

HEART TODAY

75
Azadi Ka
Amrit Mahotsav

News Bulletin

ISSUE : 12 | August, 2022

“KNOW YOUR HEART FOR BETTER TOMORROW”



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Chairman's Message



Shri Manoj Aggarwal, IAS
Additional Chief Secretary,
Health and Family Welfare Dept.,
Govt. of Gujarat and
Chairman Governing Board,
UNMICRC

It gives me great pleasure to share yet another accomplishment of the U. N. Mehta Institute of Cardiology & Research Centre, Ahmedabad. Congratulations to the team of the Institute for receiving a certificate of appreciation under the Gold Category in recognition of the Quality Certification standards of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPM-JAY). On this Independence Day, the Har Ghar Tiranga campaign brought great enthusiasm and a sense of patriotism all over the country as part of the Azadi Ka Amrit Mahotsav, and it was a mesmerising event for all.

Independence Day reminds us of all the sacrifices that were made by our freedom fighters in order to set India free from British rule. As the theme of this year's Independence Day suggested, our nation should always come first before our own interests, and if we all work together, we can contribute more to the country's further progress.

Jay Hind!!

Director's Message



Dr. R. K. Patel
Hon. Director & Member Secretary,
Governing Board, UNMICRC

Greetings...!!

On the occasion of Independence Day, the Institute hosted a grand celebration as part of the Har Ghar Tiranga campaign under the Azadi Ka Amrit Mahotsav.

As we are marching towards the new era of independence, we need to take an oath that as a citizen of this country, we will not do any act against the country and as an employee of this institute, we need to take an oath that we will not do any act against the institute and will always think and work towards the best interest of our nation and our institute.

Additionally, congratulations to the team for receiving a certificate of appreciation on the occasion of Independence Day, 2022. The institute offers high-quality cardiac care and treatment under the Ayushman Bharat Yojana, and the same is backed by well-trained and dedicated hospital staff as well as state-of-the-art infrastructure with all the latest technologies.

Jay Bharat!

Our Achievement "Success is best when it's shared."



On the occasion of Independence Day-2022, U.N. Mehta Institute of Cardiology & Research Centre, Ahmedabad received a certificate of appreciation under the Gold Category in recognition of the Quality Certification standards of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPM-JAY). The award was felicitated by the hands of Cabinet Minister Mr. Rishikesh Patel, Health and Family Welfare, Medical Education, Water Resources and Water Supply, Government of Gujarat.

World Breastfeeding Week



Every year, from August 1 to August 7, World Breastfeeding Week is celebrated to raise awareness about the benefits of breastfeeding. The theme of World Breastfeeding Week-2022 was **"Step Up for Breastfeeding: Educate and Support."**

Breast feeding week was observed by the Institute with the goal of promoting and raising awareness. The two-day sessions were arranged for female employees of the institute and mothers of paediatric patients. Interactive sessions were led by Ms. Payal Patel, nursing tutor, UNMICRC, on the benefits of breastfeeding and kangaroo mother care (also known as KMC), which can improve the low birth weight and health of infants. Various speakers like Dr. Rakesh Sharma, Paediatric Intensivist, UNMICRC and Dr. Falguni, Paediatrician, UNMICRC also shared their thoughts regarding breastfeeding and the concerns of working women nowadays. Around 100 participants took part in the event and gained useful knowledge.



Independence Day celebration: Har Ghar Tiranga

The Independence Day was celebrated by the institute under Azadi Ka Amrit Mahotsav, which is an initiative of the Government of India to celebrate and commemorate 75 years of independence. The theme of the 75th Independence Day was "Nation First, always first."

A campaign, **"Har Ghar Tiranga"** under the aegis of Azadi Ka Amrit Mahotsav, was organised to encourage people to bring the Tiranga home and to hoist it to mark the 75th year of India's independence. Mr. Naitik Patel, Administrative Manager, UNMICRC, coordinated the entire event. The programme was inaugurated with lamp lighting and prayer by Dr. R. K. Patel, Director of the institute, and other dignitaries such as Dr. Jayesh Prajapati, Professor & Head of Cardiology Department; Dr. Chirag Doshi, Professor & Head of CVTS Department; and Dr. Ramesh Patel, Professor & Head of Anaesthesia. They also graced the programme with their kind words. A film was displayed with the various patriotic songs, and Tiranga was distributed to all the employees. A competition of rangoli and poster making was also organised with the theme of "Har Ghar Tiranga" and was displayed in the exhibition area. The programme was concluded with the prize distribution to all the winners.



