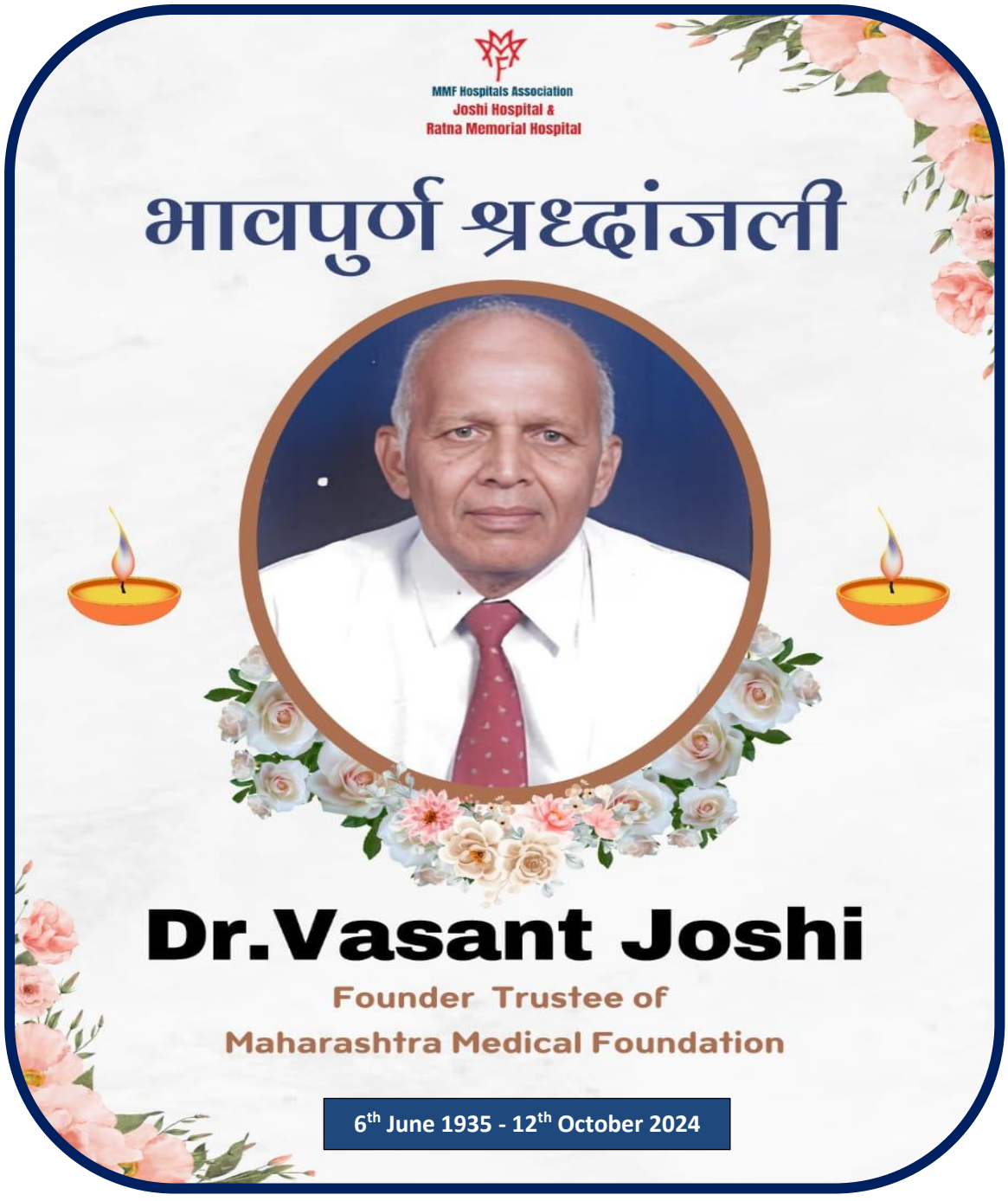
MMF Hospitals Association
Joshi Hospital &
Ratna Memorial Hospital

QUARTERLY ISSUE/ DECEMBER-2024/VOL-3

MMFHA NEWSLETTER



This Newsletter is dedicated to the memory of Dr. V. G. Joshi, whose wisdom; compassion and dedication to the Maharashtra Medical Foundation continue to inspire us all. His legacy lives on in the countless lives he touched and the knowledge he shared. This newsletter is a humble tribute to his enduring spirit and remarkable contributions.

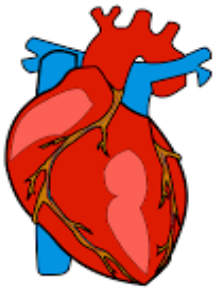
With Deepest Respect and Gratitude,

TEAM MMFHA

JOSHI HOSPITAL and RATNA MEMORIAL HOSPITAL

SPECIAL EDITION

CARDIOLOGY



-- INSIDE THIS ISSUE --

EDITORIAL TEAM

Mr. Anirudh Deshpande

Dr. Ajinkya Kelkar

Ms. Ashwini Khedkar

Ms. Mayura Mahajani

SUDDEN CARDIAC ARREST

Why and how to prevent it?

