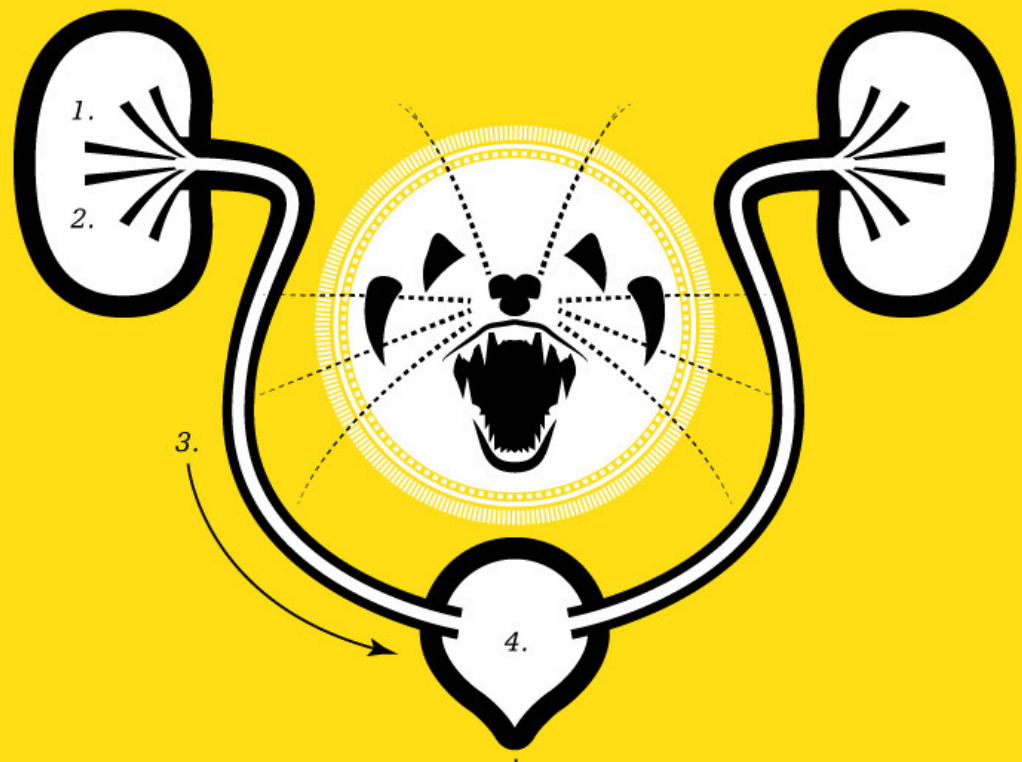


JMH FAMILY DOCTOR

A quarterly **HEALTH JOURNAL**
from one of India's oldest hospitals

Volume 03, Part 4, Total Pages 16 (including cover) October - December 2017



UNDERSTANDING KIDNEY STONES

EDITION ON KIDNEY HEALTH

*You have trusted us for 5 generations,
we shall ensure you always do...*



MONDAY, APRIL 13, 2009

Hindustan Times

NEW DELHI • METRO

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4 Hindustan Times, New Delhi, Monday, April 13, 2009

For more, log on to hindustantimes.com

One family, 140 doctors

Ever since 1919, five generations of the Sabharwal family in Delhi have chosen medicine as their career — they also marry only doctors

Riddhi Shah
New Delhi, April 12

ONE FAMILY. 140 doctors. This isn't an advertisement for a newly opened hospital but a true story of Delhi's Sabharwal family. For five generations, every single member

of the family will study medicine. And every son had to get married to a doctor," Dr Ravinder added.

After the partition, the family moved to Delhi and opened five more hospitals, each bearing the name of the patriarch of the family — Jeevan.

"Of course there have been rebellious boys who didn't want to become doctors, others who wanted to marry non-doctors. Emergency family meetings were called, phone calls flew back and forth. But eventually everyone fell into line," said Dr Sabharwal, 68.



Read full story at: www.jmh.in/onefamily.html

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Published by

Jeewan Mala Hospital Pvt. Ltd.
New Delhi, India

Published at

67/1 New Rohtak Road
Karol Bagh, New Delhi-110005
India

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Printed at

Gondals Press India Ltd.
154-B, Sector-7, IMT, Manesar
www.gondalspress.com

Director's Desk

Dear Friends,

I wish my best to all the readers of family doctor. I would like to wish everyone a very Happy New year. Let this new year of 2018 bring in lot of cheer and best wishes to all the families associated with Family Doctor. May you spread happiness and joy amongst everyone.