Webinar by department of Cardiac Anaesthesia

Lectures by Experienced Teaching Faculties of UNMICRC, B. J. Medical College & Other Reputed Medical Colleges of Gujarat.

Date : 21st August -2022 (Online)
Time : 09:00 am to 02:00 pm

Half Day Crash Course for Preparation of NEET-SS for DM CARDIAC ANAESTHESIA

How to prepare for NEET-SS? & Why Cardiac Anesthesia?





U. N. Mehta Institute of Cardiology & Research Centre (UNMICRC)
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On 21/08/2022, the Department of Cardiac Anaesthesia, U.N. Mehta Institute of Cardiology & Research Centre, Ahmedabad, arranged a half-day online crash course in association with the Department of Anaesthesia, B.J. Medical College, for NEET SS Aspirants on 21/08/2022. Various anaesthesia topics like cardiac, paediatric, OB & GY, liver, kidney, neuro, critical care, etc. were discussed by eminent faculties from different colleges. Our director, Dr. R. K. Patel, blessed all the participants with his inspirational words. All the teaching faculty of our department took keen interest and facilitated the smooth conduct of the program, especially Dr. Ramesh Patel. Dr Visharad Trivedi, Dr Divyakant Parmar, and Dr Pravin Patel delivered their talks on Cardiac Anaesthesia. Dr Aruna and Dr Anuj shared their valuable experience on how to prepare for the NEET SS. The programme was very successfully attended by nearly 75 participants. The entire course was directed and designed by Dr Naman Shastri and was conducted by Dr Himanshu Mehta. The hospital's administration and IT Department supported it with all their enthusiasm.

Organ Donation Myths & Facts



Dr. Kartik Patel

Associate Professor in CVTS, UNMICRC

Myths and facts about Organ Donation

There is a famous Sanskrit phrase "Vasudhaiva Kutumbakam" which means "The World Is One Family". This follows when we decide to do the most

useful thing for the mankind by doing "Organ Donation". Someone somewhere is a needful person for the family (Vasudhaiva Kutumbakam) who can donate up to 8 organs: eyes, heart, hand, lungs, intestine, pancreas, liver and kidney. Besides organ donation, there is tissue donation which includes donation of skin, tendons, heart valves and bone. These organs and tissues can be life saving for the needy. However, there are many misconceptions about organ donation, which varies from physical to spiritual so let us know about myths and facts about organ donation.

Myth 1 : Organ can be donated only after death.

FACT:

No. Surgeons harvest organs from patients who is declared brain dead with strong and still beating hearts (Deceased Donation) or from living healthy donor (Living Donation). Organs from donors whose heart has stopped (no-heart beating) may not be suitable for transplantation. However, tissue donation (eyes, skin, bone, heart valves etc.) is possible from non-heart beating donors.



Myth 2: There are enough organs available in India.

FACT:

In India, around 3-4 lakh patients died due to organ failure in a year. Out of around 9.5 million deaths in a year, around one lakh are believed to be potential donors. However, only around 200 actually becomes donor. The conversion of these brain dead patients into donors would take care of the long waiting list of end stage organ failure patients.



Myth 3 : If ICU doctors know I'm an organ donor, they won't work hard to save me.

FACT:

No. If you are admitted in hospital sick or injured, the first priority is to save your life. Organ donation can only be considered after brain-death occurs. Moreover, the medical team treating you is distinct from the transplant team.



Myth 4 : What if I recover from brain-death?

FACT:

Although it's a popular scenario in the movies, in real life brain death is irreversible and it's impossible to recover after brain death. The standards to determine a person is brain dead are very strict and according to Human Organ Transplantation Act, 1994.



Myth 5 : Organ and tissue donation mutilates the body.

FACT:

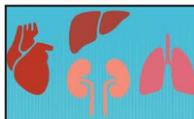
No. Organ and tissue donation doesn't disfigure the body. Donated organs are removed surgically, which doesn't disfigure the body. Also since the donor's body is clothed, so there are no visible signs of organ or tissue donation.



Myth 6: The donor's family is charged for donating organs.

