SPECIALIST

THE MINIMAL INVASIVE HEART SURGEON

- DR. GULSHAN ROHRA

What is MICS ?

Empowering Women Heart

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ALL BYPASS SURGERIES ARE NOT THE SAME

Challenging journey of a postman towards recovery

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ELITE

PRO

Dr. Gulshan Rohra

Revolutionizing Cardiac Surgery with Minimally Invasive Techniques

In the realm of cardiac surgery, innovation and expertise are paramount in delivering the best outcomes for patients. One name that stands out in this field is Dr. Gulshan Rohra, a highly accomplished Consultant Cardiothoracic Surgeon at Wockhardt Hospital in Mumbai, Central, India. With an illustrious career spanning over 12 years and extensive experience in India and the United Kingdom (UK), Dr. Rohra has emerged as a pioneer in Minimally Invasive Cardiac Surgery and Complex Cardiac Surgeries.

Education and Specialization:
Dr. Gulshan Rohra's journey to becoming a leading cardiac surgeon began with his medical studies in India, where he honed his skills and developed a passion for cardiothoracic surgery. Driven by a thirst for knowledge and excellence, he pursued further training in the UK, where he specialized in Minimally Invasive Cardiac Surgery and Complex Cardiac Surgeries. The exposure to advanced techniques and state-of-the-art medical practices in the UK enriched his expertise, making him a well-rounded surgeon.

Minimally Invasive Cardiac Surgery - Redefining Cardiac Care:
Minimally Invasive Cardiac Surgery (MICS) has revolutionized the field of heart surgery, offering patients significant benefits over traditional open-heart procedures. Dr. Gulshan Rohra's proficiency in MICS allows him to perform complex cardiac surgeries through small incisions, resulting in reduced pain, shorter hospital stays, and quicker recovery times. This approach not only minimizes surgical trauma but also provides patients with improved cosmetic outcomes and a higher quality of life post-surgery.

Total Arterial Revascularization - Advancing Treatment Options:
One of the hallmarks of Dr. Rohra's expertise is his proficiency in Total Arterial Revascularization. This technique involves using arterial grafts instead of veins for bypass surgeries. The use of arterial grafts can lead to better long-term results and increased longevity of the bypass grafts. Dr. Rohra's mastery in this area has contributed to the success of numerous cases, further solidifying his reputation as a leading cardiac surgeon.

Communication and Patient-Centric Care:
Dr. Gulshan Rohra firmly believes that open and transparent communication with patients and their relatives is vital to achieving the best outcomes. He takes the time to educate his patients about their condition, the surgical procedure, and the expected outcomes, instilling confidence and trust in his patients. This patient-centric approach extends to his excellent rehabilitation plans, which focus on early recovery and post-surgery care. Dr. Rohra's dedication to personalized patient care has garnered him the admiration and gratitude of countless patients and their families.

Expertise and Areas of Specialization:
Dr. Rohra's expertise spans a wide range of cardiac surgeries, including Total Arterial Bypass Surgery, Valve Surgeries, Complex Cardiac Surgeries, Minimally Invasive Bypass & Valve Surgeries, ASD (Atrial Septal Defect) repairs, Varicose Veins treatment, and AV (Arteriovenous) Fistula creation. His commitment to staying at the forefront of medical advancements allows him to offer the most advanced and effective treatments to his patients.

Beyond the Operating Room:
While his professional life demands excellence and dedication, Dr. Gulshan Rohra also finds solace and rejuvenation in his hobbies. Playing snooker and indulging in reading are his outlets for relaxation, helping him maintain a balanced and focused approach to both his work and personal life.

Conclusion:
Dr. Gulshan Rohra's journey as a Consultant Cardiothoracic Surgeon is a testament to his unwavering commitment to the field of cardiac surgery. Through his expertise in Minimally Invasive Cardiac Surgery and Complex Cardiac Surgeries, he has improved the lives of many patients. With a focus on patient communication and personalized care, he has set new standards in cardiac surgery outcomes. As a trailblazer in the field, Dr. Rohra's dedication and passion continue to shape the future of heart care, offering hope and healing to those in need.

