

PARKVIEW TIMES



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Parkview Superspeciality Hospital

Founded in the year 2018, the hospital is the vision and dream come true for its Founder Director, Eastern India's most experienced Advanced Laparoscopic and Bariatric Surgeon, Dr. V. K. Bhartia.

Located in Salt Lake, Parkview is a 77-bed, NABH Accredited highly super-specialized hospital, perhaps the only one of its kind in Eastern India, for treating blood related diseases like leukemia, thalassemia etc.

Apart from this, it also has a well-equipped BONE MARROW TRANSPLANT UNIT where several Bone Marrow Transplants have been done with 100% success rates and this has been possible only because of the leadership and guidance of its HOD, Consultant Haemato-Oncologist Dr. Shilpa Bhartia (MRCP, FRCPath). Apart from these, more than 2 thousand cases of chemotherapy have also been done here under her able treatment.

The other super-speciality branch here is the Minimal access / Laparoscopic surgery which is headed by Eastern India's most experienced Advanced Laparoscopic and Bariatric Surgeon, Dr. V. K. Bhartia, whose forte is to permanently cure diabetes by metabolic surgery and who has several thousands of these surgeries, with almost 100% success rate, to his credit.

For us at Parkview, the journey's just begun... a long way to go !!!

Our Founder...

Dr. V.K. Bhartia

FRCS, FICS

Director-Bariatric & Metabolic Surgery

Eastern India's most experienced Advanced Laparoscopic and Bariatric Surgeon whose forte is to cure Diabetes permanently by Metabolic surgery



Our Inspiration...

Dr. Shilpa Bhartia

MRCP, FRCPath (London)

Consultant Haemato-Oncologist.

An expert in her dedicated field, she's forever playing the pioneering role in creating awareness & in helping patients cope with the dreaded disease, not to mention the assurance that she provides in reducing the mental agony the disease puts on the families of these patients.



Our Mentor...

Dr. Abhishek Bhartia

MRCS (UK), EFIAGES, DIP.LAP. SURGERY (France)

HOD-General & Laparoscopic Surgery

One of the most renowned General & Laparoscopic surgeons in the city whose knowledge and determination has given a new height and dimension to the hospital.



APLASTIC ANAEMIA – A Case Study



Dr. Shilpa Bhartia

Dear Readers,

We would like to get your attention on the importance of the liaison between Critical Care and Hematology and in the treatment of an extremely complicated case of Aplastic anemia.

This 60 year-old gentleman who is a Diabetic, Hypertensive and has a long history of Aplastic anemia, was recently diagnosed with Secondary Myelodysplastic Syndrome and Pancytopenia.

He was started on standard chemotherapy with Azacitidine; but however was admitted with severe high grade fever, pain abdomen, anemia and bleeding.

He was aggressively treated for Neutropenic sepsis and required ventilation.

He was however extubated after 3 days and was thereafter monitored in the Ward.

He has had repeated episodes of bleeding per-rectum and even Colonoscopy did not show any intraluminal source but his bowel was full of blood for which he was aggressively managed with blood products.

In-between that he developed episodes of seizure, again requiring intubation. With aggressive supportive care his counts recovered and gradually his bleeding settled.

He was readmitted for his next chemotherapy. We were able to discharge him home and he was then subsequently admitted and is continuing with his ongoing cycles of chemotherapy.

With this case we would like to highlight that effective liaison between Critical Care, Haematology and the team-work of nurses, trained in ICU, can pull out even the most serious patients and we are glad we were able to get him back to his normal life.

Post-cardiac arrest ARDS with MOTS & Cardiomyopathy – A Case Study

A 37 year-old patient was undergoing laparoscopic myomectomy under General Anaesthesia (in another hospital), when she suffered a sudden cardiac arrest 45 minutes after commencement of the surgery.

CPR was given and ROSC was achieved after 20 minutes. Patient was thereafter shifted to Parkview Superspeciality Hospital and immediately admitted in the ICU under Dr Bodhisatwa Choudhuri in an unresponsive state with severe shock, for further management.

The patient was a known case of Hypothyroidism.

On admission her GCS was E1V1M1 with pupils bilateral equally reacting to light. ABG showed severe metabolic acidosis.

The patient was put on invasive mechanical ventilation. Immediate blood investigations revealed deranged liver enzymes owing to ischemic hepatitis with a deranged coagulation profile indicating DIC and elevated renal parameters indicating acute kidney injury.

Bedside ECHO on admission, revealed an Ejection Fraction of 22% with severe global hypokinesia. Patient was treated with inotropes, I/V Albumin and Broad spectrum antibiotics. Her ventilation was continued according to ARDS-net protocols.

During the course of the treatment, she had to undergo multiple sessions of Haemodialysis. She also developed ischaemic pancreatitis which was managed conservatively.

Patient gradually responded to the treatment and was finally weaned off from the ventilatory support and extubated after 15 days of ventilation.

Patient received a total of 7 units of PRBC, Platelets (24 units) and FFP (14 units). She was shifted out of the ICU after 20 days and was finally discharged after almost 1 month of hospital stay.

After discharge, she has undergone multiple follow-ups in the last few months. Her last follow-up revealed a healthy medical condition, normal Lab parameters with an EF of 66% in ECHO and no evidence of cardiomyopathy.



ADVANCED CARCINOMA THYROID presenting at young age....

A trend is being observed where advanced Thyroid carcinoma is presenting at a comparatively younger age especially in females.

We present two such cases who were operated successfully by our team of Head & Neck surgeons.

Patient -A

This 32 year-old lady, presented with a history of a swelling over the neck since the last 6 months.