I am delighted to present to you the 19th edition of Jeewan Mala Hospital's quarterly Health Magazine "Family Doctor". Hopefully, through this magazine we continue to provide you with basic everyday health tips. I thank everyone once again to have shown interest and given significance to our small endeavor.

Without your support, this would not have been possible. As always, we at Jeewan Mala look forward to your comments and suggestions and are even more motivated to carry on this task.

This endeavor is intended not only to showcase all the happenings at Jeewan Mala but also to continue to spread awareness of everyday healthy living amongst the people.

We at Jeewan Mala remain committed to give affordable healthcare while not compromising on quality.

I once again assure you that we remain committed to our goal of delivering the best quality healthcare at affordable prices. We are doing everything possible to make Jeewan Mala a continued success. Through this Magazine we would ensure that we remain in touch in your daily lives.

I look forward for your continued support and would not miss this opportunity to thank you for trusting in us and having faith in our doctors.



Yours truly,
Dr. Vinay Sabharwal
Chairman

Jeewan Mala Hospital Pvt. Ltd.

RENAL STONES IN PREGNANCY.....DO WE WORRY!!

Dr. Malvika Sabharwal

Chief Gynae Endoscopy & Laparoscopy Surgery

Dr. Shivani Sabharwal

Consultant, Gynae Endoscopy & Laparoscopy Surgery

Dr. Nupur Chhabra

Consultant, Gynae Endoscopy & Laparoscopy Surgery

Dr. Gurpreet Kaur

Consultant, Gynae Endoscopy & Laparoscopy Surgery

Renal colic during pregnancy is relatively rare (1 in 1,500 pregnancies), but it is one of the most common non-obstetric reasons for hospital admission. The management often means a challenge for the gynecologist and urologist due to the complexity involved in preserving the maternal and fetal well-being combined with the drug constraints inherent to the condition of the pregnant patient. Since these mothers are at high risk of urinary tract infections and Pre Term Labour.

There is a higher incidence of renal colic during the 2nd and 3rd trimester of pregnancy and in multiparous women in a ratio of 3:1 vs. first time pregnant women, both kidneys are equally affected.

There are a variety of factors that contribute to kidney stones, including:

- Fluid Intake- Not consuming enough water promote urine that is highly concentrated with nutrients like calcium or phosphorus, dramatically increasing the risk
- Increased intake of animal protein and sodium
- Environment factors such as hot climate
- Underlying medical conditions such as hyperparathyroidism
- Genetics Families who have a high incidence of hypercalciuria,
- Bowel Irritation- Chronic inflammation of the bowels
- Excessive Calcium Intake
- UTIs

When to visit the doctor?

The most common clinical presentation of renal colic is flank pain, micro or macro hematuria (blood in urine), Painful urination, fever and irritable bladder symptoms. Nevertheless, the condition of acute abdomen during the second or third trimester of pregnancy is difficult to assess because the pregnant uterus changes the position of the colon, ovaries, appendix and bladder, which can modify the location of the pain. Other condition needs to be ruled out are Appendicitis, Gall stones, kidney infection, Pre term labour, Placental separation and Acute rise in blood pressure with liver involvement.

How to investigate?

- Blood and urine test
- Ultrasound
- MRI in selective cases

Management-

Once the diagnosis of renal stone has been established, initial treatment should be conservative, comprising of hydration, analgesics and antibiotics which can result in spontaneous passage of stones particularly the smaller ones in 64-84% of patients. Certain patients need operative intervention by urologist.

Renal stones during pregnancy can lead to significant morbidity for the woman and may also increase the risk of obstetric complications. Management of renal stones in pregnant women is challenging and requires a multidisciplinary team.

Dr. Shalini Verma
Consultant DMRD Radio Diagnosis

Dr. Glossy Sabharwal
Consultant, MD Radio-diagnosis

Dr. Mahesh Kumar Poonia
Consultant DNB (Radio Diagnosis)

Ques: What is CT Urography?

Urography uses imaging and contrast material to evaluate or detect blood in urine, kidney or bladder stones, and cancer in the urinary tract. CT urography is painless and proven effective in detecting urinary tract issues by using a contrast after the intravenous administration of radiographic contrast material.