FACT:

A donor's family is never charged. If a family believes it has been billed incorrectly, it should immediately contact and rectify matters with local organ procurement organization.



Myth 7 : Organ donation is against my religion.

FACT:

All major religions not only support organ donation as an individual right, but encourage it as an act of generosity and compassion.



Myth 8 : I'm too old to donate my organs.

FACT:

There's no defined cut off age for donating organs. The decision to use your organs is based on strict medical criteria, not age.



Myth 9 : I have multiple comorbid conditions like Diabetes, hypertension, I cannot become donor.

FACT:

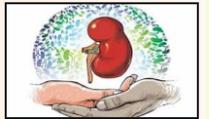
Only few medical conditions automatically disqualify one from donating organs. The decision to use an organ is based on strict medical criteria. At the time of death, only medical professionals can determine whether a prospective donor's organs are suitable for transplantation.



Myth 10: My organs will be given to celebrity, politician or any other influential person not to the needy people!!!!

FACT:

No. The rich and famous aren't given priority. In fact, what really counts is the severity of illness, time spent waiting, blood type and other important medical information. The organ allocation system is very strict and blind to wealth or social status.



Myth 11: People can buy and sell organs.

FACT:

The 'Transplant of Human Organs Act' prohibits any commercial dealing in organs and makes it a punishable offence.



Myth 12: Once I become organ donor I can't change my mind.

FACT:

No. You always have the option of withdrawing your registration and inform the same to your family member.



Myth 13 : It's difficult to become a registered organ donor in India.

FACT:

No. You just have to fill form 7 of the Transplant of Human Organs Act online and give your consent for organ donation. You can also register offline by downloading the form and sending it to: National Organ and Tissue Transplant Organisation, 4th Floor, NIOP Building, Safdarjung Hospital Campus, New Delhi-110029. However, a donor card only shows the willingness of the person to donate. In case of a donor's death, the hospital has to take consent from the family even if he/she has a card.



Live workshop on complex congenital heart intervention and symposium on complex CHD interventions



The international faculty Dr. Do Nguyen Tin, MD, Head of the Department of Paediatric Cardiology and President of the Congenital Heart Disease and Paediatric Cardiology Society of Ho Chi Minh City, Vietnam, visited the U. N. Mehta Institute of Cardiology and Research Centre, Ahmedabad on August 8th, 2022, for a live workshop on complex congenital heart intervention. A total of seven complex congenital heart interventions were performed during the workshop. A total of six paediatric cardiologists from Gujarat attended the workshop with active intervention. Three lecture sessions were attended during the symposium by various faculties.

Continuing Medical Education(CME) on Cardiovascular Thoracic Surgery



The U.N. Mehta Institute of Cardiology and Research Centre, Ahmedabad, organised a one-day continuing medical education training programme on the topic of "Advanced Heart Failure Solutions" on August 17th, 2022, with the collaboration of KIMS hospital, Hyderabad. Various lectures on acute circulatory support in surgical and critical care aspects, case-based patient selection and guidelines, and LVAD implantation were taken by the faculties.

Anandit Hridayam: Activity of The Month August- Dance Competition

The institute has started recreational activities for the employees to develop team spirit and rejuvenation. The activity of the August month was dancing. Dance helps in mood improvement, burns calories, builds muscles, enhances balance, develops flexibility, trains the heart and is also proven to increase cognitive development. The participating employees impressed the jury with their dance moves to Bollywood songs. Around 100 employees gathered and enjoyed the activity as an audience. In the end, all of the participants and the audience played garba with different dance moves.



Congratulations
all winners!

Name of the winners : 1st Divyasha Parmar 2nd Reshma Shabnani 3rd Yashoda Kataria

Biggest Single Super Speciality Cardiac Institute in India.