Clinical examination revealed a hard thyroid gland, (Rt Lobe) & an enlarged left lobe of the Thyroid gland.

USG of the Thyroid gland was suggestive of a likely multinodular goitre (TIRADS-3).

USG Guided FNAC (Thyroid gland, right) reported Papillary carcinoma.

CECT Neck revealed a complex cystic space-occupying lesion in both lobes of the thyroid with an enhancing solid element and possible invasion into the overlying muscle on the right side.

Patient was euthyroid and other blood parameters were normal.

Bilateral Radical Total Thyroidectomy + Bilateral Radical Neck Dissection + Central Node Dissection was done.

Post operatively her Calcium and Parathormone levels were monitored and supplements were given.

She made an uneventful recovery.

Histopathology: Papillary Carcinoma Thyroid. The tumour is multifocal.

All margins free.

Lt Neck Glands : 0/36 all negative

Rt Neck Glands : 0/49 all negative

Central Neck Glands 1/10 positive

pT3a(m)N1a

Patient – B

This 22 year-old girl, a known case of hypothyroidism, presented with complaints of swelling over the neck since the last 3 months .

Clinical examination revealed a hard thyroid gland, (Right Lobe) & lymph nodes in the Rt. Anterior Triangle

USG Neck revealed a Thyroid mass with multiple lymph nodes (TIRADS-IV) on both sides.

CECT Scan Neck was suggestive of a heterogeneously enhancing lesion arising from the right lobe of the thyroid with multiple internal calcifications and multiple enlarged ipsilateral cervical and bilateral supraclavicular nodes. There was also an enlarged node in the right level 2 with internal calcification - Features of thyroid malignancy with nodal metastases.

USG Guided FNAC from the solid lesion in the right lobe of the thyroid was suspicious of papillary carcinoma, Bethesda category V.

Her blood parameters were normal and there was no change in the voice.

Bilateral Radical Thyroidectomy + Bilateral Radical Neck Dissection

(Right level 2-5 & Left level 2-4) + Central nodes Dissection was done.

Rt Internal Jugular Vein was ligated and en-block dissection was done.

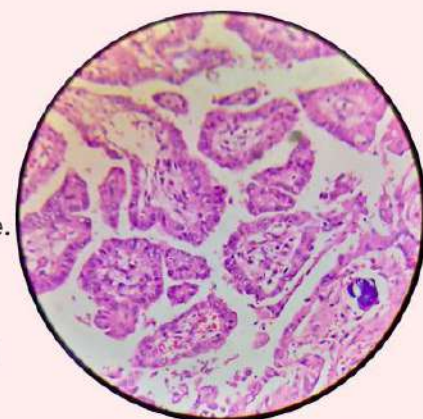
Right Recurrent Laryngeal nerve was involved in the tumour tissue – hence was partially removed.

A bridge nerve transplantation with Right Greater Auricular nerve was done.

Post operatively her Calcium and Parathormone levels were measured and appropriate supplementation was given. She had slight hoarseness of voice.

Histopathology report: Papillary carcinoma thyroid involving both lobes and with extra thyroid extension and metastatic lymph nodes. (Rt 3 out of 16 Lt 1 out of 16 Central 0 out of 6). Resection margin free of tumour.

pT3N1Mx



Low power view of Papillary Carcinoma classic variant having Branching Papillae with Fibrovascular core along with psammoma body

We present these cases since proper evaluation and complete radical surgery is very much essential in these younger patients to ensure a long term disease-free survival.

Breaking new ground...

Kick-start your weight-loss journey and transform your waistline with a healthier lifestyle...



For the first time in Eastern India, Parkview Superspeciality Hospital introduces the swallowable gastric Allurion Balloon for substantial weight loss - a fully supported healthy lifestyle program, centred around a gastric balloon and digital weight-loss support tools.

The balloon is swallowed during a brief 15-min walk-in procedure. Approximately 16 weeks later, it deflates and passes out naturally.

The Allurion Balloon fills you up, so you're less hungry – making it easier for you to eat better, eat less and form healthy habits that last long.

Advantages of the intragastric Allurion Balloon –

- No Surgery
- No Endoscopy
- No Anesthesia
- Reduces body-weight by 10-15% in just 16 weeks

**Consult: Dr Abhishek Bhartia MRCS (UK), EFIAGES, DIP.LAP. SURGERY (France),
HOD-General & Laparoscopic Surgery**



Dr. V.K. Bhartia speaking on Obesity & Metabolic syndrome at RBI



Dr. Shilpa Bhartia speaking on "Multiple Myeloma" at The Sonnet



Parkview turns 4



Sometimes the littlest things take up the most room in our hearts - Parkview Nursery



Celebrating Women Leadership



Camp at Central Park

From the Desk of the CEO...

Dear Friends,

As the year comes to an end, it is time to look forward to new beginnings.

December ushers in a cold nip in the air. But there will soon be time for warmer days – as they say "if winter comes, can spring be far behind ?

Today, the 12th day of December, on the auspicious birthday of our Respected Founder Director, Dr V K Bhartia, we have the pleasure of introducing this Newsletter, Parkview Times, with the thought of sharing with all of you, our operational agenda and achievements and also to enable us to get into a dialogue mode with all of you for further scope of improvement in every step we take forward so that we can constantly excel.

What can be a more fitting tribute and a better birthday gift to our Founder from us than getting into this constant mode of achieving excellence and the vision of our respected Dr. V K Bhartia, and to wish him a long, happy and healthy life on his special day with this promise that "We shall overcome and do everything possible to outperform and make Parkview, the preferred healthcare destination for patients !!"

Today we take a step forward,
Tomorrow we'll take many more...