Urography images are used to evaluate issues or detect abnormalities in portions of the urinary tract, including the kidneys, bladder and ureters, including: Hematuria (blood in urine) Kidney or bladder stones Cancers of the urinary tract

Ques: Why was I told to get a CT scan and not an Ultrasound KUB?

CT Urography (CT scan of the kidneys and ureters) is always considered better than ultrasound scan (especially in patients with obese stature). The sensitivity of ultrasound is only 67% while that of CT scan for kidney stones is 100%. CT scan can pick up kidney stones as small as 2mm and even less than these – which are called concretions. Concretions are not seen on ultrasound clearly.

For ureteric stones – the ultrasound sensitivity is further less to approx. 59% while that of CT scan is 100%.

Ques: What is the radiation exposure in one scan?

It is non-hazardous especially with the latest CT scanners where the scan is done at a very fast spin and very less radiation is scattered.

Ques: What is the preparation needed?

Tell your doctor if there's a possibility you are pregnant and discuss any recent illnesses, medical conditions, medications you're taking, and allergies – especially to contrast materials.

You will be instructed not to eat or drink anything 4-6 hours beforehand. In order to distend your urinary bladder, you may be asked to drink water prior to the exam and not to urinate until your scan is complete. Leave jewelry at home and wear loose, comfortable clothing. You may be asked to wear a gown.

A Blood test – serum creatinine and blood urea nitrogen is requested before the contrast study.

After a CT exam, the intravenous line used to inject the contrast material will be removed by the technologist, and the tiny hole made by the needle will be covered with a small dressing. You can return to your normal activities.

Ques: What is the medicine injected and will it pain?

It is a water soluble hypo-allergenic sterile non-ionic contrast which is excreted from the kidneys within 20-30mins. If an intravenous contrast material is used, you will feel a pin prick when the needle is inserted into your vein. You will likely have a warm, flushed sensation during the injection of the contrast materials and a metallic taste in your mouth that lasts for at most a minute or two.

Ques: What if I am allergic to the medicine injected?

Before injecting contrast, a small test dose is given in every patient. It is mandatory protocol in our hospital and if there is no reaction then only the complete dose is injected.

Ques: How much time the test takes?

It does not take more than 15mins for complete scan of kidneys, ureter and urinary bladder. However if there is some kidney problem and the kidney function is slow then it can take 30-60mins depending on the problem.

Ques: When do we get the report?

Depending upon the disease seen in the scan, once the scan is complete and discussed with your consultant treating doctor, it takes approx. 15 mins to finalize and give the printed report.

MYTHS & FACTS ABOUT KIDNEY STONES

Dr. Vinay Sabharwal
Chief-Laprosopic &
General Surgery Department

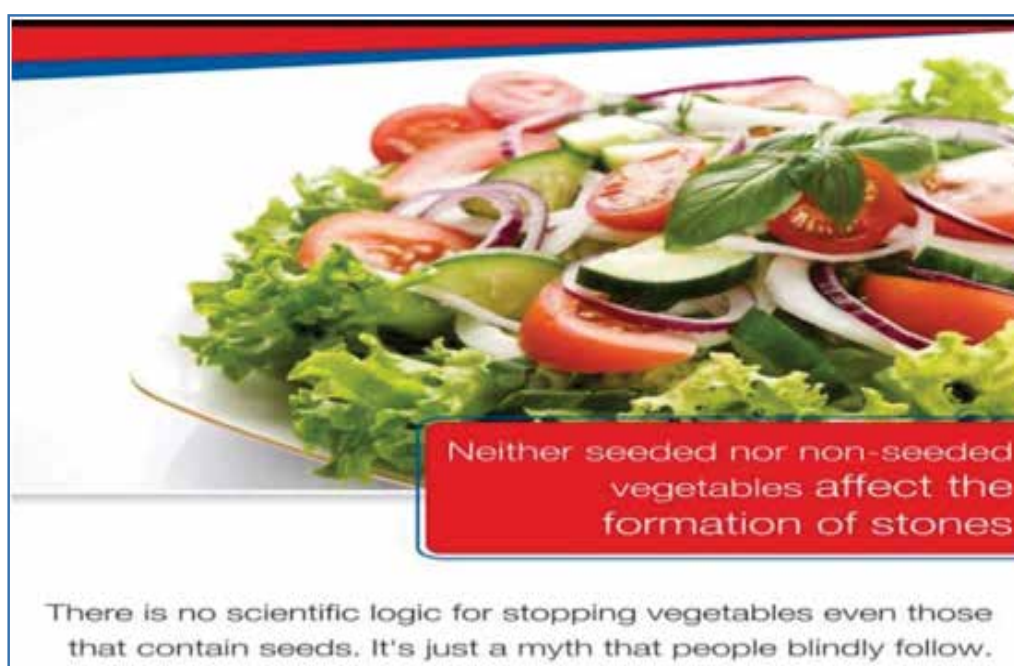
Dr. Nikunj Bansal
Sr. Consultant - Laprosopic &
General Surgery Department