Dr. Varun Nivargi
DNB (CARDIOLOGY)

In recent months, Sudden Cardiac Arrest (SCA) was in the limelight after several high-profile cases were reported in newspapers. In SCA, the heart suddenly stops beating and not treated immediately, causes sudden death. With CPR & Defibrillator survival can be increased to 50%.

What is SCA?

The heart has a built-in electrical system that keeps it beating at a normal rhythm. In SCA, a problem happens with the electrical system which leads to an abnormal heart rhythm and is called "ventricular fibrillation" or "V fib." In this rhythm, the lower chambers of the heart (ventricles) twitch, but do not pump blood.

SCA is different from a heart attack where the arteries that bring blood to the heart get blocked, damaging the heart muscle as a result.

What causes SCA?

- Coronary heart disease, when the arteries that bring blood to the heart get clogged with fatty deposits
- Heart attack
- Thickening of heart muscle, called "Cardiomyopathy"
- Problems in heart's electrical system
- Heart failure

Other conditions:

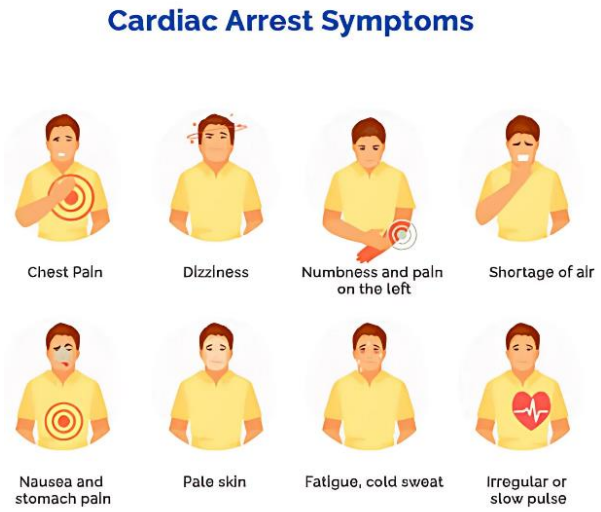
- Certain lung problems
- Severe injury, drowning, or getting electrocuted
- Illegal drugs like cocaine, heroin, or methamphetamine ("meth")
- Electrolyte problems

What are the symptoms of SCA?

Many people do not have any "warning" symptoms before SCA. But up to half of the people do have early symptoms.

- Chest pain or trouble breathing
- Feeling the heart racing, skipping beats, or beating out of sync
- Feeling weak or dizzy

When SCA happens, a person loses consciousness, is not arousable, and is not breathing.



How is SCA treated?

SCA needs to be treated immediately with both **cardiopulmonary resuscitation (CPR) and defibrillation** (device to send an electrical shock to the heart). If done within few minutes of SCA, they may sometimes restart the heart. After the heart is beating again further treatment and tests will happen.

Sudden Cardiac Arrest/ Death (SCA/ SCD)

Every collapse is not cardiac arrest

First Step To CPR

- Eyewitness of duration (Note time of collapse)
- Hard Ground- preferably floor,
- Slap on chest to arouse.
- If "**NO RESPONSE" =>** Check 'Pulse'.
- Check breathing by palm on abdomen/ nostril.

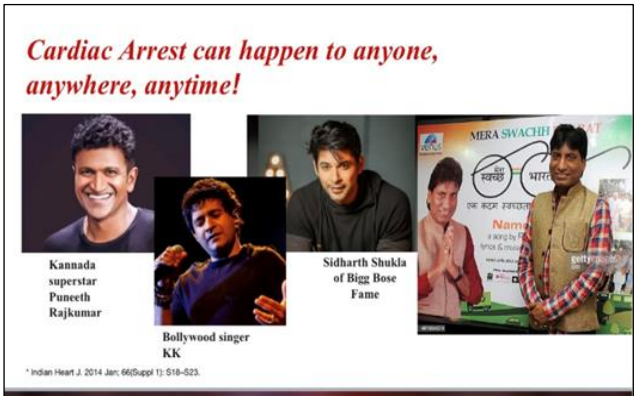
Second Step To CPR

- If a person is breathing or responding → NO CPR → → Shift to Hospital.
- **No Response, No Pulse, No Breathing** ---> you have Identified **Cardiac Arrest.**
- Person will come alive if helped within minutes.
- **Not to use water/ food/ sugar/ chappals.**

Once A Cardiac Arrest Is Recognized

- Alert someone to call ambulance and AED machine.

- Kneel by side (stand on your knees)
- Arms straight in our elbow, both palms interlocked, fingers lifted up.
- Start chest compressions (100 compressions per minute).



- **70% of cardiac arrests happen at home.**
- **CPR intervention before arrival of emergency services can double or triple the victim's chance of survival from cardiac arrest.**
- **CPR plus defibrillation within 3-5 min of collapse can produce survival rates as high as 49-75%.**

LEARN CPR;

CPR IS EASY!

SUMMON COURAGE;

SAVE LIVES!

IT IS A LIFE SKILL;

CAN BE DONE BY ALL!

TAKE A LEAD; SAVE A LIFE!

