Dear Friends,

It gives me great pleasure to welcome you all to the fifth edition of Jaslok Times! It is a proud moment to announce that Jaslok Hospital has been granted the license from the State Government to go ahead for Heart and Lung Transplant. This success is a result of hard work and commitment of the entire Jaslok family.

In this edition, Jaslok Hospital takes great pride to share with you insights into our Nephrology and Urology Departments which are renowned across the country and this would have not been possible without our skilled team of consultants, nurses and other staff. It also has a unique story “Care to a care giver”.

On our 42nd Anniversary, I am delighted to announce the acquisition of most advanced 5 ring 16 slice PET-CT scanner. Jaslok Hospital is proud to be the first in Asia to have one.

Our non compromising approach to quality health front gives prominence for safety and patient rights has elevated us to the forefront among the healthcare community.

We will continue to raise the standards of quality healthcare delivery to our patients and will continue to be leaders in acquiring new technology and promoting superlative service to our patients.

Dr. Tarang Gianchandani  
CEO

DEPARTMENT OF NEPHROLOGY

The Department of Nephrology of Jaslok Hospital adds on to the glory from the conception of hospital till date.

It is the first private sector hospital in India to set up an artificial kidney department (AKD) and provide these services to the patients. It was started with eight units on the 19th floor of the hospital with the able leadership of Dr. M. K. Mani and Dr. Chacko Kuruvilla. In the 70's when politician Jaiprakash Narayan underwent hemodialysis in Jaslok and it made daily headline news, ‘JP’ made dialysis a household name.

Initially we were doing all dialysis in AKD only. But now we have facilities to do dialysis in all three ICU's also. There we do dialysis in critically ill patients. We do SLEDD (Slow Low Efficiency Daily Dialysis). This form of dialysis is well tolerated by critically ill patient compared to regular hemodialysis. Result of SLEDD is comparable to CRRT (Continuous Renal Replacement Therapy) and at the same time it is much cheaper.

We have an active CAPD (Continuous Ambulatory Peritoneal Dialysis) programme at our institution. It is an alternative to regular hemodialysis patient and can be done easily at home after proper training. It is still not very popular in India compared to European and other western countries. It is very safe for very young and very elderly patients who cannot tolerate regular hemodialysis well.

We also do plasma exchange in our department for renal as well as other patients who require this - especially neurology.
patients with Myasthenia Gravis, G B Syndrome, Severe peripheral Neuropathy, etc.

Another milestone was achieved by Nephrology and Urology Departments at Jaslok Hospital when 1st Renal Transplant was carried out by Dr. Mani and Dr. Kuruvilla with the help of eminent Urologist late Dr. B. N. Colabawala, late Dr. F. P. Soonawalla, Dr. M. H. Kamat and Dr. S. S. Joshi in 1974. There after there is no looking back and so far we have done 2500 renal transplants to date (Live related donor transplants 2428 and Deceased Donor Transplant (Cadaveric) 72).

We are among the top ten institutes in India who perform renal transplantation surgery and so far one of the top institutes in the western part of India. On an average we do 100 renal transplants per year, largest number in the state of Maharashtra. Our Department is also involved with an active Deceased donor renal transplantation programme.

As per CMC, Vellore data, 20 to 25% of donors are rejected as they do not have matching blood groups and for that reason these donors are rejected. Other alternative for these patients in absence of matching blood group donor was to wait for deceased donor transplantation. Unfortunately this can take a long time. So at Jaslok Hospital I started doing renal transplantation across blood group barrier since 1988. This was first in India and as expected there was some objection from few medical fraternities initially about this.

Our result of ABO incompatible transplantation is good - almost as good as blood group compatible donor transplantation. We have done largest number of such transplants in India - so far 75. After seeing our result, few centres in India have started following Jaslok protocol - notably CMC, Vellore, New Delhi, Chennai, Kolkata, etc.