Dr. Prashant Jain
Sr. Consultant Urologist and
Andrologist

As per the recent statistics, 15% of India's population suffer from kidney stone problems. However, 5% of them are not even aware that their pain is being caused by stones in one or both of their kidneys. Kidney stones usually pass through and are excreted along with urine, but sometimes they remain in the kidney to cause severe pain. Some commonly held beliefs about kidney stones can be considered myths, without any supporting evidence. Other beliefs we consider controversial and are likely to also be incorrect based on expert opinion.

Myth 1– I cannot eat tomatoes as I have Kidney stone.

Fact– Tomato can be easily eaten but in moderate amount.



Myth 2– Diet for every person having kidney stone is same.

Fact– Kidney stone diet varies with the type of stone and severity of the condition.

I want you to understand that, any food eaten in moderation can never lead to any medical problem.

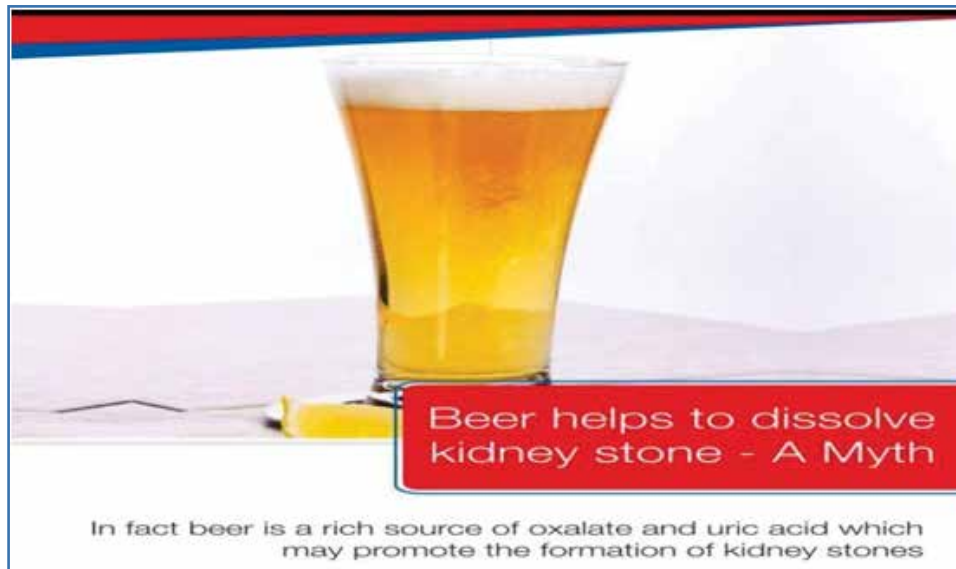
Myth 3. I got a kidney stone because of my calcium intake.

Despite the fact that calcium is a major component of 75% of stones, excessive calcium intake is very rarely the cause of stone formation. In fact, several studies have shown that restricting calcium intake in most stone formers actually increases the number of stones they develop.

Myth 4. I can take something to dissolve my stones

This myth has an asterisk because it is actually true in select cases.

For the majority of stones formers, including those with calcium oxalate and calcium phosphate stones (80% of stones), there is no medication available that can successfully dissolve their stones. In select patients with uric acid stones (5-7% of stones) or cystine stones (1-3% of stones), medications can potentially be used to help dissolve their stones. However, even in these cases, surgery is still sometimes required to remove or treat the stones.



Medications: There is no medication to “DISSOLVE” the stone (beware of fraudulent advertisements)

Myth 5. Cranberry juice will help me prevent stones.

While cranberry juice can help in the prevention of recurrent urinary tract infections, it does not seem to have an overall beneficial effect for stone formers. Instead, ingestion of cranberry juice results in a mixed effect on urinary factors which probably leads to no benefit or potentially increased stone risk for most patients.