Dr. Varun Nivargi

INTRAVASCULAR IMAGING

Dr. Nitin Patki
MD, DM (CARDIOLOGY)

Over the years, coronary interventions have become more complex and difficult coronary anatomies which in earlier times would be treated with CABG surgery are now routinely treated with Percutaneous Coronary Interventions (PCI), especially since patients prefer nonsurgical options. Of course, this has been achieved with increasing experience + training and technological advancement has contributed significantly. To achieve good results which can be equal or superior to CABG the initial results have to be very good. To achieve this, we need help of Intra Vascular Imaging (IVI)

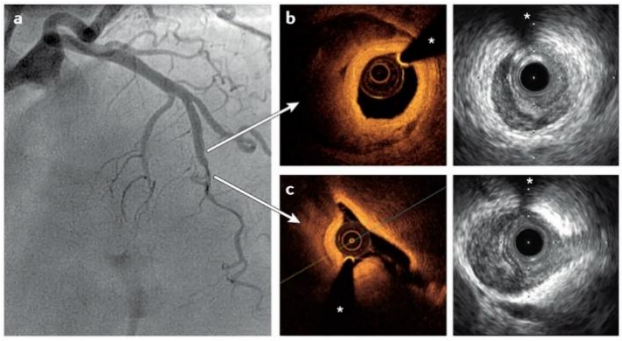
Coronary angiography which is used as gold standard for lesion assessment has shortcomings for which IVI will provide precise information regarding vascular morphology, lesion length, diameter of stent to be used and additional equipment to be used for lesion preparation to achieve complete expansion of the stent. Proper deployment of the stent is the most important factor for long term results of PCI.

Post procedure evaluation with IVI is performed to ensure proper stent deployment which means adequately expanded stent with good MSA, i.e. stent area, proper apposition of stent to vessel surface and no significant edge dissection. The stent should not land in a significantly diseased area in the artery as it will cause edge dissection and increased risk of restenosis. Angiography visualization is not perfect for this purpose.

Technology available for IVI includes:

1. **IVUS Intra -Vascular Ultrasound**
2. **OCT Optical Coherence Tomography**
3. **NIRIS Near Infrared Spectroscopy**

IVUS uses an ultrasound probe mounted on a rapid exchange catheter passed over coronary guidewire



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across the lesion and provides grey scale images. Automatic pullback is performed OCT emits near infrared light from optical Fibre and 3 dimensional images are captured with excellent resolution. It requires bloodless field and has lower penetration depth Near Infrared Spectroscopy is used to characterize the chemical composition thus information about vulnerability of the plaque. Each technique has unique advantages. IVUS doesn't require contrast injections so it is more useful in renal patients; it is goods for aorto-ostial lesions and large diameter vessel assessment. OCT provides much better resolution clear visualization of stent and side branch. However, it needs contrast injections for bloodless field for imaging hence difficult to use in kidney patients. NIRS is used for tissue characterization which will inform about lipid content and vulnerability of the plaque. This will guide medical management in atherosclerotic vascular disease.

Dr. Nitin Patki

ECHO NEWER PARAMETERS

Dr. Amit Sinkar
DNB (CARDIOLOGY)

Echocardiography commonly referred as 2 D echo is considered as the mirror of the Heart as it shows the internal structure of the heart by scanning the heart through Ultrasound. In short it is the Ultrasound of the heart done usually on the same machine as the sonography of the abdomen, but with a different probe, as we need a different frequency to assess a constantly moving heart.
Unfortunately, interpretation of 2D echo results is just limited to knowing the LVEF (Left ventricle ejection fraction) value by patients and most of the doctors. The ejection fraction is the percentage of blood pumped out of the ventricle after contraction. For e.g. if the heart receives 100 ml blood and 60 ml blood is pumped out during each contraction the LVEF would be calculated as 60/100 x 100, that is 60%. Healthy heart has LVEF range of 50 to 70%.

LVEF is a useful tool for diagnosing and tracking heart failure, but it has several limitations.

Limitations of LVEF:

- **Variability:** LVEF can vary significantly between different observers, between repeated tests, and even within the same observer.
- **Geometric assumptions:** LVEF calculations are based on geometric assumptions.
- **Load-dependence:** LVEF is affected by loading conditions.
- **Image quality:** Image quality can impact LVEF measurements.
- **Doesn't reflect myocardial contractile function:** LVEF is a marker of global ejection performance, but it doesn't directly reflect how well the heart's muscle contracts.
- **Doesn't account for dynamic disease:** Heart failure is a dynamic disease that can improve or worsen over time, which can impact LVEF measurements.
- **Errors in measurement:** Errors can arise from several sources, including inaccurate detection of the endocardial border, or inaccurate measurement of end-diastole and end-systole.

A normal LVEF is between 55 and 70 %. However, it is possible to have a normal LVEF and still have heart failure, which is known as a heart failure with preserved ejection fraction (HFpEF).

To overcome the above limitations newer techniques of calculating heart systolic function have been devised, like Strain imaging.

Strain imaging is a cardiac imaging technique that detects ventricular deformation patterns and functional abnormalities before they become obvious as regional wall motion abnormalities on conventional echo.

