bleeding
 - Traumatic bleeding

Parameters	Random Donor Patient (obtained from whole blood donation)	Single Donor Platelet (Prepared from Single Donor by Apheresis Method)
Average	5.5×10^{10} platelets	Average $> 3 \times 10^{11}$ platelets (equal to platelets obtained from 5 to 6 whole blood donations)
Plasma volume	50-60 ml	200 ml
Leukocytes	10^8 in each unit filtration is required to reduce leukocytes	$< 5.5 \times 10^6$ Obviate the need of filtration
Exposure	Exposes a patient to multiple donors	Exposes a patient to one donor
	More exposure to infections	Less exposure to infections
Alloimmunization	Relatively more risk to alloimmunization	Low risk to alloimmunization



- There are no set levels of hemoglobin that indicate a need of transfusion. However it is suggested that trigger values of **hemoglobin of less than 6.0 g/dl in the absence of disease and between 8 and 10 g/dl with disease need transfusion of red cells.**
- Others:
 - Patients approaching delivery and has Hb value < 7 g/dl
 - In hereditary hemolytic anemia's and beta thalassaemia major. Guidelines are more liberal.
- **Platelet Concentrate [PC]:**
 - It is prepared from whole blood kept at room temperature (22-22°C) and within 6 to 8 hours of collection.
 - Platelet concentrate can be prepared from:
 1. Random donor platelet (prepared from 350 ml/450 ml whole blood)
 2. Single donor platelet prepared by apheresis.
 - Relative Merits of Platelet-Apheresis and Random Donor Platelet:
 - Indications:
 - In these conditions endogenous and exogenous platelet survival is normal and platelet supportive therapy is useful.
 - Leukemia
 - Chemotherapy.∴
 - Aplastic anemia
 - Bone marrow transplantation
 - Marrow infiltrative diseases (e.g. carcinoma, leukemia)
 - Drug induced suppression
 - Radiation-induced hypoplasia
 - Platelet count is < 5000 /μl regardless of clinical condition.
 - In Dengue Fever:
 - Platelet count less than 10000/cu.mm in absence of bleeding manifestations (Prophylactic platelet transfusion).
 - Hemorrhagic with or without thrombocytopenia.

❖ **Fresh Frozen Plasma [FFP]:**

- Fresh frozen plasma (FFP) is plasma that is separated from whole blood and is frozen within 6-8 hours of collection. FFP contains plasma proteins and all coagulation factors, including the labile Factors V and VIII if stored at - 30°C or below.

➤ Indications:

- Actively bleeding and multiple coagulation factors deficiencies in
 - Liver diseases
 - Disseminated intravascular coagulation (DIC)
 - Coagulopathy in massive transfusion
 - TTP
 - When specific disorder cannot be or has not yet been identified Familial Factor V deficiency. If concentrated Factor V is not available, FFP can be used as a source of Factor V.
 - Deficiency of Factors II, VII, IX and X.
 - Antithrombin III deficiency
 - Congenital or acquired coagulation factor deficiency
 - Use of FFP in conjunction with red cells has largely replaced the transfusion of fresh blood.
 - Cryoprecipitate-poor plasma contains 80% of the amount of Factor V in FFP and can be used as an alternative to FFP.

❖ **CRYOPRECIPITATE POOR PLASMA [CPP]:**

- Cryoprecipitate-poor plasma is a byproduct of cryoprecipitate preparation. Both these products lack the labile coagulation factors V and VIII, but contain stable clotting factors II, VII, IX, and X. Cryo-poor plasma lacks fibrinogen also.



➤ Indication:

- In deficiency of stable clotting factors (e.g. coagulopathies due to warfarin drugs)
- Burn

❖ **CRYOPRECIPITATE:**

- Cryo is cryoprecipitate proteins derived from the fresh frozen plasma.

➤ Indications :

- Hemophilia A
- von Will brand's disease
- Congenital or acquired fibrinogen deficiency
- Acquired Factor VIII deficiency (e.g. DIC, massive transfusion)
- Factor XIII deficiency
- Source of Fibrin Glue used as topical haemostatic agent in surgical procedures.

❖ **Fresh Blood-A Myth Breaker:**

- Whole blood or red blood cells concentrates less than 12-24 hours old from the time of collection are considered fresh. Processing of donor blood which includes screening for the markers of transfusion-transmitted diseases e.g. HIV, HBsAg, HCV, Treponema Pallidum, Malaria., ABO and Rh typing and screening of antibodies, is rarely completed within 24 hours. It is difficult to provide fresh blood ensuring the blood safety.
- About 80-90% of platelets in a unit of blood become non-functional and about 30-40% of labile coagulation factors V and VIII are lost in 24 hours on storage at 2-6°C.
- Besides one or two units of fresh blood will not help a patient with a specific component deficiency.