Myth 6. Drinking this olive oil and lemon juice will help lubricate my stone and help it pass.

Besides sounding awful tasting, we are not aware of any studies showing that drinking this combination (or other similar home remedies) can improve stone passage.

Myth 7. Not many people get stones.

Stones are actually more common than most people realize. 15% of India's population suffer from kidney stone problems.

Myth 8. Water is the only fluid useful to help prevent stones.

Research suggests that it is the volume of fluid you drink that is most important, not the type of fluid. Some fluids previously felt to increase stone risk (tea, coffee, beer) actually seem to decrease risk. Cola drinking also doesn't seem to increase risk. The bottom line for those trying to keep their fluid intake up is that for the most part you can drink what you want.

Myth 9. Kidney stones are related to gallbladder stones (gallstones).

Although both are considered stones and have the word “bladder” associated with them, gallstones and kidney stones are not in any way related.

Myth 10. I shouldn't be getting kidney stones because no one in my family has had them.

While those with a family history of stones are at 2.5 times greater risk of forming a stone than individuals without a family history, the majority of new stone formers actually do not have family history.

Myth 11. My soda drinking is causing me to form stones.

Overall, the risk of forming stones from cola drinking seems to be mixed. Kidney stoners who want to play it safe might want to avoid colas and choose other beverages. They can also choose colas which don't use phosphoric acid. (You can check this by reading the ingredients list on the side of the bottle or can). Some brands we've found that don't use phosphoric acid include Pepsi Natural and Red Bull Cola.

Myth 12. The bad (hard) tap water in my town is causing my stones.

It seems intuitive that drinking “hard” tap water, which contains more dissolved minerals (such as calcium and magnesium), might increase stone risk. However, most studies on the subject show that the type of tap water (hard versus soft) either doesn't seem to make a difference or that soft water, and not hard water, is actually associated with increased stone risk. Based on available research, the quality and source of your tap water likely makes little or no impact on stone risk. Putting in a water softener system may actually increase your risk! We like drinking filtered water, but only because it improves the taste.

COMMON DIETARY MYTHS IN INDIA

Dr. Ankush Sabharwal

Executive Director, Jeewan Mala Hospital

The globalisation and the fast paced life has forced people to consume food that are instantly prepared and are tasty. The food is quickly prepared and enhances one's taste buds but this has resulted in obesity and various chronic diseases affecting the vital organs of human body. Nutritionists and dieticians all over are suggesting for a diet which should contain lots and lots of fruits, vegetables and cereals including jowar, bajra and soya products.

In order to overcome with this problem, people have started following strict dietary plans, however there are certain dietary myths which have worsened the situation further and there are contradictions associated with the concept of so called 'healthy food'.

Zee Research Group busts out some common dietary myths by top dieticians of India.

Myth 1: Milk is a complete food. People think that milk is a complete food, but actually it is not so, milk has calcium and some amount of protein and carbohydrate. If somebody is relying only on milk, then the person will definitely suffer from deficiencies. (Dr. Shikha Sharma, medical doctor and wellness expert)

Milk lacks iron and Vitamin –C. (Daljit Kaur, senior dietician at Fortis Escorts Heart Institute, Delhi)

Myth 2: People think that almonds have cholesterol. There is no reality to this fact. Any plant product will not have cholesterol. All animal products like paneer, ghee, eggs, meat, and chicken have cholesterol. (Dr. Shikha Sharma, medical doctor and wellness expert)

It doesn't have any cholesterol, as it contains Omega 3 fatty acid and it is actually very good for heart. (Daljit Kaur, senior dietician, Fortis Escorts Heart Institute, Delhi)

Myth 3: Curd should not be taken at night or if a person is suffering from cold.

