

PARKVIEW TIMES



Our activities in 2025



7 successful years



Dr. V.K. Bhartia speaking on Women's Day celebrations



Dr. Abhijnan Maji speaking at a CME at PVH



Dr. Shilpa Bhartia speaking at an RTM



Dr. Bodhisatwa Choudhuri speaking at an RTM



Dr. Shilpa Bhartia speaking to Big FM



National Doctors' Day



Health check-up camp

From the Desk of the CEO...

As we celebrate our 7th Anniversary, I am filled with immense pride and gratitude. Our journey has been remarkable, and I am honoured to lead this incredible team.

In the past seven years, we have grown, innovated, and strived to deliver exceptional care. Our commitment to compassion, quality, and patient-centricity has earned us your trust. I would like to thank our dedicated staff for their tireless efforts, our patients for choosing us, and our Doctors for their support.

As we look to the future, we will continue to push boundaries, adopt new technologies, and prioritize patient well-being.

Thank you for being a part of our journey. Here's to many more years of healing, caring, and excellence!

Warm regards,
CEO



PARKVIEW
SUPER SPECIALITY HOSPITAL

Parkview Super Speciality Hospital
(A Unit of Ankush Medicare Pvt. Ltd.)

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SCAN TO LOCATE

PARKVIEW TIMES



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Parkview Superspeciality Hospital



GLORIOUS YEARS



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, DIPLAP. SURGERY (France)
HOD-General & Laparoscopic Surgeon

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.



Dr V K Bhartia
(Senior Consultant Bariatric & Laparoscopic Surgeon).

MULTIPLE ABDOMINAL WALL HERNIAS – A Case report

Case presentation:

24 year-old female patient presented with a history of epigastric swelling along with pain since the last 3 months

Laboratory findings:
WNL

Ultrasound:
USG showed two Epigastric hernias.

Pre-operative Diagnosis:

Two Epigastric hernias – admitted for Laparoscopic Hernia Repair under Dr V K Bhartia (Senior Consultant Bariatric & Laparoscopic Surgeon).

Surgical Management:

Abdominal Wall Reconstruction + IPOM under General Anaesthesia.

Per-operative findings:

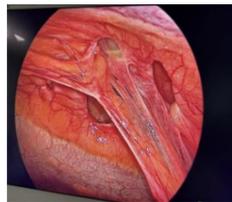
- Multiple abdominal wall hernias – hence Reconstruction was planned.
- At least 8 hernias identified
- Small 2cm to 6cm in size
- Contents – Fat + falciform ligament

Post-operative Diagnosis:

MULTIPLE ABDOMINAL WALL HERNIAS.

Procedure:

- All hernias reduced
- Abdominal Wall Reconstruction (AWR) done intra-peritoneally.



MULTIPLE HERNIAS

Post-operatively she was monitored closely and treated with appropriate medications. Patient gradually recovered and started tolerating soft diet – discharged after 72 hours in a haemodynamically stable condition with appropriate advice.



Dr. Sarbajit Ray
(Sr. Consultant Physician)

Lacunar Infarct – Bilateral Periventricular area associated with Ischemic changes along with Right-sided Hemiplegia in a patient with convulsive disorder, Encephalopathy & UTI – A Case Study

History:

47-year-old female patient presented in the Emergency with a history of altered sensorium. She had been bedridden for the past 2 days with inability to move right upper & lower limbs.

On examination –

Right-sided hemiplegia
Presence of bedsores on the right upper and lower limbs.
Aphasia

Admitted for conservative management under Dr. Sarbajit Ray (Sr Consultant Physician)

Clinical examination:

BP – 112/160mmHg,
HR – 112/min
Temp – 99.1°F
RS – B/L VBS+
CNS – Drowsy but arousable
– Pupil B/L reactive to light
– Muscle rigidity +
GCS – E4V3M5

Past History:

Known case of Hypertension & Type II Diabetes Mellitus.

Diagnosis:

- Lacunar Infarct Bilateral Periventricular Area
- Right-sided Hemiplegia – improving
- Bilateral Periventricular Ischemic changes
- Convulsive disorder
- Encephalopathy
- Urinary tract infection

Course:

The patient was initially admitted in the ICU. Intravenous fluids, antibiotics, and supportive medications were promptly initiated following initial evaluation. ABG analysis was conducted.

The patient was also evaluated and managed by Dr. Bodhisatwa Choudhuri (Critical Care Incharge & Internal Medicine).

Ryle's tube feeding and catheterization were initiated for nutritional and urinary management.