SUPER SPECIALTY CARDIAC RESIDENCY PROGRAM

18 Seats
DM Cardiology

12 Seats
MCH CVTS

12 Seats
DM Cardiac Anesthesia



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For more details visit www.unmicrc.org

RESEARCH ABSTRACT

Intravenous sildenafil for perioperative management of patients with pulmonary artery hypertension in congenital heart surgery – a prospective randomized study *Egyptian Journal of Cardiothoracic Anesthesia 2021; 15:84-91*

Sunny Kesvani¹, Pragma Sachan, Bhavik Champaneri, Garima Harbola, Ryan Vachaparamil, Tanya Chhauda, Deepika Gehlot, Jigisha Pujara

Background :

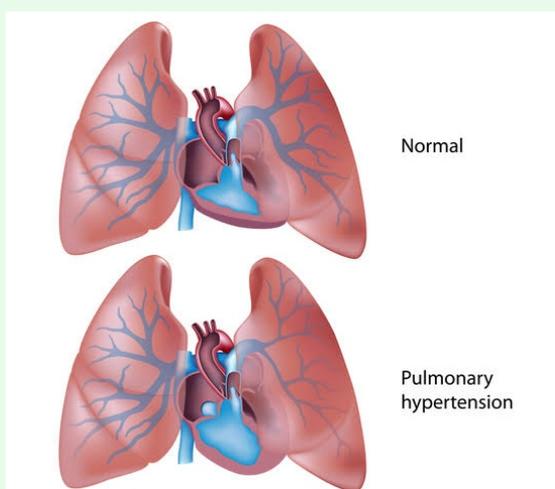
In congenital heart disease (CHD), pulmonary artery hypertension is complicated by dysfunctional endogenous production of nitric oxide by pulmonary endothelium. Elevated activity of phosphodiesterase type 5 has also been demonstrated in such cases, and is amplified by cardiopulmonary bypass in postoperative children. Treatment with pulmonary vasodilators like milrinone, oral sildenafil, inhaled nitric oxide, and epoprostenol has been used with varying degrees of success. The current study aimed to investigate the efficacy and safety of intravenous sildenafil in postoperative children with increased pulmonary vascular resistance due to CHD.

Methodology and Results :

A prospective, randomized controlled trial was conducted in which 100 children of CHD with pulmonary artery hypertension were studied. All were randomly divided in two groups (S=sildenafil and C=control). Group-S patients received intravenous sildenafil (1.6 mg in 24 h), while in group C, similar amount of placebo (normal saline) infusion over 24 h started after removing aortic cross-clamp. In both the groups, the rest of the anesthetic and inotropic management was similar as per the institute's protocol. Intravenous sildenafil more effectively improved PO₂: FiO₂ (P: F) ratio ($P < 0.0001$), reduced pulmonary artery systolic pressure ($P < 0.0001$), ventilation time (in h) (S=21.36±4.11, C=30.14±11.01, $P < 0.0001$), length of ICU stay (in h) (S=68.74±10.11, C=87.56±27.78, $P < 0.0001$), and length of hospital stay (in days) (S=10.5±1.23, C=12.46±1.99, $P < 0.0001$).

Conclusion:

Intravenous sildenafil is a safe and effective pulmonary vasodilator in the perioperative setting in children with CHD.



CASE REPORT

Coarctation Stenting in an Elderly Male patient

Dr. Keval Kanabar, Dr. Karthik Natarajan, Dr. Gajendra Dubey

Introduction :

Coarctation of the Aorta is a common form of congenital herat disease. Coarctation is defined as localized narrowing of the aortic lumen. Adult patients with Coarctation may be asymptomatic or may present with Hypertension.

Case details :

Our patient is a 68 year old male patient who has a history of long standing hypertension. Patient had poorly controlled hypertension despite 3 antihypertensive drugs. Patient also has a history of admission for hypertensive heart failure.

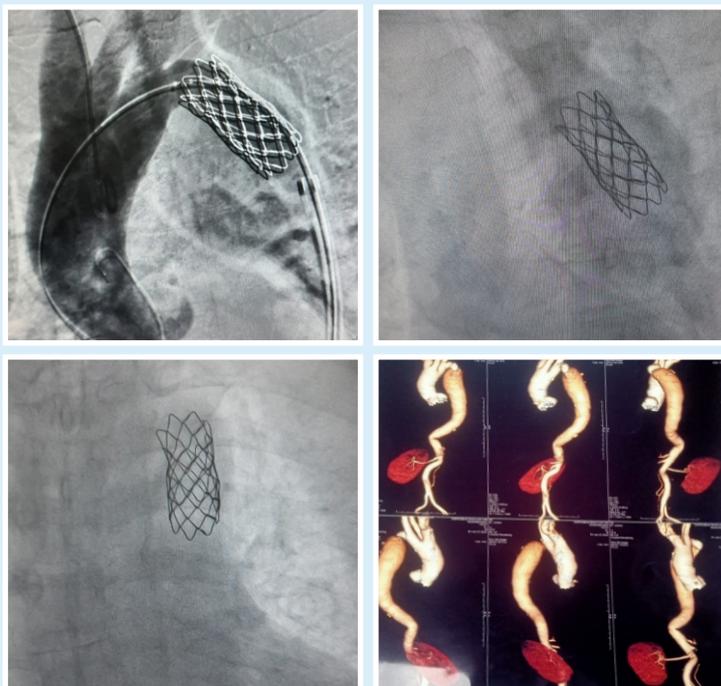
ECG was suggestive of Left Ventricular hypertrophy with strain pattern. Echo was suggestive of severe post ductal Coarctation of Aorta with moderate left ventricular dysfunction (EF-35%). CT aortogram done suggestive of severe post ductal coarctation just distal to origin of left subclavian artery.