This is absolutely not genuine as curd can be taken at any time if taken at room temperature. (Daljit Kaur, senior dietician, Fortis Escorts Heart Institute, Delhi)

Curd is a predigested food and it is better to have curd if suffering from cold as it would be better utilised by the body and it would be digested easily. (Sunita Roy Chowdhury, senior dietician, Rockland Hospital, Delhi)

Myth 4: Consumption of water only leads to the dilution of urine. One should drink lots and lots of water as it not only dilutes the urine but it also removes toxins from the body. It is extremely necessary for the normal functioning of the body as each and every cell in the body needs water. (Sunita Roy Chowdhury, senior dietician, Rockland Hospital, Delhi)

Over drinking of any drink is bad. But of course, Indians should drink more and more water as Indians perspire a lot because of the climatic conditions. (Daljit Kaur, senior dietician, Fortis Escorts Heart Institute, Delhi)

Myth 5: Eating rice at night makes you gain weight. It is partially right. If one happens to eat white rice at night it leads to retention of water in the body which leads to swelling of the body and also those who are sensitive to carbohydrates if they consume rice at night it might lead to weight gain but it would happen gradually. (Dr. Shikha Sharma, medical doctor and wellness expert)

It is extremely necessary for one to note how to burn one's calorie. It is advisable to consume fewer calories at night, but one can remove the starch and can consume rice. (Sunita Roy Chowdhury, senior dietician, Rockland Hospital, Delhi)

Myth 6: Bananas should be totally avoided. It is true that bananas have calories but it also has lots of potassium which is good for health. It should be eaten in a balanced way. (Sunita Roy Chowdhury, senior dietician, Rockland Hospital, Delhi)

Bananas contain sugar, if anybody's body is sugar sensitive, that person will gain weight. (Dr. Shikha Sharma, medical doctor and wellness expert)

Myth : Eating before and after a workout session will make your exercise efforts redundant.

Truth: Eating is very important both before and after a workout. This is because what you eat prior to your exercise will help fuel the session and result in muscle building. What you consume post workout will help in recovery making sure your body has all the nutritional supplies it needs after the exhaustive regimen. Eat carbs and proteins an hour before you exercise and vitamin supplements, carbs, proteins, water or sports drink within an hour after your regimen is over.

Myth : Using olive oil is best for cooking.

Truth: Using olive oil or extra virgin olive oil for cooking is not always good. This is because it has a low to medium smoke point – the temperature it starts to burn, producing harmful chemicals. It means if you use it to fry something, it will start to burn and lose its nutrients. Olive oil is good for sautéing veggies or a salad dressing. For Indian cooking, it is best to use an oil with a higher smoke point like rice bran, sunflower, sesame, etc. Read about whether your cooking oil is making you unhealthy.

Myth : A high-protein diet is ideal for everyone.

Truth: While a high-protein diet is good if you are on a weight loss programme, it is not recommended in the long run. It needs to be supplemented with a high energy workout. Usually athletes and body builders follow this diet in order to increase their muscle mass. A balanced diet with regular intake of protein is better than just a high-protein diet as it can increase cholesterol levels and place a lot of stress on the kidneys. Find out if a high protein diet can do more harm than good.

Some Dietary Tips For Kidney Stones

Miss. Komal Mittal

Dietician, Jeewan Mala Hospital

Nephrolithiasis, the presence of kidney stones, is significant health problem. It affects people of all age and ethnic groups.

Pathophysiology:

Kidney stone formation is a complex process that consists of saturation, super saturation, nucleation, crystal growth or aggregation & crystal retention.

Types of Stones:

Calcium stones are most common about 60% of stones are of calcium oxalate, 10% calcium phosphate and other 5-10% are uric acid, 5-10% are struvite and 1% cystine.

Some Dietary Guidelines:

- Foods to Avoid for low oxalate diet: Like Nuts, Almonds peanuts, pecans, High doses of Turmeric, Tea (Black, green, iced or instant), chocolates, Spinach, Wheat Bran & Wheat grain products, straw berries.
- Avoid High Intake of Animal Protein: It is seen that high amount of Animal protein increases the instances of stone formation, sources like meat, fish, poultry, eggs, cheese and grains are primary contributions.
- Citrate inhibits urinary stones by forming complex with calcium in urine. Thus less calcium is available to bind urinary Oxalate which helps to prevent the formation of calcium oxalate/calcium phosphate stones.
- Risk of Nephrolithiasis is Higher in hypertensive patients so, it is highly recommended to have low sodium diet and water Therapy.
- Fluid Intake should be more than 3 L daily to prevent crystallization.
- Patients are recommended to Intake dietary Calcium as per their Age. Preferably 150 mg calcium in each meal Chosen from dairy and non dairy sources both.
- Meet the Dietary recommended Intake for vitamin D, Even may use supplements for the same to reach Dietary recommended Intake.
- Intake of Omega-3 fatty Acids such as Eicosapentaenoic Acid (EPA) and Docosahexaenoic Acid (DHA) at 1800 mg per day showed significant reduction in Renal stone formation.
- Vitamin C should not > 500 mg per day.