We at our Institute also do live related donor transplantations in high risk group of patients – like elderly age group patients, donor above 75 years old, and positive cross match patients after desensitization therapy as well as in patients who are positive for retroviral disease. We do transplantation only and only after their retrovirus disease is under full control.

We do donor nephrectomy either with open surgery or laparoscopically. Laparoscopic donor nephrectomy reduces hospital stay of the donor significantly and it also helps donor going back to normal activity much earlier. This procedure is safe in good well trained surgeons.

We do large number of renal biopsies at Jaslok Hospital. We have facilities to do all three tests - light microscopy, immunofluorescent as well electron microscopy examination. Jaslok Hospital was first to start Electron Microscopy examination in private set up. Most other hospitals from Mumbai as well other parts on India send biopsies to us for examination. Dr. Arun Chitale and Dr. Shaila Khubchandani are two eminent histopathologists with us.

We have an active DNB training programme at our hospital. We have two students per year. So far we have trained 37 students and majority of them have successfully cleared DNB examination. They are all practicing either in Mumbai, Maharashtra or in other parts of India. Some of them have gone abroad too.

As mentioned earlier nephrology department was started by Dr. M.K. Mani and Dr. Chacko Kuruvilla at the inception of the hospital. After they left, Dr. Sushila Bulchand was there. At present we have eight nephrologists and they are:

1) Dr. Bhupendra Gandhi 4) Dr. Arun Halankar
   Director 5) Dr. Aseem Thamba
2) Dr. R Deshpande 6) Dr. Sudhiranjan Dash
   Coordinator 7) Dr. Ruchi Gupta Samdani
3) Dr. M.M. Bahadur 8) Dr. Amjad Khan Pathan

This article will not be complete until I mentioned our urology department. Without their help, we would not have succeeded. At present we have the following urologists on our staff and they are:

1) Dr. S. Raina - Director 4) Dr. A. M. Vaze
   Neuro-Urology & Kidney Transplant 7) Dr. J. G. Lalmalani
2) Dr. P. J. Chibber - Director 8) Dr. Ketan Desai
   Minimally Invasive Urology Unit 9) Dr. P. F. Soonawalla
3) Dr. M. H. Kamat 10) Dr. Santosh Gaval
4) Dr. S. S. Joshi 11) Dr. Vimal Patel
5) Dr. A. A. Raval 12) Dr. Vinit Shah
57 years old patient was referred to me for treatment of CKD (Chronic Kidney Disease) stage 5. She is a nurse by profession and working full time. She is a known case of hypertension of 30 years and was found to have HIV about 15 (professional hazard) years back. This was due to inadequate universal precaution in taking care of patients at that time. She was treated with antiretroviral therapy and responded well. She was found to have CKD 10 years back with small kidneys. Her CKD was due to hypertensive nephropathy. Her antiretroviral therapy dosages were adjusted as per her renal function.

Her renal function gradually deteriorated over time and when her Creatinine was around 7 mg%, she was referred to me - more than one year back. I had a detailed talk with her and told her that her HIV status is under control but will need renal replacement therapy for survival as her kidney function was less than 10%. I explained to her that either she can go for life long regular maintenance dialysis - either hemodialysis or CAPD. I told her that most hospitals do not allow lifelong maintenance dialysis on HIV patients in their centre for fear of infection to staff as well as other patients in spite of taking adequate precaution. With that, I suggested to her for CAPD or go for live related donor transplantation.

She was surprised when I told her that we can consider her for live related donor transplantation as her HIV status was fully under control - viral load and CD4 and CD8 counts. She was under the impression that HIV patients cannot go for transplantation. I had a discussion with her as well as her family members that this is an acceptable line of therapy.

After full discussion at home with her family members, she came back to us and stated that her sister as well as son are willing to act as a donor. Her sister's blood group was compatible and physical examination was negative. She was fully evaluated as per our protocol. Unfortunately one of her kidneys was smaller and its function was slightly impaired, though overall renal function was normal. In view of this she was rejected as a donor.