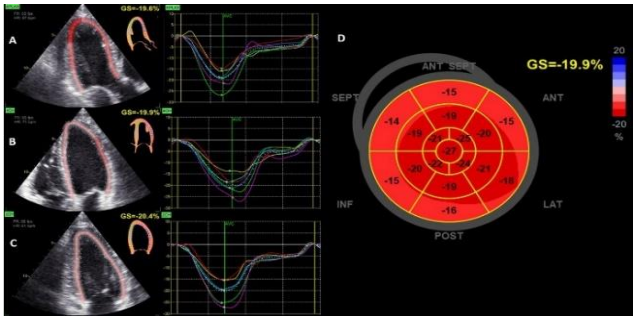
Clinical applications

Myocardial strain imaging is a way to quantify cardiac function with different parameters. Global longitudinal strain (GLS) is the best-evaluated strain parameter so far and is considered more sensitive for the assessment of systolic function than left ventricular ejection fraction.

Strain imaging has potential use in the following clinical conditions.

- Detection of systolic dysfunction
- Hypertrophic cardiomyopathy
- Athlete's heart
- Hypertensive heart disease
- Chemotherapy-induced cardiotoxicity

- Ischemic heart disease
- Dilated cardiomyopathy
- Cardiac dyssynchrony
    a. Potential identification of patients at risk for arrhythmia
    b. Potential to guide lead placement for cardiac resynchronization therapy (CRT)
- Acute Transplant Rejection



A dobutamine stress echocardiogram (DSE)

DSE is a test that assesses the heart's function and structure under stress. If you can't exercise on a treadmill or stationary bike for a stress test, your healthcare provider may suggest a dobutamine stress echocardiogram. It is also recommended to assess heart condition during stress when a person has baseline ECG abnormality called LBBB (Left bundle branch block) which gives uninterpretable results on a regular treadmill exercise test.

During this test, a medication called dobutamine which is infused continuously through a syringe pump at fixed rate and intervals helps create a state of "stress" in your heart by increasing your heart rate gradually like exercise. As your heart rate increases, your provider uses an echocardiogram to take images.

Indications for DSE

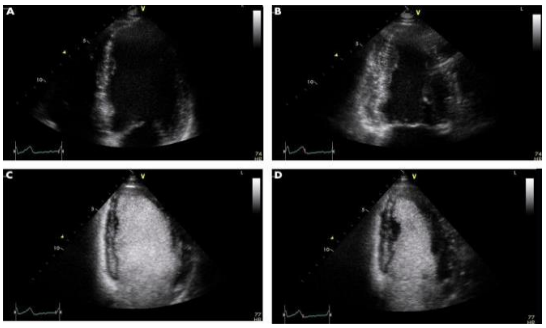
This includes assessing heart function, assessing heart valve disease, assessing coronary artery disease, assessing myocardial viability, assessing cardiac status before surgery, assessing safe exercise limits, assessing treatment plan. A DSE mimics the effects of exercise on the heart by increasing its pumping action. Common side effects of dobutamine administration include nervousness, anxiety, tremor, and palpitations.

CONTRAST ECHO

Despite continued improvements in non-contrast echocardiography, the image quality is still suboptimal for assessing regional and segmental wall motion in up to 20% of patients.

The use of contrast for LV opacification (LVO) provides a valuable option for improving endocardial border resolution in these patients. By more clearly defining the endocardial border, LVO improves accuracy and reproducibility in the assessment of LV volumes and LV ejection fraction, particularly in those with lower quality non-contrast images.

Contrast echo is a diagnostic ultrasound test which is done using agitated saline or stable, commercially produced ultrasound contrast that can transit to the systemic circulation after intravenous injection and opacifies the hear cavities creating a contrast delineation between endocardium (inner lining of heart cavity) and heart cavity. This helps in



understanding pathologies related to LV mass or better assessing regional wall motion abnormality.

Indications for contrast echo are to evaluate intra or extra cardiac shunts, Accurate assessment of LV systolic function especially in poor echo windows or ventilated patients, recognition of RWMA during stress echo, confirm or exclude LV thrombus, lineate pseudoaneurysm, Apical hypertrophic cardiomyopathy, non-compaction of LV, Intracardiac mass vascularity.

Dr. Amit Sinkar

SUTURE-LESS HEART SURGERY (TAVR)

Dr. Varun Nivargi
DNB (CARDIOLOGY)

MMF hospitals have been known to deliver optimal health care with human touch for more than half a decade. We are proud to inform you that we successfully performed our first Transcutaneous Aortic valve replacement in our new Cath lab setup on Phillips Azurion machine.

This was performed on an octogenarian patient who was unfit for open heart surgery. With a very good teamwork of Cardiologists, Nurses, technicians, paramedical and administrative staff; we could smoothly complete our procedure in 1 hr. time without any complications on an awake patient with just local anesthesia. Patients were discharged in just 2 days in a healthy condition with much better effort tolerance and a normal echo after procedure.

WHAT IS TAVR [TAVI]?

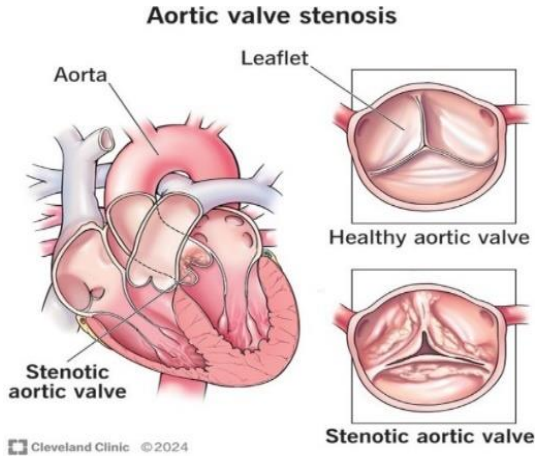
Trans catheter aortic valve replacement (TAVR) is a procedure that replaces a diseased aortic valve with a man-made valve. Aortic valve replacement can also be performed with open-heart surgery; this procedure is surgical aortic valve replacement (SAVR).