Don't Drink Sugar Calories

Sugary drinks are the most fattening things you can put into your body.

Eat Nuts

Despite being high in fat, nuts are incredibly nutritious and healthy. They are loaded with magnesium, vitamin E, fiber and various other nutrients (9).

Lift Heavy Things

Lifting weights is one of the best things you can do to strengthen your body and improve your body composition

Take Care of Your Gut Health With Probiotics and Fiber

The bacteria in your gut, collectively called the gut microbiota, are sometimes referred to as the “forgotten organ.

Make Sure to Eat Enough Protein

A high protein intake can boost metabolism significantly, while making you feel so full that you automatically eat fewer calories. It can also cut cravings and reduce the desire for late-night snacking

Take Care of Your Relationships

Social relationships are incredibly important. Not only for your mental wellbeing, but your physical health as well.

NEWS AND EVENTS

One of the pioneers of Gynae-endoscopic surgery in India and also the world record holder of removing the biggest Fibroid through the Laparoscopic Dr. Malvika Sabharwal was featured for her achievements in the field of Gynae-Endoscopy in Hindustan Times main paper.



Laparoscopic surgery has gone from being a diagnostic tool to enabling quicker, less painful surgeries with faster recovery times – especially for women with gynaecological conditions

Sanchita Sharma

Rama Mahendru, then 42, had uterine fibroids the size of a 30-week fetus, but she had no symptoms, no pain, no bleeding, that nothing did would risk her life. She was even there. Except for weight gain. That was the only symptom. She had no symptoms, no pain, no bleeding, that nothing did would risk her life. She was even there. Except for weight gain. That was the only symptom. She had no symptoms, no pain, no bleeding, that nothing did would risk her life. She was even there. Except for weight gain. That was the only symptom.

Over the past decade, laparoscopic surgery has evolved from diagnostic tool to a major surgical tool. It is being used to treat gynaecological problems ranging from ectopic pregnancy to masses in the lower abdomen, perform hysterectomies and stage and treat gynaecological cancers.

In 2000, diagnostic laparoscopy accounted for 60-90% of all laparoscopic procedures, but by 2003, the ratio had reversed to 20-30% diagnostic procedures and 70-80% operative ones," says Dr Sabharwal, president of the Delhi Gynaecological Endoscopy Society, which is currently

ENTRY POINTS

Diagnostic laparoscopy is a procedure performed under general anaesthesia that allows a doctor to look inside the abdomen or pelvis with a laparoscope, a thin viewing tube that is passed into the abdomen through a small incision.

How surgery is done laparoscopically

- A 5-mm incision is made near the navel, through which carbon dioxide gas is pumped in order to inflate the abdomen and increase visibility and viewing space.
- A laparoscope is then inserted through the incision to view images from inside the abdomen in a monitor in the operating room.
- Two to three more tiny incisions (depending on the surgery) are made and the surgeon operates through them. Instruments are passed while monitoring the surgery in real time on the monitor.
- After the procedure, the carbon dioxide is released, the incisions are closed using stitches and dressing is applied.

Procedures done via laparoscopic surgery include...

- Hysterectomy (removal of the uterus)
- Removal of the ovaries
- Removing ovarian cysts
- Removal of fibroids
- Removal of uterine polyps
- Endometrial tissue ablation
- Intra-uterine endometrial ablation
- Adhesion removal
- Reversal of tubal ligation (type of contraceptive surgery)



Rama Mahendru & Dr Malvika Sabharwal - the Jeevan Mukt and Apollo Spectra Hospital. Dr Sabharwal removed Mahendru's uterus laparoscopically, 100% of her of massive fibroids, 240 gm (1000) gms.

holding a three-day conference in New Delhi to trade doctors from across India.

"Still, laparoscopic surgeries for gynaecological disorders are underused because not enough doctors are trained to do it."

Improved endoscopic devices and growing skill among gynaecologists is leading to the technique being used for a wide variety of disorders and diseases.

"Laparoscopic surgery causes less post-operative pain, enables earlier healing and leads to early recovery, while keeping costs almost at par with conventional surgery by reducing hospital stay," says Dr Sabharwal.

"Except for delivering a baby, all gynaecological problems can be fixed using laparoscopic surgery and now a woman is as high as that when coming out of it," says Dr Anurita Singh, gynaecologist and medical director of the Udayagiri Specialities Hospital & Trauma Centre in Meerut.