Dr. Gulshan Rohra
MBBS, DNB Cardio-thoracic surgery,
Fellow (UK)
Consultant Cardio-thoracic Surgeon
Wockhardt Hospitals, Mumbai Central

All Bypass Surgeries Are Not The Same

MICS is being defined as the latest technique in cardiac surgery

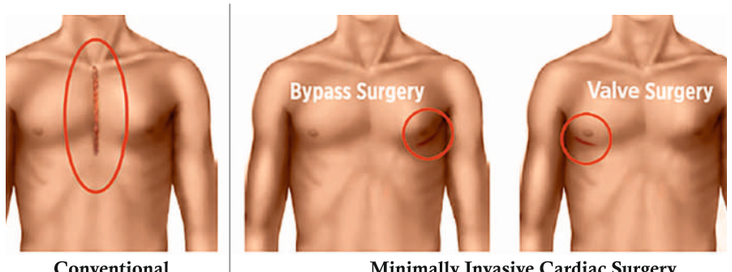
If you've been told that you or your loved one needs a heart surgery, then you would want to know all about it, right? We spoke to renowned Cardiovascular and Thoracic Surgeon Dr. Gulshan Rohra to know more about Minimally Invasive Cardiac Surgery (MICS)

What is minimally invasive cardiac surgery (MICS)?

Minimally Invasive Cardiac Surgery is a newer form of heart surgery in India. It is an advanced technique of coronary bypass for the treatment of coronary heart diseases. In this technique, the heart is approached through the side of via a small 6-8 cm incision. This cut is placed just under the nipple. The chest is entered between the ribs without cutting any bones and by splitting the muscle.

Which heart conditions can be treated with MICS approach?

It can be used for several different cardiac procedures, Such as:



Conventional Heart Bypass Surgery | **Minimally Invasive Cardiac Surgery**

1) Coronary bypass (a procedure that restores blood flow to heart muscle by diverting the flow of blood around a section of a blocked artery in your heart)
2) Valve surgery (to repair or replace diseased heart valves)
   a) Mitral valve repair and replacement
   b) Tricuspid valve repair and replacement
   c) Aortic valve replacement
3) Atrial septal defect & Patent foramen ovale closure

Who should go for MICS?

Patients of all age group can utilise the benefits of MICS technique over conventional "open" heart surgery. Also, it is noteworthy that patients who have potential healing challenges such as older individuals and diabetics should definitely choose MICS as there is no requirement of bone healing after the surgery.

Your doctor may conduct a physical examination, review your medical history and perform tests.Based on the tests, he may guide you on whether you should or shouldn't opt for it. Moreover, your expert may recommend you have the surgery at a medical centre with surgeons and a surgical team experienced and trained in conducting it.

What are the major benefits of MICS over traditional approach?

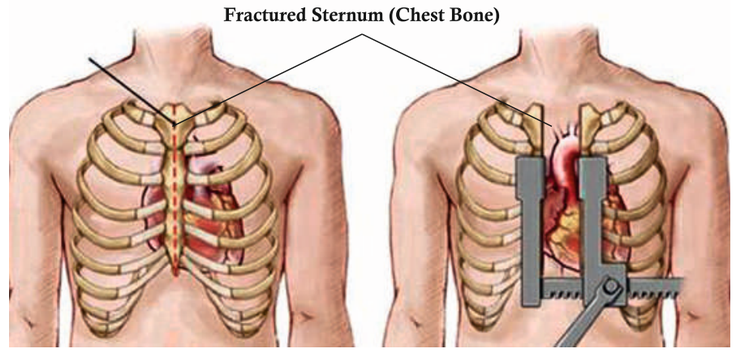
- First and the foremost advantage is that MICS is fracture-less surgery i.e. chest bone is not cut. It results in reduced pain, retaining function and having a positive effect on breathing.
- The incision is so cosmetic and measures just 2 - 3 inches that it's practically impossible to tell that a heart operation has been done.
- The hospitalisation lasts only 3 days unlike the conventional heart surgery that takes 7 days.

What do you mean by fractureless surgery?