Laboratory investigations:

Elevated levels of Serum Urea and Creatinine (Creatinine: 2.56 mg/dL)
Increased Serum Bilirubin.
Urine R/E showed the presence of numerous pus cells, suggestive of infection.

Radiological investigations:

CT scan of the brain, showed lacunar infarcts in the bilateral paraventricular regions and diffuse cerebral atrophy with bilateral periventricular small vessel ischemic changes.

EEG suggested encephalopathy.

HRCT of the chest revealed ill-defined areas of ground-glass opacities.

A Neurology consultation was obtained from Dr. Vaibhav Seth regarding the ventriculopathy and ischemic findings, and his recommendations were followed. Throughout her hospital stay, the patient underwent regular blood monitoring which showed a trend of clinical improvement. She responded to oral commands and was gradually shifted from ICU to the General Ward.

Regular Physiotherapy sessions were administered to support mobility and recovery.

Gradually the patient became clinically stable and was discharged with appropriate medical advice and with Ryle's Tube in situ and to report for review with Dr. Sarbajit Ray after 7 days.



Dr. Shilpa Bhartia
MRCP, FRCPath(UK)

The Bone Marrow Transplant Unit at Parkview Superspeciality Hospital

Parkview Superspeciality Hospital, established in 2018 is a highly super-specialized hospital for treating blood related disorders and is the one of its kind institution in Eastern India dealing with this speciality.

The hospital's Bone Marrow Transplant (BMT) Unit is a state-of-the-art facility dedicated to treating patients with Acute Leukemias, Myelomas, and Relapsed Lymphomas – and is led by the renowned Haemato-Oncologist Dr. Shilpa Bhartia, MRCP, FRCPath, and boasts of a dedicated team of nurses and support staff.

Key Features:

- Dedicated HEPA Filtered 2-room BMT unit with advanced facilities for patient care
- Experienced team of 1:1 nurses and support staff
- Good quality Blood products
- Advanced diagnostic facilities
- 24/7 emergency services and Critical Care support

Benefits:

- Lower cost compared to corporates
- Personalized care
- Zero Transplant related mortality
- Minimum infections – thereby making Parkview a leading destination for bone marrow transplants in the Eastern part of the country.

Number of Bone Marrow Transplants at Parkview till date – 27
(Autologous – 26 & Allogenic – 1)
Myelomas – 17
Relapsed Lymphomas – 8
Acute Leukaemias – 2

We at Parkview strive to continue and advance our Haematology services in Eastern India and will soon introduce CAR-T Cell Therapy.

Statistics till date:

- OPD patients in Haematology: 11083
- Inpatients in Haematology: 7099
- Chemotherapy: 8498
- Bone Marrow Transplants: 27



The dedicated BMT Team led by Dr. Shilpa Bhartia



Dr Rajesh Chel
(Consultant Physician & Geriatric Specialist)

Right Fronto-parietal Acute on chronic Subdural hematoma with Mass effect in a Post PTCA patient with IHD & Dyselectrolytemia – A Case Report

Case presentation

- 79 year-old gentleman.
- History of slurred speech
- Weakness of all 4 limbs
- Drowsy & disoriented

Past history:

- Hypertension,
- IHD
- Post PTCA status in 2020.

Diagnosis:

Right Fronto-parietal Acute on chronic Subdural hematoma with Mass effect
IHD – Post PTCA status
Dyselectrolytemia

Referred to Neurosurgeon Dr. Dibyendu Roy who suggested urgent surgical evacuation of SDH. Also seen by Neurologist Dr. N.P. Singh and his advice duly followed. 2 units SDP transfused for low platelet count.

Management:

Proper PAC done
High Risk consent taken
Right frontal & parietal burr holes + decompression of SDH done under MAC

Post-operative period was uneventful and patient recovered well in the ICU – 48 hrs later shifted out to the Ward.
Drain removed & dressing done.

On POD-6, patient developed acute shortness of breath with stridor – was urgently shifted back to the ICU and treated with nebulization, IV antibiotics and appropriate medications. Ryles tube was removed and Chest X-Ray showed a normal study. Repeat CT Brain however showed significant improvement.

Despite all efforts, patient continued to have persistent stridor hence an urgent Laryngoscopy was done which showed significant edema at the laryngeal inlet associated with significant narrowing of the inlet. Patient was immediately sedated and intubated with 7.5no ET tube for airway protection and put on T-Piece. IV Dexamethasone was administered and continued with nebulization. Patient slowly responded to the treatment and recovered well. Patient was extubated 48 hours later, T-piece was removed and patient put off O2 support. His sensorium improved (GCS 15/15) – was observed for a few hours and discharged the same evening with appropriate advice and EJ line, catheter and RT in situ.