- Fresh blood could be justified earlier when no facilities for the separation of components were available and tests for the transfusion-transmitted disease were not mandatory. There is belief that it has some mystical humoral properties. **BUT IT IS MYTH.**
- There are no valid indications for transfusion of fresh blood before completing all necessary tests. Before fresh blood is requisitioned, it is appropriate to establish diagnosis and to plan specific component therapy.
- Concern about the high level of potassium and hyperkalemia caused by potassium in stored blood are rarely justified.
- **Newborns sometimes need fresher blood because** they have high percentage of fetal hemoglobin, which does not release oxygen to the tissues as well as the adult hemoglobin. . In such cases, blood less than 7 days old is of clinical significance.
- Blood that is less than 7 days old after phlebotomy is more practical and can be readily available for few special patients.

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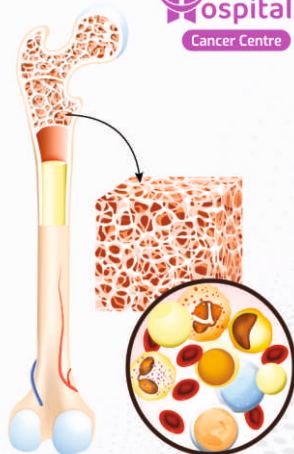
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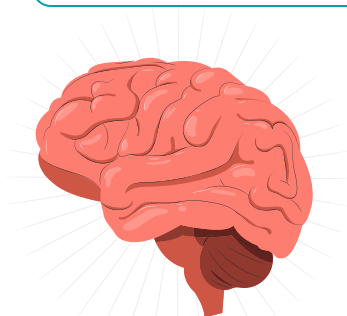
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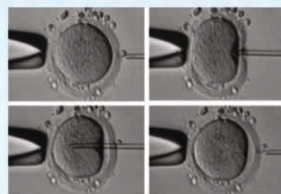
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What makes Aditya's story even more remarkable is that, in addition to his weight loss success, he also triumphed over a long-standing smoking habit, with **the invaluable support of Nobesity's dedicated Psychologist**. This dual achievement has allowed Aditya to embrace life like never before. **From struggling with a 60-inch waist, he now comfortably fits into a 48-inch**. Aditya has rekindled his passion for activities he once thought were impossible - walking, visiting factories, traveling, and even swimming. His journey serves as a beacon of hope for anyone on their own weight loss and smoking cessation journey, demonstrating **the transformative power of commitment and expert care**.

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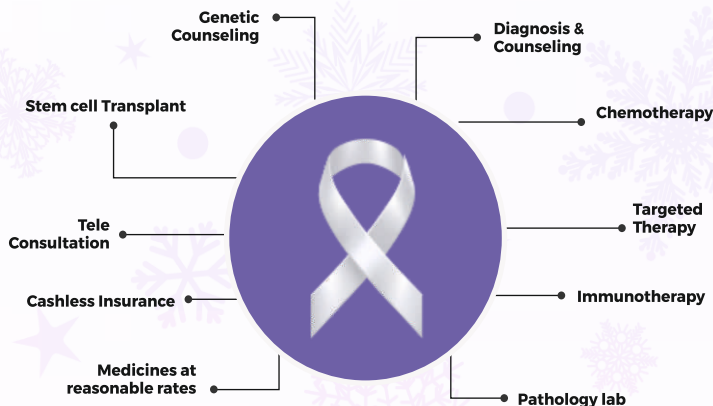
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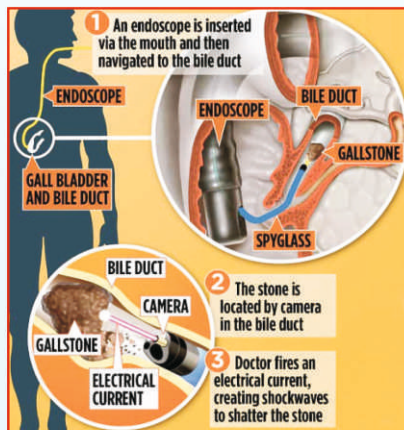


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Background and Objectives: Bowel Deep Infiltrating Endometriosis (DIE) management by colo-rectal resection is a complex procedure. The purpose of the present study is to delineate a meticulous approach to the assessment of the patient, step-wise surgical technique, pre, and post-operative care, and its short-term and long-term outcomes.

Methods: This is a single centre retrospective study done on patients of bowel DIE managed by colo-rectal resection between January 2019 to June 2021.

Results: There was a significant improvement in the symptomatology of patients post-surgery. Our surgical technique is feasible with acceptable short-term and long-term outcomes.

Conclusion: Bowel DIE management can be proficiently executed with proper diagnostic approach, appropriate surgical expertise with exhaustive pelvic anatomy knowledge especially concerning autonomic nerve plexus.

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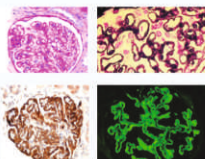
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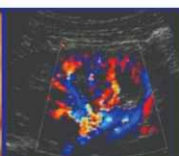
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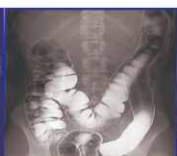
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Civil Hospital Campus, Asarva, Ahmedabad.
M 9727059836 (5.00pm to 7.00pm)

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IAP Fellowship - Sir Gangaram Hospital, New Delhi, India.
APLAR & PreS International Fellowship-
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Mobile : 94082 71239
Appointment No : M 70162 11961
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M 82380 04127 (2.00pm to 6.00pm)

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