Your aortic valve controls blood flow from your heart to your body. If your valve becomes stiff, you have a condition called aortic stenosis. Your heart may have to work too hard to pump blood through the small valve opening to the rest of your body. This may lead to increasing heart failure.

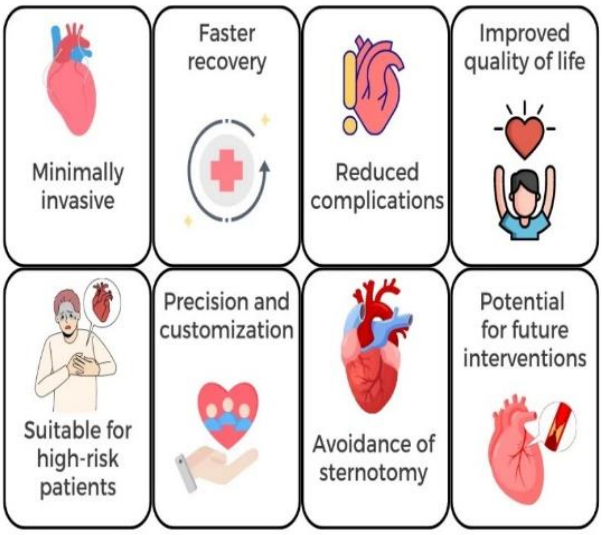
During this minimally invasive procedure, a new valve is inserted without removing the old, damaged valve. The new valve is placed inside the diseased valve. The surgery may be called a transcatheter aortic valve replacement (TAVR) or transcatheter aortic valve implantation (TAVI).

Indications for aortic valve replacement (surgical or transcatheter) are as follows:

1. Severe high gradient AS with symptoms (class I recommendation, level B evidence)
2. Asymptomatic patients with severe AS and LVEF < 50 (class I recommendation, level B evidence)
3. Severe AS when undergoing other cardiac surgery (class I recommendation, level B evidence)
4. Asymptomatic severe AS and low surgical risk (Class II A recommendation, level B evidence)
5. Symptomatic with low-flow/low-gradient severe AS (class II A recommendation, level B evidence)
6. Moderate AS and undergoing other cardiac surgery (Class II A recommendation, level C evidence)



TAVR / TAVI Benefits



Dr. Varun Nivargi

STATINS: IS IT THE END OR JUST A MYTH?

Newer Medicines for Cholesterol Control

Welcome to the world of cholesterol. We all have Inbuilt mechanisms to generate cholesterol in our own body as it is one of the most important components in our Liver, Brain and Nerve function. Hence it is logical to think that lowering cholesterol from our body would diminish the functions of these above organs. Further thanks to the social media which has caused an uproar about so called harmful effects of statins (One of the medicines to treat high cholesterol) and lack of effect of lowering dietary cholesterol.

There is a difference in dietary cholesterol and blood cholesterol levels. It has been proved beyond doubt by various rigorous studies carried out across the world that lowering cholesterol levels in blood significantly reduces the incidence of heart attacks Stroke and various other vascular diseases. However, restricting dietary cholesterol has only 10% effect on blood cholesterol levels, hence the confusion.

Another important thing is Healthy cholesterol levels vary from person to person depending on the clinical condition. The recommended LDL levels may vary from less than 130 mg/dl to less than 30 mg/dl as per the risk stratification of the patient. We also need to check non-HDL. Hence do not compare your cholesterol levels with reference values or with other patients. Ask your doctor what the best level or target for your cholesterol levels is.

You are on the right path to good health if you have started eating fruits, vegetables, nuts and seeds every day and stopped eating junk food, packaged food and bakery products. But sometimes Good dietary habits and adequate exercise is not sufficient to keep our blood cholesterol levels under control. That's when we need to start additional medicines for lowering Blood cholesterol levels.

Dr. Amit Sinkar
DNB (CARDIOLOGY)

Statins are the first drug of choice for lowering cholesterol and risk of heart attacks based on numerous large scales randomized control studies. There are certain myths about statins.

Myth 1- Statins cause Type 2 diabetes in normal individuals because they cause a slight elevation in blood sugar.

Truth. This side effect is seen in those patients who are already in pre-diabetic range where mild increase in blood sugar gets them converted into overt diabetes. In fact, diabetes gets detected 5 weeks earlier with statins than would have been detected without statins. The beneficial effects of statins in these individuals for protecting the heart are much higher than the detection of mild diabetes.

Myth 2- Statins cause memory loss and confusion

Truth. The above findings are based on small poor-quality study and not observed in properly conducted large scale rigorous trials. Brain produces its own cholesterol and is not dependent on blood cholesterol. Evidence has not shown any effect on memory loss, brain function or Fat-soluble vitamin absorption due to low blood cholesterol levels even less than 10 mg/dl. On the contrary Statins have improved brain function by reducing micro and macro strokes.