In a conventional heart surgery, the sternum (chest bone) is divided or 'cracked' to gain access to heart. After the surgery the sternum is wired back to facilitate proper healing (reunion of cracked bones). During the healing phase, the wired sternum is vulnerable to the expansion of breathing muscles, which may loosen the wires over time. Too much activity, violent sneezing or coughing before the sternum is completely healed can result in incomplete healing of the two sides of the bone. Hence many patients after conventional heart surgery suffer from sternal non-union and instability with residual pain and discomfort for years. The MICS technique doesn't need any cracking of sternum, hence it is a 'fracture-less' heart surgery. One should ensure that the MICS is performed by a well-trained surgeon with a proper back-up and support team.

What has been your experience with patients undergoing MICS?

In a conventional (open) heart surgery patients generally remain in the hospital for 4 to 8 days followed by a recovery period atleast 4 to 6 weeks. My patients who have undergone MICS heart surgery are generally discharged in three days and enjoy a greatly reduced recovery period of 1-3 weeks. I have observed that increasingly younger patients are also choosing MICS because of its minimum downtime allowing them to return to their busy professional life at the earliest. Also, because of smaller incision size, patients enjoy better aesthetic outcomes after MICS.



Conventional Heart Bypass Surgery

The heart is a vital organ that tirelessly pumps blood throughout our body, ensuring the delivery of oxygen and nutrients to every cell. Maintaining a healthy heart is crucial for overall well-being, and a balanced diet plays a significant role in promoting heart health. Making informed food choices can reduce the risk of heart disease and improve cardiovascular function. In this essay, we will explore the key components of a heart-healthy diet and the foods that support a strong heart.

Fruits and Vegetables:
Colorful fruits and vegetables are rich in antioxidants, vitamins, and minerals that benefit heart health. They help reduce inflammation, lower blood pressure, and improve blood vessel function. Include a variety of fruits and vegetables such as berries, leafy greens, citrus fruits, tomatoes, and avocados in your diet.

Whole Grains:
Whole grains are an excellent source of fiber, which aids in reducing cholesterol levels and maintaining a healthy weight. Incorporate foods like brown rice, quinoa, oats, whole wheat, and barley into your meals for a heart-healthy boost.

Healthy Fats:
Opt for unsaturated fats found in sources like olive oil, avocados, nuts, and seeds. These fats can help lower bad cholesterol (LDL) levels and reduce the risk of heart disease. However, use them in moderation as they are calorie-dense.

Fatty Fish:
Fatty fish like salmon, mackerel, sardines, and trout are rich in omega-3 fatty acids. Omega-3s have been shown to reduce inflammation, lower triglyceride levels, and support heart health. Aim to include fish in your diet at least twice a week.

Legumes and Beans:
Beans and legumes are a good source of plant-based protein and fiber. They help in maintaining a healthy heart by reducing cholesterol levels and stabilizing blood sugar. Incorporate lentils, chickpeas, black beans, and kidney beans into soups, salads, or stews.

Nuts and Seeds:
Almonds, walnuts, flaxseeds, and chia seeds are rich in heart-healthy nutrients like omega-3 fatty acids, fiber, and antioxidants. Enjoy a handful of nuts or seeds as a snack or sprinkle them on top of salads and yogurt.

Low-Fat Dairy:
Choose low-fat or fat-free dairy products like milk, yogurt, and cheese. These provide calcium and protein without the saturated fat found in full-fat dairy.

Dark Chocolate:
Dark chocolate with at least 70% cocoa content contains flavonoids that have been associated with improved heart health. Enjoying a small piece of dark chocolate occasionally can be a heart-friendly treat.

Conclusion:
A heart-healthy diet is a powerful tool in safeguarding cardiovascular health. By emphasizing nutrient-rich foods like fruits, vegetables, whole grains, healthy fats, and lean proteins, we can reduce the risk of heart disease and maintain a strong heart. Combining a balanced diet with regular physical activity, stress management, and avoidance of harmful habits like smoking, we can create a comprehensive approach to support our hearts throughout life. Making informed food choices and embracing a heart-healthy lifestyle will not only benefit our cardiovascular system but also contribute to overall well-being and a longer, healthier life.

A Challenging Journey of a Postman... Towards Recovery

Prashant Yelawande, a 56-year-old postman employed by the central government, presented with multiple health issues requiring medical intervention.