On Thursday, she operated on a 28-year-old woman with severe pain that was diagnosed as endometriosis (abnormal tissue growth outside the uterus) and appendicitis. Both surgeries were done back-to-back, using laparoscopic methods.

"You have to upgrade your skills regularly. And it's a technique that helps put your patient back on her feet in six hours instead of many days, there's really no reason not to learn," says Dr Singh, who has been doing laparoscopic surgery in Meerut for 15 years.

WIDENING SCOPE

"It works very well for people with fibroids and obesity as the procedure is done through 5-mm ports and the lower abdomen and trauma leads to faster recovery," said Dr Priyat Choudhary, director of obstetrics and gynaecology at Fortis La Force, New Delhi.

"The only people who should not opt for it are people with heart disease and compromised lungs because filling up the abdominal cavity with gas to increase working and viewing space can put pressure on the diaphragm and compromise the heart and lungs," she adds.

While laparoscopic surgery is the procedure of choice in most private hospitals and large super-specialty public hospitals, Dr Choudhary does not favour it being widely used in small government hospitals or private clinics with fewer patients.

"The equipment is expensive and its maintenance can be a problem in the government sector, where getting replacement and disposable quickly remains a huge problem because of government protocols. In smaller clinics, making a huge investment in equipment does not make financial sense unless you use it extensively for several types of surgeries," says Dr Choudhary.

"Laparoscopy is a learned technique that requires a unique set of surgical skills and instruments that an experienced surgeon trained in conventional surgery can automatically acquire," adds Dr Sabharwal. "Unless more doctors train, laparoscopic surgery will only be available in large city hospitals—and that should be the case."

Amongst a limited gathering Drs. Malvika & Vinay Sabharwal were invited by an “AT HOME” by the outgoing President of India Shri. Pranabh Mukherjee.

They had the honour of spending an evening with the President while meeting other Dignitaries of the Government of India.



Dr Malvika Sabharwal and Dr Shivani Sabharwal organized the Pre congress workshop of 39th AOGD conference on 17th November 2017 at Apollo Spectra Hospital Karol Bagh. Delegates from all over India attended the conference workshop.



Dr. Glossy Sabharwal organized a monthly Breast imaging meet under Delhi Chapter of BISI. Many eminent Breast Imaging Specialists from all over Delhi attended this CME.



Dr Glossy Sabharwal (Joint Secretary IRIA) was invited as faculty to speak on Breast Ultrasound and Mammography at the Haryana state chapter of IRIA at Yamuna Nagar on 19th November 2017. More than 500 Radiologists from all across the country attended this mega event.



Dr Shivani Sabharwal was invited to speak on Morcellation in fibroids (MIF)- Risks and current practices on 19th November 2017 at the IHC New Dehi. She showcased many unique cases to gynecologists from the entire city.



Dr. Latika Bhalla was invited to speak at the Congress for consensus in Pediatrics and Child Health “CIP” in Columbus, Sri Lanka. This mega International event was hosted by the Sri Lanka College of Pediatricians.



Dr Malvika Sabharwal was invited as faculty on the session of Managing Endometriosis : An Unsolved Enigma at the International Workshop on Laparoscopic Endometriosis & Pelvic Anatomy on 8-9th December 2017. The workshop included 2 days of dedicated lectures and was followed by a live operative workshop.



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24 Hours Laboratory and Diagnostics
CT Scan & Digital X-Ray
3 D & 4D Ultra Sound with colour doppler
Bone DEXA scan
Mammography
24 hrs fully equipped ICU Ambulance
4th generation fully equipped ICU
Departments-
Internal Medicine
Respiratory Medicine
Non Invasive Cardiology
Medical Gastroenterology and endoscopy
Neurology

Laparoscopic and General Surgery
IEF Certified Centre of Excellence for Obesity and Diabetes Surgery
Gynae endoscopy and Laparoscopy
Obstetrics
Pediatrics with neonatology
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Printed by Dr. Ankush Sabharwal, Published By: Dr. Ankush Sabharwal on behalf of Jeewan Mala Hospital Pvt. Ltd. And printed at: Gondals Press India Ltd., 154-B, Sector-7, IMT, Manesar, Gurgaon. And Published at 67/1, New Rohtak Road, New Delhi-110005. Editor: Dr. Glossy Sabharwal