Subsequently son, aged 28 years, was evaluated. He was married and we had a discussion with him as well as his wife. As all his reports were normal, he was accepted as a donor and kidney transplantation was done after getting permission from local Authorization committee.

Patient was admitted two days prior to surgery and was started on triple drug immunosuppressive therapy like any other normal transplant recipient. Donor was discharged after seven days and patient (recipient) was discharged after two weeks. Antiretroviral therapy was continued.

It is now nearly one year after transplant surgery and she is doing well with normal renal function. This was all due to tremendous courage of patient in facing HIV status (professional hazard) as well CKD stage 5 and excellent family support.

In our opinion she is a candidate who needed support from all - herself, family, and her hospital where she was working as well as Jaslok Hospital. I am sure she will do well in the future.

Dr. Bhupendra Gandhi
Dr. Amjad Khan Pathan
The Department of Urology at Jaslok Hospital is the first teaching department of Urology in the private hospital in the country. The department was started by pioneers in the field of Urology—viz the Late Dr. B.N. Colabawala, the Late Dr. F.P. Soonawalla, Dr. M.H. Kamat and Dr. S.S. Joshi in the year 1974. Since then the department has made tremendous strides and it's today one of the leaders in the field of Urology. Lower tract Endourology and pediatric Urology was initiated by Dr. M.H. Kamat and Dr. S.S. Joshi respectively and later we all helped to start upper tract Endo Urology and ESWL (Lithotripsy) way back in 1989.

The late 1980’s also saw the introduction of Andrology (infertility and male erectile dysfunction) for which we were ably assisted by Jaslok’s world famous Assisted Reproduction Department.

Our Renal Transplant programme has already been mentioned by Dr. B.V. Gandhi-Director Nephrology. This decade saw the addition of Laproscopic Urology, Female Urology and Neuro-Urology being introduced in our department.

We have been fortunate to have been supported by our management to have the latest technology and armamentarium viz Urodynamics, Lasers and hopefully in the near future Robotic Surgery.

A new respectable life to a young girl & her proud parents!

This is the story of a young girl Ms. S, who was born with a condition known as Sacral Agenesis. She was unable to pass urine since birth as the urinary bladder nerves responsible for contraction of the bladder were not functional. Her mother looked after her and used to pass a small tube inside the bladder four times a day to empty her bladder. She came to us and we on investigations found that she had a small capacity bladder with high bladder pressures and a left vesicoureteric reflux. At the age of 6 years we increased the bladder capacity by putting a part of the intestine and hence the reflux subsided and the bladder capacity was increased to normal. However as the bladder was not able to contract by itself her mother still has to pass a tube in the bladder four times a day to empty it.

A year later, at the age of 7 years, we performed a new technique known as LDDM (Latisimus Dorsi Dynamic Myoplasty). This involves removal of a muscle from back of the shoulder along with its artery, vein and nerve and wrapping it around the bladder and joining the artery vein and nerve in the abdomen. 6 months later, she started passing urine by herself as the wrapped muscle on the bladder started contracting.

At present she is 11 years of age and passes urine normally and is fully continent. We are the only hospital in the country to perform this technique.
Inauguration of the most advanced PET CT scanner and Precise Digital Linear Accelerator by Hon'ble Chief Minister Shri. Devendra Fadnavis.

Jaslok Hospital unleashed the most powerful yet most intelligent weapons in its armory - GE Discovery IQ PET CT system - to detect cancer early and decisively and the new Precise Digital Linear Accelerator which is an advanced radiation therapy technique that delivers high radiation doses precisely to the tumour target while reducing the dose to the surrounding tissues and organs. It was inaugurated by our Honorable Chief Minister of Maharashtra Shri Devendra Fadnavis.