Prashant initially reported severe pain in the lower part of his back, accompanied by difficulty in walking. Dr. Behram Pardiwala examined him and detected tenderness in the lumbosacral spine. Despite an orthopedic surgeon's opinion that there was no significant issue, Dr. Pardiwala suspected an underlying abnormality. An MRI was performed, revealing the presence of pus in the Psoas region. A general surgeon was consulted to drain the collection. Following the drainage procedure, the patient experienced recurring pain below the left shoulder, which was found to be due to the presence of pus in that area.

Dr. Pardiwala suspected an underlying cause for the recurrent infections and ordered further investigation. Comprehensive evaluation revealed that the patient's tricuspid valve was infected, leading to bacterial endocarditis. The infected tricuspid valve was identified as the source of the recurrent infections and abscesses.

Sharing his experience Dr. Behram Pardiwala, Internal Medicine, Wockhardt Hospitals, Mumbai Central mentioned, “Although the surgeon suspected tuberculosis as the possible cause, I insisted on further investigation to determine the source of infection. Upon comprehensive evaluation, it was discovered that the patient's tricuspid valve was infected. As a result, emboli were being released from the infected valve, leading to the formation of abscesses throughout the body. Once the infected tricuspid valve was identified, it was diagnosed as bacterial endocarditis (Infection of a heart valve).”

Antibiotics were initially administered to address the infection in the tricuspid valve. However, despite antibiotic treatment, the infection persisted. Dr. Gulshan Rohra, a cardiac surgeon, was consulted, and it was determined that the patient also had coronary artery disease. Surgical intervention was planned to address both conditions.

Surgical Procedures Performed by Dr. Gulshan Rohra:

- Removal of infective mass
- Tricuspid valve replacement
- Atrial septal closure
- Coronary artery bypass grafting (CABG)

Dr. Gulshan Rohra, Cardiothoracic Surgeon, Wockhardt Hospitals, Mumbai Central, who operated the patient, said, "Through a comprehensive surgical approach, including removal of the infective mass, tricuspid valve replacement, atrial septal closure, and coronary artery bypass grafting, we were able to successfully address the complex health issues faced by Mr. Prashant Yelawande. The patient's remarkable recovery and restoration of mobility are a testament to the effectiveness of the surgical interventions. Our collaborative efforts aimed at providing the best possible care and achieving a positive outcome for the patient."

The patient's surgery and postoperative period were uneventful. He was able to mobilize within the first 48 hours after surgery. Following the completion of the prescribed course of antibiotics, Prashant was discharged from the hospital after a 45-day stay. He made a remarkable recovery, regaining full mobility and being able to walk and engage in regular activities without any limitations.

Due to the extensive damage caused by the infection to the heart, it is anticipated that the patient may require a pacemaker in the near future. Further evaluation and planning will be done to address this potential need.

Through the collaborative efforts of Dr. Behram Pardiwala and Dr. Gulshan Rohra, Prashant Yelawande's complex health issues were successfully addressed. The timely diagnosis and appropriate surgical interventions resulted in a positive outcome, allowing the patient to regain his health and normal daily activities. Ongoing medical care and future considerations will be crucial to ensure his continued well-being.

“I faced mountains of challenges, but with unwavering determination and the support of an exceptional medical team of Wockhardt Hospitals, I conquered my complex health issues. My journey has taught me that resilience knows no bounds, and healing is possible against all odds.”

DIABETES AND HEART

Diabetes is a condition with high blood sugar. It could be because of the insulin resistance or inadequate insulin production. Insulin is a substance secreted by pancreas & it helps process the glucose in the body.

There are 3 most common types of diabetes:

Type 1 Diabetes (Juvenile Diabetes): Has no cure. Almost always requires regular insulin.

Type 2 Diabetes: May happen to adults or children. Usually seen in obese individuals. Depending on sugar levels, it could be managed with just dietary changes or Medications or both.

Gestational Diabetes: Diabetes during Pregnancy. Definitely affects both mother and the fetus. Can lead to developmental defects, early delivery, heavy baby, baby with diabetes.

Blood sugars are high but not high enough to be called diabetes. It is a risk factor for type 2 diabetes and other relations complications of diabetes.