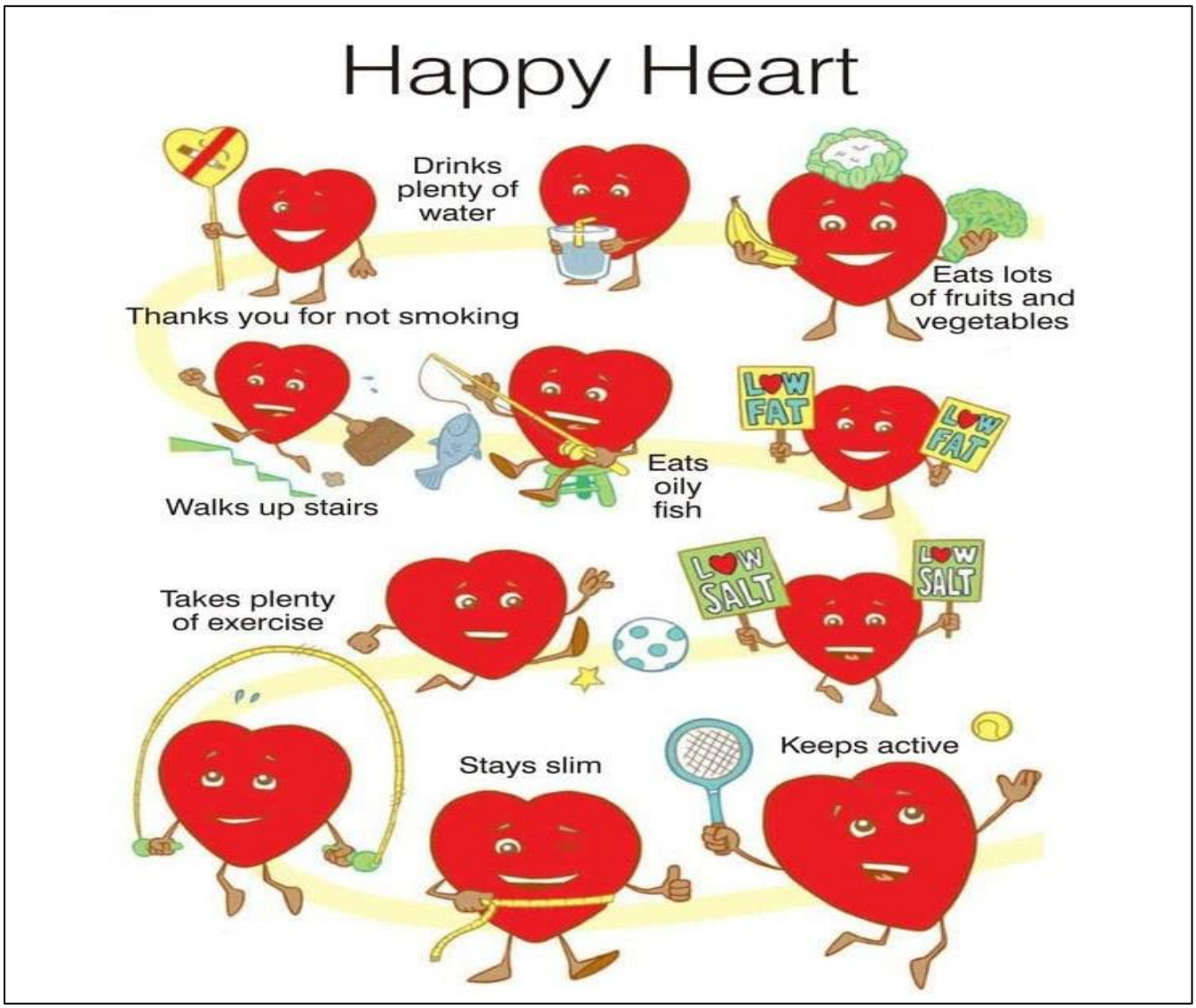
Myth 3- Statins cause Early cataracts

Truth. This observation was seen in a few animal studies and less than optimal studies. Large scale human studies have shown no effect on worsening of any eye function due to long term usage of statins.

Common side effect of statins is Muscle pains and rarely severe muscle injury (Rhabdomyolysis). This is usually seen in those who are deficient with Vit D and severe dehydration. Thus, this side effect can be prevented with optimal Vit D3 supplements and adequate hydration. Despite this if side effects are not tolerated or if statins are contraindicated there are non-statin medications available. You should not take statins if you have severe liver disease, are pregnant or breastfeeding, or have an underactive thyroid that is not treated.