The procedure was done under general anesthesia. Right Femoral artery exposed via arteriotomy. Right radial and left femoral artery access taken under ultrasound guidance. The coarctation segment was crossed using 'j' tipped terumo guidewire and JR catheter support via right femoral route. The JR catheter was exchanged for a super stiff Amplatz wire. Covered CP stent 16*45 mm was deployed across coarctation segment through a 14 F COOK long sheath. Post deployment angiogram showed well open coarctation segment with no residual gradient.

Patient was extubated after 4 hours and discharged after 3 days in stable condition. Patient is doing well on follow up. His LV function has improved marginally and blood pressure is well controlled.

Conclusion :

Stent implantation, though technically challenging, offers the best and most lasting therapy in adult patients with coarctation of aorta. Proper patient selection and meticulous planning of these procedures helps in short term and long term technical and clinical success.



Minimally Invasive Valve Surgery Case Report



A 35-year-old female had presented with dyspnoea on exertion and breathlessness for four years, with sudden worsening along with palpitations on exertion for the past few months. On examination with an electrocardiogram, an echocardiogram, a chest X-ray, and other investigations were done, and she was diagnosed with Rheumatic Heart Disease (RHD) with mitral valve stenosis and mitral valve regurgitation. Mitral valve stenosis limits the supply of oxygen-rich blood from the heart to various parts of the body and flows back to the left atrium, necessitating mitral valve replacement.

She was advised to have the valve replacement surgery. Her family visited several hospitals for treatment, but due to financial constraints, they could not afford the operation costs. One of her relatives suggested to visit the U. N. Mehta Institute of Cardiology & Research Centre, Ahmedabad, for the surgery. She was admitted on June 14th, 2022. After reviewing her medical history, she was recommended for minimally invasive cardiac surgery by the surgeon instead of the traditional open heart surgery route, which is known as minimally invasive MVR. Her surgery was done successfully on June 30th, 2022, and she was discharged within 4 days on July 4th.

The patient was treated by Dr. Chirag Doshi, Professor and HOD Cardiovascular Thoracic Surgery, UNMICRC. He explains, "A minimally invasive mitral valve replacement is a surgery done with a small incision to replace a poorly working mitral valve with an artificial valve. This may lead to an easier and faster recovery from surgery."

"We had come from Bangladesh and received the best possible treatment and care with minimum cost. All of the staff were extremely helpful and guided us in all areas where we required assistance. Now, I feel good about my health," she expressed.

CONTINUING Cardiac Education

SEPTEMBER 2022

Upcoming Event

Date	Topics	Speakers
Cardiology 4 to 5 pm (Saturday)		
03/09/2022	Localization of Idiopathic VT	Dr. Raghav Bansal Assistant Professor in Cardiology, UNMICRC
10/09/2022	Vascular Access and Complications	Dr. Jayesh Prajapati Professor & HOD in Cardiology, UNMICRC
17/09/2022	Acute Rheumatic Fever	Dr. Sharad Jain Professor in Cardiology, UNMICRC
24/09/2022	Carotid Artery Stenting	Dr. Hasit Joshi Professor in Cardiology, UNMICRC

Cardiovascular Thoracic Surgery 9 to 10 am (Saturday)