High Glucose in diabetes can affect the blood vessels and nerves. Overtime this involves heart, eyes and kidneys. Diabetes doubles or even triples the risk of heart attacks and other major cardiovascular events. Nerve damage and reduced blood flow can lead to retinopathy, kidney failure, ulcers & infection. Hypertension and high cholesterol along with diabetes can make things even worse. Eventually, it increases the chances of

Coronary Artery Disease: Blockage of arteries in the heart with cholesterol deposits and it may cause heart attacks. This is the most common heart problem in the world.
Heart Failure: Failure of the heart to pump sufficient blood to the body.

Cardiomyopathy: Problems of heart muscles

Well, millions of people across the globe have diabetes and yes the numbers are increasing rapidly. It could be genetic (family history of diabetes) or it could be because of unhealthy lifestyle choices like unhealthy diet, smoking and/or alcohol.

Very recently, we operated on a young man. He is a 32 yr old young male, with sedentary life style, unhealthy food choices, presented with intermittent chest pains on walking uphill. His TMT came back postive for inducible ischemia. On further investigation, he was diagnosed as Type II diabetic and with Coronary artery disease on angiogram. He underwent Total arterial Bypass surgery and is doing well.

First and foremost step to reducing complications is early diagnosis and awareness. Consult an expert and talk about the different ways to reach a diagnosis. There are effective and affordable test to diagnose diabetes. Secondly, adopt healthy lifestyle which includes healthy food, smoking cessation, regular exercise, weight loss and following your doctor's advice regarding prescribed medications.

It could be pills or insulin injections. What is best for you, depends on blood sugar levels. Always consult your physician and let them help you guide about the best therapy for you.

Be aware of your target blood sugar levels, what to do if your blood sugar levels get low or high, side effects of the diabetes medications you are taking, interactions of your diabetes medications with the other medications you take. Regularly check your blood glucose levels.

Her zest to live gives longer life expectancy

Diseases of the aortic valve have a well-established association with old age and chronic cardiovascular disease. Any valve in the heart can become diseased, but the aortic valve is most affected. Aortic Stenosis (AS) is the restricted opening of one of the valves in the heart. It can lead to difficulty in breathing, dizziness, and sudden cardiac death.

At Wockhardt Hospitals, Mumbai Central, Ms. Sugandha Jadhav, a 71-years old patient, presented with symptoms of breathlessness during routine activities. She was diagnosed with Type 2 respiratory failure with a background of Bronchial asthma and Old TB. Echocardiogram was suggestive of severe AS and Severe Left Ventricular dysfunction (EF- 15 %). Treatment options for severe AS are Surgical Replacement (Open heart surgery) or Transcatheter Aortic Valve Implantation (TAVI). This patient was advised TAVI considering her age and other comorbidities. TAVI is an advanced procedure in which narrowed valve is replaced without the need for surgery. The patient opted for Open heart surgery.

Any line of surgery was a risk-taking factor in the case of Ms. Jadhav said Dr. Rohra because of:

a) Weight 32kg

b) Age 71

c) Chronic obstructive lung disease (Bronchial Asthma)

d) Severe irreversible Restrictive lung disease on PFT

e) Severe LV dysfunction (EF-15%)

The calculated risk to life was 20 % and the risk for prolonged ventilation was 67 %. It means 1 in 5 patients may not make it out with open heart surgery in her case.

Dr. Gulshan Rohra, Cardiothoracic Surgeon, Wockhardt Hospitals, Mumbai Central further added, "We optimized her and meticulously planned for 2 weeks before taking her for open heart surgery. During surgery, the biggest challenge was to replace the diseased valve with a new one considering her low weight and difficult valve anatomy. With a good team of doctors, the surgery went well without any complications. In the next 48 hours, she was off the ventilator and having her breakfast.

Over the next few days, we helped her with pulmonary and physical rehabilitation. She is in follow-up and doing well".

According to Mrs. Jadhav, "I was admitted to the hospital in a very delicate condition, after consulting Dr. Honey Savla, Internal Medicine at Wockhardt Hospitals, Mumbai Central, I was advised for a full body check-up. In the reports some abnormalities in the heart were shown, I was then recommended to meet Dr. Gulshan Rohra, Cardiothoracic Surgeon, Wockhardt Hospitals, Mumbai Central, who consulted us about the problem and the risks involved in the surgery. I was put on immediate medication and we

were given time to think over the procedure involved. My faith in the doctors and my zest to live longer for my children made me overcome fear, and today I am normal and leading a wonderful life with my children. I thank each person at Wockhardt Hospitals, Mumbai Central for all the care, concern, and love shown during my treatment."