Available Non statin medications include Oral drugs such as Fibrates, Ezetemibe, Bempedoic acid, Saroglitazaar and Icosapent ethyl. Injectables include PCSK9 inhibitors and Inclisiran. These medicines are usually added despite tolerance to statins when the target lipid levels are not achieved despite maximally tolerated doses of statins

Dr. Amit Sinkar



DIET FOR A HEALTHY HEART

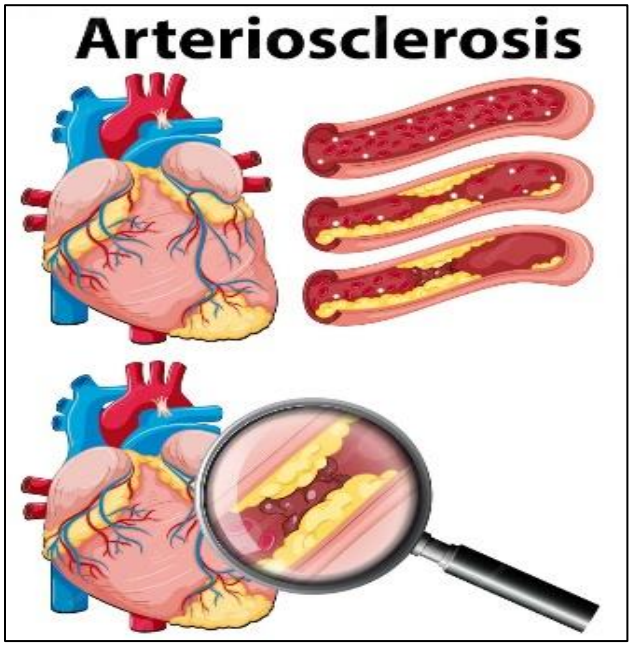
Ms. Mayura Mahajani
REGISTERED DIETITIAN
MSC (DFSM), CDE

What you eat has a profound impact on your overall well-being. A correct healthy diet benefits you in many ways: it stops you from gaining weight, helps to lower your cholesterol and reduces the risk of high blood pressure, diabetes, some cancers, and cardiovascular disease as well. If someone already has heart disease, the right diet will benefit your heart too.

Risk factors for heart health

Age, gender, inheritance (genes), disease condition (high cholesterol, high blood pressure, diabetes, thyroid disorder etc.) / medicines are the risk factors for heart health that are non-modifiable. But unhealthy diets, lack of physical activity, smoking or exposure to tobacco smoke, alcohol, being overweight or obese risk factors are other modifiable risk factors. Small simple steps towards positive changes help to reduce the risk of heart disease.

Diet And Lifestyle for Heart Health



Indians consume high carbohydrate diets with even dietary patterns. Average Indian diets contain more amounts of carbohydrates, high fat dairy, butter, ghee and cheese (all are saturated fats) in their everyday meals. Eating lots of foods high in saturated fat and trans-fat (found in commercially available fried and baked foods) may contribute to high cholesterol and related conditions. In Kerala, the culture and practice of using coconut oil in cooking has predisposed them to the highest rates of CAD in India. High saturated fat in diet leads to high LDL cholesterol levels and further gradually leads to plaque buildup in wall of our arteries. This restricts blood flow and can lead to hypertension, heart attack or stroke.

Reusing cooking oil in Indian scenario is common and it increases high fatty acids. Also, Indians consume fewer amounts of fresh fruits and vegetables compared to rest of the world. Rapid lifestyle changes due to urbanization and a nutritional transition also affects heart health.

For A Healthy Heart:

- **Limit foods high in saturated fat**
  Saturated fats come from animal products (such as cheese, fatty meats, and dairy desserts) and tropical oils (such as palm oil). Foods that are higher in saturated fat may be high in cholesterol.
- **Choose foods that are low in saturated fat**

These foods include lean meats, seafood, fat-free or low-fat milk, cheese, and yogurt, whole grains and fruits and vegetables. (Avoid processed food).

- **Eat foods naturally high in fibre** [found in whole grains, all beans (black, pinto, kidney, lima, and others) fresh vegetables and fruits] **and unsaturated fats** (found in nuts, avocados, vegetable oils like olive oil). These foods may help prevent and manage high levels of LDL ("bad") cholesterol and triglycerides while increasing high-density lipoprotein (HDL, or "good") cholesterol levels. 'My Plate 'recommended by National Institute of Nutrition (NIN) suggests 400- 450 gm of fruits and vegetables per day.

- **Avoid trans-fat, extra salt and added sugars.** That mainly comes from bakery confectionary, other highly processed food, ready to eat packet foods.
- **Try to get more Active** as per your age, and health condition. If you already have heart problems, take advice from your health care professional. Regular exercise also has many benefits. It improves metabolism, blood circulation, help to manage stress as well e.g. aerobic exercises (walking, cycling, Zumba, yoga, meditation etc.)
- **Quit smoking** and stay away from second hand smoke. Avoid alcohol.
- **Getting good enough sleep** (6-7 hrs. a day) is also important for overall heart health.

It is better to have a healthy lifestyle right from childhood. If you already have cardiovascular issues, treatment would be heart-healthy lifestyle changes along with medicines. We all need to remember that the choices we make about our food and or lifestyle do have an impact on our heart's health. It is never too late to take a step forward to take care of your heart.

Ms. Mayura Mahajani

CROSSWORD

A	S	D	F	G	H	I	J	K	L	M	T	N
D	X	F	I	B	R	E	Y	U	I	O	A	E
C	Z	S	A	F	Q	W	T	G	L	O	V	B
H	V	C	L	E	R	O	H	O	I	L	R	M
D	S	E	J	U	F	H	P	U	N	R	T	N
L	G	E	B	N	F	X	F	G	H	L	K	H
N	V	C	P	R	S	M	D	H	D	N	N	J
M	G	H	I	O	P	I	N	V	L	B	K	Y

1) To reduce LDL, TG and increase HDL eat foods naturally high in
2) Sutureless heart surgery
3) Good cholesterol
4) -----is a test that assesses the heart's function and structure under stress
5) Sudden cardiac arrest needs to be treated immediately with

ANSWERS: 1) FIBRE, 2) TAVR, 3) HDL 4) DSE, 5) CPR

ACHIEVEMENTS

Dr. Parag Sahasrabuddhe
PLASTIC SURGEON

Dr. Parag Sahasrabuddhe has been awarded FRCS by The Royal College of Surgeons of Edinburgh on 15th November 2024.