03/09/2022	Infective Endocarditis-Role of The Cardiac Surgeon	Dr. Praveen Nayak Assistant Professor in CVTS, UNMICRC
10/09/2022	Conduits For CABG	Dr. Darshak Patel Assistant Professor in CVTS, UNMICRC
17/09/2022	CABG : Technical Considerations	Dr. Jignesh Kothari Professor in CVTS, UNMICRC
24/09/2022	Post MI VSR	Dr. Pratik Manek Assistant Professor in CVTS, UNMICRC

Cardiac Anesthesia 4 to 5 pm (Saturday)

03/09/2022	Blood Conservation Strategies in paediatrics Cardiac Surgery	Dr. Ramesh Patel Professor & HOD in Cardiac Anesthesia, UNMICRC
10/09/2022	Anesthetic Management of Dextro-Transposition of Great Arteries	Dr. Ritesh Shah Professor in Cardiac Anesthesia, UNMICRC
17/09/2022	Systemic Inflammatory Response Syndrome	Dr. Jigisha Pujara Professor in Cardiac Anesthesia, UNMICRC
24/09/2022	Intra-Aortic Balloon Pump	Dr. Hemang Ghandhi Professor in Cardiac Anesthesia, UNMICRC

UPCOMING EVENTS

CONTINUING NURSING Education

PALLIATIVE CARDIAC SURGICAL MANAGEMENT FOR CONGENITAL HEART DEFECT

Date
24 September, 2022

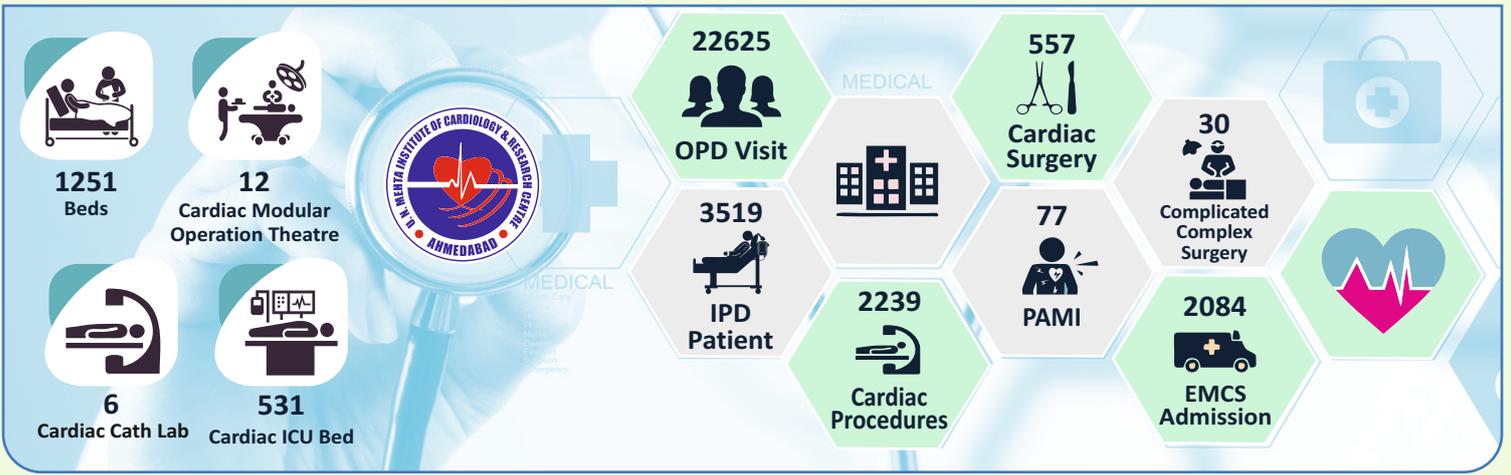
Topics	Speakers	Time 2pm to 5pm
Overview of palliative cardiac surgeries	Ms. Rina Patel (Sr. Trained Cardiac Staff Nurse Grade-I (CC))	
Palliative surgical management stage-I (Blalock-Taussig Shunt)	Ms. Dhara Panchal (Sr. Trained Cardiac Staff Nurse Grade-II (CC))	
Palliative surgical management stage-II (Bidirectional Glenn Shunt)	Ms. Tabssum Mirza (Trained Cardiac Staff Nurse Grade-II (CC))	
Palliative surgical management stage-III (Fontan)	Ms. Shital Patel (Sr. Trained Cardiac Staff Nurse Grade-III (CC))	

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