Dr. Tarang Gianchandani, CEO, Jaslok Hospital and Research Centre said that “Jaslok Hospital has taken an initiative of developing an ecosystem for Cancer treatment which includes Bone Marrow Transplant, Day Care Chemotherapy, all diagnostic including Gene testing and MRgFUS along with Surgical and Radiation Oncology, in this endeavor we have acquired the most advanced PET CT system and the new Precise Digital Linear Accelerator. Very soon we will be reaching out to other parts of Maharashtra to provide our services to the common man.”

Hon'ble Chief Minister Mr. Devendra Fadnavis spoke on the rising incidence of the disease and the burden/stress in society. He said acquisition of these advanced technologies will not only help Mumbaikars but people from all over the country.

<table>
<thead>
<tr>
<th>Doctor's Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Firuza R. Parikh</td>
<td>Director - Dept. of Assisted Reproduction &amp; Genetics</td>
</tr>
<tr>
<td>Dr. A. B. Mehta</td>
<td>Director - Cardiology</td>
</tr>
<tr>
<td>Dr. S. H. Advani</td>
<td>Director - Medical Oncology</td>
</tr>
<tr>
<td>Dr. M. M. Bahadur</td>
<td>Senior Consultant - Dept. of Nephrology</td>
</tr>
<tr>
<td>Dr. Rushi Deshpande</td>
<td>Senior Consultant - Dept. of Nephrology</td>
</tr>
<tr>
<td>Dr. S. B. Desai</td>
<td>Director - Dept. of Imaging &amp; Interventional Radiology</td>
</tr>
<tr>
<td>Dr. B. V. Gandhi</td>
<td>Director - Dept. of Nephrology</td>
</tr>
<tr>
<td>Dr. Vikram R. Lele</td>
<td>Director - Nuclear Medicine</td>
</tr>
<tr>
<td>Dr. Sharmila Agarwal</td>
<td>Honorary Consultant - Dept. of Radiation Oncology</td>
</tr>
<tr>
<td>Dr. Aabha Nagral</td>
<td>Co-ordinator - Dept. of Gastroentrology</td>
</tr>
</tbody>
</table>
Mr. Vinod Channai (Trustee), Mrs. Kantu Masand (MT), Dr. Tarang Gianchandani (CEO) & Dr. Vikram Lele at the newly renovated NMD

Management in talks with Central Bank of Nigeria delegation for medical tourism

Ms. Lisa Ray shares her experiences at a Myeloma meet

Women's Day Celebration

Jaslok Hospital participates in IMTD exhibition in Dubai

Young and old all benefit from the 1st in Asia launch of Vercise DBS system (25 years battery life)

Cardiology CME and launch of PAMI

Self-defence training on Women's Day by Mr. Nizamuddin Mulla (external trainer)
The Department of Nuclear Medicine & PET-CT

Established in 1977, The Department of Nuclear Medicine at the Jaslok Hospital and Research Centre has been a pioneering department in the country in this speciality. One of the first departments in Nuclear Medicine in the private sector, it has several firsts to its credit: Padmabhushan Dr R.D. Lele, the founder director of the department introduced Nuclear Cardiology with MUGA scans for the first time in the country. The Department was the first in the country to get a triple head gamma camera and the first solid state dedicated cardiac camera in Asia and now a 5 ring 16 slice PET-CT scanner. The department introduced brain perfusion imaging in India and recently dopamine transporter imaging for Parkinson’s disease for the first time in India.

The department also introduced somatostatin receptor PET-CT imaging in the private sector for the diagnosis and management of neuroendocrine tumours. This was followed by introduction of Peptide Receptor Radionuclide Therapy (PRRT) for treatment of inoperable somatostatin positive neuroendocrine tumours like carcinoids, insulinomas, pheochromocytomas, and pancreatic neuroendocrine tumours. It is among 6 departments in the country offering this service. Patients had to travel to Europe for this therapy, costing 10000 Euros per cycle for 3 cycles (total over Rs 20 lakhs). The department offers this therapy to Indian patients for Rs 1.2 lakhs per cycle (total 3.6 lakhs). Over 70 therapies have been given to date. This therapy provides a good control of the disease with significantly improved quality of life.