Dr. Rashmi Pathak
MBBS, MS (Ophthalmology) FELLOWSHIP IN PAEDIATRIC (Ophthalmology)

Dr. Rashmi Pathak has achieved 4 gold medals in IMA National swimming tournament at Aurangabad.

SPORTS GALLERY

Dr. Uma Alurkar

Dr. Ajinkya Kelkar

Dr. Uma Alurkar and Dr. Ajinkya Kelkar participated and successfully completed 10 km runs respectively.

ART GALLERY

Dr. Megha Firodiya
MD, DNB (MEDICINE)

15 min painting demonstration was given to Lady Physicians in Pune. Aim was to use Art as therapy for relaxation.

HOSPITAL GALLERY

WORLD HEART DAY AT JOSHI HOSPITAL

On the occasion of World Heart Day, an awareness camp was conducted at MMFHA Joshi Hospital, on 29th Nov 24

ARTHRITIS AWARENESS CAMP AT RATNA MEMORIAL HOSPITAL

ARTHRITIS AWARENESS CAMP at MMFHA Ratna Memorial Hospital, organized by Dr. Megha Firodiya followed by Physiotherapy exercise demonstration session, on 16th Nov 2024.

WARM WELCOME TO OUR MMFHA FAMILY

JOSHI HOSPITAL

- Dr. Rohit Narasingrao Lawate (Physiotherapist)
- Dr. Kruttika Vijaykumar Zala (Physiotherapist)
- Dr. Aayush Vinodkumar Sarda (Clinical Assistant)
- Dr. Nusarat Makhasud Ahmad Momin (Clinical Assistant)
- Dr. Rucha Vidyadhar Kulkarni (Clinical Assistant)
- Ms. Santoshi Ganesh Thakur (Admission Desk- Receptionist)
- Ms. Anisha Mahesh Mahadik (IPD-Insurance Executive)
- Ms. Jilu Justin (OPD In-Charge)
- Mr. Gangadhar Laxminarayan Joshi (Senior Billing Executive)

RATNA MEMORIAL HOSPITAL

- Dr. Krutika Sanjay Deogirkar (Clinical Assistant)
- Ms. Akanksha Santosh Chavan (PRO)
- Dr. Shubham Kisan Mengade (Surgery Registrar)

PATIENT TESTIMONIAL

एक अनुभव- जोशी हॉस्पिटल CCU

कितीही मन मोकळं असलं तरी
हृदय तितकंच मोकळं नसतं
अंतर्मनातलं कितीतरी, हृदयात साठत रहातं.
कधी कधी इतकं साठतं की
प्रवाहित निर्माण होतात अडथळे
मग तुंबलेल्या शीरा,
मोकळ्या कराव्या लागतात बळे बळे.
इथे ढगांसारख्या पांढऱ्या वातावरणात
सभोवती वावरत असतात निळ्यागुलाबी
पिस्ता रंगातल्या पऱ्या
आपुलकीने हसतमुखाने, काळजी घेतात साऱ्या
ब्रदर सिस्टर कितीतरी मामा मावशी
आत्मियतेने सेवा करतात दरदिवशी.
आपण असतो अस्वस्थ आणि
स्वस्थ करण्यासाठी येतात देवदूत
डॉ. पत्की डॉ. जावड़ेकर डॉ.कुलकर्णी आणि डॉ. इनामदार
असे त्यांचे रूप.
हृदयात साचलेलं नकोसं मोकळं केलं त्यांनी
आणि पुन्हा एकदा नव्याने जगण्याची दिली हमी.
आपली भावंडं आपले नातेवाईक, घेतात खूप काळजी
अशाच प्रसंगी कळते खरं तर, त्यांची आपल्यावरची मर्जी
डॉ.पत्कींनी वाचवलाय माझा जीव
त्यांच्याच रूपात जणु भेटला मला ब्रह्मा विष्णु आणि शिव
आता छान बरी होईन सगळ्यांचा निरोप घेऊन घरी जाईन
आजारी नसताना मात्र ही सगळी मंडळी कशी आहेत
ते बघायला नक्की येईन
आपण कसे आहोत ते विचारता हे सगळेच
ते सगळे कसे आहेत हे विचारायला आपण आलंच पाहिजेना.

स्मिता विनायक सहस्रबुद्धे (अलिबाग)

FACILITIES AVAILABLE IN CARDIAC DEPARTMENT

- ECHOCARDIOGRAM (ECG)
- TREADMILL TEST(TMT)
- 2D ECHO
- CONTRAST ECHO
- DOBUTAMINE STRESS ECHO
- GLS IMAGING
- HOLTER
- 24 HRS AMBULATORY BLOOD PRESSURE MONITORING
- COLOUR DOPPLER