The team of doctors at Wockhardt Hospitals, took this calculated risk when they saw the faith Mrs. Jadhav had in them and successfully lived up to the hospital tagline LIFE WINS.

Empowering Hearts

A Comprehensive Guide to Heart Care for Women

Heart disease is often considered a male-dominated health concern, but the reality is that it affects women just as significantly. In recent years, there has been a growing recognition of the unique risks women face and the need for gender-specific heart care. Understanding the differences in symptoms, risk factors, and prevention strategies is crucial for improving heart health outcomes among women.

Gender Disparities in Heart Disease: Historically, heart disease research has predominantly focused on men, leading to a gender gap in knowledge and understanding of cardiovascular health. However, studies have shown that heart disease presents differently in women, and their symptoms may be subtler, making diagnosis challenging. While chest pain is a common symptom for both men and women, women may also experience atypical symptoms such as fatigue, shortness of breath, and pain in the neck, jaw, or upper back.

Specific Heart Conditions in Women:

Coronary Microvascular Disease (MVD) : This condition affects the tiny blood vessels in the heart and is more prevalent in women than in men. It can cause chest pain and discomfort, but it may not be detected through traditional diagnostic tests.

Broken Heart Syndrome : Also known as Takotsubo cardiomyopathy, this condition is triggered by emotional stress and is more frequently seen in women. It mimics the symptoms of a heart attack but doesn't involve blocked arteries.

Heart Failure with Preserved Ejection Fraction (HFpEF): Women are more likely to develop HFpEF, a type of heart failure where the heart muscle pumps less effectively but maintains a normal ejection fraction.

Risk Factors for Women: Several risk factors are more pronounced in women and contribute to heart disease development:

a) Hormonal Changes: The decline in estrogen during menopause has been linked to an increased risk of heart disease in women.

b) Pregnancy Complications: Conditions such as gestational diabetes and preeclampsia can raise the risk of heart disease later in life.

c) Autoimmune Diseases: Rheumatoid arthritis and lupus, more common in women, are associated with an elevated risk of heart problems.

d) Sedentary Lifestyle: Lack of physical activity is a risk factor that affects women disproportionately.

e) Smoking: Smoking carries a higher risk for heart disease in women compared to men.

Prevention and Heart Care for Women:

a) Know Your Numbers: Regularly monitor blood pressure, cholesterol levels, and blood sugar. Understanding these numbers helps in early detection and risk management.

b) Adopt a Heart-Healthy Diet: Emphasize fruits, vegetables, whole grains, lean proteins, and healthy fats while minimizing processed foods, sugary beverages, and excessive salt.

c) Stay Physically Active: Engage in regular exercise, including aerobic activities and strength training, to maintain cardiovascular fitness.

d) Quit Smoking: Seek support to quit smoking if needed, as it significantly impacts heart health.

e) Manage Stress: Practice stress-reducing techniques like meditation, yoga, or spending time in nature to promote heart well-being.

f) Attend Regular Check-ups: Establish a strong partnership with a healthcare provider who understands the unique heart risks faced by women.

Conclusion:

Heart care for women requires a gender-specific approach that addresses their unique risks and symptoms. By understanding the differences in heart disease presentation, risk factors, and prevention strategies, we can pave the way for improved heart health outcomes in women. Empowering women to take charge of their heart health through lifestyle changes, regular screenings, and early intervention will undoubtedly lead to a healthier and heart-conscious female population.

#1 Killer of Women

1 in 3 female deaths

1 woman dies from heart disease every minute

Following a heart attack approximately 1 in 4 women will die within the first year, compared to 1 in 5 men

Having just **3 OF THESE** significantly raises your chance of developing heart disease and makes you **3X MORE LIKELY** than men to die from a heart attack :

- Waist size larger than 35.2 inches
- High blood pressure
- Low levels of HDL cholesterol
- High blood sugar
- Elevated triglycerides

Heart disease is sometimes thought of as a “man's disease,” but that just isn't the case.

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