The department has just acquired the most advanced 5 ring 16 slice PET-CT scanner. Only 13 such machines exist in the world. With this scanner the time taken for a PET-CT scan is very short and the injected radiotracer is reduced by half, decreasing radiation exposure to the patient. The other scanners are one 16 slice SPECT-CT scanner and a dedicated solid state cardiac camera. It has 3 dedicated therapy rooms for treatment of Thyroid cancer and neuroendocrine tumours. It offers every possible nuclear medicine diagnostic scans including Myocardial perfusion scans for coronary artery disease, brain scans for Alzheimer's disease, thyroid scans, salivary scans, lung ventilation and perfusion scans, bone scans, kidney scans, liver and hepatobiliary scans, gastric emptying scans, lymphatic scans, FDG PET-CT scans for cancer detection, staging and follow up, for cardiac viability and neurology applications.

The department also provides treatment for hyperthyroidism with radioiodine and sentinel node detection for breast cancer, treatment of hepatic metastases with Selective Internal Radiation Therapy (SIRT)
A Q-A match with our 24*7 busy, patient-centric consultant, Dr. B. V. Gandhi, who has his own personal feelings, emotions, philosophy and life away from his medical profession.

1. Your Moto in life?
   *Work is worship.*

2. You are going to the moon and allowed to take only one thing with you. What would that be?
   *Return ticket.*

3. Which three things that raise your temptations?
   *Family, friends and patients.*

4. Which is your favourite restaurant and your most relished dish?
   *“TRATTORIA” and pizza.*

5. What would be the one line to self-describe you?
   *Doing best with clear conscious.*

6. What would be title of the book you would like to present your enemies?
   *“GEETA”*

7. What is your message to the teenagers?
   *You must have dream and goal if you are going to achieve anything in this world.*

8. Both Katrina & Priyanka have invited you alone for an exclusive dinner at the same time on the same date. Whose invitation will you accept and why?
   *No hypothetical questions please.*

9. What do you do to feel good?
   *Watch sports on T.V. or listen to old hindi songs.*

10. What depresses you most?
    *Unnecessary competition among our colleagues - “Who is doing better”*

11. Who are closest to you?
    *Family.*

12. What confuses you most?
    *Stubborn people.*

13. How do you de-stress yourself?
    *Play SUDOKO.*

14. What is the best present you ever got from anyone?
    *“GANESH IDOLS” I have a good collection.*

15. What is the toughest decision you have taken?
    *Coming back from USA after staying there for 10 years. My boss told me that - Do you want to be a small fish in big pond (Stay in USA) or big fish in small pond (Go back to India)*

16. What is the best memory of your childhood?
    *Going to Alibag in summer holidays in childhood - Maternal uncles home town.*

17. What is one thing you can’t live without?
    *Work.*

18. Your last vacation?
    *Japan - thoroughly enjoyed it.*

19. Your most recent purchase?
    *Cars.*

20. Your life’s turning point?
    *Coming back to India from USA - no regrets in giving up priceless Green Card.*

**JASLOK HOSPITAL**

Jaslok Hospital & Research Centre, 15 Dr. G. Deshmukh Marg, Mumbai 400 026.
Tel.: (22) 6657 3333. Fax: (22) 6657 3035. E-Mail: info@jaslokhospital.net
Website: http://www.jaslokhospital.net

**Disclaimer:** Jaslok Hospital has taken all reasonable measures with regard to the correctness of the information contained in this newsletter. However, the hospital gives no warranty and accepts no responsibility for the accuracy and completeness of the information. All articles are for general information purpose only. Human anatomy, its disease pattern and their treatment may differ from individual to individual and can be commented upon by a medical expert only after thorough clinical assessment of an individual. Please consult your doctor before taking any course of action.